



PERFORMANCE APPRAISAL OF THE MILLENNIUM DEVELOPMENT GOALS IN NIGERIA: ISSUES AND CHALLENGES

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Abstract

Millennium Development Goals (MDGs) are eight (8) international goals that were officially established following the millennium summit of the United Nation Millennium Declaration. The aim of MDGs is to encourage development by improving social and economic conditions in the world's poorest countries. The analysis of realities on the ground indicates that many United Nations resolutions and developmental targets had remained elusive in Nigeria, while some important projects and programmes are either unimplemented or they could not yield the anticipated outcomes. The paper identifies and appraises the performance of the MDG agenda in steering global development process towards the human development goals and to draw lessons for the post- 2015 UN Development Agenda, while recognizing the need to incorporate a number of key issues and challenges that have become more pressing and relevant to drive Nigeria's Transformation and Vision 2020 agenda.

Keywords: *Millennium Development Goals (MDGs), United Nations, Development, Vision 2020, Transformation*

Background to the Study

In September 2000, building upon a decade of major United Nations conferences and summits, world leaders came together at the United Nations Headquarters in New York to adopt the United Nations Millennium Declaration, committing their nations to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets – with a deadline of 2015 – that have become known as the Millennium Development Goals. These goals are interdependent and inter-related and they have galvanised development planning and execution worldwide since their inception in 2000 (Vandemoortele, 2009). The MDGs framework seeks to transform the living conditions of all peoples at the turn of the third millennium. They also translate into a bold initiative through which world leaders hope to bridge the gulf between the rich and poor nations of the world thereby creating a new order of global partnership, development and prosperity.

Following the 2000 Millennium Summit, Nigeria was among the 192 nation states who signed the Millennium Declaration outlining eight goals for global development by 2015. In Nigeria, these Millennium Development Goals (MDGs) along with national plans such as Vision 20:2020 became central to the country's development agenda. When Nigeria gained debt relief from the Paris Club in 2005, significant funds that would have been used to service debt repayments

<http://www.internationalpolicybrief.org/journals/international-scientific-research-consortium-journals/intl-journal-of-business-vol3-no1-feb-2015>

were reallocated directly to projects and programmes related to attaining the MDGs, boosting the country's efforts to achieve the Goals (United Nations Development Programme. OSSAP-MDGs (2009a). However, progress has been more modest when structural changes and strong political commitment are required to guarantee sufficient and sustained financial support over a longer period of time (UN System Task Team, 2012). This is probably the reason behind the poor performance of Nigeria and many countries in reducing maternal mortality and increasing access to improved sanitation facilities by the rural poor. Similarly, progress has been sluggish in providing access to safe sanitation, with over 2.6 billion people still lacking access to flushable toilets or other forms of improved sanitation.

This note is not about providing new detail to the observed progress made towards the MDGs; rather, it aims to assess the performances of the MDG agenda in steering global development processes towards the human development goals in Nigeria and to draw lessons for the post-2015 UN Development Agenda. Therefore, the objectives of this paper is to assess the MDGs performance in Nigeria; appraising its progress going by its current survey results ; presenting and analyzing data on its goal specific challenges manifesting in its current implementation. It is aimed at drawing lessons to be learnt, providing a roadmap to drive and sustain Nigeria's vision 2020 development Agenda. The rest of the paper is structured as follows; section two contains a brief literature review. Section three provides the Methodology. This is followed by data presentation and analysis on performances of MDGs in section four and conclusion and recommendations drawn from the findings are presented in section five.

Statement of the Problem

Nigeria has to overcome significant gaps and challenges in order to achieve the MDG targets by 2015. Some cut across the eight MDGs, for example the lack of reliable and consistent baseline data, huge funding gaps, human capacity challenges (particularly weak capacity and lack of discipline in implementing programmes), a weak governance and accountability environment and poor coordination between the tiers of government represents major impediments affecting the performance of the MDGs in Nigeria. Nigeria does not have adequate data or systems to collect and analyze data. This makes planning and implementing measures to meet the MDG targets particularly difficult. (Vintagesam , 2013). The weak capacity in the lower tiers of government where many projects are carried out is a major concern. Many contractors also do not have the skills to carry out projects related to achieving the MDGs. Projects are often not completed, not because of lack of funds, but because some contractors are not capable – contracts have been revoked because of the inability of the contractors to deliver – and others are simply in business to defraud the government. This is a major challenge that all institutions must tackle creatively and proactively between now and 2015. The challenge here is how to get both executive and legislative arms of government to appreciate the urgency of fast-tracking projects to achieve the MDG targets between now and 2015, and agree on budget allocations.

Objective of the Study

The objective of MDGs is to encourage development by improving social and economic conditions in the world's poorest countries.

Literature Review

According to the UNDP (2010) report, the Millennium Development Goals (MDGs) represents the world's commitments to deal with global poverty in its many dimensions. This commitment is supported by a global partnership which calls for country-led strategies and support from developed countries in the areas of trade, Official Development Assistance (ODA), debt sustainability and access to medicine and technology (Lawal, Obasaju and Matthew, 2012).

The Millennium Development Goals are the world's time bound and quantified targets for addressing extreme poverty in its many dimensions – income poverty, hunger, diseases, inadequate housing – while promoting gender equality, education, environmental sustainability (MDG Nigeria, 2010) and global partnership. Olayode (2006) argued that for MDGs objectives to be realized there is need for establishment of an appropriate political and institutional framework to guide state intervention, market reform and poverty alleviation. He observed that MDGs being benefits accrued from globalisation requires Africa repositioning through appropriate policy measure. He argued that with appropriate policy measures, Africa in general, and Nigeria in particular, can attract more capital flows and benefit immensely from full integration into the world economy, which will culminate into speedy realisation of the MDGs objectives.

