



Millennium Development Goals End-point Report 2015 Nigeria



Millennium Development Goals

End-point Report 2015

Produced by
OSSAP-MDGs



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Foreword

It is my singular honour and privilege to present to Nigerians and the entire world the *Nigeria 2015 Millennium Development Goals (MDGs) End-point Report*. This is the seventh and last MDG Report that Nigeria would be presenting since the world leaders adopted the Millennium Declaration in 2000. The Report tells a Nigeria-specific story of the implementation of the MDGs – just as the previous ones did. But unlike previous reports, this one chronicles Nigeria's implementation journey in the last fifteen years: it details the pathways to the MDG targets, the end-point status of the indicators, the achievements, main policy drivers of successes, challenges, and lessons learnt.

As clearly indicated in the Report, Nigeria began to find its rhythm in the implementation of the MDGs from 2005. That was the year it successfully negotiated a debt relief from the Paris Club which enabled it to increase and target public investments in pro-poor interventions aimed at achieving the MDGs. In addition, the Presidential Committee on the Assessment and Monitoring of the MDGs and the Office of the Senior Special Assistant to the President on MDGs (OSSAP-MDGs) were established to guide the use of the Debt Relief Gains (DRGs) in the execution of pro-poor programmes and projects. This Exit Report thus provides up-to-date data and analysis on Nigeria's experience in implementing the MDGs.

This End-point Report is a necessary reminder of the commitment Nigeria made at the Millennium Summit to implement appropriate policies to improve the lives of the millions of its people who suffer from poverty, illiteracy and disease. Beyond reminding us of these commitments, the report evaluates the progress made in specific and measurable terms.

The Nigerian experience presents a bag of mixed results. Thus, while we have seen progress in some areas, critical challenges still remain in others. On the positive side, Nigeria used the MDG framework to improve its hitherto very poor health indices and low-gender parity index, among other indicators. The efforts translated into the reduction of maternal and child mortality, and getting Nigeria on the way to eradicating polio through effective national and international partnership. Moreover, these efforts aided the reduction in the spread of malaria and HIV and AIDS; and achievement of higher net enrolment rate in basic education and gender parity in the primary school. They also led to improved access to safe drinking water. On the negative side, however, Nigeria still has a lot to do to improve access to good sanitation facilities and curb the menace of climate change and other environmental challenges such as pollution, desertification, erosion, and flooding.

In my inaugural speech, I assured the international community of the readiness of Nigeria, 'to cooperate and help to combat threats of cross-border terrorism, sea piracy...climate change, the spread of communicable diseases, and other challenges of the 21st century'. More than ever before, we are determined to confront these hydra-headed challenges head-on. Happily too, a new development framework, namely, the Sustainable Development Goals (SDGs) will be adopted at this year's United Nations General Assembly to mobilize us towards confronting these and many more problems facing our people. Nigeria will, therefore, continue to leverage on the platform of the Change Agenda of my administration to vigorously pursue the implementation of the SDGs so as to lift many of our citizens out of poverty and deprivation while, at the same time, ensuring sound management of our environmental resources.

This MDG End-point Report, therefore, will serve as an invaluable resource document as we transit from the MDGs to the SDGs. It will also serve as a useful guide in the smooth implementation of the SDGs. Towards this end, the government of Nigeria will provide the needed political support and policy guidance in the implementation of the SDGs. Consequently, as we exit the MDGs, I wish to give a firm assurance of Nigeria's commitment to completing the unfinished business of the MDGs in the new development framework. I, therefore, call on all stakeholders to continue to partner with government at all levels towards achieving the new development goals in this era of **CHANGE**.

Muhammadu Buhari, GCFR

President and Commander-in-Chief of the Armed Forces,
Federal Republic of Nigeria,
Abuja.
September 2015.

Preface

The successful negotiation of debt relief from the Paris Club in 2005 signalled the beginning of an era of concerted efforts aimed at achieving the Millennium Development Goals (MDGs) in Nigeria. Since then the country has substantially invested the Debt Relief Gains (DRGs), as well as sectoral budgetary allocations in MDGs-related interventions at both federal and state levels. Many good practices such as the Conditional Grants Scheme (CGS), and Conditional Cash Transfer (CCT), mainstreaming the MDGs into Vision 2020, and preparing an MDG acceleration priority action plan for maternal health have since been institutionalized.

A final stock take of the MDGs implementation reveals that although many challenges remain, Nigeria has made significant progress in reducing under-five mortality rate, getting more children immunized and is on the path to eradicating polio. It has also improved the proportion of births attended to by skilled health personnel and ante-natal coverage. The net enrolment rates in primary and secondary schools which had registered commendable progress in the past have however, been halted by the effects of insurgency in the North-east geo-political zone. Per capita Official Development Assistance (ODA) to Nigeria has trended upwards over the years with sectoral allocation to key sectors, such as health, exhibiting an upward trend. In the area of Information and Communication Technology (ICT), evidence reveals that Nigeria has recorded tremendous success with cellular phone subscribers and internet users rising exponentially over the past decade. The country is however, still faced with critical challenges in tackling poverty, hunger and malnutrition; achieving gender parity in education, wage employment and political leadership; reducing maternal deaths; and improving access to sanitation and ensuring environmental sustainability. In a nutshell, Nigeria has a mixed bag of performance records.

Going forward, there will be need to consolidate the gains made and address the outstanding challenges in the areas where little progress has been made. A renewed sense of commitment both from the Government and international development partners, is required if Sustainable Development Goals (SDGs) are to serve as the veritable platform for improving some of the worrisome aspects of human development indicators that continue to threaten peace, stability and development in the country. While committing to our renewed partnership, we present to you this *Nigeria MDGs End-point Report* trusting that it will spur all stakeholders into action in the post-2015 era.

Mr Ochapa Ogenyi,
Ag. Secretary of Programmes,
Office of the Senior Special Assistant to
the President on MDGs (OSSAP-MDGs)

Mr Daouda Toure
UNDP Resident Representative
Nigeria

Abuja, September, 2015

The preparation of this report was carried out within a rather limited timeframe understandably as a result of the 2015 Presidential Elections and the consequential political transition, all of which impacted on major governance processes. Moreover, as an end-point MDGs report, additional responsibilities were placed on the shoulders of all partners involved. Owing to the fact that the preparation process was the most consultative, participatory and inclusive in the history of Nigeria's MDGs reports, the task of conveying adequate levels of appreciation in the most appropriate manner, to all who made the report production possible, becomes extremely challenging. Nonetheless, I wish to stress that like previous reports, this too is a product of collaborative efforts that involved the Office of the Senior Special Assistant to the President on MDGs (OSSAP-MDGs), relevant Federal Government Ministries, Departments and Agencies (MDAs); MDGs offices at the state government level; international development partners, civil society organisations, MDGs Technical Assistants at the Local Government level as well as, the MDGs Zonal Technical Officers in the six geo-political zones of Nigeria.

It is within the circumscribing web of those aforementioned factors that OSSAP-MDGs office therefore appreciates the enormous sacrifices made by all concerned parties in the effort to meet the deadline for the report. One is rightly reminded of the saying that 'gratitude may be the least of all virtues, but ingratitude however 'is the worst of all vices'. Be that as it may, OSSAP-MDGs is highly indebted to the United Nations Development Programme -Nigeria Country Office and the Department for International Development-State Partnership for Accountability, Responsibility, and Capability (DFID-SPARC) for the financial and technical support received in the preparation and production of this report. OSSAP-MDGs is grateful in particular to Daouda Toure, (United Nations Development Programme Resident Representative); along with his excellent team of technical experts namely Pa Lamin Beyai (Country Director), Ojijo Odhiambo (Economic Advisor), Robert Asogwa (National Economist), Lucky Musonda (Communications Specialist), Hilary Ogbonna (National Coordinator, UNMC), Grace Arinze-Ononwu, and Maureen Chukwura for their unwavering and enduring support and guidance during the entire process. The proactive and effective role which DFID-SPARC played in the production of this report is appreciated. In particular, the indefatigable duo of Mrs Hadiza Elayo (Deputy National Programme Manager), and Mrs Virtuous Igbodika (Senior Technical Officer) were, as usual, very generous in rendering technical, administrative and logistical support to the team of consultants. Furthermore, the report benefited from the guidance and contributions of other United Nations agencies, namely the United Nations Population Funds (UNFPA), World Health Organization (WHO), United Nations Children's Fund (UNICEF), and United Nations Educational, Scientific, and Cultural Organization (UNESCO).

The National Bureau of Statistics (NBS) proved, as always, to be a worthy partner in our country's developmental progress. The team of consultants received the required maximum cooperation from Mrs Titilayo Adelokiki and her team who attended to the data needs of the Report. Our appreciation also goes to the National Planning Commission (NPC) for the support rendered in the preparation of this report. OSSAP-MDGs cannot thank enough all the MDAs for the maximum support received from them especially in the generation and collection of needed data and information for the report. The consultants were impressed by the level of cooperation given to them by the MDAs in the field. In particular, we acknowledge the contributions of the Federal Ministry of Education; Federal Ministry of Health; Federal Ministry of Land, Housing and Urban Development; Federal Ministry of Agriculture and Rural Development; Federal Ministry of

Women Affairs and Social Development; Federal Ministry of Water Resources; Federal Ministry of Environment; Federal Ministry of Youth Development; National Primary Health Care Development Agency (NPHCDA); Universal Basic Education Commission (UBEC); National Commission for Mass Literacy; Adult and Non-Formal Education (NMEC); Ministry of Foreign Affairs; National Agency for the Control of AIDS (NACA); National Poverty Eradication Programme (NAPEP); Debt Management Office (DMO); National Population Commission; and the National Health Insurance Scheme (NHIS).

On completion of the final draft report, OSSAP-MDGs and partners organized a validation workshop to review the draft and elicit feedback and recommendations. We would like to thank all participants - State MDGs Focal Persons, federal and state government officers, Civil Society Organizations (CSOs) for their constructive comments and feedback.

I wish to acknowledge the following staff of OSSAP-MDGs Office who contributed immensely and worked tirelessly to ensure the report was ready: Mrs Lola Olaopa, Mr Gillis-Harry Jenefa, Mr Zubairu Abdullahi, Engineer Ahmad Kawu, Dr Ify Ukaegbu, Mrs I. Ukejiofo, Mrs Jennifer Ndidi, Mr Abimbola Mubashir and of course the DFA-Mr. David Ibunkule.

Finally, but certainly not the least, are the consultants and team of writers who worked tirelessly day and night to make the production of this report possible. OSSAP-MDGs remains grateful to the lead consultant Prof. Isaac N. Obasi, and his very supportive colleague Prof. Chris Abimiku for their total commitment in executing the assignment within a very tight schedule. Also, OSSAP-MDGs is very grateful to Dr Ifeolu Joseph Falegan, and Dr Mai Yakubu for their wonderful and active participation in drafting the report and Prof Mike Obadan for reviewing the report.

It is the conviction of OSSAP-MDGs that, although many challenges remain and that the country did not achieve most of the goals, as a nation we have made considerable progress in moving towards the goals. We do therefore hope to complete the unfinished business in the post-MDGs development agenda and importantly, put in place mechanisms to ensure the successful implementation of the new Sustainable Development Goals (SDGs).

Ochapa Ogenyi, (Mr)

Ag. Secretary of Programmes, Office of the Senior Special Assistant to the President on MDGs (OSSAP-MDGs)

Abuja, September, 2015

ACTs	Artemisinin Combination Therapy
ACPA	American Chronic Pain Association
ATRRS	Accounting Transaction Recording and Reporting System
AIDS	Acquired immune deficiency syndrome
AU	African Union
CBDR	Common but Differentiated Responsibilities
CBOs	Community-based Organizations
CDCs	Community Development Committees
CDD	Centre for Democracy and Development
CCT	Conditional Cash Transfers
CDT	Core Drafting Team
CGS	Conditional Grants Scheme
CHIDA	China International Development Agency
CHWs	Community Health Workers
CLTS	Community-Led Total Sanitation
CPR	Contraceptive Prevalence Rate
CRN	Continental Research Nigeria
CTC	Core Technical Committee
DOTS	Directly Observed Treatment, Short-Course
DFID-SPARC	Department for International Development-State Partnership for Accountability, Responsibility and Capability
DRGs	Debt Relief Gains
ECCDE	Early Childhood Care Development Education
ECCE	Early Childhood Care and Education
EFA	Education for All
EOC	Emergency Operations Centre
EmONC	Emergency Obstetric and Newborn Care
ENC	Essential Newborn Care
FAO	Food and Agricultural Organization
FGN	Federal Government of Nigeria
FCT	Federal Capital Territory
FMARD	Federal Ministry of Agriculture and Rural Development
FME	Federal Ministry of Education

FMOH	Federal Ministry of Health
FMLHUD	Federal Ministry of Lands, Housing and Urban Development
FTS	Federal Teachers' Scheme
GEM	Girls Education Movement
GEP	Gender Education Programme
GESS	Growth Enhancement Support Scheme
GPC	Global Projects Consortium
GDP	Gross Domestic Product
GPEI	Global Polio Eradication Initiative
GPS	Global Positioning System
GSM	Global System for Mobile Communications
HIV and AIDS	Human immunodeficiency virus and Acquired Immune Deficiency Syndrome
HCPPI	Harmonized Country Plan of Priority Interventions
IDPs	Internally Displaced Persons
IMNCH	Integrated maternal, newborn and child health
IMR	Infant Mortality Rate
ICT	Information and Communication Technology
ILO	International Labour Organization
JICA	Japan International Cooperation Agency
JMP	Joint Monitoring Programme
JTF	Joint Task Force
KOICA	Korea International Cooperation Agency
LEEDS	Local Economic Empowerment and Development Strategy
LLINs	Long-lasting insecticide nets
LGA	Local Government Area
LGEA	Local Government Education Authority
MAF	MDGs Acceleration Framework
MCH	Maternal and Child Health
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Rate
MSMEs	Medium, Small and Micro Enterprises

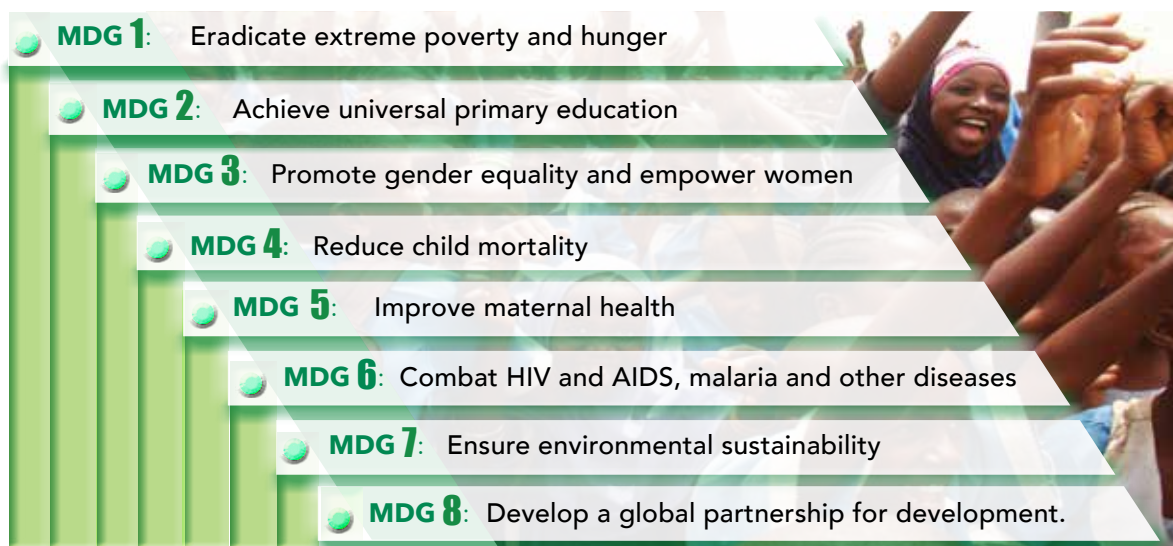
MSS	Midwives Service Scheme
MICS	Multiple Indicator Cluster Survey
NACA	National Agency for the Control of AIDS
NAPEP	National Poverty Eradication Programme
NRISP	National Routine Immunization Strategic Plan
NBS	National Bureau of Statistics
NCE	National Certificate of Education
NCCGS	National Committee on Conditional Grants Scheme
NCNE	National Commission for Nomadic Education
NDE	National Directorate of Employment
NDHS	National Demographic and Health Survey
NEEDS	National Economic Empowerment and Development Strategy
NECO	National Examination Council
NEMA	National Emergency Management Agency
NEMIS	National Education Management Information System
NEPAD	New Partnership for Africa's Development
NGOs	Non-Governmental Organizations
NHIS	National Health Insurance Scheme
NHSDP	National Health Strategic Development Plan
NMCP	National Malaria Control Programme
NMEC	National Commission for Mass Literacy, Adult and Non-Formal Education
NMEP	National Malaria Elimination Programme
NMET	National Monitoring and Evaluation Team
NMIS	Nigeria Millennium Information System
NMR	Neonatal Mortality Rate
NPC	National Planning Commission
NPHCDA	National Primary Health Care Development Agency
NPoC	National Population Commission
NRISP	National Routine Immunization Strategic Plan
NTBLCP	National Tuberculosis and Leprosy Control Programme
NYSC	National Youth Service Corps
ODA	Official Development Assistance
ODF	Open Defecation Free

OPEN	Overview of Public Expenditure on NEEDs
OPV	Oral Polio Vaccine
OSSAP-MDGs	Office of the Senior Special Assistant to the President on Millennium Development Goals
PCAMMDGs	Presidential Committee for the Assessment and Monitoring of the MDGs
PEI	Polio Eradication Initiative
PHC	Primary Health Care
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Purchasing Power Parity
PTFoPE	Presidential Task Force on Polio Eradication
RBM	Results-based Monitoring
RMNCH	Reproductive Maternal, Newborn and Child Health
SBMC	School-Based Management Committees
SEEDS	State Economic Empowerment and Development Strategy
SDGs	Sustainable Development Goals
SMEDAN	Small and Medium Enterprises Development Agency of Nigeria
SMEs	Small and Medium Enterprises
SMETs	State Monitoring and Evaluation Teams
SOML	Save One Million Lives (Initiative)
STUMEC	Student Tutoring, Mentoring and Counselling
SSAP	Senior Special Assistant to the President
SUBEB	State Universal Basic Education Board
SURE-P	Subsidy Reinvestment and Empowerment programme
TBAAs	Traditional Births Attendants
TBTM	Teachers Development Pedagogy Modules
TB	Tuberculosis
TWG	Technical Working Group
UBE	Universal Basic Education
UBEC	Universal Basic Education Commission
U5MR	Under-5 Mortality Rate
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme

UNICEF	United Nations Children’s Fund
UNMC	United Nations Millennium Campaign
UNO	United Nations Organizations
UNGA	United Nations General Assembly
USAID	United States Agency for International Development
USD	United States Dollar
VPF	Virtual Poverty Fund
VHWs	Village Health Workers
WAP	War Against Poverty
WAEC	West African Examinations Council
WHO	World Health Organization
WPV	Wild Polio Virus
YouWin	Youth Enterprises with Innovation in Nigeria

Brief Background

Nigeria was among the 189 countries from across the world that endorsed the United Nations Millennium Declaration in New York in September 2000, which led to the adoption of the eight time-bound Millennium Development Goals (MDGs) and their indicators, to be achieved by respective countries by the year 2015. The eight MDGs were set and stated as follows:



The implementation of the MDGs in Nigeria began in earnest when the Federal Government pledged to apply the savings accruable from the Paris Club Debt Relief Deal in 2005 to pro-poor programmes and projects. Indeed, several policies, programmes and projects aimed at achieving the MDGs have been implemented as a result of the devotion of the savings from the external debt relief to implementing MDGs programmes and projects.

This 2015 MDGs *End-point Report* reviews Nigeria's implementation of the MDGs since inception. As an 'end-point report,' it is significant in many respects including, primarily, the overview that it provides of Nigeria's journey in the implementation of MDGs. Secondly, it is Nigeria's MDGs historic end-point assessment document that gives a holistic audit of, and verdict on, MDGs planning, implementation, and monitoring and evaluation experience. Thirdly and most importantly, it serves as a bridge between Nigeria's MDGs era and the post-MDGs development framework also now known as the Sustainable Development Goals (SDGs). And lastly, as a transitional document, this report will serve as a useful benchmark document for comparing progress made in the course of the implementation of the SDGs.

The report shows that Nigeria has made appreciable progress in the attainment of MDGs in the last 14 years, particularly, in the area of universal primary education enrolment; achieving gender parity in education; reducing the spread of HIV and AIDS; reducing maternal death as well as halving the percentage of people living in absolute hunger for which it received a recognition

from the Food and Agricultural Organization (FAO). Yet, in spite of such appreciable progress, some of the targets could not be met due to challenges in the areas of poverty, insecurity, social inequality, absence of inclusive growth and youth unemployment. It thus means that the MDGs implementation in Nigeria remains an unfinished business that needs to be rolled over to the successor SDG framework.

Report Methodology

This 2015 MDGs report preparatory process began with the formation of the Core Technical Team comprising officials of the OSSAP-MDGs; the Nigeria UNDP Country Office, DFID-SPARC, and the United Nations Millennium Campaign (UNMC). This was closely followed by the formation of the Technical Working Group (TWG) comprising OSSAP-MDGs, development partners, all relevant MDAs and some members of civil society organisations. The TWG was charged with the responsibility of overseeing and guiding the entire exercise. The methodology for the data generation and analysis was in line with the operational norms of the National Bureau of Statistics (NBS).

The preparation process also involved a two-stage data and report validation process carried out through two national-level workshops involving wider stakeholder groups from the States and Local Governments. Thus, the report preparation process and methodology could be considered as the most participatory and consultative in the history of MDGs reporting in Nigeria.

Risks and Vulnerabilities

The environment of implementation of MDGs programmes and projects has been characterized by a number of risks and vulnerabilities with implications for the attainment of the MDGs. The risks and challenges included both local ones as well those arising from the global environment. They include oil price volatilities, the Niger Delta Crisis, the Boko Haram phenomenon, flooding as well as farmers-herdsmen clashes. Most of the vulnerabilities and risks have endured while a few have diminished in importance with the passage of time. Collectively, they have contributed to slowing down Nigeria's progress on the MDGs.

GOAL 1: Eradicating extreme poverty and hunger

Nigeria made notable progress in this goal and particularly in the fight against hunger, but generally missed meeting the targets of most of the indicators. In one particular area of strength, Nigeria was able to reduce hunger by 66% in 2012 (three years in advance) and this earned her an award in 2013 by the Food and Agricultural Organization (FAO) in recognition of her outstanding progress. The strong progress in goal 1 can also be seen in the persistent reduction in the poverty prevalence in recent years. The poverty prevalence fluctuated but declined from 65.6% in 1996 to 45.5% in 2010; short of target (21.4%) by 24.1%. However, the World Bank's most recent estimates of the poverty incidence in Nigeria indicate a lower incidence of 33.1 % in 2012/2013 – a figure that is much closer to the target. Nevertheless, one major challenge to effective poverty reduction in the country is the very limited poverty reduction effect of economic growth. Nigeria recorded largely impressive growth rates in the 2000s decade and in more recent times. Nevertheless, the growth was not entirely inclusive. Neither did it reduce poverty or even generate employment. Hence, although Nigeria is very close to meeting the hunger target owing to the transformative interventions in the nation's agricultural sector, there are high level disparities among the geo-political zones, states and between the urban and rural areas. The prevalence of hunger is much higher in the Northern states and is more endemic in rural than in urban areas. Generally, the policy environment has been good and promises to deliver more results in the future given the assurance of priority to agriculture by the new administration. Increasing agricultural productivity could have positive implications for poverty reduction.

Furthermore, the proportion of underweight children under-five years of age declined from 35.7% in 1990 to 25.5% in 2014 (short of target which is 17.85% by 7.6%). Although Nigeria did not meet the target of this indicator, strong progress was recorded within the prevailing good policy environment.

A number of key institutional and policy drivers can be said to have been responsible for the appreciable progress made on Goal 1; notably, the Federal Ministry of Agriculture (FMARD), the office of the Senior Special Assistant to the President on Millennium Development Goals (OSSAP-MDGs), Development Partners, the Small and Medium Enterprises Development Agency of Nigeria (SMEDAN), the National Poverty Eradication Programme (NAPEP)-among others.

Overall Conclusion on Goal 1: *Appreciable Progress; Goal not met.*

GOAL 2: Achieve universal primary education

Net enrolment in basic education (as domesticated in Nigeria to mean six years of primary schooling and three years of junior secondary education) had a fluctuating history of an upward trend to the mid-point assessment year. This positive trend was however halted in later years as a result of the disruptions brought about by the Boko Haram insurgency. The insurgency led to the destruction of many schools with school children constituting a large size of the internally displaced population. Consequently, the net enrolment of 60% in 1995 declined to the end-

point net enrolment of 54% in 2013. There is, however, a good policy environment provided by the Federal Ministry of Education and its parastatals which will aid significant growth in net enrolment once the Boko Haram phenomenon is effectively checked.

With respect to primary six completion rate, the trend and end-point status show a strong and significant progress. Nigeria remained mainly on track towards achieving this indicator. The completion rate which stood at 73% in 1993 trended upwards in most of the subsequent years culminating in 82% at the end-point year. The policy environment is good and supportive of consolidation of the achievements. There are however, variations across states which need to be addressed in an effort to consolidate the achievements.

The literacy rate trended marginally upwards in most of the years from 64% in 2000 to 66.7% in 2014. The significant rate of 80.0% achieved in 2008 could not be sustained. There were marked variations across states and between the north and the south. With respect to variations across geo-political zones, the North-east recorded the highest rate of illiteracy with the insurgency compounding the problem. However, the policy environment at both the national and sub-national levels is very supportive especially with active and growing collaboration between Nigeria and international development partners.

Overall Conclusion on Goal 2: *Weak progress; goal not met.*

GOAL 3:

Promote gender equality and empower women

The pursuit of gender parity in basic education in Nigeria has witnessed strong progress when seen against the prevailing patriarchal culture and practices in most parts of the country. There has been a steady increase in the ratio of girls to boys in basic education in Nigeria. The end-point status of 94% in 2013 was a significant achievement compared to the 82% achieved in 1991. The statistics from both the World Bank and MICS corroborate the high gender parity index recorded by Nigeria. The success at the basic education level has not been replicated at the tertiary education level where there is weak progress even though the policy environment has been supportive at every level of the educational pipeline.

Nigeria has not done well in the area of proportion of women in wage employment in the non-agricultural sector with an end-point status of 7.7% in 2010 (the most recent data). However, in terms of women contribution to the total labour force in both agricultural and non-agricultural sectors, the proportion of women has considerably increased to a record 37.7% in 2014. The ILO statistics corroborates this increase with a figure of 48.1% in 2011.

As regards the proportion of seats held by women in the National Parliament, Nigeria has done badly too, with an end-point status of 5.11% in 2015 as against the expected target of 35%. The prevailing patriarchal culture and practices in most parts of Nigeria remains a major factor against women's access to elective positions. This is however, not the case with women in appointive positions as over 30.0% of women got appointed to high political decision making positions in recent years.

Overall Conclusion on Goal 3: *Strong progress made in gender parity but weak progress in women empowerment. Goal not met.*

GOAL 4: Reduce child mortality

Nigeria's efforts aimed at reducing avoidable child deaths have been met with gradual, incremental and sustained progress. The under-five mortality rate (U5MR) has improved remarkably from 191 deaths per 1000 live births in 2000 to 89 deaths per 1000 live births in 2014 as the end-point status. In the intervening period, the U5MR reduced from 191 deaths per 1000 live births in 2000 to 157 and 94 deaths per 1000 live births in 2008 and 2012, respectively. Considering the end-point status of U5MR, Nigeria falls short of the 2015 target of 64 deaths per 1000 live births by 28 %.

In 1990 (as the baseline), the infant mortality rate (IMR) was estimated at 91 deaths per 1000 live births. This, however, decreased to 75 deaths per 1000 live births in 2008 and to 61 deaths per 1000 live births in 2012. Although the end-point figure which stood at 58 deaths per 1000 live births in 2014 reflects progress, it is still short of the 2015 target of 30 deaths per 1000 live births.

The immunization effort against measles has been relatively effective, and has resulted in significant reductions in case burden following the scale up of the administration of measles vaccination to children nine months and older through routine immunization services led by the National Primary Healthcare Development Agency (NPHCDA). The proportion of one-year-old children immunised against measles increased from 46% in 1990 to 61.3% in 2012 and subsequently to 63.0% in 2014. Nigeria has recorded strong progress in the effort to eradicate polio; she recently celebrated one year without polio from July 2014 to July 2015.

Overall Conclusion on Goal 4: *Appreciable progress but goal not met.*

GOAL 5: Improve maternal health

The drive to make progress on MDG 5 has seen improvements in maternal mortality. With a baseline figure of 1000 deaths per 100,000 live births in 1990, MMR consistently decreased over the years to 545 in 2008. The downward trend continued to 350 deaths per 100,000 live births in 2012 and subsequently to its end-point status of 243 per 100,000 live births in 2014. Many policy drivers made this possible, one of these being the Midwives Service Scheme while the other was the collaborative efforts made between donors and the Federal Ministry of Health and its parastatals. In the meantime, the proportion of births attended by skilled health personnel improved appreciably from a baseline figure of 45% in 1990 to the end-point status of 58.6% in 2014. The success recorded is attributed to the effective implementation of the Midwives Service Scheme (MSS) with the conviction that the national figure would have been better had it not been for the wide disparities across states.

In the case of antenatal coverage, significant progress was also recorded. Antenatal coverage of at least one visit recoded an end-point status of 68.9% in 2014, and for at least four visits, the end-point status was 60.6% in 2014. The successes implied by these results suggest a scale-up of the policy interventions.

Overall Conclusion on Goal 5: *Maternal mortality met, but weak progress in other indicators.*

GOAL 6:

Combat HIV and AIDS, malaria and other diseases

The prevalence of HIV among pregnant young women aged 15-24 years has steadily declined from 5.4% in 2000 continuously to 4.1% in 2010 (end-point status). The decline has resulted from the implementation of tested high impact interventions aimed at combating HIV and AIDS. There is thus need for consistent implementation of the high impact interventions in this sector. As regards the incidence of tuberculosis per 100,000 people, the efforts have not produced appreciable results. In the past 23 years, the value for this indicator has fluctuated between 343 in 2005 and 339 in 2012. The end-point status of the incidence of tuberculosis in Nigeria was 338 as of 2013. This latest figure is still unacceptable and calls for renewed efforts, more resources and interventions in order to drastically reduce the prevalence of tuberculosis.

Overall Conclusion on Goal 6: *Appreciable but weak progress. Goal not met.*

GOAL 7:

Ensure environmental sustainability

The issue of environmental sustainability in Nigeria remains a big challenge. There are enormous problems relating to proper responses to issues of climate change, sanitation, gas flaring, oil spillage, continuous desert encroachment, erosion and flooding. Nigeria has however, made appreciable progress in improving households' access to safe drinking water. The end-point status in 2015 is 67.0 % access. Nigeria is also adjudged to have done well on this indicator in light of the statistics provided by the Joint Monitoring Programme (JMP) / UNICEF and WHO. The recorded end-point status by the JMP of the proportion of households in Nigeria with access to safe drinking water was 69% in 2015. This compares well with the baseline figure of 40% in 1990. There are however, wide disparities in access to safe drinking water across states in Nigeria. The states in the south have higher access than states in the north. However, all over Nigeria, there is a good policy environment for the provision of safe drinking water. The Conditional Grant Scheme (CGS) is a major policy driver of this intervention in all parts of Nigeria and mostly in the rural areas. Again, the Federal Ministry of Water Resources and its parastatals, as well as the Federal Ministry of Lands, Housing and Urban Development, along with many donors have played prominent roles in the provision of safe drinking water to Nigerians. Given the existence of many policy drivers targeting both the urban and rural areas for improved access to safe drinking water, as well as the scaling up of interventions, it is only a matter of time for safe drinking water to be available to a large majority of Nigerians.

The success recorded in the provision of safe drinking water has, however, not been witnessed with respect to the proportion of the population using improved sanitation facilities. The end-point status of 41% of Nigerians using improved sanitation facilities in 2014 is not encouraging. There is weak progress in this indicator. The JMP estimate is even worse here, as it recorded 29% for this indicator in 2015.

The percentage of the urban population living in slums has been on the decline since 1990. From a baseline figure of 77.3% in 1990, it declined to an end-point status of 50.2% in 2014.

Although this implies strong progress, the number living in slums is still very alarming. The fact is that the number of slum dwellers has been on the rise owing to increasing housing deficits of 16-18 million units, and the growing number of cities with population of one million and above.

Overall Conclusion on Goal 7: *Strong progress in the provision of safe drinking water but weak progress in other indicators. Goal not met.*

GOAL 8:

Develop a global partnership for development

Nigeria has performed better on this goal than other goals. There has been a rising trend in per capita Official Development Assistance to Nigeria with potential impact felt in infrastructure and human development. The appreciable decline in debt service as a percentage of exports of goods and services is attributed to debt relief granted to the nation in 2005. The socio-economic benefits associated with information and communication technology (ICT) has led to tremendous growth in the industry. The growth in cellular phone subscribers and tele-density per 100 people which stood at 77.8 and 99.3, respectively, in 2014 signifies wide coverage. The growth in internet users per 100 people which stood at 42.68 in 2014 implies that there is the need to step up interventions in this regard.

Overall conclusion on Goal 8: *Goal met.*

The challenges which attended the implementation of MDGs in Nigeria notwithstanding, there are some notable success stories which can be considered best practice examples amenable to replication in the post-2015 development agenda. Some of the significant success stories include the following:

- 1. *The Nigeria Polio Eradication Effort*;** which has resulted in the country's celebration of one year without polio (July 24, 2014 – July 24, 2015). Indeed, this is seen as Nigeria's MDGs implementation exit gift to the world. The strategies used for achieving this feat were replicated in the dogged and successful fight against the outbreak of the deadly Ebola virus in Nigeria;
- 2. *The Conditional Grant Scheme*;** which has helped tremendously to: (a) scale-up investments at the sub-national levels, (b) promote ownership and sustainability of such investments, (c) empower the people, (d) promote improvements in service delivery, (d) leverage on public service reforms especially in public expenditure, and (e) strengthen partnership between the tiers of government. The Scheme remains a major success story from Nigeria to the rest of the world;
- 3. *Implementation of the Village Health Workers Scheme (VHWs)*;** which has been recognised internationally for its notable success in reducing morbidity and averting mortality where the overall PHC system is weak;
- 4. *Adoption of the independent monitoring and evaluation system*;** which is a result-based monitoring strategy anchored on good planning, good budgeting and effective feedback. The system contributed immensely in the success of CGS given the systemic nature of corruption in Nigeria;
- 5. *Implementation of the Midwives Service Scheme (MSS)*;** This scheme resulted in the tremendous progress recorded in crashing the high maternal mortality rate in Nigeria. It is a notable intervention in the health sector that needs to be scaled-up under the SDGs; and
- 6. *NYSC MDGs Corps Volunteers projects*;** This offered excellent mentoring skills to Corps members, many of whom excelled and received awards in later years.

Some other national and sub-national success stories that were notable in the life of the MDGs in Nigeria are as listed here below:

- Ondo State Abiye Safe Motherhood programme (South-west);
- FCT Mailafiya Programme (North-central);
- Gombe State innovative implementation of the CGS (North-east);
- Oyo State Nomadic primary school, Iyalase Village example (South-west);
- Imo State health and education sustainability implementation model (South-east);
- Sokoto State integration of CCT into the State Development framework (North-west);

- Akwa Ibom State building of the Infant Incubator Complex and its sustainability framework (South-south);
- Capacity and Skills building programme for key health professionals for reducing Maternal Mortality;
- Citizen and Community engagement model of State-Citizen partnership at sub-national level for enhanced ownership and sustainability of projects; and
- Establishment of Mothers Association within the framework of School Based Management Committees (SBMC) for enhancing school enrolment of the girl-child.

Key Lessons From Nigeria's MDGs Implementation with Implications for SDGs

There are some key lessons to be shared from Nigeria's experience with the MDGs implementation over the last decade or so, with some having direct implications for the transition into the SDGs era. In summary the key lessons are the following:

- **Early Commencement:** There is need for early commencement of programmes and projects aimed at achieving the SDGs. It is realised that Nigeria's late commencement of the implementation of the MDGs had a negative impact on both the output and the outcomes in later years. Therefore, the Post 2015 Development Agenda should avoid a late start in implementation;
- **Local ownership:** This is important to the success of programme/project implementation for the simple reason that it engenders the necessary commitment. This fact is amply demonstrated by the *Conditional Grant Scheme* widely recognized as an MDGs success story in Nigeria. Additionally, the greater lesson is the need to consolidate the culture of implementing participatory partnership programmes such as the CGS and UBE Counterpart funding system as these will be critical if the implementation of SDGs 3, 4, 5 and 6, as well as SDGs 8 and 16 are to be highly successful;
- **The Funding Challenge:** Although the debt relief gains broadened the fiscal space for MDGs programmes financing, the financial resources were not adequate, hence, irregular funds releases. The lesson is that funding for the SDGs needs to be explored from different sources; including from the private sector. Although the private sector may be reluctant to contribute funds directly, they can be encouraged to contribute in kind through corporate social responsibility projects and the adoption of specific SDGs interventions, such as schools, hospitals and water schemes for construction or rehabilitation;
- **Incentive - Based Interventions:** There is need for implementation of Incentive-based Interventions such as the Conditional Cash Transfers (CCT), & CGS. These were demonstrated to be key drivers of implementation success achieved on the MDGs. They also served as an effective leverage for implementing desirable public sector reforms. The strategy will be useful for implementing SDGs 5, 7, 8, 9, and 10;
- **Incentive-based policy instruments:** there is need to consolidate incentive-based policy instruments that engender effective collaborative and cooperative inter-governmental relations management, as again amply demonstrated in the successful implementation of the CGS in Nigeria. The lesson is that although the CGS has proved successful in the implementation of the MDGs, the intervention would need to be reviewed with a view to strengthening and consolidating it under the SDGs Agenda;
- **Political Will:** Strong political will and support made a lot of difference in the implementation of some MDGs interventions in Nigeria. A good example is the polio eradication programme which provides a good lesson for implementing SDGs 17;

- **Key Policy Drivers:** Sustaining and consolidating key policy drivers in the agricultural sector is key to achieving SDGs 1 and 2; and
- **Coordination:** Strong coordination between and among the tiers of government is essential. The post-2015 development agenda in Nigeria needs to overcome weak coordination between and among tiers of government occasionally thrown up by the system's dynamics. This underscores the need to adopt appropriate inter-governmental relations models in a large federation like Nigeria. This is critical for implementing SDGs 13, 14, and 15.

Way Forward and the Transitioning into SDGs

This report embodies a strategy to support a smooth transitioning from MDGs to the SDGs. The SDGs transitioning strategy is anchored on the following inter-related pillars:

- *Enabling Policy and Legal Frameworks* – embodied in a ‘White Paper’ that translates a global commitment into a national commitment with explicit accountability mechanisms;
- *Institutions and institutional arrangements for the SDGs* – This requires a clear outline of institutional mandates, responsibilities and inter-relationships at all levels of governance for smooth implementation of the SDGs, and specification of institution that has convening power and coordination role for purposes of eliminating jurisdictional conflict;
- *Funding mechanisms and pathways* – This entails allocating more financial resources to the SDGs-related activities. Part of this requires keeping Nigeria’s pledge to the Paris Club by utilizing the estimated US\$8 billion available in the Virtual Poverty Fund (VPF);
- *Capacity building and mainstreaming of the SDGs within the MDAs and other actors* – This entails that the MDAs will be required to adopt a ‘business unusual’ approach to programme/project implementation;
- *Renewed and Smart Partnership for the SDGs* – This entails bringing to bear the resources, capacities and experiences of all development actors namely local communities, citizens’ organisations, women, youth, private sector, donors, civil society organisations, national and sub-national legislative assemblies, as well as the UN system; and
- *Data generation, Monitoring, Reporting and Accountability for Results* – This requires strengthening national and sub-national capacities for data generation and processing, especially at sectoral levels (system of administrative data).

Overall, in moving forward in the short term, Nigeria commits resolutely to pursuing the following measures in order to ensure a smooth commencement and implementation of the SDGs:

- Continuation with the unfinished business of the MDGs; especially in health (SDG 5) (particularly tuberculosis and HIV and AIDS), basic education (SDG 4), agriculture (SDG 1 and 2), water and sanitation (SDG 6);
- Adoption, institutionalization and consolidation of best practices that have emerged from the implementation of MDGs in the post-2015 development agenda; specifically including the following elements:
 - a) Sustaining the inter-governmental partnerships in tackling poverty and providing social services through innovative programmes such as the CGS, the CCT and other sector-based interventions (for SDGs 1, 2, 3, 4, 5 & 6, 9, and 11);
 - b) Strengthening institutional frameworks in the emerging SDGs agenda to meet with its implementation challenges in Nigeria’s complex federal system; and
 - c) Continuation of the utilization of the Debt Relief Gains.
- Identification of additional funding sources to ensure sustainable financing of the post-2015 development agenda. One source that will be encouraged is the private sector to

adopt SDGs projects for construction, rehabilitation, and maintenance. This can be done through their corporate social responsibility platforms or other channels;

- Pursuit of early implementation of the post-2015 Development Agenda with its integration into National and State development strategies and plans;
- Institutionalization of a culture of participation that promotes ownership, accountability and sustainability in the implementation of post-2015 development agenda, with the active involvement of beneficiary communities and civil society organisations;
- Continuous implementation of good public financial management policies and practices through regular sharing of knowledge and state to state peer reviews to achieve accountability, transparency and judicious utilization of resources;
- Sustaining the Independent Monitoring, Supervision and Data Collection (MSD) framework as well as the OPEN Monitoring and Evaluation framework;
- Consolidation of the gains recorded in data generation and management as well as in the use of Nigeria MDGs Information System (NMIS);
- Implementation of peace and security policies as veritable mechanism for human and sustainable development (for SDG 16); and
- Ensuring that the post-2015 development is so resilient as to deliver irreversible development process in Nigeria.

Finally, in the context of the SDGs agenda, there is need to devise strategies to overcome the many challenges that hampered the full attainment of the MDGs. Among the challenges are the following: the rapidly growing population of the country at a rate of 3.2 % per annum, mainstreaming the MDGs to the grassroots (initially presented itself as a huge constraint), non-inclusive and jobless economic growth, high level of income and social inequality, escalating insecurity of lives and property, and constrained implementation of the MDGs at the sub-national level as a result of lack of institutional capacity, weak governance, inefficient resource utilization, poor funding, weak absorptive capacity when funds were available, low participation, ownership and sustainability. These factors acted in different degrees to limit progress on attainment of the MDGs.








































Traffic-Coding Assessment: a Snapshot of Nigeria's MDGs End-point Report

Explanatory Key

Meeting Target	Target Met (100%)	Strong progress (60% but less than 100% target met)	Fair Progress (45 - 59% of target met)	Weak Progress (Less than 45% of target met)
Policy Environment	Good	Fair	Poor	

Snapshot

	Meeting Target	Policy Environment
MDG 1: Eradicate extreme poverty and hunger		
Target 1A: Halve, between 1990 and 2015, the proportion of people living in extreme poverty.		
• Indicator 1.1: Proportion of population below \$1 (PPP) per day		
• Indicator 1.2: Poverty gap ratio (%)		
• Indicator 1.3: Share of poorest quintile in national consumption		
Target 1C: Halve between 1990 and 2015, the proportion of people who suffer hunger		
• Indicator 1.8: Prevalence of underweight children under-five years of age		
MDG 2: Achieve universal primary education		
Target 2: Ensure that, by 2015, children everywhere, boys and girls alike, will be able complete a full course of primary schooling.		
• Indicator 2.1: Net enrolment in primary education		
• Indicator 2.2: Primary Six Completion rate		
• Indicator 2.3: Literacy rate of 15-24 year olds		
MDG 3: Promote gender equality and empower women		
Target 3: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.		
• Indicator 3.1a: Ratio of girls to boys in primary education		

• Indicator 3.1b Ratio of Girls to Boys in secondary education		
• Indicator 3.1c: Ratio of girls to boys in tertiary education		
• Indicator 3.2: Share of women in wage employment in the non-agricultural sector (in per cent)		
• Indicator 3.3: Proportion of Seats held by Women in the National Parliament		
MDG 4: Reduce child mortality		
Target 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.		
• Indicator 4.1: Under-five mortality rate		
• Indicator 4.2: Infant mortality rate		
• Indicator 4.3: Proportion of 1 year-old children immunized against measles		
MDG 5: Improve maternal mortality		
Target 5: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.		
• Indicator 5.1: Maternal mortality ratio		
• Indicator 5.2: Proportion of births attended by skilled health personnel		
• Indicator 5.3: Unmet need for family planning		
• Indicator 5.5: Antenatal care coverage (at least one visit)		
MDG 6: Combat HIV and AIDS, malaria and other diseases		
Target 6A: Have halted, by 2015, and begun to reverse the spread of HIV and AIDS.		
• Indicator 6.1: HIV prevalence among pregnant young women aged 15 – 24		
• Indicator 6.2: Young people aged 15–24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner.		
• Indicator 6.3: Proportion of the population aged 15–24 years with comprehensive correct knowledge of HIV and AIDS		
• Indicator 6.5: Proportion of the population with advanced HIV infection with access to antiretroviral drugs		
Target 6C: Have halted, by 2015, and begun to reverse, the incidence of malaria and other major diseases.		
• Indicator 6.6: Incidence and death rates associated with malaria		

<ul style="list-style-type: none"> Indicator 6.7: Proportion of under-five children sleeping under insecticide-treated bed nets 		
<ul style="list-style-type: none"> Indicator 6.9: Incidence, prevalence and death rates associated with tuberculosis 		
MDG 7: Ensure Environmental sustainability		
<p>Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.</p> <ul style="list-style-type: none"> Indicator 7.1: Proportion of land area covered by forest 		
<p>Target 7C: Have by 2015, the proportion of the population without sustainable access to safe drinking water and sanitation</p> <ul style="list-style-type: none"> Indicator 7.9: Proportion of population using an improved drinking water source Indicator 7.10: Proportion of the population using an improved sanitation facility 		
<p>Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.</p>		
MDG 8: Develop a global partnership for development		
<p>Target 8D: Deal comprehensively with the debt problems of developing countries</p> <ul style="list-style-type: none"> Indicator 8.1: Per capita ODA to Nigeria (USD) Indicator 8.2: Debt service as a percentage of exports of goods and services 		
<p>Target 8F: In Cooperation with the Private Sector, make available the benefits of new Technologies, especially Information and Communications Technology</p> <ul style="list-style-type: none"> Indicator 8.14: Fixed Telephone lines per 100 people Indicator 8.15: Cellular phone subscribers per 100 people Indicator 8.16: Internet users per 100 people Indicator 8.17: Tele-density 		

A Summary of Nigeria's MDGs Progress

INDICATOR	REMARKS
Indicator 1.1 Proportion of population below USD 1 (PPP) per day (%)	Weak
Indicator 1.8 National Level Prevalence of underweight children under-five years of age	Fair
Indicator 2.1 Net enrolment in primary education (%)	Weak
Indicator 2.2 Primary Six Completion rate	Weak
Indicator 2.3 Literacy rate of 15-24 year olds	Weak
Indicator 3.1a Ratio of girls to boys in primary education	Strong
Indicator 3.1b Ratio of girls to boys in secondary education	Fair
Indicator 3.2 Share of women in wage employment in the non-agricultural sector (per cent)	Weak
Indicator 3.3 Proportion of Seats held by Women in the National Parliament	Weak
Indicator 4.1 Under-five mortality rate	Strong
Indicator 4.2 Infant mortality rate	Fair
Indicator 4.3 Proportion of 1 year-old children immunized against measles	Weak
Indicator 5.1 Maternal mortality ratio	Met
Indicator 5.2 Proportion of births attended by skilled health personnel	Weak
Indicator 5.3 Contraceptive prevalence rate	Weak
Indicator 5.5 Antenatal care coverage (at least one visit)	Weak
Indicator 6.1 HIV prevalence among pregnant young women aged 15 – 24	Weak
Indicator 6.2 Young people aged 15–24 years reporting the use of a condom during sexual intercourse with a non-regular sexual partner	Weak
Indicator 6.3 Proportion of the population aged 15–24 years with comprehensive correct knowledge of HIV and AIDS	Weak
Indicator 6.5 Proportion of the population with advanced HIV infection with access to antiretroviral drugs	Weak
Indicator 6.7 Proportion of under-five children sleeping under insecticide-treated bed nets	Weak
Indicator 6.9 Incidence of TB per 100,000 population	No progress
Indicator 7.1 Proportion of land area covered by forest	Weak
Indicator 7.9 Proportion of population using an improved drinking water source	Weak
Indicator 7.10 Proportion of urban population living in slums	Weak
Indicator 8.1 Per capita ODA to Nigeria	Fair
Indicator 8.2 Debt service as a percentage of exports of goods and services	Strong
Indicator 8.14 Telephone lines per 100 people	Weak
Indicator 8.15 Cellular phone subscribers per 100 people	Strong
Indicator 8.16 Internet users per 100 people	Fair
Indicator 8.17 Tele-density	Strong

Introduction

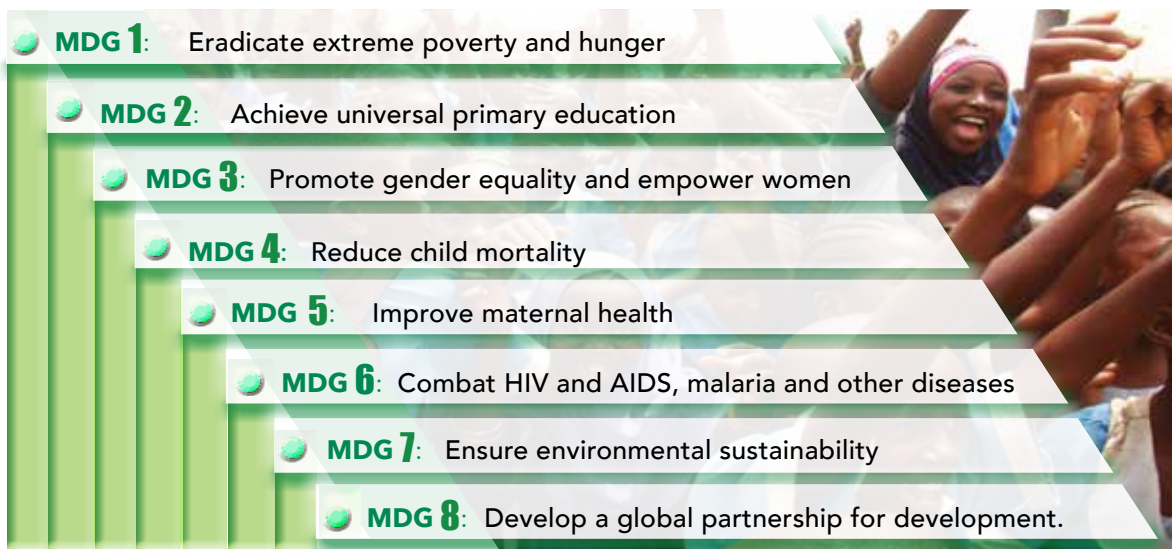
1.1 Background

Nigeria was among the 189 countries worldwide that endorsed the United Nations Millennium Declaration in New York in September 2000. The Millennium Declaration contained six timeless values and principles considered to be essential to international relations in the twenty-first century. The six fundamental values are freedom, equality, solidarity, tolerance, respect for nature, and shared responsibility. The Declaration went further to state that these values are to be translated into actions by seven key objectives of special significance expressly identified to be the following:

- peace, security and disarmament;
- development and poverty eradication;
- protecting our common environment;
- human rights, democracy and good governance;
- protecting the vulnerable;
- meeting the special needs of Africa; and
- strengthening the United Nations.

It is important to observe that the inclusion of *meeting the special needs of Africa* among the *seven key objectives of special significance* under the Millennium Declaration is hardly surprising as many countries in Africa, particularly, Sub-Saharan Africa have historically recorded low human development indices in relation to other regions of the world (see Human Development Report 2014). For instance, according to Sachs (2015), more than a billion of the world's population of 7.2 billion (i.e. one out of every seven persons on the planet) live in extreme poverty. In 2010, an estimated 48.5% of the population (i.e. 413 million) of tropical Sub-Saharan Africa remained below the poverty line, and more than one-third of that area's population is under-nourished. In a nutshell, Sub-Saharan Africa and South Asia regions, as Sachs has observed, are where around 76% of the world's extremely poor people are to be found. Consequently, Nigeria, being the most populous country in Sub-Saharan Africa, has a major share of this dismal statistic. The expectations on Nigeria are indeed huge. It is in this light that one can appreciate the significance of the Millennium Declaration as it was meant to spur governments in Sub-Saharan Africa and other underdeveloped regions of the world into concrete action aimed at fast tracking the development of their countries.

Again, the epoch-making Millennium Declaration gave birth to the eight time-bound Millennium Development Goals (MDGs) with several targets and indicators to be achieved by 2015. The eight MDGs are:



After the adoption of MDGs, Nigeria, like many other developing countries, was confronted with the task of mustering the huge financial resources for implementing the MDGs programmes in a most effective manner. This challenge persisted until the Paris Club granted debt relief to the country in 2005, nearly half a decade after Nigeria had acceded to the UN Millennium Declaration. Undoubtedly, the Debt Relief Gains (DRG) - as it is referred to in Nigeria- and the conditions associated with how they should be invested, provided the Nigerian government with a unique opportunity more than ever before to demonstrate not only its willingness and ability to carry out the needed reforms but also to achieve the expected results (see MDG Monitoring and Evaluation Report, 2009).

