

The Role of Evaluation in Accountability in Donor-Funded Projects

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1 Introduction

This article is the result of cumulative experience in the Nigerian health sector over many years. The work undertaken spanned a range of activities by donor agencies, from the planning of health programmes to evaluation, and involved the application of both quantitative and qualitative methods. The hindsight gained has been useful in assessing current approaches to project development and the need for partnership models to ensure accountability in donor-funded projects.

Many donor-funded projects are aimed at alleviating poverty, often by targeting the social sectors to improve their responsiveness to the needs of the poor. Health is one particular focus, because of the necessity to break the cycle of poverty, ignorance and disease. Over the years in Nigeria many such projects have been identified on the basis of data and information obtained from official sources, especially public sector administrative and reporting systems. Reliance on such sources has meant that, while many projects are intended to fit with the recipient country's development priorities, they are often very deficient in meeting the real needs of the poor. Evidence abounds all over Nigeria of apparently carefully designed poverty alleviation projects, into which huge resources may have been sunk, that are largely ignored by the intended beneficiaries. Often little or no impact is achieved for the money spent.

Over the last decade or so in Nigeria, most projects can be said to have been based on donor-identified 'needs', rather than on a process of dialogue with the intended beneficiaries and other community stakeholders. Technology and training have often been assumed to be the core elements of projects, when in fact they have sometimes led to increased alienation. In health projects, the needs of the majority of the facility users, the poorest of the poor and women with children, have sometimes been considered seriously only at a late stage in project design, when they should have been first on the agenda. The realisation that sustainability must be built into projects from the outset has recently begun to change the mindset of donors, persuading them to look more carefully at the essential need to encourage positive attitudes and community commitment. They have observed that genuinely community-based health programmes have succeeded where complex top-down projects have failed.

The focus by donors on provision of health services, whilst understandable given the poor state of such services in Nigeria, may not be the best entry point for developing community participation. Many projects have succeeded in establishing apparently reasonably functional health care facilities, only to discover that they are not patronised because, apparently, they are not meeting the real needs of the community. Only by a willingness to learn from the lessons of the past and involving those who are the intended beneficiaries of projects will this problem be overcome.

2 The Importance of Evaluation

The importance of both taking evaluation seriously and incorporating evaluation findings into donor agency thinking is clear, if new projects are to avoid the pitfalls of the past. There is a need to step back and analyse both the immediate and underlying causes of failure in the many health projects in Nigeria that have clearly not achieved their objectives. These include the numerous attempts to improve service delivery, of which little or no evidence can be found soon after completion, and the many family planning projects that have fallen far below their targets.

The combined use of quantitative and qualitative methods of evaluation should enable comparisons to be made of project outcomes in a way that allows for an appreciation of the political realities that determine the extent of community acceptance and genuine involvement. If better accountability is in future to be pursued through new partnership models, aimed for example at improving monitoring and providing for better management of project funds through greater community involvement, the design of those models should reflect the findings from previous, failed attempts to attain this objective.

This article is based on work on projects over a ten-year period, during which a steady evolution occurred both in approaches to evaluation and in the nature of the projects themselves. These projects included:

- Health Systems Fund, World Bank 1987–94
- Benue Health Fund, DFID, 1992–94
- UNFPA-assisted Population Health Projects 3rd

Country Project, 1984–96

- Ondo State Water for Life, CIDA, 1990–93
- Initiatives, USAID, 1992–94
- Primary Health Care (PHC) Systems Strengthening/Bamako Initiative, DFID, 1996–98

Each of these projects claimed ‘community involvement’. However, the extent and reality of such involvement varied considerably. One key observation from a review of experiences is that if techniques such as participatory rural appraisal (PRA) are used from the outset, at the stages of identification and appraisal, to determine if a project is truly appropriate for the communities it was intended to serve, many obvious causes of failure can be avoided. For example, the USAID Family Health Services I Project, a family planning and population project that took place from 1989 to 1993, relied on a very detailed and costly questionnaire study to assess community needs, but was found to have failed in the northern part of the country where it was mostly targeted, mainly because of religious and political opposition. The importance of these factors would almost certainly have been evident if appropriate PRA techniques had been employed. In the Ondo State Water for Life Project, this approach drew attention to similar potential problems which led to changes in the design of the project.

