

Achievements of Millennium Development Goals in Nigeria: A Critical Examination

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Abstract

This study is set out to examine the achievements of the Millennium Development Goals (MDGs) so far in Nigeria. The MDGs which came as succour to most developing countries has been adjudged as the world biggest promise to mankind. In Nigeria and most developing African nations, when some are saddled with the responsibility to serve, they begin to see that as an opportunity to say good bye to poverty, by engaging in personal aggrandizement. Although corruption is as old as human race, there are efforts geared towards addressing the recurring decimal in Nigeria. The study critical compared Nigeria and the Republic of South Africa with the mindset to examining the efforts geared towards achieving the MDGs in 2015 and whether the Goals are achievable at the stipulated benchmark. The achievements of the Goals so far and the various factors that militates against the attainment of the Goals will be succinctly examined. The study contends that indiscipline, endemic corruption among other factors that has remained a cankerworm to the development of Nigeria as a nation is our major challenge. It concluded that, although the Goals are not achievable based on 2015 benchmark. However, all other things been equal, if all the factors militating against the achievement as canvassed in this study are carefully and sensitively taken care of, Nigeria will be able to achieve the Goals in 2015.

Keywords: Nigeria, Millennium Development, Goals, MDGs, Nigeria Factor

1.1 Introduction

Across the globe, especially in third world countries, people wallow in abject poverty - a cankerworm against growth and development. Sometimes, people go to bed with empty stomach without hope of what to eat the following day and perhaps, malnutrition becomes customary. Some don't have shelter over their heads; health care delivery system and electricity are alien to some communities; pipe borne water, qualitative or limited access or lack of education and endemic diseases has taken over some territories; lots of mothers and children dies during child birth on a daily basis, some environment are not conducive to human habitation due to environmental degradation; while some still lives in the jet age where there is basically no form of civilization, social discrimination and exclusion as well as the lack of participation in decision making. There are many underdeveloped countries in the world with precarious development indices. For example, it is said that more than 1.2 billion people or about 20 per cent of the world population live or survive on less than US \$1 per day (Shetty, 2005: 67). The United Nations Development Programme (UNDP) in its 1998 Report documented that the three richest countries in the world have assets that exceed the combined Gross Domestic Product (GDP) of 48 least developed countries (UNDP, 1998). Similarly, it was said that the 1000 richest people in the world have personal wealth greater than 500 million people in the least developed countries (Ibid). These issues became worrisome and mind bugging to world leaders and leading development institutions around the globe. So, they converged and developed a blueprint to channel efforts to meet the needs of the worlds poorest. The blueprint was tagged the Millennium Development Goals (MDGs) with an eight-point agenda and specific target. It is a bundle of developmental goals and a target committing about 189 independent states including Nigeria and virtually all of the world's main multilateral organisations to an unprecedented effort to reduce multi-dimensional poverty through global partnership. The Millennium Declaration was signed in the year 2000 in New York and the year 2015 was fixed as deadline for achieving most MDGs (Kayode et al: 2012: 2).

The MDGs have specifically eight goals: Eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and women empowerment; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; ensure environmental sustainability; and develop a global partnership for development (Lawal et al 2012 :74). To surmount and meet these goals, poorer countries have pledged to invest in their people through healthcare and education while wealthier nations have vowed to support them by providing aid, debt relief and fair trade. Goal Eight sets objectives and targets for developed countries to achieve "global partnership for development" by supporting fair trade, debt relief for developing nations, increasing aid and access to affordable essential medicine and encouraging technology transfer. Meanwhile, developing countries are not left on their own to achieve the MDGs, but as partners in development to reduce world poverty. These laudable goals has been described as a road map for world development by the year 2015 using 1990 as baselines.

In order to achieve the Millennium Development Goals in Nigeria, the past administration of president Olusegun-Obasanjo made concerted effort in the socio-economic and political spheres so that the goals will be a reality rather than aspirations. As a result, the National Economic Empowerment and Development Strategy (NEEDs), a reform programme was designed to consolidate the achievements between 1999 and 2004 to lay a foundation for sustainable poverty reduction, employment generation, wealth creation and value re-orientation (Abubakar 2013: 1). These major considerations are perceived by economic analyst as the nation's blue-print for development, and as such, represents the framework by which government, private sector, donor agencies and NGO's hope to put Nigeria on the road to sustainable development through MDGs. In line with the targets of the Millennium Development Goals, NEEDs seeks to fight against the many strands of poverty through job creation and empowerment. As a way of bringing the reform programme closer to Nigerians, each state government is expected to develop a State Economic Empowerment and Development Strategy (SEEDs). The implementation, monitoring and evaluation framework will be through the National Economic Council and the National Council Development on Planning. Furthermore, local governments are being encouraged to develop benchmarks, targets, deliverables, timeliness and implementation guides. The institutional framework of NEEDs is meant to facilitate the process of interaction between stakeholders and to ensure synergy in the implementation process (Ibid). Nigeria being a member of global committee of nations in the time past and recent adoptions various developmental plans such as Vision 2010, NEEDs, 7-Points Agenda, Vision 20:2020, SURE P etc. within the framework of MDGs to serve as driving forces to achieve these laudable projects. Nigeria, a member of the United Nations appears seriously committed towards achieving the MDGs. Between 2006 and 2009; Nigeria's MDGs office spent £1.23 billion (#305 billion) towards meeting these targets (Ahmed et al 2013:1). Meanwhile, it has been projected that the sum of #4 trillion (\$28 billion) is required yearly to achieve the goals of MDGs in Nigeria between now and 2015 (Nwokeoma 2013:1).

1.2 Literature Review

Hume (2009:4) opined that the Millennium Declaration at the Millennium Summit in September 2000 was the world's biggest promise – a global agreement to reduce poverty and human deprivation at historically unprecedented rates through collaborative action. They differ from all global promises for poverty reduction in their comprehensive nature and the systemic efforts taken to finance, implement and monitor them – they envelope you in a cloud of soft words and good intentions and moral comfort (Saith 2006:1167). The Millennium Development Goals (MDGs) 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 and environmental sustainability (MDGs Nigeria Report 2010).