Historically, Nigeria commenced the implementation of the MDGs framework rather late, and also not with a well domesticated MDGs implementation blue print. Prior to 2004 for instance, there was no national implementation machinery for the MDGs, as Nigeria's three levels of government (federal, state and local) implemented MDGs-related programmes and projects from their different annual budgets. However, things changed when the government designated the National Planning Commission (NPC) as the focal institution for the MDGs, a measure which ensured a strong planning foundation for the implementation of the MDGs. Following this, the modality and pace of implementation changed when the Federal Government integrated the MDGs into its comprehensive economic development framework, namely, the National Economic Empowerment and Development Strategy (NEEDS) in 2004. This strategy was adaptively cascaded to the state and local levels of governance through the State Economic Empowerment and Development Strategy (SEEDS), and the Local Economic Empowerment and Development Strategy (LEEDS), respectively (see Nigeria MDGs Countdown Strategy, 2010; and Nigeria MDGs Report, 2010). The National Planning Commission (NPC) served as the coordinating institution for these mainstreaming actions.

Subsequently, the implementation of the MDGs was given a huge boost when the Federal Government of Nigeria (FGN) began to apply the savings accruable from the Paris Club Debt Relief Deal in 2005 to the implementation of pro-poor programmes and projects that would enhance the prospects of achieving the MDGs. To this end, a Virtual Poverty Fund (VPF) was adopted in the FGN's budget to report on the nature of debt relief expenditures. The reporting platform

was provided by the Office of the Accountant-General of the Federation through the Accounting Transaction Recording and Reporting System (ATRRS). In concrete terms, the VPF tracked the portion of Federal Government expenditures dedicated to supporting poverty-reducing activities (Nigeria MDGs Countdown Strategy, 2010). The application of the Debt Relief Gains to pro-poor programmes and projects was one of Nigeria's early milestones in the implementation of MDGs.

Another milestone was the establishment of the Office of the Senior Special Assistant to the President on MDGs (OSSAP-MDGs) in 2005 and the appointment of a capable technocrat to head the Office. The establishment of OSSAP-MDGs was a major step towards a better horizontal and vertical coordination of MDGs implementation efforts in Nigeria. For instance, its creation gave impetus to the subsequent establishment of specialized MDGs offices at the sub-national levels namely the state and local government levels (see Nigeria MDGs Report 2010). The various actions were taken in order to further demonstrate Nigeria's commitment to the achievement of the MDGs and give it greater visibility. With these actions, Nigeria became the first African country to demonstrate a high level of political will to adopt a results-based approach towards reducing poverty and improving the living standards of its people (MDG Monitoring and Evaluation Report, 2009).

Relatedly too, the President of the Federal Republic of Nigeria established a Presidential Committee for the Assessment and Monitoring of the MDGs (PCAMMDGs). The members of the Presidential Committee (chaired by the President himself) were representatives of state governors, National Planning Commission (NPC), ministers of implementing agencies of DRG programmes and projects, and local and international Non-governmental organisations (NGOs). The OSSAP-MDGs was designated the secretariat of the Presidential Committee for the Assessment and Monitoring of the MDGs (see OSSAP-MDGs 2008; Nigeria MDGs Countdown Strategy, 2010).

A third milestone which emerged from the establishment of OSSAP-MDGs was the institution of an annual independent system of monitoring and evaluation (M&E) of Debt Relief Gains expenditure in 2006 (see MDGs Monitoring and Evaluation Report, 2009). This independent M&E system is executed by multi-disciplinary consulting firms and renowned civil society organizations (CSOs). This remarkable action was meant to promote accountability and transparency in the management of MDGs programmes and projects in Nigeria.

A fourth significant development which also emerged directly from the establishment of OSSAP-MDGs was the development of the Nigeria Millennium Development Goals Information System (NMIS) in 2010 with technical support from the Earth Institute of Columbia University, New York, USA and the DFID-State Partnership for Accountability, Responsiveness and Capability (SPARC) programme. The NMIS is a potent tool for planning and for promoting accountability and advocacy in both the horizontal and vertical management and implementation of the MDGs. Essentially, the NMIS captures baseline data on the majority of public and private health and education facilities, as well as water facilities across the country. Its database records the facility location, management, available services, infrastructure, staff, and proximity to settlements. More importantly, it allows users to examine facilities by state and Local Government Area (LGA) and to download raw data for conducting various kinds of analyses. The NMIS was publicly unveiled during the Presidential Summit on MDGs in August 2014, and subsequently the public was granted access to the systems (see OSSAP-MDGs/SPARC, 2015).

The organisation of the Presidential Summit on the MDGs was yet another milestone in the implementation of MDGs in Nigeria, as it provided a higher level discussion platform for reflecting and documenting the key achievements, challenges, lessons learnt at both the national and sub-national levels. It also served as Nigeria's transition planning inter-face between the winding down MDGs and the emerging SDGs.

Over the MDGs implementation period, Nigeria produced six MDGs Reports which progressively tracked the progress made towards achieving the MDGs, the challenges experienced, and the prospects towards meeting the 2015 targets. Two reports were produced during the early period (i.e. 2004 & 2005 Reports), and another two were produced in the mid-point assessment period (2006 & 2008). Furthermore, one report was produced during the MDGs +10 period (2010 Report), while another one was produced during the countdown period (2013 Report). Added to these main reports were series of monitoring and evaluation reports that tracked the MDGs progress within the context of the Debt Relief Gains (DRG). The M&E exercise developed practical mechanisms for tracking, monitoring, and evaluating the progress and outcomes of projects and programmes funded from the Debt Relief Gains (see MDGs Monitoring and Evaluation Report, 2008).

On the whole, these reports variously served as a veritable platform for political engagements between the executive and legislative arms of government on one hand, and between the three levels of government (federal, state and local) on the other hand. Besides, the reports provided a useful basis for citizen enlightenment, engagement and eventual galvanization for participatory policy formulation.

In light of the foregoing, the 2015 MDGs Report is significant in many respects. First, it provides an overview of Nigeria's journey in the implementation of MDGs in the last 15 years. Secondly, it is Nigeria's MDGs end-point assessment document that gives a holistic audit of, and verdict on, MDGs planning, implementation, and monitoring and evaluation experience. Thirdly, and most importantly, it serves as a bridge between Nigeria's MDGs era and the post-MDGs development framework {i.e. the Sustainable Development Goal (SDGs)}. Lastly, as a transition document, the Report will hopefully serve as a useful benchmark for comparing progress made in the implementation of the SDGs.

1.2 Report Methodology

1.2.1 The Report Preparation Process

The preparation of this 2015 MDGs Report builds upon the methodology of previous reports, the hallmark of which is the consultative and participatory approach. The preparation of Nigeria's MDGs reports over the years involved an Inter-Ministerial Technical Committee charged with the responsibility of overseeing and guiding a core technical team engaged in gathering data, collating of the literature and preparation of the report. The teams comprised government officials, representatives of international development partners and civil society organisations. In essence, the production of the MDGs Report involved the active collaboration of the OSSAP-MDGs and MDAs on one side, with the international development partners notably the UNDP and the DFID-SPARC on the other side. This collaboration was effective during the period of MDGs implementation in Nigeria, thereby giving life and meaning to goal 8 which sought to promote effective partnership for development.

In light of the above, the 2015 MDGs report preparation process began with the formation of the Core Technical Team comprising officials of the OSSAP-MDGs, Nigeria UNDP Country Office, DFID-SPARC, and the United Nations Millennium Campaign (UNMC). This was closely followed by the formation of the Technical Working Group (TWG)¹ on production of the 2015 MDGs Report. The TWG was charged with the responsibility of overseeing and guiding the report production exercise. Membership comprised officials of OSSAP-MDGs, relevant officials of Ministries, Departments and Agencies (MDAs), International Development Partners, relevant members of Civil Society Organisations, and the consultants. The latter had the responsibility to produce the draft report. A unique feature of representation from the MDAs was the involvement of all MDGs Task-Team Leaders comprising higher level officials as well as their key MDGs desk officers. This expanded membership was meant to ensure data accuracy, reliability and ownership.

Both the Core Technical Team and the TWG met at critical points in the process to deliberate on the key issues such as the approval of the consultants' work plan, data collection and harmonization modalities, the important role of MDAs in the report preparation process, and provision of general guidance to the consultants. A major issue that came out of one of the TWG meetings was the importance of collaboration between the MDAs and National Bureau of Statistics (NBS) which is the custodian of all government data, underscoring the need for both to agree on data at the early stage of the report preparation process.

The next stage of the preparation process involved a two-stage data and report validation process through national-level workshops involving a wider stakeholder group. The presentation of the first draft report by the consultants in a workshop constituted the first in this two-stage process. The workshop involved critical stakeholders at both the national and sub-national levels. The second stage involved the validation of the final draft report by the same critical stakeholders.

The methodology that guided the data generation and analysis was in line with the operational norms of the National Bureau of Statistics (NBS). Its customized data collection template was complemented with a UNDP comprehensive template, in addition to a qualitative template by the consultants, all of which reflected the quantitative and qualitative dimensions of data necessary for a good balanced narrative in the report. The sending out of templates was followed by week-long visits by consultants to the MDAs which also offered the opportunities for reaching agreements on data.

1.2.2 Data Sources and Analysis

Securing a broad consensus on accurate and reliable data source on MDGs implementation remained a recurring challenge each time a Nigeria MDGs Report was prepared over the years. The existence of multiple agencies laying claim to authority over the collection of certain data has been a major source of controversy. Inter-agency conflict over jurisdictional overlap on data generation often created methodological problems particularly on what constitutes the most reliable data to use for analysis. The lack of synergy among the agencies therefore remains a source of concern. The issue became more worrisome in relation to some data required for trend analysis. The preparation of this report encountered problems in this regard. On health data, for example, the data generated by the National Bureau of Statistics (NBS), sometimes conflicted with those of the National Population Commission (NPoC) that is responsible for generating data for the National Demographic Health Surveys (NDHS).

¹ New name adopted for the Inter-Ministerial Technical Committee.

Also, with respect to education data, the NBS in collaboration with the OSSAP-MDGs used net attendance as proxy for net enrolment in some previous reports. In this report, the net enrolment figures were used and this accounts for the different results reported in the MDGs Performance Tracking Survey Reports for 2012 and 2015. This is also the case with indicators in other goals. In all of these cases, the different methodologies used for collecting data on similar indicators may have impacted on the results.

In this report therefore, data sources are indicated for clarity. Such multiple data sources include the following:

- NBS surveys;
- Multiple Indicator Cluster Surveys (MICS) through which two MDGs Performance Tracking Surveys were carried out in 2012 and 2015;
- Demographic and Health Surveys (DHS) by the National Population Commission (NPoC);
- OSSAP-MDGs;
- UNDP and other UN sister agencies particularly the UN Millennium Development Goals 2014 Report;
- DFID-SPARC; and
- Conditional Grants Scheme (CGS) Unit of OSSAP-MDGs, particularly the Compendium of Photos, Success Stories and Comments of Flagship projects.

The analysis of data was carried out using descriptive statistical tools, while presentation of results was made through a combination of tabular, graphical and pictorial illustrations as the case dictated. The graphs used 1990 as the baseline but where data was not available, the closest year with data was used.

1.3 Structure of the Report

This report is organized into seven chapters, with chapter one focusing on introductory and background issues as well as the methodology. Chapter two highlights Nigeria's country profile, her macroeconomic performance, institutional and financial mechanisms as well as the monitoring and evaluation framework for the MDGs. In chapter three, Nigeria's effort at implementing the MDGs is discussed within the context of the wider environment, with a focus on risks and vulnerabilities in such areas as oil price volatility, flooding, erosion, desertification and security threats from Boko Haram, inter and intra-communal clashes, herdsman-farmers tensions and recurring clashes, and rising cases of pipeline vandalization in the society.

Chapter four in turn deals with the MDGs end-point status and trends, which indeed, is the core essence of the report. Specifically, it focuses on performance at both national and sub-national levels, main policy drivers, as well as the main challenges faced in the implementation of the MDGs. Thereafter, chapter five identifies the key success stories at both national and sub-national levels, as well as the lessons learnt in the implementation of the MDGs.

In chapter six, the important question of transiting from the MDGs to the SDGs is discussed against the background of rolling over the unfinished business of MDGs into the SDGs. As a bridge linking these two developmental frameworks, the report highlights the lessons learnt in Nigeria's implementation of the MDGs for the benefit of implementing the SDGs. In the final analysis, chapter seven presents the conclusions and way forward, also highlighting milestones and lessons that may be useful for implementing the post-MDGs developmental activities.

Country Profile and the MDGs

Institutional Context

2.1 The Socio-political Setting

The Federal Republic of Nigeria is located in the West African sub-region and comprises 36 states and the Federal Capital Territory (FCT), Abuja. The states form the second tier of government and are further sub-divided into 774 local government areas (LGAs) which constitute the third tier of government. On account of political and administrative convenience, Nigeria is divided into six geo-political zones which are used for sharing political appointments at the federal level (Nigeria: MDG Acceleration Framework, 2013, Nigeria MDGs Report, 2013).

Since 1999, Nigeria has operated an uninterrupted presidential system of government which is a significant departure from decades of military dictatorship that led to the gross underdevelopment of her democratic culture. From 1999 to date, Nigeria has successfully held five general elections at both the federal and state levels of government. The most remarkable of the elections was the March 2015 presidential election that has generally been commended across the world for its peaceful conclusion, following concession of defeat by the then incumbent President, Dr. Goodluck Jonathan, to General Muhammadu Buhari (retired) who immediately became President-elect. That concession of defeat was unprecedented in the annals of Nigeria's political history. By this smooth political transition, Nigeria is gradually moving on the path towards deepening her democratic culture.

Nigeria has a total land area of 923,768 square kilometres, and shares boundaries with the Republic of Niger to the north, Chad to the northeast, Cameroon to the east and southeast, Benin to the west, and the Gulf of Guinea to the south. At the growth rate of 3.2% per annum, Nigeria's population was projected at 170 million in 2013 from the 2006 population census figure of 140 million people. With its size, Nigeria is the most populous country in Africa and in the entire black race (Nigeria: MDG Acceleration Framework..., 2013, Nigeria MDGs Report, 2013).

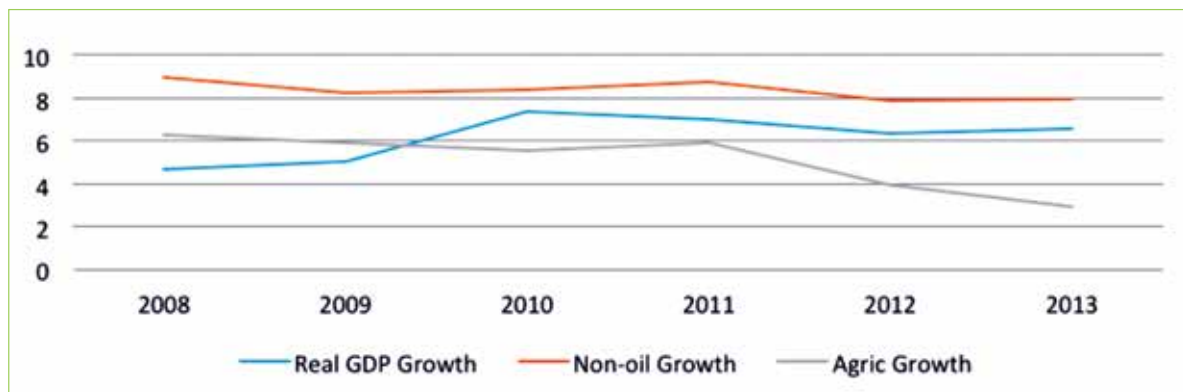
Nigeria's population is composed of over 250 different ethnic groups with more than 500 different languages and dialects, and a beautiful array of cultural diversities which are a delight to tourists. However, English is Nigeria's official language, with a local variety which is called 'pidgin', and is spoken by virtually all Nigerians as it is indeed across West Africa (Nigeria MDGs Report, 2013).

2.2 Nigeria's Economic Performance

Nigeria is richly endowed with diverse natural resources including vast areas of arable land. Agriculture constitutes the main occupation of the people but crude oil is the main source of government revenue and foreign exchange earnings for the country. Besides crude oil, there are fairly large deposits of other minerals, for example, natural gas, coal, tin, columbite, iron ore, limestone, lead, and zinc.

Despite the uncertainties that have characterised the global economic environment (since the onset of the global economic and financial crisis during the second half of the 2000s), Nigeria's economic growth rate has remained relatively strong. In the 2000s decade the growth rate averaged 6.1% and the economy was considered one of the fastest growing economies in the world. Perhaps, because the international economic environment has been highly uncertain and rather challenging in recent years, the growth rate averaged 5.8% between 2010 and 2013 (see Table 2.1). Growth has been driven essentially by the non-oil sector whose growth rate has averaged about 8.5%. The main non-oil exports include cocoa beans, cocoa products, rubber, fish/shrimp, cotton, textiles, processed skins, and furniture/processed wood. Agriculture, services and trade have consistently been the major contributors to growth.

Figure 2.1: Real GDP Growth Rates, 2008-2013



Source: NBS Quarterly Report, 2014

The last few years, (particularly since 2010) have witnessed some transformation in the structure of the economy especially after the rebasing of the GDP in 2014. The services and trade sectors have grown phenomenally, overtaking the traditionally dominant oil sector and are closing in on agriculture. The results of the rebasing of the GDP exercise carried out by the National Bureau of Statistics (NBS) in 2014 indicate that the structure of the Nigerian economy has changed significantly, leading to a decline in the share of agricultural sector and a rise in the share of services in nominal GDP, indicating stronger diversification of the Nigerian economy than earlier reported. According to the NBS, the number of economic activities accounting for 70% of nominal GDP has risen from three to six after rebasing. In 2013, the six activities included crop production, trade, crude petroleum and natural gas, telecommunications and information services, real estate as well as food, beverage and tobacco. Agriculture, oil and gas, and trade now account for 54% of

GDP as opposed to previous estimates of about 75%. Other sectors that have high shares of GDP include manufacturing (food and beverages), construction, telecommunications, real estate, and entertainment. Table 2.1 shows the structure of nominal GDP before and after the rebasing.

Table 2.1: **Sectoral Share of nominal GDP before and after rebasing (Percentages)**

	2010 (old)	2011 (old)	2012 (old)	2013 (old)	2010+ (new)	2011+ (new)	2012+ (new)	2013f+ (new)
Agriculture	30.34	30.99	33.08	34.69	24.0	22.80	22.40	21.97
Industry	46.08	44.29	40.59	36.26	25.81	27.85	26.72	25.77
Manufacturing(of total)	1.89	1.86	1.88	1.94	6.60	6.46	6.67	6.83
Crude oil & Nat Gas	42.68	40.86	37.01	32.43	15.50	17.52	15.89	14.40
Services	23.58	23.72	26.33	29.04	50.22	49.35	50.91	52.26
Telecommunications and Info services	0.77	0.78	0.82	0.86	9.1	8.74	8.73	8.69
Motion pictures, sound recording and music production	-	-	-	-	0.88	1.01	1.20	1.42

Notes: + New GDP series are derived from 43 activity sectors compared to 33 previously forecast.

Source: Kale, Y (2014): "Measuring Better: Rebasings/Re-benchmarking of Nigeria's Gross Domestic Product". Paper presented by Dr Yemi Kale, Director-General of NBS on the Results of Nigeria's GDP Rebasings/Re-benchmarking Exercise in Abuja, April 6.

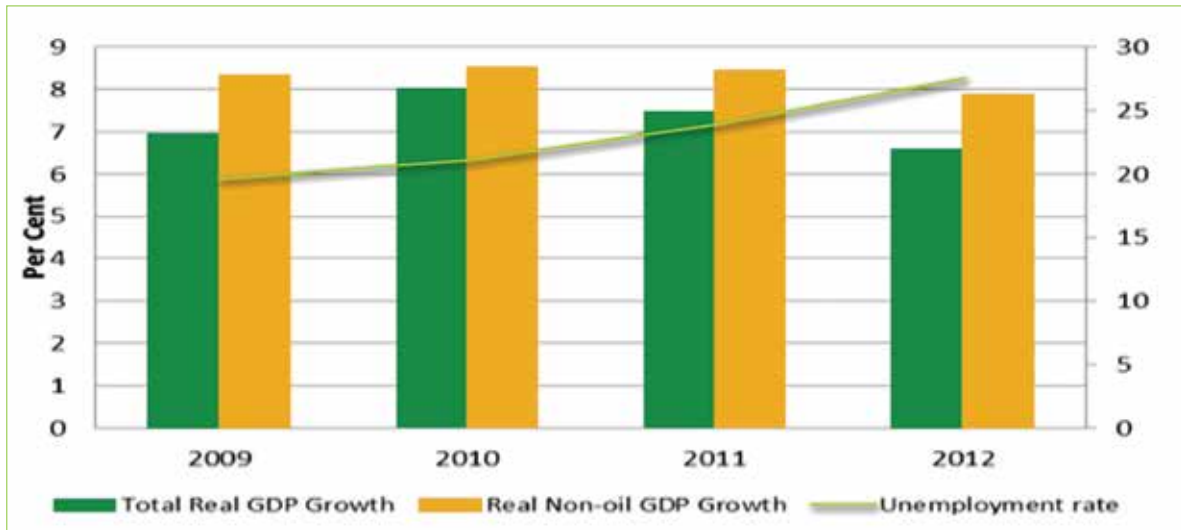
Figure 2.2 shows the sectoral composition of Nigeria's GDP with old series up to 2012 and the new or rebased positions in 2013.

Figure 2.2: **Sectoral Composition of Real GDP, 2011-2013**



Source: NBS Quarterly Report, 2014

Figure 2.3: Total Real GDP Growth, Non-Oil GDP Growth and Unemployment, 2009-2013



Source: NBS Quarterly Report, 2014

Other macroeconomic indicators have also been stable largely. Headline inflation has averaged around 10 per cent, accompanied by a relatively stable naira exchange rate up to mid-2014. Starting from the second half of 2014 through first half of 2015, both indicators have shown some instability, attributable to factors like the increased uncertainties and apprehension in the run-up to the 2015 general elections, insurgency in the north east of the country, and the sustained weakening of the prices of crude oil, the country’s main export and foreign exchange earner. Government finances have also been severely hit by these developments. The relatively good economic growth rates of the 2000s notwithstanding, the quality of life of the citizens and social indicators have been uninspiring, as reflected in low per capita income, increasing inequality, unemployment, and uninspiring health and other social indicators.

Poverty has remained endemic just like unemployment and under-employment. Figure 2.3 shows the trend in unemployment vis-à-vis economic growth. The unemployment rate rose from 21.1 % in 2010 to 23.9% in 2013 (2014)². The poverty situation is no better as the most recent survey, HNLSS 2010, showed over 60.0% prevalence rate which translates to over 100 million people living in poverty. Related to the high incidence of poverty is low human development. Nigeria’s Human Development index (HDI) was 0.471 in 2012 (marginally up from 0.434 in 2005), putting the country as a low human development country with the rank of 153rd out of 186 countries. The various indicators call to question the country’s macroeconomic performance, especially the relative economic growth which appears not to be inclusive, poverty-reducing, and employment generating. Previous MDGs reports had similarly indicated that human development indicators were not keeping pace with aggregate economic performance. This is clearly a major challenge for policy beyond the MDGs.

² Recently, the NBS modified its definition of unemployment from below 40 hour work benchmark to below 20 hour leading to a sizeable reduction in number and percentage of the unemployed in the total workforce. Details are still sketchy.

The outlook for the economy appears mixed: on the positive side, economic growth is forecast to remain above 5% just as inflation is expected to remain within single digit. However, the outlook for oil price, the country's major foreign exchange earner is currently not too optimistic, and by extension casting a lot of shadow on the outlook for government revenue and the highly needed public investment in infrastructure and human development generally. Nevertheless, the peaceful political transition and progress in the war against terrorism should complement reforms of markets and institutions in improving confidence in the economy and turn around the weak outlook on some of the economic indices in the medium to long term.

Table 2.2: Key Macroeconomic Indicators; 2006 to 2014

Indicator	2006	2007	2008	2009	2010	2011	2012	2013	2014
GDP at current market prices (NGN b)	18,709.8	20,940.9	24,665.3	25,225.1	54,612.3*	62,980.4*	71,713.9*	80,092.5*	89,043.6.9*
GDP at current market prices (US\$ b)	144.5	176.8	191.8	170.3	362.9*	398.1*	455.8*	509.3*	524.8*
GDP per capita (NGN)	132,604.3	144,474.5	170,515.0	165,633.9	185,759.5	179,158.3	240,190.2		
GDP per capita (US\$)	1,030.3	1,223.5	1,286.3	1,106.8	1,235.9	1,474.96	1,555.7		
Real GDP growth (%)	6.0	6.5	6.0	7.0	7.9	7.4	6.6	5.49	6.22
Oil sector growth (%)	-4.2	-4.5	-6.2	0.5	5.0	0.5	-0.9		
Non-oil sector growth (%)	9.4	9.5	9	8.3	8.4	8.8	7.9		7.18
Agricultural sector growth (%)	7.4	7.2	6.3	5.9	5.6	5.9	4.0	2.94	4.27
Industrial sector growth (%)	-2.5	-2.2	-3.4	2	5.3	1.5	1.2	2.16	6.76
Services sector growth (%)	9.2	9.9	10.4	10.8	11.9	12.6	13.9	8.72	6.85
Manufacturing capacity utilization (%)	53.3	53.5	54.7	55.4	55.5	57.0			
Inflation rate (%)	8.2	5.4	11.6	12.5	13.7	10.9	12.2	8.5	8.0
Unemployment (%)	13.7	14.6	19.7	21.4	21.4	23.9	N/A		
Fiscal balance to GDP ratio (%)	0.5	0.6	0.2	3.3	3.7	-4.4	2.9%		
Debt to GDP ratio (%)	12.4	11.7	11.8	15.4	15.4	17.5	19.4		
Average Exchange rate	128.7	125.8	118.5	148.9	149.7	153.9	157.5	157.27	169.68

Source: Central Bank of Nigeria. Statistical Bulletin for various years.
 1 2012 figures are estimates
 *Rebased figures

2.3 Institutional Mechanisms for Planning and Implementation

As was observed earlier in Chapter One, Nigeria has formal institutional structures for the implementation of the MDGs. They exist at both the federal and state level as elaborated herebelow:

Institutional Structures at the Federal Level

Nigeria maintains robust institutional frameworks for the planning and implementation of MDGs. At the apex of the structure is the Presidential Committee for the Assessment and Monitoring of MDGs (PCAMMDGs). This body which is chaired by the President of the Federal Republic of Nigeria meets quarterly. OSSAP-MDGs serves as the secretariat of the Committee and is the converging point for MDGs interventions and reports to the presidential committee. The OSSAP-MDGs manages directly the largest portfolio of public direct investment in MDGs through the conditional grant scheme (CGS). It has well established horizontal relationship with relevant line ministries as part of its structure. Some Ministries, Departments and Agencies (MDAs) were designated MDGs implementation Ministries to which the OSSAP-MDGs channelled funds for the MDGs implementation. The ministries focus on sector specific efforts, with the exception of the National Planning Commission which has continued to exercise cross cutting responsibility around planning and monitoring of progress.

The OSSAP-MDGs has received active support from development partners in a spirited effort to fast-track the achievement of the MDGs. The support of DFID-SPARC has been outstanding in the implementation of the Conditional Grants Scheme (CGS) which is the flag-ship of MDGs success story in Nigeria. The UNDP has also provided active support to the OSSAP-MDGs and to the legislative arm of government. Among other technical supports, the UNDP engaged the services of an MDGs expert to help provide the National Assembly with 'timely, accurate, and relevant information for effective allocation of resources and decision making'. This was to ensure that the budget was not only MDGs compliant but also that public policies and performance align to the achievement of MDGs and link with annual budget (see <http://www.ng.undp.org>).

At the National Assembly, both the Senate and the House of Representatives established MDGs committees that have been working in collaboration with OSSAP-MDGs and the relevant MDAs to fast-track the implementation of MDGs. They provide general oversight to MDGs implementation at the federal level. Like the executive arm of government, the National Assembly has received assistance from other development partners to enable it discharge its MDGs responsibilities.

The Mandate and Organisational Structure of OSSAP-MDGs

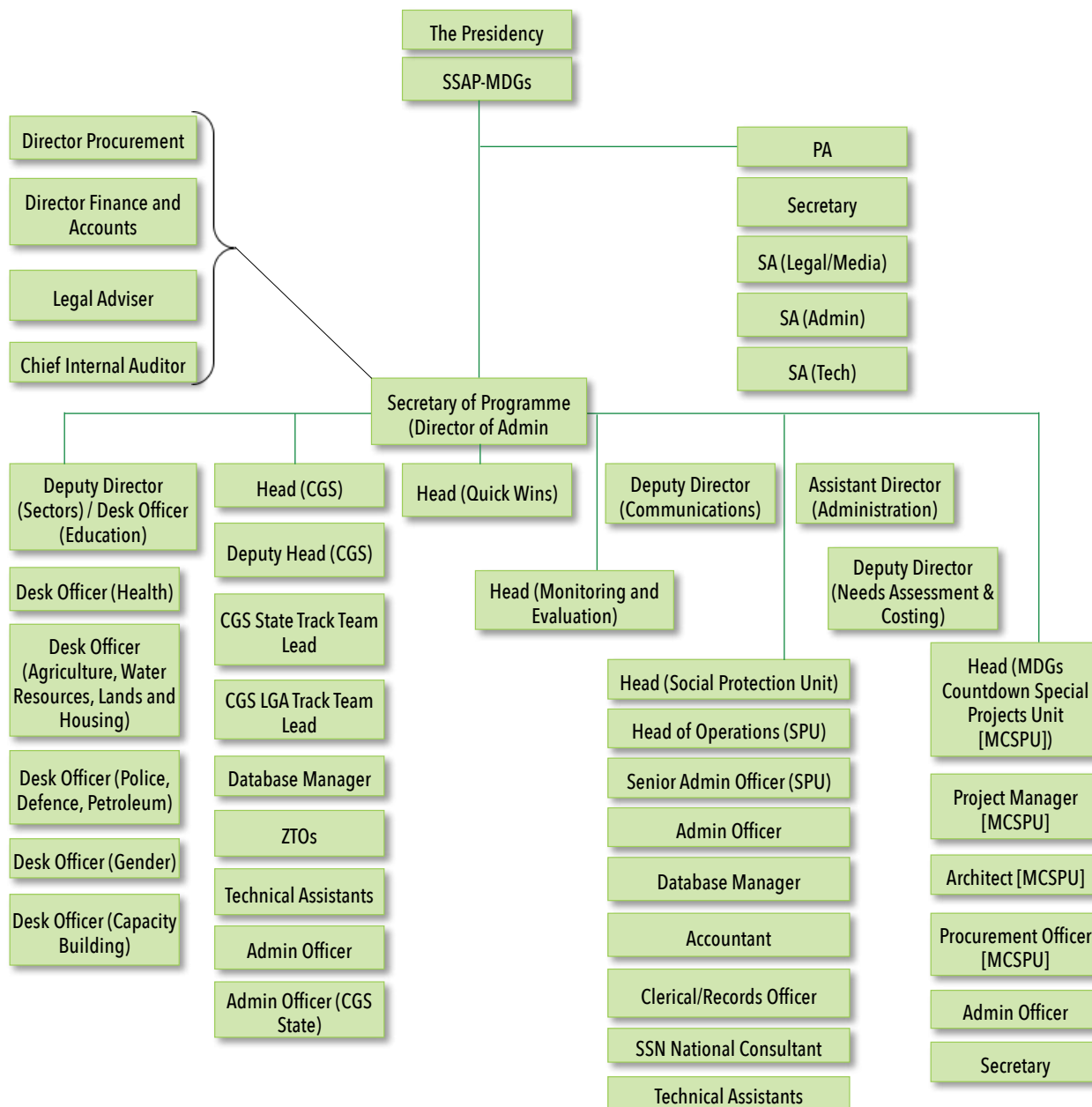
OSSAP-MDGs was created in 2005 with the vision of 'a Nigeria that attains MDGs by 2015', and a mission 'to collaborate with and enable government at all levels and other stakeholders to work towards the achievement of the MDGs by 2015'. Its mandate *inter alia* is as follows:

- Putting in place a consultative process to identify key strategic areas likely to have the greatest impact on achieving the MDGs;
- Designing a coherent approach to achieving the MDGs, particularly using the debt-relief gains;
- Integrating the MDGs into planning;
- Providing quarterly reports to the Presidential Committee on MDGs;

- Developing a matching grant mechanism to support States in achieving the MDGs; and
- Assessing and monitoring the progress of implementing the MDGs in Nigeria.

The OSSAP-MDGs, headed by the Senior Special Assistant to the President (SSAP-MDGs), acts as the secretariat of the Presidential Committee on the Assessment and Monitoring of the MDGs. In this capacity, it provides guidance, coordination and oversight of the debt-relief gains (DRGs) while working alongside sub-national governments, international partners and other non-state actors.

Figure 2. 4: The Organogram of the OSSAP-MDGs



As shown in Figure 2.4, the Senior Special Assistant to the President is supported by a Secretary of Programme (Director of MDGs), deputy directors and Heads of Desks, who are in charge of supervision and policy implementation of various initiatives and programmes designed to achieve the MDGs. All together, these are professionals and seasoned career civil servants. There are also special assistants whose tenures were at the pleasure of the SSAP-MDGs who appointed them.

Of special note in the organisation and management of the OSSAP-MDGs is the existence of relevant offices to take care of horizontal relationships with the line ministries, as well as vertical relationships with sub-national governments. The areas managed by the MDGs institutional apparatus include (a) different sectors (education, health, agriculture, gender, housing and environment etc.) at the horizontal level; (b) conditional grants scheme (CGS) through vertical relationships with sub-national governments; and (c) cross-cutting issues such as needs assessment and costing, monitoring and evaluation, special projects, communication and branding, capacity building, and social safety net scheme.

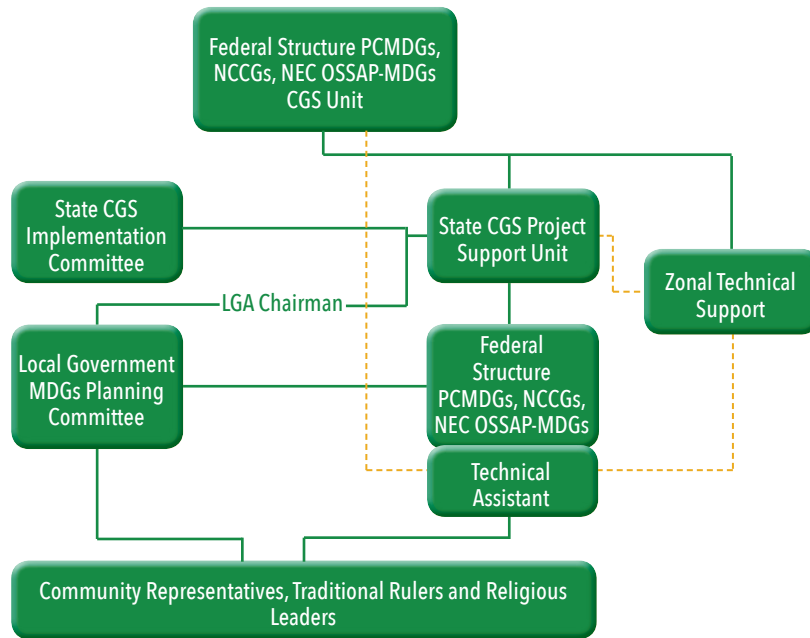
The Conditional Cash Transfer (CCT) programme is part of the larger social safety net scheme specifically targeted at taking care of the needs of qualified core poor households. This scheme is particularly significant as it was successfully used as a tool for: (a) poverty alleviation, (b) increasing school enrolment and retention, (c) improvements of gender parity through incentivising girls to stay in school, and (d) improving access to medical services like maternal and health care services (OSSAP-MDGs, and, *Promoting Multi-level Partnership for MDGs*).

Institutional Mechanisms for Inter-Governmental Partnership

The Nigerian Constitution specifies responsibilities for the federal, state and local governments in public service delivery. The activities required to meet the MDGs are mostly the constitutional responsibilities of states and local governments. The Federal Government is however, well positioned to coordinate national programmes, ensure minimum standards, as well as ensure that resources spent on poverty reduction programmes achieve optimum results. But more importantly, the federal government is also well positioned to provide expertise in the field and gain access to a wide variety of external assistance and best practices that it deploys in policy formulation and quality assurance. The states and local governments which have better knowledge of their local environments and needs are better placed to implement projects. The effectiveness of managing these relationships requires partnership that ensures coordination and collaboration in the execution of programmes and initiatives designed to accelerate progress towards the MDGs.

Consequently, the Federal Government through the OSSAP-MDGs established structures for the implementation of one of the MDGs' intervention success stories, namely, the Conditional Grants Scheme (CGS). The Conditional Grants Scheme operates through specific Federal, State and Local Governments' structures as shown in Figure 2.5.

Figure 2.5: Structure for the Implementation of Conditional Grants Scheme.



Source: OSSAP-MDGs, CGS Implementation Manual, Revised edition, 2012.

A summarised description of these structures is in order:

- **The Presidential Committee on the Assessment and Monitoring of MDGs (PCAM-MDGs):** The PCAM-MDGs is chaired by Mr. President. Membership of the Committee is drawn from public and private sectors, civil society and the international development partners. It assesses and monitors progress of CGS projects towards the achievement of the MDGs in Nigeria.
- **The National Committee on Conditional Grants Scheme (NCCGS):** The NCCGS is chaired by the Minister of Finance. Its membership is composed of the Minister of the National Planning Commission; the Ministers of key MDG line Ministries; the Director General of the Budget Office of the Federation; the Accountant General of the Federation; and the Senior Special Assistant to the President on MDGs.
- **The Office of the Senior Special Assistant to the President on MDGs (OSSAP-MDGs):** This office serves as the national coordinating mechanism that drives the entire MDGs implementation activities and processes in Nigeria. It serves as the Secretariat to the PCAM-MDGs and NCCGS.
- **State Government Structures:** These structures include:
 - ✓ State CGS Implementation Committee,
 - ✓ State CGS Project Support Unit, and
 - ✓ Relevant State Ministries, Departments and Agencies.

- **Local Government Structures:** These structures include:
 - ✓ LGA MDGs Planning Committee,
 - ✓ LGA MDGs Technical Team,
 - ✓ Community, Traditional and Faith Based Institutions and Organisations, and
 - ✓ Civil Society Organisations.

These structures, have over the years provided the avenues for inter-governmental partnership among the three tiers of government for scaling-up investments in pro-poor programmes.

2.4 Financing Strategy and Mechanisms

2.4.1 The Financing Strategy for the MDGs

What financial strategies did Nigeria utilise to fund the MDGs? Before 2004, MDGs programmes and projects were funded through the federal and state government annual budgets, with little or no coordination at the national (federal) level. In 2004, the federal government integrated the MDGs into its comprehensive economic development framework called the National Economic Empowerment and Development Strategy (NEEDS) which was cascaded down to the sub-national levels of governance, namely, the state and local governments.

In 2005, a robust financing strategy emerged when Nigeria obtained debt relief from the Paris Club of Creditors. Nigeria's US\$18 billion debt was written off while the balance of US\$12 billion was paid by the Federal Government. The redemption of the London Club debts followed closely after this. The result of the debt relief is an annual saving of US\$1 billion for the next 20 or more years. As part of the deal with the Paris Club, Nigeria committed to channelling the US\$1 billion saving annually (US\$750 million from the federal government, and US\$250 million from state governments) to key poverty-reduction sectors. Consequently, the implementation of the MDGs in Nigeria started to receive a huge boost though not without challenges in a populous country as Nigeria.

The Debt Relief Gains (DRGs) notwithstanding, the problem of financing the MDGs continued to pose a big challenge to the three tiers of government. As Nigeria's MDGs Countdown Strategy (2010) has rightly observed, considerable efforts were made at estimating the costs of funding the interventions necessary for achieving the MDGs. In light of this, other strategies for financing the MDGs were explored. This was how the *MDGs Needs Assessment and Financial Strategy for Nigeria in 2008* came about. It was a remarkable collaborative effort between the OSSAP-MDGs and the UNDP.

The MDGs Needs Assessment was closely followed in 2009 by the *Presidential Committee on the Strategy and Prioritisation of the MDGs* which reviewed the costs and options for financing the MDGs. Furthermore in 2010, the cost and financing strategy was one of the critical issues examined by the Countdown Strategy.

In summary, the findings of the MDGs Needs Assessment showed that the projected total cost of meeting the MDGs up to 2015 was US\$247.54 billion. On annual basis, the total cost for 2007 was US\$15.36 billion and US\$17.36 billion for 2008. It was US\$22.66 billion for 2010, US\$30.11 billion for 2012, US\$38.82 billion for 2014 and US\$43.33 billion for 2015. The cumulative annual average was US\$27.50 billion. The needs assessment document observed that the huge financial resources required to achieve the MDGs posed significant challenges to the revenue mobilisation capabilities of the three tiers of government.

Based on these, the Needs Assessment proposed a financial strategy with which all three tiers of government were to work to address the huge funding gap. Specifically, it recommended the following options for closing the gap:

- ✓ Domestic savings
- ✓ Taxation and other internally-generated revenue
- ✓ Deficit financing
- ✓ Bond financing
- ✓ Financial sector poverty-reducing economic activities
- ✓ Allocation of excess crude oil revenue balances and foreign exchange reserves
- ✓ Household contributions
- ✓ Contributions from the private sector
- ✓ Official development assistance.

In spite of all the options identified, the financing of the MDGs unfortunately relied heavily on budgetary allocations and the Debt Relief Gains (DRG). For example, in 2012, the Federal Government allocations to MDG component of the total budget was 17.9%, while the DRG component constituted 2.89%. Again, the 36 States and the FCT total budget allocations to MDG component was 36.59%, while the MDG component of all the 774 Local Governments stood at 45.21%.³

Despite all these, it was through the DRG administered by OSSAP-MDGs that much of MDGs programmes and projects were executed. The Conditional Grants Scheme (CGS) sourced from this funding option was a major driver of these programmes/projects. The fact remains that mobilisation of other domestic resources did not yield much results and as a result, funding of the MDGs was not adequate. It was estimated from the 2012 budget analysis of the three tiers of government that a total of more than N3.0 trillion was spent annually on the MDGs with an annual funding gap of about N1.0 trillion.⁴

It is important to recognise however, that in the fight to eradicate polio, the contributions of some notable Nigerian entrepreneurs and humanitarian groups were notable as they mobilised resources and carried out advocacy campaigns in the fight to eradicate polio.

3 Report presented by the SSAP-MDGs to the 2013 3rd Quarterly Meeting of the Presidential Committee on the Assessment and Monitoring of the MDGs (PCAMMDGs) in Nigeria

4 Ibid

2.4.2 The DRG Mechanisms for Funding the MDGs

At the inception of the utilisation of DRG in 2006, Ministries, Departments and Agencies (MDAs) were allocated all the DRG funds as an additional MDGs scale-up intervention. In 2006 and 2007 fiscal years, the OSSAP-MDGs coordinated the allocation of N99.9 billion and N109 billion, respectively to the various MDGs, while in 2008 and 2009, the sum of N111 billion and N112 billion were allocated, respectively.⁵ In 2010 and 2011, the figures stood at N132 billion and N112 billion, respectively⁶. The funds were channelled through the MDGs related MDAs and directed at initiatives with direct impact on the eight MDGs. However, from 2007 onwards, additional innovative mechanisms (namely, CGS, CCT, Quick wins, and special projects) targeted at the specified indicators were introduced and funded from the DRG to ensure better service delivery at the local levels. This therefore, reduced the quantum of funds channelled through the MDAs for MDGs projects from 100 to 40% of the DRG⁷. From 2006 to 2012, Nigeria spent over N807 billion (specifically N807,080,704,666.00 billion) to implement MDGs programmes and projects across the country. Analysis by sector reveals that the Federal Ministry of Health received the highest cumulative appropriation of N137,044,567,593.00 (i.e. N137 billion). This was followed by the Federal Ministry of Education which received N102,792,284,694.00. In the same vein, appropriation to Constituency projects, Quick-wins, Special projects stood at N87,276,900,568.00⁸. The table 2.3 herebelow, presents the mechanisms of expenditure of Debt Relief Saving from 2005-2010:

Table 2.3: Mechanisms of Expenditure of Debt Relief Saving, 2005 – 2010

Expenditure Items	%
Monitoring, Evaluation and Communication	2
Quick Wins Constituency Projects	13
Conditional Grants to States and Local Governments	20
Federal Ministries, Departments and Agencies (MDAs)	65

Source: (OSSAP-MDGs, (no date,) *Promoting Multi-level Partnership for MDGs*. Abuja: OSSAP-MDGs.

The shift in funding priority from MDAs implementation platform to CGS platform (first through the States track and later through the Local Government track) promoted effective financing partnership between the Federal government and sub-national governments. The State governments' contributions were correspondingly matched by the federal government since the implementation started in 2007. In 2012, the CGS for example, got 68% of the total funding while MDAs got 6%, with Quick Wins allocated 13%, and Special Projects another 13%. This reflected the pattern of funding with the shift in funding priority/platform. With respect to the cost of CGS Federal/State/Local Governments interventions from inception in 2007 to 2013, table 2.4 provides an overview.

5 OSSAP-MDGs, (no date) *Promoting Multi-level Partnership for MDGs*. Abuja: OSSAP-MDGs.

6 The figures for 2010 and 2011 appropriations was from Report presented by the SSAP-MDGs to the 2011, 2nd and 3rd Quarterly Meeting of the Presidential Committee on the Assessment and Monitoring of the MDGs (PCAMMDGs) in Nigeria.

7 See (OSSAP-MDGs, (no date,) *Promoting Multi-level Partnership for MDGs*. Abuja: OSSAP-MDGs.

8 2012 MDGs Monitoring and Evaluation Report. Abuja: OSSAP-MDGs.

Table 2.4: **Cost of CGS Interventions from 2007-2013 (in Billion Naira)**

Year	Federal Contribution	State Contribution	Total
2007	18,414,780,000.00	-0- (zero counterpart)	18,414,780,000.00
2008	24,398,921,284.00	24,398,921,284.00	48,797,842,568.00
2009	27,043,320,584.00	26,602,710,089.00	53,646,030,673.00
2010	-0-	-0-	-0-
2011			
LG track	11,300,000,000.00	11,300,000,000.00	22,600,000,000.00
State track	20,290,705,775.10	20,290,705,775.10	40,581,411,550.10
CCT	1,383,609,570.00	1,383,609,570.00	2,767,219,140.00
2012			
LG track	14,800,000,000.00	14,800,000,000.00	29,600,000,000.00
State track	6,439,057,994.79	6,439,057,994.79	12,878,155,989.58
CCT	4,500,000,000.00	4,500,000,000.00	9,000,000,000.00
2013			
LG track	21,000,000,000.00	21,000,000,000.00	42,000,000,000.00
State track	5,704,000,000.00	8,412,400,000.00	14,116,400,000.00
CCT	1,200,000,000.00	1,200,000,000.00	2,400,000,000.00

Source: Report presented by the SSAP-MDGs to the 2014, 1st Quarterly Meeting of the Presidential Committee on the Assessment and Monitoring of the MDGs (PCAMMDGs) in Nigeria.

2.5 MDGs Monitoring and Evaluation System

The Monitoring and Evaluation (M&E) of the MDGs in Nigeria occurred at two major levels. The first level was internal through self-assessment of interventions by focal agencies including OSSAP-MDGs and MDGs focal Ministries. The second level was external, and exercised by non-primary implementers of MDGs projects and programmes; such as the National Assembly Committees on MDGs, the National Planning Commission, and the National Monitoring and Evaluation Team (NMET) comprising multi-disciplinary consulting firms and renowned Civil Society Organisations (CSOs).

At the apex of the M&E structure is the Presidential Committee for the Assessment and Monitoring of the MDGs (PCAMMDGs), chaired by the President of the Federal Republic of Nigeria. As the 2010/2011 Monitoring and Evaluation Report rightly observed, PCAMMDGs played the role of fast tracking policy implementation and direction as well as stimulating increased commitment to the achievement of the MDGs at the highest level of government. It also ensured that all matters concerning the MDGs received priority attention thereby cutting the red tape that had constituted the undoing of development initiatives in the past.

At the horizontal level, within the MDGs focal Ministries, there are Special MDGs hubs made up of task teams (led by MDGs desk officers) who liaise with OSSAP-MDGs in project identification, implementation, monitoring and evaluation. At the vertical level, the State level monitoring of

MDGs was carried out by the respective ministries, departments and agencies with coordination by the Special MDGs Offices. The institutional arrangement for MDGs monitoring at the state-level was driven by the Memorandum of Understanding (MoU) signed between the OSSAP MDGs and respective states. The MoU required the State to create special MDGs coordination and monitoring departments or units and to render periodic project implementation reports on the MDGs Conditional Grant Schemes. In some states, the MDGs Office or Unit is located in the Office of the Governor, and in others, it is in the Ministry of Planning/Budget or Planning Commission.

Overall, the M&E of the MDGs is relatively stronger at the federal level compared to the states. For example, there is a reporting platform provided by the Office of the Accountant General of the Federation through the Accounting Transaction Recording and Reporting System (ATRRS) which tracks the portion of federal government expenditures dedicated to supporting poverty-reducing activities. Similarly, in 2006, OSSAP-MDGs developed a broad tracking initiative for DRG expenditures referred to as the 'Overview of Public Expenditure on NEEDS' (OPEN) - a Results-Based Monitoring (RBM) strategy anchored on good planning, good budgeting and effective feedback. The Monitoring and Evaluation Report (2009: 10) commented on OPEN as follows:

To enable systematic tracking of the Debt Relief Gains (DRG), a Virtual Poverty Fund (VPF), otherwise known as the Overview of Public Expenditure under NEEDs (OPEN), was established. The VPF is a mechanism for tagging specific allocations to reduce poverty in the national budget and tracking their performance. The VPF integrates the MDG interventions funded from debt relief as budget lines items into MDAs and state sector budgets. OPEN is a method of tracking the performance of DRG investments and evaluating their impact, of which the M&E framework is but one component.

OPEN was driven by the National Monitoring and Evaluation Team (NMET) set up as an independent body in order to foster credibility and trust in M&E findings. NMET was made up of the Global Projects Consortium (GPC), a national Civil Society Organisation (CSO), namely, the Centre for Democracy and Development (CDD), 45 state consultants and 37 Civil Society Organisations. NMET is supported by State Monitoring and Evaluation Teams (SMETs), and CSOs or Community-based Organisations (CBOs). The professional consultants and CSOs were selected through a bidding process to enhance transparency (see MDG Monitoring and Evaluation Report 2008). An important aspect of OPEN is the web-based NMET portal which streamlines data collection, and allows state teams to submit data online for storage and analysis (MDG Monitoring and Evaluation Report 2009).

Under the 2010/2011 M&E exercise, a team of 45 private consultants and 45 CSOs were engaged, and these teams were led by NMET comprising Continental Research Nigeria (CRN) - which replaced GPC - and the CDD. NMET provided guidance to the State Monitoring and Evaluation Teams (SMETs) to ensure proper orientation and standardisation of methods and procedures for the field work (2010/2011 Monitoring and Evaluation Report).

The 2012 M&E exercise was the latest in the series of four exercises carried out so far in the implementation of MDGs in Nigeria. Under the 2012 exercise, a team of 46 private sector consultants and 46 CSOs were engaged in the monitoring and evaluation exercise. The exercise involved the use of two-level approach with the SMET in each state covering projects in their respective states. The data from the exercise was fed into the second level involving NMET (see 2012 Monitoring and Evaluation Report).

In all, the involvement of independent CSOs across the states, was a remarkable feature of this M&E system, as it helped to promote accountability in the execution of MDGs projects. A good example is the development of a culture of project completion as against that of abandonment.

Risks, Vulnerabilities and the MDGs

3.1 The Conceptual Framework

Daily news reports from around the world reveal the frightening extent to which humanity is increasingly confronted with different types and varying degrees of risk. Across the globe, people and their environment have become increasingly susceptible to different forms of disasters, man-made or natural. The levels of threat appear to be rising each passing day. It does appear indeed that vulnerability to all sorts of life-threatening situations has become a daily living reality. This reality is well captured by the phrase *vulnerable people, vulnerable world* (UNDP, 2014). This is the background against which the *Human Development Report 2014* (UNDP, 2014) drew attention of the entire world to various life-threatening situations. The Report was aptly titled *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. According to the Report:

... real progress on human development, then is not only a matter of enlarging people's critical choices and their ability to be educated, be healthy, have a reasonable standard of living and feel safe. It is also a matter of how secure these achievements are and whether conditions are sufficient for sustained human development. An account of progress in human development is incomplete without exploiting and assessing vulnerability.

More than anything else, this verdict justifies a chapter on 'Vulnerability' in this report of Nigeria's 15 years' journey in the implementation of the MDGs.

What then is vulnerability? According to the UNDP Human Development Report (2014), *'traditionally, the concept of vulnerability is used to describe exposure to risks and risk management, including insuring against shocks and diversifying assets and income.'* However, taking a broader approach, the Report emphasizes the 'close links between reducing vulnerability and advancing human progress', hence its introduction of 'the concept of human vulnerability to describe the prospects of eroding people's capabilities and choices.' It is within this broad perspective of vulnerability that the Report builds a conceptual model/framework of vulnerability focusing on 'who is vulnerable, to what, and why.' Those who are vulnerable include 'the poor, informal workers, the socially excluded, women, people with disabilities, migrants, minorities, children, the elderly, youth, whole communities, and regions.' But, to what are people and communities vulnerable? The list includes 'economic shocks, health shocks, natural disasters, climate change, industrial hazards, conflict, and civil unrest.' Finally, on the issue of 'why', the list includes 'limited capabilities, location, position in society, sensitive periods in the life cycle, low social cohesion, unresponsive institutions, and poor governance.'

