Social protection in Nigeria

Synthesis report

Jessica Hagen-Zanker and Rebecca Holmes

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Acknowledgements

This report synthesises five thematic reports on social protection in Nigeria:

- Holmes, R. and Akinrimisi, B. with Morgan, J. and Buck, R. (2012) 'Social Protection in Nigeria: Mapping Programmes and Their Effectiveness'. ODI/UNICEF Nigeria
- Holmes, R., Samson, M., Magoronga, W. and Akinrimisi, B. with Morgan, J. (2012) 'The Potential for Cash Transfers in Nigeria'. ODI/UNICEF Nigeria
- Jones, N., Presler-Marshall, E., Cooke, N. and Akinrimisi, B. (2012) 'Promoting Synergies between Child Protection and Social Protection in Nigeria'. ODI/UNICEF Nigeria
- Samuels, F., Blake, C. and Akinrimisi, B. (2012) 'HIV Vulnerabilities and the Potential for Strengthening Social Protection Responses in the Context of HIV in Nigeria'. ODI/UNICEF Nigeria
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Overseas Development Institute
111 Westminster Bridge Road
London SE1 7JD, UK

Tel: +44 (0)20 7922 0300
Fax: +44 (0)20 7922 0399
www.odi.org.uk

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Abbreviations

AEO	African Economic Outlook
AfDB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
AU	African Union
BIG	Basic Income Guarantee
CBHIS	Community-based Health Insurance Scheme
CBO	Community-based Organisation
CCT	Conditional Cash Transfer
CGS	Conditional Grants Scheme
COPE	In Care of the Poor
CSO	Civil Society Organisation
DFID	UK Department for International Development
DHS	Demographic Health Survey
DRG	Debt Relief Gains
FCT	Federal Capital Territory
FGM/C	Female Genital Mutilation/Cutting
FMOH	Federal Ministry of Health
FSW	Female Sex Worker
GDP	Gross Domestic Product
GNP	Gross National Product
HIV	Human Immunodeficiency Virus
IMF	International Monetary Fund
KII	Key Informant Interview
LACA	Local Government Action Committee on AIDS
LEAP	Livelihood Empowerment Against Poverty
LGA	Local Government Area
M&E	Monitoring and Evaluation
MARP	Most-at-risk Population
MCH	Maternal and Child Health Care Programme
MDA	Ministries, Departments and Agencies
MDG	Millennium Development Goals
MSH	Management Sciences for Health
MSM	Men Who Have Sex with Men
MSS	Midwife Service Scheme
MTCT	Mother-to-Child Transmission
NACA	National Agency for the Control of AIDS
NAPEP	National Programme for Poverty Eradication
NAPTIP	National Agency for the Prohibition of Trafficking in Persons
NBS	National Bureau of Statistics
NEEDS	National Economic Empowerment Strategy
NGO	Non-governmental Organisation
NHIS	National Health Insurance Scheme
NLSS	Nigeria Living Standards Survey
Norad	Norwegian Agency for Development Cooperation
NPC	National Planning Commission
NSIA	National Sovereign Investment Authority
NSITF	Nigeria Social Insurance Trust Fund
ODA	Official Development Assistance
ODI	Overseas Development Institute
OECD	Organisation for Economic Co-operation and Development
OSSAP	Office of the Senior Special Assistant to the President
OVC	Orphans and Vulnerable Children
PEM	Public Expenditure Management
PEPFAR	US President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV and AIDS
PRAI	Poverty Reduction Accelerator Investment
PRB	Population Reference Bureau
SACA	State Action Committee on AIDS
SIGI	Social Institutions and Gender Index

Triple F	Food, Fuel, Financial
UBE	Universal Basic Education
UK	United Kingdom
UN	United Nations
UNAIDS	Joint UN Programme on HIV and AIDS
UNDP	UN Development Programme
UNFPA	UN Population Fund
UNGASS	UN General Assembly Special Session
UNICEF	UN Children's Fund
VVF	Vesicovaginal Fistula
WHO	World Health Organization

Executive summary

Despite strong economic growth, 54% of the Nigerian population remains living in poverty. In recent years, the government and its development partners have sought to develop social protection instruments as a mechanism to tackle such high rates of poverty and vulnerability in the country and to support progress in both the economic and the social spheres. As such, social protection is now emerging as a policy objective.

This synthesis report is part of the project, 'Social Protection Diagnostic and Forward Agenda for UNICEF', aims to support the government of Nigeria in realising its overarching development strategy (Vision 20: 2020) and developing a national social protection strategy. The project has five thematic reports: a mapping of social protection and its effectiveness, the role of cash transfers in Nigeria, the links between social protection and HIV and AIDS and social protection and child protection and fiscal space.

The study drew on both primary and secondary research carried out between January and June 2011. A comprehensive review of literature was carried out on social protection, HIV and AIDS and child protection in Nigeria, including an analysis of policy and strategy documents, programme documents, impact evaluations and other grey literature. Key informant interviews (KIIs) were undertaken with stakeholders at the national and state levels (including relevant government, donor, international and national non-governmental organisation (NGOs), civil society and academic actors). Case studies were carried out in four states – Adamawa, Benue, Edo and Lagos – selected on the basis of previous and current implementation of the cash transfer In Care of the Poor (COPE) programme and existence of HIV and AIDS and child protection programmes; prevalence of HIV and AIDS and specific child protection vulnerabilities; state poverty profiles and susceptibility to shocks and stresses; and a geographical spread across the northern and southern regions.

Social protection policy has been under discussion since 2004 at both national and regional level, but despite a chapter committed to social protection in the implementation plan of the national development plan, Vision 20: 2020, this has not resulted in significant levels of programme implementation. The main projects currently underway are three small-scale federal government-led programmes: the COPE conditional cash transfer (CCT) programme, subsidised maternal and child health care (MCH) provision and the Community-based Health Insurance Scheme (CBHIS). Other social assistance programmes are implemented in an ad hoc manner, run by government ministries, departments and agencies (MDAs) at state level. These include child savings accounts, disability grants, health waivers, education support (e.g. free uniforms) and nutrition support. Other programmes led by donors include CCTs for girls' education in three states and programmes that include social protection subcomponents (not as the primary objective): HIV and AIDS and orphan and vulnerable children (OVC) programmes, providing nutrition, health and education support. Labour market programmes include federal- and state-level agricultural subsidies/inputs, youth skills and employment programmes – but these are not necessarily targeted at the poor and are often implemented at the discretion of the state rather than as part of a coordinated response to unemployment and underemployment and constraints to agricultural productivity.

We draw on Devereux and Sabates-Wheeler's (2004) transformative social protection framework, which takes into consideration both economic and social sources of risk and is based on a framework whereby social protection promotes social equity as well as economic growth. Social equity laws and legislation can be seen as part of the transformative social protection agenda. Nigeria has passed the Civil and Political Rights Covenant, the Economic, Social and Cultural Rights Covenant, the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child. However, only the latter has been domesticated into national law – and this not by all states. Meanwhile, implementation of these laws is weak at best. There has been limited, if any, conceptual link made by the government between the broader regulatory policies of equality and rights and their importance to social protection policies.

Examining the appropriateness of cash transfers – in particular CCTs – in the context of high rates of poverty and vulnerability in Nigeria highlights a number of important issues. The main issue arising is the limited coverage of current cash transfer programmes. For instance, COPE reaches 0.001% of the poor (22,000 households). Current targeting policy, based on the CCT design, restricts eligibility to a subsection of the poor by limiting the number of potential beneficiaries to households with school-age children plus another categorical identification (e.g. elderly, female-headed, HIV and AIDS affected). However, the programme only reaches a fraction of those eligible, with the scale of implementation and political commitment key challenges. A key concern with cash transfers, as opposed to other non-cash types of social protection instrument, is that the value of the transfer in Nigeria is very low compared with the need of households, especially in the context of increasing prices, variations in state-level provision of services (e.g. if health and education are free or not), etc.

With an estimated 3.3 million people living with HIV, Nigeria bears nearly 10% of the global burden of HIV (UNAIDS, 2010). While HIV and AIDS-related programming in Nigeria is not currently framed in terms of social protection, a number of interventions can come under the heading of social protection, or include HIV-sensitive social protection components which target people affected by or infected with HIV and AIDS. These schemes improve access to education, health care and food security for vulnerable people, including those affected by HIV/AIDS. Furthermore, programmes which deal with the most marginalised and vulnerable can also be considered HIV sensitive as, in the context of Nigeria, these are often the most at risk of acquiring HIV.

However, there are still a number of challenges. First, many of these programmes are still at the pilot stage and impacts, such as lowering mother-to-child transmission (MTCT), are unknown. Second, programmes have low coverage and are implemented only in selected states. Third, the programmes do not cover the full range of HIV risks and vulnerabilities (e.g. sex workers are so far largely excluded). Fourth, linkages between social protection and HIV and AIDS are not explicit, and in the programme design stage there is insufficient focus on specific HIV vulnerabilities (e.g. stage of illness, whether the affected person is taking antiretroviral therapy (ARVT), labour capacity). Finally, young women are particularly at risk of HIV and AIDS; there is therefore a need to focus on gender sensitivity through programme design and/or strategic linkages with other programmes.

Nigerian children are highly vulnerable to income poverty but also to a wide variety of other economic and social factors. Social protection programming has a number of child-sensitive aspects: targeting children or households with children to promote human capital development through health and education; supporting children’s care givers in particularly vulnerable households (orphaned/widowed families); promoting household expenditure on children and responding to specific gender and equity issues (e.g. early marriage) by attaching conditions to household cash transfers. Despite this positive focus, however, programming is targeted to a limited demographic group (children under five or those in primary/secondary education) and addresses two very specific risks: health and education and indirectly, to some extent, income poverty. Furthermore, current programming does not address the prevention of or responses to domestic abuse and exploitation. Referral programmes to other social welfare services are generally missing, as are these social welfare services themselves. Moreover, while a number of legislative responses to child protection have been put in place and the Nigerian government has ratified a number of progressive international laws, providing a basis for domestic equality and human rights legislation (the Child Rights Act was passed in 2003). Coverage and enforcement of these laws remain limited.

Nigeria currently spends less on social protection than many other African countries, despite its relative wealth. Social protection represented about 1.4% of consolidated government expenditure in 2009, compared with Kenya’s spending of 6.2% of government expenditure in 2007/08. Moreover, two-thirds of this is allocated to civil servant pension and benefit schemes. Political commitment to social protection is currently very variable. It is not seen as a key priority for the federal government, as reflected by the limited funding available for it. Only

some states are demonstrating interest and allocating resources to pro-poor social spending in general and, social protection in particular (e.g. Jigawa state).

Fiscal space for social protection could be increased by improving the efficiency of government expenditure, but this would be determined by political commitment to social protection over other sectoral priorities. Global initiatives promoting social protection programming, development partners' interest in social protection and CCT pilots in the country suggest that development aid for social protection may increase in the future, even if overall aid remains unchanged. Under specific conditions, the newly created Nigerian sovereign wealth fund might also be a source of finance for specific social protection programmes.

Based on our analysis in this project, a number of policy recommendations are discussed below, for federal and state governments and for development partners.

1. Develop an overarching social protection policy framework to provide clear institutional roles and responsibility which guides social protection design and implementation at the federal and state levels

A overarching federal-level social protection strategic framework for social protection in Nigeria would clarify institutional roles and responsibilities, lay out numerous options for social protection in the country, facilitate dialogue and knowledge exchange on the different types of interventions suitable in the Nigerian context and promote inter-sectoral and federal–state coordination. This would be particularly important for the creation of synergies between the HIV and AIDS and child protection sectors. One institution needs to take the lead and provide oversight and guidance on the social protection strategy at the federal level. Given the devolved responsibility of social protection to the state level, federal leadership also needs to be accountable and responsive to state needs.

Development partners, given their mandate to support and strengthen institutions in Nigeria, can play a key role here, for instance supporting institutional coordination mechanisms by facilitating an inter-sectoral working group (including Women Affairs and Social Development, Education, Health, Agriculture and Finance, for example).

A variety of social protection instruments should be considered at the state level, based on the extent and patterns of poverty and vulnerability, existing structures, capacity of actors and resource availability. Programmes to be considered could include the following:

- **Scaling up cash transfers** – considering both conditional and non-conditional options;
- **Public works programmes**;
- **Targeted agricultural inputs**;
- **Nutrition programmes**;
- Continued provision of **education scholarships and subsidies and access to free health services** for women and children.

2. Strengthen social protection and HIV and AIDS programme linkages

Careful consideration should be given to integrating groups of people who need to be given priority in terms of HIV and AIDS responses, particularly within a broader social protection-type programme. Although in some cases this group could be targeted directly, broader targeting criteria could be adopted (e.g. level of income, household size, food insecurity) which would include people living with HIV and AIDS. Social protection should not focus on targeting HIV specifically, but rather on strengthening institutional linkages and coordination with agencies mandated to address HIV-related issues.

3. Strengthen linkages to child protection

This is a valuable opportunity to ensure child protection issues are not compartmentalised into vertical social protection programmes but rather are integrated across sectors and agencies, in particular ministries and local government bodies responsible for health, education, labour,

police, justice and social welfare. This is a strategic opportunity to strengthen linkages with child protection elements of existing programmes, in programme design and complementary services. Social protection programmes can play a stronger role in addressing child protection concerns through core social protection interventions (e.g. addressing youth unemployment through public works programmes) and/or linking more strategically to complementary programmes and services, such as community sensitisation.

4. Allocate resources to scale up social protection programmes

Options for increasing fiscal space would require systems and mechanisms for scaling up pro-poor social protection beyond small standalone projects to ensure sustainability of social protection programme funding in the future. There is a need to address the limited funding of existing social protection initiatives from the Millennium Development Goals (MDGs) Debt Relief Gains (DRG) fund and limited commitment to social protection through the Community Grants Scheme (CGS). Development partners could play a role in supporting the inclusion of social protection in a medium-term financing plan before DRG funding ends.

More resources need to be mobilised if the government of Nigeria wants to expand coverage of social protection to tackle the high rates of poverty and vulnerability in the country. The greatest scope for increasing fiscal space for social protection is via i) increased mobilisation of domestic resources, ii) increases in development aid specifically targeted at social protection and iii) improving public financial management and thereby release resources for reallocation.

5. Support and generate political commitment to social protection at the federal and state levels

Currently, political commitment to social protection is very variable, at both the federal and the state level. Ways to ensure the sustainability of social protection have so far concentrated on devolving responsibility to the state level, which has led to some states taking up social protection initiatives through the CGS and others not. Broad-based political commitment to social protection needs to be built at both the federal and the state level, given the important relationship between the two in terms of designing, funding and implementing programmes.

6. Increase investment in service delivery

Social sector expenditure remains very low in Nigeria, and delivery of services remains a weak link in terms of the potential scale-up and expansion of social protection. Simultaneous investment in the supply side of services in both the social and the economic spheres should take place to maximise the effectiveness of social protection programming.

7. Strengthen governance features of social protection programmes

Learning from other sectors in terms of strengthening governance should take place as social protection develops in the country. It is important to put in place accountability and transparency mechanisms, including donor-funded technical support in MDAs, strengthening the capacity of federal and state levels to operate systems such as the CGS. It is equally important to ensure that beneficiaries are informed about programme design and can engage on programme governance issues, for example through governance committees or fair grievance procedures.

1 Introduction

1.1 Background

Despite strong economic growth in Nigeria, 54% of the population remains in poverty. Of significant concern is the fact that the poverty rate has doubled in the past 20 years. Nigeria is also highly unequal: the Gini coefficient was 43.8 as of 2005 (Ortiz and Cummins, 2011). Approximately 20% of the population owns 65% of the national wealth (UNDP, 2009).

