

The United States Agency for International Development and Community Development in Sokoto State (2010-2014)

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Abstract: The need to realize the maximum living standards for all peoples in line with the goals of the United Nations saw to the evolution of various initiatives aimed at assisting the less privileged nations of the world. One of such initiatives is the United States Agency for International Development (USAID), which is the United States Federal Government agency primarily responsible for administering civilian foreign aid. The study assessed USAID's contributions to community development in Sokoto State. The USAID's has been actively involved in development programmes in Nigeria, aimed primarily at promoting community development. This study therefore assessed the extent to which USAID has promoted development in Sokoto State. The choice of this state is predicated on the fact that the State is located in the geopolitical zone that is rated as the poorest in the country. In addition, the State is one of the States in Northern Nigeria that has enjoyed the USAID's development programmes. The major objective of this study was to assess the community development of USAID in Sokoto State. The study relied on data obtained from the primary and secondary sources which were analyzed qualitatively and presented in descriptive forms. The study found out that while the USAID is involved in improving Health, education and others in the State, its contributions in the area of Health care delivery and education are indeed significant. It was recommended among others that The Sokoto State government through the federal government of Nigeria should make requests to the agency for more development assistance especially in areas where the USAID presence has not been felt significantly.

Keywords: Community development and immunization

1. Introduction

Nigeria like other developing countries cannot sustainably establish good governance, stability, and economic growth while its people lack fundamental Health and education services. Nigeria even though rated as one of the richest countries in Africa in terms of natural and human resource endowment, is paradoxically one of the poorest countries in the world. It is as a result of the need to reduce poverty and promote development that the USAID is involved in various development programmes in Nigeria, supporting increased access to quality family planning and reproductive Health services (USAID, 2009) Maternal and child Health efforts focus on routine immunization, polio eradication, birth preparedness, maternity services and obstetric Fistula repairs. In response to

the more than 300,000 Nigerian children who needlessly die from malaria each year (Zaharah and Abu, 2004), the USAID is increasing access to provide preventive and curative interventions - insecticide-treated bed-nets, net re-treatment kits, and malaria treatment for children and pregnant women. Nigeria also has one of the largest tuberculosis burdens in Africa. To reduce death and disability, especially in the vulnerable co-infected HIV/AIDS population, USAID is working to double the case detection rate and halve the incidence of tuberculosis by 2018 (USAID, 2009).

In education, USAID programs support equitable access to quality basic education through teacher training, support for girls' education, infrastructural improvement, and community involvement, focusing on public schools, as well as Islamiyyah schools, which provide both secular and religious education. U.S. assistance also fosters higher education partnerships between American and Nigerian universities, especially those in the north and the volatile Delta regions (Okpaga, 2004). To improve the enabling environment for agriculture and microfinance, USAID programs are accelerating the uptake of proven agricultural production, processing, and marketing technologies and stimulating job creation through agribusiness enterprises. U.S. assistance also focuses on expanding investment opportunities, which are hindered by limited access to market-driven commercial financial services, including micro finance. USAID/Nigeria's interventions strengthen State and local government capacity to deliver basic education services by addressing the management, sustainability, and oversight inadequacies of basic education in one of the Mission's Focus States in northern Nigeria (Sokoto). The USAID is involved in various development programmes in Nigeria as highlighted in the foregoing. However, this research investigated the role of the USAID in community development programmes in Sokoto State. The choice of this State is predicated on the fact that the State is located in the geopolitical zone that is rated as the poorest in the country. In addition, the State is one of the States in Northern Nigeria that has enjoyed the USAID's development programmes.

2. USAID and Community Development in Sokoto State

The objectives of USAID/Nigeria's current development strategy (2010-2013) are to increase access to quality social services; improve the rule of law and responsive governance; expand and strengthen the prevention, care and treatment of persons affected by HIV/AIDS and expands community empowerment. Improving governance is the key cross-cutting objective if sector programs are to succeed. Creating synergies to build the capacity of citizens to demand better service delivery at the local level and the capacity of government to deliver these services is an essential objective of the strategy and a key premise upon which all local government programmes are based.