3.2 An overview of the Risks and Vulnerabilities

Nigeria, like many countries in the world, has been exposed to all forms of vulnerabilities that fall within the conceptual framework described above. For example, the entire country has been confronted with human-generated forms and levels of threat to internal security such as insurgency (notably Boko Haram and the Niger Delta militants), inter-communal clashes, herdsmen versus farmers' clashes, oil and gas pipeline vandalism, kidnapping, and armed banditry. Again, Nigeria has natural disasters such as flooding, erosion and desertification yearly. The risks to its economic survival have been largely due to oil price volatilities, large scale oil bunkering and theft, as well as oil and gas pipeline vandalism, all of which have seriously affected its daily output and export in the face of falling oil prices in the international market. In terms of impact of erosion, the most affected region is the southern part of the country, while desertification is more rampant in the northern part. Flooding has also been a challenge to development efforts in virtually every state in Nigeria while clashes between herdsmen and farmers over pastureland, particularly in the north-central geo-political zone have led to despondency among farmers and herdsmen. The Niger Delta crisis has affected the main source of Nigeria's revenue with the attendant consequence of declining income in domestic currency and foreign exchange. All these have constituted serious hindrance to the effective implementation of developmental programmes and projects, and hence attainment of policy objectives such as the MDGs. In recent years, the most debilitating and traumatising challenge to development has been the Boko Haram insurgency in the North-east geo-political zone of the country. This uprising has claimed thousands of lives and destroyed livelihoods. The local economies of the states affected have been paralysed while many residents have fled their homes ending up as internally displaced persons (IDPs) in neighbouring states/countries. With many schools closed and medical facilities adversely affected in some cases, access to education and health care has been reduced in the areas affected by the insurgency, thus posing a serious threat to the MDGs.

Previous MDGs Reports have highlighted a number of risks and vulnerabilities with respect to the attainment of the MDGs. Most of the vulnerabilities and risks persist while a few have diminished in importance with the passage of time. Risks and challenges have been caused by local and global forces. Collectively they have slowed down Nigeria's progress on the MDGs. What follows is a review of some of the extant risks and vulnerabilities that have, in large measure, impacted negatively on progress on the MDGs (and which could undermine progress on human development in the post-MDG period, particularly in regions/states mostly affected, if not mitigated or addressed early).

3.3 Effects of Oil Price Volatilities

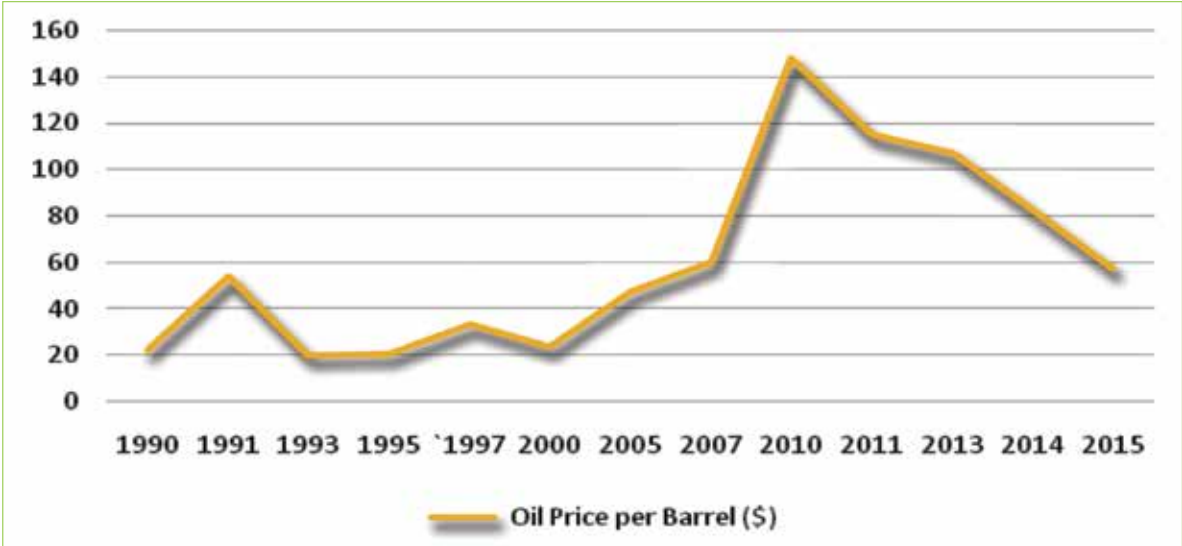
The sharp decline in world oil prices continues to threaten growth and fiscal sustainability among oil producing states, mostly developing countries that largely depend on oil revenue for funding of the MDGs. The most vulnerable countries in Africa are Nigeria, Angola, Equatorial Guinea, Sudan, Algeria, Libya and Egypt. According to Akonor (2015), volatility of oil prices has meant volatility of the economies that largely depend on oil.

For Nigeria, the sharp fall in oil prices in the last nine months has exacerbated the already gradual decline in investment and production of oil, thus highlighting the vulnerability of fiscal revenues. Although the oil and gas sector contributes a relatively small proportion of the nation's GDP (about 14%), it remains the key source of fiscal revenue for the country. The sector accounts for 95%

of Nigeria' total exports and over 70% of government revenue, thus implying that a sustained reduction in oil prices would impact fiscal revenues significantly and halt the recent growth momentum (Oxford Policy Management/World Bank, 2015). Available data reveals that the price of oil has not been stable within the implementation period of MDGs (Fig. 3.1). Indeed, by January, 2015 the price of crude oil had returned to their 2005 levels (less than \$50.0). Oil prices which averaged \$148.14 per barrel in 2010 stood at \$82.73 in 2014. Just like crude oil price, crude oil production has also been unstable. Between 2011 and 2014, oil lifting fell from 2.38 to 2.19 million barrels per day, a 7.5% decline. The direct impact of these two factors reduced revenue by about \$5.5 billion in 2014 relative to 2011 earnings (*ibid*, 73).

The negative oil price and output shocks have had serious consequences for the country's growth prospects and budget, especially the capital budget, and availability of resources to finance MDGs and fight the high levels of poverty, food shortages, HIV and AIDS and insecurity in the Nigeria. For example, the 2015 budget proposal of the Federal Government reflected a significant shift in the composition, in favour of the recurrent component (91.0%) with an insignificant 9.0% left for development expenditure. The impact of the oil shocks has been worsened by the absence of fiscal buffers, leading to a reduced capacity by the economy to absorb shocks compared to the experience of the 2008-2009 financial crisis. The Excess Crude Account (ECA) was depleted to precarious levels, standing at about \$2.0 billion by the end of 2014. The Nigerian government responded to the negative developments in the oil sector with a number of fiscal and monetary adjustments such as a reduction of the budget size and review of its parameters, trade measures, and sharp devaluation of the Naira a couple of times (cumulatively by over 20%) with the exchange moving from N155.0 to a US \$1.0 in October 2014 to N196.0 in August 2015. The various measures have had negative impacts on macroeconomic stability, poverty and living conditions of the citizens. The devaluation of the Naira has made imports more expensive and slowed productivity across economic sectors with implications for employment generation and poverty reduction. The Nigerian economy depends on crude oil for about 90% of its revenue.

Figure 3.1: Oil Price per Barrel (\$), 1990-2015



Source: Independent Statistics and Analysis, 2015.

Thus, fluctuations in oil prices, especially the negative shocks, have constituted a serious challenge to the flow of financial resources to finance the MDGs among other government activities. The current worrisome developments in the oil sector provide yet another opportunity to put in place sustainable fiscal policies, in the short term, which would address increased vulnerabilities, while implementing broad structural reforms to foster higher and more inclusive growth and economic diversification. This intervention requires sincere efforts to make non-oil tax revenue the major source of government revenue as it is more stable and predictable.

3.4 Militancy in the Niger Delta

The Niger Delta Crisis escalated in the 1990s as a result of agitations by ethnic groups in the region, particularly the Ogoni and Ijaw, over issues of neglect and underdevelopment of the region despite its being the major source of oil revenue for the country. Despite the fact that the region contributes about 90% of Nigeria's revenue due to oil, it has remained undeveloped with little or no infrastructure and with a high incidence of poverty. The oil exploration and production activities in the region have led to serious environmental degradation and pollution, depriving locals of means of livelihood through agriculture and fishing, among other economic activities. The ethnic groups viewed the state's fiscal system and laws (especially the Petroleum Act, the Land Use Act and the Exclusive Economic Act) which vest ownership of oil resources and land on the Federal and state governments, respectively, as oppressive. They particularly decried the lack of basic infrastructure such as good road network, health care facilities, schools and potable water in the region.

According to Olusola (2013), the Niger Delta crisis has had a negative impact on the economy, social-cultural life of Nigerians as well as on financial and humanitarian activities. Specifically, it has led to oil bunkering, firearms business, kidnapping and hostage taking as well as armed robbery. Kidnapping started with foreigners and top petroleum experts being victims but has since spread to include school children, housewives, kinsmen and parents/spouses of politicians. In addition to loss of revenue as a result of the Niger Delta Crisis, the government has deployed a Joint Task Force (JTF) to the region, which is specially funded, thereby further depleting the already declining revenue. Also, the number of policemen on the payroll of oil companies is estimated to be greater than the total number of policemen assigned to the region.

The crisis has led to a cumulative loss of millions of barrels of crude oil and an attendant decline in revenue from oil. In 2006, Nigeria was reported to have lost about 211,000 barrels of crude oil daily which was equivalent to 8.4% of what the country was exporting daily. In its audit report for 2012, the Nigerian Extractive Industries Transparency Initiative (NEITI) disclosed that billions of Naira worth of crude products were stolen in Nigeria by oil thieves in 2012 (*The Guardian Newspaper*, April 22, 2015). The report indicated that Nigeria lost 2,842,116 barrels of crude oil per day valued at N1,960,607,108 to export crude theft and sabotage. Within the same period, Nigeria also lost around N31,771,108,795 to the activities of pipeline vandals. The losses were thus very significant, suggesting that the crisis in the Niger Delta has negatively impacted the nation's oil revenue, a major source of financing development generally, and MDGs activities, in particular. Even though the Amnesty Programme instituted by the late President Musa Yar 'Adua's government has brought some respite to the region, oil theft and pipeline vandalism are still rampant and pose serious challenges to peace and security, as well as the fiscal health of the country. Huge amounts of resources are still being deployed to maintain peace in the affected areas of the Niger Delta region.

3.5 'Boko Haram' and the Rising Wave of Insecurity

Nigeria is not left out of the rising wave of insecurity globally. The Islamic State of Iraq and Syria (ISIS) poses a serious threat to security particularly in the Middle East countries of Iraq, Syria, Yemen, Turkey, and North Africa. In East Africa, Al-Shabaab, is a menace, while in Nigeria and neighbouring countries, Boko Haram, a group believed to be closely linked to ISIS, continues to terrorize communities.

Boko Haram (a Hausa term for 'Western education is forbidden') is a radical Islamic group which officially calls itself '*Jama'atul Alhul Sunnah Lidda'wati walJihad*' meaning 'people committed to the propagation of the Prophet's teachings and Jihad'. The Boko Haram came into prominence in 2009 due to its activities in Nigeria. As its name suggests, the group which is adamantly opposed to what it sees as Western-derived incursion that threatens traditional values, beliefs and customs among Muslim communities in Northern Nigeria, has regularly claimed responsibility for attacks that have led to the death of thousands and displacement of millions of people in Nigeria, Chad and Cameroon.

The group typically attacks public places including market places, schools, homes, churches and mosques, office buildings, police and army barracks, public transport etc., using light weapons and improvised explosive devices both planted and conveyed by suicide bombers. The group claimed responsibility for a deadly attack on the United Nations House in Abuja, the capital city of Nigeria on 26th August, 2011. The sect has killed, maimed and abducted many people. On 9th September, 2013, dozens of students of the College of Agriculture Gujba, Yobe State, were killed in their dormitory (Boye, 2015), while on 14th April, 2014, about 276 girls were abducted at the Government Secondary School, Chibok, in Borno State. As at the end of 2014, over 4000 people had been killed and about 500,000 persons displaced in Borno State alone (Yahaya, 2015).

The activities of this group have, in many ways, hampered development efforts in Nigeria and frustrated progress on nearly all of the MDGs, especially in the North-Eastern part of the country. The socio-economic conditions in most of the affected states of Borno, Yobe and Adamawa have worsened recently. In these states, millions of affected families have abandoned their economic activities, property and farmlands in search of safety. In addition, school children, teachers and even parents have been forced to relocate to other states, thereby significantly raising the proportion of out-of-school children in Nigeria. In the words of Galadima and Aluaigba (2015), the trauma faced by victims of this insurgency has deterred those who managed to escape from returning to schools. Available data from Borno State Ministry of Education shows that by 2013, an estimated 15,000 children stopped attending schools as a result of Boko Haram's activities. This, along with the disruption of the school system in the other states as a result of incessant closure of schools, has implications for the attainment of MDGs 2 and 3.

The areas most affected by the activities of Boko Haram are considered to be a 'risky zone' and government agencies and other development stakeholders have found it difficult to intervene with highly needed measures for accelerating progress on most of the MDGs. Yet, such interventions by government are critical for the attainment of MDGs.

3.6 The Impact of Flooding and Erosion

Flooding, which is described as a situation where a usually dry land is covered with water from a flowing river, dam or heavy rain, has become a common occurrence in many locations across the country. The source of flooding in Nigeria is not only from within the country but also from outside

the country. For example, the release of water from the Lagdo Dam in neighbouring Cameroon, has caused serious flooding in the nearby Nigerian states of Adamawa, Taraba, as well as Gombe, Bauchi, Benue and Kogi. Also, of note is the case of the Coastal states of Lagos, Rivers, Bayelsa, Delta, which are vulnerable to flooding due to rising sea levels and tidal surges.

Related to flooding is the problem of erosion in the Southern parts of the country, particularly in the South-eastern geo-political zone. Erosion has affected farming, displaced some people from their homes and disrupted business activities when farms and roads/bridges are washed away. This situation has implications for poverty reduction as the affected communities become vulnerable and possibly join the orbit of poverty. One of the states most devastated by erosion in the South-east is Anambra State where there are 62 critical erosion sites, and other non-critical erosion sites made up of 550 very active erosion sites, and 1000 erosion sites (Okonkwo, 2008). The picture of Nanka erosion site in Anambra State in Fig 3.2 is instructive. This site is said to possess the potential for an ecological disaster in Nigeria.

Figure 3.2: Nanka Erosion site in Anambra state



Homesteads perch precariously at gully's edge
Available at: <http://www.bing.com/images/search?q=picture+1+1>

Floods have often left in their wake thousands of homeless people, washed away farmlands, destroyed properties and infrastructure and interrupted businesses. For illustration of the effects of flooding see Table 3.1 below. Flooding in the country has also exposed many people to diseases such as cholera, diarrhoea, malaria, skin infections and other water-borne diseases.

It was reported in 2011 that 20% of Nigeria's population was at risk from one form of flooding or the other. By 2012, heavy rains witnessed at the end of August and the beginning of September led

to serious floods across the country, described as the worst in recent years. Indeed, NEMA reveals that Nigeria lost N2.6 trillion in the 2012 flood alone (NEMA, 2013). As at 29th September, 2012 134,371 people were affected, 4,473 displaced, 202 injured and 148 killed, respectively. The 2012 flood, which was widespread, occurred in 32 out the 36 states in the country, with over 7,700,000 people affected, more than 2,100,000 registered internally displaced persons (IDPs), 363 deaths and 600,000 houses damaged or destroyed as at October of that year (Etuonovbe, 2011 and IFRC, 2012).

Table 3.1: Effects of Flooding from 1990 to 2012

S/No	State	Disaster	Associated Hazard	People Affected	Date & Year
1	Abia	Rainstorm	Houses	5000	July, 2001
2	Adamawa	Flood	Houses & farmlands	500	April, 2001
3	A/Ibom	Rainstorm/flood	367 Houses	4000	March, 2001
4	Bayelsa	Flood	Houses, Schools, Markets & farmlands	2/3 of population	1999/March, 2001
5	Borno	Flood	Houses & farmlands	N. A	June/July 2001
6	Delta	Rainstorm/flood	Houses, Schools, Markets & Farmlands	½ of the area population	1999/March/April, 2001
7	Edo	Rainstorm/flood	560 houses	820	March, 2001
8	Ekiti	Rainstorm/flood	Pub Schools; 890 houses	2100	April, 2001
9	Imo	Rainstorm/flood	1000 houses, 150 E/poles; 40,000 oil palms	10,000	April, 2001
10	Jigawa	Rainstorm/flood	Houses, farmlands & animals	450,150	March/April/August, 2005
11	Kano	Rainstorm/flood	Schools, houses, farmlands & animals	20,445	2001
12	Kogi	Rainstorm/flood	Houses, schools & farmlands	1,500	March/ May, 2001
13	Lagos	Flood	Bridges, markets & properties	Over 300,000	1970s till date
14	Niger	Rainstorm/flood	Houses, schools, animals and farmlands	200,000	1999 & 2000
15	Ondo	Rainstorm	Houses & schools	800	April, 2001
16	Osun	Rainstorm	Houses & schools	1700	April, 2001
17	Oyo	Flood	Houses, properties & bridges	Over 50,000	1990
18	Taraba	Flood	490 houses	Over 50,000	August, 2005
19	Sokoto	Flood/fire/windstorm	Houses & farmlands	16,000	July, 2001
20	Yobe	Flood/fire/drought	Houses/farmlands & animals	100,000	April & Sept. 2001
21	Zamfara	Flood	Buildings & farmlands	12398	July, 2001
22	32 states	Flood/Rainstorm	Houses, properties, farmlands, animals & schools	Over 7,700,000	August- September, 2012

Source: Etuonovbe, 2011 and IFRC, 2012

Table 3.1 shows that between 1990 and 2012, floods and rainstorms adversely affected many communities and people in the country.

Destruction of houses by flood led to loss of property, houses and means of livelihood (see appendices), all of which have implications for poverty reduction efforts as more people around the poverty line slip into deep poverty (particularly food poverty). Schools have similarly been affected in the flood stricken communities thereby making the teaching and learning environment harsher and most un conducive, particularly in rural areas where such infrastructure is often sub-standard. The situation has worsened the already poor learning conditions in many parts of the country, thus negatively impacting the attainment of goals 2 and 3 of the MDGs. Similarly, the attainment of goals 4 to 6 has been undermined by contamination of water and spread of waterborne diseases that tend to result from flooding. The loss of environmental resources due to flooding has also undermined efforts towards attainment of goal 7 (environmental sustainability). Thus, floods in Nigeria have seriously undermined the realisation of many of the Millennium Development Goals.

3.7 Farmers-Herdsmen Frequent Clashes

Another source of vulnerability is the widespread conflict between herdsman and farmers. This has become a serious challenge in many states, especially in the Northern part of Nigeria including Bauchi, Benue, Kaduna, Katsina, Nasarawa, Plateau and Taraba states. Armed conflicts between herdsman and farmers occur when herdsman invade farmlands in search of grazing. Grazing on cultivated land, which usually leads to destruction of crops, is normally resisted by communities, resulting in violent clashes in which homes and lives are destroyed and sometimes, an entire community is displaced. This has been a major source of rising poverty among poor farmers in these areas.

A survey conducted by Sulaiman and Ja'afar-Furo (n.d.) showed that between 2003 and 2007, parts of Bauchi state recorded a loss worth N87,456,185 as a result of the clashes. Herdsman-farmers conflict in Moroa Chieftdom in Kaduna State in 2014 left over 200 persons (including women and children) killed, houses burnt, and farmlands and food bans destroyed. These conflicts have reduced farm production, increased poverty rate, worsened insecurity and affected food supply, interrupted education of children and reduced health care provision with grave implications for the attainment of the MDGs.

3.8 Environmental Degradation and Desertification in the North

In the Northern part of the country climate change has caused delays in rainfall from around March/April to May/June and up to August/September in some extreme years. The major consequences have been limited water in streams and rivers for herdsman as well as poor harvest for rain-fed agriculture. This is another case that constitutes a critical challenge for the attainment of the poverty goal particularly the target on hunger.

Desertification has however constituted one of the serious challenges facing the task of poverty alleviation in the Northern parts of Nigeria where agriculture is a major occupation with eleven frontline states affected. It has serious negative implications which, *inter alia*, include the fact that many farmers have lost their cultivated and cultivable land to sand dunes. Thus it has been rightly reported that desertification is one of the causes of poverty in Northern Nigeria because of low agricultural output.⁹

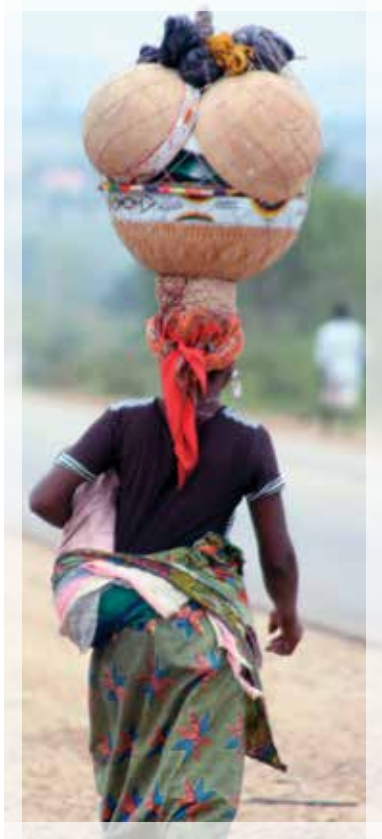
⁹ See T. N. Mohammed, (2015): 'Desertification in Northern Nigeria: Causes and Implications for National Food Security'. *Peak Journal of Social Sciences and Humanities*, Vol. 3 (2), pp 22-31.

The Actual End-point Assessment, Achievements and Challenges

In this chapter, the report outlines in some detail, the actual end-point assessment; achievements as well as the attendant challenges that ought to be borne in mind into the coming years. For each of the eight goals, the target and monitoring indicators are presented before summarising their respective assessments.

4.1 MDG 1: Eradicate Extreme Poverty and Hunger

4.1.1 Trends and End-point Status at National Level



Target 1A: *Halve between 1990 and 2015, the proportion of people whose income is less than one dollar a day*

Indicator 1.1 *Proportion of population whose income is below \$1.0 (PPP) per day*

The reference year for this target is 1990. However, owing to lack of data for that year, 1992 was instead adopted. The poverty prevalence in 1992 which was estimated at 42.7% has therefore served as the benchmark against which progress or lack of it has been gauged over the years. On the basis of this benchmark, the proportion of people whose income is less than USD 1.0 a day is expected to decline to 21.40% by 2015. Table 4.1.1 shows that the poverty prevalence in Nigeria between 1992 and 2010 fluctuated, but trended downwards from 1996. Estimated poverty prevalence at the various points following 1992 have been higher than the reference level. It rose to 65.6% in 1996 but moderated to 53.3% and 45.5%¹⁰ in 2004 and 2010, respectively. This progress notwithstanding, the 2010 figure is 2.8 percentage points higher than the 1992 figure and 24.1 percentage points short of the 2015 target of 21.4%. Clearly, though some progress has been made, Nigeria has not met the target mainly because the poverty reduction effect of growth has been very limited.

¹⁰ These are revised absolute poverty figures and may differ from figures contained in earlier reports

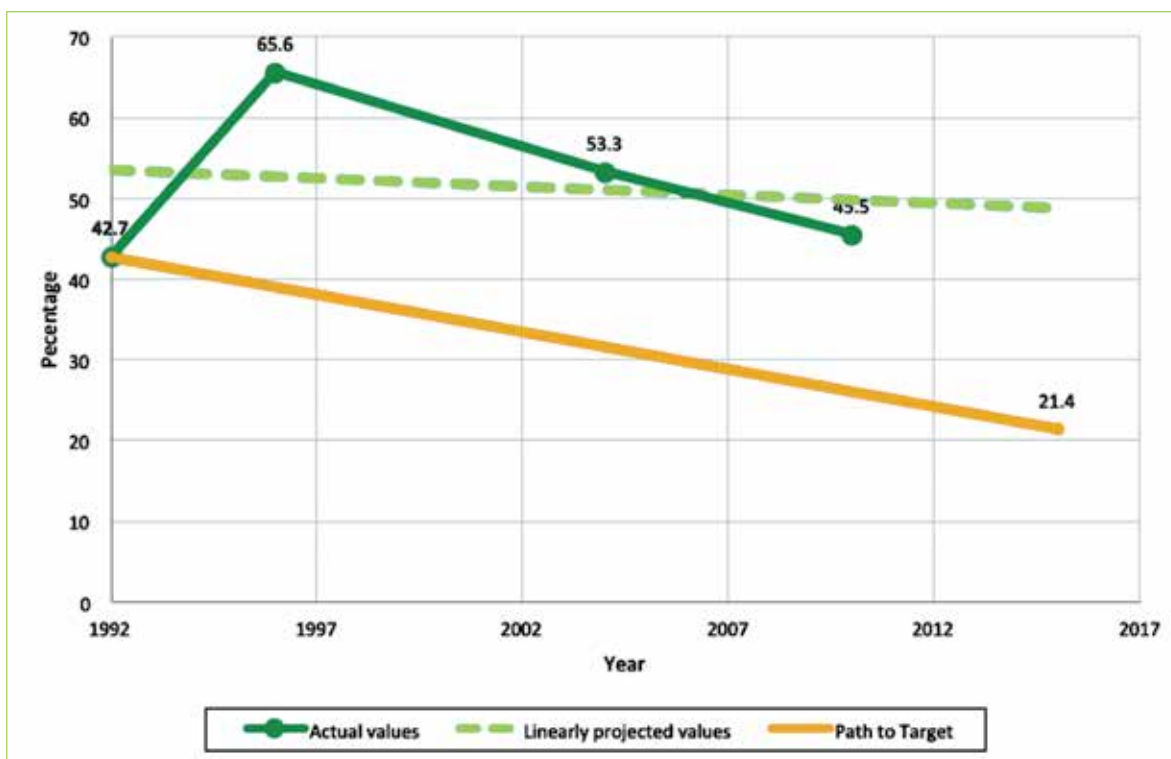
Table 4.1.1: Trends in and status of poverty, 1992-2015

Indicator	1990	1992	1996	2004	2010	2015
1.1 Proportion of population below USD 1 (PPP) per day (%)	NA	42.7	65.6	53.30	45.5	21.40
						Target

Source: NBS (Revised Poverty Figures), 2010

It may be noted that the World Bank’s most recent estimates of poverty incidence in Nigeria indicate that the poverty target has not been met but the estimates are much lower than the NBS figures. In its *Nigeria Economic Report*, No. 2, 2014, the World Bank states that estimates based on General Household Survey (GHS) panel data (obtained by National Bureau of Statistics from 5,000 households for 2010/2011 and 2012/2013) indicate lower poverty rates for Nigeria and progress in poverty reduction compared to previous estimates based on Harmonised National Living Standards Survey (HNLSS). The (3,000-calorie line) poverty headcount is estimated at 35.2% of the population in 2010/2011 and 33.1% of the population in 2012/2013 (as opposed to 62.2% from the 2009/2010 HNLSS). This implies that about 56 million Nigerians are currently poor compared to about 113 million in previous estimates. Rural poverty incidence (44.9%) is much higher than urban poverty (12.6%), and the rate of poverty reduction in rural areas is slower. Evidence from the same set of panel data indicates that more than half of the 56 million poor Nigerians live in the North East or North West. Considering that agriculture is the mainstay of rural dwellers, increasing agricultural productivity could have implications for poverty reduction.

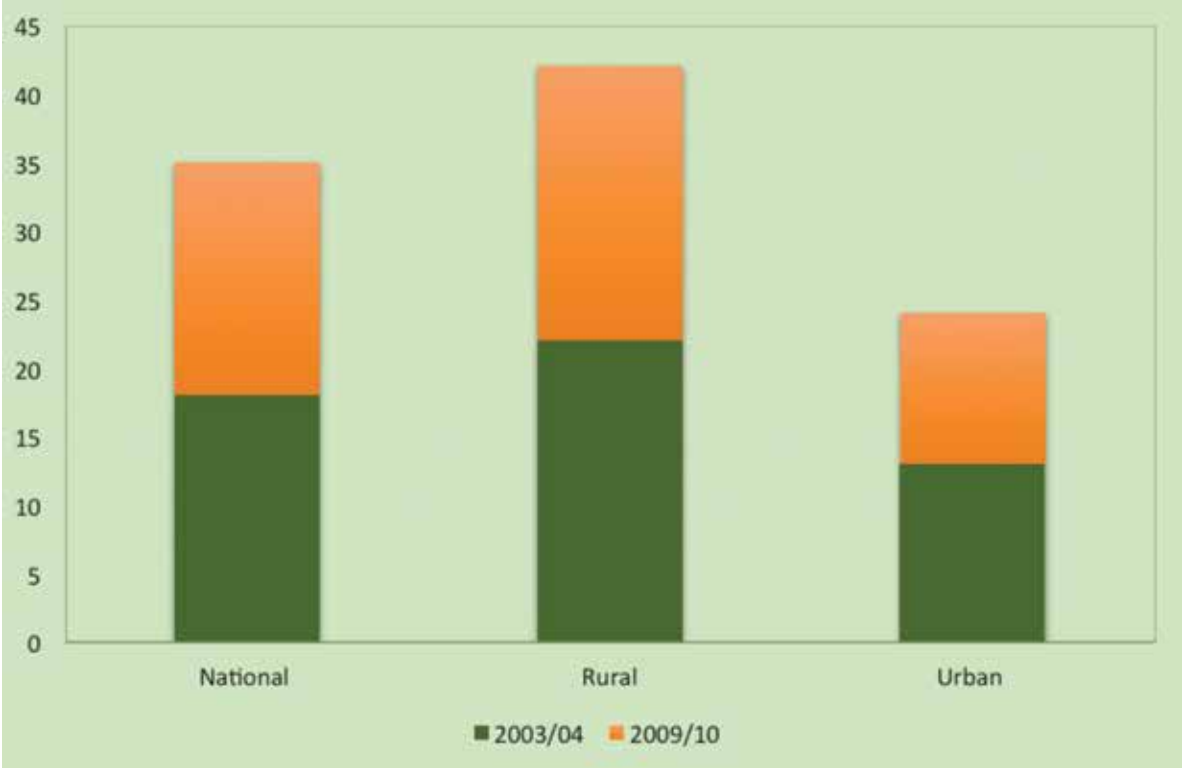
Figure 4.1.1: Nigeria’s Poverty Trends, 1992-2015



Source: NBS (Revised Poverty Figures), 2010

Available data on other indicators of extreme poverty – poverty gap and poverty severity – point to the same conclusion that the country has not made the desired progress on the targets. Table 4.1.2 shows that the share of the poorest quintile in national consumption has remained relatively unchanged. Poverty gap has declined only marginally (see figure 4.1.2).

Figure 4.1.2: Poverty Gap, 2004-2010



Source: NBS (Revised Poverty Figures), 2010

Table 4.1.2: Other poverty indicators

Indicator	1990	1992	1996	2004	2010	2015
1.2 Poverty gap ratio (%)	32.10	NA	NA	29.60	NA	NA
1.3 Share of poorest quintile in national consumption	5.0	5.10	5.20	5.90	5.50	NA

Source: Nigeria 2013 MDGs Report

Despite the fact that the nation’s GDP growth rate has averaged about 7% in the last decade, the poverty situation has not appreciably improved since the 2010 prevalence is higher than that of 1992 which contrasts with reduction in the proportion of people living below \$1.25 per day for Southern, Central and West Africa as a group from 56% in 1990 to 48.5% in 2010¹¹. However, Nigeria has something to celebrate in its fight against hunger as demonstrated here below in Box 4.1.1 and that by 2012 the country had reduced hunger by 66%. This success story attracted an international award given to the then Honourable Minister of Agriculture and Rural Development, Dr. Akinwumi Adesina

11 MDG Report, 2013, Assessing Progress in Africa toward the MDGs Food Security in Africa: Issues, Challenges and Lessons

by the Food and Agricultural Organisation (FAO) in 2013. In recognising Adesina and others who won the award, the FAO Director General Jose D. Da Silva stated:

you are a proof that when societies decide to put an end to hunger, when there is political will from governments, we can transform that will into action...Thank you for showing us that it is possible.

Box 4.1.1: Success in halving the proportion of people who suffer hunger

Early interventions, including programmes to boost farmers' access to extension services, have helped to boost yields by improving inputs such as liberalising markets for seeds and fertilisers (for instance, through the e-wallet system, layers of middle men have been drastically reduced while most farmers are directly linked with agro-suppliers). The overall availability of food has increased to such an extent that the country has met one aspect of the UN Millennium Development Goals three years in advance of the 2015 deadline: by 2012 it had already reduced hunger by 66%, fulfilling one aspect of goal one.

Source: Federal Ministry of Agriculture and Rural Development, 2015



Nigeria's then Honourable Minister of Agriculture and Rural Development, Dr. Akinwumi Adesina, holding the FAO award for recognising outstanding progress in fighting hunger.

Available at: <http://www.galdu.org/web/index.php?&odas=6151&giella1=eng>. **Picture by Busani Bafana/IPS**

4.1.2 Sub-national Variations in Poverty Levels

There are significant sub-national variations in poverty across geo-political zones, states, as well as sectors (rural-urban areas). The prevalence is much higher in the northern states than in the southern ones, with the north east geo-political zone and south west zones contributing relatively more and less respectively, to the nation's poverty prevalence. This reflects divergences in access

to economic opportunities and environmental conditions in the country. Data from the National Bureau of Statistics (2010) indicate that only six states (all in the south) had poverty rates below 50%. Though there are fluctuations in poverty trends across the states, the 2010 rates for Jigawa (88.5%) and Osun (37.5%) states reflect a decline from the 2004 poverty rates of 95.3% and 44.6%, respectively. Although the Nigeria 2013 MDGs Report recorded higher income inequality indices in urban areas, poverty appears more endemic in the rural areas than urban areas. This is because data on poverty gap reveals 22% and 13% for rural and urban areas, respectively in 2004, and 13% and 11% for rural and urban areas, respectively in 2010. Together, these conditions have tended to limit opportunities for upward migration to higher income levels.

Target 1C: *Halve between 1990 and 2015, the proportion of people who suffer hunger*

Indicator 1.8: *National Level Prevalence of underweight children under-five years of age*

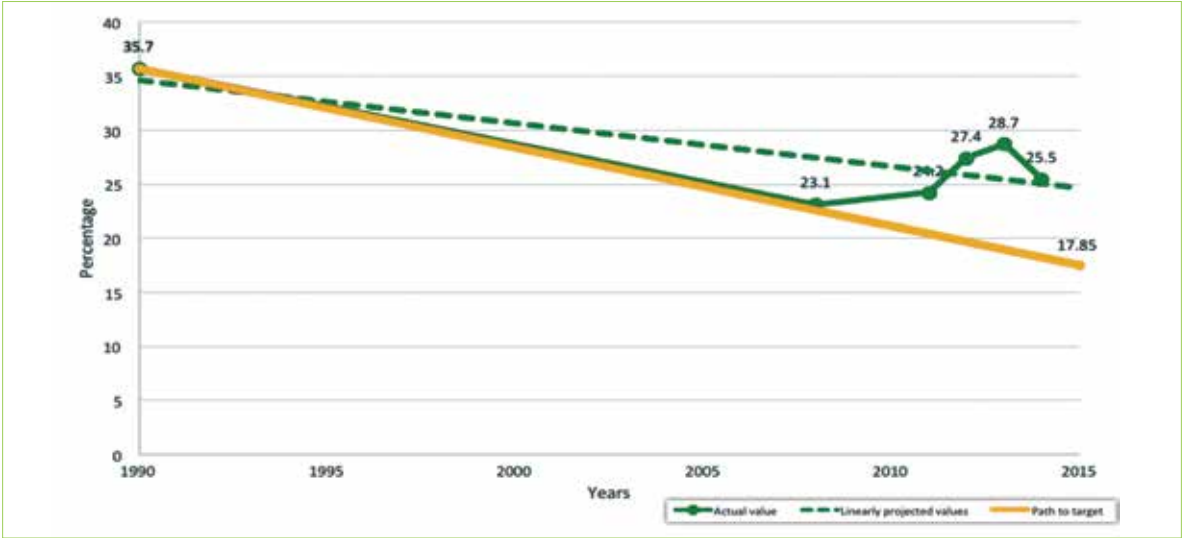
Table 4.1.3: Trends in prevalence of underweight children; 1990- 2014

Year	1990	2008	2009	2010	2011	2012	2013	2014	2015
Value	35.7	23.1	NA	NA	24.2	27.4	28.7	25.5	Target
									17.85

Source: NBS: MDGs Performance Tracking Survey Report, 2014

Some progress has been made on the target of reducing hunger, considering the prevalence of underweight children under five years, although the progress has not been steady. Available data shows that the indicator improved from 35.7% in 1990 to 24.2% in 2011. But the progress was reversed in the following two years with the proportion rising to 28.7 in 2013%. It, however declined to 25.5% in 2014 but still above the 2015 target of 17.85%. The target could, however, be attained, especially given the momentum of the government’s intervention in food production in recent years. The Federal Ministry of Agriculture and Rural Development has attributed the modest progress on this indicator to factors which include programmes aimed at boosting farmers’ access to extension services and liberalisation of input markets (Federal Ministry of Agriculture and Rural Development, 2015).

Figure 4.1.3: National Trends of Under-weight in under five children 1990-2015

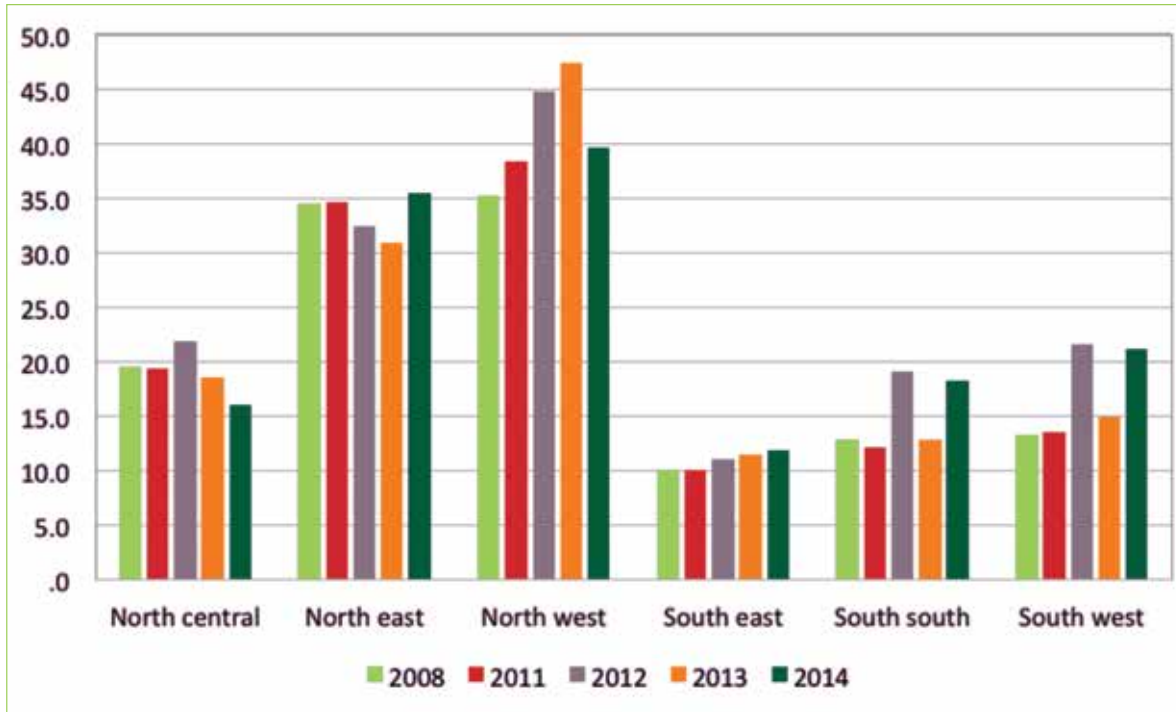


Sources: NDHS (2008 & 2013 Data); MICS (2011 Data); & NBS Performance Tracking Survey (2012 & 2014)

4.1.3 Sub-national Variations in Underweight Children Under Five Years

The progress made nationally notwithstanding, there are subnational disparities in the proportion of underweight children under five years. At the zonal level, the available data show that north-west zone has the highest proportion while the south east zone has the lowest proportion of underweight children prevalence rate (figure 4.1.4). States have also exhibited divergences in the proportion of underweight children under five.

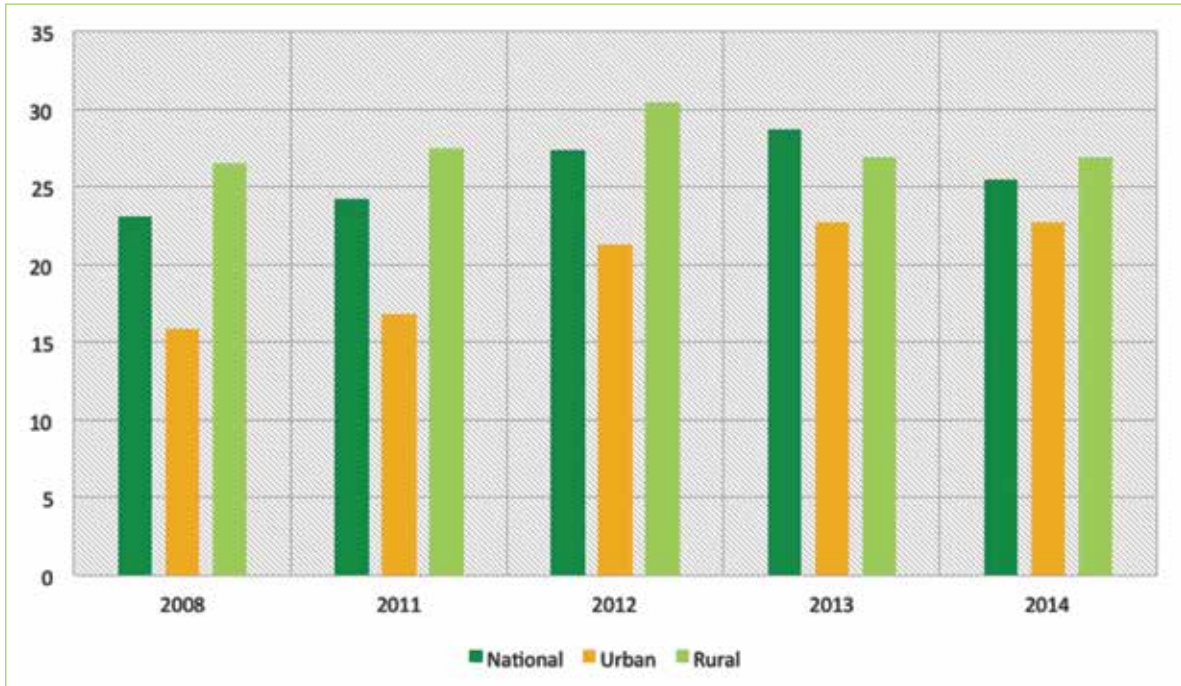
Figure 4.1.4: Proportion of Under Weight Children under Five by Zone 2008 - 2014



Source: MDGs Source: Performance Tracking Survey Report, 2014

As shown in figure 4.1.4, the prevalence of underweight children appears more severe in the northern part of the country where food production is higher; this is probably as a result of education and awareness deficit. The picture seems worst in the North-east zone due to insurgency and displacement of families in recent years. The southern zones possess better underweight prevalence. The South-east zone has the lowest prevalence which reflects relative stability. This situation is attributable to greater awareness and higher average family household income. Availability of rich sea food in the South-south and South-west zones as well as high literacy levels in the South-west are contributory factors to the relatively high child nutrition in these parts of the country. These observed trends suggest the need for education-related policy interventions for certain areas, especially in the North-east and North-west zones. Emphasis of such interventions should be on improving nutrition using locally available food combinations.

Figure 4.1.5: Proportion of Under Weight Children under Five by location 2008 - 2014



Source: MDGs Performance Tracking Survey Report, 2014

Figure 4.1.5 indicates rather ironically that underweight in under five children has remained consistently higher in the rural areas where food is mainly produced. This points to lack of education and awareness in the area of nutritional requirements. The situation suggests a need for targeting the rural areas in order to move the values of the indicators towards target.

4.1.4 Main Goal One Policy Drivers

Certain institutional and policy drivers are responsible for the successes recorded on this goal. Key among them are the relevant Ministries, Departments and Agencies (MDAs) such as Federal Ministry of Agriculture and Rural Development (FMARD), Office of the Senior Special Assistant to the President on Millennium Development Goals (OSSAP-MDGs), Debt Relief Gains (DRGs), Small and Medium Enterprises Development Agency of Nigeria (SMEDAN), National Poverty Eradication Programme (NAPEP), and National Directorate of Employment (NDE).

Federal Ministry of Agriculture and Rural Development (FMARD)

Poverty prevalence data indicate that poverty is endemic in rural areas where majority of Nigerian farmers live. The introduction of the Growth Enhancement Support Scheme (GESS) by the FMARD in 2012 has, in addition to curbing large-scale corruption that bedevilled the fertilizer and seed industries, improved agricultural output with farmers' enhanced income as a consequence. In addition, the ministry has through the MDGs Assisted Youth and Women in Agribusiness Investment Programme trained at least 6,287 beneficiaries in various farming skills and provided them with

starter packs to enable them establish agricultural based enterprises of their choice and expand current activities for wealth creation. Also, trainees have been registered as cooperative societies which enable them to access credit facilities in Bank of Agriculture and Bank of Industry. Despite these efforts, poverty has remained endemic in rural areas due to post-harvest losses caused by inadequate storage facilities as well as persistent low and declining yields experienced by farmers.

Office of the Senior Special Assistant to the President on Millennium Development Goals (OSSAP-MDGs)

The OSSAP-MDGs has been active in efforts to reduce poverty in Nigeria. One critical channel of its intervention has been investment in agricultural business initiatives (a major employer of Nigerian labour force) in partnership with FMARD and States. This has not only empowered many youths and women but made them employers of labour; which has contributed to reducing the rising wave of unemployment - a correlate of poverty in Nigeria. Similarly, the simple technology funded by MDGs to allow farmers store and preserve crops has reduced post-harvest losses and enhanced farmers' income.

In addition, OSSAP-MDGs' efforts in constructing Primary Health Care Centres and providing medical equipment have raised beneficiaries' productivity by reducing the loss of man hours associated with ill-health in the face of non-availability of, and inaccessibility to medical facilities. The improvement in productivity has been supported by the reduction or eradication (in the case of polio) of water borne diseases through MDGs solar powered boreholes in many parts of Nigeria.

Debt Relief Gains (DRGs)

Conscious of the fact that the repayment of burdensome debt serves as a drain on domestic resources, Nigeria negotiated and obtained debt relief from the Paris Club in 2005 so as to free resources for most desired socio-economic development programmes and projects. The relief translated to one billion dollar gains annually, which the Federal Government decided to invest in pro-poor programmes so as to accelerate the progress towards the attainment of the Millennium Development Goals (MDGs). The appropriation of the "gains" in the nation's annual budget as from 2006 has contributed to the progress made towards the attainment of goal one.

Small and Medium Enterprises Development Agency of Nigeria (SMEDAN)

Efforts by the Small and Medium Enterprises Development Agency of Nigeria (SMEDAN) have also contributed to the progress made on goal one. A survey by SMEDAN and the National Bureau of Statistics in 2010 revealed that by the end of that year, the number of persons employed by Medium, Small and Micro Enterprises (MSMEs) in Nigeria was 32,414,884. In addition to the delivery of business development services to 1,200 awardees under the Youth Enterprises with Innovation in Nigeria (YouWIN) annually, SMEDAN created a total of 1,232,751 jobs for the unemployed between 2011 and 2014. The agency also formed and registered 55,605 cooperative societies between 2013 and 2014. These efforts by SMEDAN have empowered many Nigerians and consequently contributed to reducing poverty in the country.

National Poverty Eradication Programme (NAPEP)

Owing to the fact that unemployment is a critical cause and effect of poverty, NAPEP was established in 2001 to among other things, train and empower youth across the nation. The activities of NAPEP

have engaged many youths and provided them with employment opportunities thereby reducing poverty. In collaboration with OSSAP-MDGs, NAPEP has through the Conditional Cash Transfer (CCT) programme provided indigent households with funds for investment in human capital development for their children or wards. In this regard, a total of N5, 923,485,000.00 was released to 60,390 households between 2007 and 2013. In addition, the popular “keke NAPEP” has served as an empowerment instrument for many youth across the country. Available data reveals that “Keke-NAPEP” has provided employment to over 18,000 operators and assistants. It has also brought about training of mechanics in Nigeria as well as the establishment of Keke’s assembly plant in Lagos. There is also NAPEP’s Micro Credit programme specifically meant for the poor which has impacted over 2000 beneficiaries.

National Directorate of Employment

The National Directorate of Employment (NDE) which was established in 1986 for the purpose of combating mass unemployment, has implemented many programmes aimed at youth empowerment, employment generation and poverty reduction. One of these is the Skills Acquisition scheme. Through this Scheme, the NDE has trained many youths and women in various skills such as tailoring, hair dressing, carpentry and others. For instance in 2010, a total of 224,559 unemployed persons benefited from the directorate’s numerous schemes. Some of the beneficiaries have become employers of labour which implies that they have helped themselves and others to come out of poverty.

4.1.5 Goal One Challenges

Though some progress has been made towards the attainment of the goal of eradicating extreme poverty and hunger, enormous challenges have tended to limit success recorded. These challenges include, but are not limited to:

- dwindling revenue arising from declining oil prices,
- insurgency/conflicts,
- education/awareness deficit,
- unemployment,
- inequality, and
- rapid population growth.

The Nigeria MDGs 2013 Report discussed the last three factors which have continued to plague the nation’s development efforts while fluctuations in oil prices as well as insurgency/conflicts have been discussed in chapter three of this report. Therefore, two other challenges are explained briefly as follows:

i. Education and awareness deficit

Poverty indicators show that poverty prevalence including underweight children under five years is more severe in northern states of Nigeria. Statistics on education reveal that the region also parades low level of literacy. These and inadequate (in some cases absence of) complementary factors of production such as power and poor road network have affected efforts aimed at attaining

goal one in Nigeria. This is because such factors are critical in ensuring effective implementation of poverty reduction policies and programmes. Their non-availability present a challenge for mobility of both human and material resources which are capable of facilitating access to poverty reduction opportunities.

ii. Inadequate Data

There is the serious challenge posed by inadequate data to track progress on this goal. This explains why up to date data are not readily available for some indicators in this report. This is a challenge that the relevant MDAs and NBS must endeavour to overcome in future initiatives such as the SDGs through institution of appropriate mechanisms to regularly monitor progress and obtain up to date performance data.

4.2 MDG 2: Achieve Universal Primary Education

Target 2.1: *Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling*

4.2.1 Trends and End-point Status at National Level

Indicator 2.1: Net enrolment in primary education

The net enrolment ratio refers to the ratio of the number of children of official school age (as defined by the national education system) who are enrolled in primary school, to the total population of children of official school age.



To achieve Goal 2 in Nigeria, programmes and projects were designed to raise enrolment, enhance retention and completion rates, as well as improve teaching and learning environment by upgrading educational infrastructure in primary and secondary schools. Specifically, the programmes aimed at addressing issues such as:

- Out-of-school children of primary basic education school age and junior secondary school estimated at 10 million pupils;
- Low school enrolment of girls;
- High drop-out-of-boys from school;
- Low rate of adult and youth literacy; and
- Dearth of infrastructural facilities.

The underpinning philosophy was the commitment of the Federal and State Governments to ensure that all children, regardless of ethnicity, religion, class, or gender, have access to full cycle of primary and junior secondary education. The Government of Nigeria recognises universal access to quality basic education.¹² Although Nigeria has been one of the countries on track in achieving Goal 2, [achieving for example a net enrolment of 84% (2004) and 80% (2007)], the performance fluctuated over the years in response to changing circumstances occasioned mainly by insurgency and insecurity in some Northern States of the country.

It may be noted that the early period of the MDGs programmes implementation in Nigeria witnessed a high level of primary school enrolment associated with the existing favourable and peaceful national policy environment. The early period was the decade (1990-2000) of *Education for All (EFA)* Policy and the re-launching of the *Universal Basic Education (UBE)* in 1999. Records show that up to 2008, there was a very high net enrolment trend¹³. For instance, net enrolment peaked at 95% in 2000, decreased to 80% and 84% in 2004 and 2005, respectively, and then gradually increased to 88.8% in 2008¹⁴ (2013 MDGs Report).

