

Success Stories on Millennium Development Goals: Alleviating Poverty in Ikaram and Pampaida Millennium Villages, Nigeria

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Abstract

The capacity of the implementation of the MDGs interventions in the poverty alleviation programme in Nigeria was examined. Ikaram and Pampaida millennium villages were selected based on the initial three-year millennium Development goals (MDGs) intervention implementations to ascertain whether the MDGs could meet the targets for which it was established. Data were analysed descriptively on each MDGs to measure level of its success in achieving the set targets. The hypothesis on relationship between MDGs and poverty alleviation interventions was tested. Ikaram and Pampaida millennium villages in Nigeria have demonstrated that simple interventions can have huge impact on the attainment of millennium development goals. The marked experiences gained can be extended to different regions of the country for the benefits of the teeming population. The millennium villages approach had demonstrated that Nigeria can achieve the MDGs on a grand scale if interventions are directed at the target groups and right beneficiaries, and budgets are transparency at project implementations.

Keywords: Alleviating poverty, Millennium development, Success stories, Ikaram, Pampaida

Introduction

In terms of welfare, Nigerians rank among the poorest in the world despite the country's abundant wealth. The nation is enormously endowed with human and natural resources which remain untapped. The level of poverty in the country is a contradiction of the huge amount of revenue that has accrued to the country's coffers in the past three decades. The United Nations Development Programme (UNDP) in 2008 and 2009 annual reports confirmed that over US\$300 billion is involved. Rather than bring progressive socio-economic development, Nigeria has retrogressed considerably to becoming one of the twenty poorest countries in the 21st century. The national average poverty incidence has risen considerably in the past thirty years. For instance, the poverty level increased from 27% in 1980 to 46% in 1985. There was a slight decline in the poverty level in 1992 to about 42% but which later in 1996 rose sharply to 67%. In 1999, the new civilian administration assumed power, and the poverty level indicated that the Human Development index (HDI) was 0.416 while over 70% of Nigerians were living in poverty (Elumilade *et al.*, 2006).

Consequent upon this, the government swung into action and introduced different poverty alleviation programmes and at the same time harmonized them with the existing ones. The Directorate of Food, Roads, and Rural Infrastructure (DFRRI) was established, aimed at opening up the rural areas and to improve the conditions of the poor; the establishment of the National Directorate of employment (NDE) to solve the problem of unemployment; the Peoples' Bank of Nigeria (PBN) to cater for the credit needs of poor Nigerians. Others included the Better Life Programme (BLP) which was a gender initiative targeted towards improving the life of rural women, but was later replaced by the Family Support Programme (FSP); the Strategic Grains Reserved Authority (SGRA); and the Accelerated Crop Production Agency (ACP) were established to improve the productive capabilities of peasant farmers as well as improving their incomes and well-being. The Nomadic and Adult Education Programme was established to assist in eradicating illiteracy which is believed to be a major cause of poverty. In 2001, the Federal Government put in place a National Poverty Eradication Programme (NAPEP) which was aimed at eradicating abject poverty (Aigbokhan, 2000).

Why Millennium Development Goals (MDGs)?

Poverty is the inability to attain an acceptable minimum standard of living. It describes absence of resources and opportunities that are most basic to human existence and survival. It is manifested in inadequate incomes, wide spread hunger, gender inequality, environmental degradation, low access to portable water and sanitation. Poverty is correlated with social exclusion, marginalization, vulnerability, powerlessness, isolation and other economic, political and cultural dimensions of deprivation (African Development report, 2006).

Poverty limits the economic growth and development of a nation because it negatively affects both performance and productivity. It prevents people from contributing effectively to economic growth because of lack of skill and motivation (Aigbokhan, 2000). The millennium development goals (MDGs) initiative by the

United Nations is one of the efforts aimed at reducing poverty globally by the year 2015 (United Nation Development Programme, UNDP, 2009). Given the knowledge that poverty deters economic growth and development, it has raised renewed interest among concerned development partners about the extent of achieving poverty reduction in Nigeria.

