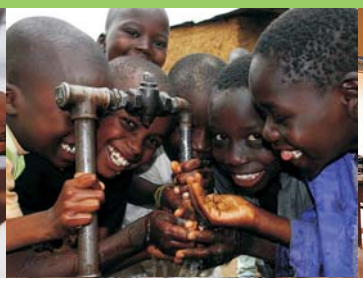
NIGERIA MILLENNIUM DEVELOPMENT GOALS

REPORT 2010



Millennium Development Goals [NIGERIA]

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FOREWORD

The MDGs 2010 Report, as with reports of its kind before, is a Nigeria-specific analysis of the implementation of the Millennium Development Goals. It captures MDG interventions, challenges and successes, as well as 'misses' since the Mid-Point Assessment was published in 2007/2008.

Nigeria first published an MDG report in 2004, at a time when it was closely integrated into the country's National Economic Empowerment and Development Strategy (NEEDS). In 2005, however, the MDGs got a 'shot in the arm', as Nigeria successfully negotiated debt relief from the Paris Club. This translated into annual gains of one billion dollars for the country, which the federal government immediately decided it would use to stimulate national development by investing in the pro-poor programmes needed to achieve the MDGs.

The Presidential Committee on the Assessment and Monitoring of the MDGs and the Office of the Senior Special Assistant to the President on MDGs were subsequently established to guide the use of these additional funds. The MDGs have been appropriated in the annual budget since 2006.

Renewed impetus for this work was provided by the government's 7-Point Agenda, a plan for reform which has the MDGs at its heart, particularly with respect to the human capital component. Recently, the inclusive process of developing Vision 20:2020 and the First National Implementation Plan, has again laid out clear strategies and investments, and the integration of the MDGs into these plans is conspicuous and striking. Now, across the three tiers of government, as well as across all sectors of the economy, the Vision 20:2020 Implementation Plan sets out a clear framework for the investments required to meet our development aspirations.

The MDG Report 2010 provides up-to-date data on Nigeria's MDGs indicators. These indicators tell a compelling story of successes to date: from debt relief gains alone, our achievements in the past four years include the extension of primary health care services to over 20 million people, provision of safe water to over 8 million people, the distribution of insecticide-treated nets to protect 5 million mothers and children from malaria, and a 98 per cent reduction in the incidence of polio.

Unprecedented progress has been made on some indicators, with a one-third reduction in maternal mortality, reflecting targeted investments and effective partnerships. Sustained improvements on indicators such as nutrition and access to safe water provide confirmation of our ability to provide basic services and social protection, even where the pace needs to be quickened. These achievements are success stories that need to be replicated nationwide.

We recognise that challenges persist, and these are illustrated by the successes and challenges that make up the core of this report. However, we believe that in the next five years we will have the solutions and the political will to make meeting the MDGs by 2015 a reality.

I call on all Nigerians to join the Government in partnering to make the MDGs a success for the benefit of poor and vulnerable citizens in every corner of Nigeria.

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

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The Nigeria MDGs Report 2010 is the result of a joint effort by the National Planning Commission (NPC) and the Office of the Senior Special Assistant to the President on MDGs (OSSAP-MDGs). Production began with an Inter-Ministerial Technical Committee, which was constituted in May 2010 to facilitate, guide and oversee the process. In turn, the Inter-Ministerial Technical Committee formed the Drafting Sub-Committee, made up of a team of consultants that worked closely with representatives of the various MDG-related federal government ministries, departments and agencies (MDAs).

We are grateful to all the MDAs, civil society organisations, international development agencies and individuals that participated in the preparation of this report. In particular, we acknowledge the contributions of the Federal Ministry of Water Resources, Federal Ministry of Education, National Assembly Liaison Office, National Population Commission, Ministry of Foreign Affairs, Ministry of Health, National Bureau of Statistics, National Agency for the Control of AIDS, Ministry of Housing and Urban Development, National Centre for Women Development, National Poverty Eradication Programme, Debt Management Office and Federal Ministry of Environment.

On completion of the draft report, the NPC and OSSAP-MDGs organised a validation workshop to review the draft and elicit feedback and recommendations. We would like to thank all participants – federal and state government officers, representatives from the private sector, civil society and research/academia – for their constructive comments and feedback.

We appreciate the financial support provided by the United Nations Development Programme (UNDP) and the UK Department for International Development (DFID) for the preparation of this report. In addition, the report benefited from the guidance and contributions of other United Nations agencies, including UNFPA, UNICEF, UNESCO and WHO.

The staff of NPC and OSSAP-MDGs provided critical administrative and logistical support. Their dedication, commitment and hard work contributed immensely to the timely production of this report. In particular, my deep thanks and appreciation need to be expressed to the Honourable Minister/Deputy Chair and the Secretary to the National Planning Commission for guiding the process so effectively and efficiently.

Finally, my personal conviction is that as a nation we can achieve the MDGs by 2015. But this can only be done if we put the needs and rights of our poor first.

Amina Az-Zubair, OFR
Senior Special Assistant to the President on MDGs

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ART	Anti-retroviral therapy
AU	African Union
BOP	Balance of Payments
CBN	Central Bank of Nigeria
CCT	Conditional cash transfer
CDS	Countdown Strategy
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
CGS	Conditional Grants Scheme
CRA	Child Rights Act
DOTS	Directly observed treatment, short-course
DRG	Debt Relief Gains
Est.	Estimate
FAO	Food and Agriculture Organization of the United Nations
FCT	Federal Capital Territory
FDI	Foreign direct investment
FTS	Federal Teachers' Scheme
FMARD	Federal Ministry of Agriculture and Rural Development
FME	Federal Ministry of Education
FMF	Federal Ministry of Finance
FMOH	Federal Ministry of Health
GDP	Gross Domestic Product
GSM	Global System for Mobile Communications
HIV	Human immunodeficiency virus
HNLSS	Harmonized Nigeria Living Standard Survey
ICT	Information and communication technology
LGA	Local Government Area
MDAs	Ministries, departments and agencies
MDGs	Millennium Development Goals
MTEF	Medium-Term Expenditure Framework
MTSS	Medium-Term Sector Strategy
N	Naira (unit of currency)
NA	Not applicable/not available
NACA	National Agency for the Control of AIDS
NAPEP	National Poverty Eradication Programme
NASS	National Assembly
NBS	National Bureau of Statistics
NCWD	National Centre for Women Development
NDHS	Nigeria Demographic and Health Survey
NEEDS	National Economic Empowerment and Development Strategy
NEPAD	New Partnership for Africa's Development
NGO	Non-governmental organisation
NPC	National Planning Commission
NSDS	National Strategy for the Development of Statistics
NSGR	National Strategic Grains Reserve
NSHDP	National Strategic Health Development Plan
NTI	National Teachers' Institute
NWSSP	National Water Supply and Sanitation Policy
ODA	Official development assistance
OPEN	Overview of Public Expenditure on NEEDS
OSSAP-MDGs	Office of the Senior Special Assistant to the President on Millennium Development Goals
PPP	Purchasing power parity
RBM	Results-based monitoring
SEEDS	State Economic Empowerment and Development Strategy
TB	Tuberculosis
UBE	Universal basic education
UBEC	Universal Basic Education Commission
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNGA	United Nations General Assembly
UN-HABITAT	United Nations Human Settlements Programme
UNICEF	United Nations Children's Fund
VPF	Virtual Poverty Fund
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

Nigeria and the MDGs: better than you might expect and likely to speed up

Nigeria is making real progress. Recently implemented policies are accelerating the achievement of the Millennium Development Goals (MDGs). These gains are based on sustained economic growth, improvements in planning and policy, and growing government investment in the social sector.

For every MDG there is a positive story to be told. Although there are large variations from state to state, more children are surviving to their fifth birthday. More of them are starting school, and more are sufficiently nourished to be able to pay attention and learn. Their mothers have far less to fear about giving birth, and can be almost certain their children will not succumb to polio. Parents can be increasingly ambitious for their girls as well as their boys. They have ever-increasing access to the technologies and opportunities that they need to earn an income to support those they love. And, as a nation, Nigeria has turned the tide on HIV/AIDS, malaria and international debt.

Challenges remain. Many families still do not have access to safe water and sanitation. Although children start primary school, many of them do not complete their primary education. Even though more mothers and children are surviving, avoidable deaths are still unacceptably common. And, whilst the supportive environment has improved substantially since the return to democracy in 1999, rebuilding the legacy of a highly-deficient state is a work in progress. None of the MDGs are certain to be achieved and more needs to be done on each.

Governments at every level – federal, state and local – must step up their reform efforts. Reform has started well. The nation fully integrates the MDGs into each of its national development strategies. Nigeria has developed pioneering schemes to reach development targets: the tagging and tracking of funds allocated to poverty reduction from debt relief, compulsory free basic education, conditional cash transfers to the vulnerable for social protection, and federal grants to support investment by state and local governments. More is required. More in terms of innovative governance reforms, more financing, and more coordination.

The range and number of recent activities on the MDGs have yet to be fully captured in the data recorded in this report. Adequate, reliable and timely data is a prerequisite for accurately measuring and tracking progress on the MDGs. Historical gaps in baseline data continue to pose challenges in assessing the rate of progress on each goal. Particularly for MDG1 and MDG7, it has not been possible to adequately evaluate progress because of large gaps in the data. Substantial improvements in data gathering in recent years, led by the National Bureau of Statistics, need to be reinforced. Sustained implementation of the National Strategy for the Development of Statistics, 2010-2014 will provide the disaggregated data required to show the large local variations.

Goal 1 Eradicate extreme poverty and hunger

Recent economic growth, particularly in agriculture, has markedly reduced the proportion of underweight children, from 35.7 per cent in 1990 to 23.1 per cent in 2008.

However, growth has not generated enough jobs and its effect on poverty is not yet clear (the most recent data is from 2004). The available data and the current policy environment suggest that the target will be difficult to meet.

Growth needs to be more equitable and broad-based. Developing agriculture and creating jobs will require the public sector to create an enabling environment for business, including building critical infrastructure, making regulatory services transparent and providing sustainable access to enterprise finance. Social protection and poverty eradication programmes need to be scaled-up and better coordinated.

Goal 2 Achieve universal primary education

In a major step forward, nearly nine out of ten children, 88.8 per cent, are now enrolled in school. Nevertheless, regional differences are

stark. State primary completion rates range from 2 per cent to 99 per cent. In particular, progress needs to be accelerated in the north of the country if the target is to be met.

Low completion rates reflect poor learning environments and point to the urgent need to raise teaching standards. The rapid improvement in youth literacy, from 64.1 per cent to 80 per cent between 2000 and 2008, appears to have reached a plateau.

The Universal Basic Education Scheme is a promising initiative that needs to be reformed and strengthened. The Federal Teachers' Scheme and in-service training by the National Teachers' Institute have begun to address the urgent need to improve the quality of teaching. To accelerate progress and reduce regional disparities, these initiatives need to be rapidly expanded and improved.

Goal 3 Promote gender equality and empower women

A gradual improvement in the proportion of girls enrolled in primary school, though noteworthy, is not yet enough to meet the target. There are still fewer girls than boys in school. There are signs of backsliding in the number of girls in tertiary education.

Measures to encourage girls to attend school, particularly by addressing cultural barriers in the north of the country, and to provide the economic incentives for boys to attend school in the south-east, are urgently required.

Although few women currently hold political office, the new policy framework is encouraging. However, gradual gains in parliamentary representation for women need to be greatly expanded in forthcoming elections.

Confronting regional variations in the determinants of gender inequality requires policies based on an understanding of the underlying socioeconomic, social and cultural factors. State and local government efforts will thus be critical to the achievement of this goal.

Goal 4 Reduce child mortality

Progress in reducing child mortality has been rapid. With sustained effort and improvement in related and lagging sectors, such as water and sanitation, there is a strong possibility of achieving Goal 4 by 2015.

Under-five mortality has fallen by over a fifth in five years, from 201 deaths per 1,000 live births in 2003, to 157 deaths per 1,000 live births in 2008.

In the same period, the infant mortality rate fell even faster, from 100 to 75 deaths per 1,000 live births.

Recent interventions – including Integrated Management of Childhood Illnesses – that reflect the underlying causes of child deaths, have contributed to these successes.

However, these need to be rapidly expanded and accelerated if Nigeria is to achieve Goal 4. Access to primary health care needs to be improved by more investment in infrastructure, human resources, equipment and consumables, and better management. Implementation arrangements must target local needs, which vary hugely from community to community and state to state. Routine immunisation is unsatisfactory but can be rapidly improved by building on the successes of the near-eradication of polio.

Goal 5 Improve maternal health

Recent progress towards this Goal is promising and, if the latest improvements can be sustained at the same rate, Nigeria will reach the target by 2015.

Maternal mortality fell by 32 per cent, from 800 deaths per 100,000 live births in 2003 (at the time one of the highest maternal mortality rates in the world) to 545 deaths per 100,000 live births in 2008.

However, the proportion of births attended by a skilled health worker has remained low and threatens to hold back further progress.

Government commitment is not in doubt. An innovative Midwives Service Scheme is expected to contribute substantially to ongoing shortfalls but its impact has yet to be reflected in the data. If the scheme is expanded in proportion to the national gap in the number of midwives, this will further accelerate progress.

In addition, more mothers will be covered by antenatal care as access to quality primary healthcare improves and incentives attract health workers to rural areas, indicating that Nigeria will

turn progress to date on this goal into a MDG success story.

Goal 6 Combat HIV/AIDS, malaria and other diseases

Nigeria has had striking success in almost eradicating polio, reducing the number of cases by 98 per cent between 2009 and 2010.

Another marked success was the fall in the prevalence of HIV among pregnant young women aged 15-24 from 5.8 per cent in 2001 to 4.2 per cent in 2008. Thus, nationally, Nigeria has already achieved this target. However, some states still have high prevalence rates that require urgent policy attention. Successes have been buoyed by better awareness and use of contraceptives.

There has been a sharp decrease in malaria prevalence rates. Nationwide distribution of 72 million long-lasting insecticide-treated bed nets, although only in its initial stages, protected twice as many children (10.9 per cent) in 2009, compared to 2008 (5.5 per cent).

Similar progress has been made with tuberculosis. With sustained attention, tuberculosis is expected to be a limited public health burden by 2015.

To consolidate and extend progress on Goal 6, challenges that need to be addressed include improving knowledge and awareness of HIV/AIDS, improving access to antiretroviral therapies, and effective implementation of the national strategic frameworks for HIV/AIDS, malaria and tuberculosis control.

Goal 7 Ensure environmental sustainability

Nigeria's natural resources, some of its most valuable national assets, are still seriously threatened. For example, between 2000 and 2010 the area of forest shrank by a third, from 14.4 per cent to 9.9 per cent of the land area.

Similarly, access to safe water and sanitation is a serious challenge for Nigeria. Little progress was made up to 2005 but improvements since then have brought the proportion of the population accessing safe water to 58.9 per cent and the proportion accessing improved sanitation to 51.6 per cent.

The major challenge lies in translating substantial public investments in water into effective access. This requires more involvement by communities to identify local needs, and better planning to deliver holistic and sustainable solutions.

In sanitation, efforts are falling short of the target. Rural-urban migration will add to the pressure on sanitation infrastructure throughout the country. It is doubtful that town planning authorities have made adequate preparations for sustainable housing and sanitation.

There is an urgent need for managerial, technical and financial resources to deal with these challenges to be established at state and local government levels. Given the risks of over-exploitation of groundwater in the North and the influx of saline water in the South, innovative solutions are required across the country.

Goal 8 Develop a global partnership for development

Debt relief negotiated by Nigeria in 2005 provided new opportunities for investment in the social sector. Debt servicing fell from 15.2 per cent of exports in 2005 to 0.5 per cent in 2008.

To build on these positive developments there is a need to take action to forestall a relapse into unsustainable levels of debt that could prevent the country from achieving the MDGs.

The outlook for the broader partnership for development is not as bright. Trade agreements continue to be inequitable and constrain exports and economic growth. Development assistance has grown although, when debt relief is excluded, it is still very low on a per capita basis.

Improving the quality of human and capital resources available is critical to attracting the foreign direct investment that is needed to contribute to development.

As a result of the deregulation of the telecommunications sector in 2001, the proportion of the population with access to mobile telephones increased from 2 per cent to 42 per cent between 2000 and 2008. However, this has yet to bridge the digital divide and only 15.8 per cent of the population currently has access to the internet.

Global developments and prospects for achieving the MDGs

Three global developments have potentially critical implications for Nigeria's prospects for achieving the MDGs.

The global financial crisis has had an effect on Nigeria, mainly through lower oil revenues, the drying-up of credit and weaker flows of private capital. The crisis has underlined the need to accelerate diversification of the economy and strengthen fiscal management.

Nigeria is acutely vulnerable to climate change. The impacts in each ecological zone will be different. The effects of climate change threaten progress on all the MDGs. However, if well managed, measures to deal with the effects of climate change provide important opportunities for ensuring more sustainable progress.

At its peak in 2008, food price inflation was over 20 per cent creating difficulties for many Nigerians. However, this was not the first such episode and a number of factors cushioned the impact, such as the diversity of staple crops grown in the country. Agricultural development remains the best protection against future food price crises.

The bottom line

Nigeria is making real progress. Whilst no goal is certain to be achieved, there is good news on each. If the supportive environment continues to improve, as it has over the last ten years, the nation has a real chance of achieving the MDGs.

INTRODUCTION

Nigeria is a federal republic comprising thirty-six (36) states and the Federal Capital Territory (FCT), Abuja. The states form the second tier of government and are further sub-divided into 774 local government areas (LGAs), which constitute the third tier of government. Nigeria covers an area of 923,769 square kilometres (909,890 square kilometres of land and 13,879 square kilometres of water) and is situated between longitude 3° and 14° East, and latitude 4° and 14° North.

The country has a rich diversity of culture, with more than 250 ethnic groups, and over 500 languages and dialects. It is the most populous country in Africa with a population estimated at 154,729,000 in 2009. An estimated 48 per cent of the population is urbanised and 52 per cent of Nigerians live in rural areas. Close to 60 per cent of Nigerians work in agriculture. The annual population growth rate 2000-2008 was estimated at 3.2 per cent.

The principal objective of Nigeria's economic development has been to achieve stability, material prosperity, peace and social progress. Nevertheless, a variety of problems have persisted, slowing the country's growth and attainment of development objectives. These include inadequate human development, inefficient agricultural systems, weak infrastructure, lacklustre growth in the manufacturing sector, a poor policy and regulatory environment, and mismanagement and misuse of resources. While growth has improved significantly in the last seven years, on average by about 6 per cent, this growth has often not improved everyday livelihoods.

Furthermore, the country is among those with the highest levels of inequality in the world. This inequality reflects widening gaps in income and gender access to economic and social opportunities; growing inequality between and within rural and urban populations; and widening gaps between economies in different parts of the federation.

The MDGs in perspective

Building on the United Nations global conferences of the 1990s, the United Nations Millennium Declaration of 2000 marked a global partnership for creating an environment conducive, at the national and global level, to the elimination of poverty and the promotion of sustainable human development. The aims of this work are encapsulated in the Millennium Development Goals (MDGs). The MDGs are the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions – income poverty, hunger, disease, inadequate housing – while promoting gender equality, education and environmental sustainability.

The MDGs share common notions with Nigeria's own development vision, as enshrined in the 1999 Constitution of the Federal Republic of Nigeria. Under the section 'Fundamental Objectives and Directive Principles of State Policy', the Constitution stipulates that the security and welfare of the people shall be the primary purpose of government. It goes on to say that the state shall ensure that suitable and adequate shelter and food, a reasonable national minimum living wage, old-age care and pensions, and unemployment benefits are provided for the citizens. Economic development plans, policies and programmes are designed and implemented by national and state governments with the aim of achieving these development goals.

While the MDGs are country-level targets for sustainable human development, state governments play a pivotal role in achieving them. In Nigeria, state and local governments have considerable autonomy in economic policy and fiscal matters. The three levels of government (federal, state and local) share responsibility for public policies and services crucial to the achievement of the MDGs. And state and local governments together at present account for over 50 per cent of total public spending, including those sectors that can potentially influence the MDGs. These include primary education, infant, child and maternal health, gender equality, agriculture and food security, water and sanitation, and poverty eradication.

In principle, Nigeria's state and local governments are closer to the grassroots in providing basic services, so their actions or inactions impact directly upon the MDGs. So Nigeria's 2015 MDG targets cannot be achieved unless state and local governments take on their development responsibilities in a proactive, coordinated, effective and sustained way.

Macroeconomic context of the MDGs

In recent years, Nigeria's macroeconomic environment has improved considerably. This is in marked contrast to the 1990s when Nigeria was considered to be among the most volatile economies in the world. In particular, macroeconomic performance over the last five years has been buoyed by better fiscal and debt sustainability levels and improvements in growth. During the 1990s, growth barely reached 1 per cent, but it has now increased to, and stabilised at, about 6 per cent since the return to democracy. The ratio of external debt to GDP went from over 100 per cent to below 10 per cent. The situation has benefited from higher crude oil prices, and better fiscal and macroeconomic management.

