



NIGERIA

MILLENNIUM DEVELOPMENT GOALS

2006 REPORT

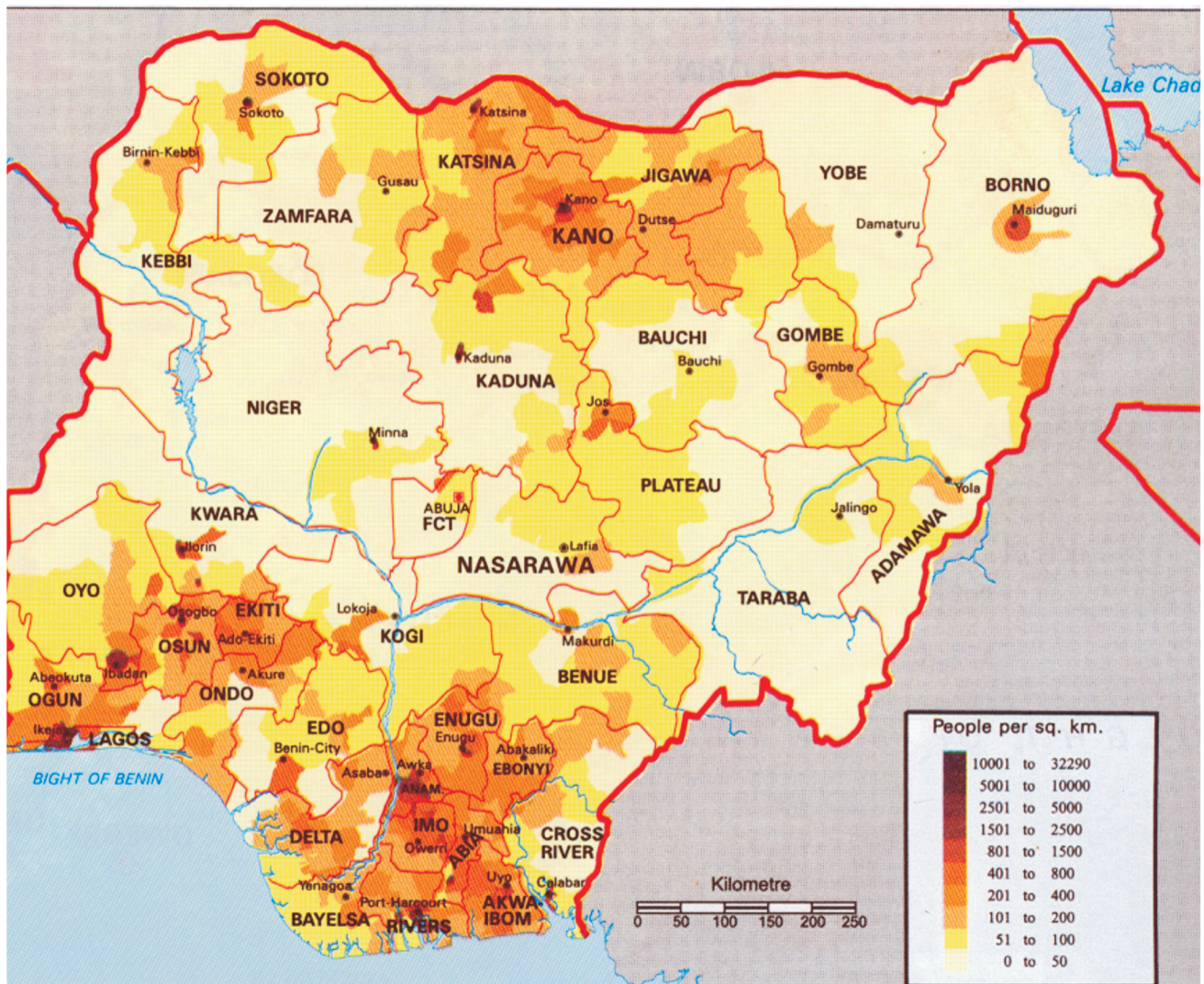
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# MAP OF NIGERIA



## FOREWORD

It is my pleasure to present to you the Foreword to the Nigerian Millennium Development Goals Report 2006. The Report is the third in the series of the annual tracking reports that monitor Nigeria's progress towards the achievement of the Millennium Development Goals (MDGs). The MDGs are time-bound development targets agreed to by the international community at the United Nations Millennium Summit in New York in September 2000. The achievement of the MDGs by Nigeria is critical to the overall achievement of the Goals in the sub-Saharan Africa as Nigeria accounts for about one quarter of the population of sub-Saharan Africa.

2. The 2006 MDGs Report comes at a critical time in our history with few months to the end of the second term of the present Administration which began with the transition to civilian rule in 1999.

3. The report evaluates the progress of our nation in implementing various reforms for the Nigerian people. It provides an overview of the performance of the administration's reforms, and the impact of the increasing confidence from the international community on our country.

4. Undoubtedly, Nigeria has created a strong platform for the achievement of the MDGs. The economy has become increasingly well-managed with satisfactory growth rates over the past four years, which is a necessary condition for poverty reduction. The National Economic Empowerment and Development Strategy (NEEDS) and its counterparts at the State and Local government levels, SEEDS and LEEDS respectively, provide a

veritable framework for policy coordination as well as implementation of programmes not only aimed at achieving the Millennium Development Goals but also making the Nigerian economy one of the fastest growing economies in the world. The emerging results from these efforts are encouraging, with improvements in some of the indicators like net enrolment ratio, ratio of boys to girls, HIV/AIDS prevalence and debt services as a percentage of export of goods and services. However, there are still some challenges which we must work to overcome. We need to scale up investments in a number of sectors which have direct and immediate impact on the achievement of the MDGs.

5. Finally, I take this opportunity to express my gratitude to representatives of the Sectoral Ministries, Departments and Agencies; the Civil Society and our development partners for their contributions towards the publication of this Report. I strongly believe that the Nigeria MDGs Report 2006 will provide useful information for necessary advocacy in our effort to meet the targets of the Millennium Development Goals by 2015.



SENATOR ABDALLAH WALI  
HONOURABLE MINISTER/DEPUTY CHAIRMAN  
NATIONAL PLANNING COMMISSION  
FEBRUARY, 2007.

## ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ACT	Artemisinin-based Combination Therapy
ANC	Antenatal Care
APRM	African Peer Review Mechanism
ARVs	Antiretrovirals
CAP	Capacity Acquisition Programme
CBN	Central Bank of Nigeria
CBOs	Community Based Organisations
CDP	Credit Delivery Programme
CEEDS	Community Economic Empowerment and Development Strategy
CIDA	Canadian International Development Agency
CPI	Consumer Price Index
CSOs	Civil Society Organisations
CWIQ	Core Welfare Indicators Questionnaires
DEC	Development Education Committee
DFID	Department for International Development
DOTS	Directly Observed Treatment Shortcourse
EDB	Education Data Bank
EFA	Education for All
EMIS	Education Management Information System
EPI	Expanded Programme on Immunisation
FADE	Fight Against Desert Encroachment
FCT	Federal Capital Territory
FEAP	Family Economic Advancement Programme
FEPA	Federal Environmental Protection Agency

FGN	Federal Government of Nigeria
FME <sub>n</sub>	Federal Ministry of Environment
FMOH	Federal Ministry of Health
FOS	Federal Office of Statistics
FSP	Family Support Programme
GCAP	Global Call to Action Against Poverty
GDP	Gross Domestic Product
GSM	Global System of Mobile Telecommunication
HIV	Human Immunodeficiency Virus
HRSP	Health Sector Reform Programme
ICPD	International Conference on Population and Development
ICT	Information and Communication Technology
IDSR	Integrated Disease Surveillance Response
IMCI	Integrated Management of Child Illnesses
IMF	International Monetary Fund
IMR	Infant Mortality Rate
IPT	Intermittent Preventive Treatment
ITNs	Insecticide Treated Bed nets
ITU	International Telecommunication Union
JICA	Japanese International Cooperation Agency
LACA	Local Government Committee on AIDS
LEAP	Literacy Enhancement Assistance Programme
LGA	Local Government Authority
LGEA	Local Government Education Authority
MAP	Mandatory Attachment Programme
MCH	Maternal and Child Health
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MICS	Multiple Indicator Cluster Survey
NBS	National Bureau of Statistics
NACA	National Action Committee on AIDS
NACB	Nigerian Agricultural and Cooperative Bank
NACRDB	Nigerian Agricultural Cooperative and Rural Development Bank
NAFDAC	National Agency for Food and Drug Administration and Control



NAPEP	National Poverty Eradication Programme
NBS	National Bureau of Statistics
NCC	Nigerian Communication Commission
NDE	National Directorate of Employment
NDHS	National Demographic and Health Survey
NHIS	National Health Insurance Scheme
NEAPs	National Environmental Action Plans
NEP	National Education Plan
NGOs	Non-Governmental Organisations
NIEPA	Nigerian Institute for Education Planning and Administration
NISER	Nigerian Institute of Social and Economic Research
NITEL	Nigerian Telecommunications Limited
NPC	National Population Commission
NPE	National Policy on Environment
NEPAD	New Partnership for African Development
NER	Net Enrolment Rate
NITDA	National Information Technology Development Agency
NPEC	National Primary Education Commission
NPHCDA	National Primary Health Care Development Agency
NPI	National Programme on Immunisation
NSPFS	National Special Programme for Food Security
NTI	National Teachers Institute
ODA	Official Development Assistance
PABA	People Affected by AIDS
PAP	Poverty Alleviation Programme
PHC	Primary Health Care
PLWHAs	People Living With HIV & AIDS
PTAs	Parent Teacher Associations
RIDS	Rural Infrastructures Development Scheme
SACA	State Action Committee on AIDS
SAGEN	Strategy for Acceleration of Girls Education in Nigeria
SEEDS	State Economic Empowerment and Development Strategy
SGR	Strategic Grain Reserve
SMEDAN	Small and Medium Enterprises Development Agency
SOWESS	Social Welfare Services Scheme

SPEB	State Primary Education Board
STDs	Sexually Transmitted Diseases
TB	Tuberculosis
TBAs	Traditional Birth Attendants
UB	Universal Basic Education
UN5-MR	Under Five Mortality Ratio
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNCED	United Nations Conference on Environment and Development
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNS	United Nations System in Nigeria
UPE	Universal Primary Education
USAID	United State Agency for International Development
VVF	Vesico-Virgina Fistula
WHO	World Health Organization
WDI	World Development Indicator
WIN	Women in Nigeria
WSSD	World Summit on Sustainable Development
YES	Youth Empowerment Scheme

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## EXECUTIVE SUMMARY

This is the third in the series of reports that examine the progress of Nigeria towards the attainment of the Millennium Development Goals (MDGs). The report shows that Nigeria has the potential to achieve some of the goals, especially those related to achieving universal primary education, combating HIV&AIDs, ensuring environmental stability, and developing a global partnership for development, ahead of the target time. However, there are serious challenges in the area of reducing child and maternal mortality.

The challenges are enormous, but some appear to be more critical. First, the system of information gathering and management in Nigeria is daunting. Second, good governance is necessary for achieving the MDGs by 2015. Continued progress is needed on this at the federal level while a lot more needs to be done at the state and local government levels to

live up to the challenge of ensuring transparent, accountable, and responsive governance. Third, although several reforms have been undertaken at the federal level, inadequate complementary efforts from state and local governments limit the impact of the reforms. This underscores the need for adequate coordination among the three tiers of government.

For Nigeria to meet the target of 2015, future efforts will have to be directed at addressing the foregoing challenges. This needs to happen at all levels of government. To make it succeed, it must also be done in collaboration with the private sector, civil society organizations and the international community.

For each goal, the report highlights the status and trends, major challenges, the policy environment, and priorities for development assistance.

### GOAL 1: ERADICATION OF EXTREME POVERTY

The trend in poverty is on the decline. The outcome of the 2004 core welfare indicators survey shows that the proportion of population living in relative poverty reduced to 54%. Data also shows that the proportion of population living in extreme poverty was 35% while the percentage of under weight children was 30%.

Policy reform and macroeconomic stability have created a platform for strategic investments in agriculture and other pro-poor sectors. Such

investments must be undertaken by the three tiers of government, the private sector, and international community.

Government policy should continue to emphasize the importance of increased productivity in the agricultural sector. The reforms and investments in the area of infrastructure must also be deepened to support the growth of the private sector and create jobs.



## GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Educational enrolment in Nigeria is a success story. About 84 % of school age children attend school and an increasing number stay there through to Grade 5. Net enrolment ratio in primary education was 84.26% in 2005 as against 81.1% in 2004. The literacy rate of 15-24 years old also improved from 76.2% in 2004 to 80.20% in 2005.

This success has been bolstered by improved policy and better intergovernmental coordination. The Universal Basic Education (UBE) programme has improved access to schools. Improving access

further will require specific attention to the cost of education.

There is an urgent need to meet educational resource gap in the country. Increased enrolment rates have created challenges to improved educational outcomes as resources are spread more thinly across increasing number of students. Concerted efforts are needed to improve the quality of teaching and schooling, ensure value for money in the use of educational resources, and sustain political commitment to the implementation of UBE.

## GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

The ratio of girls to boys in primary education (i.e girls per 100 boys) improved from 79% in 2004 to 81.0% in 2005. The proportion of women in non-agricultural wage employment rose to 79% in 2005 while the proportion of seats held by women in national parliament was 5.76%. In 2005 women in Nigeria still face inequalities in political participation and control of household resources.

The incentive for parents to send their girl-children to school and keep them there must be strengthened. The states need to reduce the cost of

schooling and make school environment more girl-friendly. Girl schooling will have a positive impact on the achievement of the poverty and health MDGs.

Gender issues must be mainstreamed into development strategies and budgets. Federal, state and local governments must pay attention to schooling, political participation and employment. Formulation of gender responsive policies to fight the feminization of poverty is imperative.

## GOAL 4: REDUCE CHILD MORTALITY

Reduction of child mortality remains a key challenge to Nigeria. As against the global target of 30/1000 live births in 2015, Nigeria had 110/1000 live births in 2005. Wide disparities subsist between rural and urban centres and among geographical zones. Low maternal education, low coverage of immunization, weak PHC system, high incidence of poverty, inequality, and poor household practices, among other things accounted for high mortality. The under-5 mortality rate improved marginally from

201 per 1000 births in 2003 to 197 per 1000 live birth in 2005 while the percentage of one year olds fully immunized against measles also improved from 31.4% in 2003 to 50% in 2005.

In 2005, the three tiers of government showed appreciable signs of better collaboration in the provision of health services. There are indications that decentralization of immunization management has started to pay off. Continued advocacy across the three tiers of government and traditional

institutions, better household practices, access to safe drinking water and adequate sanitation, will be key opportunities to improving child health.

## GOAL 5: IMPROVE MATERNAL HEALTHCARE

Maternal mortality continues to be high (800/100,000 live births in 2004). It is even higher in rural areas and the northern part of the country. About 15 % and 46% of urban and rural dwellers do not go for antenatal care, and only about 44% of deliveries are attended by skilled healthcare personnel. About 2 million women of reproductive age do not survive pregnancy or childbirth.

Long-standing cultural, social and economic factors are a challenge to rapid improvement in these statistics. Specifically, 38% of rural dwellers considered cost to be the greatest challenge to accessing health care.

## GOAL 6: COMBAT HIV & AIDS, MALARIA AND OTHER DISEASES

The prevalence of HIV&AIDs fell from 5.8% in 2001 to 4.4% in 2005. Zonal prevalence, however, varied significantly. The HIV prevalence among pregnant women aged 15-24 also improved marginally. Similarly the percentage of people aged 15-24 reporting the use of condom during sexual intercourse with non-regular partner increased moderately. However, AIDS orphans are on the increase. Malaria and TB are still a major public health problem in Nigeria. Malaria accounted for 60% of all outpatient attendance, 30% of all hospital admissions and responsible for 300,000 deaths annually. Nigeria ranked fourth among the 22 high-burden countries in the world.

The main drivers of HIV in Nigeria include blood transmission, unsafe sexual practices and unsafe injection practices, while stigmatization and discrimination against PLWAs still remain rife. Poor

Improving the referral system between the primary and secondary health facilities is equally central.

Improving maternal health requires addressing the cultural practices and social norms that limit women's knowledge and access to skilled services. In addition to overhauling the basic health infrastructure, training of health workers and caregivers as well as addressing financial barriers to improved healthcare system deserve urgent attention. There is also the need to improve availability and management of health resources, expanding access to quality health services, and promoting effective partnership, collaboration and coordination.

sanitation and high cost of treatment account for the widespread occurrences of malaria, as weak reporting network, weak public education and absence of community involvement are responsible for TB spread.