Table 4.2.1: Net enrolment in primary school (%) (1995-2015)

Indicator 2.1	1995	2001	2004	2005	2007	2011	2012	2013	Target
Net enrolment in primary school (%)	60	70	84	84	80	59	79	54	100

Source: Federal Ministry of Education (FME), 2015

Table 4.2.1 and Figure 4.2.1 below present the trend and end-point status of primary school net enrolment up to 2013. The figures reveal that the achievement recorded before 2008, was reversed between the years 2011 and 2013 when the net enrolment figures decreased significantly to 59% and 54%, respectively. Thus, the data show unsteady progress on the achievement of Indicator 2.1 and significant deficit in relation to the 2015 target of 100 %. The 2012 net enrolment figure of 79% is rather difficult to explain because, as reported earlier in Chapter three, the insurgents (members of the Boko Haram sect) destroyed many schools in the North-east, making school children to become a large part of the internally displaced population. One of the consequences has been the swelling up of the already high number of

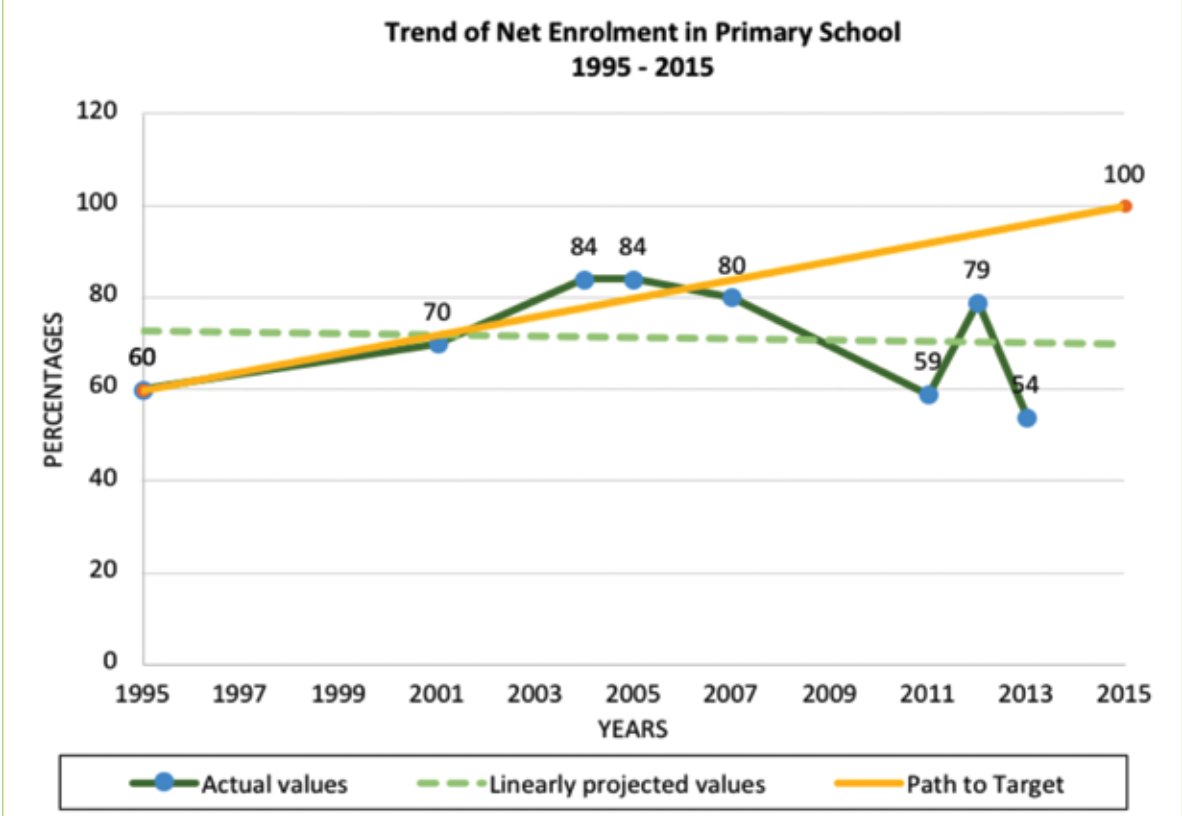
¹² This is defined in Nigeria as six years of primary schooling and three years of junior secondary education.

¹³ In the past, Nigeria sometimes tracked net attendance as proxy for net enrolment, and it also reported on proportion of pupils starting primary 1 who reached primary 5. This report however restricts itself to net enrolment, primary six completion rate and literacy rate.

¹⁴ Note or should this be Not all figures mentioned are reflected in the table.

out-of-school children in Nigeria’s educational system. But given the question of data integrity in the educational system particularly at the sub-national level, the figures may have responded to some policy incentives or expectation of reward in relationship to the UBEC.

Figure 4.2.1: Net National Enrolment in Primary Schools (%) (1995-2015)



Source: Federal Ministry of Education, 2015

Apart from the impact of the Boko Haram insurgency on net enrolment, there is the observation that some states failed to submit data on net enrolment during the years in question, thus suggesting that incomplete data might have been partly responsible for the declining trend of net enrolment. Besides, is the concern about data integrity based on the observed practice among some states of manipulating enrolment figures in their relationships with the Universal Basic Education Commission (UBEC). Such manipulations were usually done for reasons less than noble and as Nigeria exits the MDGs, the task of ensuring the integrity of data is compelling. Also more vigorous effort needs to be made in order to increase the net enrolment figures in the post-MDGs development agenda.

Indicator 2.2: Primary Six Completion rate

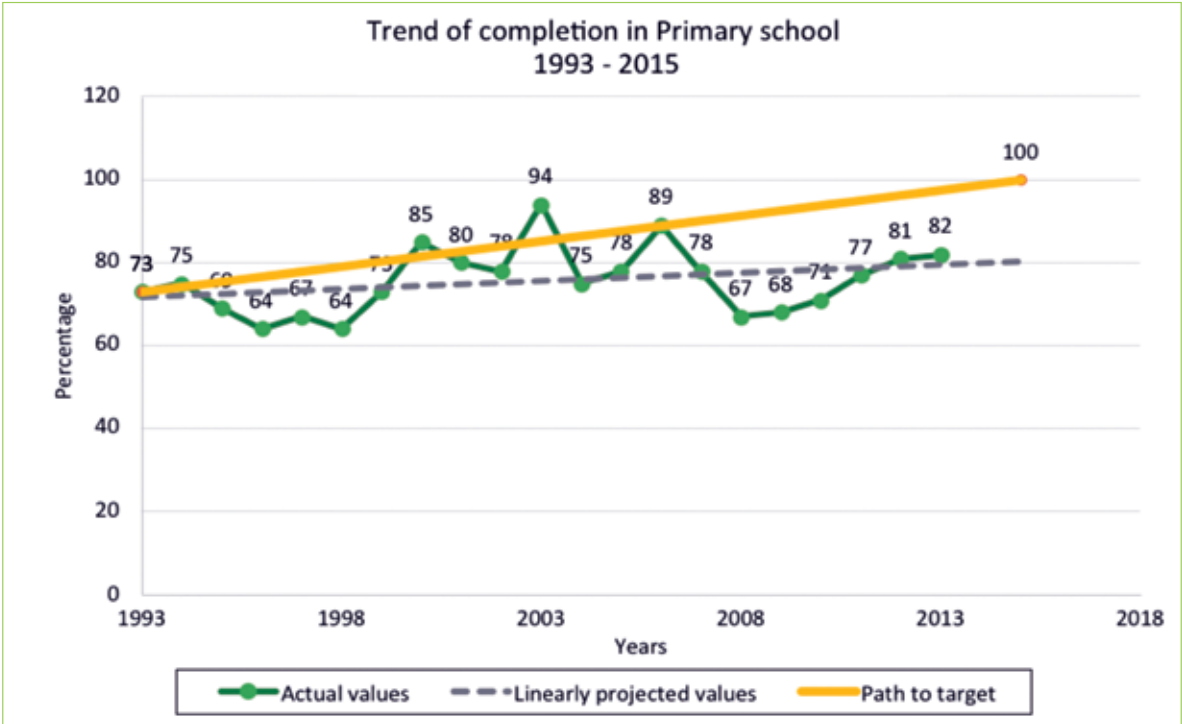
Table 4.2.2: Primary Six Completion rate

Indicator	1993	1995	2000	2003	2005	2006	2007	2011	2013	Target
Primary Six completion rate (%)	73	69	85	94	78	89	78	77	82	100

Source: Federal Ministry Education, 2015

Table 4.2.2 above and figure 4.2.2 below present the trend and end-point status of primary school completion rate over the period, 1993-2013 at the national level. Retention of pupils in schools has been a major priority of the government against the backdrop of a high number of out-of-school children in Nigeria, with estimates ranging from 10 to 11 million and about 90% coming from the Northern part of the country. The primary six completion rate is therefore very important in achieving Goal 2 as it reflects the ability of the education system to prevent a high level of school drop-outs.

Figure 4.2.2: Primary Six Completion rate



Source: Federal Ministry of Education, 2015

Again, progress on the Primary Six completion rate indicator has not been steady. It fluctuated very significantly over the years reflecting perhaps changing policy environment and pervading influence of economic and cultural factors. Starting with a good performance figure of 73% in 1993, the indicator increased to 85% in 2000, and peaked at 94% in 2003. Then it decreased to 89% in 2006 and dropped again to 82% in 2013. Going by MICS Nigeria 2011 Report, which revealed a completion of 85.5%, Nigeria has been on track towards achieving this indicator. However, moving forward in the post-MDGs period will require that more efforts need to be put into implementing policies and programmes that will result in achievement of the completion rate target.

4.2.2 Sub-national and Geo-political Variations

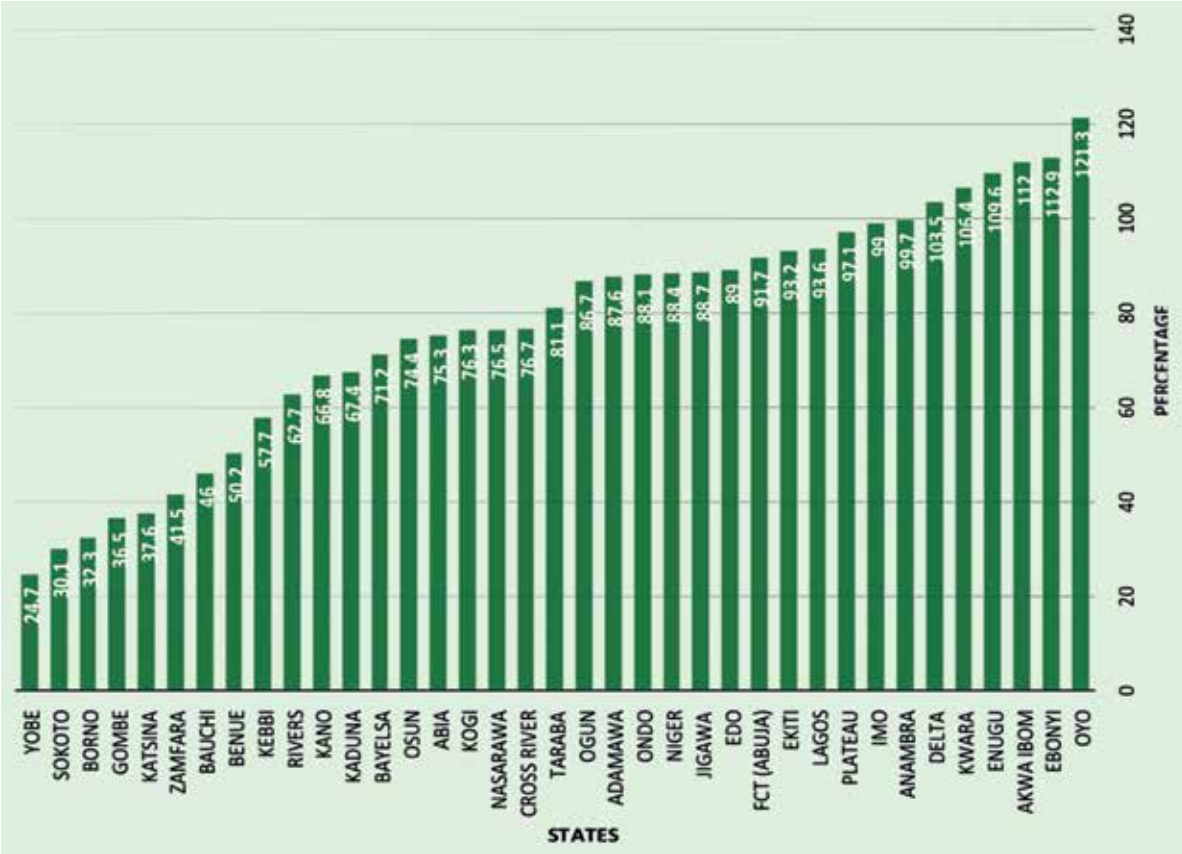
Figure 4.2.3 below shows the primary school completion rate across states. It reveals very significant variations in completion rates among the states. The relatively good performance recorded at the national level as observed above conceals the poor performance at the sub-national level in such states as Yobe, Sokoto and Borno which recorded completion rates that are below 33 %. Again, the Boko Haram insurgency in the North East might have worsened the completion rates in that

zone. The implication of this is that rebuilding schools in the North-east and adopting incentives to encourage retention in the North-west is a compelling task. Fortunately this problem is being addressed by governments of these states as pointed out elsewhere in this report. For example, the interventions by the government of Yobe State (North-east) in revamping primary education is showcased as best practice model. Also the government of Sokoto State (North-west) has already sent a bill to the House of Assembly to address the issue of poor enrolment in schools.

At the opposite end of the pole are Oyo and Ebonyi States which have achieved over 100 % completion rates. About a decade ago, the situation in Ebonyi state was very bad as children of school age were hardly in schools. A combination of good policies with appropriate incentives implemented by the then governor, Sam Egwu, led to the reversal of the poor enrolment and completion rates situation.

Again, those familiar with Akwa Ibom State would testify to the role of good governance in revamping the educational system under former governor Akpabio. Many years back, Akwa Ibom State was also like Ebonyi but today good educational policy incentives have also made education attractive to its citizens. There is hope that other states at the bottom of the ladder could with good policy incentives turn their present educational situation around like Ebonyi and Akwa Ibom States.

Figure 4.2.3: Primary Six Completion rate across states in 2014



Source: NBS, 2014

Indicator 2.3: Literacy rate of 15-24 year olds

The literacy rate of 15-24 year olds, or the youth literacy rate, is the proportion of the population’s 15-24 year olds that can both read and write with understanding a short simple statement on everyday life. The definition sometimes extends to basic arithmetic and other life skills.

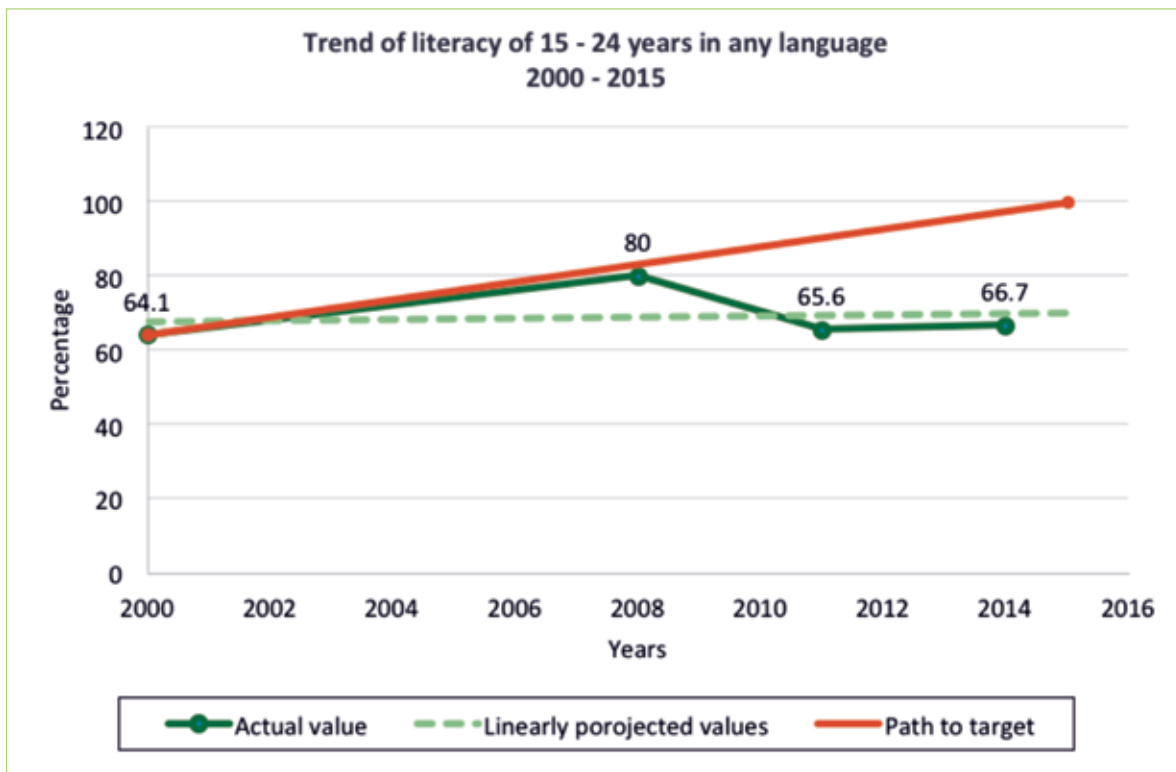
Table 4.2.3: Literacy rate of 15-24 year olds

Indicator	1990	1995	2000	2008	2010	2011	2014	Target
Literacy rate of 15-24 year olds (Male and Female) (%)	-	-	64.1	80	-	65.6	66.7	100

Source: NBS

Table 4.2.3 and figure 4.2.4 reveal from the available data that the literacy rate of this age group has not progressed much. From 64.1% in 2000 it rose to 80% in 2008 but later decreased 65.6% in 2011 and marginally increased to 66.7% in 2014. Thus, the country’s performance on this indicator is less than satisfactory as it has failed to sustain the gains it recorded in 2008.

Figure 4.2.4: Literacy rate of 15-24 year olds (Male and Female) (%)



Source: NBS-General Household Surveys, 2000 & 2008; MICS, 2014; & Performance Tracking Survey, 2014

Confronting the problem of mass illiteracy is a responsibility specifically assigned to the National Commission for Mass Literacy, Adult and Non-Formal Education (NMEC), and this responsibility

goes beyond meeting the MDGs indicator examined here. NMEC attacks the problem by opening its literacy classes to both adults and youths. For example, in 2010, it registered a total number of 622,891 adults and youths in its literacy programme. In subsequent years, it registered a total number of 792,146 in 2011, 1,185,101 in 2012, and 1,622,877 adults and youth members of the society.

4.2.3 Selected Issues at Sub-National Level

4.2.3a: Literacy rate across geo-political zones

A disaggregation of the literacy rate data across geo-political zones, shows that the South-west recorded the highest number of literate population with 26,375,402 (81% within the zone and about 26% National), followed by North-west with 20,836,254 (50% within the zone and 21% national); South-south with 17,503,260 (76% within the zone and 17% National); South-east with 17,503,260 (71% within the zone and 14% national), North-central with 12,902,019 (53% within the zone and 13% national) and lastly, North East which has the highest number of illiterate population, 13,427,466 (60% within the zone and 21% national), respectively. The link between high level of illiteracy and high incidence of undesirable social behaviours (such as insurgency in the zone) may thus not be surprising.

4.2.3b: Revamping Primary Education in Insurgency States

Education in three states (Adamawa, Borno, and Yobe) has been badly affected by the insurgency crisis as was noted in Chapter three. Many schools have been closed and the case of abducted Chibok girls has been an issue of global concern. The governments of the three states have been responding in various ways to keep the children in schools. The case of Yobe state which has been so badly affected like Borno is considered here as a good practice example.

Box 4.2.1 Major Educational Strides by the Yobe State Government

- ◆ Implementation of a new salary structure for teachers;
- ◆ Recruitment of over 2,000 NCE teachers to teach in primary/JSS schools;
- ◆ Construction of over 1,000 new JSS/Primary school classrooms including rural staff quarters under the UBE counterpart fund 2011/2012;
- ◆ Distribution of over two million pieces of instructional materials (textbooks/exercise books);
- ◆ Provision of 30,000 pieces of furniture to JSS/Primary schools;
- ◆ Reconstruction and Rehabilitation of over 300 classrooms destroyed by members of Boko Haram sect;
- ◆ Completion and furnishing of 11 of the 17 model boarding schools; and
- ◆ Sponsoring of workshops and re-training of over 20,000 specialised JSS/Primary School Teachers in all core subjects.

Source: Yobe State Universal Basic Education Board, 2013; & Hamisu Kabir: 'Gov. Gaidam re-organises Yobe's education sector'. See Daily Trust, Wednesday, May 29, 2013, pp 26 & 27, and p36 respectively.

Since 2013, additional interventions have been made by the Yobe state government to ensure that the schools return to normalcy even though the insurgents keep attacking frequently. The government has displayed courage to keep the schools running and its efforts in this regard are commendable.

4.2.4 Achievements

In the implementation of programmes and activities related to Goal 2, focused attention was given to issues such as gender equality, quality assurance, curriculum development, access and equity, and relevance, all geared towards improved teaching and learning, teacher development, instructional materials and infrastructure. The interventions implemented in relation to the MDGs, yielded remarkable achievements. One of the interventions is the 'Federal Teachers' Scheme' summarised in Box 4.2.2.

Box 4.2.2: The Federal Teachers' Scheme (FTS)

The FTS was established in 2006 to tackle the acute shortage of qualified teachers in public primary and junior secondary schools. The Scheme improved the quality of education delivery by supplying qualified teachers to schools nationwide, especially in the rural areas. The FTS is directed at achieving MDGs 2 and 3 and is a two-year internship programme for unemployed qualified National Certification of Education (NCE) graduates, to prepare them for formal absorption into the teaching profession. The Federal Government provides monthly stipends to the participants and the state governments supplement this either by providing accommodation or by an incentive payment. This scheme has in the process promoted inter-governmental cooperation in Nigeria's federal system.

The success of this scheme has consistently been impressive in the areas of its enlistment, completion and absorption, and can be regarded as a high impact intervention and a success story in Nigeria's MDGs intervention. For example, in 2011/2012 alone, twenty seven States and FCT absorbed a total of 25,668 participants. The Scheme has enhanced access, equity and quality in primary education.

The increased availability of teachers has encouraged enrolment, attendance and retention. Most of the teachers are posted to rural schools, thereby promoting equity between the urban and rural areas. The scheme has also fostered gender equity as it has led to increased enrolment and higher retention of girl-pupils. Furthermore, FTS has reduced teacher: pupil ratio and also reduced teacher workload across the states.

Also listed below are other programmes and projects that have impacted on net enrolment, retention, completion rate and literacy. Although their impact has not been properly established, they are nevertheless important interventions for the good and effective teaching and learning in schools, most of which were in very poor conditions. Box 4.2.3 provides a summary of major deliverables over the years.¹⁵

¹⁵ These projects were carried out in different years.

Box 4.2.3: Delivering Goal 2 (Selected Facilities provided)

- ◆ A total of 2,301 (in 2012) and 10,000 (in 2013) classrooms under the UBEC Intervention Funds;
- ◆ A total of 1,823 and 4,353 computer sets in 2012 and 2013 respectively;
- ◆ A total of 87,123 and 509,079 classroom furniture in 2012 and 2013 respectively;
- ◆ Supply of text books in 4 core subjects and 5 additional subjects;
- ◆ Nearly 300,000 teachers received in-service training;
- ◆ 74,000 teachers recruited and trained nation-wide;
- ◆ Developed a National Education Quality Assurance Framework with 4,600 community stakeholders - under this quality assurance model many federal and state inspectors have trained and retrained;
- ◆ Equipped and improved training facilities in Federal Colleges of Education;
- ◆ Re-oriented and retrained 1,050 Federal and State inspectors nationwide;
- ◆ Established 21 Model School chance Centres;
- ◆ Establishment of 18 youth centres for skills acquisition;
- ◆ Trained 1,995 State Officials and School-based Management Committee members on gender, governance and student mentoring /tutoring;
- ◆ Procurement of 1,760 computer systems and distributed to 50 Schools;
- ◆ Literacy by radio programme targeted at adults aired nationwide;
- ◆ Equipped 24 Business Apprenticeship Training Centres (BACTs);
- ◆ 1,453 classroom blocks were constructed, furnished and equipped in Federal Constituencies under the constituency projects of legislators;
- ◆ A total of 89 classrooms in 34 primary schools rehabilitated and furnished in barracks; and
- ◆ 72 libraries, 296 computer centres and 3 laboratories constructed, furnished and equipped.

Source: Federal Ministry of Education, 2015

Besides the efforts of the Federal Ministry of Education and its agencies in the education sector, there have been consistent interventions in the sector through the MDGs programme in a complementary way. In 2013, for example, over 300 projects were executed including 205 three class room blocks in the six geo-political zones and spread across 33 States of the Federation (FME, 2014).

Notwithstanding the various achievements, there are very critical questions which have agitated the minds of stakeholders in the education sector over the years. Three of such questions are presented as follows:

- Why is it that in spite of the documented achievements in the various areas of interventions, the quality of education has tended to be low?
- Why is it that students' performance in the WAEC and NECO examinations has been less than satisfactory over the years?

- Why is it that the learning environment in many public schools is still not very motivating and conducive to effective teaching and learning?

Perhaps, these questions will draw the attention of the nation's education managers to the fact that in spite of the numerous achievements, education in the context of the MDGs remains an unfinished business and should therefore be given priority attention in the post-MDGs development framework.

4.2.5 Main Policy Drivers

A number of key policies, programmes and projects that have impacted on the modest successes recorded are outlined in Box 4.2.4 below:

Box 4.2.4: Key Policies, Programmes and Projects aimed at Promoting Education

- ◆ National Policy on Education (2004, 2007 revised);
- ◆ Universal Education Policy;
- ◆ National Admission in Tertiary Institutions Policy;
- ◆ National Framework for Girls and Women, Technology and Information Policy (2011);
- ◆ National Policy on Gender in Basic Education (2006);
- ◆ Early Childhood Education Policy: Early Childhood Care and Education (ECCE) has been institutionalised as State Governments are required to establish early childhood centres in all public primary schools;
- ◆ The Almajiri Education Programme: This programme mainstreams the Almajiri/Quranic system into basic education in three models namely (a) integration of traditional Tsangaya/Quranic schools into the formal education system at its original location; (b) model boarding Almajiri schools to serve a group of Tsangaya/Quranic schools; and (c) integration of basic education in established Islamiyyah and Ma'ahad schools. Under these three models, 124 schools were constructed;
- ◆ National Campaign on Access to Basic Education: This programme has been launched across the geo-political zones to reduce the number of out-of-school children. In the South-east zone for example, the Back-to-School Programme (tagged 'Mmuta Bu Ike') addresses the issue of low participation of boys in education;
- ◆ Girls' Education Programme (GEP): Under this programme, the construction of Junior Girls' Model Schools was massively carried out;
- ◆ Nomadic Education Programme: This programme has established model Nomadic Education Centres; rehabilitated community-based nomadic schools; provided model collapsible structures with chairs and tables in six geo-political zones; and constructed motorised boreholes; and
- ◆ Management of the N1 billion Fund-in-Trust for the Revitalisation of Youth and Adult Literacy. (See Mid-Term Report of the Transformation Agenda, 2012 for details of these programmes and projects).

The implementation of the programmes and projects received the generous support of International Development Partners namely the DFID (UKaid), USAID, UNICEF, UNESCO, UNDP,

Japan International Cooperation Agency (JICA), China International Development Agency (CHIDA), Korea International Cooperation Agency (KOICA), and the British Council. A significant development was the admission of Nigeria into the Global Partnership for Education (GPE) which enabled her to receive a grant of 100 million US Dollars.

Going forward, there are some high impact programmes that can be scaled-up to achieve more results in the future including the following:

- *Almajiri Education Programme* with its free school feeding and vocational skills training and which would go a long way in retaining the affected children in school, thereby addressing access, retention and eventually dropping the percentage of out-of-school children;
- *Federal Teachers Scheme*, for the potential it creates for widening access into the programme for unemployed Nigerian Certificate in Education (NCE) holders;
- *Retraining of teachers and head teachers*, especially in the basic education subsector in order to face societal opportunities and challenges of today's world which calls for expertise beyond what is available in the schools; and
- *TVET*, and the scope to equip vocational workshops to move with the reality of a globalised world of technology and innovations, problem solving and envisioning of the future to prepare students for such challenges.

4.2.6 Challenges

Several challenges have tended to constrain achievements related to MDGs 2 Goal. They include the following:

- Drastic reduction in FME DRGs budgetary appropriation which affected the scope and coverage of MDGs in the Education Sector;
- Late release of the appropriated funds and inability to access it promptly due to bureaucratic bottlenecks;
- Inadequate funds for monitoring and evaluation of MDGs projects and programmes;
- Inconsistency in funding the MDGs projects/programmes leading to lack of continuity and sustainability of the projects/programmes;
- Delay in the approval of proposals and late release of funds resulting in insufficient time to execute activities by the implementers;
- Lack of commitment to Federal initiatives in education by benefiting states and communities;
- Problem of data integrity giving rise to lack of reliable data to support decision making in education;
- Effect of insurgency on the education sector;
- Climate change (effect of flood, erosion etc.);
- Existence of primary school enrolment gap;
- Low Literacy rate of 15 - 24 yrs old; and
- Reluctance of States to absorb the completers of the Federal Teachers Scheme (FTS) programme.

4.3 MDG 3: Promote Gender Equality and Empower Women

Target 3: *Eliminate gender disparity in primary and secondary education preferably by 2005 and all levels of education no later than 2015*

4.3.1 Trends and End-point Status on Equal Access to Education

Indicator 3.1a: Ratio of girls to boys in primary education

The ratio of girls to boys in primary education, secondary and tertiary education is the ratio of the number of female students enrolled at primary, secondary and tertiary levels of public and private schools to the number of male students.

Nigeria's efforts aimed at achieving Goal 3 involved active collaboration and partnership among stakeholders involved in eliminating gender disparity in all levels of education with the aim of promoting gender equality and women empowerment. Sub-national governments in states known for low girl-child enrolment in schools, responded vigorously during the MDGs programme implementation period by enacting laws prohibiting cultural and non-cultural practices that hitherto prevented or discouraged enrolment of the girl-child in schools. For example, many states in the Northern part of the country enacted laws to prohibit street trading, hawking and street begging; withdrawal of girls from school; child labour and trafficking; and enforce the fundamental rights of the girl-child to health, education, survival and participation.¹⁶

Nigeria started implementing gender equality policies in education under the *Education for All*, a global agreement requiring compulsory enrolment, retention, completion and transition to higher level of all girls in schools with expansion of second chance education for all through non-formal provision. There was an enabling policy environment for the implementation of the MDGs. To this end, policies and interventions aimed at improving women's access to education began to receive tremendous boost during the MDGs period¹⁷.

However, implementing gender-based policies, was not an easy task as a segment of the society was deeply patriarchal. This meant largely that the boy-child's education was actively encouraged while the girl-child was generally imperilled. This is largely the background against which the promotion of girl-child education in Nigeria was carried out during the last fifteen years of the MDGs. Table 4.3.1 and Fig 4.3.1 show the trend and end-point status at the national level.

Table 4.3.1: Ratio of girls to boys in primary education

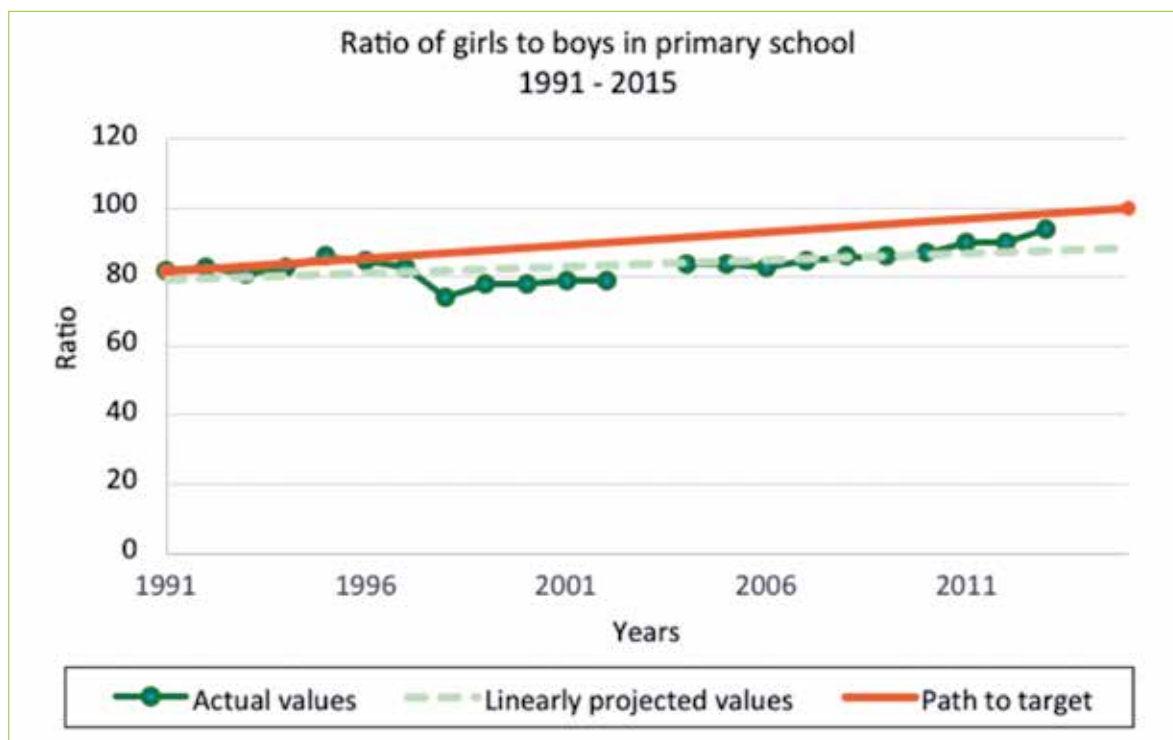
Indicator 3.1a	1991	1995	2000	2005	2010	2012	2013	Target
Ratio of girls to boys in primary education (girls per 100 boys)	82	86	78	84	87	90	94	100

Source: FME, 2015

¹⁶ See Federal Ministry of Women Affairs and Social Development (FMWA&SD) (2014): 'Nigeria's Combined Seventh and Eight Reports on the Implementation of the Convention on the Elimination of All forms of Discrimination against Women'. Abuja: FMWA&SD.

¹⁷ Ibid

Figure 4.3.1: Ratio of girls to boys in primary school



Source: FME, 2015

Achievements in relation to Goal 3 in the last fifteen years constitute one of Nigeria’s areas of strength despite the prevailing patriarchal culture and practices in most of the states of the federation. There has been a gradual but steady increase in the ratio of girls to boys in primary education in Nigeria. Figure 4.3.1 shows that from 82% in 1991, 86% in 1995, down to 78% in 2000, it rose to 87% in 2010 and 94% in 2013. According to the World Bank, the ratio of girls to boys in primary education in 2012 was 95.75 per cent, and also 95.53% at the pre-primary level of education in 2012 (see Federal Ministry of Women Affairs, 2014). The Multiple Indicator Cluster Surveys (MICS, 2011) also reported gender parity index of 0.94 for primary school). Generally therefore, all available statistics reveal significant increase in girls’ participation in primary level of education in relation to boys. In light of these statistics, Nigeria has done very well on this indicator.

Indicator 3.1b: Ratio of girls to boys in secondary education

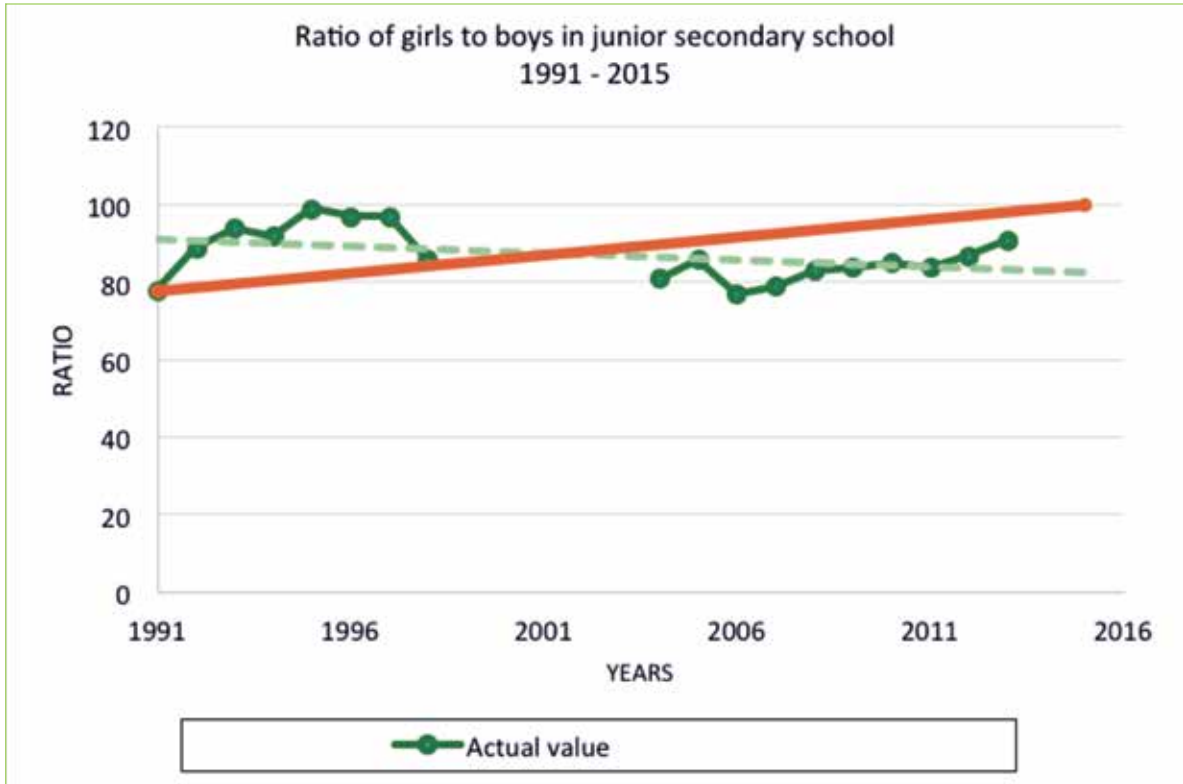
Trends and end-point status at National Level

Table 4.3.2: Ratio of girls to boys in secondary education

Indicator 3.1b	1991	1995	1998	2005	2010	2013	Target
Ratio of girls to boys in secondary education (girls per 100 boys)	78	99	86	86	85	91	100

Source: FME, 2015

Figure 4.3.2: Ratio of girls to boys in secondary school



Source: FME, 2015

This indicator has exhibited fluctuation over the years, albeit with an overall upward trend. From 79% in 1991, it rose to 99% in 1995 but this figure was not attained thereafter. As at 2013, the indicator stood at 91%, 8 percentage points below the 1995 level. The World Bank statistics also confirm the increase in gender parity at the secondary school level. According to it, the ratio of girls to boys at the junior secondary level was 95.99% in 2012, while it was 96.14% at the senior secondary level in 2012. Equally, MICS, (2011) reported gender parity index of 1.00 ratio for the secondary school level¹⁸. Thus, like at the primary school level, this indicator apparently responded very positively to various policy interventions, the discrepancies in the various sources notwithstanding.

Indicator 3.1b: Ratio of girls to boys in tertiary education

Trends and end-point status at National Level

This indicator is the proportion of females to males enrolled in both public and private tertiary educational institutions in Nigeria. Available data from the National Bureau of Statistics shows that there was a steady increase in ratio of girls to boys in tertiary educational institutions from 66% in 2000 to 87% in 2002. Thereafter, it fluctuated significantly, standing at 66.8% in 2008. There are

¹⁸ The discussion in this section benefited immensely from *Nigeria's Combined Seventh and Eight Reports on the Implementation of the Convention on the Elimination of All Forms of Discrimination against Women*. Federal Ministry of Women Affairs and Social Development (FMWA&SD), Abuja, 2014

no hard statistics beyond 2008. However, there are indications of a considerable rise in female enrolment in the universities which helped to close the wide gap in female: male ratio in tertiary education. The proportion of female students in the universities rose from 27% in 1990 to 41.73% in 2001, 43.09% in 2005 and 45% in 2009 (Fatunde 2010).

In the College of Education sub-sector of the tertiary education, female enrolment has also increased dramatically over the years. The low level of esteem the society attaches to the teaching profession is the main source of discouragement to male enrolment in Colleges of education. Consequently, there has been a progressive decline in the interest of males in the teaching profession across the country. This is more pronounced in the South-east geo-political zone where there is low participation of boys in education generally. In Anambra State in particular, female teachers have virtually taken over the running of both the primary and secondary schools with 87% dominance at the primary school level, and 80% at the secondary school level.

4.3.2 Sub-national and Geo-political Variations on Equal Access to Education

Further to the discussion in Goal 2, there are remarkable variations in the statistics on girl-child between the northern and southern parts of the country. First, among the factors that explain this variation is the presence or absence of cultural practices that constrain enrolment of the girl-child in primary and secondary schools. Despite the fact that enrolments have greatly improved across the entire country, the environment appears generally more conducive and promotive in the south than in the north. However, there exists what can be regarded as opposite conditions in girls' education between the South-east geo-political zone on one hand, and the North-west and North-east geo-political zones on the other hand. For example, the South-east geo-political zone is well known for boys' drop-out-of-school in some states within the zone for reasons that are more economic than cultural and religious. The two geo-political zones in the North however operate under different conditions where there are more male students than females for reasons that are largely cultural and religious than economic. The situation in the South East has caused the government to respond with the *back-to-school programme* (tagged '*Mmuta Bu Ike*') to address the issue of low participation of boys in schools.

The second emerging fact is the increasing number of girl-street traders in the South-west geo-political zone – a worrying situation that attracted the *street-to skills programme* as a policy response. It may be noted though that girls' street trading is a rising phenomenon in all parts of the country and not restricted to the south-west.

4.3.3 Achievements and Main Policy Drivers for Equal Access to Education

The issue of male-female enrolment gap has been a long standing problem which Nigeria started to address very seriously under the MDGs. Over the last fifteen years, many policy initiatives were adopted at both the national and sub-national levels.

The successes recorded in gender parity are attributable to the national and state-level interventions aimed at improving the enrolment of females in primary and secondary schools. These interventions include the 'Child Friendly School Initiative', the 'Strategy for the Acceleration of Girls Education', and the 'Girls Education Project (GEP)'. These programmes have contributed

to increased access of the girl-child to education. They have also increased retention of girls-children in schools as well as enhanced community participation in Girls' education in geo-political zones characterised by poor female enrolments. For example, in 2010 the Gender Education Programme reported a 95% success. According to the Federal Ministry of Women Affairs and Social Development (2014), at the commencement of GEP 1 in 2004, it was estimated that of 7.3 million children that were out of school, 4.3 million (62%) were girls with national average gender gap in enrolment standing at 12%. However, by 2008, there was a remarkable increase in enrolment with the national average gender gap having improved to 10%, while the net attendance rate increased to 51%.

The promotion of girls' education has continued to receive priority attention. Through the collaboration between the federal and state governments, construction of junior girls' model secondary schools was initiated in 13 States of the Federation and their completion has greatly impacted on girls' enrolment.

The pursuit of Goal 3 has conferred many cross-cutting advantages on other goals. Many policy actions had, as at 2010, in one way or the other impacted positively on promoting gender equality and empowering women, as well as on other health goals as can be seen in box 4.3.1 below:

Box 4.3.1: Getting the Basics right for the Delivery of Goal 3

- ◆ Provision of 50 NGOs with vital tools and funds for the implementation of the Beijing platform of action;
- ◆ Development and distribution of 2,000 copies of the National Gender Statistics Book;
- ◆ Development and distribution of 100,000 copies of National Gender Policy and strategic framework;
- ◆ Establishment of 6 Zonal women political empowerment offices in the six geo-political zone;
- ◆ Trained 360 Traditional Birth Attendants across the 6 geo-political zones;
- ◆ Established the girl-child education task force in the 6 geo-political zones;
- ◆ Conducted baseline survey on orphans and vulnerable children;
- ◆ Advocacy and sensitisation on the Child Rights Act, including 15,000 copies in Hausa, Ibo and Yoruba;
- ◆ Baseline surveys on maternal/child health indicators and people living with disabilities (PLWDs for planning support purposes);
- ◆ Baseline studies on gender as an economic indicator and engendering sector plans and budgets; and
- ◆ Quality service delivery through purchase of 119 emergency motor ambulances for rural health facilities.

As shown in the box 4.3.1, achieving goal 3 in a patriarchal society clearly required the getting of some basics right, even before proceeding to other higher level needs of women.

In summary therefore, the implementation of the following policies is what has occasioned the success recorded in increased girls' enrolment in schools across Nigeria:

- National Policy on Gender in Basic Education (2006);
- National Policy on Education (2004, 2007 revised);
- Universal Education Policy;
- National Admission in Tertiary Institutions Policy;
- National Framework for Girls and Women, Technology and Information Policy (2011);
- Federal Ministry of Education, DFID and UNICEF Collaboration on Girls' Education Project (GEP) Phase 1 (2004-2008) targeted at six pilot states (Bauchi, Borno, Jigawa, Katsina, Niger, and Sokoto) with high gender disparity in education; and Phase 11 (2008-2012) scaled-up to cover 36 states of the federation and FCT;
- Child Rights Law in States prohibiting child hawkers during school hours;
- Laws in some states stipulating two years imprisonment for any parents who withdraw a child from school;
- Child and girl friendly initiatives, for example day care centres, water and sanitation processes in schools;
- The Conditional Cash Transfer (CCT) Scheme that encourages enrolment in schools;
- Policy of distribution of school materials to primary school girls on the first day of resumption; and
- Financial and technical backstopping provided by International Development Partners, particularly UNESCO, UNICEF, DFID, USAID, among others. These have been very active in promoting girl-child education.

4.3.4 Challenges

Despite the achievements recorded in bridging gender disparity in education, some challenges remain to be addressed in the following areas:

- The low rate of enrolment of girls in secondary schools due to the fact that most girls who attend primary schools do not enrol for secondary education;
- The decline in the number of female candidates who obtain five credits in the senior school Certificate examinations; including in English and Mathematics, which are prerequisites for tertiary education in Nigeria;¹⁹ and
- The decline in the number of females that enrolled in universities (federal, state and private) in relation to males.

¹⁹ For example, the *British Council Gender in Nigeria Report, 2012* revealed this declining trend from statistics of NECO examination results, November/December 2004-2008. Note that such results in WAEC examination is likely to be worse.

Indicator 3.2: Share of women in wage employment in the non-agricultural sector (per cent)

4.3.5 Trends and End-point Status on Women in Wage Employment

Table 4.3.3: Share of women in wage employment in the non-agricultural sector (%)

Indicator 3.2	1990	2000	2005	2009	2010	2012	Target
Share of women in wage employment in the non-agricultural sector (%)	6.6	-	7.9	5.1	7.7	14	100

Source: NBS

Unemployment is one of Nigeria’s most challenging socio-economic burdens having severe implications for women’s access to critical services when compared to men. This is in spite of the existence of many policy and legal provisions on the employment of women. Generally, the rate of unemployment among women was 24.2% (urban) and 23.1% (rural) in 2010, while the unemployment rates for urban and rural men for the same period stood at 21.6% and 18.5%, respectively. And compared to men, a high percentage of women’s employment is restricted to low paying jobs and in low micro enterprise income-generating activities, concentrated within the lower levels of the unregulated, informal sector. In the formal sector and the Federal Civil Service, in particular, the largest single employer of labour in Nigeria, women constitute only 24%²⁰ of the employees.

However, the statistics on the number of women in wage employment in the non-agricultural sector were scanty in previous Nigeria MDGs reports. The main reason is that this indicator was not consistently tracked. Nevertheless, the currently available statistics show limited progress on this indicator. From 6.6% in 1990, the share of women in wage employment in the non-agricultural sector at the national level rose to 7.9% in 2005. Then in 2009, it dropped to 5.1% and again rose to 7.7% in 2010. This is far below the desired target.

Figure 4.3.3: Share of women in wage employment in the non-agricultural sector



Source: NBS.

²⁰ Ideas were drawn from FMWA&SD, 2014.

However, in terms of women’s contribution to the total labour force in both non-agricultural and agricultural sectors, the data covering 2012 to 2014 reveal an increased share of women. At the national level, the share increased from 33% in 2012 to 35.1% in 2013, and 37.7% in 2014, respectively. (NBS). In previous years, ILO data indicated similar increase. For example, in 2007, women’s share in the labour force in terms of participation, (ages 15-64 years) was 47.8%, which increased to 48.10% in 2011.²¹

4.3.6 Sub-national and Geo-political Zones Variations in Wage Employment

In terms of geo-political zones, the share of women in wage employment in the non-agricultural sector in the North-central zone in 2010 was 7.6%; North-east, 4%; and North-west, 4.2%. The shares for the other zones were: South-east, 7.4%; South-south, 7.7%; and South-west, 16%. The latter was the highest among the zones. Also, the available data shows that the share of women wage employment in the urban areas increased from 3.1% in 2009 to 14.8% in 2010. For the rural areas, it was 5.8% in 2009 and 5.6% in 2010.

Figure 4.3.4: Share of women in wage employment in the non-agricultural sector by geo-political zones (Percent)



Source: NBS.

4.3.7 Main Policy Drivers for Women in Wage Employment

The main drivers of policy actions and activities related to the employment of women in the non-agricultural sector include the following:

- The national Directorate of Employment Programme on Women and Youths with 12 schemes;
- The gender and Youth Programme of the Federal Ministry of Agriculture and Rural Development;

²¹ (ILO, 2011: in Federal Ministry of Women Affairs and Social Development, 2014).

- Community Service, Women and Youths Employment Programme (CSWYE) of the Subsidy Re-investment and Employment Scheme;
- Growing Girls and Women in Nigeria (G-Win), of the Federal Government;
- Youth Enterprise with Innovation in Nigeria (a You-Win Programme);
- Bauchi State Commission for Youth and Women Rehabilitation and Development (BACYWORD); and
- Young Women Economic Empowerment Programme (YWEEN) of Rivers State Ministry of Women Affairs; among many other state interventions on women employment.

It is instructive to note that all the above have been implemented to various degrees resulting in diverse impacts on women’s employment in the country.

4.3.8 Challenges for Women in Wage Employment

The main challenges relating to the wage employment of women in Nigeria, relate to the following:

- The general low levels of education compared to those of men;
- Widespread workplace discrimination against women, especially the married ones; and
- Persistent cultural resistance to women seeking employment in the formal sector.

Indicator 3.3: Proportion of Seats held by Women in the National Parliament

4.3.9 Trends and End-point Status on Women Seats in National Parliament

The return of civil rule in Nigeria in 1999, after many years of military rule, provided the enabling environment for participatory democracy for all eligible citizens. In the last 15 years of unbroken democratic governance, some progress has been made in reversing the previous trend of very limited number of women in elective positions in governance. The reversal of trend, reflected in a remarkable increase in women’s involvement in all levels of political participation, has been due to the application of both innovative and time-tested approaches and the efforts of the government working in concert with NGOs, international development partners and other non-state actors. Apart from maintaining the lead as voters in elections, women’s presence as aspirants for top political positions increased from 3.2% in 2003 to 7.58% in 2011 (see Federal Ministry of Women Affairs and Social Development, 2014).

Specifically, on the proportion of seats held by women in the national parliament, Table 4.3.4 and Fig. 4.3.5 shows the position between 2000 and 2015.

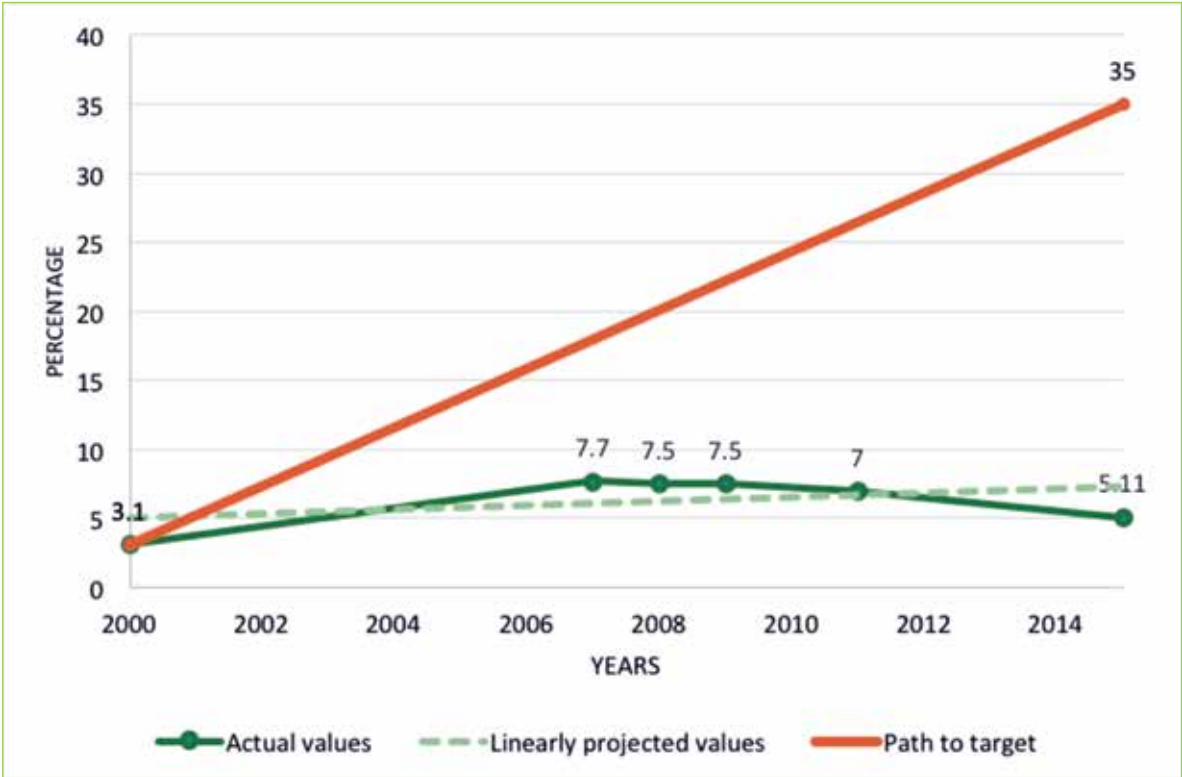
Table 4.3.4: Proportion of seats held by women in the National Parliament (Percent)

Indicator 3.2	2000	2007	2008	2009	2011	2015	Target
Proportion of Seats held by Women in the National Parliament (%)	3.1	7.7	7.5	7.5	7	5.11	35

Source: FMWA&SD, 2015.

The proportion of seats held by women in the National Assembly increased by over 100% between 2000 and 2007, from 3.1 to 7.7%. The adoption of the strategic framework of the implementation of the National Gender Policy of 2006 might have contributed to the sharp increase in the proportion of women in the National Assembly in 2007. The proportion stabilised at above 7% between 2007 and 2011, but only to decline to 5.11 % in 2015 (8th National Assembly), thus indicating the non-sustenance of the previous gains.

Figure 4.3.5: Proportion of seats held by women in the National Parliament, 2000-2015



Source: FMWA & SD, 2014

A disaggregation of the data in the two arms of the National Assembly (Senate and the House of Representatives) further reveals that in the 2015 elections, the proportion of women in the Senate is 7.33%, while that of the House of Representatives is 5.11%. The geo-political distribution of the women members of the Assembly reflect significant disparities. The 8th National Assembly, for example, reflects the following features: (a) the entire North has only one female senator, (b) the North-west has no female representation in both arms of the National assembly, (c) the one senator is from the North-east geo-political zone in spite of the insecurity challenge that it has had to contend with, and (d) the South-east and South-west have six representations in both arms of the National Assembly,²² perhaps, reflecting a higher level of political awareness and tolerance, as well as limited cultural hindrances in the two zones.