Income inequality is just one dimension of poverty in Nigeria. Poverty and vulnerability are also highly influenced by social and other factors, including geography, ethnicity, age and gender. For instance, a low gender equality ranking reflects the inequalities in human capital, political representation and economic participation between women and men.[1] Meanwhile, with over 60% of the population below 18, children are represented disproportionately in poor households. Nigeria's under-five mortality and maternal mortality rates for the poorest are among the highest in the world, and poverty and deprivation exacerbate child protection issues, including trafficking, prostitution and abuse.

Patterns of poverty vary by geographic location and are also influenced by socio-cultural and religious norms and prevalence of conflict and instability, as much as by economic environment. High prevalence rates of HIV and AIDS are a key concern, especially for particularly vulnerable groups. High rates of unemployment and limited availability of livelihood opportunities in rural and urban areas also continue to restrict the economic opportunities available to men and women, and youth, preventing a route out of poverty.

In recent years, the government of Nigeria and its development partners have sought to develop social protection instruments as a mechanism to tackle high rates of poverty and vulnerability in the country and to support progress in both the economic and the social spheres. As such, social protection is emerging as a policy objective.

This report is part of a project that aims to support the government of Nigeria in realising its overarching development strategy (Vision 20: 2020) and in developing a national social protection strategy. It synthesises the main findings of five thematic reports on social protection in Nigeria: a mapping of social protection and its effectiveness and reports on cash transfers; HIV and AIDS; child protection; and fiscal space.

The report is organised as follows. The rest of this section outlines the methodological and conceptual approach taken to the study. Section 2 discusses Nigeria's poverty and vulnerability profile. Section 3 presents an overview of existing social protection policy and programming and discusses the key issues emerging from an analysis of this sector. Sections 4 and 5 examine the linkages between social protection and HIV and AIDS and child protection, respectively. Section 6 presents a fiscal space analysis with reference to the social protection sector. Section 7 concludes with a set of key policy recommendations.

1.2 Methodology

This report draws on both primary and secondary research carried out between January and June 2011. A comprehensive review of the literature on social protection in Nigeria was carried out, including an analysis of policy and strategy documents, social protection programme documents, impact evaluations and other grey literature, covering the period from approximately 2004-2011.

Key informant interviews (KIIs) were undertaken with stakeholders at the national and state levels (including relevant government, donor, international and national non-governmental organisation (NGO), civil society and academic actors) (see Appendix 1).

[1] See, for example, Ajani's (2008) work on gender inequalities in Nigeria.

Case studies were carried out in four states – Adamawa, Benue, Edo and Lagos – which were chosen based on a number of criteria, namely: experience of implementation of the In Care of the Poor (COPE) programme; existence of HIV and AIDS and child protection programmes; prevalence of HIV and AIDS (at least two were to be in high prevalence states) and specific child protection vulnerabilities;[2] general state poverty profile and susceptibility to shocks and stresses; and geographical spread across the northern and southern regions (two in the north and two in the south), to maximise synergies with the ODI/UNICEF Impacts of the Triple F Crisis project (see Table 1).

Table 1: Site selection

State	General poverty profile	Child protection issues	HIV prevalence	Implementation of COPE Phase III
Adamawa	Adamawa, North East, was selected for its high poverty rate	Adamawa has a high HIV and AIDS rate and child trafficking is a serious child protection deficit	High (6.1-8%)	Yes – state matched funding
Benue	Benue, North Central, was selected for its high levels of social vulnerability, its position as the nation's food basket and its declining trade opportunities	Benue has a disproportionately high HIV and AIDS rate, which has left many children especially vulnerable to child protection deficits	Very high (>8.0%)	No
Edo	Edo, South South, was selected to represent the landlocked centre of Nigeria; although income poverty rates are reportedly not as high as in other states, social vulnerabilities such as child trafficking and labour are significant	Edo is one of the hubs for child trafficking and has significant problems with child labour	Medium high (4.1-6%)	No
Lagos	Lagos, South West, was selected because of its position as the economic centre of Nigeria and its urban density	Child labour is a key issue in Lagos, as it is the largest city in Nigeria and a key destination for internal migration	Medium high (4.1-6%)	Yes – state matched funding

At the state level, a wide range of government, NGO and civil society stakeholders working on HIV, child protection and social protection were invited to an initial stakeholder meeting.[3] The aim of the meeting was to i) explore the range of programmes being implemented at the state level and ii) guide the choice of programmes to be explored in more depth and choose the areas/communities in which the case studies would take place.

As such, the workshop aimed to generate information on:

- The existence of social protection programmes government and CSOs currently work on;
- The beneficiaries and the level of reach of these programmes;
- The impact these programmes have had so far; and
- The major challenges faced in implementation.

2 Case studies for the child protection and HIV reports were carried out in the same states.
3 Courtesy calls were paid to permanent secretaries of government ministries and agencies and NGOs and other relevant organisations. Formal invitation letters and reminders were dispatched and confirmation visits were carried out to ensure participation.

In each state, primary data collection involved focus group discussions (FGDs) in selected sites with adults and adolescents benefiting from COPE, HIV programmes and/or child protection programmes.

Despite attempts to provide a comprehensive mapping of programmes and their impacts, a number of limitations were encountered, in terms of the availability of secondary data and impact evaluations, and with regard to limited participation at the workshop, which restricted the ability to ensure the representation of all programme activities in each state. We sought to overcome this by following up with individual meetings but, overall, we recognise that gaps do remain in this overall mapping.

1.3 Social protection conceptual framework

Social protection is most commonly conceptualised as a set of interventions which aim to address poverty, vulnerability and risk. Such interventions may be carried out by the state, non-governmental actors or the private sector, or through informal individual or community initiatives.

In this study, we take as our starting point the need to apply both an economic and a social analysis lens to poverty and vulnerability in order to support the development of appropriate social protection policies and programmes in Nigeria. We draw on Devereux and Sabates-Wheeler's (2004) transformative social protection framework, which takes into consideration both economic and social sources of risk and is based on a framework whereby social protection promotes social equity as well as economic growth. It includes four levels of social protection provision:

- *Protective* (protecting households' income and consumption, which includes social assistance programmes such as cash transfers, in-kind transfers, fee waivers to support access to basic and social services);
- *Preventative* (preventing households from falling into or further into poverty, including, for instance, health insurance programmes, subsidised risk pooling mechanisms);
- *Promotive* (promoting household's ability to engage in productive activities and increase incomes, for example through public works employment schemes, agricultural inputs transfers or subsidies); and
- *Transformative* (addressing social inequalities and discrimination, which includes, for example, core social protection programmes which tackle gender inequality and promote child rights and linkages to awareness-raising programmes or tackling discrimination).

A child-sensitive approach to social protection can include social protection measures which benefit children without explicitly targeting them (e.g. pensions, household grants, public works programmes), or those which benefit children directly (e.g. child grants or targeted fee waivers). Making social protection more child sensitive has the potential to benefit not only children but also their family and community and national development as a whole.

2 Poverty and vulnerability in Nigeria

Nigeria is a middle-income country, with high dependence on oil revenues (19% of gross domestic product in 2010), although in recent years the non-oil economy – especially agriculture and services – has been growing (AfDB et al., 2009). Nigeria is socially and culturally diverse, with over 250 ethnic groups. Muslims and Christians take up around half of the population each.

Nigeria reinstated a democratic regime in 1999 after over 30 years of military rule. Government corruption remains a major challenge to development. Institutionally, Nigeria has a decentralised political system which consists of a three-tier government (federal, state and local), consisting of 36 state governments and 774 local government areas (LGAs). Sub-national governments have autonomy over economic development policy, budget regimes and expenditure patterns (Norad, 2010). States and LGAs range considerably in size, population and resources, resulting in significant variations in poverty and vulnerability between states. For instance, the poverty rate in Bayelsa is 20%; that in Jigawa it is over 90% (UNDP, 2009).

2.1 Income poverty

The majority of the Nigerian population lives in poverty, despite the wealth in the country. Although indications that poverty may be declining (AfDB et al., 2009; NPC, 2010), of significant concern is that, between 1980 and 2004, both rural and urban poverty more than doubled, from 28.3% to 63.3% in rural areas and from 17.2% to 43.2% in urban areas (UNDP, 2009). Nigeria's national poverty line states that 54% of the 140 million population lives in poverty (approximately 75 million people) (NPC, 2010), of whom 22% were defined as 'core poor', i.e. extremely poor in 2004 (UNDP, 2009). This is a huge challenge in terms of development and poverty reduction.

High population growth and rural to urban migration mean Nigeria has become increasingly urban, with 47% of the population now living in towns and cities (PRB, 2010).[4] While discussions of the experiences of the rural poor dominate the literature, given the depth and severity of poverty as well as its higher incidence in rural areas,[5] several authors, including Osinubi (2003), argue that policymakers should be paying more attention to urban poverty, as the number of urban poor and the depth of poverty in urban areas are increasing.

Inequality in income and asset distribution, unequal access to basic infrastructure and services and social-cultural norms are key drivers of poverty, vulnerability and inequality in the country (see UNDP, 2009). Indeed, Nigeria has high rates of inequality[6]. According to the UN Development Programme (UNDP, 2009), inequality increased between 1985 and 2004 (from 43 to 49), although others suggest it has been decreasing (from 49.1 in 1990 to 43.8)[7] (Ortiz and Cummins, 2011): overall, however, it remains high. When adjusted to reflect inequality, Nigeria's Human Development Index value drops significantly, from 0.423 to 0.246 (UNDP, 2010).

Meanwhile, figures mask a large disparity among states, with the belt of states across the middle of the country having the highest levels of inequality (ibid.). This is a factor of a rapidly increasing population and a growing poverty gap, whereby a greater proportion of Nigeria's wealth is concentrated in the hands of the wealthiest: approximately 20% of the population owns 65% of the national wealth (UNDP, 2009). The benefits of the wealth generated by oil production are not well distributed among the Nigerian population (Okunmadewa et al., 2005),

4 In 2000, Nigeria had 438 cities with a population over 10,000 – the highest in West Africa (UN-HABITAT, 2010).
5 Nsikakabasi and Ukoha (2010); Ojowu et al.(2007); Okuneye (2004); Okunmadewa et al. (2005); Rural Poverty Portal (2010).
6 Nigeria's inequality rate is around the average in relation to the region (the sub-Saharan African average was 44.2 in 2008) (UNDP, 2010); internationally, it is higher than in Ethiopia and India, but lower than in Brazil and Madagascar (AfDB et al., 2009).
7 Where 0 represents complete equality and 100 represents complete inequality

the poor rarely feel poverty reduction measures (ibid.) and the decentralised nature of the political system means state expenditure on pro-poor activities is most often subject to political will.

Despite the fact that Nigeria is a lower middle-income country and has experienced robust, high levels of economic growth since 2005 (growth rates remained strong over the food, fuel and financial (Triple F) crisis, in part because of the buffer provided by Nigeria's large level of international reserves as well as low debt (IMF, 2010)), the country remains highly reliant on oil revenues. Although the agriculture sector accounts for 40% of the economy and has grown over recent years,[8] it does not drive growth,[9] (AfDB et al., 2009). Almost half of the population are involved in this sector and 80% are subsistence farmers (ActionAid, 2010). Data from the 2003 Nigeria Living Standards Survey (NLSS) shows that, among all occupational groups, agriculture has the highest poverty incidence rate, at 62.7% (Ojowu et al., 2007). Stronger growth in this sector (and overall in the non-oil economy) may have contributed to falling poverty rates since 2003. Data from the 2009 NLSS have not yet been analysed (AfDB et al., 2009).

Limited growth and economic opportunities in the agriculture sector are key challenges for poverty reduction,[10] as is the high proportion of the population (at least 75%) working in the informal sector (NHIS, 2010) and the huge unemployment rates, particularly among the youth. The official unemployment rate as of February 2011, 19.7%, is likely to be hugely underestimated, according to a key informant from the Ministry of Labour and Productivity, and reports suggest an estimated 50 million youths are unemployed (Aigbokhan, 2008; World Bank, 2010). According to one source, Nigeria will need to create 15 million new jobs over the next 10 years just to keep employment at current levels; to halve unemployment, it will need to create 24 million new jobs, expanding the labour market by almost 50%; and to bring it to 7% by 2030, the labour market needs to nearly double in size, with almost 50 million jobs created (Next Generation Nigeria, 2010). Unemployment is a concern not only in terms of rates of poverty and inequality, but also in relation to the country's security:

> *'Large cohorts of unemployed or underemployed young people destabilise their societies, fuelling crime and creating conditions where civil conflict becomes more likely. Instead of collecting a dividend, a country that is not well prepared to make the most of its baby boom generation can find itself in the midst of a demographic disaster'* (ibid.).

2.2 Education, health and nutrition

Poverty incidence is highly correlated with educational attainment in Nigeria. Households headed by individuals with little or no education experience the highest poverty incidence, depth and severity (NPC, 2010; Ojowu et al., 2007). Nigeria has made improvements in net enrolment in primary school: 9 out of 10 eligible children are now in school as a result of Universal Basic Education (UBE) interventions and enrolment in private schools (NPC, 2010). However, this figure masks the fact that disadvantaged groups are still excluded and education quality remains poor: the country still has more than 7 million children out of primary school,

8 The non-oil sector provides a livelihood for the majority of Nigerians. Driven by agriculture, manufacturing, minerals and telecommunications, it has grown at more than 8% per year, accelerating to over 9% in 2007-2008. Improved fiscal management has been responsible for most of the recent macroeconomic improvements (AfDB et al., 2009).
9 With 5% projected growth for crop production.
10 Despite a land mass of 923,768 km2, a huge amount of forest (12.2%), arable (35.1%) and irrigated (0.7%) land (Oriola, 2009; Rural Poverty Portal 2010) and a wealth of natural resources, numerous factors restrict farmers to subsistence farming and limit the potential of the agriculture sector. These include a lack of rural infrastructure, including roads and markets; lack of access to new technology; limited land (ibid.; ActionAid, 2010; Ogunlela and Ogunbible, 2006; Rural Poverty Portal, 2010); environmental problems (associated with high export production (of oil and gas) and mining in the Niger Delta, which has been responsible for deforestation, desertification and flora and fauna depletion (UN, 2002)); high levels of disease; the successive military rule and agricultural and economic policies of governments prior to 1999 (AfDB et al., 2009; Ogunlela and Ogunbible, 2009); rapid population growth and over-population; and conflict and insecurity (economic development and poverty reduction in Nigeria is thwarted by ethnic and religious tensions and conflict, particularly in the Niger Delta, where environmental degradation and trade in stolen oil fuels violence (see AEO, 2010).

of whom girls constitute about 62% (ibid.). It also masks attendance: the 2008 Demographic Health Survey (DHS) shows that net attendance at primary is 62.1% (NPC and ICF Macro, 2009). Approximately 15 million children under 14 are working to support their family and pay their school fees (UNICEF Nigeria, 2006).

A higher proportion of boys than girls enrol in both primary and secondary school. Nigeria missed the 2005 target of gender parity in education, although enrolment of girls in school rose from 78% to 85% between 2000 and 2008 (NPC, 2010). The gross enrolment ratio has been consistently over 10% higher for boys than for girls. At secondary level, although enrolment of both boys and girls has risen, it has been higher for boys than girls. Dropout rates for girls tend to be significantly higher in schools that do not have separate toilet facilities for boys and girls (ibid.). Unsurprisingly, all this also means that literacy rates are higher for males than for females, at 82.5% and 64.3%, respectively, for 15-24 year olds. Meanwhile, there is still a significant gender gap in certain regions. The North West and North East have the highest proportion of persons with no education – roughly 7 in 10 women and half of men – whereas the South South has the lowest percentage of those who have never been to school (15% among females and 8% among males) (NPC and ICF Macro, 2009).

As in the education sector, there have been improvements in health outcomes over the past few years, although there is still cause for significant concern. The under-five mortality rate has improved, from 201 deaths per 1,000 live births in 2003 to 157 in 2008 (NPC, 2004; 2009, in NPC, 2010). Similar improvements have been made on infant mortality,[11] which reduced from 100 deaths per 1,000 live births in 2003 to 75 in 2008 (NPC, 2010). Nevertheless, Nigeria remains is 18th out of 193 countries ranked in terms of under-five mortality rate and, despite being the wealthiest country in the West and Central Africa region, its under-five mortality rate is above the average (of 150) (UNICEF, 2011).