Growth has come largely from the non-oil sector, mostly agriculture and services. The oil sector accounts for less than 25 per cent of GDP, despite providing 95 per cent of foreign exchange earnings and about 65 per cent of government revenues. Nigeria's macroeconomic performance from 1990 to 2009 is illustrated in Table 1.

Planning for the MDGs and monitoring progress towards 2015

Planning and policy framework

The first major development policy framework introduced by the federal government after the Millennium Declaration was the National Economic Empowerment and Development

Table 1: Selected macroeconomic indicators in Nigeria (2000-2009)

Economic Indicators	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008*	2009*
GDP growth (%)	8.2	5.4	4.6	3.5	9.6	6.6	5.8	5.3	5.7	6.0	6.7
Oil sector growth (%)	5.6	11.1	5.2	–5.2	23.9	3.3	–1.7	–3.7	–5.9	–6.2	–1.3
Non-oil sector growth (%)	8.6	4.4	2.9	4.5	5.2	7.8	8.4	9.5	9.2	9.0	8.3
External reserves (% of GDP)	NA	NA	NA	NA	7.7	11.4	24.4	36.5	42.6	52.99	62.48
External debt/GDP	106.5	64.9	57.3	72.1	61.1	84.5	69.2	7.4	4.0	17.5	9.28
Domestic debt/GDP	31.3	32.2	36.6	26.1	28.6	25.3	20.8	18.6	19.2	15.23	12.85
Overall BOP/GDP	–2.1	6.9	0.5	–10.3	–2.3	5.2	10.5	12.7	1.4	8.02	9.12
Inflation rate (%)	7.5	6.9	18.9	12.9	22.2	15	17.9	8.2	5.9	11.6	11.5
Average official exchange rate (Naira/US$)	7.9	101.7	111.9	121	127.8	132.8	132.9	128.5	127.4	139.27	142.89

*Estimates, except GDP, oil and non-oil sector and inflation rate

Sources:
(i) CBN Annual Reports and Statement of Accounts (various years)
(ii) CBN Statistical Bulletin vol. 17, December 2006
(iii) National Bureau of Statistics (NBS), 2005

Strategy (NEEDS) in 2004. The State Economic Empowerment and Development Strategy (SEEDS) was the corresponding strategy at state level. NEEDS was a medium-term development strategy implemented between 2004 and 2007. It laid down the overall framework and strategic direction for the sector policies that followed. NEEDS and SEEDS formed the basis for policy coordination in programmes and projects between the federal and state governments. Although they were not developed exclusively for the MDGs, many of the targets in NEEDS and SEEDS were aligned with the MDGs.

In line with public expenditure reform and the enactment of the Fiscal Responsibility Act, Medium-Term Sector Strategies (MTSSs) were developed to guide the preparation and implementation of the Medium-Term Expenditure Framework (MTEF). In 2006, this framework earmarked about 57 per cent of total capital expenditure for MDG-related sectors. Concurrently, Nigeria Vision 20:2020 was developed as a longer-term growth and development framework for the country. It foresees Nigeria as being among the twenty largest economies by the year 2020. The growth prospects assumed by the Vision, quite apart from the policy interventions for the MDGs, are expected to make a substantial contribution to poverty reduction.

Following the debt-relief grant of US$18 billion in 2005, a Virtual Poverty Fund was established to ensure that monies realised (about US$1 billion each year) from debt relief were channelled towards poverty reduction and the other MDGs. In the same year, the Office of the Senior Special Assistant to the President on MDGs was created to coordinate the Fund.

In 2010, Nigeria Vision 20:2020's first National Implementation Plan took into account the harmonised NEEDS II and 7-Point Agenda, and the MDGs. The plan covers 2010 to 2013. Simultaneously, several states have developed their own medium-term development strategies which have been harmonised with the Vision 20:2020 National Plan. Effectively, the Vision plan currently provides the overall (national) policy framework for the MDGs in Nigeria.

Lessons from 2007 and 2008 highlighted the need for more grassroots participation and ownership when delivering infrastructure targeted towards the MDGs. As a result, an innovative transfer of funds from the federal level to states – the Conditional Grants Scheme (CGS) – is presently being scaled-up to 113 local government councils across the country.

The aim is to strengthen the planning and response capacity of local government authorities to enable them to invest in, manage and maintain new infrastructure, so ensuring effective delivery of primary services, particularly in education and health. This is a major component of the Countdown Strategy for achieving the MDGs. Over the last two to three years, there have been other equally promising policy interventions, particularly in the areas of health, education and social safety nets.

Institutional arrangements for the MDGs

The National Planning Commission (NPC), by virtue of its statutory role in development planning and coordination, is the focal institution for the MDGs. The establishment, in 2005, of two key platforms – the Presidential Committee on the MDGs and the Office of the Senior Special Assistant to the President on MDGs (OSSAP-MDGs), which serves as the secretariat of the Committee and coordinates the implementation of debt relief – was a major step towards strengthening coordination and policy compliance with the MDGs. It also led to the establishment of specialised MDG offices in all states.

Line ministries are an integral part of the structure. They focus on sector-specific efforts, while the NPC continues to exercise cross-cutting responsibility around planning and monitoring of progress. There is also the House of Representatives Committee on MDGs which provides general oversight of MDG efforts at the federal level.

At the state level, a similar structure is evolving. Now many states have a dedicated MDG office. These offices coordinate all interventions, including those of the state ministries, departments and agencies (MDAs).

Monitoring and evaluation systems

Monitoring and evaluation (M&E) of the MDGs in Nigeria occurs on two main levels. The first level is tracking the MDG indicators, which is undertaken by the National Bureau of Statistics and MDG-related ministries, departments and agencies.

The second level is monitoring and evaluation of the implementation of projects and programmes targeted at the MDGs. This is undertaken by OSSAP-MDGs, the Budget Office of the Federation, the National Assembly, ministries departments and agencies, and state governments.

At the apex of the M&E structure is the Presidential Committee for the Assessment and Monitoring of the MDGs. Members of this Committee, chaired by the President, include representatives of state governors, the NPC, local and international non-governmental organisations and ministers of the implementing agencies of debt-relief-gains programmes and projects. Within the ministries themselves, there are special MDG task teams (led by MDG desk officers) who liaise with OSSAP-MDGs in project identification, implementation, monitoring and evaluation.

At the state level, monitoring of the MDGs is done by the state ministries, departments and agencies, with institutional arrangements set by state planning ministries/commissions.

The report preparation process

The Nigeria MDG Reports are a tool for monitoring and reporting Nigeria's status, progress and challenges towards the 2015 MDG targets. The MDG Reports aim to engage political leaders and top decision-makers, and to mobilise civil society, communities, the general public, legislators and the media in a debate on sustainable human development. The main purpose of the Reports is public information and social mobilisation. They seek to improve awareness, advocacy, alliance building and renewal of political commitment at the country level. Mobilising the federal, state and local governments and the people to action is the underlying motive for the reporting process.

This MDG 2010 Report builds upon the previous MDG Reports 2004, 2005, 2006 and the mid-point assessment of the MDGs (2000-2007). Five years from the target date for the MDGs, this Report presents an opportunity to take a comprehensive look at what has been achieved over the last ten years. It is also important to identify what has worked and what has not, and the significant gaps, challenges and priorities for accelerating progress towards the MDG targets.

This report was prepared through a consultative and participatory process. The process started with the setting up of an Inter-Ministerial Technical Committee to oversee and guide the exercise. Membership of this Committee is given in Appendix 1. The Committee constituted a core technical team to gather data, collate literature and prepare the report. The core drafting team was made up of three consultants who worked closely with the representatives of the relevant MDAs.

The MDAs that made up the core team included the Federal Ministry of Water Resources, the Federal Ministry of Education, the National Planning Commission, the National Assembly Liaison Office, the National Population Commission, the Federal Ministry of Foreign Affairs, the Federal Ministry of Health, the National Bureau of Statistics, the National Agency for the Control of AIDS, the Federal Ministry of Lands, Housing and Urban Development, the National Centre for Women Development, the National Poverty Eradication Programme, the Debt Management Office and the Federal Ministry of Environment.

The ongoing challenges of data availability, comparability and quality have made producing a coherent story difficult in this report. As a country, Nigeria has made tremendous progress in improving its capacity to generate quality data. However, a particular challenge arises in assessing progress on the MDG targets because the availability of baseline data is limited. The data in this report is the best information available.

Where annual data is not available, this report uses the most recent data for the survey period.

The output of the core team was subjected to successive reviews by the Inter-Ministerial Technical Committee. This culminated in a stakeholder validation workshop, drawing participants from federal and state government MDAs, civil society organisations and international development agencies.

MDGs status at a glance

Will target be met?	Good potential	Average potential	Weak potential
Supportive environment	Strong	Good/Fair	Weak but improving

	Will target be met?	Supportive environment
MDG 1: Eradicate extreme poverty and hunger		
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.		
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.		
MDG 2: Achieve universal primary education		
Target 2.A: 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.A: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.		
MDG 4: Reduce child mortality		
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.		
MDG 5: Improve maternal health		
Target 5.A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.		
Target 5.B: Achieve, by 2015, universal access to reproductive health.		
MDG 6: Combat HIV/AIDS, malaria and other diseases		
Target 6.A: Have halted, by 2015, and begun to reverse the spread of HIV/AIDS.		
Target 6.C: Have halted, by 2015, and begun to reverse, the incidence of malaria and other major diseases.		
MDG 7: Ensure environmental sustainability		
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.		
Target 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation.		
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.	Insufficient data	
MDG 8: Develop a global partnership for development		
Target 8.D: Deal comprehensively with the debt problems.		
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communication technology.		

Goal 1 – Eradicate extreme poverty and hunger

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

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2015 target
1.1 Proportion of the population living on less than $1 (PPP) per day (%)	NA	NA	NA	NA	NA	51.55	51.55[1]	51.55[1]	NA	NA	NA	21.4
1.2 Poverty gap ratio	32.1	NA	NA	NA	29.6[2]	29.6[2]	29.6[2]	NA	NA	NA	NA	NA
1.3 Share of poorest quintile in national consumption (%)	5.0[3]	5.0[3]	5.0[3]	5.0[3]	5.0[3]	5.1[3]	NA	NA	NA	NA	NA	NA

[1] 2004 data
[2] See World Development Indicators 2010, http://data.worldbank.org/sites/default/files/wdi/section2.pdf
[3] See http://devdata.worldbank.org/wdi2006/contents/Table1_2.htm and MDG indicators, UN sites 2010, http://unstats.un.org/unsd/mdg/Data.aspx

Other Sources:
(1) National Bureau of Statistics (NBS) (2005), Social Statistics in Nigeria
(2) National Bureau of Statistics (NBS) (2005), Poverty Profile for Nigeria
(3) National Planning Commission (2006), Millennium Development Goals Report
(4) The gap between 1990 and 2004 is explained by the periodic nature of the surveys

Target 1.C – Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2015 target	Progress towards target
1.8 Prevalence of underweight children under five years of age (%)	35.7	31[1]	28.7	28.7	28.7	30	30[2]	NA	25	23.1	NA	19.96[3]	slow
1.9 Proportion of population below minimum level of dietary energy consumption (consuming 2,900 calories or less daily) (%)	39	29	NA	NA	NA	35	35	35	34.1	33.1 (est.)	32.83 (est.)	14.5	slow based on 2007 data

[1] 1996 data
[2] 2004 data
[3] This is the possible percentage of underweight children in 2015 if the current rate of reduction is maintained

Other Sources:
(1) National Bureau of Statistics (2005), Social Statistics in Nigeria
(2) National Bureau of Statistics (2005), Poverty Profile for Nigeria
(3) National Planning Commission (2006), Millennium Development Goals Report
(4) National Population Commission (2008), National Demographic and Health Survey

Progress and trends

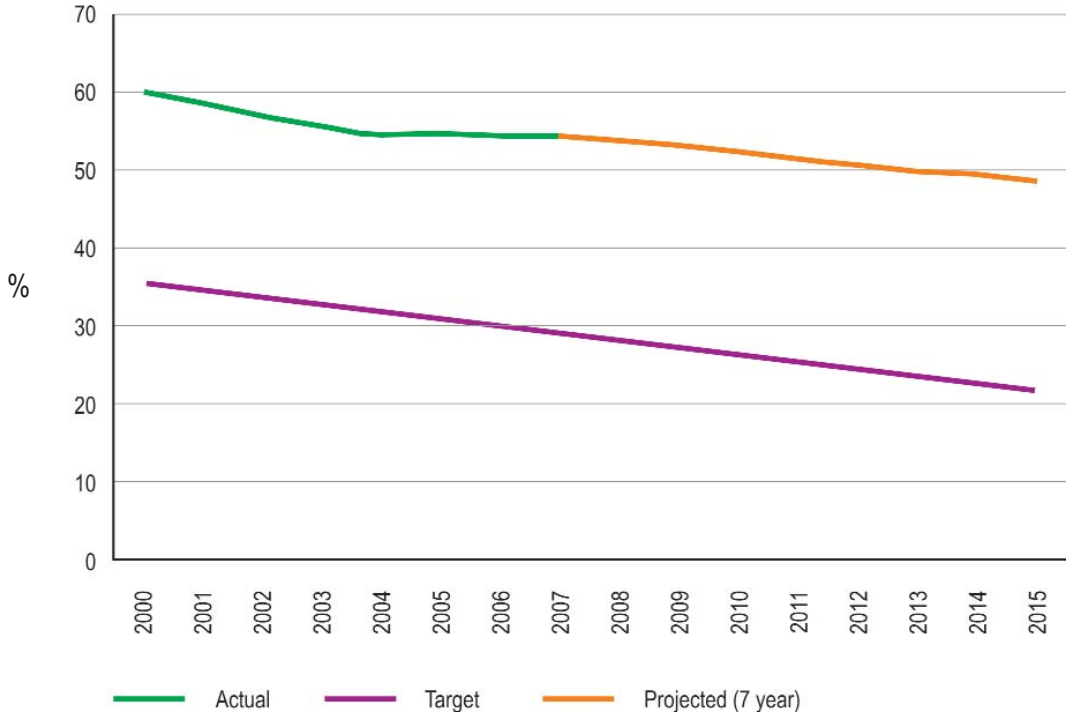
1.1: Proportion of the population living on less than $1 (PPP) per day

At the year 2000, the percentage of the population living in relative poverty was 60 per cent. This is supposed to fall to 21.35 per cent in 2015 in line with the MDG1 target. In 2007, which was the mid-point for implementation of the relevant MDG programmes in Nigeria, the percentage of the population living in extreme poverty should have fallen to 28.78 per cent, if the MDG target was to be met.

The only data currently available (2004) shows that 54.4 per cent of the population live in relative poverty. However, data scheduled to be published in early 2011 is expected to show a drop in this proportion. This would reflect government investments in agriculture and infrastructure, as well as a well-managed macro economy.

Based on the data for 2000 and 2004 we can make a projection of actual poverty incidence. If the trend continues, by the year 2015, the poverty incidence will have fallen to 48.7 per cent, some 27.3 percentage points more than the target of 21.3 per cent (Figure 1).

Figure 1: Actual and targeted poverty incidence in Nigeria



Projected (7 year): Projection based on average change over previous 7 years
Note: The 7 year projection is based on the average year-on-year percentage change in the data for the latest 7 years. To calculate this change, the last 8 years' data points were used.

1.8: Prevalence of underweight children under five years of age

The data show that the proportion of children under five years of age who are underweight was 35.7 per cent in 1990, reducing to 28.7 per cent between 2001 and 2003 and to 23.1 per cent by 2008. This continued rate of progress, if sustained, places Nigeria on track to halve the proportion of underweight children under five years of age by 2015 (Figure 2).

Challenges and prospects

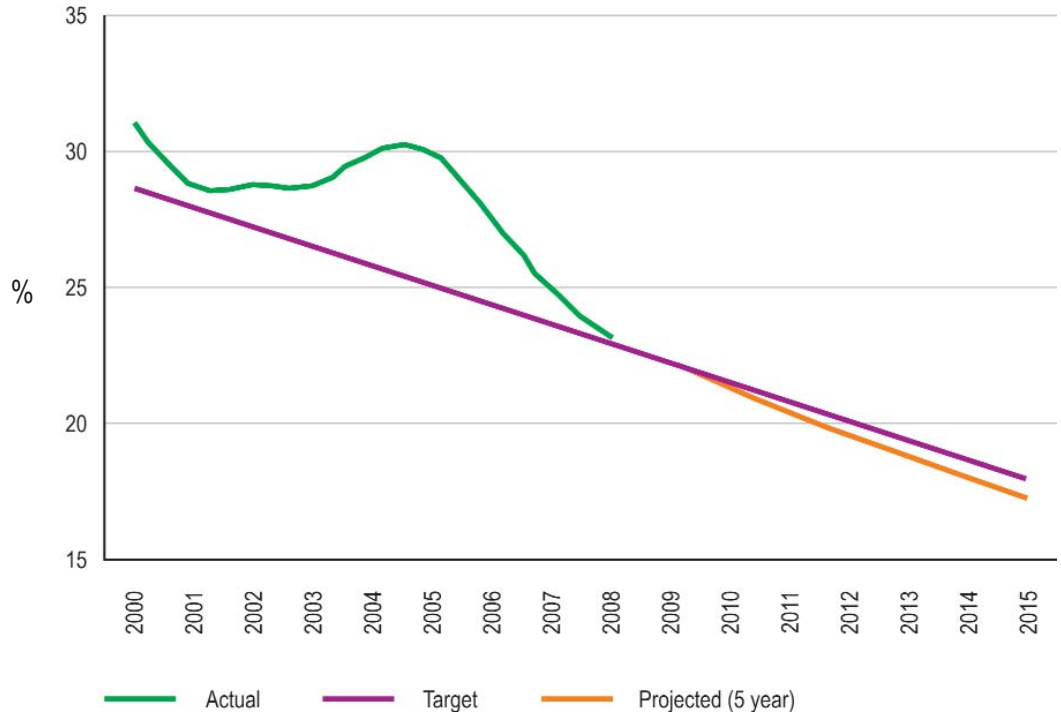
Reducing poverty and hunger remains a key development challenge in Nigeria. Sustainable growth is critical for poverty reduction. Broad-based growth that creates jobs has great potential to reduce poverty. But, the improvement in growth in Nigeria over the past half a decade has not brought about the desired reduction in poverty.

This calls for a reassessment of growth dynamics to determine how growth can contribute to reducing poverty and increasing employment.

In addition, tackling the poverty-reduction challenge requires deliberate policies to create and foster gainful employment for the unemployed and to spread opportunities to empower people. This requires the intensification of poverty programmes and approaches. Policies and measures at federal, state and local government levels should endeavour to enhance the productivity of enterprises (particularly agriculture and small and medium enterprises), and to ensure a good business environment including critical infrastructure, transparent regulatory services and sustainable access to enterprise finance. The efforts of the National Directorate of Employment, the National Poverty Eradication Programme, the Small and Medium Enterprises Development Agency and the various fertiliser subsidy, microcredit and entrepreneurship development schemes must be well coordinated and financed to engender poverty reduction.

The impacts of climate change on agriculture put the poverty and hunger eradication targets at additional risk. The majority of poor people in Nigeria depend heavily on climate-sensitive natural resources for rural incomes, employment and livelihoods. Yet, they have the least capacity and resources to cope with climate change impacts and to adapt effectively and sustainably. Crop failures, decreases in agricultural productivity and incomes will therefore hurt the poor, threaten food security and slow down the march to eradicate poverty and hunger.

Figure 2: Actual and targeted percentage of underweight children in Nigeria



Projected (5 year): Projection based on average change over previous 5 years

Immunization!
CDC
Photo: SPARC

Goal 2 – Achieve universal primary education

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

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2015 target
2.1 Net enrolment ratio in primary education (%)	68	95	95	NA	NA	81.1	84.6	87.9	89.6	88.8[1]	NA	100
2.2a Proportion of pupils starting Primary 1 who reach Primary 5 (%)	67	97	97	96	84	74	74	74	74	72.3[2]	NA	100
2.2b Primary 6 completion rate (%)	58	76.7	76.7	NA	82	82	69.2	67.5	67.5	NA	NA	100
2.3 Literacy rate of 15-24 year olds, women and men (%)	NA	64.1	NA	NA	60.4	60.4	76.2	80.2	81.4	80.0[3]	NA	100

Notes:
1 Gross enrolment rate: based on consultants' estimates from provisional data
2 Based on provisional gross enrolment figures: NBS – Annual Abstract of Statistics, Abuja, 2009
3 Youth literacy statistics: NBS – Social Statistics in Nigeria, Abuja, 2009
Data for 2007 and 2008 are provisional

Progress and trends

2.1: Net enrolment in primary education

The net enrolment ratio in primary education in Nigeria was 68 per cent in 2000. Since then, it has shown a slow but steady increase, especially over the past couple of years.

As at 2008 the gross enrolment ratio stood at 88.8 per cent. Progress recorded from 2004 to 2007 shows that net enrolment has been on the increase. Nevertheless, progress needs to accelerate if the target is to be met by 2015.