If well planned and executed, PRA can be much cheaper to implement and more effective in determining community needs and attitudes than traditional survey methods. Its use in baseline studies, possibly combined with more traditional survey approaches to provide quantitative indicators required by donors to assess project performance, can help to bring about essential changes in project design. Moreover, quantitative methods of assessment can themselves best be interpreted when done alongside PRA, which can bring to the fore issues that are not easily discernible by other means.

Evidence abounds from mid-term evaluations of projects that serious problems can develop if attainment of predetermined performance objectives as specified by quantitative indicators become the primary preoccupation of project managers, rather than the overall community response to the project, serious problems can quickly develop. In a mid-term evaluation of a UNFPA-assisted reproductive health project, it was revealed that while the targets

for trainees, clinics and materials were all achieved during the first phase of implementation, poor service delivery at the clinics and lack of acceptability by the communities characterised most of the project states. In one state, it was found a traditional birth attendant delivered more babies than the five clinics with new equipment and trained staff surrounding her. While it was clearly useful to uncover this situation during the mid-term evaluation, and the focus of a later project was changed to directly assisting and training traditional birth attendants, the preferences of the community could easily have been identified at a much earlier stage, if they had been invited to contribute to the design phase of the original project.

Sustainability is a key issue in donor-funded projects, and ownership is a crucial factor in determining sustainability. Involvement of the community in baseline and evaluation studies and in monitoring project implementation can go a long way to imprint ownership; it can also help to change the community's perception of its role from that of 'target beneficiary' to partner in a process whose outcome it helps to determine. One common complaint by the communities in relation to all the projects indicated above is that the approach to baseline studies, monitoring exercises and evaluations demand considerable inputs of time and other resources by community members, without allowing them any input into the process of project modification that may result. Often, those involved will not even bother to provide feedback to communities on the findings or consequences of the evaluation. Typically, all that will be seen, perhaps one or more years later, is a new set of faces with a different story about a modified or perhaps entirely new project. In many communities, evaluation fatigue is fast setting in and this may not augur well for future donor-funded projects.

3 Community-Based Organisations in Monitoring and Evaluation

Many forms of partnership models have been tried in Nigeria, but they can generally be categorised as the following types:

Donor Agency/Dedicated Project Staff/Government Agency

This model has often been seen in projects funded

by the World Bank and the European Union. Commonly, community-based organisations were either sidelined or given patronising roles and this has been to the peril of most of the projects, as evidenced by the failures of the Sokoto Health Project (World Bank) and the Lome III Funded Health Project (European Union).

Donor Agency/Donor Agency Project Staff/Government Agency and Community Members

This model is slightly different from the above in that the donor agency project staff often seek to have direct contact with members of the communities. Such involvement of communities has played a stabilising role in many such projects, even those not based on existing formal community organisations. This approach was adopted in the UNFPA Country Programme and the Togo Village Water Supply Project, in which the plurality of partners in planning and implementation benefited the project in many critical aspects and led to a successful outcome.

Donor Agency/Private Consulting Firms/Government Agencies

This was a partnership model instituted by the USAID in its Family Health Services Project. Private consulting firms were engaged as implementing partners in preference to government agencies. This model appeared to work in terms of efficiency, but because it made no attempt to involve local communities was essentially unsustainable.

Donor Agency/Community-Based Organisations

This model has been successfully implemented by the Planned Parenthood Federation of Nigeria. It was found to have worked well in terms of integrating the agency into the communities where they are located, though this was not always sufficient to ensure full effectiveness.

It is suggested here that none of these models places sufficient emphasis on the role which community-based organisations could play. There is a great variety of such organisations in African countries, including farmers' clubs, youth clubs and community development associations, which might be integrated into project monitoring and evaluation through a well designed system of training. It has been demonstrated that such organisations can be trained in the use of PRA and simple quantitative methods of assessment. They are also capable of

maintaining record systems and making appropriate returns to the central reporting agency. It is possible to envisage a situation in which they take a major role in monitoring project progress, meet regularly with community leaders and health workers to discuss the results and provide feedback on progress to community meetings.

Relatively simple methods of assessment can be used by community-based organisations to monitor progress in areas such as:

- Change in disease patterns
- Infant mortality rate
- Incidence of illness
- Improvements in the environment
- Increased community participation in health projects
- Community use of services (accessibility and acceptability)
- Effectiveness of services (cost and benefit)

The role of the donor agencies and their representatives should be principally that of facilitator, providing training and advice on methods and assisting in the sharing of information and experiences.

