

LAGOS STATE
MIILLIENIUM DEVELOPMENT
GOALS REPORT
2014

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We also use this opportunity to express our gratitude to the Honourable Commissioner, Ministry of Economic Planning and Budget (MEPB), Mr. Ben Akabueze, for his support throughout the entire process of documentation and production of the year 2012 and 2013 Edition of the State's MDGs Report. We cannot but acknowledge the immense contributions and guidance of the Special Adviser to His Excellency on Economic Planning and Budget, Mrs. Iyabowale Aluko, to the success of this project. We are indeed most grateful to our Permanent Secretary, Mr. Bayo Sodade, for his relentless commitment to the completion of this project.

In conclusion, to all stakeholders that have contributed in one way or the other to the success of this Report, you are all highly appreciated.

Ministry of Economic Planning and Budget
Block 19, The Secretariat
Alausa – Ikeja.

FOREWORD

The Millennium Development Goals (MDGs) are recognized as a major global initiative and commitment to fast-track progress towards the eradication of extreme poverty and hunger, achieve universal primary education, gender equality and empowerment, reduce infant mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, achieve environmental sustainability and build a global partnership for development by the target year 2015.

Many Countries/States have developed framework for monitoring progress at achieving the MDGs through progressive reporting of the Millennium Development Goals. Lagos State on our part, had since Y2006 adopted publication of the Reports biennially. Three editions of these reports had been produced in Y2006, Y2009 and Y2011. These had been circulated and put to use variously.

This fourth edition for Y2013 is no less encompassing of progress made in the attainment of the MDGs. Using the set indicators and targets as parameters for measurement, we have raised consciousness towards efforts being made to attain of some of the goals, the challenges mitigating attainment of others, and strategies put in place to address such.

Indeed, with the target date for the achievement of the Millennium Development Goals (MDGs) fast approaching, it has become necessary for policy-makers to search for a more veritable replacement for this development agenda. Permit me to note that this must include strengthening our communities and empowering our people to discover and utilize creative, innovative, indigenous and home-grown approaches to solving generic/peculiar problems. A post-MDGs agenda must, therefore, focus on how to build internal capacity to evaluate our unique

challenges and address same with easily accessible indigenous resources. A concerted global action to tackle corruption will also go a long way in tackling some of the problems the MDGs targeted to solve.

In this regard, it has become expedient for all of us as Stakeholders to galvanize efforts at ensuring the achievement of at least some of the Millennium Development Goals in the time left.

Eko o ni baje!

Mr. Ben Akabueze

Honourable Commissioner

Ministry of Economic Planning & Budget

EXECUTIVE SUMMARY

This is the fourth Report prepared by the Lagos State Government on the progress made so far towards achieving the Millennium Development Goals (MDGs). It is a simple story of the progress by the State between Y2012 and Y2013 on the 8 – Point development goals which today, have become the parameters for measuring a country's progress in the area of human development.

Upon the declaration of the Millennium Development Goals (MDGs) in the Y2000, Lagos State has continued to initiate and put in place several policies and programmes, to attain the MDGs targets set to be achieved by the Y2015.

The Report is divided into two sections. The first section covers the introduction, the methodology adopted in conducting the study and the development context of the Report, while the second section examines the achievements made under each MDG. Specifically, discussions of each of the MDGs highlight the status, trends, challenges and opportunities, as well as the policy environment in the State that support the attainment of specific goals.

MAIN FINDINGS

Given the emphasis of the current administration in the State on good governance, transparency and accountability, Lagos State has made remarkable progress in nearly all critical aspects of the Millennium Development Goals. It can be concluded that the State has the potential to attain the following Goals:

- Goal 1: Eradicate Extreme Poverty and Hunger
- Goal 2: Achieve Universal Primary Education
- Goal 3: Promote Gender Equality and Empower Women
- Goal 4: Reduce Child Mortality
- Goal 6: Combat HIV/AIDS, malaria and other diseases

Goal 7 Ensure Environmental Sustainability

Goal 8 Develop a Global Partnership for Development

Goal by Goal Summary

Goal 1: Eradicate Extreme Poverty and Hunger

The proportion of people living below the poverty line of \$1 per day stood at 45% for the periods Y2012 & Y2013. The proportion of the population living in extreme poverty was steady at 54% between Y2012 and Y2013. Relative poverty increased from 28.7% in Y2012 to 29.8% in Y2013, while the poverty incidence also increased from 63.12% in Y2012 to 67.04% in Y2013.

Available data on the level of inequality in the area of income in the State reveal significant increase between Y2012 and Y2013. Specifically, the level of inequality in the area of income of the State increased from 0.55% in Y2012 to 0.67% in Y2013.

Food is also an index of poverty and considered as a socially acceptable standard of living within a given society (usually based on 2900 calories). The proportion of the State's population living below the minimum level of dietary energy consumption has witnessed a decline, from 45.02% in Y2012, to 43.42% in Y2013.

The percentage of underweight children under five years of age increased from 6% in Y2012 to 13% in Y2013. Also the percentage of stunted children increased from 7% in Y2012 to 13% in Y2013.

Goal 2: Achieve Universal Primary Education

The State has fared well in the area of education. Primary school enrolment in Lagos State is improving quite significantly. The proportion of pupils starting from Primary One reaching the last grade of primary school (Primary Six completions) increased from 95% in Y2012 to 97% in Y2013. Although the level of literacy rate among women and men in age group 15 – 24 is high, the proportion has been reducing. In the period under review, the

literacy rate have reduced from 90.2% in Y2012 to 87% in Y2013. The Net Enrollment Ratio in primary school revealed a significant increase from 89.2% in Y2012 to 93.6% in Y2013. The proportion of pupils starting primary 1 who reached last grade of primary school is 95% and 97% in Y2012 and Y2013 respectively.

Goal 3: Promote Gender Equality and Empower Women

There is a fair degree of gender equality in the education sector in Lagos state. Data available indicated nearly equal proportions of boys and girls in both primary and secondary schools, with the ratio of girls slightly higher than that of the boys. Specifically, the number of girls per 100 boys in primary school reduced from 103.31 in Y2012 to 101.36 in Y2013. Data on gender distribution of elected political office holders in the State review that the proportion of seats held by women in the Lagos State House of Assembly is still very low 17.5 % each in the Reporting period Y2012 & Y2013. The share of women in paid employment (Non Agriculture Sector) was steady at 11.7% and 12% respectively in the Reporting years.

The challenges confronting women empowerment in the State are enormous. Among these are lack of willingness on the part of majority of women to fight men's dominance in national life, weak sensitization and poor publicity of women's role in development especially for women living in the slum areas. There is also the challenge of domesticating United Nations Convention on Women and other global and regional frame works put in place to eradicate gender inequality. Some of the ways of overcoming this problem include: stimulation of women's interests in politics since majority of decisions about males and females take place at the political arena /government circle. The Lagos State Government also needs to establish and strengthen Transit Homes for Victim of Women Violence. The present administration can as well make provision for free legal assistance to the victims of gender violence. Women, across all ages, should be able to defend their right and fight for their freedom.

Goal 4: Reduce Child Mortality

Childhood mortality as a concept measures the numbers of deaths recorded for children between 0 and 5 years of age per 1,000 children. Childhood mortality can be sub-divided into two major groups namely: infant mortality and under-five mortality. Infant mortality rate measures mortality between 0 and 1 year of age, while under-5 mortality rate indicates the number of death between age 1 and 5 years. Data on infant mortality revealed that there was an increase from Y2012 with 25/1,000 live birth to 37/1,000 live birth (Y2013 Household Survey) or 69/1000 live birth (Y2013 Nigeria Demographic & Health Survey). In the same period, under-5 mortality increased from 30/1000 live birth to 128/1000 live birth. The proportion of one- year- old children immunized against measles increased from 77% in Y2012 to 87% Y2013.

Goal 5: Improve Maternal Health

Available data revealed that the number of Reported cases of maternal deaths increased from 630 per 100,000 in Y2012 to 700 per 100,000 in Y2013. The proportion of births attended to by trained health personnel increased from 78.6% in the Y2012 to 87.2% in the Y2013. Also, Contraceptive Prevalence Rate (CPR) increased from 47.1% in Y2012 to 48% in Y2013. However, adolescent birth rate per 1,000 reduced from 17.5 per 1,000 in Y2012 to 17 per 1,000 in Y2013. Antenatal care coverage for at least four visits increased from 92.2% in Y2012 to 93.9% in Y2013 and antenatal care coverage for at least one visit revealed a reduction from 14.5% in Y2012 to 14.2% in Y2013. Unmet need for family planning spacing reduced from 16.9% in Y2012 to 5.9% in Y2013, while unmet need for family planning limiting reduced from 4.8% in Y2012 to 2.2% in Y2013 and unmet need for family planning (total) reduced from 21.8% in Y2012 to 8.1% in Y2013

Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

Available data indicates that HIV prevalence among pregnant women in the State stabilized under the period of Reporting Y2012 & Y2013 with a record of 5.1%. HIV prevalence among 15-24 year old women also stabilized with 4.2% under these years. It was found that the percentage of the population of the State aged 15-24 years with comprehensive knowledge of HIV and AIDS prevention methods shows a significant improvement from 94.9% in Y2012 to 98.2% in Y2013. The proportion of population with advanced HIV infection with access to anti-retroviral drugs revealed that there was reduction from 35,050 in Y2012 to 33,011 in Y2013. Available data on Incidence, Prevalence and Reported death associated with malaria revealed a decrease from 32% in Y2012 to 30% in Y2013.

The proportion of children under 5 sleeping under insecticide-treated bed-net declined from 92.6% in Y2012 to 75.6% in Y2013. Also, the proportion of children under 5 with fever who were treated with appropriate anti-malarial drugs reduced from 68% in Y2012 to 57% in Y2013. The number of Malaria cases Reported shows an increase from 488,780 in Y2012 to 566,215 in Y2013. The incidence rate of Tuberculosis per 100,000 population revealed an increase from 118 in Y2012 to 180 in Y2013.

The prevalent rate of Tuberculosis per 100,000 population shows high rate of increase from 171 in Y2012 to 270 in Y2013. The death rate associated with tuberculosis reduced from 3.3% in Y2012 to 3% in Y2013. The number of tuberculosis cases reported is on the increase as it rose from 8,455 cases in Y2012 to 9,444 cases in Y2013. The proportion of tuberculosis cases detected and cured under directly observed treatment short course revealed an increase from 74% in Y012 to 75% in Y2013.

Goal 7: Ensure Environmental Sustainability

The proportion of land area in the State covered by forest was steady between Y2012 and Y2013 at 12%. Water is life and essential to virtually all we do i.e. agriculture, industry and sewage management all which have direct

impact on output and quality of life of the people. The proportion of household with access to safe drinking water in the State increased from 23.4% in Y2012 to 26.9% in Y2013.

It must also be pointed out that the absence of basic sanitation is equally disastrous to human existence as good sanitation promotes good health. The proportion of people with access to basic sanitation increased from 75% in Y2012 to 80% in Y2013.

Data on slum dwellers in the state reveal consistent decrease in the proportion of the population living in slum. Specifically, it decreased from 6.9% in Y2012 to 6.7% in Y2013. The State government has appreciably upgraded some previously existing slum to better dwelling places with the activities of the Lagos Metropolitan Development and Governance Project (LMDGP).

Goal 8: Develop a Global Partnership for Development

Lagos State has continuously enjoyed developmental support and partnership collaboration from various Development Organisations both Multilateral and Bilateral. This can be seen in the number of these organizations and International Development Agencies such as DFID, UNICEF, UNFPA, UNDP, JICA and World Bank partnering with the State. Records revealed that the value of overseas development assistance to the State in Y2006 was N3,785,995,956 and decreased to N7,592,900 in 2007, increased in Y2008 and Y2009 to N1,078,905,018.20 and N9,626,000,000 respectively.

In the period under review that is, Y2012 and Y2013, the value of overseas development assistance to the State was ~~N~~2,609,003,803.00 and ~~N~~1,721,400,430.00 respectively.

The State Government is committed to collaborating with more international partners to further assist in eradicating poverty and other inherent advantages.

PART 1

INTRODUCTION

The Millennium Development Goals (MDGs) emanated from the agreements and resolutions of the world conferences organized by the United Nations. These goals have been widely accepted as a framework for measuring development progress. The goals focus on the efforts of the world community on achieving significant, measurable improvements in the lives' of people. They are used for measuring results, not just for developing countries, but also for the rich countries that help to fund the development programs and for the multilateral institutions that support the implementation.

The Millennium Development Goals (MDGs) are eight time-bound international development goals that are agreed at the UN Millennium summit in Y2000, with the Government of Nigeria as a signatory. The first seven goals- eradicate extreme poverty and hunger; achieve universal primary education; promotes gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDs, malaria and other diseases; and ensure environmental sustainability, are directed at reducing poverty in all forms. Each is important by itself, but they should be viewed together because they are mutually reinforcing. Better education leads to better health. Also, increased income gives people more resources to pursue better education and health care and a cleaner environment. The last goal- develop a global partnership for development, is about the means to achieve the first seven. Countries that make a commitment to better policies, better governance and poverty

reduction should receive increased assistance. Countries that are poor and heavily indebted will need further help in reducing their debt burden.

Each goal has been linked to numerical targets and set of selected indicators to monitor the progress on each target. Although monitoring is taking place by international organizations such as UN, World Bank, IMF and OECD to enable common assessment of the status of the MDGs at the global, regional and sub-regional levels, countries committed to the preparation of annual country level monitoring Report also share their individual experience with respect to the advance being made towards the achievement of the MDGs. It is in line with these that Lagos State has prepared this Report, which is the forth in the series, to track progress made from Y2012 toY2013.

METHODOLOGY AND STRUCTURE OF THE REPORT

A participatory approach was adopted in order to improve the ownership of the Report. In this approach, relevant stakeholders were invited to a forum in which the template for MDGs data was discussed. The preparation of this Report began in earnest early Y2014 with a One-Day Sensitization Workshop for MDAs and other Stakeholders. This was followed by data gathering from Ministries, Departments and Agencies (MDAs) in the State. A Validation Meeting was also held to give opportunity to authenticate the findings. The Report relies heavily on desktop review of the most recent analysis on the issues and indicators. The structure of the Report is based on the guidelines developed at the Sensitization Workshop for compilation of the MDGs Report. It provides information on the status and trends of the goal and targets through an assessment of the related and relevant indicators between Y2006 and Y2013.

The Report is organized into two parts. Part 1 consists of introduction of Millennium Development Goals (MDGs), methodology and structure, as well as the profile of Lagos State. Part 2 consists of progress report with a summary of the eight goals and targets and a brief assessment of the status of each of the goals as well as the key challenges the State has to overcome in order to accelerate progress. In addition to the analysis of the main challenges that confront the State with respect to the attainment of each of the goals, the Report also outlines general strategies, policies and programs that have been put in place to enhance the State's potential for achieving the goals and targets by Y2015.

Each chapter of the Report is an assessment of the state's ability to track the MDGs based on the situation as it relates to data gathering, quality of data, analysis of data and uses of analysis in policy. It also examined the status and trends, challenges, and current quality of supportive environment. Supportive policy environment is understood to mean the extent to which the policies, strategies and actions fulfill their roles in ensuring that the targets can be achieved within the specified time frame and whether these are in line with the needs of the target group. The adopted methodology has made it possible to have a very robust Y2013 MDGs Report for Lagos State.

LAGOS STATE PROFILE

Lagos State is one of Nigeria's 36 States. Known as the "Centre of Excellence", the State was created on May 27, 1967 along with eleven others by the then Military Government of General Yakubu Gowon by virtue of Decree No.14 of that year which divided the country into 12 States. Before this time, Lagos was a British colony (1861-1960) and later, the nation's capital (1914- 1991). The State is made up of the old Federal Capital Territory of Lagos and the Colony Provinces of Ikeja, Badagry, Ikorodu and Epe all of which form the state's administrative divisions collectively referred to by the acronym "IBILE".

GEOGRAPHY AND CLIMATIC PROFILE

The State is a wetland area, lying 4.5m above sea level in south western coastland of Nigeria, on longitude 22°422E" and 4°222E and between latitude 6 °222N and 6 °422N. The State is bounded in the North and East by Ogun State and shares international boundary with the Republic of Benin in the West. To its southern side is the Atlantic Ocean where it has a 180 km stretch waterfront. Lagos State is the smallest State in Nigeria occupying an area of 3,577 km, of which 22% is water.

The dominant vegetation of the State consist of freshwater and mangrove swamp forests resulting in two climatic seasons: dry (November – March) and wet (April – October). The wettest months are between July and September. The State has a bimodal rainfall of 1,388mm to 2,133mm with average temperature being between 26 and 36 degree Celsius.

The drainage system is characterized by a maze of lagoons and inland waterways which connect the State to the Economic Community of West African States (ECOWAS) region and the Niger Delta.

The major water bodies are Lagos, Lekki and Ologe lagoons, and the Yewa, Kweme, Oshun and Ogun rivers. Others are Kuramo Waters and the Badagry, Port Novo, Five Cowries and Omu Creeks. In summary, the State has 20 Local Government and 37 Local Government Development Areas with 2,600 communities. Lagos State is the destination for all ethnic nationalities and ECOWAS; opportunities for African Development (NEPAD) Cities, headquarters of transnational corporations and national conglomerates.

Lagos is the product of Nigeria's rapid urbanization process with the largest Stock Exchange in West Africa; over 200 financial institutions, 22 industrial estates (2,000 industries; 65% of country's total); 60% of nation's manufacturing with 31.89% contribution to national GDP-(2004), 65% of nation's Value Added Tax. The State has an informal sector size: 65% of working population, hub of national aviation activities (82.61% international, 47.30% Domestic), 3 light terminals and 3 of the nation's 8 major seaports (50% of nation's ports revenue). Lagos also has telecoms/media hub: 50% of 30m PTO/GSM subscribers and other facilities that makes the State conducive enough for living and sustainability.

CHALLENGES

Despite her development, Lagos State also has her challenges some of which are uncontrolled urban sprawl, inadequate and overburdened infrastructure, inadequate housing; increasing and rapid growth of slums, inadequate funding, social and economic exclusion, unemployment, poverty, urban violence, make shift substandard structures, overcrowding, lack of portable water in some areas, lack of proper sanitary facilities, a few dilapidated roads, inadequate and dilapidated drainage channels, inadequate waste management, inadequate recreational facilities and a low lying area which is prone to flooding.



PART 2

GOAL 1

Eradicate Extreme Poverty And Hunger

In the face of the growing concern to sustain the gains of poverty efforts, another home-grown poverty reduction strategy referred to as the National Economic Empowerment and Development Strategy (NEEDS) was formulated/ conceptualized as a medium term strategy (Y2003 – Y2007) aimed at impacting on all aspects of the people's socio-economic life with the objective of reducing poverty and inequality. This was cascaded down as SEEDS and LEEDS in the State and Local Governments, respectively.

In the face of a burgeoning the State further initiated various poverty alleviation programmes/projects such as the Agriculture –based Youth Empowerment Scheme (AGRIC-YES), Vocational Skills Acquisition Project (VSAP), Holiday Job for Students (HJS), Rice for Job Initiative (RJI), Songhai Project and Cage and Pen Culture Technology (CAPCT) among others.

ERADICATE EXTREME POVERTY

The word “poverty” is used to describe material deprivation or lack of what is needed for human well-being. It describes lack or limited access to capabilities that could facilitate long and healthy life, good education, adequate standard of living and meaningful participation in decisions affecting one’s life. Usually, the poor live below a specified minimum income level, deemed insufficient to provide essential requirements for an acceptable standard of living. Indeed, poverty is complex and multi-dimensional in nature and it is sometimes measured in non-monetary terms. It is imperative to note that poverty is a serious social problem in Nigeria and Lagos State is not an exception. Poverty reduction is a major goal and issue for many international organizations such as the United Nations and the World Bank.

Poverty also increases the risk of homelessness. Slum dwellers that make up a third of world’s urban population live in poverty no better, if not worse, than the rural people, who are the traditional focus of poverty in the developing world (United Nations Report). There are over 100 million street children worldwide. Most of the children living in motherless home and other institutions around the world have a surviving parent or close relative and they most commonly go into orphanages because of poverty. Many women become victims of trafficking the most common form of which is prostitution as a means of survival and economic desperation. Deterioration of living conditions can often compel children to abandon school to contribute to the family income, thus putting them at risk of being exploited.

Poverty levels are snapshot picture in time that omits the transitional dynamics between levels. In this regard, we have the following:

- (a) Poverty Line: The threshold of people living below \$1 per day
- (b) Extreme Poverty: The threshold of people living below \$1.25 per day
- (c) Relative Poverty: A measure based on a poor standard of living or a low income relative to the rest of the society.
- (d) Income Inequality (Gini Coefficient): A measure that reflects the cost of social inclusion and equality of opportunity in a specific time and space.
- (e) Poverty Incidence: A condition characterized by severe deprivation of basic human needs.

POVERTY INDICATOR USING DOLLAR PARITY

The issue of poverty has been of great concern to many nations, rich and poor alike. As a result, poverty reduction strategies have been at the centre stage of development programmes. Poor nations are more eager than ever to get out of poverty, while rich nations are increasingly aware of the need to promote security through poverty reduction. The traditional poverty analysis makes use of certain indicators. The most commonly used and understood is the poverty line. In this report the concept of poverty measure has been examined using **Dollar per**

Day which has become an acceptable standard for measuring poverty across countries for international comparability. This process of establishing parity in the acquisitive power of a Dollar is called Purchasing Power Parity or PPP.

