



# Delta State Development Performance

In Education, Health, Agriculture, And Water,  
Sanitation and Hygiene (WASH) Sectors, 1991 - 2013

## Assessment Report



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**DELTA STATE**  
*...The Big Heart*



**UNITED NATIONS**  
**NIGERIA**  
*"Together for higher impact"*

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*by the*

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# Foreword

This report, which was prepared by independent consultants with the joint technical assistance of UNDP, UNICEF, WHO and FAO, is the UN's response to the request of the Delta State Government to carry out an assessment of its performance in four key sectors: education, health, agriculture, and water, sanitation and hygiene (WASH).

The analysis of each sector involved a careful examination of the policies and strategies adopted by the government, the governance and regulatory framework put in place, as well as identification of gaps and challenges in performance. It also focuses on sectoral performance using, among other things, the MDG targets and indicators.

The aim of the report is to generate lessons to strengthen the capacity of government for effective stewardship and the development of the State. The policy recommendations presented at the end of each sector appraisal provide the basis for evidence-based policy formulation and implementation, as well as for regulation and legislation which will channel resources towards enhancing the welfare of the people of Delta State. Translating these policy recommendations into action could mean reducing the incidence of disease and providing the people with better access to health care and education. In a nutshell, it means 'human development', which is about people; about expanding their choices to live full creative lives with freedom and dignity. Fundamental to expanding their choices is building human capabilities: the range of things that people can do to attain a long and healthy life, education, a decent standard of living and enjoy political and civil freedoms to participate in the life of one's community.<sup>1</sup>

The report highlights concerted efforts that the state and federal governments, the different communities, civil society organizations, and the private sector have helped to make to expand the opportunities available to

people in Delta State. It also points out that while substantial progress has been made in meeting some of the targets, it is still necessary to develop a bolder and focused action plan where significant gaps and disparities exist in order to address the unfinished business of the MDGs and prepare for the Post-2015 Development Agenda.

It is our sincere hope that this report will help the Delta State Government build upon its successes and have a self-reflection of the progress made on the MDGs. These have obvious implications on MDG budgeting, policy directions, more targeted acceleration initiatives, and localization of targets and indicators. Achievement of the MDG targets in Nigeria and even the post-2015 development agenda depend on appropriate and effective policies and public spending by both national and subnational governments. This is particularly true because the state and local governments are closest to the people in terms of providing basic services.

The United Nations System in Nigeria will continue to partner with both states and the federal government to use the analytical evidence of what works – and what doesn't – in local development to shape policy formulation and adjustment, planning and implementation.



Daouda Toure

United Nations Resident Coordinator &  
UNDP Resident Representative in Nigeria

<sup>1</sup>United Nations Development Programme (UNDP). 2003. Human Development Report 2003 *Millennium Development Goals: A Compact among Nations to End Human Poverty*, p. 28. New York: Oxford University Press.

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A handwritten signature in black ink, appearing to read 'Oma Djebah', with a long horizontal flourish extending to the left.

**Hon. Oma Djebah**

Senior Adviser on Foreign Relations, Delta State

# Acronyms & Abbreviations

ACT	Artemisinin Combination Therapy
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
ATM	AIDS, Tuberculosis and Malaria
CAADP	NEPAD's Comprehensive Africa Agriculture Development Programme
CAC	Corporate Affairs Commission
CACS	Commercial Agriculture Credit Scheme
CAFOD	The official Catholic aid agency for England and Wales
CBN	Central Bank of Nigeria
CBOs	Community-Based Organizations
CCT	Conditional Cash Transfer
CEmOC	Comprehensive Emergency Obstetric Care
CFS	Child Friendly School Environment
CPT	Co-trimoxazole Preventive Therapy
CSOs	Civil Society Organizations
DAPA	Delta State Agricultural Procurement Agency
DBS	Dried Blood Spots
DCMP	Delta State Micro-Credit Programme
DELSEPA	Delta State Environmental Protection Agency
DELSU	Delta State University
DELSUTH	Delta State University Teaching Hospital
DELTASEEDS	Delta State Economic Empowerment and Development Strategy
DESCC	Delta Schools Climate Club
DESERP	Delta State Economic Reintegration Programme
DESOPADEC	Delta State Oil Producing Areas Development Commission
DMIS	Delta State Micro Insurance Scheme
DOTS	Directly Observed therapy Short Course
DPS	Directorate of Planning and Statistics
DRF	Drug Revolving Fund
DRS/MOEP	Department of Research and Statistics of the State Ministry of Economic Planning
DSADP	Delta State Agricultural Development Programme
DS-CCPITC	Delta State Climate Change Policy and Integrated Territorial Climate Plan
DSG	Delta State Government
DSSTWSA	Delta State Small Town Water Supply Agency
DS-UWB	Delta State - Urban Water Board
ECCDE	Early Childhood Care and Development Education
EDP	Essential Drugs Project
EDUMASHAL	Educational Marshal Programme
EFA	Education For All
EID	Early Infant Diagnosis
ELSS	Elongated Life Saving Skills
EMIS	Educational Management Information System
EmOC	Emergency Obstetric Care
EU	European Union
FADAMA III	Third National FADAMA Development Project (World Bank)
FDHs	First Degree Holders
FDI	Foreign Direct Investment
FGD	Focus Group Discussion
FGN	Federal Government of Nigeria
FMC	Federal Medical Centre
FMNDA	Federal Ministry of Niger Delta Affairs
FRHS	Free Rural Healthcare Scheme

FRL	Fiscal Responsibility Law
FSP	Farmers Support Programme
HiAP	Health in All Policies
HIV & AIDS	Human Immunodeficiency virus/Acquired immunodeficiency Syndrome
HRH	Human Resource for Health
HSRP	Health Sector Reform Programme
ICT	Information and Communication Technology
IDSR	Integrated Disease Surveillance and Response
IGR	Internally Generated Revenue
IHVN	Institute for Human Virology Nigeria
IIGs	In-depth Interview Guides
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Prevention Therapy
IPT	Isonizide Preventive Therapy
ITN	Insecticide Treated Nets
IVM	Integrated Vector Management
JSS	Junior Secondary School
KII	Key Informant Interview
LEEDS	Local Government Empowerment and Development Strategy
LGA	Local Government Authority
LGAs	Local Government Areas
LGSC	Local Government Service Commission
LLINs	Long Lasting Insecticide Treated Nets
LOAF	Live and Own a Farm
M&E	Monitoring and Evaluation
MANR	Ministry of Agriculture and Natural Resources
MCH	Maternal and Child Health
MCI	Ministry of Commerce and Industry
MDAs	Ministries, Departments and Agencies
MDG	Millennium Development Goal
MDG-CGS	Millennium Development Goals Conditional Grants Scheme
MDGs	Millennium Development Goals
MDGs	Millennium Development Goals
MDR-TB	Multi-drug Resistant Tuberculosis
MEP	Ministry of Economic Planning
MEPI	Ministry of Economic Planning and Implementation
MICS	Multiple Indicator Cluster Survey
MoE	Ministry of Environment
MORWSA	Mobilization of Rural Women for Sustainable Agriculture
MoU	Memorandum of Understanding
MSS	Midwives Service Scheme
MT	Metric Tonne
MWRD	Ministry of Water Resources Development
NABCE	National Business Certificate Examination
NAFDAC	National Agency for Food and Drug Administration
NBS	National Bureau of Statistics
NDDC	Niger Delta Development Commission
NDES	Niger Delta Environmental Survey
NDHS	National Demographic and Health Survey
NDSP WS	Niger Delta Support Programme - Water Supply
NECO	National Examinations Council
NEEDS	National Economic Empowerment and Development Strategy
NEPAD	New Partnership for Africa's Development
NGF	Nigeria Governors Forum

NGOs	Non- Governmental Organizations
NHIS	National Health Information System
NPE	National Policy on Education
NPHCDA	National Primary Health Care Development Agency
NSHDP	National Strategic Health Development Plan
NUT	Nigerian Union of Teachers
OOSC	Out-of-School Children
OSSAP-MDG	Office of the Senior Special Assistant to the President on MDGs
PCR	Polymerase Chain Reaction
PeTR GS	Prevention, Education, Training, Treatment & Research Global Solutions
PHC	Primary Health Care
PM&E	Planning, Monitoring and Evaluation
PMTCT	Prevention of Mother to Child Transmission of HIV
PPM	Private Partnership Mix
PPP	Public Private Sector Partnership
PPPI	Public Private Partnership Initiative
PR & S	Planning, Research and Statistics
PRM	Peer Review Mechanism
PRSD	Planning, Research and Statistics Department
PTA	Parents, Teachers Association
R & D	Research and Development
R/IFPP	Rapid/Increased Food Production Programme
RapidSMS	Rapid Short Message System
RDA	Rural Development Agency
RDT	Rapid Diagnostic Test
RHS	Rural Healthcare Scheme
RUWASA	Rural Water Supply and Sanitation Agency
SACA	State Action Committee on HIV & AIDS
SASCP	State AIDS and STI Control Programme
SBMC	School Board Management Committee
SCA	State Council on Agriculture
SCP	State Cassava Programme
SDGs	Sustainable Development Goals
SEEDS	State Economic Empowerment and Development Strategy
SEEFOR	State Employment and Expenditure for Results
SESSP	State Education Sector Strategic Plan
SHCs	Secondary Healthcare Centres
SHMB	State Health Medical Board
SMEP	State Ministry of Economic Planning
SMoH	State Ministry of Health
SMP	Seed Multiplication Programme
SON	Standards organization of Nigeria
SPDC	Shell Petroleum Development Company
SPHCDA	State Primary Health Care Development Agency
SPPEB	State Post- Primary Education Board
SSHDP	State Strategic Health Development Plan
SSS	Senior Secondary School
STI	Sexually Transmitted Infections
STWSS	Small Town Water Supply and Sanitation
STOWASSA	Small Town Water Supply and Sanitation Agency
SUBEB	State Universal Basic Education
SURE-P	Subsidy Re-investment and Empowerment Programme
TACC	Territorial Approach to Climate Change



TAT (EU)	Technical Assistance Team (European Union)
TB	Tuberculosis
THCs	Tertiary Healthcare Centres
UBE	Universal Basic Education
UFW	Unaccounted for Water
UHCs	Urban Health Centres
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Education Scientific and Cultural Organization
UNFPA	United Nations Family Planning Agency
UNICEF	United Nations Children's Fund
UNICEF	United Nations Children's Fund
UNITAR	United Nations Institute for Training and Research
WAEC	West African Examinations Council
WASHCOMS	Water Supply and Sanitation Committees
WCA	Water Users' Association
WCAS	Water Consumers' Association
WDCs	Ward Development Committees
WHO	World Health Organization
WMHCP	Ward Minimum Healthcare Package
WSDC	Whole School Development Concept
WSSCE	West African Senior School Certificate Examination
WSSSRP	(EU) Water Supply and Sanitation Sector Reform Programme
YETA	Youth Empowerment Through Agriculture



# Overview

This report presents an assessment of the development performance of Delta State with particular focus on four key sectors, namely, Agriculture, Education, Health and Water, Sanitation and Hygiene. The analysis of the State's performance in each sector consists of examining the policies and strategies adopted by the government; the governance and regulatory framework for the sector; the financial allocation for the sector; performance and results in the sector in relation to the MDGs; the effectiveness and efficiency of measures implemented; the monitoring and evaluation arrangements; the gaps in performance and recommendations for dealing with existing and new challenges.

This summary provides an overview of the development frameworks and performance in the past 10 years, and outlines key findings of the assessment focusing on the State's major achievements and policy innovations in various sectors. Also contained in this summary are the current and emerging challenges, lessons learnt from the implementation of existing policies and programmes, and recommendations to enhance the long-term development prospects the state.

## Overview of Development Frameworks and Performance

The assessment took cognizance of the strategic importance of Delta State to the Nigerian economy. Although the State is inhabited by less than 3.0 per cent of the national population and occupies only 1.99 per cent of the country's land area, it accounts for 40 per cent of the country's gas reserves and a significant proportion of national oil output – an average of 25 per cent since 1999 (Delta State, 2014a: 48). It is the fourth largest producer of oil in Nigeria, ranked after Akwa Ibom, Rivers and Bayelsa States (Delta State, Ministry of Economic Planning, 2012). The State is also endowed with a variety of other resources and facilities which confer on it significant comparative advantage over other states in the federation. More importantly, the state government is tackling the development challenges with its 3-Point Agenda of Peace and Security, Human Capital Development,

and Infrastructure which it implements within the framework of the Delta State Vision 2020.

## Governance and Development Frameworks

The first eight years of Delta State was characterized by political instability, resulting mainly from military rule. The restoration of democratic rule in 1999 also brought with it political stability and created a new foundation for orderly and sustained development aimed at improving the welfare of the citizens.

For a long time before the new democratic dispensation, the quality of governance in the country as well as in Delta State continued to be a notable source of concern to all. The tide however turned for good as Delta State developed its own framework for good governance in the context of its Vision 2020. The present government in the State places high priority on reducing corruption and improving governance. To this end, the state government has established some key institutions and tools for promoting good governance. Some of these institutional and strategic frameworks are indicated as follows:

- The state government has managed its development process with the aid of notable development frameworks and strategies such as the rolling plans, DELTASEEDS, Vision 2020, 3-Point Agenda and the annual budget. The implementation of some of them – for example, DELTASEEDS, which targets poverty reduction – reflects policy discontinuity as implementation ended with the first phase. However, the focus of the current strategic framework and economic direction of the Vision 2020 Plan is notably portrayed by the concept of 'Delta State beyond Oil' which is amplified in the 3-Point Agenda. The long-term Vision 2020 Plan is markedly different from the Nigeria Vision 20: 2020 in that it has costed programmes and projects, which are aimed at achieving the 3-Point Agenda. Policies

undertaken by the state in the context of this Agenda has helped not only to accelerate the development of critical infrastructure, such as industrial parks, airports and power plants, but also assuaged agitation by various communities culminating in the reduction of the incidence of hostage taking and kidnapping in the state.

- Also, Delta State has done appreciably well in fiscal management with significant successes achieved in internal revenue generation. For instance, it ranks as the third highest collector of IGR in the country. Also, the state's prudence in fiscal management shows in its fiscal surpluses or low fiscal deficit ratios. However, the government should not relent in its IGR drive so as to reduce its heavy dependence on oil revenue; it should optimally tap the potentials in taxation, which is a credible and sustainable source of government revenue.
- The Delta State Government has taken the commendable initiative to compute state level GDP. The figures provide an indication of the level of economic activity and income per head although they are not directly comparable with those of other states that have computed their GDP. But then, the available per capita GDP figures in Delta State are much higher than the national GDP per capita, suggesting much higher level of welfare for Deltans compared to the average Nigerian. Nevertheless, the implications of states computing GDPs with different approaches are strong enough to make them adopt a common approach under the guidance of the National Bureau of Statistics.

### **Development Outcomes**

The development outcomes of the Delta State initiatives under the current government's leadership can be listed as follows:

- Available data suggests that the scenario of improved economic growth without significant improvement in national development outcomes is also an issue of

concern in Delta State. The relatively good growth record of Delta State has apparently not translated into significant poverty and unemployment reduction. One contributory factor to the high poverty incidence in Delta State is the growing income inequality in the State, implying that a much smaller percentage of the population appropriate a larger share of the increase in state income and economic opportunities, thus pushing more people into poverty. The other notable factors are high level of unemployment and low agricultural productivity. There have, however, been significant improvements in other development outcomes relating to education and health. The maternal mortality rate stood at 188 per 100, 000 live births in 2013; under-5 mortality rate (per 1,000 live births) stood at 52 in 2012; and infant mortality rate per 1,000 live births was 37.0 in 2012. The related MDG targets have been achieved. On educational outcomes, the achievements are commendable in the areas of universal primary education, and gender parity.

- Besides, it is noteworthy that the Delta State Government has, in the last few years, implemented initiatives, policies and programmes aimed at significantly reducing poverty within the framework of the 3-Point Agenda. Of particular note is the establishment of the Ministry of Poverty Alleviation and the efforts it made through the Micro-Credit Programme to empower over 111,000 disadvantaged people. The Ministry did this by establishing and/or expanding cottage industries, agricultural production, trading, services, among other ventures. If sustained and vigorously implemented, it is expected that these poverty reduction strategies would have resulted in significant reduction in the poverty incidence by the next survey.

## Key Findings and Observations on the Education Sector

### Major Policy Innovations and Achievements

The inclusion of human capital development in the 3-Point Agenda is a strong affirmation of the importance of education in the development of Delta State. The results of the implementation of educational programmes and initiatives by the government have been impressive in the following areas:

- School enrolment increase at all levels of education and – very significantly – the positive gender parity enrolment trends;
- Infrastructural development and supply of materials to educational institutions;
- Increase in scholarship and bursary awards for undergraduate and postgraduate studies;
- Professionalization of teaching, attending to the welfare and boosting the morale of teachers, recruitment of more qualified teachers, training and retraining, of teachers, payment of salaries as at when due, and building of teachers' quarters; and
- Implementation of existing and new national curricula (adaptation/ domestication as necessary).

Most significantly, there has been steady progress towards achieving the sector MDGs and other national and state goals, such as Education for All (EFA) and Vision 20:2020 goals. Among the significant points to note in this regard are the following:

- Available data (both primary and secondary) indicate that Delta State is well-positioned to achieve MDG 2 targets, namely, ensuring that by 2015, children everywhere, boys and girls alike will be able to complete a full course of schooling, as part of achieving universal primary school education; and achieving the targets of eliminating gender disparity in primary and secondary education,

as part of Goal 3 on promoting gender equality by 2015.

- The prospect of 100 per cent attainment of Goal 2 by the anticipated year 2015 will have a major impact in terms of creating an enlightened and literate citizenry with employable skills. This is the ultimate exemplification of Delta State's achievements in the education sector.
- The progress towards attaining MDGs 2 and 3 in Delta State can be attributed to a number of policy initiatives and innovations, in particular the EDUMARSHAL initiative aimed at keeping school-age children out of the streets and in school; increased financial allocation for education; massive rehabilitation of schools; and free compulsory education policy which led to increased enrolment in basic and secondary education. In addition, the state implements a scholarship and bursary programme for all Deltans in tertiary educational institutions.

### Current and Emerging Challenges

In spite of the progress made so far in the education sector, a number of challenges persist. These include the inadequate attention paid to the education needs of the rural and riverine areas of the state; continuing shortage of teachers in such subjects as physics, chemistry and civics; and mismatch between the stated commitment to advancing science and technology and inadequate funding for it. Also, the allocation of 14.7 per cent of the state budget to education in 2013, fell far below the UNESCO recommended target of 26 per cent.

### Lessons Learnt

The lessons distilled from the review of the education sector include the need to:

- Keep adequate records and statistical data/information on government policies, projects and programmes implementation.
- Remove bureaucratic bottlenecks which tend to discourage stakeholders from contributing to school projects, thereby hindering community ownership, part-

nership and augmentation of government efforts.

- Give more vigour and attention to quality control and its related monitoring and evaluation functions in the sector.
- Pay adequate attention to EMIS in terms of funding, equipment and personnel in order to avoid the negative impact on data generation, collation and analysis in the sector.
- Provide full attention, funding and backing to M & E in the sector to enhance programme and project efficiency and effectiveness.

### **Policy Recommendations**

It is recommended that the Delta State Government should extend the EDUM-ARSHAL policy to rural communities where school-age children are concentrated; ensure even provision and distribution of educational infrastructure, especially in the rural and riverine areas; establish Teachers' Professional Development Centre for in-service training; and employ more teachers in key subjects such as physics, chemistry and civics.

### **Key Findings and Observations on the Health Sector**

#### **Major Policy Innovations and Achievements**

- Generally, Delta State has recorded positive results in the health sector by implementing several programmes and interventions which include: the Health Sector Reform Programme (HSRP); Free Maternal Healthcare Programme; Safe Motherhood; Child Health; HIV & AIDS, Tuberculosis and Malaria (ATM); and Delta State Strategic Health Development Programme (SSHDP). These have been implemented under the overall guidance of the National Health Policy (2004 revision). The State has also performed well in health infrastructural rehabilitation and establishment.
- Beneficiaries of these programmes told the assessment team that they were

satisfied with the government's health programmes, especially those initiatives specifically targeting the rural poor. They also offered suggestions on how to achieve better results.

- Significant achievements have been made in many areas, including the following:
  - Establishment of Free Maternal and Under-5 Child Healthcare Programmes based in 54 general hospitals and a Rural Healthcare Scheme that provides outreach services to rural communities in the State since 2008, resulting in improved preventive, diagnostic and treatment service utilization.
  - Expansion of services in the HIV & AIDS programme, resulting in 23 per cent coverage of PMTCT services and 25 per cent coverage of Antiretroviral Therapy (ART) services.
  - Establishment of TB Control Programmes of 106 DOTS sites and 22 operational microscopy centres, recording a steady increase in sputum smear positive rates 28/100,000 population (2009), 30/100,000 population (2010), 30/100,000 population (2011) and 34/100,000 population and TB cure rate of 59, 69, 75 and 75 per cent in 2009, 2010, 2011 and 2012, respectively.
  - Improvement in the Malaria Control Programme the results of which are as follows: 65 per cent of households have at least one ITN, 47 per cent of persons of all ages have access to ITN, 43 per cent of children under 5 slept under ITN the night prior to the survey; and 34 per cent of children under 5 with fever were examined and treated with Artemisinin Combination Therapy (ACT) within 24 hours in 2013.
  - Increase in infant mortality rate from 48/1,000 live births (2003) to 68/1,000 live births (2006), followed by a decline to 37/1,000 live births in 2012. The national 1990 baseline value and 2015 target are 91/1,000 live births and 30.6/1,000 live births.

- Keeping of Under-5 mortality rates at 102/1,000 live births (2003), 54.4/1,000 live births (2006), and 52/1,000 live births (2012). The national 1990 baseline value and 2015 target are 191/1,000 live births and 63.7/1,000 live births, respectively.
- Fluctuation of the percentage of one-year-olds fully immunized against measles over several years. From 38.5 in 1999, it rose to 61.3 in 2008 and reduced marginally to 57.6 in 2012 before peaking at 60.4 in 2013. The national 1990 baseline value and 2015 target are 46 and 100 per cent, respectively.
- Lowering of maternal mortality rate from 456 per 100,000 births (2005) to 188 per 100,000 live births (2013). The national 1990 baseline value and 2015 target are 1,000/100,000 live births and 250/100,000 live births, respectively.
- Fluctuation in the proportion of births attended by skilled birth attendants from 49.1 to 61.5 to 73.2 and then 59.8 per cent in 1999, 2008, 2012 and 2013, respectively. The national 1990 baseline value stood at 45 per cent while the 2015 target is 100 per cent.
- Improvement in the percentage of contraceptive prevalence rates. The figures rose from 18.7 in 1999, to 26.6 in 2008. It fell to 16 in 2012 before peaking at 28.7 per cent in 2013.
- Achievement of improved antenatal care coverage (4 or more visits). The respective figures were 74.6 and 72.5 per cent in 2012 and 2013.
- Notable progress has also been made on the achievement of the MDGs, as the following indications show.
  - Indicator 4.1 – Infant mortality rate – will be achieved by 2015, while the target for indicator 4.2 – Under-5 mortality rate – may already have been achieved.
  - Targets for indicators 4.3 – Percentage of one-year-olds fully immunized against measles; 5.2 – Proportion of

births attended by skilled birth attendants; 5.3 – contraceptive prevalence rate; 5.5 – antenatal care coverage (4 or more visits); 6.1 – prevalence of HIV among pregnant women aged 15-24 years are reducing or showing slow improvement over time. More concerted and targeted effort will be required to achieve them by 2015.

- Target 5.1 – Maternal mortality rate – has progressively declined in the last ten years. It fell from 456 per 100,000 live births in 2005 to 188 per 100,000 live births in 2013, indicating that the 2015 target of 250 per 100,000 live births has already been achieved.

*Note: The current data available for assessing achievement in the health targets is inadequate.*

### **Current and Emerging Issues and Challenges**

- Despite the achievements recorded, some critical issues and challenges need to be addressed. These include delivering a comprehensive and integrated healthcare package at PHC facilities; striving for universal health coverage; strengthening the health system in the context of the primary health care; raising adequate finance for the health sector; providing access to safe healthcare services and to efficacious medicines.
- The challenges hindering the timely achievement of health outcomes in Delta State are many. Some of them relate to the weak health system characterized by inadequate numbers and uneven distribution of the health workforce, inadequate equipment and weak system for their repair and maintenance, inadequate health financing, a dysfunctional health referral system, inadequate logistics for conducting regular supervision and a dearth of reliable, timely and accurate information for planning, monitoring and evaluating health programmes.
- Also important are the following: the socio-cultural practices that negatively

influence health seeking behaviour; the social stigma related to HIV & AIDS that prevents people living with HIV & AIDS from disclosing their sero-status; inadequate community involvement and participation; and inadequate collaboration between the government and private healthcare providers.

### **Lessons Learnt**

The lessons learnt from this assessment include the following:

- Usefulness of the cluster model in improving efficiency, service delivery quality and strengthening the referral system.
- Health facility survey is critical for determining facility readiness for service expansion.
- Public Private Partnership is important for expanding service coverage. The approach has yielded good results in increasing the number of children being vaccinated.
- Mobile phone technology can improve civil registration. The approach has significantly improved birth registration in the state.
- Provision of free health services improves utilization. Provision of FMHCP and FU-5HP in Secondary Health facilities in Delta State has resulted in increased service utilization.

### **Policy Recommendations**

These include the following:

- Organize meetings between the State Ministry of Health (SMoH) and the Local Government authorities to discuss the modalities for providing free reproductive, maternal and child health services in all PHCs;
- Expand the MSS to all LGAs in the State to increase the number of PHCs that can deliver Basic Emergency Obstetric Care (EmOC) services and refer complicated cases to a nearby facility that can deliver Comprehensive EmOC services.
- Develop, cost and implement a Human Resource for Health (HRH) Plan, which

will address all the current HRH issues identified;

- Establish a mechanism that provides financial protection for all Delta citizens, especially the poor, by replacing all out-of-pocket payments for health services to a pre-payment mechanism that leads to universal health coverage; and
- Endeavour to allocate at least 15 per cent of the state budget to the health sector in accordance with the target set by African leaders in Abuja in 2000. Between 2006 and 2013, total expenditure on health from the three sources of financing, namely, SMoH, DESOPADEC and MDG-CGS, accounted for only 5.4 per cent of the state's aggregate expenditure or 4.2 per cent of the state's budget.
- For quick implementation of these recommendations, the SMoH, with technical support of the UN, should organize a workshop involving government officials and stakeholders to discuss the findings and policy recommendations contained in this report and develop a road map for implementation.

## **Key Findings and Observations on the WASH Sector**

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### **Major Achievements and Policy Innovations**

- The programme interventions in the WASH sector of Delta State include those of DESOPADEC, European Union (EU), NDDC, OSSAP-MDGs, NDSP-WS, Solar-Powered Electricity with Skypower Energy of Canada and the State Government, in collaboration with UNDP (on Territorial Approach to Climate Change (TACC)) and with UNICEF (for RUWASSA).
- One of the important interventions is the technical assistance for implementing the water component of the Niger Delta Support Programme (NDSP) which seeks to provide better access to safe water and basic sanitation facilities in Delta State and four other participating states. Another is the DESOPADEC initiatives

which entail construction of solar-powered water supply schemes, rehabilitation of dilapidated water schemes, and extension and distribution of water supply schemes.

- The various programmes and initiatives have made tangible contributions to the realization of the sector's mandate and objectives.
- Of specific note are the significant improvements in outputs and outcomes relating to water supply, reflected by the following:
  - Existence of 691 water schemes across the State. Out of these schemes, 480 or 70 per cent are functioning and delivering water to the communities in the State. By comparison, in 2006, there were 293 schemes of which 203 (69.3 percent) were functioning. Thus, the number of schemes has more than doubled since 2006. Water services might also have increased proportionately.
  - The availability of water in many urban areas, small towns and rural areas has raised the productivity of the people. Interviews and roundtable discussions with beneficiaries indicated that the girl-child and women less now are burdened with travelling long distances to look for water for drinking and other household uses.
  - Going through many of the 23 streets in Warri/Effurun where the regional/urban water system has already brought water to the public squares and the front of the households, one could hear the consumers express joy and appreciation at having these services after decades of denial.
  - The case of sanitation is different, as it appears to be an orphan subsector with no one in charge. Only 24.3 per cent of the population has access to improved sanitation. And although 61.3 per cent of the households have a place for hand washing, only 48.7 per cent of such households have water and soap at such places.
- Considering the WASH sector perfor-

mance in relation to the MDGs, the Delta 2011 Household Survey indicates that 78.6 per cent of the population has access to safe drinking water. The MICS Survey recorded this as 75.1 per cent. However, the figure dropped to 70.1 in 2013. Most people still use borehole water especially in urban areas, and many of the households at the rural community level use either rainwater or water from streams and rivers.

- With the investments and programmes implemented since 2011, Delta State is most likely to achieve the MDG target of 77 per cent access to potable water by 2015. The disparity between urban and rural areas remains high, however, and needs to be addressed. Greater efforts will need to be made to cater for small towns and rural communities, not only to provide the scheme in a central location, but to seek to extend the supply closer to the beneficiaries.
- As at 1999, the population with access to improved sanitation was 35 per cent. By 2013, it had declined to 24.3 per cent. With less than 25 per cent access to improved sanitation, it is most unlikely that Delta State would meet the MDG target for basic sanitation of 63 per cent by 2015. However, numerous sensitization campaigns (800 altogether, according to UNICEF) have been conducted in schools, markets and motor parks. These have helped to create the necessary awareness for users, policy makers and technocrats.
- One major factor that has made the observed performance possible is the contribution of other sources of programmes or investments which, though representing a relatively small proportion of total investment in the sector, has contributed to WASH service delivery. These other sources supplemented MWRD's efforts by adding new water schemes and some even undertook rehabilitation and extension of ailing or limited schemes. The Ministry's new strategy of repairing and activating non-functioning schemes and maintaining them on a regular basis also contributed much to the progress made. An under-



lying factor in all these is the observed commitment of the sector leadership which has a strong desire to reduce the suffering of the masses.

### **Current and Emerging Issues and Challenges**

- Notwithstanding the progress made in this sector, some gaps in performance are noticeable in the areas of governance, community and private sector participation, and service delivery. Of particular importance is the disparity in service delivery between urban and rural areas which has remained high. Greater efforts will be needed to cater for small towns and rural communities to provide the scheme in a central location and seek to extend the supply closer to the beneficiaries.
- Related to the above are a number of emerging issues that will have to be addressed. These include climate change and vulnerability, regional cooperation, including River Basin shared management, level of service in contrast to access, and rapid population growth which results every year in more Deltans who need to be watered, bathed, and fed.

### **Lessons Learnt**

A number of lessons have emerged from the WASH sector assessment. The most important of these are as follows:

- Availability of multiple sources of funds for investing in the WASH sector is an enabling factor for significant progress in service delivery. The sources have been critical.
- Proactive planning to mitigate the frightening risks associated with climate change in the coming decades is crucial. The State has already taken some commendable proactive steps to combat climate change; these would need to be carried forward.
- Global best practice can provide useful guides on approaches to water supply development. The regional approach to

water supply development is in line with global best practice. It should be extended to include rural communities.

- It is necessary to ensure effective maintenance of WASH infrastructure and reticulation networks through contribution by water users, particularly those residing in urban areas. This would release capital funds for extension of existing services and construction of new ones.
- Concerted efforts should be made to attract private sector investments into the sector, as some states have been doing. This will be in accord with the vision of 'Delta beyond Oil'.

### **Policy Recommendations**

The important policy recommendations that emerge from the WASH assessment derive from a consideration of technical, management, financial and institutional strategies. The following are the key recommendations:

- Select appropriate water supply type, including financial and viability analysis of options. A thorough assessment will have to be done to reach the right decision.
- Consider the standards of supply appropriate for the needs and constraints of communities. For example, hand pumps may be given greater priority in view of chronic power problems. Also, MWRD may need to convert more of its motorized pumps to solar pumps until the power supply improves or the plan for an alternative power materializes.
- Hand over service provision to communities and/or the private sector for community-managed schemes. This should apply not only to rural and small town schemes, but also ultimately to urban schemes.
- Establish water regulators to monitor, control and support water issues. This has been stressed many times already.
- Articulate and implement clear strategies for cost recovery.
- Use revenue from water fees directly to support operation and maintenance, otherwise both the service providers and

water users will be frustrated by the diversion.

- Make the procedures for water fee collection and financial management robust and professionally designed and carried out.
- Increase coordination between RBDAs (Benin-Owena, Anambra-Imo and Niger Delta RBDAs), State Water, STOWASSA and RUWASSA in water scheme planning.

## Key Findings and Policy Innovations on the Agricultural Sector

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### Major Achievements and Policy Innovations

- Delta State is well endowed with natural, human and financial resources for the development of a robust agricultural sector to meet a substantial part of the food needs of the state, generate income, and provide employment to help the state reduce poverty and enhance food security (MDG1).
- To realize the potentials of agriculture in the state, the government has formulated and/or implemented, either singly or in collaboration with the federal government, development partners and the private sector about 38 agricultural programmes and projects. A total of 29 programmes (76 per cent) were initiated between 1999 and 2014. Most of these programmes generally address the agriculture-related development needs of the state, including poverty reduction, food security and employment generation. However, the programme designs were often not robust, and some were based largely on administrative pronouncements without a rigorous feasibility analysis.
- Key growth in the agricultural sector has been attributed to the expansion in cultivated areas rather than to a more sustainable growth in productivity. Nevertheless, the overall performance of the sector is deemed to have contributed substantially to the relative progress of Delta State against the MDG1 targets compared with other states.
- From 1999-2012, there was an increase in the land area cultivated for each of the major arable crops, namely, cassava, yam and maize. The land area used for cassava cultivation, for instance, increased by 87 per cent from 72,000 ha in 1999 to 135,000 ha in 2010-2012. In comparison, the land area under maize cultivation plateaued from 2006 onwards.
- The output trend during 1999-2012 for the major arable crops was strongly correlated with the trend for area under cultivation for crops, a reflection of the predominantly low-input-low-output agriculture still practised in most of the states. The yield of cassava and yam increased by only 36 per cent and 33 per cent, respectively, between 1999 and 2012. This is a pointer to the need for increased adoption of high-yielding planting materials and for increased use of more efficient farm inputs. The yield of maize has been flat over the past ten years. Maize is a high fertilizer-intensive crop and the apparently inadequate supply of fertilizers to farmers in the state over the years has had its toll on the yields of the crop.
- Like many other states in Nigeria, although Delta State, is lagging behind on the MDG1 target relating to poverty reduction, progress is being made, given that the revised absolute poverty incidence reduced from 70.6 per cent in 2003/2004 to 53.8 per cent in 2009/2010.
- The estimated proportion of under-5 children who are underweight in Delta State is 13.4 per cent, which is less than half of the national rate of 27.4 per cent. This means that Delta State has posted higher figures than the overall national average on reducing extreme hunger.
- The observed reduction in extreme poverty between 2003/2004 and 2009/2010 partly reflects in some outcome from the agricultural development efforts of the DSG considering that the majority of the poor are engaged in the agricultural sector.

## Current and Emerging Issues and Challenges

Despite the progress already made, it is necessary to draw attention to a number of performance gaps that should be addressed to sustain the progress in this sector. Notably, these include:

- (i) Productivity gaps associated with poor quality of inputs, limited access to production inputs, extension services, and financial services; (ii) Lag in MDG1 achievement, associated with low productivity and weak linkages of agricultural production and food security; (iii) Weak monitoring and feedback system; (iv) Inadequate mainstreaming of gender in agricultural policy, leading to inadequate strategies for harnessing the full potential of women in agricultural development; (v) Not paying adequate attention to agricultural impacts of the environment and the imperative of climate change adaptation; and (vi) Gaps in funding of programmes. There was no year during which agricultural sector spending surpassed 3 per cent of total spending. This spending performance is far short of the Maputo Declaration on NEPAD Comprehensive Africa Agriculture Development Programme (CAADP) that up to 10 per cent of total spending should be devoted to the agricultural sector.
- Related to the performance gaps are a number of opportunities and emerging priorities, among which are:
  - Scope of efforts to address climate change adaptation in current and future policy reviews;
  - Encouragement of public private partnerships to bring much needed technical and financial services to small-scale farmers;
  - Development of youth population to transform into young agricultural entrepreneurs;
  - Innovative tapping of ICTs for service delivery, as with e-wallet;
  - Farmer documentation and database development for improved targeting

of farmers;

- Payment of closer attention to the value chain approach to catalyse linkages between agriculture and industry;
  - Relative advantage of channelling more public resources to develop agriculture; and
  - Linkage of production to food security to achieve MDG1 targets.
- However, it is important to address the following implementation challenges: (i) Inadequate and irregular funding of MANR and agricultural programmes; (ii) Asymmetry of plan, budget and spending; (iii) Weak inter-agency coordination; (iv) weak programme monitoring and lack of follow-through and feedback arrangements; (v) Poor attention to selection of programme beneficiaries; (vi) Poor rural infrastructure, especially roads and electricity, for value addition and access to markets; (vii) Limited access to sustainable financial services; and (viii) Weak communication between government departments and small farmers in programme implementation.

## Lessons Learnt

- Need to pay attention to details of key processes in programme implementation, such as the development of robust criteria for selection of programme beneficiaries and close monitoring of implementation.
- The direct supply/delivery of subsidized agricultural inputs by government agencies is very risky. Government should find a best-practice mode of delivering its intervention effectively while limiting its role to facilitation, funding and monitoring.
- Full-scale rollout of intervention programmes without prior piloting does not allow for cumulative learning. Sequencing of programme implementation in terms of scale and content is critical for effective outcomes.

## Policy Recommendations

To address the challenges and pertinent issues and enable the sector to realize its potentials and goals, government needs to consider the following:

- Undertake a strategic stakeholder dialogue and stocktaking on previous interventions to internalize the lessons;
- Remove the public sector from involvement in services and activities that are more efficiently and effectively undertaken by the private sector;
- Develop and operationalize policy and programme linkages between the agricultural production interventions and food security goals and targeting commodity enhancement based on the value chain approach;
- Strengthen the MANR to become more capable to design, execute and monitor agricultural and food security policies and programmes;
- Provide adequate budgetary resources to the agricultural sector in line with the 'priority' status accorded the sector in current development plans and in 'Delta beyond Oil'; and
- Include in the enhanced funding provisions for the agricultural sector a strategic plan for the provision of critical infrastructure for agricultural development, especially access roads and electric power.

## Conclusion

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The commitment of the Delta State government to improve the living conditions of Deltans is reflected in the formulation and implementation of policies, programmes and projects that stakeholders have described as laudable. Notable progress has been made on many fronts, considering the results of programme and project implementation in the four key sectors under focus. The assessment, however, revealed some gaps in performance and emerging issues which need to be addressed. The prospects are bright for improving performance on some lagging MDG targets so as to achieve them by 2015 or not long after. For example, the recent poverty

reduction strategies and measures, including the micro-credit scheme, would result in significant reduction in the poverty incidence by the time of the next survey. To achieve this, however, government would need to address the critical constraints identified.

To further improve overall development performance, it is important for government to do the following: enhance transparency in budget presentation relating to fiscal balance and the methods of financing it; continue the IGR drive, especially with a view to tapping the high potentials in taxation; and compute state-level GDP with a methodology that will confer credibility, comparability and acceptability on the computed figures. Also, not only will growth have to be speeded up in Delta State, its quality has to improve in terms of being employment-generating, broad-based and shared. Conscious pro-poor policies that channel resources towards sectors with maximum poverty reducing impact and ensure the participation of the poor in the growth process are indispensable.



# Introduction

In its desire to improve development performance in Delta State, the state government considered it important to have an independent and objective assessment of where the state had been, where it currently stands and how it can significantly improve the welfare of the citizens in the future, especially through the achievement of the Millennium Development Goals (MDGs). This report is the result of the assessment carried out under the auspices and guidance of the United Nations Country Team (UNCT) in Nigeria. It contains the findings and recommendations from the assessment. The rest of this introductory chapter provides the necessary context by first reviewing the Delta State profile. It then outlines the objectives of the assessment, as well as the methodology adopted, and concludes with an explanation of how the entire report is organized.

## State Profile

Delta is one of the 36 states in the Federal Republic of Nigeria. It was created on 27 August 1991 by the Babangida administration out of the former Bendel State. Bendel State covered the entire territory formerly known as the Midwest Region after it was excised from the then Western Region in August 1963. Consequently, the Midwest Region became a state among the 12 new states created by the military regime of General Gowon on 2 May 1967. The name was changed to Bendel State in February 1976 in light of the two provinces – Benin and Delta – that constituted the state. In the state creation exercise of 1991, the Asaba Division of the old Benin Province was finally emerged with Delta province to constitute Delta State. Its capital city is Asaba, located on the western bank of the River Niger.

Delta State lies roughly between latitudes 5° 00' and 6° 00' north of the Equator and longitudes 5° 00' and 6° 45' east of the Greenwich Meridian. The State covers a land mass of about 18,050 km<sup>2</sup> of which about 60 per cent is land while the rest is swampy and waterlogged. This means that the State's development policies and programmes have to take due cognizance of the peculiar geography whereby 40 per cent of the geographic area is riverine, which renders many communities inaccessible all the year round and locked in the informal sector of the economy. Delta State is bounded in the North by Edo State, on the Eastern front by Anambra and Rivers States, and on the Southern front by Bayelsa State. The Bight of Benin of the Atlantic Ocean forms the western boundary

while the northwest boundary is Ondo State.

At present, Delta State is made up of 25 Local Government Areas (LGAs). Besides the political division of the State into LGAs, it is further divided into three senatorial districts – Delta North, Delta South and Delta Central – and nine federal constituencies, for the purpose of electing representatives into the National Assembly in Abuja. The State has been administered by both military administrators and civilian governors: six military administrators and one civilian Governor, Olorogun Ovuodoroye Felix Ibru, between 28 August 1991 and 29 May 1999, and two civilian governors, Chief James Onanefe Ibori, 29 May 1999 – 29 May 2007 and Dr Emmanuel Eweta Uduaghan, 29 May 2007 – the present.

As would be expected, the population of the State has grown steadily. The 1991 census estimated it at 2,590,491. This figure rose to 4,112,445 by the 2006 population census, indicating a growth rate of 3.92 per cent per year compared to 3.85 per cent for the nation (*Delta State, Vision 2020:6*). The 2012 estimate of the population was 4,802,480. While the 1991 census indicated more females (1,318,559) than males (1,271,932), the 2006 exercise showed a structural change with males (2,069,309) being slightly more than females (2,043,136). Annex 1.1 shows the population distribution by sex and across the LGAs.

Delta State is of great strategic importance to the Nigerian economy. Although peopled by less than 3.0 per cent of the national population and occupying only 1.99 per cent

of the country's land area, it has been a major producer of oil and gas in Nigeria since 1958 when the first wells were drilled by Shell Petroleum Development Corporation (SPDC). The State accounts for 40 per cent of the country's gas reserves and a significant proportion of its national oil output – an average of 25 per cent since 1999 (Delta State, 2014a: 48)). It is the fourth largest producer of oil in Nigeria, ranking after Akwa Ibom, Rivers and Bayelsa States (Delta State, Ministry of Economic Planning, 2012). The State's natural gas reserve is even more abundant than its crude oil: it boasts about 66.8 trillion cubic feet reserve out of the nation's 167 trillion cubic feet gas reserves.

Besides abundant oil and gas, the State has a variety of other resources and facilities which gives it significant comparative advantage over other states in the Federation. These resources include: solid minerals such as silica, lignite and kaolin; abundant land for cropping and plantation agriculture; forest resources; water bodies for recreation and tourism; aquatic resources with vast potential for aquaculture; several ports, etc. The State has diverse areas of investment potentials. Some of these were outlined by Governor Emmanuel Uduaghan's presentation entitled 'Investment and Development: The Key Drivers for Delta State' which he made at the First South-South Nigeria Economic Summit held in Calabar in 2009.

Although the State is richly endowed with various resources, especially oil, the resources are yet to be fully harnessed to significantly improve the welfare of the people. *The Delta State Vision 2020* (p. 9) has similarly observed that 'in spite of the(se) rich endowments, the State is yet to fully realize its full potential'. Knowing the implications of the State's overdependence on oil and gas revenues, the government of Dr Emmanuel Uduaghan has outlined a vision of 'Delta State beyond Oil'. The policy aims at diversifying the economy and enhancing the welfare of the citizens. It is also tackling subsisting challenges with its 3-Point Agenda of Peace and Security, Human Capital, and Infrastructural Development. This is being implemented within the framework of Delta State Vision 2020. The programmes relating to human capital development are particularly relevant for the attainment of the State's MDGs and targets.

## Objectives of the Assessment

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The broad objective of the assessment is to review the Delta State development performance in the four areas of education, health, agriculture, and water, sanitation and hygiene; identify the gaps in performance and challenges within each sector; and indexing the performance using, among other things, the MDG targets and indicators. In the words of Governor Uduaghan, 'our aim is to document the outcome of an objective review of our developmental trajectory and present a template that may help guide and inform policies of subsequent administrations'. The specific objectives of the assessment were to:

- Assess the performance and results of policy implementation in each of the sectors, by identifying the bottlenecks, constraints and enabling factors;
- Identify measures to address the performance gaps and challenges in each of the sectors;
- Review the MDGs and State targets and indicators for each of the sectors;
- Identify the unfinished business of the MDGs and determine priority areas of focus for development of the sectors in the future;
- Make recommendations on the way forward to achieve the desired goals in each of the sectors.

The assessment is thus significant in that it provides an evidence-based framework for improving development performance in Delta State. The results of performance and the gaps indicated will clearly provide a basis to focus policy making on enhancing the welfare of the people of Delta State.

## Methodology

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Although the assessment covers the entire period of its existence (from its creation in 1991 to 2014), but there were no data for most part of the earlier period. Furthermore, the MDGs were adopted from the early 2000s following Nigeria's assent to the 2000 Millennium Declaration of the United Nations. Assessment of the performance on the MDGs is thus possible for the period, which coincides with the current democratic dispensation.

A major plank of the approach used is desk

review of available documents and data. Such data were largely obtained from various publications of the Delta State Government, Federal Ministries, Departments and Agencies (MDAs), particularly those of the National Bureau of Statistics, and international organizations. Supplementary data were obtained through field survey conducted by the team of consultants who interacted with stakeholders, especially the beneficiaries of government programmes and projects and used instruments such as round-table discussions, interviews, focused group discussions and town-hall meetings to elicit information from them. The field work was undertaken from 21-30 May 2014.

For effective take-off of the assessment, a three-day preparatory workshop, opened by His Excellency, Governor Emmanuel Uduaghan and chaired by Ambassador Shola J. Omoregie, was attended by the team of consultants, UNCT officials and State Government officials, including the Honourable Commissioners. At the workshop, the Honourable Commissioners in charge of the relevant sectors made PowerPoint presentations of the policy directions, programmes, strategies and activities of their various ministries/sectors. The consultants interacted extensively with the government officials and agreed on a work plan and the information/data requirements for the assessment.

The consultants also relied on a secretariat that was set up to facilitate its work and act as interface between the technical experts, the state's bureaucratic channels and the sectors being assessed. This Secretariat, which was located in the Office of the Senior Adviser on Foreign Relations, Hon. Oma Djebah, had the following members: Hon. Oma Djebah, Sir Paul Evarherhe, Michael Uwaeachie, Daniel Iruغبukpe, Saturday Nukueye and Ugochukwu Agbaji. The secretariat provided support to the Assessment Team throughout the process, particularly during the preparatory workshop, review meeting/workshop, fieldwork and search for and distribution of relevant documents.

Finally, as a policy-oriented study, this report stresses the key messages from the trends and observations coupled with the implications with a view to coming up with key lessons and recommendations. Tables, charts and boxes are used where necessary for

illustration and better appreciation of the data presented.

## **Limitations of the Assessment**

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The assessment clearly provides useful insights into the development performance of Delta State, particularly in Education, Health, Agriculture, and Water, Sanitation and Hygiene. However, data challenges tended to limit the assessment to the period under the current democratic dispensation, especially the recent years. Thus, for example, although the Terms of Reference specify that assessment of the health sector (and, indeed, the other three sectors) should extend from 1991 to 2013, documented information was only available for 2007-2013. Similarly, there was a data gap on the outcome and impact indicators for assessing the performance of the health sector and progress made in achieving some of the MDG targets. Thus, poor or inadequate data availability, especially for the earlier years, has tended to restrict the scope such that focus had to be on the recent years for which more data is available. Secondly, the successive State Governments have implemented several policies, programmes and initiatives aimed at achieving desired development results. But as evaluation studies have not been carried out on the policies and programmes, it may not be advisable to strongly associate them with the various development results.

## **Organization of the Report**

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The report is organized into eight chapters. Following this introductory chapter, which provides the context through a review of the State profile, is chapter 2, which provides an overview of development frameworks and performance in the State. Issues reviewed include governance, development frameworks, fiscal management, and development outcomes. Chapter 3 reviews the performance of Education while Chapter 4 focuses on Health. Similarly, Chapter 5 assesses the performance of the Water, Sanitation and Hygiene sector while 6 reviews that of Agriculture. In Chapter 7 is a discussion of the challenges and constraints to the performance of the sectors coupled with highlights of the emerging issues and priorities. Chapter 8 concludes the report with highlights of conclusions and recommendations from the entire report.





# Overview of Development Frameworks and Performance

The primary focus of the assessment, whose findings are presented in this report, is performance of four key sectors in relation to the MDGs and other State targets. The policies, programmes and projects aimed at achieving the objectives of the sectors are formulated and implemented in the context of broad development frameworks and strategies, such as Delta SEEDS and Vision 2020. Also, the nature and effectiveness of governance affect performance of the sectors. Therefore, this chapter provides an overview of development performance in Delta State by reviewing governance, development frameworks and strategies, fiscal management, and development outcomes, especially relating to economic growth and poverty.

## Governance

The period around May 1999, some eight years before the present democratic dispensation commenced in Delta State, was characterized by instability in the political leadership. Six military administrators and one civilian governor were in charge of the affairs of the State at various times between August 1991 and 29 May 1999, which translates to an average of about one administrator per year. Perhaps, the nature of the military rule then led to the frequent changes in the political leadership of the state. The instability in political leadership was a major challenge to a sustained pursuit of the development aspirations of the very young State and expectations triggered by its creation remained largely unfulfilled (Delta SEEDS, 2005: 3). In contrast, the State began to experience stability in political leadership since the return to democratic rule in 1999. Two Governors, including the incumbent, have administered the State since then: Chief James Ibori, May 1999 – May 2007; and Dr Emmanuel Uduaghan, May 2007 – present. Thus, under democratic governance, stability in political leadership has been restored as a basis for orderly and sustained development efforts aimed at improving the welfare of the citizens.

From a development perspective, when good governance prevails, it allows for efficient and effective public administration, good policies and sound management of resources, which should lead to improved development outcomes (Obadan, 1998). Specifically, it reflects, among other things, accountability of

government officials for public funds and resources, transparency in government procedures, processes, investment decisions, contracts and appointments, and observance of the rule of law by governments and citizens (World Bank, 1992).

In some countries, especially in the developing world, governments find it difficult to observe the tenets of good governance. Consequently, poor governance has tended to inhibit those countries' development. Nigeria, for instance, has not been immune to poor governance; if anything, it has remained a chief source of concern in the country. Poor governance, by entailing corruption, and lack of accountability and transparency, provides opportunities for the well-connected elites and interest groups to appropriate an undue proportion of the nation's resources at the expense of the people, thus exacerbating poverty and inequality in the country.

Against the backdrop of the strong desire for good governance, Delta State has a vision for good governance in the context of Vision 2020 which is 'to evolve a polity of transparency and accountability at all times that guarantees equity, justice, peace and security to all Deltans'. The mission is to establish a system of good governance based on global practices. To this end, strategies are outlined in Delta State Vision 2020 to promote good governance in the areas of peace, security, law and order; civil service and parastatals; inter-ethnic and youth relations; as well as local government and labour relations. Specifically, the state government has created some

institutions and tools to promote good governance. Among these are the following:

- Setting up of Economic Advisory Team and Economic Management Team;
- Enactment of the State Fiscal Responsibility Law, 2008;
- Enactment of the Public Procurement Commission Law, 2009. The government has also set up a Public Procurement Reform Implementation Committee (its report was to be presented to the Governor);
- Adoption of a Monitoring and Evaluation Software System. This is a monitoring and evaluation computerized system to support the implementation of Delta State Vision 2020. The software is being produced by the United Nations Institute for Training and Research (UNITAR);
- Publication of the Economic Dashboard showing the performance of the MDAs based on the Key Performance Indicators derived from the Delta State Vision 2020, the MDGs and International benchmarks. The Dashboard is an innovative and transparent self-assessment tool in the art of good governance; and
- Preparation of quarterly budget implementation reports by MDAs.

These measures seek to promote good governance through strengthening of government institutions, processes, and systems in public financial management, policy and strategy, public sector management, knowledge management, and monitoring and evaluation.

Indications are that the present government in Delta State places high priority on reducing corruption and improving governance. In February 2010, the Delta State Government requested the World Bank to carry out a comprehensive review of the procurement systems in the State and Local Government Councils with a view to identifying the strengths and weaknesses of the procurement systems and to make recommendations for their improvement. In its report (World Bank, 2011), the Bank wrote as follows: "The present Delta State Administration has realized the importance of sound procurement to the development of Delta State and has therefore asked the World Bank to make recommendations reflective of international good practice in public procurement and that

will yield dividends of reducing corruption, improving governance, and obtaining value for money for public resources'. Following the Bank's recommendations, the Government set up a Public Procurement Reform Implementation Committee to drive the institutional framework for the optimal operation of the Public Procurement Law.

## **Development Frameworks and Strategies**

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The Delta State Vision 2020, 2011-2020, observes that socio-economic activities, policies and programmes had always been undertaken in Nigeria on an ad hoc and short-term basis without a clearly defined pathway into the future. The annual budget featured prominently as the key instrument for implementing the rolling plans which invariably lacked a perspective or long-term planning framework. The nation's economic performance was not inspiring in the 1990s, which was the period of the implementing the rolling plans. The average growth rate for the country was less than 3.0 per cent. Even then, the administration of President Olusegun Obasanjo discontinued formal planning from the early 2000s in favour of the market strategy. However, the governments at the federal, state and local government levels, from 2004, introduced the National, State and Local Government Economic Empowerment and Development Strategies, respectively, as the major strategy for reducing poverty in the country and against the backdrop of the MDGs.

### **The Millennium Development Goals**

The MDGs refer to eight internationally identified development goals agreed upon as the objects of worldwide pursuit and established following the Millennium Summit of the United Nations in September 2000. The goals derived from earlier development targets considered when world leaders adopted the United Nations Millennium Declaration. At the Millennium Summit, world leaders endorsed the Millennium Declaration and adopted the MDGs which turned out to be the main outcome of the Summit. The United Nations Millennium Declaration asserted that every individual has dignity, and hence, the right to freedom, equality, a basic standard of living that includes freedom from hunger and violence

and encourages tolerance and solidarity. All the 189 UN Member States then (193 currently) and at least 23 international organizations committed to helping to achieve the Millennium Development Goals by 2015. Nigeria was one of the Member States that committed to working together in a global partnership to address the development challenges facing humanity.

Box 2.1 shows the eight goals and targets in relation to the relevant sectors of the assessment. The goals are accompanied by 21 time-bound targets (most of which are set against a 1990 baseline), and a series of measurable indicators to assist the systematic monitoring of global and national progress made against the Millennium Declaration. Besides, strategic roles and responsibilities were defined for national governments. For instance, they were required to align their strategic national development frameworks, policies and resources efficiently to achieve the set goals and targets. International organizations, citizens, civil society organizations and the private sector were to rally behind global and national campaigns aimed at achieving the MDGs. Also, national governments were mandated to develop MDG-based strategies to meet their specific regional and national situations, reflect local peculiarities, as well as target more specific and measurable problems.

Nigeria has implemented several policies, programmes and projects aimed at achieving the MDGs. The savings from the external debt relief obtained from the Paris Club in 2005 have been devoted wholly to implementing MDGs programmes and projects. In Delta State, the government, in line with the national strategy for poverty reduction – NEEDS and Nigeria Vision 20: 2020 – developed the State Economic Empowerment and Development Strategy (SEEDS) document (in 2005); the Vision 2020, including the Implementation Plans (in 2010); and the 3-Point Agenda in the context of the Vision 2020.

So far, Delta State has produced two reports, one in 2010 and the other in 2011, showing progress on the attainment of the MDGs. The first indicated poverty as a major subsisting challenge but with significant progress in improving child nutrition, school enrolment,

ratio of girls to boys in primary and secondary schools, debt management and building partnerships (Delta State MDGs Report, 2010). The second Report, 2011, still reported mixed performance on the MDGs: notable progress towards achieving some targets and challenges with respect to others. Significant progress was noticed in Goals 2 (universal primary education) and 5 (improvement of maternal mortality). But progress was slow in meeting MDGs 1, 6 and 7 (i.e., poverty reduction, access to HIV & AIDS treatment, and access to safe water).

### **Delta State Economic Empowerment and Development Strategy**

The Delta State Economic Empowerment and Development Strategy (DELTASEEDS) (2005-2007) was introduced in 2005 to provide a new development framework for strengthening the achievements of the past and looking beyond the present to build a virile economy for the State. It was created to perform the same role as the National Economic Empowerment and Development Strategy (NEEDS), which was launched by the Federal Government in 2004. Accordingly, DELTASEEDS focused on four key areas of concern, namely, poverty reduction, employment generation, wealth creation, and achieving the MDGs. It was a strategy document aimed at achieving wealth creation, poverty reduction, employment generation, sustainable development, good governance, environmentally friendly attitudes, and promotion of private sector growth. DELTASEEDS was designed to capture the broad goals of NEEDS and meet the MDGs at the same time.