Aribigbola (2009) studied the institutional constraints to achieving the MDGs in Africa, using the example of Akure Millennium City and Ikaram/Ibaram Millennium Villages both in Ondo states, and observed that although both the Millennium City and Millennium Village projects have taken-off as programmed, the effect of the programme has not been widespread especially in Akure, though, the effect of the programme seems visible in the millennium village. He discovered that the problems which programmes are design to solve are still widespread and lack adequate conceptualization of the project militate against full implementation of the project. He indentified lack of conceptualization and understanding both by the implementers and the will be beneficiary (people at the grass root), over politicization by the government, lack of interest on the part of grass root would-be beneficiary/ community and inadequate funding and capacity under utilization, as the major problems militating against the success of the project. He recommended collective participation that will carry the community along in project design, and implementation as crucial to achievement of the MDGs cum complete removal of civil service bureaucracy.

In a related development, Ajayi (2008) studied the success of MDGs in Millennium Village project and found out that Nigeria is at present off track and very slow , when it come to MDGs implementation and execution. He therefore called for a better understanding between the policy formulators and executors.

Similarly, Falade (2008) observed that most African countries are backward when it comes to implementation and execution of the MDGs, when compared with other region of the world. This, he explained is due to poor technical capacity in formulating, implementing and monitoring the operational MDGs based on Poverty Reduction Strategy Process (PRSPS).

Methodology

This study employs the use of secondary sources of data. This is because the necessary information required for the work is more easily available in documented form. The source of data includes journals, magazine, workshops proceedings and findings of other scholars. Data are analyzed using Statistical Percentage techniques. The data were obtained from the National Bureau of Statistics to conduct a national household survey that is designed to report on numerous MDGs indicators. The Bureau conducted the 2012 MDGs Survey that sampled 22,200 households, with around 75,000 respondents. The survey design is based on the UNICEF led Multiple Indicator Cluster Survey and captures 20 of the MDGs indicators. This is the first MDG-specific survey commissioned and owned entirely by Nigeria. This process has been completed and the results of which will serve as the basis for the 2013 MDGs report. The survey covered all 36 states and the Federal Capital Territory, Abuja. It adopted the 2007/2012 edition of the National integrated Survey of Households (NISH) which is the vehicle for conducting all household based surveys in NBS.

The frame for the Enumeration Areas (EAs/Cluster) was based on the 2006 Housing and Population Census conducted by the National Population Commission (NPC). There are 662,000 EAs in the country. Of these, 23,280 EAs were selected for all the household based surveys. These were selected based on 30 EAs per LGA and 40 EAs within the 6 FCT Council Areas. These were later pooled together after which 200 EAs were selected per state and FCT-Abuja, to form the NISH 2007/2012 edition sample design. Sixty (60) EAs were selected in each state for the study from replicates 15-20. Furthermore, ten (10) households (HHs) were systematically selected in each of the EAs/Clusters making a total of 600 Households canvassed in each state. In all, 22,200 HHs were studied as the national coverage with all the eligible women and children under five in these households being administered with the relevant questionnaires. Apart from the survey, other sources of Data used for the purpose of comparison and Assessment were drawn from the Millennium Development Goals report, 2010; and the Nigeria Demographic Health Survey (DHS) Ed Data, 2010.

Performance of MDGs in Nigeria

Goal 1: Eradication of Poverty and Extreme Hunger

The incidence of poverty increased during the period 1985-2006; however, there was a decline in poverty level between 1995- 1999. The proportion of people living in poverty in 1985 was 28.1% which later rose to 46.3% in 1985; but decreased to 42.7% in 1999 before escalating to 65.6% in 2006.

Nevertheless, the proportion of people living in poverty declined to 54.4% in 2011 (Bello, 2007). This translated to 17.7 and 34.7 million poor people in 1985 and 1995 respectively. The number of people in Nigeria also increased from 39.2 million people in 1999 to 67.1 million people in 2006, and 68.7 million poor people in 2011. In spite of the observed drop in poverty in 1999 and 2011, the population in poverty was 4.5 million higher than the 1995 figure and 1.6 million higher than that of 2006 figure respectively (Federal Republic of Nigeria, 2010). The reduction in poverty level to 54.4% is traceable to reforms introduced to alleviate poverty since the declaration of the MDGS in September, 2000 (Kankwanda, 2002)

Table 4. 1: Poverty Profile in Nigeria

Year	Poverty Level %						
	National	Urban	Rural	Male headed households	Female headed households	Estimated population (million)	Population in poverty (million)
1985	28.1	17.2	28.3	29.2	26.9	65	17.7
1995	46.3	37.8	51.4	47.3	38.6	75	34.7
1999	42.7	37.5	46.0	43.1	39.9	91.5	39.2
2006	65.5	58.2	69.8	66.4	58.5	102.3	67.1
2011	54.4	43.2	63.3	58.2	43.5	126.3	68.7

Sources: Federal Office of Statistics, 1999 and 2011

Goal 2: Achieve Universal Primary Education

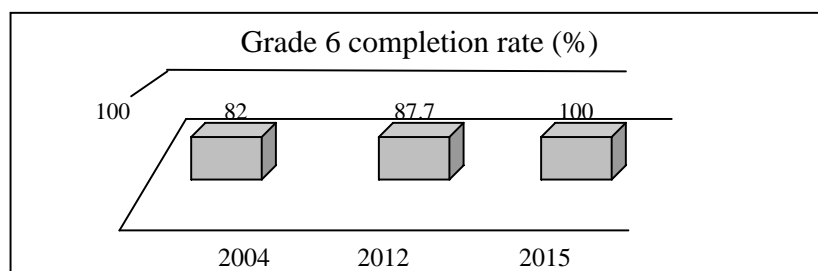
The MDG target here is to ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling. The measureable indicators are net enrolment ration in primary and secondary education; proportion of pupils starting grade 1 who reach the last grade of primary school; and literacy rate of 15-24 year olds.