The United Nations belief that poverty can be eradicated hence developed millennium development goals (MDGs) programme. The objective is to encourage development by improving social and economic conditions in the world's poorest countries. At the 56th session of the United Nations General Assembly (UNGA) in 2001, the road map towards the implementation of the UN Millennium Declaration was presented. An annex included that contains eight development goals with 18 targets and 48 indicators, is now commonly known as the MDGs (MDGs Bulletin, 2013). The MDGs are international development goals that were officially established following the millennium summit of the United Nations in 2000 following the adoption of the United Nations Millennium declaration. All 189 members of the United Nations and at least 23 international institutions agreed to achieve these goals by the year 2015. All countries agreed and galvanized unprecedented efforts to meet the needs of the world's poorest people so as to build a better world (Hassan *et al.*, 2005).

The first seven goals are on: eradicating poverty in all its forms; halving extreme poverty and hunger; achieving universal primary education and gender equity; reducing the mortality of children under five by two-thirds and maternal mortality by three-quarters; reversing the spread of HIV/AIDS; halving the proportion of people without access to safe drinking water; and ensuring environmental sustainability. The final goal outlines measures for building a global partnership for development (Earth Negotiating Bulletin, 2013).

In 2005, the UNGA conducted the first comprehensive review of progress in achieving the MDGs and considered further efforts required to achieve the goals. World leaders underscored the need for the international community to strengthen development cooperation, as well as implement comprehensive national development strategies to achieve the internationally agreed development goals and objectives. It was agreed to provide immediate support for quick impact initiatives to support anti-malaria efforts, education, and healthcare. In 2008, another high-level event on the MDGs was convened which evaluated progress towards achieving the goals at the halfway point towards the 2015 target. Among the initiatives launched at the event were a global campaign to reduce malaria deaths to near zero by 2015 and a task force on maternal mortality. In 2010, the plenary meeting of the 65th Session of the UNGA on the MDGs claimed "We can end poverty by 2015." There were renewal calls for increased efforts at all levels to attain the MDGs, and includes an action agenda for achieving the goals by 2015 (MDGs Bulletin, 2013).

The rate of poverty in Nigeria remains high despite several development programmes previously implemented in Nigeria prior to the MDGs. In the early 21st century, the federal government thus decided to embark on millennium village approach to alleviate poverty in Nigeria. The objective was to assess the effectiveness of the Millennium Development Goals (MDGs) programme itself in alleviating

poverty. Has the Government succeeded in this initiative? Can the MDGs truly alleviate poverty? What are the actual challenges of successful implementation? This paper examines current progress of MDGs targets towards alleviate poverty in the two case studies of pilot millennium villages in Nigeria to chart a new path for wider policy redirection.

Methodology

Two millennium villages established by the Federal Government of Nigeria at Ikaram in Ondo State, Southwestern Nigeria and Pampaida in the Northern State of Nigeria were selected for the study. In each millennium village, the eight MDGs have been implemented through government interventions with the intent to assess the extent to which the goals could meet the targets of alleviating poverty. The millennium village projects were planned and implemented in phases. The first phase was the first three years in which the focus of intervention is to tackle hunger, disease, education and water. The second phase is the fourth and fifth year which focus was on crop insurance, family planning, malaria residual, vocational school at the cluster level, and also addressed gender-based violence, multiple financial services, participatory monitoring, surveys and measurement. Data were collected and analyzed descriptively using ratios, averages and percentages, on the first phase of the inception of the projects between 2006 and 2009. Secondary data were obtained from books, journals, magazines. Personal interviews were made through some open ended questions to confirm relevant information in within the millennium villages.

Results and Discussions

Goal 1: Eradicating Poverty and Hunger

Interventions in Goal1 target agriculture in terms of the provision of free seedlings and fertilizers to farmers, extension services trainings, storage facilities, and crop diversification to a higher income generating crops. The interventions in the agricultural sector were to improve soil health towards increased food production two-fold or four-fold. Goal 1 was achieved in both villages but at different scales. In Pampaida, average maize yield, the predominant crop, increased from 0.8ton per hectare in 2006 to 3.5tons per hectare in year 2009 representing a 3% increase between the two periods while a 44% increase in land area under major staple crop cultivation was also achieved. There was a marked difference at Ikaram, agricultural performances remained low basically because Ikaram is not a farming community unlike Pampaida which is predominantly a rural farming community. In Ikaram village, food security was 1.7% by the mid-term of 2009 due to low development in the agricultural sector. The number of meals per day increased by 0.3% within same period. The increase in the number of meals and diet diversity was attributed to other non-agricultural livelihood activities. The project undertook an aggressive nutrition education to schools and pregnant mothers. In both villages, there was over 40% reduction in chronic malnutrition, especially stunting, among under 2 children. At Ikaram, the inhabitants feed 3.3 times. Overall, these results meet the MDGs target of

