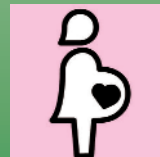




NIGERIA MILLENNIUM DEVELOPMENT GOALS

2013

REPORT



FOREWORD

The Millennium Development Goals (MDGs) status report has been an invaluable companion since we joined the rest of world in 2000 on a journey to restore and advance the dignity of humankind and the environment. The 2013 report comes in handy with just about two years left to 2015. Like others before it, this report reminds us all not only about the commitments we made under the Millennium Declaration, but also about the urgency with which we need to deliver on the promises we have made to our people, to better their lives in specific and measurable terms. In this endeavour, we have seen progress in some areas and challenges in others.

This report bears testimony to how much progress we have made to date. It is also clear about the deficits, particularly the unacceptably slow improvements in the lives of the poor. It is with the realisation in mind that every gain made on the MDGs was hard to come by, that the government is now firmly determined to ensure that current achievements towards the goals are sustained and that the rate of progress is accelerated in this last lap. It is in this light that Nigeria undertook to develop the MDGs Acceleration Framework (MAF) which focuses on Goal 5. Nigeria's MAF is being implemented across all the tiers of government, with the Federal Government having an additional coordinating role. I feel confident that with MAF, Nigeria can now hope to achieve Goal 5 among others.

Nigeria recognises that the MDGs together constitute a resilient framework for development that makes a real and measurable difference in the lives of people. The government views every one of the goals as

strategically important for the advancement of human development. It is in this context that I note with delight that the outlook for achieving Goals 2 and 3 is good. Again, both infant mortality and under-five mortality rates (Goal 4) show some trends towards their targets, though deserve to be fast-tracked.

The report has highlighted the enormous challenges Nigeria faces with Goals 1, 6 and 7. The period of the countdown to 2015 has been especially challenging in view of some setbacks arising from the effects of the global economic slowdown and the increased spate of terrorism. The government is confronting these challenges with its best means. We will continue to leverage on the platform of the Transformation Agenda, particularly in the areas of agriculture, human capital development, gender equity and women's empowerment, access to primary health care, and water and sanitation. The emphasis in these areas will help to create opportunities for healthy and sustainable livelihoods.

As we close in on 2015 I call on all stakeholders, as I did in 2010, to continue to partner with government at all levels to redouble their efforts to make as many gains as possible in this final phase of the journey. I wish to specially thank our international partners for their continued cooperation and support to our developmental agenda.

Dr. Goodluck Ebele Jonathan, GCFR
President and Commander-in-Chief
of the Armed Forces
Federal Republic of Nigeria

ACKNOWLEDGEMENTS

The Nigeria 2013 MDGs Report, which tracks progress and commitments towards achieving the MDGs, is the result of our collaboration with ministries, departments and agencies (MDAs) of the federal and state governments, civil society organisations and development partners.

The process of preparing this report started with the setting up of an Inter-Ministerial Steering Committee by the Office of the Senior Special Assistant to the President on the MDGs (OSSAP-MDGs) in May 2012. The committee was chaired by Pharm. Yahaya Hamza of OSSAP-MDGs and included representatives of the National Planning Commission (NPC), other officials of OSSAP-MDGs, the National Bureau of Statistics (NBS), the National Population Commission and the Federal Ministry of Health (FMH). It also received support from the United Nations System in Nigeria and the Department for International Development–State Partnership for Accountability, Responsibility and Capability (DFID–SPARC) project. We are grateful to all the members of the committee for their cooperation, dedication and sacrifices at every stage of preparing this report.

An expert team carried out a critical review of previous MDGs reports and developed the approach and methodology for preparing the 2013 report. The participatory framework developed by the expert team paid off as is shown by the active involvement and participation of government agencies, academia and civil society in the report preparation process. We commend the excellent work done by the expert team.

We acknowledge the individual and collective contributions of all the participants in the stakeholder review of the expert team's framework and templates for the 2013 MDGs report. The participants included officials of OSSAP-MDGs, officials of federal and state government MDAs, MDGs Desk Officers in the Federal Government MDAs, MDGs Focal Points from the states, representatives of civil society organisations, professional organisations and international development partners including UNDP and DFID.

We wish to express our profound gratitude to all the members of the Subcommittee on Data Collation and Verification, chaired by the NPC. The subcommittee comprised officials of OSSAP-MDGs, NPC, NBS, the Nigerian Population Commission, FMH, the Federal

Ministry of Environment (FMEnv), the Federal Ministry of Education (FME), the Federal Ministry of Land, Housing and Urban Development, the National Primary Health Care Development Agency, the National Agency for the Control of AIDS (NACA), the Federal Ministry of Women Affairs and Social Development (FMWA&SD), the Central Bank of Nigeria, the Federal Ministry of Finance, the Debt Management Office and the state governments' MDGs Desk Officers. The data collation and quality assurance checks carried out by this subcommittee during the workshop held 22–26 April 2013 contributed greatly to the improved data content of this report.

Following data verification, data analysis and report writing were done by the Core (Technical) Drafting Team with inter-agency backstopping from the Subcommittee on Report Drafting. The subcommittee comprised representatives of OSSAP-MDGs, NPC and NBS. We place on record the promptness, hard work and dedication of the members of the Core Drafting Team as well as the valuable guidance provided by members of the Subcommittee on Report Drafting. Furthermore, participants at the final validation workshop provided information and recommended ideas which were used to improve the report. We thank all the individuals and agencies who participated in the workshop held 18 July 2013.

We gratefully acknowledge the tacit support of the UN System in Nigeria for providing useful guidance and literature from the onset of the planning through report drafting. Special thanks also go to DFID–SPARC for providing technical and logistical support during the report drafting stage.

Special gratitude is due to the President of the Federal Republic of Nigeria, who also chairs the Presidential Committee on the Assessment and Monitoring of the MDGs, for his avowed and personally demonstrated commitment to make Nigeria achieve the MDGs. In fact, the unrelenting desire of Mr. President to clearly track Nigeria's progress towards the MDGs has greatly inspired the entire process of developing this report.

Dr. Precious Kalamba Gbeneol
Senior Special Assistant to the President on MDGs
(SSAP-MDGs)
Abuja

TABLE OF CONTENTS

Foreword	i
Acknowledgements	ii
Table of contents	iii
List of tables	iv
List of figures	iv
List of boxes	v
Acronyms and abbreviations	vi
Executive summary	vii
Chapter 1: Introduction	1
1.1 Background	2
1.2 Report preparation process	2
1.3 Structure of the report	3
Chapter 2: The country profile	4
2.1 Socio-political setting	5
2.2 Nigeria's economic performance	5
Chapter 3: Development planning and the MDGs	7
3.1 Overview	8
3.2 MDGs and the post-2015 development agenda	8
Chapter 4: MDGs: progress, challenges and prospects	10
4.1 Goal 1: eradicate extreme poverty and hunger	11
4.1.1 Target 1A: trend and status of poverty indices	11
4.1.2 Target 1C: trend and status of hunger indices	14
4.2 Goal 2: achieve universal primary education	18
4.2.1 Target 2: trend and status	18
4.3 Goal 3: promote gender equality and empower women	25
4.3.1 Target 3: trend and status	25
4.4 Goal 4: reduce child mortality	29
4.4.1 Target 4: trend and status	29
4.5 Goal 5: improve maternal health	33
4.5.1 Target 5: trend and status	34
4.6 Goal 6: combat HIV/AIDS, malaria and other diseases	42
4.6.1 Targets 6A, 6B and 6C: trend and status	42
4.6.2 Target 6B: trend and status	46
4.7 Goal 7: ensure environmental sustainability	49
4.7.1 Target 7A: trend and status	49
4.7.2 Target 7B: trend and status	50
4.8 Goal 8: develop a global partnership for development	57
4.8.1 Target 8D: trend and status	57
Chapter 5: Impacts of global developments on MDGs and policy support	62
5.1 Global economic crisis	63
5.2 Climate change	63
Chapter 6: Conclusions and looking forward to 2015 and beyond	65
Bibliography	67
Appendix I: MDGs report teams and committees	70

LIST OF TABLES

Table 2.1: Key macroeconomic indicators	6
Table 4.1: Trend in and status of poverty	11
Table 4.2: Distribution of population by share of total national consumption expenditure	14
Table 4.3: Trend in and status of universal primary education indicators	19

LIST OF TABLES *CONTINUED...*

Table 4.4: Trend in and status of gender equality indicators	.25
Table 4.5: Trend in and status of child mortality indicators	.29
Table 4.6: Trends in and status of maternal mortality indicators	.34
Table 4.7: Trend in and status of HIV/AIDS, malaria and tuberculosis (TB) indicators	.42
Table 4.8: Trend in and status of environmental sustainability indicators	.49
Table 4.9: Trend in and status of safe drinking water and basic sanitation	.50
Table 4.10: Trend in and status of global partnership indicators	.57
Table 4.11: ODA by priority sector (2011)	.57

LIST OF FIGURES

Figure 2.1: Composition of GDP by sector (2012)	.6
Figure 4.1: Absolute and relative poverty – national, urban and rural (2010)	.12
Figure 4.2: Poverty rates across geopolitical zones	.12
Figure 4.3: Absolute poverty in Nigeria in Osun and Jigawa States (2010)	.13
Figure 4.4: Trend in the proportion of underweight children under the age of five (1990–2011)	.15
Figure 4.5: Proportions of urban and rural children under the age of five who are underweight (2011)	.15
Figure 4.6: State-level disparities in the proportion of children under the age of five who are underweight	.16
Figure 4.7: Proportions of children under the age of five who are underweight in Anambra and Yobe States (2011)	.17
Figure 4.8: Trend in the proportion of children enrolled in primary education (1990–2008)	.19
Figure 4.9: Trend in the proportion of children completing primary six (1990–2012)	.19
Figure 4.10: Trend in the proportion of 15–24 year olds (males and females) who are literate in any language (2000–2008)	.20
Figure 4.11: Proportions of males and females completing primary six (2012)	.20
Figure 4.12: Proportions of rural and urban children completing primary six and the proportion of females 15–24 years of age who are literate in English (2012)	.21
Figure 4.13: Proportion of students completing primary six by state (2012)	.22
Figure 4.14: Literacy rates of 15–24 year old women in the English language by state (2012)	.23
Figure 4.15: Trend in the ratio of girls to boys in primary education (girls per 100 boys) (1990–2011)	.26
Figure 4.16: Trend in the ratio of girls to boys in secondary education (girls per 100 boys) (1990–2012)	.27
Figure 4.17: Trend in the ratio of girls to boys in tertiary education (girls per 100 boys) (1990–2008)	.27
Figure 4.18: Trend in the proportion of seats held by women in the national parliament (1990–2000)	.28
Figure 4.19: Trends in infant mortality and under-five mortality rates (1990–2012)	.29
Figure 4.20: Trend in infant mortality rate – actual and desirable (1990–2012)	.30
Figure 4.21: Trend in under-five mortality rate – actual and desirable (1990–2012)	.30
Figure 4.22: Child mortality across geopolitical zones (2012)	.31
Figure 4.23: Rural–urban disparity in child mortality (2012)	.31
Figure 4.24: Infant and under-five mortality rates across states and the FCT	.32
Figure 4.25: Trend in the maternal mortality rate (deaths per 100,000 live births) (1990–2012)	.35
Figure 4.26: Causes of maternal deaths	.35
Figure 4.27: Trend in the proportion of births attended by skilled health personnel (1990–2012)	.36
Figure 4.28: Trend in the contraceptive prevalence rate (2003–2012)	.36
Figure 4.29: Antenatal care coverage (2003–2012)	.37
Figure 4.30: Antenatal care coverage – at least one visit and at least four visits	.37
Figure 4.31: Trend in unmet need for family planning (2003–2011)	.38
Figure 4.32: Antenatal care coverage by state and the FCT (at least one visit) (2012)	.38
Figure 4.33: Antenatal care coverage (at least one visit) in selected states	.39
Figure 4.34: Rural–urban disparities in the presence of a skilled birth attendant and antenatal care coverage (at least one visit)	.39
Figure 4.35: Trend in HIV prevalence among pregnant young women aged 15–24 (2000–2010)	.43

LIST OF FIGURES *CONTINUED...*

Figure 4.36: Trend in the proportion of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions (2003–2010) . . . . .	.43
Figure 4.37: Proportion of young people aged 15–24 by gender who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions . . . . .	.44
Figure 4.38: Trend in the proportion of young people aged 15–24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner (2003–2010) . . . . .	.44
Figure 4.39: HIV prevalence by state . . . . .	.45
Figure 4.40: Trend in the proportion of children under the age of five sleeping under insecticide-treated bed nets (2008–2011) . . . . .	.46
Figure 4.41: Proportion of children under the age of five sleeping under insecticide-treated bed nets by state (2011) . . . . .	.47
Figure 4.42: Trend in notification of TB (2001–2011) . . . . .	.48
Figure 4.43: Trend in the prevalence and death rate associated with TB (2000–2012) . . . . .	.48
Figure 4.44: Trend in the proportion of land area covered by forest (1990–2011) . . . . .	.50
Figure 4.45: Trend in the proportion of the population using an improved drinking water source (1990–2012) . . . . .	.51
Figure 4.46: Trend in the proportion of the population using an improved sanitation facility (1990–2012) . . . . .	.52
Figure 4.47: Proportion having access to an improved drinking water source by geopolitical zone (2011) . . . . .	.53
Figure 4.48: Comparison between Taraba and Abia States on the proportion using an improved drinking water source (2011) . . . . .	.53
Figure 4.49: Proportion of the population using an improved drinking water source across states (2011) . . . . .	.54
Figure 4.50: Urban–rural access to an improved drinking water source and an improved sanitation facility (2011) . . . . .	.55
Figure 4.51: Proportion of the population using an improved sanitation facility by state (2011) . . . . .	.56
Figure 4.52: Trend in ODA per capita (USD) to Nigeria (1990–2011) . . . . .	.58
Figure 4.53: Debt service as a proportion of the export of goods and services (2000–2011) . . . . .	.59
Figure 4.54: Trend in the number of telephone lines per 100 people (1990–2011) . . . . .	.60
Figure 4.55: Trend in the number of internet users per 100 people (1990–2011) . . . . .	.60

LIST OF BOXES

Box 1: MDGs in sub-national development planning and policy processes . . . . .	.8
Box 2: The Care of the People Conditional Cash Transfer . . . . .	.17
Box 3: The Federal Teachers Scheme (FTS) . . . . .	.24
Box 4: Reducing maternal deaths: evidence-based response that is delivering results . . . . .	.40
Box 5: The 2012 floods . . . . .	.64

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
CDGG	Coalition for Development and Good Governance
CDT	Core Drafting Team
CGS	Conditional grants scheme
DFID–SPARC	Department for International Development–State Partnership for Accountability, Responsibility and Capability
DOTS	Directly observed treatment, short-course (internationally recommended tuberculosis control strategy)
DRG	Debt relief gains
ET	Expert team
FAO	Food and Agriculture Organization of the United Nations
FCT	Federal Capital Territory
FTS	Federal Teachers Scheme
FME	Federal Ministry of Education
FME _{env}	Federal Ministry of Environment
FMH	Federal Ministry of Health
FMWA&SD	Federal Ministry of Women Affairs and Social Development
FRN	Federal Republic of Nigeria
GDP	Gross domestic product
GSM	Global System for Mobile Communications
HIV	Human immunodeficiency virus
IMNCH	Integrated maternal, newborn and child health
IMR	Infant mortality rate
IMSC	Inter-Ministerial Steering Committee
LLIN	Long-lasting insecticide net
LGA	Local government area
M&E	Monitoring and evaluation
MAF	MDGs Acceleration Framework
MDAs	Ministries, departments and agencies
MDGs	Millennium Development Goals
NACA	National Agency for the Control of AIDS
NASPA-CCN	National Adaptation Strategy and Plan of Action on Climate Change for Nigeria
NBS	National Bureau of Statistics
NEEDS	National Economic Empowerment and Development Strategy
NPC	National Planning Commission
NTBLCP	National Tuberculosis and Leprosy Control Programme
ODA	Official development assistance
OSSAP-MDGs	Office of the Senior Special Assistant to the President on Millennium Development Goals
PRS	Poverty reduction strategy
PPP	Purchasing power parity
SCRD	Subcommittee on Report Drafting
SURE-P	Subsidy reinvestment programme
TB	Tuberculosis
UBE	Universal basic education
UNDP	United Nations Development Programme
UN-HABITAT	United Nations Human Settlements Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

Nigeria's MDGs 2013 report is the sixth in the series of monitoring reports, the first of which was released in 2004. The reports track and examine Nigeria's progress towards achievement of the MDGs. As with previous editions, the MDGs 2013 report highlights the trends and present status of the respective MDGs, and identifies the key drivers of progress and the major challenges which should be tackled to improve the prospects of attaining the targets. The 2013 report is significant in two major ways. One is that it could well be the last cumulative assessment before the end-point assessment. The other is that the report forms a basis for a last-ditch acceleration of effort towards the attainment of the MDGs by 2015. It also provides key lessons and is a critical guide for the post-2015 development agenda. This report resulted from an inclusive and participatory process connecting federal and state government agencies, civil society organisations, professional associations and international development partners.

Improved growth performance and macroeconomic stability have, over the last seven years, provided opportunities for a more rapid progress on the MDGs. However, translating growth into better living conditions and shared prosperity remains a major policy challenge. In general, national progress is mixed across the MDGs, with varying paces and actual achievements. MDG outcomes have continued to be underpinned by rural–urban gaps as well as sharp geographic differences.

Progress on MDG 1, '*Eradicate extreme poverty and hunger*', has been low with respect to the target of halving the USD 1 a day poverty prevalence. With poverty at 62.60%, it is not likely that the 2015 target of 21.40% will be met. But, there is a much better outlook for hunger reduction (Target 2). Given the consistent progress in the past decade and the current efforts through the Agricultural Transformation Agenda, it is possible that the proportion of under-five children that are underweight – now 24.0% – can be brought down to 17.85% by 2015.

The outlook for achieving MDG 2, '*Achieve universal primary education*' is generally good. In spite of the staggered trend, Nigeria is on track to meet the 2015 targets. The country has achieved at least 80.0% in all the three indicators – net enrolment rate, gross enrolment rate and primary six completion rate. Both the federal and state governments are currently intensifying collaborative efforts to promote access to basic education through targeted local interventions for enhancing primary school enrolment and retention. It is likely that MDG 2 will be achieved as these

interventions are accelerated and effectively implemented.

As regards MDG 3, '*Promote gender equality and empower women*', the trends and status (ratio of girls to boys in primary enrolment – 90.0%) indicate that the country is on track to achieving gender parity in primary and secondary enrolment by 2015. To sustain that path, government and other key stakeholders recognise the need to strengthen current interventions to promote girls' education and improve the gender balance by mainstreaming gender responsiveness in policies and programmes.

Nigeria has made considerable progress on MDG 4 – '*Reduce child mortality*'. Both infant mortality and under-five mortality rates show trends that indicate that the pace of progress needs to be quickened over the remaining period to 2015. At 61 deaths per 1000 live births, infant mortality lags behind the 2015 target of 30.3 per 1000 live births. Similarly, at 94 deaths per 1000 live births in 2012, the under-five mortality rate (U5MR) lags behind the 2015 target of 63.7 per 1000 live births. The differences underscore the huge challenge of child mortality and the need for greater efforts at the federal and state levels. We are committed to tackling the challenges, including regional and rural–urban disparities, in order to close the gaps between the actual rates and the 2015 goals.

Nigeria has made slow but steady progress towards the 2015 targets of MDG 5 – '*Improve maternal health*'. Over the years, the country has witnessed improved performance on all the three main indicators – maternal mortality rate, proportion of births attended by skilled health personnel and antenatal care coverage. But the maternal mortality rate is 350 per 100,000 live births against the target of 250 per 100,000 live births. The proportion of births attended by skilled health personnel is currently 53.60% against the target of 100.0% and antenatal care coverage (at least one visit) is currently 67.70%. In order to further improve the prospects of achieving the overall goal of improved maternal health, the country has adopted an MDGs Acceleration Framework (MAF) focusing on this goal. There are high expectations that the MAF will enable all the targets of MDG 5 to be achieved by 2015. In particular, it is hoped that the MAF will enable the wide state-level disparities, which have tended to lower the national average performance for this goal, to be tackled.

Regarding MDG 6, '*Combat HIV/AIDS, malaria and other diseases*', the outlook is mixed. At the national level, HIV/AIDS prevalence has stabilised at around

4.10%. In fact, the country has begun to reverse the spread of HIV/AIDS. But there are some challenges, such as gender disparities and large variations in prevalence rates across states, which will be need to be addressed to further strengthen progress. Also to be addressed are the current shortfalls in access to treatment for persons living with HIV/AIDS and the prevention of mother-to-child transmission. Progress in these two areas is critical to sustaining the reversal of the spread of the disease.

Progress on MDG 7, '*Ensure environmental sustainability*', is generally slow. At 57.40%, Nigeria falls short of the 2015 target of 77.0% on access to clean water. The outlook for access to improved sanitation, currently at 33.70% against the 2015 target of 70.0%, remains a significant challenge. Similarly, about 42.60% of Nigerians had access to improved toilet/latrine facilities in 2010¹, as against the 2015 target of 70.0%. Deforestation and gas flaring continue to pose major risks to environmental sustainability as does the growing urban slum population.



























¹ Nigeria Malaria Indicator Survey (2010).







The government will strengthen existing national institutional mechanisms, including the Ecological Fund, the Environmental Impact Assessment Law and the National Environmental Standards and Regulations Enforcement Agency to achieve targets set for the environment, even if it means going beyond 2015. In addition, efforts would be made to improve environmental data collection and reporting for more efficient and objective future assessments and interventions.

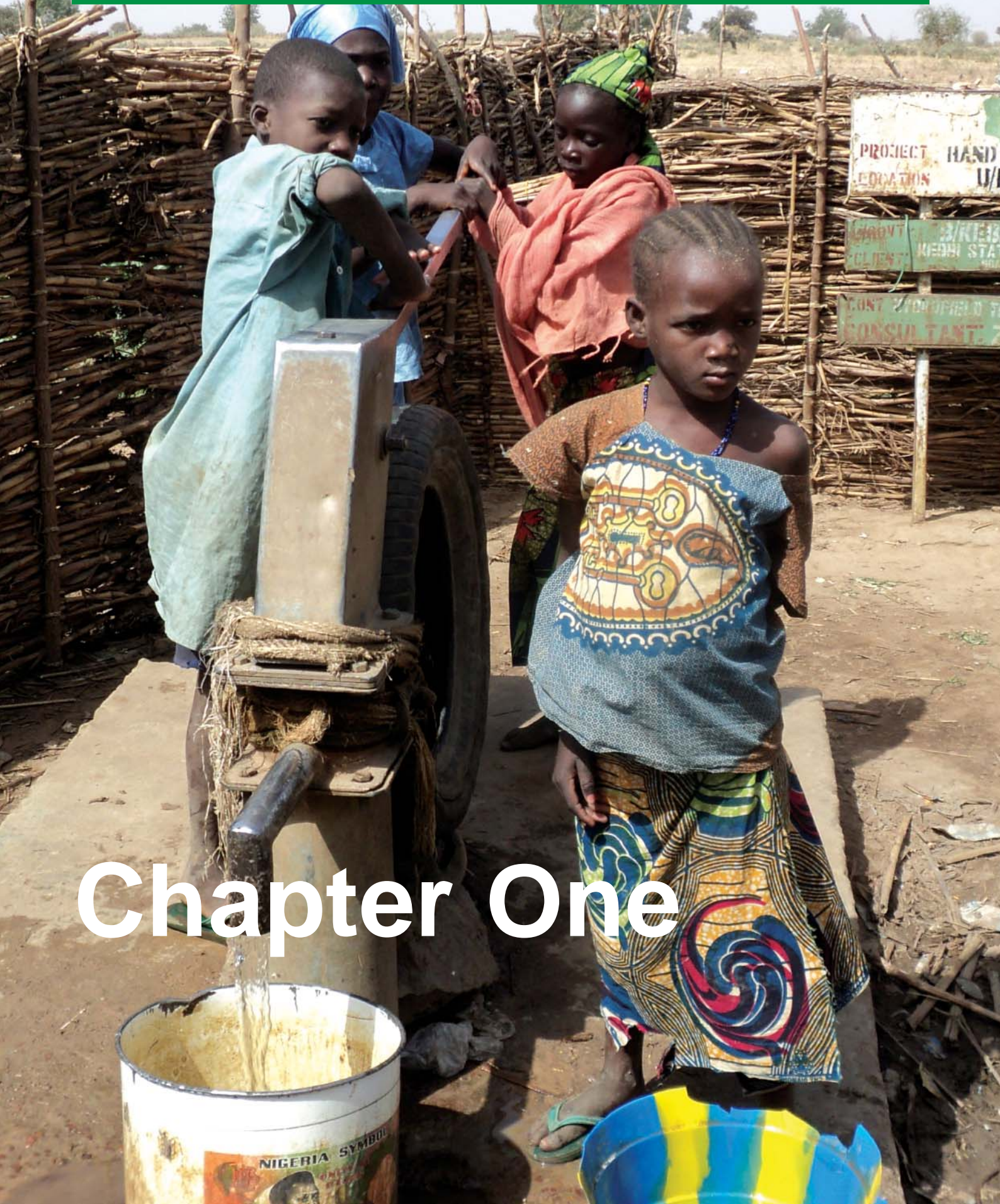
Nigeria has made some progress on MDG 8 – '*Develop a global partnership for development*'. Official development assistance (ODA) per capita has doubled since the early 2000s. Debt service as a proportion of exports of goods and services has declined remarkably from over 10.0% in the early 2000s to 0.39% in 2011. Over the past decade, Nigeria's progress in accessing information and communication technology has been phenomenal. The growth in cellular phone subscribers per 100 persons has been globally outstanding and tele-density has increased sharply to the current high of 68.49%. Despite this increase, access to the internet remains low at 28.43%, signifying large scope for improvement.



Snapshot of Nigeria MDGs status

	Meeting target	Policy environment
MDG 1: Eradicate extreme poverty and hunger		
Target 1A: Halve, between 1990 and 2015, the proportion of people living in extreme poverty		
Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger		
MDG 2: Achieve universal primary education		
Target 2: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling		
MDG 3: Promote gender equality and empower women		
Target 3: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015		
MDG 4: Reduce child mortality		
Target 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate		
MDG 5: Improve maternal health		
Target 5: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio		
MDG 6: Combat HIV/AIDS, malaria and other diseases		
Target 6A: Have halted, by 2015, and begun to reverse the spread of HIV/AIDS		
Target 6C: Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases		
MDG 7: Ensure environmental sustainability		
Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources		
Target 7B: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation		
Target 7C: By 2020, have achieved a significant improvement in the lives of at least 100 million slum dwellers		
MDG 8: Develop a global partnership for development		
Target 8D: Deal comprehensively with the debt problems of developing countries		
Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications		

	Likely	Potentially	Unlikely
Will target be met?			
	Strong	Good/Fair	Weak
Supportive policy environment			



Chapter One

Chapter 1: Introduction

1.1 BACKGROUND

At the UN Millennium Summit in September 2000, world leaders adopted the Millennium Declaration, committing their countries to a new global partnership to reduce poverty and achieve sustainable development. For the first time in history, countries collectively agreed on a globally applicable set of development goals, indicators and targets, referred to as the MDGs.

MDGs are time-bound and quantified targets for addressing extreme poverty in its multiple dimensions – income poverty, hunger, disease, lack of adequate shelter and exclusion – while promoting gender equality, education and environmental sustainability. As the most broadly supported, comprehensive and specific poverty reduction targets the world has ever seen, the MDGs have become the standards for global and country-level self-assessment, peer review and mutual accountability among countries. Currently, the MDGs constitute vital elements of national policies in developing countries, and have become benchmarks by which citizens can hold their governments accountable. With less than three years to 2015, the

global community and countries across the world are taking stock of progress made to date, accelerating actions being taken to meet the targets and articulating post-2015 development priorities.

As a signatory to the Millennium Declaration, Nigeria has continued to respond in various ways to the global push towards achievement of the MDGs. Actions have included incorporating the targets in development plans, starting with the National Economic Empowerment and Development Strategy (NEEDS) in 2004, and subsequently in the various State-level Economic Empowerment and Development Strategies. MDG targets and programmes have been mainstreamed in successive development plans, strategies and sector-specific policies, including the Seven Point Agenda in 2007, the Economic Transformation Agenda, and the Nigeria Vision 20:2020 First Implementation Plan 2010–2013. Some states of the federation have also made significant progress with MDGs-based planning with the support of the Federal Government and international development partners.

The MDGs report series progressively tracks the achievements and challenges towards the MDGs' 2015 targets. The reports are useful for political engagement, public enlightenment and social mobilisation. This MDGs 2013 report builds upon previous ones – 2004, 2005 and 2006, the Mid-point Assessment (2000–2007) and the 2010 report. With less than three years to go to the 2015 target date for the MDGs, this report provides an up-to-date assessment of the achievements and setbacks and the factors driving both. Given its timing and content, this report will help to motivate stakeholders in the final push towards 2015 and provide critical references and lessons for framing the post-2015 development agenda.

1.2 REPORT PREPARATION PROCESS

The preparation process was consultative and highly participatory. It commenced on 5 May 2012 with the setting up of an Inter-Ministerial Steering Committee (IMSC)² chaired by OSSAP-MDGs to coordinate the production of the report. The IMSC constituted an expert team (ET) to review the previous MDGs assessment reports and propose a suitable approach for the 2013 report. The ET produced the templates and guidelines for data collection and verification and formulated an overall framework for the preparation of the 2013 MDGs Report. The submissions of the ET were validated at a workshop which drew participants

² For the composition of this and other committees see the appendices.





from federal and state government MDAs, civil society organisations, professional organisations and international development partners.

The MDGs data template was transmitted to relevant federal and state government MDAs which provided the needed data. A subcommittee on data collation and verification, comprising relevant officials of the MDGs data-providing agencies, as shown in Appendix I, was constituted. This subcommittee was created to provide quality assurance and ensure data ownership. Upon completion of data collation and verification, the OSSAP-MDGs constituted the Core Drafting Team (CDT). In addition, the Subcommittee on Report Drafting (SCRD) was constituted to provide inter-agency backstopping to the CDT. Data supplied were collectively reviewed and endorsed by the SCRD on 16 May 2013, together with an annotated outline of the report. Midway into the report writing, and for the purpose of quality assurance, a debriefing session was given by the CDT on 31 May 2013. During the session, the SCRD examined the work-in-progress report and provided advice for the completion of the report.

On completion, the draft report was further reviewed by the IMSC, revised by the CDT and subsequently

subjected to national stakeholder validation in a workshop held on 18 July 2013. Based on stakeholders' comments and feedback on the draft report, revisions were made to produce the draft (final) report. A final review process was undertaken to further ensure technical adequacy, consistency and proper organisation of the report. The draft final report was further subjected to strict editorial review and presented to the CDT on 5 September 2015 for final technical endorsement before submission to OSSAP-MDGs.

1.3 STRUCTURE OF THE REPORT

The report has six chapters. Chapter 1 is the introduction. Chapter 2 is the country profile, highlighting the socio-political and macroeconomic contexts of the MDGs programmes. Chapter 3 discusses Nigeria's experiences in integrating MDGs in development planning. Chapter 4 describes the progress, challenges and prospects for achieving the respective MDGs targets by 2015. Chapter 5 reviews the implications of significant global developments (the global economic crisis and climate change impacts) for Nigeria's achievement of the MDGs. Chapter 6 concludes the report with key lessons provided for the post-2015 development agenda.



Chapter Two

Chapter 2: The country profile

2.1 SOCIO-POLITICAL SETTING

The Federal Republic of Nigeria comprises 36 states and the Federal Capital Territory (FCT) Abuja. The states constitute the second tier of government and are further sub-divided into 774 local governments³. Since 1999, Nigeria has been running an uninterrupted presidential democracy and has been able to successfully hold three general elections.

The country's total land area is approximately 923,768 km². Nigeria shares boundaries with the Republic of Niger to the north, Chad to the northeast, Cameroon to the east and southeast, Benin Republic to the west and the Gulf of Guinea to the south. Nigeria's population was projected at 170 million in 2013 from the 2006 population census figure of 140 million people. This population is composed of over 250 different ethnic groups, with more than 500 languages and dialects and a beautiful array of cultural diversities, which are a delight to tourists. English is Nigeria's official language with a local variety, which is called 'pidgin', and is spoken by virtually all Nigerians as it is indeed across West Africa.

2.2 NIGERIA'S ECONOMIC PERFORMANCE

Nigeria is richly endowed with diverse natural resources including vast areas of arable land and large deposits of crude oil, natural gas, coal, tin, columbite, iron ore, limestone, lead and zinc. Agriculture constitutes the main occupation of the people, but crude oil is the country's main source of government revenue and export earnings.

Overall economic growth has averaged 6.77% since 2006 (Table 2.1). The non-oil sector growth, which averaged 8.76% between 2006 and 2012, has been the main driver of the country's economic growth. Other key macroeconomic indicators have also recorded relatively improved trends over the period. For example, inflation has averaged around 10.64%

per annum, accompanied by a stable naira–US dollar exchange rate. In 2012, the deficit to GDP ratio was 2.90% and debt to GDP ratio was 19.40%.

The structure of the economy has, however, not changed much. Primary traditional agriculture remains the dominant economic activity, accounting for about 40.0% of GDP and more than 60.0% of total employment. Other key contributors to GDP are the wholesale and retail trade (19.90%) and crude petroleum and natural gas (13.80%). With these three sectors – agriculture, wholesale and retail, and petroleum – accounting for about 74.0% of total GDP and manufacturing accounting for just 4.0%, value-added economic transformation has remained a significant challenge in Nigeria (see Figure 2.1.).

