Mid-Point Assessment of the Millennium Development Goals in Nigeria

2000-2007

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FOREWORD

It is my pleasure to write the Foreword to this Mid-Point Assessment of the MDGs in Nigeria. Although the publication of the MDG Report is traditionally an annual event, this one is different in that it is a stock-taking exercise conducted midway to the target timeline for achieving the MDGs – the year 2015.

The Millennium Declaration of 2000 gave to our world a global compact for development against which every member of our global community must deliver. The eight elements of the Millennium Development Goals (MDGs) thus constitute the benchmarks for all nations to aim at and fulfil by 2015. At the beginning of this 15-year agenda setting, the hopes were high and commitment strong. Half way through the timeline, many countries are off-track while some struggle to maintain the past successes they had achieved. If, as a nation, we are to meet the MDGs by 2015, much will still have to be done by all three tiers of government in genuine and robust partnership with our international partners, the civil society and the private sector.

The MDG Office and other key stakeholders have been working hard to achieve the laudable goals set for 2015. Every year constitutes a milestone in which to evaluate what has been done and what is yet left undone. By so doing, we do not only have in mind how far we have come but also how much further we still need to go.

This report is particularly important because it contains the mid-point review of the pace with which Nigeria has prosecuted the MDG agenda. With only seven years to the target, we are determined to put in place a concrete countdown strategy for achieving the goals to ensure that every year we benchmark our journey to success. The strategies will evolve from this Mid-Point Assessment that would help us to determine where we are, the key challenges ahead, what specific strategies need to be delivered and the clearly defined roles and responsibilities of all key stakeholders.

I am therefore very pleased to share with you the Mid-Point Report to see for yourself a realistic picture of what we have achieved, the challenges ahead and strategies for reaching the set goals. This is in line with the 7-Point Reform Agenda of my Administration and our national vision of being one of the top 20 world economies by the year 2020. I am confident that with your continued support and partnership, we shall overcome the challenges ahead of us and not only achieve the MDGs in Nigeria but Africa as a whole, as we take our rightful place in the global community. Economic development will only make a difference when it touches the lives of our poor and vulnerable people, transforming them into our core assets for nation building. I therefore call on our partners to join us in our commitment to attaining the MDGs in Nigeria by 2015.

Umaru Musa Yar'Adua GCFR
President & Commander-in-Chief of the Armed Forces
Federal Republic of Nigeria

PREFACE

This year, 2008, marks the middle of the time frame set for the achievement of the Millennium Development Goals. In seven short years, the MDGs have become the key concept around which the hopes of billions of people in the world hang. Many who are directly concerned do not know anything about it and do not have a say on the issues that shape their destiny. Yet, on the MDGs, the world is united; and it is a unity to uplift the human race and to bring hope and prosperity to all peoples wherever they live.

This Mid-Point Report is a scorecard of the determined efforts of all the stakeholders on the Nigerian end; it is a statement on the past seven years and an expression of the task for the next seven. As readers would easily see in the report, the outlook at the moment is a mixed bag. On the one hand, there are bright prospects that the MDGs would be met, especially in areas like Universal Primary Education, HIV & AIDS, environmental sustainability, and the building of a global partnership for development. Yet, the task on the other hand is still daunting, especially as we face the health-related goals. Indeed, the pressure is stronger now to use available resources to make significant impact in the lives of millions of people. And so, while some sectors look quite hopeful, we see great challenges that demand greater commitment than ever before from our development partners and friends as they demand from us.

As this Mid-Point Report allows us to look back and comment on the past, our eyes are really set on the next couple of years and what can be made of them. We work in the high hopes that we can collectively make a difference – and what a great difference we can make if we stick together, retool and re-sharpen our strategies for the uphill task ahead! We are confident that the more support and commitment we can get from the government and the public towards meeting head on the challenges of the MDGs, the more confidence we have that working together we can achieve a new world devoid of want and deprivation, and where equity and the rights of all citizens are respected and enforced.

We would like to thank our President, Malam Umaru Musa Yar'Adua, who gave us the opportunity and inspiration to serve. We also deeply appreciate all our development partners, especially the United Nations Development Programme (UNDP), the National Planning Commission, the Budget Office, the Debt Management Office, key MDG-related MDAs, the States, the private sector, civil society organizations and the national assembly, and all the others who have been our backbone and have dutifully shared in our task. Without you, we couldn't have gone so far; and we trust that you would be accompanying us till 2015 and beyond – in a new world where we all can be proud achievers of the change for good. On a personal note, I would like to acknowledge the work of the MDG team led by Dr I. J. Daudu and the Steering Committee chaired by Mallam Lawal Aboki in the preparation of the report. May God continue to bless our dear country Nigeria.

Hajiya Amina J. Ibrahim OFR
Senior Special Assistant to the President on MDGs

ACRONYMNS AND ABBREVIATIONS

ACPEUEP	African Caribbean Pacific European Union Economic Partnership Agreement
AfDB	African Development Bank
AGOA	African Growth and Opportunity Act
ALGON	Association of Local Governments of Nigeria
ARV	Anti-Retroviral
ARTs	Anti-Retroviral Therapy sites
ATRRS	Accounting Transactions Recording and Reporting System
AU	African Union
BOO	Build Own and Operate
BOOT	Build Own Operate and Transfer
BOT	Build Operate and Transfer
CANI	Computer for all Nigerians Initiative
CAP	Capacity Acquisition Programme
CBN	Central Bank of Nigeria
CEDAW	Convention on Elimination of All Forms of Discrimination against Women
CGS	Conditional Grant Scheme
CORPs	Community Resource Persons
DFID	Department for International Development
DMO	Debt Management Office
DOTs	Directly Observed Therapy Centres
DPR	Department of Petroleum Resources
DRG	Debt Relief Gains
ECOWAS	Economic Community of West African States
ECOWAP	ECOWAS Common Agricultural Policy
EDB	Education Data Bank
EGASPIN	Environmental Guidelines and Standards for the Petroleum Industry in Nigeria
EMIS	Education Management InformationSystem
EmONC	Emergency Obstetrics and Neonatal Care
ESA	Educational Sector Analysis
FDI	Foreign Direct Investment
FMARD	Federal Ministry of Agriculture and Rural Development
FME	Federal Ministry of Education
FMF	Federal Ministry of Finance

FMOH	Federal Ministry of Health
GAPS	Good Agricultural Practices
GDP	Gross Domestic Product
GEF	Global Environment Facility
GSM	Global System of Mobile Communication
HIV & AIDS	Human Immuno-deficiency Virus & Acquired Immune Deficiency Syndrome
ICSDSFPA	Integrated Child Survival and Development Strategic Framework and Plan of Action
ICT	Information and Communication Technology
IDF	Infrastructure Development Fund IDSR Integrated Disease Surveillance and Response
IMCI	Integrated Management of Childhood Illness
ITNs	Insecticide Treated Nets
ITU	International Telecommunications Union
JICA	Japan International Cooperation Agency
LEEDS	Local Economic Empowerment and Development Strategy
LGA	Local Government Area
M&E	Monitoring and Evaluation MDAs Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
MOU	Memorandum of Understanding
MTSS	Medium Term Sectoral Strategies
NACA	National Agency for the Control of AIDS
NAFDAC	National Agency for Food and Drug Administration and Control
NAPEP	National Poverty Eradication Programme
NARHS	National Adolescent and Reproductive Health Survey
NASS	National Assembly
NBS	National Bureau of Statistics
NCC	Nigerian Communications Commission
NDHS	Nigeria Demographic and Health Survey
NEC	Nigeria Energy Commission
NEEDS	National Economic Empowerment and Development Strategy
NEEDS 2	National Economic Empowerment and Development Strategy 2
NEPAD	New Partnership for Africa's Development

NGOs	Non-Governmental Organizations
NIEPA	Nigerian Institute for Educational Planning and Administration
NISER	Nigeria Institute of Social and Economic Research
NITDA	National Information Technology Development Agency
NITEL	Nigeria Telecommunications Plc
NOSDRA	National Oil Spillage Detection and Response Agency
NPC	National Planning Commission
NPopC	National Population Commission
NPI	National Programme on Immunization
NSFA	National Strategic Framework for Action
NTI	National Teachers Institute
NURTW	National Union of Road Transport Workers
NYSC	National Youth Service Corps
OAGF	Office of the Accountant General of the Federation
ODA	Official Development Assistance
O & M	Operational and Maintenance Strategies
OPEN	Overview of Public Expenditure in NEEDS
OSCP	Oil Spill Contingency Plans
OSSAP	Office of the Senior Special Assistant to the President on MDGs
PATHS	Partnership for Transforming Health Systems
PHC	Primary Health Care
PI	Presidential Initiative
PLHA	People Living With HIV & AIDS
PMI	Primary Mortgage Institutions
PMTCT	Prevention of Mother-to-Child Transmission
RBM	Roll Back Malaria
RCHI	Residential Housing Construction Index
R & D	Research & Development
REDAN	Real Estate Developers Association
RH/BCC	Reproductive Health/Behaviour Change Communication Strategy Document
ROT	Rehabilitate Own and Transfer
SACA	State Action Committee on AIDS
SAGEN	Strategic Acceleration of Girls' Education in Nigeria
SARD	Sustainable Agriculture and Rural Development
SEEDS	State Economic Empowerment and Development Strategy

SHP	Small Horse Power
SMEDAN	Small and Medium Enterprises Development Agency
SSNs	Social Safety Nets
TLS	Trade Liberalization Scheme
UBE	Universal Basic Education
UBEC	Universal Basic Education Commission
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNESCO-IHP	United Nations Educational, Scientific and Cultural Organization-International Hydrological Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Emergency Fund
UPEP	Universal Primary Education Programme
USAID	United States Agency for international Development
VCTS	Voluntary Counselling and Testing Services
VEDS	Village Economic Development Solutions
VPF	Virtual Poverty Fund
WB	World Bank
WHO	World Health Organization
WiN	Wire Nigeria Project
WTO	World Trade Organization

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EXECUTIVE SUMMARY

Background

Following the Millennium Declaration of 2000, Nigeria began the systematic implementation of several policies and programmes to help it attain the different targets set for the MDGs by 2015. Over the years, stakeholders have modified a few targets and refocused them to reflect local peculiarities as well as target more specific and measurable problems. Despite these efforts and the recorded achievements, however, there are still some major challenges.

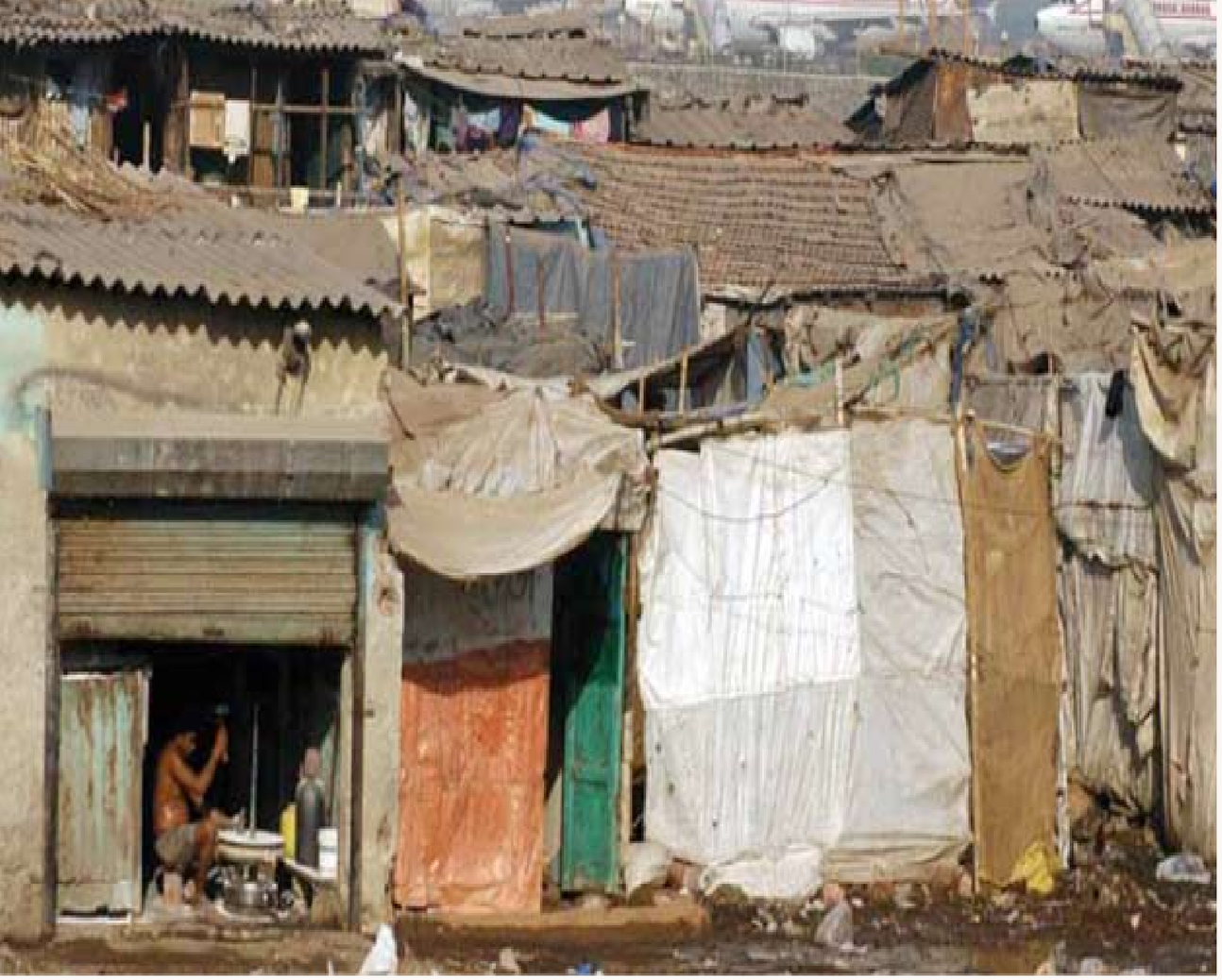
This report presents a mid-point assessment of the progress made towards achieving the MDGs in Nigeria with an emphasis on the factors responsible for the landmarks already achieved, the emerging problems as well as the challenges and strategies for addressing them. Overall, the report emphasizes the need to create and nurture avenues for increased collaboration between the three tiers of government, the private sector, civil society organizations and the development partners in order to speed up progress. In many areas, the problem is not necessarily lack of or defects in current policy and programmes, but more crucially, implementation bottlenecks which would make an appreciable difference when removed.

The assessment was carried out through a participatory approach. In addition to the representative composition of the Steering Committee that provided logistic and technical support to the preparation of the report, the consultative and validation forums were made up of participants from about 40 ministries, departments and agencies (MDAs), representatives of the private sector, international development partners, and civil society organizations. The academic community was represented by the research institutions that coordinated the drafting and editing of the report.

Socio-Economic Environment

The report also observed that the macroeconomic foundations for pro-poor growth in Nigeria are more benign today than they were about one or two decades ago. Impressive progress has been made in meeting the targets of the National Economic Empowerment and Development Strategy/NEEDS1 (2004-07) which is the Nigerian equivalent of a PRSP. Economic growth has averaged about 6 per cent per annum since 2000 with the non-oil sector serving as the key driver. Budget balances have been kept under international standards, inflation has declined from double to single digits, exchange rate stability and convergence have been achieved, the banking system is more virile and stronger than ever before, and external reserves rose to about US$64 billion in June 2008 and could finance about 30 months of imports, the largest in Sub-Saharan Africa.

Nevertheless, this appreciable improvement in the macroeconomic environment has not translated into improved quality of life given the poverty levels of 54.4 per cent in the country. To accelerate the linkage between macroeconomic achievements



and improved living conditions for Nigerians, the report acknowledged the implementation of the MDG-related activities in the country. Some of these activities include implementation of debt relief gains (the Virtual Poverty Fund), monitoring and evaluation initiative of MDGs' Office, benchmarking economic governance at the state level, implementation of social safety nets (youth empowerment programme and conditional cash transfer), conditional grants to state government and MDG needs assessment. These activities have yielded positive results. All this notwithstanding, the key development constraints identified by the report include weak governance (especially at the lower tiers of government), poor state of physical infrastructure, limited access of micro, small and medium enterprises to formal financial system and weak absorptive capacity.

A major challenge faced in carrying out this assessment was data inadequacy and inconsistency. More efforts are needed in this direction to make subsequent assessment less cumbersome and more robust. This underscores the need to institutionalize regular national socio-economic data generation through all the three tiers of government that will capture all relevant MDGs targets and indicators.

ACHIEVING THE MDGs IN 2015: PROGRESS, CHALLENGES AND STRATEGIES

Goal 1: Eradicate Extreme Poverty and Hunger

Progress

The proportion of the population living in relative poverty was expected to have fallen to 28.78 per cent in 2007, if the MDG target is to be met in 2015. However, among every ten Nigerians in that year, five were still living in poverty. An analysis of poverty incidence by sectors indicated that poverty was more pronounced in the rural areas than in the urban. Similarly, while poverty was more pronounced among farmers and larger households headed by persons with lower levels of education, income inequality was more pronounced in urban centres. Unemployment rate in Nigeria rose from about 12 out of 100 working age people in 1999 to 18 in 2005 with the rate of youth unemployment rising in the urban areas than in the rural.

The various Presidential Initiatives on Agriculture and Rural Access as well as programmes such as Mobility Programme, Buyer of Last Resort Programme, Fertilizer Stabilization Programme, National Special Programme on Food Security, Community-Based Agricultural Development Programme and National Fadama Development Programme, coupled with the safety nets of government, created relatively better supportive policy environment.

Challenges

Agriculture, which is the largest contributor to the country's GDP, is very central to achieving this goal. However, some challenges are militating against effective performance of the sector. These included addressing the dominance of aged people in agriculture, promoting the use of, and increasing access to, modern implements. Others are promoting strong industrial processing technology and linkages, encouraging agriculture sector-market linkages, promoting stable costs of production and stabilizing the constantly declining purchasing power of farmers.

Strategies

Specific strategies include:

- Instituting policies and ongoing programmes aimed at addressing this goal. These include youth empowerment, conditional cash transfer, conditional grants to state governments and the Presidential Initiatives on various agricultural commodities and micro finance. Nonetheless, other pro-poor programmes should be restructured, reinforced, sustained and deepened for maximum impact. It is also necessary to put in a robust framework that will enable a post evaluation of the programmes to improve quality and encourage rapid scale up where results are delivered.
- Quickening improvements in infrastructure, services and human resource capacity, particularly in the rural areas. Besides, government at all levels must step up efforts to improve rural physical infrastructure (roads, rail, electricity, water, telecommunications, irrigation, markets, etc) with clear roles and responsibilities

for each tier of government and the private sector

- Strengthening industrial processing technology, market linkages and increased public investment in the agricultural sector to boost employment in and income from agriculture, which is the main occupation of the largest proportion of poor households
- Increasing investments in agriculture and promoting modern equipment and technology transfer to attract the younger generation into the sector
- Providing more efficient and wider social safety nets with particular focus on the core poor and vulnerable groups, such as AIDS orphans, widows, the needy and women with VVF.
- Strengthening social security intervention programme for aging members of the society by establishing community-based care scheme for the elderly
- Empowering all the agencies and parastatals under the Ministry of Agriculture operationally, technically and financially to deliver on their mandates more efficiently and effectively.
- Improving urgently all the coordination, monitoring and evaluation of poverty eradication efforts in the country

Goal 2: Achieve Universal Primary Education

Progress

The country is on the road to achieving the goal of universal primary education by 2015. Net enrolment ratio in primary education has consistently increased. From about 8 in every 10 eligible children in 2004, it increased to 9 in 2007 as a result of the implementation of Universal Basic Education (UBE) programme. This was complemented with the upsurge in the establishment of private primary schools. Literacy rate has also continued to increase; the urban areas have, however, fared better relative to the rural areas. Primary Six completion rate however declined from 8 pupils out of 10 in 2004 to 7 in 2007. The literacy rate of 15-24-year-olds also rose from 6 out of 10 students to 8 during the same period. In all these indicators females lag behind males and more seriously in primary completion rate.

The policy environment was supportive of the progress made on this goal. This ranges from the launch of free and compulsory Universal Basic Education in 2004 and its subsequent vigorous implementation in many states of the federation (whose focus is the first nine years of basic schooling) and the comprehensive educational reform in 2006 (including education sector analysis and 10-year education sector plan). The implementation of debt relief gains in the sector led to the in-service training of 145,000 teachers and the recruitment of 45,000 new teachers across the country in addition to the provision of primary school facilities (classrooms, toilets, instructional materials). Moreover, the Girls Education Project (GEP), a joint government effort supported by UNICEF/DFID, has been scaled up with the debt relief resources over the past three years.

Challenges

The sector faces some serious challenges that deserve urgent attention. The critical ones include addressing inequality in terms of gender, geographic zones, states and local governments; quality of learning outcomes; coping with enrolment explosion in primary schools; inadequate capacity of teachers and ministries to implement educational policies; and infrastructural decay in schools, especially the dearth of teaching and learning materials. Quality assurance mechanisms are alsopoor due to weak inspectorate and regulatory divisions of the Ministry of Education at all levels of government. Improving, sustaining and consolidating operational modality and efficiency of UBE has also become an issue in advancing progress on this goal.