2.2a: Proportion of pupils starting Primary 1 who reach Primary 5

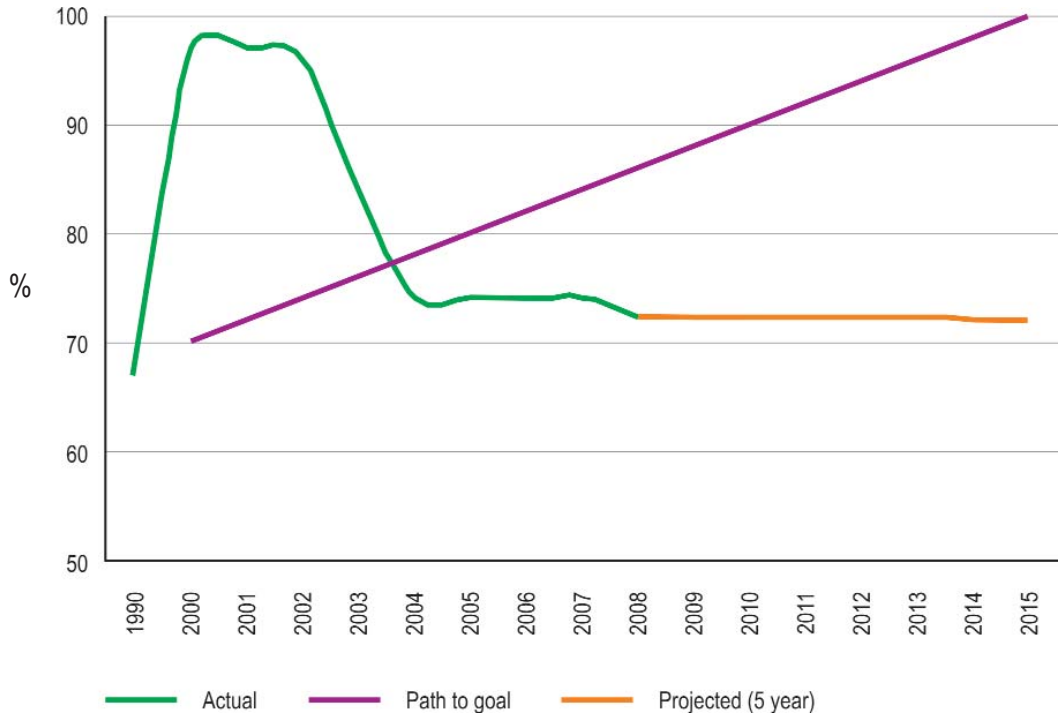
The number of pupils starting Primary 1 who reach Primary 5, known as the 'survival rate', is a percentage of the total number of pupils enrolled in Primary 1 in a given school year who reach Primary 5.

The survival rate has fluctuated over time. Data provided by the educational authorities show that the proportion of students who survived in 2000 was 97 per cent, but it is currently only 72.3 per cent. Figure 3 shows that the proportion has been declining over the years.

The steady increase in net primary enrolment seems to be at variance with the decrease in the proportion of students starting Primary 1 who reach Primary 5. While an increasingly high proportion of children of school-age are actually enrolling in school, more of them are also dropping out in the course of their education. Given the current trajectory, it seems that unless measures are taken to address the number of primary school drop-outs, this target is unlikely to be met.

Lagos State has the highest proportion of students that start Primary 1 and reach Primary 5 (98.7 per cent), while Akwa Ibom State has the lowest (27.1 per cent). At the regional level, the difference between the best and worst performing zones

Figure 3: Actual and projected proportion of pupils starting Primary 1 who reach Primary 5



Projected (5 year): Linear projection based on average change over previous 5 years

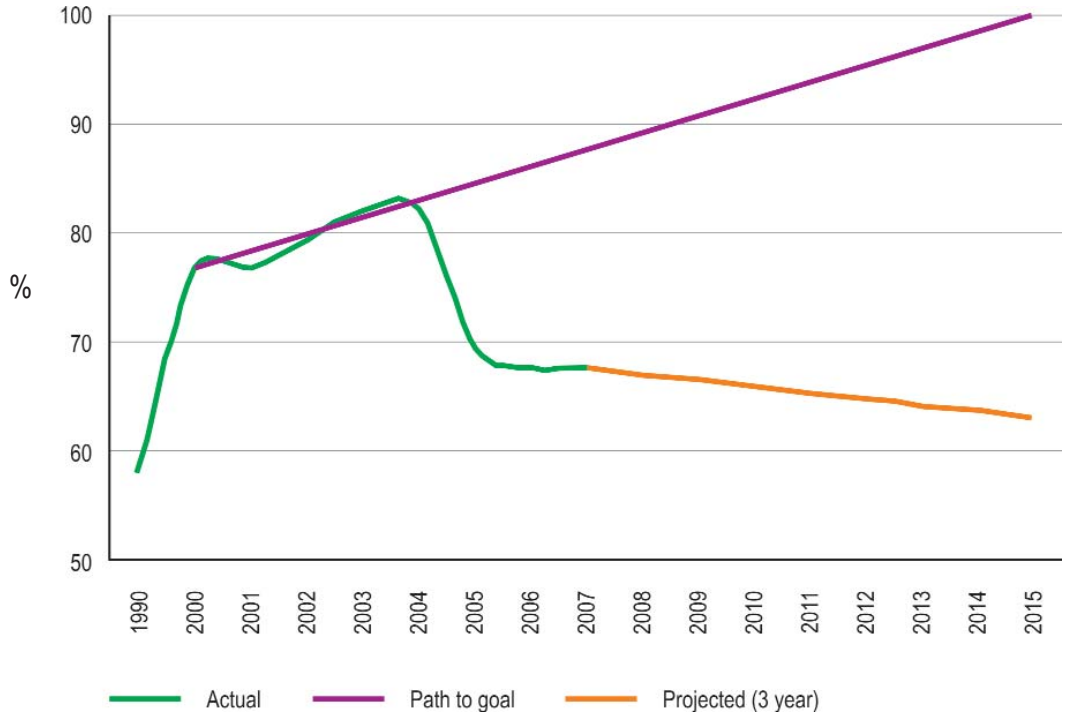
(South West – 91.7 per cent and North Central – 67.7 per cent) is not too marked (National Bureau of Statistics 2009a, provisional figures).

2.2b: Primary 6 completion rate

The Primary 6 completion rate reflects the ability of the education system to prevent drop-outs and successfully deliver education services. Judging by the average trend over the last five years the target is unlikely to be met. Increasing deviations from the target may occur towards 2015, unless corrective measures are taken soon (Figure 4).

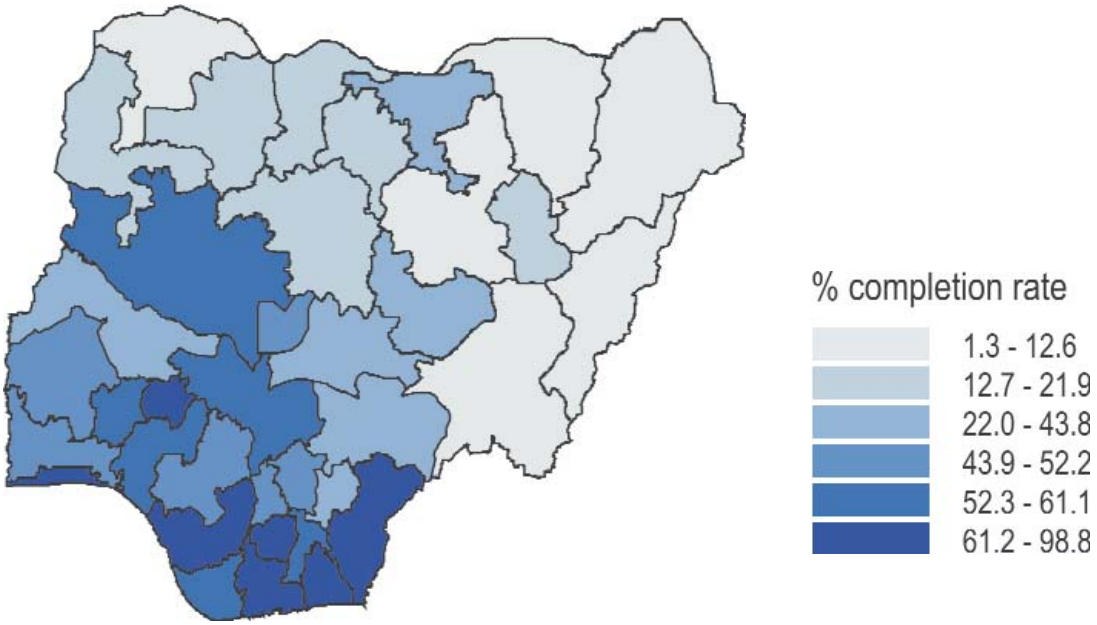
Wide regional disparities exist in primary school enrolment and also in the primary school completion rates (Figure 5).

Figure 4: Actual and projected Primary 6 completion rate



Projected (3 year): Linear projection based on average change over previous 3 years

Figure 5: Primary completion rate by state, 2007



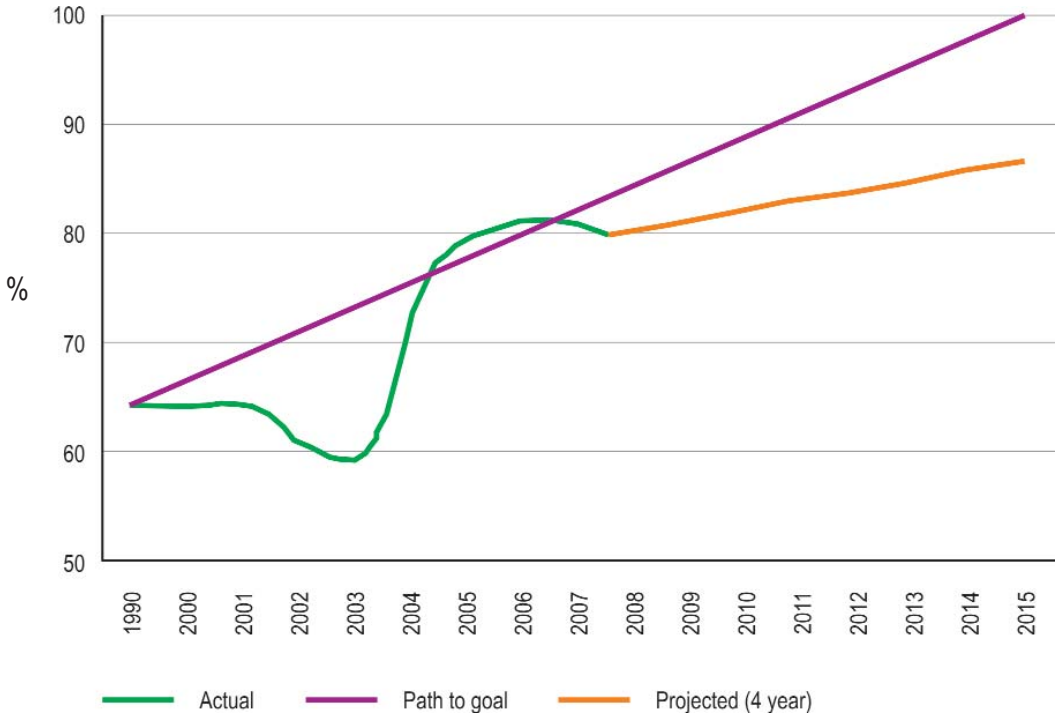
Source: Multiple Indicator Cluster Survey, 2007

2.3: Literacy rate of 15-24 year olds

The literacy rate of youths aged 15-24 is the percentage that can both read and write in any language with understanding. The literacy rate for this age group was 64.1 per cent in 2000, declining to 60.4 per cent in 2003, before rising to 76.2 per cent and 81.4 per cent in 2005 and 2007. The 2008 estimate is about 80 per cent (Figure 6). As expected the literacy rate was significantly higher in urban areas than in rural areas (Figure 7).

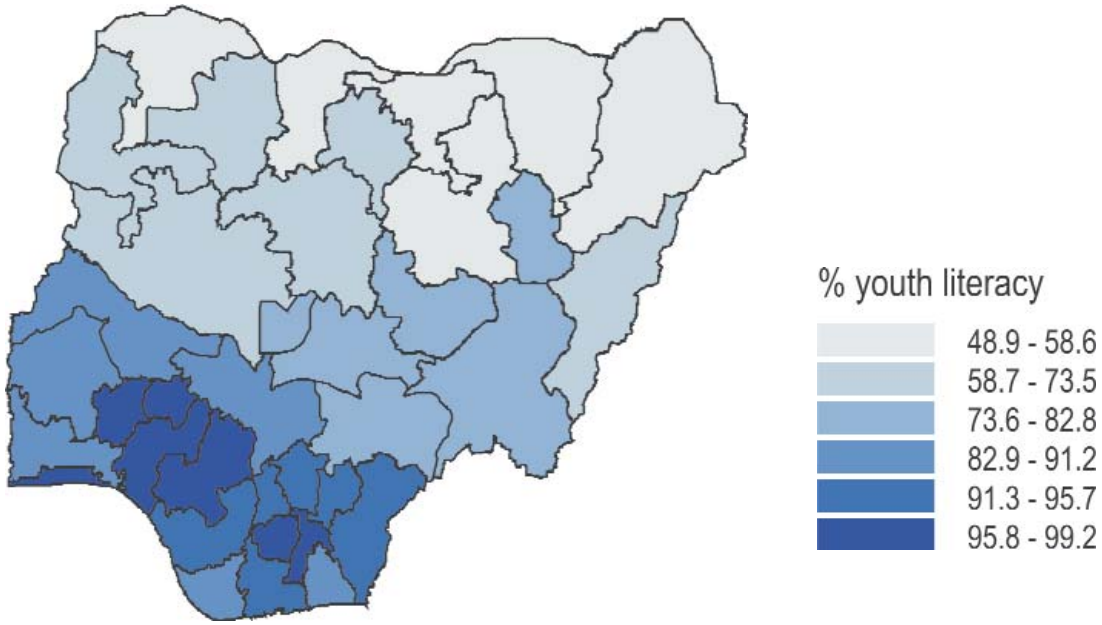
If the progress made over the last four years is sustained, the youth literacy rate should be around 87 per cent in 2015. It is worth noting however that adult education programmes in the country are also making good progress, thus giving the hope that the projected estimate could actually be surpassed.

Figure 6: Actual and projected literacy rate (15-24 year olds)



Projected (4 year): Linear projection based on average change over previous 4 years
Source: NBS – Social Statistics in Nigeria, 2009b

Figure 7: Youth literacy by state, 2008



Source: NBS – Social Statistics in Nigeria, 2009

Challenges and prospects

In recent years, federal and state governments have intensified efforts to promote primary education and youth literacy. While universal education is the goal, the quality of that education is also an issue of concern.

A key programme is the Federal Teachers' Scheme (FTS) implemented by the Universal Basic Education (UBE) Commission. The FTS was introduced in 2006 with the primary aim of addressing the shortage of quality teachers in the basic education sub-sector across the country. It has the dual aim of catering for unemployed National Certificate in Education holders while bolstering the number of teachers in the workforce. The first set of 38,868 participants graduated in 2008 and 25,668 were absorbed into the system. A second set of 40,000 applicants has been admitted into the 2009/2010 scheme.

Another key intervention aimed at teachers was a set of initiatives by the National Teachers' Institute that has the goal of improving the quality of learning at primary school level. In 2009, 120,000 primary school teachers were involved in a capacity building programme.

The UBE Counterpart Grants Scheme is a promising project that seeks to improve funding to the education sector. Conditions for accessing 75 per cent of the fund by states are that each state must provide a counterpart fund, also known as a 'matching fund', and clear evidence of good use of previous allocations. Among other conditions, it must also provide a plan of how it intends to spend both the grant and counterpart fund. The remaining 25 per cent is disbursed according to various criteria, such as to states with recognised weaknesses in the sector and also as an incentive to those judged to have performed well.

The Ministry of Education has come up with a Converged Education Sector Database – Education Management Information System to enhance evidence-based decision making. The success of this initiative is of critical importance.

Several challenges will need to be tackled. They include less than desirable primary school completion rates, reducing regional disparities and strengthening the UBE programme.

Goal 3 – Promote gender equality and empower women

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

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	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	85.4[1]	NA	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	79.9[1]	NA	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	66.8[2]	NA	100
3.2 Share of women in wage employment in the non-agricultural sector (%)	66.3	NA	NA	NA	NA	79	79	NA	NA	NA	NA	-
3.3 Proportion of seats held by women in the National Parliament (%)	1.0	3.1	3.1	3.1	3.1	3.1	3.1	3.1	7.7	7.5	7.5	30

[1] Based on provisional enrolment figures: NBS – Annual Abstract of Statistics, Abuja 2009
[2] University admissions: Joint Admission Matriculation Board
Federal Ministry of Education/Universal Basic Education Commission
National Assembly Liaison Office

Progress and trends

3.1: Ratio of girls to boys in education

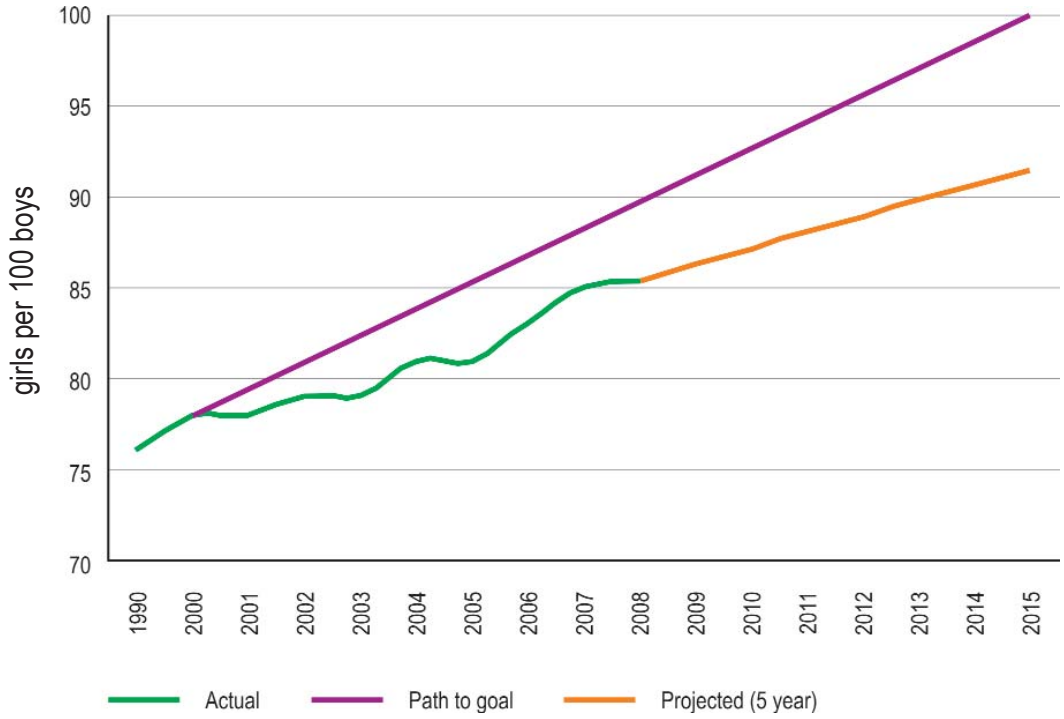
Although the situation is improving, the proportion of girls enrolled is still lower than that of boys across all levels of education. Furthermore at the tertiary level (university admissions), the ratio is showing signs of decline.

The ratio of girls to boys in primary education shows long-term progress despite occasional deviations (Figure 8). In 2008 the number of girls per 100 boys was 85.4 and there has been a gradual but steady increase from 2000 to 2008. However, assuming the trend of the last five years continues, the level expected to be reached by 2015 will still fall short of the target. More effort is needed to introduce measures to encourage girls to attend school.

The situation is even worse in secondary education (Figure 9). In fact, it has worsened since the baseline year of 2000. In 2000, the ratio was 81 while in 2008 it was 79.9. However, it has risen from the previous year when the ratio was 75.4. On the whole, the progress is slow and well below the rate required to achieve the desired result.