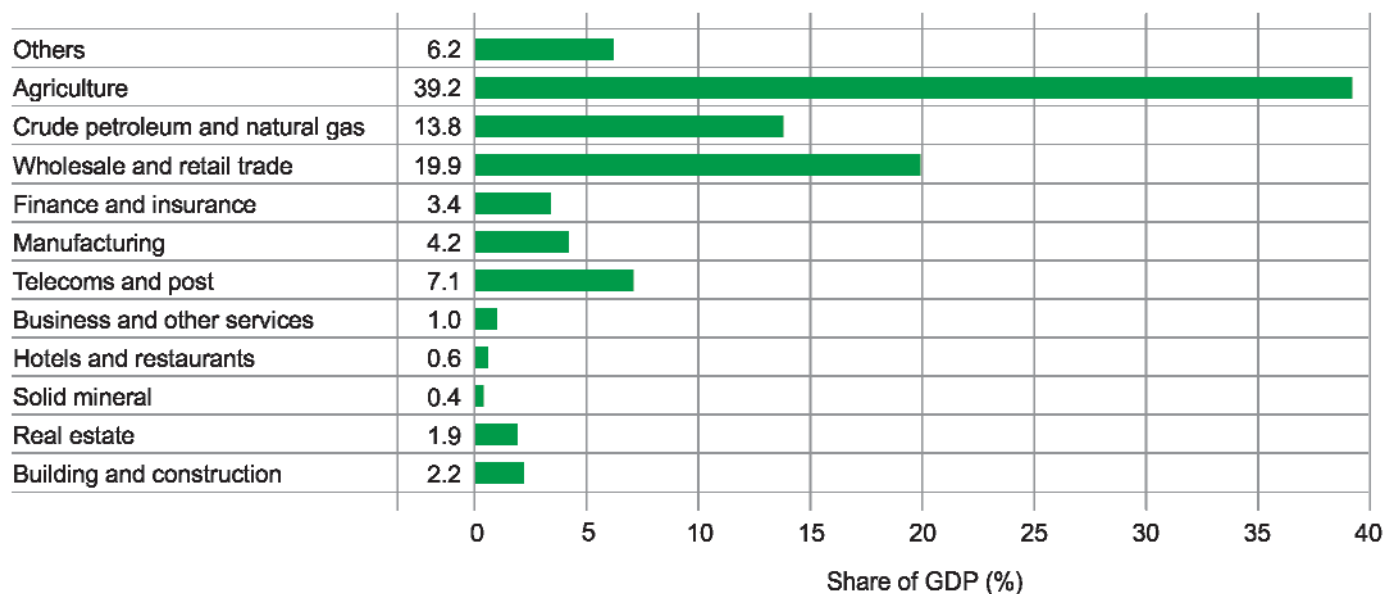
A number of other indicators, especially human development indices, have shown not-too-impressive outcomes. For example, the unemployment rate was estimated at 23.90% in 2011, as compared to 21.10% in 2010. In particular, youth unemployment was estimated at 37.70%, placing Nigeria among the countries with the worst youth unemployment record in sub-Saharan Africa. Of equal concern are the poverty and inequality levels which have remained considerably high. The most recent nationally representative survey, the Harmonised Nigerian Living Standard Survey 2010, indicated a 62.60% poverty prevalence rate, which translates to over 100 million people living in absolute poverty. This situation obviously contrasts with the country's performance on the other macroeconomic indicators reviewed earlier, and points to an important policy challenge, which is that of translating economic growth into measurable improvement in people's welfare.

The macroeconomic outlook remains good especially on the side of growth, which is forecast at 6.90% in 2013⁴. Non-oil sector growth is expected to remain strong. Inflation, the exchange rate and other macro-indicators also are expected to remain stable in the short to medium term, at least (Table 2.1). The positive economic outlook is predicated on sustained improvement in macroeconomic management including, crucially, sustained reform of both public and market institutions and policies. This is essential for addressing shortfalls in key human development indicators going forward.

³ On account of administrative and political convenience, Nigeria is divided into six geopolitical zones, as follows: North West, North Central, North East, South West, South East and South South.

⁴ 2003 GDP growth rates are forecasts administratively sourced from the NBS.

Figure 2.1: Composition of GDP by sector (2012)



Source: NBS (2013b)

Table 2.1: Key macroeconomic indicators

Indicator	2006	2007	2008	2009	2010	2011	2012 ¹	2013
GDP at current market prices (NGN billion)	18,709.8	20,940.9	24,665.3	25,225.1	29,108.0	33,994.6	40,544.1	44,103.9
GDP at current market prices (USD billion)	144.5	176.8	191.8	170.3	194.1	242.4	262.6	
GDP per capita (NGN)	132,604.3	144,474.5	170,515.0	165,633.9	185,759.5	179,158.3	240,190.2	
GDP per capita (USD)	1,030.3	1,223.5	1,286.3	1,106.8	1,235.9	1,474.96	1,555.7	
Real GDP growth (%)	6.0	6.50	6.0	7.0	7.90	7.40	6.60	6.90
Oil sector growth (%)	-4.20	-4.50	-6.20	0.50	5.0	0.50	-0.90	-0.24
Non-oil sector growth (%)	9.40	9.50	9.0	8.30	8.40	8.80	7.90	8.10
Agricultural sector growth (%)	7.40	7.20	6.30	5.90	5.60	5.90	4.0	4.15
Industrial sector growth (%)	-2.50	-2.20	-3.40	2.0	5.30	1.50	1.20	2.10
Services sector growth (%)	9.20	9.90	10.40	10.80	11.90	12.60	13.90	13.56
Manufacturing capacity utilisation (%)	53.30	53.50	54.70	55.40	55.50	57.0		
Inflation rate (%)	8.20	5.40	11.60	12.50	13.70	10.90	12.20	
Unemployment (%)	13.70	14.60	19.70	21.40	21.40	23.90	N/A	
Fiscal balance to GDP ratio (%)	0.50	0.60	0.20	3.30	3.70	-4.40	2.90	
Debt to GDP ratio (%)	12.40	11.70	11.80	15.40	15.40	17.50	19.40	
Average exchange rate	128.70	125.80	118.50	148.90	149.70	153.90	157.50	

Source: Central Bank of Nigeria Statistical Bulletin (various years)

¹ 2012 figures are estimates NGN – Nigerian naira



Chapter Three

Chapter 3: Development planning and the MDGs

3.1 OVERVIEW

Since 2004, when the MDGs were first reflected in a national plan, the National Economic Empowerment and Development Strategy (NEEDS), successive development plans and policies have incorporated them. The adoption of the MDGs by Nigeria has positively affected the country's planning and policy processes. In retrospect, the first most significant fiscal push for the MDGs came from the debt relief initiatives in 2005, which released roughly USD 1 billion or NGN 100 billion per year in obligatory spending on the MDGs. The debt relief fund was then expected to provide an additional 5.0% of government expenditure for the MDGs.

Currently, the MDGs are an integral part of the policy objectives of the Economic Transformation Agenda encapsulated in the framework of the Nigeria Vision 20:2020 and its National Implementation Plan 2010–2013. Accordingly, medium-term sector strategies, sector plans and expenditure frameworks bear MDG targets as development outcomes. The policy attention paid to the MDGs is underpinned by the central coordinating and monitoring role of the Presidential Committee on the Assessment and Monitoring of the MDGs and OSSAP-MDGs. The national monitoring and evaluation (M&E) system, recently created by the NPC, has developed a set of key performance indicators which include the MDGs. The first Annual Performance Monitoring Report (2011) produced under the new system reflected the MDG indicators. As further evidence of political commitment to the MDGs at the highest level, the President, on 29 May 2013, unveiled the mid-term report on the Economic Transformation Agenda, incorporating objects and targets pertaining to the MDGs.

3.2 MDGS AND THE POST-2015 DEVELOPMENT AGENDA

With the benefit of experience with the MDGs, and in line with the global push for a post-2015 development framework, Nigeria has commenced the process of stakeholder consultations to fashion a successor agenda to the MDGs. The consultations are taking place in many forms. First is a review of the cumulative experiences with the MDGs. Second is a post-term evaluation of the First National Implementation Plan 2010–2013 for the National Vision 20:2020 (otherwise known as the Economic Transformation Blueprint).

Box 1: MDGs in sub-national development planning and policy processes

It is generally understood that in a country with a structured administrative/governmental system in which each tier or level has considerable fiscal autonomy, development results from effective coordination of effort across all the levels. In such a system, commonly referred to a 'federal structure', such as that which obtains in Nigeria, the role of sub-national governments, states and local governments is always critical. This is not any the less important for the achievement of the MDGs. In fact, because state and local governments are closer to the grassroots, they are more strategically important in terms of understanding the everyday livelihood challenges that people face, and meeting those needs more quickly through appropriate policies and programmes. The potential of sub-national (state and local) governments to impact on the MDGs is further buttressed by the fact that they together account for more than 5.0% of total public spending in the country.

Many public services and government policies which bear on the MDGs are concurrent responsibilities of the federal, state and local governments (Eboh, 2009). Accordingly, state and local governments play central roles in promoting the achievement of the MDGs for education, health and poverty reduction.

In turn, the MDGs have greatly affected planning and policy processes at the state level. Beginning with the State Economic Empowerment and Development Strategies in 2005, state-level development plans and sector programmes started to include the MDGs as integral elements and benchmarks for progress. Currently, many state governments have mainstreamed the MDGs in their economic and social development policies and programmes. With the support of the federal agencies, like the NPC and OSSAP-MDGs, some states have gone further to undertake MDGs-Needs Assessment which hopefully should inform their annual budgets. These reforms are not only significant for the MDGs, but also for advancing human development post-2015.

Third is an on-going process of preparing the Second National Implementation Plan 2014–2017 for the Nigeria Vision 20:2020.

These series of national consultations, which have been under way since 2012 and which culminated in the thematic and sub-national consultations on a post-2015 development agenda 18–19 February 2013, have helped to define a broad direction and framework agenda for post-2015. So far, the consultations are showing a general consensus around the consolidation and sustainability of the achievements on the MDGs coupled with learning from the drawbacks. Specifically, stakeholders have advocated that the MDG indicators would need to be attuned (expanded, deepened or refined) to reflect new and emerging development

realities and challenges. The prioritised thematic issues include poverty, inequality and unemployment, food security and health, access to infrastructure and energy, water and sanitation, climate change adaptation and environmental sustainability, and housing and urban development. Others are inclusive and participatory governance, particularly greater equality in sub-national governance and community ownership and management of public infrastructure, greater public financial accountability and population management (for example, migration).

As the consultations mature, there are bright prospects that Nigeria will have a post-2015 development agenda which builds upon the achievements and lessons of the MDGs.





Chapter Four

Chapter 4: MDGs: progress, challenges and prospects

4.1 GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

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

4.1.1 Target 1A: trend and status of poverty indices

Although 1990 was the reference year for all targets, this particular target was referenced to 1992, a year for which hard data were available. Poverty prevalence in that year was 42.70%. On this basis, 21.40% was adopted as that proportion of the people whose income would be less than USD 1 a day which had to be attained by 2015. From Table 4.1, we find that poverty prevalence has actually fluctuated over the years – it rose to 65.60% in 1996, but declined to 51.55% in 2004. The National Bureau of Statistics (NBS) has estimated poverty prevalence for 2010, measured on the USD 1 per day basis, at 61.20%. On the basis of this measure, the country has experienced a regression in its progress towards the target of 21.40%. Other measures have declined only marginally, with the exception of relative poverty which rose to about 69.0%. Both per capita absolute poverty and the 'adult equivalent' absolute poverty declined; per capita poverty declined from 64.20% in 2004 to 62.20% in 2010 and absolute poverty declined from 48.40% in 2004 to 46.0% in 2010. On all measures, however, the gap between the actual figure and the target of 21.40% prevalence still remains wide. Likewise, the poverty gap and the share of national consumption by the poorest quintile have not shown any remarkable improvements, at least until 2010, a year for which data are available. The trends reported in Table 4.1 generally suggest that these aspects (poverty prevalence, gap and consumption share) of Goal 1 are unlikely to be attained by 2015.

4.1.1a Sub-national variations in poverty

Sub-national variations are a critical dimension to the poverty situation in Nigeria. The disparities are quite high across geopolitical zones, states and rural–urban areas and reflect the heterogeneous economic and social circumstances at the sub-national level. On virtually on all measures, poverty is more prevalent, deeper and more severe in the rural than in the urban areas.

The situation with inequality is somewhat different. The NBS report (2013d) shows that income inequality has been relatively higher in urban areas as compared to the rural areas. Even within the rural areas, inequality increased substantially from a Gini index of 0.37 in 2004 to 0.41 in 2010, thus presenting yet another important challenge for anti-poverty policy measures for the rural poor. It is expected that vertical cooperation and coordination between the federal and state governments on implementation of the MDGs' strategies and the Transformation Agenda, with its focus on agriculture and rural development, will contribute to reducing rural income inequality.



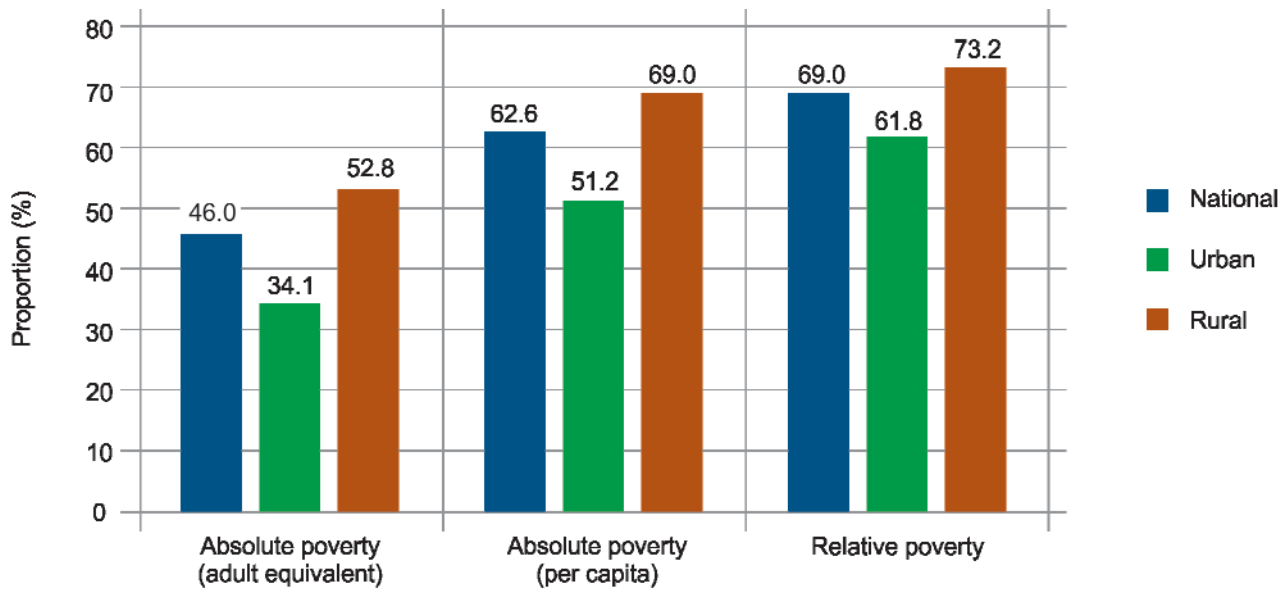
Table 4.1: Trend in and status of poverty

Indicator	1990	1992	1996	2004	2010	2015 target
1.1: Proportion of population below USD 1 (PPP) per day (%)	NA	42.70	65.60	51.55	61.20	21.40
1.2: Poverty gap ratio (%)	32.10	NA	NA	29.60	NA	NA
1.3: Share of poorest quintile in national consumption (%)	5.0	5.10	5.10	5.90	5.50	NA

NA – Not applicable/available

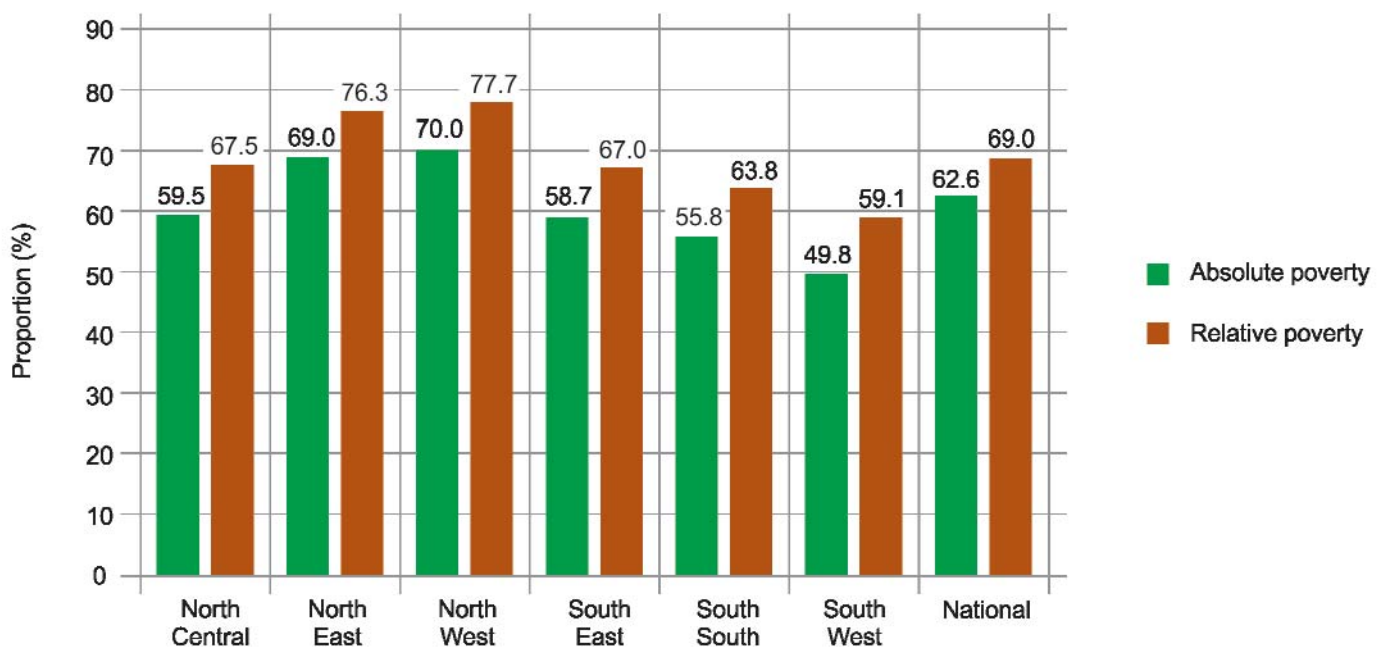
Sources: NBS (2005); Nigeria MDGs Reports (various editions); MDGs Mid-point Assessment Report (2007)

Figure 4.1: Absolute and relative poverty – national, urban and rural (2010)



Source: NBS (2013d)

Figure 4.2: Poverty rates across geopolitical zones



Source: NBS (2013d)

State-level variations in poverty are equally significant. The majority of the states with absolute poverty (per capita) of more than 57.0% are in the North West and North East geopolitical zones of the country. The statistics show that generally, poverty is more widespread and deeper in the northern parts of the country. The predisposing factors of widespread poverty in the northern region have included the collapse of key industries like textiles, low female participation in the labour force, weak education and other infrastructure, and increased insecurity especially since 2009 when the Boko Haram insurgency broke out⁵. The sharp disparity in poverty rates across states is exemplified by the outcomes for Osun and Jigawa States in Figure 4.3.

The high variability in the poverty rates across the states of the country underscores the compelling need for well-targeted local initiatives, strategies and programmes to tackle local economic challenges. The Federal Government is cooperating with the state governments in this regard.

⁵ Criminal violence that used to be much lower in the north has increased in recent years following the Boko Haram insurgency. This has affected agriculture and commerce as populations are displaced in affected communities, leading to loss of property and livelihoods as well as inter-state trade.

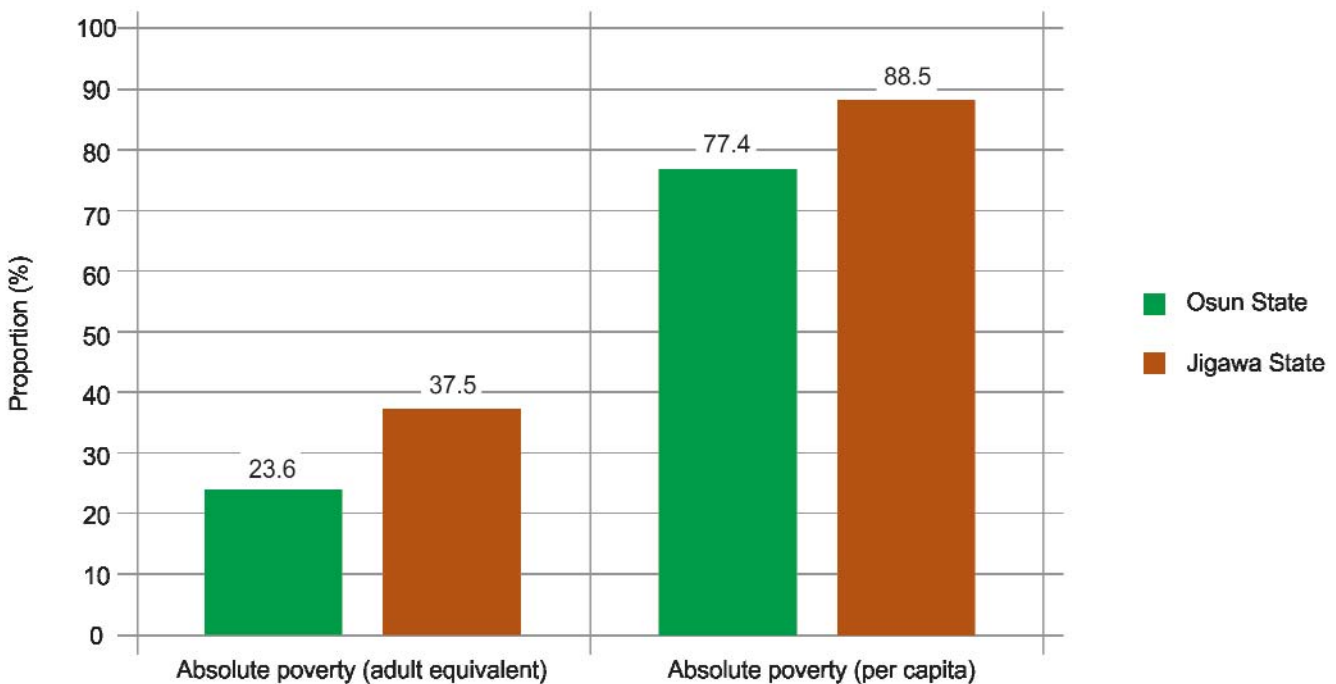
4.1.1b Critical bottlenecks

Key sources of setback have included both domestic and external developments. On the domestic scene, the challenges have included rising unemployment, high income inequality and rapid population expansion.

Unemployment has remained one of Nigeria's most challenging socioeconomic burdens. The poverty situation is underpinned by the high national unemployment rate – estimated at 23.90% in 2011 as compared to 21.10% in 2010 and 19.70% in 2009. In order to reduce poverty and unemployment, economic progress must outpace demographic expansion in a progressive manner. But the inability of economic expansion and employment-generating interventions to catch up with over 1.8 million new entrants into the job market every year, pose a major challenge to poverty reduction efforts in the country. According to the 'Next Generation Nigeria Task Force'⁶ report, Nigeria will need to create 15 million new jobs over the next ten years (from 2010) just to keep employment at current

⁶ The Next Generation Nigeria Task Force was convened by the British Council Nigeria and the report was published in 2010.

Figure 4.3: Absolute poverty in Nigeria in Osun and Jigawa States (2010)



Source: NBS (2013)

levels. If Nigeria is to halve unemployment, it will need to create 24 million new jobs, expanding the labour market by almost 50.0%. Accordingly, if unemployment is to be brought to 7.0% by 2030, the labour market needs to nearly double in size, creating almost 50 million jobs. Nigeria is committed to tackling the unemployment malaise through the Economic Transformation Agenda. The particular focus on agriculture, electricity generation and infrastructural development will stimulate private sector investment, which will, in turn, use the expanding labour force. The various public sector youth employment schemes will also play roles in absorbing the labour force.

Income inequality, as indicated by the Gini index increasing from 0.39 in 2004 to 0.42 in 2010, compounds and mirrors the rise in relative poverty from 54.40% in 2004 to 69.0% in 2010. Similarly, the NBS reports that the quintile distribution shows the poorest 20.0% of the population account for a further reduced share of the national consumption expenditure – from 5.90% in 2004 to 5.50% in 2010.

The upward trend in income inequality underscores the importance of enhanced opportunities for employment and income-earning economic activities for the rapidly expanding labour force and a more discriminatory tax policy for income redistribution.

The rapid population expansion in Nigeria ranks her as the world's eighth most populous country. At the current rate of growth, her population is estimated to rise by 68 million by 2030 and a further 63 million by 2050. This will possibly place her as the fifth most populous nation in the world after India, China, the USA and Pakistan. At this rate of expansion, the country requires a much faster growth rate than the current 6.0% to 7.0% annually. Rapid population growth brings about a weak connection between economic growth and poverty reduction through a

number of channels, including pressure on the available infrastructure, declining productivity and the higher cost of providing and maintaining social services.

External conditions also play a very important role in domestic socioeconomic outcomes. Between 2004 and 2010, when the last two living standards surveys were conducted, the major developments of concern were the sudden increase in global food and energy prices around 2007/2008 and the global financial and economic downturn. The impact of the sudden increases in global food (especially cereals) prices was also partly felt domestically. Domestic food inflation rose from 3.90% in 2006 to 8.20% in 2007 and further to 18.0% in 2008. This food price shock alone pushed a few million below the food poverty threshold⁷. At about the same period the global economic downturn set in, straining fiscal capacity, especially in 2009 and 2010, with the result that compelling reductions in public spending across all tiers of government on infrastructure and other avenues critical to poverty reduction took place. The mixture of negative external and domestic influences took their toll on the economy with severe consequences for the poor.

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

4.1.2 Target 1C: trend and status of hunger indices

Hunger is measured by the proportion of under-five children who are underweight, that is, have a low weight for their age, reflecting wasting or stunted growth, or both. The latest estimates from the NBS show that Nigeria is currently on track to meet MDG 1, but significant improvements are being undertaken. The proportion of under-five children who are

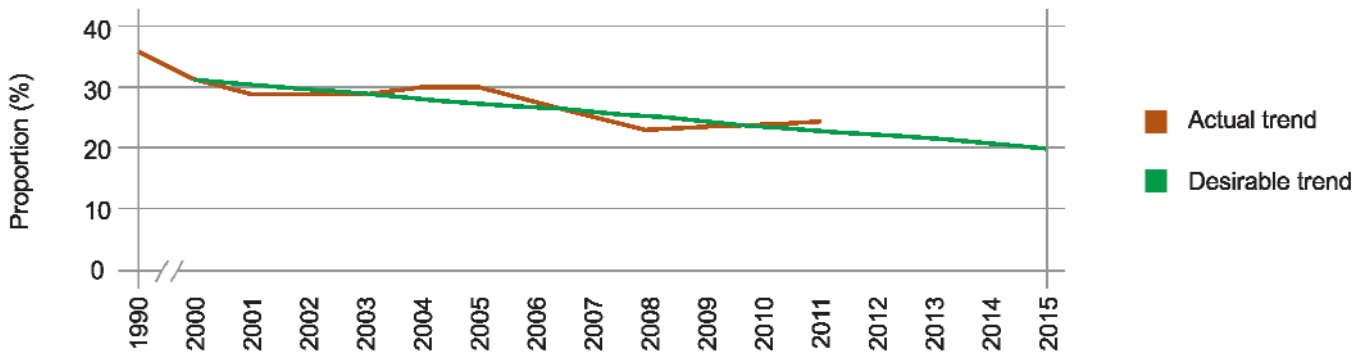
⁷ See Okpanachi, Zamba and Abimiku (2011).

Table 4.2: Distribution of population by share of total national consumption expenditure

Quintile groups	2003–2004		2009–2010	
	Per capita expenditure (NGN)	Share of total (%)	Per capita expenditure (NGN)	Share of total (%)
1 (poorest)	743.8	5.90	1,488.7	5.50
2	1,313.8	10.40	2,610.0	9.70
3	1,893.0	14.90	3,734.6	13.90
4	2,739.0	21.60	5,491.6	20.40
5 (richest)	5,974.0	47.20	13,540.8	50.40

Source: NBS (2013d)

Figure 4.4: Trend in the proportion of underweight children under the age of five (1990–2011)



Source: NBS (2011a)

underweight was estimated at 24.0% in 2011⁸, trailing behind the 2015 target of 17.85%, as shown in Figure 4.4.

Nigeria is likely to achieve this target as the downward trend is reinforced by a supportive policy environment and programme interventions which are tailored to reduce the sharp differences in hunger rates across states and between rural and urban areas.

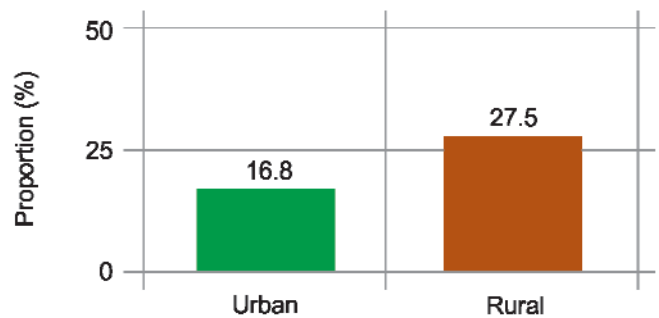
4.1.2a Sub-national variations

Sharp differences exist in hunger rates across states and between rural and urban areas. The hunger rate is higher in rural areas than urban ones (Figure 4.6). While the latest statistics from the NBS survey on underweight under-five children is not disaggregated by gender, the previous Nigeria Demographic and Health Survey 2008 estimates that the incidence of children under five years of age who are underweight is higher for males (24.50%) than females (21.70%). Another dimension of the disparity in extreme hunger is the state-level incidence (Figure 4.7). The multiple disparities raise the stakes for measures for promoting food security through agricultural and rural development.

Likewise, differences in hunger are quite substantial between states (Figure 4.6).

⁸ NBS (2011a).

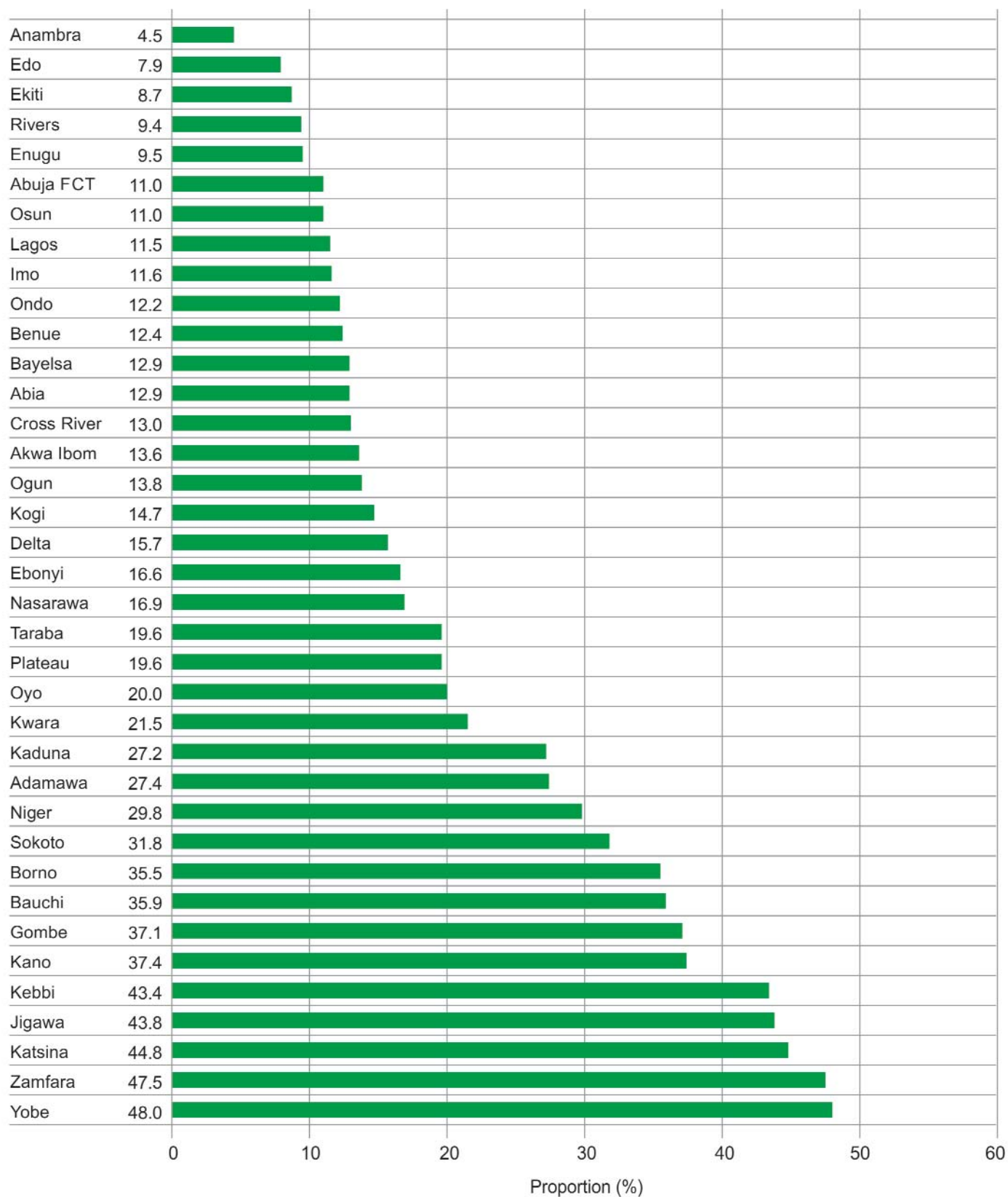
Figure 4.5: Proportions of urban and rural children under the age of five who are underweight (2011)



Source: NBS (2011a)



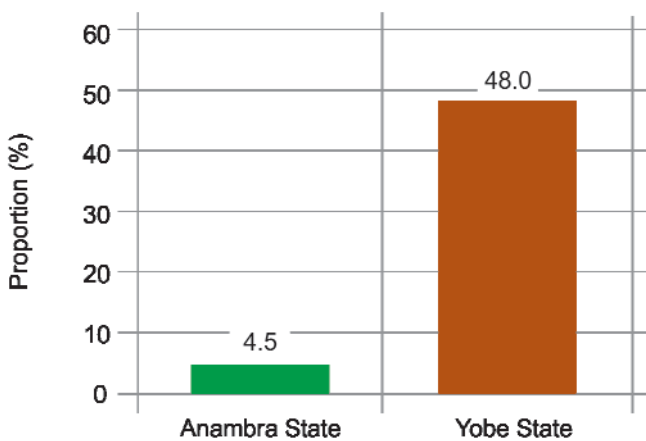
Figure 4.6: State-level disparities in the proportion of children under the age of five who are underweight



Source: NBS (2011a)

As shown in Figure 4.6, while some states have already reached the national target for the reduction of extreme hunger, others are lagging behind. Figure 4.7 shows the sharp difference between Anambra and Yobe States in terms of the hunger indicator. Whereas Anambra is below 5.0%, Yobe is closer to 50.0%.