²² Ibid

4.3.10 Sub-national and Geo-political Variations of Women's Parliamentary Representation²³

The situation in the various houses of assembly at the State level, from 1999 to the 2011 elections is not different from the pattern at the national level. In 1999, the total number of seats occupied by women in all the 36 States of Nigeria was 2.19%. This rose to 3.52% in 2003, 5.49% in 2007, and 6.97% in 2011 which was the best so far within the fifteen-year democratic period.

At the Local Government Council level, the proportion of female chairpersons increased from 1.18% in 1999 to 4.6% in 2007. The data for the subsequent elections is not readily available. Also, the proportion of women that won elections as councillors rose from 1.21% in 1999 and 3.01% in 2003 to a relatively significant 9.43% in 2007.

Overall, during the period of MDGs implementation, Nigeria was far from meeting the target of 35%. This implies that the country still has a long way to go in achieving significant women representation in the legislative arm of government at both the national and sub-national levels. Given the vigour and passion with which the Federal Ministry of Women Affairs and Social Development discharges its responsibilities aimed at achieving gender equity, there is a glimmer of hope in future elections. More affirmative actions on the part of the government and political parties aimed at boosting women participation in governance will be the right direction.

4.3.11 Main Policy Drivers and Challenges Facing Women in Political Participation

The main policy driver for women's political participation is the National Gender Policy under which a system-wide gender diagnostics was carried out. The policy also engendered various institutional reforms at both the MDAs and Independent National Electoral Commission (INEC) geared towards mainstreaming gender issues in governance. The electoral process is gradually changing with respect to offering women greater participatory opportunities in politics. For example, some political parties have had a policy of free collection of nomination forms by women during the 2015 elections at a time when men were charged millions of naira as fees for nomination forms.

The Women for Change Initiative played a vital role in grass root mobilisation of women for elective positions but its efforts were met with limited success perhaps, because of the long-standing biases against women.

On the other hand, the challenges that have been prominent include the following:

- The persistence of a patriarchal culture and related practices;
- Family socialisation of girls into passive civic roles in society leading to their subordinate roles compared to the male child;
- Huge financial requirements which acts as the greatest impediment to most women who aspire to elective offices; and
- Constitutional constraints²⁴ which denies women some political rights in their state of origin, if married outside their states.

²³ Discussions here were based on data from the FMWASD, 2014.

²⁴ See FMWA&SD, 2014.

4.4 MDG 4: Reduce Child Mortality

Target 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

4.4.1 Trends and End-point Status at National Level

Indicator 4.1: Under-five mortality rate²⁵

Nigeria's efforts aimed at reducing avoidable child deaths have been met with gradual, incremental and sustained progress. The under-five mortality rate (U5MR) has improved remarkably from 191 deaths per 1000 live births in 2000 to 89 deaths per 1000 live births in 2014, except in 2004 when the U5MR showed an increase to 201 (Table 4.4.1 and figure 4.4.1). The increase in U5MR to 201 deaths per 1000 live births in 2004 accentuated the divergence between the linearly projected value, a proxy of the actual trend, and the path to the desired goal. Considering the current level of U5MR, Nigeria falls short of the 2015 target of 63.7 deaths per 1000 live births by 28.4%. In a recent estimate, Nigeria ought to have saved the lives of at least 400,000 children by 2015 to attain MDG 4. However, as more than 80% of child mortality is attributable to malaria, pneumonia and deaths in the new-born period, improved performance on the indicator is hinged on effectiveness in tackling these conditions and attention to them will be important as Nigeria rolls over the unfinished business of MDG 4 into the Post-2015 Development Agenda.

Table 4.4.1: Trends in under-five mortality rate

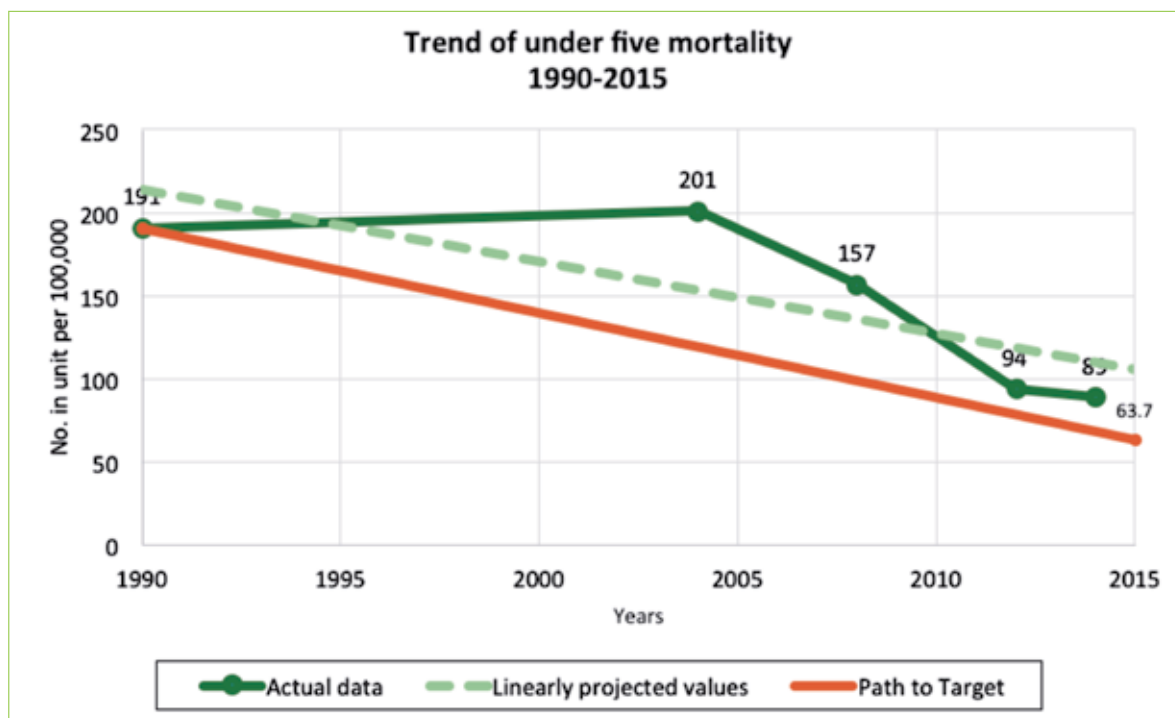
Indicator 4.1	1990	2004	2008	2012	2014	Target
Under-five mortality rate (per 1000 live births)	191	201	157	94	89	63.7

Sources: NDHS - 1990, 2004, 2008; & NBS - 2012, 2014



²⁵ Under-five mortality rate is the probability (expressed as a rate per 1000 live births) of a child born in a specified year dying before reaching the age of five.

Figure 4.4.1: Trends in under five mortality rate (Number of deaths per 1000 Live births)



Sources: NDHS - 1990, 2004, 2008; & NBS - 2012, 2014

Indicator 4.2: Infant mortality²⁶ rate

The trend of infant mortality rate in Nigeria is similar to the pattern described above for U5MR. The infant mortality rate (IMR) increased from 91 deaths per 1000 live births in 1990 to 100 deaths per 1000 live births in 2004. Thereafter, the measure declined progressively to 58 in 2014. Although the decline in IMR was significant, it was still 48.3% more than the 2015 target of 30 deaths per 1000 live births. Due cognisance is taken of the fact that the population of Nigerian infants is not the same as under-five children to observe that the larger margin of 48.3% to reach the 2015 target for IMR compared with the 28.4% for U5MR clearly indicates where the gaps are and where attention should be focused on going forward.

Going forward, in planning interventions to reduce child deaths, attention would need to be focused on the contribution of neonatal mortality to overall child mortality, nudged on by the inclusion of neonatal mortality rate as one of the 559 indicators being considered by the UN Statistical Division to monitor the implementation of the Sustainable Development Goals Framework.

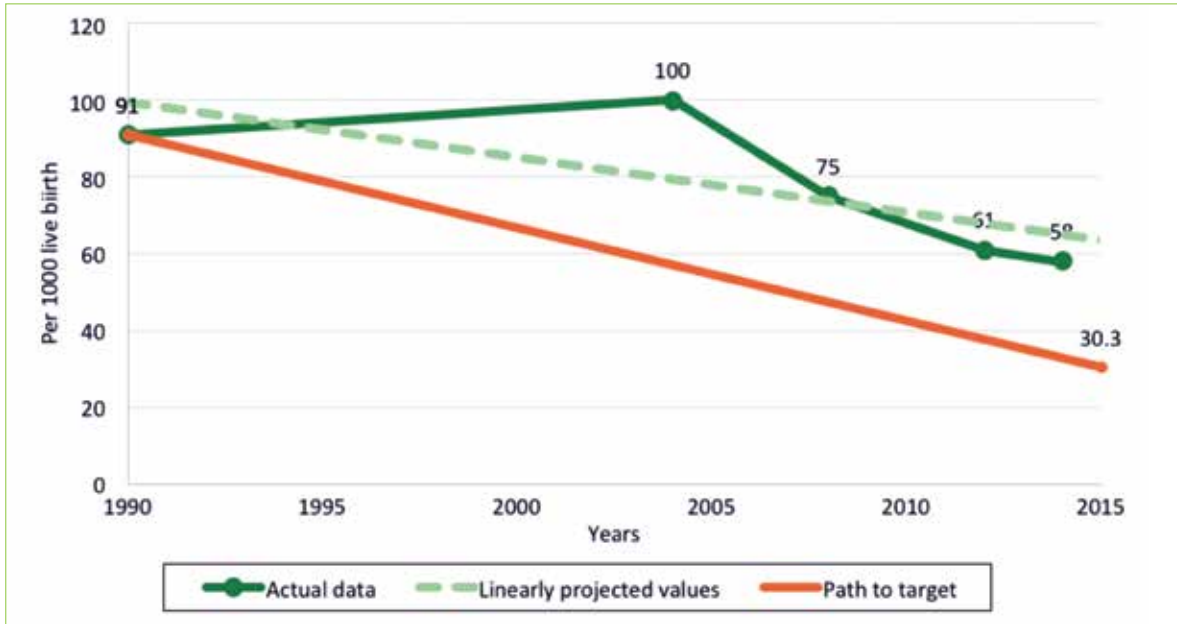
Table 4.4.2: Trends in infant mortality rate

Indicator 4.2	1990	2004	2008	2012	2014	Target
Infant mortality rate (per 1000 live births)	91	100	75	61	58	30.3

Sources: NDHS - 1990, 2004, 2008; & NBS - 2012, 2014

²⁶ Infant mortality rate (IMR) is the number of infants dying before reaching the age of one year per 1000 live births in a given year.

Figure 4.4.2: Trends in infant mortality rate, 1990-2015



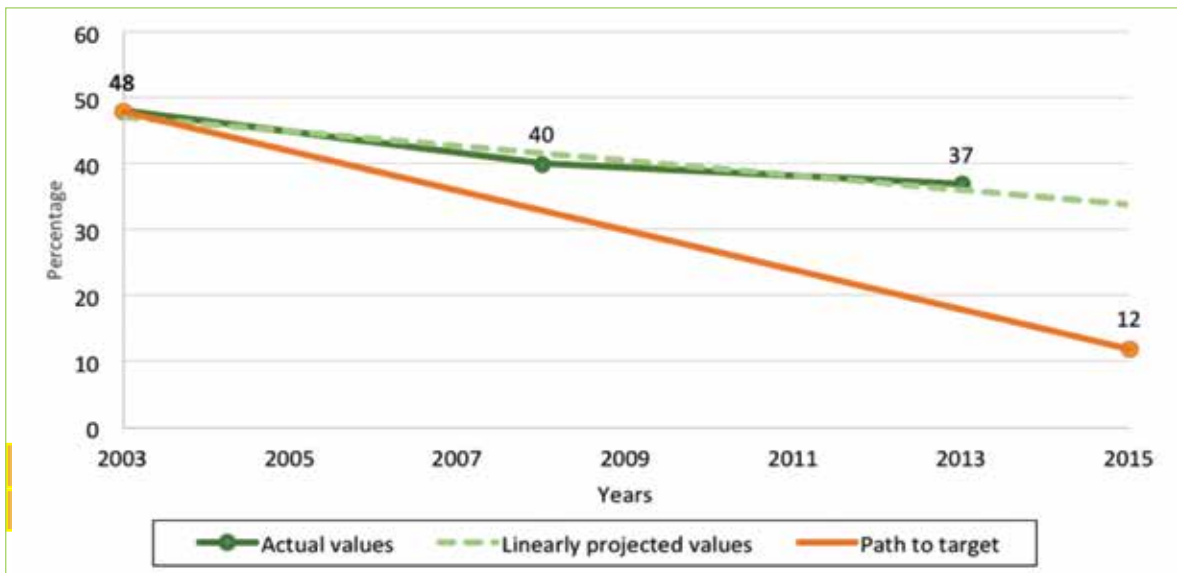
Sources: NDHS - 1990, 2004, 2008; & NBS - 2012, 2014

Table 4.4.3: Trends in neonatal mortality

	2003	2004	2008	2012	2013	Target
Neonatal mortality rate (per 1000 live births)	48	-	40	-	37	12

Sources: NDHS - All data

Figure 4.4.3: Trends in neonatal mortality rate (2003 - 2015)



Sources: NDHS - All data

As implicit already, deaths in the neo-natal period contribute to the high burden of child mortality. According to UNICEF, the deaths of new-born babies in Nigeria represent a quarter of the total number of deaths of children under-five. The majority of these occur within the first week of life, mainly due to complications during pregnancy and delivery reflecting the intimate link between new-born survival and the quality of maternal care. The main causes of neo-natal deaths are birth asphyxia, severe infection including tetanus and premature birth. However, table 4.4.3 and figure 4.4.3 above show that the neonatal mortality rate improved slightly from 48 per 1000 live births in 2003 to 37 per 1000 live births in 2013.

Indicator 4.3: Proportion of 1 year-old children immunised against measles

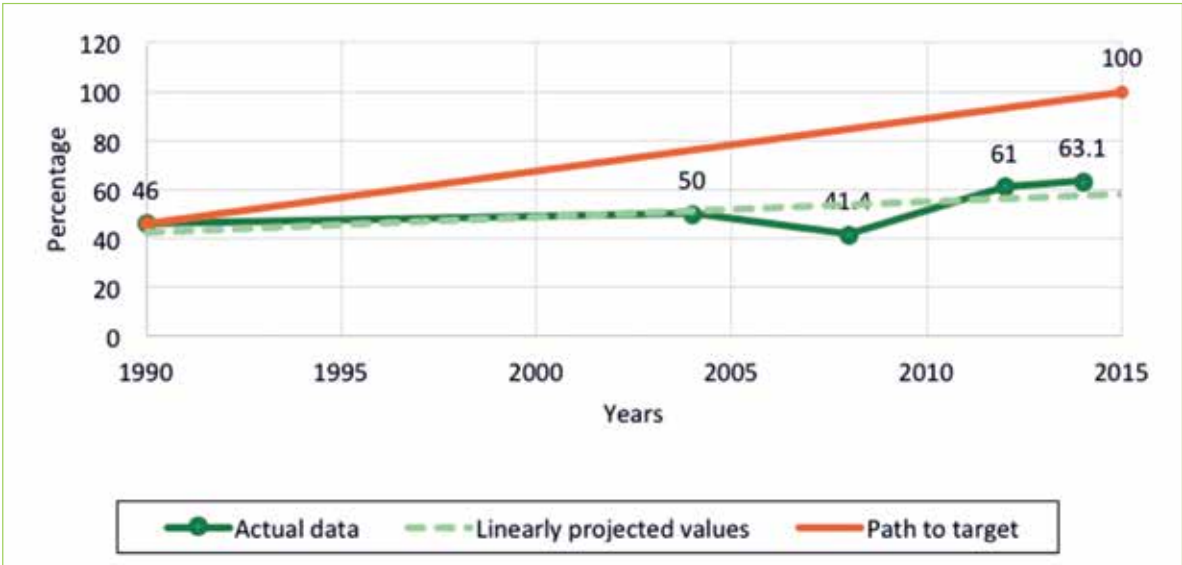
Measles is a highly infectious viral disease and it is a leading cause of vaccine-preventable deaths among children. Immunisation against measles has been effective, resulting in significant reductions in case burden following the scale up of the administration of measles vaccination to children 9 months and older through routine immunisation services led by the National Primary Healthcare Development Agency. In light of this, the proportion of one-year-old children immunised against measles increased from 46% in 1990 to 63.0% in 2014 (Table 4.4.4 and Figure 4.4.4 below). The extent of divergence of the linearly projected value from the path to the desired goal in figure 4.4.4 indicates the magnitude of efforts that is required to increase immunisation coverage for measles and by extrapolation, other vaccine-preventable diseases.

Table 4.4.4: Trends in immunisation against measles

Indicator 4.3	1990	2004	2008	2012	2014	Target
Proportion of 1 year-old children immunised against measles (%)	46	50	41.4	61.3	63.1	100

Sources: NDHS - 2008; & NBS - 1990, 2004, 2012, 2014

Figure 4.4.4: Trends in the proportion of children immunised against measles, 1990-2015

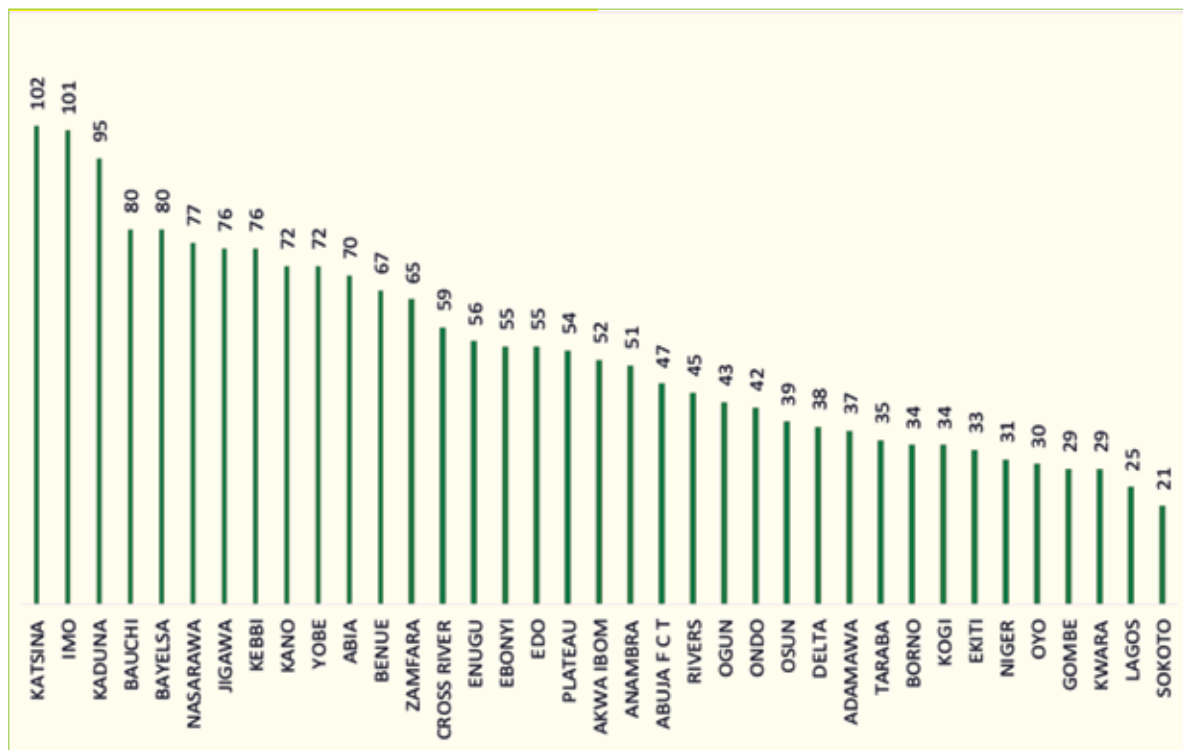


Source: NDHS - 2008; & NBS - 1990, 2004, 2012, 2014

4.4.2 Sub-national and Geo-political Variations in Child Mortality

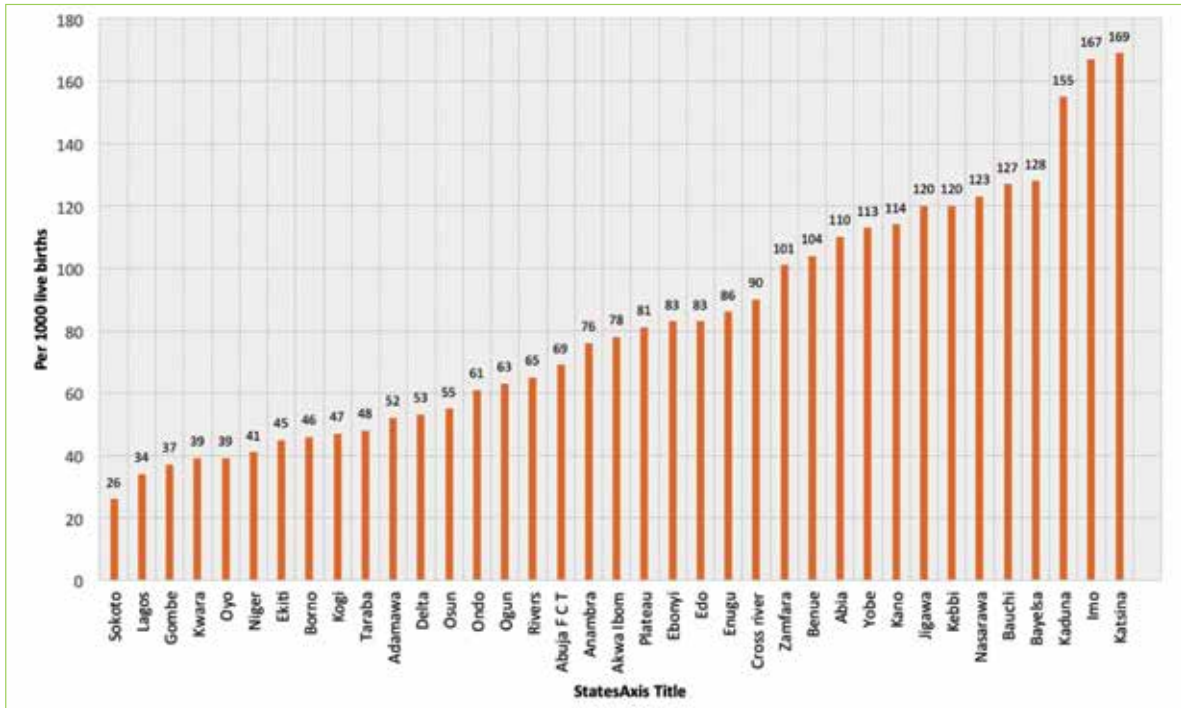
Evidence from various sources indicate divergences in progress in the effort to reduce child mortality within and between states and across geo-political zones, with rural-urban variations impeding overall national performance. In many instances, unequal health access, poverty, conflicts, insecurity and socio-cultural factors, among others, limit progress. From the available state disaggregated data on infant and under-five mortality, the North Eastern and North Western States lag behind, with the surprising exceptions of Sokoto and Gombe where IMRs are 21 and 29 per 1000 live births, respectively (Figure 4.4.5). The U5MR are similarly low for these two States (Figure 4.4.6). As expected, the proportions of infants immunised against measles are higher in the South-east, South-west and South-south geo-political zones (Figure 4.4.7). This correlates with the lower burden of IMRs and U5MRs in the South with the converse being the case for most of the Northern States. Measles, being a major contributor to child morbidity and mortality, thus plays a role in the variations in IMRs and U5MRs in different zones. In addition, it has been established that severe morbidity often results from cases of measles occurring in places with conflicts leading to avoidable deaths from the ailment. These findings are in agreement with the 2011 Global Human Development Report that asserts that development is often hampered in regions with conflicts and that the attainment of the MDGs will present a challenge in these areas.

Figure 4.4.5: Infant mortality rates across States and FCT in 2014



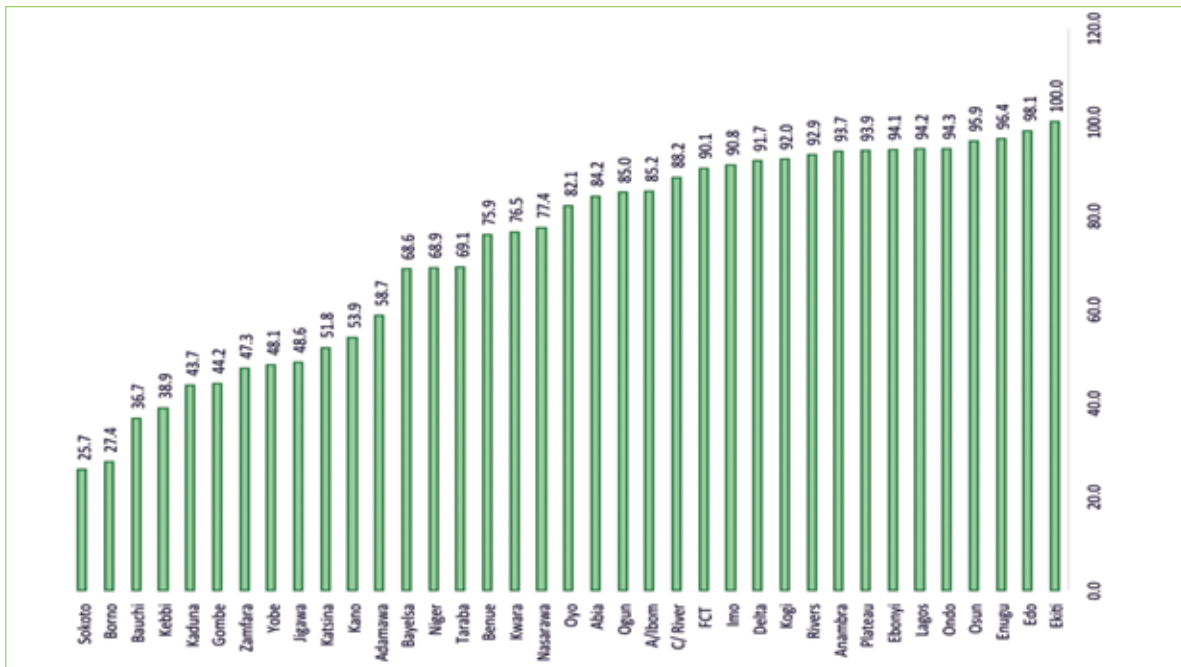
Sources: NBS, 2013 & 2015; NDHS, 2008 & 2013

Figure 4.4.6: Trends in Under-Five mortality rates across States and the FCT in 2014



Source: NBS, 2013 & 2015; NDHS, 2008 & 2013

Figure 4.4.7: Trends in immunisation against measles across States in 2014



Source: NBS, 2013 & 2015; NDHS, 2008 & 2013

4.4.3 Main Policy Drivers for Child Health Improvement

It is worth observing that the policy drivers that have enhanced progress on the health MDGs are crosscutting. Many of the interventions aimed at improving child health often impact the other health MDGs with a snowball effect. In 2013, following a dual call by the United Nations Secretary General to accelerate progress on the MDGs while simultaneously crafting the Post-2015 Development Agenda, Nigeria adopted the United Nations MDGs Acceleration Framework (MAF) to fast-track progress on MDG 5. The government commenced the deployment of MAF through the Federal Ministry of Health (FMOH). This Ministry eventually came to the conclusion that to derive optimum results across all the health MDGs, the acceleration mechanism should take place in an integrated and coordinated fashion. Accordingly, in November 2013, the FMOH developed the Harmonised Country Plan of Priority Interventions for 2014-2015 to accelerate progress on the three MDGs in the two years before the deadline. The development and deployment of the Harmonised Country Plan followed the visit of the United Nations Secretary General's Special Envoy for financing the health MDGs to discuss key interventions to rapidly accelerate progress in order to achieve the health MDGs in Nigeria, particularly those Goals focused on the health of mothers and children. The Harmonised Country Plan, part-funded by the Norwegian Government - prioritised key interventions for rapid scale up or improvements in programming, to accelerate impact and save lives by 2015 with the following as key focus areas:

- Maximising RMNCH Weeks and other existing campaigns
- Essential Medicines Scale-up through public-private sector partnerships, with emphasis on Malaria, Pneumonia and Diarrhoeal diseases
- Maximising Utilisation of Existing primary health care services
- Maximising Impact of community based programmes
- Accelerating Access to Life Saving Maternal and New-born Commodities
- Health Systems Strengthening (data, monitoring and coordination).

Apart from the implementation of the MDGs Acceleration Framework and the Harmonised Country Plan of Priority Interventions, Nigeria adopted the Integrated Maternal, New-born and Child Health (IMNCH) strategy and deployed the Saving One Million Lives Initiative (SOML) as part of enhanced efforts to fast track the achievement of MDG 4 in Nigeria. These strategies appear to have resulted in discernible progress towards the attainment of MDG 4. Notably, they provided an operational framework that ensures a continuum of care from the pre-pregnancy period through pregnancy and childbirth to the care of the new-born and of children less than five years of age.

Of particular note is also the SURE-P maternal and child health project aimed at accelerating achievement of child mortality targets. The project strives to contribute to the reduction of

child morbidity and mortality by increasing access to health services through a combination of supply-side and demand-side measures. The SURE-P initiative uses Conditional Cash Transfers to incentivise the uptake of maternal and child health services, leading to improvement in outcomes.

With the support of the Global Polio Initiative (GPEI) partners, Nigeria developed a Polio Eradication Emergency Plan in 2012 to achieve interruption of WPV transmission. This initiative complemented other efforts to eradicate Polio from the nation. One good news relating to the outcome of the various efforts is that Nigeria was recently declared one-year free of polio transmission and is on the way to total polio eradication shortly in line with international conventions.

In addition, the National Routine Immunisation Strategic Plan (NRISP) was launched in 2011 by Mr. Bill Gates of the Bill and Melinda Gates Foundation to achieve 83% DPT3 coverage across the country. Following this was the introduction of the Penta-Valent vaccine into Nigeria's Immunisation schedule which has prevented about 3,000 under-five deaths annually caused by haemophilus influenza type B. More than 30,000 health workers were trained across 15,000 health facilities to administer the Penta-Valent vaccine.

Other mechanisms such as the National Child Health Policy, National Guidelines for ICCM implementation, the Midwives Service Scheme, the Village Health Workers Scheme, the Task Sharing Policy, the National Health Insurance Scheme (NHIS), the E-District Health Information System and the Maternal Perinatal Death Surveillance Response programme have been identified as main policy drivers targeted at reducing child mortality.

4.4.4 Notable Challenges to Child Health Improvement

The factors that have militated against progress in improving the child health indicators include the following:

- the very large proportion of births that take place at home, often without any contact with a health facility;
- the insufficient numbers of skilled birth attendants;
- harmful traditional myths and other socio-cultural factors;
- the considerable incidence of acute respiratory infections, fevers, and dehydration from diarrhoea, with low medical attention at the presentation of symptoms; and
- non-compliance with OPV reported across some states due to misinformation of target groups. This was a great challenge.

While notable progress has thus been made on routine immunisation, the progress can be further improved by drawing on lessons learnt from the near eradication of polio in the country.

4.5 MDG 5: Improve Maternal Health

4.5.1 Trends and End-point Status at National Level

Indicator 5.1: Maternal mortality ratio

The maternal mortality ratio (MMR) is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of the termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.



Unlike many other MDGs measures, the estimation of this headline indicator requires a large sample size that is representative and cuts across the nation. As is usually the case in developing nations where there are institutional, capacity, funding and technological challenges, among others, there is often a plethora of data sources producing often conflicting data with attendant accuracy and reliability concerns.

For the tracking of progress on the health MDGs, Nigeria often draws from the National Demographic Health Survey (NDHS), the Multiple Indicator Cluster Survey (MICS), and the MDGs Performance Tracking Survey, among others. Some of the data outputs from these different studies have tended to differ at times, due to a number of varying limitations that make household surveys fraught with errors. For instance, Table 4.5.1 highlights some of the variations, specifically as relates to maternal mortality ratio in Nigeria, and underscores the need for data revolution, in line with the recommendation contained in the report of the High Level Panel of Eminent Persons on the Post-2015 Development Agenda. The Performance Tracking Survey is a home-grown study conducted by the National Bureau of Statistics, which is saddled with the national statistical mandate and has the presidential directive to track and report to the Presidential Committee on the Assessment and Monitoring of the MDGs in Nigeria on an annual basis. However, the MMR data reported in Table 4.5.2 was sourced from the MDGs Performance Tracking Survey and NDHS.

The table and the accompanying Figure 4.5.1 shows very remarkable progress on the MMR indicator. From a value of 1,000 in 1990, the MMR progressively declined to 243 maternal deaths per 1,000 live births in 2014, compared to the 2015 target of 250. Thus, one year before the target date of 2015, the MDG 5.A (MMR should be reduced by three-quarters between 1990 and 2015) had been achieved.

Table 4.5.1: Maternal mortality ratios from different surveys

Indicator 5.1	1990	2004	2008	2012	2013	2014	Target
NDHS	1000	800	545	-	576	-	250
MICS	NA	NA	NA	NA	NA	NA	250
NBS	-	-	-	350	-	243	250
NARHS (FMOH)	-	-	-	224	-	-	250

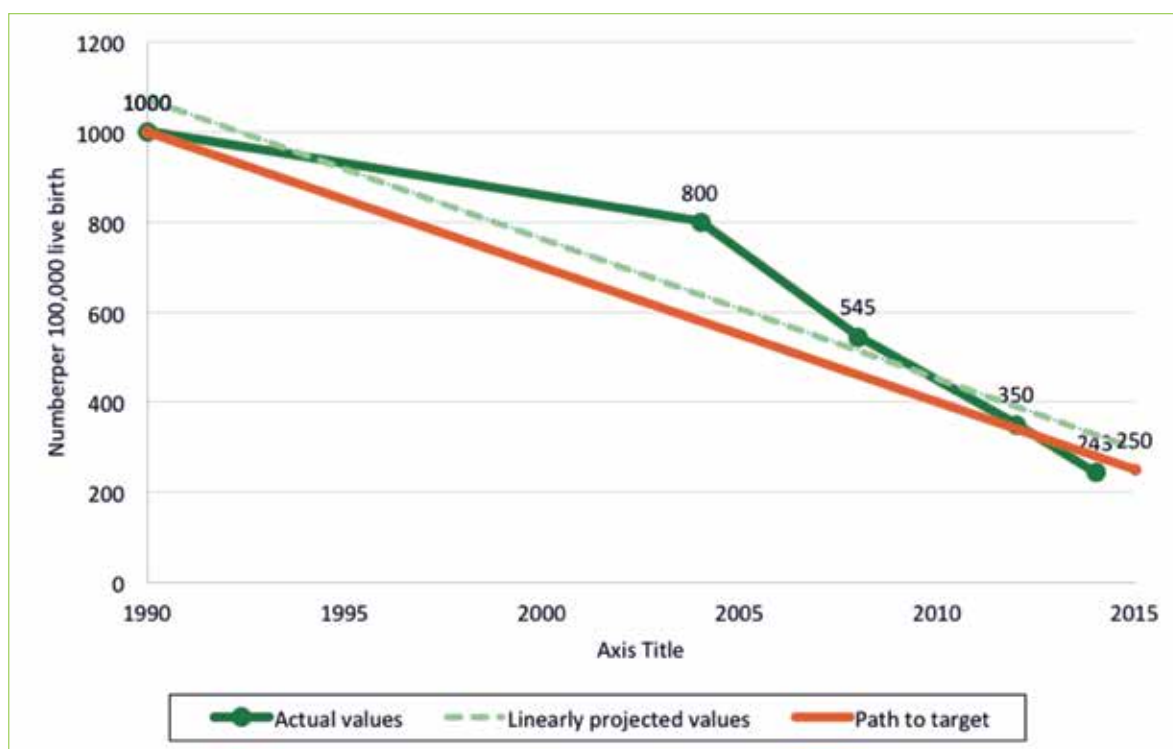
Table 4.5.2: Trends in maternal mortality ratio

Indicator 5.1	1990	2004	2008	2012	2014	Target
Maternal mortality ratio (per 100,000 live births)	1000	800	545	350	243	250

Sources: NDHS - 1990, 2004, 2008; & NBS - 2012, 2014

As clearly shown in figure 4.5.1, the trends line intersect and is below the path to the desired target line indicating that the end-point status figure of 243 per 100,000 live births is below the 2015 target for this MDG. However, while significant progress has been made in reducing maternal mortality, post-partum haemorrhage and hypertension continue to be responsible for more than 50% of the remaining burden of maternal deaths. Urgent actions are thus required to combat these conditions as well as other maternal killers in the new development Agenda.

Figure 4.5.1: Trends in maternal mortality ratio, 1990-2015



Sources: NDHS - 1990, 2004, 2008; & NBS - 2012, 2014

Indicator 5.2: Proportion of births attended by skilled health personnel

The proportion of births attended by skilled health personnel is a correlate of maternal mortality ratio. Maternal and under-five children’s health outcomes are better when the number of deliveries attended by skilled personnel is high. The improvement in MMR correlates positively with the increase in the proportion of births attended by skilled health personnel in Nigeria.

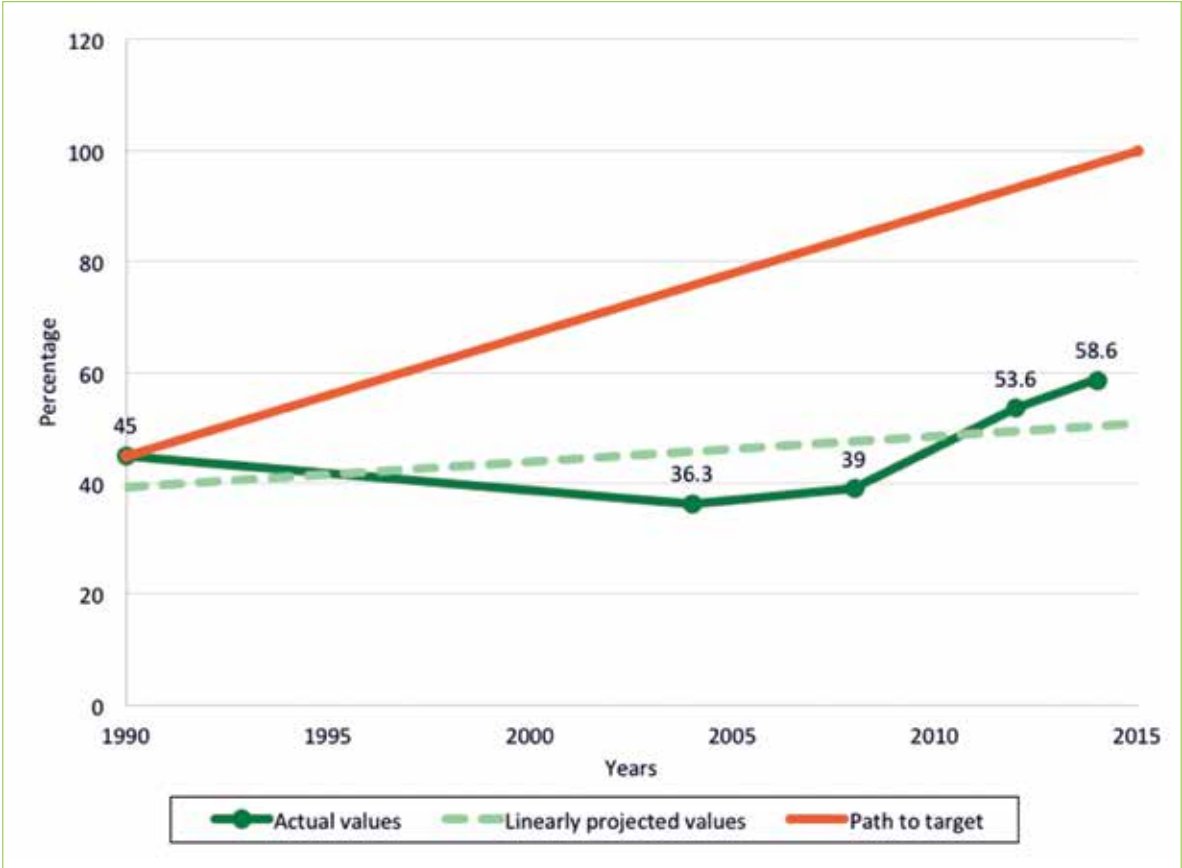
The sustained increase in the proportion of pregnant women who have a skilled birth attendant at the time of delivery from a low of 36.30% in 2004 to 53.6 and 58.6% in 2012 and 2014, respectively, has led to reduction in morbidity and consequently saving a greater number of lives (see Table 4.5.3 and Figure 4.5.2). The gap between the actual end-point status of 58.6% and the desired 100% to achieve universal access is however large and needs to be bridged as the global community commences the implementation of the Sustainable Development Goals in January 2016.

Table 4.5.3: Trends in the proportion of births attended by skilled health personnel

Indicator 5.2	1990	2004	2008	2012	2014	Target
Proportion of births attended by skilled health personnel (%)	45	36.3	39	53.6	58.6	100

Sources: NDHS - 1990, 2004, 2008; & NBS - 2012, 2014

Figure 4.5.2: Proportion of births attended by skilled health personnel, 1990-2015



Sources: NDHS - 1990, 2004, 2008; & NBS - 2012, 2014

Indicator 5.3: Contraceptive prevalence rate

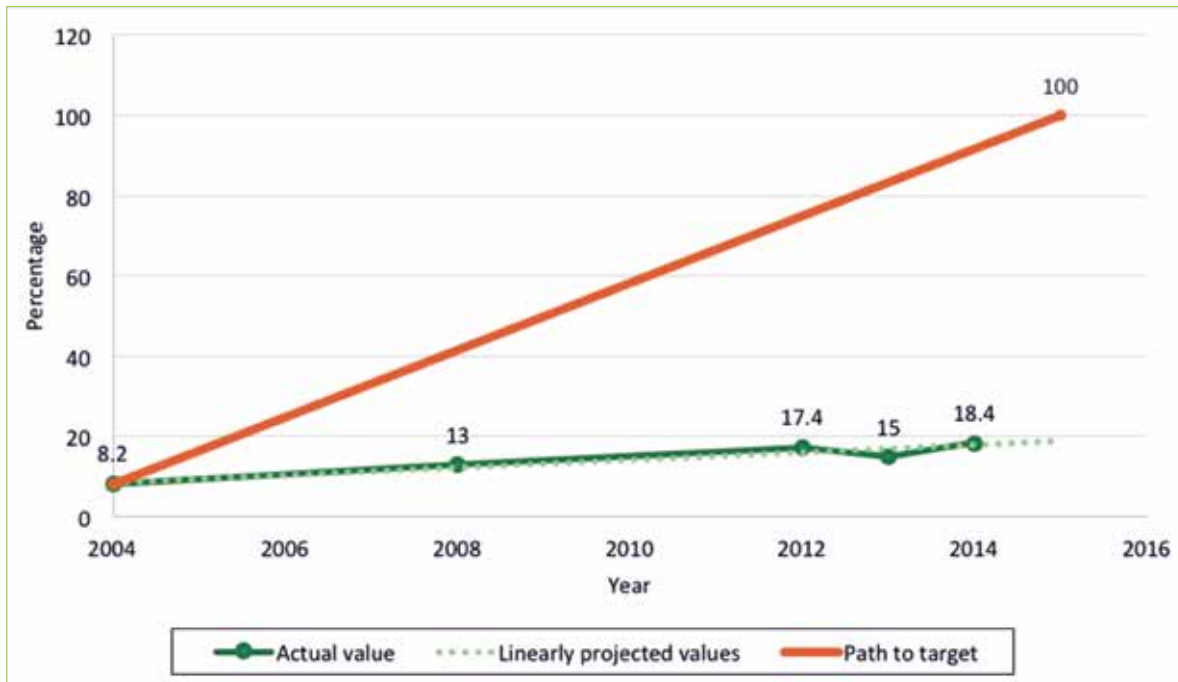
Access to safe, voluntary family planning is a human right. Family planning is central to gender equality and women’s empowerment, and it is a key factor in reducing poverty. According to the United Nations Population Fund (UNFPA) (2010), more than 225 million women who want to avoid pregnancy are not using safe and effective family planning methods, for reasons ranging from lack of access to information or services to lack of support from their partners or communities. Most of these women with an unmet need for contraceptives live in 69 of the poorest countries on earth. This dire situation is similar to what obtains in Nigeria with a contraceptive prevalence rate of 18.5% in 2014. This 2014 figure was a marginal improvement over the 2012 contraceptive prevalence rate of 17.3% but a significant improvement over the 2004 rate (Table 4.5.5). Nevertheless, a lot needs to be done to improve universal access to family planning commodities for all Nigerians who desire to use them.

Table 4.5.4: **Contraceptive prevalence rate**²⁷

Indicator 5.3	1990	2004	2008	2012	2013	2014	Target
Contraceptive prevalence rate (%)	-	8.2	13	17.4	15	18.4	100

Sources: NDHS – 2004, 2008, 2013; & NBS – 2012, 2014

Figure 4.5.3: Trends in contraceptive prevalence (Percent) 1990-2015



Sources: NDHS – 2004, 2008, 2013; & NBS – 2012, 2014

²⁷ The contraceptive prevalence rate is the proportion of women who are practicing, or whose sexual partners are practicing, any form of contraception. It is usually reported for women of child bearing age 15–49 in marital or consensual unions.

Indicator 5.5: Antenatal care coverage (at least one visit)

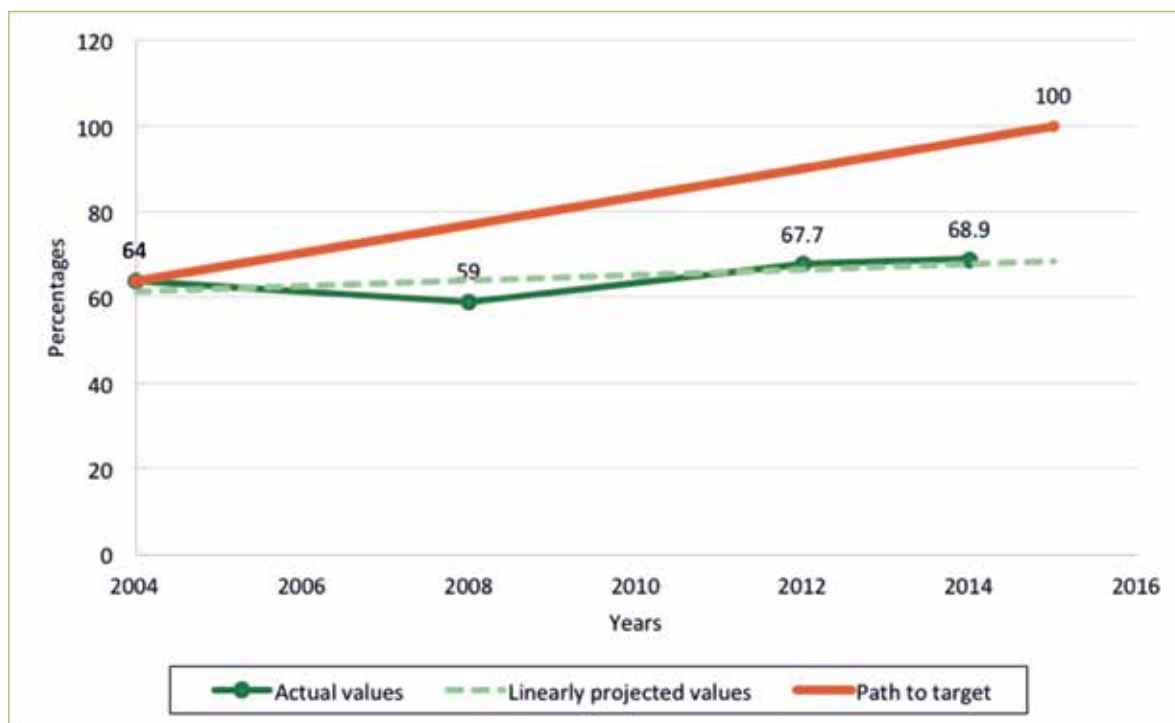
Antenatal care coverage correlates positively with maternal mortality like the proportion of births attended by skilled health personnel. Many health problems in pregnant women can be prevented, detected and treated during antenatal care visits with trained health workers. The World Health Organisation recommends a minimum of four antenatal visits, comprising interventions such as tetanus toxoid vaccination, screening and treatment for infections, and identification of warning signs during pregnancy. In Nigeria, there is some progress in antenatal care coverage. In this direction, antenatal care coverage of at least one visit to a skilled health worker increased from 61% in 2004 to 68.9% in 2014, except in 2008 when there was a decline (Table 4.5.6). In a similar vein, antenatal coverage – of at least four visits – rose from 57.4% in 2012 to 60.6% in 2014.

Table 4.5.5: Antenatal care coverage (at least one visit)

Indicator 5.5	1990	2004	2008	2012	2014	Target
Antenatal care coverage (at least one visit) (%)	-	61	59	67.7	68.9	100

Sources: NDHS – 2004, 2008; & NBS – 2012, 2014

Figure 4.5.4: Trends in antenatal care coverage (Percent), 2004-2015



Sources: NDHS – 2004, 2008; & NBS – 2012, 2014

Indicator 5.6: Unmet need for family planning

Unmet need for family planning²⁸ is a statistical measure that calculates how many sexually active women say they want to stop childbearing or delay their next birth by at least two years but are not using any method of contraception, either modern or traditional. To be included in the standard definition of unmet need, a woman must be sexually active and able to conceive (that is, not pregnant, amenorrheic, or infertile). Pregnant or amenorrheic women are also considered to have an unmet need if their current or most recent pregnancy was unwanted or mistimed and they were not using a method of family planning. Levels of unmet need rise and fall in response to two factors: demand for family planning and contraceptive use. However, low levels of unmet need may reflect the fact that women want large families, not that contraception is widely available or used. Statistics on unmet need may also understate the true demand for family planning: they often exclude unmarried women because it is difficult to collect reliable information. Nigeria's unmet need for family planning increased from 17.0% in 2004 to 25.1% in 2012 but later declined to 22.2% in 2014. The increase to 25.1% in 2012 may have been due to the nationwide paucity of family planning commodities in the years leading to 2012.

4.5.2 Sub-national and Geo-political Variations in Maternal Mortality

The burden to improve maternal health is greatest in the North East and North West zones as variously shown in tables 4.5.6 & 4.5.7; and Figures 4.5.5, 4.5.6 & 4.5.7 below. This is consistent with the finding that antenatal care coverage, use of skilled birth attendants at delivery and contraceptive prevalence rates are low in these two regions. In 2014, the number of antenatal visits in the urban areas was 75.9% of pregnant women attending at least four visits. In the rural areas, 51.6% of pregnant women had four antenatal visits. Geo-political variation was also observed in a similar vein with fewer pregnant women in the North West and the North East attending antenatal care. A zonal disaggregation of use of skilled birth attendants at delivery shows that of the children born within the period of reference, the South East had the highest record of delivery assisted by skilled birth attendants (89.1%). Eighty three percent was recorded in the South West. The North Central and South South zones, respectively, had a record of 67.2% and 64.4%. The use of skilled birth attendants was lowest in the North East (30.8%) and North West (24.8%). Unmet need for family planning was more in the rural areas (22.4%) than the urban (21.8%). Across the zones, there were higher occurrences of unmet need in the North West (27.4) and North East (25.8) than the rest of the zones. The experience was low in the South East (11.4%).

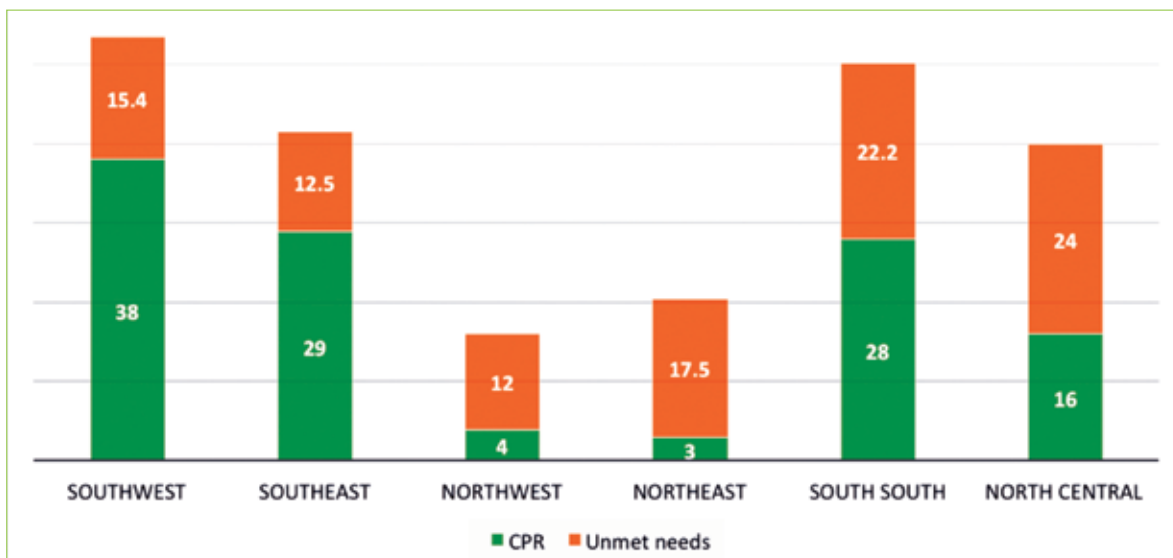
Table 4.5.6: A comparison of contraceptive prevalence rate (CPR) with unmet need for family planning by Zones

Zone	SW	SE	NW	NE	SS	NC
CPR (%)	38	29	4	3	28	16
Unmet need (%)	15.4	12.5	12	17.5	22.2	24

Source: 2013 NDHS - All data

²⁸ The unmet need for family planning services, which is an expression of the proportion of married women aged 15–49, who report a desire to delay or avoid pregnancy, but who are not currently using any form of contraception.