The strategic areas of focus of DELTASEEDS can be enumerated as follows:

- Agriculture;
- Social development with emphasis on health, education, roads, transportation, water supply and justice;
- Environment/physical planning;
- Small and medium enterprises; and
- Reform of government finance institutions for revenue enhancement through various channels.

DELTASEEDS-specific programmes and projects were to be embedded in the State's annual budgets from 2005-2007. Such

### Box 2.1: The MDGs and the Relevant Sectors in the Study

MDG	Target	Relevant Sector
1. Eradicate extreme hunger and poverty	i. Halve, between 1990 and 2015, the proportion of people whose income is less than [US]\$1 a day ii. Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Agriculture, Education, Health, WASH
2. Achieve universal primary education	iii. Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Education
3. Promote gender equality and empower women	iv. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Education
4. Reduce child mortality	v. Reduce, by two-thirds, between 1990 and 2015, the under-five mortality rate	Health
5. Improve maternal health	vi. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	Health
6. Combat HIV&AIDS, malaria and other diseases	vii. Have halted, by 2015, and begun to reverse the spread of HIV&AIDS viii. Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases	Health
7. Ensure environmental sustainability	ix. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation x. Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers	WASH
8. Develop a global partnership for development	xi. Seven targets, the first of which is: develop further an open, rule-based, predictable, non-discriminatory trading and non-trading and financial system	Not focused on in the assessment

programmes and projects were to attract an annual expenditure of at least N15.0 billion. This figure excluded the existing commitments in road development, bridges, jetties, drainages and erosion control facilities.

As it turned out, policy instability and lack of continuity took a toll on DELTASEEDS and NEEDS implementation. At the end of the first phase of the strategy documents in 2007, governments at both federal and state levels had abandoned NEEDS and SEEDS implementation. In Delta State, DELTASEEDS II was still being prepared when the switch over to the visioning approach took place in 2009.

#### **Delta State Vision 2020 and 'Delta State beyond Oil'**

Since 2011, the development framework of the Delta State government has been the 'Delta State Vision 2020, 2011-2020'. The vision is: 'to be a state where peace, knowledge, creativity and innovation drive economic growth and development to enhance the quality of life of the people and protect the environment'.

The major objective of the Delta State Vision 2020 Plan is sustainable development. And the core goal is to make Delta the most industrialized and developed state in Nigeria by 2020, using available resources to develop the non-oil sector thereby reducing its high dependence on oil and gas revenues. To this end, development emphasis is being shifted to other sectors (such as agriculture, tourism and entertainment, commerce and industry) that can sustain the economy should oil eventually be exhausted. This is the basis of the concept of 'Delta beyond Oil'. This concept also entails setting up infrastructure that will attract investment in other areas of the economy besides the above three. These areas include power, youth development, transportation, education, peace and security. Besides, according to Governor Emmanuel Uduaghan, 'the concept of "Delta beyond Oil" is to mobilize ... citizens, statesmen, law makers, civil servants, college professors, students, professionals, farmers, [and] artisans that oil and gas may be good for now but the future belongs elsewhere in the powers of minds to generate wealth and well-being for ourselves and generations to come' (Uduaghan, 2014). The desire to complement

oil receipts led the government to design a model Comprehensive Economic Development Framework. The strategies of this framework focus on integrating other sectors of the State's economy, including commerce and industry, manufacturing, ICT, healthcare, culture, tourism and hospitality.

The Delta State Vision 2020 Plan is a major blueprint that articulates the developmental issues and challenges facing the State as well as the short, medium and long-term actions to tackle them over a ten-year period (from 2011-2020) in order to put the State firmly on the path of sustainable growth and development. The Plan also has targets for each sector/area of activity covered. For example, two of the targets set for the education sector are to: (i) Systematically increase enrolment of primary school pupils from the current 605,891 to about 758,614 in the short to medium term and 1,000,000 by 2020; and (ii) Raise the number of secondary school teachers from the current 11,254 to about 16,000 in the short to medium term and to 30,000 by 2020.

The Plan includes costed programmes and projects under three broad time horizons – short, medium and long terms that represent the first, second and third implementation plans, respectively. The proposed investment in the Delta State projects and programmes during the ten-year period is N3.189 trillion against expected total revenue of N2.757 trillion. The implied financing gap of N0.432 trillion is to be covered with borrowings from the capital market and other sources, bearing in mind the need not to veer off the path of debt sustainability and ensure compliance with the Fiscal Responsibility Law (FRL) (2008).

### **The 3-Point Agenda**

Within the framework of the Vision 2020, and in pursuit of the goal of Delta Beyond Oil, the government is currently implementing a 3-Point Agenda, which focuses on:

- Peace and Security;
- Human Capital Development; and
- Infrastructure Development.

The state government recognizes the crucial role of peace and security in enabling the realization of economic potentials, and

promoting new domestic and foreign private investment. Very importantly, peace and security ranked above everything else for Governor Uduaghan at the time he assumed office in 2007 because of the very disturbing security situation which needed to be tackled frontally. The general elections in the State then had generated some conflicts and armed insurgents, ferocious ethnic suspicion and rivalry were common. Kidnapping of foreigners as baits for ransom money was widespread. Militants targeted government officials, perceived well-heeled individuals and foreigners as well as oil pipelines; attacks on the latter cut down the State's oil production capacity and its ability to generate revenue. At some point, oil production fell from 2.2 million barrels per day to below 700,000 barrels per day.

This scenario informed the strategic priority of the government, which has been to significantly reduce the incidence of youth restiveness and communal conflicts. This is being pursued through the implementation of various programmes and specific actions in order to create a conducive environment for business, wealth creation and employment generation. One of the steps taken by the State was to create Delta State Security and Waterways Committee. This committee has assisted the government in intelligence gathering, resolution of contentious issues, and proactive monitoring and reporting of illegal activities in the creek areas with the aim of averting possible unrest. Besides, Delta State has been a major player in the Presidential Amnesty Programme for Niger Delta militants; and this has helped in the drastic reduction of militancy in the State. Finally, the State has been making notable efforts to develop the oil producing areas through the Delta State Oil Producing and Area Development Commission (DESOP-ADEC). The Government's support towards the development of the communities through this Commission has helped in calming frayed nerves in the state. (DESOPADEC is further discussed in Section 2.2.5.)

Generally, some success has been achieved in the control and management of the political crisis in the State, while the incidence of hostage taking and kidnapping has reduced. Governor Emmanuel Uduaghan stressed this point in the speech he delivered on 29 May at the 2014 Democracy Day celebration in Asaba

when he said: 'Delta State is more peaceful and united than it was when we assumed office. Crime wave is down and we intend to ensure that criminals have no hiding place in the State'. With the relative calm experienced in the Niger Delta region, national oil production increased significantly from 1.7 million barrels per day (mpd), prior to the amnesty initiative of August 2009, to 2.34 mpd in June 2011 and 2.29 mpd in 2013.

Human capital development is a major priority of the government of Governor Emmanuel Uduaghan. One primary objective of the human capital development policy is to provide accessible and affordable health care services with a view to increasing life expectancy. To achieve this, the government has introduced across the State free rural, maternal, and under-5 healthcare programmes, and established new Primary Health Care Centres and hospitals, including the Delta State University Teaching Hospital, Oghara. The free maternal healthcare programme is a scheme that provides antenatal care, deliveries and provision of drugs throughout the duration of pregnancy for all pregnant women in government hospitals and free medical treatment for children under five years.

The government has shown a renewed interest in education as evidenced by the educational summit of September 2009 and the signing of an MoU aimed at youth empowerment in order to address the challenges of technical skills gap, unemployment and youth restiveness in the Niger Delta region. Policies, programmes and structures have been developed to ensure equity and access to educational opportunities by all Deltans. Of specific importance is the Free Education Policy introduced State-wide, entailing free primary, basic and post-basic secondary education. The government also created a grant and scholarship scheme to encourage undergraduate and post-graduate students. Besides improving access to education through the free education policy, a micro-credit programme was initiated to improve the employment rate by providing gainful employment to young Delta citizens through economic/youth empowerment and a number of youth rehabilitation centres. In collaboration with the United Nations Development Programme (UNDP), Delta State is building the Egbokodo Multi-

Purpose Youth Centre, which will focus on reorientation, conflict prevention, and job creation. The government has also rehabilitated various skills acquisition centres and constructed new ones for the training and empowerment of youths in the State.

The state government also introduced a number of policies and programmes covering education, healthcare, potable water, sanitation, public utilities and employment in order to achieve rapid and sustainable economic development. While these are discussed in detail in Chapters 3-6, Box 2.2 highlights these key policies, programmes and projects in the context of the 3-Point Agenda.

In acknowledging the crucial role of infrastructure in driving the economic growth and development of the State, the government allocates an appreciable percentage of the annual budget to the implementation of strategic infrastructural projects. Besides, the government has adopted the PPP model in the development, provision and maintenance of infrastructure, such as construction works, waste management, road maintenance and power generation. The aim of this is to significantly address the challenge of infrastructural provision by improving available facilities and building new ones.

Box 2.3 shows some critical infrastructural projects executed by the government in line with the 3-Point Agenda. The significance of infrastructure, especially electric power, lies in its centrality to all other economic activities. The state government and some key investors have reached an advanced stage in completing an independent power project (IPP). This project, which will generate 128 MW of electricity at full capacity, is at 70 per cent completion, and is expected to be completed by December 2014. Also, the State has invested over N15.0 billion in the Federal Government's IPP as part of its counterpart funding to step up power generation and distribution in the State.

#### **DESOPADEC**

DESOPADEC was set up in 2007 by an Act of the Delta State House of Assembly as the frontline interventionist agency to address

## Box 2.2: Highlights of Key Policies, Programmes and Projects of the Uduaghan Administration

- Three-Point Agenda of Peace and Security, Human Capital Development, and Infrastructural Development aimed at diversifying the economy from overdependence on oil; hence, the transformation goal of 'Delta beyond Oil'.
- Design of a Comprehensive Economic Development Framework with investment strategies and approaches that ensure that other sectors of the economy in the State other than oil and gas are brought on stream.
- Ongoing strategy to develop Asaba and Warri as two growth poles.
- Establishment of the Ministry of Poverty Alleviation and its star programme – the Delta State Micro-Credit Programme – which has the attributes of empowering the grassroots population, creating new wealth at that level, reducing unemployment in the productive age bracket, and promoting commercial and industrial entrepreneurship. From 2007 to date the Programme empowered 111,312 persons comprising 67,861 women and 43,451 men.
- Empowerment of DESOPADEC – also targeted at poverty reduction and development of the oil producing and impacted communities. It focuses on rural infrastructure development, education and health facilities, water and sanitation, and agriculture.
- Constitution of the Delta State Water Ways Security Committee – to help gather intelligence and information to assist in crime prevention and detection.
- Free basic and post-basic education policy and scholarship schemes and bursaries for all Deltans in tertiary institutions. Examples are the automatic postgraduate scholarships for Delta students who graduate with First-Class degrees tenable anywhere in the world, and bursary allowance of N20,000.0 paid to Delta State students in tertiary students across the country.
- Introduction of the Education Marshals Policy, which has contained the rising incidence of out-of-school children in the State. This policy has rescued 745 out-of-school children (363 boys and 382 girls) from the streets and returned them to school.
- Remodelling, upgrading and renovation of primary and secondary schools. Also of note is the building of additional public primary and secondary schools to meet increasing demand.
- Implementation of the following health projects:
  - o Free medical care to the vulnerable, including aged citizens, pregnant women and children, especially the Free Maternal Healthcare Programme;
  - o Completion of the Delta State University Teaching Hospital, a tertiary healthcare institution which recorded breakthroughs in knee replacement surgery and kidney transplant.
  - o Remodelling and rehabilitation of Eku Government Baptist Hospital, supplying it with modern state-of-the-art equipment.
- Introduction of a Mass Transit Scheme with over 800 air-conditioned buses, including 50 Marcopolo buses and 30 high-capacity buses.
- Completion of the international airport, Asaba and the ongoing expansion of an existing airport at Osubi, near Warri.
- Implementation of the state Independent Power Project (IPP) to an advanced stage and support for the Federal Government's IPP.
- Introduction of strategies to attract and retain domestic and foreign investment entailing implementation of the following:
  - o Warri Industrial and Business Park;
  - o Koko and Ogidigben Industrial Park/Free Trade Zone;
  - o Asaba Information and Communication Technology Park;
  - o N240 million Delta Leisure Park by a private investor in partnership with the state government.
- Development of an Economic Dashboard as a performance monitoring tool for MDAs.
- Enactment of laws to promote good economic governance, for example, enactment of the:
  - o State Fiscal Responsibility Law, 2008;
  - o State Public Procurement Commission Law, 2009; and
  - o Delta State Internal Revenue Consolidation Law, 2009.Implementation of this law has resulted in a very significant boost to internally generated revenue which has made Delta the third highest internal revenue generator among the states in the country.

the developmental setbacks in the oil-producing communities of Delta State. The Commission administers 50 per cent of the 13 per cent Oil Derivation Funds accruing to the Delta State Government, for two main purposes:

- Rehabilitation and development of oil producing areas; and
- Execution of other development projects as may be determined from time to time.

The intervention projects of the Commission

are complementary to those of the State Government in line with the 3-Point Agenda. They are spread across five ethnic nationalities and 19 out of the 25 Local Government Areas in the State. The projects are informed by the community needs in the areas of education, health, water, transportation, energy, agriculture, erosion control, housing and urban planning.

The government funds DESOPADEC with half of its allocation from the 13 per cent derivation fund to the oil producing comm-



## Box 2.3: Critical Infrastructure Developed/being Developed

**Power supply:** State Independent Power Plant (128 MW electricity) at Oghareki at 70% completion

**Airports:** Construction of Asaba International Airport and ongoing upgrading of Osubi Airport to international standards

**Roads:** Ugbenu-Koko Road; 150 kms Ughelli-Asaba dual carriage way; Effurun-Osubi-Eku road; TransWarri-Ode-Itsekiri roads and bridge; and the dualization of old Lagos/Agbor axial road.

**Special Economic zones and industrial clusters:** Warri Industrial Business Park; Koko and Ogidigben Industrial Park/Export Free

Trade Zone; ICT Park, Asaba; and Delta Leisure and Destination Park. The economic zones and industrial clusters, as part of the State's diversification strategy, are geared towards stimulating industrialization of the State through attraction of both domestic and foreign investors.

**Transportation:** The ongoing construction of Asaba and Warri Mega Bus Terminals and the Warri Bus Rapid Transit (BRT) project along Warri-Sapele road.

unities. This enables the Commission to implement various development projects in the oil producing communities in order to enhance development and forestall unrest. With the funds received, the Commission has implemented 429 projects valued at N15.421 billion, while 292 projects valued at N16.531 billion are ongoing in the social sector comprising education, health and water. These achievements are besides those in the other areas of its mandate. Performance on the education, health and water projects is summarized in Annex 2.1.

So far, the activities of DESOPADEC have significantly complemented the State's efforts on the implementation of the 3-Point Agenda. The impact of the Commission's activities is felt among different stakeholders, for example, teachers and school children who are pleased with the highly improved learning environment brought about by the building and rehabilitation of schools as well as the provision of facilities. The improved facilities in the schools have become a source of motivation for teachers and have enhanced teaching and learning activities. Also, healthcare delivery has become readily available and more user-friendly due to the nearness of Primary Healthcare Centres in rural communities. Importantly, with the developmental activities of DESOPADEC and the state government, relative peace and security has been achieved in the hitherto turbulent and restive oil-producing communities in the State.

### Fiscal Management

As in the other states of Nigeria and at the federal government level, the annual budget has remained an important instrument for

managing development in Delta State. Even during periods when there were no formal development frameworks, such as development plans, the annual budget was available as an instrument for mobilizing and allocating resources to various development priorities to meet identified social needs. Over the years, the challenges facing the Delta State economy have conditioned the focus of the state's annual budget. For example, the State's 2007 budget was formulated against the backdrop of a number of issues and challenges, four of which were overbearing public sector dominance; large-scale unemployment; widespread poverty; and inadequate infrastructure particularly in education, health, and power and energy subsectors (Delta State, Year 2007 Approved Budget: 19).

These same features continued to characterize the state economy by the time of the 2013 budget, although some of them had become attenuated through budget interventions and the broader development frameworks. But the government has acknowledged that poverty and unemployment remain high; hence the need to deploy resources for appropriate and adequate intervention in those areas.

Available data shows that the financial resources accruing to the State have been increasing substantially since the 2000s. The data also shows substantial growth of budgeted revenues and expenditures, reflecting increased revenues from statutory allocations from the Federation Account and remarkable efforts at internal revenue generation. For example, the budgeted revenue increased from N54.0 billion in 2002 to N398.3 billion in 2013. The total estimated expenditure similarly increased from N54.0

**Table 2.1: Trend of Delta State's Revenue and Expenditure**

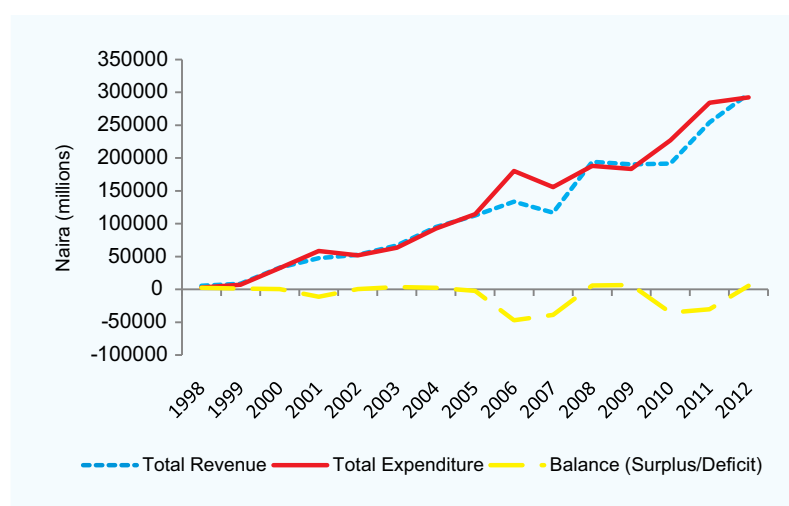
Year	Total Revenue (N' Million)	% Change	Total Expenditure (N' Million)	% Change	Balance (Surplus/Deficit) (N' Million)
1998	5337.64		2894.09		2443.55
1999	8345.77	56.4	7316.28	152.8	1029.49
2000	32922.86	294.5	32395.4	342.8	527.46
2001	47295.61	43.7	58541.77	80.7	11246.2
2002	52562.16	11.1	52057.78	11.1	504.38
2003	66974.73	27.4	63715.49	22.4	3259.24
2004	94858.27	41.6	92665.61	45.4	2192.66
2005	112184.8	18.3	114636.2	23.7	2451.38
2006	133325.8	18.8	180424.5	57.4	47098.7
2007	116755.9	-12.4	155624.7	13.5	38868.8
2008	193871.2	66.0	188173.7	20.9	5697.51
2009	190043.0	-2.0	183486.8	2.5	6556.16
2010	191460.2	0.7	226974.1	23.7	-35514
2011	253858.9	32.6	284270.5	25.2	-30411.6
2012	297568.8	17.2	292351.4	2.8	5217.33

billion in 2002 to N398.3 billion in 2013, suggesting a balanced budget in each year, which obviously was not the case. The problem is that the budget is structured in such a way that total revenue equals total estimated expenditure. The revenue includes 'other capital receipts' which consist of grants, return on investment, counterpart contribution from the federal government, etc, incomes from SURE-P, and borrowing, perhaps, to finance fiscal deficit/surplus. The implications of this are that the budget provides no information on budget deficit/surplus; there is no information on financing of fiscal deficit/surplus; and the budget tends to mislead on the total revenue accruing to the government in a fiscal year. It is necessary, therefore, to achieve greater transparency in budget presentation. This requires reviewing the budget presentation format to show clearly the projected fiscal balance position and the means for financing of deficit/surplus (loans and other financing). This will be in line with Section 21(e)(ii) of the State's Fiscal Responsibility Law 2008, which requires that a Fiscal Appendix attached to the annual budget should include 'target fiscal balances'.

Table 2.1 and Fig. 2.1 show the actual revenue, expenditure and fiscal balance over the period, 1998 – 2012. The data shows very significant growth in both aggregate revenue and expenditure. From N5.3 billion in 1998, actual total revenue that accrued to the State increased consistently to N297. 6 billion in

2012, excepting in 2007 and 2009 when the global economic and financial crisis had serious negative effects on the Nigerian economy. The realized aggregate expenditure mirrored the total revenue in size and upward trend, showing substantial increases and declining in the same two years. Both the revenue and expenditure growths since the democratic dispensation have been greatly aided by the increased revenue allocation from the Federation Account following the federal government's implementation of the 13 per cent oil derivation revenue principle as well as higher global oil prices and increased IGR.

Three features of the revenues and expen-

**Fig. 2.1: Delta State's Revenue, Expenditure and Fiscal Balance**

Source of underlying Data: Office of the Accountant-General, Delta State.

**Table 2.2: Structure of Government Revenue and Expenditure (%)**

	Expenditure			Revenue		
	Capital Expenditure/ Total Expenditure (%)	Recurrent Expenditure/Total Expenditure (%)	Statutory Allocation/ Revenue (%)	Total IGR/ Revenue (%)	Total Opening Balance/Total Revenue (%)	Total
1998	67.1	32.9	50.6	49.4	-	100
1999	25.6	74.4	54.9	33.2	11.9	100
2000	55.8	44.2	87.7	10.5	1.8	100
2001	62.3	37.7	75.3	14.6	10.1	100
2002	39.7	60.3	83.2	11.2	5.6	100
2003	32.9	67.1	81.9	11.9	6.2	100
2004	42.7	57.3	85.1	10.5	4.4	100
2005	40.3	59.7	83.7	11.2	5.1	100
2006	36.6	63.4	88.6	9.6	1.8	100
2007	47.1	52.9	83.9	8.9	7.2	100
2008	58.7	41.3	84.2	9.1	6.7	100
2009	53.5	46.5	80.6	11.4	8.0	100
2010	47.0	53.0	82.7	14.2	3.1	100
2011	40.0	60.0	89.8	14.4	4.2	100
2012	44.4	55.6	77.3	16.1	6.6	100

Source: Computed from data supplied by the Office of the Accountant-General, Delta State.

ditures stand out. First, although the Delta State economy is diverse, it is driven largely by crude oil earnings. The State's revenue is highly dependent on its share from the Federation Account, derived largely from oil. From 2002- 2012, excepting 2011, the statutory allocation accounted for over 80 per cent of the total revenue.

The good news, however, is that the state has made very appreciable progress in internal revenue generation. In both absolute size and relative share, the State's IGR increased substantially from N2.8 billion in 1999 to N47.9 billion in 2012 and N50.4 billion in 2013. In relative terms, IGR increased from 8.9 per cent of total revenue in 2007 to 16.1 per cent in 2013 (Table 2.2). In *The Guardian* of 23 May 2014, the Executive Chairman of the Delta State Board of Internal Revenue revealed that Delta State is currently number 3 in IGR collection in the Federation, adding that, 'on a yearly basis, we are working hard to close the gap between us and the number 2 which is Rivers State. Lagos is the first'.

However, the government should not relent in its IGR drive, especially in view of its strategy of building a 'Delta State beyond Oil'. To this end, taxation is a credible and sustainable

source of government revenue. Taxes, fines and fees, which currently constitute over 90 per cent of IGR (92.95 per cent in 2013 budget), need to be further focused in view of its potential to increase significantly if the problems of citizens' scant appreciation of tax payment as a civic responsibility is genuinely addressed. Sensitization and regular education of tax payers on the need to pay taxes regularly could be helpful. But while noting that the oil revenue euphoria is a disincentive to tax payment, citizens can be motivated to pay tax when they see the social goods and services that government provides with their tax money.

The second feature of the finance relates to the relatively high proportion of capital expenditure in total expenditure, compared to that of the federal government. Over the period, 2007–2012, capital expenditure accounted for an average of 48.5 per cent of the total expenditure in Delta State, compared to an average of 27.6 per cent at the federal level. Nevertheless, it is important that the State Government reviews its recurrent expenditure programme in the form of fiscal consolidation in order to free resources for the implementation of the 3-Point Agenda and Vision 2020 programme.

**Table 2.3: Delta State's GDP Performance**

Year	Total GDP (N' Billion)	Growth Rate of GDP (%)	Total GDP (US' Billion)	Per Capita Income (US \$)	Per Capita Income (Naira)	Nigeria's GDP Per Capita (US \$)	(Naira)
2005	1,523.210		11.526	3,003.91	396,936.2	826.3	105,252.1
2006	1,908.952	25.32	14.838	3,620.79	465,780.8	1,030.3	133,640.0
2007	2,052.878	7.54	16.314	3,871.38	487,113.2	1,136.9	144,315.6
2008	2,419.384	17.85	20.405	4,708.12	558,279.6	1,286.3	162,408.4
2009	2,203.094	-8.94	13.769	3,042.12	486,738.73	1,079.0	168,688.3
2010	3,613.241	64.01	22.583	4,833.14	773,302.08	1,420.0	213,338.4
2011	3,924.057	8.60	24.525	5,084.14	813,536.49	1,483.0	219,533.7
2012	3,979.229	1.41	24.870	4,994.71	799,153.23	1,526.0	232,981.0

*Note: 2004 – 2008 witnessed significant exchange rate appreciation. This partly accounts for the significant increase in total GDP figures in US dollars.*

*Source: Delta State Government – Ministry of Finance and Economic Planning.*

Finally, although projected fiscal balances are not available in the annual budgets, the actual revenues and expenditures show the realized fiscal deficits/surpluses as in Table 2.1 and Fig. 2.1. They suggest prudence and discipline in fiscal management as the deficit/state GDP ratios are all less than the norm of 3.0 per cent: 2005, 0.2 per cent; 2006, 2.5 per cent; 2007, 1.9 per cent; 2010, 1.0 per cent; and 2011, 0.8 per cent. However, credible and consistent data on the financing of the fiscal imbalances were not available. The financing figures provided were at variance with the fiscal imbalances. This suggests the need for proper record keeping both at the level of the Budget Office and Accountant-General's Office.

## Growth and Development Performance

### State's Economic Growth

Over the years, the Delta State Government has sought to promote economic growth and development of the State by implementing policies, programmes and projects outlined in various documents, including the Delta State Vision 2020, DELTASEEDS, and annual budgets. All these documents have clear objectives: to stimulate growth in the productive sectors, achieve peace and security, as well as human capital development, promote infrastructural and regional development especially in housing and public utilities.

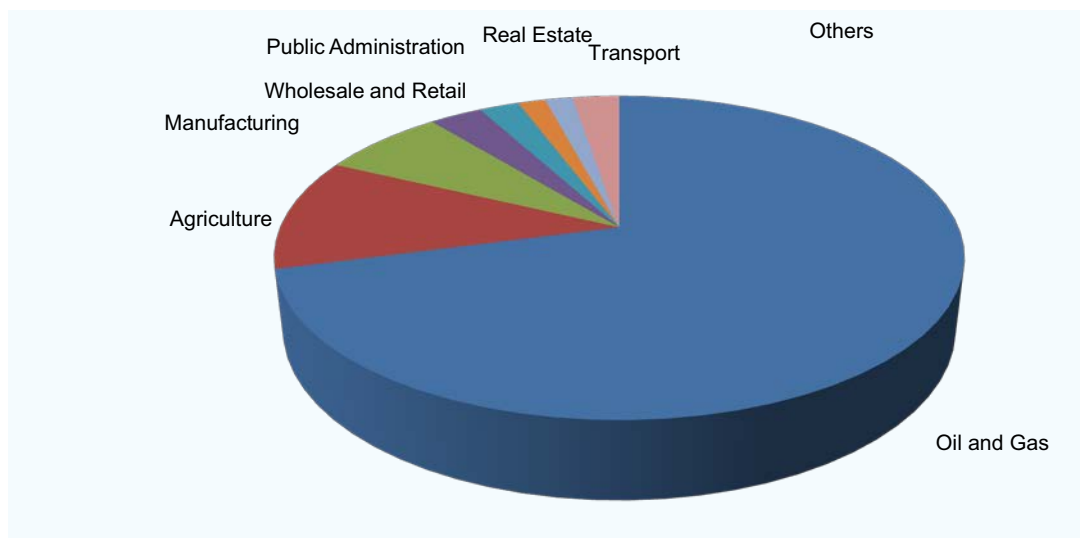
One summary measure of the outcomes of the

various interventions is the state-level GDP. The GDP figures provide a basis for monitoring trends in the economic health and growth of a state. Importantly, they provide a measure of the value of economic activities of each state and enable the determination of variations in economic growth and development across the country. Until recently, the country had shown little interest in the computation of state-level GDP; hence the collaboration of the National Bureau of Statistics, National Planning Commission, Nigeria Governors' Forum and the States to compute state GDP is a recent development. The GDP computation exercise involving 22 states, including Delta, is scheduled to commence soon.

Nevertheless, in the absence of a nationally-propelled computation of State GDP, the Delta State Government had taken the initiative to compute its own GDP. The Lagos State Government also did its state-level GDP for 2010. Delta State's total GDP and per capita GDP for the period, 2005 – 2012 are shown in Table 2.3.

Although the figures in Table 2.3 may not be directly comparable with those of other states like Lagos, they provide an indication of the level of economic activity and income per head. The table shows that the State's output has grown over time, from N1,523.21 billion in 2005 to N3,979.23 billion in 2012. The growth rate reflects significant instability being negative at -8.9 per cent in 2009 (perhaps reflecting the consequences of the global economic recession on the oil market), and rising to 64.0 per cent in 2010. The per

Fig. 2.2: Sectoral Distribution of Delta State GDP, 2012



capita income in naira also showed significant growth from N396,936.2 in 2005 to N799,153.2 in 2012. The per capita figures in US dollars appeared to have been affected by the significant appreciation of the nominal exchange rate observed from 2004-2008. Besides, the Table shows that per capita GDP figures in Delta State are much higher than the national GDP per capita, suggesting much higher level of welfare for the Deltan compared to the average Nigerian.

The computed GDP figures for Delta State have some credibility, having emerged from a wider coverage and computed by a consultant to the National Bureau of Statistics who was also its Head of National Accounts. Nevertheless, the implication of computing State GDP independently with different approaches is clear: figures thus computed may not be directly comparable. In addition, there is a possibility that the sum of the independently computed GDPs for all the states could surpass the nationally computed GDP by the NBS. It will, therefore, be most desirable for a uniform methodology to be used in computing State GDP and for the exercise to be done jointly by the National Bureau of Statistics, National Planning Commission and the Bureaux of Statistics in the respective States. In the absence of this collaboration, some States may be tempted to inflate their GDP figures for political and economic reasons.

The establishment of the Delta State Bureau of Statistics with significant autonomy and

authority to coordinate the statistical system and deliver statistical matters quickly, as well as its power to compel potential suppliers of statistical data and apply sanctions for non-compliance, is a good initiative. It is necessary, however, to expedite action on the enactment of the enabling law. Also, as a technical agency, the Bureau will need to be adequately empowered with funding, skilled manpower and logistics to be able to carry out major surveys and deliver the expected statistical outputs.

### Structure of State's Output

An analysis of the structure of the State's GDP shows that crude petroleum and natural gas dominated the output, contributing an average of 70.42 per cent from 2005-2012. This was followed by agriculture, manufacturing, wholesale and retail trade, public administration and real estate, in descending order. Fig. 2.2 provides a vivid picture of the sectoral distribution of output.

Although the contributions of other sectors are not as significant as that of oil and gas, they provide the bulk of employment and income to the majority of the citizens in the State. It is most desirable, therefore, that oil revenues be used to develop other critical sectors of the State economy, given that oil is an exhaustible resource. It is very important to properly articulate the concept of 'Delta State beyond Oil' in the context of the Vision 2020 document and effectively implement it for it not to be seen as a mere slogan.

**Table 2.4: Absolute and Relative Poverty Incidence – Delta State and Nigeria**

	Delta State's Absolute Poverty Incidence (%) (Original Estimates)	Delta State's Absolute Poverty Incidence (%) (Revised Estimates, 2013)	Nigeria's Absolute Poverty Incidence (%) (Original Estimates)	Nigeria's Absolute Poverty Incidence (%) (Revised Estimates, 2013)	Delta State's Relative Poverty Incidence (%) (Original Estimates)	Nigeria's Relative Poverty Incidence (%) (Original Estimates)
1996	-	-	-	-	56.1	65.6
2004	64.5	70.6	54.7	64.2	45.4	54.4
2010	63.3	53.7	60.9	62.6	70.1	69.0

Source: National Bureau of Statistics, *Poverty Profile for Nigeria, 2005*, *Nigeria Poverty Profile, 2010*, and *Review of 2009/10 Absolute Poverty Rates across Nigeria, 2013*.

### Development Outcomes

One primary aim of the various development interventions by the government is to improve development outcomes in terms of improved economic growth rates and per capita incomes, reduced poverty and unemployment levels, enhanced human development and general welfare of the citizens. It would seem that the improved economic growth without significant improvement in development outcomes at the national level in Nigeria is also a concern in Delta State. Apparently, the relatively good growth record of Delta State has not translated into significant poverty and unemployment reduction.

Table 2.4 shows the absolute and relative poverty incidence of Delta State in relation to the national average. The original estimates of the absolute poverty incidence of Delta State decreased marginally from 64.5 per cent in 2004 to 63.3 per cent in 2010. However, the revised estimates undertaken in 2013 shows that absolute poverty incidence in the State was indeed higher in 2004 at 70.6 per cent but decreased significantly at the average annual rate of 2.4 per cent to 53.8 per cent in 2010. In contrast, the revised absolute poverty incidence for Nigeria decreased slightly by an annual average of just 0.34 per cent. Thus, the available data shows much greater success in absolute poverty reduction by Delta State. However, the data on unrevised relative poverty incidence shows significant increases for Delta State and Nigeria (Table 2.4). Thus, in spite of the notable growth performance of the 2000s, the poverty incidence is still

relatively high for both Delta State and Nigeria.

One key factor that has contributed to the relatively high poverty situation in Delta State is the growing income inequality. This has also been identified as the underlying reason for the slow pace of poverty reduction amidst high and robust economic growth rates in Africa (World Bank, 2013). High inequality manifests in highly unequal income distribution, differing access to basic infrastructure, education, training and job opportunities. The UNDP HDR for Nigeria, 2008 – 2009, correctly observes that high inequality adds to conditions that prevent sustained growth by depriving a substantial proportion of the population of access to economic opportunities. It has limited the positive effects of growth on poverty reduction, which, in turn, has held back improvements in people's quality of life. The Gini Coefficient measure of inequality shows substantial increase in income inequality in Delta State by 31.1 per cent between 2004 and 2010 (Table 2.5). The rising inequality implies widening gap between the rich and the poor, and between those who can and those who cannot access opportunities. It means that access to good schools, healthcare, electricity, safe water and other critical services remains elusive for many people who live in the growing state economy. Policy must, therefore, be active in redressing the situation whereby a much smaller percentage of the population appropriates a larger share of the increase in state income and economic opportunities, thus pushing more people into poverty.

Fig. 2.3(a): Absolute Poverty Incidence – Delta State and Nigeria (Original Estimates)

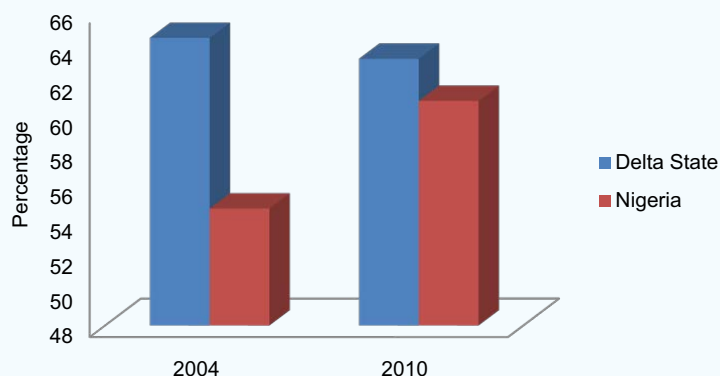
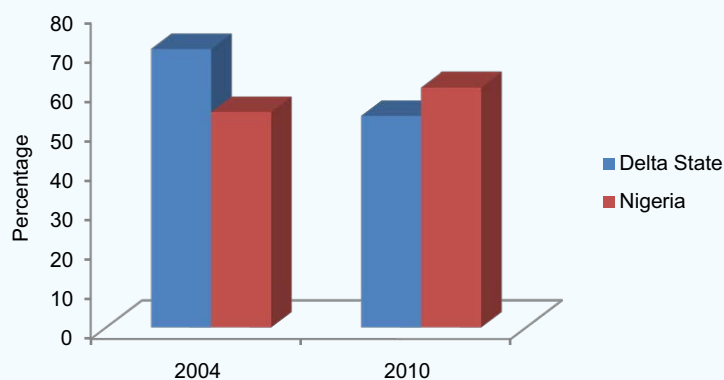


Fig. 2.3(b): Absolute Poverty Incidence – Delta State and Nigeria (Revised Estimates, 2013)



Another cause of poverty in the State is high unemployment level coupled with low agricultural productivity. These have been critical in driving poverty and hunger among the people. According to the Delta State MDG Progress Report, 2011, unemployment rate, especially among women and youth populations, increased generally from 9.0 per cent in 2006 to 27.2 per cent in 2010. The Report further shows that as at 2010, Delta State had one of the lowest proportions of

people in the core Niger Delta States who were engaged in productive agriculture, solid minerals mining and manufacturing. Data from the State Ministry of Agriculture and Natural Resources (2011/2012), suggests that 61.24 per cent of Deltans are engaged in productive agriculture – poultry, fishery, piggery, crop farming and agricultural processing and marketing across the 25 Local Government Areas in the State (Delta State MDG Progress Report, 2011). Therefore, productivity improvement is critical to poverty reduction.

One important lesson from the growth experience of Nigeria and Delta State, in particular, is that growth is necessary but insufficient to attain inclusivity and poverty reduction unless appropriate policies accompany growth. Not only will growth have to be speeded up in Delta State, its quality has to improve in terms of being employment generating, broad-based and shared. The needed economic and social infrastructure must be provided for many people to be actively involved in the growth process. Equally needed are conscious pro-poor policies that channel resources towards sectors with maximum impact on poverty and ensure the participation of the poor in the growth process. Diversifying the economy away from oil will reduce the concentration of wealth through appropriation of oil rents by a few people.

However, it must be acknowledged that the Delta State Government has moved in the above direction in the last few years through the implementation of policies and programmes in the framework of the 3-Point Agenda. Of particular note are the activities and achievements of the Ministry of Poverty Alleviation through the Micro-credit Programme (This is discussed below.). It is expected that the recent poverty reduction strategies and measures of the government

Table 2.5: Income Inequality Index

	2004	2010	Change from 2004 - 2010 (%)
Delta State	0.3582	0.4698	31.1
South – South	0.3849	0.4340	12.8
National	0.4296	0.447	4.1
FCT	0.4062	0.5116	26

Source: National Bureau of Statistics, Nigeria Poverty Profile, 2010.

**Table 2.6: Human Development Indicators – Delta State and Nigeria**

	Delta State	Nigeria
Life expectancy at birth (years)	50	50
Adult Literacy Rate (% aged 15 and above)	72.9	64.2
Combined Gross Enrolment Ratio for Primary and Secondary	109.5	85.4
GDP per capita (US \$)	2,325.2	1,156.8
Life Expectancy Index	0.417	0.419
Education Index	0.851	0.712
GDP Index	0.525	0.409
Human Development Index (HDI) Value	0.598	0.513

Source: UNDP, Human Development Report Nigeria 2008-2009

would result in significant reduction in the poverty incidence by the time of the next survey.

Nevertheless, there have been significant improvements in other development outcomes relating to education and health. Maternal mortality rate has reduced to 188 per 100, 000 live births (2013) from 456 in 2005; under-5 mortality rate (per 1,000 live births) also fell from 102 in 2003 to 52 in 2012, while infant mortality rate reduced from 48 per 1,000 live births in 2003 to 37.0 in 2012. The related MDG targets have been achieved. On educational outcomes, the achievements are commendable, particularly in universal primary school education and gender parity. For example, net enrolment in primary school recorded 97.0 per cent in 2013; the proportion of pupils who complete primary education was 99.5 per cent; literacy rate was 97.0; and gender parity was 85 girls to 100 boys. Thus, the human capital development outcomes have shown impressive improvements unlike the poverty and unemployment indicators.

Table 2.6 shows that Delta State ranks higher than the national average on many of the human development indicators, such as Human Development Index, Education Index, Combined Gross Enrolment Ratio for Primary and Secondary, and Adult Literacy Rate. Life Expectancy at Birth and Life Expectancy Index are about the same. Although the State occupies the fifth position among the 36 States in the Human Development Index, it still needs to improve on the index. Also, even though the State performs well on several social indicators, its poverty rate remains high because of the high inequality in the distribution of income.

It thus becomes very clear that there are challenges of how to improve development

outcomes in the State, especially in relation to significantly reducing poverty to tolerable level, reducing unemployment and inequality and improving living standards generally. Vigorous efforts are required to effectively design and implement policies, programmes and projects that will make growth pro-poor and inclusive. Such policies include promotion of human capital development, provision of safety nets for vulnerable groups, development of rural infrastructure, strengthening of financial intermediation towards providing the poor and low income segments of the population with adequate financial services, and creating employment in the rural economy.

### **The Delta State Microcredit Programme and Poverty Reduction**

In response to the need for pro-poor policies in the State, Governor Emmanuel Uduaghan launched the Delta State Micro-Credit Programme (DMCP) on 14 December 2007. The Programme Office which administered the policy was later upgraded into the Ministry of Poverty Alleviation in June 2011 to demonstrate the importance attached to poverty reduction by the State Government. The Ministry of Poverty Alleviation thus has the responsibility for processing micro-credits for different age groups in order to engender inclusive and sustainable economic development. Consequently, through the promotion of micro and cottage industries, the programme addresses unemployment, enterprise development, manpower needs and sustainability of businesses with a view to stimulating rapid sustainable social and economic development and transformation across Delta State. Two core programmes the Ministry implements to engender rapid



**Table 2.7: Summary of Entrepreneurs Empowered under the DMCP, Dec. 2007 – May, 2014**

S/N	Details	No. of Groups	Female	Male	No. of Persons
1	Number of youths	30	19,754	12,630	34,507
2	Number of physically challenged persons	35	34	40	74
3	Number of People Living with HIV & AIDS who are discriminated against	0	24	6	30
4	Other rural and urban poor persons, whom we prefer to call economically weak persons, in order to accommodate the economically disabled middle class, who were largely affected by the Structural Adjustment Programme of the 1990s	10,364	48,049	30,775	76,701
	<b>Total</b>	<b>10,429</b>	<b>67,861</b>	<b>43,451</b>	<b>111,312</b>

Source: Ministry of Poverty Alleviation

economic development across Delta State are the Delta State Micro-Credit Programme, and the Delta State Micro-Insurance Scheme (DMIS).

The DMCP has, however, remained the star programme of the Ministry of Poverty Alleviation. The Ministry works with the rural and urban poor to equip them with skills and opportunities for sustainable income generation. It also facilitates access to productive assets and services, among other things. Its focus areas are as follows:

- Human capital development through financial and technical support to growing businesses;
- Establishing the Delta State Footwear and Leather Works Facility Centre;
- Development of cottage industries, i.e. business migration of DMCP clients in agro-processing/agri-business such as palm oil processing, indigenous spices production, cassava processing, fish processing, ethnic clothing (akwaocha) production, etc, from basic micro to cottage industries;
- Production, processing, labelling and packaging of products;
- Product registration with relevant agencies e.g. CAC, NAFDAC, SON;
- Advertising, marketing and distribution of goods;
- Monitoring and evaluation of projects;
- Delta State Micro Insurance Scheme (DMIS) to promote business sustainability.

Governor Uduaghan launched the Delta State Micro Insurance Scheme on 23 April 2014 to complement and consolidate the gains of the

Delta State Micro Credit Programme. DMIS aims to provide protection against risks for economically active Deltans who are empowered under the Delta State Micro Credit Programme. Through the Scheme, the Ministry's clients are insured against damages, death, permanent disability, and other risks that may affect business continuity. This means that the Delta State Government supports insured DMCP clients so that the full cost of the insurance cover is not borne by them.

Within the seven years of its existence, the DMCP has recorded remarkable success. From inception to date, a total of N3.34 billion has been released for the implementation of the programme. A total of 10,429 cluster groups of entrepreneurs made up of 111,312 persons (67,861 females and 43,451 males) have been empowered in various micro and small enterprises. These enterprises are to be found in cottage industries, trading, agricultural production, service industries, and so on. Table 2.7 shows the distribution of entrepreneurs empowered under the scheme.

Following its success and impact, the DMCP has received local, national and international awards, including the Central Bank of Nigeria Awards in three consecutive years – 2008, 2009, and 2010 – as the first among the other states in Nigeria in the fight against poverty. The outcomes of the Ministry of Poverty Alleviation's activities have included improved livelihoods for its beneficiaries, improved technology, market linkages and enhanced income. The Programmes have helped to curb youth restiveness in Delta

State, and contributed notably towards economic diversification of the State and the actualization of the vision of 'Delta beyond Oil'. Overall, the Programme has expanded the businesses of existing entrepreneurs, created new ones and expanded commerce and cottage-level production in the state as some of the micro businesses have successfully scaled up to small- and medium-scale businesses. It has good potentials to exert even greater impact. But for this to happen, its challenges would need to be addressed, especially those relating to lack of access roads to some farming and fishing villages and rural markets, thus undermining the bargaining power of DMCP clients in agriculture. Other challenges include lack of adequate land/water transportation in some hinterlands and riverine areas, and the high cost of transporting goods to markets.

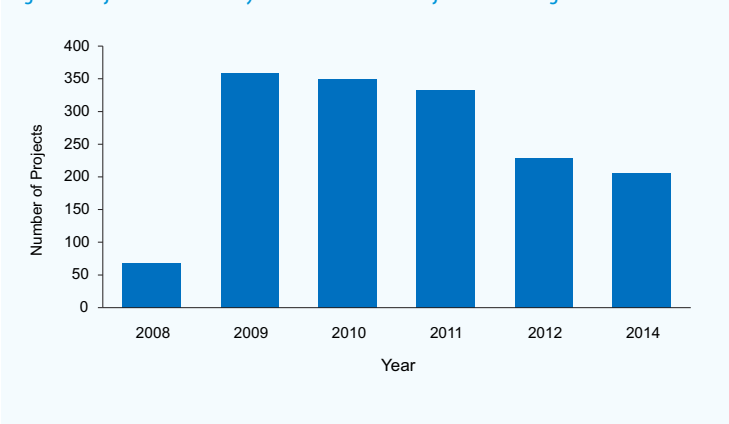
## Monitoring and Evaluation

Monitoring and evaluation (M & E) are an integral part of the planning and project management process. Monitoring helps to: (i) Ensure plan, budget and programme discipline; (ii) Facilitate on-the-spot assessment of progress made and problems encountered; and (iii) Generate data needed for progress reporting, meaningful annual budgeting, and evaluation (Gali, 1997: 8). Evaluation entails an assessment of the results achieved, and the lessons to be drawn for future improvements in a latter phase or in a similar project elsewhere (Obadan, 2013).

The Delta State Vision 2020 acknowledges the necessity of proper monitoring to ensure that government obtains commensurate value for money spent, and M & E serve as tools for effective management and accountability in implementing the Plan. Given the importance it attaches to M & E, the present Government in the State upgraded the Office of the Honourable Commissioner for Special Duties (Project Monitoring) to a full-fledged Directorate, via the circular letter NO: SGD/10/T6/3 of 31 October 2007 issued by the Secretary to the State Government. The need to have a central monitoring system informed the establishment of the Directorate whose major activity is the monitoring and inspection of all physical projects of the MDAs.

The number of projects monitored and reported on by the Directorate increased from

Fig. 2.4: Projects Monitored by the Directorate of Project Monitoring



68 in 2008 to an average of 304 per year between 2009 and 2014 (Fig. 2.4). Following these monitoring activities, the State has improved on the pace of project execution and completion and reduced project delays and abandonment.

It would seem, however, that efforts had been concentrated on the monitoring component of the process while evaluation, in terms of formal studies to ascertain the extent of achievement of plan, budget or project objectives (outcomes and impact), is not given due emphasis by the Directorate. This obligation is further emphasized in the Delta State Vision 2020, and requires that performance evaluation of budgets and projects be carried out at the end of the budget year or during project implementation. It is no gainsaying that evaluation is very crucial for determining the success or otherwise of any government programme. It is, therefore, most desirable for government to appraise its plans, budgets and projects through evaluation studies that will provide insights into project and programme outcomes and impact. However, not only does the Directorate require adequate professional staff for the day-to-day supervision/monitoring of projects, it also requires evaluation experts to carry out evaluation studies of completed projects and programmes to ascertain the extent to which they are yielding the intended benefits.

## Some Conclusions

Delta State is of strategic importance to the Nigerian economy. The state accounts for a significant percentage of the country's oil and gas reserves, national oil output and oil fields. The State also has a variety of other resources

and facilities which confer on it significant comparative advantage over other states in the Federation.

Despite all these resources and comparative advantage over other states, Delta State has not fully harnessed its resources towards significantly improving the welfare of the people. This is the core challenge that the government is now trying to address with its 3-Point Agenda of Peace and Security, Human Capital Development and Infrastructure.

Also, because the quality of governance has been a notable source of concern in the country, the present government in Delta State has placed high priority on reducing corruption and improving governance. It has created new institutions and tools to promote good governance.

The state has done appreciably well in fiscal management and achieved significant successes in internal revenue generation. It is now the State with the third highest IGR collection in the country. Nevertheless, the State needs greater transparency in budget presentation to explicitly show the fiscal balance position and its projected financing. The Delta State Government has taken the commendable initiative to compute state-level GDP. But it must be noted that the implications of states computing their own GDPs with different approaches are strong enough to warrant a common approach under the guidance of the National Bureau of Statistics.

The record of improved economic growth without significant improvement in development outcomes at the national level is also an issue of concern in Delta State. Not only is the Delta State Government aware of this, it has moved in the last few years to implement initiatives, policies and programmes that significantly reduce poverty, within the framework of the 3-Point Agenda. It is most likely that the recent poverty reduction strategies and measures would result in significant reduction in the poverty incidence by the time of the next survey.

Although the successive democratic governments in Delta State have made notable progress in the efforts to promote peace and security, physical and infrastructural development, human capital development

and general welfare of the citizens, significant challenges remain to be addressed in order to achieve the desired development outcomes. These challenges are discussed in Chapter 7.

To further improve overall development performance, it is important for government to do the following: enhance transparency in budget presentation relating to fiscal balance and the methods of financing it; continue the IGR drive, especially with a view to tapping the high potentials in taxation; and compute state-level GDP with a methodology that will confer credibility, comparability and acceptability on the computed figures. Also, not only will growth have to be speeded up in Delta State, its quality has to improve in terms of being employment-generating, broad-based and shared. Conscious pro-poor policies that channel resources towards sectors with maximum poverty reducing impact, and ensure the participation of the poor in the growth process are indispensable.

# Education Sector

Education, which is generally considered a service sector and an input to other sectors, is also acknowledged as a key ingredient in a nation's development. The Delta State Government's understanding of this is evidenced in the implementation of its 3-Point Agenda, one component of which is human capital development. The state government believes that the provision of education, healthcare delivery and other social amenities are critical for rapid and sustainable economic development (Delta Vision 2020, 2011). Indeed, an efficient and effective education is bound to produce citizens with employable skills needed in the modern-day technology-driven society. Realizing the vision of 'Delta beyond Oil' critically depends on harnessing the technical skills and competencies acquired through education for the development of the State.

Following the growth in the population of Delta State, is the increase in school age population. However, this was not initially translated into school enrolment increase. For example, between 2010 and 2011, 269,504 school-age children were not enrolled in the primary school. The same applied to the Junior Secondary Schools (JSS). This made the Delta State Government to implement several policies aimed at addressing these challenges and improving educational outcomes.

Against this background, this chapter reviews the performance of the education sector in Delta State. It examines the development and delivery of educational services to the people from its inception in 1991- 2013, to the extent permitted by data availability.

## Institutional and Regulatory Frameworks for Policy and Programme Implementation

This section examines the institutional arrangements and regulatory framework for policy and programme implementation.

### *Institutional Arrangements*

At the apex of the institutional arrangements in the education sector are two Ministries: the Ministry of Basic and Secondary Education, and the Ministry of Higher Education. These two Ministries emanated from the splitting of the old Ministry of Education into two in 2005. While the Ministry of Higher Education is charged with all matters of tertiary institu-

tions in the State, including policy and supervision, the Ministry of Basic and Secondary Education has responsibility for pre-primary, primary and secondary education. This institutional arrangement has yielded closer supervision, management of resources, governance and overall monitoring and evaluation of efficiency and effectiveness of the entire school system.

Another element of the institutional arrangement is the State Universal Basic Education Board (SUBUB) and the Post-Primary Education Board (PPEB). The statutory functions of the Boards include teachers' recruitment, salaries, posting, transfers, promotions, training and re-training, supervision and discipline. These functions reinforce the free and compulsory education policy. SUBEB is responsible for the management and supervision of education at the primary school level while PPEB performs similar functions for secondary schools. Their activities have made tremendous impact on school enrolment and parity in male-female school attendance.

### *Regulatory Framework*

The Delta State Government has enacted laws to guide and regulate the implementation of the policies in the sector. These laws include:

1. The Free and Compulsory Education Law, 2004; and
2. The Child Rights Law of 2010.

In consonance with the Federal UBE Act of 26 May 2004, the Delta State Government, in the

same year, enacted a law on Free and Compulsory Education for all children of school age in the state. The law demands that every child of school age, irrespective of sex, social status, physical and religious affiliation, must attain basic education by the year 2015. Parents, under this law, are required to ensure that their children/wards of school age remain in school during school hours or face prosecution. However, it appears that the law is not being effectively enforced. Nevertheless, this law and other legal instruments have provided the enabling climate for school enrolment to increase.

In 2010, the Delta State Legislature passed into law, the UNESCO Declaration of International Human Rights of 1941. The Act stipulates, among other things, a child's right to education; and eventually became the instrument driving Universal Basic Education.

## Policies, Strategies and Programmes/initiatives in the Education Sector

The State's vision for primary and secondary education is functional. It envisions quality education that lays the foundation for good citizenship in every child (Delta Vision 2020, 2011). In the same way, the vision for higher education is for Delta State to become one of the leading states with the highest level of trained and skilled manpower. In line with the vision, specific goals/objectives, policies and strategies have been formulated to guide developments in the sector.

### Objectives of the Education Sector

The specific objectives of the sector are to:

- Achieve free and compulsory basic and secondary education;
- Formulate policies, implementation strategies and interventions for qualitative and functional education needed for productive living in society;
- Promote and ensure improvement in instructional delivery (teaching/learning processes);
- Improve professionalism in teaching through welfare and in-service, training, to boost the morale of teachers and promote quality classroom teaching;

- Maintain zero tolerance among Out-of-School Children (OOSC);
- Provide access to educational services at all levels of education: Pre-primary; Primary, Secondary and Tertiary;
- Produce graduates that are highly successful in technical knowledge and skills;
- Provide school infrastructure such as classrooms and furniture for students and staff;
- Achieve parity between male and female access to quality education;
- Increase literacy rate of men and women in the State; and
- Develop laboratories, ICT centres and libraries in basic, secondary and tertiary institutions.

These are laudable objectives that would lead to the desired outcomes of a highly literate society, skilled manpower, gender parity, and knowledgeable citizens if faithfully implemented.

The objectives are also anchored on government's commitment to the achievement of national and global targets of the MDGs that are relevant to the education sector, namely:

### Goal 2: Achieve Universal Primary Education

Target 2A: Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

### Goal 3: Promote Gender Equality and Empower Women

Target 3A: Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education not later than 2015.

### Policies

Government policies in this sector are formulated principally to promote human capital development, and educational infrastructural development. The key policies relate to the following:

- a. Free and compulsory primary and secondary education;
- b. Functional and high quality educa-

- tion;
- c. Science and Technology.
- d. Inclusive and Special Education in terms of access, curriculum development and instructional methods and materials (Special Education).
- e. Gender parity in enrolment and school completion rate.
- f. Professionalization of teaching and provision of teacher welfare scheme.
- g. Equity in school infrastructural development;
- h. Quality assurance;
- i. Scholarship and bursary schemes.
- j. Early Childhood Care and Development Education (ECCDE)
- k. Child-friendly school environment (in all levels of education)
- l. Community ownership of schools and participation.
- m. Public Private Partnership Initiatives (PPPI)
- n. Adult Literacy and Non-Formal Education.
- o. EDUMARSHAL Policy

These policies were developed by the Delta State Government in line with the National Policy on Education (NPE, 2004) and the United Nations Education, Scientific and Cultural Organization (UNESCO) declaration of Education for All (EFA) in 2000. The policies are meant to guide, direct, and ensure a holistic approach to providing and expanding the frontiers of quality education to the people. The policy on EFA implies that no child is denied access to education, regardless of physical and other challenges. Consequently, provisions are made by the state government to accommodate every child in the regular school setting without discrimination or rejection irrespective of observed individual differences. In addition, special schools are provided in few and widely spread apart locations.

The free and compulsory education policy seeks to reduce illiteracy rate, out- of- school children and school drop-outs to the barest minimum, and, by 2015, achieve the target of Universal Education for all children. The professionalization of teaching policy adopted by the State is in line with the federal government policy on the professionalization of teaching. However, this policy has not been fully implemented in the State as holders of Grade II Teaching Certificate are still in the

system as at 2014 and may even remain for some time beyond. Also of significance is the policy on community ownership and participation in the management of schools. However, the zero collection component of the Free and Compulsory Education, which prohibits the collection of fees and charges, has tended to limit the involvement and participation of some critical stakeholders notably, Old Students Association, PTA and SBMC.

