

## Poverty, Insecurity and Conflict Mitigation - The Nigerian Special Case?



### Abstract

This article sets out to explore the connection between poverty and insecurity in Nigeria. It takes a multidimensional definition of poverty, relying on infant mortality rates and unemployment/underemployment rates as indicators. It focuses on insecurity as a community-based issue affecting individuals, rather than nations. The incidents of casualties in Nigeria attributable to insecurity are calculated using newspaper reports for the first half of 2020. When the data is compared with the main academic theories (e.g. Collier et al) on insecurity and poverty, it becomes clear that Nigeria is an exceptional case, as compared with other sub-Saharan African states it has not seen the connection of insecurity and poverty trigger civil war. The paper also discusses the percentage of the annual budget devoted to the security forces as the main policy paradigm to date for combatting insecurity. In conclusion the paper finds that, despite the dearth of data, there is a clear correlation between unemployment/underemployment patterns and insecurity incidents. The paper concludes by advocating a policy shift away from the focus on the security forces and temporary palliatives for the poor to a holistic approach to tackling the underlying causes rather than the symptoms.

Author: Dr. Jeremy Gaines, with assistance from Fatima Malumfashi, Motunrayo Mgbakogu,

## **Financing the Healthcare System in Nigeria**

Can Nigeria realistically come good on its commitment to achieve the Sustainable Development Goal 3 to “Ensure healthy lives and promote well being for all at all ages” in less than a decade’s time? This study sets out to explore whether the Nigerian healthcare system receives financing such as could lay the basis for the country to meet that target. By way of introduction it outlines the components of SDG 3 and presents the main diseases affecting the Nigerian populace today.

In light of this, in Chapter 1, a discussion follows of the various international benchmarks for public, i.e. government, healthcare financing with regard to getting primary healthcare to the people. This elaboration starts specifically from the famous Abuja Pledge in 2001 to spend 15% of each annual budget on healthcare and contrasts this with other ratios such as expenditure to GDP or staffing ratios deemed crucial to being able to provide primary healthcare.

In a next step, in Chapter 2 these benchmarks are used to evaluate public healthcare expenditure in Nigeria since the years 2000 and in particular in the period 2015-2019. The key findings are that public budgets have been far too small, indeed government healthcare expenditure has actually dropped in the 2015-2019 period. Moreover, healthcare in Nigeria today is mainly something accessible only to those who can privately afford it as an out-of-pocket expense. For a large section of the population it is catastrophic health spending, meaning it constitutes more than 10% of their possible spending and that they therefore have to choose between healthcare or other necessities in life.

Chapter 3 outlines how heavily dependent the Nigerian healthcare system is on donors. It likewise pinpoints the key inefficiencies in the system that contribute to government health expenditure, meagre as it is, being misspent. Conversely, if spending was controlled properly, the scant resources would not be wasted.

Chapter 4 compares Nigeria with four peers: Ethiopia, Indonesia, Kenya and South Africa in terms of the international benchmarks. Despite Nigeria being ahead of Ethiopia and Indonesia in terms of percentage of GDP committed to total health expenditure, it is found to be far worse off as regards infant, under-5 and maternal mortality. The same applies to its death rates for malaria and tuberculosis. The implication is that this bears out the inefficiencies identified in the prior chapter.

Chapter 5 concludes that government expenditure on healthcare must be massively

increased if it is to live up to its wish to provide primary healthcare to all the country's citizens as per SDG 3.

Capital and operating expenditures need to be radically increased (infrastructure, drugs and medicines, human resources). Indeed, the original commitment to 15% of budget as stated in the Abuja Pledge would be a minimum starting point in light of the number of years of 'negative' investment in healthcare when compared to population growth.

A general lack of political will to achieve SDG 3 is assumed to be the reason for this identified. The conclusion can only be that without clear political prioritization of healthcare, the status quo ante cannot be changed. To say that there is already a state of emergency in the Nigerian healthcare sector as regards financing is to understate the magnitude of the problem.

Chapter 6 cursorily outlines possible policy recommendations. Precisely because primary healthcare delivery is something that has to be incrementally implemented and financed until a certain standard is achieved (e.g., to cover minimum staffing requirements and minimum medicine provision for specified illnesses/diseases) prioritization should be attached to achieving such targets as fast as possible rather than stoically upholding formula. At the same time policymakers must also ensure that there is a consistent focus on allocative efficiencies and avoid any misalignment of state and federal healthcare policies. In this regard, given the structure of healthcare financing (and the argument could be extended to the education sector, too) and its fundamental necessity for any prosperity in society, legislation and/or an audit agency is required to adjudicate such issues of alignment and expenditure shortfalls in order to monitor and sanction under-performance in the sector. [click here to download](#)

Author: Dr. Jeremy Gaines, with assistance from Fatima Malumfashi, Dr. Samuel Omenka, Ngozi Oti, Abuja/Frankfurt  
May 2020

*Image by Samuel Scalzo from Unsplash*

---

## **Project Bishiya: Women's Literacy Project for Northeast Nigeria**

We set out to first ascertain the degree of women illiteracy in the North-East region of Nigeria. Methodologically this involved a desk review and peer group comparisons. The intention was to design a project approach that hinged on pragmatic amelioration of the

shortfall in literacy. Project Bishiya seeks at the same time to improve access to education – as our initial findings showed that access is as important as teaching content. To incentivize the reach of the programme we resolved to use a rewards-based system for participants. The multi-pronged project we designed is destined to test the new approach we developed and can serve as a model for bringing literacy/numeracy to what we found to be at least five million women and girls across North-East Nigeria over the next three years.

The project's aim is twofold: Firstly, to test teaching crash courses in English Reading/Writing/Arithmetic (literacy, numeracy) to girls and adult women; secondly, to develop culturally relevant resources and influences to inculcate the value of—and an aspiration to obtain—a modern, formal education. The outcomes we hope to achieve have therefore been defined as follows: 1) higher enrolment of young girls in primary and secondary school education; 2) improved access to primary healthcare services and acceptance of a disease-preventing lifestyle; 3) enhanced economic activities amongst the women leading to improved livelihoods / emergence from multi-dimensional poverty; and 4) increased participation of women in regional governance, decision-making and resource sharing. A byproduct of the project will be to assist in the sustained rebuilding of displaced and disadvantaged communities

ORIGINATOR: The African Politeia Institute

AUTHORS: Fatima S. Malumfashi and Eniola Shitta, with assistance from Dr. Jeremy Gaines

IMPLEMENTATION: Grow Nigeria Initiative [click here to download](#)

---

## **Technical and Vocational Education and Training: A Key Driver for Agricultural Development in Nigeria?**

### **TAPI Research Paper. No. 1**

**Authors:** Dr. Jeremy Gaines, Ms. Ngozi Oti

Technical and vocational education (TVET) is post-junior secondary school education that differs distinctly from an academic approach to education. Rather than imparting academic knowledge such as is the goal of upper secondary school and tertiary education, the primary purpose of technical and vocational education is to prepare individuals for the world of work by equipping them with the requisite skills. TVET is understood to cover skills

acquisition at the upper secondary level through instruction that, in many countries, consists of a mix of school/college-based learning (theoretical) and in-company instruction (practical). - [Click to download](#)