MDG indicator 2.1: Net Attendance in Primary Education

In place of the traditional net enrolment ration, net attendance ratio was estimated as a proxy since net enrolment cannot be estimated from household level. Net attendance ration increased to 71.0 per cent in 2012 from 61.0 percent in 2008. Of this, 83.9 percent was in the urban area, while 63.4 percent was in the rural areas. A further breakdown of the results indicates that the attendance rate of both male and female was 68.0 percent, indicating parity between male and female education. This is impressive given the temporary setback as a result of some security challenges in some parts of the country since 2009, notably Borno and Yobe (North-east) Kaduna, Kano, and Plateau (North-west). The attendance rate in the north-east zone was 42.0 percent, while North West zone recorded 47.8 percent.

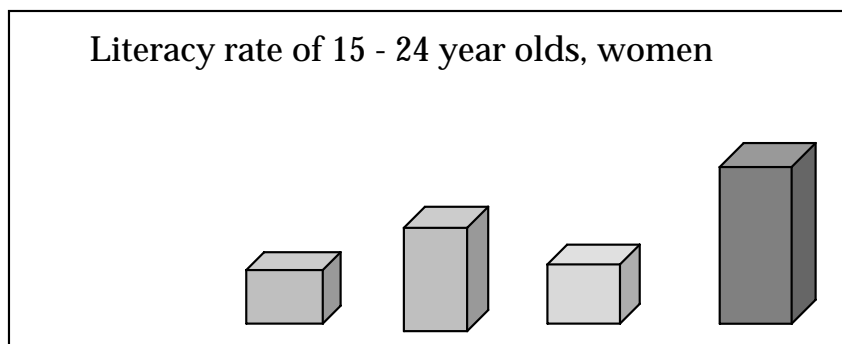
MDG Indicator 2.2: Primary 6 Completion Rate

Figure 4.1 grade 6 Completion Rate



Grade 6 completion rate increased from 82.0 percent in 2004 to 87.7 percent in 2012, 12.3 percent less than the 2015 MDG benchmark as shown in indicator figures 4.1. It further shows that completion rate was higher in the rural (90.5 percent) than the urban (81.5 percent) area- which means that the incidence of primary school dropouts was relatively higher in the urban areas than in the rural areas.

MDG indicator 2.3: Literacy rate of 15-24 year olds, women
Figure 4.2: Percentage literacy rate of 15-24 year olds, women



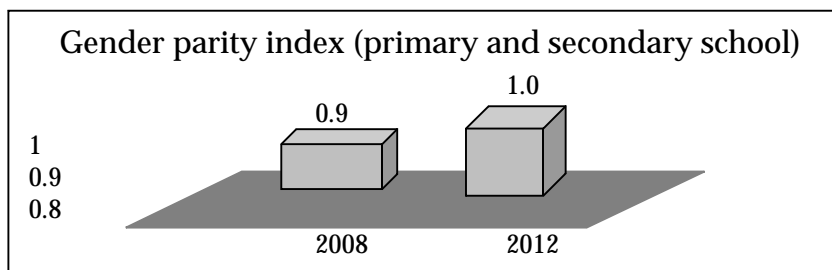
There was a slump, particularly in the rural areas, in number of young women age 15-24 years who can both read and write in any language. Literacy rate among young women rose from 60.4 percent in 2004 to about 80.0 percent in 2008, but declined significantly again in 2012 to about 66.0 percent. The 2012 figure is 34.0 percent less than the MDG target for 2015 and 14.0 percent less than the 2008. However, the dismal performance could be associated with the security challenges in some states in the North east and North-west. These regions recorded low literacy rates as shown in figure 4.2.

Literacy rate in the North-east was about 34.4 percent and 30.1 percent in North-west. In contrast, literacy rate in the north Central was 65.6 percent, while it was 90.7 percent in the south east, 1.6 percent in the South-south, and 88.5 percent in the South-west, respectively.

Goal 3: Promote Gender Equality and Empower Women

This goal sorts to eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015. Indicators used to measure the progress in this area are ratios of girls to boys in primary, secondary and tertiary education; and the proportion of women in paid employment within the non-agricultural sector.

MDG indicator 3.1: Ratio of girls to boys in primary and secondary education
 Figure 4.3 Gender parity index (primary and secondary school)



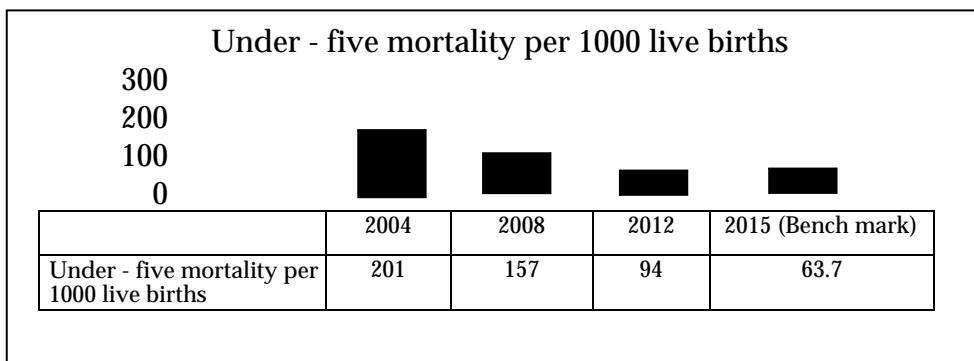
The disparity between boys and girls at both primary and secondary school has been eliminated (indicator figure 4.3). Impressively, it shows that gender parity index (primary and secondary education) was a ratio of 1.0 in 2012 as against 0.90 in 2008. With this, the country has achieved parity in both primary and secondary education ahead of the 2015 terminal date.