### **Strategies, Initiatives/Programmes in the Sector**

To develop the educational sector and achieve its set objectives, the state government has formulated and implemented several strategies and initiatives over the years. In particular, between 2007 and 2014, the government has embarked on a number of programmes and initiatives to achieve the two MDGs relevant to education, and other educational targets. Such programmes and interventions include:

- a. Creation of the Ministry of Higher Education from the former Ministry of Education on 14 October 2005.
- b. Introduction of the Free and Compulsory Education Policy;
- c. Construction of new school buildings and renovation/rehabilitation of existing ones to increase number of classrooms. The Delta State Government has given utmost priority to the development of infrastructure/facilities to enhance access and quality across all levels;
- d. Establishment of Education Marshal (EDUMARSHAL);
- e. Beautification/landscaping of school environments;
- f. Supply of school furniture, laboratory equipment and books;
- g. Establishment of Special Education School for persons with disabilities;
- h. Building of more Technical Schools;
- l. Provisions for training and re-training of teachers.

Some of these programmes and initiatives are briefly elaborated upon as follows:

#### **a. Free and Compulsory Education**

In 2007, Delta State made free educa-

**Table 3.1: Delta State's Annual Budget for the Education Sector, 2007 - 2013**

Year	Total Annual Approved Budget (State) (N)	Total Approved Budget Education) (N)	Percentage of State Budget Percentage of State Budget Allocated to Education (%)
2007	189,959,900,152	9,876,734,282	5.2
2008	232,810,646,314	11,134,547,649	4.8
2009	237,630,296,039	19,851,021,485	8.4
2010	331,860,069,094	19,485,523,362	6.0
2011	361,904,074,383	41,641,208,430	11.5
2012	437,218,083,558	51,362,402,440	11.7
2013	472,006,772,170	69,596,380,753	14.7

tion compulsory for all children of school age, thereby compelling parents to send their children and wards to school at zero cost to them. The State's Free and Compulsory Education policy also covers non-payment of examination registration fees for external and final examinations such as, Junior WAEC, West African Senior School Certificate Examination (WSSCE), National Examinations Council (NECO) and National Business Certificate Examination (NABCE).

**b. Scholarships and Bursary Awards**

In line with the state government's policy to make education available to all, Delta State indigenes pay very insignificant amounts as school fees in the state's tertiary institutions. Moreover, the government provides automatic scholarships for First-Class graduates to pursue postgraduate studies in any part of the world. Bursary awards are also given to indigenes of the State in tertiary institutions. The scholarships and bursary award scheme has great potential for high-level impact school enrolment, availability of high-level manpower, and human capital development.

**c. Education Marshal Initiative**

The Education Marshal (EDUMARSHAL) initiative came into being in 2013 with its headquarters in Asaba,

and a few zonal offices in different parts of the State. The policy was designed to monitor and enforce the Free and Compulsory Education policy of the State to ensure that school-age children are in school and not in the streets or at home doing chores at the insistence of their parents. EDUMARSHAL also checks truancy, lateness, and indiscipline. As a bold and creative initiative of government, the policy would need to be empowered and encouraged through better funding and provision of more facilities, such as transportation to more urban, rural and riverine parts of the State.

### Funding and Resource Allocation to Education

Delta State's budget for education over the period, 2007 – 2013, is presented in Table 3.1. The percentage of the total education budget in the State approved annual budget is rather too low to sustain efforts at meeting MDG targets in this sector. The Table reveals that Delta State's allocations to education ranged from 5.2 per cent in 2007 to 14.4 per cent in 2013. It is worth noting, however, that there has been a gradual increase from 6.0 per cent in 2010 to 11.5, 11.7 and 14.7 per cent in 2011, 2012, and 2013, respectively. This increase in the last three years should be continued in order to reach the UNESCO recommended target of 26 per cent.

However, the proportion of the annual budget

**Table 3.2: DESOPADEC's Public Investment and Resource Allocation to Education**

Year	Capital Budget Estimate (N)	Allocation to Education (N)	Share of Education (%)
2007	32,971,432,793	1,967,680,000	5.97
2008	26,143,990,000	5,157,176,305	19.73
2009	22,814,420,196	3,522,192,128	15.44
2010	22,823,392,518	5,426,742,433	23.78
2011	21,777,974,393	5,992,578,331	27.52
2012	22,933,820,000	6,314,011,600	27.53
2013	24,297,020,000	4,183,332,367	17.22

Source: DESOPADEC Presentation May, 2014.

that is released needs significant improvement. For example, the available data on the education capital budget indicates a steady increase in the state budget allocation for the period under review; from N3.735 billion in 2007 to N30.349 billion in 2013. But the percentage of the capital budget released averaged only 37.9 per cent over the 2007-2013 period. Thus, the State's education budget appears not only to be inadequate when considered in relation to the UNESCO benchmark, the proportion of the budget actually released for capital spending in the sector is an issue of concern. Improved funding of the sector is therefore imperative.

Another major source of financial support in the education sector is the Delta State Oil Producing Areas Development Commission. DESOPADEC executed substantial rehabilitation and construction projects in the sector. An average of about 20 per cent of DESOPADEC's capital budget over the period 2007-2013 was allocated to education (Table 3.2). This allocation is much higher than the percentages allocated to two other social sectors, such as health (7.5 per cent) and water (4.1 per cent), over the same period. Thus, DESOPADEC's funding has substantially supported the implementation of major projects in the sector.

The impact of DESOPADEC's intervention has been felt in the improvement of school

infrastructure and in teaching/learning activities.

In addition to government interventions in terms of policies and funding, Delta State's performance in attaining MDG 2 and MDG 3A targets has been enhanced by external partners and contributors such as the Federal Government, UNESCO and UNICEF in the areas of funding, policy development, programmes and projects. The federal government's Free Education Policy of 2000, the establishment of UBEC and counterpart funding of tertiary institutions through Education Trust Fund/Tertiary Education Trust Fund (TETFUND) are some of the areas through which the federal government contributes to the State's efforts at meeting the MDG targets in the sector. The UNESCO Declaration of EFA in 2000 provided a critical added impetus to the Free and Compulsory (zero collection) Education Policy of Delta state. UNICEF has been and continues to be a key player in the development of the State's education sector plan and the related strategic sector of the educational plan.

### Performance Results and Impacts

The results of the implementation of the various programmes, initiatives and interventions in the education sector are examined below. Box 3.1 shows the milestones achieved at a glance.



### Box 3.1: Milestones in the Education Sector

- Free and compulsory basic and secondary education policy. This has greatly improved access and equity in the education sector.
- Scholarships and bursary awards to all Delta state students of tertiary educational institutions. Of note in this scheme is the automatic scholarship awards to the state's students who obtain First-Class degrees; the awards are tenable anywhere in the world.
- The establishment of the EDUMARSHAL initiative is widely acknowledged to be of direct impact on increase in school enrolment, retention, and curbing of insecurity in schools. The initiative has been a major contributor to the government's efforts towards attaining MDG 2 and the State's target of 100 per cent Universal Basic and Secondary Education by the year 2015.
- Re-modelling/renovation/rehabilitation of educational

- institutions to provide very conducive teaching and learning environments for both teachers and students. This is very much appreciated by stakeholders.
- The development of State Education Management Information System (SEMIS) capable of improving record keeping, statistics and overall documentation of government policies and implementation. SEMIS have great potentials yet to be fully actualized.
- The development of the State Education Sector Strategic Plan (SESSP) with the assistance of UNICEF enhances government educational policies and helps the short- and long-term policy implementation for sustainability. This plan (SESSP) is an important milestone for short- and long-term educational planning and implementation.

### Infrastructural Development

Government has responded to the infrastructural development needs of the State by building new schools and renovating or rehabilitating existing ones.

Also, the government has performed remarkably well by developing infrastructure to increase access and improve the quality across all levels of education. Evidence of infrastructural development is reflected in the new buildings constructed and renovation works done on existing ones at all levels of education (see Plate 3.1, for example)

The direct impact of the State's infrastructural development can be felt in the increased

number of primary and secondary schools now available in the State (see Figs. 3.2 and 3.3).

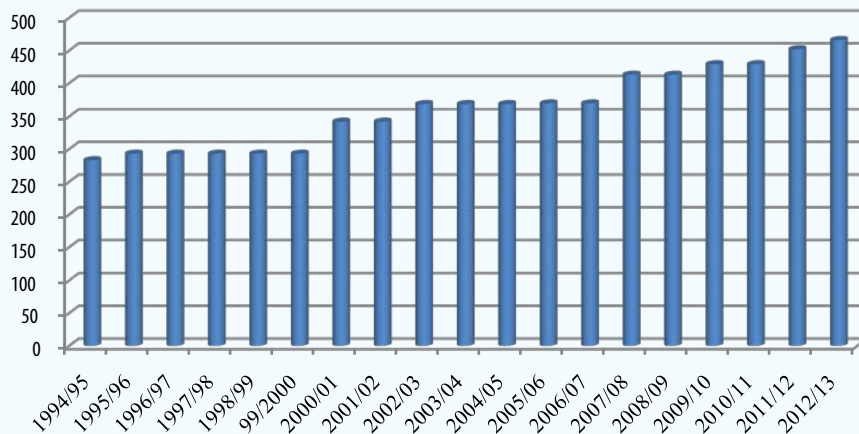
To address the growing needs for education and to ensure learner-friendly environments in all institutions, the basic and secondary education level witnessed an increase in the number of classrooms, enrolment of students, teachers' furniture, staff rooms, libraries, ICT facilities, and science equipment. Deliberate efforts were also made to make the school environments more attractive and child-friendly. Similarly, tertiary institutions have become more conducive for teaching and learning, as well as for research and development (R & D) through the building of additional lecture halls, hostels, auditoria, workshops, laboratories, libraries and ICT centres. All these have contributed to improved access and quality.

The information obtained from In-depth Interviews and Focus Groups Discussions during the assessment attributed the success achieved partly to the strong partnership between the state and federal governments and the United Nations. What remains as a challenge is the level of attention given to the needs of the rural schools, especially those located in the riverine communities. This challenge of disparity between urban/riverine communities is evident in the number of schools, classrooms and basic facilities in local government areas as shown in Annexes 3.1 and 3.2. The Annexes show that the local government areas in urban communities have larger number of schools and classrooms than do local government areas in rural/riverine

Plate 3.1: A Completely Renovated St Patrick's College, Asaba



Fig. 3.1: Number of Secondary Schools between 1994 and 2013



Source: State Ministry of Basic & Secondary Education Report, 2014.

communities. For example, Burutu and Patani LGAs (riverine communities) have the lowest number of schools and classrooms; 8 and 9 schools, respectively, and 80 and 117 classrooms, respectively. In comparison, Ughelli North and Ndokwa East (both urban areas) have 44 schools and 28 schools, respectively. Besides, Ughelli North has 914 classrooms while Ndokwa East has 674.

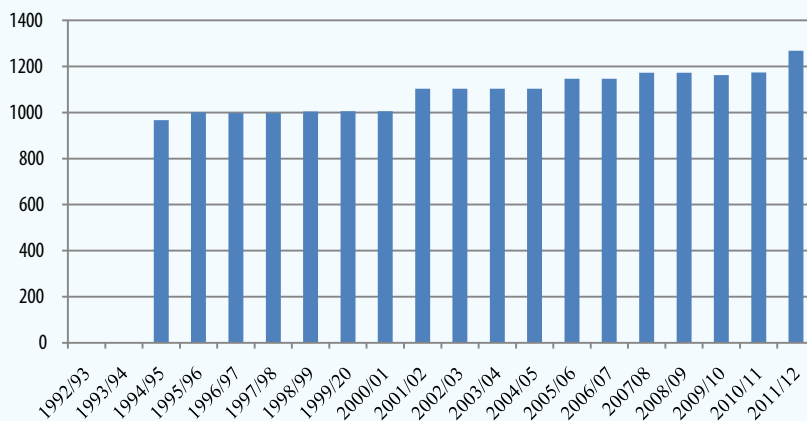
Besides enrolment, the decision of the state government to underwrite the registration fees of Delta students' external examinations has produced a modest improvement in students' performance in these examinations. For example, there was an improvement in performance in the WASC exam from 36.34 per cent in 2009/2010 to 49.1 per cent in 2011/2012.

### Free and Compulsory Education

The Free and Compulsory Education Policy has yielded a strong impact on school enrolment: it resulted in a steady increase in school enrolment in Basic and Secondary Education between 2007 and 2013, as shown in Fig. 3.4 and Table 3.3.

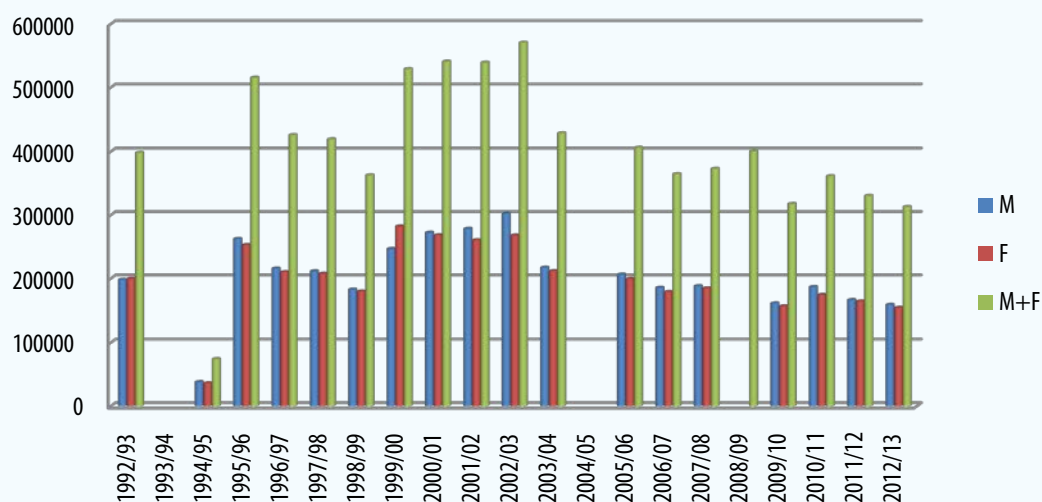
Higher Education also witnessed considerable progress in terms of the increased number of undergraduate enrolment from 1999-2014. A five-year tracking of higher education enrolment in in the State is shown in Table 3.4.

Fig. 3.2: Number of Primary Schools in Delta State, 1999 - 2012



Source: State Ministry of Basic & Secondary Education Report, 2014.

Fig. 3.3: Primary School Enrolment in Delta State by Sex, 1992/1993 – 2012/2013



Source: State Ministry of Basic Education Report, 2014.

### Scholarship and Bursary Awards

The government's scholarship and bursary awards programme, instituted for the benefit of students in tertiary institutions, has yielded significant results. Table 3.5 shows the number of beneficiaries of the scheme and government's expenditure on it.

A direct impact of the scholarships from government and other funding interventions in higher education, is a significant increase in the number of First Degree Holders (FDHs) from the state's higher institutions – 292 in 2007 and 603 in 2013.

### Impact of the Education Marshal Initiative

The impact of the EDUMARSHAL initiative has been felt in increase in school enrolment, retention of pupils and students, regular attendance and punctuality at schools. Discussions and interviews with education stakeholders reveal that the EDUMARSHAL Initiative has been very instrumental in achieving increased school enrolment and retention.

The Assessment Team found that the EDUMARSHAL Agency was active in urban and rural areas and has been very cooperative with school heads and community members.

Table 3.3: School Enrolment for Basic and Secondary Schools in Delta State, 2007/2008 – 2012/2013

S/N	Year	Primary	Junior Sec. School	Senior Sec. School	Grand Total
1.	2007/2008	373,121	121,429	69,559	564109
2.	2008/2009	400,714	128,040	79,873	608627
3.	2009/2010	317,661	39,690	79,530	436881
4.	2010/2011	361,378	133,286	93,374	588038
5.	2011/2012	330,487	131,930	100,461	562878
6.	2012/2013	312,967	126,771	94,278	534016

Source: State Ministry of Basic & Secondary Education Report, 2014

**Table 3.4: Undergraduate Enrolment in the State's Higher Institutions in a Five – Year Cycle, from 1999 – 2014**

S/N	Institutions	1999 – 2003	2004 – 2008	2009 – 2014
1.	DELSU Abraka	7,590	14,736	20916
2.	Polytechnic Oterefe -Oghara	0	0	2,359
3.	Polytechnic Ozoro	230	1,048	7,866
4.	Polytechnic Ogwashi- uku	0	0	2895
5.	College of Education Warri	7,230	5,530	2,210
6.	College of Education, Agbor	3,071	1,963	1763
7.	College of Physical Education, Mosogar	- 0	0	N/A
8.	Total	18,121	23,277	36,009

Source: Ministry of High Education presentation May, 2014.

### Access to Education

The Delta State Government also made significant efforts to improve on access to education by adopting the Whole School Development Concept (WSDC) and the Child-Friendly School Environment (CFS) Initiative. Also, the building of special education schools (which requires more attention) and promotion of school inclusiveness have also enhanced access. In addition, government has reopened schools that were closed in the 1990s. This created further access especially in the hinterland and riverine areas. Furthermore, the relative peace and security now enjoyed in the state derived from the Government's Peace and Security initiative. This has resulted in reduced militancy and enhancement of access to education, particularly in those areas that were highly prone to militancy and unrest.

### Enabling Performance Factors

Factors that aided the improved performance in the education sector can be enumerated as follows:

- Zero tolerance for examination malpractice;
- Zero parents' contribution to the education of their children/ward (Free and Compulsory Education);
- Quality control;
- Improved budgetary provisions for Research and Development (R&D) in education, particularly in DELSU Campuses. This gesture would need to be extended to the Colleges of Educations

- and Polytechnics in the State; and
- Significant improvement in internally generated revenue (IGR).

### Performance of the Sector in Relation to the MDGs

#### Performance in Relation to MDGs 2 and 3

MDGs 2 and 3 have direct relevance to education. Performance on these MDG targets is shown in Table 3.6.

The performance trends shown in Tables 3.6 and 3.7 indicate that Delta State is well positioned to meet the global and national targets in the performance indicator of Goal 2 and the education relevant indicator in Goal 3 by 2015. As at 2013, Delta State's performance in relation to MDG 2 was 97.0 per cent net enrolment and 99.5 per cent completion rate. This is consistent with MICS data of 91.3

Plate 3.2: Students running to school to avoid being caught for lateness by EDUMARSHAL



**Table 3.5: Scholarship Scheme to Students of Delta State Origin**

S/N	Scheme	Year / Session	No. of Beneficiaries	Amount in N
1.	Law	2010/2011	882	52,251,005.69
		2011/ 2012		88, 278, 742.73
2.	Aviation	2011/2012	18	96,121,972.73
		2012/2013		199,994,487.00
3.	Local scholarship	2009/2010	527	99,992,218.00
		2010/2011		73,890,901.00
		2012/2013		73,890,901.00
4.	Students' Special Assistance	2009/2010	24,333	514,706,035.75
		2010/2011	28,849	555,640,932.20
		2011/2012	27,329	610,134,868.46
		2012/2013	28,597	644,650,265.50
5.	Children of Civil Servants /Physically Challenged	2009/2010	353	15,000,000.00
		2010/2011	442	17,441,087.50
		2011/2012	504	29,654,397.50
6.	First-Class Scholarship	2009/2010	36	193,602,060.00
		2010/2011	52	269,788,995.00
		2011/2012	93	476,086,400.00
		2012/2013	184	1,001,570,785.00

Source: Ministry of Higher Education presentation, 2014.

**Table 3.6: Net Enrolment, Literacy and Gender Parity in Basic Education**

Goal 2: Achieve universal primary education	Indicators	State achievement of target as at 2013	2015 Global and National Targets
Target 2 A: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course schooling	1. Net enrolment in primary education.	97.0%	100.0
	2. Proportion of pupils who reach primary 6.	99.5%	100.0
	3. Literacy rate	97.0%	100.0
Goal 3: Promote gender equality and empower women			
Target 3.A: Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015	Ratios of girls to boys in primary, secondary and tertiary education	46 girls: 54 boys or 85%	100.0

Sources: Ministry of Basic Education Report May, 2014.

per cent enrolment (attendance) and 100 per cent primary school completion rate in 2011.

### **Gender Parity Trends in Basic and Higher Education**

Annex 3.4 shows the enrolment of pupils in basic education by gender, while Annex 3.5 shows the enrolment of tertiary education students also by gender. Gender parity seems to be more evident in the enrolment trends within five-year intervals in tertiary institutions from 1999 to 2013 (Annex 3.5). A close to parity observation can be made in the enrolment ratios of male-female undergraduates. Within the 2009 and 2013 period, there were more females (21,737) than males (18,917) in the year 2012! Thus, it can be concluded that target 3A of Goal 3 is attainable in full by the year 2015. In light of this sector assessment, supported by primary and secondary data as at 2014, it can be inferred that Delta State is on its way to achieving MDG 2 and the gender parity target in Goal 3 by 2015.

### **Efficiency and Effectiveness of the Measures Implemented**

The State's performance in the education sector has shown considerable efficiency and effectiveness. The following areas deserve highlighting:

- The Free and Compulsory Education Policy has boosted school enrolment and lifted the burden of financing education from parents, particularly the zero collection aspect of that policy. In conjunction with the activities of the EDUMARSHAL initiative, it has proved to be a major efficient and effective weapon for enforcing the compulsory component of the Free and Compulsory Education Policy in the State.
- The UBE law that mandated the establishment of the State Universal Basic Board (SUBEB) and the Post-Primary Education Board (PPEB) has promoted efficient and effective management of primary and secondary schools across the State.
- Investment in school infrastructural development for the provision of access for handicapped learners in new and renovated school buildings, especially, in

the Model Schools, has enhanced access and inclusiveness.

### **Monitoring and Evaluation (M & E)**

Although there is a central M & E Directorate in the Governor's Office, the various MDAs are required to develop and implement the M & E function in their respective offices. To this end, M & E in the Education Sector draws upon the activities of the Inspectorate Divisions in both the central and zonal offices, and the Quality Assurance Departments. The Department of Planning, Research and Statistics (PR&S) in the Ministries of Basic/Secondary Education and Higher Education carry out regular monitoring of projects and policies. These activities need to be expanded and enabled through funding to support personnel and facilities. It is also necessary to address the specific challenges to efficient implementation of the M & E function in the sector. Among these are the following:

- Data collection and analysis by the two Ministries;
- Inadequate personnel and facilities to carry out the functions in the relevant Ministries;
- Synergy between the Central M & E and the Education M & E unit among policy makers and implementers; and
- Lack of appreciation by policy makers and implementers of programmes of the functions and significance of the M & E department.

### **Gaps in Performance**

Although the performance of the state government in the education sector is generally good, especially in terms of policies/programmes and outcomes, there are noticeable gaps in performance. Such gaps exist in the following areas:

- a. Equity considerations in infrastructural development and distribution of equipment/facilities in urban, rural and riverine areas. Many schools are yet to benefit from the remodelling/renovation/rehabilitation of educational institutions which is very much lauded and appreciated

**Table 3.7: Completion Rates at the Basic and Secondary Education as at 2013**

Early Childhood Care & Development Education	75.8 %
Primary 1– 6	99.7%
Junior Secondary School	99.5%
Senior Secondary School	99.6%
Literacy rate	97.0%

Source : Ministry Basic Education Report, May, 2014.

by stakeholders. There is a need for total coverage of all the public schools in the next phases.

- b. Quality considerations in terms of anticipated outcome in instructional delivery and what exist in schools. Low inspector-teacher ratio of 1: 176, compared to UNESCO standard of 1:50 or less (Delta State Vision 2020, 2011-2020: p. 82) contributes to quality concerns.
- c. The gap between qualified teachers and quality teaching.
- d. The free books policy of the State does not meet demand/need nor does it assure currency and relevance. This gap is also evident in untimely supply and distribution.
- e. The federal mandate of community ownership of schools is yet to be fully implemented in the state as the Parent-Teachers' Associations of most schools have become increasingly non-functional largely as a result of the state government's policy of zero fee collection. Furthermore, many schools are yet to establish SBMC.

The performance gaps would need to be considered alongside some emerging issues, among which are the following: implementation of the State Educational Sector Strategic Plan developed in 2013; recruitment of more teachers, especially, in the sciences, history and some newly introduced subjects, such as Civics and Citizenship Education and Entrepreneurship; provision of adequate equipment, furniture and facilities for ICT and libraries; and expanding and improving of EMIS service delivery.

### Some Conclusions and Recommendations

The laudable policies and programmes on education and the past investments in the sector reflect the government's appreciation of the powerful role of education in the state's development process. The State is making steady progress towards achieving MDGs 2 and 3 and other national and state goals such as Education for All (EFA) and Vision 20: 2020 goals. The available data (primary and secondary) indicate that Delta State is well positioned to achieve the stated targets in Goal 2 and the relevant targets in Goal 3 of the MDGs by 2015.

However, the assessment revealed the need to: have adequate records keeping and statistical data/information on government policy, projects and programmes implementation; avoid bureaucratic bottle-necks which tend to discourage stakeholders from contributing to school projects, thereby hindering community ownership, partnership and augmentation of government efforts; give more attention to quality control; pay adequate attention to EMIS in terms of funding, equipment and personnel to avoid the negative impact on data generation, collation and analysis in the sector; and provide full attention, funding and backing to M & E in the sector to enhance programme and project efficiency and effectiveness.

In order to address the issues arising from the assessment, a number of recommendations are pertinent, among which are the following: extension of EDUMARSHAL activities to the rural communities where street children are

highly concentrated; provision and distribution of infrastructural facilities according to school needs; improvement in the subventions to schools and principals/head-teachers; employment of more teachers, especially for some secondary school subjects (Physics, Chemistry, and Civics); and

establishment of Teachers' Professional Development Centres for in-service training and development. Chapter 8 contains the detailed recommendations.





# Health Sector

The objective of the assessment of the health sector was to gauge how the sector has contributed towards the achievement of the state development goals and the Millennium Development Goals. This required a review of the health policies, programmes, interventions and facilities to assess the extent of contribution to progress made in improving access to quality health care and improved health indicators and outcomes. The assessment also identified bottlenecks and constraints to healthcare delivery and priority areas of focus to improve and accelerate performance and for developing future health sector programmes. A key element of the methodology adopted for the assessment was a field survey entailing visits to facilities and health infrastructure, and interactions with key informants, focal groups, and beneficiaries of health services. The interactions and meetings provided the opportunity to generate missing information; clarify issues; assess the views of beneficiaries and providers on appropriateness, quality and equity issues; and gain perspectives on improvements needed.

## Governance and Regulatory Framework of the Health Sector

### *Institutional Arrangements*

The Delta State Ministry of Health (SMoH) is the apex of healthcare delivery. It has the mandate to formulate and implement policies/strategies for the achievement of the health sector goals. The SMoH has seven departments (four professional and three mandatory), and six parastatals (see Annex 4.1). Through the Departments and Parastatals, the SMoH, aims to fulfil the following responsibilities:

- Formulation of health policies.
- Development and execution of health sector development programmes.
- Administration of State Government Hospitals and Allied Health Institutions through the Hospitals Management Board.
- Promotion of Primary Health Care and Disease Control activities.
- Provision of pharmaceutical services including inspection and licensing of patent medicine shops.
- Supervision of the Specialist/University Teaching Hospital in the State.
- Management of Training Institutions for Nurses and Midwives, Health Superintendents, Pharmacy Technicians, other para-medical staff and health workers.

- Registration of private/voluntary medical agencies.
- Liaison with other state services and national bodies in the health sector.

In the context of the nation's three-tier system of health care (National Health Policy 2004), the Local Government Authority also plays a notable role in health care delivery. It is responsible for managing the Primary Healthcare Centres (PHCs). The Local Government Service Commission is responsible for employing and managing the technical personnel working in the PHCs, with support from NPHCDA, SPHCDA, and the SMoH. Additionally, the Delta State Oil Producing Areas Development Commission (DESOP-ADEC) and the Directorate of Millennium Development Goals Conditional Grants Scheme (MDG-CGS) have been implementing health projects in the State since 2008.

### *Regulatory Framework*

The relevant SMoH Departments or Parastatals working in collaboration with the appropriate federal councils/bodies, undertake the registration and regulation of the activities of health professionals, including the annual renewals of registration. Importantly:

- The Department of Medical Services and Training of the SMoH has its main function as setting and enforcing the

minimum healthcare standards through policy formulation, inspection and supervision of public and private health facilities.

- The manufacture, importation, storage, sale, distribution and dispensing of pharmaceuticals, vaccines, equipment and appliances. Other medical supplies have to comply with laid-down standard specifications and Essential Drug List.
- The State Drug Revolving Fund (DRF) has a quality control laboratory which undertakes laboratory tests for medicines before they are procured to ensure that effective and safe medicines are procured, stored and distributed.
- A Task Force on Counterfeit and Fake Drugs is being contemplated to enforce the provisions of the Counterfeit and Fake Drugs Act. It was yet to be constituted at the time of the assessment.

## **Policies and Programmes in the Health Sector**

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### ***Framework for Policies and Programmes***

The National Health Policy (2004 revision) provides the overall guidance for health development in the entire federation. For Delta State, its key development frameworks continue to provide guidance for health policies and programmes. Among these are the Delta State Economic Empowerment and Development Strategy (DELTASEEDS), the State Vision 2020 (2011), the Delta State 3-Point Agenda, and the Delta State Strategic Health Development Programme (SSHDP). These frameworks indicate the objectives of the health policies.

### ***DELTASEEDS***

The Delta State Economic Empowerment and Development Strategy covering 2004-2007 contains targets and objectives for the State health sector. The policy objectives articulated in DELTASEEDS are as follows: broadening specialized services, controlling and managing HIV & AIDS, improving laboratory and radiological services, providing quality drugs, improving immunization coverage by strengthening routine immunization and malaria control; promoting gender equity and eliminating negative practices involving

women; protecting the reproductive health of citizens, promoting effective disease surveillance, promoting adequate information flow and management, strengthening the State's TB and leprosy control programme and improving access to quality/affordable and effective health services.

The Health Sector Reform Programme (HSRP), which was implemented alongside DELTASEEDS, addressed issues such as government stewardship role; management of the state health system; the burden of diseases; mobilization and utilization of health resources; health service delivery; consumer awareness and community participation; partnership, collaboration and coordination.

### ***The Delta State Strategic Health Development Plan, 2010-2015***

The Delta State Strategic Health Development Plan (SSHDP), 2010-2015, provides the health vision, mission, objectives and priority areas for the period, 2010-2015. SSHDP was elaborated to address the challenges that subsisted at the time and improve on the unsatisfactory health indicators. The Mission is 'to develop and implement appropriate policies and programmes as well as undertake other necessary actions that will strengthen the State's health system to deliver effective, quality and affordable health care services', while the goal is to substantially reduce morbidity and mortality through the provision of accessible, affordable and quality healthcare services. Against this backdrop, the SSHDP has eight priority areas, namely: (i) Leadership and governance; (ii) Service delivery; (iii) Human Resource for Health; (iv) Health Financing; (v) Health Management Information System; (vi) Community participation; (vii) Partnership for health; and (viii) Health research. Developing and effectively implementing programmes to achieve the goals of each of the eight priority areas will strengthen the health system and the primary health care.

### ***The Delta State Vision 2020, 2011-2020***

The Delta State Vision 2020 has a chapter on Human Development of which education and healthcare are key components. The vision of the health sector, as articulated in the Plan, is 'high quality, accessible and affordable health

care delivery for all Deltans', while the mission is 'to provide standard and adequate facilities, infrastructure and human resources to achieve the highest quality of healthcare that is globally competitive'. The healthcare section of the Vision document outlines goals/objectives, two of which are: emphasis on Primary Health Care (PHC) over curative healthcare; and improvement of financing of the health sector. In light of the objectives, health sector targets were set, two of which are to:

- Increase hospital beds from 7,132 to 22,000 and ratio from 165 per 100,000 to 400 per 100,000);
- Improve immunization coverage from the current 80 per cent to 100 per cent;

The State Vision document further defined strategies for attaining the above targets, among which are the following: Exploiting PPP in the distribution and delivery of LLINs; allocating 15 per cent of the annual budget to the health sector; and implementing the State's Strategic Health Development Plan, 2010-2015.

### *The Delta State 3-Point Agenda*

The Human Capital Development component of the State's 3-Point Agenda incorporates education and health. In order to address the major issues of poverty and ignorance, health improvement is considered to be pivotal. Under the Agenda, the State has accelerated the implementation of the existing programmes to increase access to health services for rural and riverine communities. Additionally, the Free Under-5 Healthcare Programme was introduced in 2010.

### *The Millennium Development Goals*

Delta State has embraced the Millennium Development Goals (MDGs) and has committed to achieving them by 2015. The goals relating to health are:

Goal 4: Reduce child mortality. The target is to reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate.

Goal 5: Improve maternal health. The target is to reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

Goal 6: Combat HIV & AIDS, malaria and other diseases. The targets here are two: (i) Have halted, by 2015, and begun to reverse the spread of HIV & AIDS; and (ii) Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases.

The Delta State Government's policies and programmes on health care are all aimed at achieving the MDGs and other State targets.

### *Health Programmes/Interventions*

Information was not availed to the assessor regarding the health policies and programmes implemented between 1991 and 2004. But the DELTASEEDS for 2005-2007 contained health policy objectives, targets and strategies, the basis of which programmes such as the Free Maternal Healthcare Programme (FMHCP), the Free Under-5 Healthcare Programme, (FU-5HP) the Free Rural Healthcare Scheme (RHS), HIV & AIDS, TB and malaria programmes were designed and implemented. The key programmes/interventions on which information is available are outlined in Box 4.1 while brief elaborations are provided as follows.

### *Programmes Implemented by the State Ministry of Health*

The State Ministry of Health implemented a number of programmes among which are the following:

#### *• Child survival programmes*

To increase child survival rate and reduce child mortality, the State implemented the following priority interventions: (i) Routine immunization, and special campaigns for measles and polio immunization; (ii) Nutrition; and (iii) Diagnosis and treatment of the common conditions such as diarrhoea, respiratory infections, malaria and helminthic infections. In May 2010, the government launched the Free under-5 Healthcare Scheme, which provides diagnostic and treatment services free of charge to children under five years of age attending secondary health facilities. Apart from the management of immunization and tuberculosis, which is provided free of charge at the Primary Healthcare Centres, the rest of the services are still being provided at full cost recovery. Prior to 2010, most of the maternal and

#### Box 4.1: Key Programmes/Interventions in the Health Sector

- Child Survival Programmes
  - o Priority interventions: (i) Routine immunization, and special campaigns for measles and polio immunization; (ii) Nutrition, (iii) Diagnosis and treatment of common conditions such as diarrhea, respiratory infections, malaria, etc
- Maternal Healthcare Programmes
  - o Free Maternal Healthcare Programme (FMHCP) as well as the Basic and Comprehensive Emergency Obstetric Care (EmOC)
- Rural Healthcare Scheme
  - o Management of medical and surgical conditions
  - o Obstetric and Gynaecological services
  - o Eye care services
  - o Immunization
  - o Laboratory screening and diagnosis of common illnesses
- HIV&AIDS Control Programme
  - o Prevention of Mother-to-Child Transmission of HIV (PMTCT) Services
  - o Antiretroviral Therapy (ART) Services
  - o HIV Counselling and Testing Services
- HIV/TB Collaborative Activities
  - o Interventions include: (i) Intensive TB case finding among patients with HIV; (ii) Isonizide Preventive Therapy (IPT); (iii) Infection control measures; (iv) Co-trimoxazole Prevention Therapy (CPT); (v) HCT for diagnosed TB patients; and (vi) ART for TB-HIV dually infected patients
- Tuberculosis Control Programme
  - o Pursuit of high-quality DOTS expansion and enhancement
  - o Addressing TB-HIV, co-infection, MDR-TB, and the needs of poor and vulnerable populations
- Malaria Control Programme
  - o The core interventions include: (i) Integrated Vector Management (IVM); (ii) Prompt diagnosis and treatment of clinical cases; (iii) Prevention and treatment of malaria in pregnancy
- Essential Drug Project (EDP)/Drug Revolving Fund (DRF) National Programmes Implemented in Delta State
  - o Midwives Services Scheme
  - o Subsidy Re-investment and Empowerment Programme (SURE-P) MCH
  - o Village Health Worker Scheme
  - o The Millennium Development Goals Conditional Grant Scheme (MDG-CGS)
- DESOPADEC's Programmes entailing: (i) Building of new and renovation/rehabilitation of Primary Health Centres (PHCs); (ii) Construction of Doctors and Nurses Quarters for PHCs; (iii) Supply of medical equipment to health centres and hospitals, (iv) Free Medical Scheme; and (vi) Supply of generators/ambulance vans to hospitals.

under-5 healthcare services were provided at cost in all health facilities.

#### • *Maternal Health Programmes*

In an effort to promote safe motherhood and reduce maternal deaths, family planning, antenatal, delivery, postnatal and emergency obstetric services are provided at most primary and all secondary health facilities. In 2007, the Uduaghan Administration launched the Free Maternal Healthcare Programme (FMHCP), covering 54 hospitals. This provides antenatal, delivery (including Caesarean Sections), and postnatal services free to

clients. The management of complications of abortion and ectopic pregnancies were recently included. At the Primary Healthcare Centres, however, the maternal healthcare services are delivered at full cost recovery.

#### • *The Rural Healthcare Scheme (RHS)*

This scheme was first established in 2005. It is aimed at providing free medical services to all Deltans, especially the rural dwellers who cannot afford to attend hospitals. A core team of 48 professionals (obstetricians and gynaecologists, ophthalmologists, anaesthetists, public health and general duty

medical officers) and an ad-hoc team of 10-15 personnel visit each community once every year, offering services such as laboratory testing, HIV screening, and diagnosis and treatment of common illnesses. General medical practice as well as specialist care including surgery are also offered free of charge to patients. By 2011 the scheme was expanded to include immunization and dental care.

- *HIV & AIDS control programme*

The State Action Committee on HIV & AIDS (SACA) was established in 2004 to coordinate a multi-sectoral response to the HIV & AIDS epidemic in the State. The health sector response to HIV & AIDS is coordinated by SMOH through the State AIDS and STI Control Programme (SASCP). The response consists of the following measures: (i) Developing and implementing a state policy on HIV & AIDS; (ii) Reducing HIV-related stigma and discrimination; (iii) Providing voluntary counselling and testing services, and undertaking awareness campaigns; (iv) Improving blood transfusion service; (v) Procuring and administering ARVs to eligible patients at subsidized cost; (vi) Preventing mother-to-child transmission; (vii) Providing post-exposure prophylaxis to health workers; and (viii) Building the capacity of health workers.

- *Prevention of Mother-to-Child transmission of HIV services*

In line with the global target of eliminating the transmission of HIV from mother to child by 2015, the National PMTCT Scale Up Plan (2010-2015) has the target of eliminating mother-to-child transmission of HIV by 2015. The scale up of PMTCT services has similarly been given prominence in Delta State SACA and SASCP, with support from PeTR-GS.

- *Antiretroviral Therapy (ART) Services*

Currently there are 94 ART sites in Delta State.

- *HIV Counselling and Testing (HCT) services*

This service is available for individuals who voluntarily wish to know their sero-status, and compulsory for all pregnant women booking at antenatal clinics and patients

diagnosed with tuberculosis.

- *HIV/TB Collaborative Activities*

Interventions in this area include: (i) Intensive TB case finding among patients with HIV, by screening for clinical symptoms, and undertaking Chest X-ray and GeneXpert. Patients diagnosed with active TB are referred to the TB clinic for treatment while those free of active TB are initiated on DOTS treatment; (ii) Isonizide Preventive Therapy (IPT); (iii) Taking of infection control measures to prevent nosocomial infection in all clinical settings in Delta State as well as environmental measures to improve ventilation in TB wards and clinics; (iv) Administration of Co-trimoxazole Prevention Therapy (CPT) to all patients dually infected with TB and HIV; (v) Referring of dually infected patients for initiation of ART; (vi) Screening of all patients diagnosed with TB for HIV. Thus, HIV counselling and testing is conducted in all DOTS clinics either on-site or by referral.

- *Tuberculosis control programme*

The Stop TB strategy that is adopted by the National TB Control Programme has the following targets: (i) Halt and begin to reverse the incidence of TB by 2015; (ii) Reduce prevalence and deaths due to TB by 50 per cent compared with a baseline of 1990; and, by 2050, eliminate TB as a public health problem. Out of the components of this strategy, Delta State has implemented the following: Directly Observed Therapy Short-course (DOTS) Expansion Multidrug Resistant TB (MDR-TB) and TB/HIV collaborative activities.

- *Malaria control programme*

Malaria is the commonest reason for outpatient consultation in Delta State health facilities. The State has been carrying out malaria control interventions in line with the Federal Ministry of Health's strategy that aims to reduce the number of cases and deaths from malaria by 75 per cent by 2015 in the context of the long-term vision of a malaria free Nigeria. The core interventions include:

- *Long-Lasting Insecticide Net (LLINs) Distribution* through: (i) Campaigns for

mass distribution of Long-Lasting Insecticide Nets (LLINs) since April 2013; (ii) Provision of LLINs to pregnant women and under-5 children attending clinics at health facilities; and (iii) the private sector.

- *Indoor Residual Spraying*. This is not carried out to any appreciable extent in the State.
- *Malaria Case Management*. Artemisinin-based combination therapies (ACTs) were first distributed in public-sector health facilities in Delta State in 2006. The provision of subsidized ACTs by the private sector began in 2008. Rapid Diagnosis Tests (RDTs) were introduced in 2011 and are still being rolled out.

#### • *Essential Drug Project (EDP)/Drug Revolving Fund (DRF)*

The Essential Drugs Project (EDP) was implemented in Delta State with support from World Bank up to 2009. The aim of the programme was to ensure the availability of safe and effective drugs and other pharmaceuticals required by the State and Local Government-owned health facilities at reasonable cost and on a continuous basis. At the end of the project duration in 2009, the state government took over the programme and changed its name to the Drug Revolving Fund (DRF).

The arrangement was to provide health facilities with seed drugs and pharmaceuticals to be sold to patients at full cost in order to sustain subsequent purchases from the State DRF. To date, the Secondary Health Facilities have continued to procure their drugs and pharmaceutical supplies from the State DRF. The PHCs, however, have stopped sourcing their supplies from the State DRF, resorting to LGA or Facility-based DRF instead.

The State is preparing to change to the new Drug Distribution System in line with the Guidelines of the Federal Ministry of Health. In the new system, the State Drug Distribution Centres will procure drugs only from registered manufacturers and providers.

#### *National Programmes Implemented in Delta State*

There are four federal programmes adopted

in and co-implemented by Delta State Government. These include: (i) The Midwives Service Scheme (MSS); (ii) The Subsidy Re-investment and Empowerment Programme (SURE-P); The MCH; (iii) The Village Health Worker Scheme; and (iv) The Millennium Development Goals Conditional Grant Scheme. They are further elaborated on below:

#### • *Midwives Service Scheme (MSS)*

The National Primary Health Care Development Agency (NPHCDA) established the Midwives Service Scheme (MSS) in 2009 as a collaborative effort between the three tiers of government in Nigeria. All three tiers of government fulfil their agreed roles and responsibilities through a signed memorandum. Delta State signed the memorandum and has been co-implementing the scheme since 2012. Under the scheme, midwives, including those newly qualified, unemployed and retired, are employed and deployed to selected PHCs in rural communities. The aim is to facilitate an increase in the coverage of Skilled Birth Attendance (SBA) to reduce maternal, newborn and child mortality. Twenty four PHCs in Delta State are involved in the MSS.

#### • *Subsidy Re-investment and Empowerment Programme (SURE-P) MCH*

The programme, which is initiated by the federal government, is designed to include supply- and demand-side interventions. On the supply side, each PHC receives a full complement of skilled health workers, basic commodities, equipment and refurbishment of infrastructure. On the demand side, health promotion and education are to be intensified through campaigns at the national, state and local government levels. The Ward Development Committees (WDCs) are being activated to boost community engagement in decision-making. Conditional Cash Transfers (CCT) would address the indirect costs of care seeking that may partially contribute to the low demand for ANC and delivery services at the PHCs. The SURE-P MCH is designed to run for four years (2012-2015).

In Delta State, 47 PHCs are involved in the implementation of the SURE-P. Each of the 11 LGAs implementing the programme has four facilities while one LGA has three facilities.

Delta State has implemented the supply side of the programme, including employment and training of personnel for the facilities; infrastructural upgrading of the facilities; and provision of essential obstetric equipment. The demand side has yet to start.

- *The Village Health Worker Scheme*

The Scheme started in 2011 under the coordination of the Office of the Senior Special Assistant to the President on MDGs (OSSAP-MDGs). Delta State has seven out of 148 LGAs countrywide currently benefiting from the Scheme. They are: Ukwani, Ethiope West, Warri South-West, Ndokwa East, Udu, Bomadi and Burutu. A total of 100 Village Health Workers have been selected, trained and deployed to these communities.

- *The Millennium Development Goals Conditional Grant Scheme (MDG-CGS)*

This scheme started in 2007 at the federal level. However, Delta State started receiving funding from 2008. Under the scheme, Delta State mobilizes its own share of the federal and state counterpart funding to carry out interventions pertaining to health MDGs. Thus by December 2013, the following projects had been accomplished in Delta State: (i) Construction of 50 PHCs, 50 maternity wards, 50 staff quarters, four solar-powered boreholes, and toilets in five facilities; (ii) Distribution of 40,000 delivery packs; (iii) Provision of 25 units of gender-friendly squat toilets; (iv) Distribution of 400,000 LLINs, 666,732 doses of Sulfadoxine/Pyremethamine (SP) and Artemisinin Combination Therapy (ACTs) for malaria prevention and treatment in pregnant women; and (v) Supply of 171 Essential Obstetric Care (EOC) equipment.

### *The Delta State Oil Producing Areas Development Commission (DESOPADEC) Health Programme*

As observed in Chapter 2, DESOPADEC has the mandate to use 50 per cent of the 13 per cent oil derivation funds accruing to Delta State for:

- Rehabilitating and developing oil producing areas; and
- Embarking on other development projects as may be determined from time

to time by the Commission.

The Commission's interventions in the health sector have included: (i) Building of PHCs; Renovating PHCs; (ii) Building Doctors and Nurses Quarters for PHCs; (iii) Supplying medical equipment to health centres and hospitals; (iv) Running a Free Medical Scheme which includes consultation, treatment, drugs and surgery; and (v) Supplying generators and ambulance vans to hospitals. It is easy to observe from these interventions that the health programmes implemented by the state government are relevant to the needs of the citizenry, especially the poor and vulnerable segments of the population. And they all have the potential to enhance access to health services. The scope of some of them may need to be extended, for example, the Free Maternal Healthcare Programme and Free Under-5 Healthcare Scheme, to cover service users at the PHCs.

## **Resource Allocation to Finance Agreed Priorities**

The government, through the State Ministry of Health, MDG-CGS and DESOPADEC, has been funding the health sector programmes/interventions and projects with a degree of success. The intervention of each of these institutions is briefly profiled for better appreciation.

### **SMoH Financing**

The data on budget allocation and expenditure on health made available to the assessment team covered 2006-2013 (see Table 4.1). The funds released to SMoH for 2011 exceeded the approved budget for that year.

The proportion of the state budget allocated to the health sector varied between 3 per cent and 8.2 per cent over the period, 2006 - 2011, with 2009 being its lowest point and 2012 its highest. On examining the proportion of the budget actually disbursed, two exceptions are noted: in 2006 almost 100 per cent of the approved budget was released, while in 2011 the disbursement exceeded the approved budget by 69 per cent. For the rest of the period, the disbursement has varied from as low as 40 per cent in 2009 to 76 per cent in 2006. The budgetary allocations to the health



**Table 4.1: SMOH Health Budget as a Proportion of State Budget, 2006-2013**

Year	Delta State Budget	State Expenditure	SMoH Budget DRAFT	% of State Budget to SMOH	Amount Released to SMOH	% of Amount Released to SMOH
2006	149,999,499,025	180,424,485,946.75	10,459,500,000.00	7.0	10,328,724,909.44	99
2007	189,959,900,152	155,624,686,053.36	10,728,625,000.00	6.0	8,189,676,800.49	76
2008	146,340,513,746	188,173,737,194.47	10,458,336,373.00	7.0	5,197,871,063.82	50
2009	237,630,296,039	183,486,827,722.92	8,028,860,271.00	3.0	3,225,032,501.94	40
2010	331,860,069,094	226,974,118,125.20	16,125,750,223.00	5.0	11,367,207,469.82	70
2011	361,904,074,383	284,270,451,195.02	11,061,667,422.00	3.1	18,708,135,429.99	169
2012	437,218,083,558	292,351,434,847.93	35,862,304,777.00	8.2	16,160,499,017.62	45
2013	472,006,772,170	329,608,641,860.52	28,882,276,661.60	6.1	15,680,023,310.75	54
TOTAL	2,326,919,208,167	1,840,914,382,946	131,607,320,728	5.7	88,857,170,504	68

Source: SMOH

sector are low in relation to the target of 15 per cent agreed at the AU Summit in Abuja in 2000.

Apart from the Delta State budgetary allocations to the SMOH, health services are also funded separately through the Delta State Oil Producing Areas Development Commission (DESOPADEC) and the MDG Conditional Grants Scheme. The budgets for DESOPADEC health projects are highlighted below.

### **DESOPADEC Health Financing**

Table 4.2 shows DESOPADEC's financing of health projects from 2007-2013. The table shows that the health sector received N3,756,232,761 in 2007, which was 11.4 per cent of the total budget that DESOPADEC had for three sectors: health, education and water. Over the seven-year period, 2007-2013, the total DESOPADEC budget for the three sectors was N173,762,049,900 of which the health sector took N13,701,306,864, which translates to 8.0 per cent overall.

Table 4.3 further shows the number and values of completed and ongoing projects year by year from 2007 to 2013, as well as the proportion of budget released by DESOPADEC to projects, ranging from 16 per cent in 2007-2008 to 49.0 per cent in 2012-2013, averaging 36.0 per cent over the period. The implication of the budget performance is that most of the planned projects would remain unimplemented as the allocated funds are not

fully disbursed.

### **MDG-CGS Health Financing**

Table 4.4 depicts the proportion of the budget of the MDG Conditional Grant Scheme (MDG-CGS) that was spent on health projects from 2008-2013.

It is noted that a total of N4,816,562,575 was spent by the MDG-CGS out of its total budget of N7,779,738,371 which translates to 62 per cent, over the five-year period (2008-2013). The proportion spent per year ranged from 42 per cent in 2012 and 2013 to a maximum of 75 per cent in 2011.

These figures indicate that the health sector has had more funding from the MDG-CGS than did the other sectors (education, water). Overall, N98,547,971,589 was spent on health initiatives from 2006 to 2013 by SMOH, DESOPADEC and MDG-CGS. While SMOH spent N88,857,170,504, which translates to 90 per cent; DESOPADEC spent N4,869,238,511 (5 per cent); and the MDG-CGS 4,816,562,574 (5 per cent). Given the total expenditure of N98,547,971,589.00 on health by the three agencies over the period, 2006-2013, it could be seen that this represented only 5.4 per cent of the State's aggregate expenditure of N1,840,914,382,946.00 over the same period or 4.2 per cent of the total budget. The obvious implication of this is that the State needs to allocate more resources to the health sector in order to come close to

**Table 4.2: DESOPADEC's Budget Allocation to the Health Sector, 2007-2013**

Year	Capital Budget Estimate (N)	Health Budget (N)	%
2007	32,971,432,793	3,756,232,761	11.39
2008	26,143,990,000	2,354,815,566	7.86
2009	22,814,420,196	1,249,661,263	5.48
2010	22,823,392,518	1,693,982,032	7.42
2011	21,777,974,393	1,518,886,147	6.97
2012	22,933,820,000	1,573,548,266	6.86
2013	24,297,020,000	1,554,180,829	6.40
TOTAL	173,762,049,900	13,701,306,864	8.00

Source: DESOPADEC

meeting the AU target of devoting 15 per cent of the total budget to the health sector.

### Health Sector Performance and Results of Policy/Programme Implementation

The results of the intervention programmes implemented in the sector come from the activities of the various health institutions in the State. There are 725 PHCs, 244 Secondary Healthcare Centres (SHCs) and two Tertiary Healthcare Centres (THCs) in the State. Added to these are the health training institutions, which include the State School of Midwifery, Asaba; School of Nursing, Agbor; School of

Nursing, Warri; School of Health Technology, Ofuoma; and the State University Teaching Hospital.

### The Free Maternal Healthcare Programme (FMHCP)

The Free Maternal Healthcare Programme's statistics for October 2008 to December 2012 are shown in Annex 4.2. A total of 254,254 antenatal (ANC) bookings, 836,544 routine ANC visits, 12,954 postnatal services, 116 normal deliveries and 13,594 Caesarean Sections (C/S) were recorded for the period 2008-2012. The Maternal Mortality Rate per 100,000 deliveries declined from 395/10-

**Table 4.3: DESOPADEC's Health Budget Committed to Projects, 2007-2013**

Period	Completed Projects		Ongoing Projects		Total Value (N)	Proportion of Budget Released for Projects (%)
	Number	Value (N)	Number	Value (N)		
2007 - 2008	8	436,793,842	3	544,301,510	981,095,352	16.
2009 - 2010	24	904,196,865	14	666,551,448	1,570,748,313	53.
2011	13	451,269,954	16	318,085,435	769,355,389	51.
2012 - 2013	6	207,344,053	26	1,340,695,404	1,548,039,457	49.
TOTAL	51	207,344,053	59	1,340,695,404	1,548,039,457	36

Source: DESOPADEC

**Table 4.4: Proportion of Budget Spent by MDG-CGS on Health Projects, 2008- 2013**

Year	Delta State Budgetary Provision (N)	Expenditure on Health (N)	Percentage Performance (%)
2008	1,945,269,053	1,289,152,900	66
2009	1,806,059,875	1,168,044,657	65
2011	2,028,409,443	1,518,957,057	75
2012	800,000,000	337,642,007	42
2013	1,200,000,000	502,765,953	42
TOTAL	7,779,738,371	4,816,562,575	62

Source: Directorate of MDGs

0,000 deliveries in 2008 to 243/100,000 deliveries in 2012. The rise in the rate by about 10.0 per cent between 2011 and 2012 was due mainly to a sharp drop in the number of private and primary healthcare facilities that supplied data to the State Ministry of Health. All through the years, the majority of maternal deaths resulted from late presentation, with complications, in labour. Postnatal care visits peaked at 10,486 (2009) before declining to 6,103 (2012) while Caesarean Section numbers steadily increased from 2,217 (2008) to 3,624 (2012).

### **The Free Under-5 Healthcare Programme (FU-5HCP)**

Since its introduction in 2010, the Programme, which is implemented in 53 public hospitals, has recorded a number of achievements as shown in Table 4.5.

The Under-5 Healthcare Programme (FU-5HP) recorded 1,018,270 patients, both outpatients and patients on admission, from 2010-2013. The overall case fatality rate for the period was 1.9 per 1,000 total patient load.

### **The Rural Health Scheme (RHS)**

A summary of the statistics emanating from the RHS from 2008 to 2012 is presented in Table 4.6.

The table indicates that 97,678 people registered for services under the scheme over the five-year period between 2008 and 2012. Under the scheme, officials: (i) visited 443 communities; (ii) Conducted 6,421 operations, including 1,444 general surgeries; (iii) Did 360 obstetric and gynaecological

operations; (iv) Performed 2,562 ophthalmic surgeries and 2,055 dental consultations; and (v) immunized 4,165 children aged 0-11 months. Also, under the scheme, both women and men were counselled and tested for HIV. The HIV prevalence recordings read 3.4 per cent (2008), 2.9 per cent (2009), 2.5 per cent (2010), 2.6 per cent (2011), and 2.9 per cent (2012).

### **HIV & AIDS Programme**

Achievements of the HIV & AIDS Programme are discussed under the key components of the health sector response to HIV & AIDS, including HIV Counselling and Testing Services, Prevention of Mother-to-Child Transmission of HIV (PMTCT), and the Antiretroviral Therapy (ART) Services.

#### **HIV Counselling and Testing Services**

There were 637 Counselling and Testing sites in Delta State as of December 2013. The number of people who accessed HIV counselling and testing that same year was 104,800, out of which 8,384 (8 per cent) tested positive. In addition to the facility-based services, the Free Rural Healthcare Scheme also offers HCT services; through this more than 43,000 people were counselled, tested and received their results. The figures emanating from this scheme are shown in Table 4.7.

As can be seen from Table 4.7, for each of the years shown, more females than males were counselled and tested. Again, for all the years, the HIV prevalence was higher among females than among males. Overall, the prevalence of HIV was 3.4 per cent in 2008 declining to 2.9 per cent in 2012. Comparison of the female

**Table 4.5: Hospital Data from the Free U-5 Healthcare Programme, 2010-2013**

Indicator	2010	2011	2012	2013	Total
Number attending outpatient services	76,450	219,336	330,109	327,120	953,015
Number of admissions	6,036	16,621	20,997	21,601	65,255
Total patient volume	82,486	235,957	351,106	348,721	1,018,270
Number of deaths	151	552	644	607	1,954
Under -5 Case Fatality Rate per 1,000 pt load	1.8	2.3	1.8	1.7	1.9

HIV trends is made with the National HIV Sentinel Surveillance (NHSS) trends for Delta State in parentheses, the values are: 3.9 (3.7) in 2008 and 2.8 (4.1) in 2010.

With the current availability of the HCT services and the number of the people accessing them in Delta State, the social stigma associated with HIV infection should have significantly declined by now. Discussions with doctors in hospitals providing ART services tend to suggest the contrary. It appears that patients would still prefer to have their ART treatment at sites far from their localities for fear of being identified and stigmatized by their community members. This stigma remains a constraint in the effort to decentralize some ART services to the PHC level so as to reduce the large numbers attending hospital clinics.