TABLE 1.1 STATUS OF ACHIEVEMENT

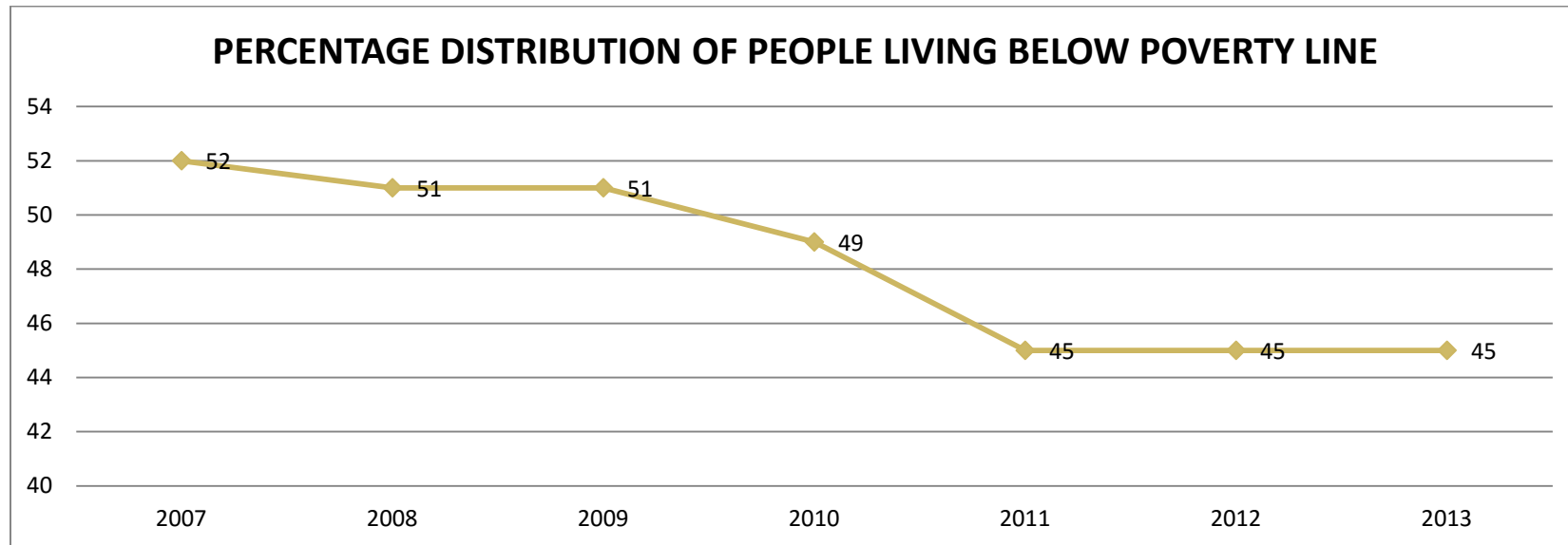
INDICATOR	Y2007	Y2008	Y2009	2010	2011	2012	2013	TARGET Y2015	REMARK
Percentage of people living below \$1 per day (Poverty line)	52.3	51.3	51	49.3	49	45	45	32.025	STEADY
Percentage of people living in Extreme Poverty	23.3	23.2	23.1	17.5	15.8	54	54	33.48	STEADY
Percentage of people living in Relative Poverty	41.7	40.4	40.2	32.6	31.9	28.7*	29.8*	24.05	INCREASING
Income inequality level(Gini Coefficient)			0.12*	0.37	0.34*	0.55*	0.67*	0.3215	INCREASING
Poverty Incidence in the State	63.4	62	61.7	66.6	61.3	63.12*	67.04*	31.70	INCREASING

Sources:

- (a) Y2011 MILLENNIUM DEVELOPMENT GOALS REPORT
- (b) Y2012 HOUSEHOLD SURVEY
- (c) Y2013 HOUSEHOLD SURVEY
- (d) '*' EXTRAPOLATION

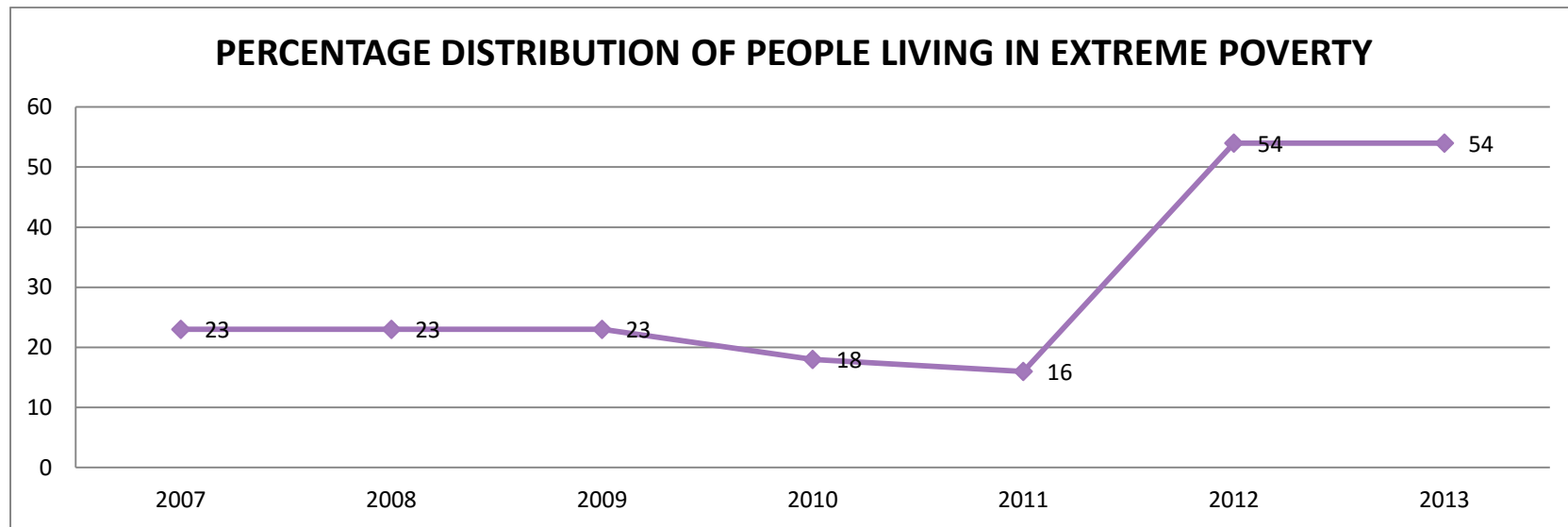
STATUS AND TRENDS

Figure 1: POVERTY LINE: People living below \$1 per day



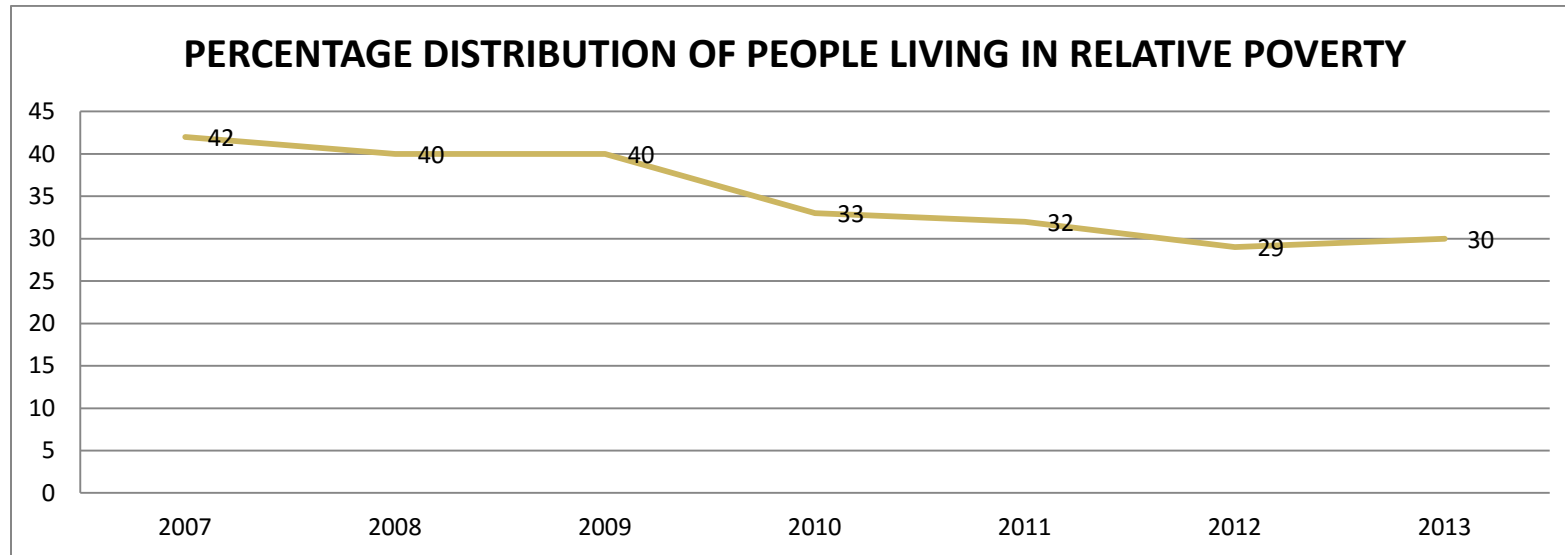
The poverty line measures the percentage of people living below a dollar per day. Available data revealed that in the Y2012 and Y2013, 45% of Lagosians lived below the poverty line. Unlike other States in Nigeria, Lagos State remains the most economically viable State and citizens from other States migrate to Lagos in large number seeking economic opportunities and this put pressure on existing infrastructure.

Figure 2: EXTREME POVERTY: People living below \$1.25 per day



Extreme poverty is an indication of high deprivation of basic needs of life and it is measured by the percentage of people living below \$1.25 per day. The percentage of people living in extreme poverty was steady for the two years 2012 and 2013, at 54%. This can be attributed to opportunities created in the areas of agriculture, transportation, environment and vocational skill acquisition. Also, the State investment in power through Independent Power Project (IPP) for areas of compelling needs with high usage of electricity.

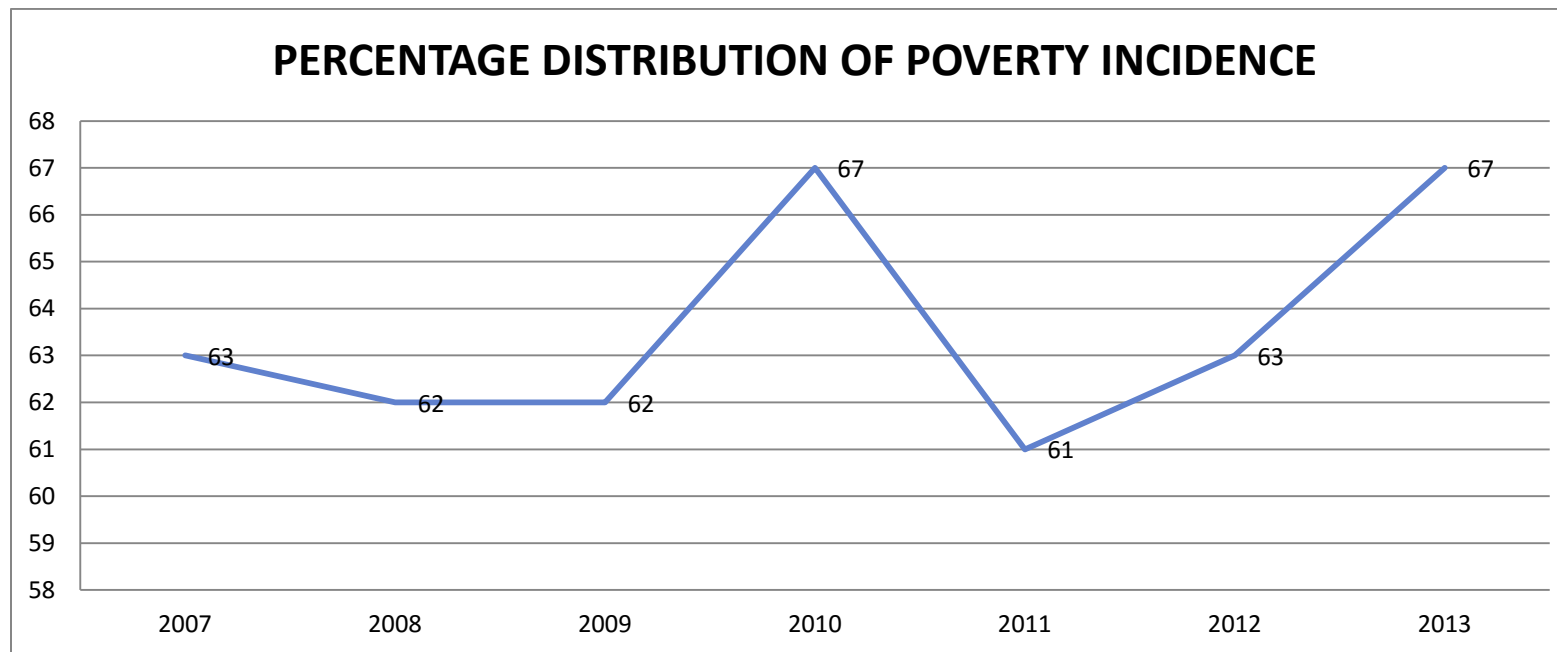
Figure 3: RELATIVE POVERTY



This is a measure based on poor standard of living or a low income relative to the rest of the society. The percentage of people living in relative poverty increased from 29% in the Y2012 to 30% in the Y2013.

The percentage of people living in relative poverty is increasing because of people comparing their status with other people especially as a result of modernization and infrastructure differential in communities. This can also be attributed to the high level of population of the State and this comes with the increasing development of new settlements that have not been provided with social services and infrastructure.

Figure 4: POVERTY INCIDENCE

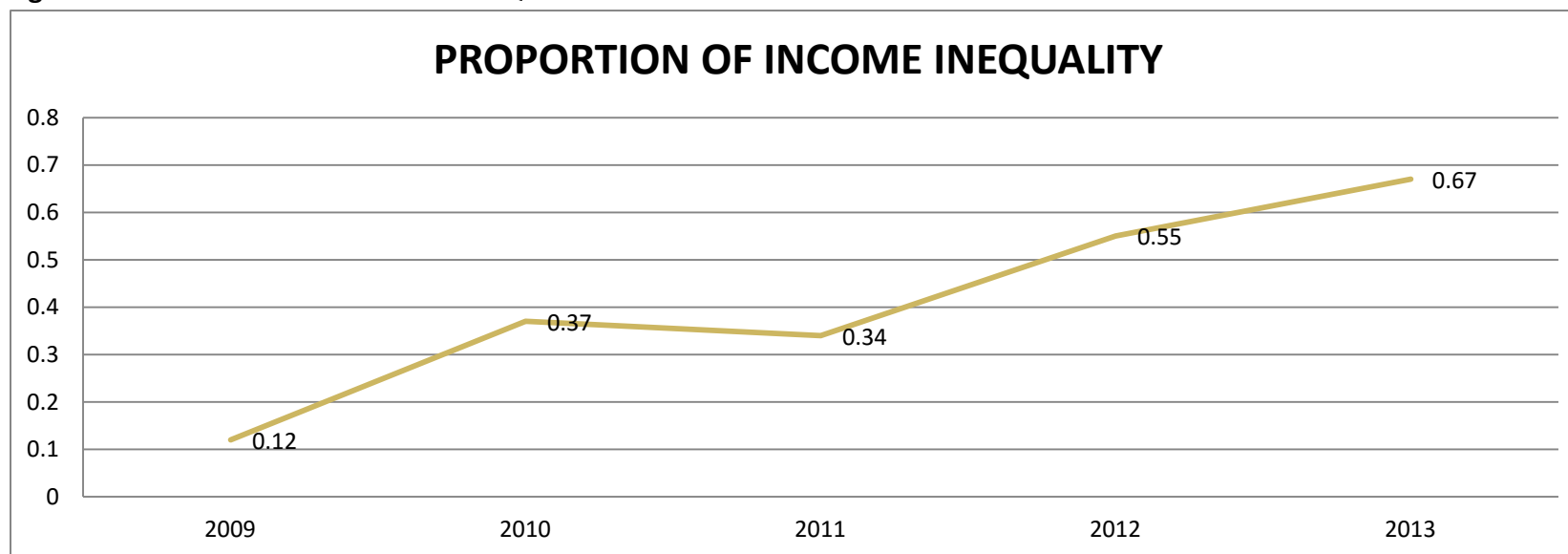


This is a condition characterized by severe deprivation of basic human needs. The proportion of poverty incidence in the State increased from 63% in the Y2012 to 67% in the Y2013. Poverty incidence is increasing due to high level of migration to the State because of the noticeable economic opportunities created by enabling environment as well as high population and development of new settlements.

INCOME INEQUALITY (GINI-COEFFICIENT)

The scourge of poverty goes beyond mere measurement of a household's expenditure or welfare. Poverty has many dimensions and may include inadequate access to government utilities and services, environmental issues, poor infrastructure, illiteracy and ignorance, poor health, insecurity, social and political exclusion. General patterns of poverty indicate that there were declines in basic social infrastructure due to the burden of rural migration and rapid population growth. The best known inequality measure is the Gini-coefficient.

Figure 5: PROPORTION OF INCOME INEQUALITY



It is a measure that reflects the cost of social inclusion and equality of opportunity in a specific time and space. The proportion of the level of inequality in the area of income in the State revealed a significant increase from 0.55% in the Y2012 to 0.67% in the Y2013. This is an indication of a sharp gap between the rich and the poor in terms of distribution of resources.

SUPPORTIVE POLICY ENVIRONMENT

In order to eradicate poverty, the State Government has put in place an enabling structure that will engender economic empowerment. In this regard, it has identified strategic policies, programmes and actions for addressing the challenges facing it in the area of poverty reduction. These are:

- Consistent and continuous implementation of MDGs programmes with focus on poverty reduction through creation of sustainable investment climate for private sector operation.
- Stability of government policies to support poverty reduction programme in Lagos State.
- Development of Entrepreneurial and Vocational Centers for skills acquisition.
- Institutionalized Public Private Partnership in funding and managing microcredit scheme.
- Good governance through greater fiscal responsibility and increased efficiency, effectiveness and accountability in the delivery of services to the poor.
- Job creation and youth empowerment through agriculture.
- Provision of Micro finance for Small Scale Enterprises.
- Provision of infrastructural facilities and enabling environment for food production through the provision and distribution of productive assets and inputs.
- Increased participation of the organized private sector in development for poverty reduction.
- Placement of emphasis on agriculture and food security with respect to the establishment of various projects such as Rice for Job, Songhai Project, AGRI-YES, Estate Initiatives, High Quality Cassava Flour

(HOCF). Cage and Pen Fishery Project, acquisition of Agricultural land outside the State e.g. Osun State, Ogun State.

- Encouraged the growth of MSMEs through increased and improved provision of promotional tools and a legal frame work.
- Integration of rural community development through the provision of basic infrastructural facilities such as rural roads and electricity to facilitate industrial growth through the Rural Based Agricultural projects such as FADAMA, Commercial Agriculture Development Project (CADP).
- Facilitating effective market linkage and distribution network for farm produce as well as provision of market information services.

In addition, some of the poverty reduction programmes embarked upon by government includes the following:

- The establishment of the Centre for Rural Development (CERUD) with a mandate to improve the quality of life of rural dwellers.
- Collaborative efforts with the Small and Medium Enterprises Development Agency of Nigeria (SMEDAN) for the establishment of the Business Support Centre (BSC) at Matori Small Scale Industrial Estate.

- Agriculture empowerment programme for rural dwellers, Artisanal Input Delivery Programme, Vegetable Production Programme, HQCF, Coconut Development Programme, and Agric Management.
- The establishment of 17 Skill Acquisition Centres spread across the 3 Senatorial Districts of the State.
- Training of youths and women in animal husbandry and food production in Farm settlements
- Establishment of Lagos State Resident Registration Agency (LASRRA) to capture data on residents for proper planning.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

The challenges associated with poverty reduction in Lagos State are multi-faceted and multi-dimensional in nature. These challenges are identified and enumerated below:

- Poor, erratic and epileptic power supply for SMEs' operators which hinders effective operation of the sector.
- Daily influx of people into the State which adds to its population density.
- Inadequate database for planning purposes.
- Insufficient basic infrastructure within new settlement that are being created at the boundaries of the State due to population increase and influx of people into the State.
- Inadequate monitoring and evaluation process.

- Non sustainability of programmes and projects.
- Inconsistence in government policies.
- The population of the State is still at variance with the social infrastructure despite various programmes and projects being implemented directly and in collaboration with the private sector.
- Cumbersome procedure/process in getting loans from banks.

OPPORTUNITIES

- Immense, diverse, dynamic and skillful human resources that can propel rapid economic transformation in all ramifications.
- Commitment of the present administration to poverty alleviation programmes and projects.
- Capacity of MDAs in the last few years to deliver basic facilities has been enhanced directly by the Government and indirectly through collaboration with the private sector.
- Collaboration of Agencies at the Federal, State and at Multi-lateral levels has increased tremendously in the last few years which have resulted in many jobs creation and improvement in service delivery to the people.
- With the establishment of Lagos State Resident Registration Agency (LASRRA), data availability on the residents is improving as they are captured on the database.

