

# Findings



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## **Nigeria: Towards the Improved Delivery of Social Services**

Nigeria possesses a wealth of natural resources including major oil and gas deposits, a variety of solid minerals, good agricultural land, a well developed industrial base, an extensive banking system, a large labor force, and a vibrant private sector. However, the country's tremendous potential for growth and development has yet to be fulfilled. Real income and consumption per capita today are scarcely higher than they were in 1971 before the start of the oil boom. Social indicators have been improving somewhat but remain far below acceptable levels. There is an urgent need to put in place, over the medium term, mechanisms that will ensure sustained improvements in the quality and quantity of social services. This is the emphasis of the report: *Nigeria: Social Sectors Strategy Review*.

### **Nigeria's Social Indicators**

Compared with other developing countries, Nigeria's social indicators are low. One in 5 children born in Nigeria dies before the age of 5, a much higher incidence than in many other low-income countries. This under-5 mortality rate has virtually stagnated over the past 10 years, while most other countries have seen large declines. Malnutrition among children is significantly higher than in other developing countries. Gross enrollment ratios in primary and secondary education are similar to those in other Sub-Saharan African countries, but much lower than the ratios in Indonesia and the Philippines, or Brazil and Mexico. Almost half of Nigeria's population

are still illiterate, compared to only one-third of Zimbabwe's population, a quarter of Indonesia's and a fifth of Brazil's.

At the same time, Nigeria's fertility rate, which is twice that of East Asia and more than 80 percent higher than the average in Latin America, has barely decreased in the past 25 years. Only 13 percent of married women have 4 or fewer children as their ideal, and only about 4 percent of couples practiced efficient, modern methods of family planning in 1990, compared to 36 percent in Zimbabwe, 32 percent in Botswana and 18 percent in Kenya. Thirteen percent of Nigerian girls have begun childbearing by age 15, and nearly half by age 20.

**Regional Disparities.** There is much regional disparity within Nigeria: social indicators are worse in the northern part of the country than in the south, and poorer in rural than in urban areas. The under-5 infant mortality rates are much higher in the northern parts of the country than in the south, and higher in rural than in urban areas. Fewer children go to school in the north than in the south. Twice as many women in the north have never attended school, and girls' participation in primary and secondary education continue to be much lower in the north than in the south. Regional differences in the knowledge and practice of family planning are also considerable.

## **Social Services in Nigeria**

Nigeria's education and health services expanded rapidly during the oil boom of the 1970s, but there has been serious deterioration in the quantity and quality of services in the past two decades. Facilities are ill-maintained; personnel are often insufficiently or inappropriately trained and are demoralized; and there are critical shortages of materials and equipment. Enrollment ratios in education and utilization rates of public health facilities have declined in the 1980s, as perception of poor quality affected demand. About 80 percent of public sector health facilities do not offer family planning services. Social services tend to be more available in the south than in the north: over 80 percent of hospital beds (public and private) are located in the south.

Diarhea, respiratory infections and malaria are major killers in Nigeria. The human immunodeficiency virus (HIV) pandemic is a growing threat. Chronic diseases and injuries are also becoming more important. But health services are not meeting the needs of the people. Current approaches to combating these illnesses need strengthening. Greater emphasis needs to be placed on improving the quality of primary health care services.

## **Government Policies and Implementation**

The Nigerian government recognizes the importance of the social sectors to economic growth and poverty reduction, and has developed and published comprehensive national policies on education, health and population. These policy statements all embrace sound objectives, but tend to put forward over-ambitious targets that are difficult, if not impossible, to achieve. The

*National Policy on Education* covers all educational activities and functions and calls for universal, free and compulsory primary education. The *National Health Policy* emphasizes that primary health care is the way to help Nigerians lead socially and economically productive lives. The *National Policy on Population* focuses on strategies for reducing the fertility and mortality of mothers and children, including the need for increased family planning. Efforts are under way to develop a national policy on nutrition.

Generally lacking, however, are viable implementation plans based on realistic assessments of the resources required. Constant institutional and personnel changes have also made consistent policy implementation difficult.

## **Financing of Social Services**

Public sector resources allocated to the social sectors have been erratic, largely because of fluctuation in government revenues due to changes in international oil prices. Actual government expenditures in the social sectors have declined in real terms in recent years, and have been grossly inadequate to maintain and expand services at acceptable standards. The share of the total federal, state and local government budget for the social sectors--less than 15 percent in 1990--is low compared to other developing countries. Public resources have also been managed poorly and used inefficiently. Far too much is devoted to personnel, leaving little for essentials such as drugs, instructional materials, supplies or maintenance.

Private provision of services is increasingly available, but mostly in the more affluent areas, and the quality of services is highly variable.

Cost recovery within the public sector is increasing and user charges

are widespread. However, prices that people pay for such services are poorly coordinated, and practices regarding the use of revenues collected by the service providers are not well established.

With Nigeria's population currently growing at 2.9 percent a year, the country must double its capacity to provide food, housing, education, health care, jobs, and other services to its citizens every 24 years just to maintain present standards. Poor quality of family planning service delivery, inadequate access to services, and widespread lack of information have imposed critical constraints on implementation of the government's population program.