Az- Zubair(2013:1) observed that the Countdown Strategy has been designed to identify the gaps and lay out the policy actions, investments, and milestones that will help us further scale up our successes and remedy our weaknesses. She further pointed out that it provides a road map to achieving the MDGs, drawing on the administration's direct engagement with issues such as improving service delivery and public accountability, increasing investment, and building partnerships across the three tiers of government. In particular, she said it will be the reference point for any new administration, so ensuring that the opportunity to renew momentum provided by such a transition is seized rather than wasted. She further opined that for the MDGs to be achieved on time, massive pro-poor investments will have to be made across all sectors. Without this, lack of investment in one particular area will wipe out the successes recorded through interventions in others, which according to her is the reason why there is a need for a coordinated strategy of accelerated impact as we race towards 2015. Olatunji (2008: 23) conducted a study on the roles of Corporate Social Responsibility (CSR) in achieving the MDGs in Nigeria. He studied the CSR programmes of selected manufacturing companies in two areas in the south – west. His findings showed that more CSR programmes for manufacturing companies are needed to achieve the goals. He called for increased community involvement and empowerment in developmental projects, rather than the present approach that emphasises “money giving” and haphazard execution of CSR projects.

Hulme (2006:1) in a paper: The Making of the Millennium Development Goals: Human Development meets Result-based management in an imperfect world, observed that two ideas – human development and result based management- have been particularly significant in shaping the Millennium Development Goals (MDGs). He explained that though they seem unlikely intellectual, they significantly influence and shape the pattern of direction of MDGs. He further observed that at times, the ideas of human development and result based management were pursued as crucial to survival of MDGs, when these ideas challenges the interests of powerful groups or nations, their principles are compromised or assiduously avoided. Hulme (2008:1) in another paper studied the process that led to the formulation and implementation of MDGs and observed that it is an incremental and ongoing process of negotiation and bargaining with no clear cut phases or precise end. He is of the view that while the key actors presents policy as an outcome of a linear rational process based on scientific analysis and weighing up evidence, the real process that they are engaged in are quite different. He explained that no leader or agency is ‘in control’. The United Nations Economic Commission for Africa (UNECA:2013)

noted that development objectives such as the MDGs can only be effective if they help in getting the message across. The Commission pointed out that the media can contribute to achieving developmental objectives through continued training and more back up for African journalism.

Aribigbola (2009:7) 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 state. He 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 designed to solve are still widespread and the lack of adequate conceptualization of the project militate against full implementation of the project. He identified lack of conceptualisation and understanding both by the implementers and the will of the beneficiaries (people at the grass root), over politization by the government, lack of interest on the part of grass root would-be beneficiary/ community and inadequate funding and capacity under utilisation 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.

Oloyode (2006: 56) argued that for MDGs objectives to be realized there is need for establishment of an appropriate political and institutional framework to guide states intervention, market reform and poverty alleviation. He observed that MDGs being benefits accrued from globalisation requires Africa repositioning through appropriate policy measures. He argued that with appropriate policy measure, 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. Ajayi (2008:8) studied the success of MDGs in Millennium Village Project and found 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 the executors. Agbu (2006: 36) observed that for Nigeria to part take of the benefits of MDGs, it is imperative for the country to adopt a practical approach by collaborating with the other countries of the South, and other south multilateral groups in negotiating for better terms of engagement with the developed world. He sited the membership of Nigeria in the Developing Eight (D-8), consisting of Nigeria, Iran, Indonesia, Turkey, Egypt, Bangladesh, Pakistan and Malaysia who unanimously agreed to promote trade among themselves through reforming their custom services and other policies that hinders the free flow of goods and services across their borders. This we believe is crucial to the fulfilment of MDGs objectives and targets. Falade (2008: 35) 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).

Elhirika (2005: 34) observed that despite recent increase in average growth rate of most African countries from about 4.3 per cent to 4.6 per cent in 2003 and 2004 respectively, as a result of global expansion that led to higher demand and prices for commodities, a significant increase in Official Development Assistance, driven mainly by debt relief and emergency assistance, improving macroeconomic stability, the continent will have a long way to go if sustainable growth is to be achieved as specified in the MDGs targets. He identified unpredictable weather conditions, concentration of production and exports in the commodity market, and volatile external capital flows too week in comparison with those of other parts of the world. He noted that Official Development Assistance (ODA) represents the main source of development financing for many African countries, reaching over \$23 million for sub-Sahara Africa in 2003, and far exceeding debt service payment in that year. This notwithstanding, aid flows to Africa remain volatile and cannot meet the MDGs financing needs even if the goal of 0.7 percent of rich countries GNP is achieved. He concluded by saying to ensure the reality of MDGs, Africa's development partners are urged to move faster to ensure all their policies – on Official Development Assistance, market access and debt – are consistent with meeting MDGs.

Culpeper (2005:28) appreciates the global commitment to move about 50 per cent poor of the world out of extreme poverty by 2015 through MDGs projects. However, he advocated for a more thorough approach on the ground that not just 50 per cent, but 100 percent of the people living in poverty should be elevated. He explained that if we still had 40 per cent or 50 per cent of humanity struggling to subsist at between one and two dollars a day, then we needs a deeper approach to fighting poverty. He equally observed that MDGs pay little or no significant attention to poverty in the urban economy, he is of the opinion that the MDGs should focus as well on provision of decent employment in the productive sector for urban dwellers. He advocated for restructuring of the tax system which he described as being regressive at current based on the extreme reliance on sales and consumption tax system. He argued that most developing economies, elites hardly pay tax (a very regressive distributional tax system).