Rates differ substantially between rural and urban areas, geographic zones and wealth quintiles. For example, the under-five mortality rate is 121 deaths per 1,000 live births in urban areas, compared with 191 in rural areas (NPC and ICF Macro, 2009). It ranges from 89 in the South West to 222 in the North East (infant mortality is also lowest in the South West, at 59 deaths per 1,000 births, and highest in the North East, at 109 (ibid.)). Under-five mortality rates are lowest for children in households in the highest wealth quintile (87 deaths per 1,000 live births); the rate for the lowest wealth quintile is 219. Maternal mortality fell from 800 deaths per 100,000 births in 2003 to 545 in 2008 (NPC, 2010). However, this falls far short of the Millennium Development Goal (MDG) target of 136.

Malnutrition is also a serious risk among the poor. Despite the nutritional status of children remaining fairly constant between 2003 and 2005 (NPC and ICF Macro, 2009), stunting and wasting rates for children under five remain a key concern. Stunting[12] has long-term effects: 41% of children under five are stunted and 23% are severely stunted (ibid.) (the West and Central African average is 40% (UNICEF, 2011)). Rural children are more likely to be stunted (45%) than urban children (31%), and zonal variation in the nutritional status of children is substantial, with stunting highest in the North West (53%) and lowest in the South East (22%) (NPC and ICF Macro, 2009). Wasting[13] rates are also of concern, and higher than the West and Central African average of 10% (UNICEF, 2011): 14% of children under five are wasted. Children in the South East are the least likely (10%) to be underweight, whereas children in the North East and North West are the most likely (35% each) (NPC and ICF Macro, 2009).

11 Probability of dying before the first birthday.
12 Height for age.
13 Weight for age.

2.3 HIV/AIDS

Although Nigeria's HIV prevalence appears to have stabilised in the past 10 years, the epidemic still remains a major public health challenge. The sheer size of the population means that Nigeria is second only to South Africa in terms of numbers of people affected by HIV and AIDS. Indeed, with an estimated 3.3 million people living with HIV, Nigeria bears nearly 10% of the global burden of HIV (UNAIDS, 2010). While the HIV and AIDS epidemic can be framed as a generalised epidemic, there are concentrated epidemics among high-risk groups or most-at-risk populations (MARPS). Vulnerable groups in Nigeria include youth (mainly young women), pregnant women, orphans and vulnerable children (OVC) and the elderly. Such groups are particularly vulnerable because of socioeconomic, age and gender characteristics as well as their location. MARPs, who include female sex workers (FSWs) and men who have sex with men (MSM), are at a higher risk of HIV and other sexually transmitted diseases because of behaviours or occupations that place them at risk of unsafe sex.

There is significant variation in HIV prevalence rates among regions, states and localities. At the regional level, HIV prevalence ranges from 2% in the South West up to 7% in the South South (FMOH, 2010). Prevalence at state level ranges from 1% in Ekiti in the South West zone to 10.6% in Benue in the North Central zone (ibid.). However, the highest prevalence rate (22%) has been recorded in the LGA of Bwari in the Federal Capital Territory (FCT) (Rhodes and Simic, 2005). There are also differences among urban and rural areas. HIV prevalence is higher in urban (3.8%) than in rural (3.5%) areas (FMOH, 2009). However, access to antiretroviral therapy (ART) is significantly lower in rural areas of Nigeria, with 3% of rural health facilities providing services in comparison with 20% in urban areas. This gap in service provision is further widened by the fact that there are already fewer health facilities in rural areas, even though currently most Nigerians are living in rural areas (Amanyeiwe et al., 2008).

As a result of HIV and AIDS, households have reduced levels of income and declining income generating opportunities and family assets. Other impacts include increasing numbers of widows and orphans and increases in elderly- and child-headed households. High numbers of OVC have led to an increase in dependency ratios: 90% of poor households in Nigeria are composed of 20 or more individuals (UNDP, 2009). Another impact of HIV and AIDS, affecting women and OVC disproportionately, is disinheritance and the loss of property. Moreover, with an estimated 3.3 million people living with HIV in Nigeria, the number of individuals requiring health services is increasing, implying a significant rise in the patient-to-health centre and patient-to-health professional ratios, as well as an increased workload for health providers.

2.4 Gender inequality

Gender inequality is pervasive in Nigeria (Ajani, 2008). Women face consistent inequalities in terms of access to and control over land, credit facilities, technologies, education and health. Poverty therefore often affects women more intensely than men (Social Watch, 2005). In rural communities, female-headed households tend be the poorest, given cultural norms which inhibit women from inheriting land – traditionally, on the death of her husband, a widow is dispossessed of all her husband's property (Rural Poverty Portal, 2010). Incidence of food insecurity is also higher for female- than for male-headed households –49% compared with 38% – although women improve household food and nutrition security by spending more of their income on food (Ajani, 2008).

Despite women's significant role in the production, processing and marketing of food crops (Rural Poverty Portal, 2010), their potential is restricted by low ownership of land (38.1% of men compared with 7.2% of women) and credit (11.6% of men and 9.8% of women) (NBS, 2009). Men continue to control farm decisions and productive resources (Ajani, 2008).

Labour market inequalities are also apparent: women's labour market participation rate is 39.5% compared with 74.8% for men (UNDP, 2009). Employment in non-agriculture specifically stands at 67.5% of men compared with 32.5% of women (NBS, 2009). Again, there is significant state variation, with Akwa-Ibom and Ondo (South South and South West)

the highest, at 59.5% and 56.5% of women, respectively, and Jigawa and Zamfara (North East and North West) the lowest, at 4.3% and 3.7%. Women also receive a smaller proportion of non-agricultural wages: 67.7% for males, 32.3% for females (the proportion earned by men is more than twice that earned by women).

Social risks and vulnerabilities are also significant for women. According to the 2008 DHS, 28% of females questioned had experienced violence since the age of 15; this was higher in urban areas (30%) than in rural areas (26%). The indigenous practice of female genital mutilation/cutting (FGM/C), which carries significant physical and psychological health risks for women, is also widespread (Mbakogu, 2004; PRB, 2010). FGM/C is practised by approximately 33% of all households across ethnic and religious groups in all parts of the country, although there is a higher prevalence in the eastern and southern regions. FGM/C is most commonly performed on girls between the ages of 4 and 18, although ages vary. In 2008, 29.6% of women aged 15-49 had been exposed to FGM/C (PRB, 2010).

Although the government publicly denounces FGM/C, no legal action has been taken to eradicate the practice (Mbakogu, 2004). Indeed, although discrimination on the grounds of gender is prohibited in the Nigerian constitution, because Nigeria is a federal republic each state has the authority to draft its own legislation. The combination of federation and a tripartite system of civil, customary and religious law makes it very difficult to harmonise legislation and remove discriminatory measures. Based on its Social Institutions and Gender Index (SIGI) value of 0.21991, Nigeria ranks a low 86th out of 102 non-Organisation for Economic Co-operation and Development (OECD) countries.[14]

2.5 Child protection deprivations

As the median age in Nigeria is only 17.1 years (UNDP, 2010), and over 17% of the population is under the age of six (NPC and ICF Macro, 2009), poverty has tremendous impacts on children's protection needs. It threatens the survival of many Nigerian children, reflected in high rates of child and infant mortality; high prevalence of malnutrition; and often limited educational opportunities. Nigerian children are highly vulnerable to income poverty but also to a wide variety of other economic and social factors. These include urbanisation and migration; health shocks; environmental degradation; domestic violence and family fragmentation; broader societal violence and conflict; social exclusion and discrimination; harmful traditional practices based on cultural values; and orphanhood and loss of family.

Child protection issues are a key concern in Nigeria. 15 million children under the age of 14 are working across the country (UNICEF Nigeria, 2006). Working often long hours in semi-formal and informal businesses, they are frequently exposed to dangerous and unhealthy environments for little pay. Child labour interferes with children's schooling and their physical and psychosocial health, and feeds Nigeria's trafficking problems, as many child labourers are controlled by highly profitable syndicates.[15] Early marriage is also prevalent in the country. A quarter of all girls are married as adolescents, with negative implications for their human capital development as well as their intra-household bargaining power and access to resources.[16] Coupled with customary laws that fail to protect the rights of women and girls, and cultural practices such as fosterage, Nigeria's girls are particularly vulnerable to child protection deficits (ibid.). Accusations of child witchcraft are also common, and can result in abandonment and death (Cimpric, 2010).[17]

[14] http://my.genderindex.org/.
[15] According to a key informant from the National Agency for the Prohibition of Trafficking in Persons (NAPTIP).
[16] Aronowitz (2006); Dottridge (2002); NPC and ICF Macro (2009); Okojie (2003).
[17] Witchcraft is deeply rooted in traditional belief in Nigeria, especially in the South South (Akpan and Oluwabamide, 2010). Suspected children can be beaten, ejected from their homes and left to fend for themselves.

2.6 Impacts of the Triple F crisis on the poor

According to Gavrilovic et al. (2011), the recent Triple F crisis had a number of effects on the poor which have exacerbated existing patterns of poverty and vulnerability. These include reduced employment opportunities, decreases in the real value of wages, more people seeking informal work and a reduction in household income through the devaluation of the naira. The costs of staple food items have increased owing to fuel prices rises mainly in terms of increased transport costs, with both net food consumers and producers negatively affected.

At the household level, the crisis has therefore resulted in a number of adverse effects on the poor, especially as formal support to help households cope with such effects has been limited. Food price rises and sustained declines in food production, as well as reduced household budget allocations towards food, have resulted in growing food insecurity (particularly in urban areas). For some, increased food and fuel prices have led to the modification of consumption, including the purchase of cheaper and less nutritious food staple substitutes, cutting back on meals and, in dire circumstances, scavenging and/or going hungry.

Effects on health and access to health care and education are also key concerns: while high costs and low utilisation of medical services predate the crisis, the crisis has exacerbated these. Diminishing household purchasing power has in some cases led to an inability to pay for increasing drug and treatment costs. Increased fuel prices also play an important role in health care access, with transport costs deterring some women from even attempting to reach antenatal facilities. The Triple F crisis has also had negative impacts on women living with HIV and AIDS and the children they support, who are unable to pay for essential medication owing to lack of an adequate income. Health problems associated with malnutrition are also reportedly on the rise.

Likewise, in terms of education, rises in school dropouts and absenteeism are resulting from growing difficulties affording school costs and transportation fees, especially in rural areas. In many states there is evidence of increased child labour, children are seen as an essential workforce, and the opportunity costs of education for poor families are high in this context of increasing financial hardship.

At the intra-household level, the impacts of the crisis have implications for gender roles, women's rights and children's development in particular. Financial stress is reshaping gender and intra-household relations, with women (and often children) assuming increased responsibility for the household economy, with resultant challenges to traditionally patriarchal household decision making. Changes in the consumption of varied and necessary amounts of food are also disproportionately affecting children's nutritional and health status, and the quality and availability of care for children have been diminishing.

At the community level, existing traditional forms of support have been eroding, with some community-based lending groups disbanding when members cannot afford to repay their debts and horizontal support networks breaking down as a result of financial hardship.

3 Existing social protection policy and programmes

3.1 Social protection policy

There has been a concerted effort by governments and the international community in sub-Saharan Africa to foster commitment to social protection within national poverty reduction agendas. This resulted in the African Union's (AU's) Conference of Ministers of Social Development adopting a social policy framework that included a minimum package of social protection in October 2008, endorsed by AU Heads of State in early 2009, noting that 'social protection has multiple beneficial impacts on national economies, and is essential to build human capital, break the intergenerational cycle of poverty, and reduce the growing inequalities that constrain Africa's social and economic development' (Regional Experts Meeting on Social Protection, 2008). On this basis, AU Member States were called on to develop plans of action for the design and rollout of a minimum package of social protection measures. Despite Nigeria being a key player in the AU, the country has not yet achieved this.

Hover, social protection policy has been discussed nationally in Nigeria since 2004, when the National Planning Commission (NPC), supported by the international community, drafted a Social Protection Strategy. More recently, in 2009, the National Social Insurance Trust Fund (NSITF) drafted a social security strategy. However, neither strategy has generated sufficient political traction to progress past draft, despite a chapter committed to social protection in the implementation plan of Nigeria's most recent national policy document – Vision 20: 2020.

The draft 2004 Social Protection Policy approached social protection using a lifecycle and gender lens (recognising both economic and social risks including job discrimination and harmful traditional practices) and presented a social protection response organised around four main themes: social assistance, social insurance, child protection and the labour market. However, only a few components of this are included in the national implementation plan of Vision 20: 2020, most notably social insurance, in the form of extending national health insurance to the informal sector; labour market programmes, including the development of labour-intensive interventions; and other social programmes, such as the provision of vitamin A supplements for children.

The Vision 20: 2020 objective for social protection is to 'increase productivity and income, reduce poverty and vulnerability by diminishing people's exposure to risk and enhancing their capacity to protect themselves against hazards and loss of income'. Specifically, it calls on social protection to contribute to reducing the poverty rate from 65% to 50% by 2013. An estimated N186 billion of social protection expenditure is proposed over the plan period (2010-2013), although it is not clear how this will be allocated within social protection or how these resources will be generated. The plan suggests that process issues will be addressed (harmonising provision, improving coordination and data management, etc.) alongside expansion of social protection provision to the informal sector, particularly through the NHIS and social transfers to the most vulnerable groups.

Overall, limited federal-level leadership promoting the provision of a social protection package (beyond cash transfers and health financing mechanisms) and absence of an overarching federal social protection policy or strategy are key constraints to the development and implementation of appropriate social protection mechanisms at state level. Moreover, in practice, programmes have to date been based on a narrow conceptualisation of social protection (CCTs and health financing mechanisms) resulting in *ad hoc*, small-scale and state-led programmes, with little coordination between sectors and between the state and federal level (as discussed below).

3.2 Mapping social protection interventions

A number of different actors are involved in funding and implementing activities, including government, donors, international NGOs and civil society. The majority of programmes fall under social assistance-type social protection programmes, with few social insurance and social equity programmes. Federal government-led social protection includes three main programmes; i) COPE (funded initially through the MDGs-DRG fund[18]) targeted at extremely poor households (those headed by a female, and those including elderly, physically challenged, and fistula or HIV/AIDS patients) with children of school-going age; ii) the health fee waiver for pregnant women and under fives (funded by the MDGs-DRG and provided on a universal basis); and iii) the Community-based Health Insurance Scheme (CBHIS) (re-launched in 2011 after previous design challenges) (see Box 1 for details of these).

[18] As of 2006, the debt service saved through the cancellation and buy-back of Nigeria's debt, amounting to $1 billion annually, was earmarked for poverty reduction in the form of a Virtual Poverty Fund – to provide additional resources to such activities and to boost progress towards the MDG targets. This is known as the MDGs-DRG fund.

Box 1: Federal-led social protection schemes

COPE is a federally developed CCT which started as a pilot in 2007 and is now in its third phase. It aims to break the intergenerational transfer of poverty and reduce the vulnerability of the core poor. Households receive a monthly Basic Income Guarantee (BIG) for one year and then a lump sum poverty reduction accelerator investment (PRAI). The BIG ranges from $10 to $33 depending on the number of children in the household; a further $50 per month is withheld as compulsory savings which is provided as the PRAI (up to $560) to the head of the household. Entrepreneurship and life skills training are provided to beneficiaries to increase the impact of the PRAI. The payments are subject to two conditions: the enrolment and retention (80%) of children in basic education (Primary 1 to junior secondary education) and participation in all free health care programmes.