Figure 4.7: Proportions of children under the age of five who are underweight in Anambra and Yobe States (2011)



Source: NBS (2011a)

The proportion of children under five years of age who are underweight is one of three indicators used by the International Food Policy Research Institute to construct the Global Hunger Index. Nigeria's performance on the Global Hunger Index has improved consistently since the 1990s. Nigeria is ranked 40th out of 79 countries and had a Global Hunger Index score of 15.7, in 2012, positioning it among countries rated as 'seriously' suffering from hunger.

4.1.2b Policy support and prospects for achieving MDG 1

Tackling poverty is critical to sustainable development in Nigeria. The persistence of high poverty amidst better growth performance underscores some underlying structural and institutional weaknesses. However, the policy environment continues to be quite supportive of poverty reduction. Over the years, the three tiers of government – federal, state and local – have been addressing the intertwined problems of unemployment, inequality and poverty, through MDGs-targeted interventions combined with economy-wide and social sector policies and development plans. The Nigeria Vision 20:2020 continues to be the overarching framework for implementing MDGs policies and initiatives. This has been reinvigorated by the on-going

Box 2: The Care of the People Conditional Cash Transfer

The Federal Government in collaboration with the states has, since 2007, implemented the Care of the People Conditional Cash Transfer towards achieving MDG 1. The scheme uses tied cash transfers to reduce extreme income vulnerability and to boost poor households' use of primary education and primary health services according to identified local constraints/needs. From about 3790 households at inception, the scheme now covers about 47,746 households and over 330,000 persons in 12 states.

Transformation Agenda, under which key human development concerns, like health, education and infrastructure, are prioritised. Among the policy imperatives going forward are the implementation of more effective redistributive measures, tailoring responses (budgets and programmatic interventions) to address wide sub-national variations in poverty and hunger outcomes, and improvement in the growth elasticity of poverty, which means ensuring that the economy grows in a manner that is pro-poor and reduces poverty.

The moderation in poverty (absolute and adult equivalent) offers some hope, particularly as the effects of the on-going interventions and policies are expected to begin to crystallise. Much as the target of 21.40% poverty prevalence by 2015 could be missed, the momentum for achieving it a few years after that has been built. The prospects for poverty reduction rest with a comprehensive and integrated approach to tackling inter-sector constraints and weaknesses. In this direction, the Federal Ministry of Women Affairs and Social Development (FMWA&SD) has identified a number of interventions, which will be strengthened and made more gender-responsive so as to enhance the empowerment of women and the reduction of poverty and hunger (FMWA&SD, 2012). Among them are enhanced finance to, and financial inclusion for, rural women, entrepreneurship and enterprise development, skills acquisition and enhancement, agricultural and small and medium enterprises credit guarantees, development of women's cooperatives and community-based agricultural development schemes.

In addition, agricultural sector policies have increasingly focused on harnessing agriculture, agro-allied industries and small and medium enterprises for poverty reduction, employment creation and economic

growth. Currently, the main sector strategy targeting poverty reduction is the Federal Government's Agricultural Transformation Agenda, comprising the Growth Enhancement Scheme, the Value Chain Development Programme and the Nigeria Incentive-based Risk-sharing Agriculture Lending Scheme. Under the Agricultural Transformation Agenda, the Federal Government seeks to create over 3.5 million jobs within the rice, cassava, sorghum, cocoa and cotton value chains and to generate over USD 2 billion of additional income for Nigerian farmers. In the same vein, it is expected that national food security will be boosted with the addition of 20 million tonnes of food supply by 2015, including rice (2 million tonnes), cassava (17 million tonnes) and sorghum (1 million tonnes).

The sector approach is complemented by the implementation of targeted programmes and interventions including conditional cash transfer, the National Directorate of Employment, the national poverty eradication programme and the subsidy reinvestment programme (SURE-P). The SURE-P is the latest in a set of recent 'special' interventions promoting growth and reducing poverty, unemployment and vulnerability, through critical investments in infrastructure and social safety nets. The social safety net projects include maternal and child health, community services/women and youth employment programmes, an urban mass transit programme, vocational training schemes and water and agriculture projects. Infrastructure development projects include preventive maintenance projects for roads and bridges and information and communication technology projects.

In addition to the programmes and interventions of the Federal Government, the state governments are taking their own measures to tackle poverty and unemployment in their respective jurisdictions. Some of these measures are within the framework of the MDGs conditional grant scheme (CGS) implemented collaboratively by the federal, state and/or local governments, with coordination by the OSSAP-MDGs. In Zamfara State, for example, the CGS skills acquisition programme is training and achieving gainful employment for 30,000 youths in various agricultural and agribusiness enterprises. So far, the programme has produced 5000 trained youths and supported some of them with land, inputs and working capital for enterprise development covering irrigated farming, horticulture, poultry production, animal production, fisheries, forage production and artificial insemination.

In contrast, Ogun State provides an example of the inventive use of the conditional cash transfer scheme to achieve poverty reduction and maternal health. The

Ogun State antenatal-based conditional cash transfer programme aims to increase

- Antenatal care and deliveries conducted by skilled birth attendants from 89.90% in 2008 to 100.0% in 2014
- The number of deliveries by skilled birth attendants at the health facilities from 71.80% in 2008 to 100.0% in 2014
- Immunisation coverage from 72.28% in 2010 to 85.0% in 2014
- Infant welfare clinic attendance from 44.20% in 2011 to 60.0% in 2014.

Starting from November 2012, cash transfers were provided to pregnant mothers at critical antenatal and post-natal junctures and for the critical needs of pregnant mothers. The cash transfers were tied to critical needs, including antenatal drugs, delivery kits, nutritional supplements, mobile phone services and referrals. Considerable achievements have been recorded – there has been an increase in antenatal and delivery facilities in the three pilot LGAs, from 2981 in 2011 to 3778 in 2012.

4.2 GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 2: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

4.2.1 Target 2: trend and status

Indicator 2.1: Net enrolment in primary education

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

Nigeria's net enrolment ratio in primary education, which stood at 68.0% in 1990, increased significantly to 95.0% in 2000 (Figure 4.8). This achievement in primary enrolment can be associated with the favourable national policy environment – 1990–2000 was the decade of *Education for All* and universal basic education (UBE) was re-launched in 1999. Net enrolment peaked at 95.0% in 2000, decreased to 80.0% in 2004 and gradually increased to 88.80% in 2008. The inability to sustain the 95.0% recorded in 2000 underscores the challenge in sustaining programme implementation.

Data obtained from the FME show that gross enrolment for the population aged 6–11 years, has remained at 80.0% from 2009 to date.

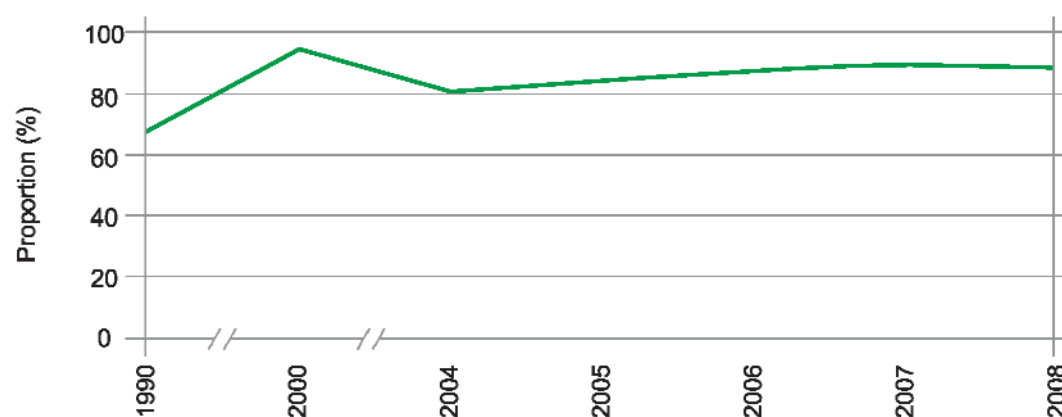
Table 4.3: Trend in and status of universal primary education indicators

Indicator	1990	2000	2004	2005	2006	2007	2008	2012	2015 target
2.1: Net enrolment in primary education (%)	68.0	95.0	81.10	84.60	87.90	89.60	88.80		100.0
2.2b: Primary six completion rate (%)	58.0	76.70	82.0	69.20	67.50	67.50	80.0	87.70	100.0
2.3: Literacy rate of 15–24 year olds (men and women) (%)		64.10	60.40	76.20	80.20	81.40		66.01 ¹	100.0

Sources: FRN (2010b); NBS (2013c)

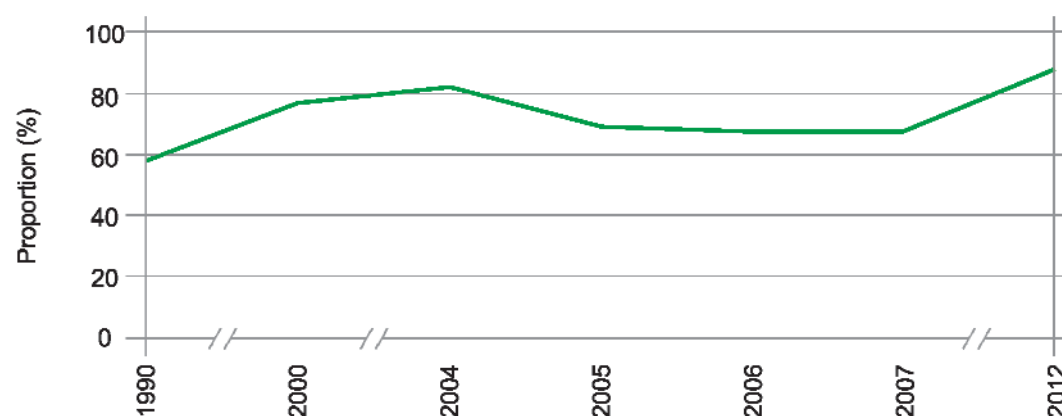
¹ Literacy rate data for 2000–2008 refer to 'any language', while the 2012 data relate to literacy in English for women aged 15–24 years only. The NBS 2012 MDGs Survey did not cover the literacy rate in any language and also did not include men

Figure 4.8: Trend in the proportion of children enrolled in primary education (1990–2008)



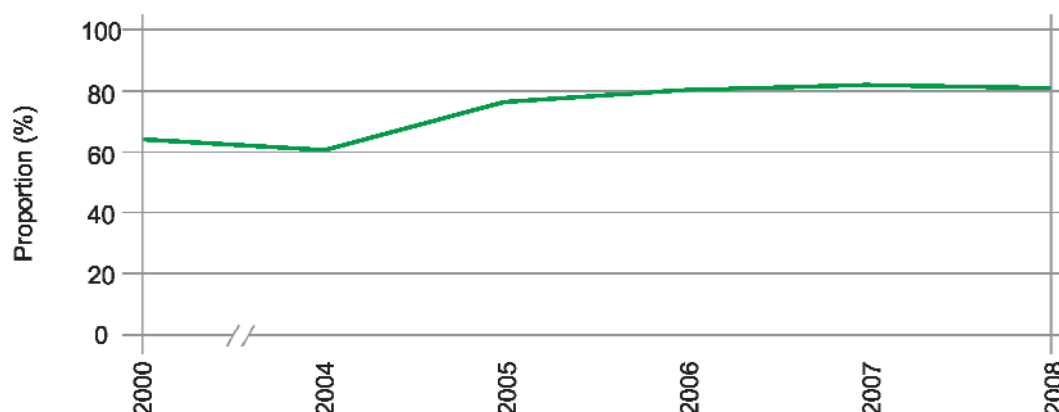
Source: FRN (2010b)

Figure 4.9: Trend in the proportion of children completing primary six (1990–2012)



Source: NBS (2013c)

Figure 4.10: Trend in the proportion of 15–24 year olds (males and females) who are literate in any language (2000–2008)



Source: NBS (2013c)

Indicator 2.2: Primary six completion rate⁹

Since 1990, the trend has shown an undulating progress in the primary school completion rate (Figure 4.9). From 58.0% in 1990, the primary school completion rate rose to 82.0% in 2004. In 2005, however, the completion rate decreased dramatically to 69.20%, and thereafter remained steady at 67.50% in both 2006 and 2007. The rate rose again to 87.70% in 2012. In spite of the unstable trend since 1990, the primary school completion target of 100.0% is within Nigeria’s reach, as current efforts will be sustained.

Indicator 2.3: Literacy rate of 15–24 year olds¹⁰

This indicator measures the proportion of youths aged 15–24 who can both read and write with understanding in any language. In 2000, this age group had a literacy rate of 64.10%. The literacy rate rose rather sluggishly to about 80.0% in 2008 (Figure 4.10). The literacy rate in English for women aged 15–24 was 65.60% in 2011 and 66.0% in 2012. The trend broadly indicates the target will not be easily met.

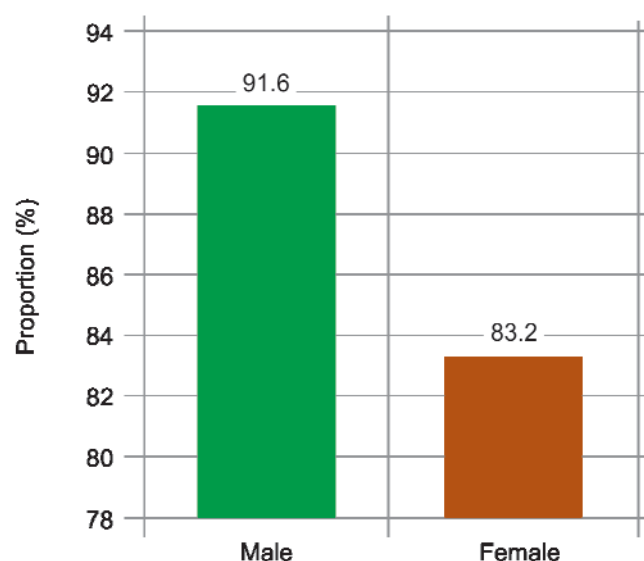
⁹ Primary completion rate is the ratio of the total number of students successfully completing (or graduating from) the last year of primary school in a given year to the total number of children of official graduation age in the population.

¹⁰ Literacy rate of 15–24 year olds, or the youth literacy rate, is the proportion of the population’s 15–24 year olds that can both read and write with understanding a short simple statement on everyday life. The definition of literacy sometimes extends to basic arithmetic and other life skills.

4.2.1a Sub-national disparities in basic education

Gender inequality in primary school completion. At 91.60% in 2012, the male primary school completion rate was higher than that for females – 83.20% (Figure 4.11). While there has been significant improvement in female primary enrolment over the years, there are still bottlenecks with the retention of girls in primary schools, which has resulted in a sizeable gender disparity in completion rates (Figure 4.11).

Figure 4.11: Proportions of males and females completing primary six (2012)



Source: NBS (2013c)

Rural–urban divide in primary school completion and literacy rates. The primary completion rate in rural areas in 2012 stood at 90.50% as compared to 81.50% for urban areas, as shown in Figure 4.12. The higher completion rate in the rural areas could be because most pupils in the rural areas tend to enter the junior secondary schools only after completing primary six, unlike their urban counterparts who generally enter upon completing primary five.

Literacy rate in rural and urban areas. The literacy rate among women in urban areas in 2012 (87.0%) was higher than that for women in rural areas (56.60%) (see Figure 4.12). Efforts appear to be concentrated on the urban areas rather than on the rural areas as the available incentives¹¹ are not enough to attract and retain literacy teachers in the rural areas.

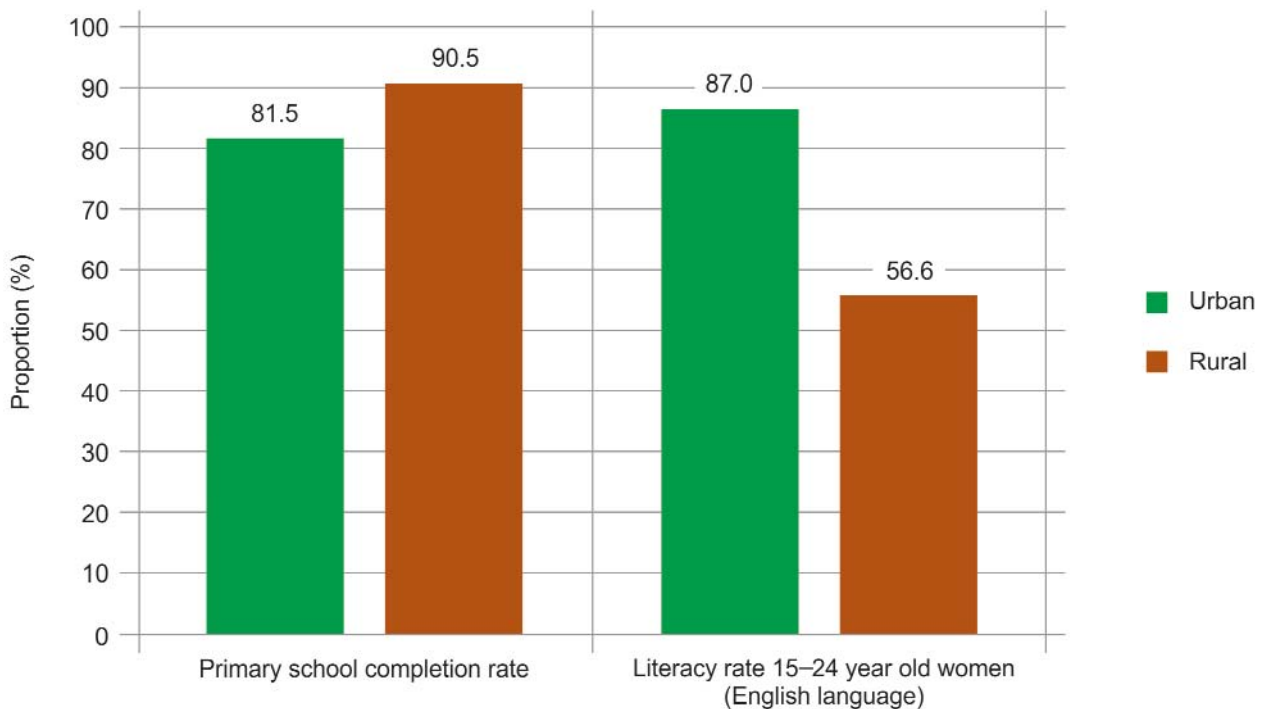
State-level inequalities in primary school completion rate. Many states have primary school

completion rates of more than 100.0% (Figure 4.13). This reflects over-aged and under-aged children who enter primary school either late or early and can also arise from those repeating classes. The primary six completion rate disaggregated by state is presented in Figure 4.13. While the primary six completion rate is as low as 10.10% in Yobe State, it is 172.10% in Ekiti State. All the bottom seven states on this indicator are in the northern part of the country.



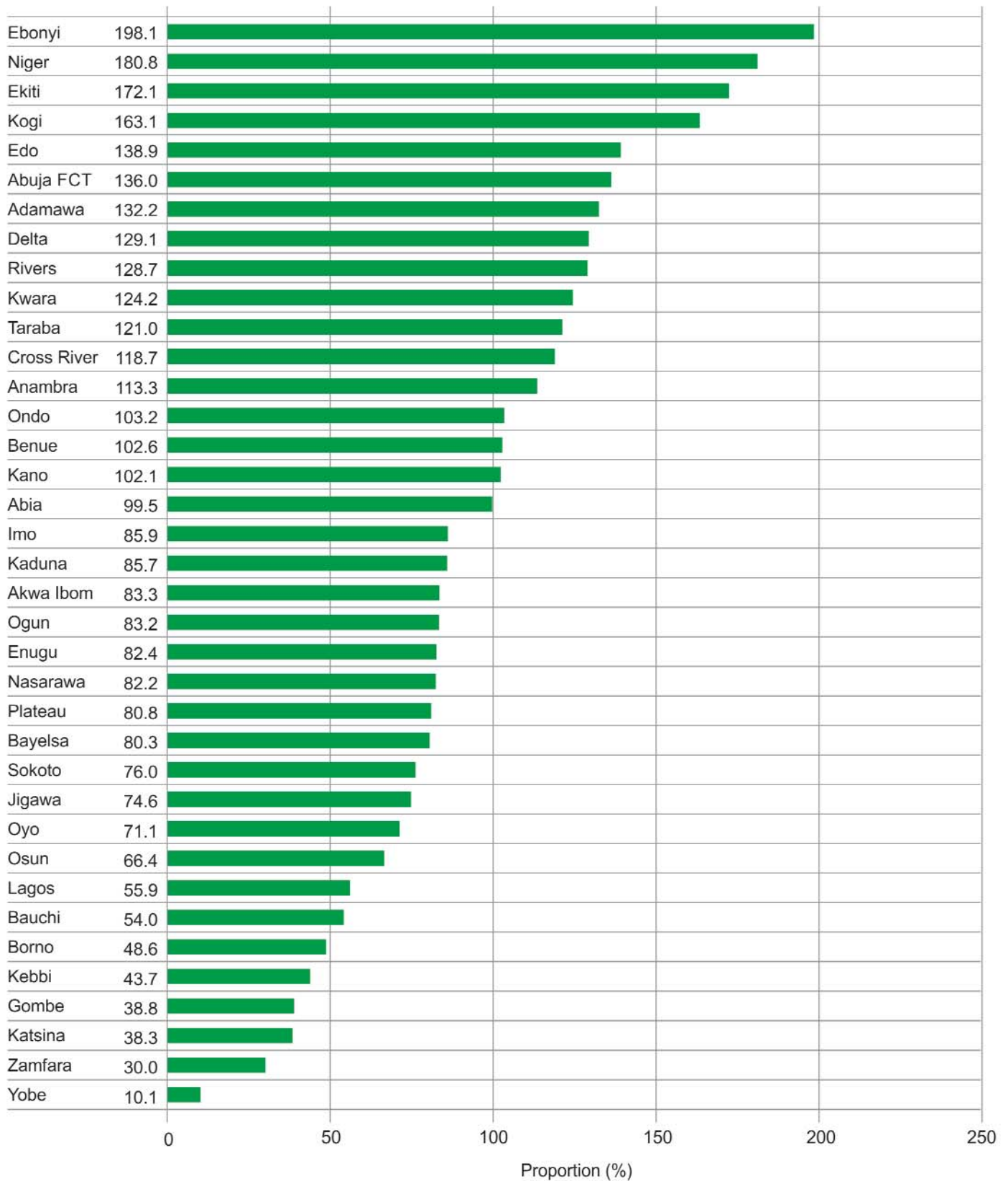
¹¹ For example, the allowance paid to adult education facilitators in LGAs was NGN 7,500 which is abysmally low and below the minimum wage. Yet, in most states and LGAs, they were paid below the NGN 7,500 stipulated as the benchmark, which is a disincentive to professional adult educators (Obasi, 2011; FME, 2010).

Figure 4.12: Proportions of rural and urban children completing primary six and the proportion of females 15–24 years of age who are literate in English (2012)



Source: NBS (2013c)

Figure 4.13: Proportion of students completing primary six by state (2012)



Source: NBS (2013c)

Note: Primary completion rate may exceed 100.0% because of over-aged and under-aged children who enter primary school late/early and/or repeat school years

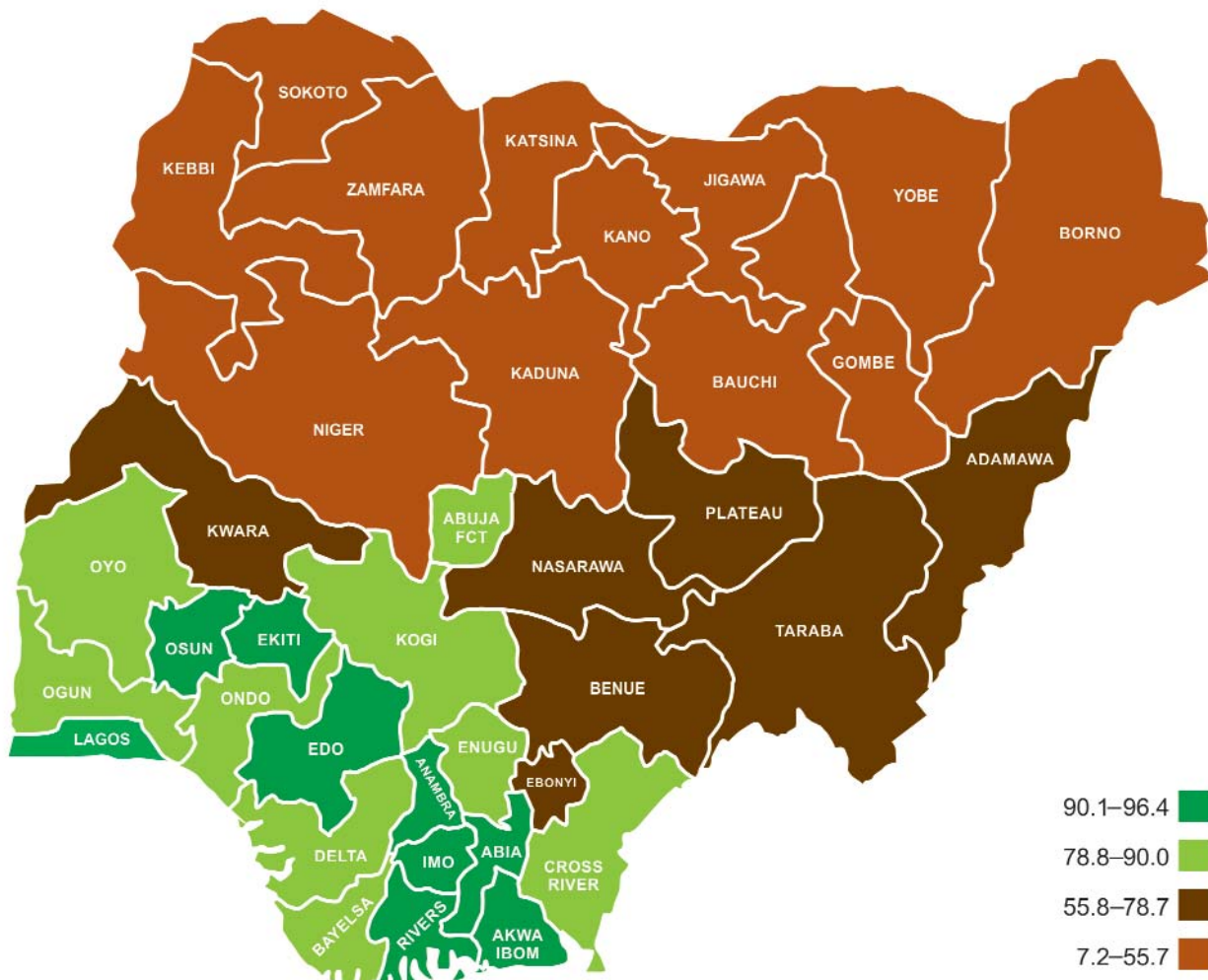
Corresponding to the state-level patterns, the available statistics also show that the North East and North West zones recorded the lowest primary six completion rates (Figure 4.13). In addition to socio-cultural constraints, insecurity in the region has remained one of the contributory factors.

Disparities in literacy rate among women across states and the FCT. There is a large variation in literacy rate among women across the states and the FCT. Typical of the spatial pattern, there is huge gulf between the states in the north and those in the south (Figure 4.14). For example, states in the North West and North East have low literacy rates ranging from 7.20% to 55.70%, as against the nine states in the South East, South West and South South which have rates ranging from 90.10% to 96.40%.

4.2.1b Critical bottlenecks

There are a number of policy-related bottlenecks to the realisation of full primary enrolment, retention and literacy. States, in particular, have shown different levels of commitment to basic education, as reflected in the low level of integration of early childhood education into the public schools and the lack of quality education sector plans which identify challenges and solutions to basic education. There is also a lack of accurate data to guide decision making in the sector in most of the states. Low use of Federal Government of Nigeria/UBE matching grants by states continues to pose an additional challenge. Use of matching grants has been low over the years as only three states have fully accessed 2012 UBE matching grants and as many as eight states have not accessed the matching

Figure 4.14: Literacy rates of 15–24 year old women in the English language by state (2012)



Source: NBS (2013c)

grants for three to four years. Also, 17 states have outstanding matching grant balances of between NGN 500 million and NGN 1.5 billion. There is also the challenge of the partial exclusion of disadvantaged groups (e.g. Almajiris) in the formal education system.

The poor state of the infrastructure and learning materials in primary and secondary schools also continues to pose a major challenge. Elsewhere, the situation is weighed down by inadequate security infrastructure. A special case of the infrastructure challenge is the availability of gender-sensitive facilities (such as toilets). The existence of women's toilets has been associated with the increased retention of girls in primary schools, especially in the north.

4.2.1c Policy support and prospects for achieving MDG 2

Both federal and state governments have implemented an array of successful interventions over the years. The reforms in the education sector have been largely achieved through the four-year Strategic Plan, which provides a coordinated approach to drive education at all levels. One notable driver is the Federal Teachers Scheme (FTS). A number of programmes and projects have positively affected access/enrolment, retention and literacy (FME, 2010; FRN, 2013). Under the institutionalisation of early childhood care and education in 2012, state governments are required to establish early childhood centres in all public primary schools. Beginning in 2010, the Almajiri Education Programme was directed at mainstreaming the Almajiri/Quranic system into basic education following one of three models:

- Integration of traditional Tsangaya/Quranic schools into the formal education system at their original locations
- Model boarding Almajiri schools to serve a group of Tsangaya/Quranic schools
- Integration of basic education in established Islamiyyah and Ma'ahad schools.

The national campaign on access to basic education has been launched across the geopolitical zones to reduce the number of out-of-school children. In the South East zone for example, the back-to-school programme (tagged '*Mmuta Bu Ike*') addresses the issue of the low participation of boys in education. The girls' education programme focuses on the construction of junior girls' model schools in the northern states, promoting girls education.

Moreover, the nomadic education programme has, since 2012, established model nomadic education centres in Bauchi, Benue and Edo States, rehabilitated community-based nomadic schools in Bayelsa, Gombe

and Taraba States, and provided model collapsible structures with chairs and tables across the six geopolitical zones. Additionally, motorised boreholes have been drilled in Anambra, Bauchi, Benue, Edo and Oyo States. Further progress has been made through the management of the NGN 1 billion trust fund for the revitalisation of youth and adult literacy (FRN, 2013).

Box 3: The Federal Teachers Scheme (FTS)

The FTS was established in 2006 to tackle the acute shortage of qualified teachers in public primary and junior secondary schools. The scheme improved the quality of education delivery by supplying qualified teachers to the public primary and junior secondary schools nationwide, especially in rural areas. The FTS is directed at achieving MDGs 2 and 3. The FTS is a two-year internship programme for unemployed qualified National Certificate of Education graduates, to prepare them for formal absorption into the teaching profession.

In 2011/2012 alone, 27 states and the FCT absorbed a total of 25,668 participants. The participants receive a monthly stipend during their training of NGN 18,000 from the Federal Government. The scheme has enhanced access, equity and quality in primary education. The increased availability of teachers has encouraged enrolment, attendance and retention. Most of the teachers are posted to rural schools, thereby promoting equity. Equity has been also improved as the availability of teachers has led to increased enrolment and higher retention of girl pupils. The scheme has also improved the supply of qualified teachers in primary schools as well as reducing the teacher:pupil ratio. In addition, this improved supply of teachers has reduced teacher workloads.

So far, 105,000 National Certificate of Education teachers have been introduced into public basic education schools through the scheme. This has improved the teacher:pupil ratio, especially in rural schools, reduced the persistent shortage of qualified teachers in public schools, and improved the quality of the teaching and learning conditions.

The launching of the national campaign on access to basic education, which addresses the problem of out-of-school children from a regional perspective, holds the promise of improving access. In particular, it is expected that access, retention and literacy would improve significantly as the girls' education programme in the north, the street-to-skills programme in the west and the back-to-school programme in the east are all fully implemented.

The primary school enrolment gap calls for a strengthening of the existing federal and state governments' interventions to get children to school. Given the short amount of time remaining in which to achieve the 2015 target for the MDG of achieving universal primary education, the federal, state and local governments will increase programme collaboration for getting children to school. Specifically, there will be a renewed impetus for primary enrolment under existing interventions including the UBE programme CGS, Quick Wins and other FME schemes. These interventions, accompanied by increased support from the international community – especially from the Global Partnership for Education – promise to have a remarkable impact on Goal 2. Overall, greater political commitment across all three levels of government, better education sector planning and programming,

and improved transparency and accountability in the management of funds will continue to be emphasised.

4.3 GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

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

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

4.3.1 Target 3: trend and status

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

Since 1990, there has been a gradual but steady increase in the ratio of girls to boys in primary education. From 76.0% in 1990, it rose gradually to 79.0% in 2003, to 83.0% in 2006, and then to 85.40% in 2008. At 90.0% in 2012, Nigeria is, without doubt, on track to meet the target in 2015 (Table 4.4 and Figure 4.15).