Yonghyup (2005: 25) opinioned that MDGs is a combination of enhanced foreign intervention, more external money and top-down approach having a potential of depriving recipients of the spirit of independence

as their eyes are clue to free launch offer by the donor agencies. Another area of concern as noted by Yonghyup, is the post MDGs implementation periods, in other words, what become of MDGs after 2015. He argued that since MDGs focus mainly on building up infrastructure to produce more public goods, chances are that poor funding may set in after 2015, the terminal year of MDGs, at this point, he asked what becomes of successful MDGs projects. Mistry (2005: 23) observed that MDGs are laudable projects aimed at poverty reduction. He established a divergence between MDGs and Developmental goals. He pointed out that ever since independence, most Africa states have been faced with developmental failure, and he observed that aid to Africa has not worked because human, social and institutional capital – not financial capital – poses as binding constraint. He advocated for a shift in Foreign Direct Investment (FDI) on concentration of funding to a blend of funding and know-how so as to maximize the benefits of MDGs.

According to a UNDP Report (2010) 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. The World Health Organisation (WHO Report 2010) observed that MDG are currently the highest level of expression of international community to developmental priorities. It explained that the MDGs commit the international community to an action agenda which emphasizes sustainable human development as the key to fulfilling social and economic progress. It further stressed that all the 191 member states of the United Nations Organisation have pledge to achieve these goals by the year 2015. It observed that the MDGs goals and their targets and indicators have widely accepted as framework for measuring national and global development progress.

Interestingly, Arif et al (2005:67) are of the opinion that MDGs represent a new attempt to increase the effectiveness of development assistance in reducing poverty with a time bound targets and strong commitment to monitor progress. They pointed out that in order to achieve these laudable MDGs objectives, it is imperative to address the need for water sanitation, health care, schools, employment and poverty crisis especially among the less developed economies. In any case, the MDGs are beautiful reforming tools that will transform the have not in our societies and erase extreme poverty class in any third world country. The government at all levels must put all synergy into ensuring that the goals become a reality rather than aspiration, putting into consideration the 2015 benchmark. The goals are quite achievable if our leaders are prudent and ready to channel all the required resources to ensure the success of the goals.

1.3 Achievements of Millennium Development Goals in Nigeria so far

1.3.1 Eradication of Extreme Poverty and Hunger

Poverty – extreme poverty as the case may be is a major challenge confronting developing countries of the world. Across the globe, there is high rate of poverty, the proportion of people living on less than US\$1.25 a day 42 per cent and 25 per cent in 1990 and 2005 consecutively (UNDP MDGs Report 2011: 19). In Africa there is higher rate of population living in poverty. The proportion of people living below poverty line in Africa (excluding North Africa) was 52.5 percent in 2008 (IFAD Report 2010: 34). Nigeria has also been confronted with the problem of increasing rate of poverty. The incidence of poverty increased during the period 1985-2006; the proportion of people living in poverty in 1985 was 28.1%, it rose to 46.3% in the year but decreased to 42.7% in 1999 before escalating to 65.6% in 2006. This translated to 17.7, 34.7, 39.2 and 67.1 million poor people in 1985, 1995, 1999 and 2006 respectively (Bello 2007:46). Based on the Nigeria National Bureau of Statistic's figure 2011 however, the proportion of people living in poverty has declined to 54.4% in 2011 which amounts to about 68.7 million poor people (NBS Report 2011).

Nigeria, like other countries at the UN Millennium Summit, in making committing herself to the achievement of the goals, launched her version of the MDGs poverty reduction or eradication programme. The National Economic Empowerment Development Strategy (NEEDS), 7-Point Agenda, Vision 20:2020 and other programmes were targeted at achieving MDGs. The level of poverty in Nigeria has taken a declining trend over the last one decade. The economic growth, particularly in agriculture, has reasonably reduced the proportion of underweight children, from 5.7 per cent in 1990 to 23.1 per cent in 2008 (UNDP Report, 2010). In the achievement of Goal 1; the proportion of people whose income is less than one dollar a day, the percentage of the population living in relative poverty was 60 per cent in 2000 and was supposed to fall to 21.35 in 2015 (Ibid). The percentage of people living in extreme poverty was about 28.78% in 2007, using the data for the year 2000 and 2004 and we make a projection of actual poverty incidence. If the trend continues, by the year 2015, the poverty incidence would have fallen to 48.7 per cent, some 27.3 percentage points more than the target of 21.3 per cent (MDGs Report 2010). The proportion of underweight children under five years of age was 35.7 per cent in 1990, reducing to 28.7 per cent between 2001 and 2003 and to 23.1 per cent in 2008. The Report stated that if the rate of progress is sustained, it places Nigeria on track to halve the proportion of underweight children under five years of age by 2015. Also the proportion of population living below minimum level of dietary energy consumption was 19.3% in 1991 and increased to 8.5% in 2011 (Ibid).

1.3.2 Achievements in the Area of Universal Basic Education

The development of any nation depends largely on inputs made by her citizens. The quality of input however, depends largely on the percentage of the population with a level of education adequate enough for rapid economic and social development. The Nigerian government introduced the Universal Primary Education (UPE) as an educational programme aimed at eradicating illiteracy, ignorance and poverty, and thereby simulate and accelerate national development. The programme was introduced in 1999 in conformity with the Education for all (EFA) and Millennium Development Goals (MDGs) as an integral part of poverty reduction strategy. Nigeria has made gradual move towards the 100% target by 2015. This reflected in the net enrolment rate in primary education that stood at 87.6% in 2006 and 89.6% in 2007 (UNDP Report 2007).