increase in food production, elimination of hunger and malnutrition in both villages. Figure 1 shows a better improvement in stunting occurrence among under 2-year children at Pampaida compared with Ikaram.

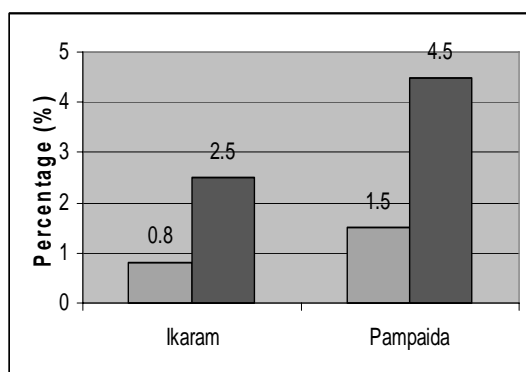


Fig. 1 Crop yields at Ikaram and Pampaida millennium villages

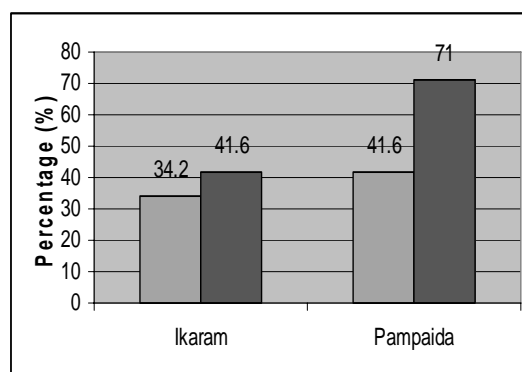


Fig. 2 Stunting among children under 2 years

- Performance in 2006 (at the project inception)
- Performance in 2009 (after 3 years)

Source: Field data, 2013

Goal 2: Universal Primary Education

Interventions are to improve school infrastructure (construction/renovation of classrooms), annual training for teachers in core subjects, provision of books in core subjects, provision of furniture and water points in schools.

An increase of 32% was reported in the gross school attendance. Gross school attendance which refers to the total attendance in primary school regardless of age, expressed as a percentage of the eligible official school-age population in a given school year rose from 80% at Ikaram village to 112% in 2006. In Pampaida, a 58% increase was observed since students' attendance increased from 41% to 99% within same three years assessed. Net attendance leaped by 18% in Ikaram. This is defined as the attendance of the official age group for primary schooling, expressed as a percentage of the population of the official primary school age. In Ikaram, net attendance rose from 74% to 92% in 2006 but in same year, an increment of 26.6% was recorded (from 38% to 64.6%) at Pampaida village.

The increase in school enrolment at both villages was attributed to improve and friendly school environment. At Pampaida, the school feed meal programme helped to increase the number of pupils enrolled in the school. The target of 90% attendance was exceeded at Ikaram. Students were more regular in school in year 2009 than at inception of the interventions in 2006. Average test scores up to 41% for students in grade one through primary six and levels of children receiving school meals increased from 12% to 91%. However, the target of female to male completion rate of 1:1 has not been achieved.