Effective decentralization of HIV & AIDS programming to state and local governments (in collaboration with non-government stakeholders), addressing the problem of stigma and discrimination, value for money in use of public resources, and sustained awareness creation among youths are central to dealing with HIV & AIDS. In addition, the Roll Back Malaria initiative needs to be strengthened and its interventions scaled up. Improved reporting network and continuous public education on TB coupled with stakeholders' collaboration on its management is required.

## GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Nigeria's rich environmental resource base is being undermined by unsustainable practices. Deforestation is high (3.5% annually) and is being encouraged by use of fuel wood for cooking a common phenomenon in rural areas. Oil companies pollute water in the Niger Delta while gas flaring, though on a declining trend, still remains high. Access to safe drinking water and sanitation is improving but housing has reached a crisis point with only 31.1% having secured tenure.

To better confront these challenges, they must be appreciated as crosscutting issues requiring the full engagement of governments, the private sector and communities. Particular attention should be paid to mainstreaming environment into development activities and scaling up resources for environmental management. This can only be achieved through the collaboration of key stakeholders.

## GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Nigeria has enjoyed the benefits of progressive partnership with international community. The debt services as a percentage of exports of goods and services improved from 7.4% in 2003 to 3.4% in 2005 and foreign private investment that rose by 27% in 2005 are indicators of improved partnership. However, access of Nigeria's agricultural and semi-processed goods to industrial countries' markets remains weak. There are also rooms for improvement on such indicators as personal computer per 1000 people and access to internet facilities.

Improved and sustained macroeconomic management and promoting transparent and accountable governance are central to fostering strong partnership for development. The sustenance of the economic and structural reforms already initiated at the federal level and widespread replication at the state level is paramount. Commitment to the implementation of the policy support instruments will also improve international credibility.

Table 1: Status at a Glance

GOAL	1990	1996	2004	2005	Target 2015	Progress Towards Target
<b>1. Eradicate Extreme Poverty and Hunger</b>						
Percentage of population living in relative poverty	43 <sup>1992</sup>	66	54	54 <sup>2004</sup>	21	Slow
Percentage of population living in extreme poverty (consuming 2,900 calories or lower daily)	-	-	35	35 <sup>2004</sup>	-	Insufficient data
Percentage of underweight children (under five)	36	31	30	30 <sup>2004</sup>	18	Slow
<b>2. Achieve Universal Education</b>						
Net enrolment ratio in primary education	68	81.1	81.1	84.26	100	Good
Proportion of pupils starting Grade One who reach Grade Five	67	71	74	74	100	Good
Grade six completion rate	58	64	69.2	67.5	100	Worsened in 2005
Literacy rate of 15-24 years old	70.7 <sup>1991</sup>	-	76.2	80.20	100	Good
<b>3. Promote Gender Equality and Empower Women</b>						
Ratio of girls to boys in primary education (girls per 100 boys)	82		79	81	100	Good
Ratio of girls to boys in secondary education (girls per 100 boys)	106		79	81	100	Good
Ratio of girls to boys in tertiary education (girls per 100 boys)	46 <sup>1991</sup>		72 <sup>2003</sup>	72 <sup>2003</sup>	100	Good
Share of women in wage employment in the non-agriculture sector (%)	66 <sup>1991</sup>		79 <sup>2003</sup>	79 <sup>2003</sup>		Good/ Insufficient data
Proportion of seats held by women in national parliament (%)	1.0 <sup>1991</sup>		5.76 <sup>2003</sup>	5.76 <sup>2003</sup>	30%	Slow
<b>4. Reduce Child Mortality</b>						
Infant mortality rate (per 1000 live births)	91		100 <sup>2003</sup>	110	30.3	Worsening
Under-five mortality rate (per 1000 live births)	191		201 <sup>2003</sup>	197 <sup>2004</sup>	63.7	Marginal improvement
Percentage of one-year - olds fully immunised against measles	46		31.4 <sup>2003</sup>	50 <sup>2004</sup> Male: 48.38 Female: 51.62	100	Slow
<b>5. Improve Maternal Health</b>						
Maternal mortality rate (per 100,000 live births)	-		704 <sup>1999</sup>	800 <sup>2004</sup>	>75	Worsening/ Insufficient data
Proportion of births attended to by skilled health personnel	45.0		36.3 <sup>2003</sup>	44.0	>60	Worsening/ Weak database

<b>6. Combat HIV/AIDS, Malaria and Other Diseases</b>						
HIV prevalence among pregnant women aged 15-24		5.7 <sup>1999</sup>	5.2 <sup>2003</sup>	4.4 <sup>2005</sup>		Good
Percentage of young people aged 15-24 reporting the use of condom during sexual intercourse with a non-regular sexual partner			Female 24.0 <sup>2003</sup> Male 46.3 <sup>2003</sup>	Female 39.5 Male 49.7	100	Slow/ Insufficient data
Number of children orphaned by AIDS			1.8million	1.97 million		Insufficient data
Prevalence and death rates associated with tuberculosis				7.07 <sup>2004</sup> 1.50 <sup>2004</sup>		Insufficient data
Prevalence of HIV among TB patients (%)	2.2		19.1 <sup>2000</sup>	27		Worsening
TB detection rate			14 <sup>2000</sup>	27	70	Slow
TB treatment success rate			79 <sup>2000</sup>	80	85	Good
<b>7. Ensure Environmental Sustainability</b>						
Proportion of land area covered by forests	10.0	14.6	13.0	12.6	20	Worsened in 2005
Proportion of gas flared	68.0	53.8	43.0	40.0	0	Good
Proportion of total population with access to safe drinking water (%)	54.0		57	60	80	Slow /weak database
Proportion of people with access to secure tenure (%)	-	-	31.0		100	Insufficient data
Carbon dioxide emissions (per capita)		0.3 <sup>2000</sup>	0.2	0.1		Insufficient data
Proportion of total population with access to basic sanitation (%)	39.0		38.0		100	Worsened/ Insufficient data
Residential housing construction index (ACI) (Proxy)		45.8 <sup>1999</sup>	50.4 <sup>2003</sup>			Insufficient data
<b>8. Develop a Global Partnership for Development</b>						
Per capita official development assistance to Nigeria (in US\$)	3.0	2.0	2.3	4.0		Slow
Debt services as a percentage of exports of goods and services	22.3	8.9	7.4	3.4		Good
Private sector Investment (US\$ million)		50 <sup>1999</sup>		6080		Slow
Tele-density (per 1000 people)	0.45			15.72		Insufficient data
Personal computers (per 1000 people)	7		30	30 <sup>2004</sup>		Insufficient data
Internet access (%)	-	0.1 <sup>2003</sup>		1.9		Insufficient data







## METHODOLOGY

In September 2000, eight time-bound development goals, the Millennium Development Goals (MDGs), were set at the UN Millennium Summit. One hundred and eighty nine member states of the United Nations, including Nigeria, pledged to make concerted efforts to address problems relating to poverty, education, gender equality, health, the environment and global partnerships for development by the year 2015. To track the eight MDGs, the UN set 18 targets and 48 indicators.

This report examines the progress made by Nigeria towards achieving the MDGs in 2005. It is the third in the series of annual tracking report on Nigeria's efforts in this direction. The report examines progress on each goal based on (i) concrete evidence and data indicating the level of progress attained at each stage; (ii) major challenges and opportunities; (iii) the supportive environment; (iv) priorities for development assistance; and (v) the nation's capacity for monitoring progress.

The 2006 report highlights the programmes and policies the Nigerian Government has formulated to achieve the goals, with a special focus on the achievements in the last year. The report updates the 2005 effort, using results from the CWIQ survey, the 2005 Sentinel Survey, the Education Census and authenticated administrative data from MDAs. It



also draws on the recently concluded National Poverty Assessment, which used data from the 2003/4 National Living Standards Survey. However, a number of data sources are now dated, especially those regarding consumption and health indicators. The 2007 report will be able to draw extensively on new surveys relating to consumption and the 2006 Census. In addition to sourcing data directly from ministries, departments and agencies (MDAs), three different stakeholders' fora were held on this report: to gather inputs and third to validate contents of the report. This is in addition to the discussion session held by the United Nation System in the country to validate the draft report. The Nigerian Institute of Social and Economic Research in collaboration with the National Bureau of Statistics coordinated the data collation.

## DEVELOPMENT CONTEXT



Nigeria lies on Africa's west coast and occupies 923,768 square kilometres of land bordering Niger, Chad, Cameroon and Benin. The country is made up of 36 states and the Federal Capital Territory. These are further divided into 774 local government areas. For more than thirty years after achieving independence in 1960, the military ruled the country. Civil rule resumed only in 1999 and, since then, the Government has been implementing a reform programme. These reforms have touched on

every aspect of the economic and political life in Nigeria, and have laid the foundations for the achievement of the MDGs.

Nigeria is Africa's most populous country. Based on 1991 census figures, nearly one in every five Africans is a Nigerian. There are more than 350 ethnic/linguistic groups and a variety of cultural groups in the country. The spatial distribution of the population is uneven, with an increasing population density as one moves towards the coast. The majority of the population live in rural areas, but the country's cities are expanding at a rapid rate.

With a wide range of climates, vegetation and soils, Nigeria possesses the potential for a wide-ranging agricultural sector. While much of the country's population is engaged in some form of agriculture, the chunk of government's revenues comes from the nation's rich mineral base, covering petroleum, coal, lignite, columbite, gold, iron ore, uranium, limestone, marble, tin, gravel and feldspar. The nation is also rich in forest and water resources, particularly in various species of plants and animals useful for domestic consumption and export.

The annual growth rate in Nigeria during the last decade of the twentieth century has been relatively low, averaging 3%. The population has grown at approximately the same rate over this period, suggesting that the welfare of the average Nigerian has not improved significantly. However, over the past five years growth has begun to pick up especially in the non-oil sector.

Despite sustained reforms over the past seven years, Government services are still failing much of the population of Nigeria. Analysis of Federal

Government capital expenditure shows that the share of national expenditures allocated to social services, especially health and education, has been relatively low. Similarly, low capacity to deliver public services impairs access to basic public goods.

However, the National Economic Empowerment and Development Strategy (NEEDS) document, and its sister publication, the State Economic Empowerment and Development Strategies (SEEDS) have made the nation's development policy sharper and more effective. The National Planning Commission is currently working on the second NEEDS document which is targeting an annual growth rate of 10 percent with particular emphasis on social sector and infrastructure spending, and encouraging continuous updating of the SEEDS.

The government is also scaling up expenditures on MDG-related projects and programmes from domestic resources. An increasing share of public expenditure is being allocated to the social sectors. These efforts received a boost when Nigeria successfully negotiated a debt relief in September 2005, which has released further resources for development spending (see box 1).

In conclusion, despite its oil wealth, Nigeria is one of the world's poorest countries, with the largest population of poor in Africa. The present strong political will to implement development projects at the Federal Government level will have to be continued and replicated across the states and local government areas for appreciable progress to be made on poverty reduction in Nigeria.



#### BOX .1. NIGERIA NEGOTIATES LARGEST DEBT DEAL IN AFRICA

*In September 2005, Nigeria successfully negotiated debt relief from the Paris Club of creditors worth US\$18 billion. It was the largest debt relief in Africa and the second in the world, next only to Iraq.*

*The deal released roughly US\$1 billion or N100 billion per year for spending by the Nigerian Government. President Olusegun Obasanjo directed that debt relief funds would be channelled to pro-poor projects that would help Nigeria achieve the MDGs. This means that an additional five per cent of government expenditures would be channelled to MDG-related projects and programmes.*

*In the 2006 budget, the portion of the funds allocated to the Federal Government was spent through 10 MDG-related ministries. The projects included renovating and equipping dilapidated primary health centres, building rural roads to provide access to markets, and recruiting some 40,000 teachers for rural areas that are in the greatest need of instructors.*

*Each year, an equivalent sum will be set aside in the budget for MDG-related projects. This would be an addition to the existing pro-poor spending. The debt relief gains will be tagged, tracked and monitored to ensure that the spending is effective and that it is having the desired impact on the beneficiaries.*





## MILLENNIUM DEVELOPMENT GOALS - NIGERIA



# GOAL 1

ERADICATE EXTREME POVERTY AND HUNGER



Indicators	1990	1996	2004	2005	2015 Target	Progress
Percentage of population living in relative poverty	43 <sup>1992</sup>	66	54	54 <sup>2004</sup>	21	Slow
Percentage of population living in extreme poverty (consuming 2,900 calories or lower daily)	-	-	35	35 <sup>2004</sup>	-	Insufficient data
Percentage of underweight children (under five)	36	31	30	30 <sup>2004</sup>	18	Slow

Sources

Target 1: National Bureau of Statistics, Poverty Profile for Nigeria, March 2005.

Target 2: World Bank, Development Indicators, various years.

## STATUS AND TRENDS

Nigeria continues to be one of Africa's most endowed countries. Despite its vast oil wealth and other natural and human resources, 35% of the population live in extreme poverty while as much as 54% are poor in relative terms. Almost 52 % live on less than a dollar a day. And they feel it.

Poverty is widespread, but unequally distributed. There is a clear north-south divide with the highest incidence of poverty in the North East zone (67.3%), followed (in order) by the North West (62.9%), North Central (62.3%), South South (51.1%), South West (42%), and South East (34.2%). A poor family living in north-western Nigeria faces challenges far more numerous and daunting than their compatriots in the southeast: for example, immunisation rates are 3 times lower, maternal mortality rates 2.5 times higher and literacy rates half those of the South East.

Poverty incidence is significantly greater and the depth of poverty deeper in rural areas. About 63% of people living in the rural areas are poor, compared

with 42% in urban areas. The primary livelihood of the rural populace is agriculture (85%); the majority of the farmers are uneducated, and they use few inputs to support their farming. For many in Nigeria, life has been stagnant for decades.

The intense poverty of the people feeds into widespread vulnerability. The most commonly reported response to economic shocks is to reduce food consumption. While hunger is not as widespread in Nigeria as in other parts of Africa, many are not far from its grasp. Poor households state that in addition to reducing consumption, they sell assets and pull their children out of school, both having long-term consequences.

Poverty in Nigeria seems to have worsened over the 1990s, and then reduced in the early part of this century. However, population growth rates have meant a steady increase in the number of poor from 39 million in 1992 to 69 million in 2004.

## CHALLENGES AND OPPORTUNITIES

A core challenge of achieving MDG 1 is the interrelated nature of the MDGs and, thus, the various dimensions of poverty. Households headed by persons with little elementary or no formal education have the highest poverty incidence, depth and severity. A healthy workforce is a productive

one. Addressing all the goals adequately will be key to achieving each goal in turn.

It is clear, however, that a robust, broad-based growth, inclusive of the poor (including growth of about 10% in the agricultural sector) will be necessary to achieve MDG 1.

This will require a paradigm shift in the structure of the economy, which has traditionally been heavily reliant on the oil sector. In 2005, non-oil growth was roughly 8%, but only about 3% in 2000. Diversification of the economy is a top priority to achieve sustained high growth rates.

During 2005, Nigeria received significant windfall gains from the sale of its mineral stocks, particularly crude oil. These funds are an opportunity to accelerate the construction of an adequate physical infrastructure for the achievement of the MDGs. The combination of capital investment and market-oriented reforms that introduce profit incentives to rural enterprises and small private businesses can unleash a productivity boom, propelling aggregate

growth. This is particularly true when a large segment of the population is underemployed in agriculture, as it is the case in Nigeria. Thus, a key challenge will be the judicious management of these gains.

Finally, the country's massive agricultural workforce is an opportunity to insure the country against hunger. However, the sector's workforce is dominated by aged people that substantially rely on crude implements. Efforts to attract youths into this sector by promoting use of modern equipment are worthwhile. Adequate focus on agriculture is needed to ensure food accessibility by bolstering the future of small-scale farmers and by achieving a viable transition from small- to medium- and large-scale food production and value-added processing.



## SUPPORTIVE ENVIRONMENT

Government effort at reducing poverty has taken the forms of an anti-corruption drive, economic sector reform, reforms in government work

procedures to achieve greater efficiency, and increased international support. Also with the assistance of the World Bank (2001/2002), Nigeria



formulated poverty reduction strategy programmes and policies through the Interim Poverty Reduction Strategy Paper (IPRSP), which aims at building on the gains of the earlier efforts on poverty programmes. Further efforts of the civilian government to reduce poverty include the Poverty Alleviation Programme (PAP), targeted at correcting the deficiencies of the past efforts. This programme metamorphosed into Poverty Eradication Programme (PEP) to make poverty reduction programmes more participatory.