According to the MDG Country Progress Report, in year 2000, the net enrolment in primary education in Nigeria was 68 per cent (Ibid: 25). It manifested a slow but steady increase for a couple of years, and in 2008 the gross enrolment ratio rose to 88.8 per cent. There was a huge progress between 2004 and 2007; the progress nevertheless, needs to be accelerated if the target is to be met by 2015. The number of pupils starting Primary 1 who reach Primary 5, known as the “survival rate” in 2000 was 97 per cent but dropped to 72.3 per cent in 2009 (Ibid). Lagos State had the highest proportion of students that starts Primary 1 and reach Primary 5 (98.7 per cent), while Akwa Ibom State had the lowest (27.1 per cent), at regional level, south west had the highest with 91.7 per cent and north central had the lowest with 67.7 per cent in 2009 (NBS Report 2009). The literacy rate of youth’s between the age of 15-24, defined as the percentage of the population that can read and write in any language with understanding was 64.1 per cent 2000, declined to 60.4 per cent in 2003 and later rose to 76.2% and 81.4% in 2005 and 2007 consecutively (Ibid). However, the literacy rate dropped to 80 per cent in 2008 with a significantly higher rate in the urban than in rural areas. The MDG Report 2010 clearly stated that if the progress rate over the years is sustained, the youth literacy rate should be around 87 percent by 2015.

1.3.3 Promotion of Gender Equality and Women Empowerment

One in every four women in sub-Sahara Africa is a Nigerian. Because of its sheer size, the country significantly influences the achievement of the Millennium Development Goals (MDGs) in sub-Saharan Africa. The situation of women and girls in Nigeria has a key role to play in determining the progress of the whole region. Nigeria ranks 118 of 134 countries in the Gender Equality Index (UKaid Gender Report 2012). According to the UKaid Report, women make up only 21% of the non-agricultural paid labour force. Data also showed that each day 144 Nigerian women die in childbirth, which is equivalent to one death every 10 minutes(Ibid). Women are politically under represented. Their upper and lower house representation fell from 7% in 2007 to 6% in the 2011 election (the African average is 19%). Only 7 of 109 Senators and 25 of 360 Representatives are women (Ibid). The extent of gender inequality which manifested in the level of education, poverty, employment, political representation and human right, portends grave hindrance to the achievement of MDG 3 in Nigeria.

Although the situation is improving, the proportion of girls enrolled is still lower than that of boys across all levels of education. At the tertiary institution however, the ratio is showing signs of decline (MDGs 2010 Report, op. cit.: 26). The ratio of girls to boys in primary education shows long-term progress despite occasional deviations. In 2008, the number of girls per 100 boys was 85.4 and there was a gradual but steady increase from 2000 to 2008. It is however assumed that if the trend continues, the level expected to be reached by 2015 will fall short of the target. The situation was worse in secondary education; the ratio of girls to boys in secondary school was 81, which later dropped to 79.9 in 2008 (Ibid). As regards to the proportion of seats held by women in the National Assembly, gradual gains have been made, statistics show some improvement between 2000 (3.1%) and 2008 (7.5%) (Ibid). After the May 10th 2007 elections, data from the National Centre for Women Development (NCWD Report 2009) 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. 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(Ibid). 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 (Ibid). 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(Ibid).

1.3.4 Achievements in Reducing Child Mortality

The progress of any country depends on how healthy the children are. Such children should have access to basic health care, nutritious food and a hazard free environment. When these are not available, the country’s mortality rates would increase and economic potentials diminish. In developing countries, under-five years mortality ranges between 25 deaths per 1000 live births in Turkey to 274 per 1000 in Niger (WHO Report 2008). In less developed countries, infant and child mortality are caused by dehydration and chronic diarrhoea, acute respiratory infections, infectious diseases and malnutrition. The major child-killer conditions in Nigeria include

malaria, pneumonia, diarrhoea and malnutrition. The current policy framework for MDG4 in Nigeria is the National Strategic Health Development Plan by the Federal Ministry of Health. The plan aims to improve child health, among other health-related MDGs (FMH 2010 Report).

MDG 4 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 (Ibid). Data obtained from the Nigeria Demographic and Health Survey Reports in 1990, 1999, 2003 and 2008 shows that the under-five mortality rose from 191 per 1000 in 1990 to 201 per 1000 live births in 2003 but declined to 157 in 2008 (Ibid). The data shows 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. 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) (Ibid). The proportion of one-year-old child fully immunised against measles increased from 46 per cent in 1990 to 61.8 per cent in 2002 and then declined to 60 per cent in 2005 and remained at that level in 2006 and 2007. In 2008 the rate reduced to as low as 41 per cent and there is indication that in 2009 the figure increased to 74.3 per cent (NBS Report 2009).

1.3.5 Achievements in Maternal Health

Nigeria has made progress in reducing maternal deaths, but the number of women who die in pregnancy or from complications associated with child-birth remains appallingly high. Nigeria is Africa's most populous country and, despite being one of the wealthiest in Africa, continues to experience high rates of maternal deaths. Nigeria has the 10th highest maternal mortality ratio (MMR) in the world, according to UN estimates, with 630 women dying per 100,000 births, a higher proportion than in Afghanistan or Haiti, and only slightly lower than in Liberia or Sudan (WHO et al 1990-2010). An estimated 40,000 Nigerian women die in pregnancy or childbirth each year, and another 1 million to 1.6 million suffer from serious disabilities from pregnancy and birth related causes annually (USAID Report 2012). Over her lifetime, a Nigerian woman's risk of dying from pregnancy or childbirth is 1 in 29, compared to the sub-Saharan average of 1 in 39 and that global average of 1 in 180. While in developed regions of the world, a woman's risk of maternal death is 1 in 3,800 (WHO 2012).

The Millennium Development Goal on improving maternal health calls first for a 75 per cent reduction by 2015 in the maternal mortality rate from 1990 level for Nigeria (using estimates from the Nigeria's 2008 Demographic and Health Survey by the National Population Commission which is slightly lower than UN estimates), a reduction to 250 maternal deaths per 100,000 live births; and second, for 100 per cent of deliveries to be assisted by a skilled birth attendant (NPC Report 2009). According to the Nigeria National Planning Commission, the country can reach the maternal mortality target by 2015, but require dramatic and sustained progress in the remaining years (NPC Report 2010: 31).