Strategies

Specific strategies to further help the achievement of this goal are as follows:

- Increased budgetary allocation at state and local government levels to carry out the UBE programme as originally envisaged
- Basic education curriculum must not alienate the learners from the community; instead, it should integrate them by preparing them for the world of work and to contribute to national integration
- Quality of teachers requires urgent consideration; recruitment and promotion should be based on merit, teachers' salaries should be enhanced and productivity-based, and training of teachers should be regularized
- Greater and special attention should be paid to the education of physically challenged children. It is important to beef up the capacity and operational efficiency of institutions responsible for ensuring quality assurance in schools
- Minimum governance, management and accountability arrangements in schools

should be institutionalized and enforced in a way that promotes operational efficiency and effectiveness. Parent-teachers association should be fully involved in the management and supervision of schools
- Regular tracking of budgetary allocations to schools by independent monitoring groups should be institutionalized and the results published

Goal 3: Promote Gender Equality and Empower Women

Progress

Progress towards this goal is improving gradually but inequality continues to subsist in various aspects of life of men and women in Nigeria. For instance, the proportion of girls enrolled in primary, secondary and tertiary education is still lower than that of boys (about 8 girls to every 10 boys), but there is a positive trend in girls' enrolment for all levels of education. For primary school enrolment, there was sustained increase in girls' enrolment from 2000 to 2007, while in the secondary schools, a steady increase in girl's enrolment was observed from 2005 when about 9 girls to every 10 boys were in school. Women are still grossly under-represented at the highest decision making levels, such as the National Assembly. Although there has been some improvement (from 3 women to 100 men in 2000 to about 8 women to 100 men in 2007), the rate of improvement is considered very slow in relation to the 30 women to every 100 men recommended by the Beijing Platform for Action which has been adopted as the national policy.

The policy environment has been improving with increased advocacy on Acceleration of Girls' Child Education in Nigeria (SAGEN), Child Friendly Initiative, mainstreaming into state and local government development strategies, Female Functional Literacy for Health (FFLH) Project, etc. Since 1999, the federal government, has started to balance gender in top-level decision making. This has started to yield positive results at the state level too. As at 2007, there were six female deputy governors (e.g. in Anambra, Ogun, Osun and Plateau states) compared to only 2 in 2003, while the number of women Speakers at the State Houses of Assembly had also increased.

Challenges

A number of challenges still exist. Addressing the root cause of gender inequality remains an issue in making progress on this goal. Some of the factors include social, economic, tradition and culture, religion, patriarchy and low education. Of significant importance is early child marriage and child-labour. Poverty was also identified as a key driver of gender inequality. Other identified constraints were weak mechanism for monitoring the implementation of gender-related programmes; weak integration of gender and women empowerment into various development programmes especially at state and local government levels; poor budgetary allocations to the educational sector; inefficient use of budgetary allocations; employment prospects for girls as well as women; and apathy to women in politics. Promoting gender disaggregation of national data is also an issue.

Strategies

Strategies for achieving this goal include:
- Passage and full implementation of Child Rights Laws in all States of the country
- Encouragement of greater use of the National Child Policy and Guidelines. The federal government and the Office of the MDGs need to create incentives for promoting full implementation of this policy at the state and local government levels
- Provision of an enabling environment (e.g., grants) to attract more child care projects from the Civil Society Organizations
- Promotion of girl-child enrolment, retention, completion and high performance in school
- Capacity building, training and advocacy for women in politics
- Mainstreaming of gender issues into relevant development programmes and policies
- Demonstrating more commitment to the policy that prescribes at least 30 per cent of public positions for women on merit by government

Goal 4: Reduce Child Mortality

Progress

The emerging trend in child mortality is of great concern at this mid-point of goal achievement period. Infant mortality rate actually rose from 81 per 1000 live births in year 2000 to 110 per 1000 live births in 2005/06, which is farther away from the global target of 30 per 1000 live births in 2015. Besides, the target percentage of one-year-olds fully immunized is expected to be total; so far, the proportion only increased

from 32.8 per cent in 2000 to 60 per cent in 2007. This is about 50 per cent increase over a period of eight years. This slow pace has accounted for the increase in avoidable diseases such as polio. For instance, polio cases rose from 201 in 2007 to 651 cases in 2008. With this, Nigeria has 86 per cent of the total number of polio cases in the world.

Under-5 mortality rate also increased from 184 per 1000 live births in 2000 to 201 per 1000 live births in 2007. This trend may continue if critical steps are not taken to address the situation. This is in spite of the introduction of Integrated Management of Childhood Illness (IMCI) Strategy, Integrated Maternal Newborn and Child Health Strategy (IMNCHS), Integrated Disease Surveillance and Response (IDSR), intensive capacity building for health workers and Community Resource Persons (CORPs) and the Integrated Child Survival and Development Strategic Framework and Plan of Action (2005-2009) to guide implementation of child survival interventions by government at all levels. The significance of the implementation of debt relief gains in this area is noteworthy: 166 new primary health care centres were built and 207 rehabilitated across the country in 2006 alone. The commitment of the National Agency for Food and Drug Administration and Control (NAFDAC) to eradicate fake drug has contributed immensely to reducing risks associated with this menace. The current health sector reform and the National Health Insurance Scheme are also making their impact with the introduction of the Community Health Insurance Scheme in six pilot states with a focus on pregnant women and children under five. Each state will cover over 100,000 women and children with increases determined by the amount leveraged in counterpart funding by states.

Challenges

Poor health-seeking behaviour compounded by cultural and sometimes religious beliefs is still a key challenge. Poor funding and weak management of public health resources have also continued to pose another serious challenge. This has led largely to lack of skilled and motivated medical staff and hospitals without drugs and equipment. The problems of transportation and epileptic power supply affect the proper movement of medical equipment and preservation of vaccines and other consumables. These are serious challenges particularly in the riverine areas. This is compounded by limited referral system between primary and secondary health facilities as well as the existence fake drugs (in spite of the appreciable efforts of the federal government to curb the menace).

Strategies

Strategies for achieving Goal 4 include:

- Institution of a more focused approach to rejuvenate all existing primary health care institutions through the collaborative efforts of federal, state and local governments.
- Establishment of a more comprehensive strategy for monitoring health care delivery needs to be fashioned out with adequate involvement of key stakeholders.
- Increased campaign against unfavourable religious and cultural beliefs that have adverse effects on accessing health facilities, such as wilful release of children for immunization and taking blood sample

Executive Summary

- Encouragement of the adoption of safe health-seeking and healthy living practices
- Improvement in health sector funding in line with international practices
- Encouragement of the immunization programme to go beyond the current campaign approach with ad hoc support for routine immunization. It should be made an integral part of the primary health care system with proactive involvement of all political and opinion leaders across the three levels of government
- Promotion of good governance and efficient management of public health resources through transparency and accountability and institutional framework for health sector budget tracking through the CSOs
- Commitment of all stakeholders in the implementation of IMCI, IDSR, IMNCHS and strategic framework and plan of action, which is central to making progress on this goal
- Continuous capacity building and development focusing on human and institutional capacities
- Increased advocacy on epidemiological database management, including health system planning, regulation, licensing and legislation
- Creation of incentives for attracting medical personnel into the rural areas
- Encouraging the international development partners to scale up technical and financial support to primary health care in aid of the new Health Bill and the Health Investment Plan.

Goal 5: Improve Maternal Health

Progress

- Reduction of maternal mortality represents a major challenge for Nigeria. Midway to the target date for achieving the MDGs, the Maternal Mortality Rate should be 440 per 100,000 live births. The reality, however, shows that in the rural areas, it was 828 deaths per 100,000 live births, and 531 deaths per 100,000 live births in urban areas. Disparity was very wide on zonal basis. Approximately two-thirds of all Nigerian women and three-quarters of the rural women deliver outside of health facilities and without medically-skilled attendants present. The factors responsible for this include poor attitudes to antenatal and postnatal care and low quality of health care delivery as well as poor attitudes to reproductive health. Overall, progress towards the attainment of the target is slow. Given the centrality of infant and maternal health to all health indicators due to their synergistic effects, it may be necessary to declare primary health care as a national emergency.
- The health sector reform is an opportunity that could impact positively on this goal; committed implementation was still weak. Although several policies were instituted, such as the implementation of National Health Insurance Scheme (NHIS), Safe Motherhood Programme, development of National Vital Registration System and Making Pregnancy Safer Initiative, yet there was minimal impact of these initiatives on maternal health. This is an indication of a weak policy environment.

Challenges

Although the poor state of the health infrastructure in the country contributes directly to the observed poor maternal health outcomes, two layers of challenges are considered very important. The first one is how to address the long-standing cultural, social, political and economic factors that have contributed to precarious maternal health in Nigeria. The second challenge is how to effectively address the following: inadequate skilled manpower in state hospitals and primary health centres, poor motivation system, inadequate funding, poor management of health sector resources, weak transparency and accountability framework in the sector. Others are aversion to Caesarean section and unaffordable costs of antenatal care, delivery care and postnatal care. Basic essential obstetrics care is also not available in most facilities and many doctors and health workers are reluctant to serve in rural areas.

Strategies

- In addition to the strategies mentioned in Goal 4 above, other specific strategies include the following:
- Effective implementation of Safe Motherhood Programme and the insistence on this as a precondition for accessing DRG spent on health issues at the state level
- Full implementation of universal access to reproductive health across the three tiers of government
- Articulation and implementation of the National Maternal New Born Child Strategy and the creation of demand for public health facility-based reproductive health services by scaling up the provision of free delivery of facilities, free essential Obstetrics & Gynaecology care and use pre-natal clinic to give away ITNs in all federal, state and private not-for-profit health facilities
- Development and application of behavioural change strategy on reproductive and basic health
- Promotion of strong health referral systems in the country and the strengthening of coordinating mechanisms at the local level
- Continuous capacity improvement of health institutions, including hiring adequate and qualified health personnel, regular training of health personnel, rehabilitation of existing institutions and provision of basic equipment
- Development of effective consultative, cooperative and coordination mechanism/ strategy across key stakeholders starting from federal-state-LGA cooperation and coordination; government-private-CSOs cooperation and coordination; and government-CSOs-development partners cooperation and coordination mechanisms. Beneficiaries' involvement is also required

Goal 6: Combat HIV&AIDS, Malaria and Other Diseases

Progress

HIV & AIDS. Remarkable progress has been made on HIV & AIDS since 2003. For instance, the prevalence rate of HIV & AIDS dropped from about 5 in every 100 Nigerians in 2003 to about 4 in 2005. This reflected a downward trend in HIV & AIDS prevalence. Among pregnant women aged 15-49 years, this has also declined over the last few years (from 6 out of every 100 pregnant women aged 15-49 years in 2001 to 5 in 2003 and 4 in 2005). The same trend has been observed among young pregnant women aged 15-24 years (a drop from 5 in 2003 to 4 in 2005 for every 100 women in this category). The decline notwithstanding, there is disparity across various regions and states. The number of AIDS orphans was estimated at 1.97 million, which mark them as a major vulnerable group in the country. Since HIV prevalence in the younger age bracket (15-24 years) is generally accepted to be indicative of the level of HIV incidence, this development suggests a modest decline in the number of new infections in the country. The proactive role of the National Agency for the Control of HIV & AIDS (NACA) and some donor agencies contributed immensely to the progress: implementation of national response, creation of high level awareness and advocacy, widespread distribution of condoms, PMTCT and ART service delivery centres. New infections by mode of exposure in adult population varied from low-risk heterogonous sex (about 45 per cent), casual heterogeneous sex (about 23 per cent) and injecting drug use (7 per cent). Others include blood transfusion and medical injection, to mention a few. Some cultural practices, high level of unemployment and poverty have been mentioned as key driving factors.

Partnership with the Clinton Foundation with added resources from the Debt Relief has introduced the AIDs orphans programme nationwide

Malaria.The number of reported cases of malaria and tuberculosis is also reducing. For instance, the prevalence rate of malaria declined from 2,024 per 100,000 in 2000 to 1,158 in 2004. The Roll Back Malaria Initiative contributed to the success. This notwithstanding, malaria accounted for 60 per cent of out-patients, 30 per cent of hospital patients and an annual average of 300,000 deaths, including 11 per cent of

maternal mortality. Its highest incidence was found in children and pregnant women – a pointer for policy targeting. Substantial resources were lost to malaria in the form of treatment, prevention and productivity loss.

Tuberculosis (TB). TB remains a public health problem in the country. Although it also declined from 16 per 100,000 in 2000 to 7 per 100,000 in 2004, as at 2006 Nigeria remained among the 22 high burden countries in the world and first in Africa. The mere positive detection rate of 27 per cent in 2005 fell short of the 70 per cent global standard. The actual TB case notification has been quite low as a result of low coverage of services (1 TB microscopic centre for 300,000 people and 1 DOTS for about 150,000 people). With the help of international development partners, there has been improvement in DOTS services coverage and treatment success rate has increased. Evidence has shown that almost one-fifth of TB patents were HIV positive. Hence, TB patients could also be candidates for HIV policy targeting.
Reversing the incidence of malaria and other major diseases is beginning to show some promise given the present epidemiological situation and increased resources. This is the outcome of the Roll Back Malaria initiative in Nigeria and several control activities under the major strategic interventions.

Challenges
Meeting the targets for Goal 6 is still threatened by partial implementation of the Action Plans in some states, lack of harmonization of the State Action Plan with the state budget cycle, and inadequate capacity building and technical support for implementation of the operational plan for HIV & AIDS. Concerning the Roll Back Malaria initiative in Nigeria, the main challenges faced include restricted acceptability and use of bed nets, inadequate focus of Roll-Back Malaria (RBM) programme on vector control and environmental health, anti-malaria drug resistance and poor implementation

of other vital activities such as training as well as behavioural and communication change. This calls for a scale-up of activities coupled with effective monitoring and efficient management resources dedicated for such activities. Increasing the coverage of TB facilities to all 36 states and key local governments and communities involved in DOTS implementation has become a concern. Overall, addressing the increasing cost of health care deserves attention.

Strategies
The following are among the specific strategies for achieving Goal 6:
The programmes of the National Agency for the Control of AIDS (NACA), especially the five-year National Strategic Framework for Action (2005-2009), which is guiding the national response to HIV & AIDS, and the National Policy on HIV & AIDS in the workplace should be implemented with dedication
As a matter of policy, Nigeria should start the production of condoms, ARV and other consumables with a view to reducing the cost of procuring them from abroad. Already, the country has invested N3 billion in the HIV test kit factory at Sheda which will also produce tests for malaria
To genuinely reverse the trend of HIV pandemic, it is important to strengthen the comprehensive strategy to shift focus from treatment to prevention, which seems to be more cost effective and sustainable
The institutional and human capacity involved in the management of Roll Back Malaria programme should be better equipped to scale up its activities and resources and enforce transparency and accountability in the management of such resources
A strategic approach in providing lasting solution to malaria should be sought by intensifying research on how to wipe out malaria
Proactive strategies of how to reduce the cost of seeking health should be developed and implemented at every layer of the health care system
The DOTS services should be given enhanced coverage in all the 36 states of the federation; also TB zones should be mapped and efforts intensified in endemic areas for access and better coverage
An integrated approach should be found for engaging development partners in addressing HIV, malaria and TB for better results and impact. Subsequent Global Fund activities and other donor initiatives should be designed to address these three burning issues.

Goal 7: Ensure Environmental Sustainability

Progress
The proportion of land area covered by forests fell from 14.6 per cent in 2000 to 12.6 per cent in 2007 against the target of 20 per cent by 2015. This is largely attributable to lack of serious commitment to the various afforestation programmes. Gas flaring has also continued to constitute environmental menace in the oil producing areas, even though the proportion of gas flared fell from 53.0 per cent in 2000 to 34.0 per cent in 2007. Progress towards ending gas flaring has been encouraging, particularly as the 2008 deadline given to oil producing companies draws near.

With respect to potable water, the proportion of people with access to safe drinking

water gradually rose from 54.0 per cent in 2000 to 60.0 per cent in 2005/2006. The proportion of population with access to basic sanitation also dropped from 42.9 per cent in 2000 to 38 per cent in recent times. The poor progress in achieving access to basic sanitation is partly a result of the expansion and development of squatter settlements and slums. Many neighbourhoods lack basic sanitation facilities and this trend is likely to continue unless painstaking efforts are made in this direction.

Government's increasing recognition of the need for sustainable development is an opportunity for making progress on this goal. The 2008 deadline for gas flaring, the implementation of strategic gas master plan and the use of gas-fired electricity provided opportunities to meet some of the targets. Construction of dams and urban renewal of federal and some state governments and ocean reclamation also created some impact.

Challenges

The country's environmental challenges are diverse and reflect different vegetational and topographic spread. This varies from oil pollution, gas flare, ocean surge, erosion and flooding, deforestation, desertification, water pollution and poor sanitation. The increasing wave of oil pipeline vandalism, blowing up of flow stations and exploration activities all contribute to oil pollution in the oil producing areas. The growing problem of urban air pollution, due to increasing number of highly polluting vehicles is a major challenge. At the moment, institutional framework for environmental management is still weak, especially at the state and local government levels, while appropriate framework for the participation of the private sector in environmental conservation and management is still lacking. Slow rate of introduction and adoption of efficient and environment-friendly technologies in waste management, inadequate power generation, and poor air pollution control in industries remain important risk factors. The growth rate of population, especially in urban centres, outstripped the growth of water and sanitation facilities. This is partly the result of inadequate investment in water and sanitation infrastructure. Inadequate coordination among federal, state and local governments in the provision of water and sanitation is also a challenge. Poverty makes people to use environmental resource as an economic coping strategy in a way that depletes the natural resource base. Other challenges are poor application and adoption of affordable and adaptable technologies for water supply, poor housing financing and delivery systems that has persistently excluded the poor and high cost of land which also compounds access of the poor to land. Another issue is inadequate attention to scaling up desert reclamation and afforestation programmes in spite of some successful interventions at the local level.

Strategies

The specific strategies include:

- Continuous integration of sustainable development ideals into national, state and local development plans and strategies, and committed implementation of such plans, including the Niger Delta Development (NDD) Plan of Action/New Ministry for the Niger Delta
- Involvement of the community in securing oil installations across the oil producing communities
- Adoption of a more effective mechanism for controlling logging, deforestation and marine fishing and committed implementation of afforestation and desert acclamation programmes
- Enforcement of government decision to end gas flaring in 2008 and imposition of stiff penalties from 2009
- Establishment of sanitation inspection officers at local government areas to enforce local sanitation laws and community cleanliness
- Implementation of a growing investment in water and sanitation infrastructure and related services by not less than 10 per cent annually at the federal, state and local government levels as well as the adoption of public-private partnership in the provision of such infrastructure
- Scaling up of urban renewal projects of the federal and state governments as well as the refocusing of public and private housing financing and delivery systems to include the poor
- Reduction of cost of building materials by promoting increased domestic production through local competition
- Integration of technical and financial support from development partners to environmental agencies for institutional and human capacities to strengthen the sourcing, maintenance, analysis and dissemination of environmental statistics
- Genuine implementation of National Environmental Action Plans by all stakeholders

Goal 8: Develop a Global Partnership for Development

Progress

The country is actively participating in a number of regional initiatives such as the African Union (AU) and the New Partnership for Africa's Development (NEPAD). The country also belongs to a number of bilateral and multilateral trade pacts such as

the World Trade Organization (WTO), the Economic Community of West African States (ECOWAS) and the African Caribbean Pacific-European Union Economic Partnership Agreement (ACP-EU EPA). Achieving the MDGs is partly dependent on the flow of financial resources in the form of official development assistance (ODA) and other international sources such as foreign direct and portfolio investment.

The ODA from the developed countries to Nigeria has been increasing consistently since 2001. It rose from US$167 million in 2001 to US$578 million in 2004, and US$11,433 million in 2006. However, in per capita terms, ODA flow to Nigeria is still very minute and falls far short of the resources required to fill the funding gap to achieve the MDGs. Nigeria benefited immensely from its global partnership through debt relief and cancellation which led to its exit from London and Paris Clubs and the inflow of foreign investment into the banking and the oil sector. The development partners operating in the country have also contributed technically and financially to the implementation of development programmes in the country. Other achievements of the government in this regard include the introduction and strengthening of the Debt Management Office and its replication at the state government level

Since global partnership for development also hinges significantly on information flows, key indicators relating to ICT are also assessed. Tele-density in the country has expanded from 0.73 per cent in 2001 to 15.72 per cent in 2005 and 27.41 per cent in June 2007, which is far above the International Telecommunications Union (ITU) minimum standard of 1:100. In terms of the use of the internet, the proportion of

Nigerians using the internet rose from 0.68 in every 1000 persons in 2000 to 38.1 in 2005. Even at that, internet access is still very low in the country relative to other similar countries.