#### *Prevention of Mother-to-Child Transmission of HIV (PMTCT)*

Currently, 503 health facilities (78 per cent of

the eligible facilities) are offering PMTCT services. The PHCs have been linked to SHCs forming 40 clusters. The SHCs are being further strengthened to support service expansion in the PHCs within their clusters.

In 2013, 47,015 pregnant women were counselled, got tested and received their results which translate to 23 per cent coverage. This service coverage is expected to increase rapidly in 2014 when newly activated sites become fully operational.

#### *Antiretroviral Therapy Services*

Currently there are 94 ART sites in Delta State. Distribution by LGA ranges from one site each in Bomadi, Warri North and Warri South West to 14 sites in Sapele LGA. By 2013, a cumulative total of 14,236 patients were receiving ART. This translates to about 25 per cent coverage of the eligible people (2013 Population 4,900,000; HIV prevalence 2.9 per cent; assuming 40 per cent of PLWH are eligible for ART). Early Infant Diagnosis (EID)

**Table 4.6: Rural Health Scheme Summary Statistics for 2008-2012**

Indicator	2008	2009	2010	2011	2012	Total
Number registered	19,974	19,567	14,879	24,194	19,064	97,678
General surgery	244	377	261	352	210	1,444
O & G	85	99	49	65	62	360
Ophthalmic surgery	536	681	464	462	419	2,562
Dental cases	-	-	-	1,065	990	2,055
Immunization	-	-	-	2,217	1,948	4,165
HIV Prevalence (%)	3.40	2.90	2.50	2.60	2.90	
Communities visited	93	101	71	100	78	443

**Table 4.7: Free Rural Healthcare Scheme Data on HIV, 2008-2012**

Indicator	2008	2009	2010	2011	2012	Total
Number registered	19,974	19,567	14,879	24,194	19,064	97,678
General surgery	244	377	261	352	210	1,444
O & G	85	99	49	65	62	360
Ophthalmic surgery	536	681	464	462	419	2,562
Dental cases	-	-	-	1,065	990	2,055
Immunization	-	-	-	2,217	1948	4,165
HIV Prevalence (%)	3.40	2.90	2.50	2.60	2.90	
Communities visited	93	101	71	100	78	443

services are limited to collection of dried blood spots (DBS) which are then transported to the Obafemi Awolowo University Teaching Hospital in Ile-Ife for processing using Polymerase Chain Reaction (PCR), for which capacity does not exist in Delta State.

### **Tuberculosis Control Programme**

The Stop TB Strategy that is adopted by the National TB Control Programme has the following targets: (i) Halt and begin to reverse the incidence of TB by 2015; (ii) Reduce prevalence and deaths due to TB by 50 per cent compared with a baseline of 1990 and, (iii) By 2050, eliminate TB as a public health problem.

#### **DOTS Expansion**

Delta State has recorded remarkable success in DOTS expansion. The State currently has 106 sites delivering DOTS services. The distribution by LGA ranges from nine sites in Warri South West to two each in Patani and Uvwie LGAs. In all, 155 DOTS sites were reported for 2009-2012. Also, the State has 22 functional microscopy centres. The centres located in Oshimili North, Ika North-East and Aniocha North are not functional for various reasons. Ethiope East has three functional centres; Okpe, Oshimili South, Sapele and Uvwie LGAs have two functional centres each; while Ethiope East also has three functional ones.

Annex 4.3 summarizes the achievements of

the TB programme in Delta State by various indicators for the period 2009-2012. The number of TB cases diagnosed by year increased from 424 (2009) to 3,076 (2011), but declined to 2,966 (2012). The number of cured patients has been reported for two years: 251 in 2009 and 1,299 in 2011. The number of sputum smear positive cases increased from 1,275 (2009) to 1,673 (2011). This translates to 28/100,000 population (2009) and 33/100,000 population (2011), which was a steady rise over the period. The TB cure rate was reckoned in 2009 and 2011 at 59 per cent and 42 per cent, respectively.

- **Multidrug Resistant TB**

There are two GeneXpert testing facilities in Delta State - one located in Agbor and the other in Asaba. Before the establishment of the GeneXpert testing capacity, patients suspected to have Multi-drug resistant TB were referred to hospitals outside the state for confirmation. The State is already planning to establish a treatment ward to manage diagnosed MDR-TB cases. It was reported during the assessment that four MDR-TB patients from the State had completed the intensive phase of their treatment and were due back in their respective communities to continue with their treatment at home. It was also reported that another 20 patients diagnosed with MDR-TB were waiting for availability of space in the Treatment Centres before the medical personnel could initiate their treatment. Records show that five more patients are currently receiving treatment outside the

State, while one recently diagnosed patient has been put on the waiting list for referral.

## **Malaria Control Programme**

The achievements under this programme are indicated below:

### *Long-Lasting Insecticide Net (LLIN) Distribution*

Long-Lasting Insecticide Net (LLIN) distribution through campaigns to pregnant women and Under-5 children attending clinics and the private sector outlets has made LLINs available to households. In 2013, an LLIN Survey of Malaria Indicators in Delta State and the Malaria Indicator Survey (Delta State LLIN Report, 2013) revealed that:

- 65 per cent of households had at least one ITN;
- 47 per cent of persons of all ages had access to ITN;
- 28 per cent of persons of all ages slept under ITN the night prior to the survey; and
- 43 per cent of children under-5 slept under ITN the night prior to survey.

### *Artemisinin-Based Combination Therapies (ACTs)*

Artemisinin-Based Combination Therapies (ACTs) have been administered through public and private sector health facilities in Delta State since 2006. Rapid diagnosis tests (RDTs) were introduced in 2011 and are still being rolled out. The 2013 Survey on ITN and other indicators revealed that 34 per cent of Under-5 children with fever were tested and given ACT within 24 hours (2013 Rapid Mobile-based Phone - RAMP-Survey ITN and Other Indicators).

## **The Delta State Strategic Health Development Programme (SSHDP), 2010-2015**

The SSHDP Monitoring and Evaluation Framework have indicators with benchmarks for monitoring performance. Most of the indicators are in the Process and Output domains summarized in Annex 4.4. Below is an elaboration of the results achieved through the implementation of health interventions

under each of the eight Priority Areas.

### *Priority Area 1- Leadership and Governance for Health*

One of the outcomes under this Priority Area is 'Strengthened accountability, transparency and responsiveness of the state health systems'. LGAs were supposed to establish Health Watch Groups whose role would be to assess the implementation of health interventions in their respective domains and provide feedback and recommendations to LGAs and SMOH. Findings during the assessment revealed that none of the LGAs has established Health Watch Groups. The only community-level groups linking the community to health services in the health facilities and facilitating community-level health promotion activities are the Ward Development Committees (WDCs) which are composed of community members who volunteer for community development.

Apart from facilitating health promotion activities in their respective communities, the WDCs are instrumental in creating demand for services in the PHCs. In a few instances, the WDCs contributed materially to effect minor repairs needed in their respective health facilities. Although their general feedback on the services provided is positive, there were complaints that the contents of the delivery kits distributed through the SURE-P and MSS were insufficient and inappropriate for women. They also reported that the infrastructural works undertaken in PHCs under the SURE-P are incomplete.

### *Priority Area 2- Health Service Delivery*

This priority area has two outcomes, namely: (i) Universal availability and access to an essential package of primary health care services focusing, in particular, on vulnerable socio-economic groups and geographic areas; and (ii) Improved quality of primary health care services.

Based on the available 2012 Delta Statistical Digest which is compiled using routinely reported service data, two core indicators have been used to assess this priority area, namely:

- The number and distribution of health facilities per 10,000 population

- The number and distribution of hospital beds per 10,000 population.

Annex 4.4 summarizes the findings using these indicators for the State and by LGA. The state density of hospital beds was 6 per 10,000 population in 2012. The Table depicts wide variations between LGAs ranging from two hospital beds per 10,000 population (Oshimili South, Udu and Ughelli South LGAs) to 14 hospital beds per 10,000 (Ethiophe East LGA). Eleven LGAs have a density lower than the state density.

On health facility density, the Table depicts 1.96 health facilities per 10,000 population. Again this ranges from 0.72/10,000 population (Warri North LGA) to 3.67/10,000 population (Uvwie LGA). Thirteen LGAs have a health facility density lower than that of the state. The minimum acceptable level is at least five emergency obstetric care facilities (including at least one comprehensive facility) for every 500,000 population (WHO).

As indicated in Annex 4.2, the State PHC density is 244/10,000 population, ranging from 1 per 10,000 population in Okpe and Patani LGAs to 35 per 10,000 population in Uvwie LGAs.

Similarly, the density of State hospitals is 1.46 hospitals per 10,000, ranging from 0.6 per 10,000 to 2.97 per 10,000 population.

The distribution of the health facilities, therefore, is far above the minimum acceptable levels. The assessment team was informed, however, that some PHCs were not functioning according to expectation. One of the Urban Health Centres visited did not have a delivery room, although it was providing ANC services. Most need structural repairs, continuous running water and electricity. Beyond the structural requirements, the facilities need to be staffed adequately, equipped and regularly supplied with drugs and other consumables for optimal functioning.

#### *Priority Area 3-Human Resource for Health*

The goal of human resources for health is to implement strategies that would provide human resources for health needs in order to ensure availability, equity and quality of health care. To further this objective, the SMOH has established a Human Resource

Desk even though the State does not have a Human Resource Development Plan yet. The release of the guidelines from the FMOH will facilitate the development of the State HRH Plan.

Although no formal workload analysis has ever been conducted in Delta State, most Heads of Department in the health facilities visited in the course of the field work complained about the shortage of all categories of health workers. Table 4.8 depicts the health worker-patient ratio for 2009 to 2012.

A comparison of the ratios with those at the federal level for 2012 indicates lower levels for Delta State for all the three categories of health workers.

The assessment team found that the staff working at PHCs were demotivated by irregular and delayed payment of salaries. In one PHC visited, the assessment team was informed that the staff had not received their January salary. Other challenges faced by staff include security concerns in some PHCs, and inadequate work tools. Supportive supervision and training can help improve motivation. Agencies at the State level (LG Service Commission and SPHCDA) conduct regular (at least monthly) supervisions to LGA Health Departments, but the LGA Health Department Officers supervise their LGAs irregularly.

#### *Priority Area 4-Financing for Health*

The goal of financing for health is to ensure that adequate and sustainable funds are available and allocated for accessible, affordable, efficient and equitable health care provision and consumption at local, state and federal levels. One of the two outcomes is that the Nigerian people, particularly the most vulnerable socio-economic population groups, are protected from financial catastrophe and impoverishment as a result of using health services.

The assessment revealed that contribution to the health insurance scheme is unpopular and facing resistance from civil servants in Delta State. Consequently, there is no pre-payment arrangement being implemented. The Professional Associations, however, are willing to work with the SMOH to mount a campaign to educate the general public about the merits of the fund pooling arrangement

**Table 4.8: Health Worker Density by Category per 100,000 Population, 2009-2012**

Category	2009	2011	2012
Doctors/100,000 pop.	11(1:9,063)	20 (1:4,852)	17 (1:5,905)
Nurses/100,000 pop.	48 (1:2,063)	46 (1:2,181)	71 (1:1,400)
Pharmacists/100,000 pop.	4.9 (1:20,492)	4.9 (1:16,928)	5 (1:18,442)

that allows sharing of financial risks due to health expenditure.

The arrangement in place for those who require services not provided free in SHCs is to access the RHS. Cases of medical emergency are handled differently where services are guaranteed for the first 24 to 48 hours, pending the arrival of relations. Proven cases of inability to pay by relatives are referred to the Social Welfare section of the respective hospital.

#### *Priority Area 5- National Health Information System*

The National Health Information System has two outcomes, one of which is that the national health management information system and sub-systems provide public and private sector data to inform health plan development and implementation at federal, state and LGA levels. The team was informed that Delta State staff had attended a course on NHIS 2 in May 2014. Currently, the paper-based system is operational. Statistical digests are produced and shared with relevant officers for follow-up action, monitoring and planning of service improvement.

#### *Priority Area 6- Community Participation and Ownership*

This Priority Area has one outcome only, namely, to strengthen community participation in health development. The assessment team found that members of the Ward Development Committees were selected and trained in connection with the implementation of the MSS and SURE-P. They serve as

the link between the communities and the PHCs. A total of 100 Village Health Workers have been selected, trained and deployed to the communities under the Village Health Worker Scheme which started in 2011. Delta State has seven out of 148 LGAs currently benefiting from the Scheme in the country.

The several community-based organizations (CBOs) undertaking health-related interventions in the various communities will need to be adequately recognized as key partners in health. It would also be important that a clear framework for community participation be put in place and the roles of the CBOs defined.

#### *Priority Area 7- Partnership for Health*

Private health providers in the State are obligated by law to register their facilities with the SMoH. There is an informal arrangement that requires private hospital providers to submit their service delivery reports to the SMoH as a condition for the renewal of their registration. There is no formal arrangement in place to enhance public-private collaboration in health service delivery. It was reported that the Programme on Immunization was preparing a memorandum with private healthcare providers to enhance their participation in Routine Childhood Immunization.

The development partners' coordination role is with the Overseas Development Agency in the Ministry of Finance. The individual departments and programmes within the SMoH convene meetings, which the Development Partners working in their areas of focus attend.



## Priority Area 8 - Health Research

The assessment was not able to determine if any research-related activities were funded except those already reported under the HMIS.

### Enabling Environment and Opportunities

A number of factors were responsible for the achievements made in the health sector. Among them are the following:

- Demonstrable high-level political commitment to health development
- Strong, committed and experienced health workforce made up of professional and non-professional categories
- Provision of free health services by the State Government to pregnant women, Under-5 children and rural dwellers
- Existence of a network of health facilities both public and private
- Presence of agencies to facilitate effective execution of health activities
- Capacity building for LGA and State health workers
- Development Partners' support for the health sector
- Existing projects for rehabilitation of health facilities.
- Strong economic base for the State.

On the other hand, opportunities exist that could be harnessed for future improved performance of the health sector. These include:

- Staff enthusiasm and feeling of ownership of health programmes;
- Strong clinical capabilities
- Large pool of trainable and trained manpower
- Community leaders' willingness to lend support
- Existing economic possibilities in the state;
- Willingness of communities to embrace health services
- Willingness of donor partners to support health programmes
- A huge private sector presence
- Improved peace and security especially in the riverine areas

## Sectoral Performance in Relation to the MDGs and State Targets

Achievement of the health MDGs can better be tracked using agreed indicators for each goal. This is done in what follows.

### Goal 4: Reduce child mortality by two-thirds of the 1990 level by 2015.

- Indicator 4.1 - Infant mortality rate: The Delta State values are: 48/1,000 live births (2003), 68/1,000 live births (2006), 32.3/1,000 live births (2011) and 37 per 1,000 live births (2012). The national baseline value (1990) is 91/1,000 live births while the target for this indicator is 30.3 per cent by 2015.
- Indicator 4.2 - Under-5 mortality rate: The rates are: 102 per 1,000 live births (2003), 54.4 per 1,000 live births (2006), 108 per 1,000 live births (2011) and 52 per 1,000 live births (2012). The national baseline value (1990) is 191/1,000 live births while target for is 63.7 per cent by 2015.
- Indicator 4.3 - Percentage of one-year-olds fully immunized against measles: The rates are 38.5 per cent (1999), 61.3 per cent (2008), 57.6 per cent (2012) and 60.4 per cent (2013). The national baseline value (1990) is 46 per cent while target is 100 per cent by 2015.
- It is noted that indicator 4.1 shows a downward trend, suggesting that Delta State could achieve the global target by 2015, while indicators 4.2 and 4.3 show no change.

### Goal 5: Improve maternal health

**Target 5A – reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.**

The performance of Delta State under Target 5A is shown in Table 4.10.

- Indicator 5.1. There appears to be discrepancies on the maternal mortality rates available from UNFPA, State Ministry of Economic Planning and SMoH. Nevertheless, the rates in Table 4.10 and Annex 4.2 produced by the SMoH show consistent decline, excepting in 2012. The rates are 456 per 100,000 births (2005) and 188 per 100,000 live

**Table 4.9: Goal 4 Performance by Indicators**

Indicator	1990	2003	2006		2011		2012		2015 Target		
	Baseline	Value	Source	Value	Source	Value	Source	Value	Source	Value	Source
4.1 Infant mortality rate (per 1,000 live births)	91	48	Delta HHS	32.3	Delta HHS	32	Delta HHS	37	NBS_TS	30.3	
4.2 Under-5 mortality rate (per live 1,000 births)	191	102	Delta HHS	54.4	Delta HHS	108	Delta HHS	52	NBS_TS		
4.3 Percentage of one-year-olds fully immunized against measles		46	38.5	MICS	61.3	NDHS	60.4	NDHS	100%		

HHS – Household and Housing Survey; NDHS – National Demographic and Health Survey, LB – Live births  
 NBS TS – National Bureau of Statistics MDG Performance Tracking Survey

births (2013). Given that the national baseline value (1990) is 1000/100,000 live births while the target is 250/100,000 live births by 2015, the target has already been surpassed.

- Indicator 5.2. Proportion of births attended by skilled birth attendants: The rates are 49.1 per cent (1999), 62 per cent (2008), 73 per cent (2012), 60 per cent (2013). The national baseline value (1990) is 45 per cent while the target is 100 per cent by 2015.

**Target 5B – Achieve by 2015 universal access to reproductive health**

Performance on Target 5B is shown as follows:

- Indicator 5.3 – Contraceptive prevalence rate (per cent). The rates are: 26.6 per cent (NDHS 2008), 16 per cent (NBS MDG Performance Tracking Report 2012) and 28.7 per cent (NDHS 2013 Preliminary Results).
- Indicator 5.4 – Adolescent birth rate (per cent). There is no data on this.
- Indicator 5.5 – Antenatal care coverage (4 or more visits). The rates are 74.6 per

cent (MDG Performance Tracking Survey 2012), 72.5 per cent (HDHS 2013 Preliminary Result).

- Indicator 5.6 – Unmet need for FP (per cent). Only one population survey provided information on this indicator for Delta State and it revealed a rate of 23.2 per cent that is slightly higher than the national value of 21.5 per cent (MDG Performance Tracking Survey 2012).

**Goal 6: Combat HIV & AIDS, Malaria and other Diseases.**

**Target 6A – Have halted by 2015 and begun to reverse the spread of HIV & AIDS**

Table 4.11 shows the performance on Target 6A indicators.

- Indicator 6.1a – HIV prevalence among pregnant women aged 15-24 years (per cent).** The available data from the Free Rural Health Scheme (RHS) shows that the HIV prevalence among women (all women, not only those that are pregnant) aged 15-24 years is 2.8 per cent out of 1,006 tested (2009), 2.3 per cent out of 777 tested (2010), 2.8 per cent out of 1,385 tested (2011) and 2.3 per

**Table 4.10: Performance by Target 5A Indicators**

Indicator	1990	2005		2008		2011		2012		2013		2015
	Baseline	Value	Source	Value	Source	Value	Source	Value	Source	Value	Source	Target
5.1 Maternal mortality rate (per 100,000 live births)	1,000	456	UNFPA	395	SMoH (HCDA)	221	SMoH	243	SMoH	188	SMoH	250
5.2 Proportion of births attended by skilled birth attendant	45			61.5	NDHS			73.2	NBS TS	59.9	NDHS	100

Notes:

SMoH – State Ministry of Health; HCDA (Human Capital Development Agenda, Vol. 2)

UNFPA – United Nations Family Planning Agency

NDHS – National Demographic and Health Survey

NBS TS – National Bureau of Statistics MDG Performance Tracking Survey

LB – Live births

cent out of 1,140 tested (2012). The 2010 HIV sentinel surveillance records a prevalence of 2.5 per cent for Delta State compared to a national value of 4.1 per cent for this age-group. The data suggests that the HIV incidence has stabilized.

- **Indicator 6.1b – Proportion of the population with advanced HIV infection with access to ART.** Currently the coverage is 25 per cent.
- **Indicator 6.2: Proportion of the population aged 15-24 years with comprehensive knowledge of HIV & AIDS (per cent).** The NBS conducted the MDG Performance Tracking Survey in 2012. The assessment of this indicator among young women aged 15-24 years, revealed that 28.4 per cent had comprehensive knowledge of HIV & AIDS. The value was 33 per cent for the nation.
- **Indicator 6.3 – Young people aged 15-24 reporting use of condom during sexual intercourse with a non-regular sexual partner.** The value for both Delta State and the nation was the same: 24 per cent (NDHS 2008).
- **Indicator 6.4 – Number of children orphaned by HIV.** No data on this indicator was available for Delta State.

**Target 6B – Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases**

Information is available for only 2012 on the proportion of Under-5 children sleeping under ITN (per cent). For Delta State, the proportion was 39.1 per cent compared to 18 per cent national (NBS MDG Performance Tracking Survey, 2012). The value for the State was reported as 34 per cent in 2013 (*Nigeria Red Cross Bulletin*, July 2013).

Overall, it would appear that the targets for indicators 4.1 – Infant mortality rate – will be achieved by 2015, while the target for indicator 4.2 – Under-5 mortality rate – may already have been achieved just like the indicator for target 5.1 (target for maternal mortality rate).

Targets for indicators 5.2 – Proportion of births attended by skilled birth attendants; 5.3 – contraceptive prevalence rate, 5.5 – antenatal care coverage (4 or more visits), 6.1 – prevalence of HIV among pregnant women aged 15-24 years – are levelling down over time. More concerted and targeted efforts will be required to begin to register positive trends.

**Targets 4.3 – Percentage of one-year-olds fully immunized against measles and other targets.** These do not have adequate data for trend analysis and the drawing of conclusions.

**Table: 4 .11:Performance by Target 6A Indicators**

INDICATOR	2009		2010		2011		2012		REMARKS
	Value	Source	Value	Source	Value	Source	Value	Source	
6.1a HIV prevalence among pregnant women aged 15-24 years (%)	2.8	RHS/SMoH	2.3	RHS/SMoH	2.8	RHS/SMoH	2.3	RHS/SMoH	
6.2 Proportion of the population aged 15 -24 years with comprehensive knowledge of HIV & AIDS (%)							28.4	NBSTS	
6.3 Proportion of young people aged 15 -24 reporting use of condom during sexual intercourse with a non-regular sexual partner	24	NDHS 2008							
6.4 Children orphaned by HIV (millions)									

*Notes:*

*HHS – Household Survey*

*NDHS – National Demographic and Health Survey*

*NBSTS – National Bureau of Statistics MDG Performance Tracking Survey*

*RHS/MOH – Rural Healthcare Scheme of the State Ministry of Health*

## Efficiency and Effectiveness of the Measures Implemented

A formal assessment of the efficiency of the interventions made over the period was not done. However, areas where efficiency could be improved on have been explored. These include: (i) Utilization of PHCs; (ii) Formalizing the Public Private Partnership in health service delivery; and (iii) Strengthening the cluster approach for a more effective two-way referral system, supportive supervision and mentoring. These are further discussed in the following subsections.

### Utilization of PHCs

The essence of a primary healthcare centre is to bring health services to the doorstep of the rural people. However, many factors, among which are personnel (number and distribution), infrastructural functionality, staff attitudes and motivation, availability of medicines and other supplies, have led to significant underutilization of PHC services, especially the maternal and child health

services (2013, Abdulraheem et al., 2012). The result is the oversubscription of the Secondary Healthcare Centre services and overstretching of the available health workforce. Based on the general agreement that the same health services delivered at PHCs are cheaper than those at higher levels (SHCs and THCs), a focus on delivering the maternal healthcare services at the PHCs could therefore be more efficient. There is a need for further discussion among the three levels of government (federal, state and LGA) on the merit and modalities to be used to devolve effective, high-impact health service delivery from the secondary and tertiary facilities to the PHCs.

### Formalizing Public Private Partnerships

The private sector (voluntary organizations, faith-based organizations and profit-making organizations) are significant health service providers in Delta State. About 182 out of the 244 (75 per cent) SHCs in the State are privately-owned, while 281 out of 725 (39 per cent) of the PHCs are privately-owned. It is

important for government to promote the optimal participation of non-governmental healthcare providers in the planning, organization, operation and management of health programmes and services, particularly primary health care. Collaboration in healthcare provision needs to be promoted. At present, apart from the Programme on Immunization, there is no existing arrangement to collaborate with the private sector in service delivery. The State Programme on Immunization is currently collaborating with private health service providers to immunize children free of charge in exchange for being provided with vaccines and requisite supplies. The Programme is in the process of formalizing this collaboration through signing of a Memorandum of Understanding. This should specify the overall objective, clear terms and conditions, obligation of each party, and set clear targets to be achieved within a stipulated time-frame. Improved collaboration will result in increased understanding, engagement, and regulation of the private sector health services by the SMOH.

### **The Cluster Approach to Health Service Delivery**

This approach, which is also known as the 'Hub and Spoke' model of service delivery, has been applied in six MSS clusters in six LGAs of Delta State, namely, Bomadi, Sapele, Warri South, Ika South, Ndokwa West and Ughelli North. In each cluster, there are four PHCs and one secondary health facility. The PHCs have the capacity to deliver basic obstetric care and refer complicated cases to the general hospital within the cluster. Because the PHCs within the cluster are playing the role of filtering patients, the workload in the general hospitals in the six clusters is expected to reduce, thereby allowing time for the experienced health workers to visit the PHCs for supportive supervision and professional mentoring. Expansion of the cluster model to all the 25 LGAs will reduce the patient flow to the secondary health facilities, thereby allowing them to conduct professional mentoring and supervision of the PHCs.

### **Monitoring and Evaluation of Policies and Programmes in the Health Sector**

The Office of the Special Adviser to the Governor on Project Monitoring provides a Focal Person for monitoring the health

programmes. The office is mandated to monitor the SSHDP implementation using the elaborated M & E result framework. The Health Management Information System has M & E and DSN units at the SMOH, LGAs and health facilities to track and monitor progress. Periodic joint assessment of achievements and progress towards MDGs are carried out with the Local Government Councils. The Expanded Health Data Consultative Committees (HDCC) is used to ensure cooperation of all stakeholders in reporting on their implementation progress. More regular State Council on Health meetings (twice yearly) are used to provide broad-based consultation, coordination and collaboration on a continuous basis.

The Monitoring and Evaluation framework of the SSHDP 2010-2015 incorporates indicators for all eight priority areas already noted earlier. There was no formal assessment done on progress made in implementation of the SSHDP using the M&E framework.

The State undertook a desk review of its performance as part of the 2013 Mid-Term Review of the NSHDP 2010-2015. The Number 1 tool that was applied contained overlapping indicators with those of the SSHDP. That information has been extracted to enable assessment made in the implementation of the SSHDP.

Significantly, there is lack of data for the majority of the indicators contained in the Monitoring and Evaluation Matrix. There are few data sets for the outcome and impact indicators. The national population based surveys, such as MICS, NARHS, do not provide state-level rates for most indicators. The DHS 2008 and 2013 and the MDG Tracking Survey 2013 contain rates for some outcome indicators, which were extracted to show the progress made in achieving the health MDGs. For the Delta-specific impact indicators, namely: (i) Infant Mortality Rate, (ii) Under-5 Mortality Rate, and (iii) Maternal Mortality Rate, however, the source has been the Delta State Household and Housing Survey Reports for 2003, 2006 and 2011. These surveys were planned to be conducted every three years, but this was not the case.

Facility-based service data provides information for indicators such as (i) Maternal Case Fatality Rate, (ii) Under-5 Case Fatality Rate, etc, which are very useful in monitoring service delivery quality. Their monitoring is

intended to generate information that is used to improve the quality of service delivery. The assessment team was informed that the State's health managers were reviewing these indicators and taking appropriate actions that are facility-targeted.

The Civil Registration System could serve as the authentic source of data for computing birth and death rates. However, it was reported that the completeness of Civil Registration in Delta State was less than 30 per cent.

The Nigerian Governor's Forum (NGF) conceived the State Peer Review Mechanism in 2009. Indicators to be applied during the conduct of the State Peer Reviews are being developed. The finalization of these indicators and the institution of the Peer Review Mechanism could serve a very useful purpose in ensuring that health programmes are executed as planned. This will facilitate the timely achievement of the State Health and Millennium Development Goals.

## Gaps in Performance

Against the backdrop of the foregoing discussions, this section identifies gaps in performance and outlines the emerging issues/priorities.

The main gaps in performance relate to the following categories: (i) Implementing the SSHDP; (ii) Tracking progress; (iii) Financing the health sector; (iv) Gaining access to safe, efficacious medicines of high quality; (v) Gaining access to health services; and (vi) Sustaining critical health programmes. These are elaborated upon below:

### • *Implementation of the SSHDP*

The SMOH, using nationally developed guidelines, undertook a highly participatory exercise to develop the SSHDP, 2010-2015. It was expected that Annual Operational Plans (AOPs) would be developed, budgeted for and implemented. However, this was not done except for the first year (2010). Consequently, the budget allocation to the health sector was not systematically linked to the SSHDP and its priority areas. The SSHDP, therefore, remains very sparsely implemented, only 18 months to its end.

### • *Tracking Implementation Progress*

The Office of the Special Adviser to the Governor on Project monitoring provides a Focal Person for monitoring the health programmes. The Office is mandated to monitor the SSHDP implementation using the elaborated M & E result framework. The Health Management Information System has M & E and DSN units at the SMOH, LGAs and health facilities to track and monitor progress. Periodic joint assessments of achievements and progress towards MDGs are carried out with the Local Government Councils. However, it was not clear whether the Expanded Health Data Consultative Committees (HDCC) were operational, while it was reported that the State Health Council had not met for some years now.

There is a dearth of data to monitor and evaluate health programmes' outcomes and impact, except for the Household and Housing (HHS) Surveys conducted irregularly by the Department of Research and Statistics of MOEP. The assessment team was informed that the HHS surveys were supposed to be conducted every three years. However, reports are only available for 2003, 2006 and 2011. Without regularly conducting such surveys it is difficult to determine whether or not progress is being made on achieving the MDGs relating to Infant, Under-5 and Maternal Mortality Rates.

### • *Financing the Health Sector*

It was revealed during the assessment that the SMOH, MDG-CGS and DESOPADEC fund and implement health programmes separately. Most of the capital projects implemented are similar, such as construction and refurbishing of health facilities and procuring and distribution of health equipment. Improved coordination of their activities would not only enhance efficiency through avoiding duplication, but also provide a good idea of how much funds the government is spending on health. This information was not easy to secure during the assessment period. Besides, the need to adequately fund the health sector needs some attention.

### • *Gaining Access to Safe, Efficacious Medicines of High Quality*

The State Drug Revolving Fund (DRF) ensures the distribution of affordable, efficacious and high quality medicines and health supplies. However, most of the PHCs

are not patronizing the DRF for reasons that are not very clear. This situation provides little or no assurance of the safety and quality of the medicines that are purchased from elsewhere.

- *Gaining Access to Health Services*

There are 281 PHCs and 182 SHCs belonging to the private sector. The Programme on Immunization has provided vaccines and related supplies to selected private health providers to undertake immunization of children free of charge. The Programme is planning to formalize this collaboration by signing a memorandum with these private health providers. The other SMOH Programmes have not adequately engaged the private health service providers to expand service delivery. Such collaboration would greatly increase access to health services.

- *Sustainability of critical programmes*

The HIV & AIDS, TB and Malaria Programmes are enjoying substantial donor support to implement activities including provision of medicines, supplies, and reagents. There is very little funding from donors for operations. The programmes are accessing funding for operations from a common budget line which is mostly underfunded. The programmes do not have budget lines in the SMOH budget.

- *Inadequate Diagnostic Equipment*

There are only two GeneXpert facilities in Delta State, which are grossly inadequate. Also, there is no earmarked ward for the treatment of MDR-TB cases in Delta State.

Related to the above are some critical issues that have emanated from the assessment which also need to be stressed. They are: delivering comprehensive and integrated healthcare package at PHCs; striving for universal health coverage; strengthening the health system in the context of the primary healthcare; and promoting inter-sectoral collaboration and coordination of the health actors in the State. These issues are elaborated upon in Chapter 7.

## **Some Conclusions and Policy Recommendations**

- Delta State has performed well by investing in health infrastructural rehabilitation and establishment as well

as in health service delivery through innovative health programmes targeting the rural poor. Evidence points to the reduction of infant mortality although the under-5 mortality remains static. Thus, it would appear that the targets for MDG indicators – infant mortality rate – will be achieved by 2015, while the target for under-5 mortality rate may already have been achieved. Also, the data from the State Ministry of Health points to reductions in the maternal mortality rates and the achievement of related targets by 2015. However, more concerted and targeted effort will be required to start registering positive trends in the other indicators, namely, proportion of births attended by skilled birth attendants, contraceptive prevalence rate, antenatal care coverage (4 or more visits), and prevalence of HIV among pregnant women aged 15-24 years.

- The assessment revealed a number of lessons which can be built upon in the future to improve health development in the State, among which are: (i) The cluster model which can strengthen the referral system; (ii) Health facility survey, which is critical for determining facility readiness for service expansion; (iii) Public Private collaboration, which can expand service access; (iv) Use of mobile phone technology to improve civil registration; and (v) Provision of free health services to improve service utilization.

In light of these performance gaps, findings and observations, and challenges to achieving the health outcomes as desired, a number of recommendations are imperative. Five of them are highlighted here while detailed recommendations are provided in Chapter 8. they are largely the need to:

- Discuss between the State Ministry of Health (SMoH) and the Local Government Authorities on the modalities to be used to provide free reproductive, maternal and child health services to all PHCs;
- Expand the MSS to all the LGAs in the State to ensure that an increased number of PHCs deliver Basic Emergency Obstetric Care (EmOC) services and can refer complicated cases to a nearby facility for comprehensive EmOC services.

- Develop, cost and implement a Human Resource for Health (HRH) Plan, which will address all the current HRH issues identified;
- Establish a mechanism that provides financial protection to all its citizenry, especially the poor, by replacing all out-of-pocket payments for health services to a pre-payment mechanism, in a bid towards universal health coverage;
- Need for the State to endeavour to achieve budgetary allocation to the health sector amounting to at least the 15 per cent target set by African leaders in Abuja in 2000.

To make progress in implementing the recommendations, it is proposed that the SMoH with the technical support of the UN should organize a workshop lasting a few days. The participants of the workshop should include: (i) representatives from the key State Ministries and Departments; (ii) LGA Chairmen; (iv) Civil Society Organizations (NGOs, CBOs, Professional Associations); (v)

Organized Private Sector; (vi) Federal Ministry of Health; (vii) NPHCDA; and (viii) Development Partners. The workshop should discuss the findings and policy recommendations contained in this report and develop a road map for implementation.





## Water, Sanitation and Hygiene Sector

The objective of this chapter is to undertake a comprehensive assessment of the water, sanitation and hygiene (WASH) sector with a view to assisting the state government to gauge the progress and milestones covered so far, and determine any outstanding challenges to be addressed in the sector using, among other things, the MDG targets (MDG 7.C in particular) and other state indicators. MDG Target 7.C aims to halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. This means 77 per cent access to improved water sources and 63 per cent to improved sanitation facilities. These sources and facilities are as follows:

Improved Water Sources	Improved Sanitation Facilities
Piped water into dwelling/yard/plot	Flush to pipe sewer
Public pipe/standpipe	Flush to septic tank
Tube well/borehole	Flush to pit latrine
Protected well	Ventilated Improved Pit (VIP) latrine
Protected spring	Pit latrine with slab
Rainwater collection	Composting toilet
Bottled water*	

Specifically, the assessment reviews how the sector programmes and policies have contributed towards progress made in increasing the proportion of the population using improved drinking water sources and the proportion of the population using improved sanitation facilities in Delta State. The assessment also identifies bottlenecks or constraints and determines priority areas of focus for future development in the sector. The rest of the chapter is structured to address critical issues in the WASH sector, including governance, policies, programmes/initiatives, sectoral performance and progress on the achievement of the MDG related to WASH.

### Governance and Regulatory Frameworks for Policies and Programmes

Many policies and programmes have been formulated and implemented for the development of the WASH sector against the backdrop of various institutional arrangements and frameworks, including the regulatory framework and the political framework of federalism.

### The Federal Framework

Nigerian states operate with a high degree of legal and *de facto* autonomy in the areas of delivery, internal organization, and revenue generation, which coexist with a stronger federal mandate in the areas of federal control over sub-national borrowing.

The Nigerian federal structure makes the provision of most basic services the responsibility of states and local governments, with a considerable degree of autonomy. In this regard, water supply is a state responsibility. In light of this, state governments have created State Water Boards (SWBs) or Authorities to manage and operate systems for water service delivery in all urban areas. The role of the federal government is limited to policy formulation at national level, research and development, and coordination of water supply (see Box 5.1). In addition, the federal government provides raw water from its dams through the River Basin Development Authorities for power, irrigation and regional water supply development. The nature of fiscal federalism and revenue allocation guarantees the states their share of financial resources such that the federal government has limited scope to use

### Box 5.1: Federalism and Water Service Delivery: Role and Responsibilities

<p>The Federal Government, through the Federal Ministry of Water Resources, is responsible for:</p>	<p>The State Government, through relevant agencies like Water Supply Agencies, RUWASSA, Water Boards, is responsible for:</p>	<p>The Local Government Councils are responsible for:</p>
<ul style="list-style-type: none"> <li>• Policy formulation, data collation, resources and demand surveys, and monitoring and evaluation</li> <li>• Coordination of water supply development and management</li> <li>• Research and development</li> <li>• National funding and technical support</li> <li>• The creation of an enabling environment for meaningful private sector participation</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment, operation, quality control and maintenance of urban and semi-urban water supply systems.</li> <li>• Licensing and monitoring of private water supply</li> <li>• Monitoring of the quality of water supply to the public</li> <li>• Provision of technical assistance to local governments</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment, operation and maintenance of rural water supply schemes in conjunction with the beneficiary communities.</li> <li>• Establishment, equipment and funding of the Water and Environmental Sanitation (WES) departments</li> </ul>

financial or legal leverage to get states to comply with federal guidelines or directives on subjects that are within the purview of the state. The common approach is dialogue and 'gentleman's agreement' on such matters rather than sanctions.

#### **Institutional Arrangements**

The Ministry of Water Resources Development (MWRD), which was created from the Ministry of Agriculture and Natural Resources, vide a circular of 27 March 2001, is at the apex of the institutional arrangements for the development of the WASH sector. It is responsible for design and delivery of water and sanitation services in Delta State as well as oversight of other agencies in the water sector. The Ministry's vision is to make Delta evolve into a state with the provision of adequate, sustainable and safe water supply for domestic, industrial and agricultural use. Its mission statement is to control, protect and manage the huge reservoirs of surface and underground waters existing in Delta State so as to provide adequate and regular potable water at affordable cost and on a sustainable basis to all of its inhabitants. The policy objectives of the Ministry are three-fold:

- Regionalization of treated water supply delivery across the state through identified zones;
- Collaboration, with non-governmental organizations, including oil companies to provide potable water; and
- Collaboration with international donor

agencies like the European Union (EU) and the United Nations Children's Fund (UNICEF) to develop water and sanitation facilities.

The WASH sector has witnessed structural and institutional reforms. The MWRD initially had four operational departments and two agencies. The Departments were Rural Water Supply, Urban Water Supply, Hydrogeology and Hydrology, and Technical Services; while the agencies were Urban Water Board and Rural Water Supply and Sanitation Agency. However, the structure was considered unsuitable; hence the Ministry was restructured into eight departments (five operational and three administrative), namely: (i) Irrigation, Flood Control and Drainage; (ii). Hydrogeology and Hydrology; (iii) Water Quality Control and Sanitation; (iv) Dams and Reservoir Operation; (v) Water Supply; (vi) Administration and Supply; (vii) Finance and Accounts; and (viii) Planning, Research & Statistics. The Department of Dams and Reservoir operation was added to the operational departments to keep MWRD in harmony with the structure in the Federal Ministry of Water Resources and allow the State Government to key into the National Water Programmes. In addition, a new agency, Small Town Water Agency (STOWASSA) was created to make the number of agencies three, namely: Urban Water Board; Rural Water Supply and Sanitation Agency; and Small Town Water Agency.

Apart from the MWRD and its agencies, there

**Table 5.1: Elements of WASH Sector Enabling Environment**

• Political will		• Financing and Incentive Structures
		• Investment policies
• Policies	WASH Policy	• Institutional reform in public sector
Related Policies		• Role of the private sector
• Legislative Framework		• Cost recovery and charging policies
Water rights		• Investment appraisal
Legislation for water quality		
• Reform of existing legislation		

are other players in the WASH sector. These include stakeholder institutions from federal and other state MDAs as well as non-governmental institutions. The main actors of the water sector are currently making efforts to improve the water governance which will chart the path for orderly, effective and efficient development and management in the sector.

### **WASH Regulatory Framework and Legislation**

There is no regulatory framework document yet. However, there is a framework outline of 10 pages annexed to the draft policy document and titled 'Regulatory and Institutional Framework for ... WASH Sector.' It is an important framework for regulating the whole sector. As at now, Delta State has no WASH regulator. A broad-based and autonomous commission, including representatives from key stakeholder groups, is required to coordinate and regulate the WASH sector and enforce sector policies in conjunction with the Ministry of Water Resources Development. The summary of its role and the win-win benefits for all stakeholders are contained in Annex 6.2.

A law which will anchor the key institutions, allocate power and functions and remove the existing overlaps is not in place, particularly for the Urban Water Board, whose law could confer autonomy if it becomes a Water Corporation, and enable it enjoy more confidence of the private sector and development partners. The MWRD has set up a committee to review and update the Urban Water Board Law, and to produce draft laws for RUWASSA and STOWASSA as well as Regulatory framework for the WASH Sector.

### **Environment of WASH Programmes/Interventions**

The creation of an enabling environment for private sector participation in the WASH sector is imperative. An enabling environment should allow for shared management and development of the water resources of the State by establishing an institutional environment for the execution of infrastructural projects and other development initiatives. One of the three indispensable imperatives for WASH programmes to succeed and benefit the populace is the enabling environment; the other imperatives are the institutional framework and management instruments. Table 5.1 spells out the elements of an enabling environment that promotes inclusive participation of all stakeholders on a win-win basis.

The elements of the environment include political will to take necessary action and to see it through; WASH policy and other related policies, regulation, legislation and reform of existing legislation like that of the Urban Water Board to provide for greater autonomy. On the right hand of the Table are elements that relate to financing and incentive structures, particularly, investment policies; institutional reform in public sector; Role of the private sector; Cost recovery and charging policies; and investment appraisal.

There are also aspects relating to security and the harsh environment, particularly in the riverine areas, and vulnerability to climate change extremes such as elevated floods frequency and magnitude. It is important to address them.

## Policies, Strategies and Initiatives/programmes in the WASH Sector

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### *The WASH Sector Policy*

The MWRD has not yet finalized a WASH policy document. The draft policy available has been processed to an advanced stage of completion. The document states and addresses the policy impetus, the core principles adapted from the national policy and global community, policy thrust, goal, objectives, targets and guidelines, and the key components of the policy for water supply and sanitation. Being only a draft document, its provisions cannot be enforced until it is finalized and approved by the appropriate authorities. In addition, the draft policy would still require substantive revision and updating to make it more IWRM-compliant. Policy development is one of the objectives of MWRD's ongoing collaboration with the European Union. The lack of a coherent policy has tended to undermine the Ministry's ability for effective resource allocation and management.

### *Objectives, Policies and Strategies*

The specific objectives of the WASH sector are to:

- Provide safe and potable water, effective sanitation and hygiene;
- Increase access to safe potable water and effective sanitation and hygiene for all residents of Delta State using technologies with low maintenance costs;
- Reduce the incidence of water-borne diseases;
- Provide a strategic framework for the design, and sustainable implementation of integrated interventions in the WASH sector;
- Stimulate increased investment and funding in the sector;
- Develop innovative solutions to WASH challenges; and
- Promote market principles and encourage private sector participation in the sector.

The 36 states of Nigeria, including Delta State, are expected to be guided by the National

WASH Policy of January 2000 and to even domesticate it. Although the State does not have an approved WASH policy, it has, however, taken some policy decisions which have, in turn, led to some strategies for the development of the sector.

### *Strategies*

The MWRD and its agencies endeavour to select appropriate water sources and water supply types that are sustainable: boreholes account for most of the water sources in Delta State. Types of schemes are also adapted to the needs of the community, be it urban, semi-urban (small towns) or rural areas. In regional or large urban schemes, large and complex head works fed by a number of boreholes (e.g. Asaba by three boreholes, and Warri/Effurun with 2.8 million litre water tower capacity by 17 boreholes) are constructed to provide long-term and cost-effective services, whereas in small towns and rural areas, small to medium schemes are constructed.

The MWRD is also realistic in establishing the standards of supply appropriate for needs and constraints of communities. For example, hand pumps are often not considered to be sufficiently modern but with chronic power problems, Delta State MWRD has adopted an appropriate strategy by giving greater priority to hand pumps, particularly in RUWASSA's schemes, where construction of 154 such schemes was undertaken in rural communities across the State at the cost of N144,255,804.00.

The MWRD has since 2012 adopted a new policy/strategy which it described as qualitative in place of the previous quantitative approach to water supply service delivery. In this regard, emphasis was placed, first, on rehabilitation of already existing schemes and, recently, on routine maintenance as against the previous practice of award of contract for non-redeemable ailing schemes. This procedure has not only saved money but is reported to be yielding results in the area of sustainable water supply to the people. In this wise, the state government, through the Ministry, has rehabilitated and made functional over 400 water schemes of various capacities and handed them over to user committees for ownership participation during this period under review.

To its credit MWRD is applying an integrated approach involving urban and rural water supplies. Its ultimate focus is to provide Regional Schemes in the urban communities and metropolis, benefitting rural areas in the urban region, as is the standard practice globally.

### **Initiatives/Programmes in the WASH Sector**

The important initiatives and programme interventions in the WASH sector include those of DESOPADEC, European Union (EU), NDDC, MDG, NDSP-WS, Solar-Powered Electricity with Skypower Energy of Canada, the State Government, in collaboration with UNDP, on Territorial Approach to Climate Change (TACC), and UNICEF (for RUWASA). These are discussed briefly to highlight their contribution towards the realization of the sector's mandate and objectives.

#### *Technical Assistance for Implementation of the Water Component of the Niger Delta Support Programme (NDSP)*

The Ministry of Water Resources Development (MWRD), Delta State, has since 2013 collaborated with the European Union (EU) on this Programme under an MoU signed between the Federal and the State Governments. The Programme seeks to implement the water supply (WS) component of the NDSP-WS by addressing issues of poor access to safe water and basic sanitation facilities in Delta State and four other participating States of the Niger Delta: Rivers, Bayelsa, Edo and Akwa Ibom. It has three main objectives:

- To improve policy, institutional, legal and financial framework in the water and sanitation sector;
- To support urban and small towns; sector institutions are to deliver sustainable water supply services;
- To support rural water sector institutions to deliver sustainable water supply and sanitation services.

MWRD is assisted by an EU Technical Assistance Team (TAT) for the achievement of the first and second objectives of the NDSP-WS, while the third objective, dealing with water and sanitation in rural areas, is implemented by UNICEF.

The total amount available from EU for emergency works is €500,000. The total amount available from EU for other works is €11.5 million, assuming availability of counterpart funds amounting to a total of €5.15 million, i.e. about N1.0 billion.

A total amount of €1.3 million is available to support the administration of the project, and a total amount of €1 million is available for grants to CSOs active in the water & sanitation sector.

A Delta State Working Group (SWG) inaugurated in October 2013 has been working with TAT to carry out some preparations for the smooth implementation of the project in the State. Besides, a Working Group on Policy and Law (WGP) has been appointed to revise the state draft water policy. Some other preliminary activities were also carried out relating to determining the 10 small towns that will benefit from the NDSP-WS Project while a number of future activities have been planned, one of which is drafting Water and Sanitation Policy and Law.

#### *DESOPADEC Investments*

One of the areas of interventions of the Delta State Oil Producing Areas Development Commission (DESOPADEC) is the WASH sector. The areas of intervention in the Water Sector include:

- Construction of Solar Powered Water Supply Schemes;
- Rehabilitation of Dilapidated Water Supply Schemes; and
- Extension and Distribution of Water Supply

#### *MDG Conditional Grants Scheme*

Delta State started participating in the Conditional Grants Scheme of the MDGs in 2008. The Scheme's contribution to WASH service delivery in Delta State was a total of N8.934 billion from 2008-2013. This financed schemes such as the 106 fenced water schemes, 106 solar/motorized schemes and 95 toilet facilities in schools, markets, PHCs and other public places.

**Table 5.2: MWRD Public Funding & Infrastructural Development (2003-2014)**

Year	Budgetary Allocation (Naira)	Contract Award/value (Naira)	Total Financial Releases (Naira)	Performance (%)
2003	3,946,600,505			
2004	3,375,710,000			
2005	5,760,000,000		1,340,558,204	23
2006	5,344,000,000			
2007	3,899,800,000.00	209,514,498.00	1,820,570,678.38	47
2008 <sup>2</sup>	4,504,281,663.00	1,007,733,163.17	1,320,469,314.98	29
2009	5,483,988,658.00	1,657,227,470.66	1,201,938,310.25	22
2010	5,996,111,127.00	1,946,441,168.08	1,630,820,746.00	27
2011	5,555,053,432.00,	421,052,404.70	1,378,823,468.06	25
2012	4,486,274,846.00	3,899,502,128.98	252,744,704.69	6
2013	5,830,525,200.00	1,399,805,327.50	996,479,234.00	17
2014	3,199,839,950.00	316,187,351.35		

*Alternative Power Supply*

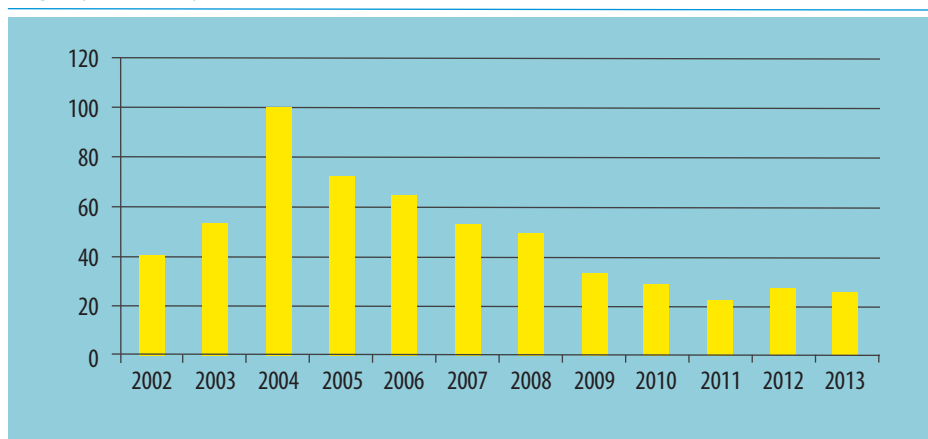
Most of the existing water schemes could not deliver water to users according to their design capacities because of the epileptic power supply. Solar-powered schemes have been established in rural areas where the capacity of the schemes and the depth of boreholes are low to moderate. In the absence of DISCO power supply, expensive diesel generator is used for limited durations per day. However, viable solar-powered electricity seems to be on the way with the MoU signed by the Delta State Government and a Canadian firm, Skypower Energy.

*Ministry of Environment's Climate Change Mainstreaming Programme*

In 2009, the Delta State Government, in collaboration with UNDP as Technical Partners, established the Territorial Approach to Climate Change (TACC). TACC seeks to reduce the vulnerability of Delta State communities to the impact of climate change through a low carbon and climate-resilient economic development. The Delta State Government also established an inter-ministerial and Inter-disciplinary Climate Change Team. TACC's achievements include:

- An evidence-based biophysical and socio-economic assessment of the nexus

**Fig. 5.1: Ministry of Environment's Actual Expenditure as a Percentage of the Approved Budgetary Allocation by the State (2002 – 2013 )**



**Table 5.3: Conditional Grants for Delta State WASH Sector, 2008-2013**

Tier of Govt Contributing	Budget (N billion)	Release (N billion)	Performance (%)
Federal	8.0	4.57	57.09
State	3.880	3.847	99.15
LGA	0.520	0.520	100
Grand Total	12.46	8.934	72.05

of climate change and environmental degradation.

- Formation of Delta Schools Climate Club (DESCC) in over 60 secondary schools across the three senatorial districts of the State. The objective of the club is to make the youths/students change agents in climate change issues in their schools and immediate environment.

## Public Investment and Resource Allocation in WASH

Public investments in the WASH sector derived from several public sources. First is the fund that comes from direct subvention, i.e. budgetary provision or appropriation from the State which depends mainly on the allocation accruing to it from the Federal Account Allocation Committee, and, to some extent, IGR (see Table 2.3). Table 5.2 shows

the approved capital expenditures for the Ministry of Water Resources and Development for 2003-2014. Some details could not be obtained for 2003-2006. The percentage of budget allocation actually released ranged from 17 to 29; two years were exceptional: 2007 was exceptionally high with 47 per cent and 2012 abnormally low with just 6 per cent. Fig. 5.1 depicts the situation for the Ministry of Environment in the period, 2002-2013.

Total capital appropriation for the Ministry from 2002-2013 amounted to N63,892,656.69 while the actual amount expended thereto amounted to N22,319,534,943.25. On the proportion of the State budget allocated to WASH, it is observed that the proportion from 2005-2012 ranged between 1.1 and 5 per cent, with an average of only 2.68 per cent. It would appear that direct WASH funding was limited. The State will, therefore, have to demonstrate its recognition of the import-

**Table 5.4: DESOPADEC's Capital Budget for Water Sector for 2007-2013**

Year	Budget Size (N)	Capital Estimate (N)	Water Sector Allocation (WASH) (N)	Total Budget (%)
2007	35,006,745,670	32,971,432,793	1,330,080,000	4.03
2008	33,010,740,000	26,143,990,000	1,253,424,190	4.79
2009	30,000,000,000	22,814,420,196	1,058,796,491	4.64
2010	35,000,000,000	22,823,392,518	864,371,853	3.79
2011	36,500,000,000	21,777,974,393	855,256,938	3.93
2012	36,563,300,000	22,933,820,000	889,935,447	3.88
2013	37,500,000,000	24,297,020,000	811,389,709	3.34
Total/Ave	243,580,785,670	173,762,049,900	7,063,254,628	4.06



**Table 5.5: Analysis of Executed Projects of MWRD, 2007-2014**

Type of Projects										
Year	New WASH schemes (No)				Existing WASH Schemes (No)					
	WSS BH & Overhead Tank	Solar-Powered (SP) WSS	Hand Pumps WSS	Ecosan Toilets	Conversion of motorized to Solar	Upgrading	Rehabilitation	Improvement/ Reactivation of WSS Urban Village/Rural	Routine Maintenance	
2007	1	1	-	-	-	1	2	2	1	-
2008	15	8	-	-	-	9	9	11	-	1
2009	28	18	-	-	2	2	6	3	-	-
2010	18	19	-	-	13	4	3	4	-	-
2011	1	8	-	-	1	3	2	-	-	-
2012	-	7	-	-	1	9	8	2	-	1
2013	-	1	154	19	-	4	-	-	-	1
2014	-	-	-	-	-	-	6	-	-	4
<b>Total</b>	<b>63</b>	<b>62</b>	<b>154</b>	<b>19</b>	<b>17</b>	<b>32</b>	<b>36</b>	<b>22</b>	<b>1</b>	<b>7</b>

ance of the sector by increasing its subvention.

Delta State benefits directly from the Conditional Grants Scheme of the MDGs. The State commenced participation in the Scheme in 2008 and obtained N8.934 billion from the Scheme from 2008- 2013. Again, the released fund was only 72 per cent, the federal government being the guilty party of the three tiers with only 57 per cent fulfilment of its pledge (Table 5.3).

Finally, a third major source of public investment in the WASH sector is DESOPADEC. The Commission's capital budget for the WASH sector from 2007-2013, totalled N7,063,254,628 which represents about 4 per cent of the total budget of DESOPADEC for the period (Table 5.4). As earlier observed, the funds were spent on the following areas of intervention: construction of solar-powered water supply schemes, rehabilitation of dilapidated water supply schemes and extension and distribution of water supply, etc.

### Sectoral Performance and Results of Policy/Programme Implementation

During the past seven years, enormous efforts have been made by the government to offset the accumulated deficits in the WASH sector inherited from the past administrations.

Peculiar environmental and technical problems deriving from high acidity (low pH and salinity of both surface and ground water) had attacked and decimated laid water pipe networks meant to deliver water to communities and households. It has taken painstaking investigation, monitoring and re-evaluation to identify the devourers. The financial investments discussed above coupled with the commitment of the leadership of MWRD, have contributed in varying degrees to elevating the delivery of WASH services in Delta State.

### Sectoral Performance

The capital projects executed by the MWRD from 2007-2013 (Annex 6.3) were analysed to obtain the number of new water schemes added to the sector, and the existing schemes that were converted, upgraded, rehabilitated, improved or reactivated as well as those that benefitted from routine maintenance (Table 5.5). In addition materials and equipment that were supplied/installed are also highlighted. It could be seen that at least 63 new boreholes, 62 solar-powered and 154 hand pumps were added to the sector. About 115 of the existing schemes were also restored into operational status. It is evident that the investment on sanitation and hygiene is virtually non-existent, except for a set of 19 ecosan toilets constructed in 2013. Fortunately the MDG programme has given some attention to sanitation while UNICEF, as noted

**Table 5.6: Summary of Rural Water Supply Schemes**

S/N	Senatorial District	Status of Scheme		
		Total no. of Schemes	Functioning	Not functioning
1.	Delta North	73	67	6
2.	Delta Central	146	118	28
3.	Delta South	96	56	40
	Total	315	241 (76%)	74

Source: RUWASA Office, May 2014

earlier, has spearheaded widespread sensitization campaigns on hygiene practice.