The USAID/Nigeria Focus States Strategy (FSS) formed part of the 2010-2013 strategy. The basic objective of the FSS is to create a governance model to demonstrate and achieve effectiveness, efficiency and synergy in programming by concentrating USAID resources on two Focus States where the Mission believes resources can be effectively utilized. FSS is to demonstrate significant synergistic impacts which will result from concentrating the bulk of USAID's resources in these two Focus States, rather than thinly spreading limited resources across Nigeria's 36 States.

Aid effectiveness will be achieved through concentration and coordination of resources in selected States with greater potential for success. Success in a few States could also be replicated and scaled-up through leveraging Nigeria's own public resources. This approach was also meant to create synergies among international donors and USAID's implementing partners (IPs) in order to reduce redundancies, avoid duplication and increase effective donor coordination. This approach required effective monitoring schemes to produce hard data on the impacts of these efforts. The sheer size of Nigeria combined with limited donor funds also supported the logic of focusing on a select number of States.

The goal of the model is to inspire State reform policies and improve service provision writ large, such that any progress on nearly any of the major criteria would be a sign of the strategies success. So long as there is agreement on some general criteria and a process whereby to apply it, then the incentives upon which the model is based can still work and can motivate reformist orientations and policies in the States.

The two States selected were Sokoto in the Northwest Zone of Nigeria and Bauchi in the Northeast Zone as partners for Health, education and local government interventions. These two States were selected after careful analysis and in consultation with other major donors in Nigeria. The selection of these two States was based on criteria reflecting governance, needs, existing activities including activities of other donors, Government of Nigeria priorities, and foreign assistance objectives.

3. Summary of project descriptions

Targeted States High Impact Project (TSHIP): The Project is

being implemented in all LGAs in Bauchi (20) and Sokoto (23). The goal is to contribute to improved Health systems, improved management of Health systems and higher quality Family Planning/Reproductive Health/Maternal Neonatal Child Health Services (FP/RH/MNCH). The project comprises four principal components:

Strengthening State and LGA capacity to deliver and promote use of high impact FP/RH/MNCH interventions.

1. Strengthening the delivery and promotion of high impact FP/RH/MNCH interventions at primary Health care (PHC) facilities and essential referral levels.
2. Strengthening the roles of households and communities in promotion, practice, and delivery of high impact FP/RH/MNCH.
3. Improving policies, programming and resource allocation.

TSHIP collaborated with SIDHAS, WHO, UNICEF, Canadian International Development Agency (CIDA), Center for International Education and Training (CIET), State Ministry of Health, State Ministries of Budgets and Economic Planning, Bauchi State House of Assembly Committee on Health and the Bauchi's 20 LGAs to develop the State Strategy Health Development Plan 2010-2015. In Sokoto. TSHIP collaborated with UNEPA and the State Ministry of Health to develop Sokoto State Strategic Health Development Plan. TSHIP contributed technical and financial resources to help develop the plans in the two States. The TSHIP is a worldwide initiative of the USAID which has a five year span but later expanded to six years. It closed on September 30, 2015 (Maishanu, 2015).

Northern Education Initiative (NEI): The project is being implemented in 10 LGA in Bauchi and 10 in Sokoto. The goal is to strengthen State and LGA capacity to deliver basic education by addressing key management, sustainability, and oversight issues in Bauchi and Sokoto. NEI is working to:

1. Strengthen policy development, information management and data for decision-making; human resource development and management; financial resource management and budgeting.
2. Increase access to primary education, particularly for girls.
3. Increase access of orphans and vulnerable children to basic education and support, including in-school and out-of-school activities, life skills education and psycho-social counseling:

A. Leadership, Empowerment, Advocacy and Development (LEAD)

The project is working in six LG A in Bauchi and 12 in Sokoto. The goal is to improve local governance by working with State governments and LGA in Bauchi and Sokoto. LEAD is working to;

1. Strengthen capacity of State and local governments to build better relations with communities, promote effectiveness and strengthen management capacity of service departments. It will work with State

- governments on legislative changes that provide more citizen access to information on local decision making,
2. Increase transparency of local government operations through a more participatory budget process based on sound analysis of services and revenue potential; strengthen the capacity of State governments to monitor budget expenditures and promote greater transparency in local government; LEAD will work to bring constitutionally mandated Fiscal Responsibility Law and Public Procurement Law to the local government level
 3. Strengthen the organizational and service capacity of a broad range of organizations at the State and local level for service planning, budgeting and monitoring
 4. Service improvements in Health and education through collaboration with other USAID projects and support LGA in selected services such as water and sanitation.

B. Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS)

This project is active in 16 local government areas: eight in Bauchi and eight in Sokoto. The objective of SIDHAS is to build sustainable structures, local ownership and quality care. SIDHAS provides comprehensive services that include: anti-retroviral treatment; prevention of mother to child transmission; sexual and other prevention activities; and tuberculosis supportive care, including palliative care and Orphans and Vulnerable Children (OVC) services.

4. Methodology

A. Location of the study

The area for the study is Sokoto State. All the local governments where the USAID programmes have taken place shall be studied. These include Sabon Birni, Shagari, and Wamakko. The choice of the State is predicated on the fact that the activities of the USAID are prevalent in the State than anywhere else in the Northern part of the country. These among other reasons formed the rationale for the choice of the State for the study.

B. Data sources

The methodology of this study was founded on information that were obtained from primary and secondary sources. The primary data for this study were acquired through questionnaires and structured interviews. Primary sources also included responses to questionnaires administered by the researcher. The questionnaires were administered to selected members of beneficiary communities in the State. Data from secondary sources were obtained from both published and unpublished materials like textbooks, journals, newspapers, magazines, conference/seminar papers and the internet.

C. Sample and sampling technique

The stratified sampling technique was adopted in selecting

the sample size of three hundred (300) respondents for questionnaire administration while same was adopted identify interviewees. The respondents were categorised under different strata e.g. staff of USAID, Local government employees and beneficiaries of USAID activities. The researcher picked one local government each from the State's three Senatorial Zones so that all local governments are given equal chances of being represented. Having done that, one hundred questionnaires were administered in each of the selected local government areas in the State. Sokoto State comprises of three Senatorial Districts i.e. Sokoto East, Sokoto North and Sokoto South. Sokoto East Senatorial District is made up of eight local government areas. Isa, Sabon Birni, Wurno, Goronyo, Rabah, Gada, illela and Gwadabawa local government areas. Sokoto North Senatorial District comprises of Tangaza, Binji, Silaure, Gudu, Kware, Wamakko, Sokoto North and Sokoto South local government area. Lastly, Sokoto south comprises of Dange Shuni, Tureta, Badinga Shagari, Yabo, Tambuwal and Kebbe local government areas. To ensure fair representation, the dip and pick approach was used to select one local government from the three senatorial districts, hence, Sabon Birni was selected from Sokoto East, Wamakko from Sokoto North and Shagari was selected from Sokoto South.

D. Method of data analysis

The study adopted the documentary method of content analysis and interview based survey methods. This involved official documents, published and unpublished materials as well as structured interviews conducted with relevant personnel in the field of inquiry. Data were obtained from both primary and secondary sources and were analyzed qualitatively and presented in descriptive forms.

E. Respondent Views on Poverty in Sokoto State

The opinion of respondents is that there is a high incidence of poverty in Nigeria. The researcher is of the opinion that the high incidence of poverty in Nigeria results in a situation where there is need for foreign intervention in order to alleviate the plight of the people. Furthermore, the researcher based on data in the table above, opines that the incidence of poverty in Nigeria is such that it drives people mainly youths into anti-social activities and political violence, thereby making life for many insecure and nasty. The National Bureau of Statistics also in its 2010 poverty profile in Nigeria described the rate of poverty in Nigerian as phenomenal.