Challenges

Improving Nigeria's competitiveness in order to benefit maximally from globalization is an issue of concern. This includes improving access to basic infrastructure (transport, energy, water, and social infrastructure – health and education), improved security of life and property and reducing the cost of doing business in the country. Others include promoting Nigeria's goods, especially making its agricultural products accessible to Western markets through the removal of trade barriers and agricultural subsidies on developed countries' products. There is also a need to encourage all states to reinforce their debt management mechanisms to forestall a relapse into an unsustainable debt regime which could weaken the country's fiscal position and threaten the attainment of the MDGs.

Strategies

The specific strategies include the need to:

- Integrate external and domestic debt management strategies to effectively fund development projects at the federal, state and local government levels
- Attract more FDIs through guided capital account reform and FDI policy to optimize its development relevance
- Create a conducive political and economic environment to attract more development assistance
- Implement ODA policy within the context of the Paris Declaration by promoting effective donor coordination and harmonization to ensure mutual accountability between national institutions and development partners
- Develop appropriate debt sustainability analysis for domestic and foreign debts and set benchmarks and mechanisms for early warning
- Implement the provisions of the Fiscal Responsibility Act and the Public Procurement Act at the federal level and mount a strong advocacy for their adoption at the state and local government levels
- Enforce high-quality ICT in urban and rural areas and develop a framework that ensures high tele-density, enforce service providers to be efficient and responsive to consumers and protect consumers' rights
- Enforce the local content policy in the extractive industries in a way that promotes local job and wealth creation in the upstream and downstream subsectors of the oil industry
- Implement the economic diplomacy component in the country's foreign policy in a way that promotes strategic engagement at the regional and international arena

Cross-Cutting Issues

A few cross-cutting issues are critical to providing an enabling environment andimproving the attainment of the MDGs by 2015. They include:

- *Absorptive capacity.* There is a wide capacity gap (human, institutional and process) in policy implementation across the three tiers of government. In addition to the

weak human capacity for sound economic management, there are also project implementation bottlenecks. This underscores capacity development in economic governance and the implementation of fiscal responsibility laws.

- *Governance Issue*. Greater commitment of leaders to transparent, accountable and responsive governance to genuinely deliver dividends of democracy and ensure participatory democratic culture would help in sustaining the MDG process
- *Mainstreaming MDGs into Government's overall development strategy or plan*. A major step in sustaining the MDGs is to mainstream them into governments' (federal, state and local governments') overall development framework. This has begun with the federal-level Medium-Term Sector Strategies and the inclusion of Debt Relief Gains (DRG) dedicated solely to MDG spending in the revenue framework.
- *Data problems*. The inadequate, irregular and poor collection and management of data pose a major challenge to monitoring the implementation of the MDGs. Relevant data from states and local governments in particular need to form an integral part of the input needed for a total and realistic assessment of progress on the MDGs. There should be an integrated data template for collecting information on the MDGs by the National Bureau of Statistics. International partners need to be more responsive to this challenge with increased and predictable support while harmonizing their current interventions.
- *Involvement of sub-national governments and other stakeholders.* It is necessary to encourage a more active participation of sub-national governments in the planning and implementation of the programmes and activities that relate to meeting the targets of the MDGs. States and local governments should be encouraged to prepare their MDG reports on biennial basis to generate data for progress monitoring. Similarly, there is a need to reverse the low level of inclusiveness and participation by all relevant stakeholders in order to elicit ownership and sustainability of the entiCoordination of intergovernmental activities towards the achievement of the MDGs. The federal structure is an opportunity for progress if each level performs its role efficiently. Institutional arrangements for proper coordination, integration and monitoring of all MDG-related activities across the country need to be worked out through the instrumentality of the MDG Office.
- *Increased Commitment and Intensification of other MDGs-related Activities*. Government has adopted several initiatives which need to be intensified for improved results. These include the activities of the Presidential Committee on MDGs, judicious use of the Debt Relief Gains, particularly the Conditional Grants Scheme, the strengthening of safety nets to the poor, and Conditional Cash Transfers.
- *MDGs Costing*. To ensure that MDGs are mainstreamed into sector planning and annual budgeting, it is important for each state to undertake MDG needs assessment in order to determine the cost of achieving the MDGs in each state as already done at the national level. The National Planning Commission should also identify the possible macroeconomic implications of scaling up investment on MDGs. These will require serious capacity building at federal and sub-national levels. Adequate funding of MDG-related projects should be a priority for all partners to ensure completion of relevant projects and their sustenance up to 2015 and beyond.

Status at a Glance

GOAL	1990	2000	2007	Target 2015	Progress Towards Target
1. Eradicate Extreme Poverty and Hunger					
Absolute PPI (US$/day) %				21.4	Slow
Relative (%)	42.7	66	54.4	21.4	Slow
-Population (million)	91.5	91.5	140.0		Slow
-Population under poverty (m)	39.07	39.07	67.11		Slow
Percentage of population below minimum level of dietary energy consumption	13	13		5.2	Good
Percentage of underweight under-5 children.	35.7	31	25	18	Slow
2. Achieve Universal Education					
Net enrolment ratio in primary education	68	95	89.6	100	Good
Proportion of pupils starting Grade 1 who reach Grade 5	67	97	74	100	Good
Primary six completion rate	58	76.7	67.5	100	Good
Literacy rate of 15-24 years old	70.7	64.1	81.4	100	Good
3. Promote Gender Equality and Empower Women					
Ratio of girls to boys in primary education (girls per 100 boys)	76	78	93.6	100	Good
Ratio of girls to boys in secondary education (girls per 100 boys)	75	81	97.6	100	Good
Ratio of girls to boys in tertiary education (girls per 100 boys)	46	66		100	Good
Share of women in wage employment in the non-agriculture sector	66.3	79		100	Lack of data
Seats held by women in national parliament	1.0	3.1	7.7	30	Slow
4. Reduce Child Mortality					
Infant mortality rate (per 1000 live births)	91	81.38	110	30.3	Worsening
Under-5 mortality rate (per 1000 live births)	191	183.75	201	63.7	Worsening
Percentage of one-year-olds fully immunized against measles	46	32.8	60	100	Good
5. Improve Maternal Health					
Maternal mortality ratio		704[a]	800[c]	100	Worsening
Births attended to by skilled health personnel	45	42[a]	36.3[c]	100	Worsening (data problem)
6. Combat HIV & AIDS, Malaria and Other Diseases					
HIV prevalence among pregnant young women aged 15 to 24		5.4[a]	4.3[e]		Slow

Status at a Glance

GOAL	1990	2000	2007	Target 2015	Progress Towards Target
Young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission			25.9[e]	100	Slow
Young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner				100	Slow (Lack of data)
Children orphaned by HIV & AIDS			1.97[e]		Lack of data
Prevalence and death rates associated with malaria					Slow (Lack of data)
Prevalence and death rates associated by tuberculosis					Slow (Lack of data)
7. Ensure Environmental Sustainability					
Land area covered by forest		14.6	12.6	20	Worsening
Gas flared	68	53	34	0	Slow
Energy use (kg oil equivalent) per US$1 GDP (PPP)			1.5		Slow Lack of data
Carbon dioxide emissions (per capita)		4799	2500[e]		Improving
Total population with access to safe drinking water (%)	54	54	49.1	100	Worsening
Total population with access to basic sanitation (%)	39	42.9	42.9	100	Worsening
People with access to secure tenure (%)		38.4	61.2	100	Improving
Residential housing construction index (ACI) (Proxy)		53	31[d]		Worsening
8. Develop a Global Partnership for Development					
Per capita official development assistance to Nigeria (in US$)	3.0	1.47	81.67		Improving
Debt services as a percentage of exports of goods and services		9	1.2		Good
Private Sector Investment (US$ million)	50	75	8100		Improving
Tele-density (per 1000 people)	0.45	0.73	27.41		Good
Personal computers (per 1000 people)		6.38	6.74		Lack of data
Internet access (%)	0.1	0.1	1.9		Slow

PART 1 INTRODUCTION

BACKGROUND

In this Introductory Part, this Mid-Point Assessment Report is foregrounded with a brief enumeration of the eight MDGs, the procedures for preparing the report as well as the development context and prevailing macroeconomic indicators under which the report was produced. The Part concludes with a brief discussion of the MDG-related activities and implementation initiatives in Nigeria.

The Millennium Development Goals (MDGs) are eight time-bound international development goals the world leaders endorsed at the UN Millennium Summit held in September 2000. The MDGs represent an agenda-setting for transforming the living conditions of all peoples at the turn of the third millennium. They also translate to a bold initiative through which the world leaders hope to bridge the chasm between the rich and poor nations of the world and create a new order of global partnership, development and prosperity. It is an attempt to reclaim the earth for all peoples by expanding opportunities and eliminating barriers. In effect, the MDGs envisage a new world that is working hard to find effective solutions to human deprivation and misery.

The eight goals of the Millennium Declaration to be achieved by 2015 are to:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV & AIDS, malaria and other diseases
7. Ensure environmental sustainability and
8. Develop a global partnership for development

These goals are to be viewed as instruments for reducing poverty in all its ramifications. To build a global partnership for achieving the MDGs, countries that commit themselves to pro-poor policies and improved governance through democratic, administrative and legal reforms are to receive increased development assistance through more funding and capacity building. Also by paying attention to trade reforms the developed and developing countries would be contributing meaningfully toachieving the MDGs.

The year 1990 is the reference year for the annual assessment of progress made towards achieving the MDGs. Nigeria has so far produced annual reports on the progress of the MDGs. This particular report reviews the overall progress on the MDGs in Nigeria midpoint to the target date of 2015 which was marked worldwide on 1 July 2007.

The specific objectives of this midpoint assessment are to:

- Examine how the country has progressed on the MDGs targets and indicators by June 2007
- Review the key challenges to achieving the MDGs in Nigeria
- Suggest possible policies and strategies to fast track the achievement of the goals
- Suggest for each of the goals, key priority actions that government needs to pay maximum attention to and
- Evaluate the relevance and ownership of past reports as well as assess the ability to sustain the process and align the MDGs with other national reporting systems

Methodology

This midpoint assessment is the outcome of the participatory approach used in compiling data on the progress government has made towards achieving the MDGs by 2015. The federal government set up a Steering Committee to coordinate the study. The Committee comprised members drawn from the National Planning Commission (NPC), Office of the Senior Special Assistant to the President on MDGs (OSSAP), the National Bureau of Statistics (NBS), National Poverty Eradication Programme (NAPEP) and the United Nations Development Programme (UNDP). The Steering Committee collaborated with all MDAs and other relevant stakeholders to identify data needs, gather necessary information and review activities leading to the preparation of the report, while the Nigerian Institute of Social and Economic Research (NISER) provided technical support. At the first stage, and to facilitate ownership and strengthen the capacity of MDAs, the Steering Committee organized a sensitization forum to explain the data templates for the midpoint assessment, rationale for the assessment and the role of stakeholders. In addition, NISER assembled a multi-disciplinary team of experts who examined the MDG midpoint assessment templates before they were sent to the MDAs, civil society organizations and donor agencies as tools for collecting relevant information. Later, the NISER team visited all the MDAs and other stakeholders to retrieve the completed templates, clear doubts where necessary and fill data gaps as far as possible.

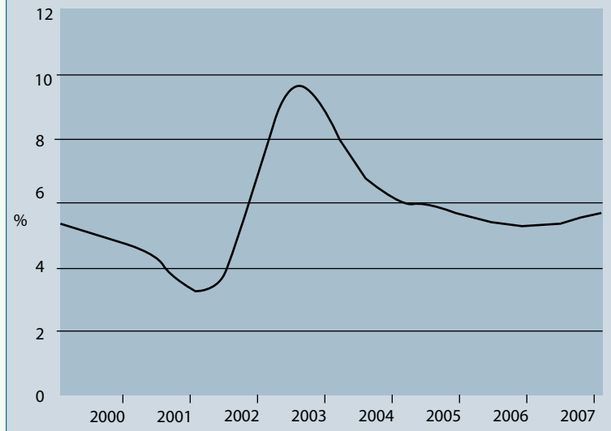
The team visited nearly 40 MDAs, some development partners and key programmes supported by them in the conduct of this midpoint assessment. The data collected were analysed using descriptive statistics such as

percentages, average annual rate of change and deviations. For clarity and understanding, the report uses tables, boxes and graphs to present its results. The report passed through peer review, steering committee review, stakeholders appraisal and validation checks.

Development Context

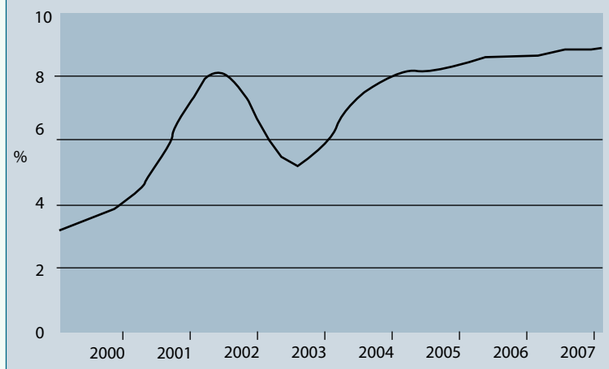
This section assesses the development trajectory of the Nigerian economy by examining the trends of the socio-economic indicators between 2000 and 2007. Generally, the macroeconomic performance between 2000 and 2007 appears remarkable. Real GDP growth was positive through the entire period, reaching an annual average growth rate of 5.7per cent (see Figure 1.1.1).

Figure 1.1 1: Nigeria's Real GDP Growth



The growth of the non-oil sector also picked up during this period and, for the first time in three decades, there was no growth substitution between the oil and non-oil sectors. After an initial decline in the growth of the non-oil sector from 4.4 per cent in 2000 to 2.9 per cent in 2001, the pattern changed as it began to experience a consistent growth between 2001 and 2006 (see Figure 1.1.2). Agriculture alone accounted for more than 70 per cent of the non-oil performance. Although,

Figure 1.1.2. Nigeria's Non-Oil Sector Growth



the manufacturing and services sub-sectors grew by 10 per cent, weighted by their fairly low shares of the GDP, such growth had little significance overall. The dominance of primary agriculture with low productivity and relatively insignificant value addition largely explains why the economy remains undiversified despite the overall positive and high growth rate of non-oil GDP.. The share of oil revenue in total revenue kept increasing while that of the non-oil revenue was decreasing. Diversifying the export base of the economy thus remains elusive because of low value addition, low productivity and the resulting weak competitiveness.

To uphold a stable and predictable budget profile, Nigeria has adopted a conservative benchmark oil price for preparing its annual budgets. The result has been a significant increase in external reserves – good enough to cover about 30 months of imports in 2007 (see Table 1.1.1). From the perspective of achieving the MDGs the debate persists about the trade off between inflation and the spending requirements for the MDGs and provision of infrastructure.

The financial sector has undergone fundamental reforms to ensure a virile, safe and sound financial system through recapitalization, mergers, acquisitions and proactive regulations hinged on risk-based supervision. The reforms aimed to position the sector to perform the role of intermediation and play a catalytic role in economic development. Thus, the reforms, which began in 2004, made some notable achievements, including the emergence of 25 strong banks by the end of December 2005.

Since the reform, depositor confidence has improved owing to the 'safety in size' perception of depositors. Finally, the capital market has deepened and public awareness has increased significantly. The market has become more active, while total market capitalization has increased markedly.

The emergence of sustainable micro-finance and vibrant insurance sub-sectors in Nigeria is a strategic priority for the monetary authorities. The micro-finance sub-sector helps in achieving the MDGs through job creation and poverty reduction. The CBN, therefore, adopted a systematic approach to making financial services available to Micro, Small and Medium Enterprises (MSMEs) by setting up essential financial infrastructure through suitable policy and regulatory and supervisory framework. The implementation of the new policy started in January 2006 and is right on course. Based on the policy, eight Micro-Finance Banks (MFB) have been licensed, 16 approvals-in- principle (AIP) issued, and 565 Community Banks processed for conversion. Also, 40 new applications have been received and the resource gap assessment of the CBN Departments responsible for implementing the policy had been concluded.

Consistent with the key elements of its economic reforms, the federal government introduced a Pension Reform Act in 2004 to address the problems associated with the old pension scheme. The new scheme provides for pension accounts and funds to be managed privately by licensed Pension Fund Administrators and Pension Fund Custodians. At present, the pension funds market has a projected annual growth rate of about 15per cent. Analysts believe that developing the new pension scheme will help create the market for long-term securities, such as bonds, mortgage and asset-backed securities.

Also significant is the fiscal policy of the federal government. On the one hand, there have been attempts to reform

Table 1.1.1 Macroeconomic Indicators in Nigeria, 2000–2007

Economic Indicators	1990	2000	2001	2002	2003	2004	2005	2006	2007
GDP Growth (%)	8.2	5.4	4.6	3.5	9.6	6.6	5.8	5.3	5.7
Oil Sector Growth (%)	5.6	11.1	5.2	-5.2	23.9	3.3	-1.7	-3.7	-5.9
Non-oil Sector Growth (%)	8.6	4.4	2.9	4.5	5.2	7.8	8.4	9.5	9.2
Budget Deficit/ GDP	-2.9	-2.3	-4.3	-5.5	-2.8	-2.6	-0.2	0.3	0.7
Ext. Reserves (% of GDP)	Na	Na	Na	Na	7.7	11.4	24.4	36.5	42.6
Ext. Reserves (Months of import cover)	Na	13.6	11.3	7.8	7.2	12.2	18.6	23.0	20.9
External Debt /GDP	106.5	64.9	57.3	72.1	61.1	84.5	69.2	7.4	4.0
Domestic Debt/ GDP	31.3	32.2	36.6	26.1	28.6	25.3	20.8	18.6	19.2
Savings-Investment GDP	9.9	16.4	4.4	6.4	1.5	(0.9)			
Overall BOP/GDP	-2.1	6.9	0.5	-10.3	-2.3	5.2	10.5	12.7	1.4
Inflation Rate	7.5	6.9	18.9	12.9	22.2	15.0	17.9	8.2	5.9
Average Official Exch. Rate	7.9	101.7	111.9	121.0	127.8	132.8	132.9	128.5	127.4
Prime Lending Rate a. b.	25.5	17.9	18.3	24.4	20.5	19.2	17.9	17.0	16.5
Broad Money Growth	44.9	48.1	27.0	21.6	16.9	6.5	18.9	29.1	11.0
Social Indicators									
Population (million)	88.5	108	118.8	122.4	125.6	129.2	133.8	140.0	140.0
Population Growth Rate (%)	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	3.2
Life Expectancy (years)	Na	Na	54.0	54.0	54.0	54.0	54.0	54.0	54.0
Adult Literacy Rate (%)	Na	57	57	57	57.0	62.0	57.0	64.2	64.5
Incidence of Poverty (%)	42.7a	65.6.	65.6	65.6	65.6	54.4	54.4	54.4	54.4

Note: a stands for 1992 data, *b* stands for 1996 data and c is 2004 data.
Sources: CBN, (i) *Annual Reports and Statements of Accounts (Various years);* (ii) *CBN Statistical Bulletin, Volume 17, December 2006;* *(iii)* National Bureau of Statistics*: National Poverty Assessment 2007.*

public expenditure management through many initiatives, including instituting due process in public procurement. On the other hand, the sources of government revenues have remained unchanged with oil earnings accounting for an overwhelming proportion of the budget. Other problem areas include late approval of government budgets, poor implementation, delays in passing the budget – all of which have economy-wide effects both on production and consumption. Inadequate and unpredictable budgetary flows contribute significantly to service delivery problem and low productive activities in the economy.

The external balance has also witnessed dramatic improvements between 2000 and 2007. The overall balance of payments has been in surplus since 2004, leading to a sizeable foreign exchange reserves. Successful implementation of Nigeria's economic reform programmes secured for it a debt relief package in 2005. The Paris Club of Creditors had written-off the nation's US$18 billion debt, prompting Nigeria to pay off the balance of approximately US$12.4 billion to exit the Paris Club. The redemption of the London Club debts followed closely after this. Nigeria's external debt ratio thus fell from 64per cent of GDP in 2000 to 1.6per cent in 2007. The result of this is an annual saving of US$1 billion for the next 20 or more years. The debt relief has resulted in an improvement in the country's economic balance sheet and investment climate. Domestic debt has also declined noticeably though still substantially high.

Using social indicators, an assessment of the nation's progress towards achieving the MDGs appears mixed. Unemployment rate in Nigeria has risen from 11.9per cent in 1999 to 18per cent in 2005. Besides, Nigeria's labour force growth rate of 2.8per cent far exceeds the annual rate of employment growth, estimated at less than 1per cent. Figures from 2006 Nigerian Core Welfare Indicator Survey show a very high rate of unemployment especially among the youths. The rate was higher in urban areas than in the rural. Nigeria has performed well in the area of adult literacy rate, rising from 57per cent in 2000 to 64.5per cent in 2006.

Table 1.1.1 shows the incidence of poverty. Rising from 42.4per cent in 1992 to 65.6 per cent in 1996, it declined to to 54.4 per cent in 2004. This impressive performance in recent times could be traced to various welfare improvement programmes put in place by the government such as the Capacity Acquisition Programme of National Poverty Eradication Programme (NAPEP) and structural transformation in some sectors of the economy, e.g., the telecommunication which absorbed many unemployed youths across all states of the federation.