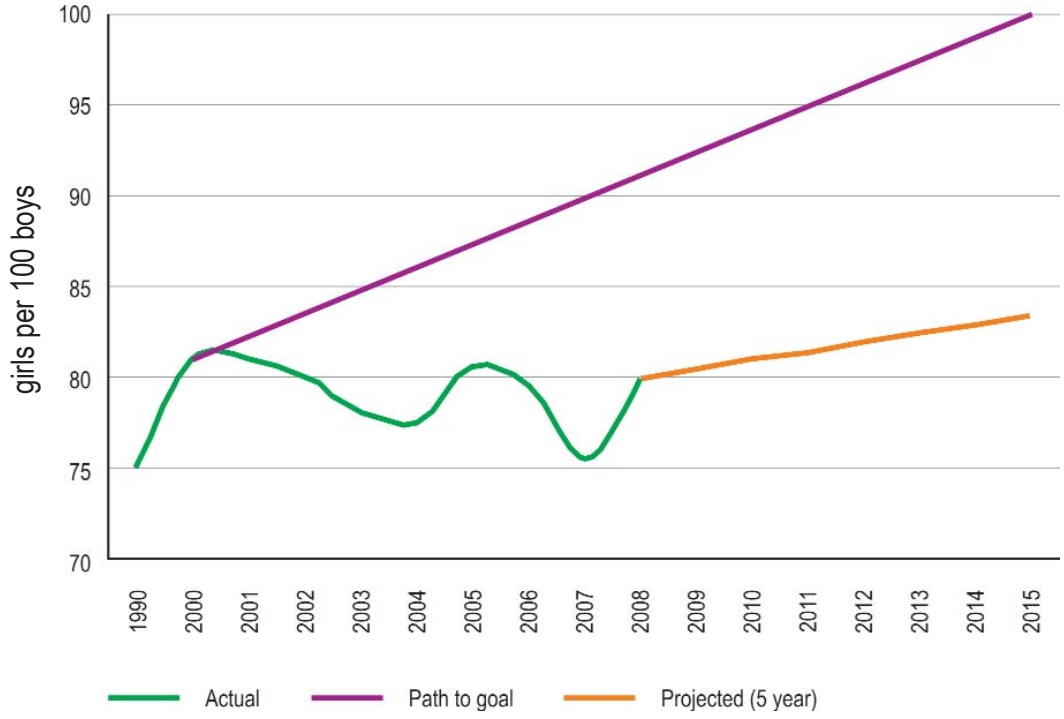
State level variations are significant at all levels of education, with the variation in primary education shown in Figure 10.

Figure 8: Actual and projected ratio of girls to boys in primary education



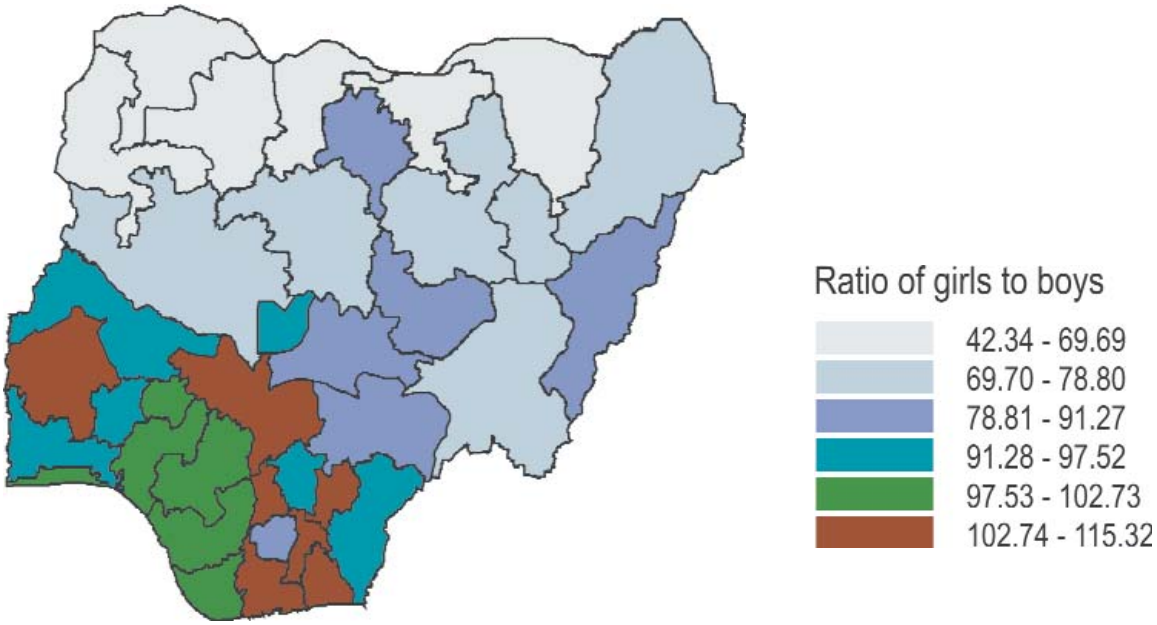
Projected (5 year): Linear projection based on average change over previous 5 years

Figure 9: Actual and projected ratio of girls to boys in secondary education



Projected (5 year): Linear projection based on average change over previous 5 years

Figure 10: Ratio of girls to boys in primary education by state



Source: NBS – Annual Abstract of Statistics, Abuja 2009a

3.3: Proportion of seats held by women in the National Parliament

Gradual gains have been made in the proportion of seats held by women in the National Parliament (Figure 11); the statistics show some improvement between 2000 (3.1 per cent) and 2008 (7.5 per cent). After the 10 May 2007 elections, data from the National Centre for Women Development show that there were nine female senators, compared to four in 2003. Also, there were 26 female members in the House of Representatives, compared to 23 in 2003.

The situation in the State Houses of Assembly is not much better. The South East has the highest percentage of all the regions with 5.7 per cent compared to the lowest, the North West, with 0.5 per cent. Appointments to the Federal Cabinet and in MDAs have witnessed a flow of female nominees and successful candidates since 1999 to positions previously reserved for men.

Between 2006 and 2009, two women were appointed to the Supreme Court bench. Women constitute 11.8 per cent of the 17 members of the court. Across the 36 states of the Federation and the Federal Capital Territory judiciaries, women constitute 30 per cent of the total number of High Court Judges. Statistics from the states point to a gradual increase in the number of female Deputy Governors from two in 2003 to six in 2007.

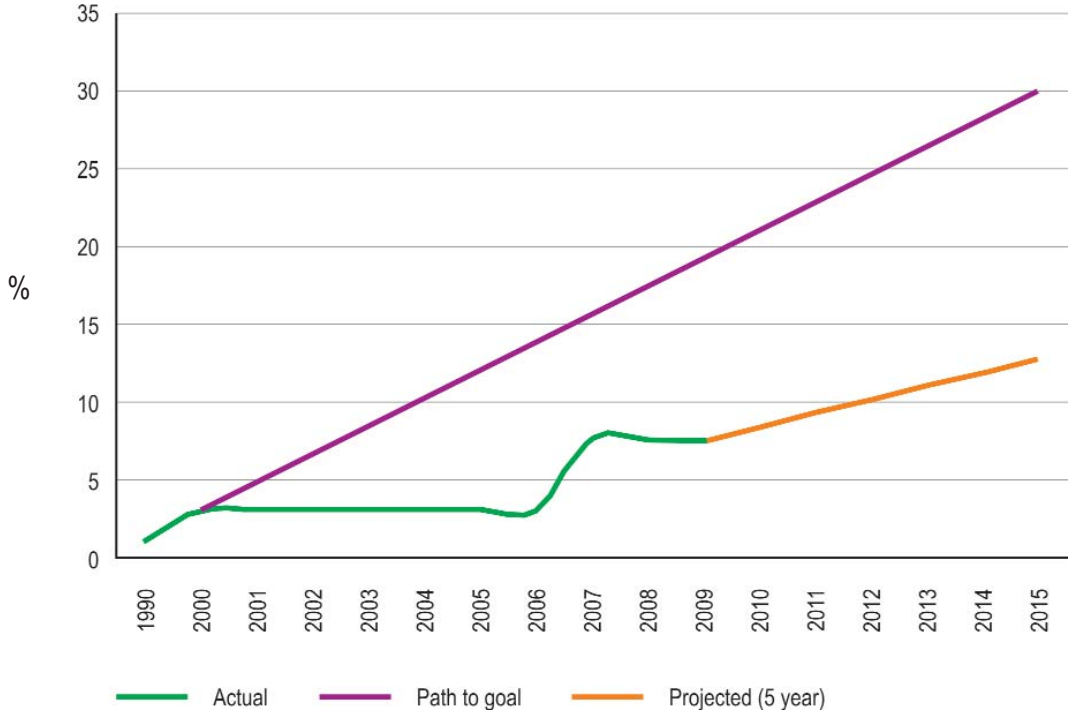
Challenges and prospects

It is important to identify those social, economic, traditional, cultural and religious factors that militate against gender equality. Appropriate programmes should then be developed to address them.

The training and supply of female teachers to schools in rural areas is imperative to enhance female enrolment in school. Federal and state governments need to work together to design innovative strategies for a massive drive to train and deploy female teachers from within states, particularly in rural areas where teacher deployment is often resisted. On completion of teacher training, graduates will be required to serve a minimum of one year in rural schools.

A National Gender Policy has been developed and is currently in use. In 2008, the Strategic Implementation Framework and Plan was drafted. It sets out the specific objectives, targets and monitoring framework needed to implement the policy and guide activities towards eliminating discrimination and improving the participation of women in national life.

Figure 11: Actual and projected proportion of seats held by women in the National Parliament



Projected (5 year): Linear projection based on average change over previous 5 years

Nigeria has attempted to domesticate the UN Convention on the Elimination of all forms of Discrimination against Women. It passed both its first and second reading in the National Assembly before it was blocked in 2007 because of some controversial sections. However, a convincing analysis of the contentious articles has been produced to help push the bill through on its re-presentation to the Assembly.

Other possible approaches include state policies and laws against early marriages, street trading, child labour and other forms of child abuse. Informed by the UN Convention on the Rights of the Child and the Child Rights Act (CRA) of 2003, the Federal Government of Nigeria encourages state governments to adopt this act, enact and enforce state policies and laws prohibiting girl-child marriages and other girl-child friendly measures. States should also ensure that they promote boy-child education where that challenge exists with particular emphasis on the south-eastern states. So far, 22 states have passed the CRA and advocacy efforts are on-going to push the remaining 13 states to pass and domesticate the CRA.

Despite major strides and attempts to improve the education of girls, there are still some constraints. These include poor implementation of government policies, weak monitoring mechanisms, low budgetary allocations to the education sector, poverty and cultural and religious practices like early child marriage, teenage pregnancy and child labour.

Climate change has indirect consequences for the MDG targets on gender equality and women's empowerment. Climate change impacts such as water scarcity and falling agricultural productivity may disproportionately affect women and girls.

Falling incomes often hit first and hardest on the health and education of women and girls. However, diversification of employment and income-generating activities could provide more opportunities for women. Implementation of capacity building for effective adaptive responses by women will provide the time and stability for them to lead empowered and productive lives.

Photo: ESSPIN

Goal 4 – Reduce child mortality

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

Indicator	1990	2000	2001[1]	2002[1]	2003	2004[2]	2005[2]	2006[2]	2007	2008	2009	2015 target
4.1 Under-five mortality rate (per live 1,000 births)	191	183.75	183.75	183.75	201	201	201	201	138	157	NA	63.7
4.2 Infant mortality rate (per 1,000 live births)	91	81.38	81.38	81.38	100	100	100	100	86	75	NA	30.3
4.3 Percentage of one-year olds fully immunised against measles	46	32.8	41.1	61.8	31.4	50	60	60	60	41.4	74.3*	100

Notes: [1] and [2] are 2000, 2003 data respectively (except for percentage of one-year olds fully immunised against measles)

Sources:
(1) National Bureau of Statistics, 2007
(2) NDHS report, 1990, 1999, 2003, 2008
(3) Federal Ministry of Health 2007

*Harmonized NLSS: National Bureau of Statistics, 2010

Progress and trends

MDG4 aims to reduce the mortality of children under-five years of age which was 191 per 1,000 in 1990 to approximately 64 per 1,000 live births; infant mortality from 91 to approximately 31 per 1,000 live births; and increase the percentage of one-year-olds fully immunised against measles from 46 per cent in 1990 to 100 per cent by 2015.

The major child-killer conditions in Nigeria include malaria, pneumonia, diarrhoea and malnutrition. The current policy framework for MDG4 is the National Health Sector Development Plan. The plan aims to improve child health, among other health-related MDGs.

In the analysis of progress and trends in the health-related MDGs presented in the following sections, projections up to 2015 were made using the average rate of improvement/change over the previous three years. The choice of the three-year average, given the availability of concrete data up to 2008, is because the period 2006-2008 witnessed comparatively more effective intervention in the health sector than in previous years.

The forecast path based on the three-year average was also compared with an alternate scenario based on a much longer historical path (eight-year average, where data was available) as well as with a linear path to the target.

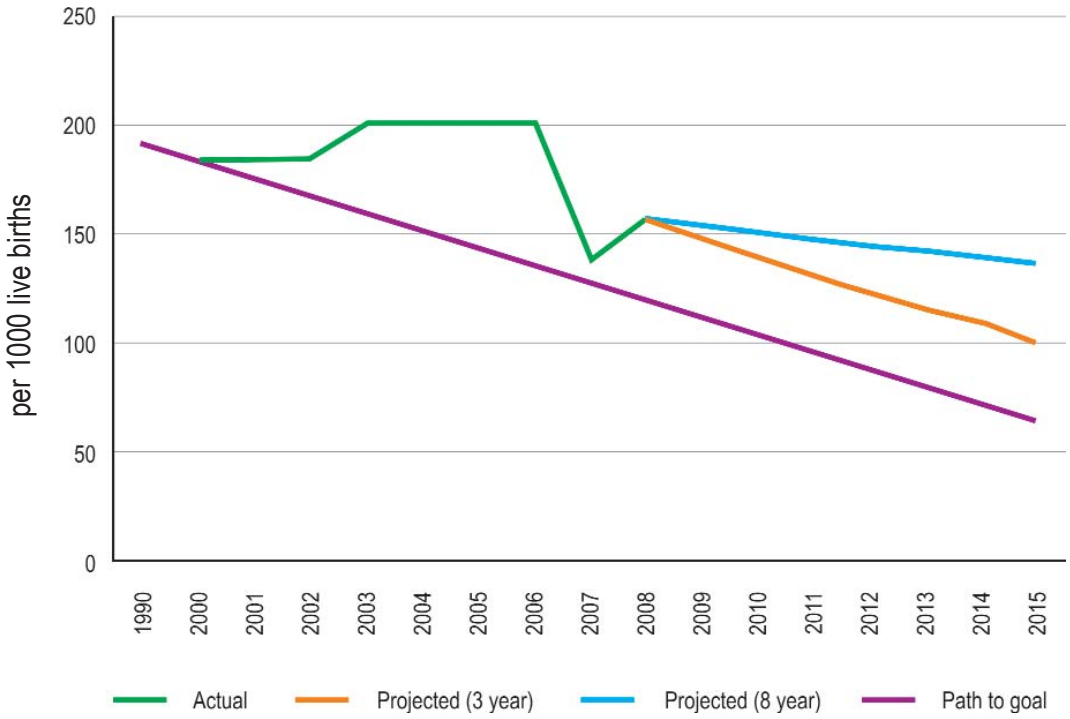
4.1: Under-five mortality rate (per 1,000 live births)

The under-five mortality rate reflects the probability of a child dying between birth and the fifth birthday. Data obtained from the Nigeria Demographic and Health Survey reports (1990, 1999, 2003 and 2008) show that the under-five mortality rose to 201 per 1000 live births in 2003 but declined to 157 in 2008 (Figure 12).

The data show an even steeper decline in 2007 to 138 per 1000 live births, which represented a major drop, before rising to 157 in 2008, implying a reversal of the progress achieved in 2007. The observed swings in the under-five mortality rates across the years suggest that this indicator may not have been responding to policy interventions as such but to some other (unknown) factors.

In Figure 12, the period up to 2008 shows the country's actual performance. After that year, projections are made up to 2015, based on the average change over the previous three years, and the previous eight years. The *path to goal* line

Figure 12: Actual and projected under-five mortality rate (per 1,000 live births)



Projected (3 year): Projection based on average change over previous 3 years
Projected (8 year): Projection based on average change over previous 8 years

in the figure shows the ideal path the country should follow in order to meet the indicator target. Both projection lines are above the linear path to the target, suggesting that the country is not on track to achieve this MDG. Because performance worsened during most of the years between 2000 and 2006, it is not surprising that projections based on the past eight years are very wide of the target. Even though some improvements were recorded in 2007 (the nearest to the linear path) and 2008, the average rate of decline over the short term (2006-2008) was insufficient to increase the average performance. Thus, projections fall short of the target path.

In terms of regional disparity, in 2008 the North East still had a disproportionately high rate of under-five mortality (222 per 1000) while the South West had recorded rates very much below the national average (89 per 1000).

Clearly, under-five mortality still presents a major challenge for Nigeria, despite the decline from 201 in 2003 to 157 in 2008, which merely reflects the significant slowing of infant mortality to 75 per 1,000 live births in 2008 from 100 in 2003 (NHDS, 2003, 2008). The situation calls for concerted investment in the north if the MDG is to be met. These investments must be delivered as part of a comprehensive package of inter-sectoral interventions that factor in the underlying determinants of child deaths including the broader environmental and social causes.

4.2: Infant mortality rate (per 1,000 live births)

Infant mortality was about 81 per 1,000 live births in 2000, but rose to 100 in 2003. Fresh measures were put in place backed by increased investment that resulted in the observed improvement in 2008 when it fell further to 75 per 1,000 live births.

Recent data shows that infant mortality is highest in the North East (109 per 1,000 live births) and lowest in the South West (50 per 1,000 live births).

Projections based on the average change over the last eight years show that the country would still record an infant mortality rate of about 70 per 1,000 live births in 2015 and so not meet the MDG goal of reducing the infant mortality rate by

two-thirds of the 1990 rate (which is about 31 per 1,000 live births). However if the more rapid decline in infant mortality over the past three years can be sustained, the country will almost meet the indicator target in 2015 (Figure 13).

4.3: Percentage of one-year olds fully immunised against measles

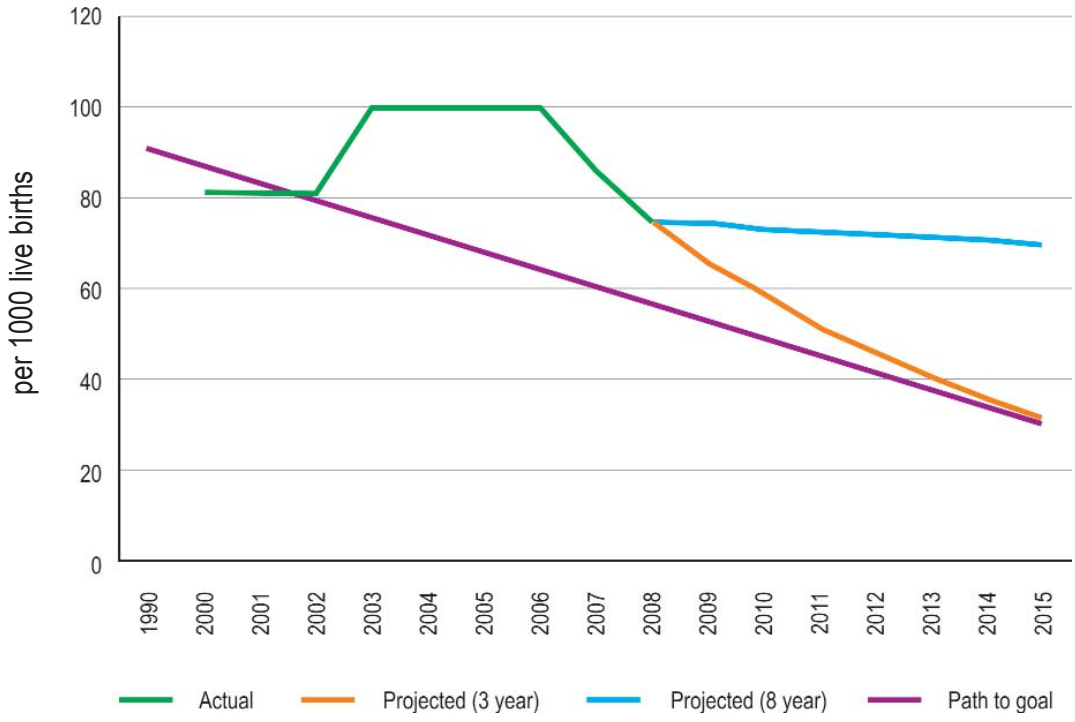
The proportion of one-year-old children fully immunised against measles is the third indicator of MDG4. This proportion has not shown any particular trend by and large: from 46 per cent in 1990, it rose to 61.8 per cent in 2002 and then declined over the next two years, rose to 60 in 2005 and remained at that level in 2006 and 2007. The country then experienced a reversal in the progress on this indicator in 2008, the last year for which concrete data are available, when it declined significantly to 41 per cent. There is however an indication that a recovery might have occurred in 2009 with the highly tentative approximation of 74.3 per cent for that year from the Harmonized Nigeria Living Standard Survey (HNLSS) 2010 which is yet to be comprehensively analysed.

Challenges and prospects

Of the three indicators, only the infant mortality target of 31 per cent appears near achievable based on the three-year average rate of decline. This scenario does not factor-in any negative shocks that cannot be discounted even if the risks are not very obvious today. Since 2006, Nigeria has launched an immense campaign to protect more than 29 million children across the country from measles and malaria – major child-killer diseases. In addition, Integrated Management of Childhood Illness was introduced in 2006.

