

THE IMPACT OF GOVERNMENT'S ALLEVIATION OF POVERTY PROGRAM ON THE URBAN POOR IN NIGERIA

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Today, Nigeria is facing the challenges that should have been appreciated and planned for some 30 years ago. Such plans should have been formulated along with the euphoria that normally herald the attainment of independence in African countries, and they should have been completed during the earlier era of neocolonialism. The plans should have included a machinery for developing and sustaining social, human, technological, and scientific independence. When the oil boom came in the late 1970s, the country would have found a clearly charted path to channel advanced developmental efforts, which in turn, would have elevated the lives of both its rural and urban populations.

Situated on the Gulf of Guinea in West Africa, Nigeria is bounded by Niger on the north, Cameroon to the east, and Benin on the west. It covers an area of about 356,669 square miles or 923,768 square kilometers, and has an estimated population in 1991 of 112,258,100 persons, with a characteristic gender distribution of 61,874,660 male, and 50,383,440 female. The country is one of the largest in Africa, and it is by far the most populous on the continent (Federal Office of Statistics of Nigeria, 1992).

The many ethnolinguistic groups that make up Nigeria existed as separate and autonomous political, cultural, and economic entities long before 1914 when the country was merged into a British



Colonial territory. Nigeria repossessed her independence from England on October 1, 1960, established an independent federal government system, and 3 years later, became a republic. In 1967, the country was divided into 12 states. The number of states was increased to 19 in 1976 and to 21 in 1988. In 1991, 9 more states were formed, bringing the total number to 30, plus Abuja, which became the Federal Capital Territory when the capital was relocated from Lagos (Hargreaves, Eden-Green, & Devaney, 1994).

Nigeria is the 10th-largest producer of crude oil in the world (Hargreaves et al., 1994). In addition to religion, ethnicity, language, education, personal wealth, and employment status that affect development in modern Nigeria (Odulana, 1997), internal migration, especially from rural to urban areas, has been one of the important demographic themes of the country. With the transfer of the federation capital from Lagos to Abuja, high rates of migration and natural increase in birthrate produced an urban population that grew from between 3 and 4 million residents in 1950 to nearly 17 million in 1980 (Federal Office of Statistics, 1992). Compounded with these is the economic and political instability in the country, which compelled interurban, intraurban, and periurban migration in the country. Although still predominantly rural, the population of modern Nigeria has become very urbanized, and a high proportion of the urban population remains unemployed or underemployed.

Since the introduction of the Structural Adjustment Programme (SAP) in many African countries during the mid-1980s, concern with poverty has, however, assumed new emphasis in policy and in programme circles. It is being increasingly acknowledged that the transitional costs of the adjustment process have had differential impact on various sectors of the society. Causal evidence reveals that the incidence of poverty is probably most severe in the urban areas in which access to basic services has narrowed significantly for large segments of the population.

The burden of the adjustment, in particular, is widely acknowledged to have the most serious implication for the long-term survival, protection, and development chances of the most vulnerable groups in society—the urban poor (Odulana, 1997). Thus, in

addition to ongoing pressures to temper the adjustment burden with a human face, more recent international as well as national efforts have been directed at mainstreaming poverty concerns and alleviating the effects of poverty through programs and policy formulation in many African countries. Nigeria thus presents an exciting modern case study of the effects of collaborative efforts of a developing country and international donor agencies in the alleviation of poverty in urban areas.

PURPOSE

The purpose of our study was to assess the impact of the Nigeria Federal Government's Alleviation of Poverty programs on the urban poor in the country.

The basic aim of the Federal Government of Nigeria Alleviation of Poverty programs was to mitigate the effects of poverty among Nigerians in the country. The poverty alleviation programs included the provision of primary vital and social services comprising but not limited to health (primary and secondary), education, housing, drinking water, and sanitation to all the people, especially the poor in the country. Information and services about the program are provided in the country at the federal, state, local governments, and at the community levels. As illustrated in Table 1, components of the program were initiated and integrated into the country's existing welfare services at various times and stages of the country's developmental efforts with financial, technical, and technological assistance from international donor organizations.

STUDY DESIGN

The households for this study were selected from towns within three state capitals, Lagos (the capital of Lagos state in the southern part of the country), Enugu (the capital of Enugu state in the eastern part of the country), and Kano (the capital of Kano state in the northern part of the country). These are three of the fastest growing cities in Nigeria with fair shares of urban slums and high

TABLE 1
Federal Government Alleviation of Poverty Programs

<i>Primary Social Services</i>	<i>Policy Objectives</i>	<i>Collaborating Agencies</i>
Health^a		
Primary health care: immunization, family planning services	To attain primary health care for all Nigerians by the year 2000	WHO, UNFPA, World Bank, UNICEF
Education^b		
Primary school, enrollment, textbooks, classrooms, teachers, school uniforms	To ensure a basic education for all Nigerians to be achieved through a 9-year compulsory education program beginning with the intake of 1992	UNDP, UNICEF, World Bank
Primary necessities^c		
Drinking water, sanitation, housing, employment/ income, living conditions, income relief packages	Reducing dependency on imports and imported foods, encouraging economic diversification, and promoting noninflationary growth	World Bank, USAID

NOTE: WHO = World Health Organization; UNFPA = United Nations Funds for Population Activities; UNICEF = United Nations Children's Emergency Fund; UNDP = United Nations Development Program; USAID = United States Agency for International Development.

a. USAID (1991).

b. World Bank (1992a).

c. Federal Ministry of Budget and Planning (1990).

concentrations of urban poor. (For the characteristics of the selected locations for this study, please see Table 2.)

