Conditional Grants Scheme: Accelerating progress in the Millennium Development Goals and improving lives

The Conditional Grants Scheme (CGS) is a unique initiative of the Office of the Senior Special Assistant to the President on the Millennium Development Goals (OSSAP-MDGs). The programme allows the Federal, State and Local Government Authorities (LGAs) to jointly fund investments in the MDG-related areas of Health, Education, Water and Sanitation, Income and Wealth Creation and Conditional Cash Transfers, with the aim of improving the lives of the most vulnerable in Nigeria.

The Scheme has also been able to foster partnership with various development partners towards accelerating the pace of development across the 36 states.

SPARC is one of the key partners that have supported the OSSAP-MDGs in the implementation of the CGS towards accelerating the achievement of the MDGs.

Results at a glance: Improvement in MDG indicators in North-West LGAs

1. 79% increase in total school enrolment, with a 105% increase in female enrolment.
2. Increase in the female to male pupil ratio, from 62 girls for every 100 boys in school in 2011 to 78 in 2013.
3. 69% increase in the total number of children immunised, from 8809 in 2011 to 14,867 in 2014; 35% increase in the number of children visiting health facilities.
4. 114% increase in total antenatal attendance, from 16,852 in 2011 to 36,059 in 2014; 43% of the LGAs reported no pregnancy-related deaths, 28.6% reported a reduction and 29% reported an increase.
5. 110% increase in female VIP toilets and 12.5% increase in the number of improved water points in schools from 2011 to 2014.

CGS interventions targeted at achieving the MDGs

All CGS interventions are targeted towards accelerating the achievement of the 8 MDGs across the 36 states and benefitting LGAs. The table below shows a list of the specific CGS interventions that has been implemented till date.

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<th>Goals</th>
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| Goal 1: eradicate poverty | ■ Micro-credit grants to agro-based cooperatives  
■ Village Health Workers (VWH) Scheme  
■ EHW Scheme  
■ Women Empowerment Scheme and Skill Acquisition Programmes | Goal 4: reduce child mortality,  
Goal 5: improve maternal health, and  
Goal 6: combat HIV/AIDS, malaria and other diseases | ■ Construction of new buildings/wards/consulting rooms in existing health facilities  
■ Renovation of health facilities  
■ Purchase of medical equipment  
■ Purchase of over the counter (OTC) drugs  
■ Purchase of ambulances  
■ Construction of health worker quarters  
■ Distribution of Long Lasting Insecticide Treated Net  
■ Support to National Agency for the Control of AIDS |
| Goal 2: achieve universal primary education, and Goal 3: promote gender equality and empower women | ■ Renovation of school buildings and construction of new classroom blocks  
■ Building of student desks/benches and teacher tables and chairs  
■ Purchase of school textbooks and exercise books  
■ Purchase and installation of chalk boards and instructional materials  
■ Purchase of chalk and other school consumables  
■ Building of school quarters for teachers  
■ Purchase of first aid boxes | Goal 7: ensure environmental sustainability | ■ Building of VIP toilets in schools and health facilities  
■ Construction of hand pump, solar powered and motorised boresholes in schools and health facilities  
■ Development of rain water harvester, tanks, treatment chamber, etc. |
| Goal 8: develop a global partnership for development | ■ Partnership with international development partners towards the achievement of the MDGs including:  
- DFID  
- UNDP  
- Earth Institute |
Evaluating CGS outcomes in the poorest LGAs

With the MDGs deadline approaching at the end of 2015 and having implemented the CGS since 2011 in over 500 of the 774 LGAs in Nigeria, it became imperative to evaluate the success of the CGS programme.

The CGS LGs track commenced in 2011 with 113 LGAs. These were selected from the LGAs with the weakest MDG indicators. This study focuses on the outcomes of CGS interventions targeted at goals 2, 3, 4, 5 and 6 and is based on a random selection of seven participating LGAs in the North West and five communities in each of the seven LGAs.

- Guri LGA – Jigawa State;
- Lere LGA – Kaduna State;
- Gabasawa LGA – Kano State;
- Mashi LGA – Katsina State;
- Augie LGA – Kebbi State;
- Tambuwal LGA – Sokoto State;
- Zurmi LGA – Zamfara State.