Even though there is evidence of increased improvement, Nigeria is still not on track to meet MDG4. Very often, the thrust of government's

Figure 13: Actual and projected infant mortality rate (per 1,000 live births)



Projected (3 year): Projection based on average change over previous 3 years
Projected (8 year): Projection based on average change over previous 8 years

well-intentioned and capital-intensive intervention programmes appears to be more responsive (treatment-based) than pro-active (prevention-based). This calls for more attention to be given to other 'non-health sector' interventions, such as integrated approaches that include safe water and sanitation.

The key challenges to reducing infant mortality include population, declining resources and wide geographic variations. Others are ensuring universal access to an essential package of care, improving the quality of health care services, increasing demand for healthcare services and providing financial access especially to the vulnerable groups. Obviously, a uniform level of intervention across the country will not do much; the North East appears more in need of immediate intervention than other regions.

Overall, prospects for achieving MDG4 are slim unless there is a redoubling of efforts towards improving child health generally. To be confident, therefore, policies, programmes and interventions aimed at reducing the infant mortality rate in recent years will not only need to be maintained but intensified at all levels of government. Interventions should include those targeted at reducing morbidity and prevalence of major child-killer conditions like malaria, measles, cholera, HIV/AIDS and malnutrition.

The CGS scale-up to local government councils promises this, in part, and can be reinforced by other means of intervention that allow for project identification and implementation at the ward level. The National Strategic Health Development Plan has set a target for the under-five mortality rate that falls short of the 2015 target, suggesting that more resources are needed for this target to be achieved.

Priority areas should include the development of a monitoring framework to ensure effectiveness and efficiency in the use of resources, the provision of technical assistance for primary health care delivery and broadening the coverage of health insurance. Government's efforts in the eradication of poliomyelitis and guinea worm are also steps in the right direction towards the reduction of child mortality that can be most beneficially expanded and made more effective. The expected National Health Bill that will become operational towards the end of 2010 should have a positive and sustainable impact on the financing of this and other health-related MDGs.

Goal 5 – Improve maternal health

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

Indicator	1990	2000	2001[1]	2002[1]	2003	2004[2]	2005	2006[3]	2007[3]	2008	2009	2015 target
5.1 Maternal mortality rate (per 100,000 live births)	1000	704	704	704	800	800	800	800	800	545	NA	250
5.2 Proportion of births attended by skilled health personnel (%)	45	42	42	37.3	36.3	36.3	43.5	43.5	43.5	38.9	NA	100

Notes: [1, 2] and [3] are 2000, 2003 and 2005 data respectively

Sources:
(1) National Bureau of Statistics, 2007
(2) NDHS report, 1990, 1999, 2003, 2008

5.1: Maternal mortality

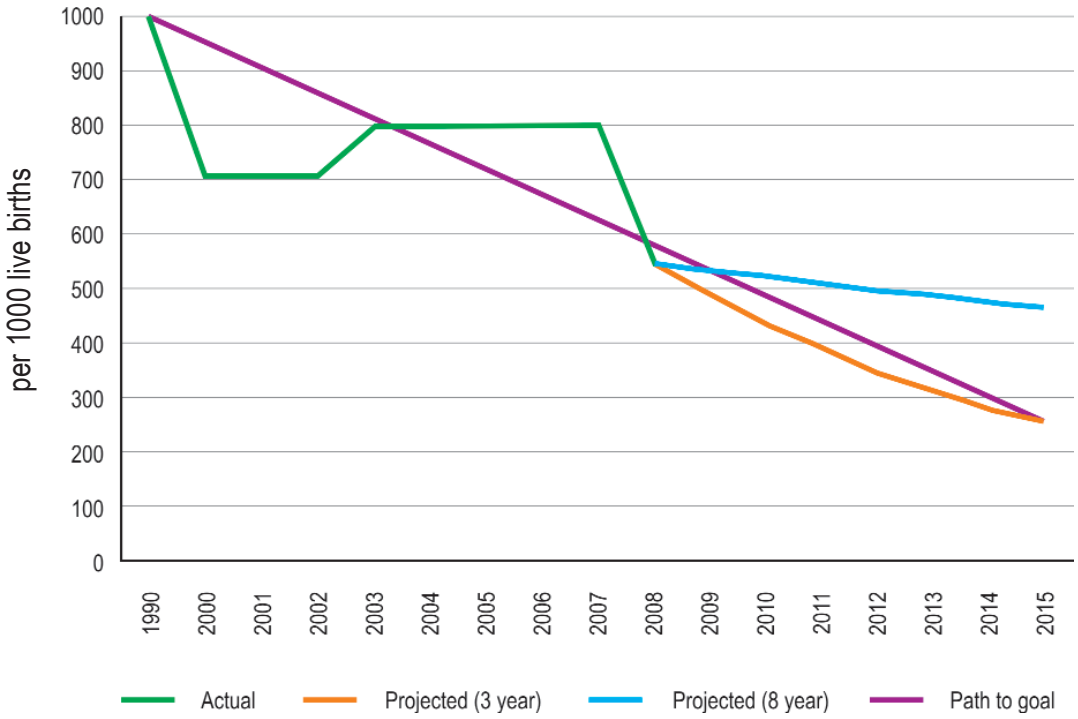
The maternal mortality rate for most of the period under review has been falling or, at least, has remained constant, except for the rise from 704 to 800 recorded between 2002 and 2003. Projections based on the three-year average look promising; it is estimated that the country's maternal mortality rate will be about 250 per 100,000 live births in 2015 if the current rate of decline is sustained (Figure 14).

5.2: Proportion of births attended by skilled health personnel

The proportion of births attended by skilled health personnel was 45 per cent in 1990. So far, the country has not achieved a better level than that. Projections based on both the three-year and eight-year averages show almost flat trajectories with no improvement (Figure 15). Over the last two years, however, government has introduced measures to address this.

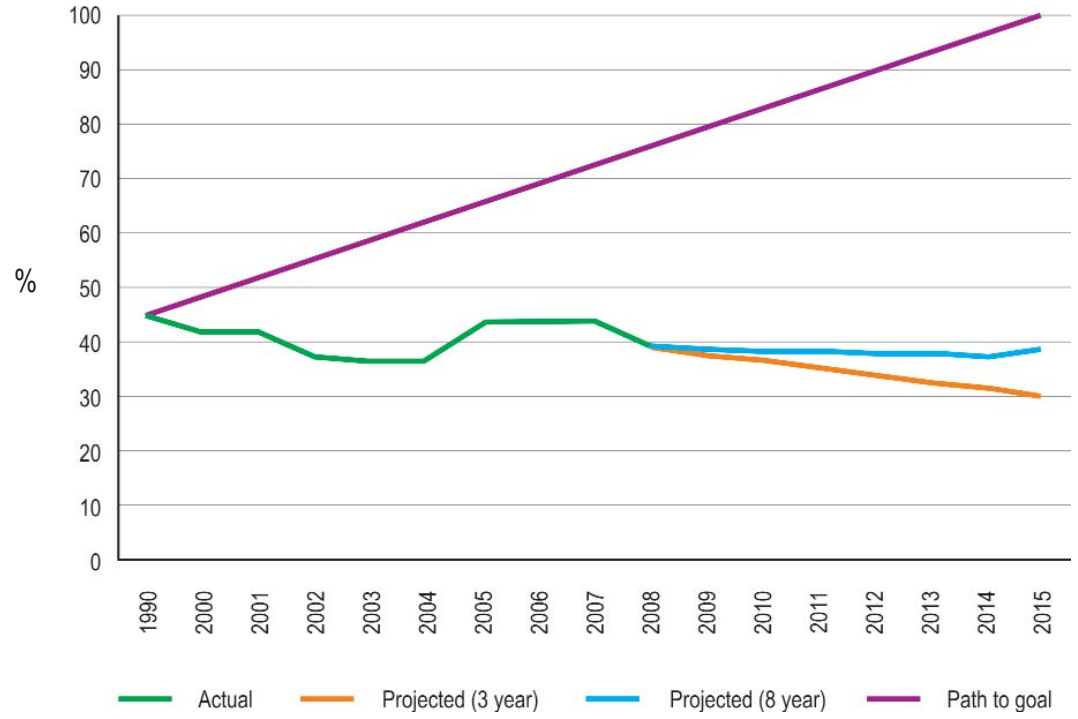
Of particular relevance is the Midwives Service Scheme, though its effectiveness is not fully captured by the available data. Under the scheme, the federal government has, as a stop-gap measure, embarked on the massive engagement of midwives on a cost-sharing basis among the three tiers of government. This initiative is aimed at rapidly improving this indicator.

Figure 14: Actual and projected maternal mortality rate (per 100,000 live births)



Projected (3 year): Projection based on average change over previous 3 years
Projected (8 year): Projection based on average change over previous 8 years

Figure 15: Actual and projected proportion of births attended by skilled personnel



Projected (3 year): Projection based on average change over previous 3 years
Projected (8 year): Projection based on average change over previous 8 years

Target 5.B – Achieve by 2015, universal access to reproductive health

Indicator		2003	2004[1]	2005	2006[2]	2007[2]	2008	2009
5.3 Contraceptive prevalence rate (%)		8.2	8.2	12	12	12	14.6	NA
5.4 Adolescent birth rate (%)		25	25	NA	NA	NA	NA	NA
5.5 Antenatal care coverage	At least one visit (%)	61	61	59	59	59	54.5	NA
	At least four visits (%)	47	47	NA	NA	NA	44.8	NA
5.6 Unmet need for family planning (%)		17	17	NA	NA	NA	20.2	NA

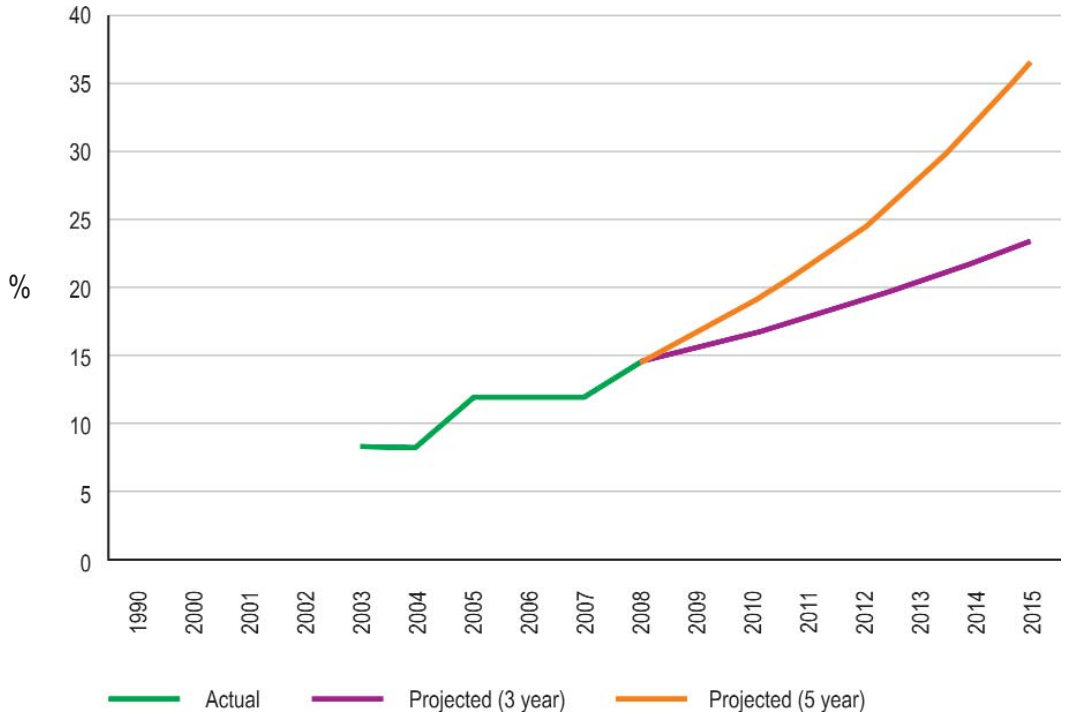
Notes: [1] and [2] are 2003 and 2004 data respectively

Sources:
(1) NDHS 2003, 2008
(2) Federal Ministry of Health, 2006

5.3: Contraceptive prevalence rate

Data on this indicator are only available from 2003. The country recorded a prevalence rate of 8.2 per cent in 2003 and 2004, 12 per cent from 2005 to 2007 and 14.6 per cent in 2008. The data show progress over the years. Using data available up to 2008, two projection scenarios are presented, one based on the average change over the previous five years and the other based on that for the previous three years. The five-year average projection shows prospects for a faster improvement. At this rate, the country will record a contraceptive prevalence rate of 36.5 per cent in 2015 (Figure 16).

Figure 16: Actual and projected contraceptive prevalence rate



Projected (3 year): Projection based on average change over previous 3 years
Projected (5 year): Projection based on average change over previous 5 years

5.5: Antenatal care coverage (at least one visit)

Data on coverage of antenatal care in the country are similarly available only from 2003. The data in the country (for at least one visit) up to 2008 show no remarkable variation over the period 2003-2008. Two projection scenarios are presented, based on data for the last three years and for the last five years. There is no significant difference in terms of projected outcomes under both scenarios (Figure 17). The outlook is poor in both cases. To achieve this target, a change of strategy or complete overhaul of existing strategies is inevitable.

Challenges and prospects

Given the widely-acknowledged slow progress, achieving significant reductions in maternal mortality is a central policy concern. In response, policies and programmes have been introduced in an attempt to reverse the situation.

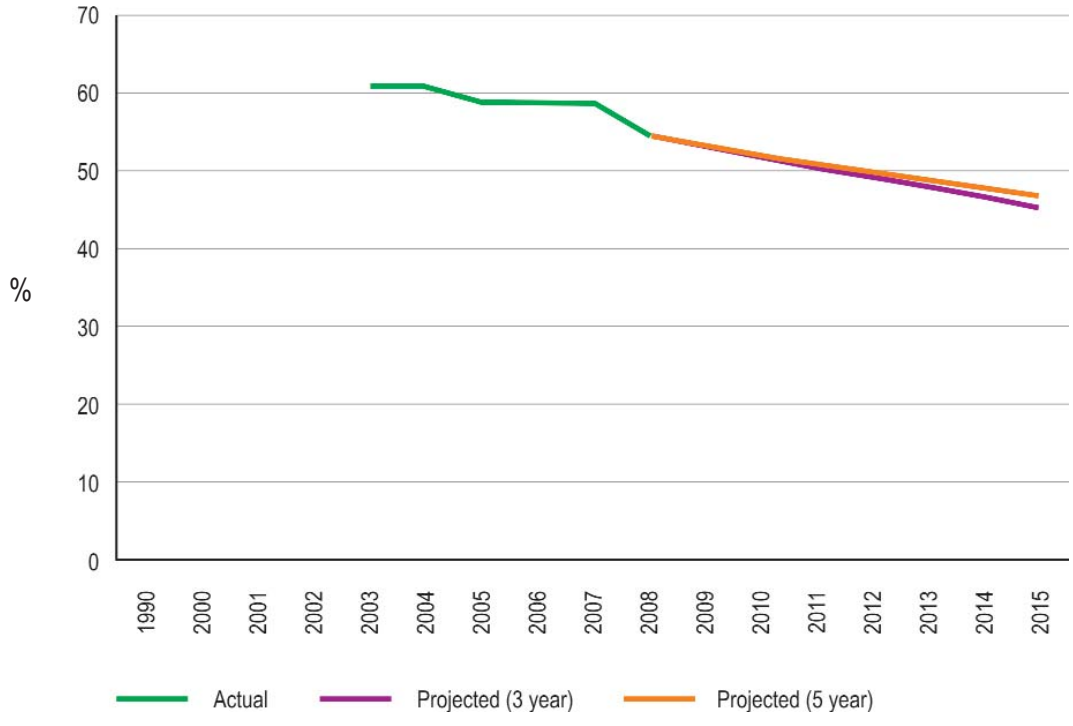
Recent interventions include primary health care-related projects and programmes that support maternal health and additional maternal/child health centres established around the country. Available data show that 228 maternal health care centres and 10 health training institutions have been built, 2,312 facilities have been equipped with medical equipment and 6,673 health workers have been trained.

The Nigerian Government, in collaboration with development partners has continued to improve access to quality health services through other interventions such as the Community Health Insurance Scheme and the Midwives Service Scheme.

Major challenges include inadequacy of data, poor remuneration of health workers, low absorptive capacity in the health sector and the low quality of service in health facilities and primary health care centres across the country. Others are a dearth of skilled personnel and a shortage of family planning facilities, in particular.

Major priorities for the government will include funding, proper monitoring of expenditure to ensure accountability and project evaluation. Increasing access to primary health care services

Figure 17: Actual and projected antenatal care coverage (at least one visit)



Projected (3 year): Projection based on average change over previous 3 years
Projected (5 year): Projection based on average change over previous 5 years

especially in rural areas is also a priority, as are the training and retraining of health workers and advocacy.

There is a need for incentives to be provided for health workers in rural areas, as is being done for teachers under the Federal Teachers' Scheme, to encourage them and support the availability of skilled health workers in rural areas. Women's rights should be recognised and budgeted for to enable them to participate in economic activities, educate them and support them. This applies especially to single mothers who are usually more at risk.

There are opportunities for progress toward the achievement of this goal in the country: government commitment is not in doubt and development partners are willing to offer both technical and material support to improve maternal health outcomes. The new National Strategic Health Development Framework and Plan and other case-specific policies could be leveraged to achieve rapid improvement.

The CGS scale-up to local government councils is promising, as it focuses particularly on health and education, but it needs to be rapidly extended to more councils. This needs a holistic mechanism that takes into account multi-sector approaches that may be 'outside' the health and education sectors, but contribute to these outcomes, such as water, sanitation and hygiene.

Photo: SPARC

Goal 6 – Combat HIV/AIDS, malaria and other diseases

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

Indicator	1990	2000[1]	2001	2002[2]	2003	2004[3]	2005	2006[4]	2007	2008	2015 target
6.1a HIV prevalence among pregnant young women aged 15-24 (%)	NA	5.4	5.8	5.8	5.0	5.0	4.3	4.3	4.3	4.2	To be halted
6.2a Young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner (%)	NA	NA	NA	NA	43.9	43.9	63.8	63.8	63.8	NA	100
6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (%)	NA	NA	NA	NA	18.3	18.3	25.9	25.9	25.9	NA	100
6.4a Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.2	-
6.4b Children orphaned by HIV/AIDS (million)	NA	NA	NA	NA	NA	1.8	1.97	1.97	1.97	NA	-

Notes: [1, 2, 3] and [4] are 1999, 2001, 2003 and 2005 data respectively

Sources:
(1) NDHS report, 2008
(2) Monitoring and Evaluation Unit, NACA

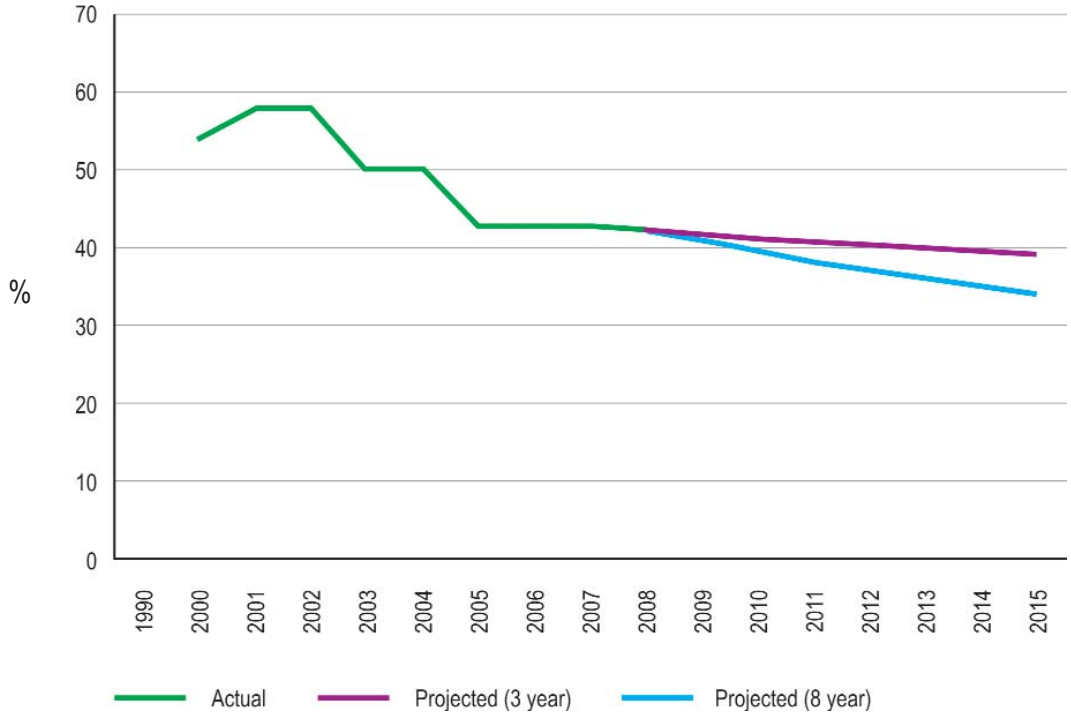
6.1a: HIV prevalence among pregnant young women aged 15-24

HIV prevalence among pregnant young women aged 15-24 years has continuously declined in recent years. From 5.4 per cent in 2000, it initially rose to 5.8 per cent in 2001 and 2002 but declined to 5.0 per cent in 2003 and further to 4.3 per cent in 2005 and 4.2 per cent in 2008. The forecast for this indicator up to 2015 is presented using the three-year and the eight-year average (Figure 18).