Goal 4: Reduce Child Mortality

The goal is aimed at reducing by two-thirds, between 1990 and 2015, the under-five mortality rate with emphasis on under-five mortality rate; infant (under-one) mortality rate; and the proportion of 1 year-old children immunized against measles as the tracking indicators.

MDG indicator 4.1 Under Five Mortality Rate (per 1000 live births)

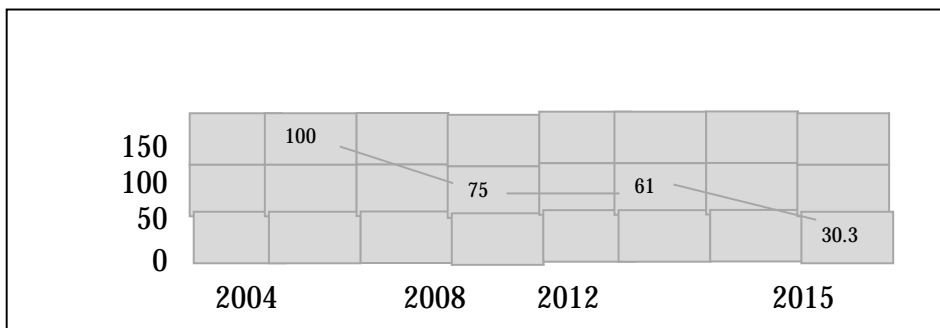
Figure 4.4 Under-five mortality per 1000 live births



Under-five mortality rate in 2012 shows a remarkable decline and consolidation on the progress made in reducing infant deaths since 2004. The number of children that die before their fifth birthday out of 1000 live births declined from 201 in 2004 to 157 in 2008 and further to 94 in 2012; that is, 53.2 percent decline compared with 2004 and 40.1 percent against the 2008 figure.

Some of the possible driving influences include increased use of insecticide-treated bed nets to protect against malaria infection; and access to vaccinations against polio, diphtheria, pertussis, tetanus and, measles which have all made important contributions to the improvements in child survival.

MDG indicator 4.2: Infant mortality rate (per 1000 live births)
 Figure 4.5: Infant mortality rate (per 100 lives births)



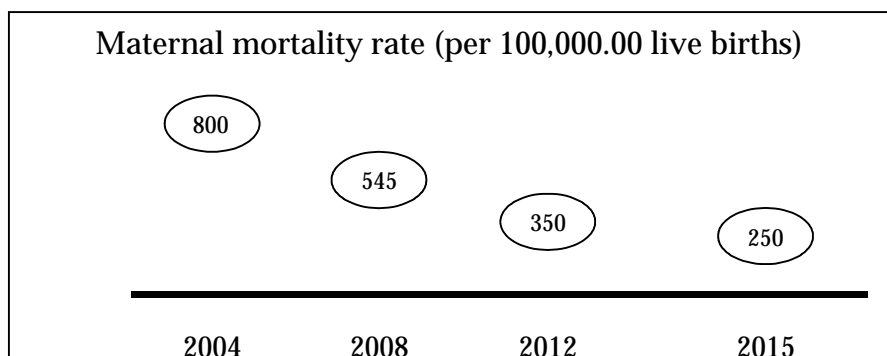
Looking at the trend over the years, the country can be said to have made steady and significant progress in improving infant health. Infant mortality rate declined from 100 (per 1,000 lives births) in 2004 to 75 in 2008. In 2012, it further declined to about 61 (per 1,000 lives births as shown) in indicator figure 4.5.

Remarkably, this in part is attributable to the increase in antenatal care coverage which saw a significant improvement in the number of pregnant women who sort for antenatal care service. In addition, there was a relative increase in the number of women who now embrace the relevance of family planning and child-spacing. Nonetheless, for the 2015 target to be met, about 50 percent (comparing the 2012 figure with the 2015 benchmark) reduction in infant mortality will need to be achieved in the periods 2013-2015.

Goal 5: Improve Maternal Health

The target of MDG-5 is to reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio – to approximately 250 mortality rates (per 100,000 live births). Consequently, two indicators namely maternal mortality ratio, and the proportion of births attended to by skilled health personnel, are used in tracking the progress made by respective countries.

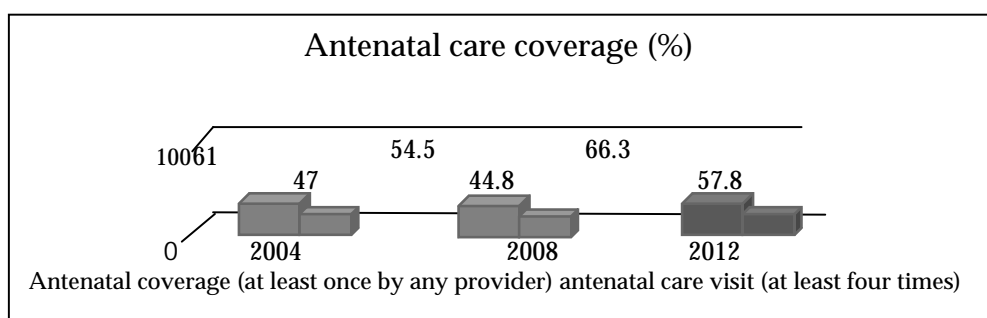
MDG indicator 5.1: Maternal mortality
 Figure 4.6: Maternal mortality rate (per 100,000.00 live births)



The figure 4.6 above shows that there was a momentous decline in maternal mortality rate in 2012 to about 350 (per 100,000 live births), a substantial improvement over the previous years (800) in 2004 and (545) in 2008, respectively. This represents a fall of about 56.2 percent from 2004 and 35.8 percent from 2008. When compared with the 2015 benchmark, the 2012 figure is about 28.6 percent short of the 250 target which means that an addition reduction of about 100 deaths (per 100,000 births) is required in the next three years. Of the 2012 figure, 76.6 percent was commendably recorded in the urban area, but a relatively low figure of about 42.1 percent coverage was recorded in the rural area.