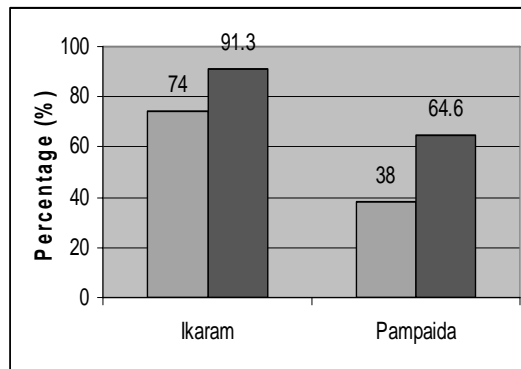
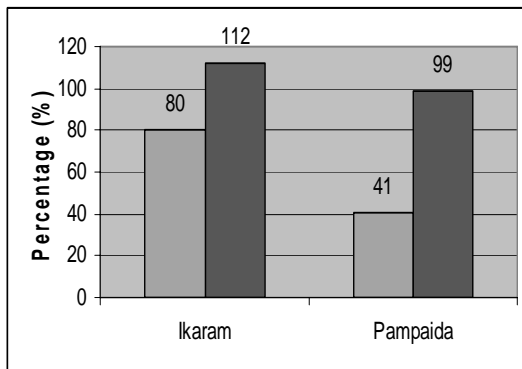


Fig. 3. Gross attendance ratio of primary education **Fig. 4** Net attendance ratio of primary education

- Performance in 2006 (at the project inception)
- Performance in 2009 (after 3years)

Source: Field data, 2013

Goal 3: Gender Equality and Women Empowerment

The objective here is to ensure gender equality and empower women in all human endeavour. The measure of performance is Girl:Boy ratio and proportion of women in wage employment. The data for Pampaida was not available. Girl to boy ratio declined slightly from 109.2% to 100% at Ikaram based on available estimates within the period covered by the analysis, although this result was contested. However, the distribution of women in wage employment increased sharply from 37.4% in 2006 at end of interventions. These improvements were attributed to the specific interventions that are directly targeted on rural women micro and small business enterprises in addition to the wide acceptance such initiative received within communities locally. Nevertheless, in overall, the target of female to male employment rate of 1:1 was not achieved.

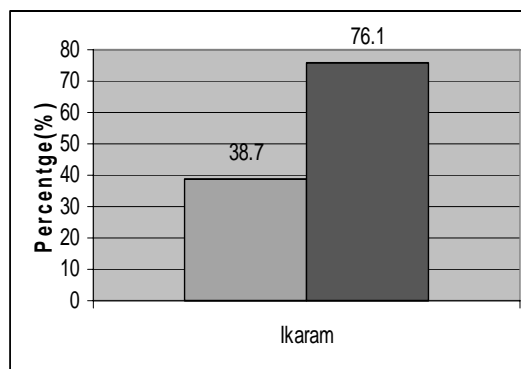
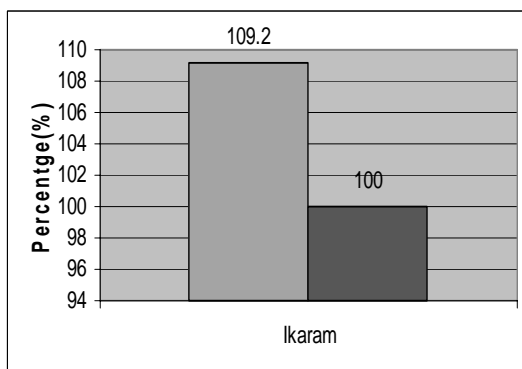


Fig. 5. Girl:Boy ratio **Fig. 6.** Women engaged in paid employment

- Performance in 2006 (at project inception)
- Performance in 2009 (after 3years)

Source: Field data, 2013

Goal 4, 5, 6: The Health Sector

The focus of intervention in the health sector was to reduce child mortality, improve maternal health and combat HIV, Tuberculosis, Malaria and other deadly diseases. Interventions included improved access to health services, strengthening the referral systems, provision of ambulance, provision of qualified medical doctors and other health workers, capacity building programmes for community health workers, provision of insecticide treated bed nets, free health care, procurement of drugs and equipment, school health services and support for people living with Acquired Immune Deficiency Syndrome (AIDS).

Malaria bednet usage for under-5 age children in both villages was at 0% in 2006 but increased to 18.8% in Pampaida and 37.0% in Ikaram by 2009 (third year of project inception). Measles immunization which is regarded as the degree to which children under 1 year of age in the cluster area immunized. At Pampaida, measles immunization was 29% at inception and rose to 82% at the third year, representing 53% increase. Comparatively, Ikaram was at 73.8% coverage at inception but rose to 100% in the third year implying 26.2% increase. The comparatively low rate of immunization at Pampaida has been attributed to the prevailing level of education and religious beliefs against orthodox medicine. However, the interventions at both villages met the Health MDGs target of increased proportion of 1 year measles immunization.