- The database for planning purposes with the Ministry of Economic Planning and Budget as the focal point is also improving.
- Provision and Improvement of infrastructure facilities in all the farm estates and settlement.
- Youth Empowerment in Agriculture based enterprises/value chains.
- Institutionalisation and Establishment of Monitoring and Evaluation in the hierarchical level of various MDA's.
- Initiatives are now people driven, thus becoming sustainable.
- Encouragement of farmers to take Agric Insurance as a backup to access fund and other facilities is being addressed by the Cooperatives and Agriculture Insurance Department of the Ministry of Agriculture and Cooperatives.
- Continuous support for Rural Institutional Finance (RUFIN) to service farmers through the various Micro Finance Banks.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

Lagos State would need development in the following areas to be able to achieve the MDGs:

- ✓ Access to cheap capital in terms of concessional loans and overseas development assistance in key development sectors.
- ✓ Support to deepen and sustain democracy and good governance.

- ✓ Provision of technical assistance for institutional strengthening, especially capacity building.
- ✓ Strengthening human capital development in State MDAs in the implementation of the Lagos State Development Plan (LSDPC -- (2012-2025)).
- ✓ Technical assistance in the areas of vocational training and skills acquisition.
- ✓ Support for capacity building and provision of infrastructural facilities for the development of MSMEs.
- ✓ Support to strengthen the formalization of the informal sector (Tradesmen and Artisans) through the Registration and Identification Programme such as Enterprise Registration and Identification Agent (ENTRIDA) and their development.
- ✓ Integration of all Planning Units in State's MDAs to synergize on project and programmes planning, monitoring and evaluation activities.
- ✓ Data collection and analytical capacity with emphasis on computer aided analysis.
- ✓ Capacity building and institutionalization of progress monitoring and reporting system.
- ✓ Setting up Marketing Information as well as Employment Data Gathering System that would be accessed by all stakeholders.
- ✓ Establishment of more vocational skill acquisition centres.
- ✓ Development of irrigation systems for all season farming in the State to enhance the income of our youth in the Agricultural sector with focus on rice and vegetable farming.

- ✓ Continuous capacity building of the State's workforce.
- ✓ Judicious use of budgetary allocation in the State.
- ✓ Support for the development of the Small Scale Industrial Estate at Epe, Imota, Ibereko Ibeju-Lekki and Eti-Osa through PPP that will serve as industrial cluster parks.
- ✓ Funding for Commercial Agriculture Development Projects (CADP).

Table 1.2: TRACKING PROGRESS IN ACHIEVING REDUCTION IN THE PROPORTION OF PEOPLE LIVING IN POVERTY USING DOLLAR PARITY

Element of Monitoring Environment	ASSESSMENT		
	Strong	Fair	Weak
Data –gathering capacities	✓		
Quality of recent survey information	✓		
Statistical tracking capacities	✓		
Capacity to incorporate statistical analysis into policy planning and resource allocation mechanism		✓	
Monitoring & evaluation mechanisms		✓	

STATUS HIGHLIGHTS: GOAL 1: (TARGET1: ACHIEVING REDUCTION IN THE PROPORTION OF PEOPLE LIVING IN POVERTY USING DOLLAR PARITY)

Will target be reached by 2015?			
Probably	Potentially	Unlikely	Insufficient data
Policy Environment			
Strong	Fair	Weak but Improving	Weak

ERADICATE HUNGER

Good nutrition is a prerequisite for the national development of countries and for the well-being of her citizens. Although problems related to poor nutrition affect the entire population, women and children are especially vulnerable because of their unique physiology and socioeconomic characteristics.

Adequate nutrition is essential to children's growth and development. The period from conception to Age 2 is especially important for optimal physical, mental and cognitive growth, health, and development. However, the period is often marked by protein-energy and micronutrient deficiencies that interfere with optimal growth.

Food is a basic requirement of human beings. A person is considered poor if he/she lacks access to the right quantity and quality of food considered essential for meeting the minimum socially acceptable standard of living within a given society (usually based on 2,900 calories). Food helps humans function effectively and live a healthy life.

Hunger is an ailment which aftermath effect is incurable. It can result to stunted growth or underweight. Stunted growth is a reduced growth rate in human development. It is a primary manifestation of malnutrition in early childhood, including malnutrition during foetal development brought on by the malnourished mother. Once established, stunting and its effects typically become permanent. Stunted children may never regain the height lost as a result of stunting and most children will never gain the corresponding body weight. It also leads to premature death later in life because vital organs never fully develop during childhood. Underweight is when children fall below the reference population weight for an age on a growth reference curve.

Children's nutritional status is a reflection of their overall health. When children have access to adequate food supply, they are not exposed to repeated illness. When well cared for, they reach their growth potential and are considered well nourished. Malnutrition is associated with more than half of all child deaths worldwide. Undernourished children more likely to die from common childhood ailments and for those who survive, have recurring sicknesses and faltering growth.

TABLE1.3. STATUS OF ACHIEVEMENT

Target 2: Halve between 1990 and 2015 the proportion of people who suffer from Hunger

S/N	INDICATOR		Y2007	Y2008	Y2009	2010	2011	2012	2013	TARGET Y2015	REMARK
1	Percentage of population living below the minimum level of dietary energy consumption(based on		52.3	51.3	51.0	49.1	45.4	45.02*	43.42*	24.15	REDUCING

	2900 calories)										
2	Percentage of underweight children under five years of age		23	10.1	10*	8*	12	6*	13		INCREASING
3	Percentage of Stunted Children		14*	21	10*	9*	9	7*	17		INCREASING

Sources:

(a) Y2011 MILLENNIUM DEVELOPMENT GOALS REPORT

(b) Y2011 MULTIPLE INDICATOR CLUSTER SURVEY

(c) Y2012 HOUSEHOLD SURVEY

(d) Y2013 HOUSEHOLD SURVEY

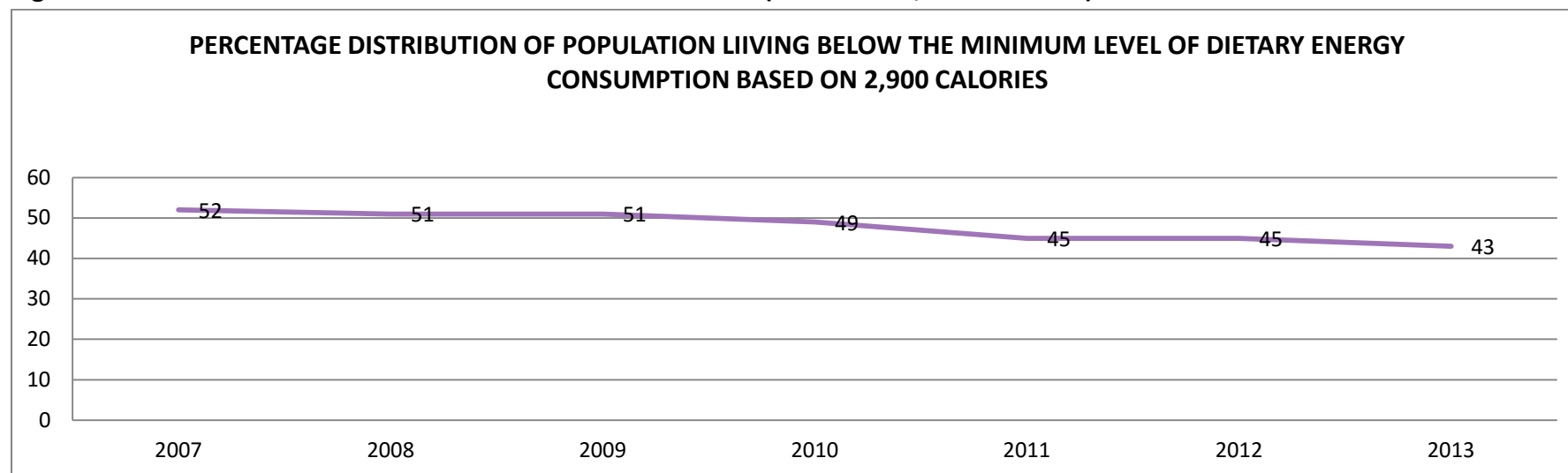
(e) Y2008 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY (NDHS)

(f) Y2013 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY (NDHS)

(g) '**' EXTRAPOLATION

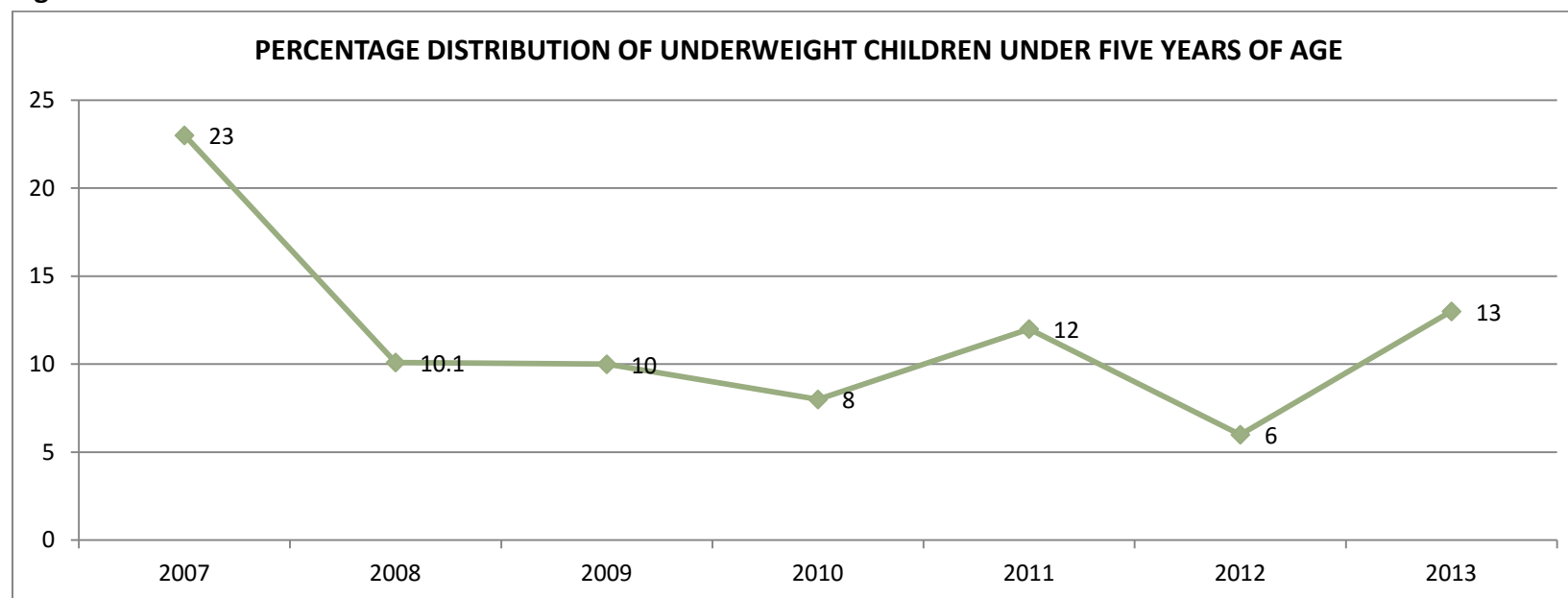
STATUS AND TREND

Figure 6: MINIMUM LEVEL OF DIETARY ENERGY CONSUMPTION (BASED ON 2,900 CALORIES)



The level of consumption for energy is based at 2,900 calories. The proportion of the State's population living below the minimum level of dietary energy consumption witnessed a decline from 45% in the Y2012 to 43% in the Y2013. This is an indication of significant improvement on dietary energy consumption pattern of Lagosians. The reason is that the State has implemented a lot of empowerment programmes in Agriculture, Nutrition and vocational trainings. There is also more awareness on foods that are cheap but can help citizens attain the minimum level of calories.

Figure 7: PERCENTAGE DISTRIBUTION OF UNDER WEIGHT CHILDREN UNDER FIVE YEARS OF AGE

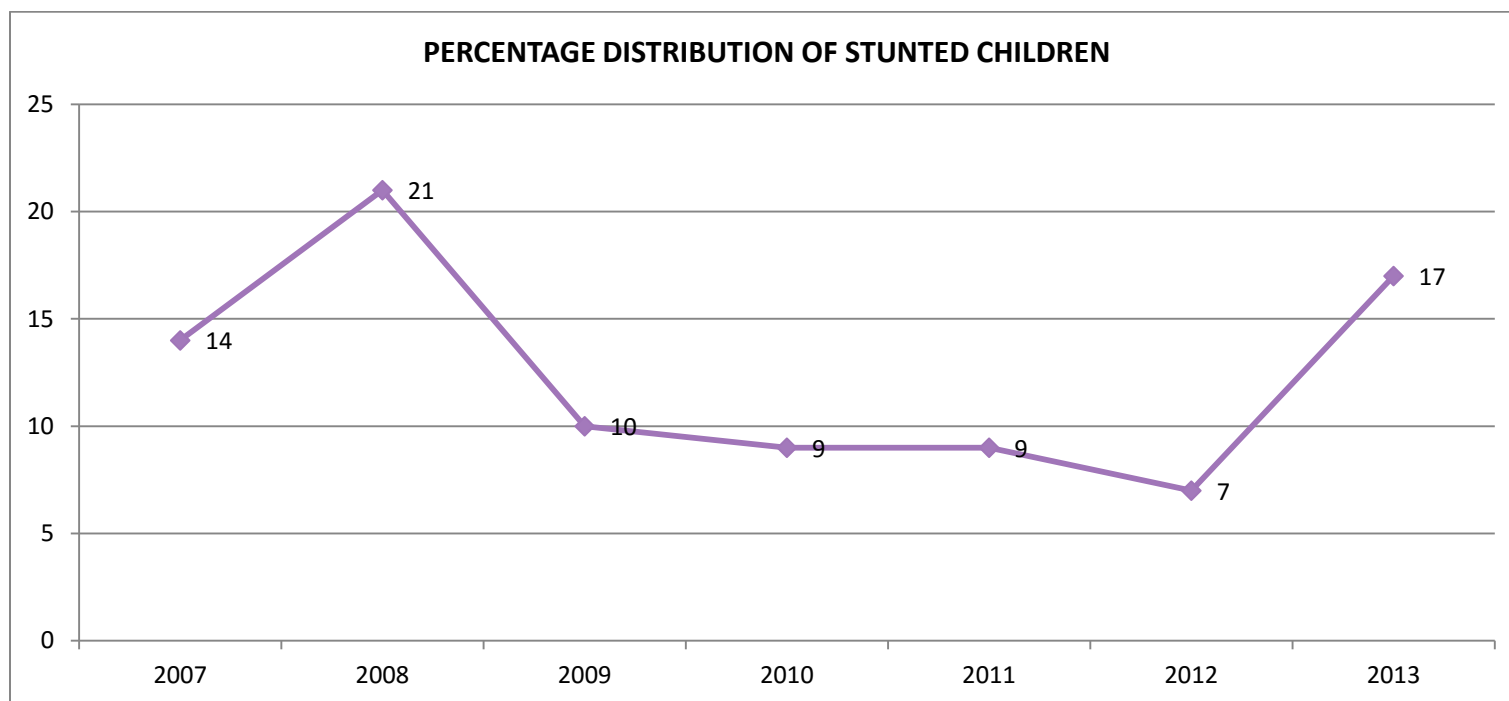


The consumption of quality food is a reflection of the weight of a child. Children not properly fed will be underweight and this is a condition when children fell below the reference population weight for an age on a

growth reference curve. Underweight means weight for age is approximate 2kg below for standard at age one, 3kg below standard for ages two and three and 4kg below standard for ages four and five.

The result from the analysis revealed that the percentage of underweight children under five years of age increased from 6% in the Y2012 to 13% in the Y2013.

Figure 8: PERCENTAGE DISTRIBUTION OF STUNTED CHILDREN



Stunted growth is a reduced growth rate in human development. Children who suffer from growth retardation as a result of poor diet and/or recurrent infections tend to have a greater risk of suffering from illness and death.

The proportion of stunted children increased from 7% in the Y2012 to 17% in the Y2013. This shows significant increase in the level of malnutrition among children.

SUPPORTIVE POLICY ENVIRONMENT

The agricultural policy of Lagos State seeks to promote the full exploitation of the State agricultural potential for food security and industrial growth. The policy promotes the provision of land and essential services to individuals and corporate farmers. To achieve set goals and targets, the State established agricultural estates involving over 114,071.6 hectares of small, medium and large portions of land in existing villages, serviced by roads, farmers markets, agro-service centre's and other facilities. Additionally, the State Government makes tractors and other basic implements available on hire purchase basis through its Agricultural Credit Scheme. Finally, a School Agricultural Programme was designed to involve all primary and secondary schools in the State with the intention of arousing the interest of young people in farming for self-employment in the future.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

The following are some of the challenges facing food production and food security in the State:

- ✓ Limited land availability for agriculture has continued to pose a problem for food security.
- ✓ Ageing farmers and their low educational status coupled with the drift of youths to the urban centres has fuelled unemployment.

- ✓ Low technological adoption due to inadequate access to credit at affordable terms.
- ✓ Large number of small holder farmers at the expense of few commercial farmers in the State.
- ✓ The level of food requirement and demand far outweighs the current level of local production in the State.
- ✓ High cost of transporting foodstuff from the production sites to various markets in the State has also contributed to the skyrocketing of prices.
- ✓ Processing and storage problem with agricultural products having short shelf lives.
- ✓ The population of the State is at variance with social infrastructure despite the various programmes and projects being implemented directly and in collaboration with the private sector.
- ✓ Inadequate availability of fund to execute more rural projects such as rural roads and electrification.
- ✓ Difficulties in the provision of infrastructure facilities in the Riverine rural communities.

OPPORTUNITIES

- The State is now promoting Estate Farming to protect farm land and promote commercial agriculture with attendant increase in productivity. Food security would be attained with employment generation opportunities.
- The State has embarked on training of youths in modern agriculture (such as 200 Rice for job, 400 Agric-YES, Songhai Project and livestock rearing) apprenticeship and artisanship through the Ministry of Agriculture and Cooperatives as well the Ministry of Women Affairs and Poverty Alleviation, Ministry of

Rural Development and Ministry Commerce and Industry. The various schemes will modernize agriculture, provide employment and improve food security in the State.

- Trust Fund Credit delivery is being operated by the Ministries of Agriculture and Cooperatives, Women Affairs and Poverty Alleviation and Rural Development.
- The State has established an Agro-Park at Imota to serve as the base of the Strategic Storage Reserve in Rice, improve marketing channels through the establishment of Eko Farmers Marts and provision of basic infrastructure so as to reduce post-harvest loss.
- The State has improved the rural roads through the Ministry of Rural Development, the Commercial Agriculture Development Project (CADP) and National Fadama Development Project.
- Processing and value addition are being promoted through the collaboration with the private sector to promote on-farm and market storage and processing facilities.
- Coconut being the most important tree crop along the entire 180km coastline of the State is being rehabilitated and its utilization being diversified to broaden the revenue sources of the coastal dwellers.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

In order to achieve the goal of halving between Y1990 and Y2015, the proportion of people who suffer from hunger, Lagos State would need development assistance in the following areas:

- Integration of all Planning Units in the service to synergize on project and programmes planning, monitoring, and evaluation activities

- Capacity building in the areas of data collection and analytical techniques with emphasis on computer aided analysis.
- Capacity building and institutionalization of progress monitoring and reporting system.
- Setting up Market Information.
- Lower tariffs on Agricultural inputs.
- Increase in budgetary allocation.
- Establishment of more Agriculture training centres.
- Promoting the vision for food dependency and providing job opportunities.
- Mechanization of agriculture.
- Storage and preservation of farm produce.
- Improvement in legislations on food crop and livestock development.
- Infrastructural development.
- Development of human capital.
- Involvement of private and community sectors, the NGOs and donor agencies.
- Better funding for the Ministries of Agriculture Cooperative, Rural Development and Women Affairs and Poverty Alleviation.
- Technical support for Centre for Rural Development (CERUD).

POVERTY REDUCTION

Various poverty reduction strategies are broadly categorized here based on whether they make more of the basic human needs available or increase the disposable income needed to purchase those needs. Some of such strategies includes:

- ❖ Reduction in corruption.

- ❖ Eradication of money laundering to overseas Banks stressing Bank secrecy policy.
- ❖ Illicit capital flight.
- ❖ Debt service mechanism should be reviewed.
- ❖ Debt relief.
- ❖ Minimum income (living wage) should be given to workers not minimum wage.
- ❖ Increasing the supply of basic needs through Investment in agriculture and housing.
- ❖ Provision of subsidies on fertilizers and other Agriculture inputs.
- ❖ Easy access to urban markets by the Farmers through good road network.
- ❖ Birth control to reduce overpopulation.
- ❖ Creation of more anti-poverty programmes.
- ❖ Employment generation.
- ❖ Mortgage financing of housing scheme and purchase household items such as cars, furniture etc.
- ❖ Better preservation/storage of food through provision of Rural Electrification.