Table 4.4: Trend in and status of gender equality indicators

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2010	2012	2015 target
3.1a: Ratio of girls to boys in primary education (girls per 100 boys)	76	78	78	79	79	81	81	83	85.1	85.41 ¹		90.0	100
3.1b: Ratio of girls to boys in secondary education (girls per 100 boys)	75	81	81	80	78	77.4	80.6	79.4	75.4	79.91 ²		88.0	100
3.1c: Ratio of girls to boys in tertiary education (girls per 100 boys)	46	66	68	87	72	75.5	70.1	69.0	66.4	66.82 ³			100
3.2: Share of women in wage employment in the non-agricultural sector (%)	6.60					7.90	7.90				7.70	14.0	
3.3: Proportion of seats held by women in national parliament (%)	1.0	3.10	3.10	3.10	3.10	3.10	3.10	3.10	7.70	7.50	7.50	7.0	35.0

Sources: NBS (2013c); FME (2010)

Note: Data covering 1990–2008 are from NBS (2013c)

Data for 2012 on 'ratio of girls to boys in primary school' and 'ratio of girls to boys in secondary education' were given by the FME

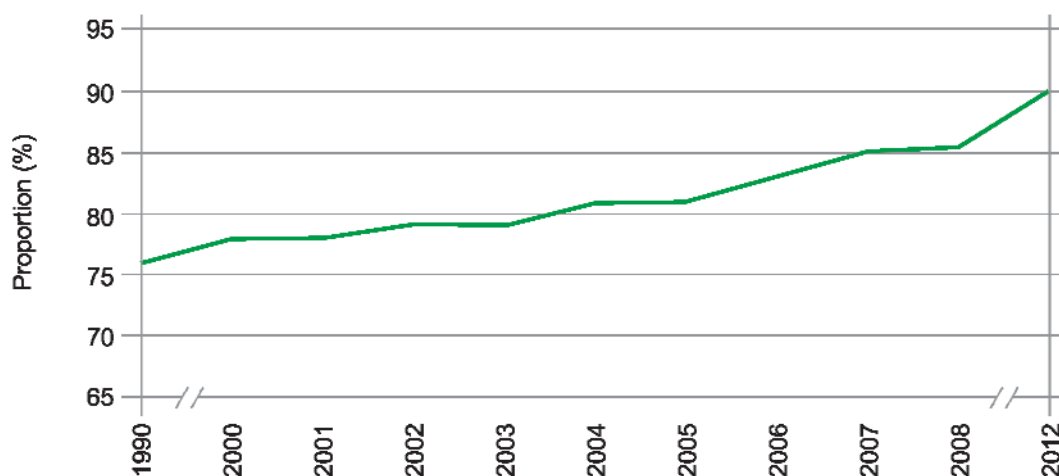
Data on Indicator 3.2 for 2012 and Indicator 3.3 covering 2010–2012 are from the FMWA&SD (2012)

¹ Based on provisional enrolment figures: NBS – Annual Abstract of Statistics, Abuja 2009

² University Admissions: Joint Admissions and Matriculation Board and FME

³ http://www.nassnig.org/nass2/Princ_officers.php?title_sur=Hon

Figure 4.15: Trend in the ratio of girls to boys in primary education (girls per 100 boys) (1990–2011)



Source: NBS (2013c)

This recorded success on gender parity is credited to the national and state-level interventions to improve the enrolment of females. They include the 'Child Friendly School Initiative', the 'Strategy for the Acceleration of Girls' Education', and the 'Girls' Education Project'. These programmes have contributed to increased access to, and retention of, children in schools as well as increased community participation for girls' education.

The promotion of girls' education continues to receive priority attention. Through the collaboration between the federal and state governments, construction of junior girls' model secondary schools was initiated in 13 states of the federation. Some of these schools have been completed while others are at different stages of completion.

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

This indicator has fluctuated over the years, albeit with an overall upward trend. From 75.0% in 1990, the ratio of girls to boys in secondary schools rose to 87.0% in 2000, but declined to 78.0% in 2003. It rose again to 80.60% in 2005, and then declined to 75.40% in 2007. In 2008 it rose to 79.90% and in 2012, it rose once more to 88.0% (Table 4.4 and Figure 4.16).

This indicator has responded positively to policy interventions as shown by its remarkable improvement after 2007.

Indicator 3.1c: Ratio of girls to boys in tertiary education (1990–2008)

This indicator is the proportion of females to males enrolled in both public and private tertiary educational institutions in Nigeria. It rose from 66.0% in 2000 to 87.0% in 2002. Thereafter, it started fluctuating. It decreased to 72.0% in 2003, but increased to 75.50% in 2004. It then continuously declined – to 70.10% in 2005, 69.0% in 2006 and 66.40% in 2007. It rose marginally to 66.80% in 2008 (Table 4.4 and Figure 4.17).

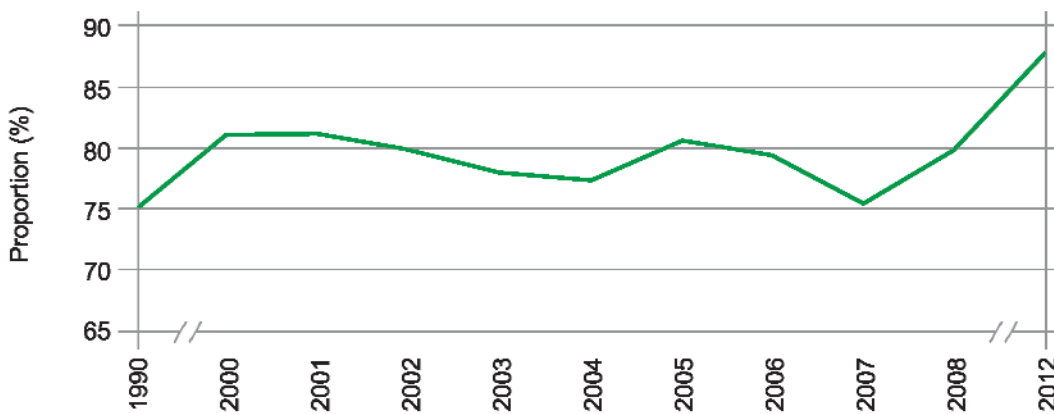
Although there are no hard statistics from 2009 to 2012, there were indications of a considerable rise in female enrolment in universities, which helped to close the wide gap in the female:male ratio in tertiary education. The proportion of female students in the universities rose from 27.0% in 1990 to 45.0% in 2009 (Fatunde, 2010).

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

Available statistics show limited progress on this indicator. From 6.60% in 1990, the share of women in wage employment in the non-agricultural sector rose to 7.90% in 2004 and the FMWA&SD estimates that it increased to 14.0% in 2012.

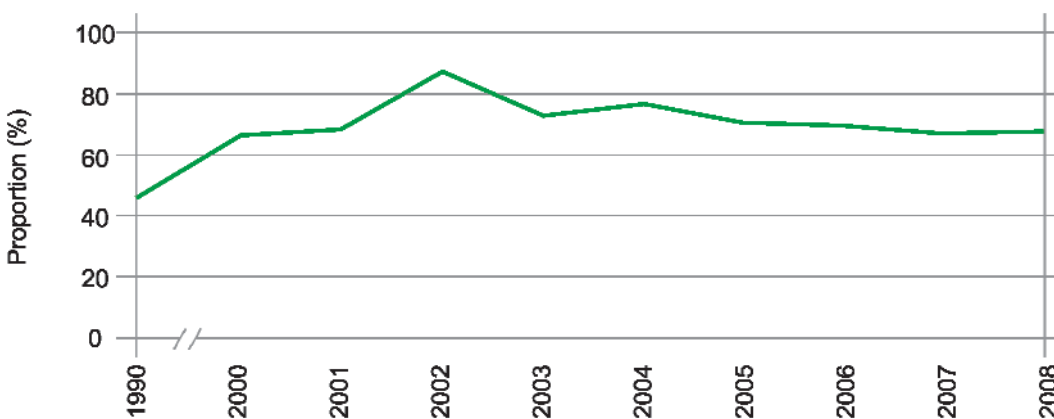
As in previous reports, assessing Nigeria's status on this indicator is constrained by a lack of data. Nevertheless, anecdotal information provides

Figure 4.16: Trend in the ratio of girls to boys in secondary education (girls per 100 boys) (1990–2012)



Source: NBS (2013c)

Figure 4.17: Trend in the ratio of girls to boys in tertiary education (girls per 100 boys) (1990–2008)



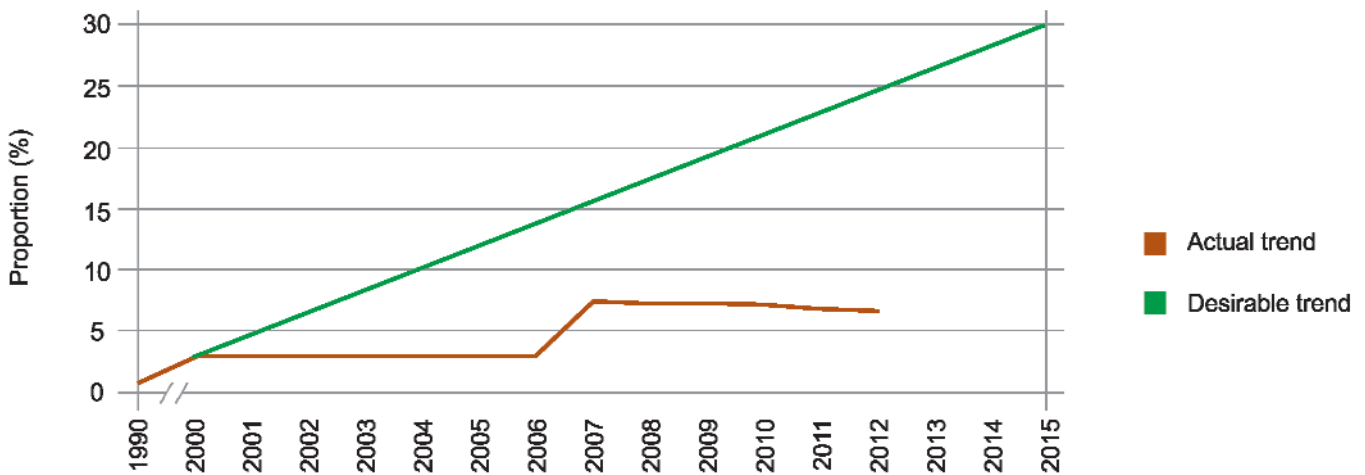
Source: NBS (2013c)

discussion points. There is consensus in the literature that Nigerian women are under-represented in formal sector employment (BCN, 2012). For example, Nigeria's female gender and economic statistics reveal that:

- The mean value of female labour force *participation rates* from 2006 to 2009 (i.e. the percentage of the female population aged 15–64) was 39.50%
- The mean value of the actual female labour force (i.e. women as a percentage of the total labour force) was 34.50%
- The total female labour force during this period was 16,487,118 out of a total labour force of 47,736,660 (BCN, 2012).

Observable trends in women's employment provide important guides and lessons. For example, the ratio of girls to boys at all educational levels has increased over the years. In the same vein, there seems to be an increasing proportion of female teachers in primary and secondary schools, which should be reflected in the statistics on women in wage employment. Besides, there are other female-dominated occupations in Nigeria, such as nursing, health attendants, banking (in recent times) and secretarial support services. Also, there has been an increasing enrolment of females in professional courses hitherto dominated by males, such as medicine, engineering, pharmacy, law and mass communication, among others.

Figure 4.18: Trend in the proportion of seats held by women in the national parliament (1990–2000)



Source: Federal Ministry of Women Affairs & Social Development (2012)

Indicator 3.3: Proportion of seats held by women in the national parliament¹²

Since the return to democratic rule in 1999, there has been some improvement in the proportion of seats held by women in the national parliament. From 3.10% of the total seats in 2000, women made giant strides in 2007 when they secured 7.70% of the seats in the national parliament. In both 2008 and 2009, the figure declined to 7.50% and dropped to 7.0% in 2012¹³ (Table 4.4 and Figure 4.18). In the various State Houses of Assembly there are just 68 female members, representing about 6.90% of the total of 990 (BCN, 2012; NBS, 2009). On this indicator, the government, in collaboration with civil society organisations and other stakeholders, could do a lot more focused interventions ahead of the 2015 general elections.

4.3.1a Critical bottlenecks

Despite the progress made over the years to promote gender equality and empower women, there are still challenges which are attributable to the prevailing patriarchal system, and deep-rooted traditional beliefs and customs. The critical bottlenecks include poor understanding of gender issues, non-domestication of some international laws, treaties and conventions, and a lack of socioeconomic security for women (FRN,

2013). The problems of women's employment in the formal sector are further elaborated in the British Council's *Gender in Nigeria Report 2012*. First, women who are in formal sector jobs are constrained by the reproductive roles they play. As a result, the majority of women occupy low level posts that offer them the flexibility they need to manage their households while working in the formal sector. They therefore spend most of their time doing unpaid household work. In a situation like this, education on its own does not necessarily improve their prospects for better paid formal employment. And secondly, women's access to land, a key productive asset, is limited by patrilineal inheritance and by virilocal residence (BCN, 2012).

4.3.1b Policy support and prospects for achieving MDG 3

The achievement of gender parity in primary and secondary enrolment is likely, given that the current policy interventions are fully implemented. But the outlook with regard to 'the share of women in wage employment' and 'the proportion of seats held by women in the national parliament' is not equally as good. The need to more proactively address those social, economic, traditional, cultural and religious factors that militate against gender equality, especially women's participation in the electoral process, is recognised. The on-going reforms of the electoral process are expected to make the political space more conducive for women to actively participate in it.

The overall policy environment for promoting gender equality and equity has improved over the years. An innovative approach to mainstreaming gender issues

¹²The proportion of seats held by women in national parliaments is the number of seats held by women expressed as a percentage of all occupied seats.

¹³Although there were no fresh elections in 2012, some women lost their seats following court judgments on litigations arising from the 2011 elections.

has started with five pilot Federal Government ministries – Agriculture, Health, Communication Technology, Water Resources and Works. Under a Memoranda of Understanding with the FMWA&SD, these ministries are creating and delivering gender-responsive programmes and women-aligned services.

4.4 GOAL 4: REDUCE CHILD MORTALITY

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

4.4.1 Target 4: trend and status

Nigeria has made some progress in reducing child mortality, although this has been slow. In 1990, the infant mortality rate (IMR) was estimated at 91 deaths per 1000 live births. However, by 2008¹⁴ the IMR had fallen to 75 deaths per 1000 live births and by 2012¹⁵ it further declined to 61 deaths per 1000 live births as against the 2015 target of 30.3 deaths per 1000 live births.

Similarly, substantial improvements have occurred in the U5MR. From 191 deaths per 1000 live births in 2000, it dropped to 157 per 1000 in 2008; it dropped further to 94 deaths per 1000 live births in 2012. However, Nigeria is still short of the 2015 target of 63.7 deaths per 1000 live births.

Table 4.5: Trend in and status of child mortality indicators

Indicator	1990	2000	2002	2004	2005	2007	2008	2011 ¹	2012 ²	2015 target
4.1: Infant mortality rate ¹⁶ (per 1000 live births)	91	81.38	78.8	100	110	86	75	96.6	61.0	30.3
4.2: Under-five mortality rate ¹⁷ (per 1000 live births)	191	183.8	195.26	197	200	138	157	157.6	94.0	63.7
4.3: Fraction of one year olds fully immunised against measles (%)	46.0	32.80	1.80	50.0	60.0	60.0	41.40	63.03 ³	61.03 ³	100.0

Source: Data for 1990–2008 are from FRN (2010b)

¹ NBS (2011a)

² NBS (2013c)

³ NPHCDA 2013

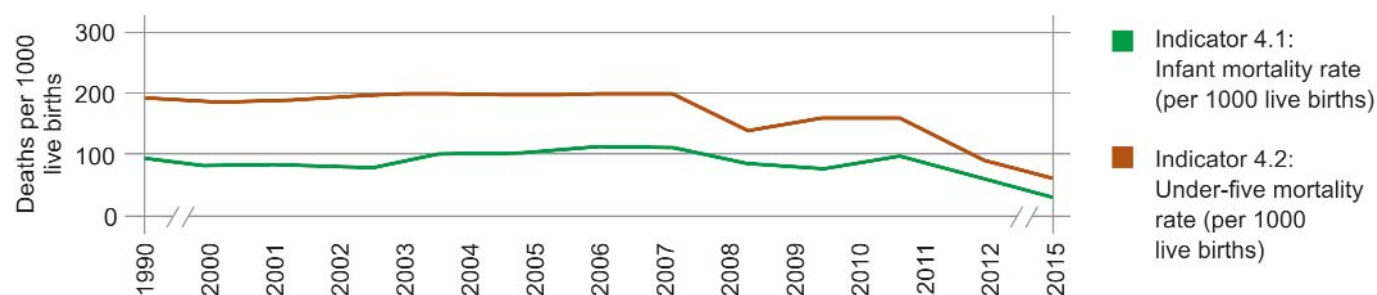
¹⁴ NDHS (2008).

¹⁵ National Bureau of Statistics (2012).

¹⁶ Infant mortality rate (IMR) is the number of infants dying before reaching the age of one year per 1000 live births in a given year.

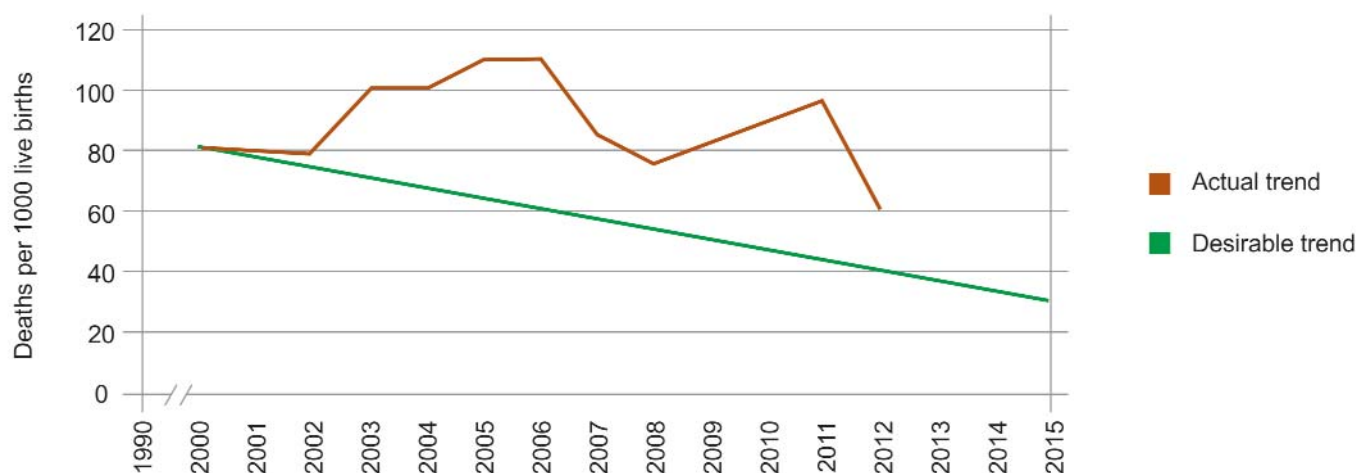
¹⁷ Under-five mortality rate is the probability (expressed as a rate per 1000 live births) of a child born in a specified year dying before reaching the age of five if subject to current age-specific mortality rates.

Figure 4.19: Trends in infant mortality and under-five mortality rates (1990–2012)



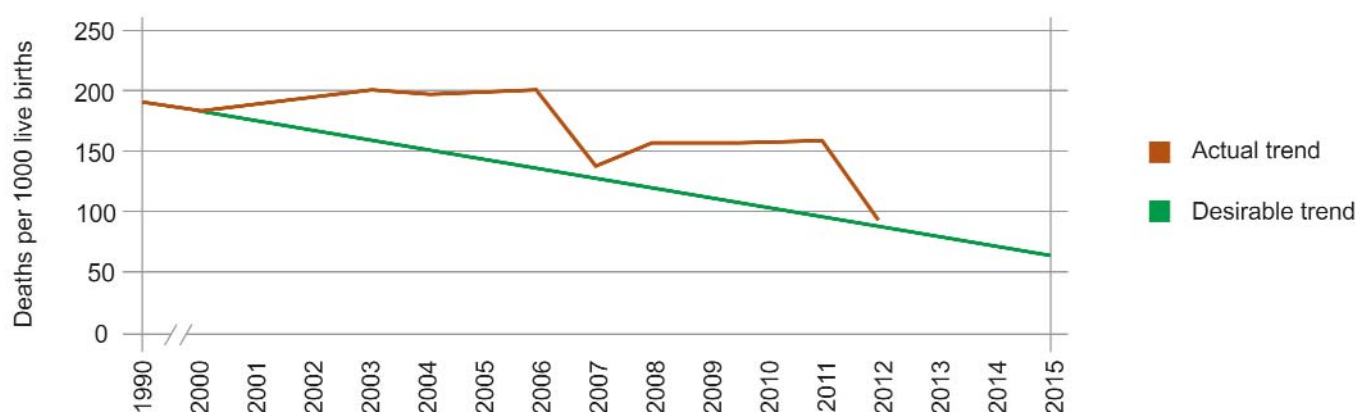
Source: NBS (2013), MDGs Survey Report

Figure 4.20: Trend in infant mortality rate – actual and desirable (1990–2012)



Source: NBS (2013c)

Figure 4.21: Trend in under-five mortality rate – actual and desirable (1990–2012)



Source: NBS (2013c)

4.4.1a Sub-national disparities in the reduction of child mortality

Progress on the reduction of child mortality is muted by sub-national disparities in IMRs and U5MR between the rural and urban areas (Figure 4.22). Evidence points to wide disparities across the states and geopolitical zones as well as the rural–urban divide as shown in Figure 4.22.

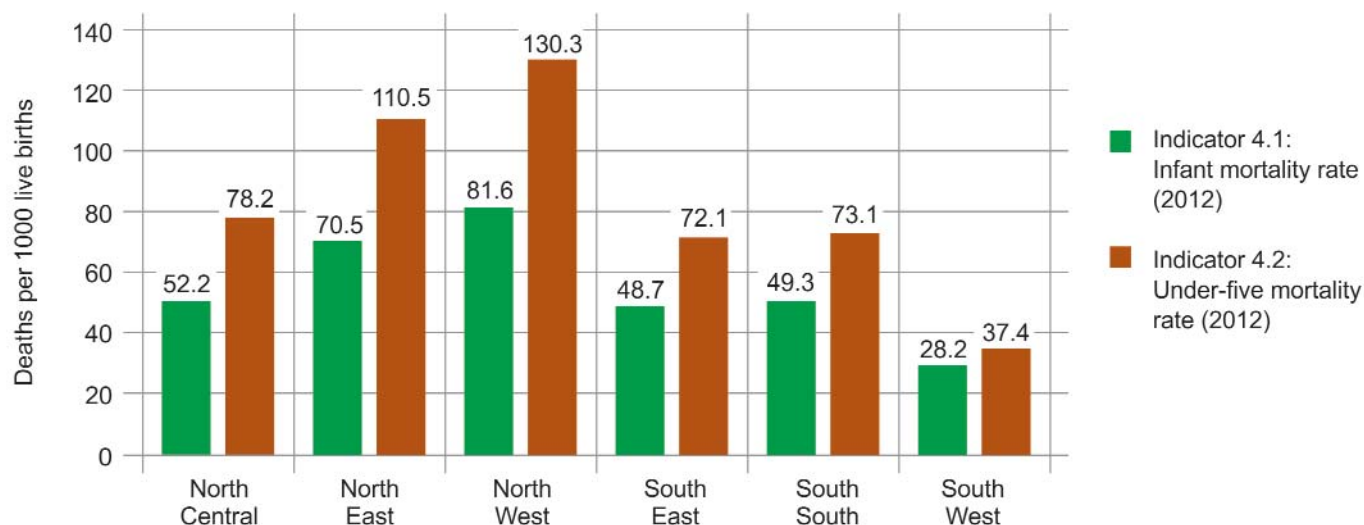
In the urban areas, the IMR is estimated at 42 deaths per 1000 live births, a much higher IMR incidence when compared with the 67 deaths per 1000 live births in the rural areas. By current estimates, the IMR in the rural areas would need to be halved from its present level to achieve the target for 2015. Hence a much more focused intervention remains a priority response

for rural areas. The level of the IMR is much worse in the North West zone – 82 deaths per 1000 live births – and the North East zone – 70.5 deaths per 1000 live births.

The target for U5MR for 2015 may have been achieved in urban areas of Nigeria, where the U5MR is presently at 60.8 deaths per 1000 live births. In the rural areas, the U5MR is significantly higher at 104.8 deaths per 1000 live births compared to the 2015 target of 63.7 deaths per 1000 live births.

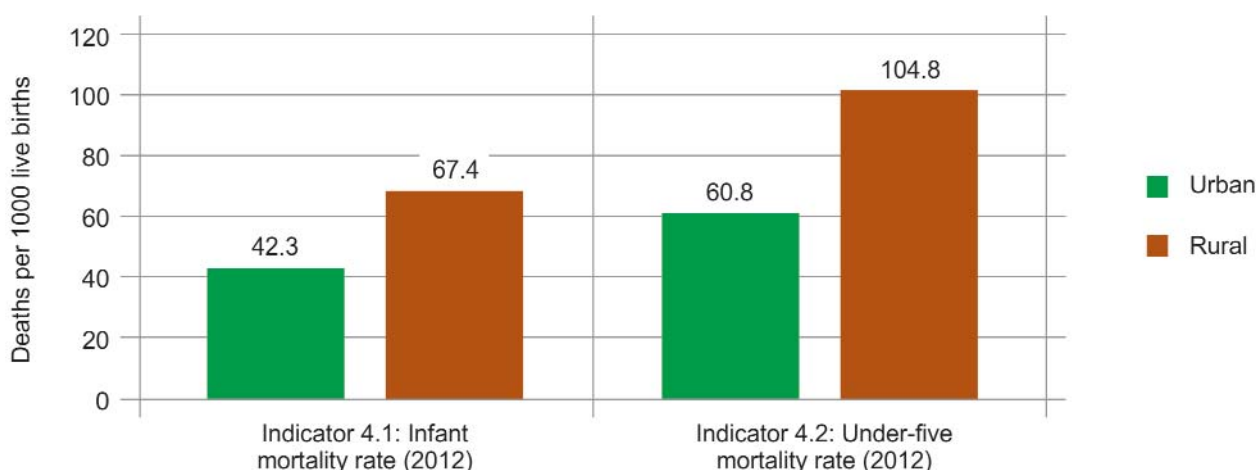
The relatively high IMR in the North East and North West zones suggest a spatial expression of inequalities in health demographics – that is, an admixture of poverty and mortality, given that two-thirds of the population in the zones are reportedly in the two lowest

Figure 4.22: Child mortality across geopolitical zones (2012)



Source: NBS (2013c)

Figure 4.23: Rural–urban disparity in child mortality (2012)



Source: NBS (2013c)

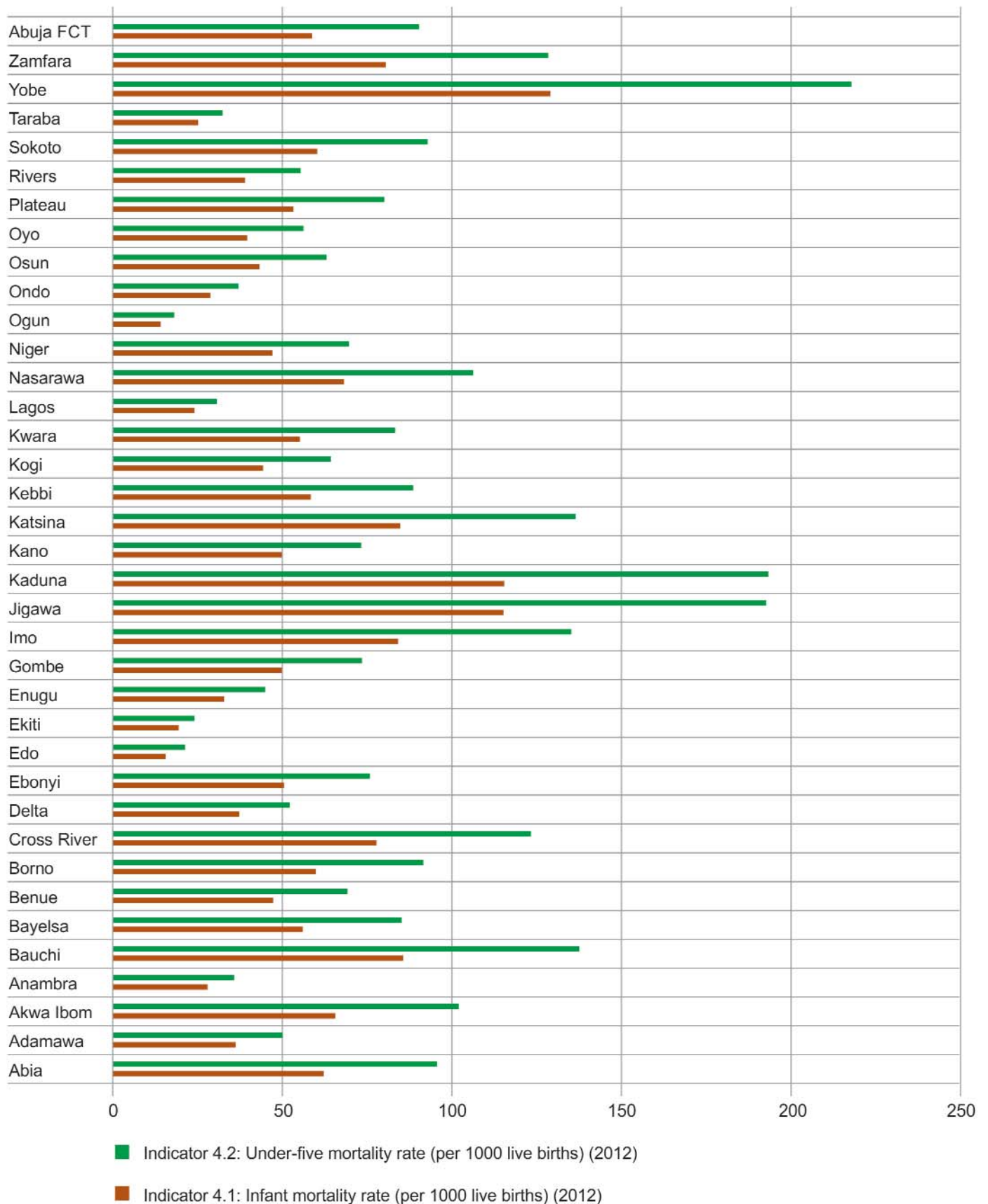
wealth quintiles¹⁸. The two zones also reportedly have the largest deficits in access to basic health care, with 80.0% of the population lacking access to the eight life-saving interventions tracked by the countdown to 2015 initiative¹⁹. In the middle of the range is the North Central zone with an IMR of 52 deaths per 1000 live births. For the South West, South East and South South zones, the IMR is generally less than 50 deaths per 1000 live births.

With respect to the U5MR, it is apparent that the South West, South East, South South and North Central geopolitical zones have indeed attained and exceeded the national 2015 target of 60.8 deaths per 1000 live births. A deeper perspective on the disparities can be obtained by viewing the graphical presentation of the comparative data across the states and the FCT.

¹⁸NBS 2010 Poverty Report.

¹⁹The life-saving interventions tracked by the 'Countdown to 2015' initiative include eight interventions situated along the continuum of care: (i) exclusive breastfeeding (0–5 months), (ii) antenatal care, (iii) skilled attendant present at birth, (iv) neonatal tetanus protection, (v) contraception prevalence, (vi) pneumonia care seeking, (vii) oral rehydration therapy, (viii) insecticide-treated nets (Countdown to 2015, The 2010 Report) Info@countdown2015mnch.org.

Figure 4.24: Infant and under-five mortality rates across states and the FCT



Source: NBS (2013c)

As shown in Figure 4.24, some states, including Ekiti, Ondo, Ogun, Lagos, Edo, Anambra and Taraba, have reached the national IMR targets for 2015. The lower national outlook is a consequence of the relatively high IMR in Yobe, Kaduna, Jigawa, Bauchi and Katsina States. Similarly, with regards to the U5MR, twelve states have already achieved the national target for 2015, while the lagging states include Yobe, Kaduna, Jigawa, Bauchi and Katsina, among others.

4.4.1b Critical bottlenecks

Factors militating against speedy progress range from the very large proportion (65.0%) of births that take place at home, often without any contact with a health facility, the insufficient numbers of skilled birth attendants, harmful traditional myths, the considerable incidence of acute respiratory infections, fevers, and dehydration from diarrhoea, with low medical attention at the presentation of symptoms.

4.4.1c Policy support and prospects for reducing child mortality

As regards child mortality targets, Nigeria is half-way towards meeting its 2015 target for the IMR and two-thirds of the way towards meeting the target for the U5MR. Meeting the MDG 4 target appears very challenging, but the intensification of current efforts will brighten the prospects.

The government has adopted the integrated maternal, newborn and child health (IMNCH) strategy as part of the enhanced efforts to fast-track the achievement of MDG 4 in Nigeria. Of particular note is the SURE-P and maternal and child health strategy to save one million lives and fast-track achievement of child mortality targets. The SURE-P maternal and child health project aspires to contribute to the reduction of child morbidity and mortality by increasing access to health services through a combination of supply-side and demand-side measures.

The essential medicines scale-up plan to achieve 80.0% treatment coverage for childhood diarrhoea and pneumonia is also part of the efforts to rise to the challenge of child mortality. Some of the challenges to achieving immunisation targets have included:

- A shortage of diphtheria, pertussis and tetanus (DPT) vaccines, which is being addressed by the introduction of pentavalent vaccines – a combination of DPT, hepatitis B and *Haemophilus influenzae b* (HiB) vaccines
- Declining funds for sustaining the polio eradication programme
- Socio-cultural issues hampering the acceptance of polio immunisation in certain communities

- The inadequate commitment of sub-national levels of government (the states and LGAs).

A new vaccine against cerebrospinal meningitis (MenAfriVac) has been successfully introduced in the endemic states, and, in keeping with the determination to interrupt the transmission of the wild polio virus, Nigeria has stepped up its polio eradication drive with increased 'immunisation plus days'.

