
PROJECT DELIVERY AND HUMAN CAPACITY BUILDING: LONG LASTING INSECTICIDE TREATED BED NETS DELIVERY IN OSUN STATE, NIGERIA.

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Abstract: The study examined the impact of project delivery and human capacity building on long lasting insecticide treated bed nets delivery in Osun State, Nigeria. This was with a view to determining the extent to which project deliverables and objectives met stakeholder's expectations. Also to determine what went right, what went wrong and what to do differently in future. The study covered 70 wards in the state. The research instrument used was questionnaire. It elicited information on the issues such as factors responsible for the achievement of the project objectives, factors responsible for the satisfaction of the project delivered and challenges faced during project execution. The data collected were analysed using descriptive statistics. The results indicated among others that the project plan contained all required components as listed in the goals and objectives of the project (4.73), execution team members reacted to the chemical used for production and preservation of the mosquito nets (4.80), possibilities of attending to one person twice (2.19), project delivery method achieved the quality standards defined in the quality management plan (2.13), and motivation of the execution team members by the project sponsors (2.03) were low. The study concluded that the President's Malaria Initiative (PMI) launching that took place in the focus States should have taken place first before any other States in Nigeria.

Keywords: Project Delivery, Capacity Building, Long Lasting, Stakeholders.

INTRODUCTION

A project is a temporary endeavour undertaken to create, a unique product, service or result (PMBOK, 2013). Distribution of long lasting insecticide treated bed nets (LLINS) was a service rendered, an aspect of health care projects delivered by the National primary Health Development Agency (NPHCDA). Every project undertaken has a definite beginning and a definite end. From the beginning of a project to the end is a process, this process can be referred to as project management. Therefore, project management can be described as the application of knowledge, skills, tools and techniques to project activities to meet the project requirements (PMBOK, 2013). Project management phases include: initiating, planning, executing, monitoring and controlling, and closing down the project. The concern of this study is simply the post project review of long lasting insecticide treated bed nets delivery in Osun State. The execution of any project consumes most of the project resources. Therefore human resource cannot be overemphasized in project delivery. On the other hand, capacity building in project delivery involves the impact of human resources on project execution, monitoring and controlling and closing. Capacity and capability building is defined as the empowerment which encompasses the ability, will and skills to initiate, plan, manage, undertake, organize, budget, monitor/ supervise and evaluate project activities (Entebbe Workshop, 2014). The project executors suppose to be trained by the project management professionals in order to acquire skills in project management phases. This approach may be referred to as "top down" where the professionals will impart the knowledge unto the project executors recruited for the project delivery. The ability and skills to undertake various activities or tasks in project delivery are essential ingredients of project execution. In Nigeria, there are so many health problems facing the citizenry. Among these health problems is malaria. Presently malaria remains a major

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public health problem. An estimated 300,000 children under five years old die of malaria each year, and up to 11% of maternal mortality is caused by the disease translating into one in every four deaths of children and one in ten deaths of pregnant woman (Njoku, 2010). Malaria is a serious and sometimes fatal disease caused by a parasite that commonly infects a certain type of mosquito which feeds on humans (Snow, 2014). Malaria symptoms include headaches, fever and nausea; it is difficult to distinguish malaria from other illness.

Nigeria was one of the first African countries where the United Nations International Children's Emergency Fund (UNICEF) established a programme of co-operation. UNICEF'S work for the survival, protection and development of Nigeria children has continued ever since (Hvass and Njoku, 2010). The main involvement of UNICEF in individual state health projects was in the field of basic health services, training, health education, disease control and immunization programmes. The current programme of cooperation between UNICEF and the Federal Government of Nigeria is present in all the thirty-six (36) States and the Federal Capital Territory. All the programmes are represented in at least three (3) local government areas in every State. In order to prevent and control malaria in Nigeria, the National Primary Health Care Development Agency (NPHCDA) supported by UNICEF Nigeria, Japan International Cooperation Agency (JICA) and United State Agency for International Development (USAID) distributed and still distributing long lasting insecticide treated bed nets (LLINS) to the citizenry. LLINS are a form of personal protection that has been shown to reduce malaria illness, severe disease, and death due to malaria prevention and have the potential to save millions of lives (CDC, 2014). The nets protect people from malaria in two ways: by physically preventing malaria- carrying mosquitoes reaching the skin and by killing the mosquito when it lands on the net (MRC, 2014). The National Primary Health Care Development Agency (NPHCDA) is a parastatal of Nigeria's Federal Ministry of Health. Its mission is to develop national primary health care (PHC) policy and support states and local government areas to implement them. The NPHCDA'S vision and purpose is to make Nigerians healthy. In pursuance of this vision, the agency has seven corporate goals. These are:

- a. Control Preventable Diseases
- b. Improve access to basic health services
- c. Improve quality of care
- d. Strength institutions
- e. Develop a high-performing and empowered health workforce
- f. Strengthen partnerships and
- g. Engage communities (NPHCDA, 2012).