Figure 4.5.5: A comparison of contraceptive prevalence with unmet need for family planning in 2013



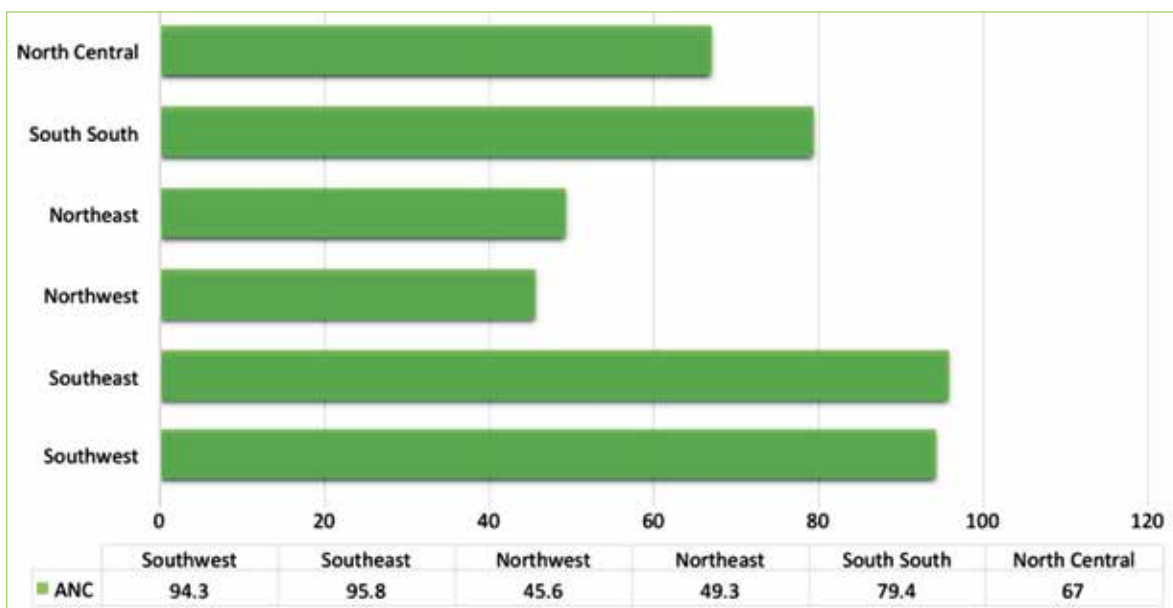
Source: 2013 NDHS - All data

Table 4.5.7: Antenatal care coverage by zone

Zone	SW	SE	NW	NE	SS	NC
Antenatal care coverage (%)	94.3	95.8	45.6	49.3	79.4	67

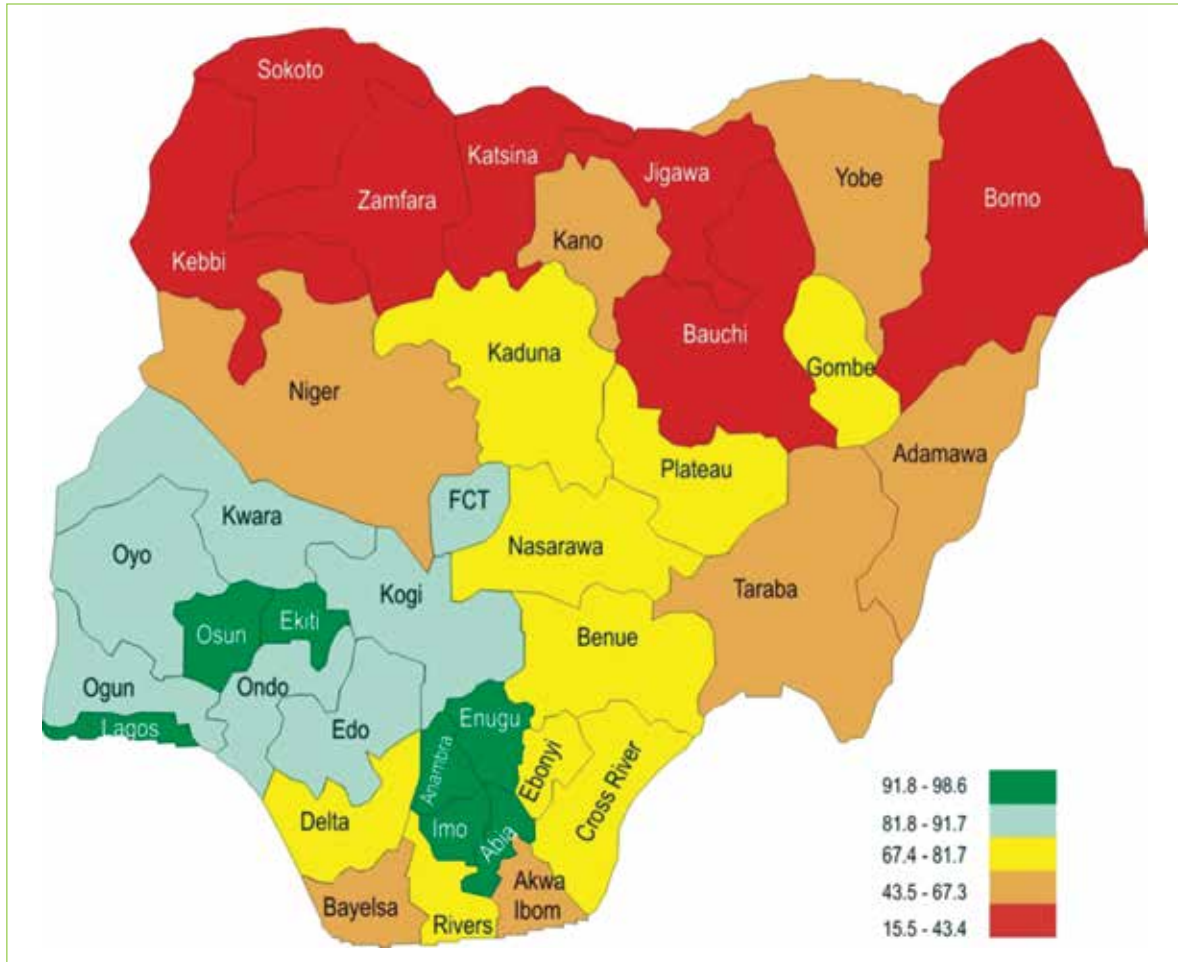
Source: 2013 NDHS - All data

Figure 4.5.6: Antenatal care coverage by zone (Percent)



Source: 2013 NDHS - All data.

Figure 4.5.7: Antenatal care coverage across the States and FCT (at least one visit)



Source: NBS - 2012.

4.5.3 Main Policy Drivers for Maternal Health Improvement

The Midwives Service Scheme (MSS) remains a strategic intervention and a key success driver. The Scheme recognises that improving the skills of birth attendants in areas with the greatest needs is achievable within a short period. The strategic distribution of these health workers potentially serves as a model of an effective, realistic and efficient response and this was adapted to suit the local situation to ensure successful implementation. To build on the successes achieved, the MSS has been scaled up under the SURE-P maternal and child health programme to include training of community health extension workers in basic, essential, maternal, new-born and child healthcare and the supply of essential maternal health commodities nationwide.

The implementation of the United Nations MDGs Acceleration Framework (MAF) to accelerate progress on MDG 5 has also played a major role in enhancing success. The Conditional Grants Scheme (CGS) of the Office of the Senior Special Assistant to the President on MDGs

deployed MAF to prioritize interventions to accelerate progress on Goal 5 at the sub-national level. States and Local Governments have to prioritize interventions in their proposals to target the reduction of maternal mortality in order to access funding from the Debt Relief Gains (DRGs) in a 50-50 counterpart funding arrangement. In a recent review of CGS interventions in some selected Local Governments to improve maternal health, among others, by the United Kingdom Department for International Development's State Partnership for Accountability, Responsiveness and Capability Programme (DfID-SPARC), there was demonstrable evidence of impact of CGS interventions.

In addition, the implementation of the National Strategic Health Development Plan (NSHDP), the UN Commission on Life Saving Commodities and the United Nations Commodities' Commission Country Implementation Plan at national and sub-national levels have also played discernible roles. As was mentioned earlier, the development and deployment of the Harmonized Country Plan of Priority Interventions for 2014 - 2015 to prioritize key interventions to accelerate progress on the health MDGs have contributed significantly to addressing conditions that are responsible for more than 90% of maternal and child deaths. The priority interventions were drawn from existing strategies found in the National Essential Medicines Scale-up Plan, National Malaria Strategy, National Human Resources for Health Strategic Plan, National Monitoring and Evaluation Framework as well as the National Strategic Plan of Action for Health Sector Component of National Food and Nutrition Policy.

4.5.4 Challenges to Maternal Health Improvement

In terms of challenges facing Goal 5, the following six merit highlighting in this report:

- 1. The ownership issue:** the lack of programme ownership by states and local governments, itself a key issue for sustainability and implies the need to address the sustainability issue that hamper the effective monitoring of the activities of midwives; the replenishment of consumables in the facilities as well as the provision of accommodation for health workers;
- 2. Deployment of Midwives to other levels** of care: most states that retain the midwives deploy them to other levels of care and thereby defeating the purpose of the scheme;
- 3. The security challenge:** it is noted that insecurity has also adversely affected the retention of midwives, particularly in the North Eastern part of Nigeria;
- 4. Socio-cultural and religious barriers:** these too pose a significant challenge to the use of maternal health services;
- 5. Inadequately trained health personnel:** this and their uneven distribution across the country (especially of skilled birth attendants) presents drawbacks that need to be tackled; and
- 6. Inadequate health facilities and equipment:** the problem of inadequate health facilities and equipment as well as the inefficient referral system further compounds the problems.

4.6 MDG 6: Combat HIV and AIDS, Malaria and other Diseases

4.6.1 Trends and End-point Status at National Level

Indicator 6.1: HIV Prevalence among Pregnant Young Women aged 15 – 24 Years

HIV prevalence among 15-24 year old pregnant women is the proportion of pregnant women aged 15-24 whose blood samples test positive to HIV. Significant progress has been made but a rapid scale up of interventions is still needed to turn a final tide on the HIV and AIDS epidemic in Nigeria. Recent data reveal that Nigeria has met some of the requirements stipulated to attain MDG 6. HIV prevalence among pregnant young women aged 15-24 years has declined continuously in recent years. The prevalence in this age group steadily declined from 5.8% in 2001 to 4.1% in 2010 (Table 4.6.1). Before 2001, the prevalence rate had increased steadily from 1.8% in 1991 to 5.8% in 2001. The decline witnessed in recent years is the result of the implementation of tested high impact interventions in the health sector to reverse the negative trend. Nevertheless, the 2010 rate of 4.1 % is still high in relation to the 2015 target of 0.9 %. While the final report of the 2014 ANC survey is being awaited to provide information on the current rate, policy efforts should not be relaxed until the prevalence rate is reduced to coincide with the target or better.

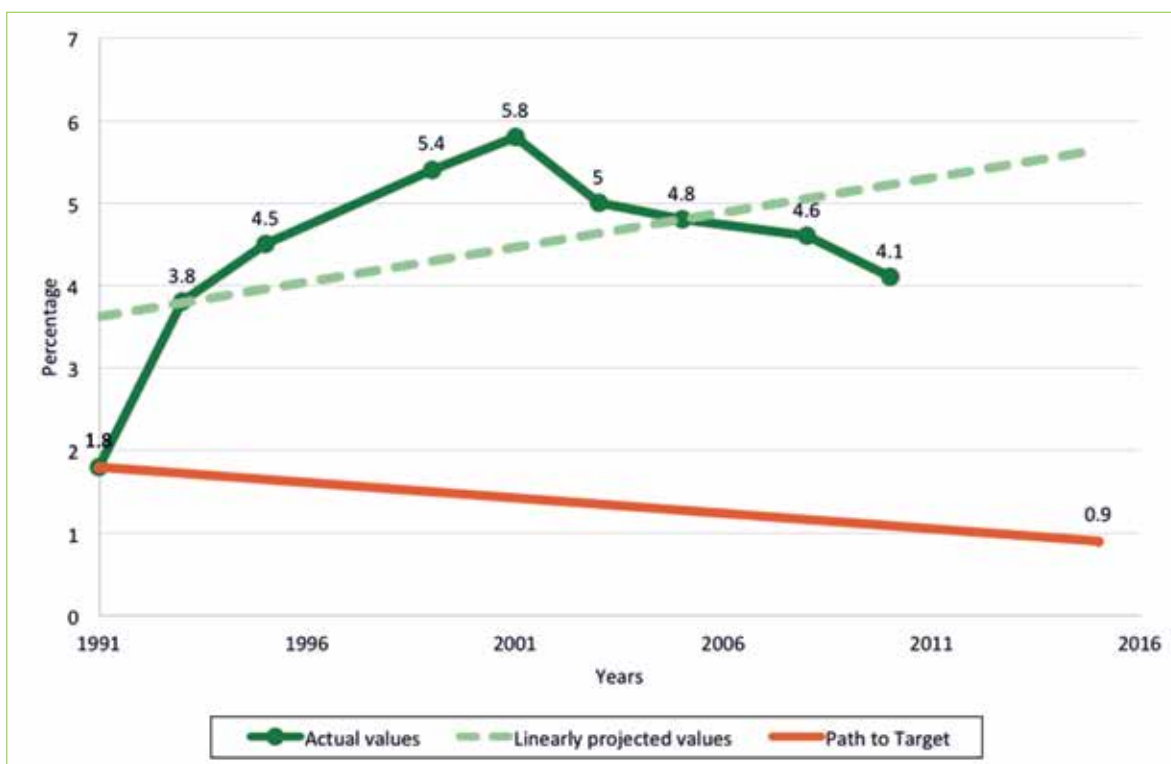


Table 4.6.1: HIV prevalence among pregnant young women aged 15 – 24 Years

Indicator 6.1	1991	1993	1995	1999	2001	2005	2008	2010	Target
HIV prevalence among pregnant young women aged 15 – 24 Years (%)	1.8	3.8	4.5	5.4	5.8	4.8	4.6	4.1	0.9

Sources: NACA - All data.

Figure 4.6.1: HIV prevalence among pregnant young women aged 15 - 24 Years, 1991-2015



Sources: NACA - All data.

Indicator 6.2: *Young people aged 15–24 Years Reporting the Use of a Condom during Sexual Intercourse with a Non-regular Sexual Partner.*

The proportion of young people aged 15-24 years using condom during sexual intercourse with non-regular sexual partners improved from 43.90% in 2003 to 55.0% in 2012 (Table 4.6.2). As this is still far from the target of 100 %, there is a need to increase the momentum of implementation of the various programmes aimed at increasing awareness of the risks and dangers of unprotected sex activities, especially in the context of the successor SDGs.

Table 4.6.2: Young people aged 15–24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner

Indicator 6.2	2003	2010	2012	Target
Young people aged 15-24 years reporting the use of a condom during sexual intercourse with a non-regular sexual partner (%)	43.9	45.7	55	100

Sources: NACA - All data.

Indicator 6.3: Proportion of the Population Aged 15–24 Years with Comprehensive Correct Knowledge of HIV and AIDS

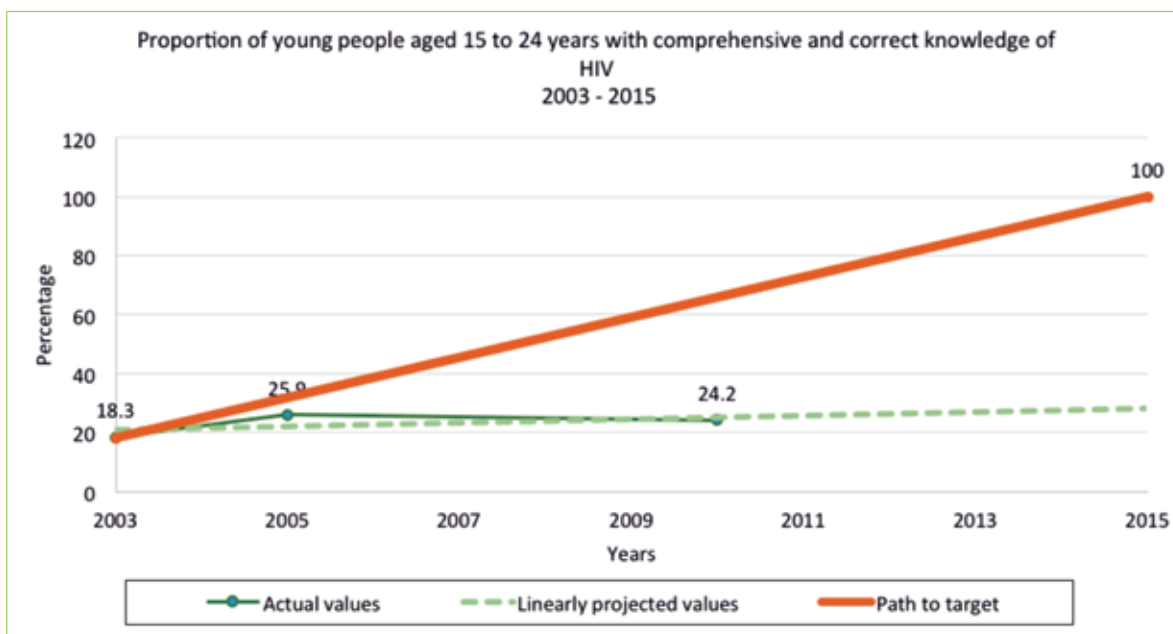
The proportion of the population aged 15–24 years with comprehensive correct knowledge of HIV and AIDS is the fraction of women and men aged 15–24 years who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission and who know that a healthy-looking person can transmit HIV. The available data shows that progress on this indicator has been slow. In 2003, the proportion of the population aged 15–24 years with comprehensive correct knowledge of HIV and AIDS was 18.3%. This figure increased to 25.9% in 2005 but declined marginally to 24.2% in 2010 (Table 4.6.3). This trend and the accompanying end-point status indicate that efforts need to be increased significantly to make notable progress on the indicator. The divergence between the linearly projected value and the path to the desired target in Figure 4.6.2 is an indication of the immense efforts required.

Table 4.6.3: Proportion of the population aged 15–24 years with comprehensive correct knowledge of HIV and AIDS

Indicator 6.3	2003	2005	2010	Target
Proportion of the population aged 15–24 years with comprehensive correct knowledge of HIV and AIDS (%)	18.3	25.9	24.2	100

Sources: NACA - All data.

Figure 4.6.2: Proportion of the population aged 15–24 years with comprehensive correct knowledge of HIV and AIDS



Sources: NACA - All data.

Indicator 6.5: Proportion of the Population with Advanced HIV Infection with Access to Antiretroviral Drugs

Various efforts have been made by the government and its agencies to improve access to antiretroviral drugs that have been largely donor-funded. Consequently, the proportion of the population with advanced HIV infection with access to HIV medicines has witnessed a gradual but sustained increase from 23.9% in 2000 to 48% in 2014 (Table 4.6.4). The data available at the National Agency for the Control of AIDS shows that by the end of 2014, the number of health facilities that offer free antiretroviral drugs stood at 1,057 compared to only 143 in 2011. The number of adults and children with advanced HIV infection who are currently receiving antiretroviral therapy also increased from 225,125 in 2011 to 747,382 in 2014. However, there is a need to scale up interventions to close the gap of 1.5 million persons who need antiretroviral drugs but are yet to be placed on treatment. There is a need to concretise plans to mobilize and harness private sector involvement in bridging the gap.

Table 4.6.4: Proportion of the population with advanced HIV infection with access to antiretroviral drugs

Indicator 6.5	2000	2012	2013	2014	Target
Proportion of the population with advanced HIV infection with access to antiretroviral drugs (%)	23.9	36.7	43	48	100

Sources: NACA - All data.

Indicator 6.6: Incidence and Death Rates Associated with Malaria

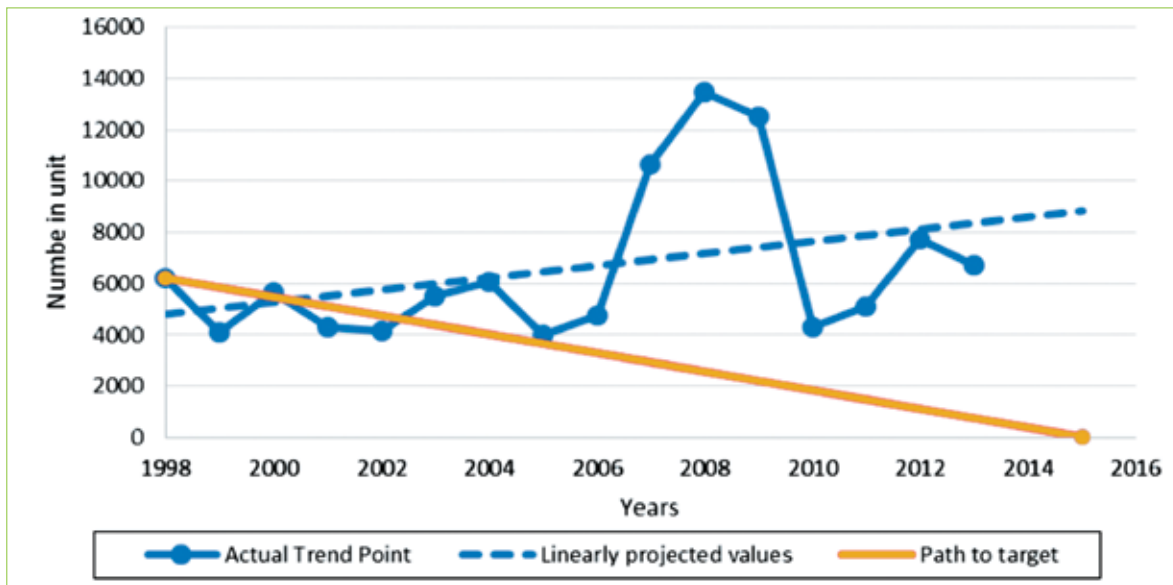
Malaria is a major public health problem in Nigeria where it accounts for more cases and deaths than any other country in the world. Indeed, Malaria is a risk for 97% of the population with the remaining 3% living in the malaria-free highlands. There are an estimated 100 million malaria cases with over 300,000 deaths per year in the country. This compares with 215,000 deaths per year from HIV and AIDS in the country. Table 4.6.5 reveals the very worrisome incidence of rapidly rising cases of malaria; contributing to an estimated 11% of maternal mortality and for 60% of outpatient visits as well as 30% of hospitalizations among under-five children in the country. The disease has the greatest prevalence of close to 50% in children aged 6-59 months in the South-west, North-central and North-west regions, with the least prevalence of 27.6 % in the South-east region. Considering the data in Tables 4.6.4 and 4.6.5, it is clear that the target of 0 incidence of deaths as a result of malaria infections has not been met. Efforts would therefore need to be intensified to achieve a higher rate of prevention and effective treatment of malaria cases.

Table 4.6.5: Death associated with Malaria

Indicator 6.6	1998	1999	2000	2001	2003	2005	2008	2009	2013	Target
Deaths associated with malaria	6197	4123	5667	4317	5522	4000	13495	12490	6743	0

Source: NMCP - All data.

Figure 4.6.3: Death rates associated with Malaria, 1998-2015



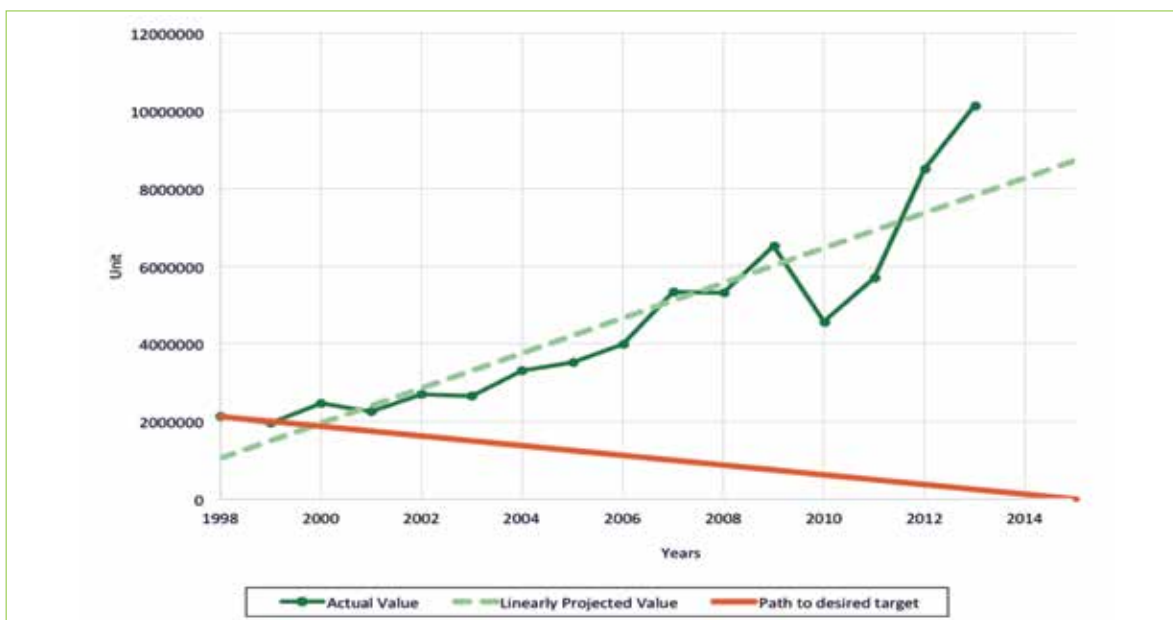
Source: NMCP-All data.

Table 4.6.6: Malaria Cases

Indicator 6.6	1998	1999	2005	2008	2009	2013	Target
Malaria cases	2,122,663	1,965,486	3,531,208	5,326,573	6,513,858	10,143,142	0

Sources: NMCP - All data.

Figure 4.6.3: Cases of Malaria 1998-2015



Source: NMCP-All data.

Indicator 6.7: Proportion of Under-five Years Children Sleeping under Insecticide-treated Bed Nets

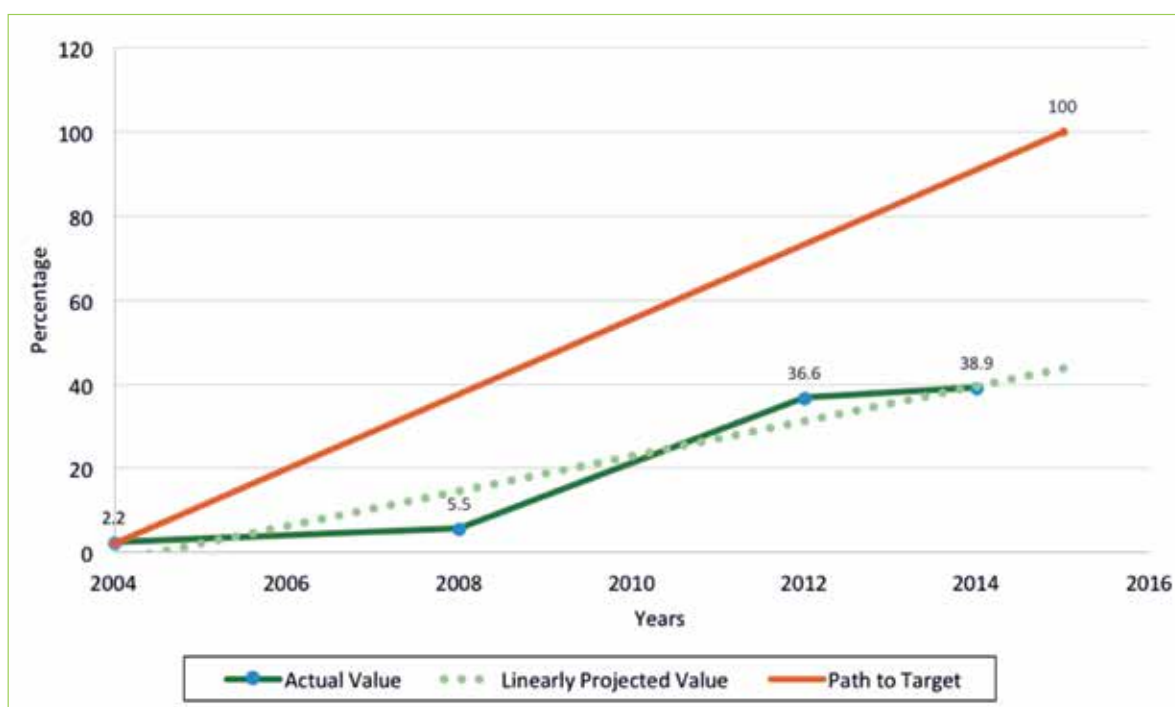
In the last few years there has been a significant improvement in the proportion of under-five children sleeping under insecticide-treated bed net (Table 4.6.7; Figure 4.6.4). This reflects the sustained distribution of LLINs. In this direction, a total of 57.7 million LLINs were distributed nationwide from 2009 to 2013 while 46.2 million LLINs were distributed from 2013 to 2015. However, there is still a wide gap between the desired target and current achievements. In the successor SDGs era, intensified efforts would need to be made to widen the coverage of users of insecticide-treated bed nets. This will require addressing the concerns of prospective users relating to heat generated by nets in situations where there is incessant electric power failure.

Table 4.6.7: Proportion of children under-five sleeping under insecticide-treated bed nets

Indicator 6.7	2004	2008	2012	2014	Target
Proportion of children under-five sleeping under insecticide-treated bed nets (%)	2.2	5.5	36.6	38.9	100

Source: NMCP – All data.

Figure 4.6.4: Proportion of children under-five sleeping in insecticide-treated bed nets, 2004-2015



Source: NMCP – All data.

Indicator 6.9: Incidence, Prevalence and Death Rates Associated with Tuberculosis

The incidence of tuberculosis is the estimated number of new, smear and extra-pulmonary tuberculosis cases arising in a given year, expressed as the rate per 100,000 population including cases in people living with HIV. Nigeria has a high incidence of TB with HIV co-infection worsening the

situation. The latest incidence of tuberculosis (per 100,000 people) in Nigeria is 338 as at 2013. The data for other years shows marginal declines in the indicator since 2005 (Table 4.6.8). According to a survey conducted in 2014 by the National TB and Leprosy Control Programme (NTBLCP), more than 600,000 new cases of tuberculosis have occurred in Nigeria with 91,354 cases placed on treatment.

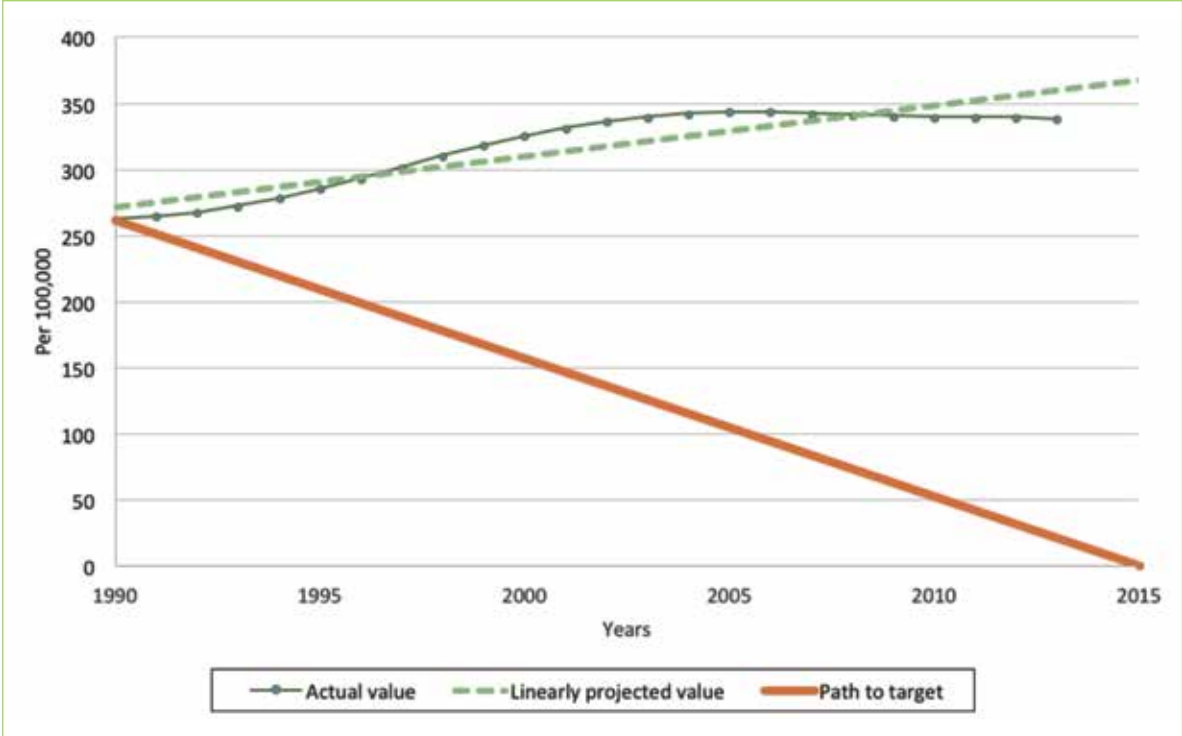
The DOTS strategy for addressing TB has been implemented in about 3931 facilities across the country (2010 NTBLCP Annual Report). The increase in access to services has resulted in a concomitant increase in the number of notified TB cases in the country.

Table 4.6.8: Incidence of TB per 100,000 population

Indicator 6.9	1990	1995	2000	2005	2010	2013	Target
Incidence rate of TB per 100,000 population	262	285	325	343	339	338	0

Sources: NTBLCP – All data

Figure 4.6.5: Incidence of TB per 100,000 population, 1990-2015



Source: NTBLCP – All data.

4.6.2 Sub-national and Geo-political Variations in HIV and Malaria

A consideration of HIV indicators at the sub-national level reveals consistent trends across the country. At the geo-political level, the proportion of women aged 15-24 years with comprehensive correct knowledge of HIV and AIDS in 2012 was 37.3% in the South-east, 34.3% in the South-west

and 33.2% in the South-south zones. Both the North-west (26.5%) and the North-east (23.2%) had lower proportions of young women with comprehensive knowledge of HIV and AIDS. In terms of the urban-rural divide, there was a higher proportion of young women with comprehensive knowledge of HIV and AIDS (37.8%) in the urban areas compared with their counterparts in the rural areas (30.5%). The proportions of children who sleep in insecticide-treated bed nets are least in the North-western States and in Borno and Adamawa States (Figure 4.6.8).

Figure 4.6.8: Proportion of children under 5 sleeping in insecticide-treated bed nets by States



Source: NBS - 2012.

4.6.3 Main Goal Six Policy Drivers

To sustain the success in reversing the spread of HIV and AIDS, the country implemented well-targeted programmes for treatment, prevention and control. The national momentum has been enhanced by the recently launched Presidential Comprehensive Response Plan (PCRP 2014 - 2015) for tackling HIV and AIDS to strengthen the current achievements and further brighten the prospects of achieving the target. Government has intensified the implementation of the National HIV Prevention Plan as well as the National Strategic Health Development Plan (NSHDP 2010 - 2015) at all levels. The 2013 National ART Scale-up Plan, the 2014 Integrated Guidelines on HIV Prevention, Treatment and Care and the 2010 National Guidelines for HIV Treatment and Care have all contributed significantly to the progress that has been recorded in the quest to address the HIV and AIDS scourge.

In order to reduce the high prevalence of malaria, the Government has distributed more than 100 million LLINs for use to populations at risk. The use of indoor residual spraying to complement LLINs is being promoted as a measure that can rapidly reduce the prevalence of malaria. In addition, the use of widespread larviciding, or the source-reduction of mosquito infestations to reduce human-insect contact, has been initiated with the process of establishment of a factory to produce larvicidal agents having reached advanced stages. Many initiatives are also implemented towards promoting environmental management as an integral part of integrated vector control. Emphasis is being given to the diagnosis and prompt treatment of malaria as part of effective case management, diagnosis and malaria prevention in pregnancy using Rapid Diagnostic Tests through the affordable medicine facility for malaria. The scheme should lead to about 50.0% reduction in morbidity and mortality by ensuring that Artemisinin Combination Therapy (ACTs) get to the consumers. This provides access to Nigerians patronizing patent proprietary vendors to more than 46 million ACTs at affordable and highly subsidized prices. This approach has helped to improve malaria case management at the community level as well as the in-home management of malaria by role model caregivers.

4.6.4 Goal Six Challenges

In terms of challenges under this goal, the following three merit attention:

- 1. Low attendance and/or Stigmatisation:** the number of HIV positive pregnant women showing up in the health facilities is still low. Stigmatization plays a role in reducing access to care. The poor access by pregnant women to antenatal care and prevention of Mother-to-Child Transmission is a significant risk factor for HIV transmission from mother to child. Accordingly, there is the need to engage the private health sector, including Traditional Birth Attendants, to identify high-risk clients;
- 2. Dwindling donor support:** the dwindling donor support to the health sector for HIV and AIDS programmes presents a major challenge as more than 80% of funds for HIV and AIDS programmes are provided by donors. There have been reports suggesting the total or near absence of aid workers and donor-funded health programmes in some parts of the North; and
- 3. Incessant labour disputes:** the incessant labour disputes in the public health sector have also resulted in constraints that hamper access to antenatal care and PMTCT services.

4.7 MDG 7: Ensure Environmental Sustainability

Target 7A: *Integrate the principle of sustainable development into country policies and programmes and reverse the loss of environmental resources.*

4.7.1 The Nigerian Context for Environmental Sustainability

The commitment by Nigeria to ensuring environmental sustainability is reflected in its Vision 2020 Economic Transformation Blueprint which is an integrated long-term development plan for the country. One of the three pillars of the Vision is dedicated to ensuring sustainability. In addition, Nigeria is strongly committed to the letter and spirit of the United Nations General Assembly (UNGA) resolution 44/228 that stressed the need to elaborate strategies and measures to halt and reverse the

effects of environmental degradation in the context of increased national and international efforts to promote sustainable and environmentally sound development.²⁹

Determined to pursue and achieve this commitment the Federal Government established a Federal Ministry of Environment in 2008 with the constitutional mandate to protect the natural environment against pollution and degradation as well as to ensure the conservation of Natural Resources for sustainable development in Nigeria. These measures have been pursued through:

1. Securing a quality environment, conducive for human well-being and conservation of fauna and flora;
2. Promoting sustainable use of natural resources;
3. Restoring and maintaining the ecosystem, ecological process and preserving biodiversity;
4. Raising public awareness and promoting understanding of linkages of the environment; and
5. Cooperating with relevant Ministries/Departments/ Agencies, the private sector, NGOs, and International Organisations on environmental matters.³⁰

Prior to 2006, national efforts were largely concentrated on erosion control and checking the menace of desertification. Thereafter, efforts have shifted to the provision of safe drinking water and improved sanitation and the upgrade of urban slum-dwellings. However, even with this shift in priorities, the pattern of investments reveals that targets other than these have received commensurate attention. Nigeria thus continues to be affected by other environmental challenges as already pointed out in chapter 3, chief among which are oil spillage, gas flaring, desertification, deforestation, flooding and climate change. It means that in spite of the importance attached to environmental sustainability and considering its impact on other goals; especially the poverty and health-related ones, efforts made to achieve this goal have tended to be problematic over the years.

4.7.2 Trends and End-point Status at the National Level

Indicator 7.1: Proportion of Land Area Covered by Forest³¹

The importance of forests to man cannot be overemphasized given its environmental and socio-economic functions at both national and global levels. Conversely, deforestation impacts negatively in terms of soil erosion, loss of biodiversity, loss of wildlife and increased desertification, and loss of livelihoods in agriculture. Unfortunately, Nigeria has continued to lose forest cover at an alarming rate of about 3.5% per annum, approximately 350,000 to 400, 000 hectares per year. The major reasons cited for this development include logging, subsistence agriculture and collection of fire wood, especially in the Southern part of the country. In the Northern part, continuous desert encroachment has become a major challenge. It is therefore not surprising that Nigeria has not made much progress on this indicator given the loss of its primary forests (see Nigeria MDGs 2010 & 2013 MDGs Reports).

²⁹ This paragraph benefited from the input of the Federal Ministry of Environment, Abuja, 2015.

³⁰ Ibid

³¹ The proportion of land area covered by forest is the forest area as a share of the total land area, where land area is the surface area of the country less those areas covered by inland waters such as major rivers and lakes.

Table 4.7.1: Proportion of land area covered by forest (Percent)

Indicator 7.1	1990	2000	2005	2010	2012	2015 Target
Proportion of land area covered by forest	18.9	14.4	12.2	9.9	9.8	

Sources: FAO 2010& 2012, see also UN MDGs Indicators, 2015.

The table 4.7.1 reveals that Nigeria’s land area covered by forest has consistently declined over the years from 18.9% in 1990 to 9.8% in 2012³². This worrisome development is a wake-up call for much more effective actions to be taken at all levels of government to halt the trend, especially as the country moves into the new development framework era.

Target 7C: *Halve by 2015, the proportion of the population without sustainable access to safe drinking water and sanitation*

In Nigeria, access to water, sanitation and hygiene has been a very big challenge. Citizens in both the urban and rural areas struggle daily with this problem particularly women who spend a large proportion of their time in search of potable water for drinking and other household requirements. The concomitant effect of acute water shortage is the outbreak of waterborne diseases which threatens the lives of citizens particularly children who are susceptible to waterborne diseases such as cholera, diarrhoea, guinea worm, typhoid fever, hookworm infection. Indeed, in many communities in Nigeria, inadequate safe water supply and sanitation facilities have increased infant mortality rates.³³ The improvement of the population’s access to water and sanitation facilities has therefore been identified as a veritable means of improving the human development index. Achieving the MDGs targets for Water and Sanitation is thus key to achieving other related MDGs, namely, poverty eradication, maternal and child health, improving access to Universal Basic Education, and achieving environmental sustainability.³⁴

Confronting the enormous problems of providing safe drinking water and improving sanitation facilities in Nigeria - a geographically large and the most populous country in Africa and in the black race - required effective collaboration between government and non-governmental actors. Of particular note in this regard are the interventions made by Federal MDAs, OSSAP-MDGs (through its CGS, Special Projects and Quick wins projects), State governments, Local governments, International Development Partners, humanitarian and philanthropic organisations, and others, including NGOs, CBOs, Cooperative societies, the private sector, town unions, Faith Based Organisations, etc. The development of the Sustainability Policy Framework on MDGs Grants/ Interventions in the Water and Sanitation Sector was a catalyst in driving interventions in the water and sanitation sector.

Indicator 7.9: *Proportion of Population Using an Improved Drinking Water Source*

This indicator refers to the proportion of the population with sustainable access to an improved water source, urban and rural; it is the fraction of the population which obtains drinking water from

³² This 2012 figure was based on FAO estimate.

³³ The discussion in this section benefitted from the input of the Federal Ministry of Water Resources, Abuja. Its acknowledgement of ADF 2007 in this introductory part is noted here.

³⁴ See OSSAP-MDGs (2013/2014): Sustainability Policy Framework on MDGs Grants/Interventions in the Water and Sanitation Sector: An Innovation of the Conditional Grants Scheme (CGS) Unit of the Office of the Senior Special Assistant to the President on MDGs.

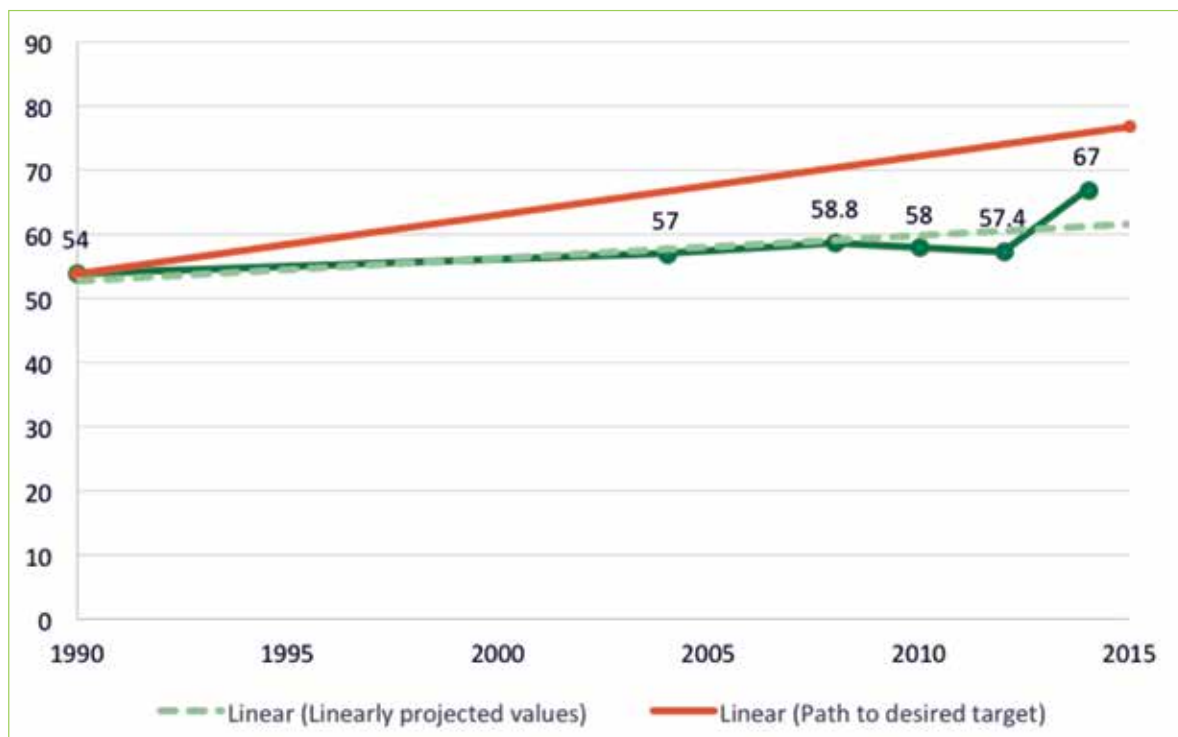
any of the following types of water source: piped water, public tap, borehole or pump, protected well, protected spring or rainwater.

Table 4.7.2: Proportion of the Population using improved Drinking Water Source

Indicator	1990	2004	2008	2010	2011	2012	2014	Target
7.9: Proportion of population using an improved drinking water source (%)	54	57	55.8	58	58.5	57.4	67	77

Source: NBS, & Federal Ministry of Water Resources for 2014 figure.

Figure 4.7.1: Proportion of Households with access to safe drinking water, 1990-2015



Source: NBS & Federal Ministry of Water Resources for 2012 & 2014 figures.

A look at indicator 7.9 in table 4.7.2 and Figure 4.7.1 reveals that although the country has recorded improvement in the proportion of households with access to safe drinking water over time, the target of 77% has yet to be achieved. The proportion of 67% achieved in 2014 falls short of the target by 10 percentage points. Besides, the progress made has been irregular. And in the achievement recorded, the citizens have played a discernible role by providing their own boreholes and wells. In light of this, a lot still needs to be done by the government to improve access to safe drinking water even though past efforts can easily be acknowledged. It is important to note that the Joint Monitoring Programme (UNICEF and WHO, 2015) acknowledged these past efforts when it scored Nigerians’ access to portable water at 69%.

In this respect, the Nigerian government has shown significant commitment through the construction of dams. For example, 55 dams of various sizes were completed, while 10 dams rehabilitated as at the end of 2014. Again, the construction of 200 dams of various capacities is on-going as at 2015. Since 2010, a total of 290 formal and informal irrigation projects of varying sizes have been initiated. Of this number, 153 new irrigation schemes have been completed while 137 projects are on-going in several parts of the country. Furthermore, since 2010, a total of 14,686 water supply facilities have been provided nationwide. Out of this number, 12,148 were newly constructed, mostly in the countryside, with 143 water facilities rehabilitated, while 2,395 water supply projects are under construction as at 2015.

Box 4.7.1: Benefits of increased access to Safe Drinking Water in Sokoto State

'The increased access to safe drinking water sources had led to a reduction in incidences of waterborne diseases in general. At one location in Sokoto State, 90% of the community had stopped fetching water from streams & ponds, and their sanitary habits had improved. Furthermore, because children no longer had to travel long distances to source water, completion of the projects resulted in improved primary school enrolment rates.'

Source: OPEN M & E Report, 2006-2007.

At the sub-national level, cooperation between OSSAP-MDGs and the various states under the CGS counterpart funding arrangement has appeared effective. Under this collaboration, a lot of water projects across the States and local governments were executed and commissioned. For example, in 2011 and 2012, the number of CGS funded water projects across the country was 8,985. Such water facilities included boreholes and small town water schemes (see OSSAP-MDGs, 2013).

The efforts of the Federal Ministry of Water Resources and its parastatals (namely the 12 River Basin Development Authorities (RBDAs) as well as those made by the Niger Delta Development Commission (NNDC) and other related MDAs are remarkable.

Fig 4.7.2: A prototype picture of one of the CGS Water Projects

Between 2011 and 2015, the Federal Ministry of Water Resources initiated 763,1145 projects under the urban water scheme, while 6799 projects were initiated under the small towns and rural water supply scheme. Out of these, 418,892 (urban) and 6234 (small towns and rural) water supply schemes were completed while 357,253 (urban) and 721 (small towns and rural) water supply schemes are under construction. These facilities account for the production of 1,587.08 million litres of water per day leading to about 30 million Nigerians having access to potable water supply.



Indicator 7.10: Proportion of the Population Using an Improved Sanitation Facility

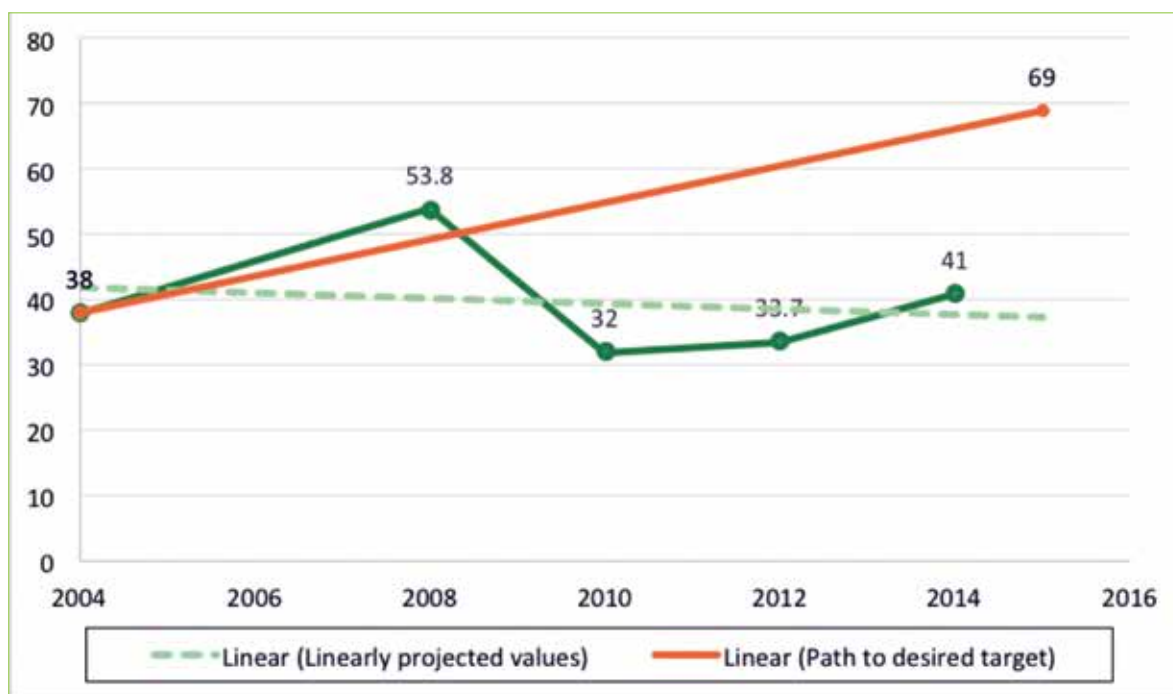
This refers to the proportion of the urban and rural population with access to improved sanitation; it is also the fraction of the population with access to facilities that hygienically separate human biological waste. Improved sanitation has obvious and immediate effects on health, with diseases like cholera and dysentery often being the results of poor sanitation. The risks of poor sanitation are greater in urban areas where it is more difficult to avoid contact waste.

Table 4.7.3: Proportion of the population using an improved sanitation facility

Indicator	1990	2004	2008	2010	2011	2012	2014	Target
7.10: Proportion of population using an improved sanitation facility (%)	54	38	53.8	32	-	33.7	41	70

Sources: NBS& Federal Ministry of Water Resources for 2012 & 2014 figures.

Figure 4.7.3: Proportion of the population using an improved sanitation facility, 2004-2015



Sources: NBS& Federal Ministry of Water Resources for 2012 & 2014 figures.

Table 4.7.3 and Figure 4.7.3 show that Nigeria has recorded very limited progress on this indicator. The values of the indicator have fluctuated at levels that are far from the 2015 target of 70%. As of 2014 the proportion stood at 41%. UNICEF and WHO data (2015) have even suggested that the proportion of the 2015 population that gained access to improved sanitation facility since 1990 is 29%, which is an indication of very limited or no progress towards the target. Over the years, considerable rural-urban disparities in access to improved sanitation have existed: 42.7% of the urban population have access to improved sanitation facility compared with 30.1% in the rural areas.