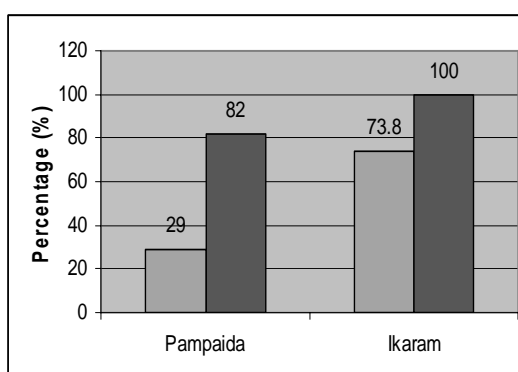
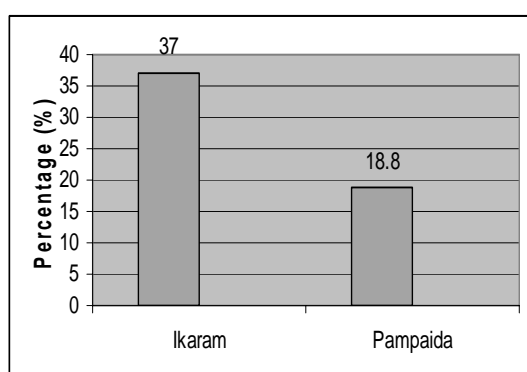


Fig. 7. Bed net use by under-5 age children **Fig. 8.** Measles immunization rate for under-1 age

- Performance in 2006 (at project inception)
- Performance in 2009 (after 3years)

Source: Field data, 2013

The average number of antenatal visits by pregnant women is 2.7 up from 1.1 at pampaida while the number of births delivered by skilled personnel increased from 10% to 13% for all deliveries at Pampaida. At Ikaram, the birth deliveries rate was 75% at project inception but increase to 90% in the third year as shown in Figure 9. The low rate at Pampaida is associated with constrained religious beliefs. At the project inception though, clinic was considerably at a distant proximity from the

people but with the establishment of an additional centre by the interventions, birth delivery rate was expected to be higher. Nevertheless, clinical attendance among pregnant women was increasing in both villages.

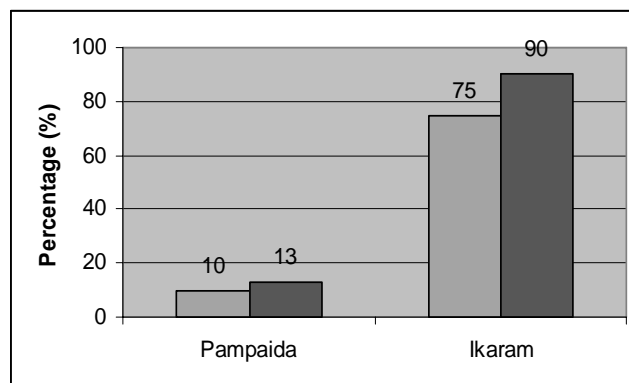


Fig. 9. Birth deliveries by skilled health personnels

- Performance in 2006 (at project inception)
- Performance in 2009 (after 3 years)

Source: Field data, 2013

Figure 10 presents the malaria prevalence which at the project inception was 29% at Pampaida but dropped to 13% at the end of the third year due to the usage of insecticide treated bed nets. The statistics for Ikaram were not available at the time of this study. However, there is the confidence that the rate had also dropped significantly.