Government also embarked on a comprehensive poverty reduction strategy known as National Economic Empowerment and Development Strategy (NEEDS) in 2004. The NEEDS (with SEEDS and LEEDS, its State and Local government counterparts) is a medium-term strategy (2003-2007), which derives from the country's long-term goals of poverty reduction, wealth creation, employment generation, and value re-orientation. Full implementation of these programmes will reduce unemployment, poverty and lay a solid foundation for sustained development. In addition, government projects that the economy should grow at a minimum of 10% with a strong emphasis on

public-private partnership in project implementation. Indeed, the private sector is expected to function as the engine of growth and the driver of the economy. The completion of the medium-term plan document spanning 2007-2011 is set to usher in NEEDS II, which is commendable on the part of government. The reasons for these are many. First, government is demonstrating that NEEDS will be a continuous process; and, second, with the birth of NEEDS II, it will be feasible to consolidate and improve the actions from the implementation of NEEDS I.

To ensure that the macroeconomic reforms translate into welfare enhancement, priority projects in reaching food security targets have focused on agricultural development. In addition to different Presidential Initiatives on such products as cocoa, rice, cotton and cassava, efforts have also been focused at rehabilitation of moribund dams and irrigation facilities. Other initiatives include rural infrastructure, land management, poultry production, development of aquaculture, and organic fertilizer development. Activities from many other sectors of the economy are to complement these efforts.

## PRIORITIES FOR DEVELOPMENT ASSISTANCE

Nigeria's domestic resources are only as valuable as the institutions administering them. Thus, the international community should work with the Nigerian government to improve the processes governing its own expenditures. Such huge capital inflow as the country has gained from oil in recent years offers it an excellent opportunity to move the country way ahead towards the achievement of the MDGs.

Significant assistance will still be needed to encourage broad-based, pro-poor, growth. The international community should help facilitate the invigoration of the private sector as a key priority for

stimulating employment generation through pro-poor agricultural and industrial development. Thus, as the nation is drawing close to the election year, it will need more assistance from development partners. The international community should aim to be a source of stability in the reform process during 2007. The development partners should aim to provide significant incentives to achieve a democratic and peaceful, free and fair election that will provide the platform for sustained economic growth.

To enhance food security and access, priority targets should focus on key issues: redirection of micro-

policies in favour of enhanced input use and productivity over time; strengthening links between farmers and international markets; systems strengthening for promotion and use of improved

technology; rural infrastructure upgrading to promote rural industrialisation; and support for marketing information and monitoring networks. Targeted and qualified research, advocacy and

Tracking Progress in Eradicating Extreme Poverty and Hunger

Elements of Monitoring Environment	Assessment of Nigerias Current Performance		
	Strong	Fair	Weak
Data gathering capacity		✓	
Quality of recent survey information	✓		
Statistical tracing capacities		✓	
Statistical analysis capacities		✓	
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms			✓
Monitoring and evaluation mechanism			✓

CONCLUSION

Progress towards achieving Goal 1 is currently slow. However, the supportive environment is fair and based on current trends and the projected impact of

reforms, Nigeria can potentially achieve this goal by 2015 if it intensifies current efforts and reinforces good governance.

THANK YOU KEKE



The National Program for Poverty Eradication (NAPEP) started subsidising the sale of small three wheeler 'Kekes' in 2002. These vehicles are intended to act as cleaner, safer alternatives to motorbike taxis.

The Keke NAPEP bought by Wole Yewane three years ago has changed his life. He has easily been able to pay off the loans he took to purchase his Keke, and now has "a higher standard of living, for sure."

The extra income is only a start. He wants to eventually buy a car which will yield even higher fares. However, "the Keke scheme has meant my car is coming. I'm bringing myself up now."



## GOAL 2

ACHIEVE UNIVERSAL PRIMARY EDUCATION



Target 3: Ensure that, by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary education.

Indicators	1990	1996	2004	2005	Target 2015	Progress toward target
Net enrolment ratio in primary education	68	81.1	81.1	84.26	100	Good
Proportion of pupils starting Grade One who reach Grade Five	67	71	74	74	100	Good
Grade six completion rate	58	64	69.2	67.5	100	Worsened in 2005
Literacy rate of 15-24 years old	70.7 <sup>1991</sup>	-	76.2	80.20	100	Good

Sources: Federal Ministry of Education, Abuja, 2006

National Bureau of Statistics, Key findings on core welfare indicators 2006, Abuja, 2006

Universal Basic Education Commission, Abuja, 2006.

## STATUS AND TRENDS

At the moment, the trends in net enrolment ratio at the primary school level witnessed considerable fluctuation from 1990 to 2004. The enrolment ratio increased from 68 % in 1990 to 86 % in 1994 but fell to 81.1 % in 1996. The enrolment later peaked at 95 % in 2000. One quick explanation for the high increase in net enrolment is government's effective campaign for, and implementation of, the Universal Basic Education (UBE). Launched in 1999, the UBE is government's strategy to fight illiteracy in the country. One other contributory factor to this is the favourable political climate during this period. However, the net enrolment declined to 81.1 % in 2004 though it later rose to 84.26% in 2005, indicating that enrolments in primary schools have increased as more private schools were springing up and providing more access to education. With the strong political will and the reform in the sector, there is hope that the 100 % target set would be achieved by the year 2015.

Like any other data supplied by the Federal Ministry of Education, the number of pupils starting grade 1 who reach grade 5 in Nigeria has experienced serious fluctuations. The proportion was 67 percent in 1990 and rose to 80 percent in 1994, fell to 71 percent in 1996 and shot up again to 97 percent in 2000 but declined to 84 percent in 2002 while 74 percent each was recorded in 2004 and 2005 respectively. Due to stakeholders appreciation of the importance of UBE and their commitment to support its implementation, the hope of achieving the 100 per cent target that was set for proportion of student starting grade one up to junior secondary school will be achieved by 2015.

On pupil enrolment by sex, it is obvious that male enrolment was consistently higher than the female by over 10% between 1994 and 2004. Also, although 1994 recorded an improvement in the primary six completion rate (74.5%), this declined in 2002, falling steadily to 69.2% and 67.5% in 2004 and 2005. Further observation shows that the

proportion of pupils who reached grade 5 in 2005 was 74% while the primary six completion rate was 67.5 %. The main reason for the decline in the grade six completion rate was that some primary five pupils gained admission to junior secondary schools. There is a good reason to hope, then, that the 100% target set for the junior secondary completion rate will be achieved by the year 2015.

The fluctuation in the completion rate during this period was partly due to rising poverty in the country, which resulted in modest drop out rates. There were also incessant wage-related strikes by teachers in the public schools. Such strikes were

sometimes prolonged by official insensitivity leading to withdrawal of pupils from schools and dampening the morale of a number of them even when the crises were finally resolved.

The literacy level in the country is inherently unsteady, especially among the 15-24 year-olds. The literacy rate for this age group was 64.1% in 2000, 60.4% in 2002 and 76.2% 2004. The literacy rate was, however, higher in urban areas (84.9%) than the rural (62.1%). Following the result of NBS survey, literacy rate for this group stood at 80.2% in 2005.

## CHALLENGES AND OPPORTUNITIES

One explanation for the successes recorded in educational enrolment is the Government's implementation of the Universal Basic Education (UBE) programme launched in 1999. The programme is part of an international effort to extend basic education opportunities to all children. However, Nigeria faces various challenges in its efforts to implement the UBE Programme. One major challenge is the enormity of the primary and junior secondary education systems. Experience has shown that poverty is a significant barrier to enrolment when fees and related expenses apply, hence the removal of such costs (including the hidden ones) should be a priority of all subsequent administrations in the country. The resources, both financial and human, required to effectively address these issues outstrip current government allocations and projections. It is obvious that the management of 36 independent states is a significant undertaking and represents a constant challenge, hence government must be creative in its use of resources to achieve these laudable ends. In effect, while UBE represents a real opportunity for progress, its challenges should be taken seriously.

It should be mentioned that, in some cases, increased enrolment has actually harmed

educational outcomes. As more children are squeezed into the classroom, resources are spread increasingly thinly to cater for each child, and educational quality falls. As enrolment rises, it is imperative to increase educational resources to commensurate with the increase in enrolment. Such resources include classroom space and related facilities, textbooks and adequately trained teaching personnel.

Apart from building the educational programme to a large size, the country needs to ensure its continuity even in the face of dwindling financial resources. Some States and stakeholders are still sceptical about the universalisation of education programme. Although they have been convinced that UBE is a good programme, yet their attitudes have continued to portray them as a hindrance to universal access to education, especially in those historically educationally disadvantaged states.

Stakeholders have expressed concern that the basic education curriculum tends to alienate learners from the community rather than integrate them into it. This calls for an urgent review of the curriculum to enrich it and ensure that it meets the individual needs, on one hand, and the community/national

needs, on the other. The curriculum review should extend to non-formal sector of education such as mass-literacy and adult education, out of school children, nomads, migrant farming populations, and anglers' children who live in riverine areas. Alongside, the curriculum of teacher education should be reviewed to meet the required standard for national development.

The level of poverty in the country is so high that poor families are unlikely to be able to afford the cost of education. In some areas, young boys do not attach much importance to school attendance

because of the high unemployment rates they notice among school leavers. Government must do something about this as well as work decisively to bridge the wide enrolment and completion rates gap between boys and girls. The same effort must be directed at dropout or attrition rates.

The major setback caused by the incessant breakdown in the academic calendar due to industrial disputes needs a creative solution. The teachers themselves must have more opportunities for capacity enhancement.



## SUPPORTIVE POLICY ENVIRONMENT

There is a brightening up of the educational horizon, which shows that government recognises the formidable challenges facing it. Government has

significantly bolstered its policy on education in the last year with the publication of the Education for All (EFA), a ten-year plan for education. The EFA plan



pushes government's ambitious targets to the fore and gives a sense of the resources necessary to achieve these targets. A very significant feature of the plan is that it maps out the logistics for achieving the sector's goals as a whole.

Quite naturally, a key to achieving the sector's goals is UBE. The Universal Basic Education Act passed in 2004 supports compulsory, free, universal basic education for all children of primary and junior secondary schools age in Nigeria. In addition, a judicial ruling affirming states and local governments' statutory responsibilities for the

delivery of primary and secondary education has helped ensure that all tiers of government are now major participants in the provision of basic education.

The gender bias in education is being partly addressed by the Girls Education Programme, which guarantees places in schools for girls, encourages their attendance and fosters a girl-friendly school environment. The Ministry of Women Affairs is also advocating girl child enrolments in areas of low female enrolment.

### PRIORITIES FOR DEVELOPMENT ASSISTANCE

The main priority areas for development assistance are financial and technical assistance in key areas. Such key areas include literacy for all, life planning and HIV and AIDS education, community education, education sector analysis, strategies for accelerating girls' education in Nigeria, integrated early childhood development, research, monitoring and evaluation, sanitation condition in schools, and technical assistance to Nigerian Institute for Educational Planning and Administration (NIEPA).

Support for the basic education programme is a critical area for development assistance. While the contributions of the international development partners, such as the World Bank, UNESCO, USAID, African Development Bank, and DFID have been helpful, further assistance would still be needed to achieve education for all by 2015. The assistance is needed to renovate and furnish primary schools and women development centres, promote literacy, English language education, and basic mathematics teaching and learning.

#### Tracking Progress in Basic Education Achievement

Elements of Monitoring Environment	Strong	Fair	Weak
Data gathering capacity	✓		
Quality of recent survey information	✓		
Statistical tracing capacities		✓	
Statistical analysis capacities		✓	
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms		✓	
Monitoring and evaluation mechanism			✓

## CONCLUSION

By implication, progress towards Goal 2 is varied: some indicators are improving rapidly, and others only slowly. The supportive policy environment is fair for achieving universal primary education in Nigeria.

Based on current trends and the projected impact of reforms, Nigeria can potentially achieve this goal by 2015 if current efforts are intensified.

## BACK TO SCHOOL



Rabi is passionate about her job. She loves teaching and is a shining example to those girls who make it to Mallam Jalo model primary school in Kaduna, north-western Nigeria.

However, she, like so many teachers wants training to do her job better. That is why she is so grateful for the debt relief sponsored training she received at the start of the academic year. "I liked it because I have gained a lot."

She was one of the 145,000 teachers trained in 2006 using debt relief gains. "The instructors encouraged us, giving us tips on how to teach. They said we should be smart and active, throwing questions at the children to keep them engaged".

For many this was the first real training they'd had since they had left college. The atmosphere in each of the training centres was electric. Now that electricity has been taken into classrooms all over the country.





## GOAL 3

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN



Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and at all levels of education not later than 2015

Indicators	1990	2004	2005	2015 Target	Progress towards target
Ratio of girls to boys in primary education (girls per 100 boys)	82	79	81	100	Good
Ratio of girls to boys in secondary education (girls per 100 boys)	106	79	81	100	Good
Ratio of girls to boys in tertiary education (girls per 100 boys)	46 <sup>1991</sup>	72 <sup>2003</sup>	72 <sup>2003</sup>	100	Good
Share of women in wage employment in the non -agriculture sector (%)	66 <sup>1991</sup>	79 <sup>2003</sup>	79 <sup>2003</sup>		Good /Insufficient data
Proportion of seats held by women in national parliament (%)	1.0 <sup>1991</sup>	5.76 <sup>2003</sup>	5.76 <sup>2003</sup>	30%	Slow

Sources:

i) National Planning Commission (NPC) (2005): 2005 Nigeria's MDGs Report

(ii) Federal Ministry of Education, Statistics Unit (July 2006)

(iii) National Population Commission and ORC Macro (2003): Nigeria Demographic and Health Survey 2003

(iv) [www.nassnig.org](http://www.nassnig.org)

## STATUS AND TRENDS

Women in Nigeria continue to face inequality in many aspects of life. The proportion of girls enrolled in primary school is still lower than that of boys, though the trend is positive. The ratio of girls to boys (girls per 100 boys) in primary school rose from 79 in 2004 to 81 in 2005 (see figure 3.1). There continues to be a clear north-south divide in female participation. In a number of southern states, girls outnumber their male classmates in school, while in the northern state of Zamfara, there are 2.5 boys to every girl. Figure 3.2 illustrates the Gender Parity Index for each of the local governments of the nation for 2005.

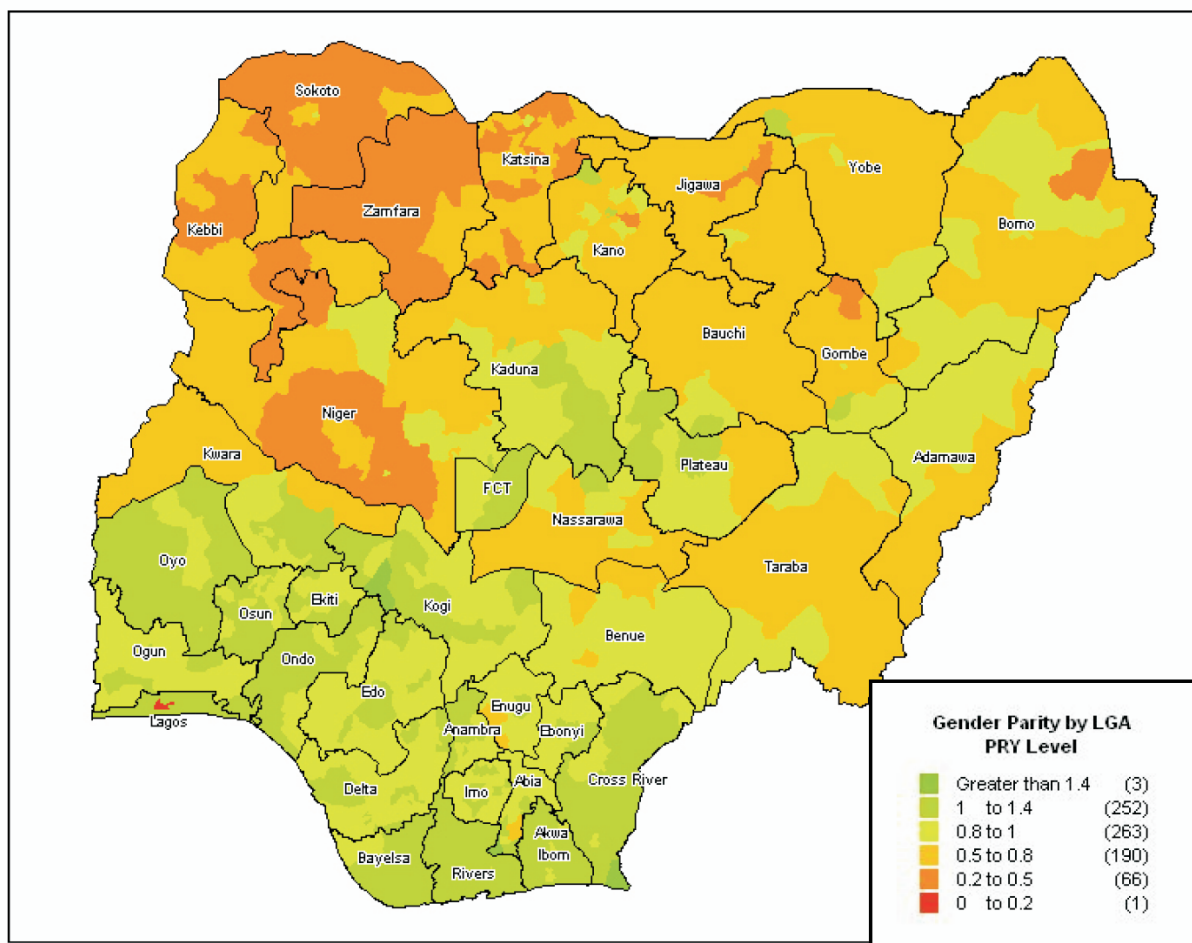
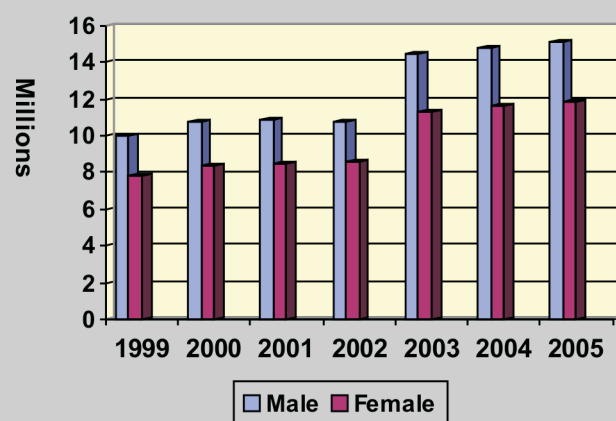
The trend is not as positive for secondary school enrolment, with the percentage share of female enrolment reducing from 48% in 1999 to 44% in 2003. Again, young women in the South fare better than their counterparts in the North. The net attendance ratio is abysmally low for females in the North West at 10% against 60% in the South West. At the tertiary level, the trend is once again positive, with increasing numbers of females being enrolled in university. The literacy level has deteriorated steadily

between both sexes in the 15-24 year group. While it declined from 81.35% in 1991 to 69.8% in 1999 among the males, the rate of decline among the females was from 62.49% to 59.3% during the same period. By 2004, these figures had dropped to 60% and 45% for the males and females.