MDG indicator 5.2: Antenatal care coverage

Figure 4.7: Ante-natal care coverage (%)



Antenatal care coverage is among the health interventions which are capable of reducing maternal mortality. The number of skilled health workers who attended to pregnant women at least once during antenatal care visit increased to 66.3 percent in 2012 from 61 percent in 2004 and 54.4 percent in 2008. The 2012 figure represents 5.3 percent and 11.8 percent increase over the 2004 and 2008 figures.

In addition, women who went for antenatal care services (for at least four visits) in the two years preceding the survey in 2012 rose to about 57.8 percent, an increase of 10.8 percent from 2004 and 13.0 percent from 2008.

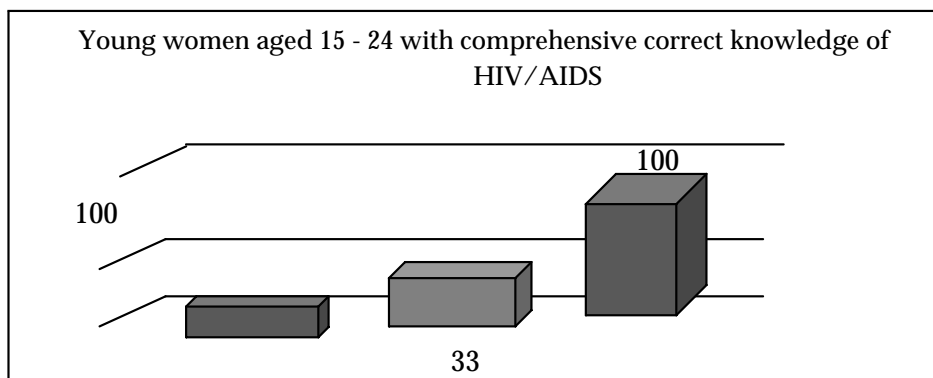
In 2004, the figure was about 17 percent, but increased to 20.2 percent in 2008 and marginally to 21.23 percent in 2012 the unmet need for contraception in the urban and rural areas were 21.9 percent and 21.3 percent, while among the poorest and richest households the figures were 24.8 percent and 20.3 percent, respectively.

Goal 6: Combat HIV/AIDS, Malaria and other disease

The target is to halt by 2015 and begun to reverse the spread of HIV/AIDS by combating HIV prevalence among population aged 15-24 years. One serious challenge about collecting information on HIV/AIDS during the survey was that people were not willing to disclose their HIV status because of the problems associated with stigmatization. As a result, information on the number of people living with HIV/AIDS was not collected.

MDG indicator 6.1: Young women aged 15-24 with comprehensive correct knowledge of HIV/AIDS

Figure 4.8: Young women aged 15-24 with comprehensive correct knowledge of HIV/AIDS



The number of young women age 15-24 years old who have comprehensive correct knowledge about HIV/AIDS prevention and transmission rose significantly to 33.0 percent in 2012 from 18.3 percent in 2004. The 2012 figure as shown in figure 4.8 shows that there is still much ground (additional 67 percent) to be covered to meet the 100 percent MDG target by 2015.

In addition, the survey indicates that the number of women age 15-49 years old who have comprehensive correct knowledge of the main ways of HIV/AIDS prevention and transmission was about 31.5 percent. Knowledge about HIV/AIDS prevention and transmission is relatively lower in the rural areas and among the poorest household. The number of women in the rural area aged 15-49 years who have comprehensive correct knowledge about HIV/AIDS transmission and prevention was 27.8 percent as against 39.8 percent in the urban areas. (NBS, 2012)

Furthermore, the number of women in the poorest household who have comprehensive knowledge of HIV/AIDS transmission was about 19.8 percent, about 23.5 percent less than the awareness among women in the richest household.

MDG indicator 6.2: School attendance of orphans

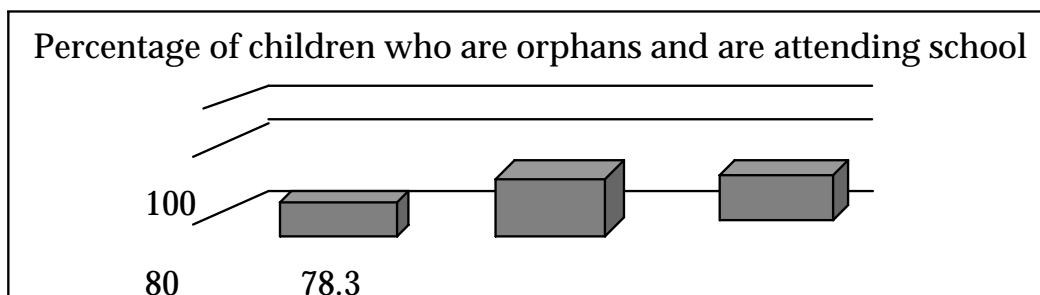


Figure 4.9: Percentage of children who are orphans and are attending school

Indicator figure 4.9 shows that about 84.0 per cent of orphaned children attended school with male orphans accounting for 78.3 per cent, while female orphans accounted for 88.1 per cent, furthermore, about 98.5 per cent of orphans who live in the urban area were in school while 78.4 per cent of those in the rural area were also attending school.