Nationally the MDG target has been met: the spread of HIV has been halted and has begun to be reversed. However, acute challenges remain in some states where prevalence rates continue to remain high.

For example, for pregnant women aged 15-24, the South South region recorded the highest HIV prevalence rate (7 per cent) while the South West has the lowest rate in the country (2 per cent). The state-level analysis reveals that Benue State has the highest prevalence (10.6 per cent) while Ekiti State recorded the lowest (1 per cent).

Figure 18: Actual and projected HIV prevalence among pregnant young women aged 15-24



Projected (3 year): Projection based on average change over previous 3 years
Projected (8 year): Projection based on average change over previous 8 years

6.2a: Young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner

This indicator and the next measure awareness of HIV among young people. Both have been improving over the years, but condom use shows faster improvement overall. From 43.9 per cent in 2003 it rose to 63.8 per cent in 2005 through 2007, representing a 20-percentage point improvement. Projections reveal that the country is on track to achieve this target (Figure 19).

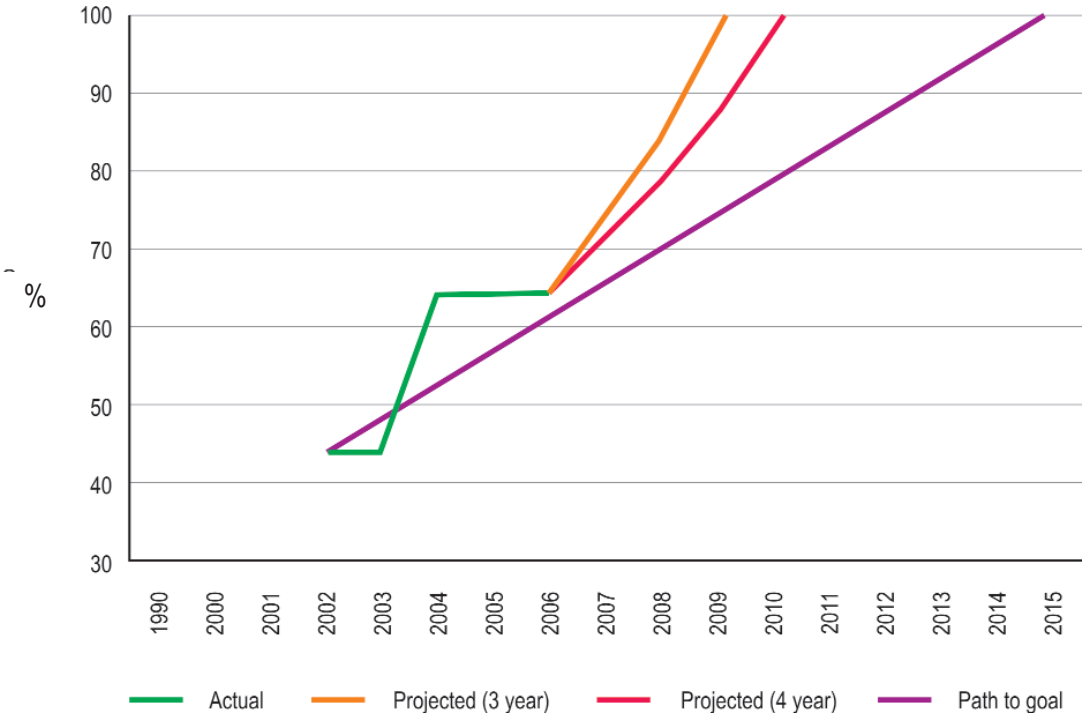
The regional data reveal that the South East had the highest percentage of young people between the ages of 15 and 24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner (53 per cent), while the North East recorded the lowest (26 per cent). At the state level, Lagos State is the best in terms of this indicator (63 per cent) while Oyo State presents the worst outcome (13 per cent).

6.3: Young people aged 15-24 with correct knowledge of HIV/AIDS

Although data on this indicator are limited, there are some indications of an improvement in the correct identification of ways of preventing the sexual transmission of the infection. In 2003, this indicator was 18.3 per cent but rose to 25.9 per cent in 2007. Using both the three-year and the four-year averages in projections, however, the country is unlikely to achieve the 100 per cent target by 2015 (Figure 20).

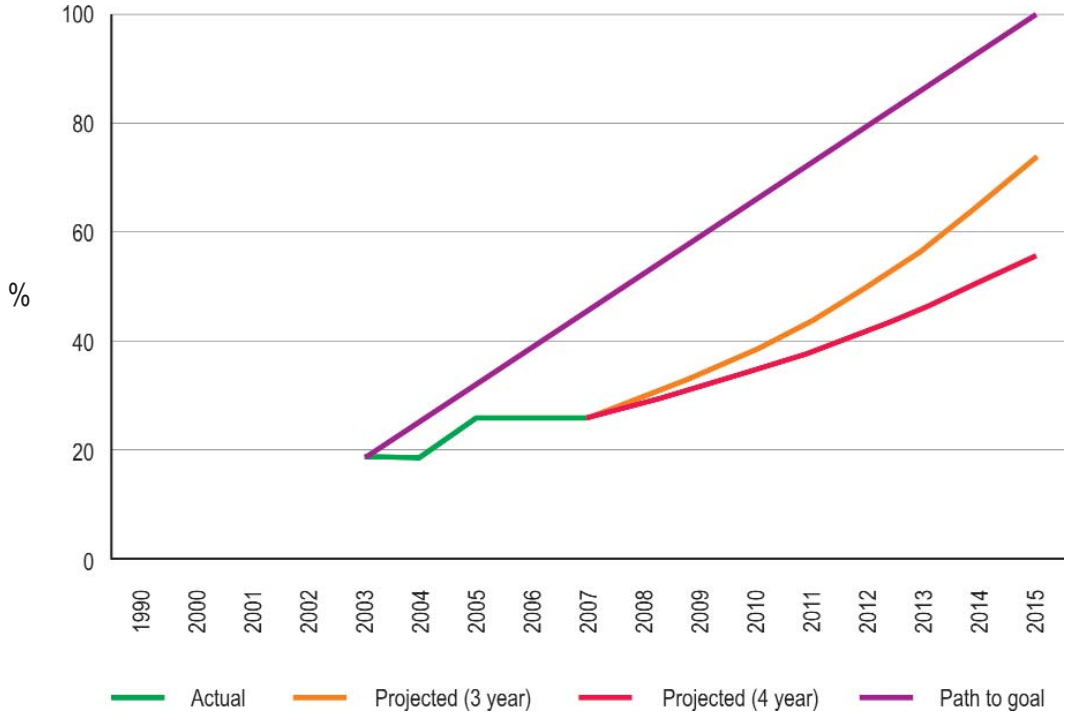
The North East has so far recorded the lowest percentage (31 per cent) while the South West recorded the highest (49 per cent), which agrees with the prevalence statistics. At the state level, Jigawa State recorded the lowest percentage (8 per cent) while Abuja FCT recorded the highest (68 per cent).

Figure 19: Actual and projected proportion of young people aged 15-24 reporting condom use with non-regular sexual partner



Projected (3 year): Projection based on average change over previous 3 years
Projected (4 year): Projection based on average change over previous 4 years

Figure 20: Actual and projected proportion of young people aged 15-24 who both correctly identify ways of preventing HIV and who reject major misconceptions about HIV transmission

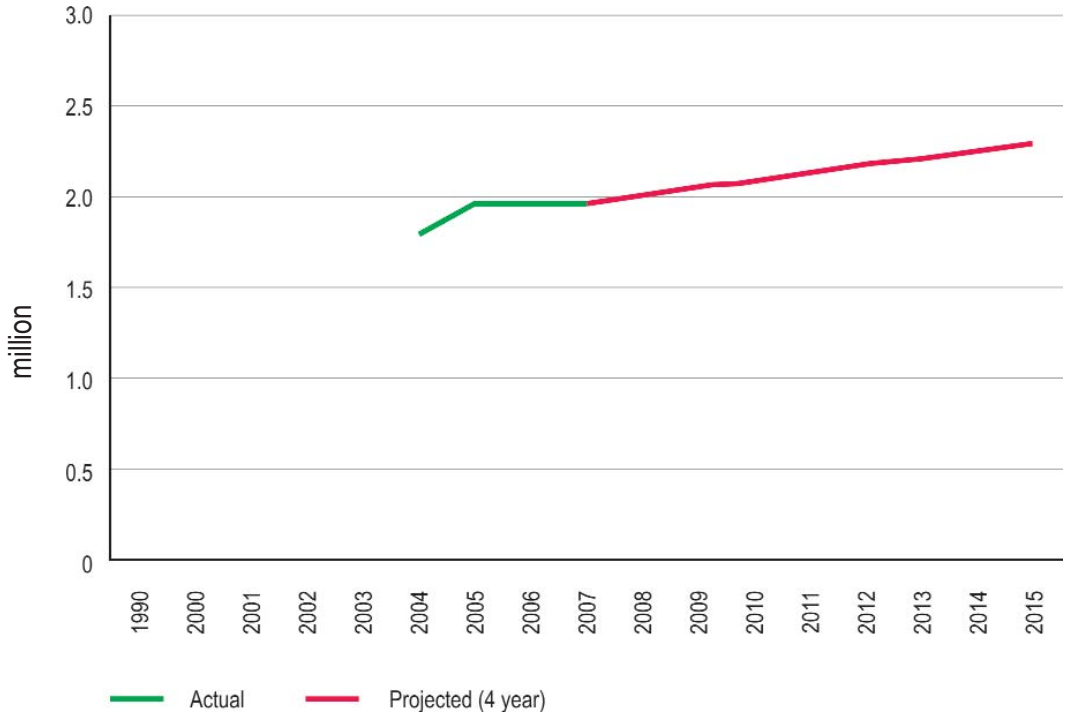


Projected (3 year): Projection based on average change over previous 3 years
Projected (4 year): Projection based on average change over previous 4 years

6.4b: Children orphaned by HIV/AIDS

The number of children orphaned by HIV/AIDS has increased. It rose from 1.8 million children to 1.97 million between 2004 and 2005 through 2007, representing an increase of about 9 per cent. A projection based on a four-year average change presents a scenario in which the number of children orphaned by HIV/AIDS would hit 2.3 million (Figure 21).

Figure 21: Actual and projected number of children orphaned by HIV/AIDS



Projected (4 year): Projection based on average change over previous 4 years

Target 6.B – Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

According to the Federal Ministry of Health, access to HIV/AIDS treatment for all those who need it was 16.7 per cent in 2007, but rose to 34.4 per cent in 2008. The target is to have 100 per cent by 2015.

Target 6.C – Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
6.6 Malaria prevalence (per 100,000)	NA	2024	1859	2203	1727	1157	1157	1157	1157	NA	NA
Deaths (per 100,000)	NA	0.23	0.19	0.15	0.19	0.16	0.16	0.16	0.16	NA	NA
6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets (%)	NA	NA	NA	NA	2.2	NA	NA	NA	NA	5.5	10.9[1]
6.9 Tuberculosis prevalence (per 100,000)	NA	15.74	12.01	12.57	21.75	7.07	7.07	7.07	7.07	NA	NA
Deaths (per 100,000)	NA	1.57	2.24	1.58	2.5	1.50	1.50	1.50	1.50	NA	NA

Sources: (1) FMOH
[1] HNLSS, 2010

6.6: Malaria prevalence rate (per 100,000)

Except for the peak prevalence rate of 2,203 per 100,000 recorded in 2002, the prevalence of malaria has decreased for most of the years for which data is available. There were 2,024 cases per 100,000 in the year 2000, but this fell to 1,859 in 2001 and rose to 2,203 in 2002. The number fell to 1,727 in 2003 and further to 1,157 in 2004, representing a 42.8 per cent decline from the 2000 figure.

The death rate fell from 0.23 to 0.16, about a 30 per cent decline, within the same period. Projections up to 2015 show that the incidence rates could be about 455 and 594 in the year under the three-year average and six-year average scenarios, respectively (Figure 22).

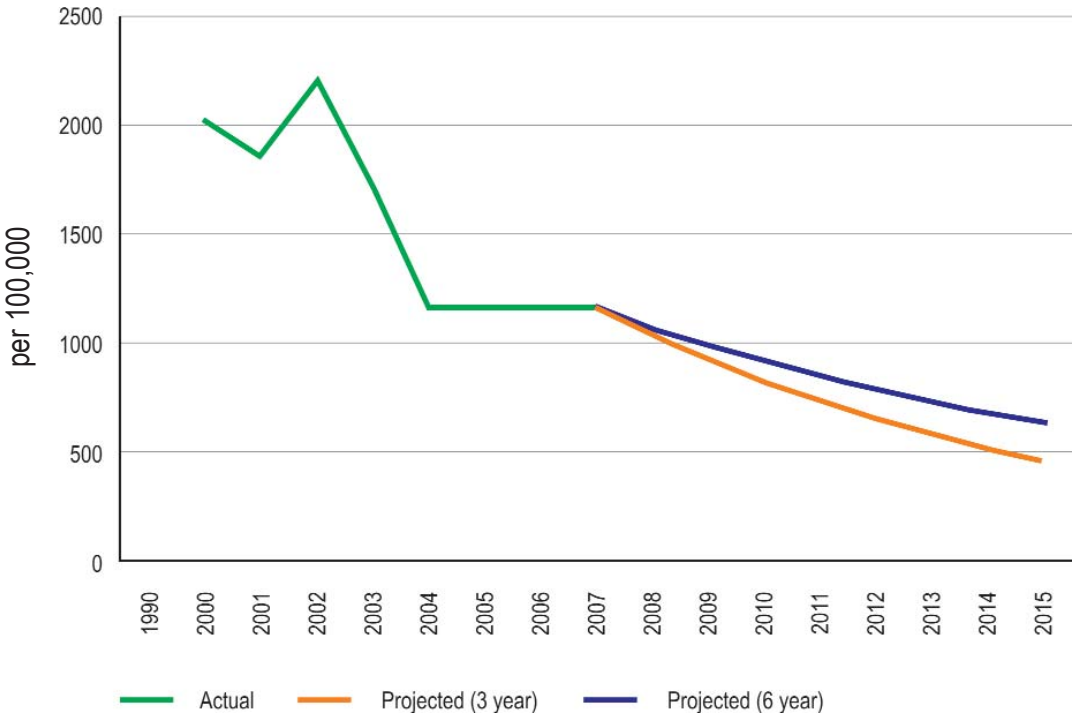
6.9: Tuberculosis prevalence (per 100,000) and death rate

Variations in the tuberculosis prevalence rate in Nigeria show almost the same characteristics as the malaria prevalence rate, though the rate has never been as high.

Tuberculosis recorded a high of 21.75 per 100,000 in 2003, decreasing in subsequent years. The rate was 15.74 in the year 2000, falling to 12.57 in 2002. It rose to 21.75 in 2003 and then fell continuously to a low of 7.07 per 100,000 in 2004, representing a 43 per cent and 67.7 per cent decline from the year 2000 and 2003 figures, respectively. The rate remained constant through to 2007.

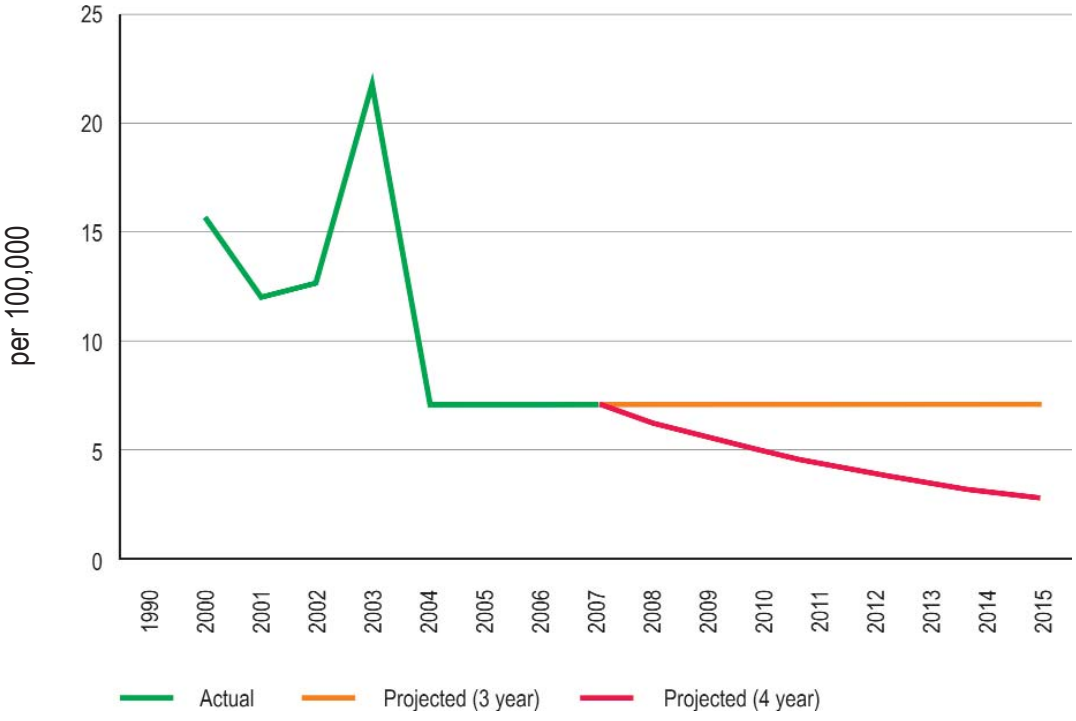
The death rate also fell from 1.57 in the year 2000 to 1.50 in 2004 through 2007, representing a 4 per cent decline. The four-year average projection for prevalence shows a more optimistic picture of close to zero by 2015 (Figure 23).

Figure 22: Actual and projected malaria prevalence rate



Projected (3 year): Projection based on average change over previous 3 years
Projected (6 year): Projection based on average change over previous 6 years

Figure 23: Actual and projected tuberculosis prevalence rate



Projected (3 year): Projection based on average change over previous 3 years
Projected (4 year): Projection based on average change over previous 4 years

Challenges and prospects

Overall, Nigeria is making progress albeit slowly on this goal. The government and donor agencies have been doing a lot in the area of reducing the prevalence of HIV/AIDS as well as increasing awareness. The National Agency for the Control of AIDS (NACA) has developed a five-year national strategic framework for action.

Major challenges to the achievement of this goal include inadequate data for proper policy action and responses, unavailability and inaccessibility of anti-retroviral therapy (ART) for those in need, low grassroots knowledge and awareness of the dangers of the disease and methods of prevention. There are also increasing funding gaps.

With malaria, the key challenges include ensuring effective delivery of insecticide-treated nets to households and community-based sanitation initiatives. Globally, Nigeria ranks fourth out of the 22 countries with a high burden of tuberculosis (TB). The link between tuberculosis and HIV has further worsened its burden. The incidence of TB detected and treated still falls short of the set global target of 85 per cent by 2015.

Priorities should include availability, affordability and accessibility of ART, increasing the level of awareness of society about HIV/AIDS, and implementation of the reviewed national HIV/AIDS policy and the National Framework for HIV Prevention in the Sex Work Setting.

Strategies and opportunities for accelerated progress include rapid adoption and effective implementation of the new National HIV/AIDS Strategic Framework for Action 2010-2015 and the costed National HIV/AIDS Strategic Plan to enhance prospects for controlling the epidemic. Also important is fast-tracking the production of condoms, ART and other consumables, so reducing the cost of procuring them from abroad.

Progress on malaria and TB would involve fast tracking implementation of the new Strategic Framework for Action on Malaria 2009-2013 (recently developed by the National Malaria Control Programme), scaling up DOTS services in all 36 states of the federation, mapping TB zones, and intensifying efforts in endemic areas to improve access and coverage.

Encouraging an integrated and coordinated approach for engaging international development partners would also enhance progress towards the achievement of MDG6.

Photo: SPARC

Goal 7 – Ensure environmental sustainability

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

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2015 target
7.1 Proportion of land area covered by forest (%)	18.9	14.4	NA	NA	NA	NA	12.2	NA	NA	NA	NA	9.9	15

Source: Food and Agriculture Organization of the United Nations (2010)

Progress and trends

Nigeria's Vision 20:2020 is an integrated development plan with one of its three pillars dedicated to ensuring sustainability.

7.1: Proportion of land area covered by forest

Forests perform a number of functions that are vital for humans, including the provision of goods (timber and non-timber products) and services such as protection against flooding, habitat for biodiversity, carbon sequestration, watershed protection and soil conservation. Nigeria is well endowed with forests, which account for about 2.5 per cent of GDP.