Information on the Urban Water Schemes shows that out of 236 urban schemes, 130 or 55 per cent are functioning while 32 or 13 per cent need just some supplies (of diesel or pipe network) to deliver water. In the case of rural water schemes, there are 315 of such schemes with 241 of them or 76 per cent being functional (Table 5.6). RUWASSA also inherited 20 water schemes from the MDG Directorate out of which 17 or 85 per cent are reported to be working.

The contributions of MDG Directorate's investment to Delta State water sector is shown in Table 5.7. They are water schemes and toilet facilities located mainly in public places and schools. As at November 2013, 85 per cent of the MDG Directorate's 20 water schemes were functional. The Directorate also handed over some water schemes to the Small Town Water Supply and Sanitation Agency (STOWASSA). There were 81 such schemes, out of which 33 (41 per cent) are

functioning while other schemes are undergoing rehabilitation.

Completed and ongoing water projects by DESOPADEC are shown in Table 5.8. Some 59 water supply schemes were added to the State's water service delivery between 2007 and 2013 and another set of 54 might be added when the ongoing projects are completed.

### Results of Policy/Programme Implementation

This subsection is closely related to subsection 5.4.1 in that the results of policy and programme implementation in the WASH sector are reflected in the tables and discussions in that section. Altogether some 691 water schemes exist across the State. Out of these, 480 or 70 per cent are functioning and delivering water to the Deltan communities. In comparison, in 2006, there were 130 urban schemes out of which 101 were functioning while there were 163 rural

**Table 5.7: MDG Directorate's Water Supply and Sanitation & Hygiene Schemes**

	Type of Scheme	Location	No	Date	Remarks
1.	Fenced water schemes	Primary schools, markets, other public places	106		Total for 2008-2012 See (3) and (5) below
2.	Toilet facilities	Primary schools, markets, other public places	78		Total for 2008-2013
3.	Construction of solar motorized water schemes	PHCs, schools and public places.	95 (53,38,4)	2008-2011	
4.	Construction of gender-friendly squat flush toilets	6 LGAs	17	2011-2012	
5.	Construction of solar motorized water schemes	4 LGAs	11	2011-2012	

**Table 5.8: Completed and Ongoing Water Projects by DESOPADEC**

YEAR	Completed			Ongoing		
	Total no of completed projects	Value of completed projects N million	Cumulative certificate N million	Total no of ongoing projects N million	Value of ongoing projects N million	Cumulative certificate N million
2007 - 2008	8	1,209.5	1,144.9	5	2,009.4	1,459.6
2009 - 2010	38	2,811.7	2,304.5	12	2,981.4	1,704.3
2011	9	163.6	134.8	8	271.7	129.1
2012 - 2013	4	82.2	52.5	29	903.3	568.1
Total	59	4,627	3,636.7	54	6,165.8	3,861.1

Source: Extracted from DESOPADEC's Report Table

schemes with 102 functioning, thus giving the total number of schemes as 293 with 203 (70 per cent) functioning (Delta General Economic Atlas, 2010). If the number of schemes alone were sufficient to judge, one might conclude that water services may have doubled since 2006.

### Factors Enabling Performance

- One major factor that has contributed to the improved performance of the WASH sector is the contribution of other sources of programmes or investments which, though representing a relatively small proportion of total investment in the sector, have all contributed to WASH service delivery. These other sources supplemented MWRD's efforts by adding new schemes and some even undertook rehabilitation and extension of ailing or limited schemes.
- The Ministry's new strategy of reactivating and maintaining non-functioning schemes on a regular basis also contributed much to the progress made. An underlying factor in all these is the outstanding commitment of the sector leadership which has a strong desire to reduce the suffering of the masses.
- There is a systematic planning of the regional water scheme in phases starting with a region of three metropolitan LGAs which house more than 30 per cent of the State's urban population. The success of

the first phase, which is nearing completion, has provided the impetus for moving on with the approach.

- The State policy of utilizing oil resources to move the State *beyond Oil*, suggests urgency in pursuing the infrastructural development component of its 3-Point Agenda, of which water is an enabler. The WASH sector leadership, inspired by the State leadership's vision, remains strongly committed to advancing the cause of improving service delivery in the WASH sector.

### Impact of WASH Programmes

This subsection seeks to address the impact of the various WASH programmes on the populace and their livelihoods and wellbeing and the factors that have enabled the observed performance.

- a. MWRD's collaboration with EU to implement the Niger Delta Support Programme on Water Supply (NDSP-WS) has helped the formation of Water Users' Association (WCA) and promoted users' choice of technological options and design of some water schemes. The staff of MWRD have gained much from the on-the-work training experience.
- b. Through DESOPADEC's 81 schemes, the Commission has promoted construction and use of solar-

powered schemes as well as the practice of taking rehabilitation seriously. Importantly, people have benefitted from its extension of water schemes and distribution of water supply.

- c. OSSAP-MDG projects include solar and motorized water schemes as well as 95 toilet facilities in schools, motor parks, and PHCs. The impact of those toilets has been great and cannot be over-emphasized. The provision of alternative toilet facilities through the OSSAP-MDGs has promoted hygiene practice and contributed greatly to improving the health conditions in the schools.
- d. The collaboration of Delta State with UNDP on climate change mitigation has led to the establishment of Delta Schools Climate Club (DESCC) in over 60 schools. The impact has been far-reaching in preparing the students and youths for the role of change agents in climate change issues in their environments through practical but creative activities.
- e. The successful efforts of MWRD to provide improved access to potable water supply in urban, semi-urban and rural areas have led to increased availability of potable water in areas provided with new schemes or where existing schemes have been rehabilitated, reactivated, upgraded or converted to more productive schemes.

As more water became available on regular basis, and people spent less time searching for water, their confidence surged and some began new small and medium business enterprises that depend heavily on water.

- In areas experiencing water prosperity, it has been easier to enforce government's compulsory schooling, because the children no longer have to go far to look for water for the family.
- The incidence of water-borne diseases has reduced and days of attendance in hospitals significantly decreased.

## **WASH Sector Performance in Relation to the MDGs**

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The MDG target 7c seeks to halve, by 2015, the proportion of people without sustainable access to drinking water and basic sanitation. Access to improved water sources and adequate sanitation are key elements in improved quality of life. This section discusses the performance of the WASH sector in relation to the attainment of the water and sanitation-related MDG and targets.

### **Access to Potable Water**

The Delta 2011 Household Survey shows the computed percentage of the population having access to safe drinking water as 78.6. The MICS Survey gave this as 75.1 per cent (Annex 5.5). However, in 2013, the percentage of households or of population having access to water supply from safe sources was 70.1. Most people still use borehole water, especially in urban areas, and many of the households at the rural community level use either rainwater or water from streams and rivers.

With the investments and programmes implemented since 2011, Delta State is most likely to achieve the MDG target of 77 per cent access to potable water by 2015. This will be more so when the Warri/Effurun and other four approved regional/urban schemes are completed. Greater efforts will have to be made to address the needs of small towns and rural communities, not only to have the scheme in a central location, but to seek to move the supply closer to the beneficiaries, particularly where two or more communities are grouped together for the same scheme.

### **Access to Basic Sanitation**

As at 1999, the proportion of the population with access to improved sanitation was 35 per cent. It declined 24.3 per cent in 2013 (Annex 5.5). With less than 25 per cent access to improved sanitation, it is most unlikely that Delta State would meet the MDG target of 63/65 per cent for basic sanitation by 2015. There appears to be disparity between urban and rural areas and this will also need to be redressed.

**Table 5.9: Water Tariff per month paid by Household Users, 2011**

Rate (N)	% of population/users
< 1000	65.22
1,000 -2,000	21.5
2,000 -3,000	8.8
3,000 -4,000	4.4
>4,00	0.1
Cost of water per m <sup>3</sup> =N120	
Selling Price of water per m <sup>3</sup> = N28.57 (<25% of cost)	

Source: Delta State 2011 Household Survey & MWRD Response to WASH Consultant Questionnaire, 2014.

About 61.3 per cent of the Delta State households have a place for hand washing, but only 48.7 per cent of such households have water and soap at such places. Numerous sensitization campaigns (800 altogether), according to UNICEF, have however been conducted in schools, markets and motor parks. These have helped to create the necessary awareness for both the users and the policy makers and technocrats.

### Efficiency and Effectiveness of the Measures Implemented

Water development and delivery had been dominated in the past by the public sector. Yet, the involvement of the private sector in the delivery of water services could improve efficiency and effectiveness and enhance development and sustainability of service delivery. In the light of this, the new strategy, in conformity with the ongoing reforms in the public sector, is for the government to change its role from being an implementer to a regulator, facilitator and co-coordinator. However, in order to avoid the misuse of monopoly power, and thereby protect the users, a regulatory body should be created to monitor and set standards for water service tariffs.

#### Effectiveness and Efficiency

The key variables used to measure efficiency of the water delivery services are non-revenue water (unaccounted-for water), metering ratio and number of staff per 1000 connections. On non-revenue water or unaccounted-for water (UFW), the industry standard is 25-30 per cent for developing countries. In Nigeria, in general, unaccounted-for water is in excess of 40-60 per cent, and Delta State may not be an exception. UFW may be lost through leakage, wasteful use, or

simply unpaid for. Metering is not yet in use in the State. Without metering, efficiency of water allocation/distribution will be difficult to determine and will in any case be low. Table 5.9 shows the flat rates paid by water users in the State's urban areas per month. 65 per cent of users pay less than N1000 while less than 5 per cent of the users pay more than N3,000 per month. Efficiency will need to be incorporated into the State's water supply equation for sustainability.

#### Effectiveness

Effectiveness is defined here in terms of reliability and financial sustainability. Reliability is measured using just one variable, the hours of production and service per day. In Delta State the duration depends on the type of energy used to power the scheme. Using diesel to fuel a generator represents a serious constraint. Small schemes are, therefore, powered by solar energy, and run for much longer hours of production. This constraint has led MWRD to convert 17 motorized schemes to solar-powered since 2009.

#### Financial Sustainability

This is measured by (a) total sales revenue, (b) total operating cost; (c) billing efficiency, (d) collection efficiency; (e) unit cost of water; and (f) unit cost of production. All these are not yet taken into serious consideration in the State. DSUWB has recently engaged a Revenue Consultant to collect water tariff. Again, the EU is planning to assist the Ministry and the Board to establish appropriate PPP options aimed at ensuring financial sustainability.

**Table 5.10: Summary of the results of the Monitoring Visits to Water Schemes**

i.	Water Schemes Visited;	192
ii.	Functioning Water Schemes;	181 (94%)
iii.	Non-functioning Water Schemes;	11

## Monitoring and Evaluation of Policies and Programmes in the Sector

Implementation of programmes and projects require effective monitoring and evaluation. Monitoring plays a key role in the timely detection of a malfunctioning system and allows for early intervention before a total breakdown occurs. Evaluation is necessary in order to carry out performance assessment so as to review and update the system periodically.

### Monitoring of Projects

The Directorate of Project Monitoring, based in the Office of the State Governor is charged with monitoring and evaluation of projects. It has the responsibility to ascertain the functionality of selected water schemes in the State. To this end, a team of officials of the directorate visited 192 water schemes in the state, from 18 November 2013 to 21 March 2014. A summary of the status of the water schemes visited is in Table 5.10. The details are in Annex 5.6.

In the light of its field observations, the Directorate made a number of recommendations for the consideration and approval of the State Executive Council, among which are that:

- a. In order to reduce the demand for diesel, small water schemes should be converted to solar power to enable consistent water supply. In addition, large water schemes should be provided with transformers and generators;
- b. Pipelines should be extended in the communities to ensure adequate distribution of available water;
- c. The Ministry of Water Resources Development should establish

Community Water Committees, where they are not yet in existence, to encourage community ownership of the water schemes with a proviso that major repairs should still remain within the purview of Ministry of Water Resources; and

- d. The Ministry of Water Resources and other Project Ministries, Departments and Agencies should provide details of their projects from inception to the Directorate of Project Monitoring to enable independent monitoring and ensure value for the money spent on projects.

### Assessment of M & E Activities

As an independent entity, the Directorate of Monitoring has done a good job, especially in relation to the recent monitoring exercise through which it offered useful observations and recommendations to government. However, the Directorate only partially undertakes the work of monitoring and evaluation (M&E). For instance, an M&E outfit is required to monitor not only projects, but also programmes, policy and strategies. It will also have to build capacity for programme and project evaluation which is not being done at present. To do these effectively, there is need to develop a monitoring and evaluation (M&E) plan with a set of indicators to measure progress towards the set objectives.

### Gaps in Performance in the WASH Sector

The major gaps in performance relate to governance, community and private sector participation and service delivery.

#### Governance

Governance has been known to have great influence on the performance of service

delivery and even management of water resources, though no definite relationship can be defined. In Delta State, it is crucial to create and promote an inclusive and enabling environment for effective participation of all stakeholders such as communities of water users, NGOs and CSOs and, especially, the private sector through appropriate PPP options.

### **Community and Private Sector Participation**

The efforts made to involve some communities in the operation and maintenance of water schemes have been noted. More needs to be done to extend their involvement to other rural and small towns schemes. This sort of community participation is key to ownership and sustainable management of schemes. Of vital importance is the need to promote private sector participation through appropriate PPP options in charting a course towards adequate quantum and WASH service delivery.

### **Service Delivery**

There are gaps in service delivery in spite of the tremendous effort, leadership and huge investments made in the sector. In less than six months from now, some of the gaps may be filled when ongoing new projects and renewed rehabilitation and reactivation of schemes are completed. However, for now, there remain gaps in all the three tiers of service: urban, small towns and especially rural areas. These gaps relate to the level of service in terms of litres per capita per day, and disparity between urban and rural areas of Delta State.

Besides the gaps in performance are a number of emerging issues that future actions in the sector should consider seriously. They include climate change and vulnerability, regional cooperation, including River Basin shared management, and rapid population growth which results every year in more Deltans who need to be watered, bathed, and fed.

Also worthy of note are some challenges/constraints which tended to hinder performance. Notable among these are the acute problem of electric power supply, inadequate research and development activities on WASH challen-

ges, limited investment in environmental management and strengthening integrated water resource management systems.

## **Some Conclusions and Policy Recommendations**

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Much progress has been made in the WASH services delivery. This has been made possible largely by the effort of the state government through the Ministry of Water Resources Development. The multi-source investments in the sector have also helped as all the sources have made tangible contributions towards the realization of the sector's mandate and objectives. However, the proportion of the contributions from these other sources than MWRD is rather small compared with those in other states. Another important reason for the progress made is the total commitment of the leadership of MWRD to the State's *Beyond Oil* vision through sustainable infrastructural development. With the investments and programmes implemented since 2011, Delta State is most likely to achieve the adopted national MDG target of 77 per cent access to potable water by 2015.

The situation in sanitation is quite different: With less than 25 per cent access to improved sanitation, it is most unlikely that Delta State would meet the target of 63 per cent MDG target for basic sanitation by 2015. In order to change the status of sanitation from that of an orphan, stakeholders proposed during the well-attended WASH workshop that each MDA involved in sanitation and hygiene should appoint a desk officer to be empowered to work together under a standing inter-ministerial committee.

Even though the percentage of the population that has access to improved drinking water is impressive, the disparity between urban and rural areas remains high. The same conclusion applies to sanitation. Therefore, greater efforts will need to be made to cater for small towns and rural communities.

There are a number of important lessons to be drawn from the assessment, three of which are: (i) Availability of multiple sources of public funds for investing in the WASH sector is crucial for significant achievements; (ii) The regional approach to water supply development which is in line with global best practice is a desirable strategy which needs to

be extended to include rural communities; and (iii) Encouragement of private sector investments in the sector can enhance service delivery.

Also, the assessment threw up a number of policy recommendations, which include the need to select appropriate sources of water and technology to harness them and deliver

services to the people in a sustainable manner; and adoption of measures that will ensure long-term sustainability of services. The complete set of recommendations are discussed in Chapter 8.





# Agricultural Sector

Agriculture is of vital importance to the State's economy. About 75 per cent of the population depends on agriculture for their livelihood, and the sector contributed about 13 per cent to the State's GDP in 2012, second to oil and gas which contributed about 79 per cent. Also, the agricultural sector is key to the achievement of MDG 1, that is, eradicating extreme poverty and hunger by 2015, as well as the promotion of employment opportunities in the State. The agricultural sector is currently targeted as a major pillar for achieving economic transformation through the 'Delta Beyond Oil' Initiative.

Delta State has average rainfall that ranges from 1,910 mm in the northern areas to 2,670 mm in the coastal parts. The soil base provides a rich agricultural resource. The main agricultural commodities include arable crops (cassava, yam and maize), tree crops and perennials (oil palm, rubber, raffia palm and plantain), fruits and vegetables (pine-apple, citrus and tomato). While the people along the coastal areas are involved in artisanal fisheries, aquaculture is carried out throughout the State.

Reflecting the 'prime' importance accorded the agricultural sector by all the administrations during the period under review, the sector has witnessed a flurry of policies, strategies and programmes aimed at increasing agricultural production and productivity, generating employment and reducing poverty. The details of the programmes and projects are summarized in Annex 6.1.

## Setting for Agricultural Activities

Agricultural activities in the State are conditioned by factors such as geography, topography and climate. In the light of this, crop production is dominated by upland (rain-fed) systems (80.4 per cent), while the shares of swampy (lowland) and irrigated land are 17.8 per cent and 1.8 per cent, respectively (Fig. 6.1). Cassava takes up the largest proportion of the cultivated area (135,725 ha) followed by yam (104,265 ha) and maize (90,190 ha). Besides the topography and climate, government policies and regulations have also been important influences on agriculture. The next three subsections examine the policy setting,

regulatory and institutional frameworks.

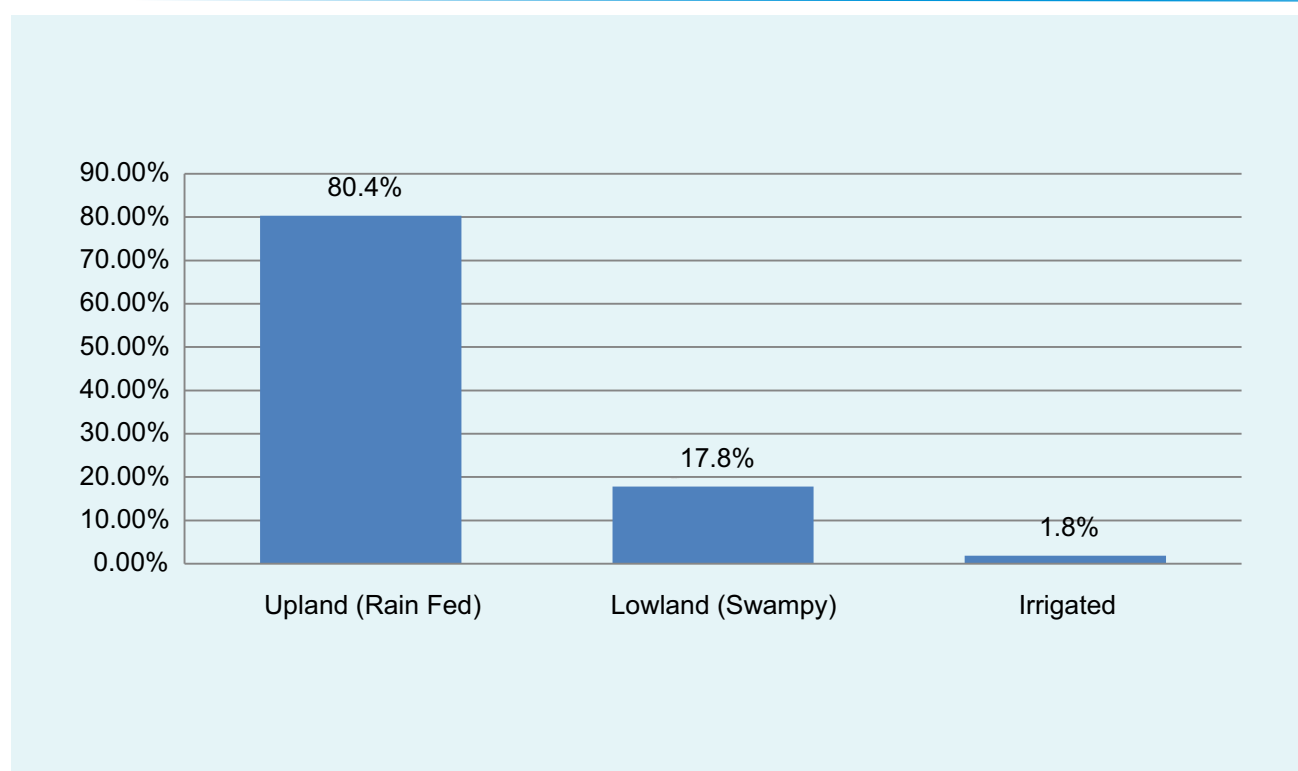
### Policy Setting

At inception in 1991, Delta State inherited a number of agricultural initiatives from the defunct Bendel State. They included two farm settlements at Mbiri and Utagba-Uno; three communal farms at Deghele, Ogwashi-Uku and Irri-Emede; a College of Agriculture at Anwai-Asaba; an agricultural research station at Obior; a total of 6,866 hectares of oil palm plantation together with their oil palm mills at Cowan-Ajagbodudu, Nsukwa, Akwukwu-Igbo and Ubulu-Uku, four tree crop units (oil palm, rubber), as well as some fishery sites.

Since 1991, the State has witnessed successive agricultural sector policies and strategies, aimed at promoting agricultural development for food security, employment generation, poverty reduction and economic diversification. Until 2006 when the State adopted its first definitive agricultural policy, the strategy for developing agriculture was based largely on case-specific programmes and projects. Two of the notable programmes initiated during the period 1991-2006 were the Rapid/Increasing Food Production Programme from 2001 and the Live and Own a Farm Programme from 2004.

In 2006, an Agricultural Policy was framed against the backdrop of the subsisting National Policy on Agriculture, 2001. The policy marked a significant turning point by defining the overall direction and goals of agricultural development and laying out the objectives, strategies and targets for various subsectors of agriculture and agricultural support services. It adopted *en bloc* the

Fig. 6.1: Shares of Farmland Types in Total Arable Land (per cent)



division of agricultural development roles and responsibilities between the federal, state, local governments and organized private sector, as stipulated by the National Policy on Agriculture. The policy is due for review in 2014.

The policy was aimed at achieving agricultural growth and development for food security, industrial raw materials, gainful employment and export revenue. With the central focus on small-scale crop and livestock farmers and fishermen, the policy also sought to provide an enabling environment for private sector investment in medium-to-large-scale farming, service provision and agribusiness. However, the policy missed specific reference to gender mainstreaming in agriculture.

While the Agricultural Policy was still in force, Delta State developed and adopted its Vision 2020 Plan in 2011. As a result, agricultural development is currently shaped by the strategic direction and objectives defined by the Vision 2020 Plan. The overall mission is to provide an enabling environment to stimulate productive agriculture towards making the State a net producer and exporter of food and fibre. The Vision 2020 Plan assigns to the sector huge responsibilities for food security,

industrial raw materials, youth employment and improved quality of rural livelihoods. The Plan envisions that the agricultural sector will contribute 25 per cent of the State's GDP by 2020.

### The Regulatory Framework

The regulatory framework for agricultural production and agribusiness is crucial to shaping the institutional environment for private sector participation, investment and enterprise activities in the development of agriculture in the State. The regulatory regimes for agriculture are built on the statutes inherited from the defunct Bendel State, the post-1991 laws and regulations of the State, and Nigeria's national agriculture-related laws and regulations that apply countrywide.

At inception in 1991, the State carried over the following agricultural laws and regulations:

- Produce Adulteration Law of November 1917 which prohibits the adulteration of produce;
- Slaughtering of Animals Adoptive By-Laws of 1960s, regulating the handling and preservation of slaughtered animals;

Table 6.1 Agricultural Sector Programmes/Projects according to time of Initiation

Period of programme/project initiation			
Pre -1991	1991-1999	1999-2014 1999-2007	2007-2014
Farm Settlements Communal Farms Agricultural Inspection Services Crop Protection and Improvement (Agric. Research Station, Obior) Veterinary Services	Agricultural Development (ADP) Agricultural Publicity and Information Oil Palm Company Loans to Small-Scale Farmers/Fishermen	Rapid/Increasing Food Production Oil Palm Development Live and Own a Farm Young Farmers' Club Tree Crops Nurseries Development Tree Crops Plantation Development	Farmers Support Youth Empowerment Through Agriculture Fadama III OFN–Delta Farms Mobilization of Rural Women for Sustainable Agriculture
		Agro-Processing Agro-Service Centres Development Agricultural Mechanization  Agricultural Insurance Scheme Fisheries Development Livestock Development Community Based Natural Resources Management  Agro-Statistics and Data Bank  Seeds Multiplication Delta State Agricultural Procurement Agency	State Cassava FAO Intervention for Fish Farmers Affected by Flood in the State Cassava Development (FGN/State) N1 billion Commercial Agriculture Credit Scheme Growth Enhancement Scheme  Specialized Growth Enhancement Scheme Delta State Micro Credit  Delta State Oil Producing Areas Development Commission

- Produce Inspection Law of 1969 which enables the inspection and grading of produce for export; and
- Land Use Decree of 1978, a national law regulating ownership, access, occupancy and acquisition of land throughout the country.
- Since inception, the State has enacted the following laws to regulate agriculture, fisheries and agribusiness:
- Delta State Fisheries Edict of 1994 which protects all water bodies and also regulates fish handling operations;
- Public Health (Meat Inspection Fees) Adoptive By-Laws of 1995, providing for inspection of animals before slaughtering; and
- Regulation of Private Veterinary Clinics Law of 2006, providing for regulation, registration, operation and inspection of private veterinary clinics.

### ***Institutional Framework***

The MANR is the government agency with statutory responsibility for agricultural development. This responsibility is discharged through operational departments covering 'agricultural services', 'produce inspection', 'livestock', 'veterinary services', 'fisheries', 'planning, research and statistics' and 'special projects'. In addition, there are special agencies/parastatals devoted to specific mandates in agricultural development. The agencies include the Delta State Agricultural Development Programme (DSADP), Delta State Procurement Agency (DAPA), Task Force on Communal Farming, Tree Crop Unit, Tractor Hiring Agency, and Oil Palm Company. In addition, there is an integrated agricultural training centre – Songhai Delta Ltd/Gte, established in 2003 to impart technical, management and practical skills in agricultural enterprises, including

piggery, grass-cutter rearing, snailery, rabbitry, poultry, aquaculture, crop production and fabrication.

The statutory organs of the MANR are often complemented by special purpose committees dedicated to programme development and implementation. Furthermore, agricultural development in the oil producing areas of the State is supported by the Delta State Oil Producing Areas Development Commission (DESOPADEC). The Commission is currently implementing a programme, Delta State Economic Reintegration Programme (DESERP), comprising support for youth empowerment through training and support for enterprises such as poultry, piggery and fishery. The programme also provides starter kits to graduates of the training.

An important rallying forum for agricultural development in the State is the State Council on Agriculture, which comprises all agricultural stakeholders – DSG agencies, LGAs, farmers associations, agro-dealers, commodity organizations and the organized private sector.

### **Rural Infrastructure**

DSG has undertaken some high-value infrastructural projects to enhance the socio-economic development of the State. The Trans-Warri-Ode-Itsekiri Road for instance will open up and link over 10 riverine communities through mangrove swamps and difficult terrain. The Sapele-Abigorodo-Arowon Road has made it possible, for the first time, to access Abigorodo, a fishing community in Warri North LGA by land, the rehabilitation of the Warri Jetty as well as the cold rooms in Warri and Patani has facilitated the landing and handling of fish by fishermen. While these arterial roads and fisheries infrastructure have improved broad access to the rural areas, many producers are still challenged by poor access roads to link their farms to markets, the individual and communal effort they make to ameliorate the situation notwithstanding. The poor electric power supply, a common problem all over Nigeria, is also a key constraint to efficient agricultural production and processing in the State. The few poultry farmers who can afford it, chill their processed birds at a very high cost using diesel-powered generators, while fish farmers are compelled to sell off their produce immediately after harvest also

because of inadequate electric power supply and cold room facilities.

## **Programmes and Interventions**

### **Programmes and Interventions Initiated**

The Delta State Government has formulated and/or implemented, singly or in collaboration with the federal government, development partners and the private sector almost 40 programmes and projects targeted at the agricultural sector. Table 6.1 lists the programmes and projects according to the time of initiation while Annex 6.1 presents the details of these interventions.

Most of the programmes were found to be relevant for addressing the challenges and problems of tackling the agriculture-related development needs of the State, including poverty reduction, food security and employment generation. But the programme designs were often not robust, some being based on administrative pronouncements which were not translated into concrete design documents that clearly indicate the objectives of the intervention and the targets to be achieved, the components and activities, implementation, institutional, monitoring and evaluation arrangements, partnerships and linkages to be fostered, and the estimated cost and duration of the intervention.

The pace of implementation of many interventions was determined by actual budget releases which often differed remarkably from the budgetary provisions. Funding for many programmes was inadequate, some remaining unfunded continuously for some years and, hence, requiring considerable amounts for rehabilitation or renovation.

Some programmes and projects that were targeted at the agricultural sector were not under the full implementation control of the MANR. An example is the Youth Empowerment through Agriculture (YETA) whose implementation committee was chaired by His Excellency, the Governor. The diffuse ownership arrangement made it difficult for the MANR to be held fully accountable for implementation lapses.

Eligibility and selection criteria were either

not clearly stated upfront or not sufficiently publicized to potential beneficiaries of the interventions. Even when the criteria were articulated on paper, they were not rigorously applied during the selection process in some programmes. This resulted in the selection of unsuitable programme participants; hence the high drop-out rates. Many participants, including local governments, considered government projects as their share of the 'national cake' and were unwilling to make the counterpart contributions that would have demonstrated ownership of project activities and enhanced the sustainability of the results. Private sector participation in project implementation was also limited, notably to two projects, the leasing of the oil palm plantations and the renting out of the fish cold room facilities at Warri and Patani to private operators.

### **Relevance and Adequacy of Policies and Strategies**

This issue is examined with respect to stance of policy and strategy, inventory of agricultural resources and materials, agricultural loans, government subsidies, and the value chain angle.

**Inventory of agricultural resources and potentials.** The agricultural potentials of the State are fairly well documented. While the MANR has produced a number of documents that show the State's agricultural potentials, the Delta State General Economic Atlas shows some spatial mapping of the agricultural potentials/resources. Still, there is a large scope for resource and commodity mapping. In particular, there is a need to develop soil maps as a basis for the planning of crop cultivation in the State.

**Stance of policy and strategy.** Evidence shows that agricultural development in the State has been driven heavily by the public sector, through the MANR, its parastatals/agencies and special task forces. While public sector intervention is a legitimate strategy to promote agricultural development, caution needs to be exercised to avoid precipitating a vicious farmer dependency on government services and support. Besides, there is the risk of crowding out private sector involvement.

**The value chain angle.** The policies and

programmes bear some value chain approach to agricultural development. Various agricultural development programmes support processing and linkages between the farm and downstream activities and facilities. An important dimension is the provision of financial and technical assistance in the establishment of processing centres in producer communities across the State. For instance, the DSG in 2001 established cassava processing centres in nine locations, including Obomkpa, Owa-Alero, Otefe, Edjekota-Ogor, Owhe-Ologbo, Aviara, Kwale, Abavo and Oria-Abraka.

But, there appears to be less emphasis on integrating production and processing based on a holistic approach to value chain development. Multi-stakeholder collaboration between farmers, local communities, state and federal governments, provides a highly promising approach to significantly enhance farm linkages with value-adding processing and marketing activities.

**Design and administration of government subsidies.** Government subsidies ranging up to 50 per cent have been applied for agricultural inputs, equipment and implements, physical facilities and cash loans. The design and administration of these subsidies, however, do not seem to satisfy 'equity', 'efficiency' and 'sustainability' requirements. The selection of beneficiaries is distorted, thereby leading to high incidence of unintended beneficiaries, which led to high failure and drop-out rates, for example, in YETA. The efficiency (value-for-money) of the subsidy administration is muted by government's direct procurement of inputs, materials and equipment on behalf of the beneficiaries.

**Agricultural loans.** Loans are an integral component of the government's strategy to support agricultural production and poverty reduction. But, the effectiveness of the loan programmes is compromised by three major shortcomings: inappropriate design, poor targeting and administration, and lack of information. According to the Delta State 2011 Household and Housing Survey, only 2.3 per cent of farmers obtained formal agricultural loans in the State. This implies that the overwhelming majority of farmers do not benefit from the existing agricultural loan interventions of the federal and state

**Table 6.2: Actual Government Expenditure on the Agricultural Sector as a Percentage of Total Agricultural Sector Budget**

Period	Actual expenditure as a percentage of total agricultural sector budget				Agricultural sector spending as a percentage of total State spending (%)
	Crops	Livestock	Fisheries	Aggregate including General Administration and Special Projects	
2000	89.00	37.00	64.00	79.00	3
2001	64.20	65.20	199.90	79.90	1
2002	37.40	102.80	92.40	45.40	1
2003	23.70	136.30	-	33.10	1
2004	52.90	18.30	151.70	46.60	0
2005	64.30	102.67	8.30	68.55	1
2006	43.00	25.00	10.19	36.00	1
2007	17.20	46.20	14.60	22.50	0
2008	5.49	15.96	0.91	5.80	0
2009	29.00	9.00	8.00	26.00	1
2010	70.76	25.46	-	56.03	1
2011	3.31	-	19.20	4.40	0
2012	4.10	7.80	2.00	4.60	0
2013	0.41	3.86	5.14	1.65	
2000-2013	36.06	42.54	41.17	36.40	
2007-2013	18.61	15.47	7.12	17.28	
2011-2013	2.61	3.89	8.78	3.55	

governments. A MANR report, however, indicates that in April/May 2012, a total of 934 farmers' cooperatives benefited under the FGN-CBN CACS N1 billion loan for a total sum of N999,954,000.00 with the balance going for insurance and bank charges. The loan which was administered by the Finance and Account Department of MANR was disbursed in two tranches of  $66\frac{2}{3}$  per cent and  $33\frac{1}{3}$  per cent. During the field visits, some of the farmers considered the size of the loan amounts that they received individually as very meagre and incapable of addressing their funding needs. In the future, the design and administration of agricultural loans should be more strategic in striking a balance between depth and spread.

With regard to targeting, farmers expressed concern that loans were taken by non-farmer impostors. In the Eko Amukpe YETA Cluster of farms, N1.3 million was shared at N35,000 per head to both current YETA farmers and YETA drop-outs. The FGN-CBN CACS in the State suffered distortions in design and implementation, as the loan was disbursed at a subsidy of 50 per cent. Moreover, farmers reported that they received only half of the

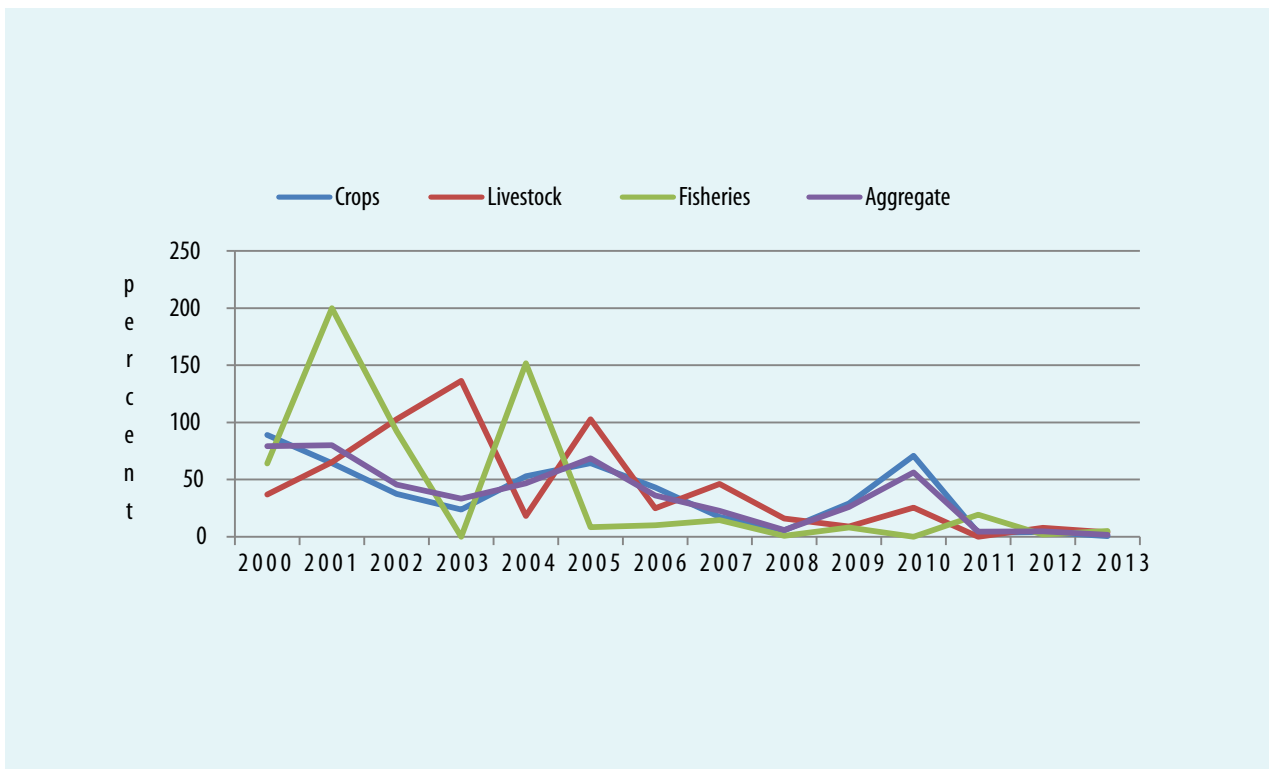
total loan amount, while the other half was supposedly held back by the administering bank as upfront subsidy repayment. The loan administrators seemed to have been more preoccupied with repayment, rather than the effective use of the loan.

### Public Spending on the Agricultural Sector

For the purpose of analysing the public spending on the agricultural sector, the following three periods are distinguished: (i) 2000-2013 – from the advent of the current democratic era till date; (ii) 2007-2013 – from the commencement of the current government administration till date; and (iii) 2011-2013 – from the commencement of the Delta State Vision 2020 till date.

The pooled and period-specific public expenditure performance is given in Table 6.2. In the period 2000-2013, government actual expenditure on the agricultural sector was 36.4 per cent of the total budgeted amount. Similarly, only 17.3 per cent of the total budgeted amount for the agricultural

**Fig. 6.2: Actual Agricultural Sector Spending as a Percentage of Total Agricultural Sector Budget**



sector was actualized during 2007-2013. From 2011 to 2013, just a meagre 3.5 per cent of the total budget for the agricultural sector was actualized. The shortfall in government expenditure on this sector is even more acute when the expenditure amount for the period 2011-2013 (N189.8 million) is matched to the costing requirements prescribed by the Delta State Vision 2020 Plan for the same period (N10,837.4 billion). By this comparison, only 2 per cent of the costed or required funding for the agricultural sector during 2011-2013 was realized.

The unsatisfactory outlook of annual agricultural sector spending is also evident when compared to total annual spending (see Table 6.2). The analysis shows that throughout 2000-2012, there was no year during which agricultural sector spending surpassed 3 per cent of total spending. This spending performance is far short of the Maputo declaration on NEPAD Comprehensive Africa Agriculture Development Programme (CAADP) that up to 10 per cent of total spending should be devoted to the agricultural sector.

Figure 6.2 is a graphical presentation of the expenditure trend for the agricultural sector. The figure shows a continued decline of the

subsector and sector-level actual spending in relation to total agricultural sector budgets. This decline in ratio of actual spending to total agricultural sector budget is at variance with policy statements on the priority status of agricultural sector in the State.

### Effectiveness and Efficiency of Programmes and Projects

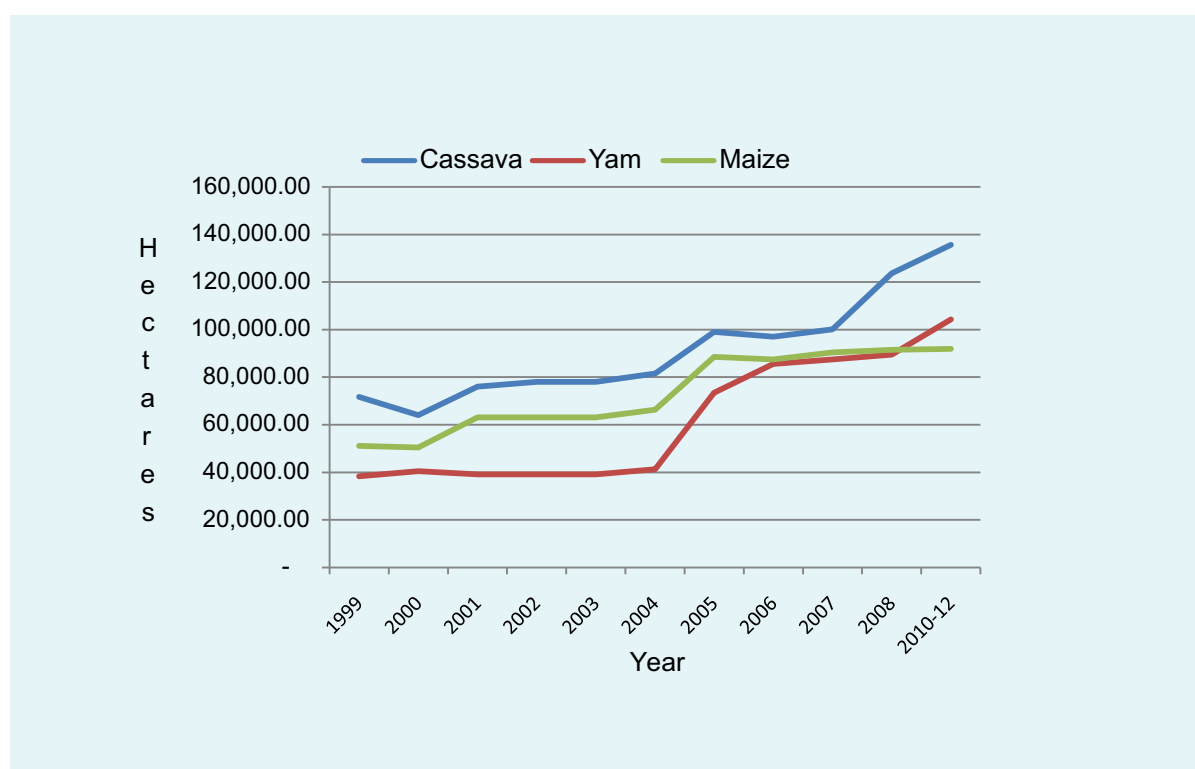
The effectiveness and efficiency of the programmes and projects can be gleaned from agricultural production activities and outcomes of the interventions. This section first examines some production indicators and then the results of the various programmes initiated in different time periods.

#### Trend of Sector-Level Indicators

**Trend of area under crops:** Over the period 1999-2012, there was an increase in the area under each of the major arable crops in the State, namely, cassava, yam and maize (see Fig. 6.3). The area under cassava, for instance, increased by 87 per cent from 72,000 ha in 1999 to 135,000 ha in 2010-2012. Cassava received priority attention from the DSG all through the period. The greatest achievement for cassava was under the Farmers



Fig.6.3:Area under the Major Arable Crops during 1999-2012 (in hectares)



Support Programme during which about 1,250 ha was cultivated. Cassava production continued to be supported through the Seed Multiplication Programme and the State Cassava Programme.

**Trend of crop output.** The output trend during 1999-2012 for the major arable crops was strongly correlated to the trend for area under the crops, a reflection of the predominant low-input-low-output agriculture still practised in most States (see Fig. 6.4), under which increased output is dependent more on area under cultivation than land productivity.

**Trend of crop yield.** The yield of cassava increased from about 11.1 MT/ha. in 1999 to the current level of about 15.1 MT/ha., representing a 36 per cent gross increase over the last 15 years. This average yield level is very low compared with the potential of approximately 25 MT/ha. obtained from the use of some improved cassava varieties. This is a pointer to the need for increased multiplication of high yielding cassava cultivars. The yield of yam increased from about 10.5 MT/ha. in 1999 to current level of 14 MT/ha., representing a 33 per cent gross increase. As in the case of cassava, there is considerable room for improving the average

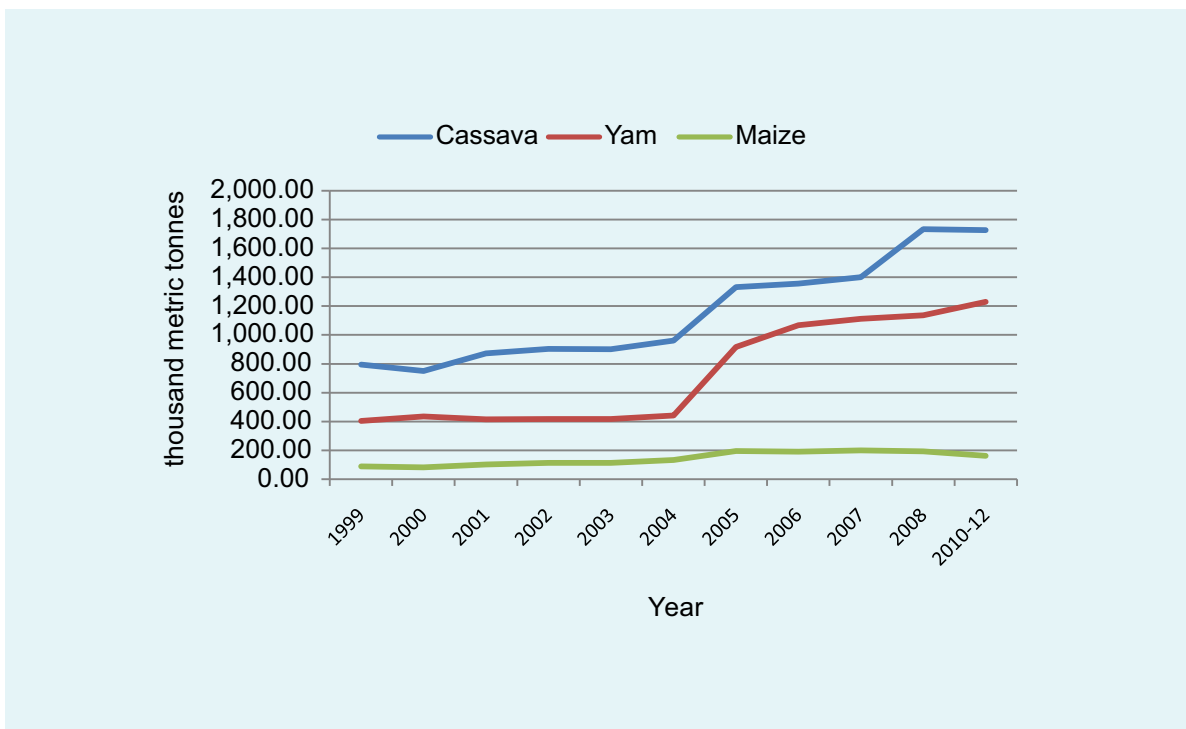
yield of yam in the State. The yield of maize has been flat, averaging 1.9 MT/ha over the past ten years due to the inadequate supply of fertilizers to farmers in the State over the years.

**Sources of growth in output.** Fig. 6.5 summarizes the developments in output and yield for the three major food staples, cassava, yam and maize. While the State has recorded increases in crop output over the years, this growth has been accounted for by the expansion in cultivated areas, more than the growth in productivity (yields). Annex 6.4 presents the trend in crop area, output and yield during the period under review.

### Dimensions of Assessment of Programme Outcomes

The summary presentation on the agricultural programmes and projects in Section 6.2 touched briefly on the 'relevance' of the interventions. The section indicated that most programmes and projects responded to the priorities of the time, even if there was no formal agricultural policy in place during some of the periods under review. The second dimension of assessment of programme outcomes is 'effectiveness', which is the

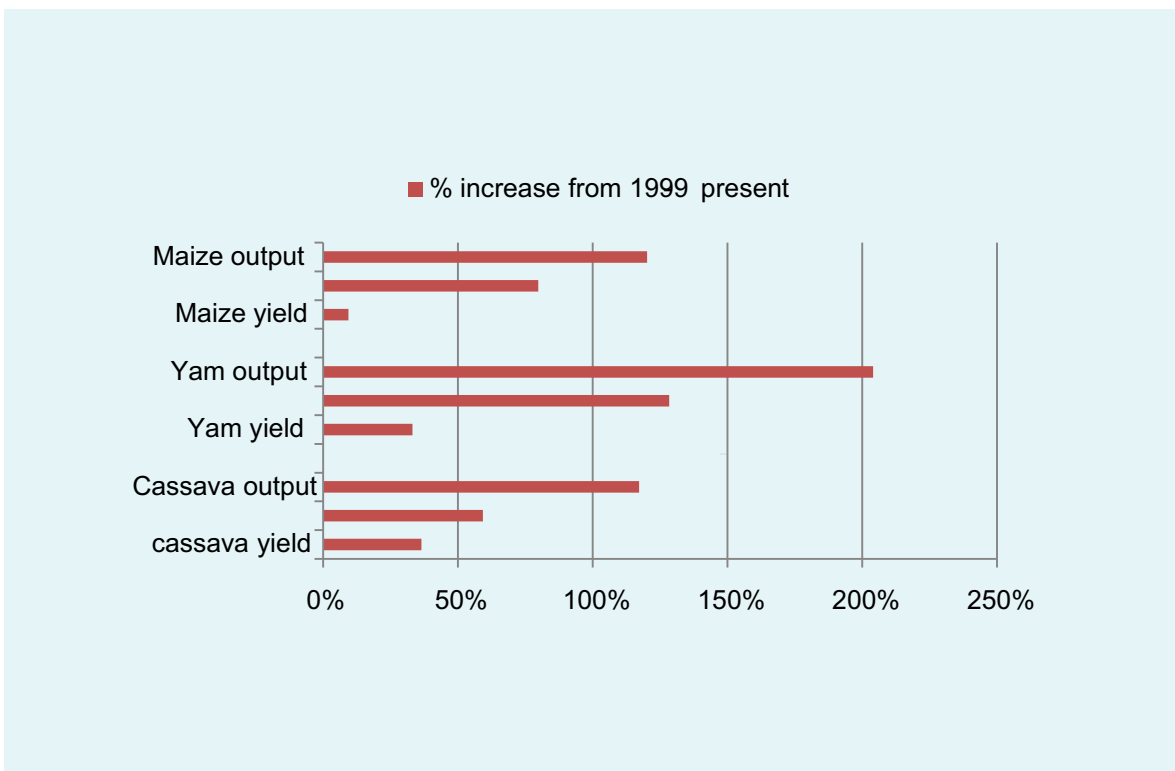
Fig. 6.4: Crop Output ('000 MT), 1999-2012



extent to which programme objectives were achieved, or expected to be achieved, taking into account their relative importance. The ranking of this dimension will be according to the MDG rates of 'likely', 'potentially' and 'unlikely'. The third dimension of assessment

of outcomes is 'efficiency', which is usually equated to 'value for money'. However, because of the paucity of data on actual inputs and corresponding outputs, costs and financial results for most of the agricultural sector programmes and data on comparable

Fig. 6.5: Percentage Change in Crop Area, Output and Yield (1999-2012)



interventions, this assessment does not undertake a rigorous analysis of the efficiency dimension.

The rating of the programmes presented in the following subsections draws from the data made available to the assessment team by officials of the MANR and other agencies, as well as primary data collected during consultations with focal groups and key informants during the field visit. The assessment will be applied to 16 programmes out of the 38 programmes highlighted in Section 6.2. The selected programmes are considered by the assessment team either to be big-ticket items or considered by the DSG and other stakeholders as strategic interventions.

### **Results of Programmes Initiated before the Creation of Delta State**

**The Farm Settlement Scheme.** This aimed at: (i) Providing contiguous land for medium-scale production to boost food security and improve the economy; (ii) Creating employment; and (iii) Encouraging trained youth to live in settlements. Available data indicate that during 1999-2003, N21.6 million was spent on projects in three settlements, Mbiri, Utagbo-Uno and Okunigbo, and 85 ha. of oil palm plantations were established at Mbiri and Utagbo-Uno. The full attainment of the objectives of the farm settlement schemes is rated as 'unlikely', especially considering that other programmes initiated after 1991 are competing with the schemes for the attainment of similar objectives.

**Communal Farms.** The objective of the communal farms is to assist youths in communities to establish farms as business ventures, in order to provide employment, curb youth restiveness, and reduce poverty. During 1999-2003, more than 2,000 ha of land was cultivated by 223 participant farmers in three communal farms (Ogwash-Uku, Irri/Aviara and Deghele). Based on the interaction with beneficiaries, the achievement of the objectives of the communal farms is rated as 'likely'. However, there is a need for better communication with the participants and more efficient and timely government facilitation of access to inputs and financial resources.

### **Assessment Results of Programmes Initiated from 1991-1999**

**Delta State Agricultural Development Programme (DSADP).** This World Bank-assisted programme was meant to be the major extension arm of the MANR to ensure accelerated agricultural production by small-scale farmers, although it also provided a base to support the implementation of other projects. Two of the many achievements of the DSADP are the training and retraining of extension workers and the provision of mobility (200 motorcycles in 2008) to the workers to facilitate their assignments, and outreach to about 4,273 families with agricultural information and technologies. Inadequate funding was, however, a challenge. Over the period 1996-2014, the government released only 66 per cent of the N1 billion budget for the programme. In 2003, 2007 and 2009-2012, there was no release of funds to the DSADP. During the field visits, there were complaints by many farmer groups about inadequate extension services. Other farmers, however, saw DSADP as a more credible organization for channelling government resources to farmers in an equitable manner. The issue of shortfall in the number of extension agents is a national concern which the Federal Ministry of Agriculture has tried to address in the interim by recruiting and training some extension agents (EAs) out of which 11 have been assigned to Delta State. The Federal Ministry of Agriculture has also distributed 22 motorcycles to Delta State which will be allocated soon to extension agents. To ensure an even distribution of extension information, DSADP has allocated two cells to each EA since the State has only 83 EAs as against the 200 cells proposed by the FAO delineation policy. The rating of performance is 'potentially likely', based on continued commitment by the DSG to provide effective extension services to small-scale farmers in support of the diverse agricultural programmes being implemented.

**The Oil Palm Company.** This company was established for the effective management of the four oil palm estates covering 6,866 ha. inherited from the defunct Bendel State. Leases, each for 25 years, were done in line with the privatization policy of the DSG. The leases yielded about N96.5 million to the DSG as at 2013. The performance of the programme 'likely' rating, but the govern-

ment would need to monitor closely the terms of the leases to ensure that the programme yields adequate revenue and is effectively managed.

#### ***Loans to Small Scale Farmers/Fishermen.***

The aim of this programme, which was implemented between 1993 and 2004, was to increase farmers' production by raising their capital base, and overcoming the challenge of collateral requirements. In 1993, 1998, 2000 and 2004, a cumulative loan amount of N20.2 million was disbursed to 109 farmers/fishermen cooperatives and 798 individual farmers. The recovery rate for the loan tranches was 19 per cent, 0.1 per cent, 32 per cent, and 66 per cent, respectively. The unacceptably low recovery rates were attributed by the MANR to lack of mobility for field officers for effective loan recovery. The assessment team noticed considerable commendation by farmers for the implementation of the programme, attributed to a more equitable distribution of the 'national cake', but without any serious intention of paying back the loan. The performance of the programme is rated as 'potentially likely'.

### **Assessment Results of Programmes Initiated during 1999-2014**

#### ***Rapid/Increasing Food Production Programme (R/IFPP).***

This programme, implemented during 2001-2003, aimed at quickly bridging the gap in food production and demand and preventing imminent famine in 2001. The programme supported crop development through mechanized land preparation, provision of improved seeds/seedlings, fertilizers and chemicals; piggery and poultry development through the supply of improved breeding stock; and fisheries development through the provision of fingerlings and inputs, all at 50 per cent subsidy. A total of N200 million was released for the programme out of the approved N295.5 million. The programme is rated as 'likely' to have achieved the objective of rapidly increasing food production, even if the administration of the subsidy might be unsustainable.

***Oil Palm Development.*** This programme, which started in 2001, is aimed at reviving the dwindling production of oil palm in the State by giving loans to farmers at low interest rates. About N91.7 million was disbursed to

396 farmers at an interest rate of 5 per cent in 2001 to cultivate 1,000 ha. A total of 7,339 ha. is estimated to have been planted or replanted under the programme. Specifically, in 2012, 957 farmers were assisted to plant 6,029 ha. with an estimated output of 47,273 MT. The programme is rated as being 'likely' to achieve the objective considering the increased cultivation of oil palm over the years.

#### ***Live and Own a Farm (LOAF).***

This programme, which was implemented during 2004-2007, aimed at encouraging Deltans to engage in farming activities for increased agricultural production. A total of N422.8 million was released out of the N475.6 million approved in 2005 for the programme. About 1,382 farmers were assisted in oil palm, food crop, poultry, piggery and fisheries production as well as agro-processing. Some of the implementation constraints faced by LOAF were: late release of funds, dearth of fertilizers, and high mortality of chicks due to wrong sexing at the hatcheries. The performance of the programme in achieving its objectives is rated as 'likely'.

#### ***Agricultural Mechanization.***

This programme aimed at making mechanized farm services available and affordable through subsidized services offered at Tractor Hire Centres. Although considerable investments have been made in this programme, farmers still complained bitterly about the non-availability of affordable tractor services. The performance of this programme is rated as 'unlikely'.

#### ***Livestock Development.***

The programme aims at multiplying breeds of livestock and distributing them to farmers for increased livestock production. Pig weaners, day-old chicks, point-of-lay birds, and goat growers were distributed to farmers at subsidy. The programme is rated as being 'likely' to achieve its objective.