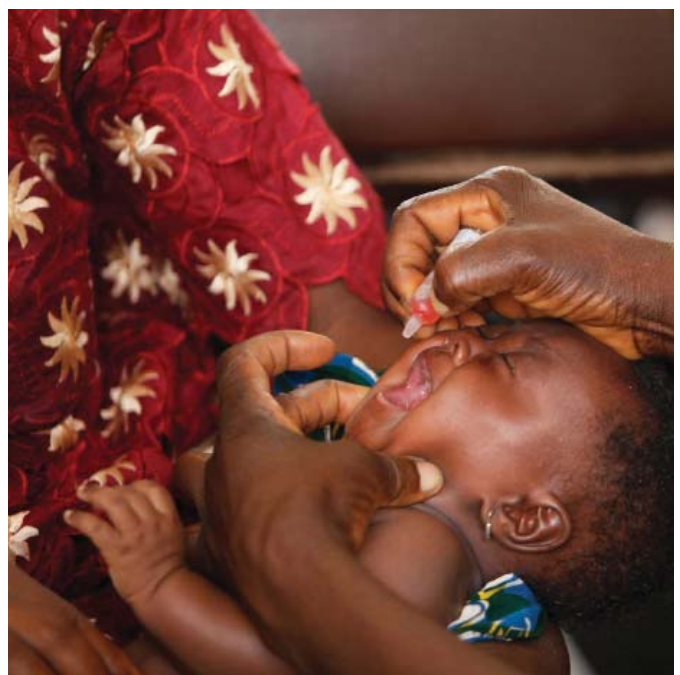
Overall, the IMNCH strategy appears to have considerably enhanced progress towards MDG 4. The IMNCH strategy provides an operational framework which ensures a continuum of care from pre-pregnancy, through pregnancy and childbirth to the care of the newborn and of children under five years of age.

Given the short length of time to 2015, governments and other stakeholders will collaborate to achieve accelerated scale-up of tested high-impact interventions for maternal, newborn and child health including antenatal care, skilled birth attendants, emergency obstetrics and newborn care, and the prevention of mother-to-child transmission.

4.5 GOAL 5: IMPROVE MATERNAL HEALTH

Target 5A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Target 5B: Achieve by 2015 universal access to reproductive health



4.5.1 Target 5: trend and status

Table 4.6: Trends in and status of maternal mortality indicators

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011 ¹	2012 ²	2015 target
Target 5A															
5.1: Maternal mortality rate ²⁰ (per 100,000 live births)	1000	704	704	704	800	800	800	800	800	545				350	250
5.2: Proportion of births attended by skilled health personnel (%)	45.0	42.0	42.0	37.30	36.30	36.30	43.50	43.50	43.50	38.90			48.70	53.60	100.0
Target 5B															
5.3: Contraceptive prevalence rate (%)					8.20	8.20	12.0	12.0	12.0	14.60			17.50	17.50	
5.4: Adolescent birth rate (5)					25.0	25.0							89.0	79.0	
5.5: Antenatal care coverage (at least one visit) (5)					61.0	61.0	59.0	59.0	59.0	54.50			66.20	67.70	
5.6: Unmet need for family planning (5)					17.0	17.0				20.20	20.20		19.40		

Source: Data from 1990 to 2008 are from FRN 2010b

¹ NBS (2011a)

² NBS (2013c)

²⁰The maternal mortality ratio is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.

Indicator 5.1: Maternal mortality rate (deaths per 100,000 live births)

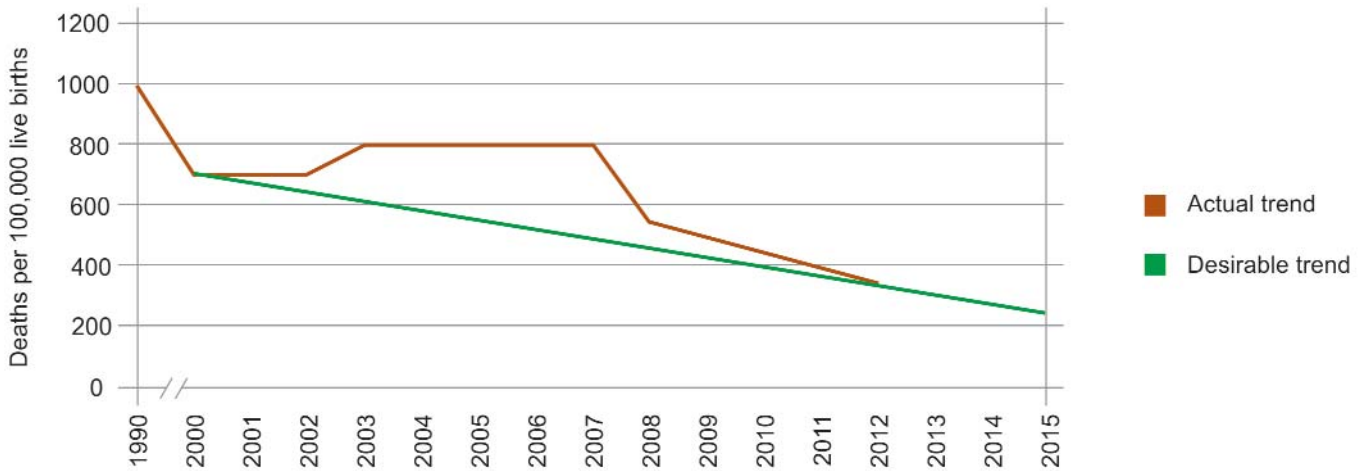
Nigeria has made steady progress in reducing maternal deaths and moving towards the achievement of MDG 5. From a high of 1000 deaths per 100,000 live births in 1990, maternal mortality fell to 800 deaths per 100,000 live births in 2004, 545 deaths per 100,000 live births in 2008 and 350 deaths per 100,000 live births in 2012. Maternal mortality declined by 20.0% between 1990 and 2004 and by 36.0% between 2004 and 2008. However, Nigeria's current status, estimated at 350 maternal deaths per 100,000 live births, is still 40.0% short of the 2015 target of 250 maternal deaths per 100,000 live births.

According to the National Health and Demographic Survey 2008, the major causes of maternal deaths are: haemorrhage, infection, malaria, toxemia/eclampsia, obstructed labour, anaemia and unsafe abortion (NPC, 2009). The relative weights of these maternal death factors are shown in Figure 4.26.

Indicator 5.2: Proportion of births attended by skilled health personnel

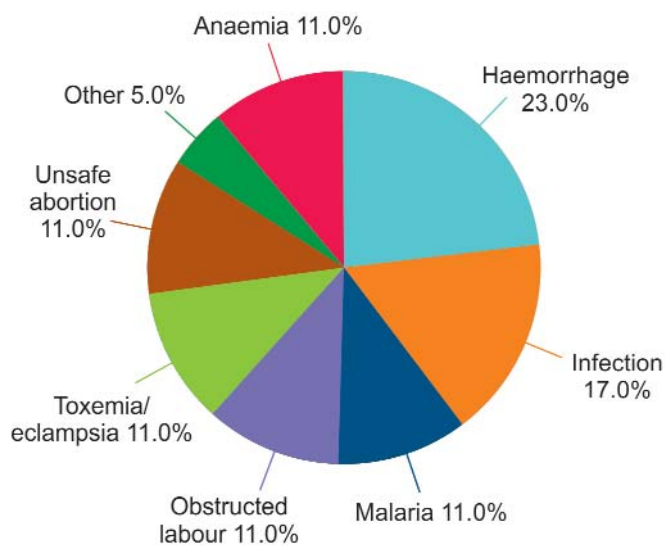
The proportion of births attended by skilled health personnel is the fraction of the total number of deliveries where trained personnel are in attendance. Such personnel are equipped to give the necessary supervision, care and advice to women during

Figure 4.25: Trend in the maternal mortality rate (deaths per 100,000 live births) (1990–2012)



Source: NBS (2013c)

Figure 4.26: Causes of maternal deaths



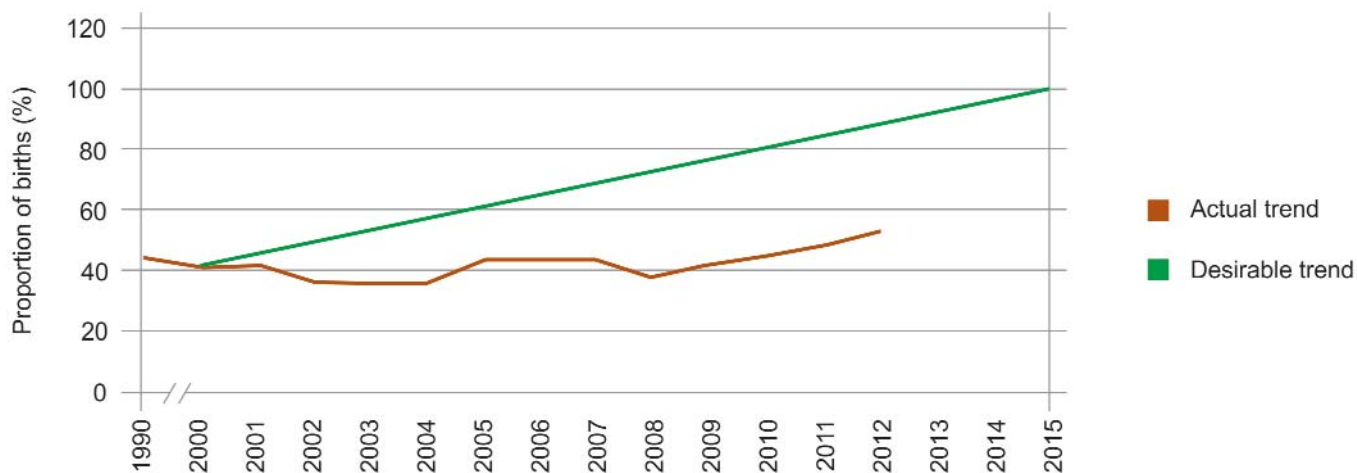
Source: FRN (2008)

pregnancy, labour and the post-partum period, to conduct deliveries on their own and to care for newborns.

There has been a steady increase in the proportion of pregnant women who have a skilled birth attendant in attendance at the time of delivery. It rose from a low of 36.0% in 2004 to 54.0% in 2012. A skilled health professional (doctor, nurse or midwife/auxiliary midwife, community health worker, etc.) can administer interventions, either to prevent or manage life-threatening complications during childbirth.

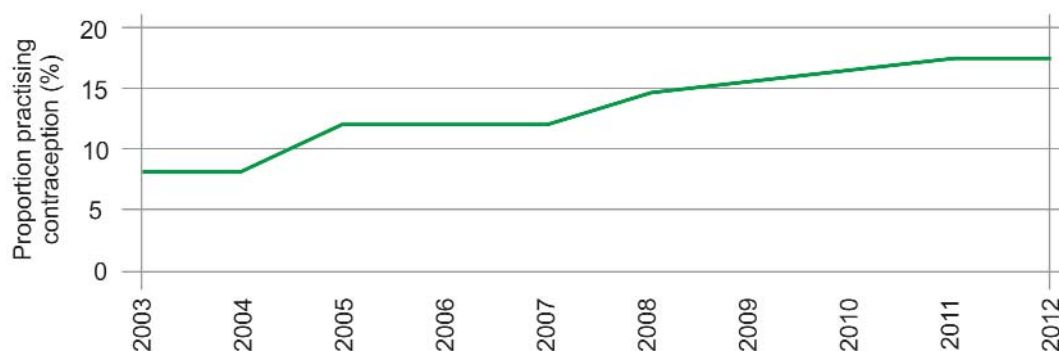


Figure 4.27: Trend in the proportion of births attended by skilled health personnel (1990–2012)



Source: NBS (2013c)

Figure 4.28: Trend in the contraceptive prevalence rate (2003–2012)



Source: NBS (2013c)

Indicator 5.3: Contraceptive prevalence rate²¹

Increased access to safe, affordable and effective methods of contraception is providing individuals with a greater choice and opportunities for responsible decision making in reproductive matters. In addition, contraceptive use has contributed to improvements in maternal and infant health by serving to prevent unintended or closely spaced pregnancies. The contraceptive prevalence rate has increased from 8.20% in 2004 to 17.30% in 2012. There is still room for improvement given that unmet need for family planning has recorded only a very minimal reduction of

0.80% between 2008 and 2011. The 'unmet need' is reported to be particularly low in the rural areas where family planning awareness is still relatively low.

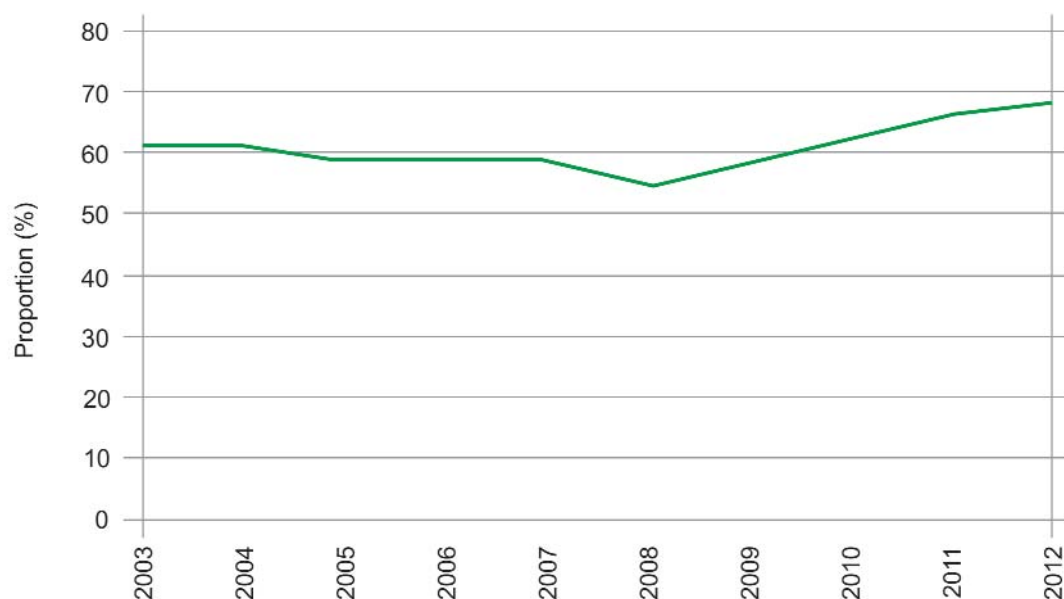
Indicator 5.5: Antenatal care coverage (at least one visit)

Antenatal care coverage is among the health interventions capable of reducing maternal morbidity. It is critically important and timely too, to reach women with interventions and information which promotes the health, well-being and survival of mothers as well as their babies.

Coverage (of at least one visit) with a skilled health worker significantly increased to 67.70% in 2012 from 61.0% in 2004. In a similar vein, antenatal coverage – of at least four visits – rose to 57.80% in 2012 as against 47.0% in 2004.

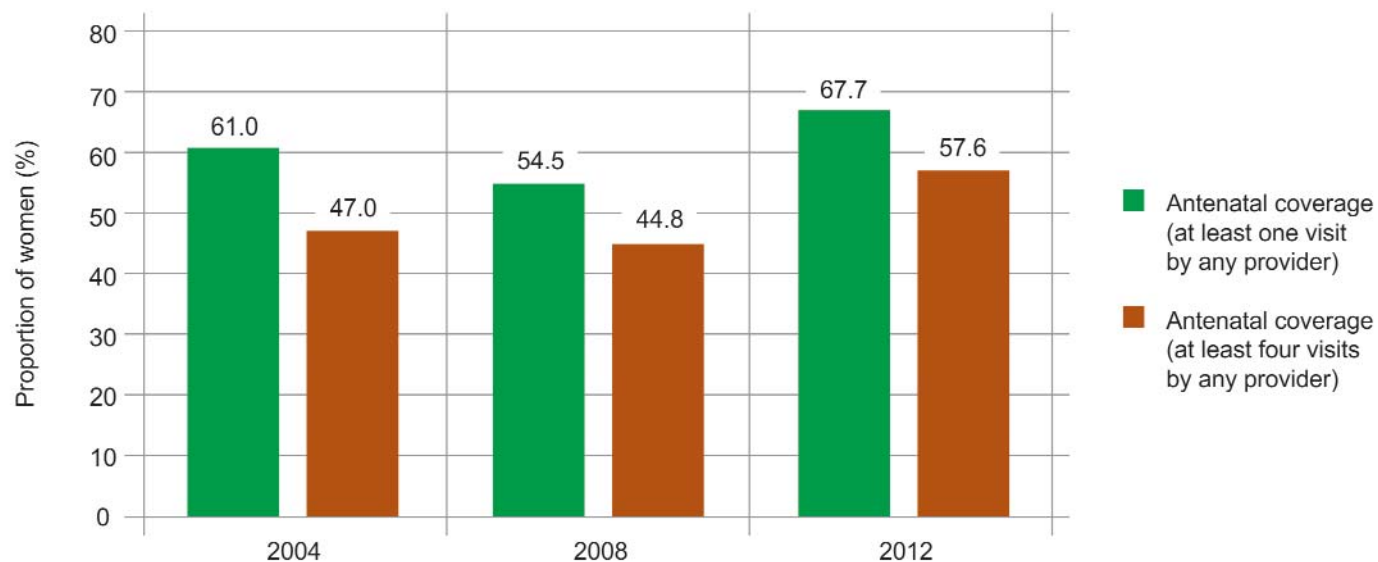
²¹The contraceptive prevalence rate is the proportion of women who are practising, or whose sexual partners are practising, any form of contraception. It is usually reported for women ages 15–49 in marital or consensual unions.

Figure 4.29: Antenatal care coverage (2003–2012)



Sources: FRN (2010b); NBS (2013c)

Figure 4.30: Antenatal care coverage – at least one visit and at least four visits



Sources: FRN (2010b); NBS (2013c)

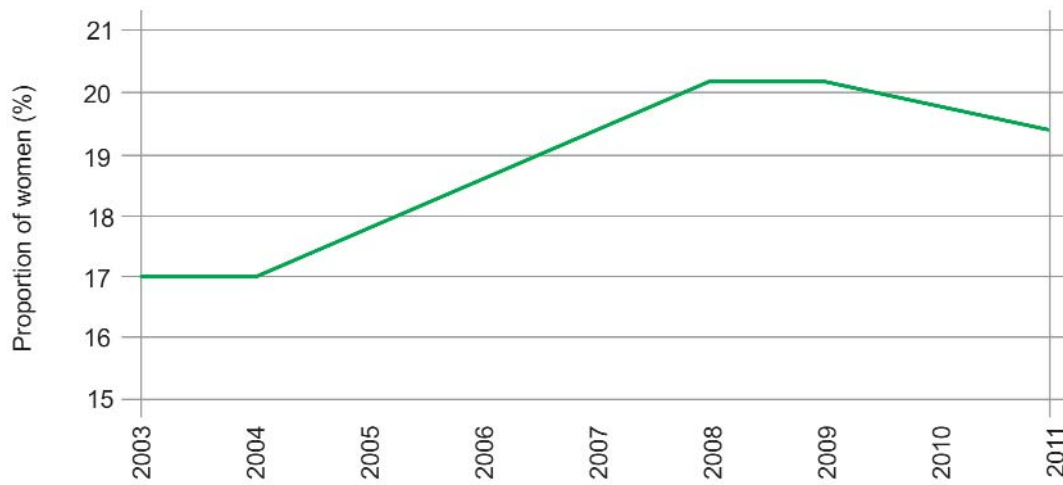
Indicator 5.6: Unmet need for family planning²²

The unmet need for family planning services, which is an expression of the proportion of married women

aged 15–49 years who report a desire to delay or avoid pregnancy, but who are not currently using any form of contraception, has risen from 17.0% in 2004 to 19.40% in 2011 and further to 21.50% in 2012.

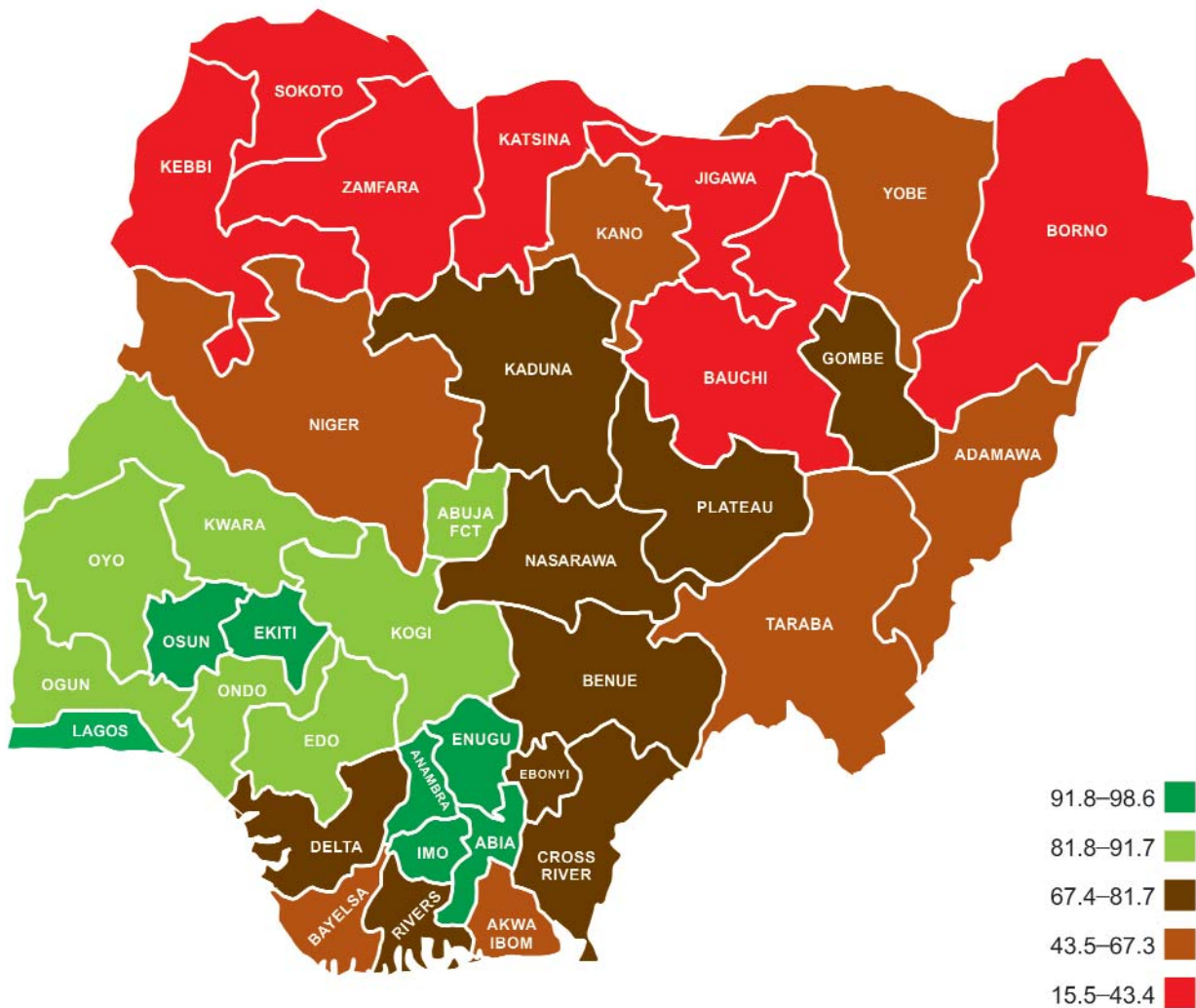
²²The unmet need for family planning services, which is an expression of the proportion of married women aged 15–49, who report a desire to delay or avoid pregnancy, but who are not currently using any form of contraception.

Figure 4.31: Trend in unmet need for family planning (2003–2011)



Source: NBS (2011a)

Figure 4.32: Antenatal care coverage by state and the FCT (at least one visit) (2012)



Source: NBS (2013c)

4.5.1a Sub-national variations in maternal mortality

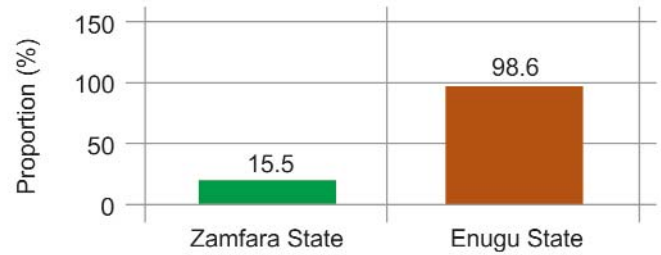
In general, there are striking disparities or inequalities in the maternal mortality situation across the states and geopolitical zones and between rural and urban areas of the country. Latest statistics show that high rates of maternal mortality in the North West and North East geopolitical zones remain a big challenge to the national target.

The high maternal mortality rates in the North West and North East zones correspond with the low rates of antenatal care coverage, indicating that **antenatal coverage will need to be improved considerably in order to reduce maternal mortality.**

While some states have achieved antenatal coverage of more than 90.0%, others are trailing at less than 20.0%, as illustrated in Figure 4.33.

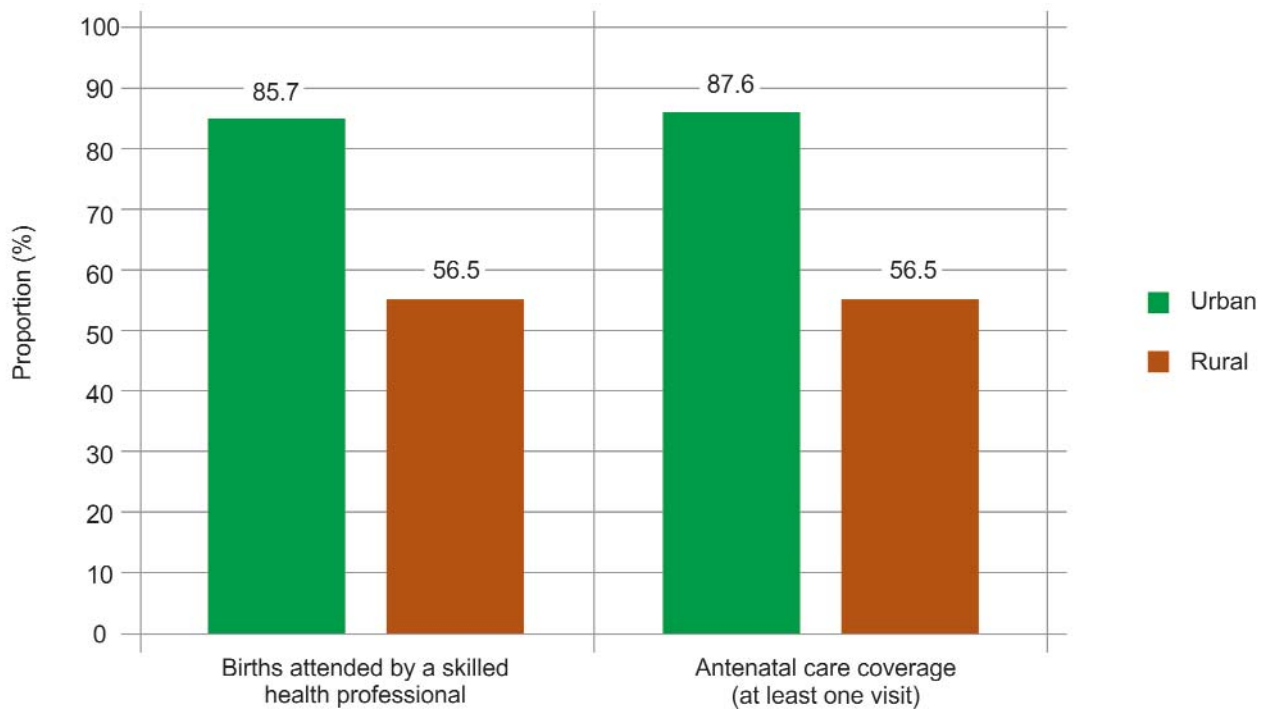
To accelerate achievement of the national target, the current disparities in maternal mortality indicators (for example, presence of a skilled birth attendant and antenatal care) between rural and urban areas will be addressed also (Figure 4.34).

Figure 4.33: Antenatal care coverage (at least one visit) in selected states



Source: NBS (2013c)

Figure 4.34: Rural–urban disparities in the presence of a skilled birth attendant and antenatal care coverage (at least one visit)



Source: NBS (2013c)

The disparity in the proportion of births attended by skilled health personnel follows the typical sub-national outlook. There are relatively high rates in the South East (93.0%), the South West (85.0%), the South South (76.0%) and the North Central (64.0%) zones alongside low rates in the North West and North East (less than 43.0%) zones.

The rural–urban divide in the proportion of births attended by skilled health personnel and the level of antenatal coverage underscores the service delivery challenges of the primary health care system in the rural areas of the country.

4.5.1b Critical bottlenecks

Other major challenges to MDG 5 include:

- Socio-cultural and religious barriers to the use of maternal health services
- Inadequately trained health personnel (especially

birth attendants) and their uneven distribution across the country

- Inadequate facilities and equipment
- A poor referral system.

4.5.1c Policy support and prospects for achieving MDG 5

The pace towards achievement of MDG 5 is building up. **A key success driver has been the Midwives Service Scheme**, which was introduced to accelerate reduction of maternal, newborn and child mortality and morbidity through increased access to skilled attendants at the birth. To build on the successes achieved, the Midwives Service Scheme is being up-scaled under the SURE-P maternal and child health programme. It involves the training of community health extension workers in basic essential maternal, newborn and child healthcare and the supply of essential maternal health commodities (misoprostol tablets), 'mama-kits' and midwifery kits nationwide.

Box 4: Reducing maternal deaths: evidence-based response that is delivering results

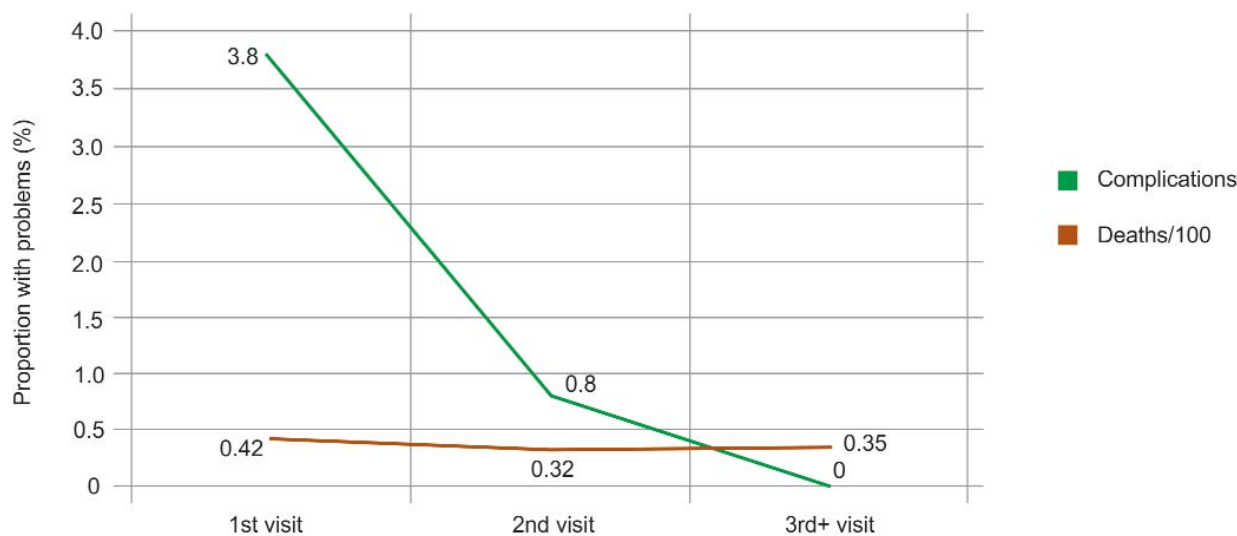
In Bauchi and Cross River States, the Nigerian Evidence-based Health System Initiative has offered a fundamentally different approach to MDG 5. The initiative addresses maternal mortality by strengthening the existing health information system and addressing the root causes of maternal deaths. Using sound data collection methodologies involving health workers, planners and communities not only provides evidence, but also catalyses the primary health care system to provide better care for mothers and newborns. The evidence from this social audit showed that hard work during pregnancy, domestic violence and a lack of discussion between spouses can have negative effects on the health of mothers. Using a participatory action-oriented process at the individual and multiple policy levels, this evidence was socialised through the use of docudramas, discussions and, at the same time, through health workers making household visits. The combination of these efforts built pressure for change and action. Examples include changing social attitudes towards physical labour by pregnant women, women demanding more complete antenatal visits and communities building roads to clinics. The evidence demonstrates that informing and involving communities about risk factors which are scientifically proven to be at the root cause of maternal death can directly improve health outcomes.

On the front lines, a community surveillance system was set up by the State Government of Bauchi in one LGA in Bauchi focusing on the prevention of maternal deaths based on the above evidence. Junior community health extension workers (J/CHEWs) were trained to make household visits structured to identify pregnant women and newborns at risk. The J/CHEWs interview pregnant women and their husbands separately to discuss maternal and child health needs while assessing risk. Families learn about the root causes of maternal mortality and there is early identification of possibly difficult pregnancies and the initiation of referral steps. With smartphones which confirm geographic location, as part of the accountability of the system, the J/CHEWs capture responses to a short list of questions and relay them directly to the state capital. This identifies high risk cases in real time, allowing for immediate follow up. The results show that visiting women in their homes can be an inexpensive way to save women's lives. J/CHEWS are establishing efficient coverage routes to improve maternal outcomes. Thus the J/CHEWs perform multiple actions in each visit – combining surveillance, health checks, and a referral system.

Box 4 Continued...

Results to date show that in 8000 households in Giade LGA in Bauchi State the proportion of maternal deaths was 3.80% among those who received one visit, 0.80% among those who received two visits and 0.0% among those who received three and four visits (see figure below).

Birth complications and maternal deaths in 8000 households monitored 2011–2012



Building upon the successes recorded through these schemes, progress needs to be hastened to achieve the 2015 target. The situation requires that the critical bottlenecks and drawbacks, which are slowing down national progress, need to be tackled. These drawbacks and bottlenecks include the large inequalities in achievements between states and zones, socio-cultural and religious barriers to the use of maternal health services, inadequate facilities and equipment, and a poor referral system.

Current efforts to fast-track progress towards MDG 5 through the MAF and the action plan for maternal health demonstrate a strong commitment to achieving the 2015 targets. The measures advocated under the MAF action plan are vital for solving the service delivery and service use bottlenecks to maternal healthcare. They include:

- Increasing the number and availability of skilled birth attendants
- Enhancing emergency obstetric and newborn care services by providing adequate emergency obstetric and newborn care equipment and services

- Expanding coverage of antenatal and post-natal care
- Scaling up and strengthening regular mobile health services
- Re-orienting and re-training health workers for better professional services and attitudes
- Improving the referral system by decentralising ambulance services to rural areas, using improvised local ambulance services, engaging community volunteers and ensuring an effective two-way referral system.