The challenge for both boys and girls in Nigeria is using that education after graduation. However, available employment data indicates that women have become increasingly favoured in wage employment in the non-agricultural sector.

There is a gradual increase in the proportion of women in parliament. This is clearer at the national level than the state and local government levels. Although the number of Deputy Governors rose from one in 1999 to three in 2003, they are all from the southern part of the country. Out of the 774 local government chief executives, only five are women in 2003, up from two in 1999. Women need to make the jump from their strong representation in the executive arm of government to the legislative.

**Figure 3.1: National Primary Enrolment By Gender 1999-2005**



**Figure 3.2: Gender Parity in Primary Education by LGAs**



## CHALLENGES AND OPPORTUNITIES

Limited political will at the state and local government levels to reduce gender disparities in education is the greatest challenge to achieving equality. There is a need to step up advocacy at the sub-national levels of government to awaken them to their constitutional responsibilities to women.

Government needs to strengthen the incentives for parents to send their girls to school. Clearly, there is room to improve incentives across both sexes. All tiers of government should work together to reduce the cost of schooling. They should also work on other initiatives such as the primary school feeding programme initiated by some state governments. It both serves as a positive incentive for parents to send their children to school as well as improves child health. For parents not to yield to the impulse to send the boys to school rather than the girls, girl-specific initiatives should be pursued. One way to do this is to improve the provision of water to communities, thus easing the burden on girls whose traditional role it is to fetch water. Parents, especially those in the north,

must be specially targeted to send their girls to school.

Once girls get to school, keeping them there poses a challenge in its own right. Again, improving educational facilities is a gender-sensitive way of improving enrolment. An example is to provide adequate girl-only sanitation facilities in all primary and secondary schools to encourage increased female enrolment. Female participation in parliamentary activities is still beggarly. The upcoming election provides another opportunity to improve participation. Support from external partners will be key in improving the number of politically active women. Finally, there is a need for improved data on women. To adequately track the state of females, national data should be collected and indicators disaggregated by sex. This would give policy makers an accurate picture of the economy for the formulation of gender responsive policies to fight the feminisation of poverty.



## SUPPORTIVE POLICY ENVIRONMENT

Clearly, there is a need to improve the number of girls in school. Through the Strategy for Acceleration of Girls' Education in Nigeria (SAGEN) and the Child Friendly School Initiative, there is an increased focus on advocacy, partnerships and resource mobilisation and the provision of girl child friendly schools.

Similarly, more women should be encouraged to take up political office. The National Policy on Women adopted in 2000 articulates gender mainstreaming in relevant sectors. It also supports the formulation of policies in relation to social, economic, and political actions that will actualise the provision of the constitution towards the equality of rights. The policy thrusts of equality and social well-being are designed to remove the social menace associated with gender inequality and thereby promote activities that empower women to achieve sustainable employment. Government should be more committed to its policy that prescribes the reservation of at least 30% of public positions for women.

The government is also trying to approach the challenges facing women in innovative ways. The Federal Ministry of Health (FMOH) is responding to

the plight of illiterate and poor rural women of childbearing age through a Female Functional Literacy for Health (FFLH) project. The project, whose objective is to enhance the health status of rural women and their families, uses a three-pronged approach of functional literacy, health education and poverty alleviation through viable income generation.

At the moment, women are well represented in key ministries, parastatals and agencies of the federal government. Women ministers head the ministries of Finance, Education, Solid Minerals and Women Affairs. Also, women occupy key leadership positions in the Federal Ministry of Health, the Federal Inland Revenue Services, Small and Medium Enterprises Development Agency of Nigeria (SMEDAN), Export Promotion Council, Bureau for Public Enterprises (BPE) and National Agency for Food and Drug Administration and Control (NAFDAC). The State Governments have ample lessons to learn from the Federal in the appointment of women as commissioners. In states such as Ogun, Ekiti and Osun women served, as the Deputy Governors while the Speaker of Ogun State House of Assembly was also a woman.

## PRIORITIES FOR DEVELOPMENT ASSISTANCE

The priority areas where development assistance is needed to eliminate gender disparity in primary, secondary and tertiary institutions not later than 2015 include the need for advocacy and capacity building for improved female participation in politics. This is crucially important as the countdown to the 2007 elections draws near.

The international community should continue to support efforts to improve female school enrolment, especially in the northern part of Nigeria. They should also build capacity for gender mainstreaming in all departments at each level of government and

help enhance the capacities of ministries and agencies saddled with data generation in order to have timely and sex-disaggregated data.

Given that the burden of poverty rests firmly on the shoulders of women, efforts to achieve many of the other MDGs will be key to achieving Goal 3. Improved access to water gives girls more time to go to school. Improved education enhances the economic and political prospects of women. Thus, efforts to help Nigeria achieve the MDGs in totality will be vital for the achievement of Goal 3.



## Tracking Progress in Promoting Gender Equality and Women Empowerment Monitoring and Evaluation Environment

Elements of Monitoring Environment	Assessment		
	Strong	Fair	Weak
Data gathering capacity		✓	
Quality of recent survey information		✓	
Statistical tracking capacities			✓
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms		✓	
Monitoring and evaluation mechanisms			✓

### CONCLUSION

Progress towards Goal 3 is improving moderately. The supportive policy environment is fair for achieving the goal and Nigeria can potentially

achieve this goal by 2015 if current efforts at the federal level and a few states are intensified and replicated at all state and local government levels.

## A CHANCE IN 2007



Women still make up a tiny share of the nation's political representatives. No women has ever been elected as a state Governor, and their representation in the national and state assemblies is meagre.

2007 is a chance to change that, and start to move towards a more equitable distribution of power across the sexes. The country's third national elections will be held since the move to democracy in 1999.

Women across the nation are already preparing to take up the fight as candidates for positions across the three tiers and arm of government. And increasing numbers of Nigerians support these efforts. "It isn't just fair, it's clever," states one student from Kano state.

"Women have a unique perspective on the world, and if they make up half the population, they should make up half the politicians".

As 2007 approaches, increasing numbers of women will take up the challenge to make this belief a reality.



## GOAL 4

REDUCE CHILD MORTALITY



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

INDICATORS	1990	2004	2005	2015 Target	Progress Towards Target
Infant mortality rate (per 1000 live births)	91	100 <sup>2003</sup>	110	30.3	Worsening
Under-five mortality rate (per 1000 live births)	191	201 <sup>2003</sup>	197 <sup>2004</sup>	63.7	Marginal improvement in 2005
Percentage of oneyear-Old children fully immunised against measles	46	31.4 <sup>2003</sup>	50 <sup>2004</sup> Male:48.38 Female:51.62	100	Slow

Sources:

- (i) NDHS 2003
- (ii) NBS (2005): The Nigerian Statistical Fact Sheets on Economic and Social Development June 2005 (for immunisation against measles in 2004).
- (iii) UNFPA State of the World Population 2006 (for IMR). This is based on estimates for 2005.
- (iv) UNICEF (2006): Progress for Children: A Report Card on Nutrition, Number 4, May 2006 (for U5MR for 2004).

## STATUS AND TRENDS

The reduction of child mortality represents a major challenge for Nigeria. The national infant mortality rate has worsened relative to 1990. The trend continues to worsen, with the rate increasing from 100/1000 live births in 2003 to 110/1000 in 2005. This trend is moving far away from the target for 2015 of 30/1000. Nigeria's youngest citizens are becoming more, not less, vulnerable. However, the Under Five Mortality Rate (U5MR) made marginal improvement from 201/1000 live births (LB) in 2003 to 197/1000 live births in 2004.

Regional disparities subsist in 2005. There is a wide variation between rural and urban centres and among geographic zones in Nigeria. North West, North East and South-South recorded the highest IMR and U5MR (see Figure 4.1).

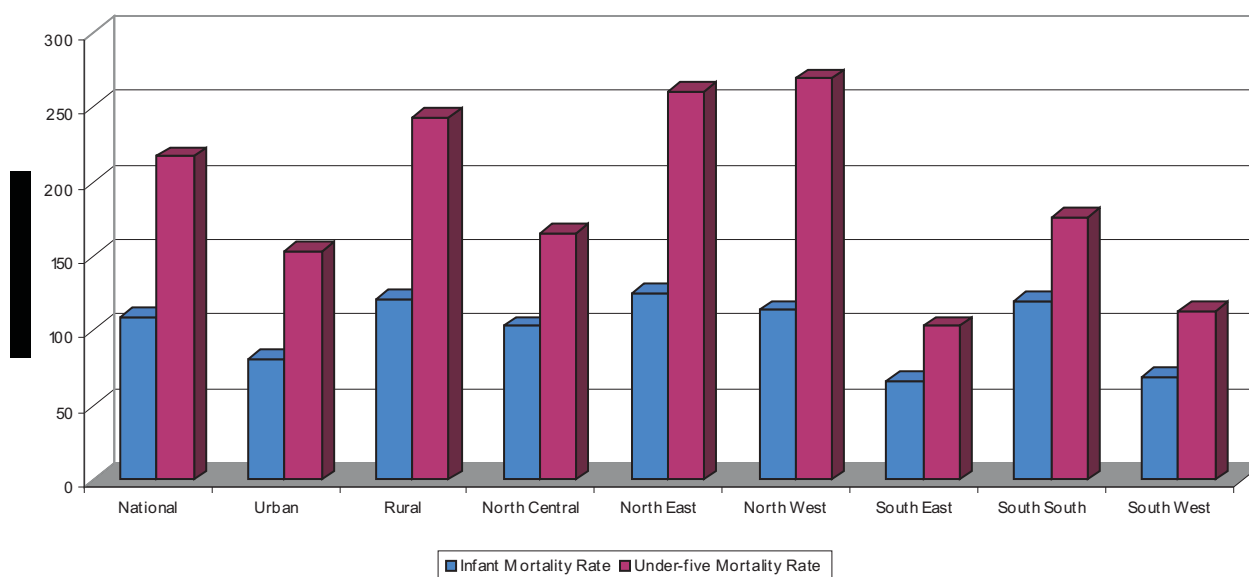
Low maternal education, weak primary health care

system (PHC), poverty and inequality, poor household practices, lack of antenatal and delivery care and shorter birth intervals are strongly associated with increased child mortality risk.

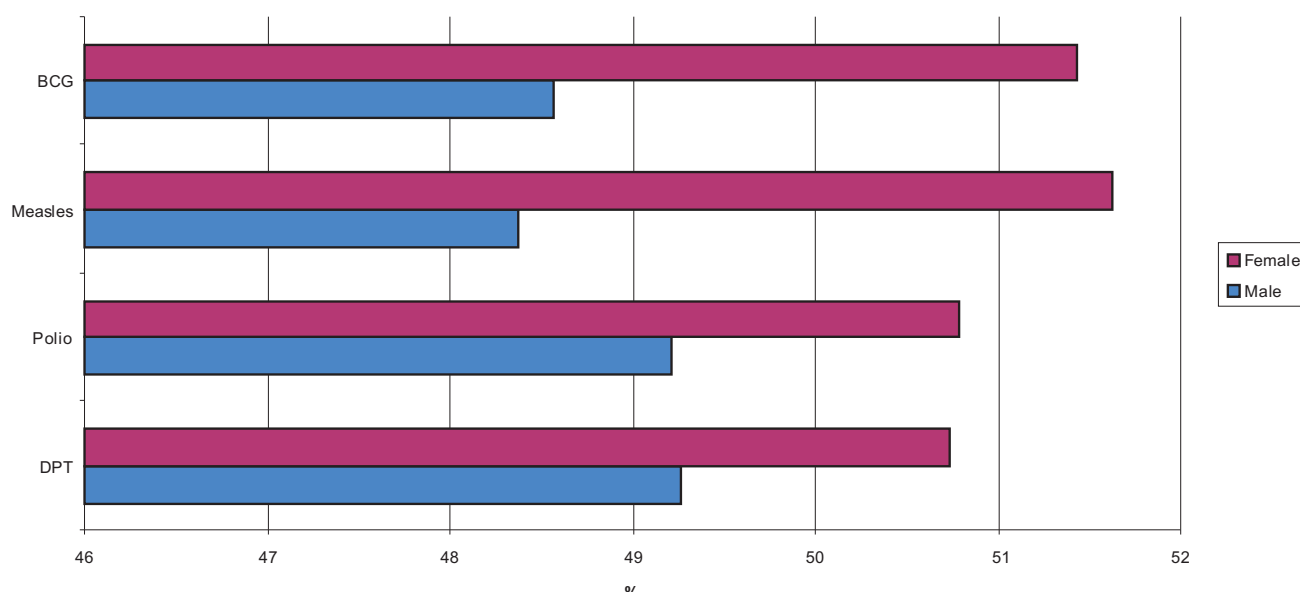
The coverage of vaccinations is highly correlated with improved mortality outcomes. Vaccination coverage varies across the regions and states. In the northern zones, vaccination coverage ranged from 25% to 41% in 2005, whereas in the southern zones coverage ranged from 43% to 48%.

On average, females constitute a larger proportion of the coverage (See Figure 4.2). An examination of the immunisation coverage across the 36 states and the Federal Capital Territory (FCT) shows that the exercise is biased against males for Bayelsa, Anambra, Ebonyi, Ondo and FCT while the opposite holds true for Jigawa and Imo states.

**Figure 4.1: Infant and Under-Five Mortality Rates by Zone (2003)**



**Figure 4.2: Immunization Coverage by Gender**



Source: NBS (2005): The Nigerian Statistical Fact Sheets on Economic and Social Development: p.85.

Diseases such as malaria, diarrhoea, acute respiratory tract infections and various vaccine-preventable diseases contribute to high levels of child mortality. Mother-to-child transmission of HIV usually contracted in the womb or through breast milk from HIV-positive mothers, has also become a threat to child survival. However, at the core of the high rates of child mortality are high levels of

malnutrition, unhealthy environments, and limited access to and utilisation of quality health care services. These factors account for higher rates of child mortality in Nigeria's rural areas where access to adequate nutrition, quality health care, and other basic social services is even more limited than in the urban areas, particularly for women and children.

In 2005, the different tiers of government showed appreciable signs of better collaboration in the provision of health services. Federal MDAs indicated the need to coordinate planning processes with the state and local governments.

Nigeria's debt relief has provided an opportunity for a conditional grants scheme that also targets the

health sector and empower sub-national tiers of government. Such condition will be key to the achievement of all the health MDGs in Nigeria. Specifically, improved women status, increased access to safe drinking water and sanitation, and improved household practices are central to improving health status of children.