METHOD

Three methods were used to collect data for this study. First, an epidemiological method was used to review major government

TABLE 2
Characteristics of Selected Locations for Study

<i>State and Area</i>	<i>Capital City</i>	<i>Urban Slum Centers Studied</i>	<i>Number of Households</i>	<i>Language/Ethnicity</i>
Lagos, south	Lagos	Agege, Ajegunle, Badiya, Makoko, Olaleye	504	Yoruba
Enugu, east	Enugu	Iva Valley, Ugu, Aaron, Apakpa, Nike, Emene	324	Igbo
Kano, north	Kano	Kurna, Badawa, Kurimi, Asabe	319	Hausa

policy documents, development plans relevant to various components of the federal government's poverty alleviation policies and programs, as well as progress reports on their interpretation and implementation. Policy documents of international agencies involved in the government developmental efforts in the country were also examined.

Documents consulted for the epidemiological study included *The Progress of the Nigerian Child* (Federal Ministry of Health and Human Services & UNICEF, 1996), *Economic and Statistical Review* (Federal Ministry of Budget and Planning, 1990), *The Nigerian Child Now and in the Future* (Federal Ministry of Health and Human Services & UNICEF, 1990), *A Poverty Reduction Handbook* (World Bank, 1992b), *National Programme of Action for the Survival, Protection and Development of the Nigerian Child* (Nigeria National Planning Commission, 1992), *Children and Women in Nigeria: A Situation Analysis* (UNICEF, 1990), *Regional and International Machinery for the Effective Integration of Women in the Development Process* (United Nations Economic and Social Council, 1990), *Lagos State Regional Plan 1980-2000* (Lagos State Government, 1980), *Why Poor People Stay Poor: Urban Bias in World Development* (Lipton, 1977), *Improving Environmental Health Conditions in Low-Income Settlements* (World Health Organization, 1987), and *The Future of Local Government in Nigeria: A Report of the National Conference on Local Government* (University of Ife, 1969).

Second, focus group discussions were held among 477 male and female urban poor who had lived for at least 3 years in the slum areas of the three state capitals selected for this study. Participants were structured to reflect the following five basic urban poor groups: (a) low-income employees in the formal and informal sectors, (b) representatives of work associations, (c) unemployed poor, (d) daily wage earners/laborers, and (e) in- and out-of-school youths. Groupings were limited to nine or fewer participants, and discussions were led by trained facilitators selected from state universities nearest the site of each discussion.

Focus group discussions, depending on the composition of the group, followed three broad major categories:

1. Discussions on participants' perceptions of the type of school, type of job for a living, or how the urban poor spend their day, their various income-generating activities, income patterns, distribution, and/or sources of income to meet expenditures on items such as food, housing, savings, clothing, children's education, and welfare, and meeting their needs and those of other family members;
2. Coping mechanisms and how the urban poor meet their needs and those needs of their immediate family members, problems encountered in meeting such needs, and participants' perceptions of factors contributing to whatever they considered as the difficulties for the urban poor to meeting their everyday needs;
3. Urban poor access to employment, schools for their children, primary health care services and accommodation for their families, facilities within their accommodations, and problems encountered in accessing these basic social welfare services.

For each of these three levels of discussions, participants were encouraged to discuss the type of government assistance the urban poor received and the types of assistance urban poor should expect from the government.

Finally, an 81-item questionnaire was administered to a total of 1,140 households distributed in proportion to the number of locations in each urban center and to every fifth address along a street face. The questionnaire covered such issues as household characteristics, education, income, household expenditure, intra-

household dynamics, access to urban basic services, coping mechanism, and involvement in community participation. Assistance was also provided, as needed, in the completion of the questionnaires.

FINDINGS

Epidemiological studies provided data on discrepancies between national program objectives and program achievements on poverty alleviation programs designed to provide social and vital services in the country. Focus group discussions presented profiles of urban poverty and their coping mechanisms, as perceived by various segments of the participants, and the survey generated data on the household impact of the government Poverty Alleviation Programme among the urban poor. However, the preliminary data presented in this report represents the salient points in the analysis of focus groups' discussions and the epidemiological findings. Major constraints experienced in conducting the epidemiological investigation are also discussed.