Key Development Challenges

Although, government managed to achieve high external debt reduction over the years because of debt forgiveness, the ratio of domestic debt to GDP (20 per cent) remains a serious challenge At the moment, the Debt Management Office has put in place measures for the proper management of domestic debts to forestall future accumulation.

The current state of physical infra-structure in the country has become a major development challenge. Over the years, Nigeria has suffered significantly from the low investment in infrastructure, the impact of its poor quality and, in particular, the unreliable and limited supply of electricity. This has constrained the investment initiatives and development goals of the country, and thus constitutes a great challenge.

Despite the significant progress made in the financial sector, its link to the real sectors of the economy still faces some major challenges that must be addressed for it to contribute meaningfully to the achievement of the MDGs by 2015. Some of these challenges include reluctance of the Deposit Money banks to fund rural and micro-economic activities. In particular, there is a need to pay adequate attention to Micro, Small and Medium Enterprises (MSMEs) need pay current limited access to markets and to formal financial services. Establishing the micro-finance banks throughout the country is meant to lessen the problem of funding such small-scale enterprises no matter their location. However the high lending rates being operated at micro finance banks could limit their access to affordable loans. The need to focus attention on such enterprises is underpinned by their ability to contribute substantially to employment, income generation and poverty reduction.

The transition from the old to the new pension scheme also remains a challenge. At present government still has huge pension liabilities and unpaid gratuity that continue to aggravate poverty especially among beneficiaries of the old pension scheme.

Conclusion

The development context in Nigeria reveals that the economy has experienced growth over time. But this has not resulted in significant welfare improvement for the people because of the low quality

Background

of growth, skewed income distribution and mismanagement of resources. It should be emphasized that the social and economic indicators discussed in this chapter do not adequately reflect the quality of life in Nigeria. Nor are they the criteria by which the average Nigerian assesses the performance of government. Government should develop additional criteria that will consider the impact of those factors that inhibit government performance. Such factors include time lags in budget approvals, delays and mismanagement in capital budget execution, and time lags between graduation and employment of the youths. Others are the time lags between retirement and payment of gratuity or pension, the regularity of payment of salaries and pension as well as such other factors as the number of hours over which there is power supply, and the quality of roads.

It thus becomes obvious that economic growth would have to be combined with some other socio-economic strategies designed to reach the poor and the most vulnerable groups in the society more effectively.

Box 1.1.1: Nigeria Exits Paris Club of Creditors

On securing a debt forgiveness of US$18 billion in 2005, Nigeria exited the Paris Club Creditors by paying off the outstanding balance of approximately US$12.4 billion. It also followed up on this by redeeming the London Club debts of Par Bonds worth US$ 1.486 billion and Promissory Notes worth US$476 million, saving the country about US$1 billion for about 20 years..

The Presidency has set up the MDG Office to ensure that this US$1 billion savings from the debt relief is channelled towards providing quality primary education, primary health care, rural infrastructure, electrification, water supply and other key poverty reducing projects and programmes.

Nigeria's exit from the London and Paris Club debts partly accounts for the improvement of its economic balance sheet and the investment climate, resulting in the country's first ever international rating of (BB –)both by Fitch and Standard & Poor

MDG-RELATED ACTIVITIES AND IMPLEMENTATION INITIATIVES IN NIGERIA

GOAL 4 REDUCE CHILD MORTALITY

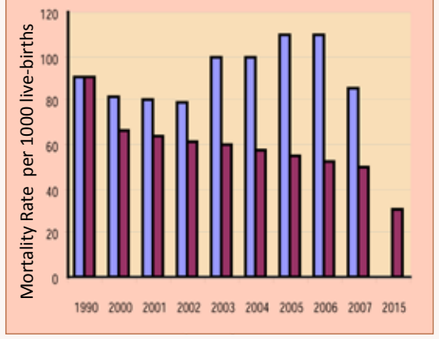
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Table 2.4.1. Status and Trends

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2015	Progress
Infant mortality rate (per 1000 live births)	91	81.38	80.09	78.80	100	100	110	110	86	30.3	Slow
Under-5 mortality rate (per 1000 live births)	191	183.75	189.50	195.25	201	197	20	201	138	63.7	Slow
Percentage of one-year-old children fully immunized against Measles	46	32.8	41.1	61.8	31.4	50	60	60	60.0	100	Slow

Sources: (1) National Bureau of Statistics, 2007, (2) Federal Ministry of Health, 2007, (3) MDG Report, 2006

Figure 2.4.1: Infant Mortality Rate (per 1000 live-births) (1999-2015)



Assessment of Progress and Challenges

Child mortality is a very serious issue in Nigeria. Indicators like infant mortality rate, under-5 mortality rate and the percentage of one-year-old children fully immunized before the MDG programme were far from satisfactory.

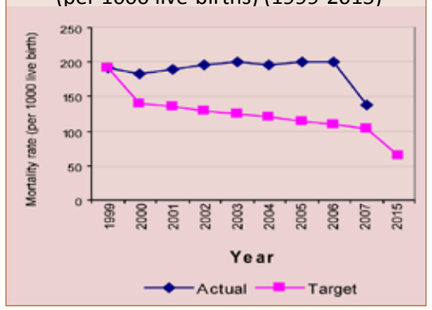
Infant Mortality Rate

In 2000, the infant mortality rate was 81.38 per 1000 live births. This is expected to fall to 30.23 per 1000 live births by 2015 in line with the MDG target. Rather than fall, however, infant mortality rate increased from 81.38 per 1000 live births in the year 2000 to 86 per 1000 live births in 2007. An emerging issue is that the Nigerian male child has greater probability of dying at infancy – 92 per 1000 live births for male infants as opposed to 79 per 1000 for female infants

(NBS and UNICEF:MICS3, 2007). As indicated in Table 2.4.1, the gap between actual infant mortality rate and the target increased from 14.66 per 1000 live births in 2001 to 36.28 per 1000 live births in 2007. The situation between 1990 and 2007 is illustrated in Figure 2.4.1. Rather than falling, the rate has been rising. From 2000 to 2007, infant mortality rate has been increasing by an average of 0.66 per 1000 live births annually. If this trend continues, the 2015 figure will be 91.28 per 1000 live births, implying

that theMDG target will be missed. To achieve the target, infant mortality rate should be dropping by about 7 per 1000 live births annually between 2007 and 2015.

Figure 2.4.2. Under-5 Mortality Rate (per 1000 live-births) (1999-2015)



Under-5 Mortality Rate

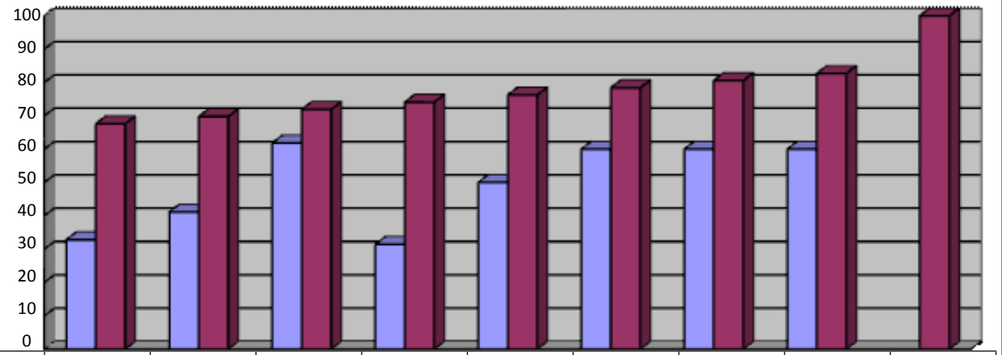
The target here is to reverse the increasing trend of under-5 mortality rate to about 63.7 per 1000 live births by the year 2015. An examination of the progress made so far reveals that this indicator dropped from 183.75 per 1000 live births in 2000 to 138 per 1000 live births in 2007. However, disparity still exists between the male and the female. The Nigerian male child has greater probability of dying under age 5 than his female counterpart. The ratio is 144 per 1000 for the male child and 131 per 1000 for the female (NBS and UNICEF: MICS3, 2007). Inequality also subsists across the geo-political zones. The deviation between the actual rate achieved and the target dropped from 43.67 in 2000 to 33.56 in 2007. The situation between 1990 and 2007 is illustrated in Figure 2.4.2. Between 2000 and 2007, under- 5 mortality rate has been dropping by an average of 6.53 per 1000 live births per annum, implying that by 2015, the figure will be 85.71 per 1000 live births. If the MDG target is to be achieved, therefore, the rate should be falling annually by at least 9.28 per 1000 live births.

The target for the one-year-olds is to achieve 100 per cent immunization. An examination of the progress made so far indicates that the proportion of those fully immunized increased from 32.8 per cent in 2000 to 60 per cent in 2007[1] (see Figure 2.4.3). (Evidence from MICS3, however, tends to suggest a lower figure for percentage of children who had all recommended vaccination before

Key stakeholders on child mortality still have great work to do in partnership with the many millions of our people

1 Evidence from MICS3, however, tends to suggest a lower figure for percentage of children who had all recommended vaccination before their first birthday.

Fig. 2.4.3: Percentage of One-Year-Olds Fully Immunized against Measles



	2000	2001	2002	2003	2004	2005	2006	2007	2015
Actual	32.8	41.1	61.8	31.4	50.0	60	60	60	32.8
Target	67.6	69.76	71.92	74.08	76.24	78.4	80.56	82.72	100

their first birthday.) This is about 50 per cent increase over a period of seven years. However, Table 2.4.1 shows that deviation from the actual rate achieved and target fell from -34.8 in 2000 to -22.72 in 2007. It appears the gap is closing, though the value of deviation is still high, suggesting that more efforts are required to achieve the target by the year 2015.

Between 2000 and 2007, the number of one-year old children fully immunized has increased annually by approximately 3.9 per cent. If this trend continues, by the year 2015, the percentage of one-year-old children fully immunized will be 91 per cent, which is still below the MDG target for 2015 by 9 per cent. Thus, to achieve the 100 per cent target by 2015, the percentage should be increasing by at least 5 per cent as from 2008.

To achieve the targets for each of the three indicators for this goal, the relevant ministries and agencies have adopted various strategies. On infant and under-5 mortality rates, efforts to reduce the increasing rates began in 1990 through 1996, during which different control programmes like the control of diarrhoea and acute respiratory infections, Roll Back Malaria, National Programme on Immunization, Nutrition, and HIV & AIDS were used. Furthermore, from 1996 to 2006, the Integrated Management of Childhood Illness (IMCI) Strategy was introduced. Intensive capacity building for health workers and community resource persons (CORPs) was also introduced. Further interventions include the Integrated Child Survival and Development Strategic Framework and Plan of Action (2005-2009) to guide implementation of child survival interventions by government at all levels, the development of a National Policy on Integrated Disease Surveillance and response (IDRS), and the commitment of the National Agency for Food and Drug Administration and Control (NAFDAC) to eradicating fake drugs and adulterated food materials.

Immunization of children is still a national emergency to which every family must respond automatically

Notwithstanding these efforts, progress on achieving the MDG targets for infant mortality rate and under-5 mortality rate has been slow. The reasons for this include weak implementation framework, inadequate skilled personnel to ensure full coverage of the targets, rising fertility rate, and constrained access to some communities, especially in the riverine areas. There are also constraints associated with increasing poverty incidence and cultural barriers. The former reduces affordability level of parents to adopt modern health- seeking behaviour while the latter prevents acceptance of programmes like NPI.

On immunization, government introduced the National Programme on Immunization which laid out the plan of action for achieving total coverage. Launched in two phases, the first phase in 2005 targeted 30 million children from nine months up to 15 years in the northern states of the country while the second phase targeted 29 million children in the southern states. For these massive campaigns, the European Union and UNICEF provided substantial logistical support while WHO and the Red Cross also assisted in various capacities. This has been largely responsible for the increasing rate of one-year-olds fully immunized against measles.

Key Challenges

Indeed, much effort has gone into achieving relevant targets for Goal 4, except, of course, that a number of challenges still persists. Among them are the following:

Table 2.4.2: Deviations of Actual Achievement of MDG Goal 4 from Targets

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2015
Infant Mortality Rate (per 1000 live births)									
Actual	81.38	80.09	78.80	100.00	100.00	110.00	110.00	86	91.28*
Target	66.72	64.29	61.86	59.44	57.01	54.58	52.15	49.72	30.3
Deviation (%)	14.66	15.80	16.94	40.56	45.99	55.42	57.85	36.28	
Under-5 Mortality Rate (per 1000 live births)									
Actual	183.75	189.50	195.25	201.00	197.00	201.00	201.00	138	85.71*
Target	140.08	134.99	129.90	124.80	119.71	114.62	109.53	104.44	63.7
Deviation (%)	43.67	54.51	65.35	76.20	77.29	86.38	91.47	33.56	
Percentage of one-year-old children fully immunized against measles									
Actual	32.80	41.10	61.80	31.40	50.00	60.00	60.00	60.00	91.0*
Target	67.60	69.76	71.92	74.08	76.24	78.40	80.56	82.72	100
Deviation (%)	-34.8	-28.66	-10.12	-42.68	-26.24	-18.4	-20.56	-9	

* Possible level of achievement by the year 2015 if current trend continues.

- The weakness of the country's primary health care system and limited referral system constitute a crucial challenge facing the health sector
- There is a high level of ignorance among parents on adopting conventional health seeking behaviour, a factor that is associated with low literacy level and high incidence of poverty
- Unfavourable religious and cultural beliefs that adversely affect wilful release of children for immunization and adoption of safe health-seeking practices
- Inadequate funding of the health sector, especially health capital
- Limited access to beneficiaries of immunization programmes, especially in the riverine areas
- Immunization coverage usually focuses on gross rather than net figures. The difference between percentage of children vaccinated by age 12 months and for all ages tends to suggest that a number of children were vaccinated out of time.
- Poor transportation and epileptic power supply hinders transportation of medical equipment and preservation of vaccines and other consumables
- Low government support and encouragement for non-governmental organizations that are willing to assist in achieving the MDGs

Policy Strategies

To achieve the targets set for each of the three indicators for this goal, the relevant ministries and agencies have adopted various strategies. . On infant and under-5 mortality rates, the

re-introduce the sanitary inspectors as we had them in the 1970s.. Called *Wolewole* in the SouthWest, the sanitary inspectors used to go from house to house, inspecting household and individual levels of hygiene and sanctioning them accordingly.

Priority Actions for Development Assistance

Development partners have always offered tremendous assistance to the country to help it achieve the MDGs and improve the general welfare of the citizenry. In view of the status of mid-term achievement of MDGs in Nigeria, the priority areas in which assistance of development partners should be solicited are highlighted as follows:

- Developing local capacity for delivery of primary health care and eliminating ignorance associated with cultural and religious practices which hinder the adoption of safe and conventional health-seeking behaviour
- Developing a monitoring framework to ensure effective and efficient use of fiscal and other resource allocations for providing health facilities and medical care delivery, especially to the infants
- Providing technical assistance for the success of the National Health Insurance Scheme in a way that will be favourable to primary health care delivery
- Providing technical assistance

strategizing began in 1990 through 1996, with control programmes on diarrhoea, acute respiratory infections, Roll Back Malaria, NPI, Nutrition, and HIV & AIDS. Further interventions included the Integrated Child Survival and Development Strategic Framework and Plan of Action (2005-2009) which was introduced to guide the implementation of the child survival interventions by government at all levels. The National Programme on Immunization laid out an elaborate plan of action for achieving nationwide coverage. The current situation indicates the need for drastic efforts if the MDG targets are to be achieved. In this wise, the following are strongly recommended:

- The main policy priority should be increasing access to basic health facilities. Specifically, there is need to focus attention on primary health care coverage and advocacy on orthodox health care facilities
- Government should find a way to enforce the provision of four children per woman as stipulated in the National Population Policy. This will curb the rate at which infants are abandoned or get killed by preventable diseases
- The prevailing high poverty incidence in the country is taking its toll on parents who find it increasingly difficult to take care of their children. In this regard, medical care should be made free for pregnant women and children below the ages of 10 years. Parents who fail to avail themselves of this opportunity, when provided, should be sanctioned
- There is need to monitor health care delivery especially for infants at the local government level, being the closest tier of government to the grassroots. An annual appraisal of MDG attainment at the local level should be given serious consideration
- The local governments may need to

that will enhance the enforcement and achievement of the National Population Policy provision of four children per woman

- Developing a social policy for Nigeria. The assistance of the development partners will be useful in helping to develop and implement a social policy for the benefit of the citizenry.

Box 2.4.1: Immunization Campaign

© UNICEF Nigeria/2006/Njoku Health workers travel by boat to reach children in the Niger Delta Region of Nigeria with measles vaccine.

EKEREMOR, Nigeria, 18 October 2006 – Nigeria has launched a massive immunization campaign to protect 29 million children against measles, a highly contagious virus that kills more Nigerian children than any other vaccine-preventable disease.

From 3-9 October, more than 100,000 health workers were mobilized and sent to 17 southern states. Some 18,000 community health posts were set up to provide children with measles and polio vaccines, as well as vitamin A supplements to boost their immunity. Of the targeted 29 million children, 4 million reside in impoverished and hard-to-reach settlements across the Niger Delta Region. Other challenges facing vaccination teams included the threat of armed militias that roam the area in search of opportunities to seize control over the local oil resources.

Working with the government of Nigeria and the Measles Initiative – a global public-health partnership – UNICEF provided crucial logistical support to transport vaccines in a timely and safe manner. A. A. Okidi, head of the Health Department in Ekeremor, said, 'All the equipment we have here – solar freezers, deep freezers and refrigerators – were provided by UNICEF,' adding 'UNICEF has also supplied medical equipment and drugs to help us carry out the health campaign in our region.'

In December 2005, children in Nigeria's northern states were immunized against measles during the first round of the campaign. The latest round could bring the total number of immunized children to 56 million, making this campaign one of the largest ever against measles in any country.

Source: Geoffrey Njoku (2006), 'Measles Immunization Campaign Targets 29 Million Nigerian Children' UNICEF (www.unicef.org/index.php)

GOAL 5 IMPROVE MATERNAL HEALTH

GOAL 5 IMPROVE MATERNAL HEALTH

Target 6: Reduce by three-quarters between 1990 and 2015 the maternal mortality ratio

Table 2.5.1. Status and Trends

Indicators	1990	2000[a]	2001[a]	2002[a]	2003	2004[b]	2005	2006[c]	2007[c]	Progress towards target
Maternal mortality ratio (per 100,000)		704	704	704	800	800	800	800	800	Worsening
Proportion of births attended to by skilled health personnel (%)	45	42	42	37.3	36.3	36.3	43.5	43.5	43.5	Improving slowly
Contraceptive prevalence rate					8.2	8.2	12	12	12	Improving slowly
Antenatal care coverage At least 1 visit At least 4 visits					 61 47	 61 47	 59 -	 59 -	 59 -	Worsening
Adolescent birth rate					25	25	-	-	-	Lack of data
Unmet need for family planning					17	17	-	-	-	Lack of data

Notes: a and b are 1999 and 2003 data, while c is for 2005.
Sources: 1) Federal Office of Statistics & United Nations Children Fund (2000). *Multiple Indicator Cluster Survey 1999*. Lagos: FOS and UNICEF.
2) National Bureau of Statistics, Multiple Indicator Cluster Survey 2007, NpopC/MICS
3) National Population Commission (2000): Nigeria Demographic and Health Survey 1999. Calverton, Maryland: National Population Commission and ORC Macro.
4) National Population Commission (2004): *Nigeria Demographic and Health Survey 2003*. Abuja: National Population Commission, Measures DHS+,ORC Macro and United States Agency for International Development (USAID)
Federal Ministry of Health (FMOH)(2006): *National HIV/AIDS and Reproductive Health Survey 2005*. Abuja: FMOH.

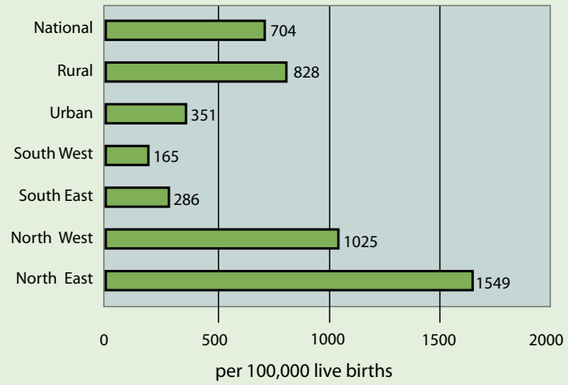
Assessment of Progress on MDG 5 Targets and Indicators, 2000- 2007

The 1999 *Multiple Indicator Cluster Survey* and the 2003 *Nigeria Demographic and Health Survey* are currently the only credible sources of information on maternal mortality rates (MMR) in Nigeria. The Multi Indicator Cluster Survey estimated a maternal mortality ratio (MMR) of 704 deaths per 100,000 live births for a period of six to 12 years preceding the survey. It found a significantly higher rural than urban MMR (828 versus 531), and considerable variation across regions, ranging from 165 in the South-west to 1549 in the North-east (see Figure 2.5.1). The leading biomedical causes of maternal mortality are the same as those found in many developing countries: haemorrhaging, sepsis, unsafe abortion, anaemia, malaria, toxemia and cephalo-pelvic disproportion.