However, the proportion of Nigeria's land area covered by forest declined from 14.4 per cent in 2000 to 12.2 per cent in 2005 and 9.9 per cent in 2010 (Food and Agriculture Organization of the United Nations, 2010). Forests provide employment for over 2 million people, particularly in the harvesting of fuel wood and poles, but more than 80,000 people work in log processing industries, especially in the forest zones of the south (Food and Agriculture Organization of the United Nations, 2010).

Target 7.C – Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2015 target
7.8 Proportion of population using an improved drinking water source (%)	54	54	62.11	64.21	66.25	57	60	50.9	49.1	55.8[1]	58.9[2]	NA	77
7.9 Proportion of population using an improved sanitation facility (%)	39	42.9	42.9	49.4	49.8	38	33	33	42.9	53.8[3]	51.6[2]	NA	70

Source:
[1] Nigeria Demographic and Health Survey
[2] National Living Standards Survey
[3] National Bureau of Statistics (2009b)

NB Data for 2008 and 2009 are undergoing further analysis as the definitions used may include some sharing of sanitation facilities.

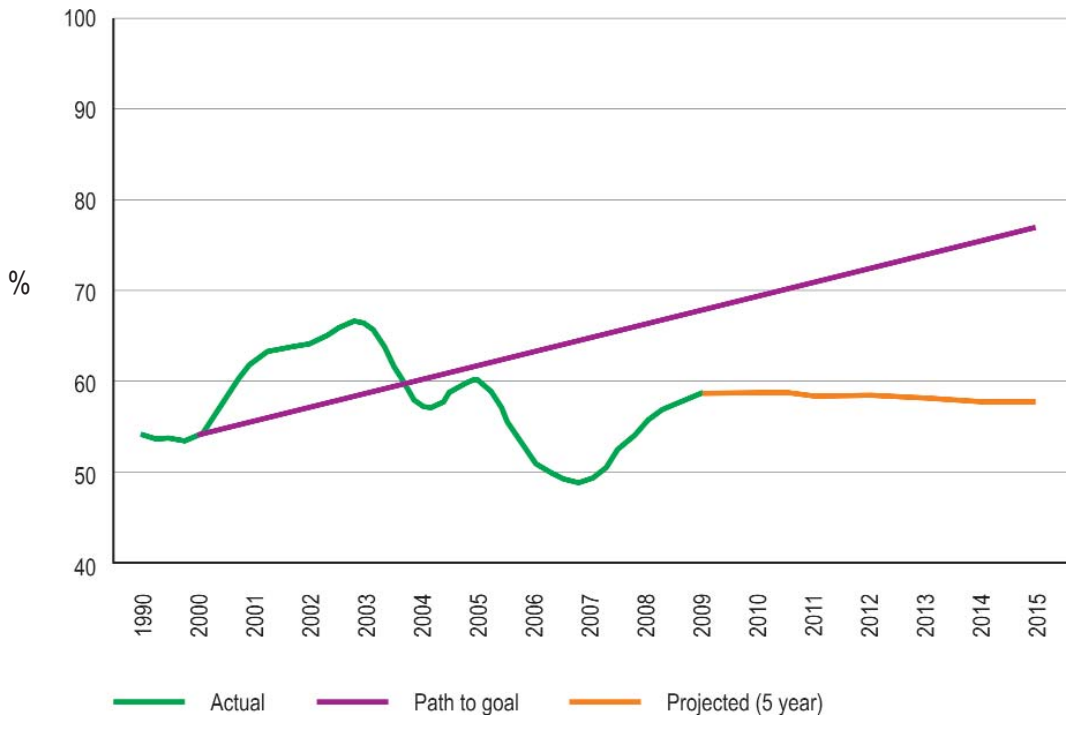
7.8: Proportion of population using an improved drinking water source

Access to improved water sources (defined as piped water, public taps, boreholes or pumps, protected wells, protected springs or rainwater) could help reduce deaths from diarrhoea and other such diseases. Diarrhoea is now recognised as the biggest killer of children under five years old in Africa.

Nigeria's progress towards this target has been erratic (Figure 24). Currently, 58.9 per cent of the population has access to an improved water source (Harmonized Nigeria Living Standards Survey, 2009) an improvement on the 55.8 per cent recorded in the 2008 NDHS.

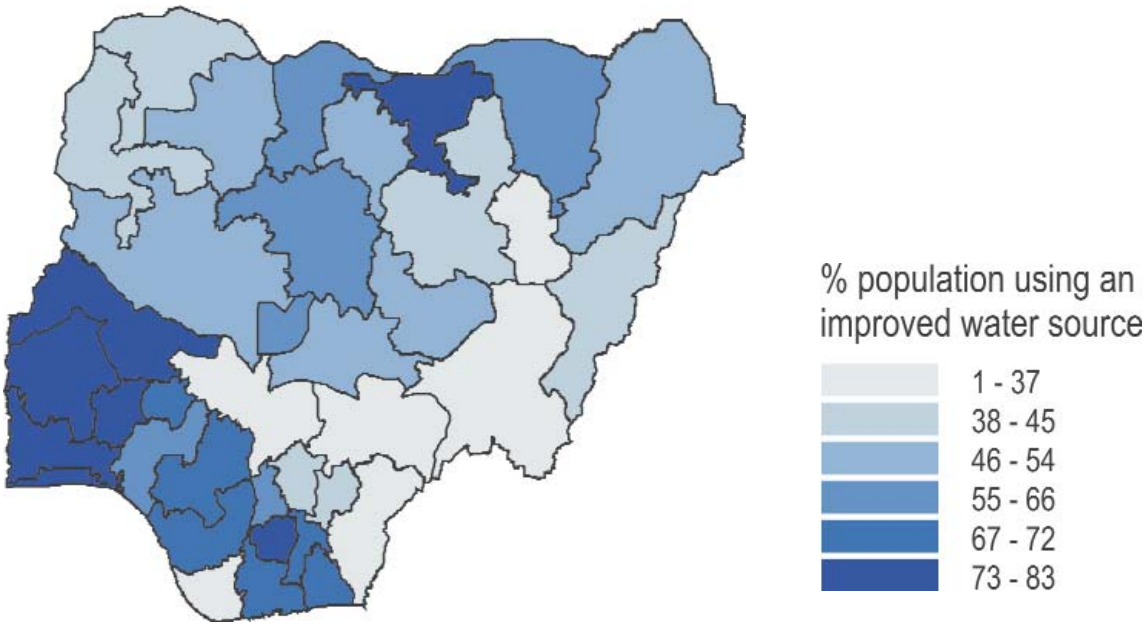
However, despite a lot of investment and resources having gone into the provision of safe water by the government and its development partners, this has not always translated into the availability of water that is safe, affordable, accessible and sustainable – particularly in rural areas (Figure 25). A linear projection of the improvement over the last five years does not promise realisation of the MDG target, but it must be noted that there has been improvement over the last two years where strategic investments in partnership with state and local governments have been successful through such initiatives as the debt relief-funded Conditional Grants Scheme.

Figure 24: Actual and projected proportion of population using an improved water source, 1990-2015



Projected (5 year): Linear projection based on average change over previous 5 years

Figure 25: Percentage of the population using an improved water source by state, 2009



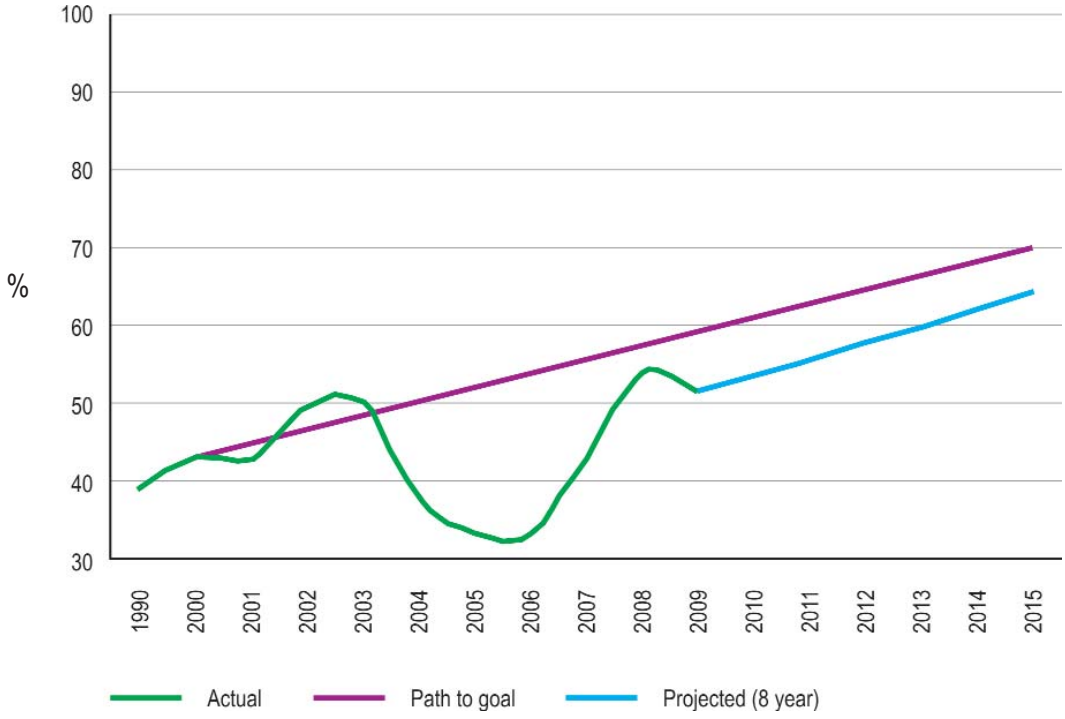
Source: Harmonized Nigeria Living Standard Survey (HNLSS), 2009

7.9: Proportion of population using an improved sanitation facility

Globally, improving access to clean water, sanitation and hygiene has the potential to reduce disease burden by at least 9.1 per cent in terms of disability-adjusted life years (a weighted measure of deaths and disability), or by 6.3 per cent in terms of deaths (World Health Organization, www.wpro.who.int).

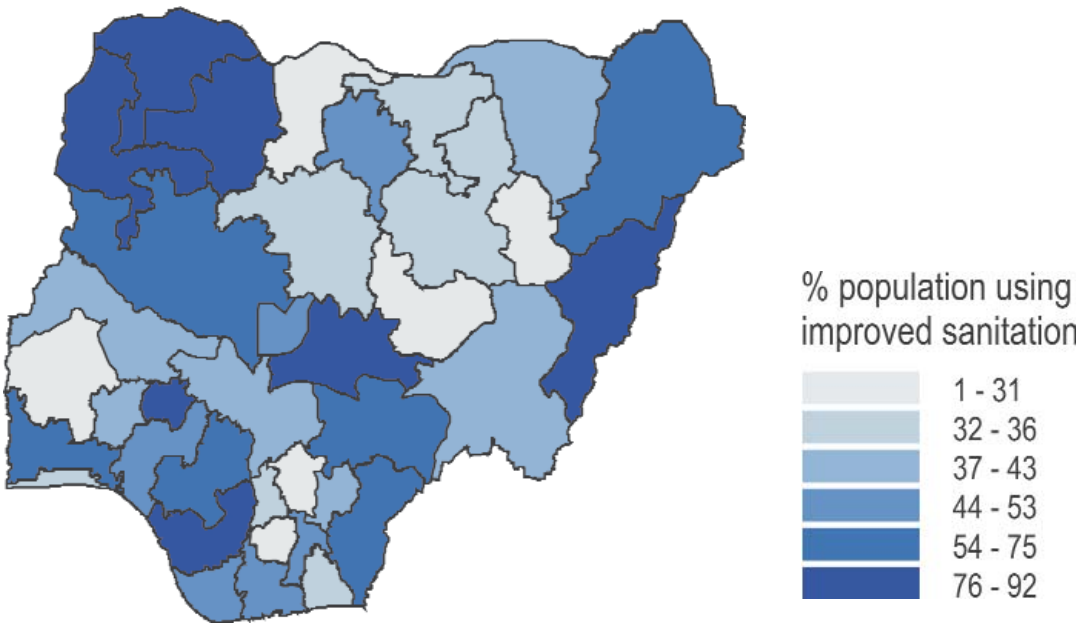
In Nigeria, good average progress has been made in the use of improved sanitation facilities since 2006, although more needs to be done in order to achieve the target. Nevertheless, gradual progress has been made so that now over half the population has access to improved sanitation (Figures 26 and 27).

Figure 26: Actual and projected percentage of population using an improved sanitation facility, 1990-2015



Projected (8 year): Linear projection based on average change over previous 8 years

Figure 27: Percentage of the population using improved sanitation facilities by state, 2009



Source: National Bureau of Statistics: Harmonized Nigeria Living Standard Survey, 2009

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

Nigeria has become increasingly urbanised in the last five decades: the proportion of the population living in urban areas rose from 15 per cent in 1950, to 23.4 per cent in 1975 and to 43.3 per cent in 2000. Projections indicate that more than 60 per cent of Nigerians will live in urban centres by 2025, and a sizeable proportion of these are likely to live in slums if urgent action is not taken. One of Nigeria's greatest challenges is providing adequate housing for its growing population. The country is estimated to have a deficit of about 16 million housing units, requiring the construction of about 2 million units annually to meet the shortfall.

In line with the MDG targets, financing focuses on developing city-wide infrastructure and upgrading slums to improve living conditions and enhance economically productive activities. Emphasis is given to providing nation-wide infrastructure and basic services in poor communities across Nigeria under the Community-based Urban Development Programme. This is in addition to the implementation of a National Urban Renewal and Slum Upgrading Programme. Project components include the construction and upgrading of intra-city roads and drains, expansion of water and electric power supplies, provision of recreational parks, and the renovation and reconstruction of selected public utility buildings.

Challenges and prospects

The water supply and sanitation subsector is guided by the National Water Supply and Sanitation Policy (NWSSP), which was approved by the federal government in 2000. The objective of the policy is to ensure that all Nigerians have access to sufficient potable water and adequate sanitation, in an affordable and sustainable way, through investment by the three tiers of government (national, state and local), the private sector and the beneficiaries. The NWSSP is complemented by a draft National Water-Sanitation Policy that was approved by the National Water Resources Council in April 2005 to address sanitation issues.

The Federal Ministry of Water Resources has developed a number of strategies, guidelines and programmes to accelerate the efforts to provide improved water supply and sanitation in Nigeria. These include the rural water supply and sanitation programme; the small towns water supply and sanitation reform strategy; the small towns water supply and sanitation programme implementation guidelines; and the water supply investment mobilisation and application guidelines.

Critical issues facing efforts to provide access to improved water sources include cost and health considerations. The majority of the population are not connected to publicly subsidised piped water; those who are not connected must buy water from vendors, usually at very high prices. Health issues include the need to ensure adequate standards of water quality for both piped water and vendor water.

The environmental management actions envisaged under Nigerian strategies need to be integrated with the country's health strategies to ensure maximum coverage and uptake.

Climate change, in particular, has huge implications for efforts to achieve the MDG targets on environmental sustainability. Climate change can affect and/or be affected by measures taken to ensure environmental sustainability. Climate change can directly change the quality and integrity of climate-dependent resources, including forests, land, soils, water and coastal resources. Ecosystem services, which are currently threatened by pollution, population pressure, mismanagement and overuse, may suffer additional pressures from climate change.

Overexploitation of groundwater may reduce the availability of safe water in the north of Nigeria and increase the influx of saline water in the south of the country. In addition, migration and changes in rainfall, in particular, may place additional stress on existing sanitation systems. Pressures on livelihoods and incomes may increase the incentive for deforestation, reducing prospects for climate change mitigation.

Conditions in coastal slums will deteriorate as flooding and severe weather damage infrastructure and housing, particularly that built on reclaimed land or on the water. It is estimated that desertification and desert encroachment threaten about 90,000-130,000 km^2 of arable land and US$6.4 billion of capital.

Better management of water is essential for agriculture to adapt to climate change. Changes in rainfall are likely to reduce river flows, and warmer temperatures will increase evaporation. Water and ecosystem resources can be used more efficiently and sustainably through a combination of new and existing technologies, better information and more rational use. For example, if farmers learn new farming and irrigation techniques, it is possible to reduce groundwater consumption to sustainable levels.

The sanitation sector suffers from weak institutional capacities, a low level of professional manpower and low levels of private sector capacity and participation, coupled with an absence of rural water-supply infrastructure. There is often no single accountable line ministry or clear budget line. This results in weak sector leadership, poor coordination between actors, wastage of resources and a lack of accountability. Additionally, the lack of priority accorded to sanitation in national and international development strategies results in low levels of investment by governments and aid agencies alike.

Overall, the lack of current data and a clear policy framework on issues relating to MDG7 reflects the lack of investment in environmental issues in Nigeria.

Goal 8 – Develop a global partnership for development

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

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Per capita ODA to Nigeria (US$)	3.0	1.47	1.39	2.38	2.44	4.49	48.94	81.67	NA	NA	NA
8.12 Debt service as a percentage of exports of goods and services	22.3	8.2	12.4	7.8	5.9	4.5	15.2	11.0	1.3	0.5	NA

Sources:
(i) Central Bank of Nigeria (2006)
(ii) Central Bank of Nigeria (2007)
(iii) World Bank (2006), World Development Indicators

Progress and trends

The flow of ODA (including debt relief gains) from developed countries to Nigeria has increased dramatically since 2004, rising from US$4.49 per person in 2004 to US$81.67 per person in 2006 and 2007 (Figure 28). However, these figures include the large volume of debt relief negotiated by Nigeria, which was received in tranches spanning both 2005 and 2006. This does not reflect a large or sustained increase in the volume of additional ODA provided by international development partners in line with their commitments.

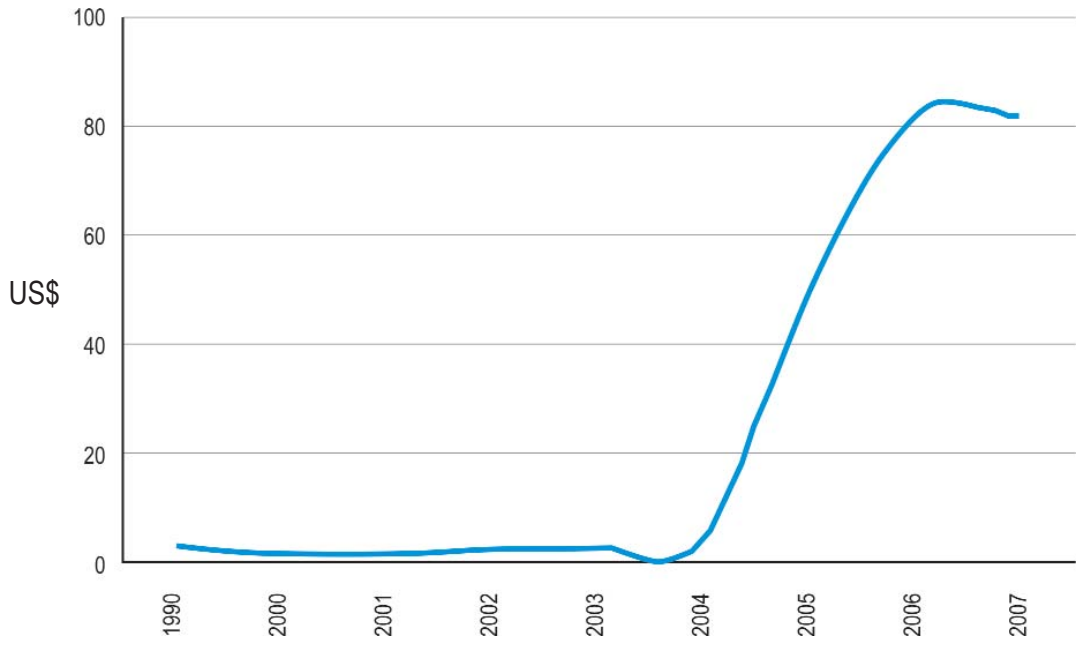
Provisional data for 2008 from the OECD show per capita ODA of US$8.53, which is an increase on previous years but is still far short of the volume of funds required to make appreciable progress on the MDGs. The coordination and management of ODA from different donors and countries is a complex challenge and the government will need to allocate more resources to this activity.

Nigeria's economy was over-burdened by the country's huge external debt for many years. In 1990, for example, servicing the country's external debt consumed 22.3 per cent of the value of the country's exports of goods and services (Figure 29). Nigeria obtained debt relief in 2005, when the Paris Club wrote off US$18 billion of its debt on condition that the country pay off the balance of approximately US$12.4 billion owing to the Paris Club creditors. Nigeria paid off its debt to the Paris Club in 2006.

It subsequently paid off its debt to the London Club of creditors through par bonds worth US$1.486 billion and promissory notes worth US$476 million. In addition, in 2007 Nigeria re-purchased about 21 per cent of outstanding oil warrants issued under a debt-restructuring deal in 1991.