## CHALLENGES AND OPPORTUNITIES

The weakness of the country's primary health care system continued to be one of the major challenges to child health. Primary health centres usually lack skilled and motivated staff, drugs and equipment. This is worsened by a limited referral system between primary and secondary health facilities coupled with the existence of fake drugs even though government has performed gallantly on this in recent times.

Immunisation is one of the most effective interventions in reducing child mortality. The percentage of children with complete vaccination improved marginally between 2003 and 2004. The number of children immunised against measles rose from 31.4% in 2003 to 50.0% in 2004. There are indications that recent immunisation initiatives, such as decentralisation of immunisation management, have started to pay off. Accelerating these efforts in combination with continued advocacy across the three tiers of government and traditional institutions will be a key opportunity to improving child health. Child survival also depends on parents' abilities to understand and react appropriately to child needs, a factor which is strongly influenced by female literacy levels, empowerment and status. Family income and household practices also determine key factors, such as access to safe water and adequate sanitation.

Interventions promoting universal immunisation coverage exist, but they are not reaching many of the poorest children who need them most. Mothers' health represents an early opportunity for intervening in the health of the child, as poor nutrition, low women status, and frequent childbearing negatively affect the health of pregnant women and their unborn children. Social factors in some areas, such as early marriage and inadequate birth spacing, increase the risk of mortality among children. Policy makers need to draw on their experience, knowledge and networks to develop and implement integrated, effective child survival interventions.

Finally, progress cannot be made unless serious attention is paid to the state of government health management systems. For example, there is a desperate need to improve the referral system between primary and secondary health facilities in the country. The PHC system needs serious overhaul and rejuvenation to be directed at the MDGs. The Integrated Disease Surveillance and Response system and the Integrated Management of Child Illness should be strengthened. Government should find lasting solutions to poor health personnel in rural areas as well as address the problem of MDAs' access to capital budgets.





## SUPPORTIVE POLICY ENVIRONMENT

2005 has seen the publication of numerous policies and strategies that aim to improve child health. The Integrated Child Survival and Development Strategic Framework and Plan of Action (2005-2009) serves as a reference to guide implementation of child survival interventions by Government at all levels. Similarly, the National Programme on Immunisation lays out a plan of action to achieve total coverage. The development of a national policy on Integrated Disease Surveillance and Response (IDSR) has the potential of setting the pace for availability of comprehensive information on basic health. The expansion of the Integrated Management of Child Illnesses (IMCI) Strategy from 6 to 21 states is a welcome development. Thus, Nigeria has the plans. Children's health can be improved on these platforms.

Commitment of the National Agency for Food and Drug Administration and Control (NAFDAC) to eradicating fake drugs and adulterated food materials in the country will reduce the risk associated with the use of fake drugs across the country and its implications on child morbidity and mortality. The current reform of the health sector and the NHIS should serve as a good instrument for improving child and maternal health in the country. Through this reform, attention should be given to strengthening the health systems, such as financing and provision of public goods that have substantial impact on health and social well-being (e.g. potable water, sanitation). Other areas in need of attention are financing and provision of activities relating to epidemiological data collection; health system planning, regulation, licensing and legislation;

and development of traditional health systems and overall promotion of good and sustainable healthy living.

Since children are still dying in large numbers from easily preventable diseases, government must get adequate health services to the grassroots level. Also, to prevent and control major communicable and non-communicable diseases, government should promote individual- and community-based behavioural change with a view to ensuring

sustainability. The nation needs a Health Act that will spell out the responsibilities of each tier of government as well as how to strengthen public-private partnership in health service delivery.

Obviously, significant progress cannot be made unless more attention is paid to an integrated health care delivery system that ensures a continuum of care from home/community through primary facility to referral hospital.

## PRIORITIES FOR DEVELOPMENT ASSISTANCE

Development assistance can be particularly constructive in assisting a policy paradigm shift that promotes more comprehensive and integrated approaches to the needs of the child. Part of this priority area may involve supporting initiatives to empower families and communities to promote key household practices that significantly influence child survival, growth and development.

Development partners should continue to back Nigeria's health plans by providing financial and technical assistance to help implementation. Partners can review and refine these plans over time, but this must be supportive of Nigeria's own strategies.

Other areas suitable for development assistance include human and institutional capacity building particularly on issues relating to safe motherhood, promoting healthy children, and attracting and

retaining competent health workers. There is need to empower families and communities to promote key family practices that have the greatest impact on child survival, growth and development. This should be complemented with improved funding for child survival interventions.

Donors should collaborate with all sectors of Nigerian society to pilot innovative methods of community-based healthcare. Finding out what works and displaying the results gives the government an opportunity to channel resources to these effective interventions faster. Donors could assist in mobilising resources for special attention to promote healthy children in the country. Now is the time to design a monitoring and evaluation system for PHC in the country. The development partners have a role to play in generating relevant health databases that will effectively track progress on health MDGs.

## Tracking Progress in Reducing Child Mortality

Elements of Monitoring Environment	Assessment		
	Strong	Fair	Weak
Data gathering capacity			✓
Quality of recent survey information		✓	
Statistical tracking capacities			✓
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms			✓
Monitoring and evaluation mechanisms			✓

## CONCLUSION

Based on current trends and the projected impact of reforms, Nigeria is unlikely to achieve this goal by 2015. However, if efforts are intensified, significant progress can be made. The supportive environment

is fair but each tier of government must place emphasis on child health and the promotion of community behavioural change and sound referral system.

## IMMUNIZATION



### ZAMFARA GOVERNOR BOOSTS IMMUNISATION PROGRAMME

In order to protect the potency of vaccines provided through the NPI to Zamfara State, the State government gave each LGA in the state a power-generating set. Governor Alhaji Ahmed Sani Yerima announced the donation while flagging off the second round of National Immunisation Days. The power generators will support the deep freezers and ice-lining refrigerators given to each LGA by the Federal Government to protect vaccines.

The Governor called on all LGA Chairmen, Royal Fathers, Traditional Leaders and Ulamas to provide the necessary logistical and social support for the immunisation programme. To demonstrate his commitment and assure the populace that the Oral Polio Vaccine is safe, the Governor personally immunised his son. Royal Fathers, politicians and top government functionaries present followed suit, publicly immunising their children.





GOAL 5

IMPROVE MATERNAL HEALTH

Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality rate.

Indicator	1990	2004	2005	2015 Target	Progress Towards Target
Maternal mortality rate (per 100,000 live births)	-	704 <sup>1999</sup>	800 <sup>2004</sup>	>75	Worsening/ Insufficient data
Proportion of births attended to by skilled health personnel	45.0	36.3 <sup>2003</sup>	44	>60	Worsening/ Weak database

#### Sources

- (i) National Population Commission and ORC Macro (2003), Nigeria Demographic and Health Survey 2003.
- (ii) WHO Biennial Report 2004/2005 and UNFPA State of the World Population 2006 (for MMR for 2005).
- (iii) UNFPA State of Nigerian Population 2005 (for birth attended to by skilled personnel for 2005).
- (iv) Federal Ministry of Health (2006): National HIV&AIDS and Reproductive Health Survey, 2005, Abuja, Nigeria.

## STATUS AND TRENDS

Together with child mortality, maternal mortality continued to be one of the most serious development challenges in the country in 2005. Maternal mortality in Nigeria is extremely high, representing one of the country's most significant development challenges. It worsened from 704 in 1999 to 800/100,000 live births in 2004. There is wide disparity across the six geo-political zones. It ranges from about 165/100,000 live births in the South western part to about 1,500/100,000 in the north eastern part of the country, with higher incidence in the rural areas. One in every 13 women dies from a childbirth-related cause.

About two million of the 27 million women of reproductive age do not survive pregnancy, childbirth or the immediate six weeks after delivery. Direct causes such as haemorrhage, sepsis, complications of abortion, pre-eclampsia, eclampsia and prolonged or obstructive labour accounted for 80% of maternal mortality while indirect causes such as malaria, anaemia, hepatitis and AIDS account for the balance (Figure 5.1).

Patronage of antenatal care (ANC) is low in the country. Some 15% of urban dwellers and 46% of rural dwellers do not go for antenatal care. Poverty

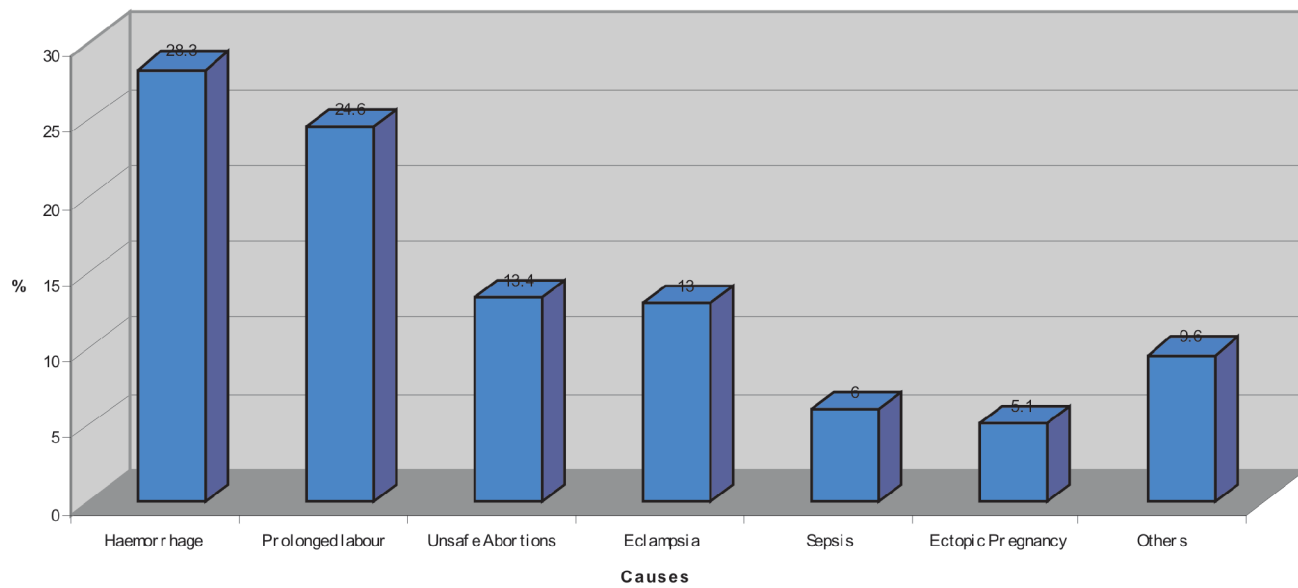
and level of education account for the low attendance. About 60% of respondents with no education and those from the lowest quintile did not attend any ANC. The distribution of pregnant women who shun ANC ranges from South East (0.8%) and South West (2.3%) to North East (47.1%) and North West (59.0%) (Figure 5.2).

Skilled personnel such as doctors, nurses and midwives attend to only about one third of deliveries. This varies by age group with women 20 years old or less being more disposed to using the services of non-skilled birth attendants. Traditional birth attendants delivered 20%; relatives or untrained individuals delivered 25% while 17% were by self-delivery.

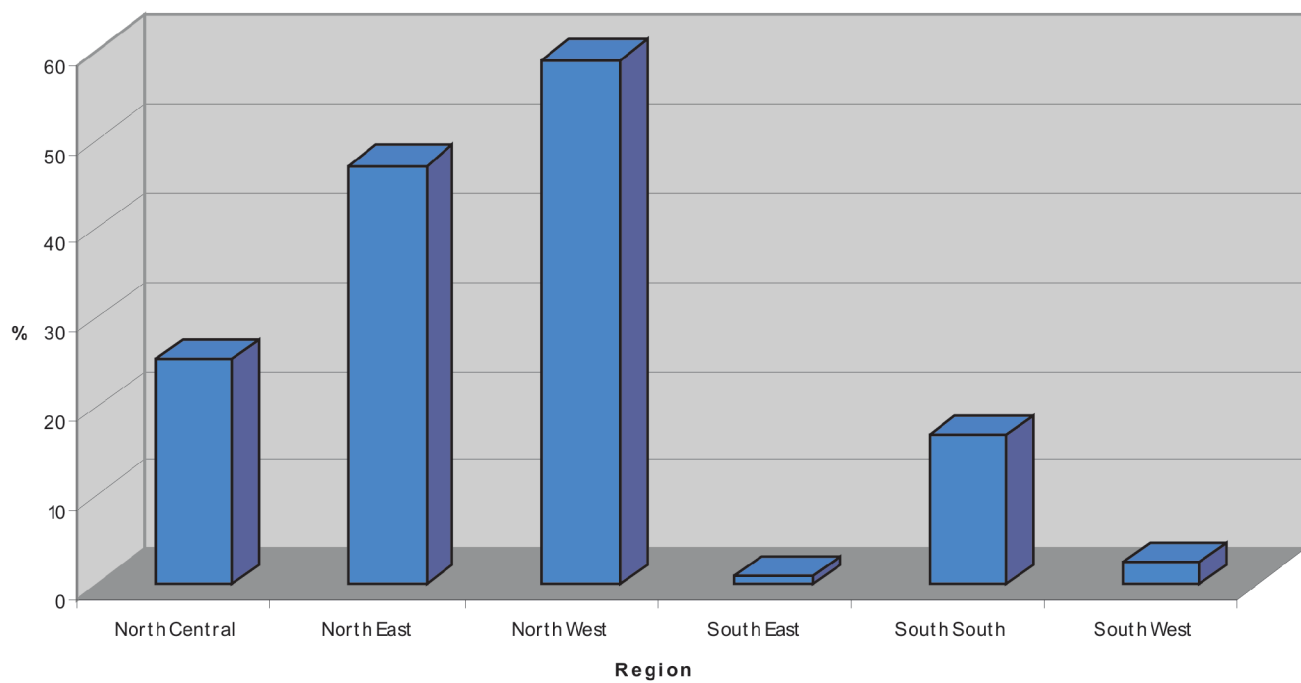
Figure 5.3 describes the relative situation with respect to maternal mortality amongst African countries. The figure illustrates a weighted index that includes both the scale of the problem, in terms of mortality, and policies to address it, in terms of skilled health personnel.

Nigeria fares poorly. It is rated as 'bad' compared with its African counterparts. Those countries it does better than are typically among the poorest countries in the world. Maternal mortality reinforces

**figure 5.1: Causes of Obstetric Complications Among Pregnant Women by 2003**



**Figure 5.2: Proportion of People Not Patronizing ANC by Region**





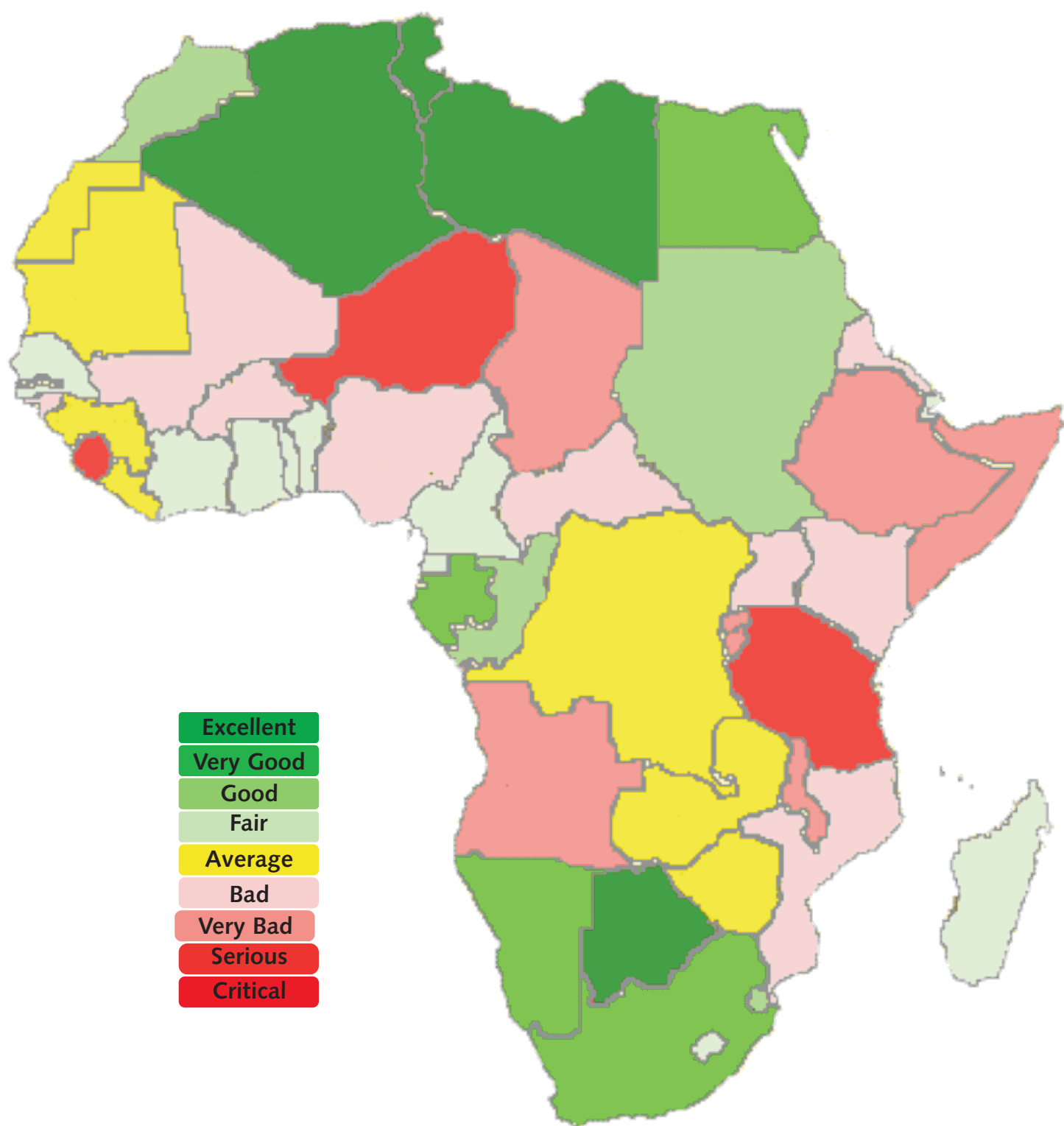


Figure5.3: Performance on indicators of maternal mortality across African Nations

## CHALLENGES AND OPPORTUNITIES

Long-standing cultural, social, political and economic factors have contributed to the poor state of maternal health in the country. Maternal morbidity and mortality, for instance, have been associated with high level of poverty, low education, distance to health facilities, ignorance, and outright lack or limited access to health care services. These are further complicated by poor state of health facilities and, until very recently, lack of political will to reform the health sector. Most Nigerians are yet to appreciate the importance of ANC, or the potential benefits of Caesarean section. Even women with life-threatening complications refuse to go through Caesarean section, resulting in only 1.7% of live births being performed by Caesarean section.