In addition, the overall prospect of meeting the 2015 targets for reducing maternal mortality is brightened by the fact that over the years, there have been steady improvements in instrumental indicators, such as the proportion of births attended by skilled health personnel and antenatal care coverage. Also, and much more importantly, **the prospects of achieving Goal 5 have been boosted by the adoption of the MAF by Nigeria for accelerating progress on the goal.** It means that Goal 5 will receive the focused and location-specific, concerted attention of government in the final lap to 2015.

4.6 GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

4.6.1 Targets 6A, 6B and 6C: trend and status

Table 4.7: Trend in and status of HIV/AIDS, malaria and tuberculosis (TB) indicators

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2010	2015 target		
Target 6A														
6.1: HIV prevalence among pregnant young women aged 15–24 ¹ (%)		5.40	5.80	5.80	5.0	5.0	4.30	4.30	4.30	4.10	4.10	0		
6.2: Proportion of the population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS ¹ (%)					18.30	18.30	25.90	25.90	25.90		24.20	80.0		
6.3: Young people aged 15–24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner (%)					43.90	43.90	63.80	63.80	63.80		45.70	80.0		
6.4: Children orphaned by HIV/AIDS (%)						1.80	1.97	1.97	1.97					
Indicator		2010				2011				2012		2015 target		
Target 6B														
6.5: Proportion of the population with advanced HIV infection with access to antiretroviral drugs (%) ¹			23.90			28.80				32.70		80.0		
Indicator		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Target 6C														
6.6: Prevalence and death rates associated with malaria (per 100,000)	2024	1859	2203	1727	1157	1157	1157	1157						
6.7: Proportion of children under five sleeping under insecticide-treated bed nets ² (%)				2.20						5.50	10.90	16.40	18.0	
6.8: Prevalence and death rates associated with tuberculosis (per 100,000) ²	15.74	12.01	12.57	21.75	7.07	7.07	7.07	7.07			5.0	5.0	5.0	

Sources: Data for 1990–2008 are from FRN (2010b)

¹ NACA – National Agency for the Control of AIDS, Abuja

² 2011 data: NBS (2011a)

2012 data: NBS (2013c)

Indicator 6.1: HIV prevalence among pregnant young women aged 15–24

HIV prevalence among 15–24 year old pregnant women is the proportion of pregnant women aged 15–24 whose blood samples test positive to HIV.

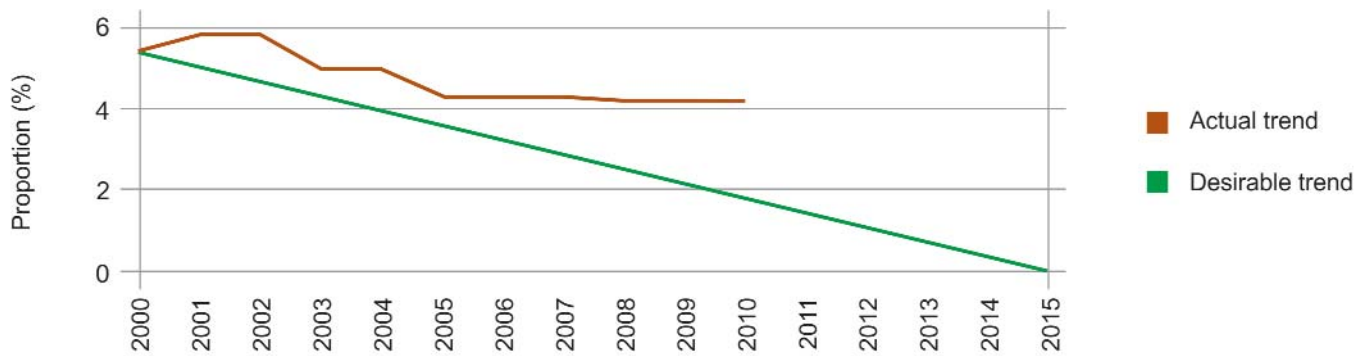
Latest statistics show that Nigeria is well on track regarding the MDG target for HIV/AIDS. HIV prevalence among pregnant young women aged 15–24 years has continuously declined in recent years. From 5.40% in 2000, it initially rose to 5.80% in 2001 and 2002, but then fell to 5.0% in 2003 and to 4.30% in 2005; it has stabilised around 4.10% since 2008. At the national level, therefore, the MDG target has been met: the spread of HIV has been halted and has begun to be reversed.

Indicator 6.2: Proportion of the population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS²³

At 24.0%, Nigeria is still far behind the target for the spread of comprehensive correct knowledge of the prevention of the sexual transmission of HIV. The condom use rate of 45.70% appears to be not good enough to sustain a reversal of the spread of HIV/AIDS.

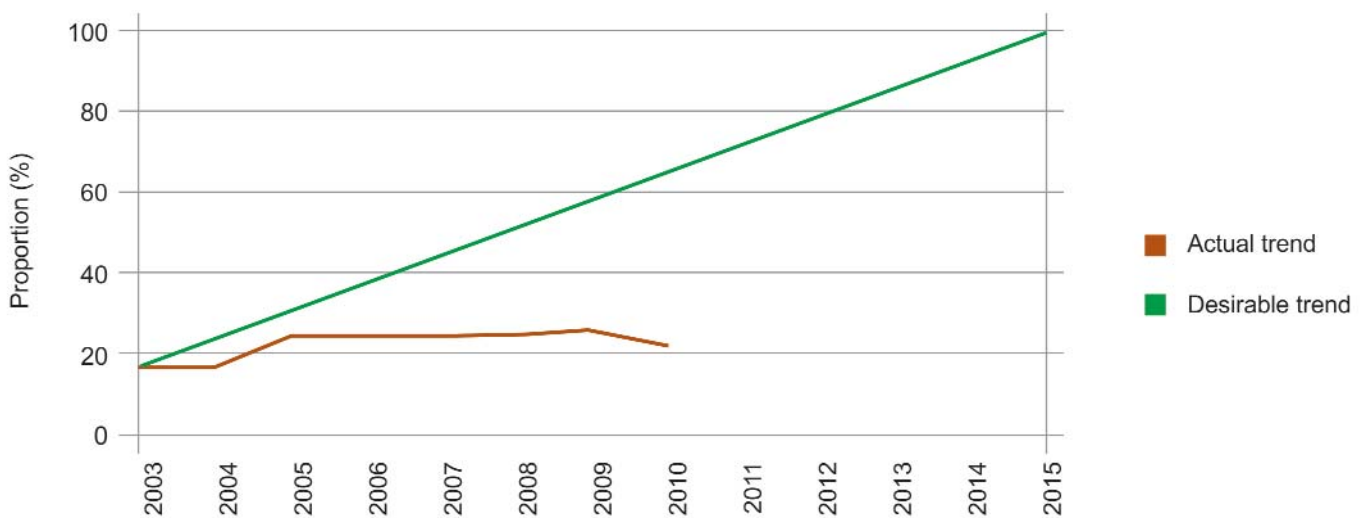
²³Proportion of the population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS is the fraction of women and men aged 15–24 years who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission and who know that a healthy-looking person can transmit HIV.

Figure 4.35: Trend in HIV prevalence among pregnant young women aged 15–24 (2000–2010)



Source: FMH (2010a)

Figure 4.36: Trend in the proportion of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions (2003–2010)



Source: FMH (2010a)

Indicator 6.3: Young people aged 15–24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner²⁴

The reported use of condoms has been on the increase, from 44.0% in 2003 to 64.0% in 2007, but it declined to 46.0% in 2010, perhaps because of the massive commodities shortages across the health system in 2010–2011. Overall, Nigeria falls far short of the target regarding the use of a condom during sexual intercourse with a non-regular sexual partner.

Indicator 6.5: Proportion of the population with advanced HIV infection with access to antiretroviral drugs

The treatment for HIV/AIDS has been rising steadily, from 24.0% in 2010 to 33.0% in 2012. In other words, about one out of every three persons living with HIV/AIDS is receiving treatment, against the target of 100.0% by 2015.

4.6.1a Sub-national disparities in HIV/AIDS indicators

The success achieved at the national level with respect to combating HIV/AIDS is threatened by the considerable disparities across states and the rural–urban divide. For example, Benue State has the

highest HIV/AIDS prevalence at 12.70% followed by Akwa Ibom (10.90%), Bayelsa (9.10%), Anambra (8.70%) and FCT (8.60%), while it is lowest in Kebbi State at 1.0%. In contrast, HIV/AIDS prevalence in urban areas is estimated at about 10.10%, compared to 5.70% in rural areas.

Furthermore, there is disparity between males and females with regard to having a comprehensive correct knowledge of HIV/AIDS. The incidence of comprehensive correct knowledge of HIV/AIDS is higher among males (52.20%) than among females (34.30%), as shown in Figure 4.37.

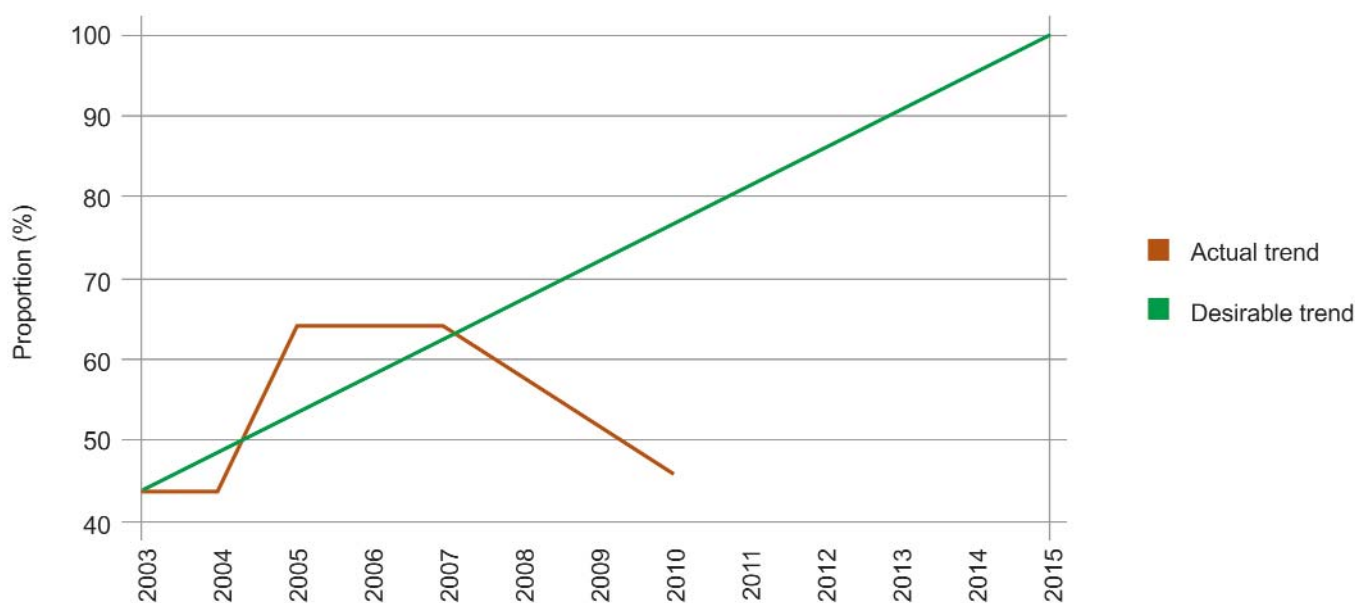
Figure 4.37: Proportion of young people aged 15–24 by gender who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions



Source: FMH (2010a)

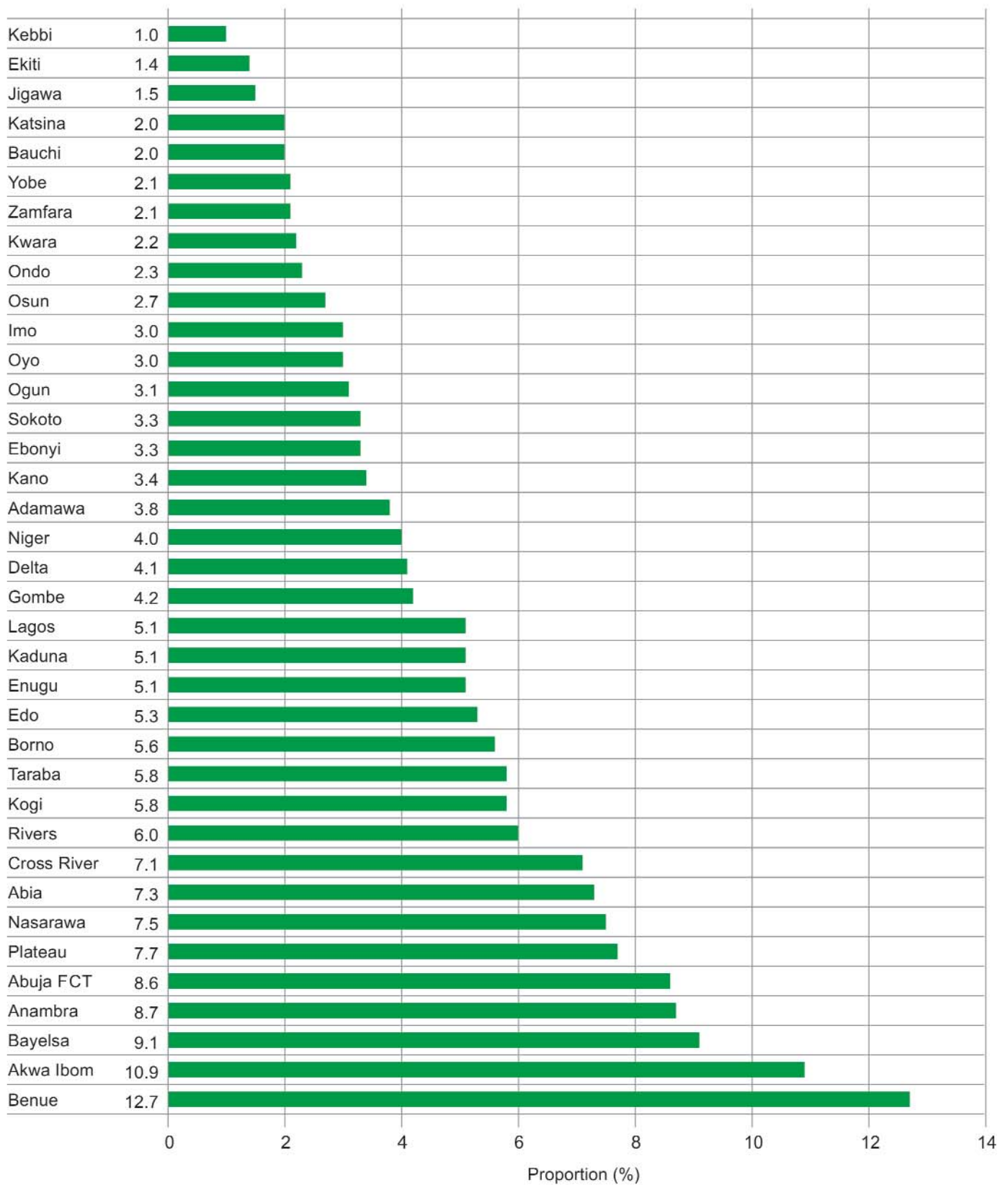
²⁴Condom use at last high risk sex is the proportion of young people aged 15–24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner in the last 12 months.

Figure 4.38: Trend in the proportion of young people aged 15–24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner (2003–2010)



Source: FMH (2010a)

Figure 4.39: HIV prevalence by state



Source: FMH (2010a)

4.6.1b Critical bottlenecks

In spite of the successes achieved in halting the increase in HIV/AIDS prevalence in the country, many important challenges remain regarding the effective management of the HIV/AIDS situation. In addition to the disparities of HIV/AIDS prevalence across states (or geopolitical zones), there are other challenges which include the huge shortfall in comprehensive correct knowledge of HIV/AIDS among females. In addition, there are challenges with regard to access to treatment for persons living with HIV/AIDS and prevention of mother-to-child transmission. Only one out of three persons living with HIV/AIDS currently receives treatment; the situation varies across zones, ranging from 33.30% in the South East zone to 42.60% in the North West zone. Regarding the prevention of mother-to-child transmission, Nigeria currently achieves only 16.0%, against the 2015 target of 80.0%.

4.6.1c Policy support and prospects for combating HIV/AIDS

The disparities in HIV/AIDS prevalence across states (or geopolitical zones) present a major challenge which needs to be addressed through targeted programming. In the same vein, the shortfall in comprehensive correct knowledge of HIV/AIDS among females would have to be tackled through well-aligned gender-based sensitisation and enlightenment. Sustaining the success in reversing the spread of HIV/AIDS requires well-targeted programmes for prevention and control. The national momentum is boosted by the recently launched Presidential Comprehensive Response Plan

for tackling HIV/AIDS. Upon implementation, this programme should strengthen current achievements and further brighten the prospects for achieving the target.

Target 6B: Have halted, by 2015, and begun to reverse the incidence of malaria and other diseases

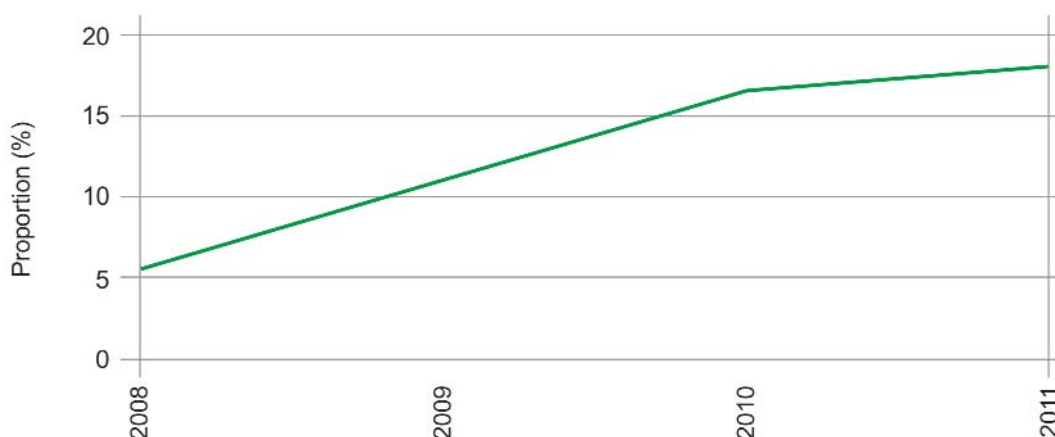
4.6.2 Target 6B: trend and status

Disease-specific mortality data are not readily available to measure the level of malaria-specific death rates. However, malaria is arguably Nigeria's biggest disease burden, with over 90.0% of the population at risk of falling sick with two to three incidences of malaria per year; and contributing as much as 30.0% to childhood mortality and 11.0% to maternal mortality. The vision is for a malaria-free Nigeria.

Indicator 6.7: Proportion of children under the age of five sleeping under insecticide-treated bed nets
This is the proportion of children aged 0–59 months sleeping under insecticide-treated bed nets.

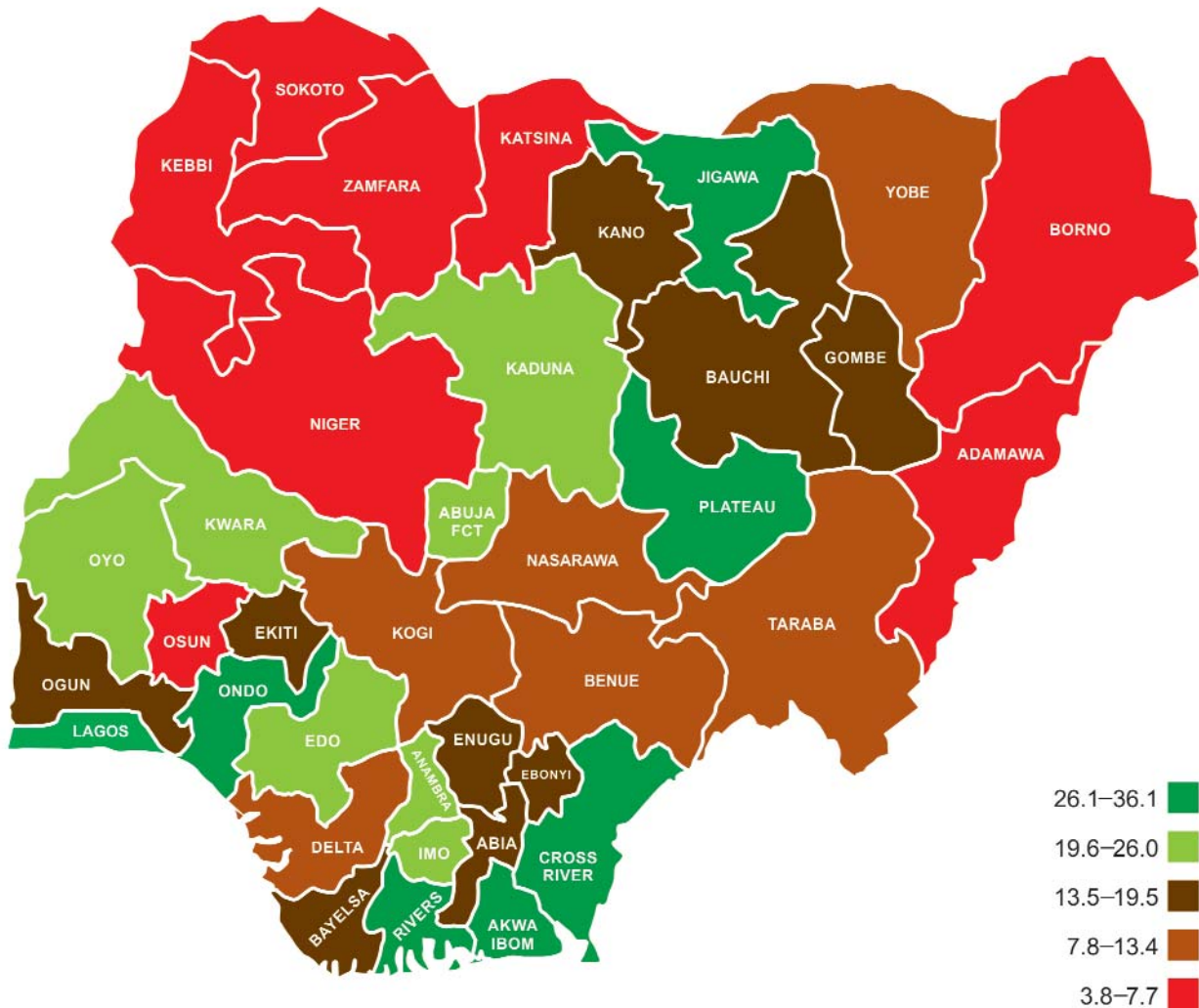
Nigeria is moving in the right direction with regard to the use of insecticide-treated bed nets to reduce malaria risks. The proportion of children under five years of age sleeping under insecticide-treated bed nets has risen from 5.50% in 2008 to 16.0% in 2010 and to 18.0% in 2011. To date, a total of 46,903,594 long-lasting insecticide-treated nets (LLINs) have been distributed in 29 states, representing 73.0% of the December 2010 targets.

Figure 4.40: Trend in the proportion of children under the age of five sleeping under insecticide-treated bed nets (2008–2011)



Source: NBS (2013c)

Figure 4.41: Proportion of children under the age of five sleeping under insecticide-treated bed nets by state (2011)



Source: NBS (2013c)

The available evidence points to large differences in the incidence of use of insecticide-treated bed nets across the states and the FCT. The lowest incidence of use of insecticide-treated bed nets occurs in the northwest and northeast parts of the country. The rural–urban disparity is, however, less pronounced at 16.90% for rural areas and 20.30% for urban ones.

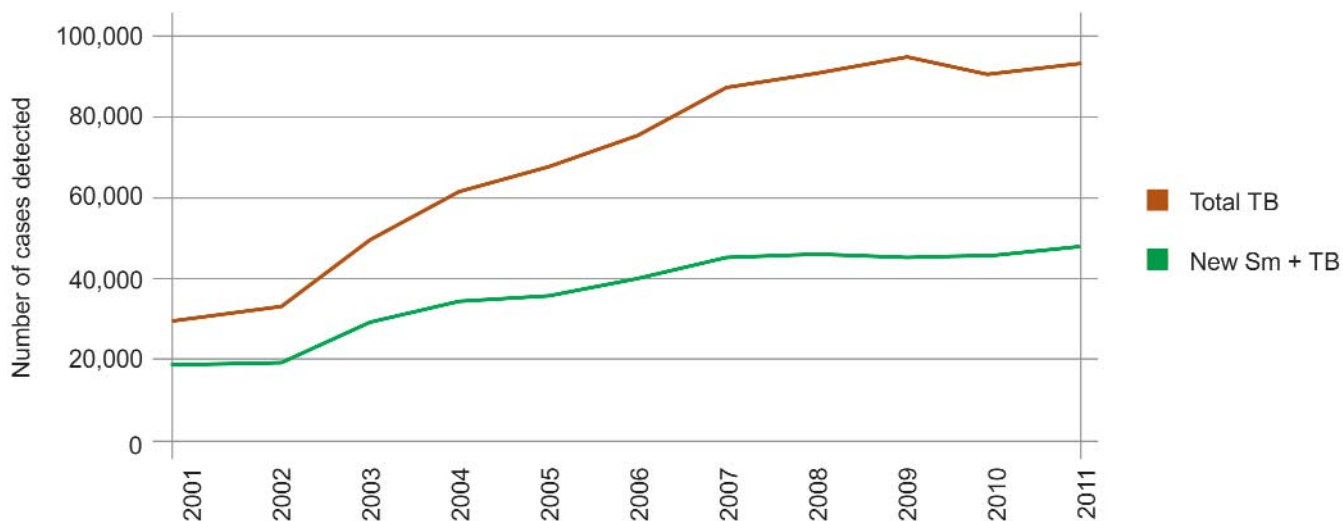
Indicator 6.8: Prevalence and death rates associated with TB per 100,000²⁵

Nigeria remains one of the 22 high TB burden countries responsible for 80.0% of the estimated global

TB burden. The TB burden is further compounded by the prevalence of HIV. Nigeria adopts the WHO recommended DOTS (directly observed treatment – short-course) strategy/Stop TB strategy for the control of TB. The vision is 'Nigeria free of TB', with the goal to reduce the burden of TB by 2015 in line with the MDGs and the Stop TB partnership targets. The trend in the notification of TB has improved as a result of improvement in surveillance. Progress with TB shows that the prevalence of death rates associated with TB has decreased over time, from 15.74 per 100,000 in 2000, to 5.0 per 100,000 in 2012.

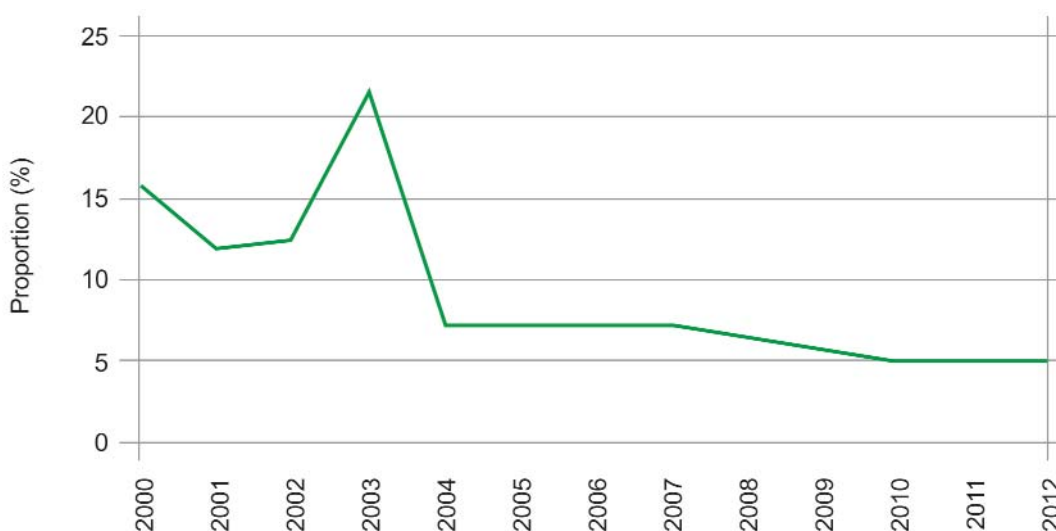
²⁵Tuberculosis prevalence is the number of cases of tuberculosis per 100,000 people. Death rates associated with tuberculosis refers to the number of deaths caused by tuberculosis per 100,000 people.

Figure 4.42: Trend in notification of TB (2001–2011)



Source: FMH (2012)

Figure 4.43: Trend in the prevalence and death rate associated with TB (2000–2012)



Source: FMH NTBLCP Data (2012)

4.6.2a Policy support and prospects for combating malaria and TB

In order to address the daunting nature of the malaria challenge, the government is intensifying efforts on several fronts. Currently, the government is intensifying the distribution/use of LLINs to populations at risk of malaria. Actions are also being taken to promote the use of indoor residual spraying to complement the use of LLINs.

Also, efforts are being made to promote initiation of larviciding, or the source reduction of mosquito infestations, by reducing human–insect contact, for example, through the establishment of a larviciding factory. Many initiatives are promoting environmental management as an integral part of integrated vector control. Emphasis is being given to the diagnosis and prompt treatment of malaria as part of effective case management, diagnosis and malaria prevention in pregnancy (through the affordable medicine facility for

malaria). The scheme should bring about a 50.0% reduction in morbidity and mortality by ensuring that Artemisinin combination therapies get to the consumers. It provides access to Nigerians patronising patent proprietary vendors (chemist shops) to over 46 million Artemisinin combination therapies at affordable, highly subsidised prices. This has helped to improve malaria case management at the community level as well as the in-home management of malaria by role model caregivers.

The DOTS strategy for addressing TB is currently being implemented in about 3931 facilities across the country (2010 NTBLCP Annual Report). The increase in access to services has resulted in a concomitant increase in the number of notified TB cases in the country. The number of all forms of TB cases notified increased from 90,447 in 2010 to 93,050 in 2011, representing an increase in the case detection rate from 40.0% in 2010 to 43.0% in 2011. The number of new smear positive cases also increased from 45,416 in 2010 to 47,436 in 2011. About 83.70% of the cases notified in 2010 were successfully treated.

4.7 GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

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

4.7.1 Target 7A: trend and status

*Indicator 7.1: Proportion of land area covered by forest*²⁶

Sustainably managed forests have multiple environmental and socioeconomic functions which are

²⁶ The proportion of land area covered by forest is the forest areas as a share of the total land area, where land area is the total surface area of the country less those areas covered by inland waters, such as major rivers and lakes.

of importance at the global, national and local levels; they play a vital role in sustainable development. Conversely, deforestation has negative implications for the environment in terms of soil erosion, loss of biodiversity ecosystems, loss of wildlife and increased desertification. These are among many other harmful effects which include economic issues – loss of livelihoods (agriculture) – and social problems – such as conflict – and, most importantly, reduction in quality of life. Unfortunately, Nigeria continues to lose forest cover at the alarming rate of about 3.50% per annum – approximately 350,000 to 400,000 hectare per year. Logging, subsistence agriculture and the collection of fuel wood are frequently cited as the leading causes of forest clearing, especially in the south of the country. Some areas of the north have specific problems with desertification where continuous desert encroachment poses a challenge. Nigeria has, therefore, not made much progress on this indicator considering the rate of loss of primary forests²⁷ in the country.

²⁷ Defined as forests with no visible signs of past or present human activities.



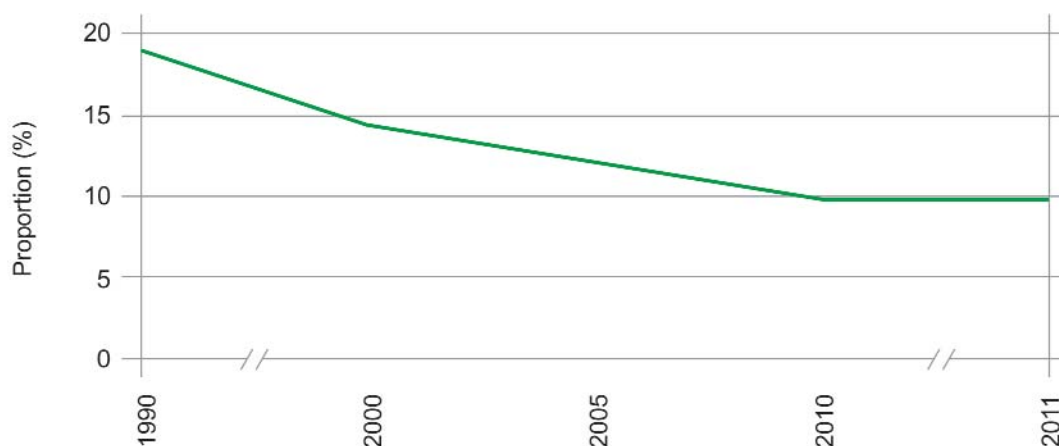
Table 4.8: Trend in and status of environmental sustainability indicators

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015 target
7.1: Proportion of land areacovered by forest ¹ (%)		18.90	14.40					12.20					9.90	9.80	

Source: FAO (2012)

¹ NBS (2011a)

Figure 4.44: Trend in the proportion of land area covered by forest (1990–2011)



Source: FAO Forestry Assessment Report (2012)

The proportion of land area covered by forest has consistently fallen over the past 20 years and not much has been done to counteract this. Currently, FAO estimates put the statistic at 9.90% in 2012, down from 9.80% in 2011 and 12.20% in 2006.

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

4.7.2 Target 7B: trend and status

Access to water sanitation and hygiene is a daily challenge for many Nigerians. The problem is particularly acute in rural northern Nigeria where only about 30.0% of the population has access to safe drinking water and adequate sanitation. This situation leads to a high prevalence of waterborne diseases, threatens the livelihoods of smallholder farmers and contributes to low levels of school enrolment.