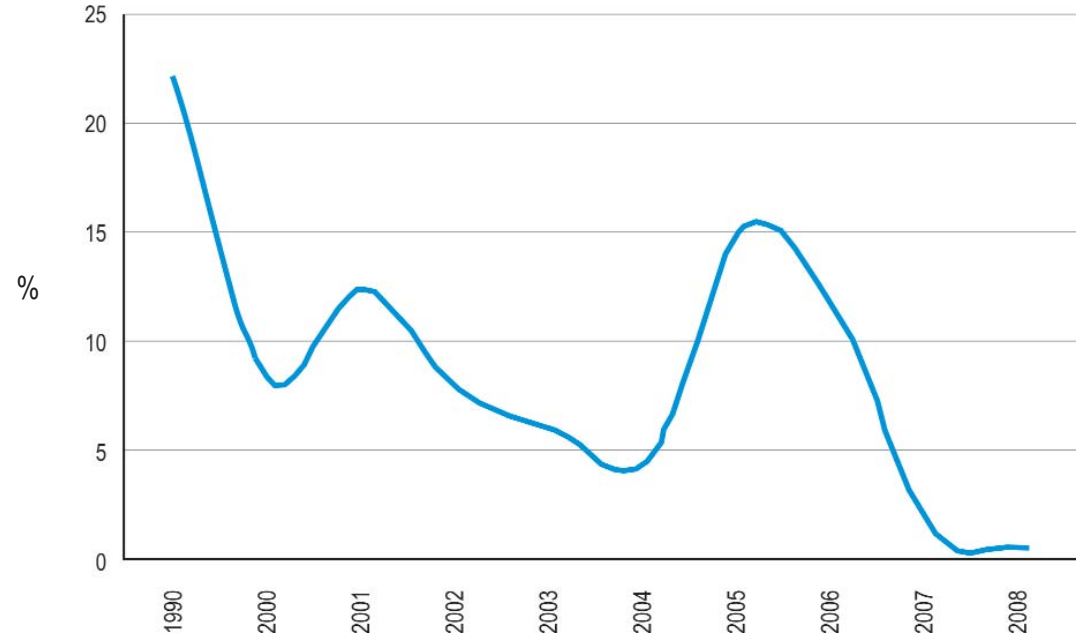
All Paris Club debt relief gains were dedicated to additional spending on pro-poor projects and programmes towards achieving the MDGs in Nigeria.

Figure 28: Annual per capita official development assistance (ODA) to Nigeria (US$), 1990-2007 (includes debt relief gains)



Sources:
(1): MDGs indicators, UN (see http://mdgs.un.org/unsd/mdg/data.aspx)
Other sources:
(i) Central Bank of Nigeria (2006): Annual Report and Statement of Accounts
(ii) Central Bank of Nigeria (2007): Economic Report for the First Half of 2007
(iii) World Bank (2006), World Development Indicators

Figure 29: Debt service as a percentage of exports of goods and services, 1990-2008



Source: Debt Management Office, 2010

Target 8.F – In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technology

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
8.14 Telephone lines per 100 people[1]	0.3	0.44	0.47	0.54	0.66	0.75	0.87	1.17	1.07	0.86	NA
8.15 Cellular subscribers per 100 people[1]	0.00	0.02	0.21	1.20	2.35	6.65	13.19	22.40	27.35	41.66	NA
8.16 Internet users per 100 people[1]	0.00	0.06	0.09	0.32	0.56	1.29	3.55	5.55	6.77	15.86	NA
Teledensity[2]	NA	NA	0.73	1.89	3.35	8.50	16.27	24.18	29.98	45.93	45.93

[1] MDG indicators, UN (see http://mdgs.un.org/unsd/mdg/data.aspx)
[2] Overall teledensity: total number of telephone connections (land lines, cellular, wireless, etc.) per 100 persons.
Other Sources:
(i) National Information Technology Development Agency, Abuja
(ii) Nigerian Communications Commission, Abuja
(iii) World Bank (2006), World Development Indicators

In 1990 there were only 0.3 telephone lines per 100 people in Nigeria. This increased to 0.54 in 2002 and to 0.86 in 2008 (Figure 30). If this trend continues, only about 2 of every 100 people in Nigeria will have access to telephone lines by 2015.

However, many more people have access to cellular phones. As a result of the deregulation of the telecommunications sector in 2001, foreign investment in Nigeria's telecommunications sector increased from US$2.1 billion in 2002 to US$8.1 billion in 2006. This has significantly expanded infrastructure and activity in the sector.

The number of GSM (Global System for Mobile Communications) lines increased from 0.27 million in 2001 to more than 1.57 million lines in 2002. The number of lines doubled again in 2003 to 3.1 million lines and tripled in 2004, reaching 9.2 million. In 2006, the number of lines almost doubled the 2005 figure of 18 million to reach 32 million. Thus, access to cellular phones increased from only two out of every 100 people in Nigeria in 2000 to nearly 42 per 100 in 2008 (Figure 30). If this trend were to continue, 56.10 per cent of the population would have access to a cellular phone by 2015.

The number of Nigerians using the internet increased from 0.6 in every 100 people in 2000 to 15.86 in 2008. Projections for 2010 to 2015 show an average of 11.35 users for every 100 persons, rising to 13.90 by 2015. Thus, although access to the internet increased between 2000 and 2008, access rates are still very low in Nigeria.

Overall, the involvement of private sector operators in the telecommunications sector has brought competition, innovation and wider coverage, mobilised new financing for the industry and increased its contribution to GDP.

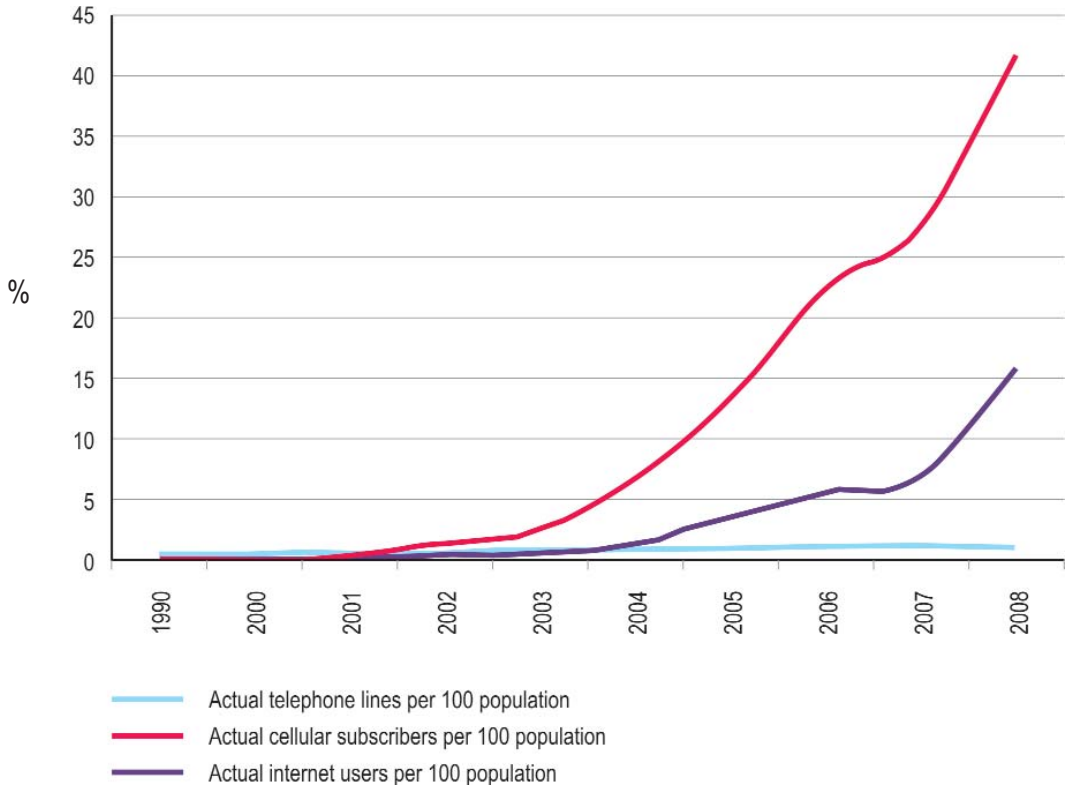
Challenges and prospects

Although the cost of servicing Nigeria's debts is currently within sustainable limits, there is a need to ensure that the country does not revert to unsustainable levels of debt.

A major challenge facing policy-makers and implementers is the need to integrate the management of external and domestic debt in such a way that debt can be used effectively to fund development projects at the federal, state and local government levels, in addition to its traditional objective of financing fiscal gaps. This is particularly important in view of the unprecedentedly high level of Nigeria's domestic debt. The need to develop approaches to public debt management that reflect changing funding realities, such as the growing importance of public-private partnerships, is a critical challenge for policy-makers and implementers.

In the telecommunications sector, although the number of telephone lines and teledensity have

Figure 30: Percentage of the population of Nigeria having access to telephone lines, subscribing to cellular services and using the internet, 1990-2008



Source: Nigerian Communications Commission

increased, Nigerians generally consider the pricing of telecommunication services to be exploitative. The quality of services rendered by service providers is considered inadequate, both by the government and by citizens. More efforts need to be made to address issues like dropped calls, inaccurate billing and poor call quality.

In the area of foreign direct investment (FDI), there are two major challenges. The first is to attract FDI and the second is to maximise its contribution to development. Whether foreign companies invest in Nigeria depends on a number of factors. These include the cost of doing business, such as the quality of human resources, adequate provision of infrastructure and the efficiency and credibility of business regulatory institutions.

Current global developments and implications for the MDGs in Nigeria

In addition to the domestic macroeconomic and development contexts, some global developments have potentially critical implications for Nigeria's efforts to achieve the MDG targets. Two notable global developments are the global financial and economic crises since 2008 and the increasing pressures of climate change, including mitigation and adaptation efforts.

The global financial and economic crises since 2008

These crises have markedly changed the macroeconomic context in which countries are trying to achieve the MDGs. The global financial crisis contributed to slow growth across the world's economies, resulting in lower demand for commodities, especially oil. Nigeria suffered contagion effects, such as the drying-up of credit, investment and private capital flows. This led to tighter credit conditions and increased uncertainty, which curbed investment in 2009.

The crisis had marked and direct effects on international oil prices. Oil prices fell from record highs of about US$147/barrel in July 2008 to about US$50/barrel in January 2009. As a consequence, Nigerian policymakers adjusted the benchmark price on which the 2009 budget was based, affecting the country's budget. The impacts on growth and development in Nigeria were widespread.

The drop in the price of oil was followed by a fall in share prices on the stock market. Together, these led to a devaluation of the naira. The situation was made worse by the withdrawal by January 2009 of some US$15 billion from the country's capital markets by foreign portfolio investment (hedge funds). The financial crisis also increased unemployment and poverty levels. Growth estimates were revised down in line with the impact of the crisis. Slower growth hampered the fight against poverty.

Some donors have adopted a wait-and-see approach or have cut budgetary commitments in the face of financial difficulties at home. Total spending on MDG-related activities in Nigeria may have fallen as a result of reduced allocation in the 2009 budget by both federal and state governments and reduced allocations and commitments by donor agencies. Remittances from the Nigerian Diaspora, which exceeded US$17 billion in 2007, also declined precipitously from late 2008 onwards.

Nigerian policy-makers are faced with the challenge of mitigating the fiscal and economic impacts of the global financial and economic crises. In tackling this challenge, it is important to maintain an appropriate balance of short-term stabilising measures and longer-term reforms. Macroeconomic (fiscal, monetary and financial) policy reforms carried out before 2008 have helped to mitigate the impacts of the global crises. Nevertheless, the impacts of the crisis underscore the need to accelerate economic diversification, strengthen fiscal management, improve the quality and sustainability of public spending, prioritise development efforts and ensure greater accountability in the provision of public services.

Climate change impacts, mitigation and adaptation

The effects of climate change are a threat to efforts to eradicate poverty and hunger and achieve human development and sustainable growth. But, if well managed, the effects of climate change and efforts to adapt to it may offer unique opportunities to ensure more sustainable achievement of the MDGs.

The food crisis 2007-2008

The dramatic rise in global food prices in 2007 and 2008 led to widespread concern that hunger and poverty would increase sharply as poor and food-insecure households in the developing world were forced to reduce consumption and cut back expenditure on long-term household needs such as education, housing, sanitation and health in order to meet their immediate food needs. It was widely speculated that this could negatively impact progress made by poor and developing countries, including Nigeria, especially on achieving the MDGs.

By the end of 2007, food shortages had become critical in virtually all countries, leading to high food prices and increases in hunger, poverty, malnutrition and even death. The Food and Agricultural Organization of the United Nations, for example, reported price increases of 100 per cent for wheat, over 50 per cent for maize and 20 per cent for rice within one year. In Nigeria, food inflation rose from 8.2 per cent in December 2007 to 18.1 per cent in June 2008. The high price of food also led to demand in several countries for increases in social security benefits and wages, which could have further increased inflation in those countries.

For Nigeria, the impact of the 2007-2008 food crisis on the poor is debatable. Nigeria has experienced episodes in the past when food price inflation was higher than that experienced in 2007-2008. For example, food price inflation peaked at 38 per cent in 2005, Nigeria's worst food crisis of the decade, though it did not receive world attention.

Given that food accounts for about 63.3 per cent of household consumption expenditure (64 per cent and 62.6 per cent for rural and urban areas respectively), Nigeria obviously has a food sector challenge. Nonetheless, there are a number of factors that cushion the country against food crisis.

First, the majority of poor people live in rural areas and depend more on food they produce for themselves rather than what they buy in the markets. Second, over the last few years, increased government investment and focus on the agricultural sector, particularly Presidential initiatives and the National Food Security programme, have contributed to raising farmers' incomes.

Third and most important is the diversity of staple crops in the country. For example, yam and cassava are staples in the south and north-central parts of the country, while maize, sorghum and millet are staples in the north of the country. This diversity and the other factors mentioned above have helped to cushion the impact of the global food crises on the poor and on the attainment of the MDGs in Nigeria.

Conclusions

The trends in progress towards the MDGs are mixed, just as the prospects of meeting the respective MDG 2015 targets are variable. Some MDG indicators (such as universal primary education, prevalence of HIV/AIDS and ratio of girls to boys in primary education) show encouraging trends and prospects. The outlook for achievement of MDG8 (particularly with respect to debt sustainability and access to information and communication technologies) is positive and looks set to improve further.

On Goal 8, the expenditure of debt relief gains on MDG-related investments has shown that Nigeria can have a significant impact on all goals in a relatively short time. Debt relief has contributed significantly to the near-total eradication of polio in the country, a significant drop in maternal mortality and the recruitment of 74,000 primary school teachers.

However, other indicators (such as those for primary school completion rates and access to improved water supply and sanitation) show poor trends and deviate widely from the targets. Reversing these undesirable trends and accelerating progress towards the MDG 2015 targets will require bold measures to enhance service delivery, scale up investments, rationalise resource allocation, improve implementation coordination and improve the quality of government spending.

Adequate, reliable and timely data is a prerequisite for accurately measuring and tracking the MDGs. But there are MDG indicators that have not been adequately evaluated due to large gaps in the data. These data deficiencies are most pronounced with respect to MDG1 (poverty and hunger) and MDG7 (environmental sustainability). Existing poverty estimates are based on 2004 survey results, while many environment-related indicators cannot be assessed because of lack of data.

Nevertheless, data availability has generally improved, thanks the efforts of the National Bureau of Statistics in gathering, collating, coordinating and reporting data. There is still much scope for improving the adequacy, reliability and timeliness of data, as shown by the progress that has been made in recent years. The outlook for data on MDGs will depend largely on progress in creating results-based monitoring and evaluation, and political commitment for sustained implementation of the National Strategy for the Development of Statistics (NSDS) 2010-2014. It is expected that, in succeeding years, the data system will become better aligned with the measurement needs of the MDGs.

Disaggregated analysis of data to regional level has shown wide disparities and inequalities across states and zones. The MDG indicators with the greatest state-level disparities include poverty, gender equality, universal primary education, maternal mortality and infant mortality. In essence, low-performing states are a drag on national progress towards the 2015 targets. Without significant improvements in low-performing states, it will be difficult to achieve the national targets.

The lesson for the national achievement of the MDGs is that there is a compelling case for better targeting, and greater coordination and synergy between federal, state and local governments. There is much scope for context-specific ameliorating measures by state governments, complemented by matching incentives from the federal government. It is therefore crucial to build the capacity of state governments to design and implement MDG interventions. In particular, it is important to leverage potential positive interactions of the MDG indicators.

The debt relief-funded Conditional Grants Scheme has shown itself to be an effective mechanism for delivering transfer of funds from the central to the local level. It has also encouraged governance reform that is critical to service delivery at the local level and, therefore, to progress on the MDGs.

Improved macroeconomic performance over recent years has brightened the prospects for the MDGs in Nigeria. But the global financial and economic crisis and the imperative of adapting to climate change constitute additional challenges in the march to the 2015 targets. Besides the macroeconomic and fiscal effects of the global financial and economic crisis, there are potentially significant effects on household incomes, employment and assets. As governments take measures to ameliorate the negative fallout of the global economic crisis, it is important to ensure that short-term reactive measures do not undermine longer-term growth and development prospects.

The threats and opportunities posed by climate change are defined by their direct and indirect impacts on the MDGs, as well as the feedback relationships that affect them. The nature and degree of the impacts and the direction of the feedback relationship vary from one MDG to another. Some measures to accelerate progress on particular MDGs can themselves improve climate change adaptation, just as measures to increase adaptive capacities could brighten the prospects of achieving particular MDGs. On the other hand, the feedback relationship could be negative. Therefore, policies and investments for achieving the MDGs must take into account the additional risks and opportunities arising from the impacts of climate change. Achieving win-win outcomes for MDGs and climate change adaptation would require policies to identify the nature of feedback relationships. It would also be necessary to design and implement measures to minimise negative feedback and tap into positive feedback.

Five years from the MDGs target date, this stock-taking is an important basis for Nigeria to chart a course for accelerated action on the MDGs. Given the shortfalls in achievements, and looking towards the targets, Nigeria needs a big push forward. Progress on some indicators has shown that targeted interventions matched with adequate funding and political commitment can make a difference. Policies and interventions will have to build upon successes and bridge the gaps. Already, the Vision 20:2020 and Medium-term Implementation Plan 2010-2013 are providing the framework to rally MDG-consistent policies and investments for accelerated progress towards the 2015 targets.

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Appendices

Appendix I: Members of the Inter-Ministerial Technical Committee on the Production of the 2010 MDG Report

S/NO	Name	Organisation
1.	Prof. Sylvester Monye MFR	NPC
2.	Mr. E. A. Omotoso	NPC
3.	Mr. Tunde Lawal	NPC
4.	Mr. S. O. Eloho	NPC
5.	Mr. Oladimeji T. Shogbuyi	NPC
6.	Mr. A. O. Adekanye	NPC
7.	Mrs. Angela Gu'ar	NPC
8.	Mrs. Okocha Rita	NPC
9.	Mr. P. I. Gonya	NPC
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12.	Mr. Andrew Odohisi	NPC
13.	Mr. Ademuyiwa Idris	NPC
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15.	Mr. Muhammad S. Abdullah	OSSAP-MDGs
16.	Mr. Lawal Aboki	OSSAP-MDGs
17.	Mr. Jonathan Phillip	OSSAP-MDGs
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19.	Mr. Mohammed Ibrahim	FMA & RD
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25.	Dr. (Mrs.) Maria Ogar	NAPEP
26.	Mr. Ito Diejomoah	Consultant
27.	Prof. Tayo Fakiyesi	Consultant
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31.	Dr. M. Lecky	FMOH
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38.	Dr. Emmanuel Odu	NPHCDA
39.	Mr. Saidu Usman	NPopC
40.	Dr. Emma .E. Attah	NPopC
41.	Mrs. C.J. Anyikwa	NISER
42.	Mr. Frank Isoh	MFA
43.	Mr. Chijioke Chuku	Nigerian Governors' Forum
44.	Ms Colleen Zamba	UNDP
45.	Mrs. Juanita During	WaterAid
46.	Mr. Joe Abah	DFID-SPARC
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49.	Dr. Clement Ighodaro	Consultant
50.	Prof. Mike Kwanashie	Consultant
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6.	Dr. D. O Yaya	FME
7.	Mrs. Aguda Fehintola	FME
8.	Mrs. P. A. Obasi	FME
9.	Mr. S. O. Yusufu	FME
10	Mr. Ade A. Aremu	NPC
11.	Mr. Abiola Labinjo	NPC
12.	Mr. Aliyu Z. Katuka	NASS
13.	Mr. Adekunle Shogo	NPopC
14.	Mr. Nasiru Waje	MFA
15.	Mr. G. A. Iro	NBS
16.	Mr. Aminu Bello Sumaila	NCWD
17.	Mr. George W. Turner	NCWD
18.	Mrs. Edna Tobi	Ministry of Lands and Housing
19.	Mrs. Barrister Ebuk Ekpo	Ministry of Lands and Housing
20.	Mr. Bashir A. Idris	NCC
21.	Mr. Usman Malah	NCC
22.	Mr. Adekunle Shogo	NPopC
23.	Mrs. Janet O. Jiya	DMO
24.	Mr. Ibrahim Notagwandu	DMO
25.	Mr. Ben Nwobi	FMOH
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