1.3.6 Combating HIV/AIDS, Malaria and other Diseases

The HIV/AIDS epidemic is a dramatic and complex health problem worldwide; it is estimated that 4.3 million people around the globe were infected during the year 2006 alone (USAID 2006). AIDS impacts negatively on all the other MDGs. It affects poverty outcomes (MDG 1) and impairs universal access to education (MDG 2), especially in countries with high prevalence rates. It also has forceful consequences on maternal and child health, since the HIV infection increases the frequency of obstetrical and neonatal problems (Ibid). HIV prevalence among pregnant young women aged 15-24 years in Nigeria has continuously declined in years. In 2000, the prevalence of HIV among pregnant young women aged 15-24 years was about 5.4%, rose to 5.8% in 2001 and 2002 but declined to 5.0% in 2003 and further to 4.3% in 2005 and 4.2% in 2008 (NPC Report 2009:32). Nationally the MDGs 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 instance, HIV prevalence among pregnant women aged 15-24 years in South-South was the highest with 7% prevalence rate while the South West has the lowest prevalence rate in the country with 2%. The state level analysis reveals that Benue State has the highest prevalence rate of 10.6% while Ekiti state recorded the lowest per cent (Ibid).

According to 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 (FMH Report 2010). The proportion is quite low and far from being achieved, because the target is to have 100 per cent by 2015. For Malaria prevalence rate increased to 2, 203 per 100, 000 in 2002 from 2, 024 and 1, 859 per 100, 000 in 2000 and 2001. It fell to 1,727 in 2003 and further to 1,157 in 2004, representing a 42.8 per cent decline from the 2000 figure (Ibid). Also from the National Strategic Health Development Plan 2010-2015, the death rate as a result of Malaria fell from 0.23 to 0.16 about 30 per cent decline, within the same period. The tuberculosis prevalence rate was about 21.75 per 100, 000 in 2003 (Ibid). The rate was about 15.74 per 100, 000 in the year 2000, falling to 12.57 per 100, 000 in 2002. It fell continuously to as low as 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 as a result of Tuberculosis also fell from 1.57 in the year 2000 to 1.50 in 2004 through 2007, representing a 4 per cent decline (Ibid).

In the area of near eradication of polio, the United Nations Children's Fund (UNICEF Report 2003) observed that 75,000 children in 32 African countries were paralysed by polio. In 2003, Africa had driven polio back to only two countries, Nigeria and Niger, reporting about 204 cases across both countries. In 2003, Nigeria accounted for 45 per cent of all global cases of polio and by 2004 the figure had risen to 75 per cent (Ibid). In 2008, the African Union (AU Report 2008) pointed out that 57 per cent (946) of all polio cases worldwide were in AU member states, with Nigeria accounting for 49 per cent (806). Finally in 2009, African Union data showed that 87 per cent (147) of all polio cases reported globally were in AU member states, with Nigeria accounting for 53 per cent (90) (AU Report 2009). Till date Nigeria remain one of the countries in the world that has not been able to totally eradicate polio, especially the northern part of the country due to the misconception by the people that the vaccine is a plot to harm African children.

1.3.7 Fostering 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 (UNDP Progress Report 2013). 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. Nigeria's Vision 20:2020 is an integrated development plan with one of its three pillars dedicated to ensuring sustainability. The 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.

The proportion of Nigeria's land area covered by forest was 12.2 per cent in 2005 as against the 14.4 per cent in 2000 (FAO Report 2010). The Report further stated that forest 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. 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. According the National Bureau of Statistics, Nigeria's progress towards this target has been erratic. Currently, 58.9 percent of the population has access to an improved water source an improvement on the 55.8 per cent recorded in the 2008 National Demographic and Health Survey (NDHS) (NBS Report 2010).

1.3.8 Achievements in the area of Developing Global Partnership for Development

Debt-relief gains have helped immensely in Nigeria's modest progress towards achieving the MDGs. The government has used debt relief to adopt many promising interventions and initiatives, such as the OPEN-Monitoring and Evaluation Framework (OPEN-M&E), the Midwives Service Scheme and the Federal Teachers Scheme. The government has also used debt relief for social safety net policy initiatives, such as Conditional Cash Transfers (CCTs), the Micro-Credit Scheme, and the Small and Medium Enterprises Development Agency of Nigeria (SMEDAN) Vocational Training Scheme. Other initiatives are the MDGs Costing and Needs Assessment, Universal Basic Education Counterpart Fund Scheme, HIV&AIDS (distribution of antiretroviral drugs), the Community Health Insurance Scheme, the Rollback Malaria Partnership with the Global Fund (providing insecticide-treated mosquito nets to every Nigerian family) and the development of a National Gender Data Bank.

According to the Central Bank of Nigeria, the flow of Official Development Assistance (ODA) including debt relief gains from developed countries to Nigeria increased dramatically in 2004, rising from US\$4.49 per person in 2004 to US\$81.67 per person in 2006 and 2007 (CBN Report 2007). However, the figures include the large volume of debt relief negotiated by Nigeria, which was received in tranches spanning both 2005 and 2006. Provisional data for 2008 from the OECD shows 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. Nigeria's economy was over-burdened by the country's huge external debt for many years (Ibid). In 1990, for instance, servicing the country's external debt consumed 22.3 per cent of the value of the country's exports of goods and services (Ibid:56). Nigeria obtained debt relief in 2005, when the Paris Club wrote off US\$18 billion of its debt on condition that the country pays off the balance of approximately US\$12.4 billion owing to the Paris Club creditors. Nigeria paid off its debt to Paris club in 2006 (CBN Annual Report 2010). 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 repurchased about 21 per cent of outstanding oil warrants issued under a debt- restructuring deal in 1991. In 1990 there were only 0.3 telephone

lines per 100 people in Nigeria. It increased to 0.54 in 2002 and to 0.86 in 2008.