Table 1.4: TRACKING PROGRESS IN ACHIEVING REDUCTION IN THE PROPORTION OF PEOPLE WHO SUFFER FROM HUNGER

Element of Monitoring Environment	ASSESSMENT		
	Strong	Fair	Weak
Data –gathering capacities	✓		
Quality of recent survey information	✓		
Statistical tracking capacities	✓		
Capacity to incorporate statistical analysis into policy		✓	

planning and resource allocation mechanism			
Monitoring & evaluation mechanisms		✓	

STATUS HIGHLIGHTS: GOAL 1: (TARGET2: REDUCE THE PROPORTION OF PEOPLE WHO SUFFER FROM HUNGER)

Will target be reached by 2015?			
Probably	Potentially	Unlikely	Insufficient data
Policy Environment			
Strong	Fair	Weak but Improving	Weak

CONCLUSION

The looming population challenges call for decisive and bold initiatives. The vast number of Lagosians can be the greatest asset if they are provided with the means to live healthy and economically productive lives. The main strategy to achieve this is population stability as well as investment in young people. Healthy educated, productive and fully engaged young people could help to break the circle of inter generation poverty noting that the youths were more resilient in the face of individual and societal challenges. Their ability to safely and successfully navigate their transition to adulthood is defined by age, gender, marital status, schooling levels, residence, living arrangement, migration and socio-economic status.

However, in order to break the circle of poverty, the concept of minimum wage should be re-addressed as it is a constitutional requirement. The State is to ensure that reasonable minimum wage provision cut across the labour force. Another way to escape poverty is through the provision of social security. The goal of social security is promote and protect human dignity by mitigating vulnerability to poverty, unemployment, job loss, old age and disability. Usage of natural resources such as youthful population should be looked into as the robust and youthful labour force that can be deployed for a fast-track development if the following measures amongst others are under taken: expansion of productive opportunities in both the public and private sectors of the economy, acceleration of entrepreneurship development to encourage self-employment and growth in the private sector. Skill development system to undertake technology and vocational skill training at junior level should be given high priority, design of “second chance” programmes for further short-term re-training of badly trained and unemployable graduates as well as dropouts of secondary and tertiary institutions, ensuring the inclusion of ethics, good governance and family planning in secondary and tertiary curricula and provision of loans at business-friendly interest rates for promising start-ups enterprises etc. Other areas the government should consider in reducing poverty is in the area of provision of public services such as utilities including power, communication, waste collection, roads, transportation services etc.

Infrastructure is thus the “basic foundation” underpinning all economic, financial and social activities. It is the basis of economic growth and when there is an infrastructural collapse or deficit a serious impediment to economic growth should be expected. Economic growth in turn is the transmission mechanism for reducing

and/or eliminating poverty as the standard of living of the people improves. Efficient and effective infrastructure ensures wealth creation, sustainability and equity in income and wealth distribution.

The supportive environment is strong but can be improved upon with proper public sector policies at a level consistent with the requirement sustainable for economic growth, social development and environmental protection. Progress towards achieving Goal 1 is currently very impressive based on current trends and expected impact of ongoing reforms, the State may probably achieve this goal by Y2015, if activities and efforts towards eradicating extreme poverty and hunger are sustained in the State.

GOAL 2

Achieve Universal Primary Education

The Millennium Development Goals (MDGs) have become a major tool for giving more meaning to the lives of average primary school age children in Lagos State and monitoring their progress with the proposition that, by 2015, children of school age should have equal access to free and qualitative, education.

The primary school level is globally accepted as the base of education of any nation and any flaw not determined early enough and corrected would definitely affect the entire educational system of that State adversely. The Lagos State Government has recognized this by further ensuring that the rest of the education system is built upon a sound primary level education which is the key to the success or failure of the whole educational system .Available data and trend analysis on MDG 2 of achieving universal primary education shows that Lagos is almost on track to achieving both the gross and net enrolment targets by 2015.

Target 3:Ensure that by Y2015, children everywhere,boys and girls alike,will be able to complete a full course of primary education.

Table: 2.1 Status of Achievement

S/ N	INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
1	Net enrolment ratio in Primary School	447,069	454,808 (96.7%)	466,201 (97.3%)	479,256 (98.25%)	445,044 (89.95%)	499,496 (97.8%)	1,139,658 (89.2%) Both Public & Private Schools	1,233,811 (93.6%) Both Public & Private Schools	(100%) Both Public & Private Schools	Improving
2	The proportion of pupils starting Primary 1 who reach last grade of primary school	99%	95.6%	97.6%	98.9%	89%	93%	95%	97%	(100%)	Improving
3	Literacy rate of 15- 24 years old, women and men	96.0%	87.3%	79.7%	78.9%	80.0%	82.7%	90.2%	87%	(100%)	improving

Sources:

(a) Y2011 Millennium Development Goals Report.

(b) Lagos State Ministry of Education.

STATUS AND TRENDS

NET ENROLMENT FOR PRIMARY SCHOOL Y 2011/Y2012

Net primary school enrolment ratio is the number of children enrolled in primary school that belong to the age group that officially corresponds to primary schooling, divided by the total population of the same age group.

The Y2011/2012 Annual School Census statistics indicates that, the State has runs 1,001 public and 9,762 private primary schools. The public schools enrolment at the Primary education sector in the State recorded 261,542 male and 262,818 female totaling 524,360. It also recorded 306,825 male and 308,473 female totaling 615,298 in Private primary schools. This means the State has an enrolment of 630,692 male and 508,966 female totaling 1,139,658 enrolled primary school children. The State has a projected primary school age population of 615,664 male and 661,376 female totaling 1,277,040.

The net public and private primary school enrolment analysis indicate 41.0% and 48.2% respectively for Y 2012. Hence, the State has an overall net primary school enrolment of 89.2% comprising 49.3% male and 39.9% female.

NET ENROLMENT FOR PRIMARY SCHOOL 2012/13

The Y2012/2013 Annual School Census statistics showed that, the State has runs 1,004 public and 10,397 private schools. The public school enrolment at the primary education sector in the State recorded 284,533 male and 293,971 female cumulating to 578,504. It also recorded 326,776 male and 328,531 female totaling 655,307 in

private primary schools. This means the State has an enrolment of 611,399 male and 622,502 female summing upto 1,233,811 enrolled primary school children. The State has a projected primary school age population of 635,366 male and 682,542 female totaling 1,317,908.

The net public and private primary school enrolment analysis indicated 43.9% and 49.7% respectively in the Y2013. Thus, the State has a net primary school enrolment of 93.6% comprising of 46.4% male and 47.2% female. The notable increase in the number of public primary schools and enrolment is attributable to the effective implementation of the Universal Basic Education (UBE) Programme in the State. Table 2.2 shows the summary of Primary School enrolment.

Table: 2.2 PRIMARY SCHOOL ENROLMENT

ACADEMIC SESSION	PUBLIC SCHOOL	PRIVATE SCHOOL	TOTAL (PUBLIC & PRIVATE)	PROJECTED POPULATION
Y2011/2012	524,360	615,298	1,139,658	1,277,041
Y2012/2013	578,504	655,307	1,233,811	1,317,908

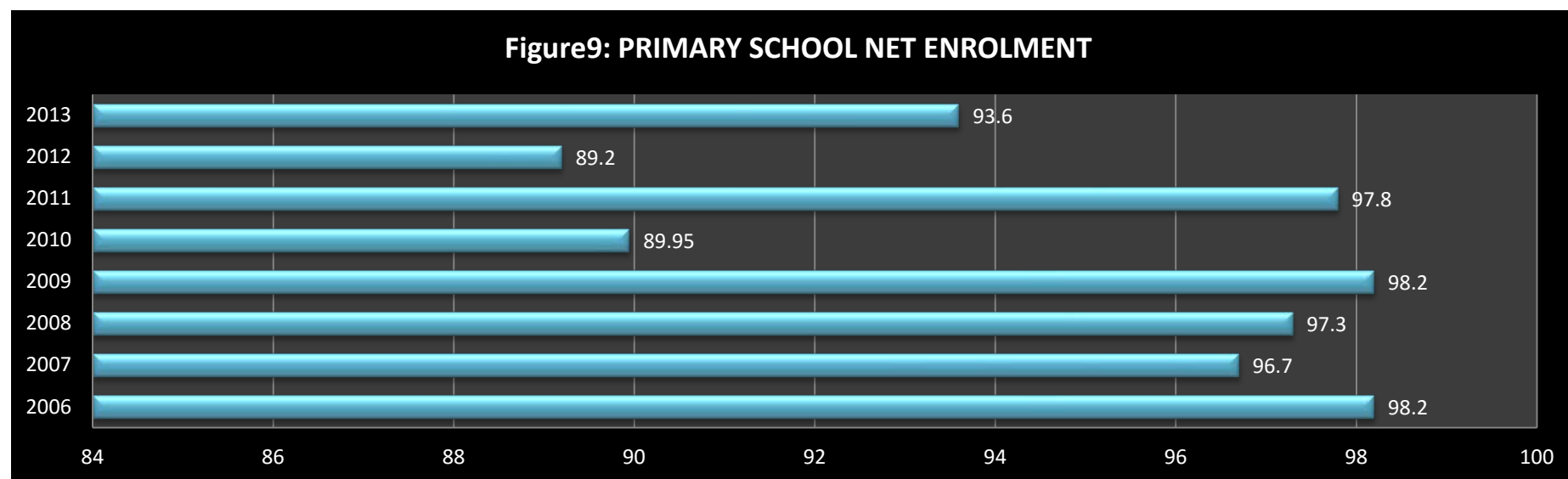
Table: 2.3 NET ENROLMENT RATIO

ACADEMIC SESSION	PUBLIC SCHOOL	PRIVATE SCHOOL	TOTAL (PUBLIC & PRIVATE)
Y2011/2012	41.0%	48.2%	89.2%
Y2012/2013	43.9%	49.7%	93.6%

The State's commitment to meeting the MDGs on Universal Primary Education is reflected in a number of policy measures including provision and rehabilitation of school infrastructure, strengthening the capital grant, expanding the coverage of school feeding programme, provision of free school uniforms and exercise books among others. These measures contributed to marginal improvement in both (NER) and (GER) in Y2012 and Y2013.

From Table 2.1, it is evident that primary school enrolment in Lagos State is on the increase. Specifically, the net enrolment ratio in primary school has been improving and consistent since inception.

TREND OF NET ENROLMENT OF PRIMARY SCHOOL IN LAGOS STATE Y2006-Y2013

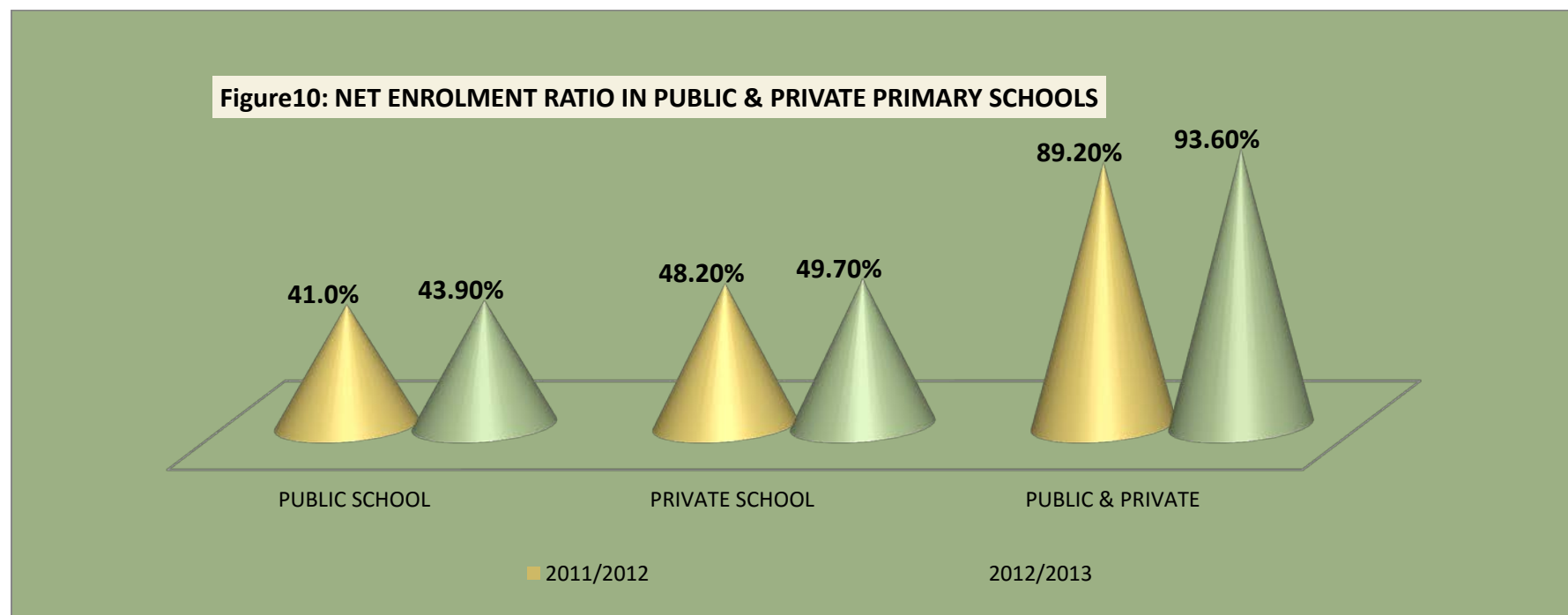


The Y2013 net primary school enrolment ratio of 93.6% in the chart above rightly indicates that Lagos State is on the threshold of achieving the set target in the Millennium Development Goal 2 by the Y 2015.

Aside the reporting years, the net enrolment was previously based on the use of public school data. The last private school census was conducted in Y2010 and was used as a baseline to project Y2011-2013 with a growth rate of 3.2%. The projected primary school enrolment in the Y2011 Report was put at 600,000 which do not include private schools enrolment but with the inclusion of private schools enrolment figure, the State net enrolment can now be put at achievable target of 1,200,000 by Y2015. Over the years, there have been remarkable increases in the net enrolments except for Y2010 and Y2012. The reason which could be traced to the loss of data due to inability to conduct private schools census.

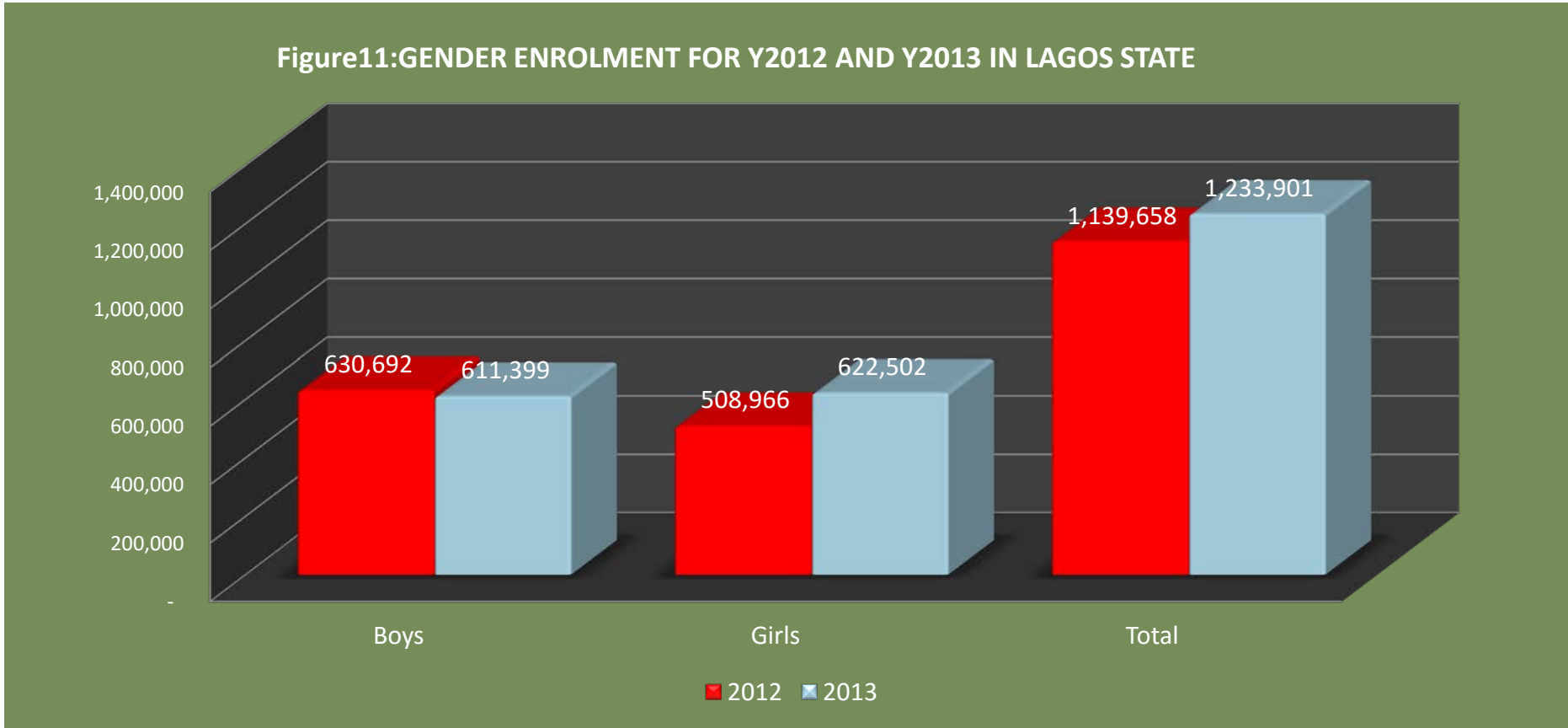
Comparatively, there is a very sharp increase (8.3%) in enrolment from Y2012 to Y2013 and it is considered that the set target (1,200,000) had since been achieved and the trend is assumed to be sustained.

ENROLMENT RATIO IN BOTH PUBLIC AND PRIVATE PRIMARY SCHOOLS IN LAGOS STATE

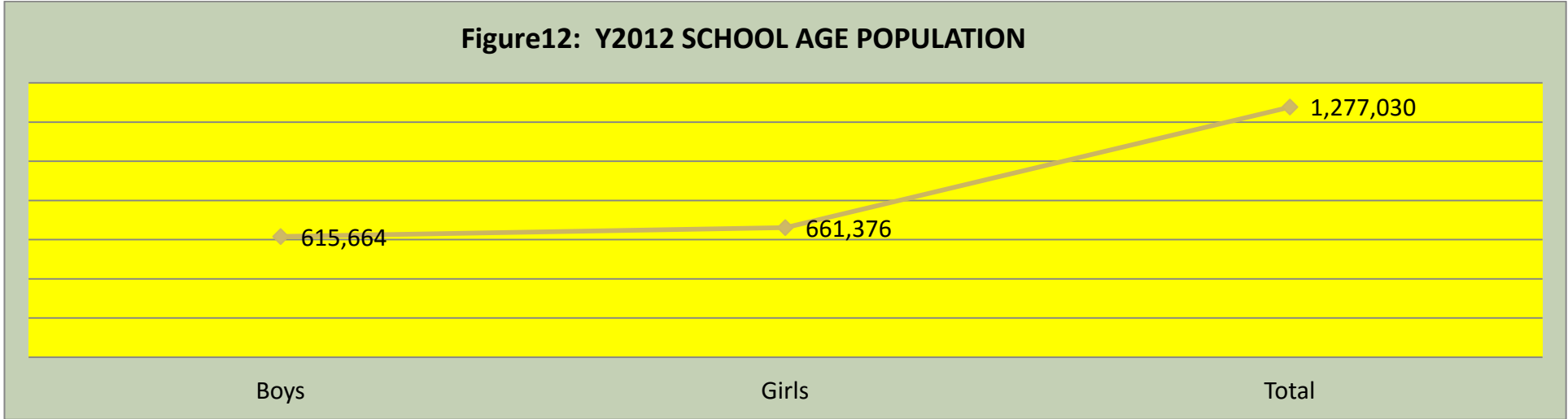


The primary school age population (6-11 years) enrolment was more engaged by the private schools and the chart above showed that public primary school enrolled only 41.0% and 43.9% in years 2012 and 2013 respectively, compared to private primary schools with recorded percentages of 48.2% and 49.7% for the respective years. The involvement of private participation in education sector has meaningfully supported the sustainability of achieving the Millennium Development Goal 2 by Y2015.