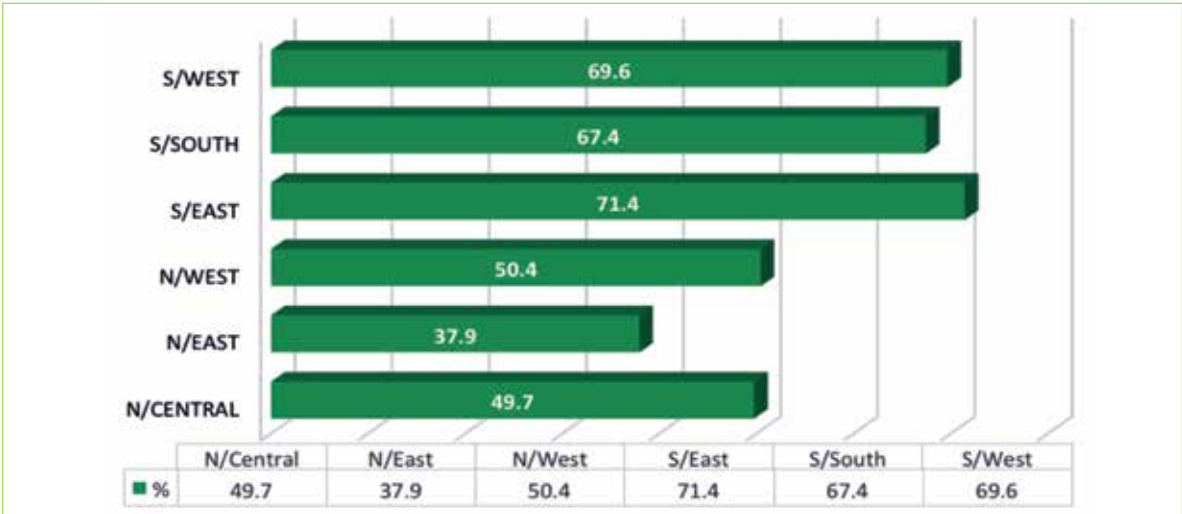
During the period between 2011 and 2015, over 10,000 water quality tests were carried out annually to ensure compliance with the National Water Quality Standard. This led to 13,591 communities having access to improved sanitation facilities. Again, 325 persons were trained on community-Led Total Sanitation (CLTS) to impact on an Open Defecation Free (ODF) population of 23, 604,479. Nevertheless, the efforts of the Government to improve sanitation facilities appear to have had limited impact - the desired results have yet to be achieved.

4.7.3 Sub-national and Geo-political Variations on Access to Safe Drinking Water

There are disparities among geo-political zones with respect to access to safe drinking water as shown in Figure 4.7.4. The populations of the Southern geo-political zones seem to have had greater access to safe drinking water compared to the Northern geo-political zones. An average of 69.5% of the population had access to safe drinking water in the Southern zones compared to 46.0% of the population in the Northern zones with the situation at its worst in the North-east (Figure 4.7.4). Thus, there is still much to be done to deliver potable water in many states of the federation. The variations among the zones need to be addressed at both the national and state government levels. Water schemes need to be scaled up to cover many communities in the local governments, and completed projects need to be maintained for the people to derive lasting benefits from this very important service.

It is not acceptable for many of the people to depend on self-help model of water provision as prevails across some geo-political zones with greater access to safe drinking water. This model which is prevalent among members of the elite hides the fact that the poor living within and in the vicinity of the elite community suffer from access to potable water because of their inability provide their own boreholes. The increasing dependence on water hawkers in many urban and rural communities across the states is an indication that potable water is still scarce. Given the wide disparities among states in access to safe drinking water, it is right to conclude that provision of potable water remains an unfinished business of the MDGs despite the fact that the national average is relatively close to the expected target of the MDGs.

Figure 4.7.4: Access to Water across geo-political zones (Percent of Population)



Source: NBS, 2011.

4.7.4 Main Policy Drivers for Water and Sanitation

In the water and sanitation sector, the main drivers of activities have been the following policies and programmes:

1. National Water Policy, 2009 (undergoing review);
2. National Water Resources Master Plan, 2014;
3. Water for People, Water for Life Framework of action;
4. CGS Counterpart funding policy;
5. Urban, Small towns and Rural water supply schemes;
6. Quick Wins Interventions under the Constituency projects; and
7. Special Projects interventions of OSSAP-MDGs.

4.7.5 Challenges for the Water and Sanitation Indicators

The main challenges for the water target and its associated indicators can be summarised to have been the following:

1. **Data:** notably, the paucity of data on water and sanitation related indicators;
2. **Institutional arrangements:** there is the problem of establishing institutional arrangements involving three levels of government so as to clearly define data sets for adequate measurement of the indicators for the water sector;
3. **Encroachment:** the incessant land encroachment by communities and private individuals on the River Basin Development Authority farmlands;
4. **Budgetary issues and constraints:** Inadequate budgetary provisions and untimely releases of appropriated funds;
5. **Insecurity:** the general insecurity and communal disturbances in some parts of the project locations; and
6. **Huge capital cost:** this is often required for the development of water infrastructure, which makes the sector unattractive to private sector investment.

Target 7D: *By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.*

4.7.6 Trends for Slum-upgrading

Nigeria has progressively experienced high rates of rural-urban migration and a high growth rate of its urban population which is projected to reach 60% of the total population by 2015 (Nigeria 2013 MDGs Report). As with many cities in developing countries, urban development in Nigeria is happening very rapidly, and at a large scale for the current system to cope with. This has often resulted in urban degradation and deficiency in infrastructure and related basic services including power supply, water, drainage and sanitation, solid waste disposal, roads and public transport.

The main challenge is not to slow down urbanization as such but rather to cope with it and the challenges it brings. These challenges include the provision of shelter, unemployment, provision of basic urban services such as water and sanitation, and how to effectively respond to the rising crime, urban poverty and environmental degradation.³⁵ The United Nations Human Settlements Programme (UN-HABITAT) recently estimated that about 56 million Nigerians (representing 70% of Nigeria’s urban population then) were living in slums and shanty settlements (see Nigeria MDGs 2013 Report).

The UN-Habitat has described slums as the physical manifestation of urban poverty and intra-city inequality. Slums occur partly because the prosperity of cities is not well distributed. About 10% of the world’s population now lives in slums which are neighbourhoods that typically lack or are denied access to basic services. Slums can also result from the failure of public policy and they are typically characterized by physical blight, insecure tenure, diseases, and insecurity which result from absence of basic neighbourhood services such as potable water, sanitation, vehicular access, and adequate housing. They can be identified on the basis of the performance of a community against some basic attributes such as access to land, potable water, sanitation and generally good living conditions. They are also characterized by dense and overcrowding conditions, where human rights are flagrantly denied.³⁶ Urban slums and blighted areas thus pose specific and peculiar physical and environmental health planning challenges, one of which is that they have population densities that are in most cases beyond the carrying capacity of both the environment and infrastructure. Another is resource depletion which is a natural result of a system that is fast growing beyond its carrying capacity.

It is against the foregoing background that the Federal Ministry of Lands, Housing and Urban Development, has been directing its efforts over the years to address the problem of urban slums.

Indicator 7.10: Proportion of Urban Population Living in Slums

Table 4.7.4 and figure 4.7.5 below reveal that some progress has been made over the years in reducing the proportion of the urban population living in slums. From a very high proportion of 77.3% in 1990, the indicator witnessed continuous decline to 50.2% in 2014. This decline is not satisfactory. It hides the reality of the swelling number of slum dwellers (in millions) in Nigerian cities given that (a) the total housing deficit in 2014 was between 16-18 million units, and (b) the number of cities with a population of one million and above in 2014 was seven, all of which are major factors accounting for slum emergence and rapid development.³⁷

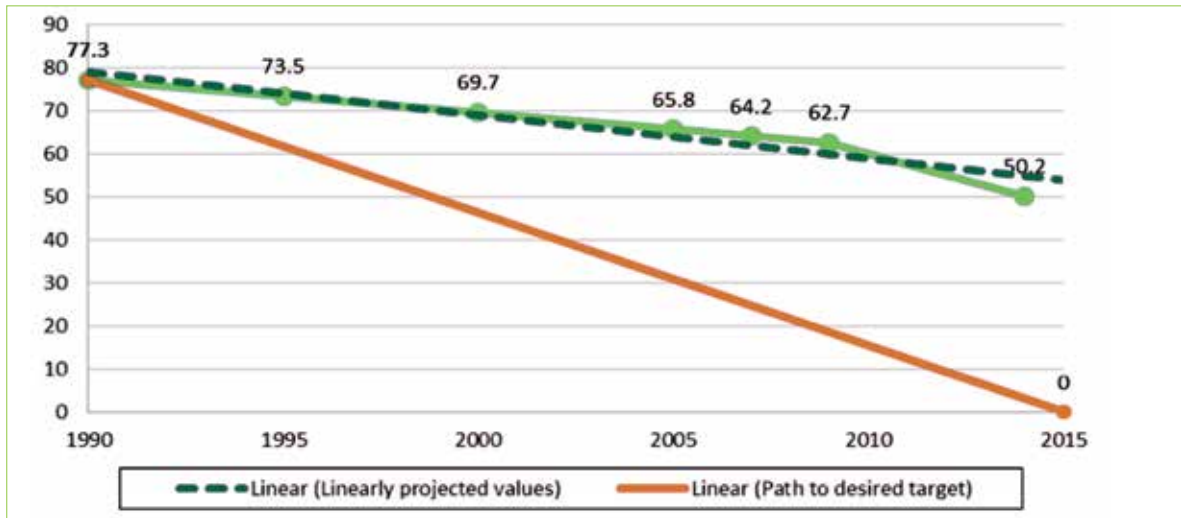
Table 4.7.4: Proportion of urban population living in slums

Indicator 7.10	1990	1995	2000	2005	2007	2009	2014	Target 2015
Proportion of urban population living in slums	77.3	73.5	69.6	65.8	64.2	62.7	50.2	

Source: MDGs Indicators, UN Statistics Division, 2015

35 Parts of this paragraph benefited from the submission of the Federal Ministry of Lands, Housing and Urban Development (FMLHUD), Abuja, 2015.
 36 Ibid for the entire paragraph.
 37 Based on input made by Federal Ministry of Lands, Housing and Urban Development (FMLHUD), Abuja, 2015.

Figure 4.7.5: Proportion of Urban population living in slums



Source: Graph generated from UN MDGs Indicators, 2015.

4.7.7 Achievements and Policy Drivers for Urban Renewal and Access to Water

The swelling numbers of urban dwellers have been a great challenge to the government, which the relevant ministries, departments and agencies are confronting. Over the years, the FMLHUD has consciously developed strategic policies and implemented programmes towards eradicating urban slums, providing basic facilities, and improving the lives of slum dwellers in all categories of human settlements nationwide.³⁸

Table 4.7.5: Implementation of MDGs Urban Renewal/Slum-upgrading by the FMLHUD (2006-2015)

Period	Urban Renewal/Slum-upgrading (Target11)			Total
	Access Roads/ Drainages	Solar Powered Street Lights and Rural Electrification	Public Buildings/ Utilities	
2006	-	-	1	1
2007	-	-	4	4
2008	24	29	24	129
2009	72	15	86	260
2010	88	63	86	296
2011	41	58	72	248
2012	46	14	160	542
2013	61	10	195	424
2014	28	82	130	383
2015	NIL	NIL	NIL	NIL
Grand Total	360 (15.7%)	271 (11.9%)	758 (33.1%)	2287 (60.27%) ³⁸

Source: MDG Unit, Federal Ministry of Lands, Housing and Urban Development, July, 2015

³⁸ Ibid.

³⁹ FMLHUD

Table 4.7.5 reveals the implementation of MDGs urban renewal/slum-upgrading during the period, 2006 – 2015. A total of **2287 Projects** were executed. Safe Drinking Water Projects accounted for 39.27% of these but is deliberately not reflected in the table as access to safe drinking water was discussed earlier). Urban Renewal and Slum-upgrading Projects (comprising Access Roads/ Drainages, Solar Powered Street Lights and Rural Electrification and Public Buildings and Utilities) accounted for 60.73% of the total number of Projects executed.⁴⁰

The current focus of FMLHUD is a study of Nigerian cities with a view to collecting, collating, analyzing and synthesizing data on slums and blighted areas and to propose inclusive renewal strategies and prioritize implementation action plans and programmes. This will not only provide data on the extent of urban slums in Nigerian cities but also assist in mobilizing stakeholders to participate in the quest to achieve sustainable cities where land, infrastructure, and other natural and human resources are used in the most efficient, cost effective and sustainable way. This is also in consonance with the task of the FMLHUD to develop a National Programme of Action and Strategic Plan to address slums in Nigeria.⁴¹

In sum, the following were the main policy drivers for the interventions realised in this area:

1. The National Urban Development Policy 2012;
2. The National Housing Policy 2012; and
3. The UN Habitat's Water and Sanitation Trust Fund.

4.7.8 Challenges to Urban Renewal and Slum-upgrading

The main challenges to the urban renewal and slum-upgrading target can be surmised to have included the following:

- 1. Isolation of Projects:** the implementation of the MDG 7 Programme was undertaken in the context of 'isolated projects' clearly indicating that a better impact would have been achieved if the Programme was more aligned and integrated into the core activities of the Ministry;
- 2. Funding:** Many of the projects undergoing execution were stalled due to shortfalls in the release of funds;
- 3. Imposed Projects:** Some of the projects were not requested by the targeted beneficiaries, but were rather imposed on them. This, in most cases, resulted in neglect and /or pilfering of completed facilities due to lack of a felt ownership;
- 4. Management and Governance:** No persons or organisations were expressly identified and charged with the ownership and management of the completed projects; and
- 5. Non-involvement and investment;** especially so by other tiers of Government, the private sector and beneficiaries.

40 Ibid.

41 Ibid.

4.8 MDG 8: Develop a Global Partnership for Development

4.8.1 Trends and End-point Status at National Level

Target 8D: Deal comprehensively with the debt problems of developing countries

Table 4.8.1 (here below) indicates that per capita Official Development Assistant (ODA) to Nigeria has trended upwards over the years with the highest increase of about 84% recorded in the year 2004 above that of 2003. There were however, marginal declines in 2008 and 2010 owing to the effects of global financial crisis. The sharp increase in per capita ODA in 2004 is attributable to the processes that led to the granting of debt relief to Nigeria in 2005. This suggests that debt burden discourages inflow of ODA and points to the need for reduction in external borrowings by governments. This will ensure increased flow of ODA to Nigeria for sustainable economic development particularly in the area of infrastructure and human development.

As shown in table 4. 8.2, ODA sectoral allocation to key sectors for the past ten years (2005-2014) has maintained an upward trend. Among all sectors, health is the leading recipient of ODA. The proportion of total sectoral ODA that accrued to health sector in 2012, 2013 and 2024 stood at 66.50%, 96.89% and 74.05% respectively. This situation has contributed to the attainment of some health related targets in goals five and six. The agricultural sector has also persistently benefited from ODA for the past ten years which is evident in the appreciable progress made towards meeting goal one.

Table 4.8.1 Trends in Per Capita ODA and Debt Service as Percentage of Exports⁴²

	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
8.1: Per capita ODA to Nigeria (USD)	3	1.47	1.39	2.38	2.44	4.49	4.89	8.17	NA	8.7	9.5	7.9	9.2	11.35	14.47
8.2: Debt service as a percentage of exports of goods and services		9.17	12.90	8.50	8.03	5.04	15.92	11.67	1.44	0.60	0.76	0.46	0.39	0.12	0.49

Sources: National Planning Commission; <http://www.data.worldbank.org/country/nigeria> and Nigeria 2013 MDGs Report.

Indicator 8.1: Per capita ODA to Nigeria (USD)

Figure 4.8.1: ODA to Nigeria - 1990 201



Sources: National Planning Commission; <http://www.data.worldbank.org/country/nigeria> and Nigeria 2013 MDGs Report.

42 Not all ODA inflows to Nigeria have been captured in this table

Table 4.8.2: ODA to Key Sectors, 2005 – 2014 (USD)

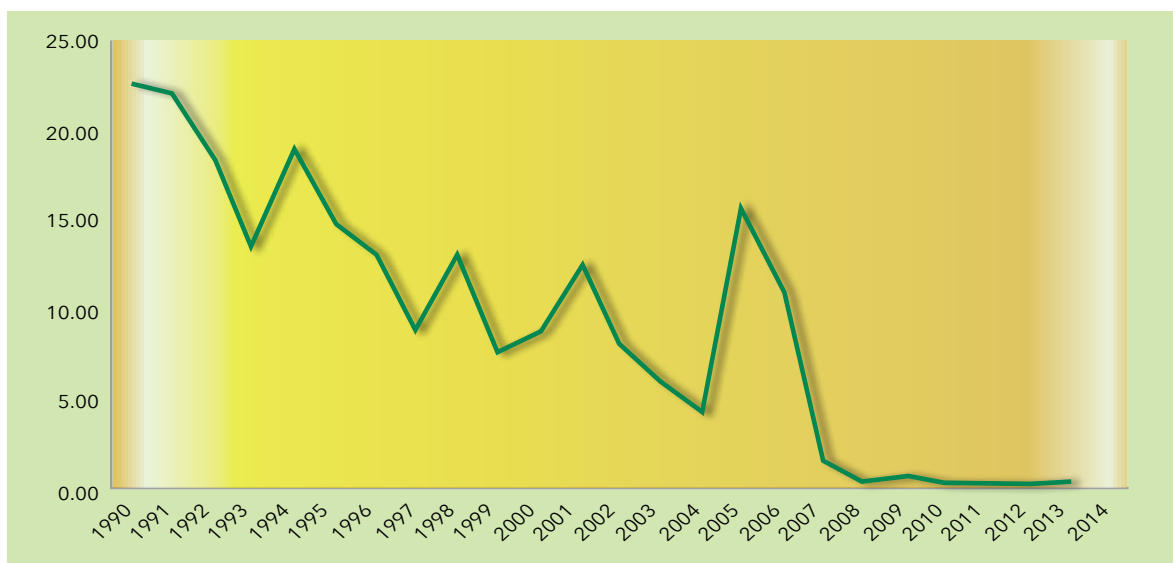
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Agriculture	2,408,494	1,061,256	926,446	800,405	6,320,642	365,333	20,597,340	9,790,457	984,335	34,161,876
Civil Society								78,210	45,993	679,383
Education								10,624,498		2,727,746
Health	2,397,404	2,992,132	3,470,635	4,898,075	7,177,293	7,833,432	11,304,713	179,161,133	256,792,426	480,017,028
Energy/ Environment			169,846	371,770	5,387,387	861,303	867,780	450,956	77,632	5,700,000
Governance								306494	278,888	21,990,724
Government			91,455	899,654	152,220	803,796	1,355,981	12,460,659		37,718,842
Human Rights								230422	201,270	
Political System							1,306,506	1,306,506	1,306,506	1,306,506
Poverty Alleviation							80,897	42,959	4,230,118	2164876
Women Empowerment							68,551		619,111	4,242,604
Total ⁴²	4,805,898	7,057,303	4,658,382	9,130,023	19,037,542	22,056,722	32,767,653	269404526	265,042,341	648,244,907

Source: National Planning Commission, 2015.

Indicator 8.2: Debt Service as a Percentage of Exports of Goods and Services

Debt service constitutes a drain on domestic resources and thus impedes economic development. This situation prompted Nigeria to negotiate and obtain debt relief in 2005 from the Paris Club. As a consequence, the percentage of exports of goods and services devoted to debt service began to decline as from 2006 to all time low of less than one percent as from 2008 to 2013 (between 0.46 and 0.76) as against fluctuations witnessed in years preceding 2004 (see table 4.8.1 and figure 4.8.2).

Figure 4.8.2: Debt service as a percentage of export of goods, services etc.



Sources: www.ncc.gov.org; <http://www.data.worldbank.org/country/nigeria> and Nigeria 2013 MDGs Report.

43 Total includes ODA for sectors not listed in this table.

Target 8F: *In Cooperation with the Private Sector, make available the benefits of new Technologies, especially Information and Communications Technology*

Indicator 8.14: Telephone Lines per 100 People

Between 1990 and 2006, the number of fixed telephone lines per 100 people maintained a steady increase from 0.30 to 1.17 respectively. As from 2006, there has been a persistent decline with only 0.10 fixed telephone lines per 100 in 2014 as can be seen in table 4.8.3 and figure 4.8.3. A key factor responsible for the massive decline is the introduction of the Global System for Mobile Communications (GSM) and its socio-economic benefits.

Table 4.8.3 Trends in Information Communication Technology

	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
8.14: Telephone lines per 100 people	0.30	0.44	0.47	0.54	0.66	0.75	0.87	1.17	1.07	0.86	1.0	0.70	0.40	0.25	0.21	0.10
8.15: Cellular phone subscribers per 100 people	0.0	0.02	0.21	1.20	2.35	6.65	13.19	22.40	27.35	41.66	48.0	55.0	59.0	66.8	73.29	77.84
8.16 Internet users per 100 people	0.0	0.06	0.09	0.32	0.56	1.29	3.55	5.55	6.77	15.86	20.0	24.0	28.43	32.8	38	42.68
8.17: Tele-density			0.73	1.89	3.35	8.50	16.27	24.18	29.98	45.93	53.23	63.11	68.49	80.85	91.15	99.39

Sources: www.ncc.gov.org; <http://www.data.worldbank.org/country/nigeria> and Nigeria 2013 MDGs Report.

Figure 4.8.3 Telephones per 100 people



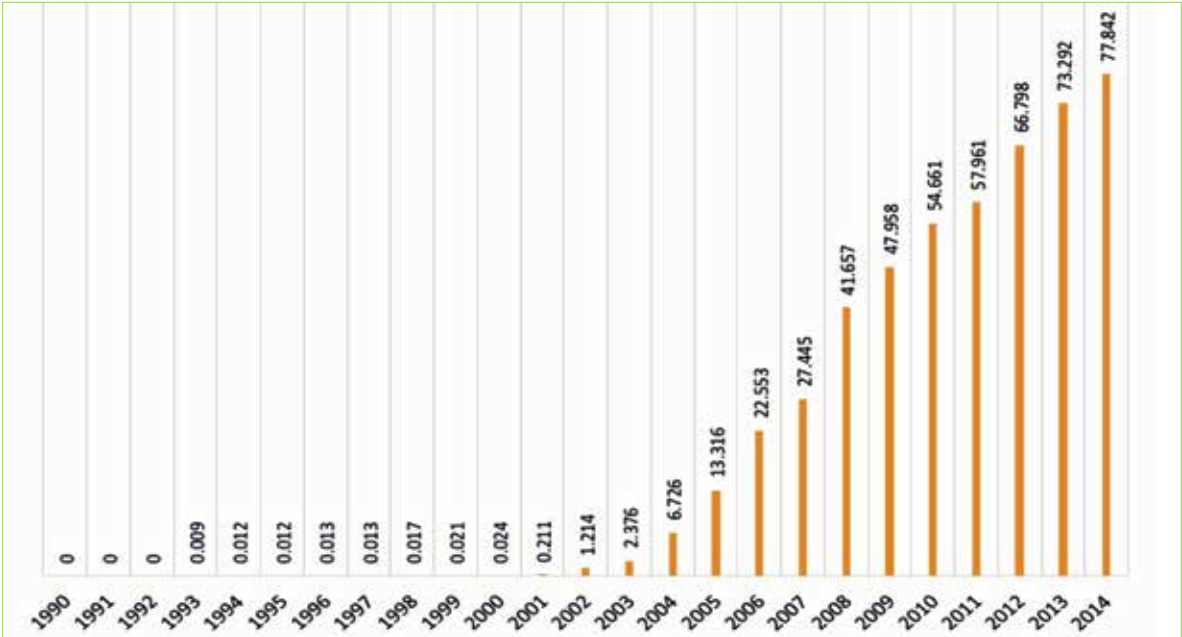
Sources: www.ncc.gov.org; <http://www.data.worldbank.org/country/nigeria> and Nigeria 2013 MDGs Report.

Indicator 8.15: Cellular Phone Subscribers per 100 People

Despite the complains by subscribers of cellular phones in Nigeria due to shortcomings on the part of service providers, Nigeria has continued to witness a rising trend in the number of subscribers per 100 people as shown in figure 4.8.4. The number has grown astronomically from 13.9 in 2005 to 77.84 in 2014, representing an increase of 460% in ten (10) years. This growth is as a result of

the political and socio-economic benefits derived from the use of cellular phones. As the largest economy in Africa, Nigeria represents the fastest growing mobile market on the continent.

Figure 4.8.4: Cellular phones subscribers per 100 people

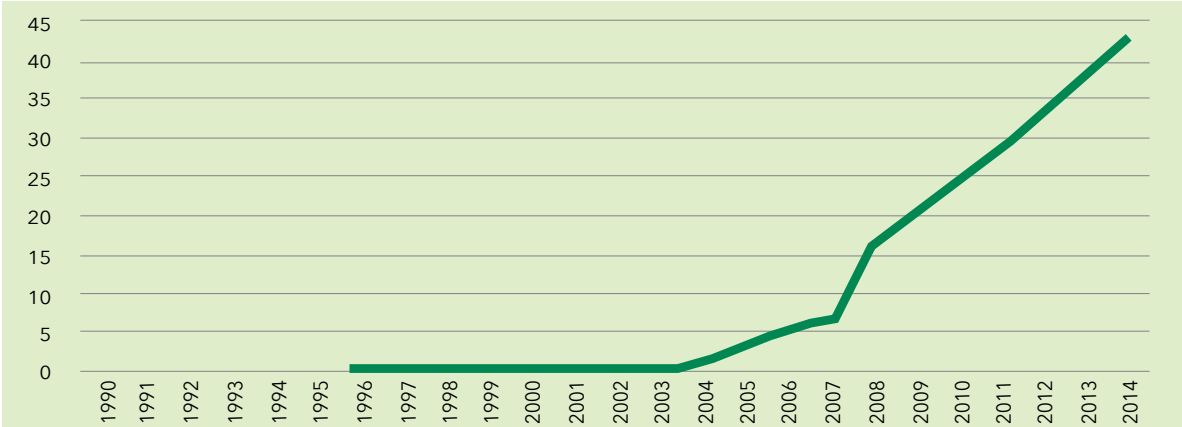


Sources: www.ncc.gov.org; <http://www.data.worldbank.org/country/nigeria> and Nigeria 2013 MDGs Report.

Indicator 8.16: Internet Users per 100 People

The advent of Information Communication Technology (ICT) has made it easier for socio-economic activities to be undertaken at relatively lower cost. It has led to exchange and sharing of knowledge electronically, thereby making teaching and learning, as well as commerce, among others much easier and faster. Indeed, it is this phenomenon that explains the growing trend (see table 4.8.3 and figure 4.8.5) in the number of internet users in Nigeria from 3.53 users per 100 people in 2005 to 42.68 users per 100 people in 2014.

Figure 4.8.5: Internet users per 100 people

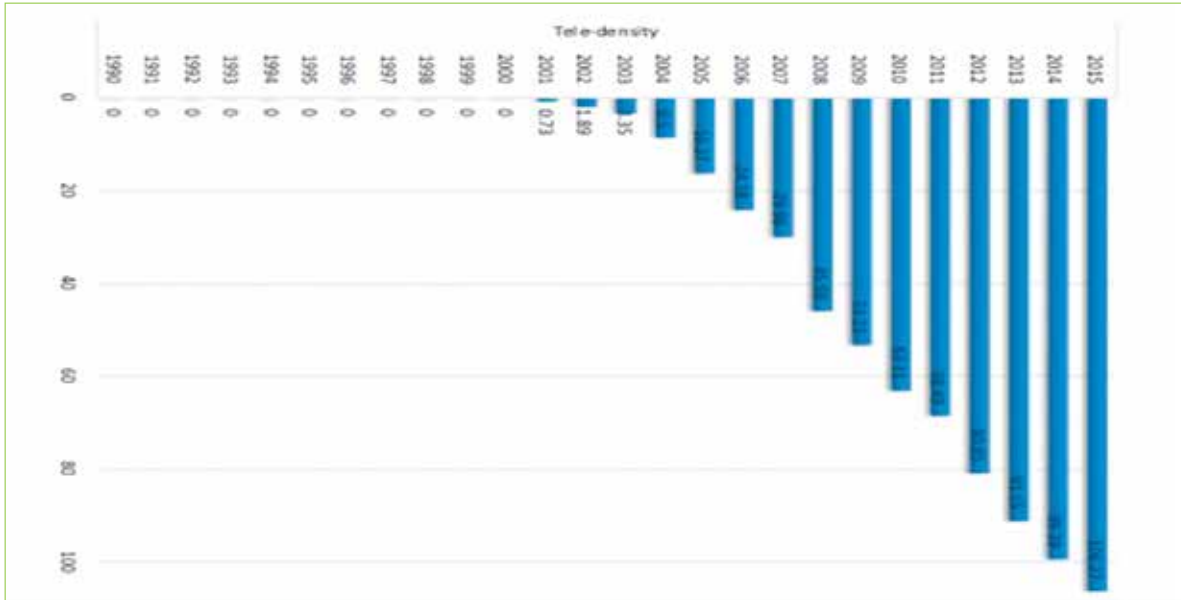


Sources: www.ncc.gov.org; <http://www.data.worldbank.org/country/nigeria> and Nigeria 2013 MDGs Report

Indicator 8.17: Tele-density

Tele-density⁴⁴ in Nigeria has also grown rapidly from 0.73 in 2001 to 99.3 connections per every 100 persons. This implies that almost every Nigerian had access to a telephone line as at 2014. This is a welcome development because being connected reduces the cost of doing business and has contributed tremendously to employment generation and the phenomenal growth of the economy in recent years.

Figure 4.8.6: Teledensity



Sources: www.ncc.gov.org; <http://www.data.worldbank.org/country/nigeria> and Nigeria 2013 MDGs Report.

4.8.2 Main Policy Drivers for the Global Partnership Goal

A key policy driver for rising per capita ODA to Nigeria is the commitment by world leaders to meeting the Millennium Development Goals. The main policy driver for cellular phones and internet is the provision of an enabling environment which has motivated service providers to invest in ICT.

4.8.3 Challenges for the Global Partnership Goal

Conclusively, it can be discerned that a major challenge for the goal 8 targets and associated indicators has been in the area of policy formulation and implementation; specifically as it relates to enforcement. The perspective here is that enforcement is usually neglected or below expectation. A case in point is the huge debts left behind by many state governors for their successors in the year 2015. This debt burden and the rising debt profile in the country have been attributed to the failure to fix the limit of how much governments and agencies can borrow or owe as stipulated by the Fiscal Responsibility Act.⁴⁵

On the other hand, Information and Communication Technology in Nigeria has its own set of challenges. Whereas the common challenge facing the GSM service providers is that of meeting the market's increasing demand, the internet itself is regrettably saddled with fraudsters. This in itself points to weakness on the part of the nation's ICT regulating body and its own capacity to effectively do so.

⁴⁴ Tele-density refers to the number of telephone (GSM) connections for every 100 persons within an area.

⁴⁵ This statement is attributed to Victor Muruako (Acting Chairman, Fiscal Responsibility Commission) as reported in *The Nation* Newspaper on 7th August, 2015.

Success Stories and Lessons

One Year without Polio (24 July, 2014 - 24 July, 2015) in Nigeria, is MDGs implementation exit Gift to the World

5.1 Success Stories at the National Level

5.1.1 Best Practice Story of One Year without Polio in Nigeria

Before the year 2012, outcomes of efforts directed at polio eradication in Nigeria were characterised by ups and downs. Beginning from 2012 however, it has been a history of steady and progressive reduction of polio cases with Nigeria remarkably attaining a one-year- zero case status between 24 July, 2014 and 24 July, 2015. This has rightly been acclaimed officially as a health milestone for Nigeria. Precisely on 24 July, 2015, Nigeria marked one year without new cases of polio thereby embarking on the road to certification by WHO in 2017 'provided it maintains its zero case status, further strengthens its surveillance system, improves routine immunisation and maintains high quality campaigns' (NPHCDA, 2015). In order to appreciate this outstanding achievement, it is important to first understand the context and magnitude of the polio crisis.

The context and magnitude of Nigeria's polio crisis

UNICEF had announced that in 1996, 75,000 children in 32 African countries were being paralysed by polio and that by the start of 2003, Africa had driven polio back to only 2 countries: Nigeria and Niger, with 204 cases reported. A final victory, it had said was being kept agonisingly out of reach by unfounded rumours that the polio vaccine was part of a plot to harm African children thereby turning a moment of opportunity into a moment of crisis. This was because some states in Nigeria had refused to participate in immunisation campaigns, making polio to spread in Africa. Then, emergency efforts were initiated to safeguard an incredible success story for Africa and keep the world on track to stop polio transmission by the end of 2004 (see http://www.unicef.org/media/media_19430.html).

Following the boycott by some states in Nigeria of the national polio vaccination campaign in 2003 and 2004, the global polio crisis escalated. For instance, 'by the end of 2003, Nigeria accounted for 45% of all global cases of polio and 70% of all cases in 2004. Within ten months, twelve free polio countries confirmed polio cases resulting from a poliovirus genetically linked to that endemic in Northern Nigeria' (see Agbeyegbe, 2007). With this record, WHO revealed in 2003 that globally Nigeria had surpassed India in reporting the highest number of polio cases.

Then in 2008, the African Union reported that 91% of the polio cases in the world were from just the four polio-endemic countries of Nigeria (northern states), India (2 northern states), Pakistan,

and southern provinces of Afghanistan. The rest of the cases were from countries that were re-infected with poliovirus importations from either Nigeria or India. In the same year (2008), **57%** (946) of all polio cases in the world were reported in AU member States, with **Nigeria** alone contributing 49% (806) of the global polio cases. Furthermore, of the 14 countries that reported polio outbreaks after re-infections in 2008, 13 were members of the African Union and importations of poliovirus of northern Nigerian origin were responsible for the circulation of imported viruses in 11 of 13 re-infected AU member states in west, central and Horn of Africa, while viruses of Indian origin were circulating in the other two AU states (African Union, 2009).

Again in May 2008, the World Health Assembly urged Nigeria to reduce the risk of international spread of poliovirus through intensified eradication activities. In November of the same year, the ACPA at its meeting observed that Nigeria posed a high risk to international health. Finally in 2009, African Union data revealed that **87%** (147) of all polio cases in the world in that year were reported in AU member States, with **Nigeria** alone contributing 53% (90) of the global polio cases. This is the background against which the renewed efforts by the Nigerian government and the Global Polio Eradication Initiative (GPEI) resulted in the current zero-case-status of the country.

Renewed National and Global Polio Eradication Campaign

The magnitude of the polio problem in Nigeria attracted a combined vigorous national and international campaign. Given the peculiar nature of the problem, efforts were made to get the support of political, religious and traditional leaders in the renewed immunisation campaign. In February 2009 a landmark public commitment was signed on behalf of Nigeria's 36 state Governors by the Federal Ministry of Health, and the Chairman of the Executive Governors' Forum (NGF) pledged to hold Local Government Authorities (LGAs) accountable for the performance of their eradication programmes. Consequently, through sustained international pressure, the Governors recognised the urgent need to tackle the prevailing coverage gaps, and signed the historic Abuja Declaration to Polio Eradication in Nigeria in a public pledge to mobilise the state and LGA civil administrations to reach the necessary 90% coverage target (see African Union, 2009).



Former President of the Federal Republic of Nigeria, Dr. Goodluck Jonathan in a group photograph with visiting Bill Gates, and other dignitaries including the former Vice-President Arch. Namadi Sambo, former Minister of Health Prof. Onyebuchi Chukwu at an All Polio Eradication Stakeholders meeting in Nigeria.

The Road to Progressive Reduction (2012-2014)

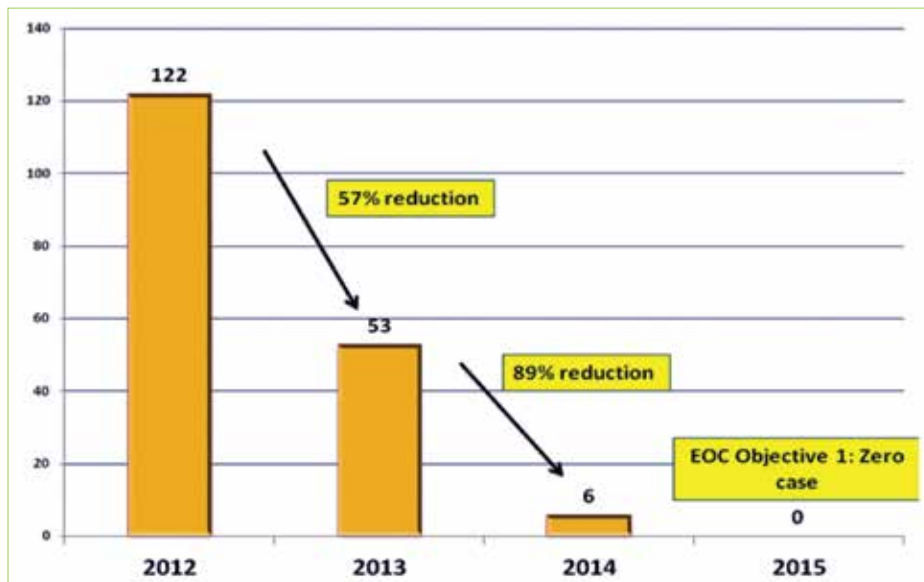
The successes acclaimed in 2010 were reversed in 2012 when 122 poliovirus cases were reported in Nigeria. With this figure, Nigeria recorded the highest number of polio cases globally and became the polio epicentre of the world. The eyes of the world were again turned on the country.

With this fresh challenge, Nigeria went back to the drawing board to launch more vigorous and concerted war against poliovirus. To this end, the Federal Government, under the leadership of His Excellency, the former President, Dr Goodluck Ebele Jonathan, declared a national health emergency on polio and set up the Presidential Task Force on Polio Eradication (PTFoPE) in March 2012. This Task Force was to perform oversight over the State and LGA Task forces as well as provide real time feedback to the President on a regular basis. The PTFoPE set up the National Polio Emergency Operations Centre (EOC) in October 2012 as secretariat and operational arm to drive the Nigeria PEI programme on an emergency mode. The EOC, under the leadership of the National Primary Health Care Development Agency (NPHCDA) commenced operations in October 2012; bringing together diverse and critical expertise from government and the Global Polio Eradication Initiative (GPEI) partners, on different components of PEI.

The National EOC established state EOCs in critical states and introduced innovations to enhance community engagement and create demand for the oral polio vaccine. Also, the EOC enforced the accountability framework, while the federal government supported the programme with additional funding annually.

The EOC interventions started to yield results in 2013 with the number of children paralysed by polio reduced to 53 from 122 in 2012. This outcome resulted from increased coverage and improved quality of the polio programme following EOC's flexible programming based on emerging trends, quick win innovations based on community preferences and perceptions; rapid response to outbreaks; the systematic engagement of key stakeholders and households; community mobilization through the engagement of polio survivors' group as ambassadors and advocates as well as local entertainers who attracted children. Of particular notice was the use of GPS to monitor the activities of vaccinators for better compliance. This was one of the game changers. Another was the Polio Emergency Operations Centres which enabled effective monitoring of activities.

Figure: 5.1: Polio Cases 2012-2015





President Muhammadu Buhari of Nigeria (left) vaccinating one of his grand-daughters held by Dr. Ado Muhammad, Executive Director of National Primary Health Care Development Agency (NPHCDA) in July, 2015 during the celebration of one year without polio in Abuja, Nigeria. With them is Dr. Andrew Etsamo, Chairman Polio Emergency Operation Centre, Abuja.

Best Practice Lessons

From the foregoing, some best practice lessons can be discerned, notably that:

- *Political leadership and commitment is indispensable:* Instructively, when the highest level of Nigeria's political leadership got involved in the campaign with notable commitment, the tide changed in favour of success. The benefit of this was cascaded to sub-national levels in Nigeria as it led to the involvement of State Governors and Local Government Chairpersons in the eradication efforts;
- *Involvement of notable stakeholders is a fruitful strategy:* The active involvement of religious, traditional and community leaders in the eradication campaign was a major contributory factor to the success story; and
- *The need for collaborative efforts:* This was best exemplified in the excellent collaboration between the Nigerian government and international development partners (including international philanthropic foundations/bodies) as well as national organisations and all other stakeholders in the eradication campaign, hence a key success factor.



Polio Survivor's Group (PSG) Rally in Jigawa State of Nigeria

5.1.2 The Conditional Grant Scheme

Nigeria's successful negotiation of the US\$18 billion debt relief from the Paris Club group of creditors in September 2005 was a milestone in the effective implementation of the Millennium Development Goals (MDGs) in Nigeria. The debt relief amounted to an annual debt repayment savings of about US\$1 billion (made up of \$750 Million federal government share and \$250 million States' share). The pledge of the Federal Government then to channel these funds to pro-poor projects and programmes aimed at achieving the MDGs has over the years been fulfilled. First, in 2007, it appropriated a proportion of the debt relief savings to implement the Conditional Grants Scheme (CGS) to States, and secondly, from 2011 to both States and Local Governments. Interestingly, since its implementation, the CGS has become the flagship of MDGs innovative interventions by both the Federal and State Governments in Nigeria.

From inception, the CGS was designed to avoid the challenges that arise from the Federal Government's involvement in implementation of local level projects, and more importantly, it was meant to provide a window of opportunity through which States and Local Governments access funds annually from the Federal Government component of the Debt relief Gains. The introduction of the Conditional Grant Scheme (CGS) in 2007 took cognisance of the short-

comings in the implementation of DRG-funded MDG activities in 2006 by federal Ministries, Departments and Agencies (MDAs) that were solely responsible then. It was found that they could not address the variations in the needs across the states and local governments. More importantly, they did not involve state and local governments in the identification and implementation of MDGs projects.

Objectives of, and Justification for, the CGS

The stated objectives of the CGS are to:

- Scale-up investment in the MDGs at the State and Local Government Authority (LGA) Level and ensure ownership and sustainability
- Empower state and local government to carry out their constitutional responsibilities
- Promote improvements in public service delivery
- Encourage improvements in public expenditure reform
- Strengthen the partnership between the three tiers of government for national planning.

It is thus apparent that the CGS was designed to address the MDGs at the local level by providing additional funding to scale-up investment by States and Local Governments and leveraging investment from States and Local Governments as many of the activities required to meet the MDGs are the constitutional responsibilities of the States and Local Governments. The States and Local Governments apply for funding of projects that they have conceived and designed themselves, within the broad sectors of focus for the CGS. This ensures flexibility and ownership by the states.

Indicators of CGS Success

There are two major indicators of CGS success in the context of MDGs programmes implementation. One is the competition among the 36 states and the Federal Capital Territory (FCT) to access its funds. The other indicator is the strong evidence of satisfactory implementation of MDGs-related programmes and projects, confirmed by independent evaluators.

(a) Competition among states for CGS funds, 2007-2014

From 2007 to 2009 the number of states that applied for CGS increased from 27 to 35. According to a recent assessment of the CGS, the keen interest of states is due partly to the participatory approach implicit in the criteria for the awards and partly to the considerable flexibility of the criteria which allowed states to determine their priorities within the areas of funding identified for each round of CGS. The major areas of funding for 2006-2009 period were PHC related projects, Rural Electrification, Rural Water Supply, skills acquisition and economic empowerment, Construction of primary schools, Agriculture and Conditional Cash Transfers (CCT)

The introduction of matching counterpart funding in 2008 that was accepted by the states deserve special mention. The aim was to ensure state governments' ownership of, and commitment to, project success and sustainability. The matching grant approach also helps to leverage increased funding for the MDGs and assure the sustainability of the CGS. By design, participation by states

applying for CGS awards is implicit in the nature of several of the other criteria in the Implementation Manuals. Furthermore, the Implementation Manuals for the CGS were prepared through a consultative process. It is also important to state that the requirement of consultation among the states, federal MDAs and local governments also helps to enhance collaboration among all the three tiers of government in Nigeria's federal system.



Madam MDGs (as she was fondly called) Amina Az-Zubair Mohammed, the First Senior Special Assistant to the President on MDGs presenting children's book to the former Honourable Minister of the Federal Capital Territory, Mr. Bala Mohammed.

(b) Good implementation performance

According to independent M&E reports, the summary of CGS performance shows the completion rates achieved for projects and programmes financed with CGS awards as follows: 2007, 98% and 2008, 88%. In the 2011 funding cycle, the mean performance of all Local governments that received funding was 75.44%. Local governments in three geo-political zones of the country had performance score of 95 , 89.58% and 83.74%. In the 2012 CGS funding cycle, the mean completion rate for all the states that received funds, stood at 80.63 per cent.

Key Deliverables for the 2007 – 2009 Period

The summaries of key CGS deliverables for the 2007-2009 period are presented in Table 5.1 below:

Table 5.1: Key Deliverables for the CGS, 2007-2009

Sector	Number	Deliverable	Estimated beneficiaries
Water & Sanitation			More than 8 million
	3,524	Solar Powered Boreholes	
	489	Motorised Boreholes	
	393	Small Town Water Supply Schemes	
	6,031	Hand-pump Boreholes	
	3,709	VIP Toilets	
Health			More than 30 million
	2,616	Primary Healthcare Centres	
	228	Maternal/Child Health Centres	
	10	Health training institutions	
	2,312	Facilities equipped with medical equipment	
	6,673	Health workers trained	
	2,444,374	Insecticide Treated Nets	
	44,673,390	Doses of medical drugs	
Economic			More than 120,000
	307	Rural electrification projects	
	14,420	Extension workers/farmers trained	
	3,790	Households receiving Conditional Cash Transfers	
	49	Skill acquisition/vocational training centres	
	27	Women Development Centres	
	7,673	People trained in vocational skills	

NOTE: Beneficiary estimates based on estimates from Nigeria's Ward Minimum Healthcare Package and Water Aid.

Key Deliverables for the CGS, 2011-2014

Since 2011, the Conditional Grants Scheme has recorded a number of key successes; notably: the construction, renovation and equipping of 1,646 health facilities, construction of 4,478 water facilities, conditional cash transfers to 39,567 households, the payment of salaries of 2,260 new village health workers, the building and renovation of 742 classroom blocks, and the procurement of 1,214,271 textbooks, amongst other activities. The Conditional Grants Scheme was extended to 113 LGAs in 2011.

In 2012, it was further scaled up to an additional 148 LGAs; 250 LGAs in 2013 and 248 LGAs in 2014. Projects being executed under this tranche include the construction, renovation and equipping of a further 1,743 health facilities, construction of 4,507 water facilities, the building and renovation of 972 classroom blocks, and the procurement of 1,590,373 textbooks. As shown in Table 5.2, impressive achievements were recorded in 2013.

Table 5.2: Key Deliverables for the CGS, 2011-2014

	DELIVERABLE	STATE TRACK-2011	LGA TRACK-2011	2011	STATE TRACK-2012	LGA TRACK-2012	2012	STATE TRACK-2013	LGA TRACK-2013	2013	2014-5	2014-I	2014	TOTAL
Water & Sanitation	Water Facilities(Boreholes, Small Town Water Schemes)	2,331	2,147	4,478	1,695	2,812	4,507	598	1,630	2,228	223	347	570	11,783
	VIP Latrines in Schools and Hospitals	-	665	665	-	871	871	2	2,258	2,260	39	120	159	3,955
Health	Health Facilities(Constructed, Renovated, Equipped)	1,081	565	1,646	1,000	740	1,743	416	2,370	2,786	246	320	566	6,741
	Health Workers Trained	-	35,700	35,700	-	32,730	32,730	-	0	-	-	35,700	35,700	104,130
	Engagement and Training for New Village Health Workers	-	1,130	1,130	-	1,480	1,480	-	2,300	2,300	-	690	690	5,400
	Construction/Rehabilitation of Health Training Facilities	8	-	8	71	-	71	20	-	20	-	-	-	99
	Referral Vehicles(Ambulances)	-	120	120	20	157	177	20	268	288	28	181	209	794
	Health Workers Quarters Constructed	122	27	149	173	34	207	-	180	180	-	-	-	536
	Health Advocacy/Sensitization/Mobilization	-	-	0	-	-	0	90	-	90	-	-	-	90
Education	Procurement/Distribution of Drugs/Consumables/Health equipment	-	-	0	-	-	0	561	256,516	257,077	43,363	28,662	72,025	329,102
	Classroom Blocks(Built/Renovated)	-	742	742	-	972	972	-	2,379	2,379	-	755	755	4,848
	School exercise books, textbooks and instructional Materials	-	1,214,271	1,214,271	-	1,590,373	1,590,373	-	1,457,376	1,457,376	-	523,659	523,659	4,785,679
	School Desk, Benches, Chairs for Pupils and teachers	-	34,232	34,232	-	44,835	44,835	-	107,911	107,911	5,000	60,188	65,188	252,166
	Teachers Quarters Constructed	44	7	51	16	11	27	-	14	14	-	-	-	92
	Schools fenced	-	-	0	-	-	0	-	-	16	16	-	-	16
	First Aid boxes	-	-	0	-	-	0	-	574	574	-	166	166	740
Economic	Engagement and Training for New Education Extension Workers	-	1,130	1,130	-	-	0	-	180	180	-	-	-	1,310
	Households receiving Conditional Cash Transfer	20,000	19,567	39,567	56,500	-	56,500	7,000	-	7,000	1,350	-	1,350	104,417
	Agriculture Co-operative Funding	-	-	0	-	444	444	-	630	630	-	345	345	1,419
	Farm diversification	-	-	0	-	-	0	-	47	47	5	-	5	52
	Skill Acquisition and Gender (Women) Empowerment	-	-	0	-	-	0	114	2,467	2,581	62	55	117	2,698
Food Security	-	-	0	-	-	0	-	-	20	20	-	-	20	

Source: OSSAP-MDGs, 2015

As a result of the feedback from different sections of government that CGS delivered impressive results on the ground, whilst at the same time serving as an effective policy instrument that improved collaboration and partnership between the federal and state governments in MDGs programmes implementation, the OSSAP-MDGs decided to extend the scheme to the local government level. To this end, a distinct CGS track for local governments effectively took off from 2010.



The Senior Special Assistant to the President on MDGs, Dr. Precious Kalamba Gbeneol presenting Poverty Reduction balance and mechanic tools to a beneficiary trained in mechanics in Gombe State under the 2011 CGS to States projects.

Conditional Grants to the LGAs

Lessons from the UN Millennium Villages Project were used to inform the extension of CGS to Local Governments, particularly evidence on the impact of integrated investments, best practices in managing interventions, and data reporting and management systems. To provide the human resources to manage the scale-up, the Earth Institute of the Columbia University, New York was engaged as consultants to the Federal Government. A framework of technical support, including zonal technical coordinators and technical assistants to each of the Local Governments was engaged and deployed.

Building on the success of the MDGs Conditional Grants Scheme at the states level, the CGS to the Local Governments targets additional resources and technical assistance to the LGAs with the aim of driving improved service delivery in healthcare, education and water and sanitation to the people.

The initiative was driven through existing government institutions to build capacity for MDGs-related planning and budgeting, leverage additional funding, and ensure ownership. It also drew on the lessons learned from the Millennium Villages Project to ensure that an integrated set of high-impact interventions are deployed and that progress can be tracked using tried-and-tested data management systems. The CGS to LGAs recognises the crucial roles that federal, states and local governments play in delivering public services in order to achieve the MDGs; especially in education and health and the track seeks to engage local governments through release of financial grants for implementation of pro-poor projects at the local government level but without bypassing through the states.

The objectives of engaging with LGAs are therefore to fast-track the achievement of the MDGs as well as build a sustainable foundation for effective service delivery in local communities. A Needs Assessment and Baseline Facility Inventory of all the 774 LGAs have been done to improve targeting of investment at the grassroots. The results can be found on the Nigerian MDGs Information System (NMIS).

The approach to the CGS to LGAs was based on the following parameters:

- The lessons of the CGS to States, hence the implementation of LGAs track through existing institutions to generate ownership and sustainability, and to contribute to broader reform of LGA system administration
- Encourage LGAs to focus on the MDGs and the scale-up of interventions as experiences of the UN Millennium Villages Project has shown that integrated investments can have a large and rapid impact on the MDGs (within three years)
- Specific interventions in certain sectors have proven their ability to make an impact and can be easily replicated
- Tracking of progress through data management allows fine-tuning of interventions and clear assessment of impact.

The Partnership

CGS is a partnership between Federal, States, Local Governments, Communities, International Development Partners, Civil Society Organisations (CSO) and the Private Sector to accelerate the attainment of MDGs in Nigeria. CSOs are engaged to ensure community sensitisation and

participation in selection and prioritisation of interventions as well as active participation in Debt Relief Gains (DRG), expenditure monitoring and evaluation mechanism.

Technical Partners

- Earth Institute, Columbia University - advice on design and international expertise
- UNDP, UNMC and UK Department for International Development (DFID) - provide technical and institutional support.

Lessons from the CGS initiative

Conditional grants are widely used in many modern states, both federal and unitary. The emphasis on counterpart funds as a key success factor is in recognition of the participative features that were absent in the Education Conditional Grant that has not been as successful. Therefore, one lesson from the Nigerian CGS experience is that counterpart fund arrangements that are accompanied by participative features are more likely to succeed than those that lack such features. A second lesson relates to the use of a grant mechanism to leverage public sector reform.

As pointed out above, some of the criteria for assessing states' applications for CGS funds focus on the extent of their engagement in public sector reform, with particular emphasis on public expenditure management and human capacity development.

5.1.3 Independent Monitoring and Evaluation

In 2006, OSSAP-MDGs developed a broad tracking initiative for DRG expenditures. The initiative is referred to as the 'Overview of Public Expenditure on NEEDS' (OPEN). The OPEN Monitoring and Evaluation (OPEN-M&E) initiative 'is a results-based monitoring (RBM) strategy anchored on good planning, good budgeting and effective feedback'. This monitoring initiative encompasses monitoring whether debt relief gains have been spent on poverty reducing projects, the quantity and quality of services and goods provided or created, and whether policy objectives are realised. Specifically, OPEN monitoring initiatives cover: (a) Inputs - resources allocated to the processing unit for an expected output level (b) Activities - the various tasks of government carried out to deliver the required services (coordinated by OSSAP-MDGs); and (c) Outputs - the expected levels of services or goods to be created, based on the units of inputs (through an independent monitoring group).

In 2007/2008, OSSAP-MDGs engaged an independent monitoring group to apply the OPEN-M&E system to monitor, track and assess the 2006 and 2007 MDGs projects. The published report of the exercise, *Monitoring & Evaluation Report of the DRG-funded MDG Projects and Programmes in Nigeria, 2006/2007* (2009) provides a comprehensive feedback on the results recorded from the appropriations made in 2006 and 2007 and drew attention to things that went well and the challenges experienced at the levels of federal MDAs and state governments. It also proffered recommendations for the attention of federal and state governments. The M&E report covered DRG-funded projects executed through MDAs in 2006 and DRG-funded projects executed by MDAs and under the CGS in 2007. Furthermore, 2010/2011 and 2012 M&E reports have been published thereby providing an overview of the performance of MDGs implementation in Nigeria.