Improving maternal health will require the use of existing knowledge and networks, coupled with renewed political and financial commitment. Successful strategies will address social norms that limit women's knowledge and access to skilled services. Initiatives that promote women's informed choices on sexuality, marriage, and childbirth, or

delay the age of girls' sexual initiation and first childbirth, will improve maternal health.

As with Goal 4, the nation's primary health care infrastructure and referral system need urgent improvement. This should be followed up with appropriate communication equipment, training of health workers and caregivers as well as the establishment of emergency committees even at community levels, including resuscitation of outreach services to reach all households.

As much as 37.6% of rural dwellers consider money to be the most challenging problem of accessing health care. Only about 17% of urban dwellers agree to this. This also varies by region, from 10.1% (South West) to 47.1% (South South). A pregnant woman with eclampsia will need an equivalent of one month minimum wage (N7,500) for treatment in the government hospital. It costs more in the private sector. The financial barrier to appropriate health care, especially in the northern and South South zones must be addressed.



## SUPPORTIVE POLICY ENVIRONMENT

As discussed under Goal 4, the health policy environment has seen substantial improvement in recent years. Concerning access to maternal health care, the Health Sector Reform Programme (HRSP) seeks to strengthen the national health system, improving availability and management of health resources, expanding access to quality health services, and promoting effective partnership, collaboration and coordination. In addition, the National Health Insurance Scheme (NHIS) has become operational in the country. The scheme provides the poor with a source of stability in their health expenditures. However, for these initiatives to facilitate better access to health care for

Nigerians, it should be implemented vigorously by succeeding administrations.

So far, policy has not adequately catered for reproductive health. The country needs a national policy on this subject. Such policy would empower relevant institutions responsible for coordination and collation of accurate national statistics on reproductive, prenatal and gynaecological health of women in Nigeria. Given the seriousness of maternal mortality and morbidity, there is an urgent need to establish Maternity Care Monitoring Committee to conduct confidential investigations into the causes of maternal deaths. Each of these initiatives will give much needed focus to the debate.

## PRIORITIES FOR DEVELOPMENT ASSISTANCE

Areas in which development assistance may be most useful in improving maternal health are similar to those in Goal 4 reducing child mortality. These common themes include supporting human resource development of caregivers during pregnancy and birth, and providing universal health care access. In addition, development assistance may be effective in scaling up existing successful projects; supporting safe motherhood programmes; and assisting in development of a National Vital Registration System.

The Making Pregnancy Safer Initiative of WHO should be deepened and expanded in Nigeria. Development partners should also promote the use of evidenced-based and time-tested interventions in the country. Substantial resources are needed for institutionalising a systematic and comprehensive data for tracking progress on maternal health and formulating policies in response. Further help would still be needed from the development partners to build human and institutional capacity on regular collection and management of maternal data.

### Tracking Maternal Mortality and Reproductive Health

Elements of Monitoring Environment	Assessment		
	Strong	Fair	Weak
Data-gathering capacities			✓
Quality of recent survey information		✓	
Statistical tracking capacities			✓
Statistical analysis capacities		✓	
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms		✓	
Monitoring & Evaluation mechanisms			✓



## CONCLUSION

It is unlikely that Nigeria will achieve MDG 5. The supportive environment is weak, although improving. There is an urgent need to accelerate

progress on maternal health. The three tiers of government need improved service delivery.

## HAUWA'S STORY



Fifteen-year-old Hauwa was delivered of a stillborn baby boy after three days in labour. She started leaking urine the same day. The prolonged birth had created an injury known as vesico-vaginal fistula (VVF). The injury occurs when a woman is unable to deliver her baby safely and cannot access Caesarean section.

Hauwa's uncle, Mohammed Abubakar, heard about a campaign and treatment for the disease on Babbar Ruga, a programme on Voice of America radio. He decided to accompany his niece to the clinic and learn more.

After listening to the social workers, Abubakar became committed to helping other women who suffer from fistula. "Now Hauwa has been cured, I will make sure she delivers in hospital next time. My other daughter who is now pregnant will deliver in the new facility in my village," he said.

"Even if I have to use my own money, I will help other women come to the hospital for God's blessing, for the health of the land and in order to be my 'brother's keeper,'" said Mohammed.

MILLENNIUM DEVELOPMENT GOALS -NIGERIA



GOAL 6

COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

INDICATORS	1990	2004	2005	2015 Target	Progress Towards Target
HIV prevalence among pregnant women aged 15-24	5.7 <sup>1999</sup>	5.2 <sup>2003</sup>	4.4 <sup>2005</sup>		Good
Percentage of young people aged 15- 24 reporting the use of condom during sexual intercourse with a non-regular sexual partner		Female 24.0 <sup>2003</sup> Male 46.3 <sup>2003</sup>	Fe male 39.5 Male 49.7	100	Slow/ Insufficient data
Number of children orphaned by AIDS		1.8million	1.97 million		Insufficient data
Prevalence and death rates associated with tuberculosis		7.07 <sup>2004</sup> 1.50 <sup>2004</sup>			Insufficient data
Prevalence of HIV among TB patients (%)	2.2	19.1 <sup>2000</sup>	27		Worsening
TB Detection rate		14 <sup>2000</sup>	27	70	Slow
TB Treatment success rate		79 <sup>2000</sup>	80	85	Good

Sources:

(i) Federal Ministry of Health (2006): 2005 National HIV/Syphilis Sero-prevalence Sentinel Survey Among Pregnant Women Attending Antenatal Clinics in Nigeria, Abuja.

(ii) Federal Ministry of Health (2005): National Situation Analysis of the Health Sector Response to IV&AIDS in Nigeria, National AIDS and STI Control Programme, Federal Ministry of Health

## STATUS AND TRENDS

**HIV&AIDS:** One could argue that Nigeria has achieved Goal 6 with regards HIV prevalence. In 2001, the prevalence rate was 5.8%. This declined to 5.0% in 2003 and further fell to 4.4 % in 2005. Zonal prevalence varied significantly with South West as the lowest (2.6%) and North Central as the highest (6.1%). Figure 6.1 gives a breakdown of prevalence by state.

Although prevalence rates are generally higher in urban centres, they are higher in rural areas in 12 states across the nation. The prevalence rate is highest among unmarried people, commercial sex workers and long distance drivers. Evidence from the 2005 sentinel survey shows that the main drivers of the pandemic in Nigeria include blood transmission, unsafe sexual practice and unsafe injection practices, while stigma, discrimination and denial against PLWA still remain rife in the country.

The number of people living with HIV in 2005 was estimated at about 2.86 million, comprising 2.62 million adults (15 years and above) and 238,000 children. As at 2005, only 50,000 PLWHA had access

to treatment while the 2005 Sentinel report indicated that over 400,000 people require ARV. The attention and care provided to HIV and AIDS-OVC is still very inadequate. Annual death resulting from AIDS was put at 220,750 with females constituting about 63.5% in 2005. Cumulative deaths were estimated to be 1.45 million at the end of 2005.

It should be noted that while Nigeria has a decreasing prevalence rate, it's huge population means that a significant number of people are affected. Winning the war on AIDS in Nigeria is key to winning it in West Africa and beyond.

The population of AIDS-orphans is on the increase. It rose from 1.8 million in 2004 to 1.97 million in 2005. The intensity of this varies across the states. However, its impact is broad. A recent study on the impact of AIDS on rural livelihoods in Benue State revealed that 34% of the households surveyed reported having AIDS-orphans in their care.

Although HIV awareness is generally high, the percentage of young people aged 15-24 reporting the use of condoms during sexual intercourse with



non-regular sexual partners is still very low. Stigma, discrimination and denial against people living with HIV and AIDS are still rife in the country.

**Malaria:** Malaria is a major public health problem in Nigeria, accounting for about 60% of all outpatient attendance and 30% of all hospital admissions. Malaria also accounts for a very high proportion of mortality and morbidity rates in the country. It is estimated that malaria is responsible for 300,000 deaths per year, including up to 11% of maternal mortality. However, malaria mortality rate reduced from 0.21% in 1999 to 0.16% in 2004 partly because of government commitment to Roll Back Malaria initiative.

While almost everyone suffers from malaria, its highest incidence is found among children (under five years of age) and pregnant women. As evident in the 2003 NHDS, 31.6% of the children surveyed had malaria and convulsion two weeks preceding the survey of which only 33.9 % took anti-malaria drugs.

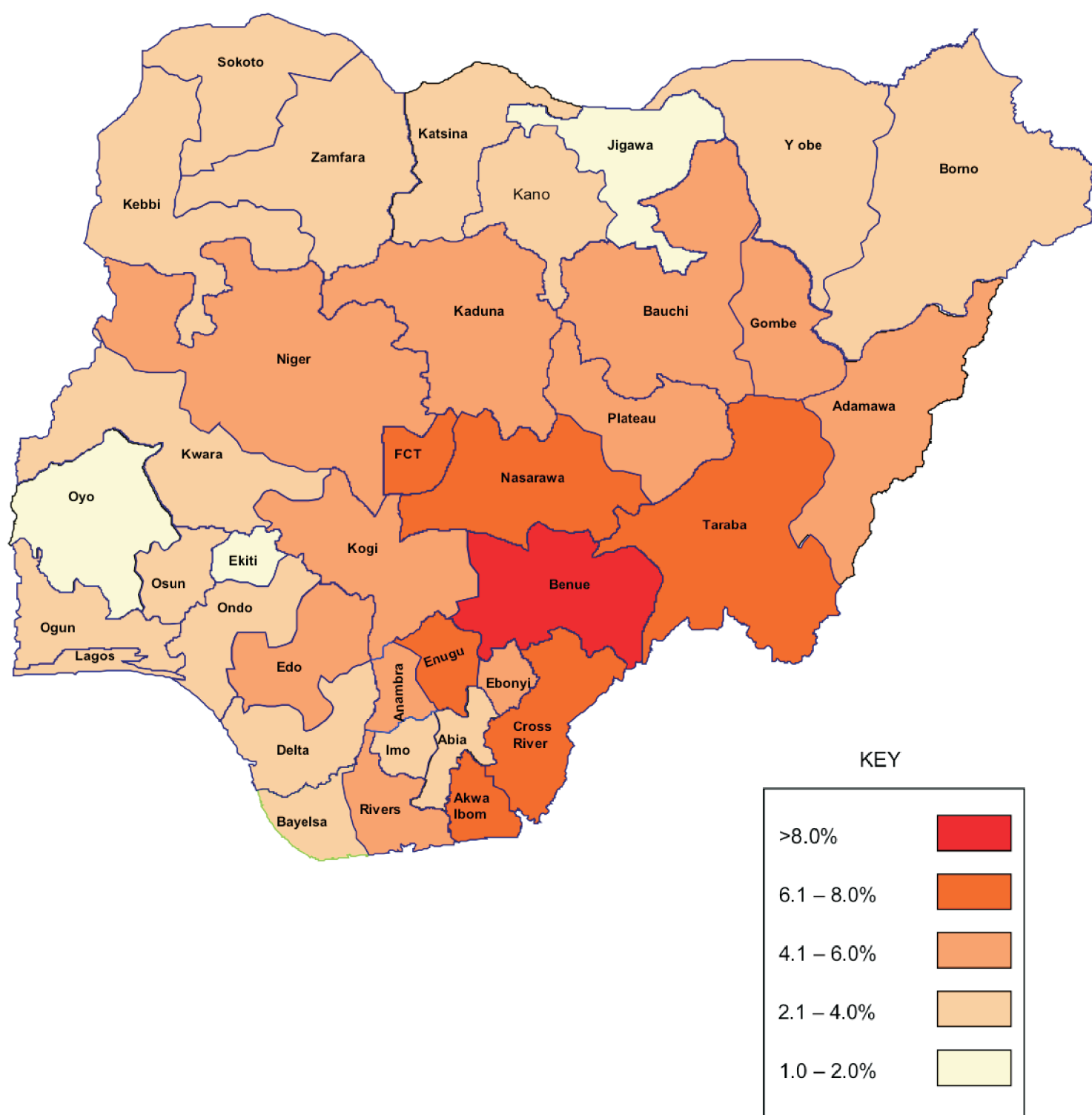
Substantial resources are lost to malaria annually in the form of treatment and prevention costs, loss of person-hours, and other detrimental effects. For the majority of Nigerians, it costs approximately N2,000 per person to comprehensively treat malaria in the country, whilst the average monthly salary is N7,500. An adult malaria victim loses about 2.5 days, their caretakers lose 2.1 days and a student afflicted with malaria loses 1.5 school days in a year (WHO Biennial 2004/2005 Report). The cost of treating malaria is approximately 4% of the GDP in 2003 current market prices. This is in addition to 4% of GDP loss associated with days of lost productivity.

**Tuberculosis:** TB still remains a public health problem in Nigeria with the country ranked 4th

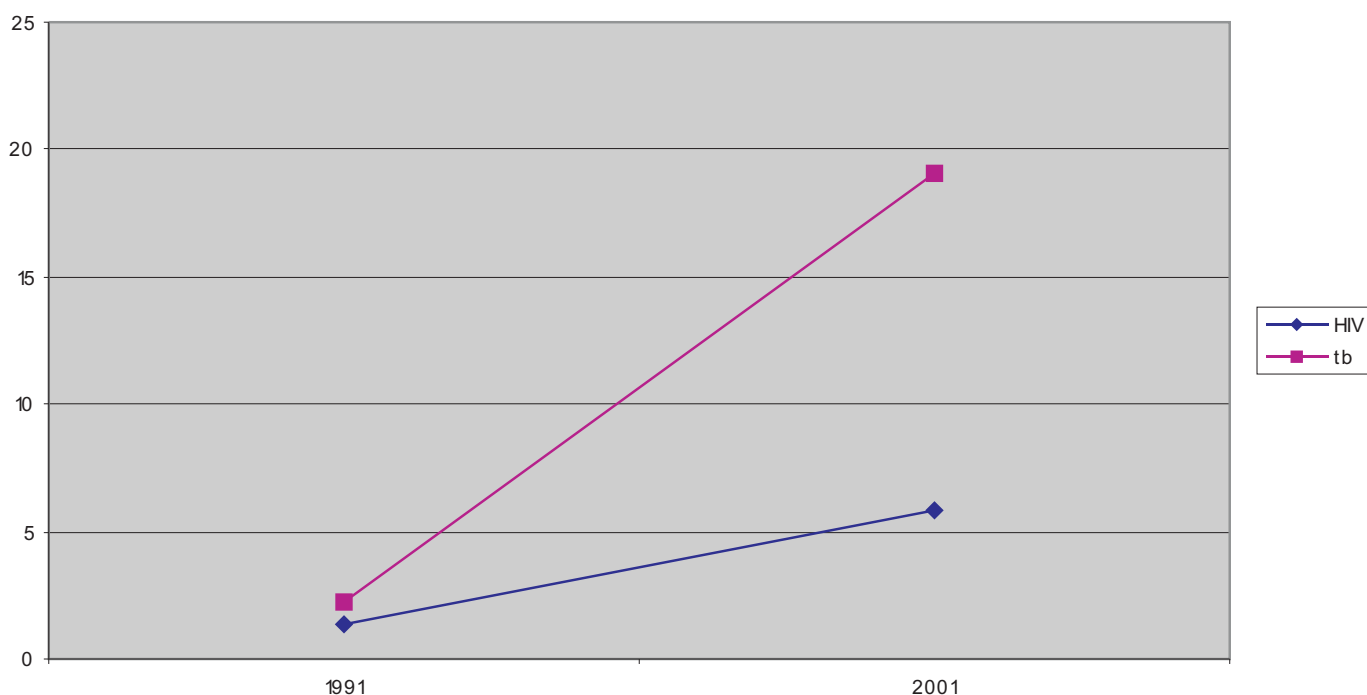
among the 22 high burden countries in the world and the first in Africa. The reported cases of TB appear to be on the increase from 25,821 in 2000 to 46,335 in 2003 and 66,848 in 2005. This represents an increase in detection from 14% in 2000 to 23 and 27% in 2003 and 2005. The mere positive case detection rate is 27% in 2005, which falls far short of the global target of 70%. The actual TB case notification in Nigeria has been quite low due to low coverage of services (1 TB microscopy centre to a population of about 300,000 and 1 DOTS treatment centre to about 150,000 people). Through the assistance of international development partners, for instance, the number of LGAs with DOTS services increased from 380 by end of 2002 to 548 by end of 2005. The treatment success rate is equally on the increase. It rose from 79% in 2000 to 80% in 2005.