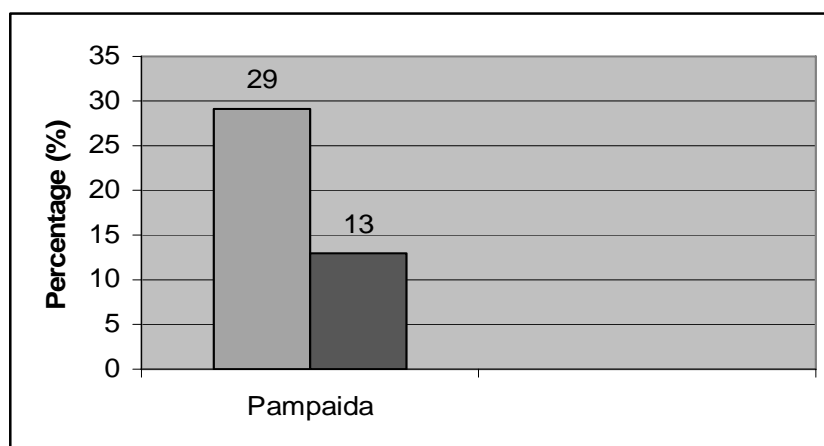


Fig. 10. Malaria prevalence (all ages)

- Performance in 2006 (at project inception)
- Performance in 2009 (after 3 years)

Source: Field data, 2013

The distribution on Figure 11 reveals that at Pampaida the number of people who were ready for HIV testing increased marginally to 3% at the end of 2009. At Ikaram, the statistics increased by 20%. The marked differences in the percentages recorded between these villages were because the level of education and attachment to religious beliefs were wide apart which was reflected in their moral dispositions, norms and societal values.

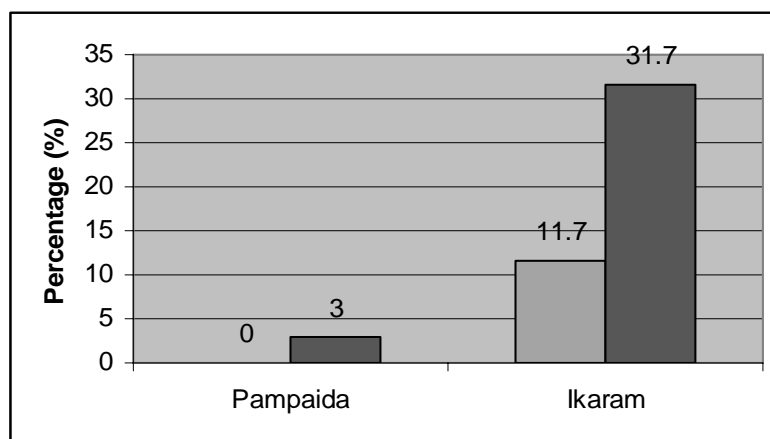


Fig. 11. HIV test among those of ages 15 – 49 years old

- Performance in 2006 (at project inception)
- Performance in 2009 (after 3 years)

Source: Field data, 2013

Goal 7: Environmental sustainability: Water and Sanitation

Access to safe drinking water and improved sanitation at the household level in the project areas were the objectives of intervention which included construction and repairs of water sources to ensure that water was available for household, institutions such as schools and clinics etc. The project also constructed improved ventilated toilets (VIP) in public places (market, town centres and institutions such as schools and health clinics and had aggressive sanitation campaigns (hand washing) at various schools and clinic centres.

Access to safe drinking water considerably got better as presented in Figure 12. Drinking water access at Pampaida increased by 66.7% in 2009 while at Ikaram, 88.5% increase in water access was recorded at same period. Access to improved sanitation revealed in Figure 13 shows that only 6% got good sanitation at the inception in both villages but improved to 28% in Pampaida and 18.9% Ikaram sharply. The target of this goal is to ensure that every household have basic access to safe water for drinking, cooking, cleaning food and personal hygiene and that sufficient quantity of water ensured at public institutions. Within 2006 and 2009, a 100% rate was not achieved though, but a remarkable progress was made, indicating that the goal is achievable; however, targets relating directly to environmental sustainability have not been met.