COPE is targeted at households with children of basic school age with the following characteristics: headed by poor females; aged; physically challenged; vesicovaginal fistula (VVF) patients; HIV and AIDS patients. Coverage of the programme is extremely limited, reaching approximately 22,000 households. This results in coverage of less than 0.001% of the poor. The programme was initially funded from MDGs-DRG but in 2010 it was announced that state governments would take control of the CCT through the Conditional Grant Scheme (CGS) in order to improve sustainability.

The **Maternal and Child Health Care (MCH) programme** (NHIS-MDG/MCH) is part of the NHIS, also funded from the MDGs-DRG fund. It began in 2008 to accelerate achievement of MDGs 4 and 5. It provides free primary health care for children under five and primary and secondary care (including for birth complications and caesarean sections) for pregnant women up to six weeks after childbirth. While it is not specifically targeted at the poor, it is included in this social protection mapping given the high rates of child and maternal mortality disproportionately affect the poor. The programme is being implemented in the country in phases. It is currently implemented in 12 states, with a coverage of 851,198 women and girls (less than 0.01% of the poor). Like with COPE, each state must provide matching funds of 50% of the amount disbursed through the CGS, but states have not yet provided counterpart funding for this scheme.

The **Community-based Health Insurance Scheme (CBHIS)** aims to protect the informal sector and marginalised groups against the burden of high out-of-pocket health expenditures by pooling risks within a community. Such programmes have been implemented before in Nigeria but with little success, owing to the mismanagement of funds by community members (KII 23) and poor and rushed design (PATHS2, 2010). To respond to these problems, a new pilot scheme is currently underway, with a new model based on learning from previous pilots and health schemes in Uganda and Mexico. The pilot will be implemented in 12 states and is envisaged to provide a safety net for a minimum of over 60,000 people in the informal sector. When fully rolled out, it is expected to cover 112, 000,000 Nigerians in the informal sector (ibid).

A core benefit package has been drafted for the CBHIS, designed to ensure relevance to potential enrolees, so as to ensure high levels of enrolment and use of the service. The package is also geared towards national health development by contributing to the achievement of national and international targets such as the MDGs and the National Strategic Health Development Plan. It may differ between geographic areas as a result of the different epidemiologic profiles of different zones; selection in this regard will be carried out in consultation with relevant stakeholders. The core package consists of essential cost-effective maternal, neonatal and child health services and control of highly prevalent diseases that contribute to the high level of disease burden in Nigeria.

Other social assistance programmes are implemented in an *ad hoc* manner by a range of government ministries, departments and agencies (MDAs) at state level and/or funded by international donors. These include CCTs for girls' education (in Bauchi, Katsina and Kano, through the UK Department for International Development (DFID), the UN Children's Fund (UNICEF) and the World Bank), a child savings account in Bayelsa and a disability grant in Jigawa, plus various health waivers, education support (e.g. free uniforms) and nutrition support. HIV and AIDS programmes at state level also include social protection subcomponents, including nutrition, health and education support. Labour market programmes include federal- and state-level public works programmes, agricultural subsidies/inputs and youth skills and employment programmes – but these are not necessarily targeted at the poor.

A certain amount of social equity legislation has been passed, which can be seen as part of the transformative social protection agenda: the Civil and Political Rights Covenant, the Economic,

Social and Cultural Rights Covenant, the Convention on the Elimination of All Forms of Violence Against Women and the Convention on the Rights of the Child. However, not all states have passed these, and implementation is weak at best. There is limited, if any, conceptual link between the broader regulatory policies of equality and rights and social protection policies (see child protection section below).

3.3 Emerging issues in the social protection sector

The mapping of Nigeria's emerging social protection sector identified a number of key issues.

Coverage

One of the key concerns is the limited coverage and reach of existing programmes. This is reflected in the small scale of programmes run by government and development partners (international agencies and NGOs) which cover between a few hundred households and a few thousand. While 140 million people live in poverty in the country, social protection programmes reach only a small fraction of the poor. This includes the federal-led MDGs-DRG safety nets – COPE and the MCH (see Table 2). Only the CBHIS has the explicit vision to reach 100% of the poor (in the informal sector). This may be linked to the presidential mandate given to the NHIS to achieve universal health insurance coverage and access to health care for all Nigerians by 2015 (NHIS, 2010). However, the executive secretary of the NHIS has admitted there are enormous financial difficulties in extending such a scheme to the huge number of informal workers and those living in poverty, as well as challenges relating to the poor state of health infrastructure and human resource capacity within the health system, a lack of public awareness of the scheme and weak coordination and reluctance of state governments and LGAs to engage with the scheme (The Guardian, 2010, in Gavrilovic et al., 2011).

Table 2: Coverage of social protection programmes

Programme	Projected coverage: number of households/% of poor	Actual coverage: number of households/% of poor
COPE		22,000 households/less than 0.001% of poor households nationally (NAPEP, NPC and ICF Macro, 2009)
CCT girls' education	Kano – scaling up to all eligible girls in LGAs where CCT is implemented	12,000 girls, Kano/0.002% of poor people in Kano (9.2 million population; poverty incidence approx. 60%) 7,000 girls, Katsina / 0.001% of poor people in Katsina (6 million population; poverty incidence approx. 70%)
MCH		851,198 women and girls June 2010 (Phase 1: 615,101, Phase 2: 236,097)/less than 0.01% of the poor (assumption 75 million poor; poverty rate 54%)
CBHIS	100% informal sector workers (when fully rolled out, expected to cover 112 million Nigerians in informal sector (PATHS2, 2010)	Currently unavailable

Source: Holmes and Akinrimisi (2012).

These challenges are reflected in the limitations of current programming with regard to scaling up at the state level. The federal government has created a process of programme development that begins with a targeted, federal government-funded pilot project on a relatively small scale, followed by the national scaling-up of the project under the responsibility of individual states. In the current global economic climate, with lower-tier government budgets contracting significantly, however, reliance on state and local governments to provide

adequate funding for the expansion and implementation of programmes is problematic (Gavrilovic et al., 2011). This is evidenced by the difficulty of securing counterpart funding for the CGS for COPE and the MCH (Ibid.). These conclusions bring into question the nature of the federal-driven approach to social protection to date, which has been largely prescriptive and based on only three instruments (CCTs, health fee waivers and the CBHIS) with limited deference to state-level preferences, with the exception of the CBHIS, which aims explicitly to respond to state-level needs through a process of stakeholder consultations.

Design

Despite the draft social protection strategies taking a relatively broad approach to social protection, by discussing a number of instruments to respond to lifecycle risks, in practice, as mentioned above, the sector is guided from the federal level and has focused on CCTs and health financing mechanisms, with little room to respond to state-specific needs.

Federal social protection programmes are focused on a limited set of risks and target groups. In the case of COPE, while the objectives are multiple (health, education and investment), the programme's design is not necessarily well suited to the needs of households. For instance, the programme expects households to graduate from the programme within one year, through investment in productive activities by means of the poverty reduction accelerator investment (PRAI). However, poor households, especially the labour-constrained ones which COPE specifically targets (e.g. single-headed households, elderly households, those with HIV and AIDS patients) may not be well placed to take advantage of such activities (Slater and Farrington, 2009). International evidence suggests that extremely poor households need a longer-term combination of both economic and social support, with investment in complementary programmes and services, to support their progress out of safety nets into economically viable livelihoods. Some households may need safety net support for much longer (Holmes et al. 2008).

There is therefore scope to increase the range of options of social protection instruments at the state level and improve the sequencing of targeted instruments that could be implemented. For instance, within the MDG-driven social protection agenda, there has been little attention to the role of productivity-enhancing instruments. There has also been no real concerted approach to addressing equity to date. As such, there is a need to develop a nationally owned overarching policy on social protection which provides guidance at the state level on different types of instruments which can be adapted to state-level priorities, poverty and vulnerability.

Targeting

The mapping above indicates that one of the main government-funded safety net programmes – COPE – prioritises a small subsection of the poor and reaches a very limited number of those eligible. As discussed in more detail in Holmes et al. (2012b), geographically, in the first year of implementation COPE allocated 70% of funds to the two poorest states in each geopolitical zone, and 30% to target groups (NAPEP, 2007). The MCH provides untargeted free/subsidised services to pregnant women and children under five – those who suffer from the worst health outcomes – but currently reaches only a small fraction of those eligible. It is not yet clear how the CBHIS will be targeted.

In the absence of a universal approach, effective and efficient targeting criteria will need to be developed if social protection is to be scaled up. A micro-simulation analysis of the NLSS indicates that targeting households with children – particularly very young children – is an effective strategy for minimising inclusion error and increasing the poverty-reducing efficiency of cash transfers. Of all the demographic proxies, targeting households with children under the age of five provides the most efficient approach in terms of reducing poverty, particularly the poverty gap. If this targeting approach were adopted nationwide, it would reach up to 60% of the poor, but exclude 40% of poor households. While targeting this group categorically may be most efficient in terms of reaching poor households, options for different types of social protection instrument need to be considered based on the above considerations of the types of poverty and vulnerability that need to be addressed, as well as the capacity of the household.

Cost and affordability

A fiscal space analysis to inform social protection sector expenditure options is discussed in Section 6, but it is important to highlight at this juncture the challenges associated with scaling up and affordability arising from the social protection mapping. Adopting a broad definition of social protection,[19] allocations to social protection are estimated at 1.4% of government expenditure in 2010 (Hagen-Zanker and Tavakoli, 2012).[20] Average education and health sector spending is on average 12% and 7% of government expenditure, respectively (ibid.). These expenditures on health and education are low compared with the economic sectors, negatively influencing the potential to deliver quality services. In comparison with other African countries, the government's allocation to social protection is low.

As discussed above, COPE currently reaches only 0.001% of the poor[21] and represents less than 5% of the total funds allocated from the MDGs-DRG to MDAs at the federal level (i.e. excluding state contributions), falling from N10 billion in 2007 ($78 million) to just over N2 billion ($13.2 million) in 2009 (Dijkstra et al., 2011).

A simulation of a geographically targeted benefit indicates that to reach all households with children under five years of age in Jigawa and Kogi (two of the poorest states in Nigeria) equivalent to the current low COPE benefit – N2,500 per month – would cost N17 billion per year (based on the NLSS 2003 demographic profile). This represents approximately 0.05% of Nigeria's 2010 GDP and would reach 57% of the poor in these two states (based on the moderate poverty line), which is 2% of all households in Nigeria. The benefit would result in very low inclusion errors – an estimated 91% of the beneficiaries would be poor. However, this would cost almost 30% of the total allocation to social protection per year as discussed in Vision 20: 2020 (where N186 billion is budgeted over a three-year period).

Implementation

Concerns over service delivery and the availability of other infrastructure (e.g. financial infrastructure, banking for the poor) have been raised and identified as key challenges if social protection is to scale up in the country.

Service delivery in the country remains poor despite investments and improvements in recent years. Phillips (2009) notes that interventions to improve service delivery in Nigeria have traditionally taken a top-down approach, which has prioritised tertiary and secondary facilities at the expense of primary 'front-line' facilities. This approach has done little to improve primary facilities or to engage actors at sub-national levels who do not have responsibility for tertiary facilities and are not consulted with reference to possible improvements at the levels they are responsible for (ibid.). As noted above, the division of roles and responsibilities between the federal and the local levels means LGAs provide services with logistical support from the state government. The federal government is responsible for forming national policy and building infrastructure. This allocation of responsibility means local government – the tier with the least resources (both financial and human) as well as the least capacity – is responsible for providing essential basic services (ibid.).

While the priority of social protection is to support the demand-side deficit in terms of accessing basic services, especially in the context of both the direct and the indirect costs associated with accessing health and education, there is also an urgent need for improvements on the supply side, particularly if social protection is conditional on service utilisation. Poor quality of service delivery in the social sectors are reflected in the poor schooling, health, HIV and child outcomes discussed in Section 2 above, which are particularly severe for the poorest

19 Social protection is here taken to include all expenditure on women, poverty and social development affairs (Hagen-Zanker and Tavakoli, 2012).

20 Nigeria's federal structure and the absence of a computerised budget system mean it is extremely difficult to obtain comprehensive budget data (both budgeted and actual) for the country on a federal, state and local level. To compensate for data gaps, the authors utilise estimation techniques to present a complete picture. The data sources, methodology and limitations are now discussed in more detail in the full report. Social protection includes all expenditure on women, poverty and social development affairs (Hagen-Zanker and Tavakoli, 2012).

21 Calculation based on the assumption of 54% poverty rate, population 140 million and mean household size of 4.4 (NPC and ICF Macro, 2009) and NAPEP estimate of 22,000 beneficiaries.

quintile of the population. The health sector, for instance, has been characterised by problems such as low efficiency and effectiveness; poor budgetary allocations; ineffective use of system financing; and unbalanced and inequitable distribution of resources (skilled personnel, health care providers, etc.), largely in favour of urban elites (NHIS, 2010).

As such, for social protection to achieve its goals of supporting better outcomes in terms of education, health, child poverty, gender inequality and livelihoods, these sectors need to deliver social and economic services effectively. There is already recognition of the importance of these linkages (particularly in health and education, given the MDG framework, less so in terms of child protection, women's empowerment and economic services), and a number of other schemes funded by MDGs-DRG seek to create synergies specifically between safety nets and other sectoral initiatives, such as the Midwife Service Scheme (MSS), the CBHIS and the MCH. However, significant additional investment is needed in these sectors.

Development partners have a role to play in supporting capacity for effective service delivery. However, concerns about channelling development aid through the government have often led to a preference to disburse aid 'closer to the people' at the state and LGA level and hence to work with particular pro-poor states rather than across states on structural issues. This is problematic. While it is unsurprising that development partners choose to work in states that appear the most likely to adopt responsive behaviour in terms of governance and service delivery, this means the underlying challenges in the majority of states are not addressed – which is necessary to scale up projects to reach a larger proportion of the poor at state level.

Actors and coordination

While there are a number of institutions directly and indirectly involved in social protection at the national, state and LGA levels, there are also a number of MDAs and development partners at the federal level who are currently and actively driving social protection forward (e.g. Office of the Senior Special Assistant to the President on the MDGs (OSSAP-MDGs), National Programme for Poverty Eradication (NAPEP), NSITF, DFID, UNICEF, UN Population Fund (UNFPA), World Bank, World Health Organization (WHO)). Other MDAs are also involved in social protection but have less presence in federal-level discussions (e.g. the Women Affairs and Social Development, Health, Education, Labour and Works, Agriculture). These tend to have more visibility and presence at the state level (e.g. as part of COPE state social assistance committees). There are also a range of NGO and civil society actors at the local level involved in implementing social protection programmes directly and indirectly (especially in terms of child rights and HIV programming).

The multiplicity of actors at federal, state and LGA levels means that social protection programming is *ad hoc* and uncoordinated. Inter-sectoral coordination between institutions is not easy for any country, and this is also the case in Nigeria, but is vitally important for the success of social protection programmes. Concerted efforts and institutional incentives are needed to improve coordination – both horizontally (across sectors) and vertically (between the state and the federal level). Examples of this can be seen in Brazil and India. Some positive practices are emerging at the state level (e.g. in Jigawa, see Holmes et al. 2012a).

In addition, a consolidated social protection programme requires effective coordination between projects and interventions to ensure their effectiveness. Development partners need to ensure that they promote such linkages between state-level actors and do not create parallel systems. Other initiatives do show some positive steps towards improved coordination, for instance those being funded from the MDGs-DRG fund, which include free health services. There is a need to ensure coordination is in place for other types of services too, including social welfare services, HIV-services, banking and economically productive activities.

At the federal level, the NPC's Social Services Department is responsible for coordinating social protection. However, weak institutional capacity, high staff turnover and limited coordination structures are key challenges. OSSAP-MDGs has been spearheading the social protection agenda within the MDG framework, but the sustainability of this post-MDG and DRG financing is of critical concern, as the funding will end in the near future. As such, there is currently no

clear institutional leader with the required political authority to coordinate between MDAs as well as to foster political and financial commitment to social protection, who could take on a coordination and leadership role in social protection. A recent restructuring within the NPC may give the Social Services Department greater influence in this regard.