MDG indicator 6.3: Proportion of children under 5 sleeping under insecticide treated bed nets

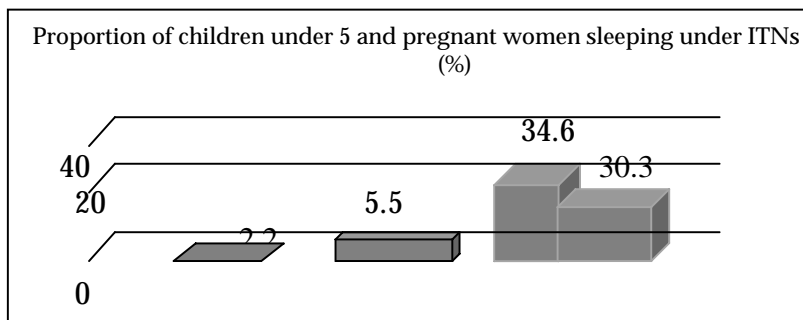


Figure 4.10: Proportion of children under 5 and pregnant women sleeping under ITNs
 In 2012, there was an upward trend in the availability and use of insecticides treated nets (ITNs). Among the households who have at least one insecticide treated net was 43.8 percent; while children under five and pregnant women who slept under treated nets were about 34.6 percent and 30.3 percent, respectively. Indicator figure 4.10 shows that the number of children under five who slept under ITNs rose astronomically by about 32.4 percent and 29.1 percent when compared with 2003 and 2008.

Goal 7: Ensure Environmental Sustainability

MDG indicator 7.1: Proportion of population using improved drinking water

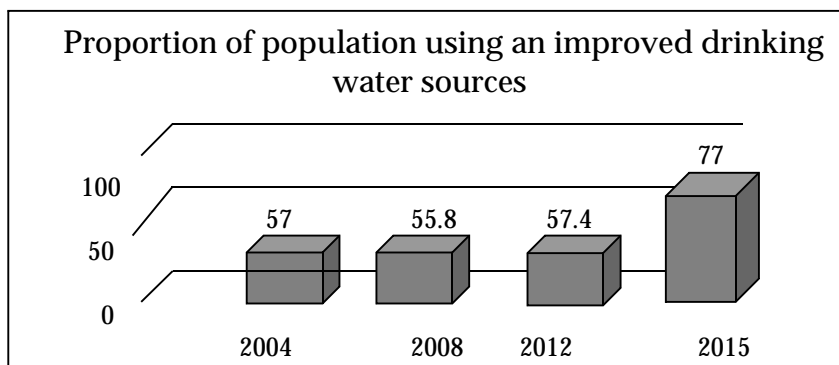


Figure 4.11: Proportion of population using improved drinking water

Emphasis on adequate access to safe drinking water stems from its (water) link with other water related disease such as diarrhea; cholera, dysentery, and guinea worm which are known to be widespread. The proportion of households that used improved drinking water sources was 57 per cent in 2004 and 55.8 percent in 2008. In 2012, indicator figure 4.11 shows that it increased to 57.4 percent which is about 1.6 percent more than the 2008 figure and 0.4 percent marginally higher than the 2004 figure.

MDG indicator 7.2: Proportion of population using an improved sanitation facility

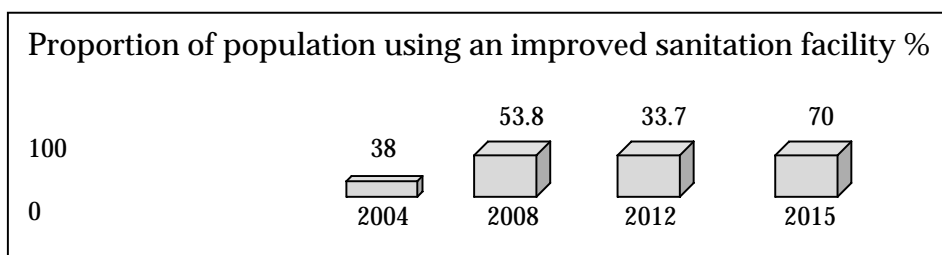
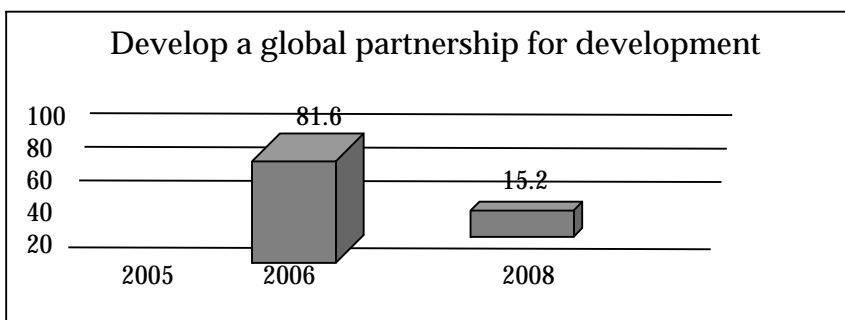


Figure 4.12: Proportion of population using improved sanitation facility

Access to improved sanitation facilities has not shown any regular pattern over the years. In 2004 access to improved sanitation was about 38 percent, but increased to 53.8 percent in 2008 and declined significantly again in 2012 to 33.7 percent. The 2012 figure is a serious challenge when compared with 70 percent benchmark for the MDG n 2015.