Generally, poor attitudes towards antenatal care, postnatal care and low quality of health delivery are some the factors that have tended to increase maternal morbidity and mortality. Approximately two-thirds of all Nigerian women and three-quarters of rural Nigerian women deliver outside of health facilities and without medically skilled attendants present (NDHS, 1999, 2003). The level of pregnancy care has deteriorated in recent years: only 32.6 per cent of all women delivered in health facilities over the five-year period preceding the 2003 survey, compared to 37.3 per cent in the three-year period preceding the 1999 survey. A decline also occurred in the proportion of deliveries attended to by skilled health workers, from 41.6 per cent to 36.3 per cent (NDHS, 1999; 2003). The National HIV & AIDS and Reproductive Health Survey (NAHRS 2003) also reported that the proportion of deliveries attended to by skilled health workers in 2003 was 34 per cent. This, however, increased significantly to 43.5 per cent in 2005, according to the NAHRS 2005. An important policy issue is the existence of disparity across regions and residential locations. In 2007, for instance, only 31.8 per cent deliveries in rural areas were attended to by skilled personnel as opposed to 73.3 per cent in urban areas (NBS and UNICEF; MICS3, 2007). Regional results vary from 85.2 per cent from South-east and 80 per cent (South-west) to 18 per cent (North-east) and 11 per cent (North-west).

Other components of sexual and reproductive health have been identified to have direct impact on maternal mortality. Recognizing the significant risks of missing health-related MDGs by African countries, the Special Session of the African Union Conference of Ministers of Health in September 2006 articulated the Maputo Plan of Action . The Maputo Plan is built around nine action areas to operationalize the continental policy framework for sexual and reproductive health rights from 2007-2010. It is based on sexual and reproductive health in its fullest context, as defined by the 1994 ICPD/POA, taking into account the life cycle approach. Furthermore, the

Figure 2.5.1 1999 Maternal Mortality Rate



Sixty-First Session of the United Nations General Assembly (2 October 2006), recommended a new target for MDG 5: 'Achieve, by 2015, universal access to reproductive health'. The indicators and available data are shown in the last four rows of Table 2.5.1 . The data indicates that not much progress has been made.

Midway to the deadline for achieving the targets of the MDGs, the maternal mortality rate in Nigeria should come down to about 440 per 100,000 live births. However, due to lack of data, it is difficult to assess adequately the progress made on this target of reducing maternal mortality ratio by three-quarters between 1990 and 2015 . Data on attitudes to antenatal care, postnatal care and the quality of health delivery, however, indicate that progress on the target have been rather slow. Similarly, due to data constraint, it is difficult to assess progress on the proportion of births attended to by skilled health professional, which by 2007 should have risen to 50 per cent of all births.

Table 2.5.2 shows that instead of moving forwards to attain the goal of reducing maternal mortality by two thirds by

2015, the trends in the indicators show an absence of progress. The baseline estimate for the end of 2007 suggests an MMR of 872 per 100,000 live births. If this trend subsists, the MMR would be 1,064 per 100,000 live births at the end of 2015. This will mean a 504 per cent deviation from the target 176 MMR per 100,000 live births. This is simply unacceptable, and surely calls for urgent government attention. It should be emphasized, therefore, that if the target of reducing MMR to 176 per 100,000 live births is to be met by 2015, MMR will have to be reduced by 78 per 100,000 live births annually between now and 2015. This is the challenge for policy in the health sector.

Key Challenges

The poor state of health infrastructure in the country contributes directly to the observed poor maternal health results. A previous report noted this and further identified numerous problems, including low motivation for health professional workers, an annual budget preparation process the report calls a 'ritual', a culture of corruption and little consultation between federal and state health authorities and between the Federal Ministry of Health and other ministries (FMOH, 2004). Other challenges to be overcome in order to reduce maternal mortality and morbidity are:

- Teenage pregnancy
- Cultural and attitudinal factors
- Delay in seeking antenatal care
- Ignorance of Trained Birth Attendants
- Aversion to Caesarean Section
- Absence of basic essential Obstetrics care in most health institutions
- Non-commitment of state governors and local government Chairmen to providing skilled manpower at State Hospitals and PHC
- Inadequate funding
- Doctors' and health workers' refusal of rural posting
- Lack of data for planning

Table 2.5.2: Deviation of Actual Achievements on MDG 5 from Target

Year	Actual MMR	Target MMR	Deviation (%)
2000	704	704	
2004	800	638	-25.39
2005	824	572	-44.06
2006	848	506	-67.59
2007	872*	440	-98.18
2015 *	1064 *	176	-504.55

Note: * Baseline estimate

Policy Strategies

Over the past half decade, commitment to the health of others has increased dramatically inside the Federal Ministry of Health. The Ministry produced a National Reproductive Health Policy in 2001 and a National Reproductive Health Strategic Framework in 2002 with specific maternal mortality reduction aims. In 2001, government convened a national meeting on the subject and, with UNICEF's support, produced national guidelines for women's health services. A revision of the government's National Policy on Population for Sustainable Development in 2004 explicitly called for a reduction of the MMR to 75 by the year 2015. Also, the Ministry established a multi-sectoral National Commission on Safe Motherhood. for the first time, the Ministry secured a budget for reproductive health with specific funding for safe motherhood in 2004. By 2005, the Ministry launched a Birth Preparedness Plan.

The inclusion of maternal health in the Millennium Development Goals has contributed to prioritizing safe motherhood in Nigeria. Supported by the World Health Organization, the government adopted a roadmap in 2005 to attain the maternal and child health MDGs. In addition, the health sector reform invokes the MDGs to commit to maternal mortality reduction in Nigeria. Among the performance indicators for the national health sector reform loan is a decrease in the reported maternal mortality rate. International foundations, including the MacArthur and Packard Foundations, have supported NGOs and civil society leaders in maternal mortality reduction. Champions of this cause have also appeared in the National Assembly. The Chairperson of the House and the Senate Committees on Women's Affairs and Youth Development led efforts to generate bills on maternal mortality reduction and reproductive health. In August 2005, the House Chair led a hearing at the National Assembly on maternal mortality and reproductive health that included representatives from a number of Nigerian civil society organizations, international donor representatives, foundations and Federal Ministry of Health officials. The group secured support for a bill, now being drafted, from the President of the Senate and the Speaker of the House.

All stakeholders need to devise strategies to facilitate health care accessibility, affordability and free delivery for pregnant women in a clearly codified social contract designed for implementation

To achieve this goal, government should focus on how to increase access to basic health facilities by promoting coverage on primary health care and advocacy on orthodox health care facilities. This also includes improving the referral system.

Some of the identified strategies initiated

or needing to be strengthened to quicken the achievement of the goal, are to:

- Articulate and implement the National Maternal New Born Child Strategy
- Create demand for public health facility-based reproductive health services by providing:
  - Free delivery in all federal government health institutions
  - Free ANC in state government and private not-for-profit health facilities
  - Free essential Obstetric & Gynaecology care
  - Antenatal clinic service to give away ITNs
- Pay advocacy visits to state policy makers to ensure effective implementation of Safe Motherhood Programme
- Promote healthy reproductive behaviours by developing and distributing Reproductive Health/ Behaviour Change Communication RH/BCC Strategy Document to states. States are expected to adapt it based on their local peculiarities
- Build capacity and provide needed equipment. Life-saving skill centres have been established in more states of the federation and doctors, nurse and midwives have been trained to provide quality services, particularly essential Obstetric and Neo-natal Care.
- Display the Handbook on Pregnancy produced for use by pregnant women and the Birth Preparedness and Complication Readiness Charts to be displayed in health facilities
- Train NYSC doctors on Emergency Obstetric and Neo-natal Care (EmONC) and deploy them to rural PHC centres.
- Update the training of midwives on EmONC, and so on, and deploy them to rural health centres. There is need to also update courses on maternal and child health to reduce infant and maternal mortality.
- Use skilled human resources (NYSC doctors and midwives, and train community midwives)
- Develop an MOU with National Union of Road Transport Workers (NURTW) to facilitate speedy transportation of pregnant women when in labour as well as use them for advocacy to reach out to the communities
- Decentralize the due process procedures for MDG projects and programmes, preferably to be handled within the relevant MDAs
- Build Rural Internet Resource Centres and deploy the Mobile Internet Units to make health services available in various communities, thereby improving health care services.

Goal 5: Improve Maternal Health

Priority Actions for Development Assistance

Donors providing funds to the Nigerian health sector, including DFID, the UN agencies and the World Bank, have tied financing and programmes to the achievement of this goal. An increase in available donor resources has also enhanced the possibility of reducing maternal mortality. DFID is funding PATHS, a seven-year project whose aim is to strengthen Nigerian health systems at the state level, and which has a focal concern on safe motherhood. In addition, DFID launched a £100 million project over five years to support the efforts of UN agencies in Nigeria to achieve the health MDGs, including the maternal mortality reduction objective. In its most recent country strategic plan USAID has pledged more than US$10 million to Safe Motherhood Initiatives. The UN agencies – in particular the WHO, UNICEF and UNFPA – are supporting safe motherhood initiatives in Nigeria. The World Bank has approved several loans for governance and health sector reform that make money available to state governments specifically to achieve the MDGs and, in particular, maternal mortality reduction. There is a need to continue providing this support as well as focusing attention specifically on the following:

- Scaling up existing projects
- Invigorating support for the Safe Motherhood Programme
- Strengthening the National Vital Registration System

The need for a stronger alliance against harmful cultural practices and beliefs has never been as compelling as now.

Asmau, a Mother at 14...

Asmau is 14 years old. A year ago, she was attending a local primary school when her father arranged for her to marry Mallam Tanimu, his friend's son. She has just given birth to her first son at home, attended to by her mother and aunt. Her labour was hard and she almost lost her life from excessive bleeding. Her husband does not believe in birth attendants, and is suspicious of hospitals. Asmau recovered alone at home.

Of her experience she said, 'A year ago, I thought I would finish school and maybe train to be a nurse, and help the women in my village. My friend died last month giving birth to her second child. Both my father and husband say that school is not for girls. Although they are men, they too never went to school.'

Asmau typifies generations of women in her society who are denied opportunities to acquire skills and improve their lot in life. They remain economically unproductive, adding to the burgeoning ranks of Nigeria's unskilled population at a time the country is desperately in need of skilled workers to drive the economy in the face of stiff global challenges and the imperatives of a changing world.

GOAL 6 COMBAT HIV & AIDS, MALARIA AND OTHER DISEASES

GOAL 6 COMBAT HIV & AIDS, MALARIA AND OTHER DISEASES

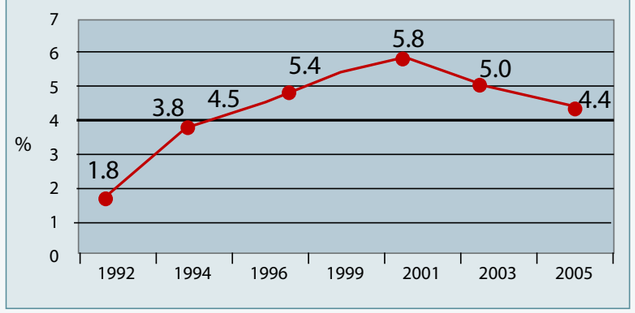
Target 7: Have halted by 2015 and begun to reverse the spread of HIV & AIDS

Table 2.6.1. Status and Trends

Indicators	1990	2000[a]	2001	2002[b]	2003	2004[c]	2005	2006[d]	2007[d]	2015	Progress towards Target
HIV prevalence among 15 to 24-year-old pregnant women (%)		5.4	5.8	5.8	5.0	5.0	4.3	4.3	4.3	To be halted	Improving but Slowly
Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission					18.3	18.3	25.9	25.9	25.9	100	Improving but slowly
Percentage of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner					43.9	43.9	63.8	63.8	63.8	100	Improving
Number of children orphaned by AIDS (millions)						1.8	1.97	1.97	1.97		Worsening

Note: a, b, c and d are 1999, 2001, 2003 and 2005 data respectively
Source: Monitoring and Evaluation Unit, NACA

Figure 2.6.1 National HIV Prevalence Trend 1992-2005



Assessment of Progress on MDG 6 Targets and Indicators, 2000- 2007

The HIV prevalence rate increased from 1.8 per cent to 5.8 per cent between 1991 and 2001 (see Figure 2.6.1). However, by 2003 the prevalence rate dropped to 5 per cent and later to 4.4 per cent in 2005.

HIV prevalence among pregnant women aged 15-49 years has declined over the last few years (5.8 per cent in 2001 to 5 per cent in 2003 and 4.4 per cent in 2005). A similar trend has been observed among young pregnant women aged 15-24 years: the rate dropped from 5.2 per cent in 2003 to 4.3 per cent in 2005. Since HIV prevalence in the younger age bracket is generally accepted to be indicative of the level of HIV incidence, this might suggest a modest decline in the number of new infections in the country.

The 2003 NDHS reveals that 18.3 per cent of young people aged 15-24 correctly identify the ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission, while the 2005 NARHS indicates an increase to 25.9 per cent. The 2003 NDHS reveals 43.9 per cent of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner, while the 2005 NARHS indicate an increase to 63.8 per cent. Available data on the number of children aged 0-14 who have lost one or both parents to AIDS puts the figure at about 1.9 million.

The data from 2003 NDHS and 2005 NARHS reveals a significant increase in young people aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. The data also reveals an increase in young people aged 15-24 reporting the use of condom during sexual intercourse with a non-regular partner. The data on HIV prevalence rate shows that from 2001 there has been a steady decline in the prevalence rate. Inadequate data from 2000 will not allow an analysis of expected situation as at 2007. However, judging by the increasing percentage of people who correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission, and the increasing percentage of people who make use of condom during sexual intercourse with a non-regular partner, it is anticipated that the MDG 6 stands a good chance of being achieved.

Key Challenges

Four major areas for improvement were identified by the Joint United Nations Programme on HIV & AIDS

Target 8: Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases

Table 2.6.2. Status and Trends

Indicators	1990	2000	2001	2002	2003	2004	2005	2006	2007		Progress towards target
Malaria prevalence rate (per 100,000) Death rates associated with malaria		2024 0.23	1859 0.19	2203 0.15	1727 0.19	1157 0.16	1157[a] 0.16	1157[a] 0.16	1157[a] 0.16		Slow
Proportion of population in malaria risk areas using effective malaria prevention and treatment measures		15.74	12.01	12.57	21.75	7.07	7.07	7.07	7.07		Slow
Tuberculosis prevalence rate (per 100,000) Death rates associated with tuberculosis		15.74 1.57	12.01 2.24	12.57 1.58	21.75 2.5	7.07 1.50	7.07 1.50	7.07 1.50	7.07 1.50		Slow

Source: Federal Ministry of Health

(UNAIDS) in Nigeria after assessing the application of the *Three Ones* in Nigeria. These are empowerment of national leadership and ownership, alignment and harmonization, reform for a more effective multilateral response and accountability and oversight.

Other challenges identified are:

- Making Anti-Retroviral Therapy (ARTs) accessible to all who require them
- Filling capacity gaps to implement and coordinate all sectors and levels. These hamper the absorption of the substantial financial resources made available by external partners and donors
- Improving on the supply of strategic information that would permit accurate interpretation of data. The current inadequacy is partly due to a lack of disaggregation of existing data on the factors and behaviours that drive the HIV epidemic. Several surveys are ongoing, the results of which would be available soon. This should improve data triangulation.
- Having no effective leadership in some states has resulted in weak policy implementation
- Filling funding gaps to achieve the targets
- Mobilizing capacity building and technical support for states to implement the operational plan
- Involving the civil society and the private sector groups more in the planning and budgeting of the State Action Plans

Assessment of Progress on MDG 6 Targets and Indicators, 2000-2007

Malaria

The data on reported cases of malaria shows a downward trend. Prevalence rate of malaria declined from 1,767.64 in 1999 to 1,157.85 in 2004, while the death rate fell from 0.21 in 1999 to 0.16 in 2004 (NBS, FMOH, 2006).

HIV and Tuberculosis

The increase in HIV prevalence has been interfacing with the parallel resurgence of pulmonary tuberculosis. Susceptibility to TB increases due to the weakened immunity of PLHA. Tuberculosis has re-emerged as a global health problem, including the need to improve funding and strategies to reach the poor who are more likely to contract the disease. Reported cases of tuberculosis are falling. Prevalence rate of tuberculosis declined from 16.92 in 1999 to 7.07 in 2004, while the death rate dropped from 0.21 in 1999 to 0.16 in 2004 (NBS, FMOH, 2006).

The trend indicates that the likelihood of meeting the MDG target of halting by 2015 and reversing the incidence of malaria and other major diseases is beginning to show some promise given the present epidemiological situation and increased resources.

Key Challenges

Since the launch of Roll Back Malaria initiative in Nigeria, several control activities under the major strategic interventions are being implemented. The main challenges faced are that:

- Bed nets are not widely accepted and used
- Focus of Roll-Back Malaria (RBM) programme has excluded vector control and environmental health
- Anti-malaria drug resistance needs closer attention
- Too much effort is made to procure drugs and ITNs, without implementing other vital activities, such as training and behavioural and communication change, which will directly affect the attitude and knowledge of the people and reduce the disease burden of malaria.

Policy Strategies

All stakeholders have endorsed the Three Ones as top priority in strengthening HIV response in Nigeria. The hope for the *Three Ones* was that it would allow for strong leadership and coordination. It is also one of the key guiding principles of the National Strategic Framework. The National Action Committee on AIDS (now known as the National Council for the Control of AIDS, NACA) developed a five-year (2005-2009) National Strategic Framework for Action which is guiding the national response to HIV & AIDS. The Federal Ministry of Labour and Productivity, in collaboration with NACA, development partners, NGOs and PLHA, has developed a National Policy on HIV & AIDS in the workplace, which was launched in March 2005. The Policy aims at guiding HIV & AIDS prevention, the response to its spread, and management of its impact in the work place.

Strategies to fast track achievement of the goal include:

- Increasing the number of ART sites
- Providing free VCT services
- Making facilities and services available at both secondary and tertiary levels in the first instance
- Developing one universal advocacy message which gives hope
- Expanding Behaviour Change Communication programmes
- Expanding prevention efforts within the framework of the National Prevention Plan
- Improving access to HIV Counselling and Testing (HCT) services (HCT services provided by the government are already free)
- Further decentralizing services to primary health care level. This will

In our search for vaccines and permanent cure for these diseases, we must not undermine the potentials of alternative medicine.

HIV & AIDs, TB and Malaria are still the greatest killers of our people. We must be united in our fight against them.

hang on strengthening the currently weak primary health care system
- Getting Ministries of Health to ensure that states and local governments allocate enough funds for HIV & AIDS
- Increasing advocacy to State Governors to drive SACA
- Developing plans to scale-up advocacy at local government level and build necessary capacity
- Expanding treatment of opportunistic infections
- Scaling up NACA - ALGON programme in the target states

Priority Actions for Development Assistance

Development assistance should join the national effort in focusing on:

- Expanding Behaviour Change Communication programmes
- Providing capacity building and technical support for implementation of the operational plan

- Providing care and support for those already living with full blown AIDS
- Providing adequate resources and ensuring improvement in the availability of drugs
- Providing social security for AIDS orphans and children with AIDS
- Supporting surveillance systems on HIV & AIDS
- Supporting research on HIV & AIDS

The policy on the control of malaria focuses on the management of cases, prevention of malaria with insecticide-treated nets (ITNs), and use of intermittent preventive treatment (IPT) during pregnancy. Health promotion monitoring and evaluation are cross-cutting activities.

The strategy for implementing the national malarial treatment policy is that of Roll Back Malaria (RBM). This seeks to establish a social movement in which the local communities, the public and private sectors, all tiers of government and non-governmental development agencies come together in a partnership and network to implement malaria control interventions. RBM is a global initiative that has set specific deadlines for the attainment of explicitly defined milestones. One of these is the reduction of malaria burden everywhere by 50 per cent by the year 2010. The strategic plan provides a monitoring and evaluation framework, ensuring that Nigeria deploys an evidence-based and cost-effective package of interventions that are appropriately evaluated and documented. Finally, the strategic plan includes a 'business plan' component to enable efficient collaboration among all the partners in the public, private and commercial sectors as well as the civil society.