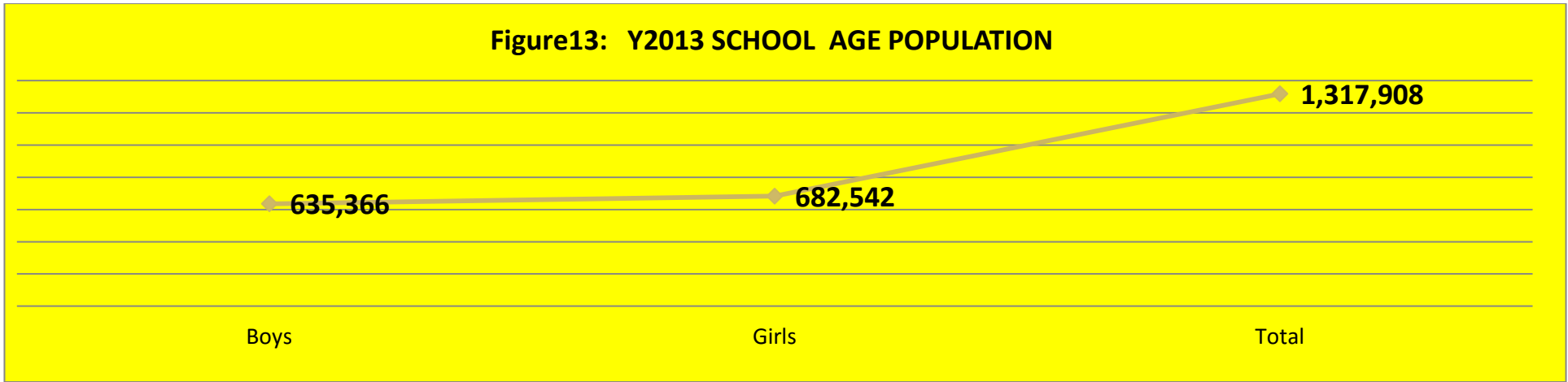
GENDER ENROLMENT



SCHOOL AGE POPULATION BY GENDER Y2012



SCHOOL AGE POPULATION BY GENDER Y2013

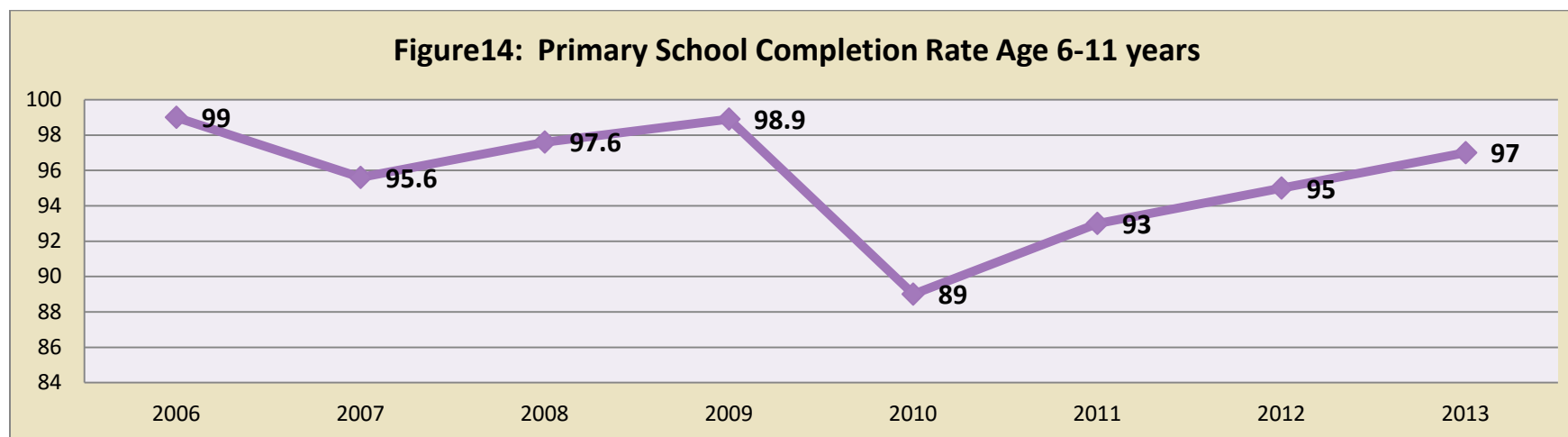


Indicator 2: The proportion of pupils starting Primary One who reach last grade of primary school.

The primary six completion rate for Y 2012 and Y 2013 are 95% and 97% respectively. The rate of completion improved from 95.6% in 2007 to 98.9% in Y2009 as a result of the free and compulsory primary education launched in Y2004. The trend witnessed a decline to 89% in Y2010 and thereafter recorded a persistent increase up to 97% in Y2013.

The retention rate of pupils (aged 6-11years) at different grades of primary school as relate to the internal efficiency of education system in Lagos State has contributed immensely to the completion rate of primary school. In this case, most policies formulated by the government were to retain and sustain the enrolment of pupils of school age throughout their primary education to the final grade of primary six.

Ensuring that all primary school pupils complete their education as scheduled will not only benefit the pupil but also reduce the number of overage children in the primary education system.



A follow-up of every 100 pupils who joined Primary One in Y2007 and Y2008 showed that completion rate has attained 95% and 97% in Primary Six in Y2012 and Y2013 respectively. The increase in completion rate from 95.6% in Y2007 to 97% in Y 2013 is also attributed to the state policy on free and compulsory primary education launched in Y2004. (UBE) Programme

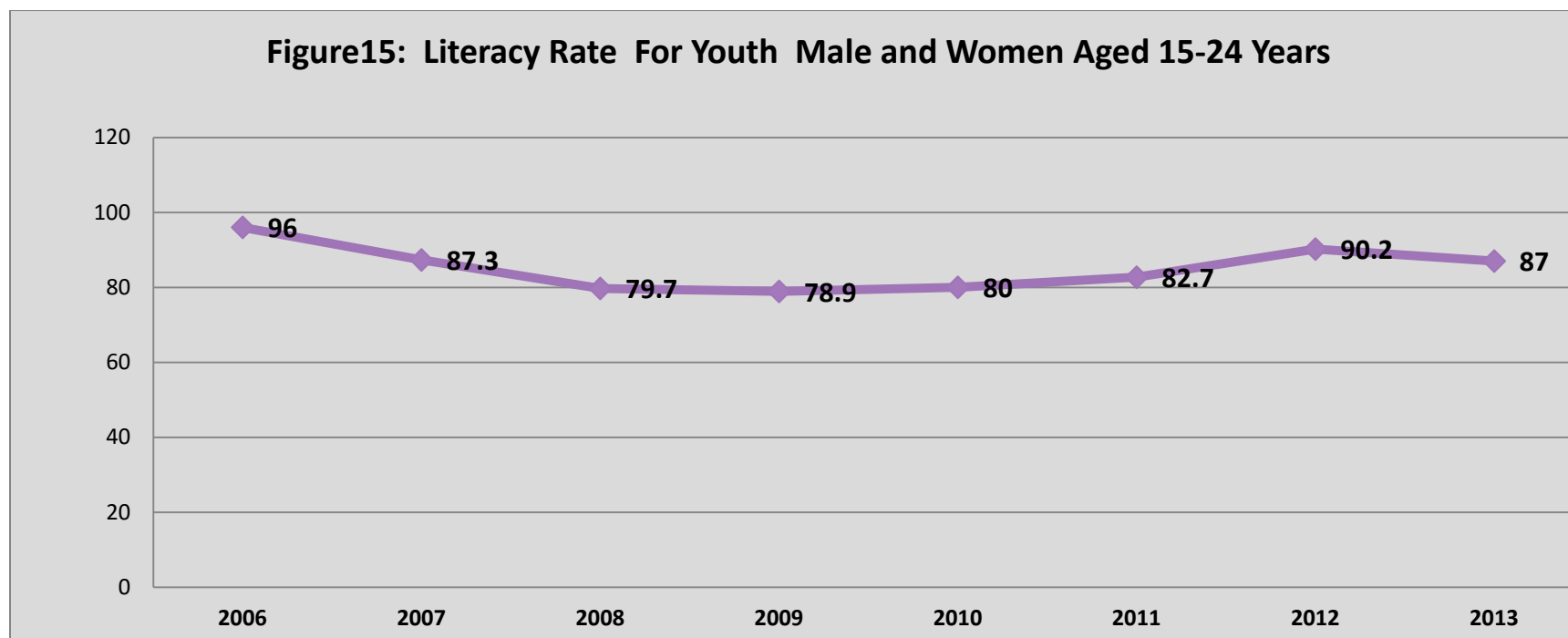
The Annual School Census provided information on average class size to be 46 and 57 while teacher- pupil ratios showed 1:40 and 1:47 for the Y2012 and Y2013 respectively. Text books on core subjects are available in the school library under the Lagos Eko Secondary Education Project and those are mostly used by teachers and students. In addition, there is an average of 52 schools per Local Government and the State policy of placing pupils in schools nearer to their place of residence has helped to reduce the average distance travelled by children to school.

Based on the support received through donor funded projects, attentions were paid to making Schools girl child-friendly with provision of dedicated facilities. Improved access to education by disadvantaged group was also encouraged. In this case, the riverine communities were provided with free boat services to enable their children attend schools on the mainland, particularly when it relatively became difficult to attract teachers to riverine community schools. School health programmers' were also in place in collaboration with the Ministry of Health, with provision of sick bay and first aid boxes.

Literacy Rate for Youth (Age: 15-24)

It is a generally accepted norm across the globe that one of the drivers of economic growth and development is an educated population. An investment in such a venture by any government is the key to repositioning itself on the right growth course and also alleviating poverty. Achieving Universal Primary Education means more than full

enrolment. It also encompasses quality education, meaning that all children who attend school regularly learn basic literacy and numerical skills and complete primary school education.



Youth (15-24) literacy rate is the number of people, who can both read and write with understanding of short simple statement in their everyday life, compare to the population in that age group.

In Lagos, Literacy Rate among youth aged 15-24 years stood at 90.2% and 87% in Y2012 and Y2013 respectively. The drop in literacy rate of young men and women aged 15 to 24years in Y2013 could be as result of the influx of illiterate people into the state who migrate for search of greener pastures. There is need to

conduct a State -wide literacy survey in order to identify the actual number of Lagosians that need to be literate across ages and plan accordingly to provide the literacy programmes.

SUPPORTIVE POLICY ENVIRONMENT

Policy Thrusts on Education in Lagos State

Functional and qualitative education for all its citizenry in line with the Six-Millennium Education for All (EFA) Goals as outlined below:

Goal 1: Early Childhood Care and Development Education (ECCDE)

Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children's groups including inclusive children.

Goal 2: Access (Provide Free and Compulsory Primary Education For All)

Ensuring that by Y2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities have access to completely free and compulsory primary education of good quality.

GOAL 3: Non-formal Education (Promote Learning and Life Skills For Young People and Adults)

Ensuring that the learning needs of all young people and adult are met through equitable access to appropriate learning and life skills programmes.

Goals 4: Literacy (Increase Adult Literacy)

Achieving a 50 percent improvement in all levels of adult literacy by Y2015, especially for women, and equitable access to basic and continuing education for all adults as stated in Goal 3 above.

Goal 5: Gender (Achieve Gender Parity)

Eliminating gender disparity in primary and secondary education by Y2015 and achieving gender equality in education for girls; full and equal access to basic education of good quality.

Goal 6: Quality (Improve The Quality Of Education)

Improving every aspect of the quality of education and ensuring of their excellence so that recognition and measurable learning Outcomes are achieved by all; especially in literacy, numeracy, and essential life skills.

Goal 7: Political will and support for Education Programme in the State

Source: Lagos State Economic Empowerment and Development Strategy (LASEED) (2005-2007)

The above policy thrust has led to:

- 1 Increased funding of primary education.
- 2 Improved public awareness about the need for qualitative education.
- 3 Working in collaboration with civil society organizations for monitoring and management.
- 4 Increased number of donors involved in the development of the school system.
- 5 Adopting appropriate strategies for the effective implementation of UBE policies.
- 6 Free and compulsory education for all children of primary and junior secondary schools.

CHALLENGES AND OPPORTUNITIES

CHALLENGES: The major challenge facing the education sector has to do with the regulation of private education providers in the State. In addition to this are the following:

1. Influx of people from other States into Lagos State, thereby leading to classroom congestion.
2. Over- stretched infrastructure facilities.
3. Dearth of teaching staff due to exit/retirement.
4. Non-replacement of teachers who exited the service.
5. Inadequate fund to meet the growing infrastructure facility decadence.
6. Poor regulation of private schools.
7. Proliferation of unapproved schools.
8. Increased number of school-age children not in school due to rapid population growth rate of the state.
9. Dilapidated infrastructure and lack of furniture in schools.
10. Inadequate modern teaching and learning aids, especially in public primary schools.
11. Inadequate data for planning.
12. Inability to conduct private schools census.

OPPORTUNITIES: Despite the above identified and stated challenges, great opportunities have been provided by way of development policies and programmes, which if properly channeled might be used to address some of the stated challenges. Some of the components of these policies and programmes are:

1. Massive renovation and construction of classrooms.
2. Massive construction/provision of benches, desks and teachers' furniture.
3. Free education policy.
4. Provision of free textbooks in core subjects.
5. Provision of mid-day meal to pupils in schools.
6. Continuous and intensive teachers' development programmes.
7. Technical and financial support from international development patterns, NGOS and SBMCs

Table 2.4 Tracking Progress in Achieving Universal Primary Education

Elements of Monitoring Environment	Strong	Assessment	
		Fair	Weak
Data-gathering capacities		✓	
Quality of recent survey information	✓		
Statistical tracking capacities	✓		
Capacity to incorporate statistical analysis into policy planning and resources allocation mechanism		✓	
Monitoring and evaluation mechanisms		✓	

PRIORITIES FOR DEVELOPMENT ASSISTANCE

The following areas are where development assistance are required:

1. Building the capacities of Teachers.
2. Building the capacities of SUBEB and LGEA staff.
3. Empowering school managers (Financial Authority).
4. Restructuring the Curriculum to make it more relevant to State Development Needs.
5. Building the capacity of Teachers to implement and apply revised curriculum.
6. Provision and use of modern teaching and learning aids especially to public primary schools.
7. Effective management and inspection of schools.
8. Strengthening of the state management education management and information system.
9. Prioritizing educational needs and allocation of resources to bring about progressive development in the education sector.
10. Building capacity for statistical tracking.

STATUS HIGHLIGHTS: GOAL TWO

TARGET 3: Achieving Universal Primary Education

Will target be reached by 2015			
Probably	Potentially ✓	Unlikely	Insufficient data
Policy Environment			
Strong ✓	fair	Weak but improving	Weak

CONCLUSION

All effort towards attaining the Goal 2 is currently encouraging. The supportive environment is well-built but can still be better. Considering the current trends and expected impact of on-going reforms, the State will possibly achieve this goal by Y2015, provided that all steps towards education in the State are continually sustained.

GOAL 3

Promote Gender Equality and Empower Women

Gender disparity emerge at different point through the education system, it could be at the first day in primary school, or at secondary education or even at the tertiary level through gender-based discrimination in the family and the society at large. Disparity could also arise in work place believing wrongly that some jobs are gender-destined.

Target 4: Eliminate Gender disparity in Primary and Secondary Education, preferably by Y2005 and in all levels of Education not later than Y2015.

STATUS OF ACHIEVEMENT

Table 3.1

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN										
INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
Primary Education (Girls per 100 Boys)	107.90	104.44	104.36	103.95	102.74	100.48	103.31	101.36*	100%	Impressive
Senior Secondary Education (Girls per 100 Boys)	102.73	113.72	115.15	113.75	125.00	104.16	111.58*	110.65*	100%	Impressive
Share of Women in paid employment (Non Agricultural Sector)	9.80	10.10	10.40	10.70	11.00	11.30	11.70	12.00	100%	Improving
Proportion of seats held by women in the State House of Assembly	5	12.50	12.50	12.50	12.50	17.50	17.50	17.50	30%	Improving

Sources:

- (a) Lagos State House of Assembly
- (b) Y2011 Millenium Development Goals Report
- (c) * - Extrapolation

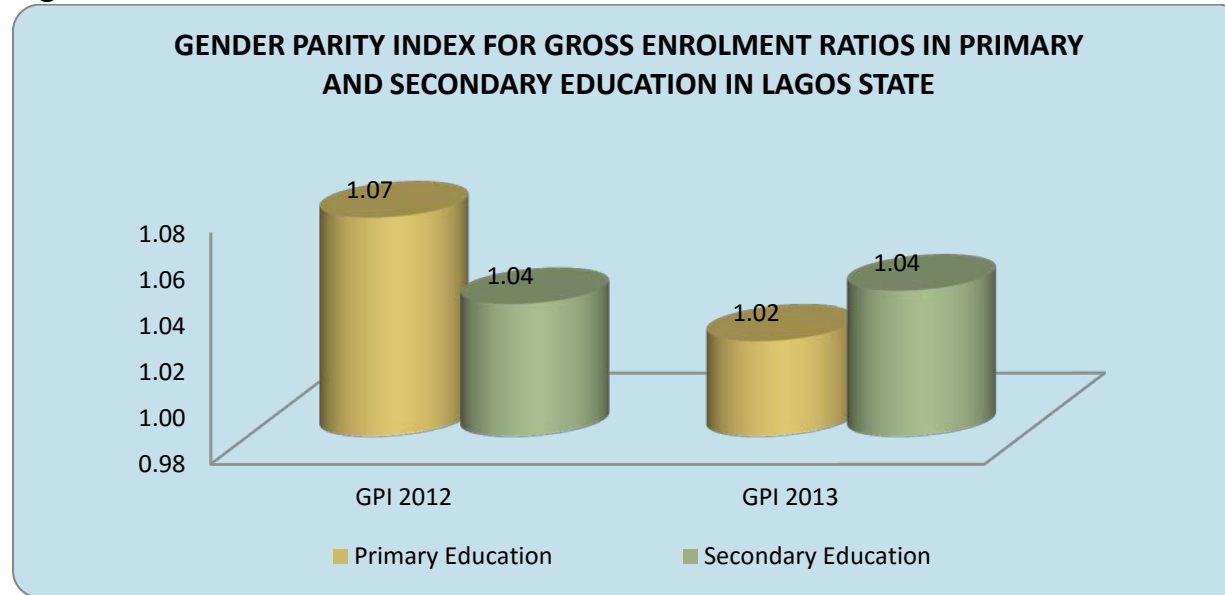
Status and Trend

As presented in the Table 3.1 above, there is reasonable degree of (gender) equality in Primary and Secondary Education. There had always been almost equal spread in gender equality in Lagos State Schools. In the Share of Women in paid employment in the Non-Agricultural Sector, an upward trend was noticed but this is still far below the expected level of equality, 12% as against 100%. Considering the Seat Held by Women in the State House of Assembly, it is about midway 17.5% since year 2011 of the expected target to 30%. In the educational sector, more girls had been in school than boys since the year 2004.

GENDER PARITY INDEX FOR GROSS ENROLMENT RATIOS IN PRIMARY AND SECONDARY EDUCATION IN LAGOS STATE

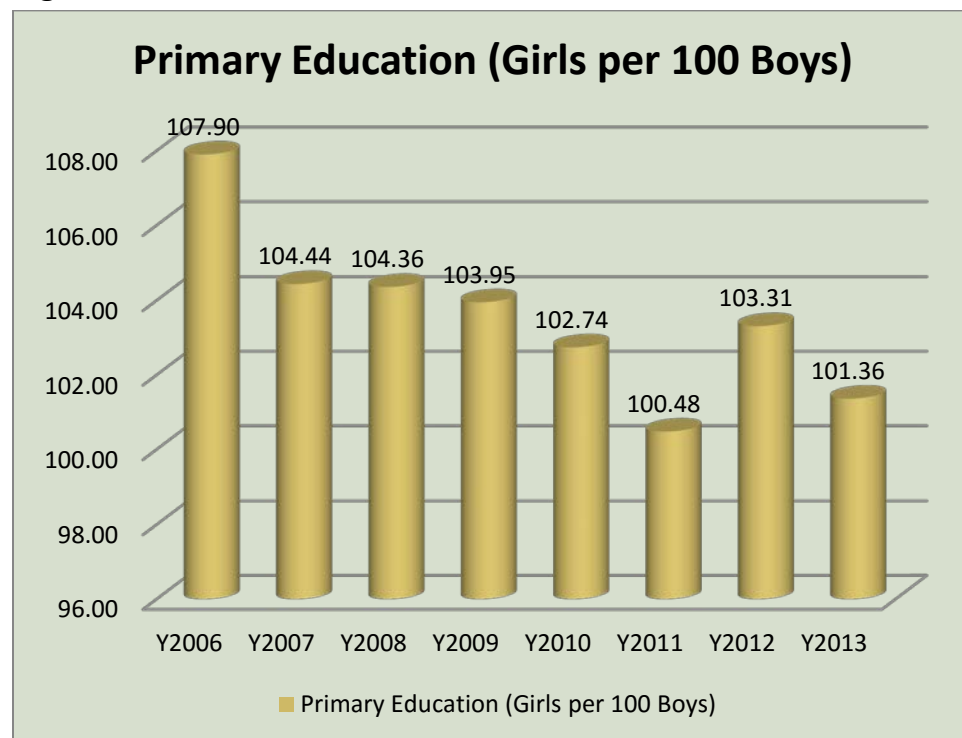
To standardise the effects of the population composition of the appropriate age group (6-11years for primary and 12-17years for secondary), Gender Parity Index (GPI) of the Gross Enrolment Ratio (GER) for each level of education was used. GER is the number of pupils enrolled in a given level of education, regardless of age, expressed as a percentage of the population. GPI is determined by dividing Female GER by Male GER for the given level of education.

Figure:16



The GPI that is more than one indicates that female enrolment is more than male enrolment, while less than one implied more male as compared to female. From the above distribution, Primary Education enrolment for the female decreased from 1.07 in Y2012 to 1.02 in Y2013 indicating a fraction of less female enrolment in Y2012 as against their male counterpart in Y2013. In the Secondary Education, it remains the same at 1.04% of GPI for both years.

Figure 17



The girls per 100 boys in primary education are 101.36 in the Y2013 as against 103.31 and 100.48 in the Y2012 and Y2011 respectively indicating slight fluctuations in this rating.