Goal 8: Develop a Global Partnership for Development

Figure 4.13:



There has been a consistent rise of ODA to Nigeria since 1990 to 2006 (World Bank, 006 and CBN, 2007) from 48.94 to 81.67 in 2006. In 2005, the Paris club wrote off US\$18 billion of her debt on the condition that the country, Nigeria will pay off the balance of approximately US\$12.4 billion owing to the Paris club creditor, which the country also did in 2006. This made debt servicing fall from 15.2% of export to 0.5% in 2008. Trade agreements unfortunately are still not equitable and constrain exports and economic growth.

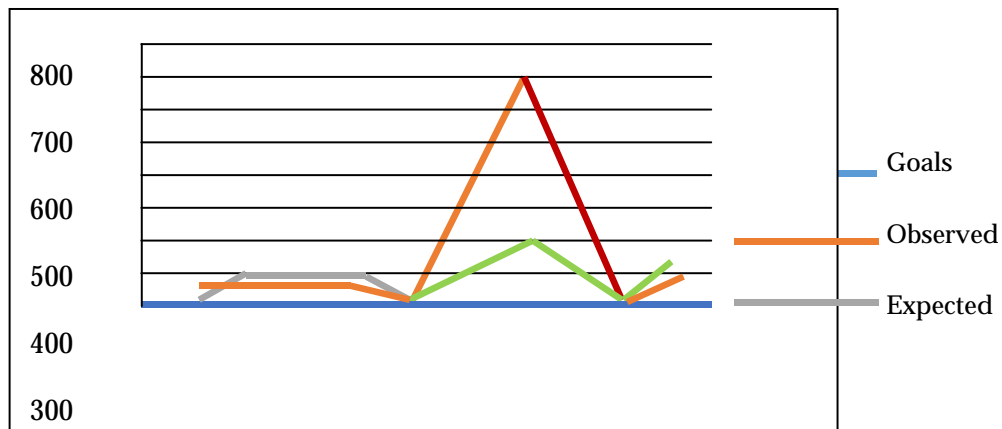


Figure 4.14: Graphical explanation of the relationship between the expected and the observed MDGs.

Comment: From the above line graph, goal 1,2,3, and 7 are relatively close to the expected values if adequate supervision and control are put in place. Goal 4 and 6 are under control and by 2015 the expected values can be achieve.

Survey Result

TABLE 2: Summary of the MDGs Survey

MGD Indicator	Indication	Value
Goal 1- Eradicate extreme poverty and hunger		
1.8	Underweight prevalence: Moderate	27.4%
	Stunting prevalence: moderate and severe (-2SD)	41.3%
	Wasting Prevalence: Moderate and Severe	12.0%
Goals – Achieve universal primary education		
2.1	Primary school net attendance rate (adjusted)	71.0%
	Secondary school net attendance rate	54.8%
2.2b	Primary 6 completion rate (%)	87.7%
2.3	Literacy among young women	
Goal 3-Promote gender equality and empower women		
3.1a	Gender parity index (primary school)	1.0
3.1b	Gender parity index (secondary school) ratio	1.02
Goal 4-Reduce Child Mortality		
4.1	Under-five mortality rate	94 (per 1,000 live births)
4.2	Infant mortality rate	61 (per 1,000 live births)
	Polio immunization coverage	
	Polio 1	71.9%
	Polio 2	62.4%
	Polio 3	38.6%
	Immunization coverage for diphtheria pertussis and tetanus (DPT)	
	DPT 1	61.3%
	DPT 2	55.1%
	DPT 3	42.3%
4.3	Measles immunization coverage	55.8%
	Hepatitis B immunization coverage	
	Hep B 1	55.3%
	Hep B 2	44.7%
	Hep B 3	28.6%
	Yellow fever	53.5%
Goal 5-Improve maternal health		
5.1	Material mortality	350(per 100,000)
5.2	Skilled attendance at delivery	53.60%
5.3	Contraceptive prevalence rate	17.30%
5.4	Adolescent fertility rate (15-19)	79 (per 1,000)
5.5a	Antenatal care coverage with at least once by skilled personnel	66.3%
	Antenatal care coverage with at least once by skilled provider	57.8%
	Early childbearing	23.0%
5.6	Unmet need	21.5%
Goal 6 – Combat HIV/AIDS, malaria and other diseases		

	Percentage of women 15 -49 with comprehensive knowledge about HIV prevention	31.5%
6.3	Percentage of women 15 -49 with comprehensive correct knowledge	33.0%
	Knowledge of mother to child transmission of HIV	73.9%
	Accepting attitudes towards people living with HIV	12.7%
	Women who know a place where to be tested	66.1%
	School attendance of children age 10 -14 years by orphan hood and attending school malaria	84.0%
	Household with at least one ITN	43.8%
	Children under 5 sleeping under insecticide treated nets (ITNS)	34.6%
	Anti-Malaria Treatment	54.8
	Pregnant women sleeping under insecticide - treated net (ITNs)	30.3%
	Goal 7 - ensure environmental sustainability	
7.8	Use of improved drinking water source	57.4%
7.9	Use of improved sanitation facilities	33.7%

Source: National Bureau of Statistics, 2012.

Issues and Challenges

Institutional Implementation Capacity

Currently, federal government ministries, departments and agencies, and state and local governments do not effectively plan and implement projects and programmes to achieve the MDG targets. While there are various reasons for this, lack of capacity is a major factor. Planning, budgeting and M&E frameworks that will be introduced for Nigeria Vision 20:2020 will exacerbate capacity constraints. Developing capacity for planning, budgeting and M&E at all levels of government is, therefore, very important. The Countdown Strategy calls on all national institutions – households, communities, private corporations, non-state actors and government at all levels – to contribute to the attainment of the MDGs in Nigeria. This means promoting institutional integration in the delivery of the MDGs and popularizing the principle of subsidiarity in both policy and social mobilization.