Strategies recommended to help improve the situation include:

- Scaling up of ITN usage
  - 12 million nets per annum: 70 per cent shortage in manufacturing capacity. As a result, there should be a one-time tax break to import 4 million ITNs
- Providing early treatment for infected children and pregnant women
  - 8 million doses needed to achieve 60 per cent of IPT
  - 40 million doses needed to achieve targets of anti-malaria drugs for children
- Using vector control programme in specific geographic areas
- Building capacity through training and re-training of personnel (all staff to be trained and integrated from the monovalence to polyvalence)
- Putting more efforts into programme implementation to increase vector control strategies and behavioural communication change
- Intensifying advocacy strategy
- Emphasizing training at all levels
- allocating budget for distribution to ensure that procured commodities are properly distributed from the federal to state and local government levels and eventually to the end users in the communities
- Expanding DOTs Centres in the pilot states

Priority Actions for Development Assistance

The areas where development assistance can help to realize the Millennium Development Goals include the following:

- Capacity building and reorientation of relevant groups on the new treatment policies

- Massive BCC covering the malaria control interventions
- Promotion of free ITNs or at least highly subsidized ITNs to vulnerable groups with a follow up BCC strategy carried out to support appropriate usage and retreatment of ITNs

- Scaling up of IPT using free health facility-delivered Sulphadoxine – Pyrimethamine to ensure that up to at least 6 million pregnant women in Nigeria have access to the intervention as a way of reducing maternal morbidity, mortality and, indeed, infant mortality
- Introduction and scaling up of integrated vector management targeting different ecological settings with appropriate strategic components

GOAL 7 ENSURE ENVIRONMENTAL SUSTAINABILITY

GOAL 7 ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 9: Integrate the Principles of Sustainable Development into Country Policies and Programmes and Reverse the Loss of Environmental Resources

Table 2.7.1 Status and Trends

Indicators	1990	2000	2001	2002	2003	2004	2005	2006	2007	2015	Progress
Proportion of land area covered by forests (%) Forest Reserve (%) Outside Forest Reserve (%)	10.0	14.6 10.0 4.6	14.0 10.0 4.0	13.0 10.0 3.0	13.0 10.0 3.0	12.6 10.0 2.6	12.6 10.0 2.6	12.6 10.0 2.6	12.6 10.0 2.6	20 15 5.0	Slow
Proportion of gas flared (%)	68	53.0	50.0	48.0	43.0	43.0	40.0	34.0	34.0	0	Improving
Proportion of total population with access to safe drinking water (%)	54	54.0	62.11	64.21	66.25	57.00	60.00	50.90	49.1	80	Worsening
Proportion of population with access to basic sanitation (%)	39	42.9	42.9	39.4	49.8	38.0	33.0	33.0	42.9	100	Static
Proportion of people with access to secure tenure (%)	-	-		-	-	31.0	-	43.6	-	100	Improving
Carbon dioxide emissions (per capita) (tons)	-	4799.9	4603.6	4157.3	3776.2	3151.4	2500.4	2500.4	2500.4		Improving
Residential housing construction index (HCI) (Proxy)	-	53.0	63.0	66.0	50.4	-	-	-	-		Worsening

Sources:
(1) National Bureau of Statistics, 2007
(2) Federal Ministry of Environment, Housing and Urban Development, 2007.
(3) Nigerian Institute of Social and Economic Research (NISER), 2006.

Assessment of Progress and Challenges

The state of the environment is very critical to the nation's economic and social development. Environmental sustainability reinforces the attainment of the rest of the goals. It is in this wise that developing and sustaining the environment should be of interest to all. To achieve the relevant MDG targets, various policies and programmes have been carried out. This section examines the extent of progress achieved so far.

Concerning the land area covered by forests, the figure fell from 14.6 per cent in 2000 to 12.6 per cent in 2007. As

indicated in Table 2.7.1, the proportion of land area covered by forest was higher than the expected target by 0.6 per cent in year 2000. However, it began to fall from 2001till 2007 when the deviation from expected target was -4.2. In spite of the various afforestation interventions such as Forest Development Plantations, Drought and Desertification and Erosion and Flood Control measures, the forested land areas kept declining. The current deforestation rate, determined with the use of Nig. Sat-1, is 1.3 per cent which translates to about 160,000 hectares per year. This is an improvement on the 3.5 per cent, which was about 400,000 hectares before 2006. The improvement was due to intensified efforts to increase the magnitude of forest reserves.

However, in spite of the intensified efforts through serious commitment to various afforestation programmes, pressure on forest resources has not abated. The high price of kerosene has made the fuel less unaffordable to most people, thereby putting pressure on the country's wood resources, being the

Table 2.7.2: Deviations of Actual Achievement of MDG Goal 7 from Targets

Indicators	2000	2001	2002	2003	2004	2005	2006	2007	2015
Proportion of land area covered by forests:									
Actual (%)	14.6	14.0	13.0	13.0	12.6	12.6	12.6	12.6	
Target (%)	14	14.4	14.8	15.2	15.6	16	16.4	16.8	20* 10.31**
Deviation (%)	0.6	-0.4	-1.8	-2.2	-3.0	-3.4	-3.8	-4.2	
Proportion of gas flared:									
Actual (%)	53	50	48	43	43.0	40	34	34	12.29*
Target (%)	47.4	44.24	41.08	37.92	34.76	31.6	28.44	25.28	0
Deviation (%)	5.6	5.76	6.92	5.08	8.24	8.4	5.56	8.72	
Proportion of total population with access to safe drinking water (%):									
Actual (%)	54	62.11	64.21	66.25	57	60	50.9	49.1	43.5*
Target (%)	64.4	65.44	66.48	67.5	68.56	69.6	70.64	71.68	80
Deviation (%)	-10.4	-3.33	-2.27	-1.25	-11.56	-9.6	-19.74	-22.58	
Proportion of population with access to basic sanitation (%):									
Actual (%)	42.9	42.9	39.4	49.8	38	33	33	42.9	42.9*
Target (%)	63.4	65.84	68.28	70.72	73.16	75.6	78.04	80.48	100
Deviation (%)	-20.5	-22.94	-28.88	-20.92	-35.16	-42.6	-45.04	-37.58	
Proportion of people with access to secure tenure (%):									
Actual (%)	-	-	-	-	31.0	-	43.6	-	81.4
Target (%)	-	-	-	-	76.15	-	80.49	-	100
Deviation (%)	-	-	-	-	-45.15	-	-36.89	-	

**** Possible level of achievement by the year 2015 if current trend continues.***

Figure 2.7.1. Proportion of Land Area Covered by Forest (1990-2015)

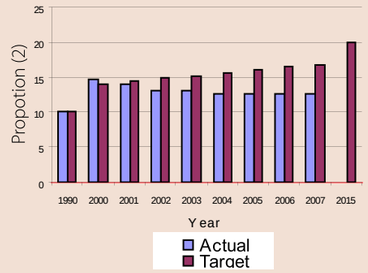


Figure 2.7.2. Proportion of Gas Flared

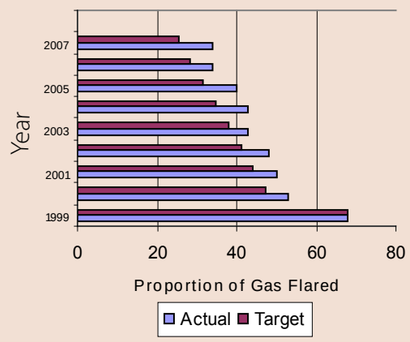


Figure 2.7.3. Proportion of Total Population with Access to Safe Drinking Water

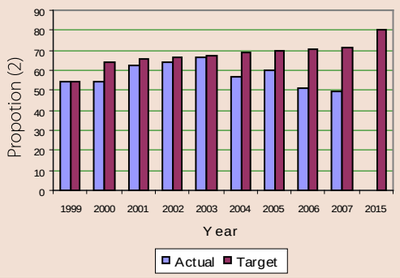
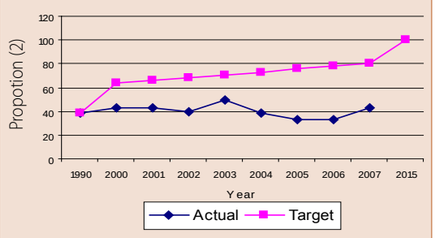


Figure 2.7.4. Proportion of Total Population with Access to Basic Sanitation

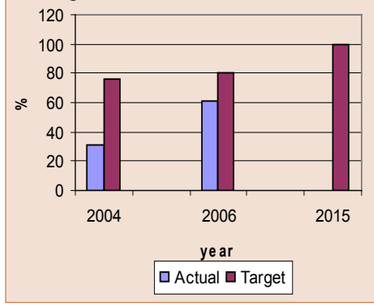


alternative source of energy available to the poor.. The increased dependence on firewood has tended to aggravate forest depletion. Similarly, uncontrolled animal grazing and forest fires constitute additional pressures on forest resources. All these contribute to the limited impact of strategies such as Timber and Non-Timber Forest Products Development and Sustainable Management of Forest Estates. Increasing rate of building construction is another source of pressure on forest resources.

The rate of afforestation is too low to compensate for the level of depletion. Figure 2.7.1 illustrates actual achievement and the target from 1990 to 2007. The proportion of land covered by forests has been reducing by -0.28 per cent on average. The baseline estimate, using this forest depletion rate for 2015, is that the proportion of land covered by forests will be 10.31 per cent. If the MDG target is to be achieved, the proportion of land area covered by forest should be increasing annually by at least 1 per cent between 2007 and 2015.

Gas flaring has always been a serious problem constituting environmental menace in the oil producing areas. Government is still making efforts to halt it. The extent of progress is such that the proportion of gas flared fell from 53.0 per cent in 2000 to 34 per cent in

Figure 2.7.5. Access to Secure Tenure

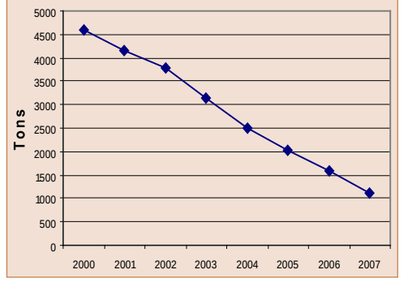


2007. As indicated in Table 2.7.2, the actual rates of achievement between 2000 and 2007 have been greater than the target expected to be met for each of the years. For instance, year 2000 recorded a positive deviation of 5.6 per cent. This increased to 8.72 per cent in 2007. Figure 2.7.2 illustrates the rates of actual achievement and deviation from 1999 to 2007.

On average, the proportion of gas flared dropped at an average of 2.71 per cent between 2000 and 2007. At this rate, the proportion of gas flared will be 12.29 per cent in 2015. Thus, if the target of zero gas flaring is to be achieved, the proportion should be falling annually by 4.25 per cent. With the sustained government effort and serious commitment to checkmate restiveness in the Niger Delta and the coming on stream of the various policies in gas regulation, the gas flare down target is realizable.

The issue of safe drinking water is very critical both in the urban and rural areas. The extent of progress reveals that the proportion of people with access to safe drinking water, which was 54 per cent in 2000, fell to 49.1 per cent in 2007. As indicated in Table 2.7.2, deviation from target worsened from 2000 to 2007. The figure, which was -10.4 in 2000 fell further to -22.58 in 2007. Figure 2.7.3 also illustrates the increasing gap between

Figure 2.7.6. Carbon Dioxide Emissions Per Capita

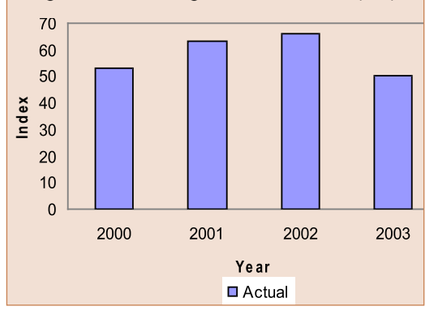


actual achievement and expected targets from 1999 to 2007. Between 2000 and 2007, the proportion of people with access to safe drinking water has been falling annually by -0.7 per cent. At this rate, the proportion of people with access to safe drinking water by 2015 will be 43.5 per cent. Thus, the chances of meeting the MDG target are slim. To meet target, the proportion of people with access to safe drinking water should grow by at least 3.9 per cent per annum. The observed worsening trend is not unconnected with the rising population and the attendant pressure on water resources. Failure and inadequacy of most water provision programmes is also another cause.

Rapid urbanization without a corresponding expansion in provision of services and utilities is another reason. The peripheral areas of most urban centres are without functional water and sanitation facilities. Though the federal government has funded and implemented various water programmes, as reflected in construction of dams in various urban centres, much cannot be achieved unless it extends new water connection to the developing fringes of cities and rural areas and extensively rehabilitates existing water pipes.

The population with access to basic sanitation dropped between 2000 and

Figure 2.7.7. Housing Construction Index (HCI)



50 years after oil was found in Nigeria, 2008 is the golden year to end gas flaring and use our previous waste to fire electricity and our corporate development.

2006 but maintained the same 2000 level of 42.9per cent in 2007.

Table 2.7.2 reveals that deviation of actual achievement from target, which was -20.5 per cent in 2000, further fell to -37.58 per cent in 2007. The situation from 1990 to 2007 is illustrated in Figure 2.7.4. The average rate of increase in the proportion of people with access to basic sanitation between 2000 and 2007 has been nil. At this current zero rate of increase, the baseline scenario is that access to basic sanitation would be 42.9 per cent in 2015, implying that the MDG target runs a huge risk of not being achieved. To correct the situation, there should be an annual increase of at least 7.1 per cent in the proportion of people with access to basic sanitation between 2007 and 2015.

Housing is a basic necessity. The Residential Housing Construction Index (HCI) is a proxy indicator for monitoring the developments in the housing sector. Measuring the indicator, however, suffers from insufficient data. The Index fell from 53 in 2000 to 31 in 2004. The trend from 2000 to 2003 is shown in Figure 2.7.7. The factors responsible for this poor progress are the same as those for access to secure tenure discussed below.

The proportion of people with access to secure tenure increased from 31.0 per cent in 2004 to 43.6 per cent in 2006. As indicated in Table 2.7.2, a deviation of -45.15 per cent recorded in 2004 improved marginally in 2007 to -36.89 per cent. Figure 2.7.5 illustrates the situation between 1990 and 2007. Between 2000 and 2007, the proportion of people with access to secure tenure increased annually by about 4.2 per cent. If this trend is maintained, by the year 2015, the proportion of people with access to secure tenure will be 81.4 per cent. To achieve the MDG, target to achieve, there should be an annual increase of at least 6.3 per cent in the proportion of people with access to secure tenure between now and 2015.

The slow pace of achievement is attributable to inadequate housing stock, a gap of about 12 million housing units. The situation in the housing sector is not favourable because of increasing cost of land acquisition and building materials as well as inconsistency in policy formulation and implementation. For instance, the federal government placed a ban on cement importation a few years ago with the aim of encouraging private sector participation only to lift the ban recently. Again, the 1991 Housing Policy was put aside and another one introduced in 2001. The 2001 policy has been revised again and the revised version is yet to be approved. Another serious factor has to do with increasing the rate of slum creation and expansion. The high cost of building materials, poor access to land and poor housing finance have restricted people's access to decent accommodation, thus enhancing the growth of slums. As observed by the UN-Habitat, over 70 million Nigerians are living in urban areas and about 70 per cent of this population lives in slums.

The target to be achieved on carbon dioxide emissions per capita is not specific. However, it is desirable to achieve considerable reduction because of the impact of the high rate of carbon dioxide emissions on the environment. Carbon dioxide emissions per capita dropped from 4799.9 tons in 2000 to 2500.4 tons in 2005, an increase of 47.9 per cent over a period of five years. The trend from 1990 to 2007 is indicated in Figure 2.7.6. Though some progress is being made, it is necessary to hasten up the process of reducing carbon dioxide emissions. The high rate of carbon dioxide emission worsens the problem of global warming and climate change which has attracted global attention due to the threat they pose to economic development and human survival.

The drive to achieve relevant targets for a sustainable environment faces lots of challenges some of which are as follows:

- High incidence of poverty, which contributes to unsustainable use of resources, especially in the use of firewood for cooking and poor farming practices due to inability to afford and apply modern techniques of farming and processing
- Rising incidence of pipeline vandalism and the attendant pollution
- Ineffective management of solid and liquid wastes, as well as unwillingness of the public sector to participate in the public-private sector initiatives in waste management
- Slow rate of adoption of efficient and environment-friendly technologies in waste management, power generation, and air pollution control in industries
- Aging of oil &gas facilities and the improvement of Operational and Maintenance Strategies
- Inadequate funding, resulting in weak institutional capacity. Interventions in the sector are capital intensive.

The challenges militating against access to safe drinking water are as follows:

- Poor water supply infrastructure
- Poor technical capacity of communities to maintain water supply facilities (boreholes with hand pumps and so on)
- Lack of appropriate regulatory framework on potable water supply

On efforts to ensure secure tenure and housing, the following challenges are evident:

- Poor housing financing and delivery systems, which have persistently excluded the poor from access to affordable housing
- High cost of land, which compounds access of the poor to land
- Prohibitive costs of building materials, which makes housing construction and improvement difficult for many poor people
- Poor housing maintenance culture and the need for housing maintenance support
- Inadequate private sector participation in large-scale housing projects targeting the poor.

Policy Strategies

Some efforts had been made and are still being made in an attempt to achieve relevant targets of MDG 7. These concern production of the National Energy Policy and Master plan, introduction of a fairly comprehensive forestry development programme, enforcement of the 2008 deadline for oil companies to end gas flaring, establishment of relevant institutions and introduction of several guidelines, policies (with accompanying action plans) and programmes. Other aspects involve introduction of water reforms and implementation of water supply projects in selected communities in Adamawa, Anambra, Cross River, Ekiti, Imo, Katsina, Kogi, Kwara, Ondo and Zamfara States since 2000. It also includes the preparation of the Housing and Urban Development Policy of 2003, and implementation of urban renewal and slum upgrading projects in selected cities in the selected states under the MDG

We need a renewed public private partnership over land use, over afforestation, over the environment. Access to potable water and basic sanitation is a prerequisite for sustainable human development. An integrated strategy with roots in Health and Education is essential for achieving the MDGs in 2015.

and Grant-in-Aid to local governments in Anambra, Borno Cross Rivers, Imo, Katsina, Kogi, Kwara, Ondo, Ogun, and Zamfara States. There is no doubt that the above policies and strategies are laudable; however, there is need to do more if the relevant MDG targets are to be achieved. In this regard, the following suggestions are imperative:

- Government should take decisive action on zero tolerance to gas flaring. Shifting of goal posts on deadlines would paint government in bad light. This is vital to making progress on this goal
- In the areas affected by deforestation, a certain proportion of the annual budget should be set aside for afforestation and forest development and management. A critical component of this is tree planting and greening of the country's urban centres
- Furniture making companies should be made to embark on afforestation programme as part of their social responsibility
- Domestic use of gas should be encouraged through the development of appropriate infrastructure that will increase access to domestic gas and encourage the manufacture of cheap gas utensils

The following recommendations are pertinent to water provision:

- Water provision and supply should be made a local government affair. Each local government should be empowered to provide mini-water schemes in their areas of jurisdiction while two or three local governments could also collaborate to provide large water schemes
- Multinational corporations should also be made to embark on the development of mini-water schemes in their localities for the benefit of the residents

With respect to secure tenure and housing improvement, the following should be considered

- There is increasing participation of the private sector in housing construction, but the poor are not targeted. Private sector real estate developers should be made to set aside a certain proportion of their annual production for the poor. If this must be, the government must provide the necessary concessions in the area of land provision, servicing, title registration and access to fund
- Critical efforts should be made to manufacture durable and affordable local building materials. In this regard, the Nigerian Building and Road Research Institute (NBRRI) should be adequately funded and local manufacturers should be encouraged
- Government has to restructure the housing finance framework to make the poor active participants with adequate access to funding. It is important to develop an effective mortgage finance system in order to provide access to housing finance
- The criteria for selecting communities for urban renewal and slum upgrading projects under the MDGs and Grants-in-aid programme in the Federal Ministry of Environment, Housing and Urban Development should be objective. The need to emphasize master plans for all urban centres and elicit state and local government commitment to this is imperative.

Priority Actions for Development Assistance

The capacity to monitor effectively and efficiently the state of the environment in the country is still very weak. Development partners could assist by providing technical guidelines, capacity building and logistics support in this regard. Increased access to the Global Environment Facility (GEF), for instance, would assist in implementing Nigeria's Agenda 21, which imposes on the country the need to protect the environment as well as create sustainable human settlements. Indeed, development partners' assistance would be invaluable in managing the environmental challenges of the country, particularly in actualizing the Environmental Action Plans that have been developed to tackle floods, soil erosion, desertification and forest regeneration.

On slum upgrading and the drive towards increased secure tenure, the World Bank, through its Infrastructure Development Fund (IDF), can provide more development assistance. In addition, development partners can assist in developing technical capacity in the implementation of the National Housing Policy. Greater assistance would be required from development partners such as WaterAids, UNICEF and UNDP, among others, to implement various water and sanitation programmes to increase access to potable water and enhance control of water-borne diseases.

Box 2.7.1: Housing Shortage

Low-income earners and the burden of home ownership in Nigeria
By Kola Akomolede

The problem of housing in Nigeria today has reached an alarming stage. The problem seems intractable as evidenced by the slums and squatter settlements, in our urban centres. The problem has been aggravated by the uncontrollable growth of the urban population at the expense of the rural communities.

This is a result of the pull and push factors created by the concentration of amenities and job opportunities in the urban centres only, which attract the rural population to the cities in search of job and better living conditions which often times are non-existent in the cities.