RATIO OF BOYS TO GIRLS IN PRIMARY, SECONDARY AND TERTIARY EDUCATION IN LAGOS STATE

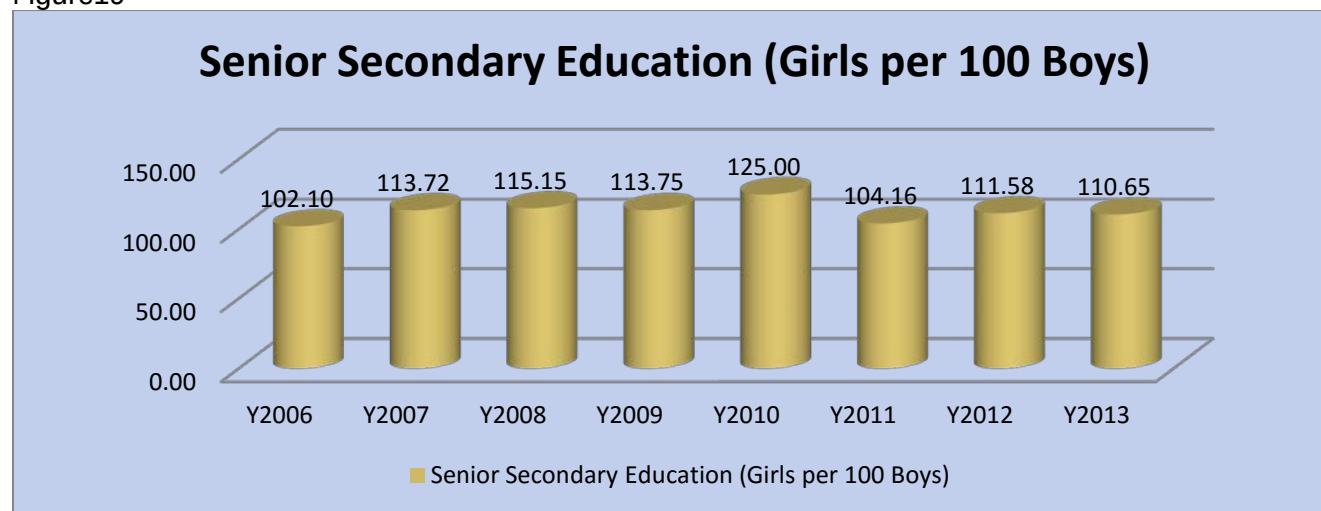
Table 3.2

YEAR	PRIMARY EDUCATION	SECONDARY EDUCATION (JSS)	TERTIARY EDUCATION
1990 TO 2006	08:10	10:10	15:13
2007	19:20	22:25	
2008	19:20	19:20	
2009	23:25	20:19	9:25
2010	24:25	20:25	51:100
2011	47:50	24:25	51:100
2012	50:50	49:51	14:10 *
2013	49:51	49:51	15:10 *

Sources:

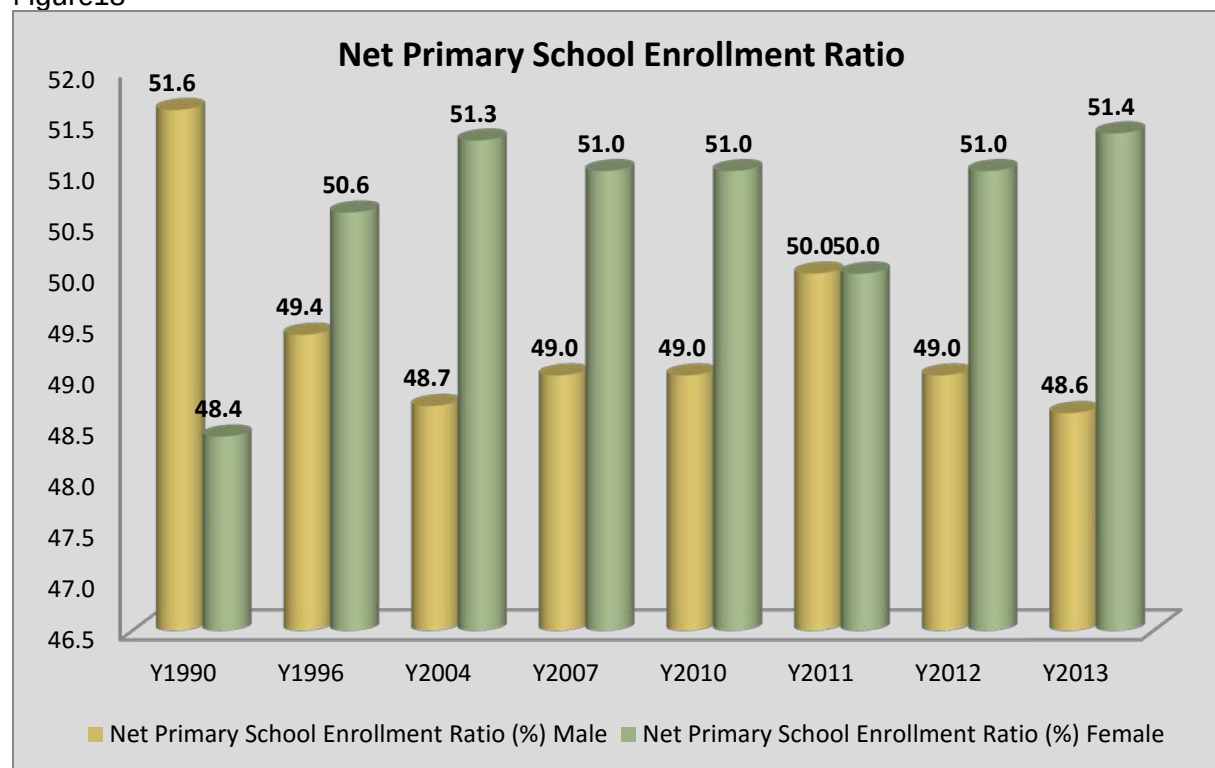
- (a) Y2011 Millennium Development Goals Report
- (b) Lagos State Universal Basic Education (SUBEB)
- (c) * -Extrapolation from Annual School Census Reports Y2012 and Y2013

Figure19



The girls per 100 boys in secondary education are 110.65 in the year 2013 as against 111.58 and 104.16 in the Y2012 and Y2011 respectively, indicating some stability in the rating.

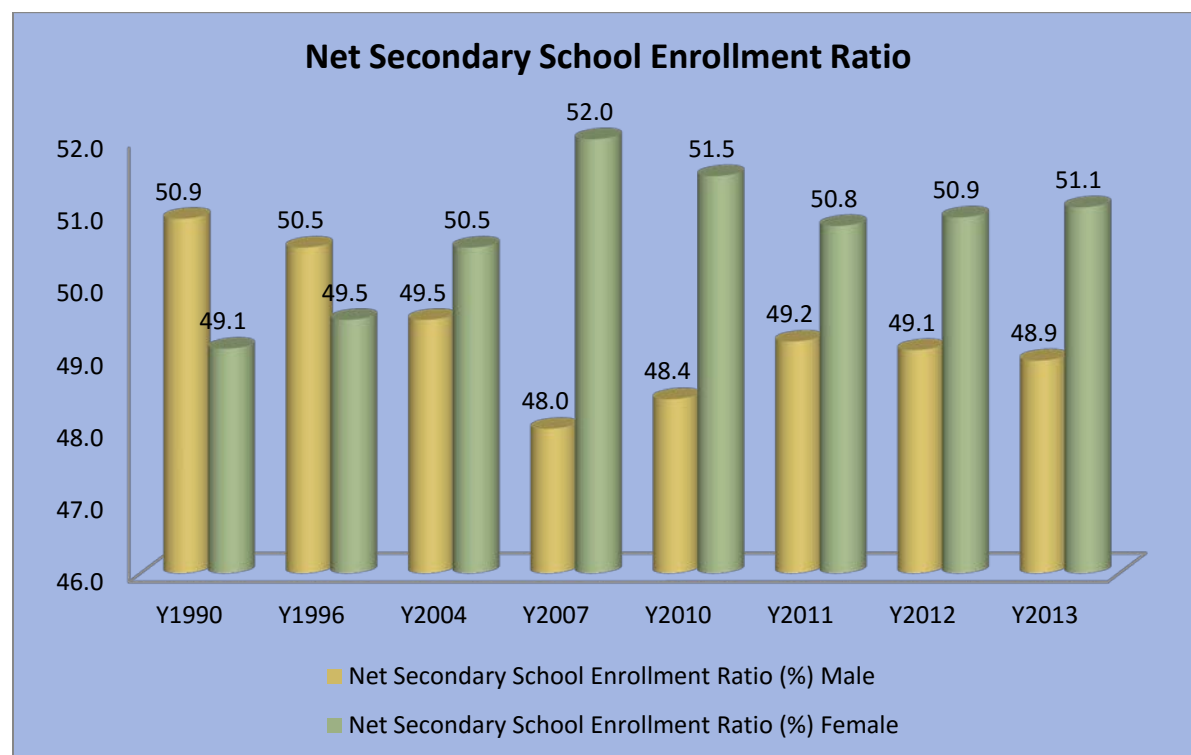
Figure18



The primary school Net Enrolment Ratio (NER) is the share of children of official primary school age that are enrolled in primary school, that is, the ratio of Enrolled Primary School Children in the Official School Age Group to the Total Number of Children in the Official School Age.

As indicated in the chart above, male NER gradually declined to 48.6% in the Y2013 from 50% in the year 2012, while there is a gradual increase from 50% to 51.4% in female NER within the same period.

Figure 20



The secondary school Net Enrolment Ratio (NER) is the share of children of official secondary school age that are enrolled in secondary school, that is, the ratio of Enrolled Secondary School Children in the Official School Age

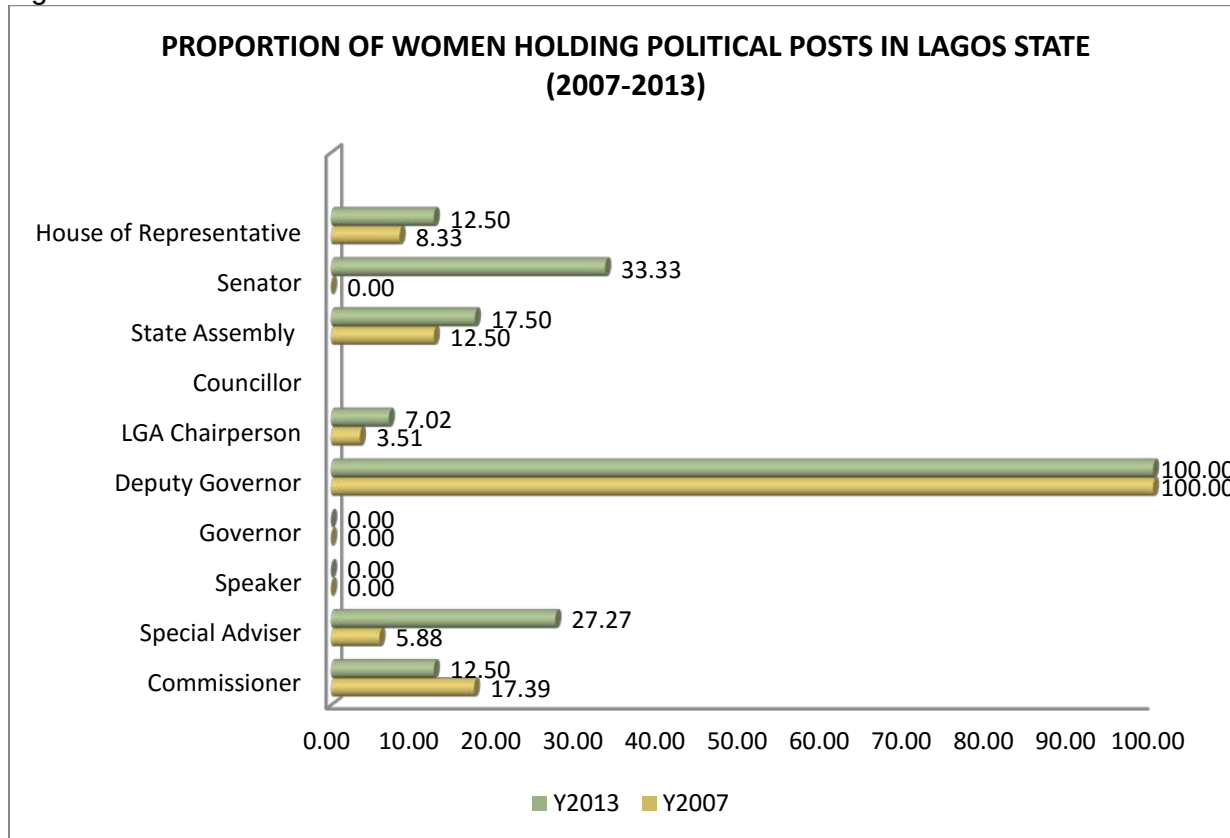
Group to the Total Number of Children in the Official School Age. The NER remains fairly stable in the last three years (Y2011 to Y2013) as indicated in the chart above even though female NER 50.8%, 50.9% and 51.1% remained slightly higher than the male NER 49.2%, 49.1% and 48.9% in the years Y2011, Y2012 and Y2013 respectively.

Figure:21



Surprisingly, more male appears to make it to tertiary institutions when compared to their female counterpart. Male NER in the year 2013 is 57.8 as against Y2013 42.2% female NER. Specifically, there had been a gradual increase from Y2011 to Y2013 with 52.2%, 54.5% and 57.8% against 48.0%, 45.5% and 42.2% respectively.

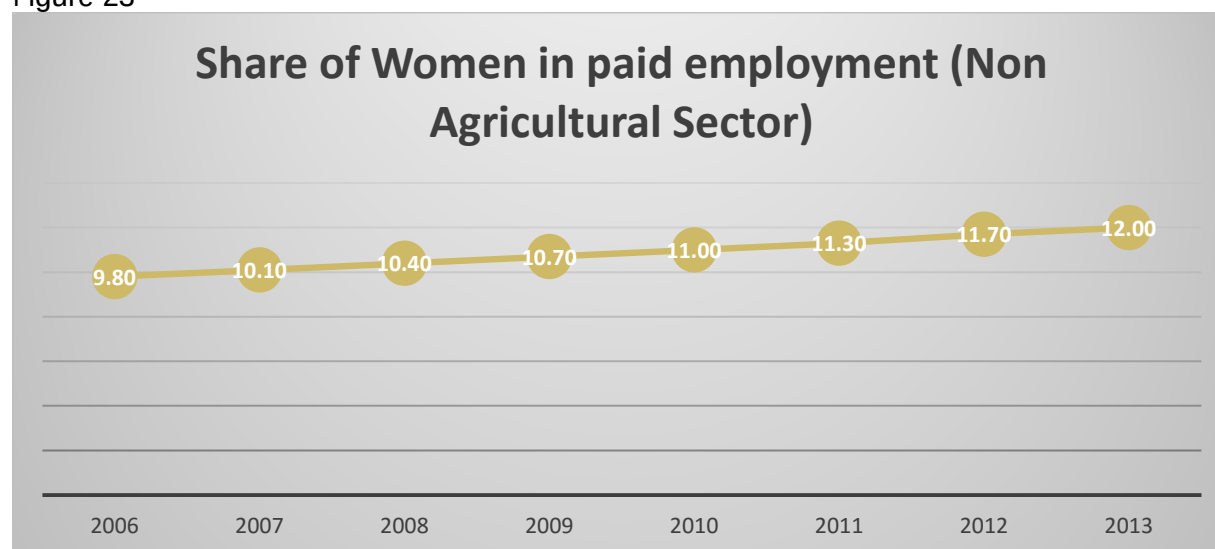
Figure 22



Elections are held every four years. For this reason, we are comparing Y2013 and Y2007 for the proportion of Women Holding Political Posts in Lagos State. The distribution above indicates that House of Representatives female Member increased from 8.33% in Y2007 to 12.50% in Y2013.

Senate female Member increased from 0 in 2007 to 33.3% in 2013. Female State Assembly Members also increased from 12.5% to 17.5%. Female Chairperson in Local Government and Local Council development Areas increased from 3.51% to 7.02%. Deputy Governor Position in the State had remained a female affair, while the Governor position had been that of male for these years. The Special Adviser's positions also increased from 5.88% to 27.27%. The positions of Commissioners decreased slightly from 17.39% to 12.50%. Generally, there had been an increase in the proportion of Women Holding Political Posts during the years under review.

Figure 23



The share of women in paid employment had remained increasingly growing from 9.8% in 2006 to 11.7% in Y2012 and 12.0% in Y2013. Though the target of 100% is yet to be. The government had been putting policies and programmes in place to enhance this growth. Ministry of Women Affairs and Poverty Alleviation has consistently rolled out programmes on capacity building and continuous Skill Acquisition/ Vocational Training.

If we had to go by the Lagos State Permanent Employment Generation, in Y2013, out the 3,386 employment 1,976 were female implying 58.36% compared to that of Y2012; out 1,777 employment 870 were female accounting for 48.96%.

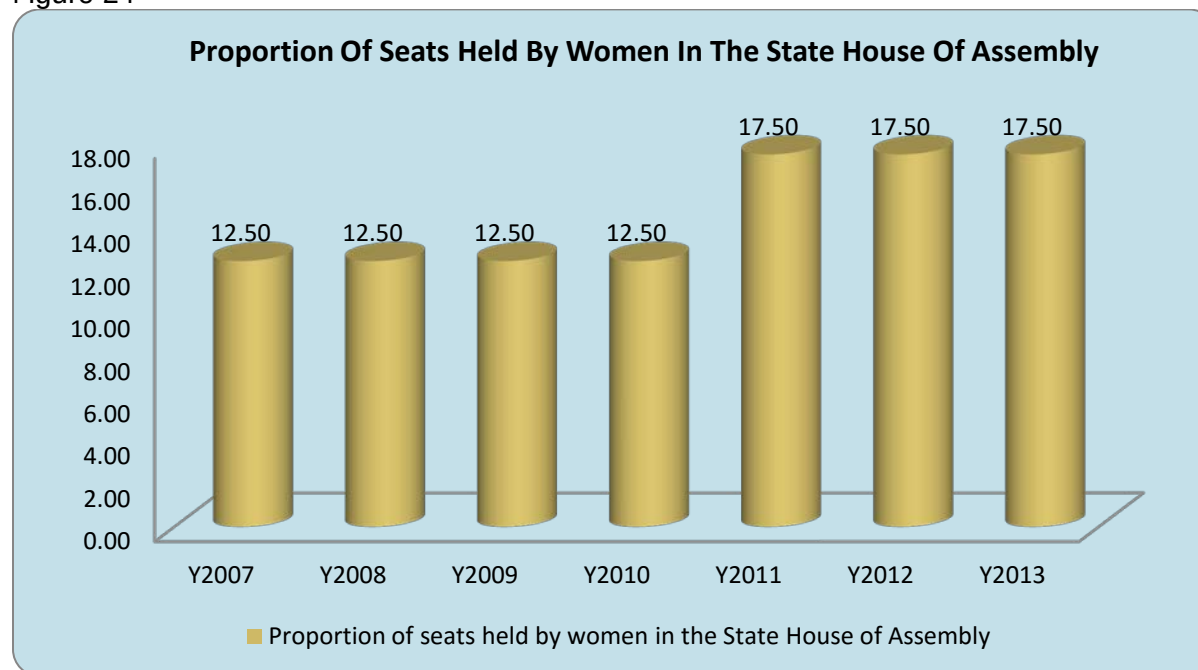
PROPORTION OF WOMEN HOLDING POLITICAL POSTS IN LAGOS STATE (2007-2013)

Table 3.3

		MALE				FEMALE				TOTAL				%FEMALE			
		2007	2011	2012	2013	2007	2011	2012	2013	2007	2011	2012	2013	2007	2011	2012	2013
Commissioner		19	21	21	21	4	3	3	3	23	24	24	24	17.39	12.50	12.50	12.50
Minister/ Special Adviser			16	16	16	1	6	6	6	17	22	22	22	5.88	27.27	27.27	27.27
Speaker	State	1	1	1	1					1	1	1	1	0.00	0.00	0.00	0.00
	Representative																
Governor		1	1	1	1					1	1	1	1	0.00	0.00	0.00	0.00
Deputy Governor						1	1	1	1	1	1	1	1	100.00	100.00	100.00	100.00
LGA Chairperson		55	54	53	53	2	4	4	4	57	57	57	57	3.51	7.02	7.02	7.02
Councillor																	
State Assembly Member		35	33	33	33	5	7	7	7	40	40	40	40	12.50	17.50	17.50	17.50
Senator		3	2	2	2		1	1	1	3	3	3	3	0.00	33.33	33.33	33.33
House of Representative Members		22	21	21	21	2	3	3	3	24	24	24	24	8.33	12.50	12.50	12.50

Sources: LAGOS STATE HOUSE OF ASSEMBLY

Figure 24



SUPPORTIVE POLICY ENVIRONMENT

- a. The need to conduct an informal Sector Reform Programme Study to expand the scope of operation of MSMEs in the State and a simplified operational guidelines for businesses and land transactions.
- b. Encourage Women Cooperatives and Business Associations with capacity building and management support.

CHALLENGES

The challenges associated with placement for paid employment in Lagos State are various and reflected the socio-economic dynamics of the metropolitan nature of the mega city. Some of the challenges include:

- a. The collapsing industrial and manufacturing sector due to poor infrastructure such as power and transportation affecting capacity utilization of various enterprises adversely.
- b. Some element of Gender biasness due to natural obligations of women as home keepers.
- c. Inadequate and poor database on employment details in the private sector.
- d. Uncooperative attitude of employers for data information due to fear of usage for tax assessment.

OPPORTUNITIES

- a. The State has abundance of women that are educated and skilled that are employable in all facets of the economy.
- b. The role of women in the family setting in the State is changing in favour of women working and having their own income.
- c. The State has no discriminatory rule for the employment of women in the private and public sector.
- d. The State is promoting Micro Small Medium Enterprises (MSMEs) with emphasis on capacity building of artisans and tradesmen so that most women will expand their scope and create employment opportunities.
- e. Commitment of the present Administration at giving a level playing field to all genders in the State.