Table 4.9: Trend in and status of safe drinking water and basic sanitation

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015 target
7.9: Proportion of population using an improved drinking water source ¹ (%)	54.0	54.0	62.11	64.21	66.25	57.0	60.0	50.90	49.10	55.80	58.90	55.10	58.50	57.40	77.0
7.10: Proportion of population using an improved sanitation facility ¹ (%)	39.0	42.90	42.90	49.40	49.80	38.0	33.0	33.0	42.90	53.80	51.60		31.0	33.70	70.0

Source: FAO Forestry Assessment Report (2012)

¹ 1990–2008 data obtained from FRN (2010b)
 2011 data: NBS (2011a)
 2012 data: NBS (2013c)

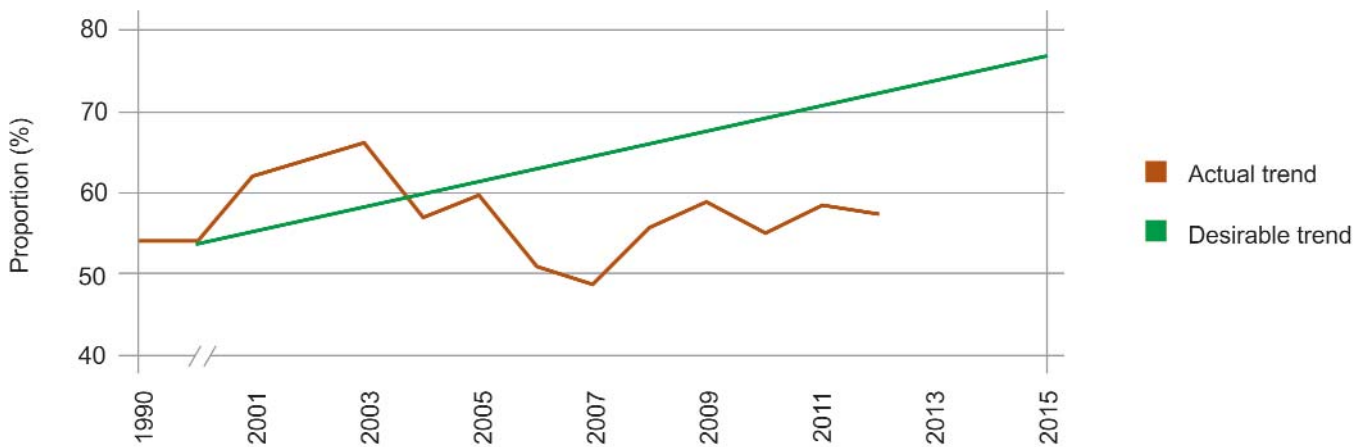
Indicator 7.9: Proportion of the population using an improved drinking water source²⁸

Nigeria's progress in providing clean water to its inhabitants has been irregular. While the general trend since 2007 has been an overall increase from 49.10%

to 57.40%, this still leaves a gap to target of approximately 20.0% to be covered in the next two plus years. This is not likely to be easily achieved. Nevertheless, there have been positive attempts to improve access to clean water, particularly in the rural areas. The MDGs office has, in the last few years, with the assistance of development partners promoted water projects (mainly boreholes) in many villages in the country. Such efforts will be tenaciously maintained and even augmented in order to make the desired progress possible here.

²⁸The proportion of the population with sustainable access to an improved water source, urban and rural, is the fraction of the population who use any of the following types of water supply for drinking: piped water, public tap, borehole or pump, protected well, protected spring or rainwater.

Figure 4.45: Trend in the proportion of the population using an improved drinking water source (1990–2012)



Source: NBS (2011a)

Indicator 7.10: Proportion of the population using an improved sanitation facility²⁹

Good sanitation is important for urban and rural populations, but the risks are greater in urban areas where it is more difficult to avoid contact with waste. Improved sanitation has obvious and immediate effects on health, with diseases like cholera and dysentery often being the results of poor sanitation.

The country's performance over the last four years has been an overall downward trend from 53.80% in 2008 to 33.70% in 2012. Considerable rural–urban disparities exist with 42.70% of the urban population having access to an improved sanitation facility compared with 30.10% in the rural areas. The

government will continue to collaborate with development partners in particular to promote and improve basic education on health and hygiene practices.

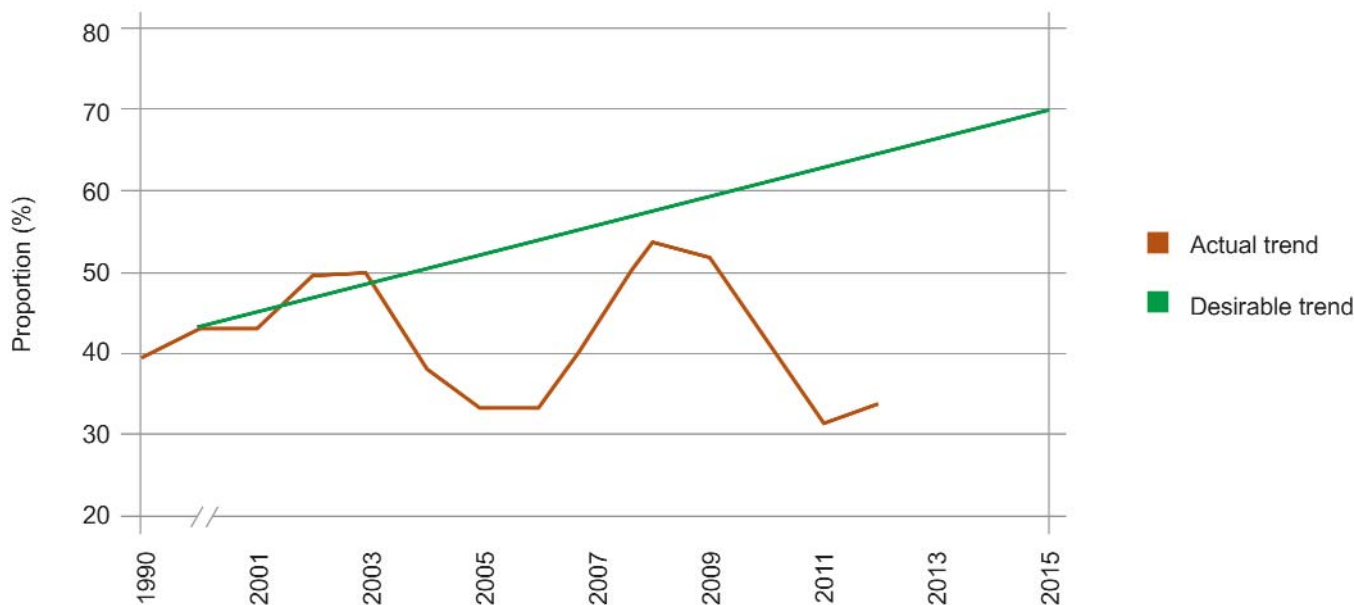
Target 7C: By 2020, have achieved a significant improvement in the lives of at least 100 million slum dwellers

[Secure tenure refers to households which own or are purchasing their homes, are renting privately or are in social housing or sub-tenancy. Households without secure tenure are defined as squatters (whether or not they pay rent), the homeless and households with no formal agreements.]

[UN-HABITAT defines a slum household as a group of individuals living under the same roof who lack one or more (in some cities, two or more) of the following conditions: security of tenure, structural quality and durability of dwellings, access to safe water, access to sanitation facilities and sufficient living area.]

²⁹The proportion of the urban and rural population with access to improved sanitation refers to that fraction of the population with access to facilities that hygienically separate human biological waste.

Figure 4.46: Trend in the proportion of the population using an improved sanitation facility (1990–2012)



Source: NBS (2011a)

Cities and other urban settlements in Nigeria, as in several other parts of Africa and in other developing countries, are growing at a very fast rate because of the high rate of rural–urban migration and the high growth rate of the urban population. Nigeria's urban population is projected to be 60.0% of the total population by 2015. The high demand for land and municipal services, including housing, is increasing, resulting in a high proportion of urban dwellers living in slums and shanty settlements. The United Nations Human Settlements Programme (UN-HABITAT) recently estimated that about 56 million Nigerians, representing 70.0% of the country's urban population, currently live in slums and shanty settlements.

In order to address housing challenges, a special focus is being placed on the financing of nationwide citywide infrastructure development and slum upgrading programmes to improve living conditions in slums and enhance economically productive activities. A comprehensive urban renewal and slum upgrading is on-going in several urban communities nationwide. Several states, in partnership with UN-HABITAT, are also being encouraged to develop structural plans to systematically guide development efforts.

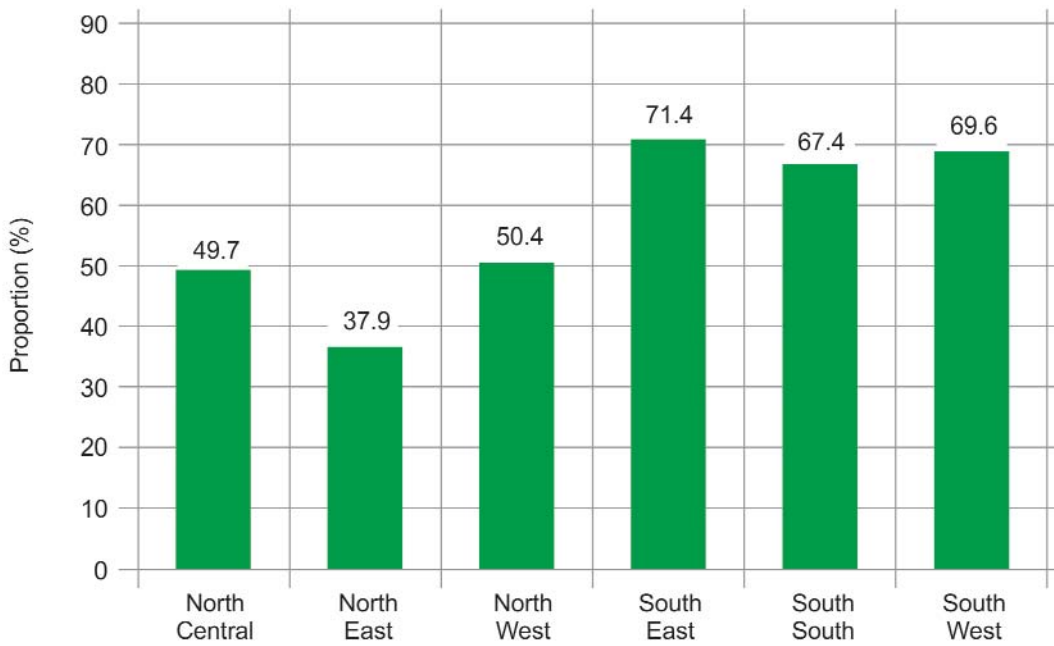
With regard to secure tenure, the Federal Mortgage Bank of Nigeria is addressing the constraints faced in

sourcing finance to purchase housing, especially by the low income group, through enhanced operation of the National Housing Fund. A Nigerian Mortgage Refinance Company has also been recently incorporated to address affordability and accessibility to finance for improved home ownership nationwide. While these actions deserve recognition, slums continue to be a national challenge, reflected by the continuing increase in the number of slum dwellers and also by the related challenges posed by the negative effect of environmental degradation in urban settlements.

4.7.2a Sub-national disparities in access to water and sanitation

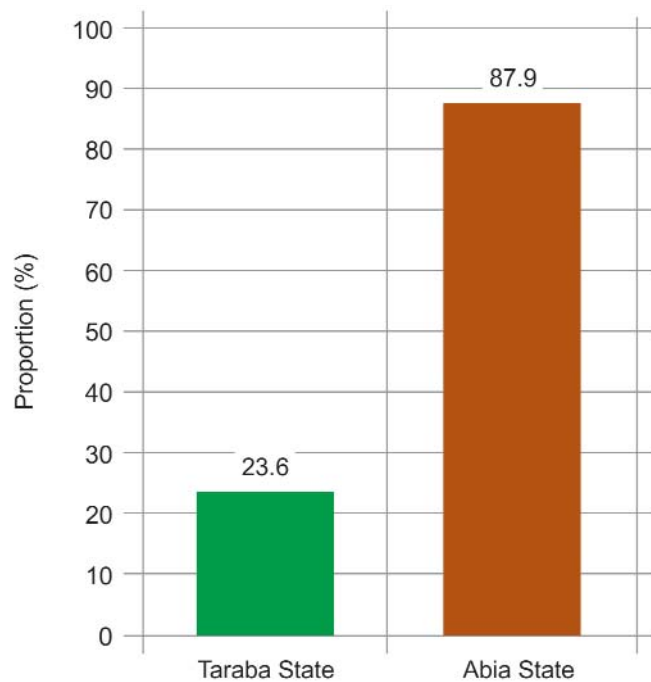
Across the six geopolitical zones, there are considerable disparities in access to clean water. While the South East geopolitical zone has almost achieved the national target with 71.0% of inhabitants having access to clean water, in the North East only 38.0% of the population has access to clean water. This is also mirrored in the disparities between states. For example, Abia State exceeds the national target with 88.0% of its inhabitants having access to improved water supply, while in Taraba State the proportion is only 23.80%.

Figure 4.47: Proportion having access to an improved drinking water source by geopolitical zone (2011)



Source: NBS (2011a)

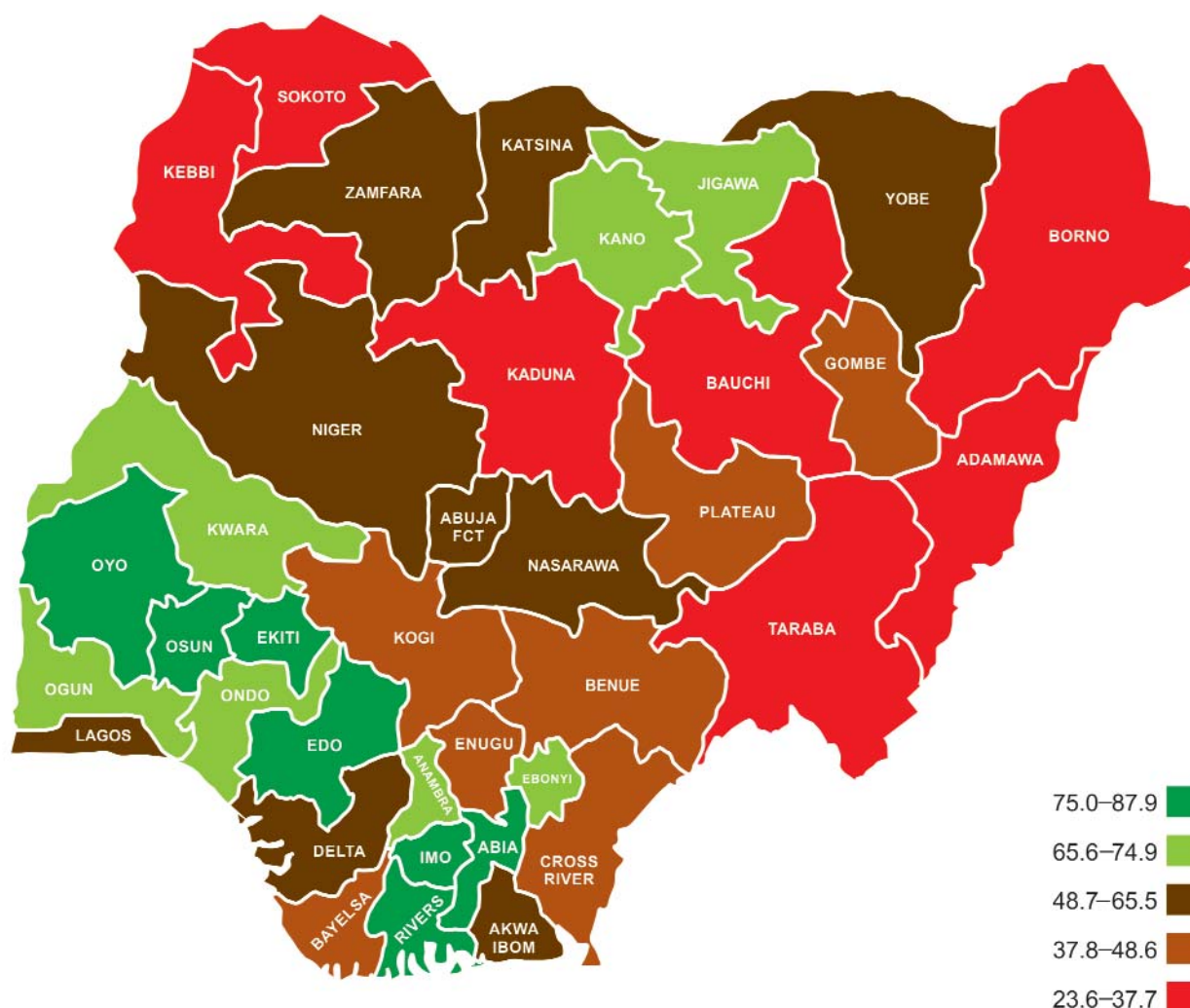
Figure 4.48: Comparison between Taraba and Abia States on the proportion using an improved drinking water source (2011)



Source: NBS (2011a)



Figure 4.49: Proportion of the population using an improved drinking water source across states (2011)



Source: NBS (2011a)

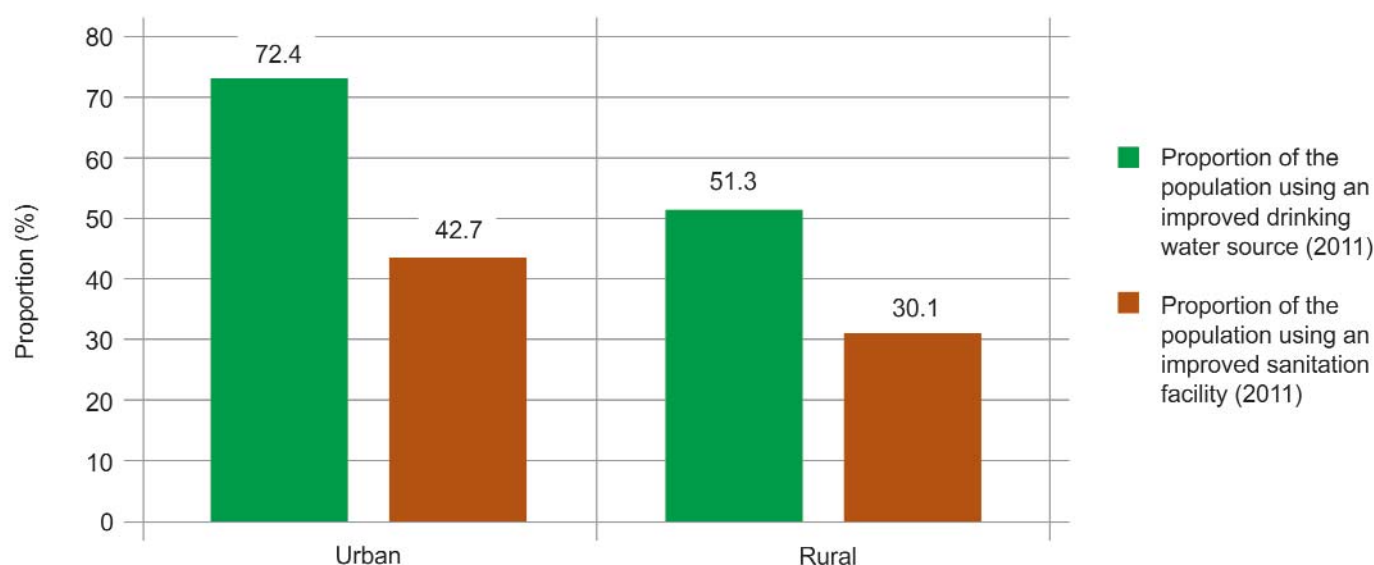
4.7.2b Critical bottlenecks

Nigeria's progress on the MDGs' environmental indicators is generally slow, with a lot of room for improvement. One major problem is the lack of data to track progress on many of the pertinent environment-related indicators. The paucity of data has not allowed complete assessment of Nigeria's achievement of many of the environmental sustainability indicators under MDG 7. In order to improve future assessments, efforts would be made to improve environmental data collection and reporting. With improved data, future assessments could track indicators, including the area protected to maintain biological diversity, energy use (kg of oil equivalent) per USD 1 GDP (PPP), carbon

dioxide emissions per capita, consumption of ozone depleting chlorofluorocarbons (ozone-depleting potential tonne) and the proportion of the population using solid fuels.

A key policy-level challenge is the lack of clarity in the institutional responsibility for sanitation. Sanitation planning is led by the Federal Ministry of Environment, but the Federal Ministry of Water Resources has responsibility for water and sanitation. Other federal ministries also have valuable sanitation inputs, such as the FMH for standards, quality control and water/sanitation diseases surveillance, the FME for water, sanitation and health in schools, and the Federal Ministry of Lands, Housing and Urban Development for

Figure 4.50: Urban–rural access to an improved drinking water source and an improved sanitation facility (2011)



Source: NBS (2011a)

infrastructure in urban areas. Clearer assignment of the implementation of policies and programmes is recognised as an imperative for progress.

4.7.2c Policy support and prospects for achieving MDG 7

Nigeria is lagging far behind the 2015 targets for MDG 7, for example, access to safe drinking water and access to improved sanitation. There is variable progress across the different MDG 7 indicators. Access to an improved drinking water source is about 19.60% below the 2015 target of 77.0%, while access to improved toilets/latrines is 36.30% (the 2015 target is 70.0%). Halting deforestation and gas flaring appear to be the least achieved. Only about 10.0% of gas produced is used domestically – primarily for power generation – while 24.0% is flared³⁰. Gas flaring from joint venture oil companies represents roughly 60.0% of all emissions from Nigeria's oil and gas sector.

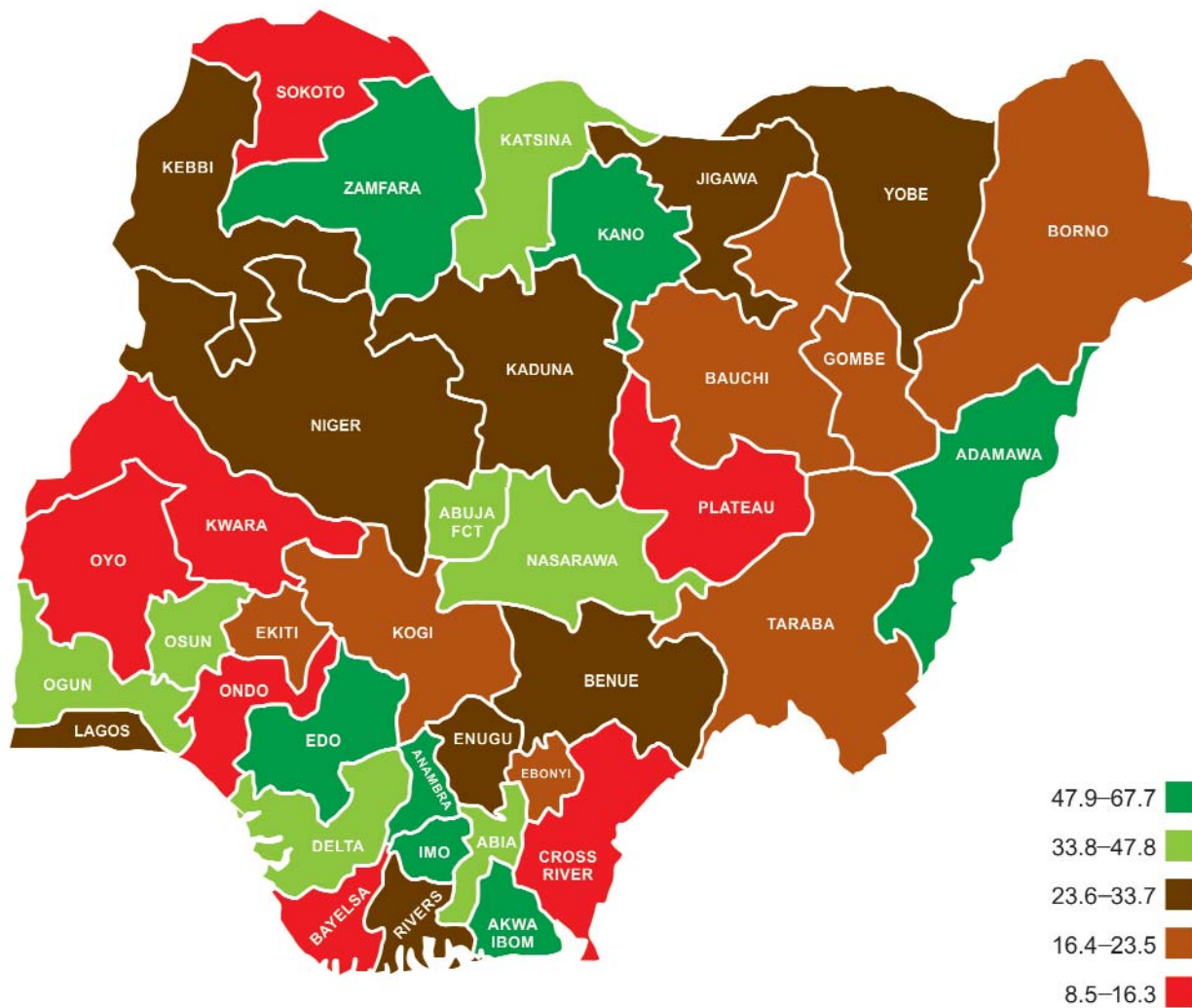
Tackling the growing tide of slum dwellings has become more challenging amidst the urbanisation wave sweeping across the country. It is estimated that Nigeria's urban population would rise to about 60.0% by 2025, given the current urbanisation growth rate of 5.80% per annum. In order to combat the growing challenge, the Federal Government adopted a National

Housing Policy and National Urban Development Policy in June 2012. The latter policy advocates a two-pronged approach – preventing new slums from being formed and upgrading existing slums.

With regard to environmental sustainability, it is important to have clearer role definitions in the policy and regulatory framework. The prospects for environmental sustainability are tied to building the institutional, technological and human resource capabilities for environmental accounting, environmental regulation and environmental management. The need to increasingly mainstream environmental sustainability principles and practices in national development planning and strengthen the enforcement of environmental standards cannot be overemphasised. It is important to consolidate the efforts of the various state governments (particularly in the northern part of the country) to curb desertification and deforestation. Going forward, the Federal Government will ensure better coordination with the state governments to push the fight against the challenges to land degradation, soil erosion and waste management in many urban and rural areas. Existing national institutional mechanisms, including the Ecological Fund, Environmental Impact Assessment Law and the National Environmental Standards and Regulations Enforcement Agency, will be strengthened for improved effectiveness.

³⁰Nigerian National Petroleum Corporation (2010).

Figure 4.51: Proportion of the population using an improved sanitation facility by state (2011)



Source: NBS (2011a)

In order to improve future assessments, efforts will be made to improve environmental data collection and reporting. With improved data, future assessments could track various indicators, including the area protected to maintain biological diversity, energy use (kg oil equivalent) per USD 1 GDP (PPP), carbon dioxide emissions per capita, consumption of ozone-depleting chlorofluorocarbons (ozone-depleting potential tonne), and the proportion of the population using solid fuels.

Clarity in institutional responsibility for sanitation and a clearer assignment of responsibilities for the implementation of policies and programmes to minimise duplication of efforts will be emphasised. Priority would also be given to addressing wide geospatial disparities through more targeted investment in the water, sanitation and hygiene sectors.



4.8 GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

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

4.8.1 Target 8D: trend and status

*Indicator 8.1: Per capita ODA to Nigeria (USD)*³¹

ODA to Nigeria has witnessed a steady increase over the years. Total ODA received by the country in 2011 was USD 1,502,080,645.79 (Table 4.10), which

translated to a per capita ODA of USD 9.20 in 2011 compared to USD 8.70 in 2008 and USD 4.89 in 2005. The bulk (78.0%) is directed towards human capital and social development while 10.0% goes towards governance and general administration. Similarly, 2.20% is directed to physical infrastructure and only 0.50% is directed to the knowledge-based economy. Nevertheless, it seems that this amount falls short of the amount required to make appreciable progress on the MDGs. The coordination and management of ODA from various donor agencies will be emphasised by government for better outcomes.

³¹ Official development assistance (ODA) comprises grants or loans to developing countries and territories in the Organisation for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC) list of aid recipients, which are undertaken by the official sector with promotion of economic development and welfare as the main objective.

Table 4.10: Trend in and status of global partnership indicators

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Target 8D: Deal comprehensively with the debt problems of developing countries														
Indicator 8.1: Per capita ODA to Nigeria (USD) ¹	3	1.47	1.39	2.38	2.44	4.49	4.89	8.17		8.7	9.5	7.9	9.2	
Indicator 8.2: Debt service as a percentage of exports of goods and services ¹		9.71	12.90	8.50	8.03	5.04	15.92	11.67	1.44	0.60	0.76	0.46	0.39	0.12
Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technology														
Indicator 8.14: Telephone lines per 100 population ²	0.30	0.44	0.47	0.54	0.66	0.75	0.87	1.17	1.07	0.86	1.0	0.70	0.40	
Indicator 8.15: Cellular phone subscribers per 100 population ²	0.0	0.02	0.21	1.20	2.35	6.65	13.19	22.40	27.35	41.66	48.0	55.0	59.0	
Indicator 8.16: Internet users per 100 population ²	0.0	0.06	0.09	0.32	0.56	1.29	3.55	5.55	6.77	15.86	20.0	24.0	28.43	
Indicator 8.17: Tele-density ²			0.73	1.89	3.35	8.50	16.27	24.18	29.98	45.93	53.23	63.11	68.49	80.85

Source:

¹ Debt Management Office (2013)

² National Communications Commission (2013)

Table 4.11: ODA by priority sector (2011)

Priority sector	ODA (USD)	Proportion of total (%)
Productive sector	67,122,403.13	4.50
Physical infrastructure	32,517,330.00	2.20
Regional development	68,399,897.55	4.60
Human capital and social development	1,169,938,964.77	77.90
Knowledge-based economy	6,957,790.23	0.50
Governance and general administration	157,144,260.11	10.50
Total	1,502,080,645.79	

Source: NPC (2013)

Indicator 8.2: Debt service as a proportion of the exports of goods and services³²

The Nigerian economy was heavily burdened by her huge external debt for many years. In the past, much of her hard-earned foreign exchange was spent on servicing the country's external debt, consuming about 22.30% of the value of the country's exports of goods and services in 1990. In 2005, the Paris Club wrote off USD 18 billion of Nigeria's debt, as a result of which debt service as a proportion of the export of goods and services has continued to fall from 16.08% in 2005 to

³² External debt service refers to principal repayments and interest payments made to non-residents in foreign currency, goods or services. Exports of goods and services comprise sales, barter or gifts or grants of goods and services from residents to non-residents

1.44% in 2007 and to 0.12% in 2012. From the relief gain and in fulfilment of the conditions for the relief, the country has been able to dedicate at least USD 1 billion yearly towards additional spending for the achievement of the MDGs.

Indicator 8.14: Telephone lines per 100 people³³

Installation of fixed telephone lines has stagnated with the virtual demise of Nigerian Telecommunications Ltd. and the introduction of the Global system for Mobile Communications (GSM). At the moment there are 0.4 fixed telephone lines per 100 persons, with most of them concentrated in urban centres, such as Lagos and Abuja. In contrast, mobile telecommunications have witnessed an astronomical growth with 59 cellular subscribers for every 100 inhabitants. This contrast is reflected in Figure 4.54.

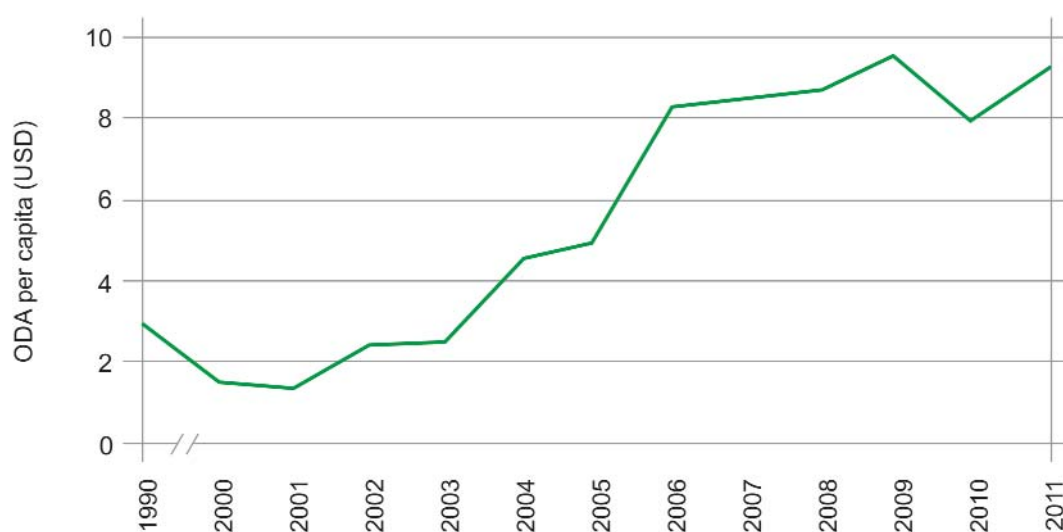
Indicator 8.15: Cellular phone subscribers per 100 people³⁴

A study conducted by the International Telecommunications Union on the relationship between telecommunications and development, concluded that: "Telecommunications can increase the efficiency of economic, commercial, and administrative activities, improve the effectiveness of social and emergency

³³ Telephone lines refer to the number of telephone lines connecting the subscribers' terminal equipment to the public switched network and which have a dedicated port in the telephone exchange equipment.

³⁴ A cellular subscriber refers to users of cellular telephones who subscribe to an automatic public mobile telephone service which provides access to the public switched telephone network using cellular technology.

Figure 4.52: Trend in ODA per capita (USD) to Nigeria (1990–2011)



Source: NPC (2013)

Figure 4.53: Debt service as a proportion of the export of goods and services (2000–2011)



Source: Debt Management Office (2013)

services and distribute the social, cultural and economic benefits of the process of development more equitably throughout the country."

Nigeria presents a particularly successful case of mobile communications expansion, ranking as the fastest growing mobile market in Africa and one of the fastest in the world. The number of cellular subscribers has grown extensively over the last few years (55,000 subscribers in 1999; 33 million subscribers in 2006; and over 113 million subscribers in 2013). This accounts for a growth in cellular subscribers per 100 persons from 0.02% in 2000 to 59.0% in 2012.