1.4 Challenges facing Millennium Development Goals in Nigeria (Nigerian Factors)

1.4.1 Lack of Human Capacity and Implementation: the monitoring and evaluation reports of projects and programmes funded from debt relief gains highlight the lack of human capacity at all levels (federal and state ministries, departments and agencies and local government). Because of these facts, projects related to meeting MDG targets are poorly executed. Delays in procurement always emanate from the inability to comply with requirements. And delays in processing certificates to award contracts and release funds to pay contractors means that states return unspent funds to the treasury and many projects are abandoned. Also a key challenge to implementation always emanate from the processes of procurement where there are insufficient checks and balances to ensure good governance and accountability. Human capacity is also weak in the area of costing and budgeting.

1.4.2 Poor access to primary health care delivery system, high cost of health care, poverty and environmental factors such as malnutrition, unhealthy living conditions and lack of basic social services and sustaining routine immunisation process to prevent polio and prevent re-infection of polio-free communities are some of the challenges that confronts Nigeria in achieving a reduced child mortality rate. Challenges specific to improving maternal health includes: harmful cultural practices in some rural communities, dearth of health personnel in rural areas and limited emergency obstetric care services (Nigeria MDGs Countdown: 2010).

1.4.3 Inadequate and unreliable data system:- Nigeria does not have adequate data or systems to collect and analyse data. This makes planning and implementing measures to meet the MDG targets particularly difficult. The data deficit has a long history. Before the emergence of democratic rule in 1999, Nigeria was governed for many years by military regimes. During this period adhocism in governance replaced Nigeria's national development planning culture. A related effect was the disappearance of disciplined collection and analysis of data for national planning and development. This challenge hinders the efforts to plan and track progress towards the MDG targets because the available is not reliable or consistent. This problem was attributed to the fact that; the capacity of institutions to gather data is very weak and, as a result the data available are not very reliable or consistent. For example, Assessment of progress towards achieving the MDGs since 2006 and the recent assessment of the Conditional Grants Scheme (CGS) consistently reflect the inadequacy of data (Phillips 2010: 3). This underscores the critical need for quality data both for planning programmes and projects, and for monitoring. Moreover, states have difficulty identifying where to locate projects because they do not have appropriate data. These problems stem from their lack of capacity to conduct relevant surveys and studies, or inadequate funding (AZ Zubair, op. cit.: 24).

1.4.5 Finance is a major challenge:- In October 2009, the cost of financing the achievement of the MDGs 2010-2015 was estimated at US\$171 billion (Az Zubair ibid: 9). The annual costs varied from US\$19 billion in 2010 to US\$38 billion in 2015. Assuming private sector funding for the housing and environment sectors brings the total cost down to an estimated US\$164.05 billion. A 2010 analysis of public expenditure allocations for achieving the MDGs (Federal Government, state government and local government authority allocations) suggested that the annual gap between the amount allocated and the amount needed may be as high as US\$17.7 billion. The Federal Government Medium Term Expenditure Framework (MTEF) 2010-2012 indicates that the budget allocated to ministries, departments and agencies (US\$17.4 billion) for achieving the MDGs is about 62 per cent of the total estimated annual costs of US\$28 billion (Ibid). The gap of 38 per cent could be closed by better prioritisation and rationalisation, and improvements in efficiency. If carefully examined, the financial requirement in order to achieve the MDGs in 2015 is no mean small resources. Because Nigeria has other domestic obligations to meet, it might be difficult for all the funds to be sunk into meeting MDGs.

1.4.6 Indiscipline and Endemic Corruption:- The dominant challenge in every sector of Nigeria economy is indiscipline which gave birth to corruption and several other children. Because of lack of discipline, a top government officials can drive against the traffic, because of corruption, a government official will divert funds meant for developmental projects. When indiscipline and corrupt officials are appointed into elective positions, what they do is to strategise using their paraphernalia of office to divert funds to their personal use. Even if all the funds required for the implementation of MDGs in Nigeria are appropriated in excess, the money might end up not been enough because part of the funds will end up for private use by those saddled with the responsibility of disbursing the funds.

2.1 The Republic of South Africa and Millennium Development Goals

As a member of the United Nations, South Africa was also a signatory to the Millennium Development Goals. The MDGs provide an indication of the results that the country intends to achieve based on certain input, output and impact (effect of intervention). Some of the outcome indicators as expressed by the MDGs are closely related to the rights that are enshrined in the South African Constitution. The country has launched several programmes and policies in order to achieve the MDGs. The South African government introduced a

macroeconomics policy framework called the Growth, Employment and Reduction (GEAR) strategy in 1996. The GEAR was an economic strategy meant to cover 1996-2000. It set a goal of achieving sustained annual real Gross Domestic Product (GDP) growth of 6% or more by the year 2000 while creating 400,000 new jobs each year (Treasury 1996:3). The government launched the Accelerated and Shared Growth Initiative for South Africa (AsgiSA) in 2006. AsgiSA was launched as a coordinating framework to enable achievement of new government goals of halving unemployment and poverty between 2004 and 2014. There was an explicit aim of accelerating economic growth to an average of at least 4.5% between 2005 and 2009 and further to a sustainable 6% average annual rate between 2010 and 2014 (SA Presidency, 2006:7).

The Medium Term Strategic Framework (MTSF) was developed by the government of South Africa as a policy to achieve the objectives set by AsgiSA among others. The MTSF identified five developmental objectives as follows:

- To halve poverty and unemployment by 2014 from 2004.
- A more equitable distribution of the benefits of economic growth and reduce inequality.
- Improve the health profile of the nation, skills base and access to basic services.
- A nation free of all forms of racism, sexism, tribalism, and xenophobia.
- Improve the safety of citizens by reducing incidents of crime and corruption. (UNDP, 2010).

The New Growth Path (NGP) was also announced by President Jacob Zuma in October 2010. The target set was to create five million jobs in the next ten years, thereby reducing unemployment from 25 percent to 15 percent (SA Presidency, op. cit). These among others are some of the policies put in place by the South Africa government in achieving the Millennium Development Goals (MDGs).