Development partners need to support a coordinated approach to support both the federal government and state governments. At the federal level, this could include supporting the government to develop an overarching policy on social protection which provides guidance at the state level on different types of instruments – including different types of cash transfers – which can be adapted to state-level needs. Strengthening coordination between sectors will be an important component of this overarching strategy given the cross-cutting nature of social protection. At the same time, technical assistance is needed for the states to identify the most appropriate and feasible social protection intervention(s) and to deliver them, building on existing capacity, structures and actors. Indeed, technical assistance should support existing delivery channels where possible, to avoid creating overlapping and parallel projects, as well as inter-sectoral coordination at the state level.

Effectiveness and programme performance at the household level

Given the relative newness of the social protection programmes implemented in Nigeria, little empirical evidence is currently available on programme impacts and effectiveness at a local or aggregate level. To date, programme evaluations have tended to focus on outputs (e.g. number of households reached, effectiveness of service delivery) rather than impacts – while this is an important component of a monitoring and evaluation (M&E) strategy, outputs tell only one side of the story. It is therefore vital that, to be able to assess the impact of programmes on poverty, baseline data is gathered using control groups in order to enable the attribution to specific programmes of poverty reduction outcomes, with data collected and analysed disaggregated by sex, age and ethnicity.

A recent evaluation of the MDGs-DRG presents findings on some general poverty trends to which programmes under the Poverty Reduction Fund (which focus on both the supply and the demand side of services) have contributed (Dijkstra et al., 2011a; 2011b).

Indeed, with specific reference to COPE, Dijkstra et al. (2011a; 2011b) report that the target population in Nigeria is too small to make a discernable impact on poverty at a national level and that, since the most recent income poverty data are from 2004, it would not in any case be possible to identify any potential impacts of the social safety net programme. They do suggest, however, that COPE may have helped to retain over 100,000 children in school who would otherwise have dropped out as a result of poverty (Dijkstra et al., 2011b).

Reports on the micro-level impacts of COPE have thus far been mainly anecdotal. However, key findings from FGDs and KIIs conducted in Adamawa, Benue, Edo and Lagos as part of this study indicate that, despite the limited value of the transfer given to households, the income helped households to meet immediate consumption needs and, to a lesser extent, to defray school and health costs. However, it is not adequate to meet all household food needs, especially in large families (an estimated 90% of poor households have 20 family members (UNDP, 2009)), an issue which is particularly problematic for polygamous households in the north. A World Bank review of COPE in 2009 reported that beneficiaries suggested increasing the amount from between N11,850 and N18,200 (World Bank, 2009) in order to address this limitation.[22] COPE currently transfers a maximum of N5,000 per family per month.

Both the World Bank and our study also found that COPE did not appear to have been successful at enabling households to graduate within one year of programme participation, through its economic promotion component (PRAI). The short period of the grant receipt was highlighted as inadequate, and it was suggested that beneficiaries enjoy at least four years of programme participation (World Bank, 2009). International research on lump sum investment

[22] Per capita monthly expenditure of COPE beneficiaries in Cross River, Enugu, Niger and Yobe was N3,700 (of which 49% on average is spent on food).

transfers finds that large transfers without continuous support are largely consumed rather than invested in productive activities (Slater and Farrington, 2009).

In the Nigerian context of high poverty levels and institutional capacity and resource constraints, monitoring the conditionality compliance of cash transfers conditional on school and health centre attendance is one of the weakest components of programme implementation. Given current limited levels of coverage, lack of monitoring capacity and limitations in delivering quality services in the country, Nigerian policymakers and development partners should consider the relative importance and budget allocated towards the conditional features of cash transfers. Other options to consider would be to reallocate expenditure towards, for example, scaling up the programme to cover a larger proportion of the poor; increasing the value of the transfer; increasing the length of programme participation; improving the delivery of transfers so they are regular and predictable; creating awareness of beneficiaries to utilise services through 'soft conditions'; and/or improving basic service delivery for access to complementary programmes and services.

4 Social protection linkages with HIV and AIDS

Although Nigeria's HIV prevalence appears to have stabilised over the past decade, at 3.9% among the general population (UNAIDS, 2010), it still remains a major public health challenge – one that requires both prevention and impact mitigation strategies in order to further curb the epidemic and increase the quality of life of people living with HIV and AIDS. HIV prevalence varies among demographic and geographic groups. Women are disproportionally affected, as are those in the 25-29 age group and people living in urban areas. There is significant variance in HIV prevalence rates among regions, states and localities.

Population groups vulnerable to HIV and AIDS, i.e. those at heightened risk of HIV because of their socioeconomic, age and gender characteristics, are youth (mainly young women), pregnant women, OVC and the elderly. MARPs include FSWs, MSM and injecting drug users, at a higher risk of HIV and other sexually transmitted diseases because of behaviours or occupations that place them at risk of unsafe sex.

Although access to ART has improved, coverage in Nigeria is still low, at 21%, with 302,973 people receiving ART out of an estimated 1.4 million people needing access to these essential drugs (WHO et al., 2010). Capacity and funding for treatment is lower in rural than in urban areas, with only 3% of rural health facilities provide ART services in comparison with 20% of those in urban areas. Young women, despite being disproportionally affected by HIV, have poor access to HIV-related services, including family planning. Knowledge on HIV and AIDS is also skewed: the higher the wealth quintile the more HIV-related knowledge and awareness people have and the more pregnant women who have been counselled and received an HIV test.

After 1999 and the resumption of democracy, a government-led response to the rising HIV epidemic was introduced – one that attempts to move beyond a health-centred approach. The federal National Agency for the Control of AIDS (NACA) and State and LGA Action Committees on AIDS (SACAs and LACAs) coordinate HIV AIDS responses, bringing together a range of different and multi-sectoral stakeholders at all levels of government, including NGOs, community-based organisations (CBOs), donors and international agencies. The extent to which successful coordination is achieved varies significantly by state and local government. A large number of interventions focusing on various aspects of HIV programming, run mostly by international NGOs in partnership with civil society, have proliferated in Nigeria. Funding for HIV and AIDS comes mainly from donors: in 2008, Nigeria spent a total of $394,664 million dollars on HIV and AIDS, with 81% coming from bilateral aid (mainly the US President's Emergency Plan for AIDS Relief (PEPFAR)), 8% from the Nigerian government and 7% from the Global Fund (UNAIDS, 2010).

The emphasis of the national strategy is on treatment and universal access but, as shown above, this is far from having been achieved. For instance, although Nigeria has a free ART policy, universal access to drugs is still far from reality, as it would require a large increase in the supply of ART and in the availability of skilled human resources (NACA, 2010). Further gaps remain at the national policy level in terms of more direct HIV and AIDS-related policy. For instance, Nigeria scores rather low compared with other countries on the issue of human rights and HIV, with the country lagging behind in terms of laws and policies that protect vulnerable sub-populations and also people living with HIV and AIDS (PLWHA) against discrimination (UNAIDS, 2010). While a number of states have passed laws on discrimination against people living with HIV (e.g. Edo and Lagos), the extent to which these have been operationalised is questionable.

4.1 Social protection policy responses to HIV and AIDS

In practice, most current HIV and AIDS programming takes a health-centred and medicalised approach, i.e. focusing on providing, or allowing easier access to, prevention, treatment and care services. In addition to specialist services, a social protection type response could be

utilised. A more holistic approach is appropriate for a number of reasons. First, it means the response does not just focus on the symptoms of the disease (i.e. medical treatment), but also considers the root causes and drivers of HIV infection. Second, social protection can improve the response and coping of affected people and reduce the risk of HIV affection among vulnerable groups. Third, this means this is a longer-term, hopefully more sustainable response to poverty and vulnerability in the Nigerian context of high HIV and AIDS prevalence. A social protection-type response is particularly appropriate in Nigeria as poverty and vulnerability are drivers of HIV and AIDS and as HIV status also leads to increased vulnerability and poverty of affected people and their families.

HIV-sensitive social protection policies should address people affected by HIV and AIDS and their families. These could include ensuring that they have access to required services; that policies are inclusive and non-stigmatising; and that forms of social protection should help reduce an individual's chance of becoming infected with HIV (susceptibility) and reduce the likelihood that HIV will have damaging effects on individuals, households and communities (vulnerability) (see Temin, 2010).

HIV-sensitive social protection strategies may be categorised into three broad groups (Temin, 2010). First, financial protection, which includes cash and food transfers for people with HIV and AIDS and their families

Evidence shows that financial protection through cash and food transfers decreases HIV infection (Frega et al., 2010), improves adherence to treatment protocols (Emenyonu et al., 2010), improves nutritional status, reduces risks of infection from diseases and improves the resilience of vulnerable households to the impacts of AIDS (Temin, 2010). Cash and food transfers may also contribute to HIV prevention by reducing vulnerability. For instance, they can maintain children in school, with the potential of decreasing early marriage, pregnancy and HIV infection. They can also support vulnerable households with high dependency ratios. For instance, pension plans can assist elderly-headed households (often owing to high levels of AIDS-related mortality) to provide their dependants with basic necessities, such as food, clothing and access to education and health care (Temin, 2010). Livelihood promotion can also be seen as a form of social protection, as income-generating activities may improve the economic situation of people infected and affected by HIV and AIDS, as long as these schemes are paired with access to ART and relevant health services to enable beneficiaries to stay healthy and maintain the capacity to work.

Second, social protection can support access to affordable quality services in terms of both health care and education. For instance, a voucher enabling a pregnant HIV-positive woman to pay medical fees to deliver in a health facility was found to decrease maternal mortality and mother-to-child transmission (MTCT) of HIV (Emenyonu et al., 2010 Lagarde et al., 2007). Cash and food transfers can also improve adherence to treatment, by improving access to health services and the nutritional status of affected people (Gillespie and Kadiyala, 2005). A study in Uganda showed that cash transfers to cover the costs of transportation to a HIV clinic increased treatment adherence among patients (Emenyonu et al., 2010).

And finally, HIV-sensitive social protection also requires policies, legislation and regulation to protect the rights of excluded and vulnerable people with HIV and AIDS. This requires transformative approaches to social protection to protect the rights of all people, independent of HIV status, and therefore to prevent them from sliding deeper into poverty, for example by being excluded from education or the labour market. Examples of HIV-sensitive social protection programmes in Nigeria are discussed below.

4.2 Social protection policy responses to HIV and AIDS in Nigeria

The 2004 draft Social Protection Strategy acknowledged the links between social protection and HIV and AIDS: 'Nigeria is presently faced with the problems of high rate of HIV and AIDS figures. This is a key area where gaps exist in the activities of social protection programmes in Nigeria. Therefore there is a need for urgent priority intervention through private and public sector initiatives in the areas of risk prevention and risk coping measures in assisting in the

case and support for special needs of HIV infected and full blown AIDS patients' (Olanrewaju et al., 2004). There is no explicit link between HIV and social protection in the National Social Insurance Trust Fund's (2009) proposed social security strategy.

While HIV and AIDS-related programming in Nigeria is not currently framed in terms of social protection, there are a number of interventions which can come under the heading of social protection or which include HIV-sensitive social protection components, which have either direct or indirect aims to target people affected or infected by HIV and AIDS. These schemes improve vulnerable people's – including those affected by or infected with HIV and AIDS – access to education, health care and food security. Furthermore, programmes which deal with the most marginalised and vulnerable people can also be considered HIV sensitive as, in the context of Nigeria, these are often the most at risk of acquiring HIV.

First, in relation to financial protection, COPE targets the poorest of the poor, who are especially vulnerable to HIV and AIDS because of the gender and age composition of households. Furthermore, households headed by HIV-positive heads are an explicit target groups. The majority of COPE respondents interviewed for this study reported that increasing the number of meals the family eats had been one of the main benefits of the programme (see Holmes et al., 2012b). Apart from this direct beneficial effect, it may make it indirectly possible to increase spending on health, as income is fungible.

The CCTs for girls' education clearly target a demographic group that is at risk of HIV. Maintaining children at school has been shown to decrease the likelihood of early marriage, pregnancy and HIV infection. An impact evaluation of this programme is currently being carried out.

The Community-based Support (CUBS) for OVC Project in Nigeria project aims to support OVC and care givers by increasing their access to basic necessities, such as nutritious food, decent living conditions and health care. It also has the specific mandate of reducing girls' and young women's vulnerability to risks, such as HIV and sexual exploitation. Funded by PEPFAR, CUBS has been implemented in 11 states; by 2014, it hopes to reach 50,000 OVC with comprehensive OVC services consistent with national OVC guidelines (MSH, 2010), although it is unclear what impacts it has had so far.

Nutrition programmes, which can be seen as a form of social assistance, can also be critical for people infected with and affected by HIV and AIDS. Despite the severe malnutrition problems in the country, especially for young children, there is no nationally led targeted nutrition programme. HIV and AIDS-related programmes run by NGOs tend to include nutritional supplements in their broader programming.

Second, a number of programmes may improve access to services. The CBHIS should in theory enable greater access to health services, although pilot programmes have failed according to key informants. The programme has now been reformed and has the potential to provide a safety net to 112 million Nigerians working in the informal sector (PATHS2, 2010).

The NHIS-MDG/MCH gives temporary access to health care and may help reduce Mother-to-Child Transmission (MTCT) of HIV by giving greater access to skilled birth attendants. An initial evaluation estimated that up to 470 women's lives and 1,070 children's lives may have been saved under the first 15 months of Phase 1 (USAID, 2010, in Gavrilovic et al., 2011). Coverage so far has been limited, however. Other health fee waivers for women and children initiatives exist in a number of states.

The DFID-funded Partnership for Reviving Routine Immunisation in Northern Nigeria – Maternal, Newborn and Child Health Initiative has been implemented in four northern states since 2006. It has the potential to decrease maternal and child mortality and morbidity, and also to reduce MTCT of HIV. Furthermore, it not only increases access to health care but may also improve financial security by lowering expenditure on health care and decreasing maternal and child mortality. This implies that households will be less vulnerable to other shocks, such as debt and food insecurity.

Finally, HIV-sensitive social protection may also include policies, legislation and regulation to protect the rights of the excluded and vulnerable, although Nigeria scores rather low on human rights and HIV, with the country lagging behind in terms of laws and policies that protect vulnerable sub-populations and also people living with HIV/AIDS against discrimination (UNAIDS, 2010). Although Nigeria has a free ART policy, universal access to drugs is still far from reality. In addition, the criminalisation of sex work and men having sex with men can prevent those most at risk from accessing relevant HIV preventative and curative services, because of a fear of discrimination and prosecution (ibid.). Removing this criminalisation would have positive impacts on people at risk of HIV or affected by HIV and AIDS. In some states, there are policies and laws which aim to protect the rights of vulnerable people living with HIV and AIDS. However, the extent of awareness of these rights is limited and the extent to which they are enforced is negligible.

4.3 Conclusion

There are some social protection programmes that are HIV-sensitive – for instance they address the same target groups as HIV and AIDS programmes. However, developing HIV-sensitive social protection programming is not just about targeting. A number of challenges remain. First, many programmes are still at the pilot stage and impacts, for instance on lowering MTCT rates, are unknown. Second, programmes have low coverage and are implemented only in selected states (for all the different types of interventions discussed above). Third, programmes do not cover the full range of HIV risks and vulnerabilities (e.g. sex workers are largely excluded so far). Fourth, linkages between social protection and HIV and AIDS could be made more explicit, and in the programme design stage there needs to be a greater focus on specific HIV vulnerabilities, for example stage of illness, whether the affected person is taking ART and whether they can work. Finally, young women are particularly at risk of HIV and AIDS: there is therefore a need to focus on gender sensitivity through programme design or strategic linkages with other programmes.