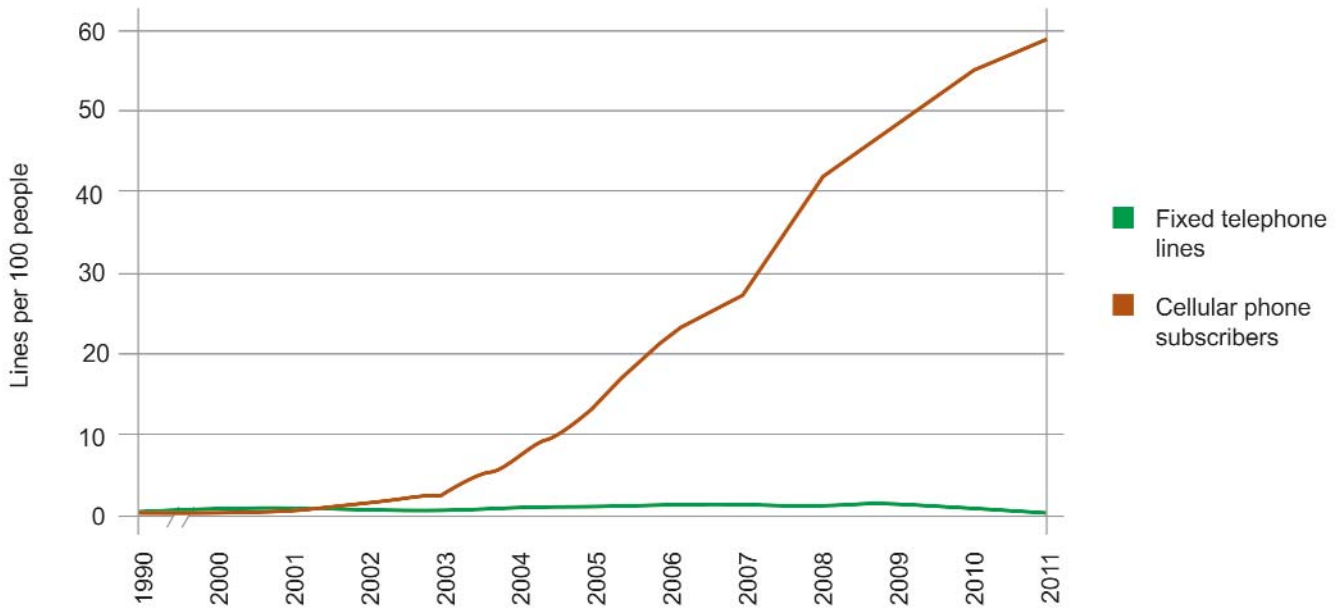
This massive increase in access to mobile telecommunications has been a considerable contributor to growth, as it is estimated that telecommunications contributes 5.67% to GDP in Nigeria. It also generates jobs for a wide spectrum of individuals, from umbrella phone operators to telecommunications servicing companies.

Indicator 8.16: Internet users per 100 people³⁵

For many years Nigeria's internet sector was hampered by the country's underdeveloped and unreliable fixed-line infrastructure, but thanks to innovations in mobile and wireless telecommunication technologies, many companies are able to deliver wireless broadband access. This has been a key factor in the growth evidenced in the internet penetration rate. The period 2001 to 2007 saw the internet penetration rate rise from 6.77% to 28.43%. Increased competition and investment in the sector has seen many local telecommunication companies upgrade their fibre-optic networks. The prospects for high-speed internet connectivity are very good and the internet penetration is expected to increase further, bringing with it different improvements and benefits for education and business.

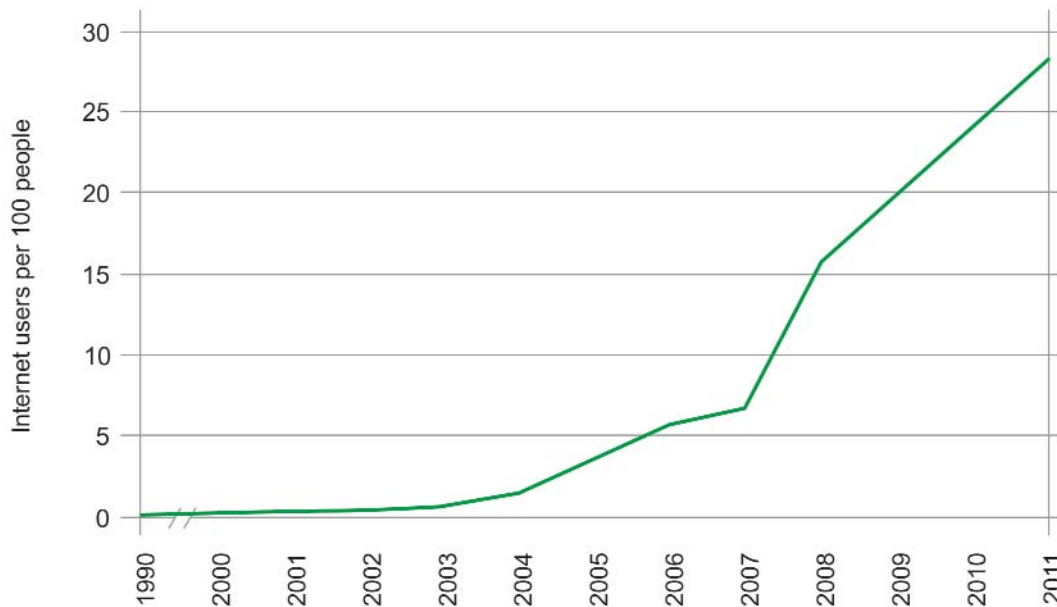
³⁵The internet is a linked global network of computers in which users at one computer, if they have permission, get information from other computers in the network.

Figure 4.54: Trend in the number of telephone lines per 100 people (1990–2011)



Source: National Communications Commission (2013)

Figure 4.55: Trend in the number of internet users per 100 people (1990–2011)



Source: National Communications Commission (2013)

4.8.1a Policy support and prospects for achieving MDG 8

Nigeria's performance on Goal 8 gives much hope. There are signs of a firm policy effort by the authorities to keep foreign and domestic debt under control. The communications sector also is encouraging as the country has one of the fastest growth rates of telecommunications adoption. Nevertheless, internet use is not as widespread as it could be. The

government will promote investment in broadband and encourage the use of the internet in schools and other educational institutions. The government will also strengthen the regulatory framework to promote quality in the services provided by the GSM operators. A competitive business environment will continue to be provided by the government to promote investment and protect the rights of consumers through increased access and a fair pricing of services.





Chapter Five

Chapter 5: Impacts of global developments on MDGs and policy support

5.1 GLOBAL ECONOMIC CRISIS

Negative economic shocks have had critical damaging consequences for poverty reduction and sustainable development. The effects of the global financial and economic crises of 2007/2008 have lingered in various forms and to varying degrees across countries and regions of the world. Even though the world economy resumed growth in 2010, the sovereign debt crisis in a number of European Union countries and the political crisis in the Middle East and North Africa dampened the prospect of sustainable growth.

The global economic and financial crises affected Nigeria through contagion and second-round effects (Eboh and Ogbu, 2010). Stock market capitalisation fell from about NGN 13 trillion, as of July 2007, to less than NGN 5 trillion by the end of 2008. The global economic recession reduced global demand, leading to lower prices for oil and a reduction in financial flows to the country. Nigeria's oil revenue dropped from an average monthly amount of USD 2.2 billion in 2008 to just USD 1 billion in January 2009. On the heels of the crisis, concerns were expressed about the possible short-term risks to Nigeria's progress towards the MDGs. Because of the dominance of oil revenues in public finance, the drop in crude oil export revenues diminished public financial resources across the three tiers of government – federal, state and local authorities. The expansive fiscal space, which Nigeria had enjoyed in the years preceding the global financial and economic crisis and which enabled the country to scale up public investment in health, education and social services, came under pressure. To cope with the emergent pressures, the country resorted to drawing down the Excess Crude Account³⁶ – the Stabilisation Fund. This enabled government to promptly re-establish its fiscal commitment to the MDGs. From the private sector, however, the attendant drop in remittances, autonomous inflow and partial reversal of inflows surely constrained the economy. Financial institutions curtailed lending to all sectors, including the MDGs sensitive ones, like agriculture, and to small and medium enterprises. Reduced remittances and food inflation diminished the nominal and real incomes of the poor and low income households. There are hopes

³⁶The Excess Crude Account is derived from the oil-price based fiscal rule by which the country accumulates foreign exchange savings from the differential between the budget benchmark price and the actual export price of crude oil.

that the economy is back on the growth track which will have overall beneficial effects on the achievement of the MDGs.

5.2 CLIMATE CHANGE

Like other countries in sub-Saharan Africa, the effects of climate change pose a real threat to the achievement and sustainability of the MDGs in Nigeria. The risks have multiple dimensions cutting across different sectors of the economy. In particular, climate change risks have the potential to slow down or undermine progress towards the MDG targets on poverty and food security (MDG 1), employment, child and maternal health (MDG 4, 5 and 6) and environmental sustainability (MDG 7).

A combination of the late onset and early cessation of rains during 1971–2000 shortened the length of the rainy season in most parts of the country. Between 1941 and 2000, annual rainfall decreased by between 2 and 8 mm across most of the country. This was coupled with increased long-term temperatures, particularly in the extreme northeast, extreme northwest and extreme southwest, where average temperatures rose from 1.4 to 1.9°C. Moreover, the scenarios suggest a warmer climate in the future. For instance, the A2 scenario projects a temperature increase of 0.04°C per year from now until the 2046–2065 period, rising to 0.08°C per year after 2050, with the highest increase (4.5°C by 2081–2100) projected in the northeast (FMEnv, 2011).

Many studies indicate that critical sectors of Nigeria's economy (including agriculture, water resources, energy and industry) and, in particular, the livelihoods and well-being of the majority of the population, show high levels of vulnerability to the negative effects of climate change. The bulk of the poor depend heavily on climate-sensitive natural resources for incomes and employment. Hence, adverse climate factors, such as changing rainfall patterns, decreasing rainfall and rising temperatures, could aggravate poverty and hunger through disruptions or reductions in crop yields, livestock outputs and diminished prospects for agricultural and agro-based enterprises. In particular, the expected consequences range from lower crop yields and poor livestock production because of the increased heat in the Sahel and Savannah zones to a significant reduction in rainfall in the Sudan–Sahel belt. Some estimates indicate that, as in comparable countries, climate change effects could bring about a yield decline of up to 50.0% in rain-fed agriculture in Nigeria.

The implications for human health, particularly child and maternal health are direct and indirect. Direct effects include health problems induced by an

increasing incidence of heat waves in the Sudan–Sahelian region of the country (mostly in the peak of the dry season) with its particular consequences for women and children. An increased risk of vector-borne diseases (e.g. malaria) comes from climate change-induced extreme events, such as flooding, water logging and shifts in the patterns of rainfall and temperature. High temperatures, heavy rainfall and flooding may increase the risk of diarrhoeal disease when latrines and sewage systems overflow.

As regards the MDGs for environmental sustainability, climate change impacts have the potential to slow progress on a number of fronts. Some adverse changes in water bodies across the different ecological zones of Nigeria are associated with increasing global warming and higher temperatures. They include reduced water volumes in streams and rivers, the drying up of water sources because of increased evapotranspiration, and the loss of vegetation in head waters. Deficiencies in freshwater availability will worsen the already poor sanitary and health conditions in these areas and reduce stream velocities as a consequence of gradient losses from siltation. These impacts pose additional challenges to the efforts for achieving the MDGs with respect to water and sanitation.

Overall, climate change further complicates the challenges of achieving the MDGs. It is feared that in the absence of adaptation, climate change could result in a loss of between 2.0% and 11.0% of Nigeria's GDP by 2020 and an even bigger loss of between 6.0% and 30.0% by 2050 (FMEnv, 2011). Financing the adaptation to climate change puts new and additional pressures on public and private resources, and could imply a diversion of resources from the core MDGs agenda. Therefore, effective adaptation to climate change effects is essential for the achievement of the MDGs and overall sustainable development.



Box 5: The 2012 floods

Nigeria witnessed unprecedented flooding that covered areas along the major river basins and water courses in about 14 states, during July–October 2012. It was estimated that the flooded area during the peak period (that is, mid-October) was about 1.4 million ha while the estimated area of crop loss was about 467,000 ha (about 33.30%). The International Water Management Institute estimated that crop loss was about 1.17% of Nigeria's total cropped area of 40 million ha, amounting to a national crop output loss of 1.2 million tonnes. Flooding led to a loss of current income and put poor farming households at risk. The loss of growing crops and livestock abruptly disrupted household cash flows, characterised by a loss of up to 75.0% of current income.

There are three broad strands of adaptation:

- Natural resources-based, which includes land management and maintaining productivity
- Market-based, which seeks to enhance market access
- Incomes and institutional measures focusing on extension, education, capacity development and adaptation finance.

Within this context, Nigeria has speeded up efforts in climate change adaptation to reduce the negative consequences of climate change in the country. The national response to climate change has involved the creation of the Climate Change Department within the FMEnv, a significant push on the legislation to establish a National Climate Change Commission and a National Policy on Climate Change. In 2011, the government announced the National Adaptation Strategy and Plan of Action on Climate Change for Nigeria, which covers, among other things, agriculture, water resources, forests, health and sanitation, and human settlements. The overarching goal is to reduce vulnerability to climate change impacts, increase the resilience and sustainable well-being of all Nigerians, reduce or minimise risks by improving adaptive capacity, leverage new opportunities and facilitate collaboration inside Nigeria and with the global community. The government will ensure that these measures and initiatives are put to work to mitigate and forestall the adverse effects of climate change.



Chapter Six

Chapter 6: Conclusions and looking forward to 2015 and beyond

Progress towards the respective MDGs has been mixed – while Nigeria is on track on some MDGs, she lags behind in others. Looking to 2015 and beyond, priority should be given to sustaining progress towards the MDGs, accelerating activities on those MDGs which are lagging and considering priorities and options for post-2015. Bottlenecks have included wide sub-national disparities in achievement, data inadequacies and programme implementation obstacles among others.

Poverty (and unemployment) remains an overarching developmental challenge. However, increased policy attention towards inclusive growth with a focus on agriculture and the informal sector, coupled with targeted initiatives, gives hope for progressive reductions in unemployment and poverty. Tackling poverty and other areas where current achievement of the MDGs is low will require tailoring policy and programmatic interventions to reduce sharp sub-national and rural–urban disparities. Critical attention will be given to the role of the state governments and local councils in this regard. Policies to address economic inequalities and promote social protection will continue to receive priority both in the run up to 2015 and beyond.

The successes recorded so far with some of the MDGs are partly attributed to the integration of the MDGs into the national and sub-national development plans and programmes. This approach to the MDGs has been characterised by strong intergovernmental collaboration, effective coordination and systematic monitoring. Nevertheless, there is still a large scope for regional development models and state-specific efforts to complement the federal-level efforts in tackling localised social and economic problems. The regional development framework specified under the First National Implementation Plan 2010–2013 would develop a pool of resources and capabilities for joint action in solving region-wide social and economic problems. Other important imperatives for policy in the final lap to 2015 include addressing implementation bottlenecks between states and the Federal Government which have tended to slow progress in primary health and basic education in particular.

In order to monitor, measure and track the final push towards 2015, it is imperative to improve data collection and reporting on the MDGs. In particular, emphasis would be given to disaggregated data to gauge sub-national achievements alongside national progress. Moreover, better MDGs data will provide a good basis for articulating the post-2015 development agenda.



BIBLIOGRAPHY

- British Council Nigeria (BCN) (2010). *Next generation Nigeria* (Study Report). Abuja: British Council Nigeria and Harvard School of Public Health.
- British Council Nigeria (BCN) (2012). *Gender in Nigeria Report 2012: improving the lives of girls and women in Nigeria, issues, policies, action*. Abuja: British Council Nigeria.
- Central Bank of Nigeria (2012). *Annual report and statement of accounts for the year ending 31 December 2011*. Abuja: Central Bank of Nigeria.
- Department for International Development–State Partnership for Accountability, Responsiveness and Capability (DFID–SPARC) (2013). *Key gender and social inclusion (g&si) dynamics of Anambra workforce in two key sectors* (Draft Report). Abuja: DFID–SPARC.
- Debt Management Office (2013). Nigeria debt profile. Data file provided by Debt Management Office to the Central Data Collation Committee on the 2013 Nigeria MDGs Report. Abuja.
- Eboh, E.C. (2009). *Fiscal federalism, sub-national governance and MDGs in Nigeria*. African Institute for Applied Economics Research Paper No. 4. Enugu: African Institute for Applied Economics.
- Eboh, E.C. and Lemchi, J.I. (Eds.) (2010). *Business environment in Nigerian states 2010*. Enugu: African Institute for Applied Economics.
- Eboh, E.C., Oduh, M., Urama, N.C., Ichoku, H. and Onyukwu, O. (2010). *Dynamics and Future of the Middle Class in Nigeria* (Research Report). Enugu: African Institute for Applied Economics.
- Eboh, E.C. and Ogbu, O. (Eds.) (2010). *Global economic crisis and Nigeria: taking the right lessons and avoiding the wrong lessons*. Enugu: African Institute for Applied Economics.
- Fatunde, T. (2010). Nigeria: dramatic increase in female undergraduates. *University World News*, Issue No.61. Available at: <http://www.universityworldnews.com/article.php?story=201009031757265> 98.
- Federal Ministry of Agriculture and Rural Development (2012). *Agricultural transformation agenda: execution and delivery for 2012 by Honourable Minister of Agriculture and Rural Development*. Abuja: Federal Ministry of Agriculture and Rural Development.
- Federal Ministry of Education (2010). *Nigeria's country report: eighth E-9 Ministerial review meeting*. Abuja, June 21–24.
- Federal Ministry of Environment (FMEnv) (2011). *National adaptation strategy and plan of action on climate change for Nigeria (NASPA-CCN)*. In collaboration with the Nigerian Environmental Study/Action Team under the Building Nigeria's Response to Climate Change project.
- Federal Ministry of Environment (FMEnv) (2013). *National policy on climate change*. Abuja: Department of Climate Change.
- Federal Ministry of Health (FMH) (2004). *Health sector reform programme: strategic thrusts with a logical framework and plans of action, 2004–2007*. Abuja: FMH.
- Federal Ministry of Health (FMH) (2004). *Revised national health policy*. Abuja: FMH.
- Federal Ministry of Health (FMH) (2005). *Achieving health related Millennium Development Goals in Nigeria* (A report of the Presidential Committee on achieving Millennium Development Goals in Nigeria). Abuja: FMH.
- Federal Ministry of Health (FMH) (July 2010). *Health related MDGs report for Nigeria*. Abuja: FMH.
- Federal Ministry of Health (FMH) (2010). *National strategic health development plan 2010–2015*. Abuja: FMH.
- Federal Ministry of Health (FMH) (2012) National Tuberculosis and Leprosy Control Programme (NTBLCP) Data.
- Federal Ministry of Health (FMH) (2013). *Transforming the health sector, progress towards improving the health status of Nigerians*. Abuja: FMH.
- Federal Ministry of Lands, Housing and Urban Development (2013). *Presentation to the Federal Executive Council on the progress and challenges of the ministry in 2012*. Abuja: Federal Ministry of Lands, Housing and Urban Development.
- Federal Ministry of Water Resources (2012). *2012 Appropriation, revenue and expenditure*. Abuja: Federal Ministry of Water Resources.
- Federal Ministry of Women Affairs and Social Development (FMWA&SD) (2012). *The empowerment of rural women and their roles in poverty and hunger eradication, development and current challenges – a selection of best practices in Nigeria*. Abuja: FMWA&SD.
- Federal Republic of Nigeria (FRN) (2013). *Mid-term report of the Transformation Agenda, 2011–2013. Taking stock, moving forward*. Abuja: FRN.
- Federal Republic of Nigeria (FRN) (2004). *Nigeria Millennium Development Goals 2004 Report*. Abuja: National Planning Commission.
- Federal Republic of Nigeria (FRN) (2005). *Nigeria Millennium Development Goals 2005 Report*. Abuja: National Planning Commission.
- Federal Republic of Nigeria (FRN) (2007). *Nigeria Millennium Development Goals 2006 Report*. Abuja: National Planning Commission.
- Federal Republic of Nigeria (FRN) (2008). *Nigeria Demographic and Health EdData profile 1990, 2003, and 2008: education data for decision-making*. Abuja: National Population Commission.

- Federal Republic of Nigeria (FRN) (2009). National partnership on health: declaration on mutual accountability for improved and measurable health results in Nigeria by the President of the Federal Republic of Nigeria to Executive Governors of the 36 States and FCT Minister at the Presidential Summit on Health in Nigeria, *Implementing the Health Sector Component of Vision 20:2020*.
- Federal Republic of Nigeria (FRN) (2010a). *Achieving measurable results for health through the National Strategic Health Development Plan 2010–2015*. Country compact between the Federal Government of Nigeria and development partners.
- Federal Republic of Nigeria (FRN) (2010b). *Nigeria Millennium Development Goals 2010 Report*. Abuja: National Planning Commission.
- Federal Republic of Nigeria (FRN) (2010c). *The MDG-DRG funded Midwives Service Scheme: concept, process and progress*. Abuja: National Primary Health Care Development Agency.
- Federal Republic of Nigeria (FRN) (2011a). *Annual health sector report 2010*.
- Federal Republic of Nigeria (FRN) (2011b). *National strategic health development plan (NSHP) 2010–2015*. Abuja: FRN
- Federal Republic of Nigeria (FRN) (2011c). *Nigeria Demographic and Health EdData survey 2010: education data for decision-making*. Abuja: National Population Commission.
- Federal Republic of Nigeria (FRN) (2012a). *Nigeria malaria indicator survey 2010*. Abuja: National Planning Commission.
- Federal Republic of Nigeria (FRN) (2012b). *Saving one million lives. Accelerating improvement in Nigeria's health outcomes through a new approach to basic services delivery*. Abuja: Office of the Honourable Minister of State for Health, Federal Ministry of Health.
- Federal Republic of Nigeria (FRN) (2013). *The Mid-term report of the Transformation Agenda 2011–2013: taking stock, moving forward*. Abuja: FRN.
- Food and Agricultural Organisation (FAO) (2012). *Forestry Assessment Report*.
- Government of Ghana (2011). *Ghana MDG acceleration framework and country action plan: maternal health*. Accra: Ministry of Health and United Nations Country Team in the Republic of Ghana.
- International Monetary Fund (2013). *Nigeria 2011 Article IV consultation* (International Monetary Fund country report No. 12/194) July 2012.
- Ministry of Agriculture and Water Resources (2010). *Strategic framework for water supply investment mobilisation and application guidelines*. Abuja: Ministry of Agriculture and Water Resources.
- Ministry of Trade and Investment (2013). Presentation to the Federal Executive Council by Honourable Minister of Trade and Investment. Abuja: FRN.
- National Primary Health Care Development Agency (NPHCDA) (2013). Data provided to the Data Collation Committee on 2013 Nigeria MDGs Report. Abuja.
- National Agency for the Control of HIV/AIDS (2011). *Factsheet 2011: update on the HIV/AIDS epidemic and response in Nigeria*. Abuja: National Agency for the Control of HIV/AIDS.
- National Bureau of Statistics (NBS) (2005). *Poverty Profile of Nigeria*. Abuja.
- National Bureau of Statistics (NBS) (2009). *Profile of Women and Men in Nigeria*. Available at: www.nigerianstat.gov.ng.
- National Bureau of Statistics (NBS) (2010a). *Annual abstract of statistics, 2010*. Abuja: NBS.
- National Bureau of Statistics (NBS) (2010b). *Harmonized living standard survey 2009/2010: Core Welfare Indicator*. Abuja: NBS.
- National Bureau of Statistics (NBS) (2011a). *Multiple indicator cluster survey*. Abuja: NBS.
- National Bureau of Statistics (NBS) (2011b). *National literacy survey*. Abuja: NBS and National Mass Education Commission.
- National Bureau of Statistics (NBS) (2011c). *Social statistics in Nigeria*. Abuja: NBS.
- National Bureau of Statistics (NBS) (2013a). *Economic outlook for the Nigerian economy (2013–2016)*.
- National Bureau of Statistics (NBS) (2013b). *Gross domestic product (revised 2011 and estimates for Q1 – Q4, 2012)*. Abuja: NBS.
- National Bureau of Statistics (NBS) (2013c). *Millennium Development Goals survey 2012*. Abuja: NBS.
- National Bureau of Statistics (NBS) (2013d). *Revised poverty statistics*. Abuja: NBS.
- National Bureau of Statistics (NBS) (2012). *Millennium Development Goals Survey 2012*. Abuja: NBS.
- Nigerian Communications Commission. (2013). *Subscriber Data*. Retrieved May 2013, from http://ncc.gov.ng/index.php?option=com_content&view=article&id=125&Itemid=73.
- NDHS (2009). *National Demographic Health Survey Report 2008*.
- National Planning Commission (NPC) (2012). *2011 Annual performance monitoring report*. Abuja: NPC.
- National Planning Commission (NPC) (2009). *Nigeria Vision 20:2020 – economic transformation blueprint*. Abuja: NPC.
- National Planning Commission (NPC) (2010a). *The first national implementation plan for NV20:20*.

- Volume I: The vision and development priorities.* Abuja: NPC.
- National Planning Commission (NPC) (2010b). *The first national implementation plan for NV20:20: Volume III State investment profile.* Abuja: NPC.
- National Planning Commission (NPC) (2010c). *The first national implementation plan for NV20:20, Volume II: Sector plans and programmes.* Abuja: NPC.
- National Population Commission (NPC) (2009). *Nigerian Demographic and Health Survey 2008.* Abuja: NPC.
- National Population Commission (NPC), National Malaria Control Programme (NMCP) and ICF International (2012) *Nigeria Malaria Indicator Survey (2010).* Abuja: NPC, NMCP and ICF International
- Nigerian National Petroleum Corporation, 2010. Annual Statistical Bulletin. Abuja.
- Obaji, C.N. (2005). *Nigeria's experience with girls' education and linkages with action with adult female literacy to impact on poverty alleviation.* Paper presented at the United Nations girls' education initiative, technical consultation, Beijing, China, 26–27 November. Available at: http://www.ungei.org/beijing/nigeria_opening.html.
- Obasi, S.N. (2011). An analysis of adult literacy and Universal Basic Education (UBE) Act in Nigeria: the implementation imperatives. *Adult Education in Nigeria – Journal of Nigerian National Council for Adult Education* 18(1).
- Okpanachi, U.M., Zamba, C. and Abimiku, A.C. (2011). Higher food prices and household welfare in Nigeria. *University of Jos, DSSS Series* 1(1).
- OSSAP-MDGs (2008). *Mid-point assessment of the Millennium Development Goals in Nigeria.* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2010). *Nigeria Millennium Development Goals (MDGs): Countdown Strategy 2010–2015 – Achieving the MDGs.* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2006). *Presidential Committee on the MDGs (Second Quarter Report for 2006).* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2008). *MDG Needs Assessment and Financing Strategy for Nigeria.* Abuja: OSSAP-MDGs and the United Nations Development Programme.
- OSSAP-MDGs (2008). *Mid-point assessment of the Millennium Development Goals in Nigeria 2000–2007.* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2008). *Presidential committee on the MDGs (2nd & 3rd quarter reports for 2007).* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2008). *Presidential committee on the MDGs (2nd & 3rd quarter reports for 2008).* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2009). *2009 Monitoring and evaluation report of the DRG-funded MDG projects and programmes in Nigeria 2006/2007.* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2009). *Presidential committee on the assessment and monitoring of the MDGs (4th quarter report for 2009).* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2009). *Presidential committee on the MDGs (1st quarter report for 2009).* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2009). *Presidential committee on the MDGs (2nd & 3rd quarter reports for 2009).* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2009). *Report of the Presidential committee and on the strategy and prioritization of the MDGs.* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2009). *Implementation manual for the Millennium Development Goals conditional grants scheme.* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2010). *Nigeria Millennium Development Goals (MDGs) countdown strategy 2010 to 2015: achieving the MDGs.* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2010). *Presidential committee on the assessment and monitoring of the MDGs (1st quarter report for 2010).* Abuja: OSSAP-MDGs.
- OSSAP-MDGs (2010). *Presidential committee on the assessment and monitoring of the MDGs (2nd quarter report for 2010).* Abuja: OSSAP-MDGs.
- United Nations (2013). *Addendum to the MDG country report guidelines.* New York: UNDP.
- United Nations (2011). *MDG Acceleration framework: operational note.* New York: UNDP. Available at: [http://www.undp.org/content/dam/MAF/Operational Note.](http://www.undp.org/content/dam/MAF/Operational%20Note.pdf)
- United Nations (2010). *Global Millennium Development Goals 2010 report.* New York: UNDP
- United Nations (2003). *Indicators for monitoring the Millennium Development Goals: definitions rationale concepts and sources.* New York: UNDP.
- United Nations Economic Commission for Africa (2012). *MDG report 2012: assessing progress in Africa towards the Millennium Development Goals.* Addis Ababa: UNECA.
- World Bank (2013 May). *Nigeria economic report No. 1.* Abuja: World Bank.

APPENDIX I: MDGS REPORT TEAMS AND COMMITTEES

Inter-ministerial steering committee on Nigeria MDGs 2013 report (IMSC)

S/No	Name	Position	Institution
1	Pharm. Yahaya Hamza (DD/DO Health)	Chairman	OSSAP-MDGs
2	Dr. Falegan Joseph Ifeolu (SA-Tech)	Member	OSSAP-MDGs
3	Dr. Christopher Otabor (SA Admin/Head Special Projects)	Member	OSSAP-MDGs
4	Barr. Paul Gbeneol (SA Media/Legal)	Member	OSSAP-MDGs
5	Dr. Brisibe Seiyefa (Head CGS)	Member	OSSAP-MDGs
6	Mrs. Kenechukwu Offie (DD Communications)	Member	OSSAP-MDGs
7	Mrs. Lola Olaopa (AD/DO Youth)	Member	OSSAP-MDGs
8	Builder Joshua Apagu (AD/Head Quick Wins)	Member	OSSAP-MDGs
9	Mr. Ahmad Kawu (AD/Head M&E)	Member	OSSAP-MDGs
10	Mr. Zubairu Abdullahi (AD/Head SSN)	Member	OSSAP-MDGs
11	Mrs. Ifeoma Ukaegbu (DO Education)	Member	OSSAP-MDGs
12	Mr. Tom Northover (Overseas Development Institute Fellow)	Member	OSSAP-MDGs
13	Dr. Lawal Zakari (Director, M&E)	Member	NPC
14	Dr. Mrs N.R.C. Azodoh (Task Team Leader MDGs/DD PRS)	Member	FMH
15	Mr. Godwin Iro	Member	NBS
16	Mrs. Patience U. Mbagwu	Member	NPoPC
17	Mr. Lawal Abdul-Raheem	Member	FMOE
18	Dr. Colleen Zambia	Member	UNDP
19	Dr. Victor Oboh	Member	UNDP
20	Barr. Hadiza Elayo	Member	DFID-SPARC
21	Mr. Muhammad Dagaci Etsugaie	Member	CDGG
22	Barr. Chinedu Eze (Team Leader, CGS LGAs TRACK)	Secretary	OSSAP-MDGs

Expert team (ET) on the review of previous MDGs reports and development of approach and methodology for the 2013 MDGs report

S/No	Name	Status
1	Prof. Eric Eboh (Team leader)	Lead consultant
2	Dr. Jonathan Jiya	Consultant (Health expert)
3	Prof. Mike Kwanashie	Consultant (Education expert)

Core Drafting Team (CDT) on the Nigeria 2013 MDGs report

S/No	Name	Status
1	Prof. Eric Eboh	Lead consultant
2	Prof. Isaac Nnamdi Obasi	Consultant
3	Dr. Mohammed Lecky	Consultant
4	Prof. Ode Ojowu	Consultant/Reviewer

Members of the subcommittee on data collation verification and quality checks

S/No	Name	Position	Institution
1	Dr. Lawal Zakari (Director, M&E)	Chairman	NPC
2	Mr. Iro Godwin A.	Co-chair	NBS
3	Pharm. Yahaya Hamza	Coordinator	OSSAP-MDGs
4	Barr. Chinedu Eze	Member	OSSAP-MDGs
5	Dr. Mai Yakubu	Member	OSSAP-MDGs
6	Dr. Ify N. Ukaegbu	Member	OSSAP-MDGs
7	Mr. Thomas Northover	Member	OSSAP-MDGs
8	Mrs. O.M. Olaopa	Member	OSSAP-MDGs
9	Mr. Lawal Abdul-Raheem	Member	FME
10	Mr. Rotimi Badejo	Member	FMH
11	Mr. Peter D.Damza	Member	FMH
12	Dr. Dauda Gwomson	Member	NASCP/FMH
13	Mr. Chris Obiofuma	Member	NBS
14	Mr. Anselm Ekechukwu	Member	NPC
15	Mrs. Patience Mbagwu	Member	NPC
16	Mrs. Victoria U. Okoroji	Member	NPC
17	Ms. Rosemary C.Ozor	Member	NPC
18	Dr. Colleen Zamba	Member	UNDP
19	Dr. V.U. Oboh	Member	UNDP
20	Prof. Eric Eboh	Member	Lead consultant
21	Dr. Lecky M. Muhammed	Member	Consultant
22	Dr. Diejomoah Ito	Member	Consultant
23	Mr. Basil J. Obasi	Member	Consultant

Members of the subcommittee on data collation verification and quality checks

S/No	Name	Position	Institution
1	Pharm. Yahaya Hamza (DD/DO Health)	Chairman	OSSAP-MDGs
2	Barr. Chinedu Eze	Member	OSSAP-MDGs
3	Dr. Colleen Zamba	Member	UNDP
4	Dr. V.U. Oboh	Member	UNDP
5	Dr. Lawal Zakari	Member	NPC
6	Dr. Mai Yakubu	Member	OSSAP-MDGs
7	Mr. Godwin A. Iro	Member	NBS
8	Mr. Northover Thomas	Member	OSSAP-MDGs
9	Barr. Hadiza Elayo	Member	DFID-SPARC
10	Mrs. Virtuous Igbodika	Member	DFID-SPARC
11	Mr. Muhammad Dagaci Etsugaie	Member	CDGG