Progress Level in South Africa

The proportion of people experiencing absolute poverty has declined. South Africa has more than half the population living below the poverty line of a \$1 per day, thus achieving MDG1 of halving poverty. The decline was from 11.3% in 2000 to 5% in 2006(RSA MDGs Report 2010). Though poverty has been halved for males and females, the proportion of females living below \$1 (PPP) per day remains high compared to that of males: 12.0% (females) and 10.0% (males) in 2000; and 5.3% (females) and 4.8% (males) in 2006(Ibid). On the other hand, it seems unlikely that South Africa will meet MDGs at \$2.50 per day even though the proportion of those below this threshold indicates a declining trend across time, namely from 42.2% in 2000 to 34.8% in 2006(Ibid). The evidence of a decline in absolute poverty is further confirmed by commensurate declines in the poverty gap ratio. The average poverty gap is the average amount by which a proportion of the population fall below a given poverty line. This ratio declined from 3.3 in 2000 to 1.1 in 2006 at the \$1 per day threshold (Ibid). Similarly, the representation of women in Provincial Legislatures increased from 25.4% in 1994 to 42.4% in 2009. The 2009 female representation in Parliament as well as in Provincial Legislatures puts South Africa amongst the leading countries in the world in terms of the number of women in important leadership positions (Statistics South Africa 2009). The data provided confirms that South Africa has generally performed well against the international indicators for Goal 3. Indeed, South Africa could be considered to have reached most gender equality targets, if not exceeded them. South Africa's performance has also improved for several of the indicators over the period.

The infant mortality rate in South Africa appears to have remained more or less the same despite the upward trend in the under-five mortality rate. Coverage of immunization is a significant element in the prevention of child mortality as it is associated with child survival and hence infant and under-five mortality rates. There has been a sharp increase in the proportion of children under 1 year of age who have received all their primary vaccines for tuberculosis, diphtheria, whooping cough, tetanus, polio, measles, hepatitis B and haemophilia influenza in South Africa from 2001 to 2009 (RSA MDGs Report 2010: 43). The immunization rates for primary vaccines increased from 66.4 % in 2001 to 95.3 % in 2009. Also combining both sexes, the life expectancy at birth in South Africa declined from about 61 years in 2001 to about 58 years in 2007. The Prevention of Mother to Child Transmission (PMTCT) of HIV in South Africa is a priority intervention in the public primary health facilities. South Africa also achieved the national Strategic Plan for HIV and AIDS and Sexually Transmitted Infections (STIs) 2007-2011 (NSP) target of greater than (95%) coverage in the public sector antenatal service(Ibid). sites in 2008(Health Dept. SA 2007: 65. From policy perspective South Africa has been proactive in ensuring that the necessary policies and implementation strategies are in place to reduce under-five mortality in the form of prevention of malnutrition and intensification of immunisation coverage, as well as access to free health care facilities. However, while the interventions in health are strong and hold promise for stabilising infant mortality, they are not sufficient to reduce under-five mortality rates. The target set for South Africa of 20 deaths per thousand live births or lower by 2015 compares adversely with the current level of 104. With the above evidences it is seemingly unlikely that South Africa will achieve MDG 4.

Dealing with the challenges of HIV and AIDS continued to be a major and regional health priority. The adult prevalence rate of HIV and AIDS in 2008 for sub-Saharan Africa was 5.2% compared to a global total prevalence of 0.8%. HIV and AIDS have had a significant negative impact on life expectancy in South Africa,

and have left many families and children economically vulnerable and often socially stigmatized. The government of South Africa has made frantic effort in combating HIV/AIDS and other diseases. South Africa now has the largest Anti-Retroviral Therapy programme in the world and may have contributed towards stabilizing HIV prevalence. It can be said that despite the efforts by the government there have been mix result in the level of achievement of the targets. The evidence from population-based HIV prevalence surveys in South Africa indicates that the spread of HIV among persons aged 15-24 years overall has declined in the country since 2005. The results of PCR tests indicate that the number of HIV infected babies in South Africa is declining. The overall national transmission rate of HIV to babies born to HIV-infected mothers is 11%. The proportion of HIV positive babies in 2009- 2010 is 9.4% which shows a decline from the estimated 15.2% in 2008-2009 (SA MDGs Report, op. cit.).

According to the South African Reserve Bank, the import from both LDCs and developing countries increased, with the LDC share of imports rising from less than 1% in 2002 to just under 6% in 2008 (before falling to 4% in 2009), while imports from developing countries increased to a high of 47% in 2009 (Department of Science & Tech., 2007). The government of South Africa also recognising the key role that investment in science, research and technology plays in ensuring a well-developed, competitive economy. By 2007 South Africa had grown its gross expenditure on R&D (GERD) from R4.1 billion in 1997 to R18.6 billion, which more than doubled GERD in real terms. GERD as a percentage of GDP reached 0.93% in 2006 and then 0.92 in 2007(Ibid). Official Development Assistance (ODA) is not a significant source of funding for South Africa, net ODA in-flows was below 0.3% of Gross National Income between 2005 and 2009. In terms of South Africa's government budget, net ODA accounted for approximately 0.9% of national budget expenditure in 2008. Debt to GNI ratio and Cellular telephone subscribers per 100 population indicators has been achieved, percentage investment share in GDP, Foreign Direct Investment (FDI) net inflows and net outflows as percentage of GDP and others are likely to be met by 2015. By implication, MDG 8 is feasible by 2015 in South Africa.

Dealing with the challenges of HIV and AIDS continued to be a major and regional health priority. The adult prevalence rate of HIV and AIDS in 2008 for sub-Saharan Africa was 5.2% compared to a global total prevalence of 0.8%. HIV and AIDS have had a significant negative impact on life expectancy in South Africa, and have left many families and children economically vulnerable and often socially stigmatized. The government of South Africa has made frantic effort in combating HIV/AIDS and other diseases. South Africa now has the largest Anti-Retroviral Therapy programme in the world and may have contributed towards stabilizing HIV prevalence. It can be said that despite the efforts by the government there have been mix result in the level of achievement of the targets. The evidence from population-based HIV prevalence surveys in South Africa indicates that the spread of HIV among persons aged 15-24 years overall has declined in the country since 2005, the proportion of HIV positive babies in 2009 - 2010 is 9.4% which shows a decline from the estimated 15.2% in 2008-2009 (South Africa MDGs Report 2010).