#### ***Fisheries Development.***

The aim of this programme is to develop the fisheries potential of the State and help reduce protein deficiency in the diet of the citizenry. Although considerable effort has been put into hatchery production, distribution of subsidized fingerlings and inputs for fishermen, establishment of fish cluster farms and provision of cold storage facilities in

Warri and Patani, performance of this programme is rated as 'potentially likely'.

***Delta State Agricultural Procurement Agency (DAPA)***. This agency was established to supply price competitive agricultural inputs, especially fertilizer, to farmers. During 1999-2003, N113.7 million was spent on fertilizer procurement and distribution. Between 2007 and 2013, N887.8 million was spent on the procurement and distribution of various inputs, mainly subsidized fertilizer. Nevertheless, DAPA is rated as being 'unlikely' to achieve its objective since the sustainability of its business operations is anchored on the adequacy of supply of its major commodity, fertilizer, over which it has little control. There are opportunities for the agency to function as a major agro-dealer under the new input voucher scheme.

***Farmers Support Programme (FSP)***. This programme, managed jointly with YETA, aims at empowering farmers to improve agricultural production through the provision of soft loans for working capital as well as farm inputs. A total of N600 million was approved in August 2008 for the first phase of FSP, out of which N480 million was disbursed as loans and inputs subsidized at 50 per cent to 3,921 farmers between September 2008 and April 2009. Although farmers showed appreciation for the programme during the field visits of the assessment team, repayment was very low. As at April 2009, only 8 per cent of the subsidy portion of the loans had been repaid. The MANR informed the assessment team that His Excellency the Governor, who chaired the Implementation Committee, selected the participating micro-finance banks for the loan component and the implementation of the component was an autonomous activity that had no bearing with the MANR. The MANR also expressed surprise at the assessment team's observation that some of the banks held back part of the money as upfront payment without observing the required period of moratorium.

***YETA***. This programme, which started in 2008, aimed at encouraging youths to take up agriculture as a profession. Youths were trained, organized into clusters, provided farm infrastructure and enterprise package, and given a monthly stipend. The programme has gone through two phases: Phase 1 (2008/2009) involving about 450 youths for

which N600 million was approved in October 2008; and Phase 2 (2010/2011) for 500 youths with an approved budget of N1.1 billion. During the field visits, a high drop-out rate from the programme, caused by poor selection of participants, was observed. In one cluster, for the poultry enterprise, only two people were left out of the six in the 2008/2009 set. In another cluster, for the fisheries enterprise, there was a 100 per cent drop-out, involving all the four members of the 2008/2009 set and all the eight members of the 2010/2011 set.

However, the team observed some positive outcomes for the YETA members that endured the challenges of the programme. Some have expanded their operations to the poultry and piggery pens left behind by the drop-outs, and employed extra hands to run the enterprises. Others have procured generators to enhance the security of the enterprises. The assessment team rates YETA as 'potentially likely' to achieve its objective if a thorough evaluation is done before going into another phase.

***Mobilization of Rural Women for Sustainable Agriculture (MORWSA)***. This programme is selected for analysis because of its clear gender focus. The objective of MORWSA is to harness the potential of women for agricultural production and processing through sensitization, mobilization and empowerment. Since the commencement of MORWSA in 2009, 37 women groups have been mobilized and various processing machines, fish fingerlings and feed distributed to some of the groups free. The programme is rated as 'potentially likely' to achieve its objectives.

***Fadama III***. This programme is an example of collaboration between the DSG, the federal government and a donor partner, the World Bank. Fadama III took off in 2008 with the objective of increasing the income of the rural poor on a sustainable basis. From the adoption surveys conducted in 2012/2013, there are indications that the programme's objectives will be achieved. The survey report indicates a 39 per cent increase in income of participants and yield increases of major crops in the range of 14 per cent for maize, 18 per cent for cassava, 24 per cent for fisheries and 30 per cent for goats. State counterpart fund contributions have been fair, 88 per cent

of the budget of N281.8 million for 2009-2013 having been paid. The challenge with funding has been with the LGAs. Fadama III is rated being 'likely' to achieve its objectives, especially with the programme now working in collaboration with another World Bank-assisted project, the State Employment and Expenditure for Results (SEEFOR).

### **Self-Assessment by Officials of the MANR**

Top officials of the MANR were asked to provide own assessment of the extent of implementation of the State Agricultural Policy in 2006 by ranking the respective strategies in the policy on a 3-point scale of implementation status of low, moderate and high. This approach to policy assessment is significant for eliciting policy implementers' views and impressions on the progress of policy implementation. The results show that the officials assessed the performance of the implementation of the Agricultural Policy as generally poor, as shown in Annex 6.3. The implementation of strategies and measures under food crops and livestock had relatively better ratings than agricultural land policy, agricultural research and agricultural mechanization. A high rating was recorded only for the implementation of strategies under agricultural cooperatives.

### **Challenges to Performance**

The notable challenges that have tended to constrain performance would need to be tackled. Among them are the following:

- Inadequate and irregular funding both at the MANR administrative level and at the operational level of programme implementation.
- Poor monitoring and feedback arrangements. Programme beneficiaries are not followed-through in a proactive and corrective manner.
- Poor rural infrastructure, especially roads and electricity, for value addition and access to markets.
- Poor access to sustainable financial services by farmers and other rural entrepreneurs and poor design and administration of loans.

## **Agricultural Sector Performance in Relation to the MDGs**

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According to the National Bureau of Statistics' Poverty Profile of Nigeria 2010, the poverty rate in Delta State was 53.8 per cent in 2009/2010, lower than the national poverty rate of 62.6 per cent.

The target of halving extreme poverty by 2015 translates to 21.4 per cent poverty rate by 2015 (see Nigeria MDG Report 2013). Delta State, like other states of the country, is lagging far behind the MDG1 target on poverty reduction. However, progress is being made, given that poverty has reduced from 70.6 per cent in 2003/2004 to 53.8 per cent in 2009/2010. This might be partly due to some outcome from the agricultural development efforts of the DSG considering that the large majority of the poor is engaged in the agricultural sector. Food security (hunger index) is measured as the proportion of Under-5 children that are underweight. The National Demographic and Health Survey 2008 estimated the proportion of Under-5 children that are underweight in Delta State at 13.4 per cent, which is less than half of the national rate estimated at 27.4 per cent. It is, therefore, evident that Delta State is achieving much more than the overall national levels in terms of reducing extreme hunger. Nevertheless, there is a huge opportunity for agricultural development to further contribute to the MDG1 targets in terms of reduction in extreme poverty and hunger.

## **Monitoring, Evaluation and Feedback**

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The Planning, Research and Statistics Department (PRSD) of the MANR undertakes the M&E of agricultural policies and programmes in the context of the overall M & E undertaken by the Directorate of M & E in the Governor's Office. However, the assessment team observed that the PRSD was poorly staffed and lacked relevant tools and mobility to facilitate its work; consequently, M & E tended to be inadequate. Fund releases to the Department are also inadequate for its functions, although funding is a common challenge to the entire MANR. The assessment team was informed by officials of the PRSD that they relied on the extension agents

and the district agricultural officers to gather information on programme implementation and send to the headquarters of the MANR for collation and analysis. However, the arrangement is hindered by inadequate logistics and lack of follow-through. Finally, the Agro-Statistics and Data Bank Programme of MANR aims to provide statistical information for policy formulation and baseline data for planning, M&E of agricultural policies and programmes. A major achievement of the programme was the conduct of an agricultural survey in 2005, but there has not been any update since then.

### Gaps in Performance

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Against the backdrop of these findings, observations and interactions relating to the assessment, the observed gaps in performance are outlined as follows:

- There are productivity gaps, associated with poor quality of inputs, limited access to production inputs, low levels of mechanization, weak research-extension services, and lack of access to financial services in support of the different stages of the agricultural value chains.
- The State is lagging in MDG1 achievement, associated with low levels of productivity and weak links between agricultural production policies/programmes and food security in the State
- The sector is characterized by weak monitoring and evaluation system. As a result, there are data deficiencies for robust policy development and programme assessment, performance analysis and inter-temporal comparisons.
- Inadequate mainstreaming of gender in the agricultural policy, leading to weaknesses in strategies for harnessing the full potential of women in agricultural development.
- There is little or no attention to agricultural impacts on the environment and the challenges of agricultural adaptation to climate change impacts, even with the glaring environmental challenges in recent years, such as the 2012 floods that devastated considerable areas of agricultural production activities.

The identified gaps would need to be addressed along with the emerging issues in the sector. These issues are discussed in Chapter 7.

### Some Conclusions and Policy Recommendations

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Although the agricultural sector is duly acknowledged as the cornerstone of non-oil growth and development into the future, there is wide acknowledgement among stakeholders (policy officials, farmers, processors, service providers, marketers) that the actual agricultural performance in terms of sector-level indicators and in meeting MDG 1 needs significant improvement.

Corrective measures that promote value for money and efficient public spending on agriculture, inter-departmental coordination and inter-agency synergy, targeting of beneficiaries, programme monitoring and feedback and more efficient administration of subsidies are necessary to boost sector performance and accelerate progress towards the achievement of MDG 1.

The assessment revealed the following: the need to pay attention to the details of key processes in programme implementation, such as the development of robust criteria for selection of programme beneficiaries and close monitoring of implementation; the riskiness of direct supply/delivery of subsidized agricultural inputs by government agencies and the need to consider best-practice modes of delivering government support; and that full-scale rollout of intervention programmes without prior piloting does not allow for cumulative learning.

In light of the findings from the assessment, the performance gaps and challenges, there is a need for corresponding policy actions. These are discussed in Chapter 8.

# Challenges, Constraints and Emerging Issues

Succeeding Delta State Governments under the democratic dispensation, especially the current administration, have made discernible and notable progress in their efforts to promote peace and security, physical and infrastructural development, human capital development and general welfare of the citizens. But several challenges and constraints have tended to undermine the achievements. The following subsections first provide an overview of the challenges and constraints, and then outline the challenges of each of the four sectors under focus with a view to addressing them forcefully. Thereafter, the emerging issues and priorities, which policy makers need to focus on, are outlined.

## Overview of the Challenges and Constraints

Notable among the challenges is the sustenance of the gains in the area of peace and security, especially against the backdrop of the prevailing fear and uncertainty in the country. Another challenge is improvement of governance through effective combating of corrupt practices and entronement of accountability. Also of note is that even though Delta State is an oil producing State, limited revenue constrains the implementation of some otherwise laudable development projects. Other challenges that need to be effectively addressed include: over reliance on oil and gas, revitalization of agriculture and manufacturing, inadequate electric power supply, poverty, inequality and unemployment, limited inter-modal transport linkages, environmental degradation, floods and pollution, and constraining federal regulations.

With sustained vigour in the implementation of articulated policies and programmes as well as improved quality of governance, most of these challenges can be overcome to the benefit of the Delta State people, especially with greater successes in internal revenue generation and economic diversification.

## Sectoral Challenges/Constraints

### Health Sector Challenges/Constraints

The major challenges militating against the

timely achievement of health outcomes in Delta State are as follows:

- The health system that is characterized by inadequate numbers and poor distribution of the health workforce, inadequate equipment and weak system for their repair and maintenance, inadequate health financing, a dysfunctional two-way referral system for patients, inadequate logistics for conducting regular supervision and a dearth of reliable, timely and accurate information for planning, monitoring and evaluating health programmes;
- The socio-cultural practices that negatively influence health-seeking behaviour, resulting in low utilization of reproductive and maternal health services especially by women;
- The social stigma related to HIV & AIDS that is forcing people living with the conditions from disclosing their sero-status and discouraging people from seeking HIV & AIDS services;
- Inadequate community involvement and participation without which health service ownership and sustainability become uncertain;
- Limited funds for implementing or extending otherwise laudable programmes, for example, extension of the Free Maternal Healthcare Policy to the PHCs.

### Education Sector Challenges/Constraints

The challenges identified from primary and



secondary sources include the following:

- School safety and security in schools with regards to school personnel – children, staff, and school property;
- On-time completion and quality of new school buildings, renovations and rehabilitation projects;
- Supply and distribution of school furniture/instructional materials due to the peculiar geographic terrain of the state (a challenge of access and equity);
- Recruitment and transfer of qualified teachers to rural and riverine areas;
- Bureaucratic bottlenecks that tend to discourage and hinder contributions from vital stakeholders such as PTA, SBMC, Old Students Associations, NGOs, and so on;
- Mechanisms to increase internally generated revenue (IGR), particularly in tertiary institutions;
- More involvement of stakeholders and community ownership/participation in schools without undermining the free and compulsory education policy of the government; and
- Expanding and improving Monitoring and Evaluation in the sector (noting the financial implications).

### **WASH Sector Challenges/Constraints**

The challenges and constraints that have tended to hinder performance in this sector include the following:

#### **Electric Power**

The lack of continuous electric power is probably the most serious technical obstacle for sustainable supply of water. Currently, power supply is intermittent and of variable voltage. Poor voltages and surges are among the major causes of breakdown of water schemes. Hopefully, the state government's collaboration through MoU with Canada's Skypower Energy should provide better energy environment in the State.

#### **Research and Development**

Several Ministries in Delta State include research and development (R&D) in their organogram and programmes. This is right and proper, but should not just be on paper.

Research is necessary to unravel some geophysical and ecological challenges confronting and complicating resource development and management in the State. It should also equip the State to counter adverse environmental challenges. The State should seek suitable research institutions within the country for collaboration in R&D.

### **Other Challenges/Issues, which Require Attention**

Other challenges/issues, which require attention, include:

- Integrating environmental strategies into WASH and other sectoral policies.
- Improving environmental monitoring to reduce environmental degradation
- Increasing investments in environmental management such as planting trees to combat deforestation, improving farming and land management practices to combat desertification, treating and recycling of wastewater to reduce nutrient loads and ecosystems, and preserving critical ecosystems to protect biodiversity.
- Strengthening integrated water resources management system;
- Strengthening the regulatory environment of the WASH sector;
- Strengthening environmental protection agencies through a substantial scaling up of human resources, equipment, and operating budgets.
- Currently, monitoring systems are inadequate. Yet, it is known that no strategy for environmental sustainability can be successful without better monitoring and evaluation.

### **Agricultural Sector Challenges/Constraints**

The implementation challenges that the sector has had to contend with include the following:

- Inadequate and irregular funding both at the MANR administrative level and at the operational level of programme implementation.
- Poor monitoring and feedback arrangements. Programme beneficiaries are not followed-through in a proactive and

corrective manner.

- Inadequate attention to developing robust criteria for selection of programme beneficiaries and weak enforcement of existing criteria.
- Poor rural infrastructure, especially roads and electricity, for value addition and access to markets.
- Poor access to sustainable financial services by farmers and other rural entrepreneurs and poor design and administration of loans.
- Weak linkages between the public and private sectors in programme implementation.

## Emerging Priorities and Issues

These are pertinent issues and priorities that require the attention of the government, going forward.

### Health Sector Issues

#### *Ward Minimum Health Care Package*

In relation to the Minimum Health Package defined nationally by the NPHCDA in 1998 and reviewed in 2005, most PHCs in Delta State offer a very limited service package to patients at subsidized or full cost recovery. The most critical components of the package, namely, assessment of HIV and ART initiation and maintenance; Under-5 healthcare services; and maternal and newborn care are delivered at the secondary and tertiary facilities cost free.

#### *Universal Health Coverage*

It would appear that Delta State, through its FMHCP, RHS, and FU-5HP, has made policy choices to expand coverage to the rural poor, to increase coverage to selected key high-impact interventions delivered through the above programmes and to provide selected services free to the patient. However, as the State further moves towards universal coverage, more discussions will be needed in order to make further policy choices with regard to whether, for instance, more rural poor should be targeted by decentralizing the FMHCP and FU-5HP to the PHC facilities, or to offer all the components of the WMHCP at a subsidized cost.

#### *Strengthening Health System in the Context of Primary Health Care*

It was envisaged that implementation of the Strategic Health Development Plan (SSHDP) would strengthen the health system and the Primary Health Care system to enhance achievement of the health MDGs by 2015. This assessment has revealed that the SSHDP has not been systematically implemented as the annual budgetary allocations were not linked to the SSHDP Priority Areas. There has been no review of its implementation although its lifespan ends only in the next 18 months. The SMOH may need to consider giving the SSHDP implementation renewed impetus.

#### *Intersectoral Collaboration and Coordination*

Certain health challenges in Delta State have no easy solutions. Consequently, effective action on them will require collaboration across the State with LGAs and community level government agencies, the private sector, civil society, and community-based organizations. Among these challenges are the following: health inequities, the aging population and certain traditional practices, including gender disparities. Others, such as climate change arising from environmental degradation, resulting in recurrent flooding and extensive soil erosion and loss of habitat, create new health problems.

#### *Education Sector Priorities/Issues*

For this sector, the following priorities/issues are worth noting:

- Implementation of the State Educational Sector Strategic Plan developed in 2013.
- Recruitment of more teachers, especially, in the sciences, history and some newly introduced subjects, such as Civics and Citizenship education and Entrepreneurship.
- Recruitment, and retraining, of teachers for special education.
- Giving of more focus and attention to security issues.
- Expanding and improvement of the EMIS service delivery.
- Capacity building of quality assurance personnel.
- Provision of more incentives for teachers

in the rural/riverine areas.

- Provision of adequate equipment, furniture and facilities for ICT and libraries.
- Improvement and wider coverage in the number and quality of Technical and Vocational Education Colleges.

### WASH Sector Issues

The issues here relate to climate change and vulnerability, regional cooperation, rapid population growth and level of service.

#### Climate Change and Vulnerability

Since Delta State is particularly vulnerable to the effects of climate change and the growing risk of natural disasters, climate change is an important emerging issue that should be treated as a priority. The state government (through the MWRD and MoE) must focus on mitigation and adaptation to climate change. The collaboration which the Delta State Government established in 2009 with UNDP as Technical Partners on the Territorial Approach to Climate Change (TACC) should be invigorated.

#### Regional Cooperation Including River Basin Shared Management

Regional cooperation and integration is important in policy, infrastructure (e.g. power pools, transport and communications infrastructure), research, and the management of inter-state river basins. This is more so because as water becomes scarce and competition for available freshwater becomes intense, conflicts may easily arise. Also desired is increased coordination between RBDAs (Benin-Owena, Anambra-Imo and Niger Delta RBDAs), State Urban Water Board, STOWASSA and RUWASSA in water scheme planning. In Nigeria, major urban and

regional water schemes are fed from large dams operated by RBDAs.

#### Rapid Population Growth

Population in Delta State is growing at a high rate of 2.83 per cent. The implication of this growth rate is that, each year, at least 138,000 mouths will be added to the population, and they will all need to be watered, bathed, and fed. For the State to be able to cope with provision of infrastructural facilities or services to its people, population planning and control are inevitable.

#### Level of Service

In this study, emphasis has been on access; not much has been done on the level of service in terms of litres per capita per day (lpcd), which is not feasible to determine now with the variable pumping durations at various schemes. When the WASH policy is concluded, it will contain prescribed level of service domesticated from the national guidelines, but modified to suit local conditions.

#### Agricultural Sector Issues / Priorities

The important priorities/issues in this sector are as follows:

- Climate change adaptation in current and future policy reviews.
- Public-private partnerships, especially to bring much needed technical and financial services to small-scale farmers. The agricultural mechanization and input procurement activities of the MANR are good candidates for privatization as the public sector does not have a comparative advantage in these areas.
- Growing youth population with a reasonable level of education. This can be mobilized for agricultural activities.

Settlement Type	Level 1 (lpcd) Basic	Level 2 (lpcd)
Urban	30	30
Small Towns	50	80
Rural Areas	120	120

- Harnessing the role of ICTs for service delivery – the example of the e-wallet.
- Farmer documentation and database development – expanding the gains from the federal government farmer registration initiative. It is difficult to target farmers accurately without a reference to farmer database.
- Closer attention to the value chain approach. This can catalyse the development of linkages between agriculture and industry in the State.
- Linking agriculture to food security. This is an important desirable policy and programme orientation for achieving MDG1 target of eradicating extreme hunger.



# Conclusions, Lessons and Recommendations

The assessment of development performance in Delta State, in particular, in the four key sectors – Education, Health, Agriculture, and Water, Sanitation and Hygiene – has generated important conclusions and lessons to guide future development activities. Also, against the backdrop of the findings, challenges, and emerging priorities/issues, useful policy recommendations are made for the consideration of the government. This final chapter first highlights the conclusions and then the lessons learnt. The chapter concludes with policy recommendations.

## Conclusions

### *General Conclusions from the State Overview*

- Delta State is of remarkable strategic economic importance to Nigeria. Although the State's population is less than 3.0 per cent of the national population and occupies only 1.99 per cent of the country's land area, it accounts for 40 per cent of the country's gas reserves. It also accounts for a significant proportion of national oil output and oil fields. Besides abundant oil and gas, the State has a variety of other resources and facilities which confer on it significant comparative advantage in relation to other states in the federation. There is, thus, a good basis to achieve respectable economic development and diversification.
- However, the State's resources, especially oil, are yet to be fully harnessed towards significantly improving the welfare of the people. This is because the state government has had to contend with numerous challenges to its development efforts. Nevertheless, it is poised to tackle the challenges with its 3-Point Agenda of Peace and Security, Human Capital Development and Infrastructure, which is being implemented within the framework of Delta State Vision 2020.
- The eight years of the existence of Delta State before the present democratic dispensation commenced in May 1999, was characterized by political instability. But under democratic governance, stability has been restored as a basis for orderly and sustained development efforts aimed at improving the welfare of the citizens.
- For a long time, the quality of governance has been a notable source of concern in Nigeria. At present, Delta State has a vision for good governance in the context of its Vision 2020. Indications are that the present government in Delta State places high priority on reducing corruption and improving governance. The state government has put in place some institutions and tools to promote good governance.
- The state government has managed development with the aid of notable development frameworks and strategies such as the rolling plans, DELTASEEDS, Vision 2020, 3-Point Agenda and the annual budget. The implementation of some of them, for example, DELTASEEDS that was aimed at poverty reduction, tended to reflect policy discontinuity as implementation ended with the first phase.
- The focus of the current strategic framework and economic direction of the Vision 2020 Plan is to use the substantial resources accruing from the oil and gas sector to diversify the economic base of the State and pursue economic growth and development based on the non-oil sector. This is the essence of the concept of 'Delta State beyond Oil' which is simplified in the 3-Point Agenda. The long-term Vision 2020 Plan is both useful and measurable in that it has costed programmes and projects which are also aimed at towards achieving the 3-Point Agenda, unlike the Nigeria Vision 20: 2020. In the context of this Agenda, the actions of the government, especially

towards the development of the communities, have helped in calming frayed nerves in the State. Some measure of success has been achieved in the control and management of crisis in the State while the incidence of hostage taking and kidnapping has reduced.

- In acknowledging the crucial role of infrastructure in driving economic growth and development in the State, the government allocates an appreciable percentage of the annual budget to the implementation of strategic infrastructural projects. Besides, the government has adopted the PPP model in the development, provision and maintenance of existing infrastructure in several areas. Some critical infrastructural projects have been executed by the government, in line with the 3-Point Agenda, in the spheres of airport development, road projects, industrial parks, power projects, etc.
- The State has done appreciably well in fiscal management with significant successes achieved in internal revenue generation; it ranks as number three in IGR collection among the 36 States in the country. Also, prudence and discipline in fiscal management are reflected in fiscal surpluses or low fiscal deficit ratios. Besides, the State has a commendable capital budget ratio in relation to the situation at the federal level where recurrent spending highly dominates the public expenditure programme. However, there is a need for greater transparency in budget presentation to explicitly show the fiscal balance position and its projected financing. Also, the government should not relent in its IGR drive, especially by optimally tapping the potentials in taxation which is a credible and sustainable source of government revenue.
- The Delta State Government has taken the commendable initiative to compute state-level GDP. Although the computed figures are not directly comparable with those of other states like Lagos, because of differences in approaches and coverage, they provide an indication of the level of economic activity and income per head. The per capita GDP figures in Delta State are much higher than the national GDP per capita, suggesting much higher level of welfare for the average

Deltan compared to the average Nigerian. The computed GDP figures for Delta State have some credibility; they emerged from a wider coverage and were computed by a consultant to the National Bureau of Statistics who was also its Head of National Accounts. Nevertheless, the implications of states computing GDPs with different approaches are strong enough to warrant a common approach under the guidance of the National Bureau of Statistics.

- The Delta State economy is highly dependent on oil and gas for the bulk of its revenue and contribution to the gross domestic product. Even though the other sectors do not contribute much, they provide the bulk of employment and income to the majority of the citizens in the State. It is most desirable, therefore, that oil revenue be used to develop the other critical sectors of the State economy, as correctly recognized in the 'Delta beyond Oil' policy.
- The available data suggest that the scenario of improved economic growth without significant improvement in development outcomes at the national level in Nigeria is also an issue of concern in Delta State. The relatively good growth record of Delta State has apparently not translated into significant poverty and unemployment reduction. One contributory factor to the relatively high poverty incidence in the State is the growing income inequality, implying that a much smaller percentage of the population appropriated a larger share of the increase in state income and economic opportunities, thus pushing more people into poverty. The other notable factors are high level of unemployment and low agricultural productivity.
- The MDG target of halving poverty has not been met considering the poverty incidence data available as at 2010. Also, the target relating to the rate of unemployment has not been met. However, it must be acknowledged that the Delta State Government has, in the last few years, implemented initiatives, policies and programmes aimed at significantly reducing poverty, within the framework of the 3-Point Agenda. Of particular note is the establishment of the Ministry of Poverty Alleviation and its significant achievements through the

Micro-Credit Programme which has helped over 11,000 less privileged and disadvantaged people to establish and/or expand businesses such as cottage industries, agricultural production, trading, and services. It is most likely that the recent poverty reduction strategies and measures would result in significant reduction in the poverty incidence by the time of the next survey.

- However, there have been significant improvements in other development outcomes relating to education and health as reported in Chapters 3 and 4. For example, the maternal mortality rate stood at 188 per 100, 000 live births in 2013; Under-5 mortality rate (per 1,000 live births) stood at 52 in 2012; and infant mortality rate per 1,000 live births was 37.0 in 2012. The related MDG targets have been achieved. On educational outcomes, the achievements are commendable in the areas of universal primary school education, and gender parity. For example, as at 2013, net enrolment in primary education was 97.0 per cent; proportion of pupils who start primary 1 and reach primary 6 was 99.5 per cent; literacy rate was 97.0; and gender parity was 85 girls to 100 boys. Thus, the human capital development outcomes have shown impressive improvements unlike the poverty and unemployment indicators.

## **Conclusions from Sector Assessments**

### *Health Sector Observations/Conclusions*

- Delta State has performed well in investing in health infrastructural rehabilitation and establishment as well as in health service delivery through innovative health programmes targeting the rural poor. Evidence points to the reduction of infant mortality although the Under-5 mortality remains static. Also, the data from the State Ministry of Health indicates that maternal mortality rate has significantly reduced in relation to the value in 2005 and the related MDG target has been achieved.
- Patients appear to be bypassing the Primary Healthcare Centres to seek maternal and child health services in Secondary facilities due to many reasons,

including the cost element and perception of quality. As a result, the services in the secondary health facilities are overstretched.

- The Rural Healthcare Scheme (RHS) is delivered largely as an isolated outreach service to the communities without any strong linkages with the surrounding health facilities. As a result, there is no continuity of these services to the target communities between the RHS visits.
- Diagnosis of Paediatric HIV is posing a challenge in Delta State due to the lack of capacity for Polymerase Chain Reaction (PCR) testing. The collected dried blood spots (DBS) have to be transported to the University of Ife for processing, and this causes unavoidable delays and loss of patients. Additionally, the rapid expansion of HIV Counselling and Testing (HCT) and Prevention of Mother-to-Child Transmission (PMTCT) services is done in a manner that threatens to reduce their quality without adequate laboratories to support the expansion in PHC facilities.
- Health manpower seems inadequate to deliver the needed services while maintaining their quality as exemplified by the low health worker/patient ratio. Besides, it has been found that staff motivation is affected negatively by factors such as: irregular and delayed payment of salaries for PHC-based and LGA staff, staff security concerns in some PHC facilities, inadequate work tools and overwork.
- Except for immunization, TB, malaria and HIV services, other maternal and child health services are provided through out-of-pocket payment of fees by the patient in the PHC facilities. Family planning materials are free, but because supplies are not provided, the patients are asked to pay varying fees for the services. Treatment of minor ailments is provided by full cost recovery at PHCs and SHCs. Lack of awareness of the concept and benefits of health insurance has led to opposition by civil servants in Delta State to join the National Health Insurance Scheme (NHIS).
- The proportion of the State budget that has been allocated to health over the years has been far below the recommended 15 per cent of the total budget. Besides, for most of the years from 2006-2013, the proportion of approved health



budget that was ultimately released had been low.

- UNICEF has supported all the States in Nigeria through the Population Commission to register and report on births using the mobile phone short messaging system (RapidSMS) since 2009. The Population Commission in Delta State has Registrars in two to five centres in each of the 25 LGAs. More Registration Centres are needed, which means employment of more Registrars. Substantial support is required to expand this system which could improve civil registration, thereby generating the needed vital statistics.

### *Education Sector Conclusions*

- The recognition by the Delta State Government that education is a vital component of human capital development that needs to be adequately focused on for improved outcomes, is evident in the findings of the sector assessment, the 3-Point Agenda of the State and the laudable policies and programmes on education formulated and implemented.
- There is steady progress towards achieving the sector MDGs and other national and state goals such as Education for All (EFA) and Vision 20:2020 goals. The available data (primary and secondary) indicate that Delta State is willing and well-positioned to achieve the stated targets in Goal 2 and the relevant targets in Goal 3 of the MDGs by 2015. The prospect of 100 per cent attainment of Goal 2 by the anticipated year 2015 represents a formidable impact for an enlightened and literate citizenry with employable skills. This is the ultimate exemplification of Delta State's achievements in the education sector and an endorsement of the road-map implicit in the Millennium Development Goals for national and global developments.
- This positive prospect has been made possible, in large part, by the policy initiatives, programmes and projects implemented by the state government. School infrastructural development and related interventions have yielded results in the form of an increase in the number of schools; from 995 primary schools in 1994/1995 to 1,250 in 2011/2012 and

from 275 secondary schools to 420 in the same period. In the tertiary education subsector, the creation of two campuses of DELSU in Anwai and Oleh, in addition to the main campus at Abraka, has significantly increased access to tertiary education in the State.

- The specific government policies, programmes and projects that have direct impact on achievements in the sector include the following: the state's adoption in 2010 of the Federal UBE law which grew out of the National Policy on Education (NPE) and UNESCO EFA mandate; the free and Compulsory Basic Education policy of the state; the drive towards gender parity and equity in access to education; scholarship and bursary awards; and the conspicuous infrastructural development entailing construction of new educational institutions and renovation/remodelling of existing ones.
- However, although the achievements and impacts are laudable, the issues of data collection/analysis remain a strong challenge for monitoring progress and sustainability. Equity concern is another issue. The location of new schools and renovation/rehabilitation of existing ones and the distribution of educational facilities and materials deserve priority attention in some urban areas and rural/riverine areas, in particular.
- Also important is the need for government to enhance its commitment to quality, in addition to access and equity in the spread and pacing of school infrastructural development and distribution of facilities/materials. Quality is key in harnessing the dividends of educational services delivery.

### *WASH Sector Conclusions*

- Delta State has no WASH policy yet; one has been approved by the State Executive Council but it has yet to be processed through the State House of Assembly. The State also has no regulator. Yet, having a regulator is just as important as having a good policy. Besides all else, it will separate regulation from service delivery and prevent a situation in which the same institution plays the role of regulator and service provider. Furthermore, a law which will anchor the key institutions,

allocate power and functions and remove the existing overlaps is yet to be put in place.

- Two strategies which MWRD employed and which worked well are those of mainstreaming scheme maintenance into the WASH services delivery system. For some two years, MWRD has adopted a new strategy to water supply service delivery with emphasis on rehabilitation of existing non-functioning schemes and, recently, routine maintenance as against the practice of awarding contract for non-redeemable ailing schemes. Also of note is the provision of regional schemes in the urban communities and metropolis, benefitting rural areas in the urban region as is the standard practice globally. The Warri/Effurun Regional Scheme covering three metropolitan LGAs is nearing completion.
- In relation to the MDGs, the Delta 2011 Household Survey indicates the proportion of the population having access to safe drinking water as 78.6 per cent. The MICS Survey gave this as 75.1 per cent. However, in 2013, the percentage of households or of population having access to water supply from safe sources was 70.1.
- With the investments and programmes implemented since 2011, Delta State is most likely to achieve the MDG target of 77 per cent access to potable water by 2015. The disparity between urban and rural areas remains high, however, and it needs to be addressed. Greater efforts will need to be made to cater for small towns and rural communities, not only to provide the scheme in a central location, but to seek to extend the supply closer to the beneficiaries.
- The performance of the sanitation subsector is different from that of water supply. As at 1999, the proportion of the population with access to improved sanitation was 35 per cent. By 2013, it had declined to 24.3 per cent. With less than 25 per cent access to improved sanitation, it is most unlikely that Delta State would meet the MDG target for basic sanitation of 63 per cent by 2015. However, the numerous sensitization campaigns (800 altogether) that have been conducted in schools, markets and motor parks have helped to create the necessary awareness for both the users

and the policy makers and technocrats.

- One major factor that has enabled the observed performance in the sector is the multiple sources of programmes/investments. These include those of DESOPADEC, European Union (EU), NDDC, MDG, NDSP-WS, Solar-Powered Electricity with Skypower Energy of Canada, the State Government in collaboration with UNDP on Territorial Approach to Climate Change, and with UNICEF (on RUWASA). An underlying factor in all these is the observed commitment of the sector leadership to service delivery in the sector.
- The important issue of financial sustainability is yet to be addressed by the sector. However, DSUWB has recently engaged a revenue consultant to collect water tariff. The EU, as part of ongoing collaboration, could assist the Ministry and the Board to establish appropriate PPP options.

#### *Agricultural Sector Conclusions*

- The agricultural sector is duly acknowledged in DSG policy and strategy documents as the cornerstone of non-oil growth and development into the future.
- The State Agricultural Policy, 2006, adequately defined the overall direction and goals of agricultural development. The implementation performance of the Agricultural Policy was, however, weakened by inadequate funding of the sector, inconsistency in following through the policy priorities, etc. In 2012, for instance, spending on the agricultural sector was only 0.03 per cent of the total expenditure of the State. This calls for a further reflection by the state government of the framework for equitable allocation of budget resources to its various development priorities.
- Most of the agricultural programmes implemented since the creation of Delta State were relevant for addressing the development needs of the State. However, the programme designs were often not robust enough and the pace of implementation was generally slowed by inadequate or late fund releases that are out of sync with the seasonal agricultural cycle.
- Most of the growth of the agricultural

sector is accounted for by the expansion in cultivated areas rather than a more sustainable growth in productivity. Nevertheless, the performance of the sector overall is deemed to have contributed substantially to the relative progress of Delta State against the MDG1 targets compared with other states. And there is wide acknowledgement among agricultural sector stakeholders (policy officials, farmers, processors, service providers, marketers) that the actual agricultural performance in terms of sector-level indicators and in meeting MDG1 needs significant improvement.

- Delta State, like many other states in Nigeria, is lagging behind on the MDG1 target relating to poverty reduction. However, progress is being made, considering the fact that the revised absolute poverty incidence has reduced from 70.6 per cent in 2003/2004 to 53.8 per cent in 2009/2010. The estimated proportion of Under-5 children that are underweight in Delta State is 13.4 per cent, which is less than half of the national rate of 27.4 per cent. It is evident, therefore, that Delta State has achieved much more than the overall national level in terms of reducing extreme hunger.

## Lessons Learned from the Assessments

The assessment of the four main sectors is a huge investment itself and sows tangibly into the future of the State. It is, therefore, important to learn lessons from the assessment on the things that worked well and those things that need to be done better or differently.

### Health Sector Lessons

Here, the lessons learnt are outlined as follows:

- The cluster model is useful to improve efficiency, service delivery quality and strengthening the referral system as reflected in the MSS model and the clustering of Secondary Health Facilities in eleven zones.
- Health facility survey is critical for determining facility readiness for service

expansion. The physical assessment of all the health facilities in the state was critical in determining the facilities that were ready to take up PMTCT services

- Public Private Partnership is important for expanding service coverage. The approach has yielded good results in increasing the number of children being vaccinated.
- Mobile phone technology can improve civil registration. The approach has significantly improved the rate of birth registration in the State.
- Provision of free health services improves utilization. The provision of FMHCP and FU-5HP in Secondary Health facilities in Delta State has resulted in increased service utilization.

### Education Sector Lessons

- Need to have adequate records keeping and statistical data/information on government policy, projects and programmes implementation.
- Need to avoid bureaucratic bottlenecks which tend to discourage stakeholders from contributing to school projects, thereby hindering community ownership, partnership and augmentation of government efforts.
- Need to give more vigour and attention to quality control and its related monitoring and evaluation functions in the sector.
- Paying adequate attention to EMIS in terms of funding, equipment and personnel can help avoid the negative impact on data generation, collation and analysis in the sector.
- Need to provide full attention, funding and backing to M & E in the sector to enhance programme and project efficiency and effectiveness.

### WASH Sector Lessons

- Availability of multiple sources of funds for investing in the WASH sector is an enabling factor for significant progress in service delivery. The sources have been critical.
- Proactive planning to mitigate the frightening risks associated with climate change in the coming decades is crucial. The State has already taken some commendable proactive steps to combat climate change; these would need to be

carried forward.

- Global best practice can provide useful guides on approaches to water supply development. The regional approach to water supply development is in line with global best practice. It should be extended to include rural communities.
- Need to ensure effective maintenance of WASH infrastructure and reticulation networks through the contribution by water users particularly those residing in urban areas. This would release capital funds for extension of existing services and construction of new ones.
- Need for concerted efforts to attract private sector investments into the sector, as some states have been doing. This will be in accord with the vision of 'Delta beyond Oil'.

### *Agricultural Sector Lessons*

- Need to pay attention to the details of key processes in programme implementation, such as the development of robust criteria for selection of programme beneficiaries and close monitoring of implementation.
- The direct supply/delivery of subsidized agricultural inputs by government agencies is very risky. The State should consider best-practice modes of delivering government support, which limit government's role to facilitation, funding and monitoring.
- Full-scale rollout of intervention programmes without prior piloting does not allow for cumulative learning. Sequencing of programme implementation in terms of scale and content is critical for effective outcomes.

## **Policy Recommendations**

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### *General Recommendations*

- a. Need for greater transparency in budget presentation relating to fiscal balance and the methods of financing it. The budget, as currently presented, appears to give the misleading impression of a balanced budget with estimated revenue being equal to expenditure. The budget deficit/surplus position is not clear. Greater openness in budget

presentation requires reviewing the budget presentation format to show clearly the projected fiscal balance position and the means for financing of deficit/surplus.

- b. Need for the government not to relent in its IGR drive as its hard work has yielded commendable dividends, especially in view of its strategy of building a 'Delta State beyond oil'. In this direction, taxation is a credible and sustainable source of government revenue. Taxes, fines and fees which currently constitute over 90 per cent of IGR (92.95 per cent in 2013 budget), need to be further focused on in view of its potential to increase significantly if the problems of citizens' scant appreciation of tax payment as a civic responsibility is genuinely addressed. The citizens can be motivated to pay tax when they see goods and services provided with their tax money.
- c. Capital budget/total expenditure ratios. Even though the State has maintained capital expenditure/total expenditure ratios that are much higher than the prevailing rate at the federal level, it is important that the state government should review its recurrent expenditure programme in the form of fiscal consolidation in order to free resources for the implementation of the 3-Point Agenda and Vision 2020 plan.
- d. Need to compute state-level GDP with a methodology that will confer credibility, comparability and acceptability on the computed figures. To this end, it will be most desirable for a uniform methodology to be developed and used in computing State-level GDP; the state government should support the State Bureau of Statistics to work with the National Bureau of Statistics and National Planning Commission to jointly estimate the state GDP.
- e. The plan of the government to set up the State Bureau of Statistics with significant autonomy and authority to coordinate the statistical system and deliver statistical matters quickly, as well as its empowerment to compel potential suppliers of statistical data and apply sanctions

for non-compliance, is a good initiative. However, there is need to expedite action on the enactment of the law to establish the State Statistical System and State Bureau of Statistics. Also, as a technical agency, the Bureau will need to be adequately empowered with funding, skilled manpower and logistics to be able to carry out major surveys and deliver the expected statistical outputs.

- f. As the case of Nigeria and Delta State, in particular, has shown, growth is necessary but insufficient to attain inclusivity and poverty reduction unless appropriate policies accompany it (growth). Therefore, not only will growth have to be speeded up in Delta State, its quality has to improve in terms of being employment generating, broad-based and shared. The needed economic and social infrastructure must be provided for many people to be actively involved in the growth process. Also called for are conscious pro-poor policies that channel resources towards sectors with maximum poverty reducing impact and ensure the participation of the poor in the growth process. Finally, policies that reduce inequality will make growth pro-poor.
- g. Policies, programmes and projects that will make growth pro-poor and inclusive include the promotion of human capital development, provision of safety nets for vulnerable groups, development of rural infrastructure, strengthening of financial intermediation towards providing the poor and low income segments of the population with adequate financial services, and creating employment in the rural economy.
- h. Need for evaluation of programmes and projects. As at now, evaluation of plan, budget, programmes and projects is not being done by the Directorate of Monitoring. The government should embrace the evaluation of plans, budgets and projects through evaluation studies that will provide insights into project and programme outcomes and impact. Not only does the Direct-

orate require adequate professional staff for the day-to-day supervision/monitoring of projects, it also requires evaluation experts to carry out evaluation studies of completed projects and programmes to ascertain the extent to which they are yielding the intended benefits.

## **Sectoral Policy Recommendations**

### *Health Sector Recommendations*

- a. The State Ministry of Health (SMoH), the Local Government Authority and LGA Chairmen should initiate discussions on the modalities to provide free Reproductive, Maternal and Child health services to all PHCs in order to relieve the workload in the SHCs.
- b. The delivery of the Rural Healthcare Scheme should be re-designed. Services under the scheme should be delivered in designated static health facilities where regular outreach services could serve as practical, on-the-job training for health workers in these facilities, in a bid to ensure constant availability of services to the communities. Inaccessible riverine communities should benefit from the services under the Scheme using appropriate transport and service delivery methods to reach them.
- c. The SMoH should further strengthen and expand the 'Hub and Spoke' arrangement that clusters several PHCs around a Secondary Healthcare facility. This will allow a more structured mentoring and provision of professional support to the healthcare workers in the PHCs by experienced SHC staff in order to improve the quality of the services delivered at the PHCs.
- d. The SHMB, the SPHCDA and LGA Health Departments should expand the MSS to all the LGAs in the State to ensure that an increased number of PHCs deliver Basic Emergency Obstetric Care (EmOC) services and can refer complicated cases to a nearby facility that can deliver comprehensive EmOC services.
- e. To increase the diagnostic capacity

- for Paediatric HIV and ensure that HCT and PMTCT service expansion adhere to quality assurance, the SMOH should conduct an assessment with a view to strengthening laboratories in selected SHCs, including the establishment of PCR testing capacity.
- f. The SMOH should work towards increasing MDR-TB diagnostic capacity by providing more GeneXpert testing equipment. To enable timely initiation of treatment for the already diagnosed MDR-TB patients, a special ward for treating MDR-TB cases should be established as a matter of priority.
  - g. The SMOH should develop, cost and implement a Human Resource for Health (HRH) Plan, which will address all the current HRH issues identified.
  - h. Delta State should lift the embargo on staff employment in the health sector and fill the staff gaps based on a workload analysis in the PHCs and SHCs.
  - i. The SMOH, with the support of the UN, should institute a State Health Account which will enable timely collection, analysis and reporting on health expenditures by source and intervention (disease) in order to link expenditures to budgets and health outputs annually in a sustainable fashion.
  - j. The SMOH should endeavour to establish a mechanism that provides financial protection to all the citizenry, especially the poor, by replacing all out-of-pocket payments for health services to a pre-payment mechanism, in a bid towards universal health coverage; this will require, among other things, creating a core group of knowledgeable individuals such as Professional Association Members to undertake mass education and community mobilization for the pre-payment mechanism.
  - k. The State should endeavour to achieve budgetary allocation to the health sector amounting to at least the 15 per cent target set by African leaders in Abuja in 2000. Furthermore, efforts should be made to increase disbursement of the approved health budget.
  - l. The SMOH should endeavour to adopt the new National Drug Distribution System in order to ensure the safety and effectiveness of the medicines delivered by all health facilities in the state, including PHCs and the privately-owned facilities.
  - m. The State should systematically empower the Department of Research and Statistics (in SMEP), the Population Commission and the Department of Planning and Statistics (in SMOH) to collaborate in generating the information required for health planning, monitoring and evaluation through conducting house-hold and other population surveys, strengthening routine service reporting and civil registration to generate the needed data.
  - n. Delta State should provide the needed resources (manpower and financial) to the Population Commission to improve the RapidSMS reporting of child births and expand it to include reporting on child and maternal deaths; this will allow timely response to address causes of maternal and child mortality.
  - o. SMOH should arrange to evaluate the implementation of the SSHDP, 2010-2015. The findings of this evaluation will inform the development of the next plan, beyond 2015.
  - p. The SMOH should involve a broad spectrum of stakeholders in the review of the current SSHDP and the development of future health plans/strategies; the stakeholders should include LGAs, civil society organizations, the private sector and development partners.
  - q. The SMOH should formalize arrangements for collaboration with private health service providers beyond registering them; this will entail signing of MoU with them for health service delivery in a bid to expand access to health services.
  - r. Each programme (AIDS, TB and malaria) should have a budget line and the SMOH should gradually increase its contribution through budgetary allocation in order to not only alleviate the inadequate funding

for operations, but also to ensure sustainability of these important programmes.

### *Education Sector Recommendations*

- a. EDUMARSHAL activities should be extended to the rural and riverine communities where street children are highly concentrated. The success recorded by the EDUMARSHAL initiative so far is mainly in the cities where schools can easily be accessed by road.
- b. Infrastructure should be provided and distributed according to school needs. A situation where some schools have very many classrooms, computers, well-equipped libraries and laboratories for few students, while some have close to 2,000 students, for example, but have only 12 to 13 classrooms, does not augur well for the schools and the government. In the interest of quality, equity and fairness, there should be equitable distribution of infrastructure across the State.
- c. Government subventions to schools and principals/head-teachers should be increased significantly. Also, there is need for significant increase in the percentage of money released from the annual education budget.
- d. There is a need to employ more secondary school teachers to handle certain subject areas (Physics, Chemistry, and Civics) and address expressed shortage of teachers generally.
- e. There is a need also to give more focus to 'quality' alongside 'qualified' teachers.
- f. It is necessary to enhance quality through the establishment of Teachers' Professional Development Centres for in-service training and staff development, and sharing of teacher-made and commercially produced instructional materials. These centres should promote staff development through competencies-based workshops, seminars and conferences.
- g. The government should make re-certification of teachers a compul-

ory requirement/ condition for retaining professional status in classroom teaching, thereby promoting the quest for quality teachers and not just qualified teachers.

- h. Stronger cooperation and collaboration should exist between the State Universal Basic Education Board (SUBEB) and the State Post-Primary Education Board (SPPEB).
- i. There is a need for more cooperation and synergy between the two Ministries of Education: Basic and Secondary Education, and Higher Education.
- j. More schools for children with special needs should be built in every local government area. This will promote equal access to education. In the alternative, provisions should be made for the integration of children with special needs into the public schools (basic, secondary and tertiary). This will give them a sense of belonging and self-actualization.
- k. Teachers should be adequately motivated for maximum productivity. They should be promoted as and when due while the benefits accruing from promotions are also paid promptly. This would enhance job satisfaction and raise productivity.
- l. Adequate security personnel should be employed in the system. In most schools in the state, teachers, pupils/students and the facilities remain vulnerable to thieves due to the absence of well-trained security personnel.

### *WASH Sector Recommendations*

The recommendations here are grouped into four categories.

#### *1. Technical Strategies*

These deal with a selection of appropriate sources of water and appropriate technology to harness them and deliver services to the people in a sustainable manner. Such a choice may be limited by natural endowment but still making the right choices is important, especially with respect to:

- Selection of appropriate water supply

type. The choice may be between surface and groundwater or between shallow or deep-seated groundwater, etc. A thorough assessment will need to be made to reach the right decision.

- Standards of supply appropriate for needs of communities. Although hand pumps are often not considered as being sufficiently modern, but with epileptic power supply, it is recommended that they be given greater priority. And until public power supply improves or the plan for an alternative power materializes, MWRD may need to convert more of its motorized pumps to solar pumps.

## ii. *Management Strategies*

These entail the following:

- More of participatory planning with communities for scheme development to improve vastly on the present reasonable practice;
- Decentralized autonomous management for service delivery and system O&M with the objective of achieving cost recovery.
- Handover of service provision to communities and/or private sector for community managed schemes. This applies not only to rural and small town schemes, but ultimately to urban schemes. Models of this are found in the South South and South East geopolitical zones.
- Provision of performance incentives for staff based on achieved levels of service delivery.
- Establishment of water regulators to monitor, control and support water issues.

## iii. *Financial Strategies*

The following are crucial to ensure long-term sustainability of services:

- Government should prepare clear strategies for cost recovery;
- Revenue from water fees must be directly used to support operation and maintenance, otherwise both the service providers and water users will be frustrated by the diversion;
- Regulators are to ensure fair tariffs and affordable water for all with arrangement for pro-poor subsidy;
- Procedures for water fee collection and

financial management should be robust and professionally designed and carried out;

- Subsidies from local governments should also be ploughed in to meet funding needs in the sector.

## iv. *Institutional Strategies*

- There is a need for increased coordination between RBDAs (Benin-Owena, Anambra-Imo and Niger Delta RBDAs), State Water, STOWASSA and RUWASSA in water scheme planning;
- More integrated approach involving urban and rural water supplies, not just for metropolitan areas, are needed. The four approved schemes for Asaba, Agbor, Ughelli and Sapele should be implemented with incorporation of rural communities while the plans for implementing the remaining two sets of regional schemes should be set in motion.

## *Agricultural Sector Recommendations*

- a. Rationalize government involvement in (or possible disengagement from) services and activities that are more efficiently and effectively undertaken by the private sector or in partnership with the private sector, while the public sector exercises a monitoring, regulatory and quality control function. The activities in which government involvement should be rationalized include tractor hiring services, procurement and distribution of agricultural inputs, multiplication of seeds, seedlings and improved breeds for livestock, and the administration of credit to farmers. The quality control function entails the development of appropriate selection criteria for participants in the programmes and ensuring that such criteria are enforced during implementation.
- b. Develop and operationalize policy and programme linkages between the agricultural production interventions and food security goals by mainstreaming food security dimensions in sector strategy and policy design and targeting commodity enhancement based on the value chain approach.



- c. Strengthen the Ministry of Agriculture and Natural Resources to become more capable in the design, execution and monitoring of agricultural and food security policies and programmes.
- d. Provide adequate budgetary resources to the agricultural sector in line with the 'priority' status accorded the sector in current development plans and even in the 'Delta Beyond Oil' policy. The 0.03 per cent of total state expenditure accounted for by the agricultural sector is a far cry from even the 10 per cent benchmark of the Maputo Declaration.
- e. Include in the enhanced funding provisions for the agricultural sector, a strategic plan for the provision of critical infrastructure for agricultural development, especially access roads and electric power. The Indian example could be a source of inspiration. Pumping of irrigation water for enhanced food production was accorded top priority during periods of limited electric power supply.

# References

- Abayomi, A. 2012.**, '2012 Education Budget and its Implications: Analysis'. Available at <http://www.vanguardngr.com/2012>. Retrieved on 18/06/2014.
- Abdulraheem, I.S. et al. 2012.** 'Primary Health Care Services in Nigeria: Critical Issues and Strategies for Enhancing the Use by the Rural Community'. *Journal of Public Health and Epidemiology*, Vol. 4, No. 1.
- Adams, Isaac et al. 2004.** 'Assessing Efficiency in Service Delivery'. *Bulletin of Health Information* 1.
- Ajuyah, C.O. 2013.** *Primary Healthcare Delivery System in Nigeria in Achieving the Millennium Development Goals: A Case of Delta State*. Kuru: NIPSS.
- Barry, Saidou Pathe, et al. 2010.** *The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium*. WHO Regional office in Africa, April-June. Central Bank of Nigeria. 2009-2012. *Annual Reports*. Abuja: CBN.
- Delta State Government, Ministry of Economic Planning. 2012.** *Sector Investment Programme: Macroeconomic Overview*. Asaba: DSG, June.
- Delta State Government. 2014.** *Delta State Strategic Education Sector Operational Plan (2014 -2016)*. Asaba: DSG.
- Delta State Government. 2011.** *Delta State Vision 2020, 2011-2020*. Asaba: DSG.
- Delta State Government. 2012.** 'Delta State Oil Mineral Producing Areas Development Commission'. Asaba: DSG.
- Delta State Government. 2012.** *Economic Dashboard\_ Full Year Report*. Asaba: DSG.
- Delta State Government. 2013.** 'Budget of Consolidation, Sustainable Economic Growth and Development'. An address by His Excellency Dr. Emmanuel Eweta Uduaghan CON, Governor of Delta State to the Delta State House of Assembly at the presentation of the year 2014 budget proposal on Wednesday 18th, 2013. Available at <http://www.delta-stateassembly.gov.ng/2014-budget>. Retrieved on 18/06/2014.
- Delta State Government. 2014.** 'The Achievements/ Milestones of the Ministry of Higher Education', A Presentation in Asaba on 23-25 April.
- Delta State Government. 2014a.** 'Memorandum Submitted by the People and Government of Delta State to the National Conference', *The Guardian*, 8 June.
- Delta State College of Education. n.d.** 'Policy Development Plan/Strategy and Achievements of College of Education. Agbor: Delta State College of Education.
- Delta State College of Education. n.d.** *Five-Year Strategic Plan*. Agbor: Delta State College of Education.
- Delta State Government. n.d.** 'Report of the Sub-Committee on Agriculture and Natural Resources towards Vision 2020'. Asaba: DSG.
- Delta State Government of Nigeria, Ministry of Economic Planning. 2009.** *Approved Budgets for 2003-2014*. Asaba: DSG.
- Delta State Government. 2009.** 'Implementation of the Road Map on Agricultural Development: Youth Empowerment through Agriculture Programme for Year 2009 – Memorandum by the Chairman of the Committee on Farmers Support and Youth Empowerment through Agriculture Programme'. Asaba.
- Delta State Ministry of Agriculture and Natural Resources. 2011.** *Handbook on Delta State Agriculture*. Asaba: DSG.
- Delta State. 2009.** 'A Bill for a Law to Establish the Delta State Council on Public Procurement and Public Procurement Commission ...'
- Delta State Government. 2009** *Delta State Statistical Year Book*. Asaba: DSG.
- Delta State Government. various years.** 'Annual Budget' Presentations. Asaba: DSG.
- Delta State, Central Office of Research and Statistics. 2011.** *Household and Housing Survey, 2011*. Asaba: DSG.
- Delta State, Delta State Ministry of Economic Planning. 2013.** *Approved Year 2013 Budget*.
- Delta State, Facts and Figures, 2001, 2004 and 2009.**
- Delta State Government. 2012.** *Millennium Development Goals, Progress Report*. Asaba: DSG.
- Delta State, Ministry of Agriculture and Natural Resources. 2003.** *End of Administration Status Report 29 May 1999 – May 2003*. Asaba: MANR.
- Delta State, Ministry of Agriculture and Natural Resources. 2006.** *Delta State Agricultural Policy*. Asaba: MANR.
- Delta State, Ministry of Agriculture and Natural Resources. 2006.** *Report on the Achievement of the LOAF Programme from 2005 to March 2006*. Asaba: MANR.
- Delta State, Ministry of Economic Planning. 2005.** *Delta SEEDS, 2005-2007*. Asaba: Ministry of Economic Planning.
- Delta State, Ministry of Economic Planning. 2010.** *Delta State General Economic Atlas*. Asaba: Ministry of Economic Planning.
- Delta State, Ministry of Environment. 2014.** 'A Presentation at the Stakeholders Workshop' in Asaba, 23-25 April.
- Delta State, Ministry of Health. 2013.** *Human Capital Development Agenda: The Critical Role of Healthcare*, Vol. 2.
- Delta State Ministry of Poverty Alleviation. 2014.** 'Delta State Micro Credit Programme (DCMP) - Profile'. Asaba: Delta State, Ministry of Poverty Alleviation.
- Delta State, Ministry of Water Resources Development. 2014.** 'A Presentation at the Stakeholder Workshop' in Asaba, 23-25 April.
- Delta State, Oil Mineral Producing Areas Development Commission (DESOPADEC). 2012.** 'Executed Projects 2007-2011'. Asaba: DESOPADEC.
- Eboh, E. C. 2012.** 'Implications of Flood Damage and Losses for Poverty and Food Security in Affected Areas of

Nigeria'. An Assessment Report Submitted to the United Nations Development Programme (UNDP).

**Federal Government of Nigeria and International Fund for Agricultural Development. 2013.** 'Community-based Natural Resource Management Programme (CBNRMP) in the Niger Delta Region: Aide Memoire'. Report of Follow-Up Supervision Mission, 18-22 November.

**Federal Government of Nigeria and International Fund for Agricultural Development. 2013.** 'Community-based Natural Resource Management Programme (CBNRMP) in the Niger Delta Region: Aide Memoire'. Report of 13th Supervision Mission, 6 June -4 July.

**Federal Government of Nigeria and World Bank. 2010.** 'Third National Fadama Development Project – Aide Memoire for the Third Joint World Bank/Federal Government of Nigeria Supervision Mission, 1-12 November.