Distinguishing Features of the Independent Monitoring and Evaluation System

The independent monitoring and evaluation initiative was an innovation introduced by the Federal Government of Nigeria to monitor “what has been achieved with the DRG spending, the challenges of implementation and lessons learnt”.

A second salient feature is that the initiative involved an independent multi-disciplinary team of professional experts and civil society organisations that worked together to undertake the M&E exercise. There was a national M&E team, six zonal M&E teams (one for each of the country's six geo-political zones), 36 state M&E teams and a team for the FCT. Each team comprised M&E consultants and one CSO (two CSOs at the national level).

Thirdly, the M&E teams used common assessment and reporting templates for their work, both at the headquarters of the MDAs and in the field to visit the project sites of both the MDAs and state governments. The teams also used a combination of two or more of the following tools: Focus Group Discussions, Key Informant Interview, and In-depth Interview. In preparing the report on 2008 DRG-funded projects, the work of the M&E teams was facilitated by the development of a Web Portal (M&E Portal) for the use of both the M&E consultants and the civil society organisations.

Challenges

- A major challenge highlighted in the first report covering 2006 and 2007 was how to make collaboration work between consulting firms (engineers, construction experts, architects and so on) and the CSOs. After some initial “hiccups” (as delicately admitted in the report), progress in coordination and collaboration was achieved through meetings, regular information flow and joint field visits.
- A second challenge - highlighted in both the reports for 2006/2007 and 2008 - is the lack of timely and quality information to be used to verify information and assess the quality of activities and outputs. There was thus the need for OSSAP-MDGs to persuade MDAs and governments to reduce bureaucratic red tape in matters related to DRG-funded projects.
- A third challenge that is specific to federal MDAs and highlighted in the 2008 report relates to their failure to undertake needs assessment and assure community participation. According to the report, “this has raised fear about the efficient and effective operation of the facilities when completed and sustainability of the programmes in the long run”. The introduction of two CGS tracks (one for state governments in 2007 and the other for local governments in 2010) was consciously aimed at limiting the negative impact of this persistent shortcoming of DRG-funded projects implemented by federal MDAs.

Lessons learned

Two lessons deserve to be highlighted for both internal and external audiences.

- i. Effective and sustained collaboration between consulting firms comprising professional experts in various fields and CSOs on M&E work is vital for attainment of desired programme and project outcomes. This is particularly so where the innovative approach to M&E is truly

independent and credible.

- ii. An independent M&E process can provide useful insights into the actual state of affairs of project implementation in terms of inputs, outputs, challenges and limitations. In the 2008 M&E report, for example, some improvements were noted in both project completion rates and the quantity and quality of outputs in respect of several MDAs and the CGS as a result of the awareness of the M&E process. Attention was also drawn to the persistence of some shortcomings relating to the failure of federal MDAs to undertake needs assessment and promote community participation in the context of the DRG-funded projects that they were implementing in the states and LGAs across the country.

5.1.4 The NYSC MDGs Projects

The NYSC MDG Advocacy Project commenced in August 2006, on the strength of the invitation extended to the Corps by the OSSAP (MDGs), and the consequent approval of the proposals, work plan and budget. The project commenced with the two programmes of MDGs Awareness Creation (MAC) and the Family Life Education (FLE). However, due to the increasing need to expand the scope and curriculum of the latter, the FLE has since grown into the Family and Community Life Reorientation (FACOR). The NYSC MDGs War Against Poverty (WAP) was included by the National Assembly and Office of the Senior Special Assistant to the President on MDGs in 2009 due to the excellent performance of the scheme on its mandate. The mandate of the scheme is to recruit and train corps volunteers as Development Knowledge Facilitators (DKFs) who will create a general public awareness of the policies of the programmes of Government as they relate to the MDGs/NEEDS, vision 2020, the 7-point agenda and the emerging government policies with the goal of engendering sustainable development. WAP is an economic empowering programme which focuses on MDG number 1 and targets the corps members in preparation for post-service period. Specifically, it seeks to empower corps members with agro-enterprise skills and corresponding interest free loans with a view to generating employment, eradicating extreme poverty and hunger, creating wealth and boosting agricultural productivity for food security.

The Success Recorded

In collaboration with the United Nations Millennium Campaign Office (UNMC), the NYSC MDGs Advocates carried out "My World" Survey project - a United Nations Innovative global Survey that allowed people across the world to tell United Nations, and in particular the Secretary General's High Level Panel, the most important issues they would like the post 2015 Development Agenda to address. The survey which was carried out in all the 774 Local Government Areas in Nigeria between 17th and 22nd March, 2013 reached 145,672 citizens, 67.2% of which were rural dwellers, 45.5% were youth and 46.5% were female. In recognition of the above contribution of the scheme, the NYSC was conferred with the award of "Most Outstanding Contribution" to the "My World Survey" by the United Nations during My World Partners' recognition ceremony in New York on 25th September, 2013.

Further to the above, the United Nations (UNMC Office) again utilised the NYSC MDGs Advocates as Enumerators in 774 LGAs and over 4,000 selected schools for the 2nd phase of "MY WORLD" survey. (Post - 2015 Global Development Agenda Focus). The votes gotten

from this exercise were over 1.2 million. This exercise resulted in Nigeria having one of the highest votes gathered by a single organisation for the MY WORLD Survey worldwide. A plaque of recognition was given to the NYSC for the landmark performance of the MDGs advocates by the United Nations Millennium Campaign Office.

The NYSC MDGs project is giving Leadership and Development Project management skills to corps MDGs Advocates and their community trainees. As a result of this, a significant number of the NYSC President Honours Award Winners are Volunteers of the MDGs programme and a few of them have won international awards of excellence that stand them out as advocates of sustainable development.

- Out of the ten (10) volunteers honoured at the 2010 International Volunteers Day celebration by the United Nations in Nigeria, six were corps MDGs advocates of the NYSC MDGs Advocacy programme.
- Two of the Corps Volunteers, Mr. Elaigwu, A. Mark and Dr. (Miss) Adewemimo Adeyinka (who served in Nasarawa and Akwa-Ibom respectively) were given the *African International Achievers Award* on MDGs as a result of their exemplary culture of commitment and hard work. More specifically, the honour was conferred on them in recognition of the projects they embarked upon during the service year under the NYSC MDGs Advocacy programme.
- The ambassadorial award was given to them on the 27th May, 2011 in Bradford, United Kingdom.
- In year 2011, a WAP beneficiary, Gunn Ewhoborwhom NS/09A/0908, through his achievements under the WAP project was conferred with Bayelsa State NEPAD Award for empowering 45 youths in his community.
- Ogunmakinde Gbenga Akin, FCT/10C/4825 (07035142583) was adjudged as the best youth entrepreneur in North Central geo-political zone at the 2011 *Youth Enterprise with Innovation in Nigeria (YouWin)* - an entrepreneurial competition initiative anchored by the Federal Ministry of Finance. This further confirmed the quality of training and mentorship under the WAP initiative.
- Two (2) WAP Entrepreneurs (Haruna Fatawa Ndahi and Adeniyi Phillips) were among the 40 young Nigerians who won the *2015 Mandela African Fellowship* as a result of their outstanding contribution to social change in their host communities using the platform of their agro-enterprises.
- Mary Ofojectu, KW/09C/0868 (08062393834), due to her WAP activity in Erin-Ile community in Kwara State was engaged by Fadama III as a facilitator. Her activity made the King of the town to set up a snailery. Some retired members of the community and schools were also trained and mentored to set up the enterprise. Her impact remained visible in this community till today.

In conclusion, it is worth noting that from 2012 to 2014 six (6) of the trained WAP entrepreneurs emerged as 'YouWin' (*Youth Enterprise With Innovation in Nigeria*) award winners which to a large

extent showed the quality of training and mentoring given to the Corps members trained under the MDGs Project initiative. The six Corps members that emerged as 'YouWin' award winners are: (1) Haruna Fatawa Adahi (State Code: OS/10b/0447); (2) Ayodele Samuel Babatunde (State Code: OD/13a/0491); (3) Merciful Faith J. (State Code: RV/11c/2455); (4) Egwu Mike Chukwudi (State Code: RV/11c/2455); (5) Ede Patrick Azubuikwe (State Code: EN/12a/2298); and Okereke Chijioke (State Code: IM/13b/1408).

5.1.5 The Midwives Service Scheme

The Midwives Service Scheme (MSS) was established in 2009 to address the issue of making Skilled Birth Attendants (SBAs) available to pregnant women especially in areas where they were scarce. Before the establishment of MSS, a baseline was established to provide basis for monitoring progress in the implementation of MSS. The outcomes confirm significant improvements in the core indicators used to track progress of MSS implementation. Table 5.3 presents evidence of significant achievements after three years of implementation of MSS.

Table 5.3: **Achievements of the Midwives Services Scheme**

Core Indicators	2009 (Baseline)	2012 (three years after)
ANC Attendance	240,489	489,834 (+104%)
Deliveries	27,877	69,641 (+150%)
Maternal Deaths	316	257 (-19%)
Neonatal Deaths	281	267 (-5%)
Family Planning attendance	24,816	72,995(+234%)

Source: Nigeria MDG Acceleration Framework: A Commitment to improved Maternal

Health, 2013

During its three years of implementation, the MSS recorded numerous achievements including the following:

- Engendering a better nationwide coordinated response, resulting in the Governors of 36 States and the FCT signing a Memorandum of Understanding (MoU) with the Federal Government to support and sustain the MSS by providing accommodation and supplementing the allowances paid to the midwives in the scheme.
- Fostering the emergence of viable Ward Development Committees (WDCs) established in all MSS facilities to engender community participation and ownership - a very important component of the scheme.
- Providing essential commodities as incentives to pregnant women.
- Piloting the use of ICT innovations in 160 MSS PHC facilities and 40 referral general hospitals.
- Resulting in quarterly cluster monitoring of the MSS facilities and midwives/Community health workers (CHWs).

- Training of 4,000 midwives on emergency life-saving skills (LSS).
- Hiring of 1,000 CHWs and training them on basic obstetrics and newborn care, and deploying them to rural areas and hard to reach communities in the North-east, North-west and part of the North-central geo-political zones (see Nigeria MDG Acceleration Framework: A Commitment to improved Maternal Health, 2013).

5.2 Success Stories at Sub-national Levels

5.2.1 CGS Intervention in a Nomadic Primary School, Iyalase Village Ayete, Oyo State

This Nomadic Primary School is in Ward seven (7) of Ibarapa North Local Government area of Oyo State. Initially, it had 45 pupils enrolled under the shed in 2011. The low rate of enrolment was as a result of non-availability of infrastructure which did not motivate the children to go to school. The nearest primary school with infrastructure was in Ayete which is about 8kms away from Iyalase. The intervention of the MDGs-CGS under the 2011 round enabled the construction of a new Block of three (3) classrooms with toilets. This led to an increase in the enrolment rate from 45 to 245 pupils.



Learning environment before CGS Intervention



Learning environment after CGS Intervention.

5.2.2 The FCT 'Mailafiya' Programme

The *Mailafiya* Programme is a Mobile Integrated Primary Healthcare Strategy which was conceptualised in 2009 by the FCT Administration to provide integrated free PHC services to the rural communities particularly those in remote and difficult to reach settlements.

The objective of the programme is to increase access to primary healthcare in three hundred and thirty six (336) clustered rural settlements and the un-reached urban poor communities in the Federal Capital Territory so as to fast track the acceleration of the MDGs 4, 5 and 6 attainment.

Since the inception, the *Mailafiya* medical team has treated a total of 115,000 cases of malaria, URTI and diarrhoeal diseases in under-five children. Similarly, the surgical team has conducted about 200 minor surgical procedures (ranging from Hernia repair, appendectomy, lumps removal, and hydrocelectomy) in 336 communities of the FCT at designated surgical sites.

Over the years the Mailafiya Ambulance scheme has provided adequate comprehensive service that delivered prompt response, appropriate care and safe transport in medical and surgical emergencies from rural communities to the referral centres to reduce mortality associated with maternal and child health. It is worthy to note that the Programme has been recognised for good practices during the World Congress on Information Technology 2010 in the Netherlands and received the United Nations most prestigious Award for Excellence in Service Delivery on 27th June 2013 in Manama, Kingdom of Bahrain.

Mailafiya Award Photos



5.2.3 The Ondo State Abiye Safe Motherhood Programme

Considering the high maternal mortality rate in Ondo state which was about 745/100,000 live births as at 2008 (NDHS 2008), His Excellency, The Governor of Ondo state, Dr. Olusegun Mimiko unveiled the Abiye Safe Motherhood Programme in 2009 which included the opening of the First Mother and Child Hospital at Oke-Aro in Akure, the state capital barely nine months into his tenure.

The Abiye Programme is aimed at bringing quality and effective health care to women and children in the communities in the state and developing sustainable equity-based health care services that will provide universal health coverage to the people. The Programme has become re-known globally and its success is hinged on three key principles, namely:

- Tracking of pregnant women from conception to delivery;
- Opening the health care sector for universal and free access; and
- Allocation of resources in the most efficient and equitable way.

The following activities were conducted to complement the Abiye programme:

- Training of health rangers (Community Health Extension Workers) who track the pregnant women to where they live and work, engage in birth planning for them, and ensure their delivery in the health facilities.

- Provision of tricycle and four wheel ambulances across all the LGAs in the state to enhance two way referral.
- Renovation of health facilities across the 18 LGAs of the state.
- Establishment of the apex referral hospitals called the Mother and Child Hospitals in Akure and Ondo.

After a successful pilot of the programme in Ifedore LGA of the state with reduction of maternal mortality by 70% and significant increase in facility utilisation, it was scaled up to the other 17 LGAs with a total of 116 health facilities (Basic health centres, Comprehensive health centres, General and Specialist hospitals) across the 18 LGAs.

Three years into the implementation of the programme in 2012, an independent evaluation of the programme was conducted by the Institute of Public Health in Ile-Ife. The evaluation revealed that the maternal mortality rate was 317/100,000 live births. Despite this reduction, the Governor remained unsatisfied as he desired that there should be zero maternal mortality and this led him to signing the Confidential Enquiry into Maternal Death in Ondo State (CEMDOS) bill into law to mandate reporting and investigation of circumstances surrounding all maternal deaths and laying the foundation for proper tracking of all pregnancy related deaths in the state. The first CEMDOS verbal autopsy report in 2012 traced more than 50% of the deaths of women to traditional practices and other activities of unskilled midwives.

Consequently in 2013, His Excellency pronounced that traditional birth attendants had no role to play again in the system and that the government would plan an alternative means of livelihood for them. This initiative involves the partnership of the State Government with the traditional birth attendants (TBAs) and Faith Based Organisations (Mission Homes) whereby the TBAs and MHBAs are expected to refer all pregnant women to health facilities for delivery where skilled birth attendants are available. They were in turn paid for each delivery of the pregnant woman referred to the health facilities based on the coupon/voucher issued to them from the health facilities; trained on vocational skills like hat/bead making, making of lzal and liquid soaps, making of tie and dye otherwise called Adire (Nigerian fabric) and catering services and thereafter offered micro-credit finance of 100,000 Naira which would serve as capital for them to start any of these businesses to replace the birth attendant business.

The objective of this initiative is to ensure that pregnancy is safe for all mothers and also to achieve zero maternal deaths in the state. The initiative was piloted in Akure South LGA and within six months of the commencement, there were 362 referrals with 99% neonatal survival. Also, facility utilisation increased by 20.4% in the primary health care facilities with corresponding reduction in the facility utilisation of the apex tertiary hospitals. Consequently, maternal mortality rate reduced from 223/100,000 live births to 187/100,000 live births. Sequel to the excellent result of this initiative from the pilot LGA based on the set objectives, the programme was scaled up to the remaining 17 LGAs of the state and there have been over 3,500 referrals till date.

In light of the laudable commitment of the state in the areas of maternal and child health coupled with the achievements of the programme, the World Bank adopted it as a strategy for the reduction of maternal and child mortality especially in the developing countries.

There are other notable achievements recorded at the sub-national level that need to be put on record. First, the award given to Kebbi and Bauchi States for *excellent performance in the implementation of MDGs programmes and projects*, at the Presidential Summit on MDGs in 2014, is very notable. Other States whose notable performance qualified them for shortlisting under these awards were Adamawa State, Akwa Ibom State, Bayelsa State, Gombe State, Kano State, Jigawa State, Niger State, and Zamfara State.

Secondly, in another category, Anambra State received an award for the *institutionalisation of the MDGs in the CGS process*. The best states that followed were Delta State, Edo State, Niger State and Sokoto State. Some other success stories that were notable in the life of the MDGs are summarised herebelow in box 5.1.

Box 5.1: Snapshot of other Success Stories

- ◆ Implementation of the Village Health Workers' (VHWs) Scheme for meeting the health needs of the hard-to-reach rural areas across the country;
- ◆ Gombe State innovative implementation of the CGS (North-east);
- ◆ Imo State health and education projects' sustainability model (South-east);
- ◆ Sokoto State integration of CCT into the State Development framework (North-west);
- ◆ Akwa Ibom State Infant Incubator Complex sustainability framework (South-south);
- ◆ Implementation of the Midwives Service Scheme (MSS) which helped to crash maternal mortality rate;
- ◆ The capacity training and increasing use of Traditional Birth Attendants (TBAs) in reducing maternal mortality.
- ◆ Capacity and Skills building programme for key health professionals for reducing maternal mortality;
- ◆ Citizen and Community engagement model of State-Citizen partnership at sub-national level for enhanced ownership and sustainability of projects; and
- ◆ Establishment of Mothers Association within the framework of School Based Management Committees (SBMC) for enhancing the school enrolment of the girl-child.

From MDGs to the Sustainable Development Goals

6.1 In Closing the MDGs Era

As would be the case globally, the impact of the implementation of the MDGs has no doubt been felt locally in Nigeria in so far as it has given critical impetus to development planning and its attendant execution imperatives. The country has recorded appreciable progress in the implementation of the MDGs; notably in the Universal Primary Education (UPE) enrolment rates; realisation of gender parity in education; reductions in the spread of HIV and AIDs, maternal and child deaths as well as in the prevalence of hunger. Moreover, the buy-in by the sub-national levels of government; the introduction of multi-level incentive-based interventions such as the Conditional Grants Scheme and the Conditional Cash Transfers along with other multi-stakeholder partnerships, have all proved to be key drivers of success in Nigeria. Nevertheless, these positives notwithstanding, the glaring divergences in progress across states, local governments and across geo-political zones have tended to negatively impact the overall performance and thus making the attainment of the MDGs in Nigeria and much of Africa, the case of an unfinished business that requires to be rolled over to the Post-2015 Developmental agenda.

Having taken cognizance of the need to sustain the positive results from MDGs programmes implementation, the United Nations Secretary General made a dual call to UN Member States to accelerate progress on the MDGs while simultaneously formulating the Post-2015 Development Agenda. Indeed, the Secretary General's call has been premised on resolutions from Rio+20 to accelerate progress and convene widespread consultations to determine the nature and character of the next development agenda that will culminate in a set of Goals which should be limited in number; aspirational and easy to communicate; integrating the three dimensions of sustainable development in coherence with the UN development agenda beyond 2015.

To accelerate progress, the UN developed the MDGs Acceleration Framework (MAF) to fast track progress on the MDGs. With support from the UN Country System in Nigeria and the United Kingdom's Department for International Development (DFID) and others, Nigeria adopted the MAF and set priorities to overcome the bottlenecks hindering progress on MDG 5. The MDGs Acceleration Framework has since been deployed by the Federal Ministry of Health and the Conditional Grants Scheme of the MDGs Office in order to accelerate progress on MDG 5.

It is within the context of the Secretary General's call that the United Nations Development Group (UNDG) supported inclusive national consultations in 50 countries around the world in

order to stimulate debate on the Post-2015 Development Agenda. Nigeria was one of the 19 African countries selected for these national-level consultations. Prior to the commencement of the national-level consultations, the Office of the Senior Special Assistant to the President on MDGs (OSSAP-MDGs) had, on behalf of Nigeria, played a leading role in formulating the MDGs Successor Agenda. The MDGs Office convened Expert Group Meetings to evaluate Nigeria's implementation of the MDGs. These were followed with national, sub-national and thematic consultations that offered a wide array of stakeholders the opportunity to voice their developmental aspirations.

The Office, in collaboration with the UN Country System in Nigeria conducted the MY World Survey in order to sequence Nigerians' development aspirations. The MY World Survey motivated citizens across the country to express their opinions regarding their developmental priorities that should form part of the Post-2015 Agenda. The result was that more than 1.5 million Nigerians were reached, thus ranking Nigeria as the second highest country with the most votes globally. In addition to these, the MDGs Office, in partnership with the United Nations System in Nigeria hosted a Presidential Summit on the MDGs and the Post-2015 development agenda. Nigeria has thus shown leadership in supporting global and local processes aimed at ensuring an inclusive and people-centred outcome.

6.2 Racing to the SDGs

At the global level, the United Nations Secretary General has in the past three years received reports from various bodies set up to coordinate the processes relating to the Post-2015 development Agenda. The bodies include the UN Task Team on the Post-2015 Development Agenda; the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda; the UN Sustainable Development Solutions Network; the UN High Level Political Forum on the Post-2015 Development Agenda as well as the United Nations Open Working Group - amongst others.

The Open Working Group, established under the framework of the UN Conference on Sustainable Development, was mandated to prepare a set of new development goals. It submitted its report to the UN General Assembly in June 2014 with a set of 17 Sustainable Development Goals (SDGs) and 169 Targets which aim to improve livelihoods and protect the planet for future generations. The 17 Goals are stated as follows:

- **Goal 1.** *End poverty in all its forms everywhere*
- **Goal 2.** *End hunger, achieve food security and improved nutrition, and promote sustainable agriculture*
- **Goal 3.** *Ensure healthy lives and promote well-being for all at all ages*
- **Goal 4.** *Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*
- **Goal 5.** *Achieve gender equality and empower all women and girls*

- **Goal 6.** *Ensure availability and sustainable management of water and sanitation for all*
- **Goal 7.** *Ensure access to affordable, reliable, sustainable and modern energy for all*
- **Goal 8.** *Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all*
- **Goal 9.** *Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation*
- **Goal 10.** *Reduce inequality within and among countries*
- **Goal 11.** *Make cities and human settlements inclusive, safe, resilient and sustainable*
- **Goal 12.** *Ensure sustainable consumption and production patterns*
- **Goal 13.** *Take urgent action to combat climate change and its impacts*
- **Goal 14.** *Conserve and sustainably use the oceans, seas and marine resources for sustainable development*
- **Goal 15.** *Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss*
- **Goal 16.** *Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels*
- **Goal 17.** *Strengthen the means of implementation and revitalize the global partnership for sustainable development.*

In moving the agenda forward, in December 2014, the Secretary General presented to the General Assembly an advance unedited version of his 'Synthesis Report' which has provided guidance for intergovernmental negotiations for a new global agenda centred on six essential elements, namely, **dignity, people, prosperity, planet, justice and partnerships**. It is instructive to note that none of these elements can be considered in isolation and each is regarded as an integral part of the whole. The inter-governmental negotiations on the Post-2015 Development Agenda was set up as a final push to lay the foundation for state parties to reach a common consensus on the content and character of the new development framework. From inception at the stocktaking session in January up till the June session of the negotiations, the MDGs Office, in partnership with the Ministry of Foreign Affairs and particularly Nigeria's Permanent Mission in New York, represented Nigeria and actively participated at the various meetings. At the recently concluded June negotiations to deliberate on the zero draft outcome document for adoption by Heads of State and Government in September, the MDGs Office, on behalf of Nigeria, delivered a profound statement that was well received by the global community.

In thus presenting Nigeria's positions on the different agenda items at the inter-governmental negotiations, the MDGs Office took cognizance of the core components of previous international

treaties, agreements and conventions to which Nigeria is signatory. In this regard, the Rio Declaration on Environment and Development; the United Nations Framework Convention on Climate Change (UNFCCC), the Convention on Biological Diversity (CBD); the Statement of Forest Principles (SFP); the Montreal and Kyoto Protocols; the Monterrey Consensus; Agenda 21 and the Millennium Declaration—amongst others, provided guidance as Nigeria negotiated at the Intergovernmental sessions. Nigeria's positions at the Intergovernmental sessions were also derived from citizens' development aspirations aggregated by the MDGs Office through the conduct of consultations, expert group meetings and the MY World Survey referred to earlier.

During the negotiations, Nigeria underscored the lessons learnt including the achievements and challenges in implementing the MDGs Agenda and was categorical that there was some unfinished business in relation to the MDGs.

While concurring that policy prescriptions; including the Internationally Agreed Development Goals, have been as central in driving development locally as landmark agreements reached in Rio, Johannesburg, Montreal, Kyoto and other such places that have had impact on development trajectories, it was also stated clearly that the Millennium Development Goals Agenda has enhanced Nigeria's efforts in improving the lives of those most vulnerable in society. Equally so, poverty remained one of the major challenges that needed to be tackled. Thus aligning with the G77 and China, as well as the African Group, Nigeria insisted that poverty eradication remained an indispensable condition for sustainable development. Nigeria and the African Group recommended that the normative principles of sustainable development as envisioned in the Brundtland's Report should guide the formulation and implementation of the Post-2015 Development Agenda. From the standpoint of Brundtland and colleagues, Nigeria reasoned that there was a need to balance the social, economic and environmental cost and benefits of development, taking cognizance of the principles of intra-generational and inter-generational equity as well as that of non-depletion of capital.

On the environment, particularly as it concerns climate change mitigation and adaptation, Nigeria, as well as most of the developing countries, stuck with the principles of *Common but Differentiated Responsibilities (CBDR)* and 'the Precautionary Principle', insisting that polluters should pay in proportion to their environmental impact. On the economic dimension, Nigeria called for a structural transformation, insisting that a shift in the political economy of developing countries is a major criterion for the successful implementation of the MDGs Successor Agenda. The need to scale up south-south and triangular cooperation in order to improve economies and enhance value addition at the source rather than the pervasive culture of extraction that depletes natural capital without attendant strides in local development was emphasized. There was a demand for fairer trade policies, better tariff regimes, appropriate pricing, beneficiation and a fairer share of natural resource rents. Indeed, metrics to measure compliance on the above areas were suggested to be embedded as some of the indicators

Regarding indicators of human wellbeing, Nigeria argued that traditional measures of aggregate income like the Gross Domestic Product (GDP) and Gross National Product (GNP) reflect human well-being only partially due to their inadequate treatment of the trio of non-marketed assets,

human capital and some natural resources. Nigeria reasoned that whilst traditional economic measures such as GDP and GNP may be useful measures of national economic performance, they are not suitable as indicators of sustainable development. The integration of social and environmental perspectives into national accounting frameworks using indicators such as the Human Development Index (HDI), the Capability Poverty Measure (CPM), the Living Planet Index (LPI), amongst others, were then suggested.

In addition, the need for technology transfer and/ or facilitation with a relaxation of the laws on biotechnology, patents and intellectual property was highlighted. Nigeria, as well as other developing countries, welcomed ODA, but they eschewed a culture of dependency, noting that lasting development only results when economies based on primary production, extraction and exportation of commodities are structurally transformed. While Nigeria alluded to the importance of the Debt Relief Gains in strengthening the means of implementation for SDGs activities, emphasis was placed on the need for support to scale up domestic resource mobilization measures through tax reforms, efficiency in the use of internally generated revenues as well as ensuring there are disincentives for leakages. On follow up and review of the implementation of the Sustainable Development Goals Framework, Nigeria agreed with the rest of the world that it should be periodic, regular, country-driven and nationally owned.

Overall, the 17 SDGs implicitly acknowledge that, although notable progress has been made in the diverse parts of the developing world, there is a significant amount of unfinished business with the MDGs agenda particularly in relation to poverty and hunger eradication; ensuring quality education for all, gender equity; the promotion of healthy lives and well-being; environmental protection and security- among others. On the other hand, the SDGs seem to reflect a better coverage of the totality of elements of human and social development which if pursued with greater commitment and sincerity should improve lives and well-being in a most significant way. Accordingly, the SDGs agenda would need to be pursued vigorously and with the benefits of hindsight and lessons of experience from the implementation of the MDGs framework, there is a basis for optimism for better outcomes from the implementation of the SDGs framework.

6.3 Domesticating, Prioritizing and Mainstreaming the Sustainable Development Goals

In line with Nigeria's commitment to improve the lives of the poor, and in view of the fact that the country joins the rest of the global community in adopting the Post-2015 Development Agenda, Nigeria has embarked on a sensitization and advocacy drive devoted to the new developmental agenda. This is deemed necessary in order to secure widespread buy-in and enhance immediate implementation by stakeholders, including subnational governments. Indeed, the country is already reviewing best practices that have emerged from the implementation of the MDGs Agenda; evaluating their suitability for adoption, institutionalization and subsequent consolidation into the Post-2015 agenda. And in order to forestall the possible late adoption and implementation of the Post-2015 agenda as was the case with the MDGs, the OSSAP is putting the necessary implementation mechanisms in

place. This is being done in collaboration with the MDAs and with the subnational government levels, and indeed, with the United Nations Country System; DFID and other International Development Partners. A key consideration is to ensure that all the processes and mechanisms are well-integrated into both national and state-level development strategies and plans for seamless execution.

The foregoing is considered important, in view of the fact that the change in global development paradigms, which coincides with the democratic transition in Nigeria, requires national advocacy, follow-up plans, domestication and early implementation. The experience from the implementation of the MDGs reveal that the nationalization and localization of the SDGs would require strong multi-sectoral partnerships and collaboration. Of special note is the fact that while the SDGs are probably rightly premised as global and universal in content, there are indications that a set of 17 Goals, 169 Targets and more than 300 Indicators may be overwhelming for many UN Member Nations to implement unless concerted efforts are made to deliberately own, adopt and adapt them for use at the national and sub-national levels.

Over and above the foregoing, the equally important issue of prioritization of Goals is implicitly raised as a basis for phased implementation. In this regard, consultations have been held in some developing countries to determine the order of priority of the 17 Goals with respect to programme implementation. While being cognizant of their importance, but large scope, of all the 17 Goals and 169 Targets, findings from initial conversations locally indicate that all the Goals and Targets that relate directly to completing the unfinished business of the MDGs should be prioritized higher and therefore implemented first, with the subsequent addition of the remaining Goals being implemented in phases. Thus, some have opined that SDGs 1, 2, 3, 4, 5, 6 and 8 should be vigorously addressed in the first three years of implementation with the subsequent addition of SDGs 7, 9, 10, 11, 16 as well as SDGs 12, 13, 14, 15, 17 in the second and third phases, respectively.

However, in order not to subsume sound policy emanating from an informed consensual standpoint in mere conjectures, Nigeria, led by the MDGs Office is in the process of engaging a cross-section of the Nigerian society to deliberate and make recommendations, if any, on which Goals to prioritize for phased implementation. The MDGs Office is stimulating discussions to determine the best approach that will foster national ownership of the SDGs for early implementation, especially at the grassroots. Judging from the set of Goals and Targets that have been released, it is clear that the countries that will make remarkable progress on the SDGs must place emphasis on proper implementation at the grassroots. This underscores the imperative of mainstreaming the SDGs into programmes and projects of the sub-national level governments in Nigeria. It is equally pertinent to provide the opportunity for stakeholders to closely examine the means for the successful implementation of the new agenda. The participation of the MDGs Office at the *Third International Conference on Financing for Development* (FfD3) in Addis Ababa provided impetus for these types of discussions, leaving no doubt that, with concerted efforts, Nigeria can boldly affirm that by 2030, the Sustainable Development Goals will have been achieved.

6.4 Lessons Learnt from the MDGs to Guide Implementation of the SDGs

There are a number of lessons arising from the pursuit of the MDGs which will prove very useful as Nigeria commences the implementation of the Sustainable Development Goals Agenda in January 2016. Some six lessons are especially apical:

- 1. The importance of debt-relief-induced resource availability:** Quite clearly, the importance of the resources that were availed from debt-relief cannot be over-emphasised. These resources played a significant role in the improvement of economic and social infrastructure such as access to health, education and potable water on one hand as well as on the general attainment of the MDGs. Most of the statistics presented in previous chapters of this report are impact data. Such demonstration of the local progress as this report has attempted to do, has not only been vital in showing the national commitment to the Millennium Declaration; but it has also played a role in evaluating the utility (or otherwise) of the National Economic Empowerment Development Strategy (NEEDS) which was instituted by the government as a working framework of reform before Nigeria began the implementation of the MDGs;
- 2 Lessons from the Funding Challenge:** Whereas there can be no doubt that the debt relief gains obtained through debt cancellation in 2005, broadened the fiscal space and that resources previously used for debt servicing became available as additional resources to finance development priorities, including the MDGs, the other reality is that they have not been adequate. The result has therefore been that MDGs programmes implementation has been adversely affected by inadequate or even irregular funds releases. In order therefore to enhance success in the implementation of the SDGs, there is need to critically evaluate and take full cognizance of the interface between funding mechanisms, project planning and execution. Very importantly indeed, funding for the SDGs needs to be explored from different sources, including from the private sector. And although it is not clear how much funding support for the MDGs may have actually come from the private sector, the one thing that is certain is that the private sector is sceptical of transparency and accountability practices of governments and hence may be reluctant to contribute funds directly. Nevertheless, the sector can be encouraged to contribute in kind, as was already identified and possibly in two ways:
 - i. Adopting a specific SDG intervention such as a school, hospital, water supply and the like, for rehabilitation, upgrading and maintenance; or,
 - ii. Stepping up corporate social responsibility in the context of implementing SDGs-related programmes and projects such as in education, poverty reduction or environmental sustainability and stressing their importance to the general conduct of good businesses.

Box 6.1: Significant MDGs Achievements for Possible Scaling-up under the SDGs:

- ◆ Social Safety nets initiatives, particularly:
 - ✓ Conditional Cash Transfer (CCT) in education & health,
 - ✓ Village Economic Development Solutions.
- ◆ Conditional Grant Scheme (CGS) in the areas of:
 - ✓ Health (e.g. Village Health Workers Scheme),
 - ✓ Education (e.g. Support for UBE, & Engagement of new education extension workers),
 - ✓ Water and Sanitation (e.g. Boreholes, urban and small town Water Schemes),
 - ✓ Economic (e.g. Agricultural Cooperative funding, & Skills acquisition and women empowerment).
- ◆ Good practices embedded in the CGS, namely, culture of accurate documentation, proper and thorough planning, effective community participation, clear accountability and regular communication with oversight agency.
- ◆ Institutionalization of Quick Win Initiative with a robust implementation framework and independent oversight;
- ◆ Independent oversight of projects implemented with MDAs replicating the success of Quick Wins Initiative;
- ◆ Results-based Monitoring and Evaluation driven by independent monitoring and evaluation professionals;
- ◆ Integration of an M&E culture into budget processes more widely, within the framework coordinated by the National Planning Commission;
- ◆ Encouraging all tiers of government to continue to partner and leverage funds using the DRG model; and
- ◆ Involvement of and partnership with International Development Partners in programme activities.

3. The Importance of an all Stakeholders Ownership and Participation: In spite of the commitment shown at the highest level of Government in Nigeria through the establishment of the policy, institutional and financial frameworks for the implementation of the MDGs, Nigeria, like most developing countries, still contended with a number of challenges that hampered the attainment of the MDGs. Apart from its population size, mainstreaming the MDGs to the grassroots initially presented itself as a huge challenge. In addition, the implementation of the MDGs at the sub-national levels was further impeded by weak or even absence of institutional capacities; weak governance, inefficient resource utilization, poor funding, poor absorptive capacity (when funds are available), low participation, ownership and evident sustainability challenges. Furthermore, insecurity, social inequality, absence of inclusive growth and youth unemployment were some of

the ready manifestations of the unsustainable economic growth that in turn impeded progress on development. In light of all these factors, strategies would need to be devised to overcome the above challenges in the context of the SDGs agenda;

- 4. Late Commencement of the MDGs:** Nigeria's late commencement of MDGs implementation impacted negatively on the outcome in later years when compared to other countries that embarked on early implementation. The divergence in progress across states, local governments and across geo-political zones is a drawback that needs to be addressed since this has affected the national averages of MDGs targets and indicators;
- 5. The Success of the Conditional Grant Scheme:** The Conditional Grants Scheme (CGS) proved successful in the implementation of the MDGs and the global community has continued to learn from Nigeria's deployment of the CGS as an incentive-based intervention. Such interventions would however need to be reviewed with a view to strengthening and consolidating it under the new development agenda; and
- 6. The importance of Political Will and Support:** The strong political will and support demonstrated by the Nigerian Government at the highest level is being replicated by other developing countries and hopefully, this will continue to guide the implementation of the SDGs locally. In Nigeria.

The overriding lesson is that as Nigeria exits from the MDGs, she will definitely remember the MDGs era for its role as a major policy driver of the nation's socio-economic development agenda. Much more specifically and indeed, importantly, Nigeria will remember the MDGs era for being a veritable policy enabler that made her:

- ✓ halve the proportion of people who suffer hunger by lifting many households out of extreme poverty;
- ✓ get more parents aware of the need to enrol their children in schools and ensure that they complete their primary schooling;
- ✓ progressively improve gender equality and women empowerment;
- ✓ pursue vigorously the fight to eradicate youth and adult illiteracy;
- ✓ eliminate harmful traditional practices in some parts of the country;
- ✓ get more children immunized;
- ✓ put Nigeria on the way to eradicating polio;
- ✓ reduce child and maternal mortality;
- ✓ reduce the spread of malaria;
- ✓ decrease the spread of HIV/AIDS;
- ✓ grant more rural households access to health care;
- ✓ grant many households access to safe drinking water;
- ✓ put Nigeria on the spot to improve access to sanitation practices; and
- ✓ provide Nigeria with the robust opportunity to maximize the benefits accruing from international development partnerships.

Concomitantly and on the opposite side of the equation, the MDGs era has challenged Nigeria to appreciate her human capacity limitation in at least three areas:

- limitations in the actual implementation and tracking of some vital MDGs indicators;
- Limitations in the tackling the wide disparities among geo-political zones in some vital human development indices; and
- Limitations in confronting issues of environmental sustainability, particularly in the areas of climate change, gas flaring, oil spillage, pollution, desert encroachment, erosion and flooding.

6.5 Nigeria's SDGs Transitioning Strategy

Finally, as Nigeria exits from the MDGs, her commitment to the unfinished business in the emerging Sustainable Development Goals agenda, must remain unwavering. The reality of this commitment requires the country's SDG transitioning strategy that is anchored on the following proposed inter-related pillars:

- *Enabling Policy and Legal Frameworks*; that will be embodied in a 'White Paper' translating a global commitment into a national commitment with explicit accountability mechanisms;
- *Institutions and institutional arrangements for the SDGs*; entailing a clear outline of institutional mandates, responsibilities and inter-relationships at all levels of governance for smooth implementation of the SDGs as well as, a clear specification of the institution that has the convening power and coordination role, for purposes of eliminating unnecessary jurisdictional conflict;
- *Funding mechanisms and pathways*; essentially requiring the allocation of more financial resources to SDGs-related activities. Part of the obligation in this pillar requires the keeping of Nigeria's pledge to the Paris Club by utilizing the estimated US\$8 billion available in the Virtual Poverty Fund (VPF);
- *Capacity building and mainstreaming of the SDGs within MDAs and other actors*; entailing, in addition, the adoption of a 'business unusual' approach to programme/project implementation by the MDAs and all other actors;
- *Renewed and Smart Partnership for the SDGs*; requiring, the bringing to bear, of the resources, capacities and experiences of all development actors, namely; the local communities, citizens' organisations, women, youth, private sector, donors, civil society organisations, national and sub-national legislative assemblies as well as the UN system; and
- *Data Revolution' (Generation, Monitoring, Reporting and Accountability for Results)*; in essence, demanding the strengthening of national and sub-national capacities for data generation and processing especially at sectoral levels (system of administrative data). More importantly however, a 'data revolution' is necessary and in sum, this is characterized by extensive disaggregation by gender and geo-geographic regions; complete mapping of the entire data ecosystem; responsible institutions and clarity of roles and mandates; reliability and accuracy; robust analysis; regularity of production and dissemination and utilization of policy formulation and planning to ensure that 'no one is indeed, left behind.'

Conclusions and the Way Forward

7.1 Conclusions

The successful implementation of MDGs in the last fifteen years has demonstrated that the world can be united on a common cause. This is an undeniable impetus that can confer and strengthen audacious hope in the emerging SDGs agenda.

In Nigeria, the implementation of the MDGs agenda yielded mixed results, good lessons for greater success in the future, as well as challenges. There is no doubt that appreciable progress has been made in driving the MDGs in Nigeria. Other than government commitment in channelling debt relief gains (DRGs) towards the actualization of MDGs, interventions by OSSAP-MDGs, MDAs, international development partners as well as numerous CSOs at both national and sub-national levels - among others, were critical in bringing about the successes that have been recorded.

Whereas it is the case that many of the targets are yet to be met, the nation has been able to meet some of the targets. The data presented and analysed in this report reveals that Nigeria has made rapid progress towards meeting the target on halving the proportion of the population who live below \$1 per person per day, while the hunger target (prevalence of underweight children under-five years of age used as a proxy) is not very far from being met.

For health related goals, Nigeria has met the target on maternal mortality in goal five and that similarly, the target of proportion of population using safe and improved drinking water source in goal seven is very close to being met. In addition, some remarkable successes were recorded in primary school enrolment and completion rates, as well as with literacy. A high gender parity index was achieved at both the primary and secondary school levels.

As Nigeria exits from the MDGs, the lessons learnt provide a good compass for navigating the implementation challenges that may be thrown up by the SDGs. Unlike with the advent of the MDGs, Nigeria must hit the ground running early enough in the next fifteen years of the SDGs era.

The upshot is that, in line with the observations adopted at the *Presidential Summit on MDGs in Nigeria* in August, 2014, the following general cross-cutting conclusions are inescapable:

- That, Nigeria has made appreciable progress in the implementation of MDGs in the last 14 years particularly in the area of universal primary enrolment rates, achieving gender parity in education, reducing the spread of HIV and AIDS, reducing maternal death, and halving the percentage of people living in absolute hunger for which it received a recognition from the Food and Agricultural Organisation (FAO);

- That, in spite of this appreciable progress, many of the targets could not be met due to challenges in the areas of poverty, insecurity, social inequality as well as the absence of inclusive growth and widespread youth unemployment;
- That, Nigeria's late or delayed commencement of MDGs implementation impacted negatively on output/outcome in later years when compared to other countries that embarked on the implementation earlier;
- That, the success recorded in the implementation of MDGs in Nigeria varies significantly across states, local governments and across the MDGs and indeed, across geo-political zones;
- That, the implementation of MDGs in many Local Government Areas suffered from poor funding to low participation, ownership and sustainability;
- That the implementation of incentive-based interventions such as Conditional Grants Scheme (CGS), and the Conditional Cash Transfer (CCT) scheme have both shown themselves to be key drivers of implementation success in Nigeria;
- That, the MDGs implementation in Nigeria and indeed the whole of Africa, remains an unfinished business that needs to be rolled over to the successor MDG framework;
- That strong political will and support made a lot of difference in the success recorded in the implementation of the MDGs; and
- That Development Partners have demonstrated a high level of support in the implementation of MDGs in Nigeria.

7.2 The Way Forward and Nigeria's Transition into the SDGs

This report embodies Nigeria's national strategy in support of a smooth transitioning from MDGs to the SDGs. The elements of such a strategy are anchored on a framework that encapsulates a re-invigorated policy framework, institutional and funding arrangements that would drive the implementation of the SDGs as well as a strong commitment to implementation of the SDGs which recognizes the multiplicity of financing sources. Those envisaged financing sources would thus include; domestic public resource mobilization, private finance, international private business and finance - especially through public-private partnerships, international development cooperation, as well as debt sustainability.

Consequently, in moving forward in the short term, Nigeria commits to resolutely carry out the following recommended nine steps also necessary towards a smooth commencement and implementation of the SDGs:

- The continuation with the unfinished business of the MDGs especially in health (SDG 5) (particularly tuberculosis and HIV and AIDS), basic education (SDG 4), agriculture (SDG 1 and 2), water and sanitation (SDG 6);

- Adoption, institutionalisation and consolidation of best practices that have emerged from the implementation of MDGs in the post-2015 development agenda. These include:
 - ✓ Sustaining the inter-governmental partnerships in tackling poverty and providing social services through innovative programmes such as the CGS, the CCT and other sector-based interventions (for SDGs 1, 2, 3, 4, 5 & 6, 9, and 11);
 - ✓ Strengthening institutional frameworks in the emerging SDGs agenda to meet with its implementation challenges in Nigeria's complex federal system; and
 - ✓ Continuation of the utilisation of the Debt Relief Gains with the identification of the additional funding changes to ensure sustainable financing of the post-2015 development agenda.
- Pursuit of early implementation of the post-2015 development agenda with its integration into National and State development strategies and plans;
- Institutionalisation of a culture of participation that promotes ownership, accountability and sustainability in the implementation of post-2015 development agenda, with the active involvement of beneficiary communities and civil society organisations;
- Continuous implementation of good public financial management policies and practices through regular sharing of knowledge and state to state peer reviews to achieve accountability, transparency and judicious utilisation of resources;
- Sustenance of the Independent Monitoring, Supervision and Data Collection (MSD) framework as well as the OPEN Monitoring and Evaluation framework;
- Consolidation of the gains recorded in data generation and management as well as in the use of Nigeria MDGs Information System (NMIS);
- Implementation of peace and security policies as veritable mechanism for human and sustainable development (for SDG 16); and
- Ensuring that the post-2015 development is so resilient as to deliver irreversible development process in Nigeria.

Annex 1: Details of Programmes and Projects Executed by the Federal Ministry of Education

The under-listed are programmes and projects that have impacted on net-enrolment, completion rate and literacy in Nigeria's education system:

1. Gender Education Programme (GEP)

The GEP was established as a high impact intervention to drive the school enrolment of the girl-child in mostly affected areas in Nigeria.

The Programme has:

- resulted in a reduction of the gender gap to 15 - 25% in many Northern states with high gender disparity through: Students Tutoring, Mentoring and Counselling (STUMEC), Mothers Association, Teachers Development Pedagogy Module (TBDT) and Girls' Education Movement (GEM) established in all the 104 Federal Unity Colleges
- trained 2,068 education officers and SBMC's members on gender and good governance,
- trained 3660 stakeholders and SBMC members in STUMEC and established 21 Model Second Chance Centres
- established 18 Youth Centres for skill acquisition in 4 drop-out states
- established 5,554 Functional Mothers Associations nationwide
- equipped 24 business apprentice training centres
- introduced Girls' Education ICT Initiative in JSS 1 under which 14,140 laptops were distributed to 227 selected secondary schools and 153 teachers trained nationwide
- procured 1760 computers for ICT in boys' drop-out states and established youth centres for entrepreneurial skills.

2. Interventions under Quality Assurance Measures

- Developed a National Education Quality Assurance Framework for Basic and Secondary Education level;
- Developed the National Inspectorate Management Information System (NIMIS);
- Monitored the implementation of MDGs projects in 19 Federal Colleges of Education and Polytechnics;
- Census carried out nationwide for consistent data required for planning, policy formulation and decision in education; and
- Developed the National Education Management Information System (NEMIS).

3. Review and Realignment of Curriculum

- Curriculum review to support the institutionalisation of the one year Early Childhood Care Development Education (ECCDE), incorporate trade, entrepreneurship subjects in line with current global education best practices and dynamics. Activities carried out are:
- Developed curriculum for special needs;
- Developed Instructional Sign Language text books for the hearing impaired;
- Developed curriculum in Technical and Vocational Education;
- Reviewed the 9-Year Basic Education Curriculum from 20 down to 10 subjects
- Printed and distributed (80,000 sets of Primary 1 - 3 and 16,000 sets of JSS 1-3) of the Revised 9-Year Basic Education Curriculum;
- Printed and distributed the revised curricula (primary 4 - 6) in some subjects namely: Arabic, French and Pre-Vocational Studies;
- Literacy primers developed in 4 languages;
- Harmonised the basic education curriculum in the 12 core basic education subjects to include some emerging issues and produced teaching manuals in the subjects; and
- Teacher's guides were developed to support better delivery of the curriculum especially in the new areas.

4. Interventions to Promote Access and Equity

Almajiri Projects

- Ensured a reduction of high number of out of school children in the Northern part of the country.
- Increased enrolment, retention and enhanced completion rate and retention.
- Mainstreaming of Basic Education and provision of Infrastructural facilities in Almajiri schools.
- 30 Almajiri model schools constructed to integrate Almajiri education into the Basic Education system.
- 126 proprietors and Head teachers of model II to integrate Basic Education Almajiri education system schools were trained on the use of instructional materials in the management of Almajiri schools.
- 174 LGEA secretaries, SUBEB Almajiri desk officers and proprietors of model I&II schools were trained on formation of SBMCs and 58 Quality Assurance Officers and SUBEB Desk Officers were trained on the Almajiri programme.

Nomadic Education

The thrust of the National Commission for Nomadic Education's (NCNE) programme is reaching the unreached, marginalised, disadvantaged and minority groups especially nomads, migrant fishermen and farmers and other underserved groups. The projects focus on capacity building, curriculum development and adaptation, advocacy and adult and lifelong education. The projects executed are as follows:

- Provision of state of the art mobile health clinics;
- Procurement of outside broadcasting van for interactive radio instruction (IRI);
- Water supply project and sanitation programme;
- Constructed and equipped 21 Model Nomadic Education Centres (Nomads, Fisher-folks and Farmers) in Lagos, Jigawa, Borno and Delta States;
- Income generating activities for nomadic women - Habbanaye;
- Developed and produced interactive radio instruction for nomads; and
- Reviewed nomadic education curriculum to align with 9 year Basic Education Curriculum; 3000 copies were printed and distributed.

Special Education

The National Diagnostic Centre was established in Abuja to support the educational needs of children with physical, developmental and communication disabilities as well as emotional and behavioural disorders.

5. Interventions to Enhance Training and Capacity Development

- NTI annual retraining of Public Primary and Junior Secondary School teachers that are already in the system to improve on their skills and knowledge. To this end, a total of **729,840** Basic Education Teachers were re-trained in core subjects by the National Teachers Institute (NTI) from 2006 till date.
- A two-year programme of the Federal Teachers' Scheme aimed at assisting States to address the challenge of teacher shortage and quality at basic education level was initiated during which 120,000 NCE teachers were recruited.
- Built the capacity of Education Planners/Managers (Head Teachers) in which a total of 36,490 Head Teachers have been retrained to date.
- Operation Reach All Secondary Schools (ORASS) - 15,000 Secondary Schools were monitored across the Federation and this provided empirical data for informed decision making in 2006.
- In 2008, 121 Teachers in core subject areas were retooled as inspectors nationwide.
- Trained 200 Federal Inspectors from 36 states and FCT.

- Re-orientation and retraining of 751 Federal and State Inspectors including LGEAs Supervisors nationwide.
- Trained 2,030 Community stakeholders to participate in Quality Assurance processes.
- Retrained 3,812 Mathematics teachers nationwide.
- 688 reading facilitators retrained in English and in Local Languages nationwide.
- Capacity Building for 800 Teacher Educators.
- Built capacity of 800 teachers on the teaching of the core basic education courses conducted in Federal Polytechnics.
- Trained literacy facilitators to train others at state level.
- Trained 700 youths in various trades and entrepreneurial skills.
- Capacity building, HIV awareness and prevention in Federal Colleges of Education and Polytechnics.
- To revitalise adult education sub sector, the under listed achievements were recorded:
 - ✓ 467 master trainers trained in all the six geo-political zones.
 - ✓ 4,787 grass-root facilitators trained in 36 States and FCT.
 - ✓ 1,013 facilitators trained in 36 States and FCT.
 - ✓ Review of Literacy by Radio English Primer is on-going to include security, drug, sanitation, ICT education and use of ATM and e-banking.
 - ✓ 39 university lecturers and adult and non-formal education practitioners trained in designing, executing, monitoring and reporting sustainable literacy programmes of good quality.
 - ✓ 10 scholars (6 men and 4 women) from NMEC, State Agencies and NGOs underwent a Fellowship at UNESCO Institute of Lifelong Learning in Hamburg, Germany.
 - ✓ Scaled up Literacy by Radio programme targeted at adult and aired the programme in 36 States and FCT.

6. Interventions under Infrastructural and Instructional Materials

- Procured and distributed textbooks in Maths, English, Primary Science, Social Studies, Agriculture, Science, Arabic, Home Economics, Primary Health and Hausa Language and 506 First Aid Boxes in 15 GEP states (Adamawa, Bauchi, Borno, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Nasarawa, Niger, Sokoto, Taraba, Yobe and Zamfara) and 5 boys drop-out states (Anambra, Abia, Imo, Ebonyi and Oyo).

- Procured and distributed 25,500 teaching modules, 9,150 mathematical games, 3,500 Rubik cubes, 1,580 Abacuses, 49,380 Science and Mathematics text books to mathematics teachers nation-wide.
- Procured 2 Hilux vehicles for monitoring of Amajiri projects.
- Produced and distributed 270,000 copies of customised exercise books and 30,000 pencils to pupils in Almajiri schools.
- 21,513,994 Primary school text books on Mathematics, Basic Science and Technology and English Language along with Library resource materials for JSS were procured and delivered to States for distribution to their public schools.
- Interventions in the Federal Colleges of Education and Polytechnics include:
 - ✓ Provision of facilities, instructional materials and equipment.
 - ✓ Construction and renovation of infrastructures.
 - ✓ Provision of ICT facilities e.g. Virtual Library.
 - ✓ Procured monitoring vehicles.
- Procured skill acquisition equipment for women in Non Formal Education centres in selected NFC in the 6 Geo Political zones.
- Rehabilitated National Mass Literacy, Kano.
- Interventions in the Federal Unity Colleges include:
 - ✓ Construction of VIP Toilets and Bathrooms (Hostels and Classrooms Areas).
 - ✓ Provision of modern Kitchen and Renovated/Completed Dining Halls.
 - ✓ Provision of Borehole and water Reticulation in 29 Federal Unity Colleges.

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