F. Respondent Views on Health in Sokoto State

The views of respondents as presented in the table above indicates that the Health system in Sokoto State before the US AID intervention was in a State of deterioration. This implies that even government policies and actions in the sector were not sufficient or 'adequate enough to bring about a sound Health system. The table also shows that Respondents indicated a high performance rating for the USAID in the area of Health care delivery. The respondents noted that this has been achieved

mainly through the erection of structures and provision of medical supplies to the people. In spite of (his feat, the respondents are of the view that there are challenges facing the USAID in the area of Health care delivery. According to Blessed, (2015), a Community Health Officer in Wamakko Local Government, USAID has been of immense assistance to Sokoto State in fact, they have sponsored and carried out about seven workshops and training sessions to enlighten women on Health issues. One of such areas is in terms of oral dehydration Therapy (ORS). They have trained over seventy (70) women on the preparation of ORS in Wamakko. They taught them how to prepare this therapy in order to guard children's Health, they also supply what we call ORS corners which are equipment's used in preparing the ORS. These corners are very expensive and the women cannot afford to buy them, but the USAID has so far given about one hundred free of charge. The USAID also has helped us with chairs, table and lockers in this centre. The picture below is one of the chairs supplied by the USAID to the primary Health care center in Wamakko local government area.

They also provide drugs like Paracetamol, Chloroquine. Metronidazole etc areas to be given to people free of charge. In other areas they print and supply posters around the locality to help create awareness on some Health issues. Strengthening Health system in the State in the areas of maternal and Health system. It worked in all local governments in Sokoto. In child Health, it improved immunization, polio, eradication of campaigns, treatment of diarrhoea especially ORS preparation. 36 Health centers were provided with the requisite equipment to train people to prepare ORS in their own houses to treat their children in case of cases of outbreaks. Worked with the local government to straighten Health system. 2,440 volunteers were trained to form each ward in Sokoto State. To educate mothers on Health issues and encourage them to visit facilities of hospital care, the Kargara technique/mother care i.e. keep babies close and warm. Another is focus antenatal care c 45 aimed to encourage mothers to visit facilities regularly (Shuaibu, 2015).

Efforts of the USAID in the area of Health according to Maishanu (2015) are:

1. Renovation of eighty 80 Health facilities at the total cost of over N450 million,
2. Computerization of the Health Management Information.
3. Establishment and equipping of 360 Oral Rehydration Therapy corners,
4. Increasing the number of facilities capable of providing reproductive Health services from 64 to 536,
5. Supporting the polio eradication initiative in the State including the production of biomatrix ID cards (at the cost of N12,400,000:00) aimed at improving accountability during payments.
6. Establishment of a functional Community Based Health Volunteer (CBHV) program (with 2440

volunteers) to educate mothers on general Health issues and encourage facility patronage and supporting the volunteers with N9.330.000 monthly.

7. Through TSHIP, the State has received and distributed 2.5 million long lasting insecticide-treated nets (LLIN) worth over N2.5 billion and continues to receive malaria commodities (Artemisinin-based Combination Therapy-ACT, Rapid Diagnostic Test-RDT and Sulfadoxine Pyrimethamine-SP).
8. To strengthen RI, the project procured 18 solar refrigerators and 72 vaccine carriers and equipped 9 satellite cold stores.
9. The project has built the capacity of over 13,000 Health personnel,
10. Has supported many facilities with equipment worth over N23 1,549,402.00, and
11. Has strengthen Health training institutions in the State including the setting up of the first e-Library in the State in the College of Health Sciences, renovating part of the College of Nursing and providing text books worth N3,435,700:00 to facilitate the accreditation of the Community Midwifery training program.
12. Establishment, training of members and facilitating the registration of Health Research Ethic Committee.

G. Respondent Views on USAID and Education in Sokoto State

To corroborate the foregoing Ajiya (2015) identified the following achievements of the USAID. Training of personnel and training of trainers Activities going on under USAID other benefits after training Personnel from Sabon Birni went to Sokoto and have returned to train others under the northern education initiative (NCI). Eight schools have benefitted. USAID has taught the people not to depend on government alone to provide education people must get educated by their own means too. Selected schools in the State are given books for free. In each of the 8 schools, there is a committee NGO's religions and traditional leaders. The committee assists schools with materials like chalks, building of schools etc. under the auspices of the NEI which is an affiliate of the USAID.