In project management, the deliverables should meet the objectives and goals outlined in the baseline project plan. Also, the project should be within the budget, be delivered on time, within the scope and of good quality to meet the customer's requirements. In 2013, Osun Stae benefited from the programme. With the presence, functions and responsibilities of the project team in the state in 213, the impact is yet to be fully felt. Therefore, this paper aims at critically assess the extent of long lasting insecticide treated bed nets delivery in Osun State Nigeria.

MATERIALS AND METHOD

The study was carried out in Osun state, Nigeria. Osun state is located in the southwestern part of Nigeria. It covers an area of approximately 14,875 square kilometers. The state lies within the tropical rain forest and is blessed with abundant agricultural products. The state is divided

into 3 senatorial districts having 30 local government areas comprising 332 political wards. For the purpose of this study, stratified random sampling method was used from the state. Twelve (12) local government areas out of which seventy (70) wards were chosen for the study. (Table 1).

Table 1: Local Government Areas Covered

Local Government Areas	Wards Covered
Osun East Senatorial District	
Ife Central	6
Ife South	6
Ori Ade	6
Ilesa West	6
Osun Central	
Osogbo	6
Ila	6
Boripe	6
Orolu	6
Osun West	
Iwo	6
Irewole	6
Ola Oluwa	5
Ede	6
Total	70

One hundred and twenty five (125) questionnaires were administered to the project execution team leaders (ward focal) at the ward level, who had experience in primary health care delivery as health centers workers. The reliability and validity of the questionnaire was based on the use of rating scale to elicit information on the long lasting insecticide treated bed nets delivery. A total of one hundred and four (104) questionnaires were returned and found useful which amounts to a return rate of 80%. Interviews were conducted to complement the questionnaires administered to the respondents. Also beneficiaries were interviewed to physically observe the application of the nets. The questionnaire was subjected to content validity. The data collected were analyzed with the use of simple descriptive statistics. Factors responsible for the achievement of the goals and objectives outlined in the project baseline plan, factors responsible for the satisfaction of the project delivered and difficulties or challenges faced during project execution were measured on a 5 point rating scale with 1 - very low, 2 - low, 3 - moderate, 4 - high and 5 - very high.

RESULTS

Table 2 presents professional characteristics of the respondents, such as highest educational qualification and work experience. The data from the table shows that respondents with registered nursing's certificate rank highest with 58.7% followed by Bachelors degree in health education with 19.2%. Midwifery certificate holders with 17.3% while the remaining 4.8% are B.Sc. Nursing certificate holders. As indicated, all the respondents are professionals from the field of health care delivery. Therefore, this provides a good foundation for grass root health care delivery. Further observation of the table revealed that all the respondents (100%) have

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worked for more than five years in the health care programmes at the various local government levels under study, this indicates that they are well experienced in the health sector. (TABLE 2)

Table 2
Professional Characteristics of the Respondents

Variables	Frequency	%
Highest Qualification		
Midwifery	18	17.31
Registered Nursing	61	58.7
B.SC. Health Education	20	19.2
B.SC. Nursing	05	4.81
Total	104	100.0
Work Experience (Years)		
0-5	-	-
6-10	25	24.0
11-15	51	49.0
16-20	19	18.3
Above 21	09	8.7
Total	104	100.0

Table 3 shows the perceived factors in achieving the goals and objectives outlined in the project baseline plan. The mean values of the respondents vary from 4.73 to 1.98. Thus, all the respondents have different perception of the significance of the factors in achieving the goals and objectives outlined in the project baseline plan. As revealed by the table, the dominant factors in achieving the goals and objectives outlined in the project baseline plan are: the project plan contained all the required components as listed in the goals and objectives of the project (4.73), and project sponsors satisfied with deliverables provided by the project plan (3.40). On the other hand, the remaining factors are rated low and very low. The factors that affect the achievement are: The project executed met the objectives and goals outlined in the project plan (2.12), changes to project plan were successfully managed during project execution (2.05), and maintainability of the target group stated in the quality management plan (1.98). Three out of the five perceived factors affect the achievement of the goals and objectives.

Table 3
Achievement of the Project Objectives

Factors	Mean	Standard Deviation
The project plan contained all required components as listed in the goals and objectives of the project	4.73	.446
The project executed met the objectives and goals outlined in the project plan	2.12	.321
Changes to project plan were successfully managed during project execution	2.05	.215

Project sponsors satisfied with deliverables provided by the project plan	3.40	.631
Maintainability of the target group as stated in the quality Management plan	1.98	.196

Table 4 presents the perceived factors affecting the satisfaction of the project delivered. The mean values of the respondents vary from 4.46 to 1.99. Thus, all the respondents have different perception of the significance of the factors affecting the satisfaction of the project delivered. As shown in the table, factors affecting the satisfaction of the project delivered are as follows: differences in the decisions of the project execution team members and project sponsors during project execution (4.56), and project execution team members felt challenged about their work (3.65) were rated high and highly. On the other hand, the remaining factors were rated low and very low. The factors are: project delivered method achieved the quality standards defined in the quality management plan (2.13), project execution team members satisfied in the way the project was managed (2.06) and project plan components been maintained on a regular basis (1.99). All the perceived factors affect the satisfaction of the project delivered.