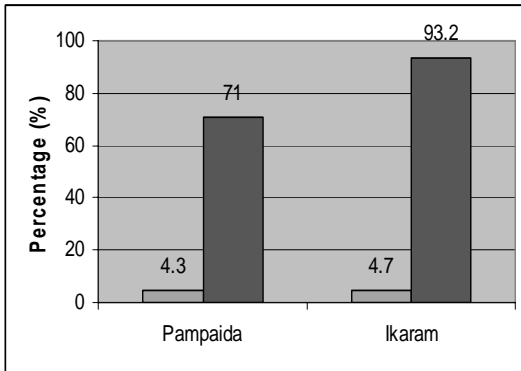


Fig. 12. Access to safe drinking water

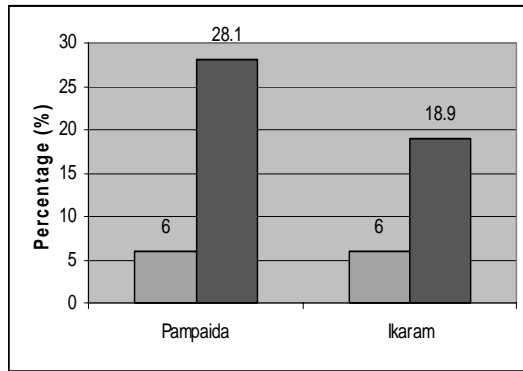


Fig. 13. Access to improved sanitation

- Performance in 2006 (at project inception)
- Performance in 2009 (after 3 years)

Source: Field data, 2013

Goal 8: Global Partnership

The measure of this Goal is to have access to mobile communications, specifically mobile phones that will foster partnership across boundaries. Intervention includes establishment of functional Information and Communication Technology (ICT) Centres, and partnership with Ericson and Mobile Telecommunication Network (MTN) company for enhance communication network coverage. Mobile phone coverage and ownership in Pampaida was at 4% initially in 2006 which significantly increased to 36% at the third year in 2009, representing a 32% increase. The distribution in Ikaram was a lot better given that a huge increase from 22.5% to 75.3% (52.8%) was obtained in mobile phone coverage and ownership in Ikaram. These were remarkable progress within 3 years of encouraging intervention experiences in the two millennium villages.

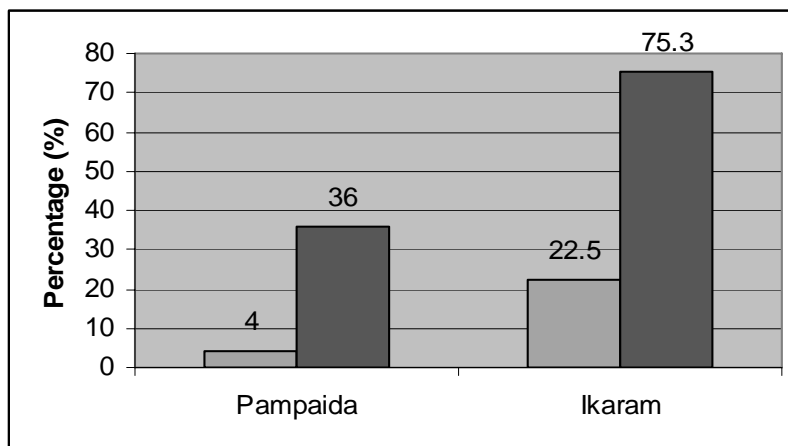


Fig. 14. Mobile phone coverage and ownership

- Performance in 2006 (at project inception)
- Performance in 2009 (after 3 years)

Source: Field data, 2013

Conclusion and Policy Insights

Ikaram and Pampaida millennium villages in Nigeria have demonstrated that simple interventions can have huge impact on the attainment of millennium development goals (MDGs). The marked experiences gained can be extended to different regions of the country for the benefits of the teeming population. With less than two years, however it would be sheer day dreaming to expect that poverty will be eradicated in Nigeria by 2015. The holistic and scientific approach of the millennium villages approach had demonstrated that Nigeria can increase food production and eliminate hunger if interventions are directed at the right beneficiaries, also true for all the remaining MDG Goals. Appropriate institutional policy implementation should be to ensure that interventions in the aspects of resources and distribution directly reached intended beneficiaries and target groups. The success stories at the two millennium villages are clear demonstration of commitment and transparency at project implementation devoid of fraud. Nigeria will reposition its desire to attain its MDGs mandate if this policy thrusts are fully integrated into every aspect of budget implementations as poverty alleviation programmes are being replicated further on a national scale.

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