Under USAID there is a programme called Nigeria Reading and Access Research Activity (KARA). This program aims at teaching teachers on how to teach children in their mother tongue i.e. Hausa. A committee has been set up to go round Sokoto State to see the feasibility of the programme. Teachers will be taught to teach children Hausa (oral and written) across the State. The RARA document as envisioned by the USAID is attached in the Appendix. If implemented according to the policy document, reading arid learning by pupils in Sokoto State would be enhanced.

Furthermore, according to Ajiya (2015) some selected schools were given items like books, uniforms, computers in the State. Similarly, the USAID through NEI teacher's people have to take care of themselves educationally. These

programme are for Bauchi and Sokoto State alone. Shuaibu (2015) noted that the USAID sponsored the System Transfer for Empowered Action and Enabling Responses for Vulnerable Children and families (STEER) program aimed at uplifting less privileged and vulnerable people. This initially involved Illela, Sokoto South, Sokoto North, Tambuwal, Wamakko and Tangaza local government areas. Eater included were Sabon Birni, Binji and Silame local government areas. Reps from these local government areas go around searching for vulnerable people in their locality. If found, this is reported to the State C.S.O

The programme is ongoing with seminars going on in Kano, Tahir, Sokoto. These seminars are aimed at training people to come to the aid of vulnerable people, less privileged children etc. Though on going, there is yet to be any form of assistance given yet but several cases have been identified and reported to the USAID. Three volunteers from each ward in Sabon Birni are selected with a monthly stipend of N4,000 to assist them in supplying the required information to USAID on vulnerable and less privileged children. (Shuaibu, 2015). Other areas where the USAID has made contributions is in the aspect of sinking of hand pumps to generate portable water.

5. Challenges faced by USAID

1. Illiteracy. For instance, Maishanu (2015) observed that only 5% of the population in Sokoto State goes to hospitals for delivery. 95% choose to do so at home. This is attributed to several factors like lack of mid-wives and the culture of the people.
2. Lack of cooperation from the local government councils and chairmen
3. Scarcity/lack of Health workers like Midwives
4. Corruption: A particular permanent secretary was once approached for permission to renovate some Health centers in the State by the USAID. Rather than granting the permission, this official insisted on having his own cut (commission) in the deal.
5. Religious and cultural practices of the people.
6. There are delays because it tries to supply quality drugs. It also expects government to supply these drugs, so that it can support the government.

6. Conclusion

USAID's development professionals generally seek the most effective means to achieve development goals. Historically, the agency's choice of operational methodology and project emphasis has reflected aid theory of the moment. In its first decade, there was a particular emphasis in USAID programmes on both the provision of economic infrastructure and the promotion of policy reform. Both followed from a top-down view of economic development current at the time that development emanated from government actions and that national wealth would trickle down to the poor. The focus area for this study is Sokoto State. However, all the local

governments where the USAID programmes have taken place were studied. Three local government areas were selected from Sokoto State for an investigation of the activities of the USAID in the State. These comprised of Wamakko, Shagari and Sabon Birni. The study was carried out with the following objectives: to examine the extent to which the USAID has provided access to quality Health services to the people of Sokoto State, to investigate the extent to which the USAID has provided access to quality basic education in Sokoto State, to identify and discuss the challenges hindering the realization of USAID development programmes in Sokoto State and to proffer possible solutions to challenges identified. The study found out that while the USAID is involved in improving Health, education and others in the State, its contributions in the area of Health care delivery and education are indeed significant. This confirms the finding that since the early 1990s, Health programs have consistently been the largest USAID assistance sector. Even as total USAID levels rose rapidly in the past 10 years on account of aid efforts in Iraq and Afghanistan, Health funding has kept pace as a result of billions of dollars in transfers from the Department of State.

7. Recommendations

1. The Mission Director of the USAID in Nigeria can liaise with the Nigerian government anti-graft agencies to check the tide of corruption in Nigeria to enable development assistance reach the target population in a timely manner.
2. The Sokoto State government through the federal government should make requests to the agency for more development assistance especially in areas where the USAID presence has not been felt significantly.
3. The USAID should intensify its development assistance in the area of education especially girl child education in Sokoto State.

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