Supportive environment:

The success of the MDGs in Nigeria is hinged on a stable environment devoid of insecurity and political wrangling. The rule of Law must be upheld to guide against unwholesome practice either by the implementers of the programme or contractors of projects. Thus adequate regulatory framework is desired.

Capacity for Monitoring Progress:

Statistical records are all time questionable. The National Bureau of Statistics should be decentralizing in line with equipping it with current instruments of measurement. The three levels government must be active in this role.

Lessons for Post 2015 Nigeria's Development Agenda

Much criticism of the MDG agenda has been attributed to its lack of attention to monitoring inequalities in MDG progress; its imprecise definition of certain targets and indicators (especially for MDGs 7 and 8); its undervaluation of environmental constraints and related

dimensions of sustainable development; missing targets such as full and productive employment and decent work for all including women and youth, social protection, gender and vulnerability to shocks, and the non-operationalization of important development dimensions that were an integral part of the Millennium Declaration (e.g., peace and security, governance and human rights). Moving forward, the challenge will be to build on the main strengths of the MDG agenda, while recognizing the need to incorporate a number of key development dimensions that have become even more pressing than they were when the Millennium Declaration was conceived. The review of this paper suggests that the consultations for the post- 2015 Nigeria's Development Agenda should seriously take into account the following considerations:

- 1 Greater attention should be given to: i) data disaggregation to monitor progress among vulnerable groups; ii) to qualitative dimensions; and iii) to interdependencies across the goals. Credible capacities in this area should be developed and sustained.
- 2 The core values contained in the Millennium Declaration seem to be as valid today as an expression of the development challenges as they were in 2000. The core values of equality, respect for nature, solidarity, freedoms, tolerance and shared responsibility unify the UN vision and discourse on global development that integrates economic and social issues and environmental sustainability, equality, respect and fulfillment of human rights. In this sense, the Millennium Declaration may equally inspire a renewed global compact for development based on these principles.
- 3 The case in setting the MDG agenda, the “road map” that translates those values into the post-2015 UN Development Agenda in Nigeria would need to build on broad consultations with main stakeholders at federal, state and local levels to generate consensus and ownership from its inception.
- 4 Goals and targets for the global partnership should be more precisely defined to improve accountability. The post-2015 framework should avoid interpreting the global partnership for development as a partnership of developed versus developing countries and donors versus recipients.

The pursuit of the MDG targets not only rides on national aspirations and the strategy for achieving NV20:2020, but also aligns strategic priorities and targets with the national vision. Since MDG targets are intermediate NV20:2020 targets, coordination, monitoring and evaluation frameworks for achieving both the MDG targets and NV20:2020 should be integrated.

The Roadmap

The Roadmap for the Countdown Strategy is crafted around nine milestones:

1. Mobilise the nation to achieve the MDGs and Nigeria Vision 20:2020;
2. Forge a national partnership and fiscal compact for the MDGs;

3. Build capacity in federal government ministries, departments and agencies, and state and local governments;
4. Institutionalise the Fiscal Responsibility Act (FRA) and Public Procurement Act (PPA) in all state and local governments;
5. Partner with oversight and watchdog institutions at state and local government levels to enhance accountability in the achievement of the MDGs;
6. Promote institutional integration in the delivery of the MDGs;
7. Mobilise additional public resources for the MDGs;
8. Prepare annual targets and benchmarks for achieving the MDGs by 2015;
9. Continually monitor and evaluate implementation.

The key features of each of these steps presents a matrix of the key actions, lead responsibilities and timeframes for each of the steps.

Conclusion and Policy Recommendations

Progress towards the MDGs is mixed across regions, countries, goals, indicators and targets. While Nigeria as a whole is making considerable progress towards many of the MDGs, many countries are still far from achieving most of the goals. Issues of quality of service delivery, particularly in the education and health sectors, inequality in access to services, lack of decent jobs, and unemployment, particularly among young people, remain high on the agenda.

Job creation will require that Nigeria embark on commodity-based industrialization that diversifies her economies and creates employment opportunities through value addition and integration in global value chains. Complementary investment in education and health systems will improve the quality of social services, strengthen productive capacities and enhance market competitiveness. Such measures will not only reduce poverty on the continent, but also assist in narrowing gaps in access to education, health services, clean water and sanitation in the country. Going by Nigeria's current survey results, Health interventions must prioritize primary health care and rural and vulnerable segments of the population. Policymakers must lobby development partners to allocate an increasing proportion of vertical funding to strengthening health systems. A robust health system with qualified health workers and adequate medical equipment is necessary to sustain and reinforce the targeted interventions of vertical funds. Nigeria must also improve civil registration systems to effectively monitor health trends, particularly in maternal and child health.

Investment in education should focus on enhancing access, quality and the relevance of the educational curricula to the labour force. This will require ensuring appropriate teacher-to-pupil ratios, upgrading the skills of teachers and encouraging timely entry into school. In addition, providing transport to children in remote areas, and introducing legislation on early marriages, will improve educational access, reduce dropout rates and enhance the overall quality of education in Nigeria. The paper's eight bound MDGs-country study on social protection provided policymakers with lessons learnt on how to empower vulnerable groups and minimize inequalities, improve educational access, reduce dropout rates and enhance the overall quality of education in Nigeria.

The post 2015 development agenda must not, however, distract from Nigeria and its immediate task of eradicating poverty, providing quality education for all, empowering women, improving child and maternal health, fighting HIV/AIDS, malaria and tuberculosis and ensuring environmental sustainability. Even as the world looks beyond 2015 towards a new development agenda, Nigeria must stay on track to make as much progress as possible by the target date. The country has made considerable progress toward the MDGs since 2000, and has learned a great deal over the past 13 years. By implementing lessons learned, Nigeria should be able to overcome challenges and fast-track progress.

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