It has also been established that 19.1% of patients with TB also have an underlying HIV infection (NASCP Sentinel Survey 2001). Nigeria is currently undergoing a generalised HIV epidemic, which is already affecting the TB epidemic. Figure 6.2 shows the correlation between the two diseases. With about 3.1 million adults between the ages of 15 and 49 that are already infected with HIV, at a conservative TB infection rate of 35%, this suggests that about one million adults have both HIV and TB infections. Such dually infected people develop TB at a rate of about 5% per year slower at the beginning of the epidemic, but then accelerating as immunosuppression worsens. This suggests an additional burden of about 50,000 TB cases annually from among those with HIV infection. The foregoing clearly shows that tuberculosis is a serious threat to public health in Nigeria.

Figure 6.1: HIV prevalence by states, 2005



**Figure 6.2: Correlation Between HIV and TB**



## CHALLENGES AND OPPORTUNITIES

Stakeholders working to reverse HIV and AIDS should effectively decentralise their programming to the State and local government levels. State and LGAs Action Plans must be fully prepared and implemented (which may require capacity building and technical assistance), and harmonised with the budget cycle. The State-level fight against HIV and AIDS will also benefit from greater participation from civil society and the private sector. Spending on HIV and AIDS is not synonymous with appreciable progress; rather value for money is as important as scaling up of resources.

The fight against other major diseases must similarly be decentralised. Preliminary findings from the 2005 evaluation survey of the Roll Back Malaria campaign indicated that rapid scaling-up of interventions at the State and Local government levels has the potential to greatly increase progress towards set targets. Similarly, although the Federal Government adopted the Directly Observed Treatment

Shortcourse (DOTS) in 1993, by 2003 its implementation was still limited to 20 states out of 36. Other challenges include weak laboratory network and diagnostic services; low staff motivation; insufficient health workers trained in DOTS; weak reporting network; weak public health education about TB; and non- existence or weak community involvement in DOTS implementation. Efforts by all MDAs of the Federal Government discussed in Goal 4 to better collaborate with the States and local governments will be key here as well.

The cost of health care, also discussed in other goals, must be reduced if the government is to reach the poorest and most vulnerable groups in the country. Availability and affordability of antiretroviral (ARV) drugs remain a problem. Although many donors have made efforts to provide ARVs, the sustainability of the initiatives is still questionable.





## SUPPORTIVE POLICY ENVIRONMENT

Overall, Nigeria's health status is poor. However, while starting from a low base, the civilian rule of the recent years has seen a supportive environment in all fields of health. In 2002, government of Nigeria was the first in sub-Saharan Africa to commit to providing Anti-Retroviral Therapy to 10,000 adults and 5,000 children with its own resources, rising to 69,000 people in 2006. Strong leadership and harmonisation throughout Government and donor efforts is one of the guiding principles of the National Strategic Framework for 2005 - 2009 developed by the National Action Committee on AIDS (NACA). In 2005, the Federal Ministry of Labour and Productivity, in collaboration with Government agencies, development partners and civil society, launched a national response policy on HIV and AIDS in the workplace. The increasing prevalence in rural areas suggests the

need to proactively increase intervention efforts at the community levels. VCT and PMTCT facilities should be expanded to local communities. The vulnerability and incidence feature of the pandemic show that women and unmarried youths are mostly affected. These groups should be appropriately targeted and taken care of in the intervention arrangement. The current care and support activities, especially the antiretroviral programme, should be scaled up to reflect the increasing cases of AIDS in the country. Monitoring and evaluation of all HIV&AIDS activities should be strengthened and carried out on a bi-annual basis. The need to move away from the use of Sentinel survey into a broad-based or population-based survey such as the National Demographic and Health Survey has become highly imperative in Nigeria.

Government also strengthened its institutions. In March 2005, a Ministerial Anti-malaria Policy Transition Management Committee was set up and the National Policy on Malaria was reviewed. Treatment Guidelines and Case Management Training Manual was equally developed with a view to managing malaria cases more effectively. Strategic Framework for control of malaria in pregnancy (MIP), National Guidelines and Strategies for Home and Community Management of Malaria, Revised Insecticide Treated Nets (ITN) Policy Guidelines, Draft Integrated Vector Management Guideline for Nigeria and Guideline for NGOs Participation in Roll Back malaria were also developed.

From 2000 to 2005, the National Malaria Control Programme experienced a significant rise in funding and technical support from partners. The Federal Government policy on malaria control focuses on three main interventions: management of cases, prevention of malaria with ITNs, and use of intermittent preventive treatment during pregnancy. Nigeria has also been awarded US\$120 million for the next rounds of the Global Fund for AIDS, Tuberculosis, and Malaria.

Since 2003, there has been improvement in the

expansion of TB services across the country. Through the assistance of international development partners, for instance, DOTS strategy was extended to additional 108 LGAs in 17 states. In addition to 102 microscopic centres in 17 states, WHO also trained 204 microscopists and laboratory technicians as well as 432 general health workers on DOTS strategy implementation. Quality TB drugs were supplied to all TB patients using Global Drug Facility (GDF).

There is need to scale up, modify, and introduce new initiatives such as involvement of communities in the implementation of DOTS strategy. Other specific interventions include serious advocacy to all states and LGAs, expansion of DOTS strategy to all LGAs, procurement of Anti-TB drugs through GDF, more training and re-training of health workers, including laboratory personnel in DOTS. Other areas of need are enhancing functioning of TB Inter Agency Committee for improving partnerships, introduction of community-based DOTS, introduction of public-private partnership in DOTS implementation, strengthening and expansion of laboratory network, and the need to introduce and sustain supervision, TB surveillance and monitoring and evaluation.

## PRIORITIES FOR DEVELOPMENT ASSISTANCE

Development assistance on HIV and AIDS should focus on capacity building and technical support for proper implementation of the country's plan. Support for Government's efforts to promote behavioural change, prevent HIV infections, and provide care and support for PLWHAs are other key areas for development assistance.

Development partners can also scale up existing efforts to make treatment available and monitor HIV and AIDS in Nigeria with particular attention on children, women and unmarried youths.

Key areas for development assistance to "Roll Back" malaria include effective ACTs targeting vulnerable groups not covered by existing intervention projects, capacity building, and reorientation of relevant groups on treatment policies. Donors may also contribute by promoting behaviour change and providing free or subsidised ITNs to vulnerable groups. Moreover, they may increase their positive impact by introducing and scaling up strategic integrated vector management.

Tracking Progress in Halting the Spread of HIV and AIDS and Combating Malaria, TB and Other Diseases

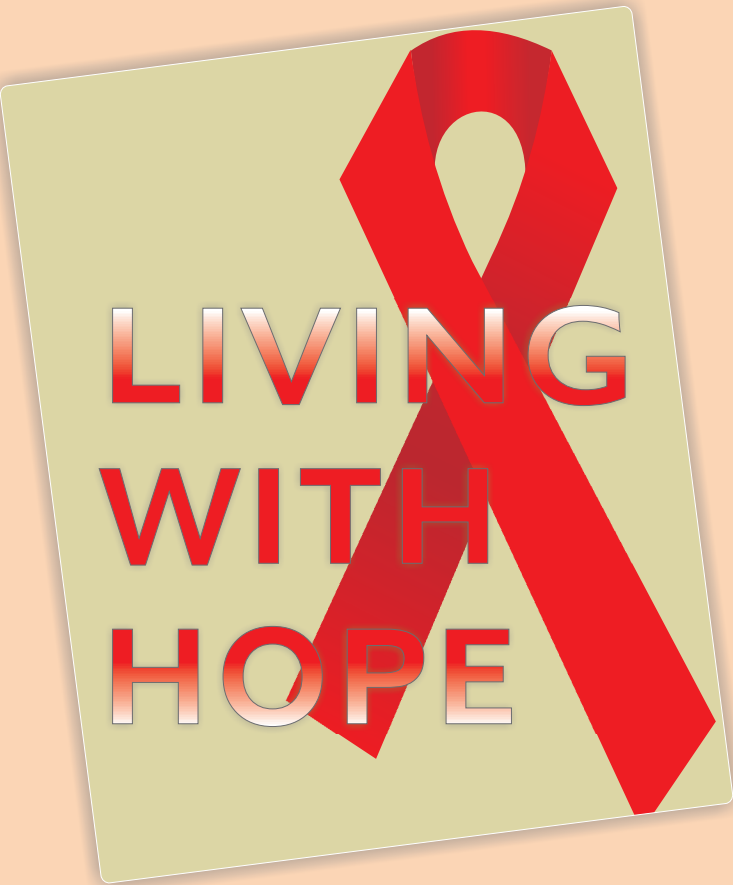
Elements of Monitoring and Evaluation Environment	Assessment		
	Strong	Fair	Weak
Data gathering capacity	✓		
Quality of recent survey information	✓		
Statistical tracking capacities		✓	
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms		✓	
Monitoring and evaluation mechanisms			✓

CONCLUSION

The supportive environment is fair for combating the spread of HIV, malaria and other diseases. Recent data seems to indicate strong progress towards the achievement of this goal in Nigeria. However,

further evidence is needed before this can be stated with any confidence. The challenge of malaria continues to be significant across the country.

LIVING WITH HOPE



The Living With Hope Foundation is the largest support for people living with HIV in Northern Nigeria. Its 350 members are provided support, nutritional supplements and education on how to manage their health.

Asabe is 34 and she is HIV positive. The Living With Hope Foundation has provided her training in hat making, bread making and fashion designing. She states that she has "gained a lot". "I have opened shop in tailoring and hat making for weddings. I'm able to make a good living and I now employ five apprentices; anyone living with HIV can come to me for free training".

Asabe feels independent. "Now I can stand on my own." She hopes to open more shops in the future, both bolstering her income and improving the prospects of those with HIV in her local government.





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.

INDICATOR	1990	2000	2004	2005	2015 Target	Progress Towards Target
Proportion of land area covered by forests	10.0	14.6	13.0	12.6	20	Worsened in 2005
Proportion of gas flared	68.0	53.8	43.0	40.0	0	Good
Proportion of total population with access to safe drinking water (%)	54.0		57.0	60.0	80	Slow, weak database
Proportion of total population with access to basic sanitation (%)	39.0		38.0		100	Insufficient data
Carbon dioxide emissions (per capita)		0.3 <sup>2000</sup>	0.2	0.1		Insufficient data
Proportion of people with access to secure tenure (%)	-	-	31.0		100	Insufficient data
Residential housing construction index (ACI) (Proxy)		45.8 <sup>1999</sup>	50.4 <sup>2003</sup>			Improving/ Insufficient data

#### Sources

- (i) Federal Ministry of Environment
- (ii) Federal Ministry of Water Resources
- (iii) Central Bank of Nigeria (2005), Annual Report and Statement of Account
- (iv) NBS (2006) Socio-Economic Fact Sheet.

## STATUS AND TRENDS

Nigeria is environmentally rich. It is endowed with diverse and abundant natural resources that constitute the backbone of the national economy. However, many factors are having a punishing impact on this resource base. For example, a rapidly growing population that is heavily reliant on fuel wood as an energy source has exacerbated deforestation and desertification. The trend is a declining proportion of land area covered by forest with concomitant effect on growth and development of the economy.

Gas flaring, the practice of burning gas in the extraction of crude oil, has been reducing. The rate of gas flaring has dropped by 24.5% since 2000. This has been a direct result of legislation and government intervention, and thus it is an example of how government can improve the environment in Nigeria. Government has given a firm 2008 deadline to end this economic waste which also constitutes a serious health hazard to the oil communities in the country.

The Housing Construction Index (HCI) for cities, an

increase in residential housing construction, has been on the increase since 1999. Most of the recent housing units, however, are either ramshackle and insecure, or priced out of range of the poor, thus pointing to the inequality in incomes described in Goal 1. The housing market is supplying the rich, but marginalizing the poor. Settlement planning is relatively poor in many parts of the country thereby promoting growth of slums. However, the present sale of government houses to willing buyers is expected to have a positive impact on the proportion of people with access to secure tenure.

## CHALLENGES AND OPPORTUNITIES

Nigeria's environmental challenges are diverse, reflecting the country's varied topography. They include oil spillages in the Niger Delta which pollute the water and damage the ecosystem within the area, and soil erosion in the Sahel driven by deforestation. These factors have profound impact on the health of all families in Nigeria, but with a disproportionate burden on the poor. Economic sabotage (including vandalization) is a major challenge deserving urgent attention of all stakeholders.

Sadly, many of these challenges are man-made. Activities such as petroleum exploration, vandalization and heavy population pressure are examples of the vehicles of environmental degradation in Nigeria. Capacity and funding gaps in Nigeria's environmental management also drive environmental degradation.

However, as has been illustrated by the control of gas flaring, man-made problems can be solved. Commitment from all levels to mainstream

Data on the proportion of total population with access to safe drinking water are conflicting. Official statistics shows that about 60% had access to safe drinking water as at December 2005. Evidence from NBS shows that states with least access include Bayelsa, Taraba, Cross River, Enugu, Adamawa, Nassarawa and Gombe while those with highest access include Lagos, Kaduna, Kwara and Osun. Access to sanitation still remains very low (38%).

environmental concerns into development activities by building government capacity to coordinate a national framework for environmental management, and making natural resource consumption sustainable, will move Nigeria further towards achieving Goal 7.

Of importance will be adequate engagement of the private sector. For example, their participation in safe water and basic sanitation should be encouraged, but activities must be monitored to ensure service quality and protect public health. This will only succeed if there is sufficient political will to support environmental mainstreaming.

Housing for the poor remains a challenge to Government. Affordable housing finance is not readily available due to the weak structure of the banking sector, appropriate local building materials are not readily available, and the rate of rural-urban migration limits the ability of government to restrain the expansion of urban slums.





## SUPPORTIVE POLICY ENVIRONMENT

The link between poverty and environmental degradation is inextricable. The government has recognised that it must design policies to address issues of sustainable development. There are clear examples of good practice.

For example, gas-flaring, resulting in the emission of air pollutants, a serious environmental threat, is being addressed by the Federal Government through the introduction of a 2008 deadline to oil companies to eliminate gas flaring. The use of gas-fired electricity power plants was approved for construction in 2005, furthering the effort to limit gas flaring. Similarly, reforestation programmes and forest reserve upgrades are government's strategies to move towards achieving Goal 7. About 2,000 kilometre of a shelterbelt of green wall has been

established in the desert prone region of the country while private and communal woodlots were also encouraged. However, there is a need for the government to better understand the cross-cutting nature of environmental policy. All organs of Nigeria's

government must be involved in the fight for the environment. At the moment, they are not.

Government has since initiated programmes to supply water to urban and rural communities through new and rehabilitated dams, tube wells, boreholes and hand-dug wells under the National Water Supply and Sanitation policy which also encourages private-sector-driven response to achieving its targets. Community-based waste

management project was piloted in 2005. This effort has been successful following sustainable access to safe water figures rising to 60% in 2005. There is, however, the need to address conflicting data on access to water from different agencies. This underscores the need to have a common database on safe drinking water and sanitation in the country.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

Development partners can help government to manage the country's environmental challenges. Technical support in environmental agencies for institutional and human capacity building combined with financial and technical assistance to strengthen sourcing, maintenance, and analysis and dissemination of environmental statistics, will promote Nigeria's ability to cope with environmental challenges. Development partners can also play a significant role by supporting existing Environmental Action Plans and helping to develop better ones aimed at reversing land degradation through flood and soil erosion control, reforestation, and desertification control.