5 Social protection linkages with child protection

Building social protection to reduce risks related to developmental and lifecycle vulnerabilities is crucial, particularly in developing country contexts. However, social protection strategies and policy frameworks have to a great extent neglected the social sources of risk in the context of high rates of poverty and vulnerability. In Nigeria, children are especially vulnerable, not only to income poverty but also to a wide range of other economic and social factors (e.g. trafficking, child labour, abuse and exploitation, accusations of witchcraft, etc.). The most recent National Child Labour Survey data suggest there are 15 million children working in Nigeria. Out of the 42.1 million children eligible for primary school, only 22.3 million are in school (Okafor, 2010).

Child protection issues are a key concern in Nigeria, but important gaps exist in relation to national policy on social protection provision for vulnerable children. Here, child trafficking, harmful forms of child labour and child domestic abuse are key concerns.

Child trafficking usually occurs within national boundaries. Almost every state in Nigeria has a variant of this phenomenon, from the custom of fostering girls who end up as domestic servants to Islamic schools that encourage boys' begging. Girls are trafficked primarily into domestic service, street trading and commercial sexual exploitation. Boys are trafficked into street vending, agriculture, mining, petty crime and the drug trade. Poverty is the single largest factor behind child trafficking, but HIV, religious customs and gender are also important determinants. Levels of trafficking vary across states, with some being sources of trafficked children and others destinations, e.g. Lagos. It is estimated that in Edo one in three families has experienced trafficking. The Nigerian government passed the Trafficking in Persons (Prohibition) Law Enforcement and Administration Act in 2003, leading to some progress in the fight against trafficking, especially in terms of prosecution and awareness raising. However, enforcement, awareness and prosecution all remain a challenge.

Most of the 15 million working children in Nigeria are in the informal or semi-formal sectors. Economic necessity drives much of this, with many children attempting to combine school and work, often to pay unofficial school fees or other costs associated with education. They spend their days on farms, their afternoons hawking goods or their weekends conducting buses, often forced into long hours and dangerous situations that are not developmentally appropriate. In particular, children on the streets are exposed to accidents, violence, sexual exploitation, trafficking and HIV infection. Domestic workers, almost all of them girls, work long hours, are denied their educational rights and often their freedom of speech and are very vulnerable to physical and sexual violence, as they are invisible to the larger community and wholly dependent on a single family. In a fact, girls are more likely than boys to be involved in child labour, and they work longer hours and receive less pay, if they are paid at all. OVC and children from poor, rural, northern Nigeria are also significantly more likely to work. Many OVC have nobody to care for them, and are consequently also more likely to be engaged in the worst forms of child labour. Muslim children from the northern states are affected by cultural and religious factors, such as the requirement for boys to go and seek alms.

Child abuse and exploitation within the sphere of the home is also a serious problem in Nigeria. Widely accepted as a way of instilling discipline, violence is regarded as part of the socialisation process. Children are unable to speak out, given their subordinate position in the home. Abuse can be physical or psychological, and can result from economic hardship and/or the breakdown of the traditional larger interdependent family unit. Girls are increasingly vulnerable to sexual abuse, especially those who are fostered out to more affluent urban relatives. HIV and AIDS orphans and other OVC are stigmatised by society and are vulnerable to economic and sexual exploitation; if they are taken in by relatives, they are often accused of bringing shame on the family name and treated as burdens. Early marriage, particularly common in rural areas and the Islamic northern states, denies girls' access to education as detrimental to their mental and physical development and deprives them of control over their reproductive health. Children with disabilities suffer emotional and educational neglect as well as other forms of

psychological abuse. Finally, children suspected of witchcraft, especially in the South South, may be beaten, ejected from their home and left to fend for themselves.

A multitude of factors contribute to these child protection challenges. High rates of income poverty force families into coping strategies that have negative effects on children's short- and long-term well-being. High levels of rural–urban migration, fuelled by poverty, traditional fostering practices and traffickers, often result in family separation and child exploitation. Discriminatory or harmful attitudes and practices based on age, but often compounded by gender, indigenous or ethnic minority status or disability, underpin protection violations. These include both physical forms of violence as well as sexual violence, against girls in particular. The Nigerian custom of fosterage jeopardises many children, as it removes them from the care of their natal family and exposes them to exploitive labour conditions. Traditional attitudes and practices drive child protection issues such as FGC/M, early marriage and domestic servitude. Institutional weaknesses mean that legislation on children is weak or poorly enforced, and social welfare services are insufficient to prevent and respond to violations of protection rights. Low levels of birth registration undermine the right to identity and access to public services.

5.1 How social protection can address child vulnerabilities

Child protection systems comprise the set of laws, policies, regulations and services needed across all social sectors – especially social welfare, education, health, security and justice – to support prevention and response to protection-related risks. Child protection issues may also be addressed through social protection: as social protection responds to different lifecycle vulnerabilities and risks, it can therefore also address specific vulnerabilities experienced by children. This makes sense, as child protection concerns are often closely intertwined with economic vulnerabilities, for instance income poverty leading to child labour, commercial sexual exploitation or trafficking. Other child protection concerns are related to broader issues of social equity and inclusion and can be addressed using transformative social protection tools, such as protective legislation. Vulnerabilities relating to child protection (e.g. harmful forms of child labour, child trafficking, harmful traditional practices) represent some of the most pressing challenges in West and Central Africa. Furthermore, investments made in children tend to have very high returns.

Child-sensitive social protection strategies do not necessarily need to be targeted at children. Most interventions are at the household level; if risk, vulnerability and poverty at the household level are improved, children are likely to be better-off too. Likewise, making social protection more child sensitive has the potential to benefit not only children but also their families, communities and national development as a whole. Child-sensitive social protection systems mitigate the effects of poverty on families, strengthen families in their child care role and enhance access to basic services for the poorest and most marginalised.

As such, social protection interventions can be child sensitive in terms of its design (e.g. target group or type of benefit) or through strategic linkages with complementary services and programmes that can benefit children. International examples of the former are provided by Livelihood Empowerment Against Poverty (LEAP), a CCT in Ghana, which has made non-involvement of children in harmful child labour and trafficking a soft conditionality, and the *Juntos* CCT in Peru, which has included birth registration (thereby ensuring future access to health and education) and parental education in programme design. An example of a programme with strategic linkages to complementary services is Chile's *Solidario* programme, which provides social services together with the cash benefit.

5.2 Child-sensitive social protection responses in Nigeria

The institutions charged with protecting the safety and well-being of Nigeria's children are weak. Child protection is not prioritised, even in those ministries for which it is an objective, for example Women Affairs and Social Development and Employment, Labour and Productivity. Indeed, these ministries, as in many countries, are typically among the most marginalised and underfunded. Staffing is inadequate, capacity is limited and data collection and coordination

are almost non-existent. While a wide variety of national and international NGO funders are involved with protection issues, coordination between sectors is also low.

Despite a generally weak institutional basis, there have been some positive legal responses to child protection. The Nigerian government has passed a number of progressive international laws, providing a basis for equality and human rights. The Child Rights Act, passed in 2003, defines all persons under the age of 18 years as children, outlining specific protections and prohibitions necessary to meet the mandate of providing all care necessary for child survival, well-being and development. It covers child trafficking, child labour and child abuse, at the highest levels. However, while its passage is a milestone for Nigeria's children and represents the country's commitment to the Convention on the Rights of the Child, implementation is weak. Enforcement is almost non-existent, and preventative awareness-raising campaigns are sporadic and poorly funded (UNICEF and ODI, 2009). Furthermore, the act has been passed in only 24 states, significantly undermining its effectiveness. The potential conceptual linkages between these laws and social protection have not been made. Therefore, given the current state of legislation and regulation, the transformative and social equity potential of social protection is limited.

Child protection is one of four directions outlined in draft social protection strategies but this has not yet been implemented. Nevertheless, a number of social protection programmes have already taken a child-sensitive approach into account – although it is important to keep in mind that most have not yet been evaluated thoroughly. COPE, discussed earlier, has been shown to lead to a greater number of meals for the entire family. It also has reduced household income poverty, and may also support the family child care role and potentially reduce the need for child labour. Second, the education-oriented CCTs target children directly. They support access to basic services, address gender inequality and may lead to behavioural changes through sensitisation meetings. They may also reduce the need for child labour and limit early marriage and early pregnancy. Third, a large number of HIV-related nutrition programmes (mainly NGO run) may improve child and maternal nutrition. These often target OVC; since this group is particularly at risk, these kinds of programmes are particularly beneficial from a child protection viewpoint. Finally, youth employment and training schemes prepare adolescents for future livelihoods and may reduce engagement in dangerous and risky work. The evidence base on how existing social protection interventions impact on child vulnerabilities needs to be greatly improved, however.

5.3 Conclusion

Social protection programming in Nigeria has a number of child-sensitive aspects. Despite this positive focus on children, however, these programmes are targeted to a very specific and limited group (children under five and those in primary/secondary education) and address two very specific risks: health and education (and to some extent income poverty). Current programming is limited in terms of preventing and responding to (domestic) abuse and exploitation. Referrals to other social welfare services are important but are generally missing, as are these social welfare services themselves. Links between child protection and broader social protection are generally weak.

However, there is currently a valuable opportunity to ensure child protection issues are not compartmentalised into vertical programmes but integrated across sectors and agencies, in particular ministries and local government bodies responsible for health, education, labour, police, justice and social welfare. This is a strategic entry point to strengthen linkages with child protection issues in existing programmes, in programme design and in complementary services. Social protection programmes can play a stronger role in addressing child protection concerns, either directly (e.g. addressing youth unemployment through public works programmes) or by linking more strategically to complementary programmes and services, such as community sensitisation through cash transfers on child marriage or trafficking, and linking employment opportunities and skills training in public works programmes, for instance. Complementary services should be improved to address such issues as sexual exploitation and domestic violence and better targeted to reduce other aspects of child vulnerability.

6 Fiscal space for social protection

Previous sections show that social protection programming is limited and that current provision reaches only a very small proportion of the Nigeria's poor. Here, an analysis of fiscal space looks at whether there is budgetary space for the Nigerian government to provide greater resources for social protection provision without prejudicing the sustainability of its overall financial position. The assessment is based on a framework developed by Heller (2005) and examines the scope for increasing fiscal space through the following mechanisms/measures: mobilisation of domestic revenues; reallocation of expenditure between sectors; increase of discretionary expenditure through debt cancellation and/or increased borrowing; larger aid flows; improvements in the financial management of expenditure; and the level of political commitment to support an expansion in social protection provision.

6.1 How much is Nigeria spending on social protection?

The starting point is to determine how much the government of Nigeria is already spending on social protection and related sectors. This section presents consolidated government expenditure on social protection and other key sectors.[23]

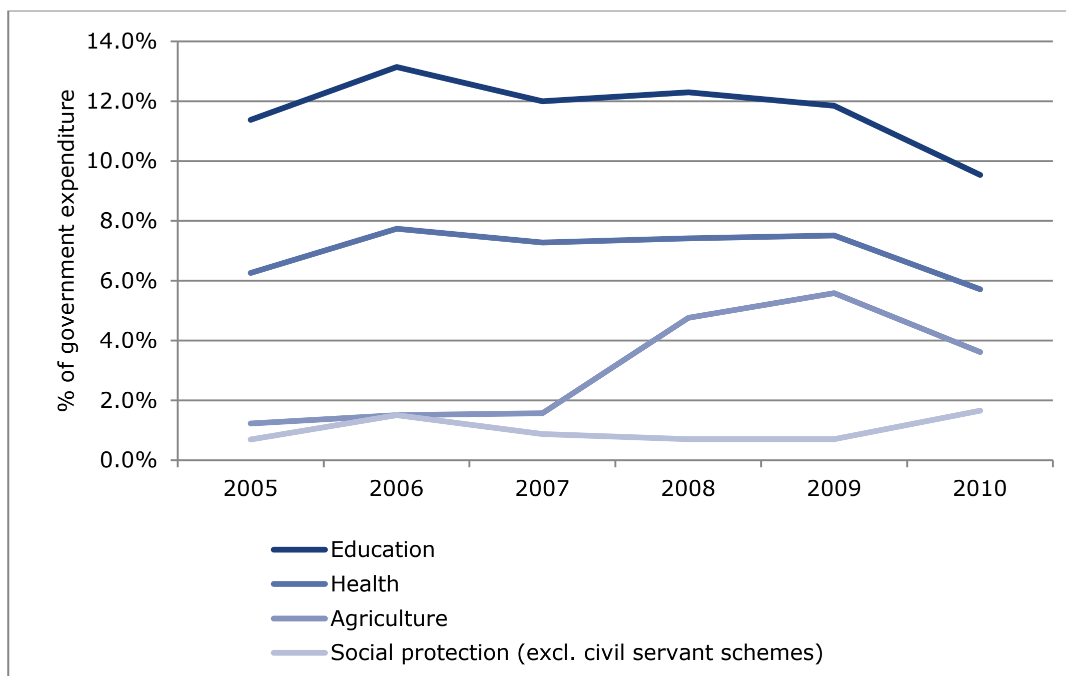
Total government expenditure was 33.8% of GDP in 2010. Nigeria operates under a federal system, with revenues split between the three tiers of government: 52.68% to the federal government; 26.72% to the 36 state governments; and 20.6% to the 774 LGAs (Eboh, 2009). Aid contributed to approximately 1.1% of government expenditure in 2009. The main areas of expenditure, according to functional classification, include general public services i.e. Executive and Legislative Organs, Financial and Fiscal Affairs, External Affairs, General Public Services, etc. (28.56 % in 2009) and Economic Affairs (24.44% in 2009) (OSSAP-MDGs, 2010).

The social sectors, consisting of health, education and social protection without civil servant schemes, amounted to 5.8% of GDP and close to 20% of consolidated government expenditure on average in 2005-2010. In per capita terms, expenditure on social sectors has almost doubled since 2005. Education has the highest budget share out of all social sectors, with average expenditure of close to 12% of government expenditure. Health expenditure is around 7% of government expenditure on average.

Figure 1 below outlines relative sectoral shares between 2005 and 2008. It shows that education and health expenditure shares decreased significantly in 2009, with shares dropping to levels lower than in 2005. Agriculture spending has also decreased, with the big rise in 2008 accounted for by the Ministry of Agriculture's merger with the Ministry of Water Resources. Social protection (excluding civil servant pensions) has shown a threefold relative increase since 2009, but is still at a much lower level than the other social sectors. If social insurance (i.e. civil servant pension schemes and other benefits) are included, total social protection spending has more than doubled, as social insurance expenditure is about 61% of total social protection expenditure between 2007 and 2009. However, as civil servant schemes and pensions are generally not targeted at the poorest, they are not included in the following analysis.

[23] This means federal, state and local government expenditure is included. However, given severe data limitations, a number of assumptions had to be made. These are discussed in detail in the full report (Hagen-Zanker and Tavakoli, 2012).

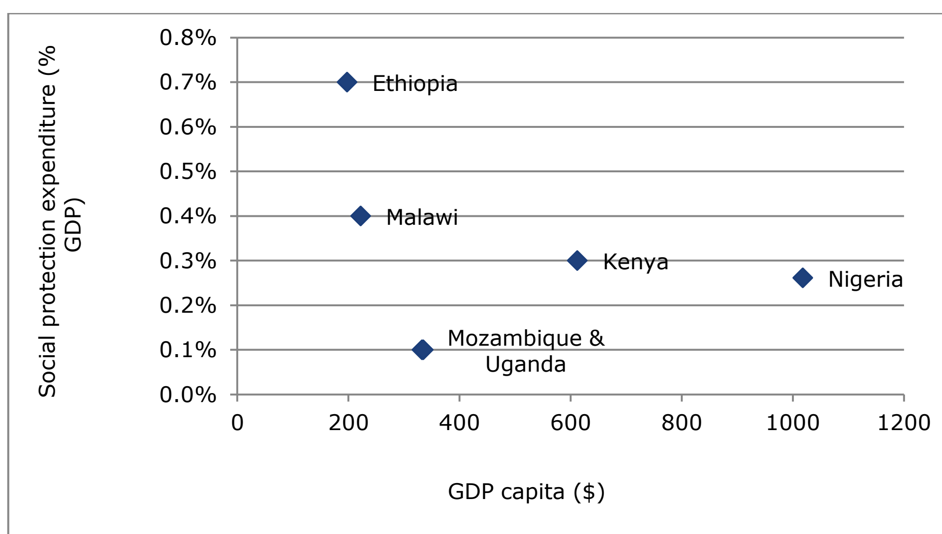
Figure 1: Sectoral expenditures as a share of government expenditure, 2005-2010



Source: OSSAP-MDGs, Budget Office and IMF.