ANALYSIS OF THE FOCUS GROUPS' DISCUSSIONS

A definite picture of poverty emerged from the analysis of the various groups' discussions. Participants agreed that poverty, in general, simply means not having enough. It is a condition when one experiences a shortage of the basic necessities of life including money, food, and shelter. Discussants characterized *poverty* as low and uncertain income, unstable livelihoods, a subordinate status in the social structure, and residence in unplanned, uncontrolled, unserved, or inadequately serviced settlements among categories of workers, self-employed, and unemployed, and their dependents. They categorized themselves as *poor* and their areas of abode as *urban*.

Recalling from their current situations and experiences, they saw poverty as a situation of not having enough to feed, clothe, and house their families conveniently. Their indicators of poverty included ill health, malnutrition, unemployment, involvement in crime, lack of cash, and lack of education. To illustrate their

concept of poverty, they referred to their unkempt appearances, their low education, and their run-down living environments.

Further analysis of the focus group discussions suggested that the lack of education and information to the urban poor contributed to the nonuse of the services provided by the government. Discussants of the focus groups indicated that the urban poor considered services provided by the government to be inferior, devoid of choice, and offered in poor taste. Many regarded alternative treatment services provided by religious leaders or herbalists as more acceptable than those provided by the government.

Focus group discussants within the Lagos state discussed with demonstrated knowledge some of the federal government educational programs and policies which included the Universal Primary Education (UPE), Free Books, Free Uniforms, and Hardship scholarships programs. Some acknowledged being recipients, and some knew some urban poor who were recipients of some of the benefits of such programs. In contrast to the deliberations in Lagos state, most discussants in the Enugu and Kano states expressed lack of familiarity with the government's educational programs. Very few in those two states knew about the existence of such programs.

Discussants from the three states exhibited awareness in their deliberations on the federal government national program on immunization (NPI), which included polio, cholera, tetanus, small pox, yellow fever, and measles. They also demonstrated an awareness of the existence of general, children's, and specialist hospitals under the government's health program, and some claimed they, as well as some urban poor they knew, have used and benefited from such programs. None of the participants, however, knew about the existence of the Federal Government Mobile Hospital Programs.

The Federal Government Housing Policy/Programme which incorporated low cost housing, housing loans, and land/plot allocation to the poor, had not benefited any member of the focus group participants nor had it benefited any of the people they knew.

The problems for the survival of the urban poor, according to the perceptions of the focus group discussants, included lack of money, job, and education. Coping mechanisms of the urban poor included doing supplementary jobs, eating less, buying fewer new clothes,

cutting down on helping families, borrowing money from friends, begging on the streets, and stopping their children from going to schools.

EPIDEMIOLOGICAL FINDINGS

Our examination of government documents suggested (a) lack of cost-effective government implementation plans and procedures; (b) huge sums of money budgeted and expended on urban hospitals at the secondary and tertiary levels to the relative neglect of the primary level where the majority of the urban population can most benefit; (c) government policy of providing health services to improve health condition without corresponding investment to motivating public to accept and use the services provided; (d) implementation plans on education, which appear to follow the typical top-bottom patterns of planning, with policies and decisions made without consultation at the grassroots level; (e) low budgetary allocation by the three levels of government coupled with adverse foreign exchange rates for importation of commodities and equipment; (f) high cost of transportation caused by long distances to service locations by clients; (g) nonavailability of infrastructure, supplies, and personnel for both private and public use to support the provision of primary social facilities; and (h) lack of social development framework, training, administration, and deployment of service-providing staff and institutions.

MAJOR CONSTRAINTS TO EPIDEMIOLOGICAL STUDY

Among the major constraints experienced during the conduct of the epidemiological study were (a) the lack of an acceptable definition of *urban community* and what constitutes a unit of study of an urban area in a developing country; (b) influence of interurban, intraurban, periurban, and temporality variables on measurement; (c) selection of appropriate measures of social class; (d) identification of traditional lifestyle practices among the urban poor; (e) lack of baseline data and pragmatic goal-orientation research by which

comparisons could be made; (f) lack of distinction between those in poverty and those who reside in poverty areas.

CONCLUSION

Analysis of the epidemiological and focus group data suggested that the government's policies and programs provided the greatest impact on the creation of availability of services, but they provided the minimum impact on the provision of accessibility of the means to reduce poverty among the urban poor. Nigeria has the manpower and the resources to implement its poverty alleviation programs, and given the increasing interests and participation of international donor agencies, it is important for the country to generate and maintain a state-by-state baseline data of poverty among the urban dwellers in the country. The existence of such data will ensure that the program planners direct their efforts to where services are most needed at a cost the country and the individual can afford. Such measures will build on the gains already achieved under the alleviation of poverty programs, and they will enhance both availability and accessibility of services within the programs. It is expected that the new civilian government headed by President Olusegun Obasanjo will improve on the alleviation of poverty program in the country.

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