The death rate due to malaria in South Africa has remained very low at 4-10 per thousand since 1999. The number of deaths due to malaria decreased from 360 per annum in 1999 to 54 in 2008, which represents a decrease of 85% over the period. There was an increment of 12.4% in the number of houses or structures sprayed with insecticide were witnessed between 2004 and 2009. Looking at the targets under MDG 6, the ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years, death rates associated with malaria, number of cases of children under 5 years of age with fever who are treated with appropriate anti-malarial drugs have been achieved. While it is unlikely that many more targets will be achieved. By implication the goals of combating HIV/AIDS, Malaria and other diseases is unlikely to be met in South Africa.

Environmental sustainability underpins the achievement of the majority of the other seven goals. Analyses reveal that environmental preservation is an essential foundation for sustainable development and poverty alleviation. Failure to achieve biodiversity stability for instance will undermine social and economic development efforts. The proportion of land area in South Africa in forest is 36.6% with the vast majority (32.7%) of the total being in savannah woodlands. In the area of environmental sustainability, there has been an increase in the total carbon dioxide emissions from 359 million metric tons in 1994 to 434 million metric tons in 2007. The proportion of total water resources used in 1990 was 26.61% in 2000. Furthermore, the proportion of total area terrestrial and marine areas protected has increased from 4.91% to 6.22%. Also, the number of species (vegetation) threatened with extinction increased from 676 in 1990 to 2 458 in 2010 (DEA 2010). Few of the targets of MDG 7 that has been achieved in South Africa include: proportion of population using an improved drinking water source; proportion of population uses solid fuels as primary source of energy. The proportion of population using an improved sanitation facility, consumption of ozone depleting substances (ODP tons), proportion of population using an improved sanitation facility are likely to be achieved. Looking at the whole lots of unachievable targets of MDG 7 in South Africa, we can conveniently say that MDG 7 is unattainable by 2015.

2.2 Conclusion

The Millennium Development Goals are series of eight time-bound development goals that seek to address issues of poverty, education, gender equality, child mortality, diseases, maternal health, environment and development, to be achieved by the year 2015. They are essentially a scaled-up version of policies and investments that has been putting in place for years. Africa has also keyed into the Millennium Declaration with different policies formulated by African countries to achieve the goals. The continent continues to make steady, albeit modest progress toward attainment of the MDGs, notwithstanding the adverse effects of the global financial, food and fuel crises. Africa's performance with respect to primary enrolment, gender equality in primary school enrolment, women's representation in decision-making, child immunization, and stemming the spread of HIV/AIDS and TB has been especially strong.

The Republic of South Africa is doing quite well in achieving the Millennium Development Goals and targets. Some of the targets of MDGs have been achieved while several others will be achieved by 2015. While countries like Nigeria is not doing quite well in achieving MDGs, indicators such as universal primary education, prevalence of HIV/AIDS and ratio of girls to boys in primary education has shown an encouraging trend in Nigeria and there are prospects that they will be achieved by 2015. While primary school completion rates and access to improved water supply and sanitation, show poor trends and deviate widely from the targets. The MDGs have been hindered by lack of reliable and consistent data, huge funding gaps, human capacity challenges and weak governance and accountability environment and poor coordination between the tiers of government. Corruption and cultural diversity, lack of local participation and empowerment, loss of focus on sustainability, the difficulty or lack of measurements for some of the goals are some issues that stand as threat to the realisation of MDGs.

2.3 Recommendations

On corruption, African government should be committed to fighting corruption headlong. Many African countries were rated high in the corruption index by Transparency International; Somalia, Sudan, Chad, Burundi, Zimbabwe, Equatorial Guinea, Libya, Democratic Republic of Congo and Angola are rated among the twenty most corrupt countries of the world (Transparency International 2012). Corruption has been a major set back to African economic growth, making it difficult for her to confront the challenges posed by poverty, illiteracy, environmental problems HIV/AIDS and other diseases. The continent does not need a soothsayer to know that to achieve the MDGs by 2015, corruption at all levels of both private and public sectors should be totally eradicated. Most pertinent, indiscipline thrives in Nigeria. Leaders at all levels from the top to the bottom, urban to rural and the central to the local government should be re-oriented and declare War Against Indiscipline, as proclaimed by the Military Regime of General Buhari/Idiagbon in 1983.

Cultural diversity is also one factor that has prevented the continent from achieving the Millennium Development Goals. For instance, Nigeria remains the only polio-endemic country in Africa due to the misconception in the northern part of the country that the vaccination kills the children. The situation in northern Nigeria is complicated by ongoing security concerns, which are likely to hamper that polio eradication effort in this area. The cultural believes as regards the type and size of family is another issue confronting the MDGs. Large families constitutes grave threat to the eradication of poverty, child and mother health and the living standard of the family. Government of African countries need to identify the cultural differences typical to each country with a view to addressing and making it less devastating to achieving of Millennium Development Goals.

African countries should also focus on collating data that is consistent and about the true state of things as regards the achievement of MDGs. This helps in knowing the amount of efforts needed to be devoted in achieving the goals and also in making forecasts and projection about the future. Human capacity should be improved, strengthened and update to enhance the attainment of the MDGs by 2015.

The United Nations should also focus on post-2015 era, the sustainability of the MDGs and come up with new goals that will sustain the initial ones with the incorporation of human rights, technological development and the agricultural sector. It should also be corroborated in African countries by establishing effective monitoring and evaluating mechanism for the Millennium Development Goals.

The need for research and development can not be underestimated especially in developing African countries. Research is the bedrock of any development, government of African countries should embark on studies that will facilitate and fast track the achievement of the Millennium Development Goals.

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