Table 4
Satisfaction of the Project Delivered

Factors	Mean	Standard Deviation
Differences in the decisions of the project execution team members and project sponsors during project execution.	4.56	.499
Project plan components been maintained on a regular basis.	1.99	.220
Project execution team members satisfied in the way the project was managed.	2.06	.273
Project delivery method achieved the quality standards defined in the quality management plan.	2.13	.386
Project execution team members felt challenged about their work.	3.65	1.413

Table 5 presents the perceived challenges faced during project execution. The mean values of the respondents vary from 4.80 to 1.85. Thus, all the respondents have different perception of the significance of the challenges faced during project execution. As revealed by the table, the only highly rated challenge is the chemical reaction of the execution team members to the chemical used for production and preservation of the treated mosquito nets (4.80). Level of programme awareness (2.86) was rated moderately, while possibilities of attending to one person twice (2.19) and motivation of the execution team members by the project sponsors (2.03) were rated low. Provision of mobility for movement of the execution team members (1.91) and accessibility of the execution team members to rural areas (1.85) were rated very low. Out of the six perceived challenges, four challenges faced the executors during the project execution.

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**Table 5
Challenges Faced During Project Execution**

Challenges	Mean	Standard Deviation
Possibilities of attending to one person twice.	2.19	.904
Level of programme awareness.	2.86	.510
Chemical reaction of the execution team members to the chemical used for production and preservation of the mosquito nets.	4.80	.490
Accessibility of the execution team members to rural areas.	1.85	.388
Provision of mobility for movement of the execution team members.	1.91	.372
Motivation of the execution team members by the project sponsors.	2.03	.294

DISCUSSION

According to United Nation Development Programme (UNDP) quoted in World Bank Capacity Development Resource Center in CHF'S approach to capacity Building (2014) defined capacity as the ability of individuals, organizations and societies to perform functions, solve problems, and set and achieve goals. Also Canadian International Development Agency (CIDA) in CHF (2014) defined developing capacity as helping women, men and children in developing countries, their communities and institutions, to acquire the skills and resources needed to sustain their own social and economic progress. With the assistance of USAID in supplying anti malaria commodities in which long-lasting insecticide treated bed nets are among, the distribution of such was below average. The beneficiaries are pregnant women, children under five years of age and farmers-as stated in the project goals and objectives. The project plan contained all required components as listed in the goals and objectives of the project but the execution did not meet the goals and objectives outlined in the project plan. The beneficiaries according to the programme are pregnant women, children less than five years of age and farmers, people outside the category benefited from the programme in Osun State. Maintainability of the target group as stated in the quality management plan was below average. However, project sponsors were satisfied with the deliverables provided by the project plan but the target group was not because majority of them were not given. The resources required for the project are available but the human resource lack adequate skill for the project execution, monitoring and control. Nigeria has one of the largest stocks of human resources of health in Africa but densities of nurses, midwives and doctors remain below optimum levels. By 2011, 2,488 midwives had been dispersed to 652 primary health care centers linked to 163 general hospitals across all 36 state of Nigeria. The programme reaches a population of over 10,700,000 people, roughly 15% of the total population (NPHCDA, G.3 2012). This percentage is too low for Nigeria population. What happens to the remaining 85%? The health workers need capacity training in project management. This will increase their skills acquisition in providing the technical, organizational and interpersonal training to improve the skills of the health workers involved in administering primary health care in Nigeria. (NPHCDA, G.5, 2012). Crisp, Sweriseen and Duckett (2000) identified four approaches to capacity building in

health as: (i) a top - down organizational approach which might begin with changing agency policies or practices; (ii) a bottom-up organizational approach, e.g. provision of skills to staff; (iii) a partnerships approach which involves strengthening the relationship between organizations; and (iv) a community organizing approach in which individual community members are drawn into forming new organizations or joining existing ones to improve the health of community members. The project execution team members felt challenged about their work. Among the challenges were: chemical reaction of the execution team members to the chemical used for production and preservation of the treated nets, poor accessibility and non-provision of mobility to rural areas and lack of motivation. One of the responsibilities of Primary Health Care Systems Development (PHCSD) department is to provide essential logistics support for the implementation of primary health care at the ward level (NPHCDA, 2012). The logistic support at the ward level is inadequate as at the period of net distribution in Osun State.

CONCLUSION AND RECOMMENDATION

In this study, what went right and what went wrong have been discussed and suggestions for further recommendation take care of what to be done in future. The launching of malaria procurement and supply chain management technical working group that took place in the nine President's Malaria Initiative (PMI) focus states in Nigeria on March 14, 2014 should have taken place first before the distribution takes place in any other state in Nigeria. The experience gained from the supply chain systems in the nine states would have been replicated in the remaining states. This might have helped Osun State in distributing the treated nets. All the stake holders should make sure that project team members are fully trained by the project management professionals. The Road Network Map with Incorporation of GPS Data by USAID that was used in Ebonyi State to plan project delivery routes should be used in other states of Nigeria.

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