Education sector

There were significant improvements made in almost every area in the education sector. By 2014, three indicators had more than doubled: the number of classrooms, the number of female toilets and the number of girls enrolling in school. In addition, the study also showed a marginal increase in the number of improved water points from 16 in 2011 to 18 in 2014.

There was a remarkable improvement in the female to male ratio of school pupils which could be associated with the increased number of gender separated toilets, especially female toilets which increased by 110% from 2011 to 2014. Given the specific needs of women and girls, the absence of gender separated toilets has been identified as a major impediment to the enrolment of girls in schools in the North.

"[T]he desks/benches supplied to the school by the MDGs have greatly improved the learning atmosphere of our children." Mr Samuel Gandu, SBMC Chairman, Krosha Community School, Lere LGA, Kaduna State

"Before the CGS intervention, our children learned under trees and defecated in open places which led to low enrolment of pupils." Mai'unguwa (Ward Head) of Bamle Community, Mashi LGA, Katsina State

1 To access the report, visit: https://intranet.sparc-nigeria.com/index.php?action=document&id=5659.
2 In addition to the gender separated toilets there were also common toilets, of which there were 10 in 2011 and 15 in 2014.
**Deployment of teachers**

Instead of an expected increase in the number of teachers as a result of the increased classrooms, there was a decrease of 15 in the total number of full-time teachers in the seven LGAs, from 329 in 2011 to 320 in 2014\(^4\).

However, with the significant increases in both the number of classrooms and total school enrolment, it is vital for emphasis to be given to increasing the number of teachers for increased impact on education quality\(^5\).

**Health sector**

In order to monitor progress on goal 4 (reduce child mortality), the study measured the number of children immunised against measles and the number of children that visited hospitals pre- and post-CGS intervention. Trends in antenatal attendance and pregnancy-related deaths were used for the assessment of goal 5 (improve maternal health).

Total antenatal attendance increased by 114% and this can be attributed to quality of services provided in the facilities as a result of CGS interventions which may have contributed to renewed confidence of community members in health care. Interventions included renovation of facilities, and provision of referral vehicles and medicines.

There were mixed results in the number of maternal deaths recorded in the seven LGAs. Three LGAs reported no pregnancy-related deaths, two reported a reduction while two reported an increase in maternal deaths. Further study may be useful in showing the interplay of other context-specific factors to further understand these results.

\(^4\) The periods under review were 2011/2012 and 2014/2015 academic sessions.

\(^5\) Education quality is measured by the pupil–teacher ratio and the current national standard for primary school is 35 pupils to 1 teacher.
Perception of Community members

90% of community members/beneficiaries interviewed confirmed awareness of CGS interventions in schools within their communities;

All of these respondents confirmed the projects and materials provided were needed by the schools and were therefore the priorities of the benefiting communities. They also expressed satisfaction with project outputs;

78% of the respondents confirmed awareness of CGS interventions in health facilities in their communities; 96% of these confirmed the projects and materials provided were needed by the health facilities and, were therefore the priorities of the benefitting communities;

85% of those who confirmed awareness expressed satisfaction with health project outputs.

Results in this study may reflect a comparable status in other CGS-benefiting LGAs in the North-West zone as a result of the similarity in culture and perception. It can therefore suggest that if these improvements are sustained, MDG goals 2–5 could be met in the zone. However further studies are needed to draw a firm conclusion.

"MDGs CGS is life and we wish this laudable project to continue."
District head, Guri Community, Guri LGA, Jigawa State

"MDGs CGS is our Government because it has provided everything that a Government should provide for us."
Abubakar, Village Head, Augie LGA, Kebbi State

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"Our women are now better attended to during birth through the training of skilled birth attendants thus reducing complication at birth."
Sani Ilyasu Ward, head Gabasawa Community, Gabasawa LGA, Kano State

Figure 7. Total antenatal attendance in the 35 communities, 2011 and 2014

Figure 8. Number of maternal deaths recorded in health facilities in the seven focal LGAs, 2011 and 2014

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