**Federal Government of Nigeria and World Bank. 2012.** 'Third National Fadama Development Project – Aide Memoire for the Midterm Review/Fifth Joint World Bank/Federal Government of Nigeria Implementation Support Supervision Mission', 4-15 June.

**Federal Government of Nigeria, National Agricultural Extension and Research Liaison Services (NAERLS) and Planning, Research and Statistics Department – Federal Ministry of Agriculture and Rural Development (PRSD-FMARD). 2012.** 'Agricultural Performance Survey of 2012 Wet Season in Nigeria' Abuja: NAERLS-/PRSD-FMARD.

**Federal Ministry of Education. 2014.** *Manual for Annual School Census Data Collection for Data Collectors and Supervisors.* Abuja: Federal Ministry of Education.

**Federal Republic of Nigeria. 2004.** *National Policy on Education.* Lagos: NERDC Press.

**Federal Republic of Nigeria. 2011.** *Community Citizenship Education.* Abuja: NERDC Press.

**Frimanno Ventures. 2012.** 'Report of the Community Needs Assessment

Study Conducted for Ovia, Ethiope East Local Government Area, Delta State,' April.

**Gali, C. D. 1997.** *The Nigerian Experience in National Economic Planning,* CBN Research Department Seminar Paper No.2, 8 April.

*Health in All Policies: Improving Health through Intersectoral Collaboration* (2013). A Discussion Paper, IOM Round Table on Population Health Improvement.

**Masiye, F., et al. 2008.** 'Removal of User Fees in PHC facilities in Zambia: A Study of the Effects on Utilization and Quality of Care'. *Equinet Discussion Paper* 57, March.

**Ministry of Education. 2000.** *UBE for Nigeria. Proceedings of the Main Summit,* Abuja: Monday, 29 November 1999.

**Morel International Consultants. n.d.** *Report on Delta State Gross Domestic Product (GDP), 2006-2008.* Asaba: Morel.

**Murray, C.J.L, et al. 2010.** 'A WHO Framework for Health System Performance Assessment'. Available at: [www.who.int/healthinfo/paper30.pdf](http://www.who.int/healthinfo/paper30.pdf).

**National Bureau of Statistics. 2013.** *Revised Poverty Statistics.* Abuja: NBS.

**National Bureau of Statistics, 2011.** *Poverty Profile 2010.* Abuja: NBS.

**National Bureau of Statistics. 2005.** *Poverty Profile for Nigeria, 2005.* Abuja: NBS.

**National Food Reserve Agency (NFRA). 1999-2010.** *Agricultural Production Surveys.* Abuja: NFRA.

**National Population Commission. 2009.** *Nigerian Demographic and Health Survey, 2008.* Abuja: NPC.

**Obadan. 2013.** 'Development Planning in Africa: The Nigerian Experience'. A Study undertaken for the United Nations Commission for Africa, December.

**Obadan, M.I. 1998.** *The State, Leadership, Government and Economic Development.* A Published Presidential Address Delivered at the Annual

Conference of the Nigerian Economic Society, Kano, 22-24 July.

**Odiaka, O. I. 2013.** 'Opinion: 2013 Budget, Education and Nigerian Universities'. Available at [http://www.omojuwa.com/end\\_opinion\\_2013-budget](http://www.omojuwa.com/end_opinion_2013-budget).

**OSSAP-MDGs. 2010.** *Nigeria MDGs 2013 Report.* Abuja: OSSAP-MDGs.

**Okorosaye-Orubite A. K. 2008.** *From Universal Primary Education (UPE) to Universal Basic Education (UBE): What Hope for Nigeria.* University of Port-Harcourt School Graduate Studies Seminar series; SGS Monograph No 1 Port-Harcourt: University of Port-Harcourt Press.

**Okpara, K. 2014.** 'Delta State Policies /Programmes'. A Presentation at the Preparatory Workshop on 'Delta State Development Performance Assessment', held in Asaba, 23-25 March.

**OSSAP and UNDP. 2008.** *MDGs Needs Assessment and Financing Strategy for Nigeria.* Abuja: OSSAP/UNDP.

**Ottersen, T, et al. 2014.** 'WHO Consultative Group on Equity and Universal Coverage', *WHO Bulletin*, Vol. 92, No.6, June.

**Renner, A, et al. n.d.** 'Technical Efficiency of Peripheral Health Units in Pujehun District, Sierra Leone: A DEA Application'. Available at: [www.biomedcentral.com/1472-6963/5/77](http://www.biomedcentral.com/1472-6963/5/77).

**South-South Governors' Forum. 2009.** *Based for Global Competitions.* Proceedings of First South-South Nigeria Economic Summit, 2009. Lagos: Ekidio Limited.

**Sripati, V. & Thiruengadam, A. 2004.** 'India: Constitutional Amendment Making the Right to Education a Fundamental Right'. *International Journal of Constitutional Law*, 2 (1): 148.

**Task Team for the Global Thematic Consultation on Health in the Post-2015 Development Agenda. 2013.** *Health in the Post 2015 Agenda – Report of the Global Thematic Consultation on Health.* Available at: <http://www.saluteinternazionale.info/wp-content/uploads/2013/07/Health-in-the->

post-2015-agenda-Report-on-the-Global-Thematic-Consultation-on-Health-April-2013.pdf.

**Uduaghan, E. A. 2013.** 'Delta State and Development Imperatives: Exploring the Potential Sectors for Strengthened Partnership between Delta State Government and the United States Department of State'. Text of a Presentation to the United States' Department of State, 12 June.

**Uduaghan, E. A. 2014a.** 'Perspectives on Sustainable Development in Delta State: Delta beyond Oil'. Paper presentation by His Excellency Dr. Emmanuel Uduaghan, at the Roosevelt House, Hunter College, New York, USA, 7 March.

**Uduaghan, E. A. 2014b.** 'Despite Challenges We Are Delivering on Our Mandate', Text of a Speech delivered on 29 May Democracy Day at the Events Centre, Asaba.

**UNDP. 2009.** *Human Development Report Nigeria 2008-2009. Achieving Growth with Equity.* Abuja: UNDP.

**UNICEF. 2010.** *Making the Case for an Equity Focus in Education.* New York: Andrew

**United Nations. 2013.** 'Addendum to the MDG Country Report Guidelines'. UNDG: Guidance Note. NY: UN.

**Universal Basic Education Programme. 2002.** *Information on UBE,* Abuja: UBE.

**WHO. 2010.** 'Health System Financing: The Path to Universal Access'. *World Health Report,* 2010.

**WHO. 2013.** 'Health in all Policies: Helsinki Statement Framework for Action', WHO 8<sup>th</sup> Global Conference on Health Promotion, June.

**WHO. n.d.** 'Achieving Sustainable Health Development in the African Region, Strategic Directions for WHO, 2010-2015'.

**Who Regional Office for Africa. 2008.** 'Framework for Implementation of the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium, AFR/RC58/16, Yaounde, Cameroun, July.

**World Bank. 2011.** *Delta Procurement Assessment Report (DSPAR),* September.

**World Bank. 1992.** *Governance and*

*Development.* Washington, D.C: International Bank for Reconstruction and Development.

**World Bank. 2013.** 'Africa Continues to Grow Strongly but Poverty and Inequality Remain Persistently High'. Available at: <http://www.worldbank.org/en/news/press-release/2013/10/07/africa-continuous-grow-strongly-poverty-inequality/>



Annex 1.1: Delta State 2006 Census by Local Government Areas

S/N	Local Govt. Area	Local Govt. H/Q	Area (sq.km)	Male	Female	Total
1	Aniocha North	Issele-Uku	410	52,448	51,614	104,062
2	Aniocha South	Ogwashi- Uku	936	69,224	72,821	142,045
3	Bomadi	Bomadi	170	43,435	42,581	86,016
4	Burutu	Burutu	1,928	106,169	101,808	207,977
5	Ethiope East	Isiokolo	462	101,596	99,346	200,942
6	Ethiope West	Ogharefe	575	102,750	99,962	202,712
7	Ika North East	Owa- Oyibu	501	91,431	91,388	182,819
8	Ika South	Agbor	460	82,214	84,846	167,060
9	Isoko North	Ozoro	447	71,948	71,611	143,559
10	Isoko South	Oleh	643	119,167	115,980	235,147
11	Ndokwa East	Aboh	1,796	52,306	50,918	103,224
12	Ndokwa East	Kwale	941	73,842	76,182	150,024
13	Okpe	Orerokpe	470	65,270	63,128	128,398
14	Oshimili North	Akwukwu -Igbo	516	58,101	60,439	118,540
15	Oshimili South	Asaba	324	76,078	73,954	150,032
16	Patani	Patani	266	34,307	33,084	67,391
17	Sapele	Sapele	469	86,167	88,106	174,273
18	Udu	Otor -Udu	163	71,813	70,667	142,480
19	Ughelli North	Ughelli	835	160,550	160,137	320,687
20	Ughelli South	Otu -Jeremi	760	107,730	104,908	212,638
21	Ukwuani	Obiaruku	352	58,890	60,144	119,034
22	Uvwie	Effurun	95	93,999	94,729	188,728
23	Warri North	Koko	2,270	70,446	65,703	136,149
24	Warri South	Warri	552	158,402	153,568	311,970
25	Warri South West	Ogbe -Ijoh	1,709	61,026	55,512	116,538
	Grand Total		18,050	2,069,309	2,043,136	4,112,445

Source: Delta State Vision 2020, 2011 - 2020

## Annex 2.1: A Summary of DESOPADEC's Performance on Education, Health and Water Projects

Year	Sector	Completed			Ongoing		
		Total no. of completed projects	Value of completed projects (Naira)	Value of projects certified (Naira)	Total no of Ongoing projects	Value of Ongoing projects (Naira)	Value of projects certified (Naira)
2007-2008	Education	107	3,395,316,376.65	3,046,196,958.15	17	1,581,035,142.98	1,384,046,997.79
	Health	8	807,647,493.86	767,984,126.06	10	809,767,740.00	482,418,085.52
	Water	8	1,209,466,984.06	1,144,967,035.02	5	2,009,356,373.02	1,459,628,954.27
2009-2010	Education	155	4,095,574,899.82	3,227,333,040.26	52	1,734,424,470.83	1,000,595,825.49
	Health	23	871,796,950.30	814,324,832.78	14	666,551,448.00	437,885,275.99
	Water	38	2,811,740,338.10	2,304,478,538.78	12	2,981,448,700.00	1,704,337,562.42
2011	Education	42	884,737,227.88	804,683,784.71	45	1,008,749,777.37	480,972,762.60
	Health	13	451,269,954.48	412,298,298.95	16	318,085,434.80	140,398,335.58
	Water	9	163,602,003.25	134,815,934.12	8	271,743,792.59	129,079,580.45
2012-2013	Education	16	545,954,547.91	411,879,787.46	65	3,319,734,725.56	1,774,142,633.43
	Health	6	102,344,053.00	171,756,379.71	19	926,660,867.91	743,147,676.05
	Water	4	82,210,054.49	52,533,240.96	29	903,311,665.44	568,118,411.58
	Total	429	15,421,660,883.80	13,293,251,956.96	292	16,530,870,138.50	10,304,772,101.16

## Annex 3.1: Distribution of Secondary Schools by LGAs in Delta State, 2012 / 2013

S/NO	LGAs	No. of Schools	Classrooms		
			No. Available	No. Required	No. for Renovation
1.	Aniocha North	20	321	88	132
2.	Aniocha South	21	313	116	129
3.	Bomadi	8	140	32	66
4.	Burutu	19	251	75	52
5.	Ethiope East	27	367	108	153
6.	Ethiope West	22	296	61	129
7.	Ika North East	19	399	132	72
8.	Ika South	21	344	186	102
9.	Isoko North	21	279	189	171
10.	Isoko South	19	397	0	63
11.	Ndokwa East	28	302	144	44
12.	Ndokwa West	21	356	123	96
13.	Okpe	16	256	121	65
14.	Oshimili North	14	278	34	40
15.	Oshimili South	13	225	133	52
16.	Patani	9	144	86	28
17.	Sapele	20	315	155	162
18.	Udu	14	245	114	27
19.	Ughelli North	44	630	605	222
20.	Ughelli South	27	238	148	101
21.	Ukwuani	14	263	97	82
22.	Uvwie	17	255	134	67

23.	Warri North	9	274	72	15
24.	Warri South	18	431	283	124
25.	Warri South West	5	152	16	6
Total		466	7471	3252	2200

Source: Delta State Ministry of Basic and Secondary Education, Asaba - 2014.

### Annex 3.2: Delta State Distribution of Classrooms in Primary Schools as at 2012/2013

S/NO	LGAs	No. Available	No. Required	No. for Renovation
1.	Aniocha North	366	199	196
2.	Aniocha South	441	268	324
3.	Bomadi	148	72	96
4.	Burutu	80	28	25
5.	Ethiophe East	674	185	400
6.	Ethiophe West	467	195	311
7.	Ika North East	602	357	342
8.	Ika South	609	363	414
9.	Isoko North	492	251	287
10.	Isoko South	526	185	259
11.	Ndokwa East	507	389	162
12.	Ndokwa West	582	116	138
13.	Okpe	341	225	248
14.	Oshimili North	347	85	59
15.	Oshimili South	265	224	126
16.	Patani	117	129	80
17.	Sapele	485	297	316
18.	Udu	319	371	72
19.	Ughelli North	914	828	547
20.	Ughelli South	595	405	403
21.	Ukwuani	407	250	264
22.	Uvwie	216	156	79
23.	Warri North	207	303	36
24.	Warri South	444	228	147
25.	Warri South West	199	191	92
Total		10350	6300	5423

Source: Delta State Ministry of Basic and Secondary Education, Asaba - 2014.



## Annex 3.3: Abridged Responses / Comments on EDUMARSHAL

**First respondent:**

EDUMARSHAL has been very resourceful in promoting school enrolment and enforcing discipline among students. In fact, according to some students, the fear of EDUMARSHAL is now the beginning of wisdom for students.

**Second respondent:**

EDUMARSHAL has been doing a wonderful job in the monitoring of School children... bringing any of them caught on the street or anywhere back to school during school hours. Parents are realizing the usefulness of the people that is EDUMARSHAL workers...

**Third respondent:**

We need to have more people in EDUMARSHAL for the good job they are doing. It is helping government to achieve the free and compulsory education policy as they catch children on the streets hawking of helping their parents of guidance during school hours.

## Annex 3.4: Pupil Enrolment in Basic Education by Sex, 1992 - 2013

Years	Male	Female	M+F
1992/93	198318	199963	398281
1993/94	-	-	-
1994/95	38141	36256	74230
1995/96	262555	253027	515582
1996/97	215926	210237	426163
1997/98	211688	207922	419610
1998/99	182900	179887	362787
1999/00	246879	282318	529197
2000/01	272529	268347	540876
2001/02	278655	260633	539288
2002/03	302539	268165	570704
2003/04	217322	211865	429187
2004/05	-	-	-
2005/06	206620	199699	406319
2006/07	185681	179138	364819
2007/08	188222	184899	373121
2008/09			400714
2009/10	161094	156567	317661
2010/11	186873	174505	361378
2011/12	166320	164167	330487
2012/13	158787	154180	312967

Source: Ministry Basic Education Report, May, 2014

## Annex 3.5: Undergraduate Enrolment in the State Higher Institutions by Sex, 1999 - 2013

Institutions	1999 – 2003			2004 – 2008			2009 – 2013		
	M	F	T	M	F	T	M	F	T
DELSU Abraka	4,100	3,490	7,590	6,736	8,000	14,736	10,975	9,941	20916
Polytechnic Oterefe –Oghara	0	0	0	0	0	0	1,270	1,089	2,359
Polytechnic Ozoro	130	100	230	589	459	1,048	4,682	3184	7,866
Polytechnic Ogwashi–uku	0	0	0	0	0	0	1694	1202	2895
College of Education Warri	1,766	5,464	7,230	1,127	4,413	5,530	577	1,633	2,210
College of Education Agbor	768	2,303	3,071	488	1,475	1,963	563	1200	1763
College of Physical Education, Mosogar	0	0	0	0	0	0	N/A	N/A	N/A
<b>Total</b>	<b>6,764</b>	<b>11357</b>	<b>18,121</b>	<b>8,940</b>	<b>14,347</b>	<b>23,277</b>	<b>19,761</b>	<b>18248</b>	<b>36,009</b>

Source: Ministry of Higher Education Presentation, 2014

## Annex 4.1: Departments and Parastatals of the Delta State Ministry of Health

(a) *Departments*

1. Department of Medical Services and Training.
2. Department of Nursing Services.
3. Department of Primary Health Care and Disease Control.
4. Department of Pharmaceutical Services.
5. Department of Planning, Research and Statistics.
6. Department of Administration; and
7. Department of Finance and Accounts.

(b) *The Parastatals*

1. Hospitals Management Board.
2. Traditional Medicine Board.
3. Drug Revolving Fund.
4. Delta State Primary Health Care Development Agency.
5. Health Systems Development Project-II.
6. Delta State University Teaching Hospital (DELSUTH)

## Annex 4.2: Achievements of the FMHCP (2008-2012)

INDICATOR	2008	2009	2010	2011	2012	TOTAL
Total ANC booking	58,967	44,309	42,927	52,919	55,132	254,254
Routine ANC	166,061	172,415	130,780	183,062	184,226	836,544
Post Natal care	3,626	10,486	5,631	7,108	6,103	32,954
Total Deliveries	22,023	22,986	19,289	25,057	27,149	116,504
Vaginal Deliveries	19,806	20,394	17,041	22,144	23,525	102,910
C/S Deliveries	2,217	2,592	2,248	2,913	3,624	13,594
Perinatal Deaths	989	928	835	1006	1,175	4,933
Maternal Deaths	83	99	80	73	72	407
Perinatal mortality ratio (per 1000 deliveries)	45	40	43	40	43	42
Maternal Mortality Rate (per 100,000 deliveries)	395	301	276	221	243	
HIV prevalence	4.1%	3.7%	3.3%	3.0%	2.9%	

Source: SMOH

## Annex 4.3: Summary of Achievements of the State TB Programme, 2009-2012

	2009	2010	2011	2012
Number of TB sites in year	155	155	155	155
Total Cases	2,532	2,507	3,076	2,966
Smear positive (ss+)	1,275	1,394	1,593	1,673
Relapse	65	63	74	33
Failures	16	21	18	12
RAD	78	74	81	29
Smear negative	863	722	970	1,052
EPTB	49	54	66	59
Others	186	179	274	108
Estimated new SS+ cases	28/100,000pop	30/100,000pop	33/100,000pop	34/100,000pop
Total TB cases	2517	2,507	3,076	2,966
Cured	251	968	1,075	1,262
Treatment completed	88	141	188	172
Failure	4	14	18	27
Died	15	60	63	93
Defaulted	59	141	89	83
Transferred Out	7	23	44	36
Total evaluated	424	1,394	1,075	1,673
Cure Rate	59.1%	69%	75%	75%
Success Rate	80%	82.5%	85%	85.7%

Source: SMOH/TBLP

## Annex 4.4: SSHDP Service Delivery-Achievements Indicator and Target

		2008/9	2011	2012	2013	Remarks
Indicator						
31. % of pregnant women with 4 ANC visits performed according to standards*	Achievement			74.6	72.5	MDG5.5
	Target	12.3- 96.3%	25- 100%		50-100%	
32. Proportion of births attended by skilled health personnel	Achievement	61.5	76	73.2	59.8	MDG TRACK REP
	Target	78.1	80		85	
34. Caesarean section rate	Achievement	11.2	12%		13%	FMHCP/SMoH
	Target	6%	5%		4%	
43. % of children exclusively breastfed 0-6 months	Achievement	34	35	40		JAR 2013
	Target	9%	12		15	
44. Proportion of 12-23 months-old children fully immunized	Achievement	80	80	77		JAR 2013
	Target	38%	45		50	
46. % of under-five that slept under LLINs the previous night	Achievement	6.3	6.3	31		JAR 2013
	Target	US\$6	10		15	
47. % of under-five children receiving appropriate malaria treatment within 24 hours	Achievement	67.4	43.8	30		JAR 2013
	Target	17%	25		30	
50. % of women who received intermittent preventive treatment for malaria during pregnancy	Target	2%	5		10	
	Achievement	2.9	2.6	2.9		JAR 2013
51. HIV prevalence rate among adults 15 years and above	Target	3.70%	3.5		3.2	
	Achievement	3.7	3.0%	2.9%		FMHCP/SMoH
52. HIV prevalence in pregnant women	Target	3.6%	3.4		3.2	
	Achievement	50	50			JAR 2013
53. Proportion of population with advanced HIV infection with access to antiretroviral drugs						

55. Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV & AIDS	Achievement	25	27%	31%	JAR 2013
56. Prevalence of tuberculosis	Achievement	1275	1573	1673	JAR 2013
58. Proportion of tuberculosis cases detected and cured under directly observed treatment short course	Achievement	67	59%	75%	JAR 2013
63. % of health facilities with all essential drugs available at all times	Achievement	46	34	55	JAR 2013

#### Annex 4.5: Bed and Facility Density by LGA

	LGA	Population 2012	Patient BEDS	Hospitals	PHCs	Bed Density per 10,000	Hospital Density per 10,000	PHC Density per 10,000
1	Aniocha North	126,494	120	8	27	9	2.13	8
2	Aniocha South	169,854	120	9	32	7	1.88	9
3	Bomadi	104,669	50	5	13	5	1.24	5
4	Burutu	253,283	150	5	24	6	0.95	5
5	Ethiope East	242,563	345	8	24	14	0.99	8
6	Ethiope West	245,946	110	6	24	4	0.98	6
7	Ika North East	221,863	160	9	50	7	2.25	9
8	Ika South	196,419	190	11	54	10	2.75	11
9	Isoko North	174,144	100	4	22	6	1.26	4
10	Isoko South	275,083	150	9	23	5	0.84	9
11	Ndokwa East	124,634	150	2	37	12	2.97	2
12	Ndokwa West	180,389	60	4	32	3	1.77	4
13	Okpe	157,079	60	1	20	4	1.27	1
14	Oshimili North	139,305	120	4	14	9	1.00	4
15	Oshimili South	180,725	30	25	31	2	1.72	25
16	Patani	81,792	30	1	11	4	1.34	1
17	Sapele	207,646	150	16	23	7	1.11	16
18	Udu	173,185	30	10	25	2	1.44	10
19	Ughelli North	387,812	300	18	48	8	1.24	18
20	Ughelli South	258,006	60	2	25	2	0.97	2
21	Ukwuani	145,435	90	5	27	6	1.86	5
22	Uvwie	231,304	60	35	50	3	2.16	35
23	Warri North	165,863	50	2	10	3	0.60	2
24	Warri South	366,537	230	42	61	6	1.66	42
25	Warri South West	140,954	130	3	17	9	1.21	3
	STATE TOTAL	4,950,984	3,045	244	725	6	1.46	244

### Annex 5.1: Summary of Observations from Wash Sector Field Visits, May 21-23, 2014

S/N	DELTA STATE MDA	NAME OF PROJECT/AGENCY	OFFICE/DEPARTMENT	DATE	Remarks
.	Ministry of Environment	Delta State Waste Management PSP	Association of Private Waste Collectors, Asaba Municipal	22/5/14	With 15 years experience We met with Executive Com members. They look forward to World Bank SEEFOR support Project
.	Ministry of Environment	Solid Waste Management	Waste Management Board, DLEA Area, Asaba	22/5/14	Asaba waste collection, etc covered with 70% PSP.
.	Ministry of Environment	Integrated Solid Waste Management, Asaba	Contractor builder/operator	22/5/14	Two incinerators for both domestic * industrial/medical wastes, 1,000 tons /day capacity. Weigh bridge facility.
.	Ministry of Environment	DELSEPA	DELSEPA Office	23/5/14	Predates MoE. Mandate includes waste water & pollution management.
.	Ministry of Environment	Biogas Digester,	Domestic Waste Pilot Project, Govt House	22/5/14	Consultant is Biotec Development Network
.	MWRD	Water Consumers Association (WCA)	Community WCA, Oko Amakom	21/5/14	Met with the EC and other stakeholder numbering about 30, including the Chief and his 12 men. RUWASA solar and generator powered scheme
.	MWRD	Ecosan Toilets (non-flush) with EU Assistance	Westend Mixed Secondary School	22/5/14	1734 students (800 girls); school has flush toilets, but water supply is a challenge.
.	MWRD	PPP/Private Sector	PPP:TEGAF Corporate Services, Rev Consultant Collectors for MWRD in Asaba	23/5/14	EU assistance to develop appropriate PSP/PPP models
.	MWRD	RUWASA	RUWASA Office, Asaba	23/5/14	3 zonal offices at Agbor, Oleh & Sapele. WAS in rural areas.
0.	MWRD	Small Town WSS (STOWATA)	STOWATA Onicha-Ugbo	23/5/14	Reactivated in 1978. By BORBDA. High-powered executive including an operator. Community generates O&M.
1.	MWRD	Idumuje Ugboko Town WSS (Ibusa)	GM Small Town/UWB	23/5/14	Serves 4 villages from Pry school location. >700 pop.
2.	MWRD	WQQC Laboratory (Asaba)	Water Quality Control Laboratory, Urban Water Board Office, Asaba	23/5/14	Analysis of up to 36 chemical & microbiological parameters, including Atomic Absorption Spectrometer.
3.	MWRD	DS Urban Water Board (UWB)	UWB, Hqtrs, Asaba	23/5/14	Manages urban & regional WSS. See (10) for limited PPP.
4.	MWRD	UrbanWater Board Ogbegonogo Headworks, Asaba	Delta State Urban/ Regional Water Board	22/5/14	600,000-litre concrete reservoir, 3 feeder boreholes, serving 61 segments of Asaba.
5.	MWRD	Warri/Effurun WSS (Effurun)	GM UWB (urban water board)	22/5/14	2.8 ML capacity reservoir, served by 17 BHs, 150,00 house connection 30% completion.
6.	MWRD	Ogwashi-Uku Dam Project (Ogwashi-Uku)	Anambra-Imo RDDA hydro dam (WSS now secondary) Ogwashi-Uku	22/5/14	4 mill m <sup>3</sup> reservoir; about 1 MW power only; no plan yet for water supply treatment, the original priority of project. Low head, small reservoir volume.
7.	MWRD	Idumuje Ugboko	MDG (Engr. Dan)	22/5/14	
8.	MWRD	Ebu Ecosan Toilet Ebu Town WSS	RUWASA	22/5/14	
9.	MWRD	The Ministry, Asaba	MWRD	23/5/14	Five technical depts and 3 admin depts.

## Annex 5.2: Brief on the WASH Sector Regulatory Commission/Framework

### Regulatory tools to be developed include:

- Tariff Policy
- Licenses
- Guidelines- information gathering, auditing of service providers, Licensee reporting, pro poor component of PPP, Contracts and bidding procedures, licensing procedures, reporting guidelines, Corporate Governance, complaints mechanism, dispute resolution/arbitration procedure, consultation process, process for making determinations and conducting inquiries, feedback strategy, etc.
- Incentives- improvement of sector performance and efficiency
- Regulations (Standards, Codes, Manuals, Conditions of service, Service levels, etc )
- Determinations and Orders
- Publications on Sector Status and benchmarking
- Consultation (and Procedures)
- Arbitration and conciliation mechanism (existing State structure)
- Research and Development (appropriate & affordable technology, etc)
- Market reports and Anti-trust activities
- Inquiries and investigation
- Model Agreements

### Benefits of Regulation To Consumers

- Improved Water Supply & Sanitation services for consumers
- Improved access for the poor/better living conditions
- Improved service standards (Quality, reliability, pressure, access)
- Transparent pricing regime
- Predictability of Service
- Accountability
- Dispute resolution and improved complaints and response mechanism

### To Service Providers/Investors

- Increased investment efficiency and returns
- Improved O & M efficiency, sustainability and cost recovery
- Increased investment potential due to reduced sector risk perception and certainty of operating rules, increase in capital mobilization,
- Clear rules and regulations leading to better risk management
- Access to R & D and Technology Advances

### To Government:

- Improved sector human resources capacity
- Development of commercial & competitive service providers, technological innovation, research
- Conservation of resources
- Increased sector information and data for Planning and Policies

**Annex 5.3: Capital Projects Executed in 2007 and 2013 in the WASH Sector**  
**(I) Capital Projects Executed in 2007**

S/N	Project	Location	Contract Value N	Date of Award	Level of Work Done %	Remarks
1	Construction of borehole & overhead tank at Orherhe village	Agbarho (Ughelli N)	4,996,292.00	27/03/07	100	Completed
2	Improvement of WSS at Orherhe village	Agbarho (Ughelli N)	4,546,490.00	27/03/07	100	Completed
3	Construction of 2.5km pipeline ext at college of science & physical education, Mosogar	Mosogar (Ethiope W)	9,983,344.00	23/05/07	100	Completed
4	Construction of 1km pipeline ext at Delta State Polytechnic Otefe	Otefe (Ethiope W)	4,085,078.00	23/05/07	100	Completed
5	Construction of WSS at College of Science & Physical Education, Mosogar	Mosogar (Ethiope W)	49,968,935.00	23/05/07	100	Completed
6	Construction of WSS at Mosogar Secondary School	Mosogar (Ethiope W)	8,661,762.00	23/05/07	100	Completed
7	Construction of WSS at Delta State Polytechnic, Otefe-Oghara	Otefe-Oghara (Ethiope W)	32,101,728.00	23/05/07	100	Completed
8	Extension of 1.3km pipeline at Ogwashi-Uku	Ogwashi-Uku (Aniocha S)	4,991,589.00	10/01/07	100	Completed
9	Construction of 1.3km pipeline extension	Umuebu (Ukwuani)	4,998,188.00	09/02/07	100	Completed
10	Issele-Uku WSS pipeline ext Phase I	Issele-Uku (Aniocha N)	4,991,800.00	09/02/07	100	Completed
11	Issele-Uku WSS pipeline ext Phase II	Issele-Uku (Aniocha N)	4,991,800.00	08/02/07	100	Completed
12	Reactivation of Ewulu WSS	Ewulu (Aniocha S)	4,983,499.00	19/02/07	100	Completed
13	Construction of 1.3km pipeline extension	Ezionum (Ukwuani)	4,998,188.00	23/02/07	100	Completed
14	Supply of 3 Nos 5.5HP Grundfos submersible pump	Asaba (Oshimili S)	1,827,000.00	22/02/07	100	Completed
15	Rehabilitation of Akumazi-Umuocha WSS	Akumazi (Ika N E)	4,971,340.00	12/02/07	100	Completed
16	Rehabilitation of Edjemuoyavwe WSS	Edjemuoyavwe (Ethiope W)	4,605,700.00	11/01/07	100	Completed
17	Construction of 1.3km pipeline extension	Irhodo (Ethiope W)	4,995,202.50	22/02/07	100	Completed
18	Construction of 1.3km pipeline extension	Edeje-Jesse (Ethiope W)	4,995,202.50	22/02/07	100	Completed



19	Construction of a SPWSS at Orherhe Secondary school	Orherhe (Ughelli N)	4,996,750.00	22/02/07	100	Completed
20	Construction of 0.9km pipeline extension at Orherhe	Orherhe (Ughelli N)	3,737,928.00	23/02/07	100	Completed
21	purchase of starters and cables for the various WSS in the State	Asaba (Oshimili S)	4,882,000.00	12/02/07	100	Completed
22	purchase of starters and cables for the various WSS in the State	Asaba (Oshimili S)	4,973,000.00	12/02/07	100	Completed
23	Supply of 1 No 27KVA Perkins generator	Asaba (Oshimili S)	2,900,000.00	22/02/07	100	Completed
24	Supply of 1 No 27KVA Perkins generator	Asaba (Oshimili S)	2,900,000.00	22/02/07	100	Completed
25	Upward review of contract for the rehabilitation of Erho-Abraka WSS	Erho-Abraka (Ethiope E)	880,000.00	27/03/07	100	Completed
26	Control generator house for 2 units 250KVA gen set at Otulu WSS	Otulu (Aniocha N)	3,784,000.00	15/05/07	100	Completed
27	Improvement works at Otulu headworks of Otulu, Ubulu-Okiti, Issele-Uku regional WSS	Otulu (Aniocha N)	4,821,300.00	15/05/07	100	Completed
28	Construction of 1.3km pipeline extension	Idumuesah (Ika N E)	4,954,582.00	17/05/07	100	Completed
29	Pipeline extension at Okobi Nwandu, Victor Sunny Okobi & Odiachi streets in Asaba metropolis	Asaba (Oshimili S)	4,991,800.00	15/05/07	100	Completed
			209,514,498.00			

## (ii) Capital Projects Executed in 2013

S/N	Project	Location	Contract Value ₦	Date of Award	Level of Work Done %	Remarks
1	Construction of SPWSS at Akwukwu-Igbo General Hospital	Akwukwu-Igbo (Oshimili N)	9,000,000.00	11/2/13	50	Ongoing
2	Procurement of submersible pumps, starters & cables for WSS across the State	Asaba (Oshimili S)	33,496,050.00	13/9/13		Ongoing
3	Remedial works at the Ministry of Water Resources Quality Control Laboratory building	Asaba (Oshimili S)	20,000,000.00	13/9/13	80	Ongoing
4	Improvement of water supply scheme at Ughelli	Ughelli (Ughelli)	199,521,189.00	19/9/13		Ongoing
5	Improvement of water supply scheme at Sapele	Sapele (Sapele)	249,879,640.50	19/9/13		Ongoing
6	Improvement of water supply scheme at Agbor	Agbor (Ika S)	199,818,864.00	17/9/13		Ongoing
7	Improvement of water supply scheme at Asaba	Asaba (Oshimili S)	299,818,921.50	17/9/13		Ongoing
8	Maintenance of urban water schemes in Delta State	Asaba (Oshimili S)	194,078,167.50	9/7/13		Ongoing
9	Construction of Ecological sanitation (ECOSAN) toilet at Mosogar	Mosogar (Ethiope W)	1,961,505.00	29/11/13	100	
10	Construction of Ecological sanitation (ECOSAN) toilet at Owchorode	Owchorode (Udu)	2,440,725.00	29/11/13		
11	Construction of Ecological sanitation (ECOSAN) toilet at Owhelogbo	Owhelogbo (Isoko N)	1,961,505.00	29/11/13		
12	Construction of Ecological sanitation (ECOSAN) toilet at Oko Anala & Olodu	Oko Anala (Oshimili S) & Olodu (Aniocha S)	4,881,450.00	29/11/13		
13	Construction of Ecological sanitation (ECOSAN) toilet at Okwagbe	Okwagbe (Ughelli S)	2,440,725.00	29/11/13		
14	Construction of Ecological sanitation (ECOSAN) toilet at Egborode	Egborode (Okpe)	2,440,725.00	29/11/13	100	
15	Construction of Ecological sanitation (ECOSAN) toilet at Amukpe	Amukpe (Sapele)	2,440,725.00	29/11/13	100	

16	Construction of Ecological sanitation (ECOSAN) toilet at Otor-Edo & Alegbo	Otor-Edo (Ughelli S) & Alegbo (Uvwie)	3,923,010.00	29/11/13	100
17	Construction of Ecological sanitation (ECOSAN) toilet at Koko & Umuebu	Koko (Warri N) Umuebu (Ukwuani)	3,923,010.00	29/11/13	
18	Construction of Ecological sanitation (ECOSAN) toilet at Abeugborodo & Igbide	Abeugborodo (Warri N) Egbide (Isoko S)	4,881,450.00	29/11/13	
19	Construction of Ecological sanitation (ECOSAN) toilet at Aghalokpe	Aghalokpe (Okpe)	1,961,505.00	29/11/13	60
20	Construction of Ecological sanitation (ECOSAN) toilet at Mbiri	Mbiri (Ika NE)	1,961,505.00	29/11/13	
21	Construction of Ecological sanitation (ECOSAN) toilet at Ebu	Ebu (Oshimili N)	1,961,505.00	29/11/13	
22	Construction of Ecological sanitation (ECOSAN) toilet at Orogun	Orogun (Ughelli N)	1,961,505.00	29/11/14	
23	Construction of Ecological sanitation (ECOSAN) toilet at Kiagbodo	Kiagbodo (Bomadi)	2,440,725.00	29/11/13	
24	Construction of Ecological sanitation (ECOSAN) toilet at Eku	Eku (Ethiope E)	1,961,505.00	29/11/13	
25	Construction of Ecological sanitation (ECOSAN) toilet at Patani	Patani (Patani)	2,440,725.00	29/11/13	
26	Construction of Ecological sanitation (ECOSAN) toilet at Abavo	Abavo (Ika S)	1,961,505.00	29/11/13	
27	Construction of Ecological sanitation (ECOSAN) toilet at Otor Ogor	Otor Ogor (Ughelli S)	1,961,505.00	29/11/13	
28	Construction of 154 hand pumps across the State		144,285,680.00		
			1,399,805,327.50		

**Annex 5.4: List of Water Schemes developed by MDGs Directorate, handed over to Small Town Water Supply and Sanitation Agency (STOWASSA), (2013/2014) - Status Report**

NOS	LOCATION	REHABILITATION WORK STATUS
1.	AGGS, Asaba, Oshimili South	Functioning
2.	Ekurede-Urhobo, PHC, Warri South	Functioning
3.	Ugbolu (Primary School), Oshimili South	Ongoing
4.	Ogidugben (PHC/Primary School), Warri South West	Not yet Rehabilitated
5.	Oko Ovu (PHC), Sapele LGA	Ongoing
6.	Nkeze Primary School, Idumuje-Ugboko, Aniocha North	Functioning
7.	Okere Primary School Warri South	Functioning
8.	Emevor PHC, Isoko North	Functioning
9.	Oghareki, Ethiope West	Ongoing
10.	Abigborodo PHC, Warri North	Ongoing
11.	Eketek PHC, Udu	Ongoing
12.	Abigborodo Primary School, Warri North	Functioning
13.	Ashaka PHC, Ndokwa West	Functioning
14.	Nsukwa PHC, Aniocha South	Functioning
15.	Igbogilli Primary School, Abavo, Ika South	Functioning
16.	Toru-Angiama, Patani (PHC/Primary School), Patani	Ongoing
17.	Ophorigbala, Ughelli North (PHC)	Ongoing
18.	Isese-Mkpitime (PHC), Aniocha North	Ongoing
19.	Kukunama, (Primary School) Warri South West	Not yet Rehabilitated
20.	Enokorogha (PHC), Burutu	Ongoing
21.	Iselegu (PHC), Ndokwa East	Functioning
22.	Ugbodobiri (PHC), Bomadi	Not yet Rehabilitated
23.	Okpe-Isoko PHC, Isoko South	Functioning
24.	Ewulu (PHC), Aniocha South	Functioning
25.	Kpakama (PHC), Bomadi	Functioning
26.	Akoku (PHC), Ukwuani	Functioning
27.	Okpara-Inland (Ejaife Primary School/PHC), Ethiope East	Functioning
28.	Isiokolo (PHC/Primary School), Uvwie	Functioning
29.	Ohorhe II (Primary School) Uvwie	Functioning
30.	Aven Primary School, Patani	Ongoing
31.	Okuoke Sapele PHC	Functioning
32.	Avara-Umokpu (PHC/Primary School), Ughelli North	Functioning
33.	Ugheton Okpe LGA (PHC)	Functioning
34.	Emu Anioma Primary School, Ukwani	Ongoing
35.	Ewoke Primary School, Agbor GRA, Ika South	Ongoing
36.	Umukwata (PHC) Ukwani	Ongoing
37.	PHC, Emadaja, Udu	Functioning
38.	Ibusa Girls Grammar School, Oshimili North	Ongoing
39.	FGGC, Ibusa, Oshimili North	Functioning
40.	PHC, Ijomi, Ethiope West	Functioning
41.	Olomoro PHC, Isoko North	Ongoing

42.	Ugbomro (PHC), Uvwie LGA	Functioning
43.	Okundaye Primary School, Boji Boji, Owa, Ika South	Not yet Rehabilitated
44.	Orogodo Primary School, Ika South	Not yet Rehabilitated
45.	Osissa PHC, Ndokwa East	Functioning
46.	Aghalokpe PHC, Okpe LGA	Functioning
47.	PHC Uweru, Ughelli North	Functioning
48.	Ughevughe PHC, Ughelli South	Functioning
49.	RUCO (PHC) Burutu	Not yet Rehabilitated
50.	PHC/Primary School Ellu, Isoko North	Functioning
51.	Oko -Ogbele (PHC) Oshimili South	Functioning
52.	Uzere Primary School Isoko South	Functioning
53.	Owanta Primary School, Ika North East	Functioning
54.	Sapele, Sapele LGA	Ongoing
55.	Akporobome, Ethiope West LGA	Ongoing
56.	Utor-Udu, Udu LGA	Not yet Rehabilitated
57.	Imodje-Orogun, Ughelli North LGA	Not yet Rehabilitated
58.	Akugbene, Bomadi LGA	Not yet Rehabilitated
59.	Bulu-Angiama, Patani LGA	Ongoing
60.	Tebegbe, Burutu LGA	Not yet Rehabilitated
61.	Abala-Uno, Ndokwa East LGA	Ongoing
62.	Ogbeijoh, Warri South West LGA	Ongoing
63.	Asaba, Warri South West LGA	Not yet Rehabilitated
64.	Obiaruku, Ukwuani LGA	Not yet Rehabilitated
65.	Uruofe-Emevor, Isoko North LGA	Ongoing
66.	Ejeme-Aniogor, Aniocha South	Not yet rehabilitated
67.	Arhagba-Okpe, Okpe LGA	Ongoing
68.	Enerhen, Uvwie LGA	Ongoing
69.	Cable Point, Oshimili South LGA	Ongoing
70.	Alisime, Ika South LGA	Not yet Rehabilitated
71.	Ode Itsekiri, Warri South LGA	Ongoing
72.	Ivrogbo, Isoko South LGA	Not yet rehabilitated
73.	Ndokwa West LGA	Not yet Rehabilitated
74.	Onicha Ugbo, Aniocha North LGA	Functioning
75.	Achalla, Oshimili North LGA	Not yet Rehabilitated
76.	Mary Mount College, Ika North East LGA	Ongoing
77.	Warri North LGA	Ongoing
78.	Owa Ofie Alizomor, Ika North East LGA	Ongoing
79.	Out-Jeremi, Ughelli South LGA	Ongoing
80.	Abraka, Ethiope East LGA	Ongoing
81.	Ibusa, Oshimili North LGA	Not yet rehabilitated

*Summary of Status of Schemes*

*No of Schemes functioning: 33 (41%)*

*No of schemes undergoing (Ongoing) Rehabilitation: 30 (37%)*

*No of schemes Non- functioning & not yet rehabilitated 18 (22%)*

Annex 5.5: Delta State: Percentage of Households/Household Population using Improved Water &amp; Sanitation Facilities and Hygiene, 2006-2013.

Description	Years					Remarks
	2006	2007	2008	2011	2013	
<b>% Of Households/Household Population Using Improved Water Sources</b>						
<i>% using Improved Water Source</i>	46.1 (Urban 61.1 Rural 39.1)	65.6 (SS Zone 54.0)	72.3/72.7 (NDHS) 65.6 (MICS) (SS Zone 58.8)	75.1 (MICS) (SS Zone 70.3)	68.8/70.1 <sup>i</sup> (SS Zone 68.6/69.6)	South Senatorial District 32.1 <sup>(2006)</sup> National 60.6/59.5 <sup>(2013)</sup>
<i>Water Collectors</i>						
<i>% Adult Women</i>		53.3 (SSZ 47.9)	53.3	55.4		SS Zone 52.6
<i>% Female children &lt; 15 yrs</i>	-	9.1 (SSZ 12.6)	9.3	9.6	-	SS zone 9.4
<i>% undertaking round trip to water source in &lt;30 mins</i>	(SS Zone) 45.9	83.5 (SS Zone 63.3) Mean time 17.4 mins)	83.6 (Mean time 17 mins) National 75.3	69.3 (SS Zone 70.3)	74.4/73.0 -	National 74.4/73.0 <sup>(2013)</sup>
<i>% using All Water sources and Using appropriate Treatment</i>	-	7.7 SS Zone 6.6	4.3	6.0 SS Zone 7.3	3.8/4.5 SS Zone 7.1/7.3	National 4.9/4.7
<b>% Of Households/Household Population Using Improved Sanitation &amp; Hygiene Facilities</b>						
<i>% Using Improved Sanitation Facilities</i>	34.3 (NCWI) (SS Zone 55.0)	59.4 (MICS) Urban 51.7 Rural 26.1 SS Zone 54.3	59.4/65.6 21.8/25.0 (NDHS) (SS Zone 22.3/26.7)	55.8 51.2	22.4/24.3 <sup>ii</sup> SS Zone 25.8/28.5 National 30.1/34.0	2006 (Urban 51.7 Rural 26.1 Cent Sen Dist 52.4)
<i>% Using open defecation</i>		23.5	23.5	23.1 SS Zone 22.6	4.5 SS Zone 7.3	National 28.5 <sup>(2013)</sup>
<i>% with place of hand washing plus water and soap.</i>					61.3 place only 47.8 with water & soap	National 26.3 <sup>(2013)</sup>

NCWI = Nigeria Core Welfare Indicators; NDHS = Nigeria Demographic & Health Survey; MICS = Multiple Indicator Cluster Survey.

## Annex 5.6: Water Schemes Visited by the Directorate of Project Monitoring, 18 November 2013 – 21 March 2014

S/No	Name of Local Government	No. of Working Schemes	Non-Working Schemes	Total
1.	Oshimili South	8	-	8
2.	Oshimili North	4	1	5
3.	Aniocha South	4	-	4
4.	Aniocha North	4	1	5
5.	Ika North East	4	-	4
6.	Ika South	11	-	11
7.	Ukwuani	9	-	9
8.	Ndokwa East	11	-	11
9.	Ndokwa West	8	-	8
10.	Isoko North	10	3	13
11.	Isoko South	9	-	9
12.	Ughelli South	12	-	12
13.	Ughelli North	14	1	15
14.	Ethiope East	15	-	15
15.	Ethiope West	9	1	10
16.	Warri South	11	-	11
17.	Warri North	4	-	4
18.	Uvwie	4	-	4
19.	Sapele	6	-	6
20.	Okpe	12	2	14
21.	Udu	6	-	6
22.	Warri South West	1	-	1
23.	Burutu	1	-	1
24.	Patani	2	2	4
25.	Bomadi	1	-	1
	Total	181	11	192

### Annex 5.7: Sources of Drinking Water by LGAs during the dry season

Local Government Area	River Lake	Unprotected Well	Protected Well	Bore-hole	Public Tap	Tanker/ Truck	Bottled Water	Sachet Water	Protected Spring	Unprotected Spring	Own Tap	Others	Total
Aniocha North	1	11	174	7	-	1	-	5	-	-	1	-	200
Aniocha South	16	3	157	107	9	1	-	4	2	-	1	-	300
Bomadi	19	-	-	81	-	-	-	-	-	-	-	-	100
Burutu	154	41	-	52	-	2	-	9	-	-	-	22	280
Ethiophe East	-	31	31	178	-	-	-	-	-	-	-	-	240
Ethiophe West	-	4	17	105	14	-	0	-	-	-	-	-	140
Ika North East	5	-	14	150	1	10	-	-	-	-	-	-	180
Ika South	-	6	118	95	-	-	-	-	-	-	1	-	220
Isoko North	-	7	7	133	11	-	-	-	2	-	-	-	160
Isoko South	11	1	135	113	-	-	-	-	-	-	-	-	260
Ndakwa East	140	3	1	115	11	-	-	-	-	10	-	-	280
Ndakwa West	28	6	26	79	-	1	-	-	-	-	-	-	140
Okpe	-	11	63	79	7	-	-	-	-	-	-	-	160
Oshimili North	25	-	3	102	-	1	5	14	1	8	-	1	160
Oshimili South	10	4	-	233	48	1	5	18	-	-	1	-	320
Patani	-	3	-	12	65	-	-	-	-	-	-	-	80
Sapele	-	79	15	40	6	-	-	-	-	-	-	-	140
Udu	-	9	32	159	39	-	1	-	-	-	-	-	240
Ughelli North	-	-	20	60	-	-	-	-	-	-	-	-	80
Ughelli South	-	21	94	45	-	-	-	-	-	-	-	-	160
Ukwuani	2	4	7	124	2	-	1	-	-	-	-	-	140
Uvwie	-	1	5	252	-	-	-	2	-	-	-	-	260
Warri North	-	89	35	32	8	1	-	-	3	10	-	82	260
Warri South	-	-	8	52	34	-	-	4	-	-	2	-	100



Warri South West	5	50	26	46	27	-	-	2	-	-	-	4	160
Total	416	384	988	2,451	282	18	12	58	8	28	6	109	4,760
%	8.74	8.07	20.76	51.49	5.92	0.38	0.25	1.22	0.17	0.59	0.13	2.29	
	River Lake	Unprotected Well	Protected Well	Bore-hole	Public Tap	Tanker/ Truck	Bottle Water	Sachet Water	Protected Spring	Unprotected Spring	Own Tap	Others	Total
													59.39

Source: Delta State 2011 Household and Housing Survey, Central Office of Research and Statistics, Ministry of Economic Planning.

## Annex 5.8 : Delta State Ministry of Environment: Sewage Management from 1999-2013

Senatorial District <sup>2</sup>	DELTA NORTH	DELTA CENTRAL	DELTA SOUTH	Total/Median
Population of Senatorial District	1,229,074 (31.50%)	1,375,738 (35.30%)	1,293,282 (33.20%)	
% of urban population with water closets, septic tank, soak-away pit	75	75	60	
% of urban population with pit toilets, pour flush toilet (%) <sup>1</sup>	20	15	15	15
proportion of urban population without toilet facilities, using open spaces, dumpsites etc (%)	5	5	5	5
proportion of rural population with water closets, septic tank, soak-away pit (%)	10	10	15	10
proportion of rural population with pit toilet, pour flush toilet (%)	70	60	50	60
proportion of rural population without toilet facilities, using open spaces, dumpsites, etc (%)	3	20	25	20
access of the total population to basic toilet facilities in 1999 (%)	35	40	30	35
access of the total population to basic toilet facilities in 2013 (%)	75	70	80	75
average ratio of one toilet to population in schools	60	50	55	55
average ratio of one toilet to population in markets.	100	120	190	120
average ratio of one toilet to population in motor parks.	10	10	5	10
level of participation of communities in maintaining/sustaining toilet facilities in their locality (h-high, m-medium, l-low).	4	4	4	4
total number of (public?) water closet toilet constructed in urban areas	15	20	15	50
total number of (public) water closet toilets constructed in rural areas	10	7	6	23
total number of VIP toilets constructed in urban areas	100	80	70	250
total number of VIP toilets constructed in rural areas (they needed to be refurbished)	250	310	220	780
total number of central sewage systems (SPDC housing facilities, Warri & NNPC housing facilities, Ekpan)	0	1	1	2
proportion of men that have access to toilet facilities (%)	60	70	50	60
proportion of women that have access to toilet facilities (%)	70	75	70	70
proportion of high income of the population that have access to toilet facilities (%)	100	100	100	100
proportion of low income of the population that have access to toilet facilities (%)	40	45	40	40
total number of sensitization campaigns in schools, on proper hygiene practices	100	120	90	310
total number of sensitization campaign to markets, on proper hygiene practices	95	75	80	250
total number of sensitization campaign to motor-parks, on proper hygiene practices	80	75	85	240

<sup>2</sup> Total for the State is 3,898,094 (2006 National Census)

Annex 5.9: Type of Toilet Facilities: Household Population by LGA

Local Government	Type of Toilet Facilities							Total
	Area	Water Closet	Pit latrine	Bucket/Pan	Toilet in other House	Public Toilet	Nearby (Bush/Beach/Field)	
Aniocha North	65	114	4	16	1	-	-	200
Aniocha South	60	200	6	25	9	-	-	300
Bomadi	60	4	1	29	-	6	-	100
Burutu	14	-	4	7	3	207	45	280
Ethiope East	111	22	4	4	95	4	-	240
Ethiope West	94	5	1	2	36	2	-	140
Ika North East	53	121	-	6	-	-	-	180
Ika South	89	120	1	3	1	70	1	220
Isoko North	79	24	3	52	1	1	-	160
Isoko South	108	65	7	8	1	70	1	260
Ndokwa East	84	76	17	38	8	50	7	280
Ndokwa West	17	41	1	37	12	26	6	140
Okpe	64	17	20	29	14	2	14	160
Oshimili North	51	81	-	-	1	27	-	160
Oshimili South	229	36	7	-	24	23	1	320
Patani	22	26	1	-	4	27	-	80
Sapele	40	5	2	61	30	2	-	140
Udu	158	32	-	24	20	6	-	240
Ughelli North	11	-	3	65	1	-	-	80
Ughelli South	26	45	3	2	44	40	-	160
Ukwuani	26	91	21	-	2	-	-	140
Uvwie	196	11	12	14	27	-	-	260
Warri North	62	68	7	27	28	68	-	260
Warri South	42	37	1	3	3	4	10	100
Warri South West	21	73	4	7	24	31	-	16
Total	1,782	1,314	130	459	389	598	88	4,760
%	37.44	27.61	2.73	9.64	8.17	12.56	1.85	
LGA	Water Closet	Pit latrine	Bucket/Pan	Toilet in other House	Public Toilet	Nearby (Bush/Beach/Field)	Other	Total

Source: Delta State 2011 Household and Housing Survey, Central Office of Research and Statistics, Ministry of Economic Planning

## Annex 6.1 Agricultural sector projects and programmes – implementation features

Name of intervention	Period of implementation	Intervention objectives	Proposed activities	Outputs
<p>Rapid Food Production Programme (RFPP)/Increasing Food Production Programme (IFPP)</p> <p>[Source: End of Administration Status Report, 2003 and additional information provided by MANR*]</p>	2001-03 (Started in 2001 as RFPP and christened IFPP in 2002)	RFFP aimed at quickly bridging the gap in food production and demand and prevent imminent famine in 2001. In 2002, IFPP aimed at raising productivity of a large number of cash-strapped farmers who could serve as reference models to other farmers for increased production and productivity. This was expected to sustain food security and increase rural incomes.	<p>(a) Selection of participating farmers; (b) Crop development - mechanized land preparation, provision of improved seeds/seedlings of maize, cowpea, tomato, cassava cuttings, and herbicides, pesticides and fertilizers at 50% subsidy; (c) Piggery and poultry development – supply of improved breeding stock at 50% subsidy; and (d) Fisheries development – provision of fingerlings and inputs at 50% subsidy</p>	<p>-Crops: (a) 246ha. maize planted in 55 locations with 182 participants with production of 600T, (b) 225ha. cowpea in 22 locations with 260 participants and production of 208T, (c) 210ha. planted to cassava, (d) 150ha. planted to tomato in 52 locations by 300 participants, (e) 8ha planted to rice, (f) 4,000 bags of fertilizer distributed to farmers at 50% subsidy*, (g) repair of 2 tractors, 13 ploughs and 3 harrows</p> <p>- Livestock: (h) 1,136 pig weaners raised and sold to farmers, (i) 40,000 broilers and 5,000 cockerels distributed to farmers at 50% subsidy for upgrading local chicken to raise meat quality and quantity*, (j) 108,000 chicks purchased and sold to farmers at 50% subsidy</p> <p>- Fisheries: (k) 52ha. abandoned fishponds resuscitated at 50% subsidy, (l) 5 private fish hatcheries commissioned to produce 1.44m. fingerlings while the Ministry's two hatcheries at Agbor and ADP, Ibusa produced 150,000 fingerlings, (m) total of 1.55m fingerlings sold to farmers at 50% subsidy, (n) for artisanal fisheries, distribution of inputs at 50% subsidy: 16 outboard engines, 24 water pumps, 433 pkts of thread, 3,925 pcs of floats, 922 pkts of hooks, 595 bundles of net, 687 bags of fish feed to 33 fishermen cooperatives</p> <p>- Communal Farm Ogwashi-Uku: (o) 30 ha of cowpea and 140 ha of cassava planted, (p) feeding and management of 83 pigs for 50 days with payment of 5-month labour wages, (q) feeding and management of 3,000 semi matured broilers, 40,000 day-old-chick pullets and 20,000 day-old-chick broilers.</p> <p>- Expenditures: (r) N150m. was spent in 2001. Out of the N145.5m approved for 2002, only N50m was released, making a total release of N200m as at May 2003 out of the approved N295.5m. The N50m released in 2002 was distributed as follows: N13.5m. (crop), N1.5m. (piggery), N20m. (poultry), N15m. (fisheries)</p>
<p>Oil Palm Development Programme [Source: End of Administration Status Report, 2003 and additional information provided by MANR*]</p>	2001 to date	Revive the dwindling production of oil palm in the State by developing within 3 years, 5000ha tracts of oil palm plantations	<ul style="list-style-type: none"> <li>- Loans to farmers at low interest rates</li> <li>- Replanting/planting plantations</li> <li>- Supporting individual farmers to plant oil palm</li> </ul>	<ul style="list-style-type: none"> <li>- In 2001, N91.7m disbursed to 396 oil palm farmers at interest rate of 5% and moratorium of 5 years; 1000 ha. cultivated.</li> <li>- In 2004, 260 ha. oil palm plantation replanted/planted in the 3 farm settlements (120ha. at Mbiri, 80ha. at Utagba-Uno, 60ha. at Okunigbo) at N30.7m.</li> <li>- In 2009 50ha. planted by 44 beneficiaries at N10m.</li> <li>- Statistics: in 2012, 957 farmers planted 6,029ha. of oil palm plantations, with a total output of 47,273T.</li> </ul>
<p>Live and Own a Farm (LOAF)</p> <p>[Source: Report on LOAF 2006 and additional information provided by MANR*]</p>	2004-07	To encourage all Deltans to engage in farming activities to increase agricultural productivity and hence income	<ul style="list-style-type: none"> <li>- Identification of beneficiaries and allocation of enterprise based on area of comparative advantage.</li> <li>- Assisting farmers to source land</li> <li>- Provision of farm inputs and fertilizer to farmers at subsidized rates</li> <li>- Provision of soft loans to farmers</li> <li>- Provision of extension services to farmers</li> </ul>	<ul style="list-style-type: none"> <li>- Programme launched at former Governor Ibori's Farm on the Oghara-Agbor Highway, Otefe-Oghara, by Minister of Agriculture on 15 March 2005.</li> <li>- N10.8m. was used for land preparation and farm inputs in 2005 on the Governor's Farm, N3.5m. for cultivation of 20ha of cassava, and N1.1m. handed over to the Governor for maintenance of the farm for one year. At 50% subsidy, the Governor was expected to repay to LOAF N7.5m. from the first harvest of the crop.</li> <li>- Total of N475.6m. was approved for LOAF. N422.8m. was released, while the remaining N50m. for oil palm production was not released.</li> <li>- Due to late release of funds, many food crops could not be cultivated and funds were directed to areas of high demand such as oil palm, poultry, piggery and agro-processing.</li> <li>- A total of 1,382 farmers were assisted by LOAF including participants in farm settlements and communal farms, and agro-processors.</li> <li>- Established 220ha of cassava, 1,593ha of oil palm, 100ha of plantain, 41ha of pineapple in 2005-2006.</li> </ul>