TABLE: 3.4 TRACKING PROGRESS IN PROMOTING GENDER EQUALITY AND WOMEN EMPOWERMENT

Element of Monitoring Environment	ASSESSMENT		
	Strong	Fair	Weak
Data- Gathering Capacities	√		
Quality of recent survey information	√		
Statistical Tracking Capacities	√		
Capacity to incorporate statistical analysis into policy planning and resource allocation mechanism	√		
Monitoring and Evaluation	√		

PRIORITIES FOR DEVELOPMENT ASSISTANCE

- a. Support for baseline and annual studies in the industrial and commercial sub-sectors of the economy.
- b. Support for computer aided works in the polity to make it easier for women to participate effectively in all sectors.
- c. Support for Enterprise Registration and Identification Agents (ENTRIDA) to improve the coverage and deepen assistance to women in business.
- d. Support for gender sensitive data gathering at the State level.
- e. Support to promote gender sensitive fairs and exhibitions.
- f. Support for gender friendly and financial access platform.
- g. Establishment of additional transit homes for victims of gender violence and trafficking.
- h. Acquisition of additional staff such as Counsellors to counsel traumatized women and girls.
- i. Incorporating provisions of the UN Convention on Elimination of all forms of Discrimination against Women (CEDAW) into State legislation and establishing Mechanism to enforce the relevant laws.

GOAL 4

Reduce Child Mortality

TARGET 5: *REDUCE BY TWO THIRDS, BETWEEN Y2006 AND Y2015, THE UNDER FIVE MORTALITY RATE.*

Infant and Child Mortality rate is also a basic indicator of a Country Socio-economic situation and quality of life (UNDP. 2007). It is also one of life expectancy across the globe. The rates are estimated from the birth history information on the child's birth date, survivorship status and the age at death for children who died. The under five Mortality is expressed per 1,000 children surviving to 12 months of age to age five. The indicator measure child survival and reflects the social, economic and environmental conditions in which children live including their health care and vulnerability to diseases (United Nations, 2013). The under- five mortality rate remains a major public health concern to governments and the international community. This is because it captures more than 90 percent of global mortality among children under the age of 18 (United Nations, 2003).

The rates for the under-five mortality are expressed per 1,000 live births. The under-five mortality rate remains a major public health concern to governments and International community. This is because it captures more than 90% of global mortality among children under the age of 18 (United Nations, 2003). The rational of the indicators per 1,000 live births is the fact that it measures child survival and reflects the social, economic and environmental conditions in which the children live.

Despite population growth, the number of deaths in children under five worldwide declined from 12.6 million in 1990 to 6.6 million in 2012; which translate into about 17,000 fewer children dying each day. As the rate of under five deaths overall declines the proportion that occurs during the first month after birth is increasing. Children born into poverty are almost twice as likely to die before the age of five as those from wealthier family.

Nigeria is rated as the 9th worst place in the World to be a Child. One in every five children born today in Nigeria will not reach their fifth birthday. This means that 800,000 Children under the age of five die every year. More than half of these deaths are caused by the three major killer disease of children in the World which are diarrhoea, pneumonia and malaria.

The under five mortality rate is 65/1,000 live births in Lagos State (lower than the South-West Regional average of 83/1,000). This means 42,000 under five deaths occurred annually, equivalent to 6% of the total number of under- five deaths Nationally.

TRENDS IN INFANTS, UNDER-FIVE MORTALITY & IMMUNISATION AVERAGE

Infant and Child Mortality rates are basic indicators in achieving Goal 4 of the Millennium Development Goals. Mortality is measured by relating deaths in a period of time among categories of persons distinguished by Sex, Age and Occupation etcetera to the total numbers at risk in these groups. Infant and Child Mortality then measures the number of deaths between 1 and 5 years of age. Infant Mortality rate measures the probability of infants dying within the neonatal period that is first month of life and the first birthday.

TABLE 4.1

Indicators	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
Infant Mortality (Per 1,000 Live Birth)	92	89	75	83	81	45	78	69	35	Improving
Under-Five Mortality (Per 1,000 Live Birth)	150	145	157	134	129	65	124	90	45	Fair
Proportion of One Year Children (%) Immunized Against Measles	58	74.6	69.0	68.0	76.0	73.0	76.0	87.0	80%	Above target

Sources:

Y2011 Millennium Development Goals Reports
Y2011 Multiple Indicator Cluster Survey
Household Survey (HHS) 2013 Lagos Bureau of Statistics
Y2013 Nigeria Demographic & Health Survey (NDHS)

There was no State Specific Survey carried out before 2012. The available data is from MICS, NDHS, HMIS and HHS.

Opportunities: Support from International and Local Partners (UNICEF, WHO, UNFPA, LBS)

Supportive Policy Environment: Stable and Supportive Political Environment.

STATUS AND TRENDS IN LAGOS STATE

Table 4.1 presents infant and under- five mortality estimates based on the data from sources quoted above including the proportion of one year old children immunised against measles.

To Reduce Child Mortality Rate, three indicators were used to measure. These are: Infant Mortality per 1,000 live births; Under- Five Mortality Rate per 1,000 live births and Proportion of One Year Old Children Immunised against Measles.

INDICATOR 1: TRENDS IN INFANT MORTALITY RATE (2006 – 2013)

During the period Y2006 Infant Mortality Rate was 92 per 1,000 live births while it dropped to 75 per 1,000 live births in Y2008. In Y2009, it recorded 83 per 1,000 live births an increase which later dropped to 45 per 1,000 live births in Y2011. There was a sharp slope down in number of infants' death in Lagos State This could be as a result of the efforts put in place to reduce infant mortality rate by the State Government.

The Millennium Development Goal target for Infants Mortality rate by 2012 was 78 deaths per 1,000 live births, as shown in table 4.1, and in Y2013 it reduced slightly to 69 deaths per 1,000 live births. So far, meeting the target of Infant Mortality rate's target in Lagos State indicate fairness. It could be deduced that Government policy could be improved in this area.

TABLE 4.2: INFANT MORTALITY (PER 1,000 LIVE BIRTHS)

INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013
Infant Mortality (per 1,000 live births)	92	89	75	83	81	45	78	69

FIGURE25: INFANT MORTALITY (PER 1,000 LIVE BIRTHS)

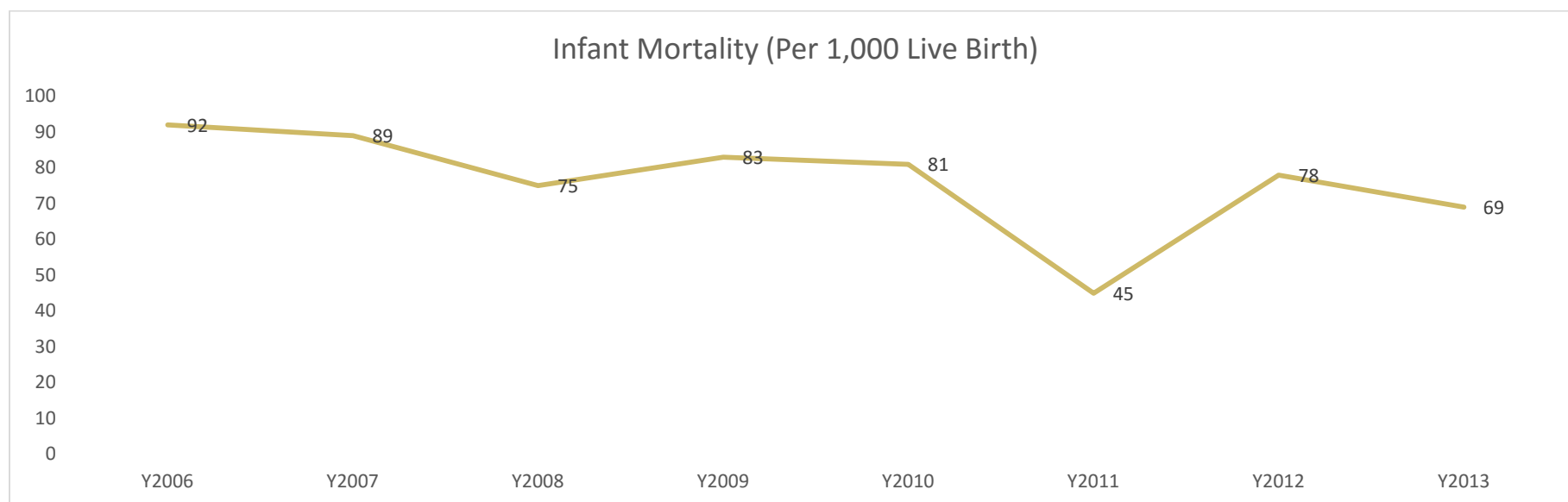
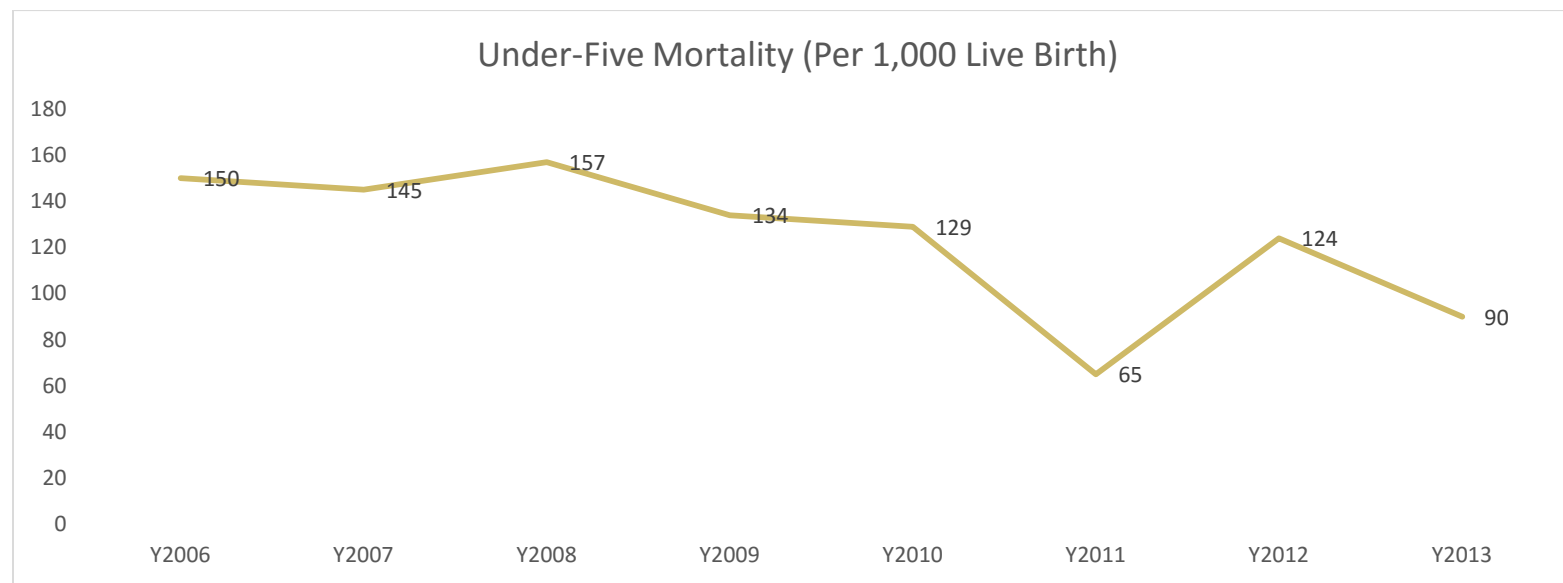


FIGURE: 26

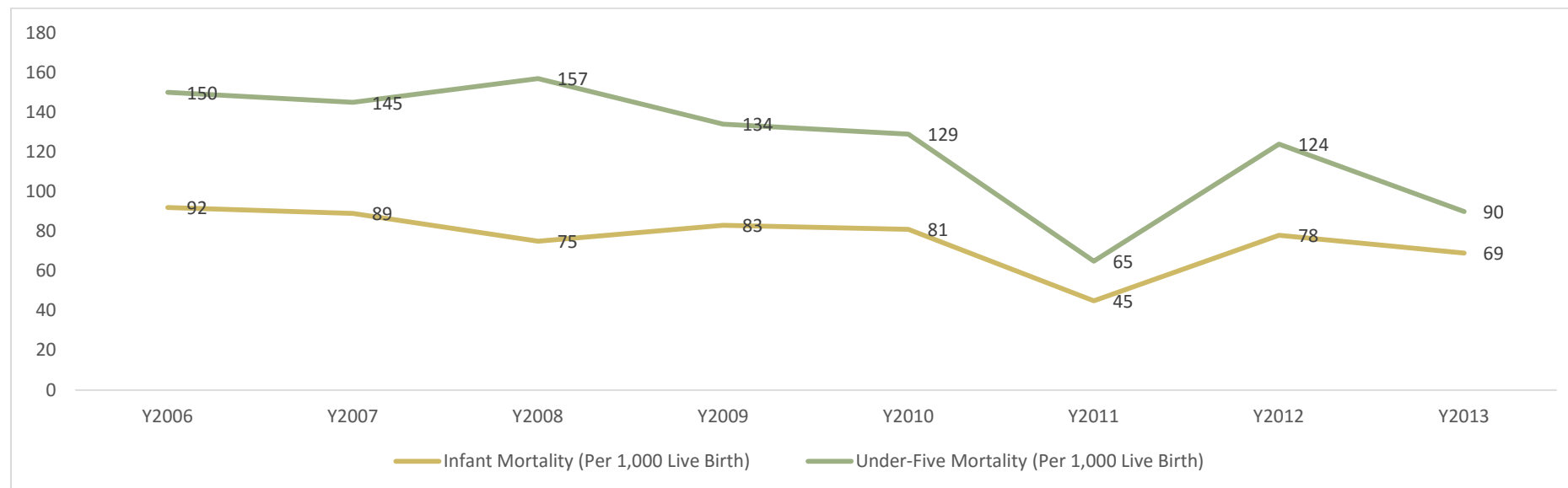


TRENDS IN UNDER-FIVE MORTALITY (2006 -2013)

There appears to be some fluctuations beginning from Y2006 to Y2009 with the records of 150 in Y2006 and 134 in Y2009. It dropped further to 129 in Y2010 and a sharp decline to 65 in Y2011. In the Y2012 it skyrocketed back to 124 only to come down to 90 in Y2013. Further investigation need to be made as regard the decline in Y2011

INFANT MORTALITY AND UNDER-FIVE MORTALITY TREND TOGETHER

FIGURE 27: INFANT AND UNDER-FIVE MORTALITY TRENDS

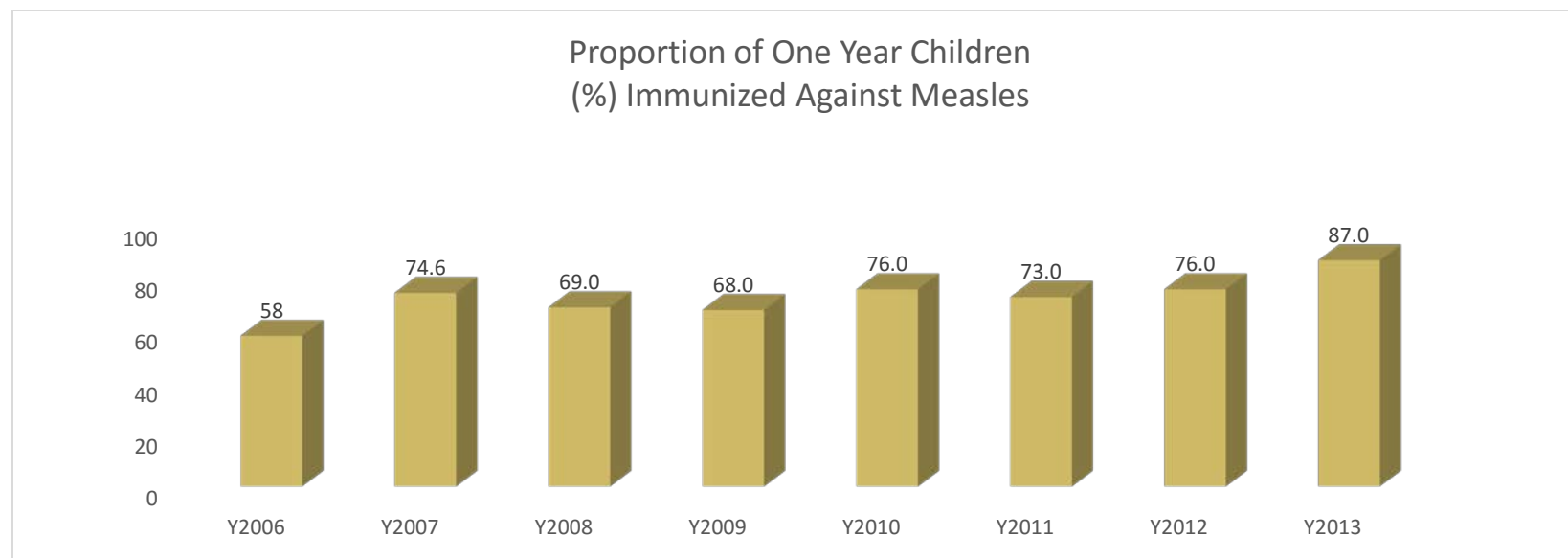


INDICATOR 3: PROPORTION OF ONE YEAR OLD CHILDREN IMMUNIZED AGAINST MEASLES.

The proportion of children immunised against measles in year 2006 was 58% while it increased to 58% in Y2007 and went up to 74.6% in Y2008 with less with about 6%, reduced further also in Y2009 to 68% but increased in Y2010 to 76%.

In year 2011, there was a decrease of 3% but thereafter, up till 2013, it has been on the increase. The significant rate of drop in years 2008 and 2009 was low, compared with the increase made in Y2010. The proportion of immunisation also declined with 3% in Y2011 (73%). Surprisingly, the value for Y2013 has already surpassed the MDG target of 80% with the value of 87%. The trend on the proportion of children immunised within the State has been on the increase and it also show the level of awareness by the public.

FIGURE 28: PROPORTION ON ONE YEAR OLD CHILDREN IMMUNISED AGAINST MEASLES



Considering the two figures reported by HMIS 78% and NDHS (75.8%), there was increase in the number of one year old children immunised against measles in Y2012. In Y2013, 85% of one year old children were immunised which also increased as against Y2011 with 73%. From Table 4.1, between Y2011 and Y2013, there has been steady increase in the number of immunisations carried out on one year old children. The Y2013 figure of 85% shows that the State Government has already met the target set by the Millennium Development Goal of 80% by 2015.

SUMMARY OF ACHIEVEMENTS

From the data for the three indicators to reduce child mortality, the Lagos State Government have galvanised efforts to improve child survival with good progress in order to achieve the target.

Information gathered from the Ministry of Health revealed that few number of doctors and nurses that work in public health care facilities in the State specialise in paediatric care. Through a programme of in-service training, the Ministry supports them with continued professional education as a means of ensuring delivery of quality childcare services. Data on availability of health institutions revealed that the total number of Lagos State Public Health Institutions has increased significantly from Y2006. Specifically, the Private Health Care (PHC) increased from 149 to 386; secondary health care increased from 19 to 30, while the tertiary institution is 4 presently. For the private institution, there are 1,965 registered private hospitals/facilities in the State. It is very important to note that some private hospitals/clinics are not registered by Health Facility Monitoring and Accreditation Agencies(HEFAAMA). The number of health workers is also another important index in determining the health status of a State. From the Lagos State Health Sector Disposition List, the total number of health workers in Lagos state as at as Y2011 was 7,290(3,686 nurses and 1,461 medical doctors).

SUPPORTIVE POLICY ENVIRONMENT

Policies that support the strengthening of child survival programmes and services in Lagos State include:

- **Free Health Policy**

Lagos State has a free health policy whose components are:

- a. Free medical treatment for children below 12years and adults over 60years, destitute etc.
- b. Free malaria treatment.
- c. Free Ante Natal Care / Services
- d. Free tuberculosis and leprosy treatment
- e. Free HIV/AIDS Screening and treatment
- f. Free medical treatment for staff/ spouse and four children below 18years.

- **Integrated Maternal, Newborn and Child Health(IMNCH)Strategy**

The 51st National Council on Health held in November, 2007 in Lagos State adopted IMNCH Strategy to accelerate implementation of Maternal, Newborn and Child Health intervention in the country to address the twin issues of MDGs 4 and 5. A component of this strategy is the bi-annual celebration of the Maternal, Newborn and Child Health (MNCH) week with the objective of improving health seeking behaviour of the whole family especially, mothers and caregivers of children under the age of 5years by providing integrated high-impact and low cost packages of protective, preventive and promotive services to the whole family.