4 Accountability for Donor Funds

Many donor-funded projects now have a social or community development worker whose role is to interface with communities and promote involvement in projects. These workers could play a very useful role in setting up local monitoring teams that could effectively manage the interface between government agencies and community-based organisations. One of the main duties of such teams should be to ensure accountability for donor funds. Many communities are keen to be involved in development projects and are usually willing to make a substantial contribution, either financially or by giving their labour time to provide necessary buildings and infrastructure. Given training in basic accounting skills, they can also make a major contribution to maintaining accountability for the use of donor funds. This was demonstrated in the DFID PHC Systems Strengthening/Bamako Initiative project, where many of the district and village health committees involved successfully operated their own revolving drug funds

The use of community-based organisations as purchasing groups for health services was a concept that was introduced to Nigeria by the USAID-funded Initiatives project. Within this project, trade groups and professional associations among the urban poor were organised to purchase health care for their members from for profit clinics. This was a well regarded scheme, though short-lived due to political difficulties. Preliminary studies indicated that, under the active supervision of an impartial facilitator, the urban poor could operate as effective purchasers of health care and manage both their own and donor funds.

5 Relationships with Other Stakeholders

This present relationship between local health management officials and community-based organisations often indicates a complete lack of understanding of the contribution they could make to project effectiveness. Effective use of community-based organisations could greatly enhance the capacity of officials to monitor the use of donor funds and promote accountability. They could also call on the management skills of local non-government organisations working in health to facilitate this process.

If local officials do not make effective use of the skills of community-based organisations, local government authorities often adopt an adversarial attitude. There is mutual suspicion on both sides and often an open or subterranean power struggle. The process of development involves a process of empowerment of the poor, which is seen as a considerable threat to those in positions of political authority over them. Seeking to give communities a monitoring role may well be resented by the local government authority whose positions have been unchallenged for too long. Lack of effective monitoring has, in many cases, allowed the mismanagement of project funds, sometimes for personal gain. Attempting to form a partnership between community-based organisations and local governments will require effective, possibly donor-led, mediation until both sides can learn some degree of trust and respect for the other.

The interests of health providers will often run counter to the interests of the community,

particularly where they have previously played on the ignorance of the community to increase profits. It is only by having better trained and more informed community-based organisations, possibly acting as purchasing groups, that provider interests can be brought more into line with community interests.

6 Multiplier Effects of Projects

Many projects in health, by comparison for example with projects in the agricultural sector, are essentially narrowly focused especially when they are based on existing vertical programmes. Many communities are now increasing their demands for projects that not only meet their social needs, but also have the capacity to create new jobs, provide employment and help transform and diversify the local economy. This process is particularly apparent in the oil-producing communities of Nigeria, especially in the Niger Delta. Here the oil companies are currently attempting to set up partnerships with communities through community leaders and community-based organisations to evolve new projects that not only meet the social needs of the communities, but also have multiplier effects on the local economy.

The use of community-based organisations, such as market-women's organisations and community development associations, in health projects can bring about associated multiplier effects; this is true especially if they are also given management responsibility for related pro-poor mechanisms, such as exemption funds and microcredit schemes, whose long term aim is to empower the poor to work and pay back loans given to meet health costs. The integration of a credit system into a health project might also involve some training in income generation schemes based on farming, fishing,

gardening, shoe-making, barbering etc. It could involve the intermediation of cooperatives who would not only purchase health for their members, but also monitor repayments into a revolving fund. Community-based organisations could also monitor and evaluate the multiplier effects of these projects.

Such schemes must be defended from capture by the elite. This can be achieved by incorporating a political process for empowering the poor and closely monitoring the leadership of community-based organisations. Pro-poor village heads and religious leaders could be encouraged to take the active roles in these organisations, while efforts should be made to 'promote' some dominant voices to less visible positions such as 'patrons' or 'friends', where they can do less damage.

7 Conclusion

Health projects in developing countries are intended to have an impact on birth, death and morbidity rates. They are often large in terms of expenditures, personnel employed, geographic coverage and component activities. They are complex undertakings requiring detailed planning at all levels, close coordination of project components, careful training and supervision of personnel and continuous evaluation of programme implementation and impacts. If they are to be successful, the lessons of the past strongly suggest that there is a need for community involvement in evaluation processes, and consequent project modifications at all stages, to ensure the acceptability and cost-effectiveness of the project from the perspective of the intended beneficiaries. This approach can also generate multiplier effects on the local economy and provide one mechanism to give a voice to the poor whom such projects seek to empower.