## **Key Issues and Options**

Many of the issues, challenges and options facing Nigeria in the social sectors are systemic and inter-dependent. They require immediate attention if both the quality and quantity of social services are to be improved. In particular, appropriate action programs will need to be devised and implemented in the following areas.

***Enhancing quality and efficiency.*** Over the medium term, there is urgent need to improve the inputs to, and the processes of, social services delivery. Education and health practitioners need to be well trained and supported by adequate resources. Much more materials (drugs, supplies, text-books, teaching aids, etc.) are needed than are now available, and more effective systems for their procurement and distribution should be put in place. Equally important is the maintenance and rehabilitation of existing physical facilities. Increasing access to these services should not be at the expense of quality.

***Setting realistic targets for system expansion.*** Expansion plans for the provision of social services must be based on realistic assumptions about resource use and social demand. Much too rapid and uncontrolled expansion of services in the late 1970s and early 1980s, coupled with budgetary shortfalls in subsequent years, led to serious problems of poor quality and inefficiency. Decisions to expand access can only be responsibly taken after proper consideration for adequate quality. Current government plans to expand universal basic education (UBE) to 9 years have immense resource implications. If the government's targets for UBE were to be implemented, its recurrent expenditures in education will need to triple their 1990 level ( US\$1.1 billion in 1990 prices ) and 750,000 new teachers will need to be trained for its primary and junior secondary schools over the next 10 years. This cannot be accomplished under current resource constraints.

Access to education in Nigeria has increased considerably in the 1970s and 1980s. However, rapid expansion and budgetary constraints have put severe strains on financial, human and physical resources. The quality of education is poor--and declining. Nigeria now needs to prioritize its policy objectives, set realistic targets and develop viable, costed implementation plans.

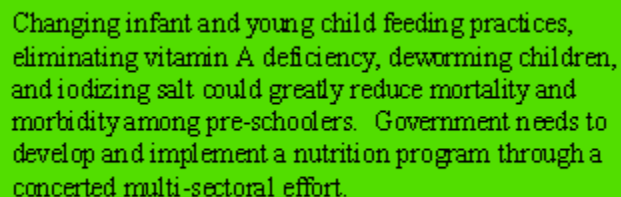
***Increase public funding and setting priorities for resource allocation.*** A larger and more stable level of expenditures on the social sectors is clearly needed, particularly in under-served areas. The proportion of recurrent expenditures allocated to essential inputs (such as instructional materials and drugs), and maintenance and rehabilitation of existing facilities, needs to be increased. On the grounds of equity, public resources should be devoted to primary and secondary services while private resources are mobilized to support tertiary services.

***Mobilizing private resources.*** Community involvement in the management and provision of services may be encouraged through support in personnel, limited financial resources and dissemination of information. Detailed policies and regulations on cost recovery and, more

broadly, on private contributions to social service provision need to be developed. Different approaches may be adopted for different subsectors and particular regions.

***Strengthen planning, management and communication.*** The institutional capacity for the planning and management of the social sectors needs to be strengthened. The respective roles and responsibilities of different levels of government need to be clarified, and resource allocations linked with the level of responsibilities assigned. Coordination in planning and management is necessary between federal, state and local governments and within each level of government. Procedures for budgeting, monitoring and evaluating services at each level must be established. Adequate institutional support should be provided for the local governments, which are responsible for the provision of primary health and education services. In view of the widespread lack of knowledge about many aspects of social services within Nigeria, a major information, education and communication program (IEC) needs to be launched and explicit steps taken to mobilize more leadership support for social programs. Information management systems require upgrading.

***Getting more girls to school.*** Research studies have pointed to the close link between female education and national development, and the substantial social benefits of getting girls educated. Women who have completed primary education tend to give better health care to their children, and are less likely to become pregnant at an early age than women with no education. Getting more women educated thus has the potential of reducing the child mortality rate and lowering fertility rates. Although there has been remarkable increase in female participation ratios in Nigeria in the past 20 years, more can be done to further reduce the gender disparity that still exists, especially in the northern parts of the country.



Changing infant and young child feeding practices, eliminating vitamin A deficiency, deworming children, and iodizing salt could greatly reduce mortality and morbidity among pre-schoolers. Government needs to develop and implement a nutrition program through a concerted multi-sectoral effort.

**Multi-sectoral approach.** Issues in the social sectors are inter-related. Population growth affects the demand for education and health services. Education enhances appreciation for health and population programs. Healthy pupils are likely to learn more. Successful implementation of social sector programs also depends on developments in other sectors such as infrastructure and agriculture.

The underlying causes of mal-nutrition, for instance, are household food insecurity, poor access to health services and sanitation, and inadequate caring practices. Strong leadership is needed to bring together all these sectors and identify their different roles, the priorities and institutional requirements. Increasing communication between personnel in these sectors will facilitate a multi-sectoral approach to development.

If the Nigerian people are to participate in a stable and growing economy, with the improved delivery of social services, a realistic assessment of resources and workable implementation plans are an absolute necessity.

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*This article was contributed by Ms. Josephine Woo, Project Officer, West Central Africa Department, the World Bank and is based on the report, **Nigeria : Social Sectors Strategy, Report No. 11781**. For more information, please contact Ms. Woo, Rm. J8-103, West Central Africa Department, the World Bank, 1818 H Street NW, Washington D.C. 20433. Tel. no. 202 - 473- 34899.*

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