How much is Nigeria spending on social protection compared with other sub-Saharan African countries? Figure 2 compares per capita GDP to social protection expenditure for six Sub-Saharan African countries, including Nigeria. Nigeria is clearly the richest country among the six, but spends a lower share of GDP on social protection even than countries that have a quarter of its GDP per capita. It spends less than Kenya, the country closest to it in terms of wealth, and also than much poorer countries. Nigeria has clearly not spent on social protection proportionally to its GDP.

Figure 2: Social protection expenditure shares (excluding civil servant schemes) vs. GDP per capita, 2006/07



Source: Government budgets and World Development Indicators

6.2 Affordability of social protection

This section, applying Heller's framework, looks at expanding fiscal space for social protection. It considers the mobilisation of domestic resources, debt and borrowing, reallocation and increasing aid.

The domestic resource mobilisation approach analyses the potential to increase revenue through two principal channels: i) increased economic activity (real GDP); and ii) increases in revenue yield (average tax burden as a proportion of GDP). Looking at the former channel, Nigeria has experienced robust, high levels of economic growth since 2005. Growth rates remained strong over the economic crisis, in part because of the buffer provided by Nigeria's large level of international reserves as well as low debt (IMF, 2010). This positive growth trajectory looks set to continue over the next four to five years, with projected growth remaining at 6-7%.

In addition to strong levels of growth, oil revenues have now rebounded following a large drop in 2009, so total revenue as a percentage of GDP is expected to remain strong in the immediate future. One of the main challenges Nigeria faces in sustaining a certain amount of fiscal space is the volatility of its oil revenue. Attempts are being made to limit the impact of this volatility on macroeconomic and fiscal management, by addressing weaknesses in the current stabilisation mechanism. This will be achieved through the establishment of a sovereign wealth fund, which should provide more appropriate safeguards (IMF, 2010). In addition to oil revenue, non-oil revenue continues to provide a stable, albeit smaller, contribution to total revenue.

Coming to the second channel, there have been improvements recently in the tax system, but anecdotal evidence suggests that the tax base should be further diversified. In addition, there are palpable ways to improve the current tax administration system, for instance strengthening compliance management – the government currently holds limited information on the compliance of existing tax codes – and cleaning up the taxpayer register. If implemented, such procedures are likely to increase tax coverage and its sustainability, both important factors for long-term fiscal space.

The Nigerian authorities are proposing establishing a sovereign wealth fund, known as the National Sovereign Investment Authority (NSIA), which will replace the current oil savings mechanism. It is unclear whether the NSIA can be used as a vehicle to fund greater social protection projects. On the surface, it seems unlikely, as the fund is targeted towards capital and investment expenditure only, and not towards supporting an increase in Nigeria's recurrent budget – which normally funds social protection provision. That said, one avenue to explore would be the establishment of public works schemes to support the development of investment programmes. Channelling the funds in such a way would allow for the expansion of social protection provision, while also achieving the investment objectives of the fund. It is worth noting that, at present, the proposed channel for the NSIA's support to infrastructure is via private equity investments in reputable firms engaged in infrastructure activities, co-investment directly in infrastructure projects and participation in infrastructure funds with multiple outside investors.

Next, increasing fiscal space through debt and borrowing can be achieved in two ways: i) writing off all or part of Nigeria's debt stock with a view to freeing up fiscal space for development spending that would otherwise have been spent on servicing government debt; and ii) increasing borrowing from either domestic or external sources. Nigeria has historically been plagued by very high levels of total debt. In 1980, foreign debts amounted to approximately $9 billion, and by 2002 debt equalled approximately 93% of gross national product (GNP). However, an agreement with the Paris Club in 2005-2006 addressed Nigeria's external debt stock of $22.8 billion, and the savings were subsequently invested in the MDG fund, including on cash transfers.

Since then, Nigeria has maintained low risk total debt levels. For example, between 2007 and 2009, federal public sector debt as a percentage of GDP averaged 13.3%, and the debt

service-to-revenue ratio averaged 4.4%. The results of a recent International Monetary Fund (IMF) Article IV consultation indicate that Nigeria currently remains at low risk of debt distress, and that Nigeria's debt outlook remains robust.

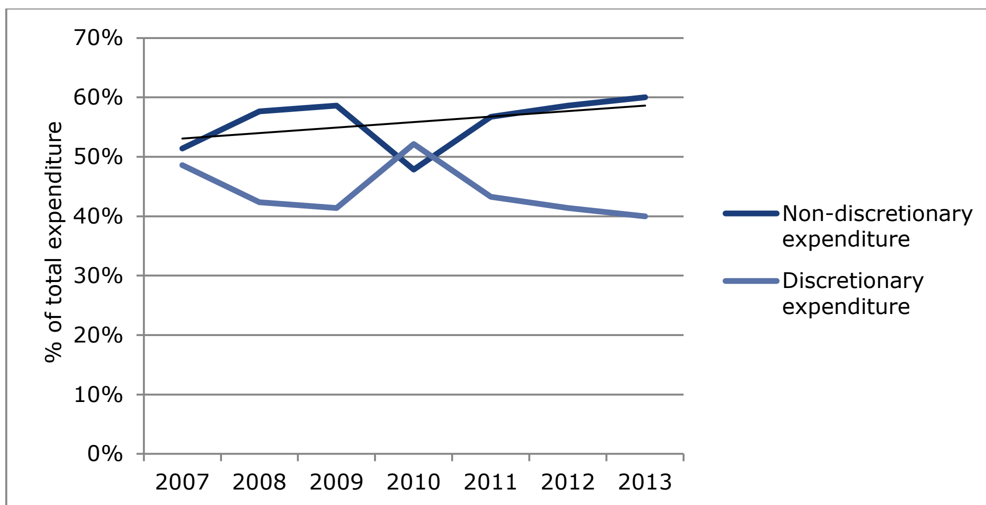
Nigeria has already benefited from having its external debt written off, and therefore there is no scope to improve fiscal space using this channel. In addition, because of Nigeria's experience of extremely onerous debt servicing arrangements, it would be inadvisable to promote increasing domestic or external borrowing to fund social protection payments, which are inherently recurrent in their nature. Given the very nature of social protection schemes, it is crucial they are funded in a sustainable way, which is not achievable through increased borrowing. This is because social protection schemes – particularly insurance schemes, but also cash transfer schemes targeted at the poor – once introduced may result in future financial commitments and liabilities which can be politically very difficult to draw back. If funded via borrowing, this could create significant forward fiscal risks for the budget.

The idea behind the reallocation mechanism is to reallocate spending from lesser to higher priorities and from less effective to more productive programmes. As already discussed, spending on civil servant schemes (covering a small share of the population, mainly public formal sector workers) is about three times as much as spending on social assistance. Civil servant pensions, while having an important function to maintain income standards, are often regressive, which means they are not pro-poor. If the priority of the Nigerian government is to increase spending on social assistance, there may be some potential for reallocation away from civil servant schemes. However, this may be a politically very unpopular approach.

Figure 2 showed that other social sectors, such as health, education and agriculture, have seen their allocations fall as a proportion of total government expenditure. This implies that the scope to move money from the social sectors to social protection is less likely given the current downsizing of the budget. Moreover, there are strong links between social protection and other social services: increasing social protection coverage raises demand for other social services, such as education or health. This is particularly the case for CCTs. It is therefore unadvisable to decrease the supply of other social services. The data indicate that the military budget increased over the period (as a proportion of total expenditure) – but reallocating military expenditure often fails to get political traction. To explore the question of overall reallocation potential further, it would be useful to have more reliable data on current spending patterns across sectors as well as a better understanding of the priorities, programmes and costs at the sector level, for which a detailed public expenditure review would be necessary.

Another way to approach this is to assess the scope to increase expenditure on social protection given the government's level of non-discretionary (mandatory) expenditure, such as salaries. Such commitments can be measured using data for non-discretionary expenditure. Figure 3 shows the trend of federal discretionary and non-discretionary expenditure as a percentage of total expenditure between 2007 and 2013. Funding for most social protection programmes falls within discretionary expenditure (except those that are mandatory, such as pensions). Therefore, one would assume that, as discretionary expenditure grows, there is greater scope for additional funding for social protection programmes. However, the figure shows that discretionary expenditure as a percentage of total expenditure falls over the time period (accounting for an increase in 2010), and that there has instead been a positive trend in non-discretionary expenditure over time. This paints a rather negative picture, as it implies increasingly diminishing scope for funding for non-discretionary items, including social protection.

Figure 3: Federal discretionary and non-discretionary expenditure, 2007-2013



Note: Actual expenditure 2007-2009 and projected expenditure 2010 onwards. Non-discretionary expenditure is assumed to equal the sum of personnel, interest and transfers expenditure.

Source: IMF (2010).

Finally, it is difficult to gain a comprehensive picture of international aid to Nigeria. The government of Nigeria does not operate an aid management platform, which would give a more detailed picture of on- and off-budget aid and, as with information on public expenditure, aid data are fragmented and not presented in a consolidated form.

It is difficult to assess whether Nigeria will benefit from any significant increase in official development assistance (ODA) in the short to medium term. A large proportion of ODA to Nigeria over the second half of the past decade was in the form of debt relief. Beyond this, the value of ODA to Nigeria remained relatively constant between 2007 and 2009, with only a marginal upward trend. Although certain donors and development partners, such as DFID, UNICEF and the World Bank, have demonstrated increasing commitment to social protection, the levelling-out of aid (excluding debt) to Nigeria and improvements in socioeconomic indicators mean that significant increases in aid for social protection purposes, unless targeted specifically to such provision, are unlikely. Expenditure on social protection has historically been less than 0.5% of total ODA, so a significant increase in social protection ODA would be a marked change in donor policy.

6.3 Public expenditure management

This section provides an overview of public expenditure management (PEM) performance in Nigeria. In doing so it assesses the scope to improve efficiency of and reduce wastage in public expenditure. There have recently been some significant successes in governance related to PEM, including Nigeria being the first African country to exit the Paris Club. In addition, since 1999 the government has attempted to address governance issues through a series of reforms and by establishing anti-corruption bodies. Areas where there have been some improvements (but performance is still weak) relate to budget classification; the comprehensiveness of budget documentation (related to the multiplicity of off-budget funds); the legal and regulatory framework for PEM (e.g. enactment of the fiscal responsibility and procurement laws); public access to budget information; etc. (AfDB, 2009; IMF, 2010; World Bank, 2006).

However, even after several years of reforms, significant challenges remain, as the initial pre-reform level was extremely low (World Bank 2006). In a number of areas, performance remains weak and there has been little progress, including corruption; incidence of off-budget government spending; failure to consolidate fiscal data for enlarged government (e.g. consolidated figures, especially of actual expenditure); weak oversight and reporting on performance of parastatals; unpredictability of government funding, etc. (IMF, 2010; World

Bank, 2006). Although the reform effort has had some impact at the federal level, the benefits at sub-national level have been more limited. This is a particular concern because almost half the consolidated budget is administered at this level and inter-governmental transfers – both between federal-state and state-local – are a major source of corruption within Nigeria (Norad, 2010). Furthermore, the majority of the social protection budget is executed at the state level.

The government is planning to implement further measures to strengthen PEM. These include performance-based budgeting, which will help assess the effectiveness of spending and facilitate the prioritisation of expenditure. Several donors have been engaged to support such activities, including DFID, IMF and the UN Development Programme (UNDP). For example, DFID is running several governance and public sector reform projects and the IMF is working on performance-based reporting reforms.

There is scope to increase fiscal space by improving the efficiency of government expenditure and reducing wastage. This would take time to achieve, though, and the exact savings created would be difficult to measure and hence hard to translate into predictable increases in potential social protection funding. However, support for an ongoing effort to strengthen the efficiency and effectiveness of spending is important not only for social protection allocations but also for its outcomes.

6.4 Is there fiscal space for social protection?

Currently, political commitment to social protection is very variable, at both federal and state level. Social protection is not a key priority for the federal government, as reflected by the limited funding available for it. Furthermore, as there is no ministry to champion social protection causes, there is no drive to develop social protection policy (KII with World Bank). A number of key informants claimed that the government had a preference for visible projects (e.g. infrastructure) rather than less tangible interventions such as in health or social protection provision. This is reflected in the fact that government expenditure is generally not pro-poor.

An analysis of the fiscal space available suggests that it is not likely that the government will significantly increase spending on social protection in the short or medium term. While social protection expenditure has increased slightly since 2009, total social spending has gone down. The Presidential Advisory Committee has asked the government to cut expenditure by 40% (KII with NSITF) and the IMF has also successfully lobbied for the Nigerian government to reduce its budget (personal communication with the IMF). Several key informants suggested that, if the government were to increase expenditure significantly on a sector in the coming years, this would probably be related to expanding electricity infrastructure rather than social protection (interview with NSITF, UNDP and DFID).

There is also significant variation in commitment to social protection at the state level. Some states are demonstrating an interest in allocating resources towards pro-poor social spending in general and social protection in particular. Nigeria needs to build on these successes and utilise the political will at state level to support an overall social protection agenda.

The greatest scope for increasing fiscal space for pro-poor social protection is therefore via i) the mobilisation of domestic resources, especially the sovereign wealth fund; ii) possible increases in ODA specifically targeted at social protection; and iii) improving the PEM. However, ensuring fiscal space is used to expand programmes and coverage will depend on the Nigerian government's political commitment to social protection. Creating fiscal space for social protection should not come at the cost of other social sectors, if its impacts are to be maximised. As such, donors need to strengthen their engagement with the Nigerian government to support the argument for increased pro-poor expenditure in general and for expanded social protection in particular, including the costs and benefits of doing so.

7 Conclusion and policy implications

This report has provided an overview of current policy and programming in the social protection sector in Nigeria, identifying emerging key issues and challenges with a particular focus on the role of cash transfers; existent and potential linkages between social protection and HIV and AIDS and child protection; and the fiscal space available for the future development of social protection in the country. Based on the analysis, a number of policy recommendations are set out here, for federal and state governments and development partners.

1. Develop an overarching social protection policy framework to provide clear institutional roles and responsibility which guides social protection design and implementation at the federal and state level

A overarching federal-level social protection strategic framework for social protection in Nigeria would clarify institutional roles and responsibilities, lay out numerous options for social protection in the country, facilitate dialogue and knowledge exchange on the different types of interventions suitable in the Nigerian context and promote inter-sectoral and federal–state coordination. This would be particularly important for the creation of synergies between the HIV and AIDS and child protection sectors.

Such a framework would seek to support an institutional leader to drive forward social protection at the Federal level. This one institution needs to coordinate and provide oversight and guidance to the social protection strategy at federal level, while also being accountable and responsive to state needs. If the National Planning Commission (NPC) is to fulfil this role, institutional coordination structures should be put in place or strengthened, including linkages with development actors, and increased capacity to take on this role developed (e.g. through placement of a donor-sponsored national within the NPC Social Services Department). Indeed, while currently the OSSAP-MDG is the driving force behind social protection expenditure, there needs to be an alternative structure put in place post the MDG funding. Nigeria could learn from other countries, such as Brazil and India, in terms of providing institutional incentives to promote improved coordination and capacity in the social protection sector.

Development partners, given their mandate to support and strengthen institutions in Nigeria, can play a key role here, for instance supporting institutional coordination mechanisms by facilitating an inter-sectoral working group (including Women Affairs and Social Development, Education, Health, Agriculture and Finance, for example).