The category of people most badly hit by this problem is undoubtedly the 'low income group,' referring, for the purpose of this discussion, to anybody, whose gross income is less than N300, 000 per annum or N25, 000 per month.

No doubt, the vast majority of Nigerians fall into this category the clerks, office attendants, drivers, artisans, among others. In most cases, because persons in this category are always battling with survival, owning a house is hardly considered a paramount issue in the face of how to eat, cover the body and transport themselves to their places of work. And where they are able to meet these needs, whatever is left will not build or buy them a house.

Source: The Guardian Newspaper, 2006 (www.guardiannews.ng.com)

City Life without Water...

In many Nigerian townships, access to potable water is severely limited to the affluent homes and neighbourhoods. Many Households either sink wells or travel some distance to get water. It has become futile for most town dwellers to wait for pipe-borne water. The search for water during the dry season is particularly frantic. By that time, most wells are dry because they are shallow. for households to have water to use, youngsters have to go in search parties to any source of water they could find. The cleanliness of the water is of a very secondary concern. What is paramount is to bring home as many jerry cans of water as possible. It doesn't matter either that most homes lack the patience to and means of purifying the water before use.

GOAL 8 DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

GOAL 8 DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Table 2.8.1 Status and Trends

Indicators	1990	2000	2001	2002	2003	2004	2005	2006	2007	Assessment
External debt service as % of exports of goods and services		9.00	12.70	8.50	7.90	5.10	1.20	1.50	1.20	Good
Private sector investment (US$ million)	50	75.70	971	848	1674	1070	2312	8100	11500	Good
Tele-density (per 100 people)	0.45		0.73	1.89	3.35	8.50	15.72	24.29	27.41	Good
Personal computers (per 1000 people)		6.38	6.65	6.93	6.83	6.74				Slow
Internet access (%)	0.1	0.10	0.10	0.30	1.30	1.50	1.90	1.90	1.90	Slow
Per capita Official Development Assistance to Nigeria (US$)	3.0	1.47	1.39	2.38	2.44	4.49	48.94	81.67	-	Good

Sources:
(i) CBN (2006): *Annual Report and Statement of Accounts*, (ii) CBN (2007): *Economic Report for the First Half of 2007*
(iii) National Information Technology Development Agency (NITDA), Abuja, (iv) Nigerian Communications Commission (NCC), Abuja
(v) World Bank (2006), *World Development Indicators*

Assessment of Progress of MDG 8 Targets and Indicators, 2000-2007

A critical component of the MDGs is the acknowledgement that governments and international development organizations must share collective responsibility for the achievement of these goals. Development cooperation across the wide range of priority areas addressed by the MDGs and their various targets requires an integrated, coordinated, comprehensive and balanced approach that is worthy of a truly global partnership for development.

Nigeria is an active participant in a number of regional and international initiatives such as the African Union (AU), New Partnership for Africa's Development (NEPAD), World Trade Organization (WTO), the Economic Community of West African States (ECOWAS) and the African Caribbean Pacific - European Union Economic Partnership Agreement (ACP-EU EPA).

The link between debt-relief-induced resource availability for the improvement of economic and social infrastructure, such as access to health, education and water on the one hand, and the attainment of the Millennium Development Goals (MDGs) in 2015 on the other, is a natural one. Nigeria had been over-burdened by its huge external debt for years. Figure 2.8.1 shows that the country's external debt ratio was still as high as 64 per cent of GDP in 2000 when the MDG activities began. Debt service was also high at 12.7 per cent of export of goods and services in 2001 (see Figure 2.8.2). Although external debt ratio dropped to 41.9 per cent in 2004, it was still on a high side and was seen as a significant constraint to the achievement

of the MDGs. Consequently, the country campaigned for debt relief.

Nigeria's case for debt relief became more vigorous and strengthened with the adoption of the National Economic Empowerment and Development Strategy (NEEDS) in 2004.

Since its inception, NEEDS implementation has been monitored quarterly by the International Monetary Fund (IMF) on the invitation of the Nigerian government in order to give the international community an objective assessment through a Policy Support Instrument (PSI) programme. Progress recorded under NEEDS in anti-corruption, due process, transparency, and prudence in overall government fiscal activities were very instrumental to the reversal of the country's image problems abroad. Under NEEDS, reforms were implemented to mobilize additional domestic resources and improve the efficiency of public spending to achieve the MDGs.

Nigeria's quest for debt relief received further boost following a World Bank report in 2004 that assessed the financing needs of Nigeria and the options for achieving the MDGs. Three major challenges identified to be confronting the country in its quest to achieve the MDGs are: (1) how to use oil and gas resources better; (2) how to rejuvenate the non-oil economy and ensure its sustained growth; and (3) how to finance the MDGs while lowering sovereign indebtedness. The report also noted that even if Nigeria were to have an outstanding future economic performance and sustained good luck in the form of high oil prices, it was going to be virtually impossible for the country to meet the MDGs and simultaneously lower its indebtedness to manageable levels. It specifically stated that Nigeria would need an estimated

Figure 2.8.1. Nigeria's External Debt Ratio

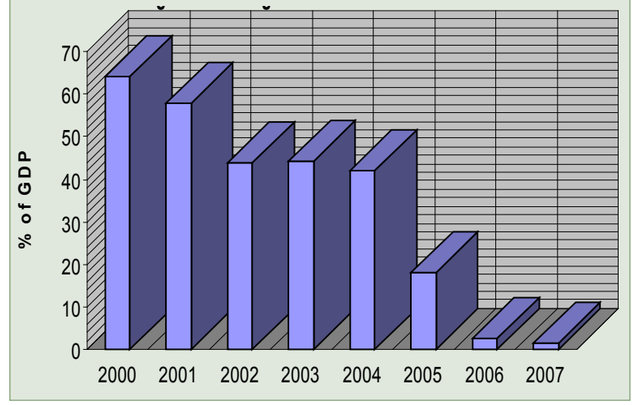


Figure 2.8.2. Nigeria's External Debt Service Ratio

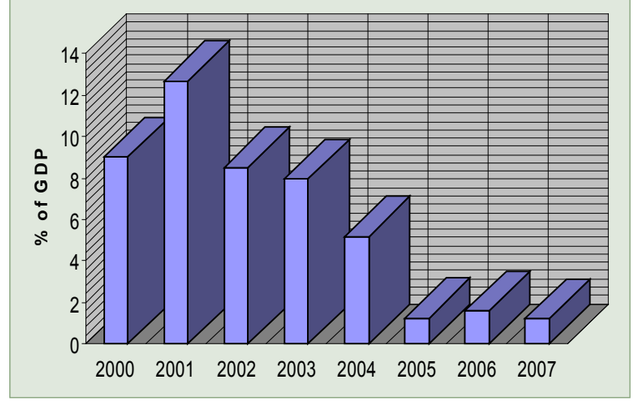


Figure 2.8.3. Foreign Investment in Telecommunications

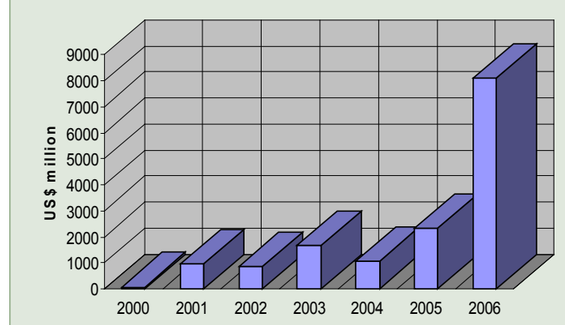


Figure 8.5: Internet Users

Figure 2.8.4. Total Connected Lines Tele-density

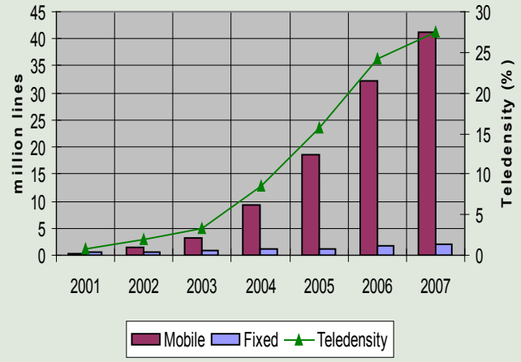
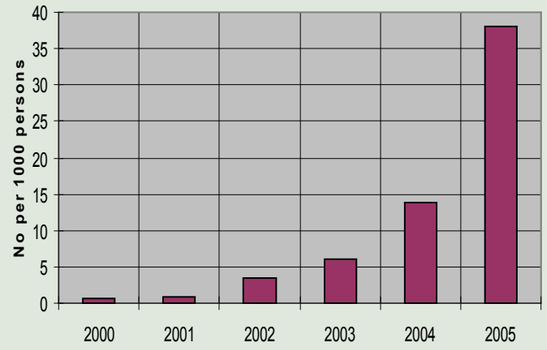


Figure 2.8.5. Internet Users



US$3bn in annual debt relief and new aid for it to meet the MDGs. However, the possibility of an oil shock quickly triggering a debt and macroeconomic crisis that could destroy the gains of current reforms was also identified.

Nigeria obtained debt relief in 2005, when the Paris Club wrote off US$18 billion of its debt provided it paid off the balance of approximately US$12.4 billion to exit from the Paris Club. Nigeria paid and followed up by redeeming of its indebtedness to the London Club, settling par bonds worth US$1.486 billion and promissory notes worth US$476 million. In addition, Nigeria arranged a repurchase agreement via tender offer in respect of its oil warrants. This resulted in the retirement of about 21 per cent of the oil warrants of US$220 per unit. . The Debt Management Office is now considering an optimal strategy for retiring the outstanding oil warrants of approximately 1.4 million units.

Since obtaining debt relief, the external debt ratio of the country has dropped from a double digit of 41.9 per cent of GDP in 2005 to 2.5 per cent and 1.6 per cent of GDP in 2006 and 2007 (Figure 2.8.1). This drop from 64 per cent in 2000 to 1.6 per cent in 2007 (over 60 percentage points decline) has made Nigeria's external debt sustainable (Figure 2.8.1).

One of the key benefits of the debt relief that Nigeria obtained is the elimination of unsustainable annual debt service payments to external creditors. The Presidency has set up a new office, the MDGs Office, to ensure that the additional US$1 billion savings from the debt relief is channelled towards providing primary education, primary health care, rural infrastructure, electrification, water supply and other key poverty reducing sectors.

Furthermore, Nigeria's exit from the London and Paris Club debts resulted in positive . These include shielding the country's debt portfolio from foreign exchange risk, improving the economic balance sheet and the investment climate, resulting in Nigeria's first ever international rating of (BB–) by both Fitch and Standard & Poor; and restoring Nigeria's reputation, independence and leadership.

Global partnership for development hinges significantly on information flows.

Communication is one sector driving development in the Nigerian economy. Its significant component, information and communication technology (ICT), is the most important force driving globalization. Although its diffusion is becoming global, the concentration in the industrialized countries is disproportionately high in comparison with the developing countries.

In 2007, Telecom policy reforms helped to position the country as the fastest growing mobile market in Africa and one of the fastest in the world. The reforms brought about the deregulation of thetelecommunications sector and the consequent introduction of the Global System of Mobile Communication (GSM) in 2001. This deregulation opened up the sector to improved foreign investment inflow, which soared from US$2.1 billion in 2002 to US$4 billion in 2004 and to US$11.5 billion in 2007 (see Figure 2.8.3).

Inflow of foreign private investment in telecommunications has resulted in significant expansion of facilities and activities in the sector. Figure 2.8.4 shows remarkable improvement in the number of GSM lines in the country. The lines, which were only 0.27 million at the commencement of the GSM roll-out, more than doubled in 2002 to 1.57 million lines. The GSM lines further doubled in 2003 and tripled in 2004. as the figures for 2006 doubled that of 2005. The indications are that the sector is consistently witnessing expansion in terms of the number of lines in operation with the GSM lines expanding faster than the fixed telephone lines. As at the end of 2007, all the 36 states and the Federal Capital Territory have been covered by GSM based mobile operators and other wireless operators. Access to telecom services in the country has been greatly

Figure 2.8.6. Internet Access

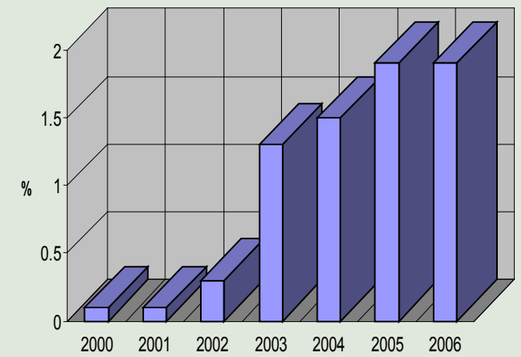
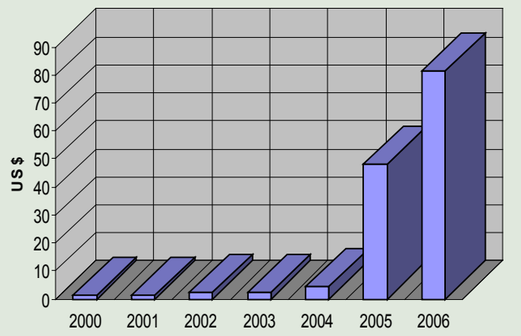


Figure 2.8.7. ODA Per Capita



enhanced by the services provided by the 'umbrella kiosk' operators and tele-centres with cheap set-up costs.

The result is that tele-density has expanded from 0.73 lines per 100 people in 2001 to 15.72 in 2005 and 29.98 in 2007 (see Figure 2.8.4). Nigeria's tele-density is far above the International Telecommunications Union (ITU) minimum standard of 1:100. It exceeds that of Ghana (8 per cent) and India (26.6 per cent) but is substantially lower than that of Venezuela (109), Brazil (149) and South Korea (438). Apart from bringing about wider coverage,

In a global business environment, we need open access to the internet and all other social and economic infrastructure for instant communication.

the involvement of the private sector has created direct jobs for over 12,000 people employed by the GSM operators alone while about 3 million indirect employment opportunities have been created through the operation of franchise and retail outlets for access, SIM and recharge cards as well as sales of handsets. These have resulted in a higher contribution to the country's GDP. Furthermore, the competition ensuing from the involvement of the private sector in telecom has led to significant reduction in the cost of acquiring new lines from N20,000 in August 2001 to N200 in 2006. Mobile phone call charges have dropped from N48 per minute in 2001 to an average of N41 in 2007 while the cost of acquiring fixed lines fell from N100,000 in 1999 to between N5000 – N15,000.

Before the commencement of the MDGs, no significant progress was made on personal computers. But in view of the important role of ICT, the government designed and launched the Computer for all Nigerians Initiative (CANI) to expand the usage of computers and information technology within the country. CANI is a public-private partnership programme between the Federal Government of Nigeria (represented by the Federal Ministry of Science and Technology through its agency, National Information Technology Development Agency (NITDA)), and Microsoft Corporation and Intel Corporation. It aims to drive PCs penetration into sections of the Nigerian communities which are currently underserved. Also, the NEPAD e-School Initiative chaired by NITDA is currently working out the strategies for connecting schools in Nigeria to the internet. NITDA is also collaborating with the US Embassy under the NITDA-US Embassy Rural Internet Resource Centres to provide practical training for rural dwellers in all areas of ICT application for poverty reduction. The Nigerian-American Information Initiative (NAII) in which NITDA is collaborating with the US government is aimed at coordinating the efforts of the Nigeria and US governments in donor projects in the IT industry.

Although data presents a major obstacle in terms of assessment of this particular programme, indications are that there are less than ten computers to a thousand Nigerians. The corresponding figure for South Africa is 82 per 1000 persons.

In terms of internet use, Figure 2.8.5 reveals an increase in the number of Nigerians using the internet from 0.68 in every 1000 persons in 2000 to 38.1 in 2005. This figure is comparatively less than the 107 in every 1000 persons in South Africa. Although there has been an improvement in access to the internet between 2000 and 2005, the indication from Figure 2.8.6 is that internet access is still very low. Internet access in 2006 was below 2 per cent.

Achieving the MDGs was rightly conceived as partly dependent on the flow of financial resources in the form of official development assistance (ODA) from the development partners to Nigeria. The flow of ODA from the developed countries to Nigeria has been consistently increasing since 2001. ODA flows rose from US$167 million in 2001 to US$294 million and US$578 million in 2002 and 2004. By 2006, ODA flows have leaped to US$11,433 million.

However, in per capita terms, Figure 2.8.7 shows that official development assistance flow to Nigeria is very minute: only US$1.48 in 2000. This increased to US$2.45 in 2003 and to US$4.49 in 2004. There was a significant improvement in the flow of ODA to Nigeria in 2005. ODA

per capita was US$48.94 and US$81.67 in 2005 and 2006. This, indeed, is very small compared to what goes to other African countries.

Key Challenges

Major assessment of the country's debt sustainability following Nigeria's exit from the Paris Club shows that although the ratios are within sustainable limits, there is an urgent need to take actions to forestall a relapse into heavy indebtedness that could hinder the country from achieving the MDGs by 2015.

International experience has shown that countries can still relapse into unsustainable external indebtedness even after receiving debt relief or forgiveness. Countries that have experienced this appear to share similar features -- they paid more attention to only central government debt giving false impression of being sustainable, and encouraging new debts. They also paid little or no attention to fundamental issues that centre on the ways and manners of borrowing at other levels of government; and ignored the important linkages between federal government external and domestic debt programmes on the one hand, and sub-national and private sector debt initiatives on the other. The limitations on growth potentials imposed by excessive borrowing are also often ignored.

Nigeria still finds access to international market as a major challenge. Some WTO members operate protective policies such as the agricultural subsidies offered by Western nations on their agricultural products while simultaneously discouraging developing countries from doing so. The trade-related intellectual property rights constitute another of several policies which still limit Nigeria's agricultural products from accessing the international markets. The democratization of global institutions, such as the World Bank, the International Monetary Fund (IMF) and the united Nations Agencies, is also needed to ensure the voices of developing countries are heard on matters that affect them.

It is important to note that though significant improvement has been recorded both in terms of number of telephone lines in the country and in tele-density, telecommunication in the country is generally considered expensive. The quality of the services rendered by the service providers has been a major source of concern both to the government and the citizens. Complaints of drop calls, inability to recharge, network congestion, call diversion to unintended persons, inability to link up with other networks, poor audio, delayed SMS delivery and a host of others have been unending. GSM users now have to carry more than one phone simply to be able to communicate.

The Nigerian Communications Commission is making efforts to solve the problem of poor service. The Wire Nigeria Project seeks to identify the needs and optimize the means and strategy for developing National Transmission Networks. The project seeks to ensure that all states are linked to a national optic fibre cable backbone infrastructure to transmit such services. Also, the monthly Telecom Consumer Parliament, a consumer-oriented regulator-mediated grievances handling procedure has continued to gain wide popularity among telecom consumers in the country. It has served as a veritable platform for consumer education, information and protection, as well as an interactive forum to bridge the gap between operators and consumers in the country. Despite these efforts, the quality of services still remains a challenge.

No time is better than now to build Nigeria's infrastructure (electricity, roads, rail, air transport, as well as hospitals and schools); no time is better than now to reduce the cost of doing business in Nigeria to be a strong player in a globalized economy.

There is the need to continue to increase tele-density in the country. It is a major but necessary challenge to extend telephone services to the rural areas of the country where network is still very poor.

FDI can generate economic growth, employment and export revenues in Nigeria. It can also provide access to new and better technologies. There are two major challenges in this connection. The first is to attract FDI and the second is to optimize its development relevance. Whether or not foreign companies invest in Nigeria depends on a number of factors, including existing or potential markets, the availability of adequate natural and human resources and the business climate. Other factors, such as the physical and social infrastructure, the legal environment and the quality of governance, also play an important role. Although Nigeria's business climate is improving through liberalized regulatory regimes for FDI, addressing investors' concerns, privatizing public enterprises and actively promoting investment, the country still lags far behind in physical and social infrastructure. The development relevance of FDI depends on additional factors. Of special importance is whether generated revenues will be reinvested locally or transferred abroad. Whether the FDI will create permanent jobs and train local middle management are other important criteria. These factors are also related to government policies in the developing country concerned, e.g. in higher education and vocational training, labour laws, industrial policy, R&D, etc. Although Nigeria has been working on these, the country still has a long way to go.

Policy Measures

The ICT regulatory body was established in 1992 (one of the oldest in Africa). However, a new Telecommunications Act was signed into law in October 2003 giving the Nigerian Communications Commission (NCC) the needed backing to execute a regulatory oversight on ICT activities in Nigeria. NCC has in place a number of ongoing strategic projects to ensure that ICT activities in the country are consistent with worldwide standards and practices. Full market liberalization of the ICT commenced in 2000 under the democratic government. The government-owned company (NITEL) has been privatized. Government launched a Telecom Policy document in September 2000 while a number of private telecommunications operators have been licensed to provide services, including mobile, fixed, internet, broadband and multimedia.