				<ul style="list-style-type: none"> <li>- 1,309 pig weaners and 144,500 chicks distributed to farmers at 50% subsidy.</li> <li>- 2.34 million oil palm seedlings raised and distributed to farmers at 50% subsidy to plant 15,350ha. of plantation in 2005 only.*</li> <li>- 8 modern water re-circulatory fish farms each 3 tonnes capacity (6,000 table size fish annually) established for 8 individual large scale fish farmers in 2006.*</li> <li>- Sourcing of planting materials and broodstock: (a) plantain suckers and cassava cuttings from other farmers, oil palm seedlings from Ministry's nurseries; (b) fingerlings from fish hatcheries within the state; (c) day-old-chicks from two designated farms were raised to 4-weeks old broilers and 6-weeks old pullets by 17 outgrowers; (d) pig weaners from 7 outgrowers.</li> <li>- Prospective beneficiaries applied in person and their farms were verified and needs assessed. Names of qualified farmers were published in the print media before assistance was rendered.</li> <li>- Constraints: (a) late release of funds – approval of LOAF in February 2005 but release of funds in June 2005; (b) dearth of fertilizers – paid for in 2005 but delivered late 2006; (c) no insurance of the farms as planned due to intermittent release of funds; (d) high mortality of chicks due to diseases and wrong sexing at the hatcheries.</li> </ul>
<p>Farmers Support Programme (FSP) [Source: Memorandum by the Chairman of the Committee on Farmers Support and Youth Empowerment Through Agriculture Programme. October 2009, and additional information from MANR*]</p>	2008, and then managed jointly with YETA	Empower farmers to improve agricultural production	Soft loans for working capital and provision of farm inputs	<ul style="list-style-type: none"> <li>- Government approved N600m. in August 2008.</li> <li>- Following the development of the Road Map for Agricultural Development in the State, an Implementation Committee was constituted under the chairmanship of the Governor to implement FSP and YETA. MANR was mandated to brief the State Executive Council regularly on the achievements of FSP/YETA.</li> <li>- Between September 2008 and April 2009: <ul style="list-style-type: none"> <li>(a) Loans and farm inputs costing N480m. at 50% subsidy to 3,921 farmers: <ul style="list-style-type: none"> <li>For crops: <ul style="list-style-type: none"> <li>(i) 1,250 cassava farmers got 62,500 bundles of cassava cutting to plant 1,250ha, (ii) 4.5T of rice seed to 71 farmers to plant 75ha, (iii) 500 farmers assisted to plant 500ha. of vegetables, (iv) 400 farmers assisted to plant 40ha of yam, (v) crop farmers got total of 10,600 bags of fertilizer in addition to agrochemicals for rice farmers.</li> </ul> </li> <li>For livestock: <ul style="list-style-type: none"> <li>(vi) 60,000 broilers raised to 4-weeks old and 40,000 pullets raised to point-of-lay distributed to 500 poultry farmers, (vii) 4,000 pig weaners distributed to 200 farmers.</li> </ul> </li> <li>For fisheries: <ul style="list-style-type: none"> <li>(viii) 20,000 bags of fish feed distributed to 1,000 fish farmers.</li> </ul> </li> </ul> </li> <li>(b) Repayment was low. As at April 2009, only N19.5m. (8%) had been recovered from the 50% value of cash/kind inputs/insurance amounting to N254m.</li> <li>(c) Poor recovery attributed to some crops not harvested yet at that time, and poor recovery performance of the microfinance banks. During the field visits, some beneficiaries claimed that the microfinance banks only released 50% of the package to them, meaning that the banks retained the 50% subsidy upfront. If the retained subsidy portion was returned to government, it would have reflected a better repayment performance.</li> <li>- For the second phase of the FSP, two models are proposed: (e) Trust Fund Model of the CBN Agricultural Credit Guarantee Scheme under which the State will place N50m. in trust with a selected commercial bank and the loans for farmers will be secured 25% by the Trust Fund, 25% by the farmers, and CBN guarantees 75% of the remaining 50%; and (f) FSP model to support 2,580 farmers, all at a cost of N549.6m. (compared with N550m. in the approved 2009 Budget).</li> <li>- It was expected that 50% of the year 2008 participants of YETA would benefit from the second phase of FSP.</li> </ul> </li> </ul>
<p>Youth Empowerment Through Agriculture [YETA] [Source: Memorandum by the Chairman of the Committee on Farmers Support and Youth Empowerment Through</p>	2008 to date	To encourage youth to take up agriculture as a profession	<ul style="list-style-type: none"> <li>- Organizing youth in clusters</li> <li>- Training</li> <li>- Enterprise packages (inputs)- Farm infrastructure</li> <li>- Insurance</li> <li>- Monthly stipends for participants</li> </ul>	<ul style="list-style-type: none"> <li>- Government approved N600m. for YETA in October 2008 and Programme implementation started in November 2008.</li> <li>- In November/December 2008, 450 youth (18-40 years, 18 youth per LGA were selected and trained in Songhai-Delta, Amukpe in agricultural vocational skills: 214 in aquaculture, 137 in poultry, 40 in crop, 59 in piggery. Two youth absconded from training.- Remaining 448 youth were empowered through provision of farm inputs and cash using 2 project models – cluster and individual.- Under cluster model, infrastructure for poultry, piggery and fisheries were provided in 20 LGAs for 237 participants (53% of participants).</li> </ul>

Agriculture Programme. October 2009, and additional information provided by MANR*].				<p>- 211 individual youth (47% of participants) were empowered to establish crops, poultry, piggery and fish farms on their own land.- As at October 2009:</p> <p>(a) 19 out of 22 cluster sites have been stocked and fully operational. 3 clusters were yet to be fully operational due to: (i) Patani – access road flooded. Poultry relocated to Boys Model Secondary School, Patani; (ii) Uvwie – site destroyed by family who claimed the land donated; (iii) Warri North – due to difficult terrain, 3 clusters being constructed: Poultry house at Abigorodo completed and stocked, piggery house yet to be completed; Tarpaulin fish tanks supplied to Abigorodo and Ogbudugbudu but yet to be installed. Construction of 2 piggery houses at Jakpa stalled because of death of participant who had received N1.2m. for the construction.(b) Participants from Oshimili North, Oshimili South, Burutu, Warri South and Warri South-West LGAs were de-clustered due to difficulty in obtaining suitable land. (c) Generally, delay in implementation due to difficulty in land acquisition, and shortage of funds due to undercosting of infrastructures.- Plan for phase 2 (2010/2011)</p> <p>(d) Complete the cluster sites of 2008: extend old cluster sites in 8 LGAs and build new sites in 17 LGAs.</p> <p>(e) Select and train 500 youth, 20 per LGA and empower them.</p> <p>(f) Distribute on basis of agro-ecology, 100 poultry, 25 piggery, 315 fisheries, 10 snailery/grasscutter, and 50 crop enterprises.</p> <p>(g) Budget provision for 2010 is N1.1 billion. Actual expenditure for 2008 not given. (h) Proposed that participants pay back 50% of empowerment package beginning from harvest to elicit commitment from them.</p> <p>- Additional information from MANR*</p> <p>(i) 28 YETA cluster farming sites established with at least 3 enterprises (poultry, fishery, piggery) in each of 25 LGAs.</p> <p>(j) Jobs created for 950 youth in agri-business in 2-yearly programmes of 450 and 400 in 2008/2009 and 2010/2011 respectively.</p> <p>(k) 950 youths empowered through trainings, provision of inputs and fund to make agriculture more attractive.</p> <p>(l) Monthly stipend of N7,000 per participant, the then minimum wage.</p> <p>(m) Purchase of 8 Hilux Vans and 2 Buses for YETA Project in 2009 at N5.5m each.</p> <p>- The programme is currently under review to resolve the issues that made its performance not very satisfactory.</p>
Tree Crops Nurseries Development Programme [Source: Additional information from MANR]	1999 to date	To produce hybrid and high quality seedlings of major crops for plantation development	- Raise hybrid seedlings of oil palm, rubber, cocoa- Distribute seedlings to farmers at subsidy	<p>- N932.6m. released between 1999 and 2011 of which N100m. for rubber in 1999; N57.5m., N80m. and N501.6m. for oil palm in 2002, 2003 and 2004, respectively; and N31m. and N80m. for cocoa in 2006 and 2009, respectively.</p> <p>- 2.34 million seedlings of oil palm distributed under LOAF in 2005 at 50% subsidy to plant 15,350ha of plantation.</p> <p>- 385,000 cocoa seedlings distributed to farmers free of charge by State Committee on Cocoa (TCU produced 100,000 each in 2004-2006, 85,000 in 2007, 30,000 each in 2010 and 2012, and 60,000 each in 2011 and 2013).</p> <p>- 500,000 oil palm seedlings distributed to farmers at 50% subsidy (TCU produced 310,000 seedlings during 2004-2013: 80,000 in 2004, 70,000 in 2005, 30,000 each in 2008-2011, 10,000 in 2012, and 30,000 in 2013).</p> <p>- Rubber stumps produced by TCU: 32,000 in 2006, 60,000 in 2009, 30,000 in 2010.</p>
Tree Crops Plantation Development Programme [Source: Additional information from MANR]	2002-05	To revive the dwindling fortunes of export crops production	Re-planting and rehabilitation of old plantations and opening up of new ones – for oil palm, rubber and cocoa	<p>- Replanting/rehabilitation:</p> <p>(a) Oil palm 220ha. in 2002, 235ha. in 2004, 50ha. in 2005.</p> <p>(b) Rubber: 1,235 farmers in 2002, 280 farmers in 2004; over 1,850ha. rehabilitated. Between 1999 and 2003, 40,000 budded rubber stumps obtained from Rubber Research Institute of Nigeria distributed to 21 farmers to plant 90ha. Cost was N8.3m.</p>
Seeds Multiplication Programme [Source: Additional information from MANR]	1999 to date	Increase farmers' productivity and incomes	Improved planting varieties are multiplied and introduced to farmers to replace old varieties	<p>- Cassava Seed Multiplication:</p> <p>(a) In 2004, 12ha. cultivated at Agbarho. N1m. was released.</p> <p>(b) In 2006, 10ha. cultivated at Ogwashi-Uku and Owanta, N2m. released.</p> <p>(c) In 2010, 9ha. cultivated at Ogwashi-Uku. N3.3m. released.</p> <p>(d) In 2012, 7ha. cultivated at Ogwashi-Uku. N3.3m. released.</p> <p>The cuttings were distributed at 50% subsidy.</p> <p>- Seed Yam Multiplication:</p>

				(e) In 2009, 1ha. cultivated and 45,000 seed yam planted. N1.17m was released. The seed yam was distributed at 50% subsidy.
Agricultural Mechanization [Source: End of Administration Status Report, 2003 and additional information provided by MANR*]	1999 to date	To make mechanized farm services available and affordable to farmers	<ul style="list-style-type: none"> <li>- Establish Tractor Hire Centres</li> <li>- Provide services to farmers at subsidized rate for land clearing and preparation</li> </ul>	<ul style="list-style-type: none"> <li>- Between May 1999 and May 2003: <ul style="list-style-type: none"> <li>(a) 3 new centres opened at Patani, Oleh and Oghara making a total of 6 centres (old ones at Asaba, Agbor and Agbarho)</li> <li>(b) 3,847ha. was tractorized at 75% subsidy for 300 farmers</li> <li>(c) 20 tractors and associated implements bought at N122.4m</li> <li>(d) Number of beneficiaries serviced increased from 43 in 1999 to 870 in 2003, and hectarage covered from 145ha. to 3,131ha. as a result of increased availability of tractors. Annual revenue also increased from N0.2m in 1999 to N3.5m</li> <li>(e) 9 tractors refurbished at N12.9m</li> <li>(f) Construction of equipment shed and fence at centres at N8.2m</li> <li>(g) Contribution of N0.45m to Animal Traction and Hand Tools Technology Programme which provides loans to farmers to acquire improved farm tools. Programme is co-funded on a ratio of 50:30:20 by federal, state and local governments.</li> <li>(h) Distributed 3,000 cutlasses and 1,000 hoes costing N2.7m at 50% subsidy. Realized N0.1m from the sales.</li> </ul> </li> <li>- Overall results:* <ul style="list-style-type: none"> <li>(i) Opening up of 35,066ha. of farmland at subsidy</li> <li>(j) Additional tractorization services on 1,418ha. for 574 farmers: 2009 173 farmers 346 ha.; 2010 194 farmers 384 ha.; 2011 164 farmers 286 ha.; 2012 96 farmers 206 ha.; 2013 47 farmers 196 ha.</li> <li>(k) 200ha. of farmland infested with obnoxious weeds reclaimed</li> <li>(l) 45 units of 1T capacity metal cribs fabricated for farmers at subsidy.</li> <li>(m) In 2008/09 N83.3m paid (out of contract of N98.5m) for rehabilitation of tractors. 26 units repaired and delivered. A total of 46 tractors refurbished.</li> <li>(n) 155 farmers benefitted from loan scheme for hand tools</li> <li>(o) Subsidized service rates: Ploughing N8000/day; Harrowing N6000/day; Ridging N7000/day; Slashing N7000/day; Transportation N8000/day</li> </ul> </li> </ul>
Agro-Service Centres Development [Source: End of Administration Status Report, 2003 and additional information provided by MANR*]	1999 to date	To provide agricultural services under one roof for farmers.	<ul style="list-style-type: none"> <li>- Rehabilitate 4 centres (Oleh, Owanta, Abbi, Koko)</li> <li>- Provide services such as farm inputs, tractor hire, crops processing and information</li> </ul>	<ul style="list-style-type: none"> <li>- Renovation of 2 centres. Cost N27.8m as at May 2003.</li> <li>- Rehabilitation of 2 centres. Koko in 2005 at N3m., Owanta in 2007 at N2.2m.*</li> <li>- Number of beneficiaries of services at the centres unknown.</li> </ul>
Loans to Small Scale Farmers/ Fishermen [Source: End of Administration Status Report, 2003 and additional information provided by MANR*]	1993-2004	To raise the capital base of farmers without collateral and hence increase production	<ul style="list-style-type: none"> <li>- Selection of beneficiary farmers and cooperatives</li> <li>- Provision of loans at low interest rate to farmers by the Ministry</li> </ul>	<ul style="list-style-type: none"> <li>- In 1993, N3.8m loan to 764 individual and 20 cooperative farmers/fishermen at 10% interest; Recovery only 19% .</li> <li>- In 1998, loan in-kind consisting of cassava grinding machines, cassava pelleting machines and cassava drying machines, amounting to N1.9m. to 37 individual farmers, at 10% interest rate; Recovery 0.1%.</li> <li>- In 2000, N12.5 million disbursed to 88 farmers/fishermen cooperatives and one large pineapple farmer at 5% interest; Recovery 32%.</li> <li>- In 2004, one cooperative society got a loan of N2 million for pineapple farming at 5% interest; Recovery 66%.*</li> <li>- Low repayment rates attributed to lack of mobility for field officers for effective loan recovery, and a sense of share of the 'national cake' by some beneficiaries.</li> </ul>
Agricultural Insurance Scheme [Source: Additional information from MANR]	1999 to date	To encourage farmers in the State to insure their farming businesses against risk	<ul style="list-style-type: none"> <li>- State Government contribution to the Reserve Fund of NAIC</li> <li>- Payment of insurance for farmers</li> <li>- Enlightenment campaigns on insurance benefits</li> </ul>	<ul style="list-style-type: none"> <li>- N1m contributed to Reserve Fund of NAIC.</li> <li>- N9.2m paid as premiums for over 5,000 farmers from 1999 to 2009.</li> <li>- Last insurance premium subsidy paid to NAIC was N1.75m. for 869 farmers insured in the State in 2009.</li> <li>- Insurance premium subsidy owed NAIC for 2010-2013 totals N14.1m for 3,715 farmers.</li> <li>- NAIC has promptly settled the claims of farmers who suffered losses due to natural hazard.</li> </ul>
Young Farmers' Club [Source: Additional information from MANR]	1999 to date	To stimulate students to take interest in agriculture	<ul style="list-style-type: none"> <li>- Formation of clubs</li> <li>- Provision of farm inputs</li> </ul>	<ul style="list-style-type: none"> <li>- Formation of over 100 YFCs.</li> <li>- In 2006, distributed farm inputs (seeds, sprayers, tarpaulin ponds, fingerlings and fish feeds) to YFCs of 30 secondary</li> </ul>

information from MANR]		and gain farming skills at early age	- Provision of extension advice	schools at a cost of N2m. - In 2011/2012, distributed inputs to YFCs in 45 secondary schools at a cost of N4.5m
Farm Settlement Scheme [Source: End of Administration Status Report, 2003 and additional information provided by MANR*]	Pre-1991 to date	- Provide contiguous land for medium scale production to boost food security and improve the economy - Create employment for the youth and unemployed - Encourage trained youth to live in settlements for efficiency and effectiveness in production.	- Rehabilitation of 2 existing farm settlements (road network, housing units, water system, electricity, irrigation facilities, schools, health centres, agro-processing facilities, recreational facilities) - Establishment of new settlements - Development of rural enterprises and cottage industry	- Between 1999 and 2003: (a) N21.6m spent on projects in 3 settlements (Mbiri, Utagbo-Uno and Okunigbo, the last a new development) (b) Rehabilitation of 85ha. of oil palm plantations at Mbiri and Utagbo-Uno (c) Demonstrations on cowpea, tomatoes, pineapple and plantain established for technology transfer to farmers (d) Introduction of bee keeping in 2001 - Summary statistics of the 4 farm settlements: (e) Mbiri established 1959, 200 settlers; Facilities: residential/office accommodation and town hall. Total land area of 1,820ha. - 225ha. rubber, 391ha. oil palm, and 1,106ha. arable farm land. (f) Utagba-Uno established 1959, 77 settlers; Facilities: residential/ office accommodation and town hall. Total land area of 546 ha. - 74 ha. rubber, 186ha. oil palm, and 226ha. arable farm land. (g) Okunigho Jesse established 1999, 42 settlers; Facilities: Total land area of 192ha. of which 42ha. oil palm plantation. (iv) Owhelogbo established 2007, 7 settlers; Facilities: residential accommodation and 21 concrete fish ponds. - No information on cost of establishment or production.

Agricultural Inspection Services [Source: Additional information provided by MANR*]	1990 to date	To ensure that produce meet international standards for export	- Establishment of produce control posts at border towns - Check and control standard of produce brought into the State - Inspect produce within the State to ensure they meet export standard	<table border="1"> <thead> <tr> <th>Location/LGA</th> <th>Year built</th> <th>Cost (N'm)</th> <th>Year</th> <th>Quantity of produce (crops) inspected (T)</th> </tr> </thead> <tbody> <tr> <td>Asaba (Oshimili South)</td> <td>1990</td> <td>0.10</td> <td>2007</td> <td>150,368.73</td> </tr> <tr> <td>Agbor (Ika South)</td> <td>1992</td> <td>0.01</td> <td>2008</td> <td>183,361.44</td> </tr> <tr> <td>Ugbenu (Ethiope West)</td> <td>1992</td> <td>0.01</td> <td>2009</td> <td>165,147.51</td> </tr> <tr> <td>Alifekede (Ika South)</td> <td>2001</td> <td>1.57</td> <td>2010</td> <td>196,840.89</td> </tr> <tr> <td>Abraka (Ethiope East)</td> <td>2005</td> <td>2.86</td> <td>2011</td> <td>221,302.29</td> </tr> <tr> <td>Issele-Azagba (Aniocha N.)</td> <td>2006</td> <td>2.86</td> <td>2012</td> <td>249,305.96</td> </tr> <tr> <td></td> <td></td> <td></td> <td>2013</td> <td>219,824.58</td> </tr> </tbody> </table> <p>- Poor quality produce encountered: Mainly excessive shells in palm kernels. The owner of the palm kernels is permitted to remove the shells and then re-inspection is done. No produce is really destroyed.</p>	Location/LGA	Year built	Cost (N'm)	Year	Quantity of produce (crops) inspected (T)	Asaba (Oshimili South)	1990	0.10	2007	150,368.73	Agbor (Ika South)	1992	0.01	2008	183,361.44	Ugbenu (Ethiope West)	1992	0.01	2009	165,147.51	Alifekede (Ika South)	2001	1.57	2010	196,840.89	Abraka (Ethiope East)	2005	2.86	2011	221,302.29	Issele-Azagba (Aniocha N.)	2006	2.86	2012	249,305.96				2013	219,824.58
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Mobilization of Rural Women for Sustainable Agriculture (MORWSA) [Source: Additional information from MANR]	2009 to date	To harness the potential of women for agricultural production and processing	Sensitization, mobilization and empowerment of women	<table border="1"> <thead> <tr> <th>Activity</th> <th>Year</th> <th>Cost (N'm)</th> </tr> </thead> <tbody> <tr> <td>Mobilization of 37 women groups/cooperative in agricultural practices</td> <td>2014</td> <td>?</td> </tr> <tr> <td>Distribution of 15 plantain processing machines to 15 women cooperative farmers groups</td> <td>2014</td> <td>4.2</td> </tr> <tr> <td>Distribution of 15 melon shelling machines to 15 women groups</td> <td>2013</td> <td>3.0</td> </tr> <tr> <td>Distribution of 95 manual garri fryers</td> <td>2013</td> <td>?</td> </tr> <tr> <td>Distribution of 60,000 fingerlings to 60 women farmers groups, plus total of 420 bags of coppen feed</td> <td>2009</td> <td>4.8</td> </tr> </tbody> </table>	Activity	Year	Cost (N'm)	Mobilization of 37 women groups/cooperative in agricultural practices	2014	?	Distribution of 15 plantain processing machines to 15 women cooperative farmers groups	2014	4.2	Distribution of 15 melon shelling machines to 15 women groups	2013	3.0	Distribution of 95 manual garri fryers	2013	?	Distribution of 60,000 fingerlings to 60 women farmers groups, plus total of 420 bags of coppen feed	2009	4.8
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Distribution of 60,000 fingerlings to 60 women farmers groups, plus total of 420 bags of coppen feed	2009	4.8																				

Beneficiaries were selected from identified registered rural women cooperative groups distributed among the senatorial



Agro-Processing Programme [Source: End of Administration Status Report, 2003 and additional information provided by MANR*]	1999-2007	To produce alternative products of cassava and mop up excess cassava in the market which causes cyclical garri glut	Establishment of processing centres and processing mills	<p>districts. The groups were sensitized on the free facilities provided.</p> <ul style="list-style-type: none"> <li>- Between 1999 and 2003: <ul style="list-style-type: none"> <li>(a) Established 9 cassava processing centres at the cost of N24.9m.</li> <li>- After 2003:*</li> <li>(b) Contract awarded for 3 modern cassava processing mills at Ubulu-Okiti, Oghara and Ogbelajaw in 2005 for N8m.</li> <li>(c) State of completion as at 2007 is: Oghara 75%, Ubulu-Okiti 40% and Ogbelajaw 30% (Source: 2007 MANR Annual Report). The equipment had been supplied but not installed.</li> </ul> </li> </ul>
Livestock Development Programme [Source: End of Administration Status Report, 2003 and additional information provided by MANR*]	1999 to date	To produce and multiply breeds of livestock and distribute to farmers for increased quantity and quality of protein intake	<ul style="list-style-type: none"> <li>- Multiplication</li> <li>- Distribution at subsidy of improved breeds</li> </ul>	<p><b>Piggery</b></p> <ul style="list-style-type: none"> <li>- Between 1999 and 2003: <ul style="list-style-type: none"> <li>(a) Renovation of government piggery houses at Agbarho and Ogwashi-Uku in 2000 at the cost of N2.5m. and stocking at N1.6m.</li> <li>(b) in 2001, vehicle, feed, drugs bought for piggeries at N6m.; and 22 gilts and 2 boars (along with feed/drugs) for N4m.</li> <li>(c) Distribution of 1,136 pig weaners to farmers at 50% subsidy.</li> </ul> </li> <li>- Overall*</li> <li>(d) 638 pig weaners, 450 in-pigs and 75 sows distributed to 39 farmers in 2001-2006, 2008, 2010, 2012 and 2013 at 50% subsidy at a cost of N8.6m.</li> <li>(e) Renovations: Ogwashi-Uku 2002 at N0.2, 2006 at N4m.; Agbarho 2008 at N1.2m.</li> </ul> <p><b>Poultry</b></p> <ul style="list-style-type: none"> <li>- Between 1999 and 2003: <ul style="list-style-type: none"> <li>(f) Renovation of 2 poultry houses at ADP Ibusa.</li> <li>(g) Distribution of 108,000 birds.</li> </ul> </li> <li>- Overall*</li> <li>(h) Distribution of 291,000 day-old-chicks and point-of-lay birds to 1,066 farmers in 2001-2006 and 2012 at 50% subsidy at N18.8m. (Rapid Food Production Programme 2001), N9.3m. (Increasing Food Production Programme 2002), N2.8m. (2005), N7.5m. (2006), N1m. (2012). Cost figures not available for 2003 and 2004.</li> </ul> <p><b>Goats*</b></p> <ul style="list-style-type: none"> <li>(i) 59 goat growers distributed to 3 goat breeders in 2011 at 50% subsidy, at N1.5m.</li> </ul> <p><b>Snail and Cane Rat*</b></p> <ul style="list-style-type: none"> <li>(j) 2000 snails and 70 canerats (14 families) procured in 2012 and distributed for breeding at cost of N0.9m.</li> </ul> <p><b>Cattle*</b></p> <ul style="list-style-type: none"> <li>(k) 8 bulls and 4 heifers purchased in 2013 at N3m. and stocked at Agro-Service Centre, Owanta.</li> <li>(l) Maintenance of ASC Owanta in 2013 for N12,000.</li> </ul>
Fisheries Development Programme [Source: End of Administration Status Report, 2003 and additional information provided by MANR*]	1999 to date	<ul style="list-style-type: none"> <li>- Development of fisheries potentials of the State</li> <li>- Promotion of aquaculture</li> <li>- Reduction of protein deficiency in the diet of citizenry</li> <li>- Improving fish processing, storage and marketing</li> </ul>	<ul style="list-style-type: none"> <li>- Production of improved quality of fingerlings and distribution to farmers</li> <li>- . Fishing inputs/equipment sold at 50%</li> </ul>	<ul style="list-style-type: none"> <li>- Between 1999 and 2003: <ul style="list-style-type: none"> <li>(a) Under Fisheries Surveillance and Direct Assistance to Fishermen – N9.9m. spent to provide 14 outboard engines, 717 bundles of net, 68 pkts of hooks, 11 water pumps, and 100 rolls of rope/thread, to fishermen at 50% subsidy.</li> <li>(b) In aquaculture – rehabilitation of Agbor fish hatchery at N7.5m.</li> <li>(c) Under Hydrobiological Fisheries Research – speed boat and accessories bought at N1.5m.</li> <li>(d) In Coastal Fisheries – rehabilitation of Warri Jetty at N9m., with N0.6m. generated as landing fees from the jetty.</li> <li>(e) In Fish Preservation, Distribution and Marketing – 10T cold room and generators installed at Patani for N9.5m. N0.4m. generated from Warri project.</li> <li>(f) Under Rapid/Increasing Food production Programme – N74m. spent in 2001 and 2002 to provide 1.55m seedlings, inputs (10 outboard engines, 24 water pumps, 595 bundles of net, 433 rolls of thread, 922 pkts of hooks, 3,925 pcs of float, 687 bags of fish feed) to 33 fishermen cooperatives . N4m. was paid by the cooperatives.</li> </ul> </li> <li>- After 2003*</li> <li>(g) Procurement of 25 motorcycles at N4.95m. in 2007 and distribution to officers in the 25 LGA field offices for monitoring.</li> <li>(h) Sale of inputs - 180 bundles of nets and 150 pkts of hooks purchased in 2007 at N5m. and sold to 17 artisanal fish</li> </ul>

FAO Intervention for Fish Farmers Affected by Flood in the State

2012-13

To mitigate the losses suffered by fish farmers during the 2012 flood

cooperative groups at subsidy.

(i) Establishment of 2 modern fish clustered farms – In 2008, 22 clusters with 214 beneficiaries producing 545,700 table fish; In 2009, 24 clusters with 315 beneficiaries producing 803,250 table fish.

(i) Distribution of 2.99m seedlings and fish feed at subsidy – 50% after first cycle of harvest (6 months).

(j) Ongoing reactivation of Aviara Fish Farm – Inherited from Bendel State, the farm was approved for renovation in 2010 at N99.9m. Only N43.9m. has been released so far and work is yet to be completed. Thus there is no production yet.

(k) 50 Burkinabe fish smoking kilns purchased in 2008 at N4.95m. and sold at subsidy to fish processors at N10,000 each.

(l) Warri cold room and ice plant renovated in 1998 at N6m. Patani electricity generator repaired in 2011 at N1m. Both facilities are rented to private operators.

- A total of 289 beneficiaries were reached.128 collected their inputs at ADP Ibusa and 181 collected at Oleh LGA.

- In 2013, 173,400 fingerlings, 2,390 bags of coppen feed and 289 bags of fish meal distributed to beneficiaries at estimated cost of N20m.

Veterinary Services

Pre-1991 to date

To prevent and control animal diseases in the State and increase productivity of livestock

- Clinical and extension services  
- Public health services  
- Investigation and diagnostics  
- Control posts and abattoirs

- Between 1999 and 2003:

(a) 7 existing clinics renovated and equipped; Asaba clinic started in 1993 and Orerokpe started in defunct Bendel State were completed; and a clinic under construction at Isiokolo at total cost of N32.5m.

(b) 1 Vet control post at Agbor renovated and new post built at Ugbenu at N2.1m.

(c) N3.1m. spent on vet public health.

(d) N3m. spent on first phase of Veterinary Investigation and Diagnostic Centre (VIDC), Agbarho.

- Between 2000 and 2005:

(e) 9 modern abattoirs (see table below) awarded at N239m; 8 abandoned and 1 completed at Ugbolokposo. N140.8m spent and outstanding balance of N98m.

Modern Abattoir	Contract Sum (N'm)	Amount Paid to Date (N'm)	Balance (N'm)
Ugbolokposo	34.4	35.0	1.4
Asaba	22.5	9.9	12.5
Boji Boji Owa	22.5	17.3	5.2
Ughelli	22.5	14.9	7.6
Oghara	22.5	15.4	7.0
Ogwashi-Uku	22.5	21.6	0.8
Abraka	22.5	7.6	14.9
Bomadi	22.5	8.3	14.2
Kwale	22.5	10.5	12.0
Orerokpe	22.5	NIL	22.5
Total	239.0	140.8	98.1

- After 2003:

(f) Public campaigns on rabies, bird flu, African Swine Fever with vaccinations and other treatment were conducted in 2003 - 2008 at a cost of N83.3m.

(g) Control post at Agbor, built 1997 still operational; Patani post built in 2004 at N4.6m. has been demolished by the East/West Road; Asaba post built in 2006 at N4m. also demolished; and Ugbenu post built in 2000 at N1.6m. is not in use due to lack of staff and equipment.

(h) Equipment and drugs purchased: 2000 N1.5m., 2002 N2.1m., 2006 N4.8m. Vet public health input statewide: 2009

[Source: End of Administration Status Report, 2003 and additional information provided by MANR\*]

N4.5m.

(i) Ugbolokposo abattoir built 2004 at N36.4 is not operational, Koko abattoir just completed in 2014 at N25m.

(j) 6 vet clinics renovated: Ogwashi-Uku in 2005 at N2.7m., Agbor in 2005 at N1.7m., Warri in 2006 at N4.4m., Sapele in 2006 at N4.8m., Agbarho in 2006 at N4.3m., Asaba in 2013 at N11m.,

(k) Summary of 14 operational government vet clinics: Effurun built 2004 at N6.1m., Ughelli built 2004 at N6.1m., Agbarho, Warri, Sapele, Asaba, Ogwashi-Uku, Kwale, Issele-Uku, Agbor, Oleh, Orerokpe, Oghara and Koko. However, all the clinics are poorly staffed, lack essential equipment, water and power facilities.

(l) Summary of 3 non-operational government vet clinics: Isiokolo built 2001 at N4.2m., Bomadi built 2005 at N7.6m., Ozoro built 2005 at N4.5m., all due to lack of staff and equipment.

(m) Vaccination of poultry birds against New Castle Disease, Fowl Pox, Mareks, Gomboro Disease, Fowl Typhoid, CRD, Influenza Virus, etc. is usually by private vets. Due to dearth of skilled manpower and mobility, farm visitation is very difficult and most farmers therefore rely on private practitioners.

(n) Summary of clinical, slaughter and control post activities on animals:

Total (2005-2013): 344,838 animals treated at N8.4m. fee; 1,530,212 animals inspected at N30.9m. fee; 740,375 animals passed at N13.7m. fee.

Year	Vet clinics		Abattoirs		Control posts	
	Animals treated	Fees (N'm)	Animals inspected	Fees (N'm)	Animals passed	Fees (N'm)
2005	115,227	0.7	76,831	2.1	54,763	1.4
2006	18,296	0.5	149,031	1.7	63,720	1.0
2007	19,745	0.5	182,703	1.3	68,238	1.3
2008	27,370	0.7	164,164	1.4	76,032	1.6
2009	31,970	0.4	173,214	1.6	37,898	1.2
2010	35,301	1.0	210,917	0.5	111,997	0.2
2011	18,434	1.4	190,038	3.0	115,760	2.0
2012	55,627	1.5	195,497	9.6	103,820	2.5
2013	22,868	1.7	187,817	9.7	108,146	2.5
Total	344,838	8.4	1,530,212	30.9	740,375	13.7

Others: (o) Renovation of VIDC, Agbarho at N14.9M in 2007, (p) Purchase of equipment in 2012 at N3.5m., (q) Ongoing block-wall fencing of VIDC's premises at N12.8m. However, the place is not operational because of lack of personnel and equipment.

- Between 1999 and 2003:

(a) Spent N143.7m. for procurement and distribution of 20 trucks of fertilizer at 27% subsidy and 123 trucks of fertilizer at 30% subsidy; construction of office and storage facilities.

- After 2003 business statistics:\*

Year	Fertilizer		Agro-	Seed	Imple-		Benefi-	Total
	T	N'm	chem.	T	N'm	N'm	ciaries	
2007	1,560	79.6	3.9	15.3	2.5	2.4	15,600	88.4

Delta State Agricultural Procurement Agency (DAPA) [Source: End of Administration Status Report, 2003 and additional information provided by MANR\*]

1999 to date

To supply price competitive, high quality agricultural inputs to farmers (focus on fertilizer)

- Procurement and distribution of agricultural inputs  
- Bulk purchase of food items and redistribution in times of scarcity to stabilize price  
- Market through 10 zonal offices/sales outlets

2008	2,760	226.2	8.5	15.0	2.9	0.9	27,600	238.5
2009	2,970	226.2	8.8	-	3.5	1.6	29,700	240.1
2010	6,024	47.8?	3.4	20.0	4.0	2.3	60,240	57.5
2011	2,520	186.4	9.1	10.0	2.0	1.5	25,100	199.0
2012	390	35.5	6.6	5.5	2.3	1.3	3,700	45.7
2013	221	11.6	6.3	-	0.1	0.6	2,207	18.6

- Operational modalities:

(b) Each beneficiary farmer was entitled to 2 bags of fertilizers.

(c) Farmers paid for agrochemicals and other inputs at competitive market prices.

(d) Costs indicated above are for procurement and distribution.

Delta State Communal Farming [Source: End of Administration Status Report, 2003 and additional information provided by MANR*]	Pre-1991 to date	To assist youths in communities to establish farms as business ventures, to provide employment, curb youth restiveness, reduce rural-urban migration, and reduce poverty	Through the Delta State Task Force on Communal Farming: - Reactivation of existing farms at Deghele and Ogwashi-Uku - Establishment of new farms	- Between 1999 and 2003: (a) Over 2,000ha. of land cultivated by 223 participant farmers in 3 communal farms (Ogwashi-Uku, Irri/Aviara and Deghele) (b) Farmers employed estimated 2,678 persons annually (employment generation) (c) N4m spent on purchase of vehicles, farm implements, repair of tractors and rehabilitation of farm house at Deghele. - After 2003:.* (d) In 2004, 10 earthen fish ponds, 5 concrete fish ponds and farm house built in each of Tamigbe and Abigborodo. (e) In 2006: (i) renovation of farm house at Ugwashi-Uku, (ii) establishment of farm and processing house at Ute-Ogbeje, (iii) establishment of fish farm at Kokori (1.5ha), Bomadi (0.3ha) and Owelegbo (with 22 concrete fish ponds). (f) In 2007, establishment of fish farm at Ovade-Oghara (2.3ha). - Summary statistics of communal farms: (g) Ogwashi-Uku – 100ha., 83 farmers, cassava/ maize/yam (h) Deghele – 100ha., 80 farmers, cassava (i) Tamigbe – 50ha., 90 farmers, fish/plantain/cassava (j) Abigborodo – 50ha., 85 farmers, fish/plantain/cassava (k) Ute-Ogbeje – 25ha., no farmers, fish (l) Kokori – 1.5ha., no farmers, fish (m) Bomadi – 0.3ha., no farmers, fish (Heterobronchus) (n) Owelogbo – 20 farmers, fish (Clarias)/fluted pumpkin (o) Oyade-Oghara – 2.3ha., 26 farmers, fish
Agricultural Development Programme (ADP) [Source: End of Administration Status Report, 2003 and additional information provided by MANR*]	1991 to date	Major extension arm of the Ministry to ensure accelerated agricultural production through empowerment of small scale farmers	- WIA, seeds multiplication, crop adaptive research, land management, livestock and fisheries production, farm road rehabilitation, rural water schemes, fadama farming- Collaboration in implementation of RTEP and NPFS	- 200 motorcycles provided for extension workers in 2008 for N40m.- 150 frontline Extension Officers trained and retrained in modern agricultural technologies. - 4,273 farm families reached through extension visits, on-farm demonstrations, field days and trainings. - Fingerling production, cassava multiplication. - Installation of rice processing and cassava processing equipment for farmer groups. - Rehabilitation of rural roads. - Provision of potable water to communities. - Support to implementation of the National Food Security Programme (NFSP) which focused on rainy season and dry season crops, livestock, fisheries, poultry and food processing. - Support to implementation of the Root and Tuber Expansion Programme (RTEP) with focus on cassava and yam. - Of the budgeted N1,022.8m during 1996-2014, only N673.7m released (66%). In 2003, 2007 and 2009-2012 there was no release.
Oil Palm Company Ltd (OPC) [Source: End of Administration Status Report, 2003 and	1992 to date. Incorporated in 1972 by defunct	Effective management of the four oil palm estates, covering 6,866ha., and the	- Supervising and monitoring compliance with the provisions of the lease agreements by the	- The leases, each for 25 years, were done between 1996 and 1997 in line with the government policy on privatization and commercialization. All the assets of the company were transferred to the lessees. - Total of N17.5m was expected from the leases: N12.8m as land rent (paid to government) and N4.7m as mill rent (paid to

additional information provided by MANR*]	Bendel State and assets shared in 1992 between Delta and Edo	production of palm oil and its associated products	lessee - Regular visits to leased estates to monitor progress in expansion programmes - Development of two new estates*	the company). - As at May 2003, a total of N48.3m had been realized from the leased estates. An additional ₦5.2m was also paid to the government for the transfer on two estates. - N3m. paid as rent to government in 2013.
Agro-Statistics and Databank [Source: End of Administration Status Report, 2003 and additional information provided by MANR*]	1999 to date	- To provide statistical information for policy formulation - To provide baseline data for planning, implementation, monitoring and evaluation of agricultural programmes	Conduct of sector surveys and storage and retrieval of data for planning, monitoring and evaluation	- Between 1999 and 2003: (a) N8m. spent to conduct agricultural survey to obtain baseline data for agricultural development, purchase of 18 computers and 3 printers, 5 photocopiers and repair of 15 faulty computers. Also training of 35 officers on computer appreciation and application. - Overall:.* (b) 1999 - N1m. on 6 computers and training. (c) 2000 - N0.5m. on 10 computers and training (d) 2001- N1.2m. on 1 computer and 2 photocopiers (e) 2005 -Conduct of agricultural survey.
Crop Protection/ Improvement Programme[Source: End of Administration Status Report, 2003 and additional information provided by MANR*]	Pre-1991 to date	To maintain crop pest and disease surveillance, conduct adaptive research trials for new and improved crops at the Agricultural Research Station Obior	- Adaptive research - Training - Seed multiplication	- Between 1999 and 2003: (a) N15.3m spent for renovation and equipping of Obior Research Station. (b) Establishment of a rapid plantain sucker multiplication centre in 2000/2001 at a cost of N1m. Farmers and technical staff were trained on the rapid plantain sucker multiplication technique.* (c) In 2000, N1m used to conduct trials in collaboration with NIHORT for the control of tomato wilt. Disease tolerant cultivars were distributed to farmers (d) Sensitization workshop for farmers on Black Sigatoka Disease (BSD) and Cassava Mosaic Disease (CMD) in 1998 and 2001 at the cost N1.9m.* (e) Multiplication of 50,000 BSD resistant plantain suckers for N2.3m. in 2001. (f) In 2003 multiplication of 30,000 BSD resistant plantain suckers and 40,000 pineapple suckers at a total cost of N2.5m. - After 2003: (g) Conduct of a state-wide agricultural survey in collaboration with ARMTI at a cost of N1m. in 2005. (h) From 2004 to 2006 a minimum of 10,000 plantain suckers produced annually and distributed to farmers to replant their farm at a total cost of N1m.
Agricultural Publicity and Information [Source: End of Administration Status Report, 2003 and additional information provided by MANR*]	1991 to date	To educate, sensitize and inform the public and farmers on agricultural activities and developments	- Organize World Food Day - Produce agricultural news magazines, radio/TV jingles and newspapers on activities of the Ministry - Organize State Council on Agriculture and ensure participation of the State at the National Council on Agriculture	- Between 1991 and 2003: (a) Celebration of the World Food Day 1991-2011 at average cost of N0.8m annually. (b) 14 TV sets bought and connected to DSTV, cameras and accessories bought (c) Organization of State Council on Agriculture - After 2003: (d) In 2004, printing of 400 copies of Agric News magazine at N0.5m. and 2,750 copies of LOAF booklets at N0.9m. (e) Quarterly TV/radio jingles and documentary on the Ministry's programmes in 2005 at a cost of N1m. (f) Production of 140,000 agricultural brochures in 2005 at N2m. (g) Avian Flu sensitization campaign in 2006 at a cost of N8.5m. (h) Production of 3,000 copies of Agricultural Policy in 2006. (i) Production of agricultural information leaflets for South-South Economic Summit in 2012.
Fadama III Project [FGN/WB-assisted] [Source: Additional information from MANR]	2008 to date	To increase the income of rural poor and users of rural land and water resources on a sustainable	- Support for rural livelihoods - Support for rural infrastructure	- Payment of counterpart funds: N247.7m. out of N281.8m. expected from 2009-2013 (88%): 2009 N56.3m., 2010 N40m., 2011 N65m., 2012 N86.4m, 2013 N0m. - Challenge of non-payment of LGA counterpart fund. - Summary achievements:

		<p>basis (40% increase in income for 75% of participants; 20% increase in yield of primary agricultural produce)</p>		<p>(a) <b>Empowerment</b> of 21,432 direct beneficiaries (52% male, 48% female) through support to 1,522 enterprises in 147 communities in 20 LGAs at cost of N585.9m. broken down as follows:          (i) Cassava N108.6m. for 406 subprojects; (ii) Other crops N59.9m. for 213 subprojects; (iii) Plantain N24.5m. for 69 subprojects; (iv) Poultry N73.7m. for 176 subprojects; (v) Piggery N33.5m. for 63 subprojects; (vi) Goats/Sheep/Cattle N5.8m. for 19 subprojects; (vii) Fishery N129.7m. for 299 subprojects; (viii) Oil processing N30.8m. for 95 subprojects; (ix) Cassava processing N15.5m. for 49 subprojects: (x) Plantain/Maize processing/feed mill N3.8m. for 9 subprojects; (xi) Snail/Cane rat/Grass Cutter/Bee keeping/Honey production N15.8m. for 38 subprojects; (xii) Marketing N2.5m. for 11 subprojects; (xiii) Rural infrastructure N68.4m. for 32 subprojects; (xiv) Non-agricultural ventures for vulnerable groups N13.2m. for 48 subprojects.          (b) <b>Rural Infrastructure:</b>          (i) 3 wooden bridges and 1 concrete bridge, (ii) 44 new market stalls and 21 lock up stores, (iii) 2 10-T capacity cold rooms, (iv) grading of 3 farm roads (9km each), rehabilitation of 2 farm roads (1km each), construction of 3 culverts, (v) construction of 7 VIP toilets, (vi) establishment of 2 tree nurseries, (vii) drilling of 10 boreholes, construction of 1 mini water scheme, (viii) construction of 2 markets, and rehabilitation of one market store.          (c) <b>Income increase of beneficiaries:</b>          Estimated at 39% (from N61,380.6 to N85,391.4) as against targeted 40%          (d) <b>Yield increase (2009-2013):</b>          (i) Cassava 18%, (ii) Maize 14%, (iii) Yam 13%, (iv) Goat 30%, (v) Egg 11%, (vi) Fisheries 247%.          * Source: Adoption rate survey from SFCO(2012/2013).          (e) <b>Savings mobilization:</b>          21,432 beneficiaries mobilized savings of N26m., i.e. 7% of the value of productive assets acquired by groups or enterprises.          (f) <b>Capacity building:</b>          1,522 groups in 147 communities trained in livelihood enhancing activities.          *Source: State Fadama Coordination Office. Field report 2013.          - Delta Fadama III is working in collaboration with another World Bank assisted project, State Employment and Expenditure for Results (SEEFOR) to fund implementation of community subprojects in 5 LGAs (Bomadi, Burutu, Warri South, Udu and Warri South West) during the period 2014-2017.</p>
<p>Community Based Natural Resources Management Programme (CBNRMP) [FGN/NDDC/IFAD- assisted] [Source: Additional information from MANR]</p>	<p>2006 to date (8 years duration)</p>	<p>To improve the standard of living and quality of life of poor rural people with emphasis on women, youth and vulnerable groups</p>	<p>- Institutional strengthening          - Community development in 3 disbursement effective LGAs (Isoko North, Ughelli South and Warri North) and 9 participating communities</p>	<p>- Payment of counterpart funds amounting to N169.5m. during 2006 to 2012, excluding 2010.          - 2008: Skill acquisition (auto mechanics, welding/fabrication, generator and water pump repair, hair dressing, computer, farming etc) by 36 women and youths in 27 communities. Led to establishment of 36 enterprises - 2011-2013: 5,000 bundles of improved cassava cuttings distributed to 100 farmers in Oghenerurie, Oyaro, Tebu and Abigborodo communities. Yield increased from 10T/ha to 25T/ha with TME 419 variety. - 2008 and 2011: Distribution of fishing nets, canoes, outboard engines and lead to 71 artisanal fish farmers (42 male and 29 female) in Tebu, Ogbinbiri and Abigborodo communities. Increase in average fish catch per day from 11kg at baseline to 46kg. in 2013.          - 2011: Construction of 10 earthen and concrete fish ponds in Asaba, Otutuoma and Abigborodo communities for 51 beneficiaries. 167% increase in yield from 300 table sized fish to 800 fish. - 2011-2013: Facilitated installation of oil palm and cassava processing equipment for 35 beneficiaries in Edhomoko and Oghenerurie communities in Isoko North LGA. Palm oil production increased from 60L. to 600L/day (i.e. now 30 20L. jerrycans /day)          - 2011-2012: Facilitated provision of solar powered borehole in Oyara for 30 households (210 beneficiaries)          - 2012: Trained 503 fish farmers on: (i) integrated fish management technique at Delta-Songhai Centre, (ii) use of Burkinabe Smoking Kiln for Uvwie Fish Cluster farmers, and (iii) step down training for 271 Uvwie Fish Cluster farmers.          - 2012: Provided Uvwie Fish Cluster farmers 12 kilns 200,000 high breed fingerlings to 200 farmers in the Cluster. Fish weight increased from average of 0.5kg/fish to 2kg/fish. Increased sales of dry fish increased incomes of fish farmers.          - The 2012 flood affected 80% of programme-assisted farms.          - As at November 2013, a cumulative number of 26,201 households had been reached by the programme (58% of the target of 45,000 households).</p>

OFN-Delta Farms Nig Ltd [Source: Additional information from MANR]	2010 to date	To encourage private sector investment in poultry production	N3 billion commercial poultry production and processing complex at Ugwashi-Ukwu	<ul style="list-style-type: none"> <li>- Employment for 60 persons from catchment area.</li> <li>- Over 50 egg distributors.</li> <li>- Farm has 50,000 birds in stock with a daily egg production of 1,000 crates</li> </ul>
Cassava Development Initiative [FGN/State] [Source: Approved Budget for 2013 and presentation by Permanent Secretary at Assessment Preparatory Workshop]	2012 to date			<ul style="list-style-type: none"> <li>- Approved 2013 budget of N1b.</li> <li>- MOU signed, 4,000ha. of land acquired, crop enumeration commenced.</li> </ul>
State Cassava Programme [Source: Portfolio of projects that need funding, MANR March 2010, and presentation by Permanent Secretary at Assessment Preparatory Workshop]	2010 to date	To produce sufficient quantity of cassava to meet local consumption and add value to cassava by processing	<ul style="list-style-type: none"> <li>- Use of 3 nucleus farms and out-growers to produce cassava</li> <li>- Use high capacity cassava processing plant</li> </ul>	<ul style="list-style-type: none"> <li>- 17ha. cassava multiplication farms established.</li> <li>- 100ha. mechanized farm established at Abraka on PPP.</li> </ul>
N1billion Commercial Agriculture Credit Scheme (CACS) [Source: Additional information from MANR]	2012	A N200billion Fund introduced in 2009 by the CBN and the Federal Ministry of Agriculture and Rural Development to provide long-term credit to medium and large scale agricultural projects at a single digit interest rate. State governments are also eligible.	Loan to Delta State Government for on-lending to farmers	<ul style="list-style-type: none"> <li>- In 2012, 955 farmers' cooperatives in crops, livestock, fishery and agro-processing received total loan of N978.7m. N21.65 million paid for insurance of the scheme.</li> <li>- Long moratorium, so repayment expected to commence in 2014.</li> <li>- MANR has set up Committee to strategize on loan recovery approach.</li> <li>- Setback: Many farmers lost part or all their stock during the 2012 flood soon after the disbursement of the loans.</li> <li>- Loan tenor was 5-7years and interest rate 9%.</li> <li>- CBN in May 2014 liberalized access to the Fund as follows: (i) Scheme extended to 2025, (ii) maximum tenure now based on gestation period of the enterprise plus 3 years cash flow allowance and/or working capital facility of one year with provision for roll over. Moratorium depends also on the gestation period of the enterprise, (iii) asset base for corporate borrowers reduced to N100m. (from N350m.) with prospect to grow to N250m. in the next 3 years (from N500m.), (iv) loan to a single project limited to N2b. per bank, and to a state government to N1b.</li> </ul>
Growth Enhancement Scheme (GES) [Source: Additional information from MANR]	2012 to date	To provide support directly to farmers to enable them procure agricultural inputs at affordable prices, at the right time and place	Provision of subsidized fertilizers and grain seeds using an e-wallet system	<ul style="list-style-type: none"> <li>- In 2012, 11,765 farmers got 1,184T of fertilizers (NPK and Urea) through e-wallet system. Also 53,860 bags of Maize seeds and 80,625kg of Rice seeds.</li> <li>- In 2013, 83,512 farmers got 8,321T of fertilizer, 38,370 bags of Maize seeds and 31,062 kg of Rice seeds.</li> <li>- Subsidy of 50% on the fertilizer with federal and state governments contributing 25% each, but maize and riceseeds given free to farmers.</li> <li>- State Government's contribution is deducted at source by Federal Government, amounting to N459.3m.</li> </ul>
Specialized Growth Enhancement Scheme (SGES) [Source: Additional information from MANR]	2013 to date	To support growth in production of special crops such as cassava, cocoa and oil palm	Provision of fertilizers and agrochemicals	<ul style="list-style-type: none"> <li>- In 2013, 650 Cocoa farmers received a total of N7m. being cost of fertilizers and agrochemical.</li> <li>- Also, 2,000 Cassava farmers got a total of 200T of fertilizer and 30,000 bundles of cassava cuttings, valued at N1.3m.</li> </ul>

<p>Delta State Oil Producing Areas Development Commission (DESOPADEC) [Source: DESOPADEC Executed Projects 2007-2011 and Additional information from DESOPADEC]</p>	<p>2007 to date</p>	<p>To receive and administer the 50% of the 13% Oil Derivation Fund accruing to the Delta State Government for: (a) the rehabilitation and development of oil producing areas in the State, and (b) other development projects as may be determined by the Commission.</p>	<p>Intervention projects informed by community needs in the areas of education, health, water, transportation, energy, agriculture, erosion control, housing and urban development</p>	<ul style="list-style-type: none"> <li>- Overall budget for 2007-2013 of N243.6 billion, of which capital budget of N173.7 billion (71%)</li> <li>- N56 billion (32%) of the capital budget was spent on Education, Health and Water</li> <li>- Support for Agriculture was only a part of the Delta State Economic Re-integration Programme (DESERP) which provided training to the youth in various skills and provided start-up kits in areas such as piggery, fisheries and fish feed production</li> </ul>
<p>Delta State Micro Credit Programme (DMCP) [Source: DMCP Profile]</p>	<p>2007 to date</p>	<p>To facilitate access of the economically weak and disadvantaged segments of the population to productive assets and services towards promoting self-employment, community development and economic diversification.</p>	<ul style="list-style-type: none"> <li>- Training of micro entrepreneurs with a focus on value addition</li> <li>- Basic micro-credit in partnership with microfinance banks, interest free</li> <li>- Cottage industry support with single digit soft loans</li> </ul>	<ul style="list-style-type: none"> <li>- As at date, 111,312 persons (67,861 female and 43,451 male) in 10,429 cluster groups have been empowered</li> <li>- 22,713 persons (20%) in 2,123 cluster groups (20%) were supported in agricultural production activities</li> <li>- The Uvwie Fish Farmers Cluster at Ekpan (with over 3,500 farmers and 8,600 fish ponds) is one of the client groups</li> </ul>



## Annex 6.2 Trend data on area, output and yield of major arable crops (1999-2012)

### Crop Output (metric tonnes)

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2010
Cassava	795,380	750,300	872,000	902,590	902,000	961,460	1,332,540	1,356,340	1,401,400	1,734,298	1,727,810
Yam	404,590	434,652	415,200	417,300	417,300	441,790	917,750	1,069,000	1,112,250	1,137,170	1,230,000
Maize	87,490	81,490	101,042	113,670	113,670	132,680	195,990	192,630	201,100	193,680	163,230

### Crop area (hectares)

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2010-12
Cassava	71,720	64,000	76,010	78,000	78,000	81,480	99,000	97,000	100,100	123,790	135,730
Yam	38,350	40,530	39,100	39,200	39,200	41,250	73,420	85,520	87,510	89,400	104,260
Maize	51,120	50,380	62,990	62,995	62,995	66,340	88,480	87,450	90,480	91,500	91,900

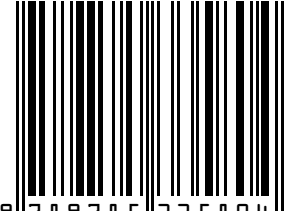
### Crop Yield (MT/ha)

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Cassava	11.09	11.72	11.47	11.57	11.56	11.80	13.46	13.98	14.00	14.01
Yam	10.55	10.72	10.62	10.65	10.65	10.71	12.50	12.50	12.71	12.72
Maize	1.71	1.62	1.60	1.80	1.80	2.00	2.22	2.20	2.06	1.87

Annex 6.3: Self-assessment of implementation of Agricultural Policy, 2006, by MANR officials

Strategic Area	Ranking by MANR Officials (number of times rank was mentioned)		
	'low'	'moderate'	'high'
Agricultural Land Policy	7	0	0
Food Production	6	5	0
Tree Crops	4	1	0
Livestock Production	15	0	0
Fisheries	5	4	0
Agricultural Extension	9	1	0
Veterinary Services	9	0	0
Agricultural Credit	2	2	0
Agricultural Insurance	2	1	0
Agricultural Produce Marketing and Inspection Services	4	3	0
Agricultural Commodity Processing	4	0	0
Agricultural Research	6	0	0
Agricultural Mechanization	6	0	0
Agricultural Cooperatives	2	2	1
Agricultural Statistics and Databank	4	0	0
Agricultural Manpower Development and Training	2	0	0

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