Nigeria's partners should also aim to help foster a greater awareness of the cross-cutting nature of environmental issues. By advocating the importance of environmental policy, and taking action towards

There is a concerted effort by the Federal and State Governments to upgrade slums. The Federal Government has initiated that substantial part of debt relief gains would be allocated to catalyse efforts in this area. Consolidation in the banking sector and mortgage sector reform is also expected to help deliver affordable housing for the poor.

it, partners can facilitate improved environmental outcomes.

On a more specific level, Nigeria's progress towards this goal would profit from assistance toward drafting of water quality standards, implementing water supply and sanitation programmes, providing access to safe water and sanitation technology, and building capacity in water and sanitation management. Development partners may also be encouraged to assist with the control of water- and sanitation-related diseases, such as Guinea Worm. Technical assistance is needed in building capacity of mortgage firms and regulators, such as the Federal Mortgage Bank of Nigeria, and property developers for increased access to technology and production/processing methods of local materials to reduce the cost of low income housing.

Tracking progress in ensuring environmental sustainability

Elements of the Monitoring and Evaluation Environment	Assessment		
	Strong	Fair	Weak
Data gathering capacity			✓
Quality of recent survey information			✓
Statistical tracking capacities			✓
Capacity to incorporate statistical analysis into policy planning and resource allocation mechanisms		✓	
Monitoring and evaluation mechanisms			✓



## CONCLUSION

The operating environment is weak but improving. There is insufficient data to determine whether Nigeria will achieve this goal by 2015. More

concerted efforts are required from the three tiers of government for the country to make appreciable progress on this goal.

## FIGHTING THE DESERT



Chief Newton Jibunoh has been speaking out about the spread of the desert in the North of Nigeria for over forty years. He talks of its "devastating impact on the livelihoods of communities across the nation's border states."

He began a not-for-profit organisation called 'Fight Against Desert Encroachment' (FADE) in 2000 that attacks the issue on multiple front. Since then, FADE has planted thousands of trees throughout the 'front line' states that have started to regenerate the affected areas.

He has continued his plight, at times at the risk of his own life. Approaching retirement, Jibunoh has made his second solo cross-Saharan journey at the age of 60, in order to foster greater awareness of the issues relating to desert encroachment.





## GOAL 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Indicators	1990	2000	2004	2005	Target 2015	Progress Towards Target
Per capita official development assistance to Nigeria (in US\$)	3.0	2.0	2.3	4.0		Slow
Debt services as a percentage of exports of goods and services	22.3	8.9	7.4	3.4		Good
Private sector Investment (US\$ million)		50 <sup>1999</sup>		6080		Slow
Tele -density (per 1000 people)	0.45			15.72		Insufficient data
Personal computers (per 1000 people)	70		30	30 <sup>2004</sup>		Insufficient data
Internet access (%)	-	0.1 <sup>2003</sup>		1.9		Insufficient data

#### Sources

- (i) CBN (2005): CBN Annual Report and Statement of Accounts
- (ii) National information Technology Development Agency (NITDA), Abuja
- (iii) Nigerian Communications Commission (NCC), Abuja
- (iv) World Bank (2006): World Development Indicators
- (v) UNDP (2003): Human Development Report 2003

## STATUS AND TRENDS

Recent consensus on achieving the MDGs calls for developing countries to improve governance and policies aimed at economic growth and reducing poverty, and for high-income countries to provide more and better aid and greater access to their markets. This consensus also recognises that many developing countries are unlikely to achieve the MDGs without a significant increase in overseas development assistance, hence it addresses the existing financing gaps preventing MDGs attainment.

Nigeria has enjoyed the benefits of progressive partnerships with the international community, particularly with respect to the resolution of the external debt forgiveness and exit from the Paris Club of Creditors, allowing the country to spend an additional US\$ 1 billion a year on development rather than debt servicing (see box on Debt Relief in Development Context). Effective management of the debt relief will provide Nigeria with opportunities to improve its domestic revenue base, and use the available resources to build infrastructure.

Private investment increased appreciably in 2005. For instance, foreign direct investment rose by 21.7 % to N303.3 billion in 2005 particularly due to the banking consolidation and privatisation programme of government. Arising from the stable macroeconomic environment, the IMF-backed policy support instrument was developed to support the country home grown economic reform programmes.

Although Official Development Assistance (ODA) to Nigeria has risen in recent years, it still falls far below the average proportion of ODA in other sub-Saharan countries. The recent Financing for Development in Africa Conference, Abuja 2006, noted the commitment of the international community to increase donor assistance to Africa, including Nigeria, behind long-term sector plans, demonstrating a policy environment that is conducive for the effective utilisation of the additional resources. Nigeria now has plans in many sectors, as has been reflected in much of this report, and these plans should be backed with external resources.



## CHALLENGES AND OPPORTUNITIES

At many levels, steps can be taken to improve Nigeria's international competitiveness, delivering benefits from the process of globalisation. Access to markets in industrialised countries remains a challenge that will only be overcome with the advancement of negotiations with industrialised countries, as well as improvements in local production and export structures, physical infrastructure, technological capacity, and legal and regulatory frameworks. The removal of trade barriers and agricultural subsidies in the industrialised world is crucial for achieving the required growth levels and development needed to achieve the MDGs.

The Nigerian Government can build on progress in creating debt sustainability after the historic debt deal. The government will focus on the finalisation of both the Debt Sustainability Analysis and the Fiscal Responsibility Bill tabled before the National Assembly. These initiatives would strengthen the mechanisms for debt management. Most

significantly, the Government must collaborate with all categories of creditors, borrowing prudently on the domestic level to avoid regressing towards another debt trap in the future. The current level of domestic debt crowds out investment and should be given considerable attention. A healthy debt portfolio will encourage increased foreign direct investment and improve access to international markets.

Consumers of ICT services now demand access to high-quality services in both urban and rural locations, pressuring service providers to be more efficient and more responsive to consumers. Recent years have seen an explosion in access to ICT. Strategies in support of this development must be rigorously implemented, including improving regulatory systems, raising levels of computer usage and literacy, and promoting ICT as an instrument of mass education, growth and development. The compilation of supporting data to track ICT growth must be a part of this strategy.





## SUPPORTIVE POLICY ENVIRONMENT

The Government has taken huge strides since 1999 to empower the private sector, improve relations with the external partners, and improve transparency and accountability of the government activities. In 2005, much of this reform paid off in terms of the continent's largest debt relief to date. Similarly, progress on the Fiscal Responsibility and Procurement Bills was accelerated in 2005.

More generally, the Extractive Industry Transparency Initiative, with supporting legislation approved by the National Assembly, has launched audits of the oil sector and will promote better practice in reporting of oil revenue earnings and improve the environment and terms of future partnerships with the international community in this sector. The deregulation of the downstream petroleum sector has already clawed back over \$1 billion in the last few years with the phase out of subsidies on petroleum products.

Export incentives provided to some sectors as a way to boost export capacity and increase the revenue

profile of the economy should be strengthened and continued. The ongoing public sector reforms will strengthen institutions and promote sound policies and regulation towards building a supportive environment that develops partnerships with the international community.

The Fiscal Responsibility Bill is a newly introduced regulation before the National Assembly that will encourage future fiscal prudence in all tiers of government. The Bill encourages coordinated spending, more judicious and effective use of public resources, and acquisition of debt based on formula that evidences suitable returns and performance.

The new Telecommunications Act signed into law in 2003 allows the Nigerian Communications Commission (NCC) to execute regulatory oversight on ICT activities in Nigeria. NCC conducts ongoing projects to ensure that Nigerian ICT activities are consistent with worldwide standards and practices.

## PRIORITIES FOR DEVELOPMENT ASSISTANCE

Nigeria is the lowest aid recipient in Sub-Saharan Africa with per capita annual aid flow approximately \$4 per capita compared with \$28 per capita average for Sub-Saharan Africa. ODA flows must increase significantly if the financing gaps for MDGs attainment are to be closed. The Financing for Development in Africa agenda promotes the channelling of additional resources in support of costed national development strategies that demonstrate country commitment to prioritise MDGs attainment with available domestic resources. As Nigeria continues to demonstrate this

commitment, the international community must lend support, in fulfilment of its commitment at the 2005 G8 and World Summit.

Development assistance for this Goal should focus on efforts to integrate Nigeria into the global market, and promoting a fair trade relationship with the international community. Examples might include increasing market access through reducing tariffs and increasing Nigeria's agricultural and semi-processed goods accessibility to western markets.

Tracking Progress in Achieving a Significant improvement in Developing a Global Partnership

Elements of Monitoring Environment	Assessment		
	Strong	Fair	Weak
Data gathering capacity	✓		
Quality of recent survey information		✓	
Statistical tracking capacities	✓		
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms		✓	
Monitoring and evaluation mechanisms		✓	

CONCLUSION

The supportive environment is fair for this goal. Based on current trends and the projected impact of

reforms, Nigeria can potentially achieve the targets in Goal 8.

THE POWER OF THE PRIVATE SECTOR



Nosa Khare is one of the many people in Nigeria that have benefitted from the explosion in mobile communications in the past few years.

He sells mobile air time and 'top-up' credit from a small shop across the railway line in Kurgiya, in Bukuru, Jos South Local Government Area of Plateau State. "It means a real business for me, and is better than selling papers, which is what I used to do."

"We started as a pay call centre and later started selling recharge cards but in 2003 we started selling phone accessories".

Today, apart from the growth, they have been able to diversify into other businesses which include supply and ware housing of soft drinks.

The growth in mobile telephony has benefitted young people across Nigeria.



## NIGERIANS STAND UP AGAINST POVERTY

On the 15th and 16th October 2006, Nigerians from all occupations took part in the stand up moment led by the Global Call to Action Against Poverty (GCAP). Youth groups, school children, disabled persons, civil society organisations as well as the President along with members of the Presidential Committee on the MDGs, observed the stand up moment at different events organised to mark the campaign. All pledged their commitment to work assiduously towards the attainment of the MDGs in Nigeria by 2015. More information on GCAP can be found at [www.csacefangr.org](http://www.csacefangr.org)

### STAND UP AGAINST POVERTY

The MDGs are intrinsically grassroots strategies for instance human development. There are actions we can all take to help achieve the MDGs. Opposite we give a series of actions for individuals, civil society, and the private sector to take to help achieve the MDGs. Actions for government and the international development community are detailed within the main body of the report itself.

### ACTIONS FOR INDIVIDUALS

- Ensure an adequate workplace policy on HIV/AIDS
- Engage with government programmes that provide incentives for businesses to support social development.
- Engage with local communities to sponsor social programmes that build the strength of the community, thereby improving their lives and your workforce.
- Encourage youth employment and training as a long-term investment in your firm.

### ACTIONS FOR INDIVIDUALS

- Make your life MDG compliant! Immunise your children fully and send them to school. Educate yourself against the dangers of HIV/AIDS.
- Help a relative do the same.
- Work to assist others through your church, mosque, or other faith-based organisation, or through community organisations in your village.
- Pressure your politicians to work towards the MDGs. Keep Nigeria's development on the agenda in the run up to the 2007 elections.
- Give this report to someone else who would benefit from reading it.

### STAND UP AGAINST POVERTY

- Continue pressuring government to keep the MDGs at the heart of government policy.
- Keep the MDGs at the heart of the 2007 election debate.
- Strengthen your ability to assist in achieving the MDGs.
- Give copies of the MDG Report 2006 to



## REFERENCES AND ANNEXURE

- Central Bank of Nigeria (2004): Statistical Bulletin, Vol. 15, December. Abuja: CBN.
- Central Bank of Nigeria (2005): Annual Report and Statement of Account. Abuja: CBN.
- Energy Commission of Nigeria (2005): Draft Report on the Renewable Energy Master Plan for Nigeria. Abuja: Energy Commission of Nigeria and UNDP.
- Federal Mortgage Bank of Nigeria (FMBN) (2006): "Updated Report on the Funding of Housing Development by FMBN", Abuja.
- Federal Ministry of Agriculture and Rural Development (FMARD) (2004): "Nigeria Rural Development Sector Strategy: Main Report". Abuja.
- Federal Ministry of Environment (FMENV) (2006): "Projects/Programmes and Achievements of the Federal Ministry of Environment from 1999 to Date", Abuja.
- Federal Ministry of Health (2005): National Situation Analysis of the Health Sector Response to HIV & AIDS in Nigeria. Abuja: National AIDS and STI Control Programme.
- Federal Ministry of Health (2006a): "National HIV & AIDS and Productive Health Survey 2006", Abuja.
- Federal Ministry of Health (2006b): "2005 National HIV/Syphilis Sero-prevalence Sentinel Survey among Pregnant Women Attending Antenatal Clinics in Nigeria", Abuja.
- Federal Ministry of Housing and Urban Development (FMHUD) (2006): "Progress on the Urban Renewal Programme since 2003". FMHUD, Abuja.
- Federal Republic of Nigeria (2004): "National Policy on Integrated Rural Development". FMARD, Abuja
- NAPEP (2005): "Implementation of NAPEP Farmers Empowerment Programme 2005" NAPEP Headquarter, Abuja
- National Bureau of Statistics (2005a): "Draft Poverty Profile for Nigeria", March, Abuja.
- National Bureau of Statistics (2005b): The Nigerian Statistical Fact Sheets and Social Development. Abuja: NBS.
- National Bureau of Statistics (2006):Key Findings on Core Welfare Indicator 2006. Abuja: NBS.
- National Planning Commission (NPC) (2005): Nigeria Millennium Development Goals 2005, Report. Abuja: NPC.

- National Population Commission and ORC Macro (2003): "Nigeria Demographic and Health Survey 2003", Abuja.
- UNDP (2003): Human Development Report 2003: Millennium Development Goals A Compact among Nations to End Human Poverty. Oxford: UNDP.
- UNDP, World Bank and DFID (2006): "Draft National Poverty Assessment for Nigeria", Abuja.
- United Nations Children Fund (UNICEF) (2006): Progress for Children: A Report Card on Nutrition, Number 4, May.
- United Nations Population Fund (UNFPA) (2005): UNFPA State of Nigerian Population 2005. Abuja:UNFPA
- United Nations population Fund (UNFPA) (2006): UNFPA State of the World Population 2006. Abuja: UNFPA.
- World Bank (2006): World Development Indicators, Washington, D.C.: World Bank.

S/N	INSTITUTION/ADDRESS
1. Mr. Babatunde K. Ismail	PRS Department, Statistics Branch, Federal Ministry of Education, Federal secretariat, Abuja
2. Mr. M.O. Salami	National Bureau of Statistics, Independence Central District, Abuja
3. Mr. Olubokunde	PRS Department, Statistics Section, Universal Basic Education Commission (UBEC), Abuja
4. Mr. Udoh. I	Director, Planning, Research and Statistics. National Information Technology Development Agency, Abuja.moses_ubaru@yahoo.com, ubaru@nitda.gov.ng
5. Mr. B. A Idris	Corporate Planning & Research Department. Nigerian Communications Commission, Abuja. Baidris@ncc.gov.ng, 0803 314 4879
6. Mrs.A.Sambo	NAPEP Head Office, Abuja. Ag Director (RPB) NAPEP, Abuja
7. Dr.S.A.Faseyi	NAPEP Head office, Abuja Head, Data Processing Unit NAPEP . Dvfaseyi@yahoo.com
8. Mrs. Jimeta	Deputy Director, PRS Department, Federal Ministry of Environment, Abuja
9. Mr. Osuji	PRS Department, Federal Ministry of Environment.
10. Mr. A. O. Yusuf	Energy Commission of Nigeria
11. Mr. Oyebo	Director, Federal Department of Forestry, FMENV.
12. Dr. (Mrs) NRC Azodo	Coordinator: HSR/MDG FMOH, Room 1108, Department of Health Planning & Research Federal Secretariat Complex, 3, 11 Floor, Shehu Shagari Way, PMP 083, Abuja. 0802 317 9271
13. NACA M & E Manager	Monitoring and Evaluation Manager, NACA, Abuja 09 2904415
14. Director of Communications	National Programme on Immunization, Abuja. 08033141681
15. Dr. Akpan	Roll Back Malaria Programme, Abuja
16. Mr. John Fallah	International Labour Organisation, Abuja
17. Dr. Tinugar	UNICEF, Abuja
18. Mrs Salma Burton	UNFPA, Abuja
19. Mrs Nancy Snauwaert	UNAIDS, Abuja
20. Dr. Ayodele Odusola	UNDP, Abuja