The National Information Technology Development Agency (NITDA), established in 2001, continues to attempt to play a key role in the implementation of the contents of the Nigerian IT policy, whose broad objective is to leverage ICT for the technological, social and economic advancement of Nigeria. The year 2007 was declared by the Nigerian Communications Commission as the Year of Broadband. This was designed to bolster economic exploitation of ICTs. Similarly, the Wire Nigeria project (WIN) and the State Accelerated Broadband Initiative (SABI) project are all part of a larger set of initiatives to move Nigeria beyond the digital divide. SABI is conceived to encourage the private sector build and run broadband infrastructure with government support and incentives. The broadband infrastructure are to be deployed in all state capitals and some selected major commercial cities in the first phase while the underserved urban and underserved rural areas will be targeted in the second phase. In order to fast track the achievements of the Goal 8 of the MDGs, a strategy to secure affordable access to telephony should be introduced through the establishment of a fund to subsidize network rollout to under-served areas and thus grant access to needy people.

Additional licenses should be issued to small businesses to service areas where access to basic telephony and broadcasting signals are still a problem. Moreover, domestic resources should be tapped and expanded effectively. This could be achieved by:

- Mobilizing domestic savings by improving banking and financial infrastructure, increasing investor transparency and maintaining macroeconomic, social and political stability
- Improving tax administration so as to boost public revenues, reward those who fulfil commitments and discourage fiscal tax avoidance and evasion
- Improving efficiency in allocating public expenditure by adopting public expenditure tracking systems to ensure that allocations reach their intended targets; and
- Encouraging public-private partnerships in the provision of social services.

Priority Actions for Development Assistance

Mobilizing extra funding, such as grants and concessional loans for accelerating growth and poverty reduction and meeting other MDG-related targets, is a matter of priority. Accessing and mobilizing resources on concessional terms is critical since these will help minimize the cost of foreign currency funding of government financing gap. International capital market access on terms that are favourable to Nigeria for resource mobilization aimed at financing key infrastructure projects is imperative. Furthermore, increasing market access by reducing tariffs and increasing the accessibility of Nigeria's agricultural and semi-processed goods to the international markets will tremendously assist the country in attaining the MDGs.

Outside Doha, Africa-only trade initiatives should be explored to help African countries in general and Nigeria in particular to become more internationally competitive and build linkages between export sectors and domestic production capacity and skills.

Regional and international partnerships and systems that present opportunities for trade, to the benefit of Africa and, by extension, Nigeria, should be strengthened. Measures to be taken include:

- Aligning regional and international MDG initiatives with the Monterrey Consensus
- Supporting NEPAD programmes, especially those aimed at facilitating the provision of 'regional public goods', such as inter-country transport networks
- Encouraging donors to act on pledges made on the quantity of aid flows (0.7 per cent of Gross National Income (GNI))
- Implementing measures to promote aid quality – reducing tied aid, increasing the grant element, enhancing direct budget support, and ensuring better targeting. Others are coordinating, predicting, harmonizing and aligning of resources
- Pursuing relief from unsustainable debt, especially for post-conflict, and least developed countries, and other fragile economies,
- Providing appropriate incentives to mobilize human and financial resources from Africans in the diaspora

PART 3 CROSS-CUTTING ISSUES AND CONCLUSIONS

CROSS-CUTTING MEASURES TO FAST-TRACK ACHIEVEMENT OF THE MDGs

This Third Part discusses issues that cut across several sectors. Although many are the social issues that cut across several sectors, however, the focus here is on eight salient ones, including health, education, agriculture, energy. Others are water and sanitation, environment and housing.

CROSS-CUTTING MEASURES TO FAST-TRACK ACHIEVEMENT OF THE MDGS

Table 3.1.1: MDG Costing in Nigeria: Total Yearly Costs

Sector	2007 ($'bn)	2011 ($'bn)	2015 ($'bn)	2006-2015 ($'bn)	Average Annual Per Capita Cost ($'bn)
Health	4.55	8.00	14.27	26.83	21.30
Education*	2.82	7.24	9.10	70.58	47.70
Agriculture	3.51	5.72	8.79	53.25	32.00
Energy	1.21	4.13	7.24	38.60	23.60
Water & Sanitation	1.71	2.26	3.03	20.82	13.00
Roads	5.16	6.48	7.42	50.50	33.70
Environment	0.52	0.41	0.34	3.82	2.60
Housing	2.9	4.41	6.43	40.65	4.52
Total	22.38	38.65	56.62	305.05	178.42s

Note: *Primary and Non-Formal Education
Source: Office of the Senior Special Assistant to the President on MDGs, Abuja

In addition to the goal-specific measures outlined above, there are some broad policy concerns that require attention to quicken the achievement of the MDGs. These include:

- Adequate funding of MDGs-related projects. An MDG costing exercise has been carried out to determine the cost associated with the various projects required for the attainment of the MDG targets on a timely basis. The most recent estimate for the major sectors is shown in Table 3.1.1. The total cost is expected to increase from US$22.38 billion in 2007 to $38.65 billion in 2011 and US$56.62 billion in 2015. This shows that by 2015 the total cost will be more than double the cost in 2007. Government should, therefore, make adequate arrangement to determine the source of the funds required and to make proper expenditure programming for effective implementation of the identified projects
- Improved budget implementation. For most developing countries, government annual budgets dictate the tone and pace of economic activities. Economic agents, households and businesses tend to pattern their plans around the fiscal policies of government, as reflected in the budgets. Delays in the budget process and actual implementation would mean inability of economic agents to meet their projections and production decisions, resulting in poor performance and deterioration in general welfare. Timely release of funds for requisite development can spread relief and productive activities to more people.
- Prompt payment of salaries and gratuities. Personnel emoluments tend to be delayed in Nigeria. It often spills over to succeeding months. This ought not to happen since salaries are more or less statutory in nature. Delayed salaries cause unfair practices and unnecessary borrowings among workers and wage earners. The overall effect is intensified poverty and inability to meet social obligations and contracts. It is also important for government to ensure prompt payment of pensions and gratuities to its workers and encourage those in the private sector to do the same. The experience of the past several years whereby pensioners languish in penury because of non-payment of their entitlements should be addressed promptly. The pensions reform must guarantee and result in prompt payment of pensioners
- Creation of gainful employment opportunities. A major problem in Nigeria today is high unemployment particularly of young school leavers. Unemployment tends to perpetuate poverty and hunger as well as reduce self-esteem and confidence. It raises dependency and task disposable household income. Public works must be created to provide employment opportunities to the unemployed youths in order to dampen poverty and organized crime
- Need to pay domestic debt. Economic activities will expand if people and business have funds to expand production, pay wages, acquire new technologies and hire new workers. It is imperative, therefore, for government to stem the rising tide of domestic debt in the country and eliminate the ugly trend of abandoned projects arising from long delays in the payment of contractors.

Measures for Sustaining the MDG Process in Nigeria

Previous progress reports on MDGs were prepared with a national focus, but limited involvement of sub-national governments. Although, the federal government is becoming increasingly involved in terms of support for the preparation of the report, other tiers of government have not demonstrated any significant interest. Obviously, development activities aimed at meeting the MDG targets are being pursued at all levels of government. However, a rallying point for the documentation of necessary information for monitoring progress is still conspicuously absent. Unless this is resolved, an annual assessment of progress is unlikely to provide a realistic result. Currently, the nation is witnessing a 2-4 year lag in data collation for assessing some key indicators such as poverty, maternal mortality ratio, malaria prevalence rate, ratio of girls to boys in secondary education, carbon dioxide emission, and so on. The lag arose because the institutions that usually undertake the surveys lack the resources to do it. To remedy the situation, the following areas of concern need to be addressed:

- Ownership of the process and output. The MDG process needs to be more encompassing and participatory. Stakeholders (including those in the private and public sectors and civil society organizations) from the all parts of the country need to contribute and be joint stakeholders in the ownership of, and liability for, the outcomes of the process. It is recommended that the public presentation of the Mid-Point Assessment Report should be carried out

in all the six geo-political zones in the country to create awareness among the citizens and lower tiers of government

- Paucity of data. Incomplete and disjointed data makes data harmonization difficult for monitoring the implementation of the MDGs. Relevant data from states and local governments in particular need to form an integral part of the input needed for a realistic national assessment of the progress made to achieve the MDGs. Government should empower the NBS to modify its relevant survey instruments to include MDG indicators which are not currently being covered. Relevant MDAs should partner with NBS in gathering necessary data to ensure accuracy, consistency and reliability of information
- Involvement of sub-national governments. There is a need to encourage more active participation of sub-national governments in the planning and implementation of the programmes and activities towards meeting the targets of the MDGs
- Co-ordination of intergovernmental activities to achieve the MDGs. Institutional arrangements to ensure proper coordination, integration and monitoring of all MDG-related activities across the country have to be worked out by central agencies currently involved with the MDG process
- Adequate funding of MDG-related projects. This is a priority that would not only ensure the completion of relevant projects, but also their sustenance up to 2015 and beyond
- Capacity building for MDG reporting system. Government should organize training workshops for relevant officers in all MDAs to bring them in line with the requirements of the MDGs in terms of project implementation, monitoring, evaluation and data management. The workshops should hold at both the federal and state levels within the shortest time possible. Thereafter, necessary facilities should be provided to enable the officers perform creditably.

CONCLUSIONS

CONCLUSIONS

It is nearly eight years now since the world leaders made the Millennium Declaration. Although it all seemed so recent, we have however got to the middle of the journey towards attaining the Millennium Development Goals set for 2015. Some people may imagine the MDGs to be no more than abstract targets – a kind of policy mirage that should soon disappear with the passage of time. But, on the contrary, they are measurable development signposts designed to reflect socio-economic improvements in the standard of life of the people.

Realizing the importance of meeting the various targets set in the MDGs, Nigeria has deployed enormous human and material resources to achieve the targets through several programmes, projects and policies. This report highlights the achievements made so far and the emerging problems and challenges to surmount. It also seeks to identify suitable policy handles, strategies and the resources needed to fast-track attainment of the MDGs in the remaining period before 2015. The report, therefore, presents in the following sections the conclusions arrived at on each of the specific MDGs.

Goal 1: Eradicate Extreme Poverty and Hunger

The current effort to wipe out poverty and hunger in the country is unsatisfactory. Mid-way to the target year for wiping out extreme poverty and hunger, there are wide deviations between actual achievement and targets. This means the various strategies drawn up and the efforts made have been inadequate to reduce poverty and hunger in the land. While the implementation of the programmes may be weak, there are other factors that constrain their effective performance and achievement, as highlighted under the section on key challenges. It is thus important to consider the policy strategies suggested above to catch up and gain speed in meeting the goal in 2015

Goal 2: Achieve Universal Primary Education

The prospect of achieving universal primary education by 2015 is very bright, as shown by the indicators. For example, the gross and the net enrolment figures in schools were very satisfactorily at the end of 2007. The number of pupils starting Primary 1 who reach Primary 5 and the literacy rate are also showing consistent up-trend. The primary completion rate may continue to suffer because some State Ministries of Education (SMOE) charge examination fees which many parents and guardians cannot easily afford. As a result, such children drop out of school before completion. If the policy environment remains conducive and current efforts are intensified, children everywhere, boys and girls alike, will be in school and may be able to complete a full course of primary education by 2015.

To sustain the gains so far recorded in primary education and achieve the goal

of functional education, government should enforce a compulsory 12-year continuous education. Because of the dropping out of pupils and the weak vertical progress to higher levels of education, government should also introduce measures to overcome the belief in a compulsory 9-year basic education. Otherwise, in the future, there will still be many individuals who have completed their basic education but lack the competencies and possibilities for self-employment in the public or private sectors. Therefore, a mandatory 12-year education should be introduced. This will give all pupils equal starting opportunities that will help lessen drop-out rates in primary education. By so doing, the children will earn the minimum qualification that will enable them to contribute strongly to the achievement of MDGs in Nigeria.

Goal 3: Promote Gender Equality and Empower Women

Overall, this assessment shows that Nigeria is trying generally to make progress in achieving Goal 3 of the MDGs. So far, however, only three indicators of the five set for Goal 3 are most likely to be achieved by 2015. It seems that lack of education among women hinders their participation in the socio-economic and political spheres of social life. Therefore, improved education will definitely enhance the economic and political participation of women. There is a need, therefore, to work on the educational sector to catalyse other sectors such as labour and politics. However, empowering women is important not only because of the indicators under Goal 3, but also because of other important goals. These include maternal health, child mortality, combating HIV & AIDS, as well as

reducing malaria and other diseases, and ensuring environmental sustainability in totality.

Goal 4: Reduce Child Mortality

The achievement on reduced mortality rate is unsatisfactory. Mid-way to the end of the MDGs implementation period, there are wide gaps between targets and actual achievement. This means the various strategies adopted to meet this goal are inadequate to make significant impact. While the implementation of the programmes may be weak, there are certainly other factors constraining their effective performance and achievement, as highlighted under the section on key challenges in Part 2. It is thus imperative to step up advocacy work across the country.

Goal 5: Improve Maternal Health

Bilateral and multilateral donors are increasingly willing to fund safe motherhood, particularly since maternal mortality reduction has become an item on the MDG agenda. Such funding is essential for resource-strapped health systems like in Nigeria. However, it also carries the danger that the government may perceive safe motherhood to have adequate international funding and fail to set aside adequate domestic budget for it. National appropriations – not donor funds – leadership and the political will to execute the policy are the primary indicators of a meaningful effort to improve maternal health. One of the core challenges facing advocates of safe motherhood policy nationally is the need to get political leaders to appropriate and release public budgets for safe motherhood in a manner that is commensurate with the size and severity of the maternal mortality crises in the country, just as has occurred several countries for other health causes, such as HIV & AIDS prevention and control.

Safe motherhood policy advocates must do more than convince national political leaders to act. They must also persuade sub-national leaders – governors, ministers and others – that this is a cause worthy of their attention and funding support. In federal political systems such as Nigeria, the attention of sub-national governments and authorities is particularly critical since the powers of the federal government over the sub-national ones are legally circumscribed.

Goal 6: Combat HIV & AIDS, Malaria and Other Diseases

HIV & AIDS remains public health problems in Nigeria. New infections continue to occur and people needing care and support are many. However, a window of opportunity exists in many parts of the country where HIV prevalence is still fairly low. This signals the need for increased preventive intervention to curtail the epidemic.

Nigeria faces a promising future on malaria control and the reduction of ill-health and death caused by malaria. Nevertheless, despite the progress that has occurred nationally in developing the technical, administrative and financing capacity for malaria control and the strengthened national commitment to address malaria with intensity, malaria and tuberculosis remain enormous burden on the health and economy of the nation.

Goal 7: Ensure Environmental Sustainability

The state of the environment is very critical to economic development and social well-being of the citizenry. Ensuring environmental sustainability is a very challenging goal given the devastating effects of climate change, destructive activities of man and the attendant consequences on the environment, as well as the low technological capacity to manage and sustain the environment.

This mid-point assessment of the MDGs clearly shows that the levels of achievement of the various relevant targets on environmental sustainability are very low and should be radically improved upon, if this Millennium Development Goal is to be achieved. Government should, therefore, give attention to the priority areas highlighted in chapter three.

Goal 8: Develop a Global Partnership for Development

No doubt, Nigeria has made remarkable progress in achieving global partnership for development. This is particularly so in debt relief that has reduced considerably the debt service burden on the country, thereby releasing more funds for channelling into pro-poor projects in the country. Besides, ODA flows to the country has improved in recent years although still significantly lower than what goes to other Sub-Saharan African countries. The deregulation of the ICT sector and the associated expansion in their activities and telecom services, caused partly by the inflow of foreign investment, is also noteworthy.

Despite these achievements, several challenges still confront efforts at developing a global partnership for development. Firstly, the rising domestic

debt can further worsen the country's poverty situation. Added to this is the challenge of how to ensure that current external debt ratio remains sustainable. Although access to ICT has improved, there is still a need to improve the quality of services provided. Considerable cooperation is required between the Nigerian government and development partners to deal with these challenges. Development partners should provide technical services in managing the country's external and domestic debt. Their expertise in ICT will also help in expanding available facilities. The inflow of foreign direct investment will be highly helpful in this area.

In conclusion, the country has witnessed some progress on the achievement of the MDGs, given the modest recovery of the Nigerian economy since the 1990s and the various efforts of all stakeholders. Although poverty is still virulent and child mortality and maternal health still precarious, yet literacy levels are rising, gender equality and empowerment of women are improving. HIV & AIDS pandemic, malaria and other communicable diseases are reducing. In all, the rates of achievement are slow in a country with incredible financial base and capability. The constraints are many – unemployment, poor governance and implementation of programmes, corruption, inadequacy and misapplication of funds, leading to lack of value for money. Others are poor infrastructure to aid production and promote domestic trade, better coordination of activities among the three tiers of government, and the unending security problems in the treasure store of Nigeria, the Niger Delta.

The nation has made appreciable progress on Goals 2 and 8, as well as some partial progress on Goals 3 and 6, but faces serious challenges on Goals 4, 5 and 7 and some indicators of Goal 6. There is a need to consolidate on areas where progress has been made while concerted effort is required to get the country back on track in the areas where it faces serious challenges. This underscores the need to address implementation bottlenecks and defects in current policies.

It follows, therefore, that to ignite the desired and irreversible progress towards attaining the MDG targets needs coordinated efforts, and adequate funding and focused implementation. However, more efforts are needed to capture relevant data on all activities about the implementation of the MDGs from the three tiers of government regularly. That way, assessing the progress on the MDGs will be more practical, robust and total. Finally, government should provide opportunities for greater involvement of the private sector, civil society organizations and development partners in the implementation, monitoring and evaluation of MDG-related projects.

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Appendices

Appendix: Indicators and Sources of Data

Goal	Indicators (%)	Sources of Data
Goal 1	1. Population living in relative poverty 2. Population living in extreme poverty (consuming 2900 calories or lower daily) 3. Population living below $1/day (PPP) 4. Underweight Children	1. National Bureau of Statistics 2. National Planning Commission 3. National Poverty Eradication Programme 4. Federal Ministry of Agriculture
Goal 2	5. Net Enrolment 6. Pupils Starting Grade 1 who reach Grade 5 7. Primary six Completion Rate 8. Literacy Rate of 15 to 24- Year-Olds	5. Federal Ministry of Education 6. National Bureau of Statistics 7. Universal Basic Education Commission
Goal 3	9. Ratio of girls to boys in primary education 10. Ratio of girls to boys in secondary education 11. (girls per 100 boys) 12. Ratio of girls to boys in tertiary education 13. Share of women in wage employment in non-agric sector 14. Seats women occupy in National Assembly	8. National Bureau of Statistics 9. Federal Ministry of Women Affairs 10. Federal Ministry of Education 11. Independent National Electoral Commission 12. National Assembly 13. United Nations Educational, Scientific and Cultural Organisation
Goal 4	15. Infant Mortality Rate (per 1000 live births) 16. Under-5 Mortality Rate (per 1000 live births) 17. One-year-old children fully immunized against measles	14. National Bureau of Statistics 15. Federal Ministry of Health 16. National Planning Commission 17. World Health Organization 18. United Nations Educational, Scientific and Cultural Organisation, 19. United Nations Population Fund
Goal 5	18. Maternal mortality ratio (per 100,000) 19. Births attended to by skilled health personnel	20. National Bureau of Statistics 21. United Nations Children Fund 22. National Population Commission 23. Federal Ministry of Health 24. National Programme on Immunization 25. National Primary Health Care Development Agency 26. World Health Organization 27. United Nations Educational, Scientific and Cultural Organisation, 28. United Nations Population Fund
Goal 6	20. HIV prevalence among 15- to 24-year-old pregnant women 21. Young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission 22. Young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner 23. Number of children orphaned by HIV/AIDS (millions) 24. Malaria prevalence rate (per 100,000) 25. Death rates associated with malaria 26. Population in malaria risk areas using effective malaria prevention and treatment measures 27. Tuberculosis prevalence rate (per 100,000) 28. Death rates associated with tuberculosis	29. Federal Ministry of Health 30. National Agency for the Control of AIDS 31. United Nations Joint Programme on HIV/AIDS, Abuja 32. Federal Ministry of Education 33. Roll Back Malaria 34. National Programme on Immunization 35. National Primary Health Care Development Agency 36. World Health Organization 37. United States Agency for International Development 38. United Nations Population Fund
Goal 7	29. Land area covered by forests (%) 30. Gas flared 31. Total population with access to safe drinking water 32. Population with access to basic sanitation 33. People with access to secure tenure (%) 34. Carbon dioxide emissions (per capita) (tons) 35. Residential housing construction index (HCI) (Proxy)	39. National Bureau of Statistics 40. Federal Ministry of Environment 41. Nigerian Institute of Social and Economic Research 42. Department of Petroleum Resources 43. Energy Commission 44. Federal Ministry of Water Resources
Goal 8	36. Debt service as % of exports of goods and services 37. Private sector investment (US$ million) 38. Tele-density (per 1000 people) 39. Personal computers (per 1000 people) 40. Internet access 41. Per capita Official Development Assistance to Nigeria (US$)	45. Central Bank of Nigeria 46. National Information Technology Development Agency 47. Nigerian Communications Commission 48. World Bank 49. United Nations Development Programme 50. Federal Ministry of Finance 51. Debt Management Office 52. Computer for all Nigerians Initiative