The framework should also aim to facilitate the federal government and development partners to provide more information about potential social protection interventions, beyond a narrow focus on cash transfers and health financing mechanisms. This would include supporting the states to consider a broader range of instruments to address poverty and vulnerability, in both rural and urban areas for the range of lifecycle risks, especially in the context of the Triple F crisis. This would include consideration of a variety of social protection instruments: those which aim to reduce poverty and inequality and also those aiming to strengthen household resilience to future shocks and stresses. Regional/state context specificities in the design of social protection programmes should be encouraged.

Indeed, an overarching social protection strategy at the national level should allow states the flexibility to build on existing priorities, institutional structures and actors (e.g. strengthening linkages to the Lagos Yellow Card programme; promoting synergies between HIV programming in Benue), recognising that states have different levels of capacity and commitment. Development partners can provide technical support and capacity building according to different requirements at the state level – focusing on developing and strengthening systems rather than following a projectised and compartmentalised approach.

The range of programme intervention options to be considered at state level could include:

- **Scaling up cash transfers** – with consideration of both conditional and unconditional cash transfers. International evidence suggests that conditions may not result in improved health and education outcomes (DFID, 2011). Given the high levels of poverty and vulnerability in Nigeria which have also been exacerbated by the Triple F crisis, limited resources allocated to cash transfers and institutional capacity and service delivery constraints, policymakers should consider the importance of addressing the following design features:
    - Scaling up the programme to cover a larger proportion of the poor at the state level;
    - Increasing the value of the transfer;
    - Index linking the value of transfers;
    - Considering a mix of cash and food-based transfers;
    - Increasing the duration of programme participation;
    - Improving transfer delivery mechanisms to ensure they are regular and predictable;
    - Creating awareness of service availability to promote utilisation through the adoption of soft rather than penal conditions;
    - Investing in rural financial infrastructure;
    - Promoting state-specific complementary programming
    - For the Poverty Reduction Accelerator Investment, consideration of complementary investment in labour/skills/market analysis and other factors which affect investment, e.g. household health, resilience to disasters, longer-term subsistence support;
    - Improving complementary provision in education, health, HIV and child protection services;

- **Introducing public works programmes** taking into consideration in programme design the following:
    - Unemployment in the state;
    - The range of works to be undertaken, including, for example, infrastructure, community work, health support and child care;
    - Equitable wages for men and women;
    - Linkages to skills training.
- **Promoting targeted agricultural inputs** targeted at poor farmers;
- **Introducing nutrition programmes** to include transfers targeted to vulnerable groups including children under five; and people living with HIV and AIDS
- **Continuing education scholarships and subsidies and access to free health services for women and for children.**

Providing knowledge and information on a wider variety of potential social protection interventions could support policymakers at the state level to identify appropriate context-specific interventions. Using the following six questions could facilitate this:[24]

1. Is it *appropriate* (is the instrument appropriate to achieve its goals and objectives of reducing poverty and vulnerability?)
2. Is it *achievable* (are there adequate resources, institutional capacity and services to ensure that this instrument will work?)
3. Is it *acceptable*? (is there popular and government support for this type of social protection instrument?)
4. Is it *affordable* (what are the implications of this instrument for cost and affordability?)
5. Is it *adequate* (e.g. the value of the transfer?)

[24] Developed by Rachel Slater of the Overseas Development Institute (ODI).

6 Does it *add* value (does it complement other programmes, and are complementary programmes and services in place?)

2. Strengthen social protection and HIV and AIDS programme linkages

In order to strengthen synergies between design, implementation and funding between social protection and HIV and AIDS, the following should be considered:

- Taking specific HIV and AIDS-related vulnerabilities into account when designing social protection;
- Considering how formal social protection can build on informal coping strategies, e.g. home-based public works programme care in South Africa;
- Looking to NGO/donor programmes for examples of successfully linking multiple objectives (e.g. protection, prevention, promotion and equity);
- Promoting mutual capacity building and information sharing for stakeholders in both the HIV and AIDS and social protection sectors;
- Developing a task force to coordinate HIV and AIDS programming or giving existing structures the mandate;
- Developing funding mechanisms to pool HIV and AIDS funding to make HIV and social protection programming more equitable and efficient.

3. Strengthen linkages to child protection

Strengthening synergies between social protection and child protection should consider the following:

- Promoting synergies between what are generally small-scale child protection initiatives and broader social protection and poverty reduction programmes, in order to i) enhance the reach of child protection interventions and ii) tackle the multidimensionality of child protection vulnerabilities.
- Strengthening information systems and knowledge sharing, to improve the evidence base on child protection vulnerabilities, underlying drivers and the impact of formal and informal responses;
- Supporting more effective interagency and inter-sectoral institutional arrangements and capacity-building initiatives for the effective planning, financing, delivery, coordination and M&E of social protection and child protection programmes;
- Strengthening awareness and enforcement of child protection-related legislative and policy frameworks; and
- Investing in awareness raising, preventative activities and response services to address child protection challenges in partnership with public service providers (schools, health facilities, police, etc.), the justice system, civil society actors (including traditional and religious leaders) and the private sector;

4. Allocate resources to scale up social protection programmes

Initiatives to increase fiscal space should be put in place alongside systems and mechanisms for scaling up pro-poor social protection beyond small standalone projects. This is necessary to complement the limited funding currently available for social protection from the MDGs-DRG fund and limited commitment to social protection through the CGS. Development partners should play a role in promoting the inclusion of social protection in a medium-term financing plan before the MDs-DRG fund ends.

Approximately two-thirds of social protection expenditure is spent on civil servant schemes. Additional resources should be mobilised if the government of Nigeria wants to expand coverage of social protection to tackle the country's high rates of poverty and vulnerability.

The greatest scope for increasing fiscal space for pro-poor social protection is via i) mobilisation of domestic resources, ii) possible increases in aid targeted specifically at social protection and iii) improving the public financial management of public expenditure.

There is also scope for fiscal space given expectations of strong future growth and more robust and stable revenues, resulting from the sovereign wealth fund and possible improvements in the tax system. In particular, the sovereign wealth fund could be used to finance increased social protection coverage and expenditure if it is spent on labour-intensive public works programmes. This would represent a significant change in policy, since most current infrastructure investments are implemented through private contractors.

Improving the efficiency of government expenditure would also increase fiscal space. This would take time to achieve and the value of savings created from such improvements would be difficult to measure and hence hard to translate to budgeted increases in social protection funding. However, support for an ongoing effort to strengthen the efficiency and effectiveness of spending is important not only for social protection allocations but also for pro-poor outcomes in general.

5. Support and generate political commitment to social protection at the federal and state levels

Currently, political commitment to social protection is very variable, at both the federal and the state level. Ways to ensure the sustainability of social protection have so far concentrated on devolving responsibility to the state level, which has led to some states taking up social protection initiatives through the Community Grant Scheme (CGS) and others not. Broad-based political commitment to social protection needs to be built at both the federal and the state level, given the important relationship between the two in terms of designing, funding and implementing programmes. Entry points to consider include the following:

- Investing in gathering state and local data on poverty and vulnerability – especially social vulnerability, disaggregated by age, sex, wealth and ethnicity;
- Supporting the provision of evidence to the Ministry of Finance, Budget Office and National Assembly and state-level governors on the benefits of social protection in reducing poverty, supporting economic growth and contributing to stability;
- Supporting the Governors' Forum to promote budget allocations to social protection and share information across states on social protection;
- Supporting a state-level peer review mechanism to incentivise public financial reform in poorer performing states;
- Encouraging linkages between government, development partners and civil society to champion social protection – especially through an equity lens;
- Improving M&E systems and dissemination of good practices by designing indicators and systems to measure impacts, disaggregated by sex and age. Development partners should support the development of a common M&E framework to enable comparisons across programmes or states and enable aggregation up to state level and national level;
- Consider promoting/supporting state-level regulatory frameworks, as currently implemented in Jigawa, to support LGA social protection performance;
- Commissioning a political economy analysis of the drivers of change in social protection.

6. Increase investment in service delivery

As social protection has developed in Nigeria, so too has a concern with improving service delivery – in part because of the focus on the MDGs in linking the two. Social sector expenditure remains very low in Nigeria, however, and delivery of services remains a weak link in terms of the potential scale-up and expansion of social protection. Simultaneous investment in the supply side of services in both the social and the economic spheres should take place to maximise the effectiveness of social protection programming.

7. Strengthen governance features of social protection programmes

Learning from other sectors in terms of strengthening governance should take place as social protection develops in the country. It is important to put in place accountability and

transparency mechanisms, including donor-funded technical support in MDAs, strengthening the capacity of federal and state levels to operate systems such as the CGS. It is equally important to ensure that beneficiaries are informed about programme design and can engage on programme governance issues, for example through governance committees or fair grievance procedures. This would entail sensitising beneficiaries to programme design, implementation monitoring, and ensuring broader community engagement and understanding.

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Appendix 1: List of key informant interviews

	Organisation and position
1.	NAPEP, SA to Secretary of Programme
2.	National Planning Commission, Acting Director, Social Services Department
3.	National Planning commission, Chief Planning Officer, Social Development. SS dept
4.	OSSAP[25]-MDG Office, Desk Officer, Social Safety Nets
5.	Save the Children UK, Deputy Director, Country Director
6.	Ministry of Education
7.	Ministry of Agriculture, PPAS (planning dept).
8.	UNICEF Nigeria Country Office, Chief, Social Policy,
9.	ILO, Deputy Representative
10.	Ministry of Women's Affairs and Social Development (MoWASD)
11.	UNICEF Child Protection Officer
12.	– Deputy Director of the NPHCDA – National Primary Health Care Development Agency, Head of Health Financing and Health Economics section
13.	World Bank, Social Protection Sector Leader
14.	National Social Insurance Trust Fund (NSITF), Head Special Duties and HR and Administration.
15.	WHO Nigeria and UNFPA Nigeria.
16.	National Emergency Management Agency (NEMA), Assistant Director, Disaster Risk Reduction
17.	Ministry of Finance/ DFID/ UNICEF / World Bank
18.	DFID
19.	Voice & Accountability (SAVI)
20.	United Nations Development Programme (UNDP), country representative and economist, economic advisor
21.	National Aids Control Agency (NACA)
22.	National Agency for Prohibition in Trafficking in Persons and Other Related Matters (NAPTIP), research & programmes department

[25] Office of the Senior Special Assistant to the President, Millennium Development Goals (MDGs)

	Organisation and position
23.	National Health Insurance Scheme (NHIS), assistant general manager
24.	International Monetary Fund (IMF), resident representative and economist (from Budget office
25.	Education Sector Support Programme in Nigeria (ESSPIN)
26.	UNICEF, Head of Health
27.	Justice for All (JFA)
28.	Budget Office of Nigeria, ODI fellow and TA to Dr Bright Okogwu
29.	NGOs/CSOs: Change Management; SOS; Empowering Women and Children; Oxfam and Gada
30.	Ministry of Labour and Productivity, Director Labour Inspectorate, Director Factory inspectorate and Labour officer inspectorate department
31.	Pension Commission (Pencom), Head research and policy unit
32.	DFID Public sector reform projects, governance advisor DFID
33.	Federal Ministry of Women Affairs, Assistant Director in Charge of OVC Programme
34.	First Steps (CSO for OVCs) and (Jari Doo Foundation – a CSO which focuses on older OVCs)
35.	SACA – Grace Ashi Wende, Executive Secretary, Benue State AIDS Control Agency
36.	State Secretary, NAPEP Makurdi, Benue State Office
37.	Permanent Secretary, MoWASD, Benue State
38.	Director, Disease Control Unit of Edo State Ministry of Health
39.	Edo State Ministry of Agriculture, Head, Vet nary Department
40.	Deputy Director Department of Social Mobilization (MINISTRY OF EDUCATION: STATE UNIVERSAL BASIC EDUCATION BOARD (SUBEB))
41.	Admin Manager of NAPEP
42.	Representative of SPECIAL ADVISER TO EDO STATE GOVERNOR ON NON GOVERNMENTAL ORGANISATIONS (NGOs)
43.	NAPEP, Federal Secretariat, Benin - Edo state
44.	Secretary, Edo State NAPEP
45.	Budget and Economic Planning Directorate. Jigawa State,
46.	Katsina. PROJECT SPECIALIST, AYALA CONSULTING,

	Organisation and position
47.	CGS, in FCT
48.	Accountant 2, NAPEP
49.	Chairperson Board of Trustees, Ikosi-Isheri Local Council Development Area (LCDA), Lagos
50.	Millennium Development Goals (MDGs) Director, Department of Planning and Development.
51.	Lagos State Ministry of Health, Gender Desk Officer
52.	Education Sector Support Programme in Nigeria (ESSPIN) State Team Leader
53.	Department of International Donor Support, Cross River
54.	Kano, CCT. CCT resident consultant for Girl's Education Programme in Kano.

Benue

Serial no.	Organisation	Serial no.	Organisation
KII 1 (National)	Coalition for Change	KII 2	Benue MDG Office
KII 3	NAPEP	KII 4	Methodist Women’s Association
KII 5	BENSACA	KII 6	Chamber of Commerce
KII 7	Ministry of Women’s Affairs	KII 8	Child Department
KII 9	Director of Public Health	KII 10	Ministry of Planning and Development
KII 11	Partners for Development	KII 12	Child Rights Initiative Act
KII 13	First Step		

Edo

Serial no.	Organisation	Serial no.	Organisation
KII 1	International Reproductive Rights Research Action Group (IRRRAG)	KII 2	Girls’ Power Initiative (GPI) Nigeria
KII 3	Director of Social Welfare, Ministry of Women’s Affairs and Social Development	KII 4	Director of Child Affairs, Ministry of Women’s Affairs and Social Development
KII 5	Director of Women’s Affairs, Ministry of Women’s Affairs and Social Development	KII 6	Executive Director, Poverty Alleviation Agency

Serial no.	Organisation	Serial no.	Organisation
KII 7	S.A. to the Governor on Poverty Alleviation, Poverty Alleviation Agency	KII 8	Planning Education Board
KII 9	Willi Johnson Foundation	KII 10	Centre For Res. & Preventive Health Care (CERPHEC)
KII 11	Centre for Organisational Development (COD)	KII 12	Rural Infrastructure and Development Association (RIDA)
KII 13	National Directorate of Employment	KII 14	State Coordinator for NAPTIP
KII 15	State Director of National Population Commission		

Lagos

Serial no.	Organisation	KI	Serial no.	Organisation	KI
KII 1	Action Health Inc.	Omolara Ogunjimi, Programme Officer	KII 2	Adonai Community Empowerment Society	Olusola Adegbesan, Executive Director
KII 3	Agric-Yes[26]	Gbolahan W. Lawal, Programme Coordinator	KII 4	Dept. of Economic Planning	Mrs Oyokomino, Head of Intelligence Unit
KII 5	ESSPIN[27]	Gboyega Ilusanya, State Team Leader	KII 6	Gender and Child Rights Initiative	Chigoziri Ojiaka, Executive Director
KII 7	Microfinance Initiative	Affi Ibanga, Executive Director	KII 8	Ministry of Education	Details not given
KII 9	Ministry of Rural Development	Awolaru E.O. , Director of Community Development	KII 10	Ministry of Women's Affairs	Mrs Joke Orelope-Adefulire, Commissioner
KII 11	Origbonbo Local Government Council Development Area	Honourable Idown Obasa, Chairman	KII 12	Poverty Alleviation Dept.	Folasade O. Ogunnaike, Director
KII 13	Rice 4 Jobs	Dr Rotimi Fashola, Programme Director	KII 14	Sparc	Ben Arikpo, State Team Leader
KII 15	Humanity Family Foundation for Peace & Development (HUFFPED)	Adenigba O. Henry, Service Provider	KII 16	Lagos State Ministry of Women's Affairs and Social Development	A.I. Fadaro. Director Child Development Department

[26] Government run agriculture-based youth empowerment scheme.
[27] Education Sector Support Programme in Nigeria.