- **Health Sector Reform Programme (HSRP)**

The Lagos State Government passed the Health Sector Reform Bill in Y2004 to revolutionize health management in the State through the following:

- a. Review and update of existing Health Policy plans, programmes and legislations.
- b. Decentralization of management at the Secondary Health Care System, including establishment of Hospital Governing Boards (with membership including members of communities where the facilities are cited)
- c. Strengthening of Health Management Information across board (to improve data collection, collation, analysis, access and use)
- d. Revitalization of Primary Health Care System including inauguration of Local Government Health Authority and planned constitution of ward development committees to ensure community participation and ownership.
- e. Improvement of health resources and management including the development of comprehensive health care financing strategy (Community Health Insurance, public – private Partnership in Health etc.)

f. Institutionalization of a system of policy assurance (e.g establishment of Health Facility Monitoring and Accreditation Agency (HEFAMAA) to regulate all public and private health facilities, Board of Traditional Medicine to regulate traditional and elite health practitioners etc).

g. **Integrated Service Delivery (ISD)**

The State Government adopted the ISD to create a one-stop health shop for delivery of health care services and also to maximize use of limited health manpower.

h. **National Health Insurance Scheme (NHIS)**

The Federal Government launched this scheme in Y2005 to mobilize funds for health systems development and as well provide financial protection for the insured. The scheme entitles beneficiaries and their dependants to good quality and cost effective health system. The scheme holds many prospects as a vehicle for attaining sustainable health care delivery. In addition, Lagos State plans to conduct a pilot phase of community based Health Insurance Scheme to provide affordable health insurance for people at the grassroot.

i. **Integrated Child Survival and Development**

The Federal Government developed this framework and plan of action (Y2005-Y2009) as a reference document to guide the implementation of child survival interventions by government at all levels. The framework is quite helpful to the government of Lagos State. As part of the strategy on child survival intervention, Lagos State has commenced Community Health Insurance, implementation of IMCI(integrated Management of Childhood Illness) Strategy through capacity building of health workers

and health system strengthened in all the Local Governments Areas as well as sensitization and training of community resource persons on key household and community practices in the wards within the state.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

The Ministry of Health noted that there was no specific survey carried out before Y2012. All available data were reported by Multiple Indicator Cluster Survey (MICS), National Demography Health Survey (NDHS), Health Management Information System (HMIS) and House Hold Survey (HHS) by the Lagos Bureau of Statistics (LBS). The Lagos Bureau of Statistics started to include the infant mortality rates per 1,000 live births in their household survey in Year 2012. It was also difficult to collect or retrieve data from the Private facilities, as well as from the Traditional Birth Attendants (TBAs). The technicalities for the infant mortality survey seemed more specialised than maternal Survey. This is due to the fact that Physicians and Health Practitioners/Workers had noted that health related issues are often multisectoral in manifestation and can thus be approached using cross-cutting strategies. Though child survival has improved as a result of high impact healthcare services and socio economic progress the Government still need to identify opportunities for collaboration between Ministries, Departments and Agencies with provision of necessary and basic amenities such as water and sanitation, housing, early childcare, education and other social services in order to reduce infant mortality and improve child health that contribute to child survival. There are still challenges that need to be addressed. These include:

- Public awareness: There is low coverage of comprehensive health and nutrition services. The public are not adequately educated on safe household practices, clean sanitary environment to prevent the spread of diseases; most especially in the slum areas within the State which is difficult to reach the vulnerable parts of the community.

- Refuse Disposal System in some parts of the State was very porous which is detrimental to the health of the children. Poor refuse and flagrant pollution of the environment, drinking water sources lead to spread of water and airborne diseases.

Other Challenges

- High cost of Private Health Care provision.
- Poor but improving regulation of private health care providers and patent medicine vendors, insufficient primary health services that stem from staff and material shortages.
- The reliance of a significant proportion of the population on unregulated and unregistered traditional health care practitioners also poses a problem in the State.
- Human resource challenge: inadequate number, misdistribution of skilled health workers against PHC level: high turnover; sub optimal skills and competences.
- Dearth of quality data: state and LGA specific data not available; IMR,U-5MR,Neonatal mortality rate survey to be commissioned every 2years.
- Inadequate funding: The funds available to support the programmes require enormous donor support. There is need to diversify more funds to child health programme.
- Training: In order to have more coordinated activities of Neonatal, Postnatal and Child illness, skilled deliveries and Post natal care, the human resources and skills within the health system must be properly trained to improve the health care services.
- Poverty and rapid urbanization.
- Poor health- seeking behaviour of care givers.

OPPORTUNITIES

It is important to note that various opportunities abound in Lagos State in the area of child health. Specifically, bringing traditional health care practitioners within the purview of the Ministry of Health is an opportunity of incorporating safe health care practices and building a synergy between the preferred (70% of the population patronises this segment of health care providers) traditional approaches and modern technologies which has improved health care delivery. Other opportunities on child health are:

- Committed Political leadership at the highest level.
- Vibrant private health sector.
- Effective donor coordination mechanism.
- Development of the Investment case for Health.
- Increased access to vaccines.
- Donor partners support.

Table 4.3: Tracking Progress in Reducing Under-Five Mortality Rate

Element of Monitoring Environment				Remarks
	Strong	Fair	weak	
Data –gathering capacities		“		Many private health facilities are yet to be submitting report to the State.
Quality of recent survey information		“		Lagos State plan to scale up the On-going Community Based Health Insurance Scheme.
Statistical tracking capacities		“		Tracking still not regular
Capacity to incorporate		“		

statistical analysis into policy planning and resource allocation mechanism				
Monitoring and evaluation mechanisms		“		

PRIORITIES FOR DEVELOPMENT ASSISTANCE

Although there are a number of challenges in the area of child health in the State, the following are the specific development assistance required:

- Assistance in the provision of equipment and drugs at the health facilities.
- Training and retaining of health professionals.
- Support for health awareness on healthy living.
- Establishment of more health centres and the renovation of available health institutions in the State.
- Expanding the reach and strengthening the quality of primary health care services.
- Strengthening existing programmes designed to raise awareness and educate mothers and caregivers.
- Sensitization and training of corps (community resource persons) on key household and community practices to improve child survival.
- Building the capacity of Ministry of Health for working collaboratively with other relevant MDAs to address factors that contribute to child morbidity and mortality.
- Capacity building for staff in the Ministry of Health as well as the health facilities in the area of data management.
- Development of State policies to back present and future interventions.

- Capacity building on Monitoring and Evaluation Mechanisms.

STATUS HIGHLIGHTS: GOAL FOUR (TARGET ON INFANT MORTALITY RATE)

Will targets be reached by Y2015			
Probably	➤ Potentially	Unlikely	Insufficient Data
Policy Environment			
➤ Strong	Fair	Weak but Improving	Weak

STATUS HIGHLIGHTS: GOAL FOUR (TARGET: REDUCE UNDER-FIVE MORTALITY RATE)

Will targets be reached by 2015			
Probably	➤ Potentially	Unlikely	Insufficient Data
Policy Environment			
➤ Strong	Fair	Weak but Improving	Weak

STATUS HIGHLIGHTS: GOAL FOUR (TARGET: PROPORTION OF ONE YEAR CHILDREN IMMUNISED AGAINST MEASLES)

Will targets be reached by 2015			
➤ Reached	Potentially	Unlikely	Insufficient Data
Policy Environment			
➤ Strong	Fair	Weak but Improving	weak

CONCLUSION

Progress towards achieving Goal 4 is steadily improving. The supportive environment is improving, based on current trends; the State is potentially likely to achieve this Goal by Y2015. However, the

State had already surpassed the target goal for indicator three on proportion of one year children immunised against measles. Despite this, there is an urgent need to explore alternative avenues and adopt relevant strategies for protecting the health of children and preventing child mortality for both infant and under-five mortality.

GOAL 5

Improved Maternal Health

Globally, concerted efforts are being made to ensure that human procreation is made easy such that women in the household undertake the biological responsibilities of child delivery safely. The need to continually ensure the well being and safety of women in the ante-natal, intra-partum and post partum periods remains the hallmark of maternal health. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality.

Pre-conception care includes education, health promotion, screening and other interventions among women of reproductive age to reduce risk factors that might affect future pregnancies. The goal of pre-natal care is to detect any early potential complications of pregnancy prevent them and to direct the woman for appropriate specialist medical services. Postnatal care includes recovery from childbirth, newborn care, nutrition, breastfeeding and family planning. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The major direct causes of maternal morbidity and mortality are haemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labour.

Lagos State has a sizeable proportion of Women of Reproductive Age (15-49 years) estimated at 6.135 million in Y2013. However, a lot of problems are often associated with these processes which put the lives of women and the foetus at risk (thus, the need to ensure improved maternal health through drastic reduction in Maternal Mortality Ratio (MMR) informed one of the Millennium Development Goals (MDGs). MDG 5 specifically targets reduction in Maternal Mortality by three quarters from 1990 to 2015). It is therefore, expedient to critically look at the Lagos State situation and come up with appropriate existing indicators that would showcase MMR trends in the State.

TARGET 6: REDUCE MATERNAL MORTALITY RATIO BY THREE- QUARTERS BETWEEN Y1990 AND Y2015

Table 5.1: Trends in Maternal mortality Ratio and Births attended by Skilled Health Personnel in Lagos State: 2006 – 2013

S/N	INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	Targets	Progress Towards Targets
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1	Maternal mortality ratio (MMR) - Deaths per 100,000 live births	248	251	256	444	555	545	630	700	250	WORSENING
2	Births attended by skilled health personnel - Percent	82.1	87.0	82.8	78.6	74.4	85.9	78.6	87.2	100	IMPROVING

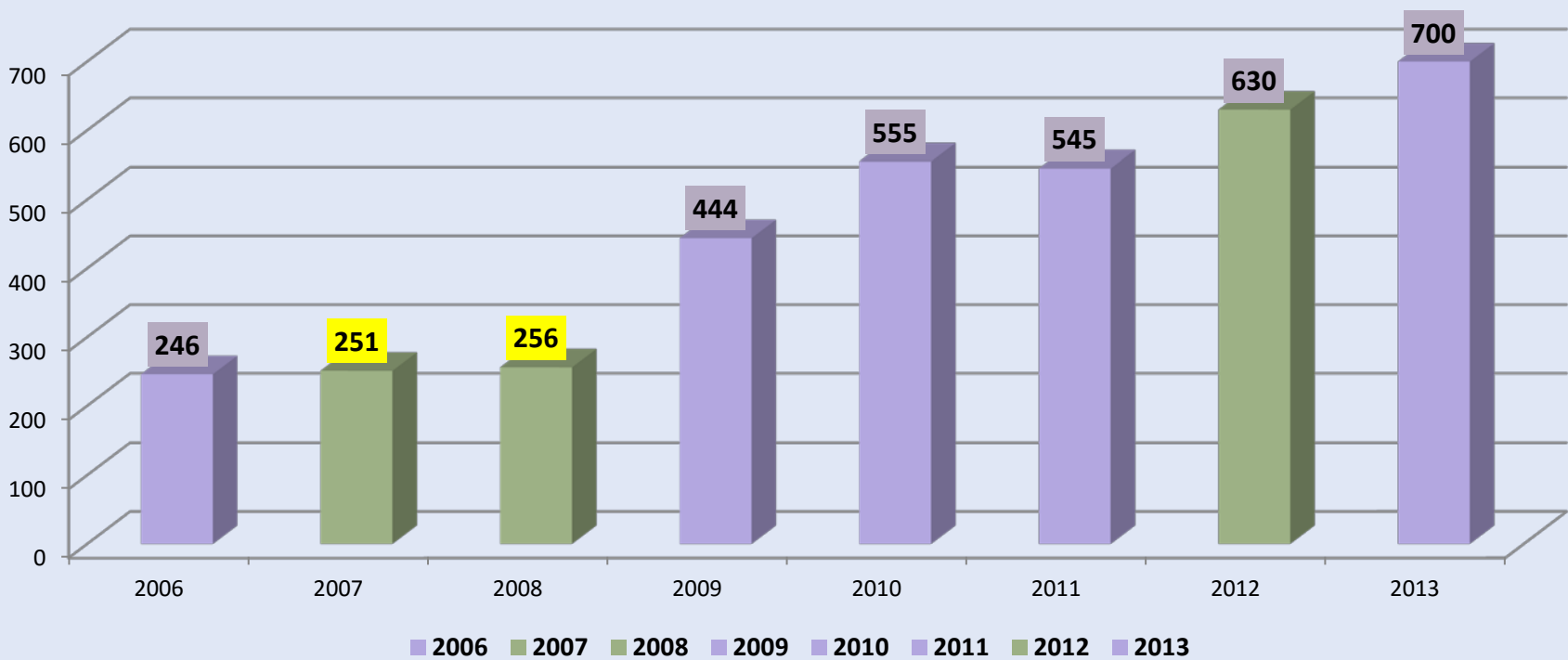
Sources: a: Y2011 Millennium Development Goals Report, (f): Extrapolation, b: Household Survey 2013

MATERNAL MORTALITY RATIO

According to The World Health Organisation (WHO) “complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. The maternal mortality ratio represents the risk (i.e. the obstetric risk) associated with each pregnancy (www.who.int/healthinfo/statistics/indmaternalmortality/en). In agreement with the above statement, there is need to evaluate the Lagos State status as regards Maternal Mortality Ratio (MMR) over a period of time in line with the MDG Goal 5.

FIGURE: 29

Figure 5.1: Maternal Mortality Ratio (MMR) - Deaths per 100,000 live births



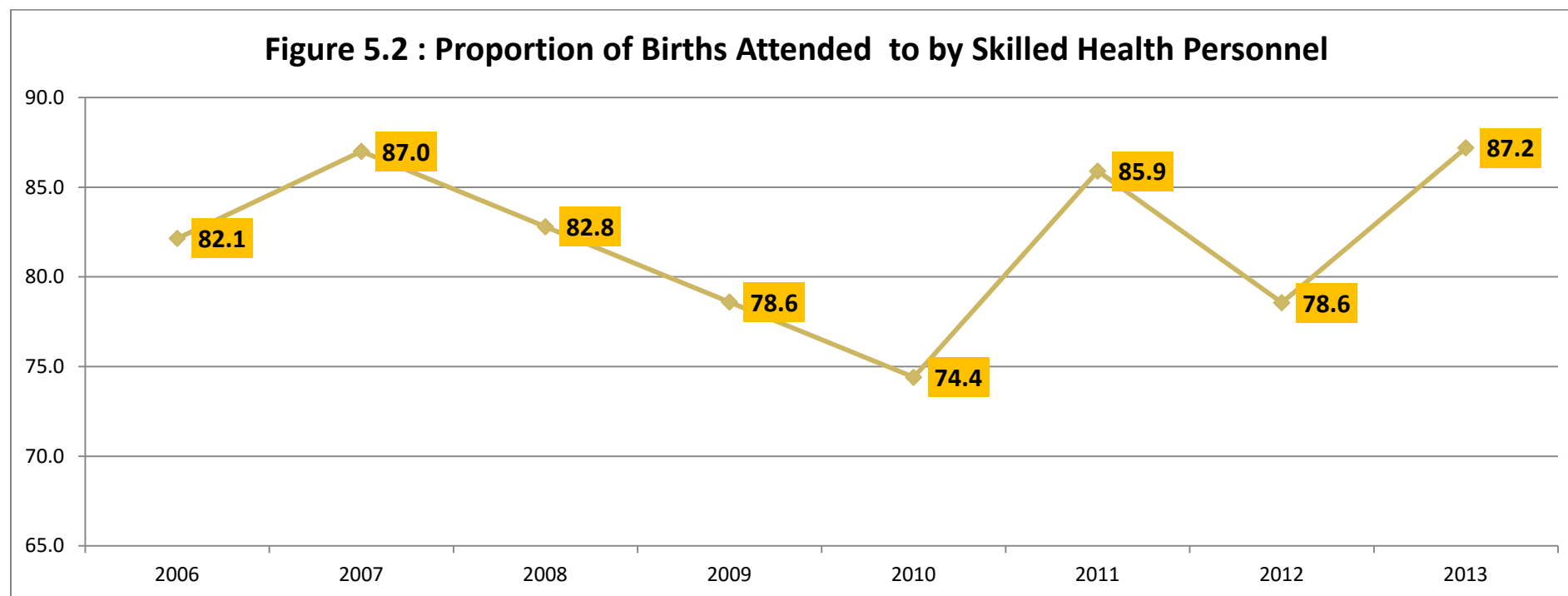
The result showed that the State MMR stood at 248/100,000 livebirths in Y2006. The figure for Y2007 and Y2008 was estimated through extrapolation to be 251/100,000 livebirths and 256/100,000 livebirths respectively. The situation became worse in Y2009 when the mortality figure snowballed into 444/100,000 livebirths and further worsen in subsequent years. The figure stood at 555/100,000 livebirth in Y2010, dropped marginally to 545 per 100,000 livebirths in Y2011, increased to 630 (extrapolation) in Y2012 and 700 per 100,000 live births (Household

Survey 2013) in Y2013 respectively. The persistent increase in maternal mortality in the last 5 years have become worrisome judging by the quantum of investments cum interventions the State government has committed to improve Maternal and Child health thus creating unacceptable maternal mortality ratio inspite of varioius interventions put in place by the State government.

It is therefore evident that the State cannot possibly achieve the seventy-five percent (75%) reduction in Maternal Mortality Ratio as targeted in Y2015. Constraints, challenges and problems militating against the attainment of the MDG Goal 5 can be comprehensively identified and appropriate interventions/solutions profered accordingly.

PROPORTION OF BIRTHS ATTENDED TO BY TRAINED HEALTH PERSONNEL

FIGURE: 30



A Skilled Birth Attendant (SBA) simply refers to a midwife, physician, obstetrician, nurse, or other health care professional who provides basic and emergency health care services to women and their newborns during pregnancy, childbirth and the postpartum period. This indicator provides further information on preparedness and quality of care pregnant women are exposed to before, during and after childbirth.

In Lagos State, it is interesting to discover that four (4) out of every five (5) pregnant women were attended to by skilled Birth Attendants (SBA) during delivery. The trend analysis revealed that 82.1% of pregnant women that

delivered in Y2006 were attended to by Skilled Birth Attendant (SBAs), the figure increased to 87% in Y2007, dropped to 82.8% in Y2008 while the Y2009 and Y2010 were extrapolated and arrived at 78.6% and 74.4% respectively. However, significant improvement were recorded in Y2011 with proportion of births attended by SBA increased to 85.9% and extrapolated to 78.6% in Y2012 and recorded all time high (87%) in Y2013.

SUPPORTIVE POLICY ENVIRONMENT:

The State has continually put in place health policies, programmes and projects at ensuring the achievement of three-quarter reduction of Maternal Mortality Ratio. Such policy environment includes:

- ❖ 5- year Maternal Child Mortality Reduction Program in place, this was officially launched on October 18, 2012.
- ❖ Integrated Maternal Newborn and Child Health Strategy.
- ❖ Comprehensive Revitalization of the Primary Health Care Centres (PHCs).
- ❖ Introduction of Health Volunteer Scheme to assist in Health Data Management at the PHCs.
- ❖ Adoption of MSS scheme to beef up the Human Resources / Health Personnel.
- ❖ Use of District Health Information System (DHIS) for regular data tracking from PHCs.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

In spite of the State's demonstrated efforts, investment and commitment to combating any problem/ constraint militating against attainment of safe motherhood and ensuring quality maternal health care services to all pregnant women irrespective of class, there are challenges that seem to compromise the commitment. The Challenges include:

- ❖ Dearth of Data especially from private health sector
- ❖ Continual patronage of Traditional Birth Attendants
- ❖ Human Resources Challenges: Inadequate Skilled Personnel as well as over concentration on the secondary health facilities against the PHCs.
- ❖ Poor health seeking behavior of mothers and care givers
- ❖ Staff attrition
- ❖ High out of pocket expenditure (70%)

OPPORTUNITIES

The State has continually championed wide range of opportunities that would help in stemming the tide of maternal death and associated complications through policy initiatives, programmes and projects at ensuring safe motherhood across the State. Such opportunities include:

- ❖ Comprehensive Revitalization of the Primary Health Centres (PHCs).
- ❖ Recruitment of more health personnel.
- ❖ Procurement and distribution of Anti-Shock Garments to Public Health Facilities.
- ❖ Scale up of Community Based Health Insurance Scheme (CBHIS).
- ❖ Compulsory minimum 4 Ante-natal Care (ANC) visit before delivery with emphasis on Focused Ante-natal care.

TABLE 5.2: TRACKING THE REDUCTION OF MATERNAL MORTALITY RATE

Element of Monitoring Environment	ASSESSMENT		
	Strong	Fair	Weak
Data –gathering capacities		✓	
Quality of recent survey information		✓	
Statistical tracking capacities		✓	
Capacity to incorporate statistical analysis into policy planning and resource allocation mechanism		✓	
Monitoring and Evaluation mechanisms		✓	

PRIORITIES FOR DEVELOPMENT ASSISTANCE:

In view of the enormous fund needed to be able to execute the outlined programmes in line with improved maternal health, assistance of Development Partners will be required in the following areas.

- ❖ Conduct of Maternal Death Review.
- ❖ Mid-Term Assessment of The 5-Year Work Plan.
- ❖ Strengthening of Public Private Partnership.
- ❖ Reproductive Health Commodity Logistics Security (RHCLS).

STATUS HIGHLIGHTS: GOAL FIVE**TARGET 5: REDUCE MATERNAL MORTALITY RATE**

Will Targets be reached by 2015			
Probably	Potentially	Unlikely	Insufficient Data
Policy Environment			
➤ Strong	Fair	Weak but Improving	Weak

TARGET 7: ACHIEVE BY Y2015 UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

Reproductive health is simply defined as state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health, or sexual health/hygiene. It addresses the reproductive processes, functions and systems at all stages of life. It implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

In order to comprehensively measure the reproductive health situations, a total of 17 indicators were developed At the ICPD in Cairo in 1994 for monitoring the international sexual and reproductive health goals. Two (2) of the indicators were devoted to reducing maternal mortality: Maternal mortality rate (per 100,000 live births) and Proportion of Births attended to by skilled Health Personnel while 4 indicators were also use to measure progress towards universal access to reproductive health services, Target 2 under MDG 5, namely: Contraceptive Prevalence Rate (CPR), Adolescent Birth Rate (ABR), Ante-Natal Coverage (first visit and 4 subsequent visits) and Unmet need for Family Planning.

Table 5.3

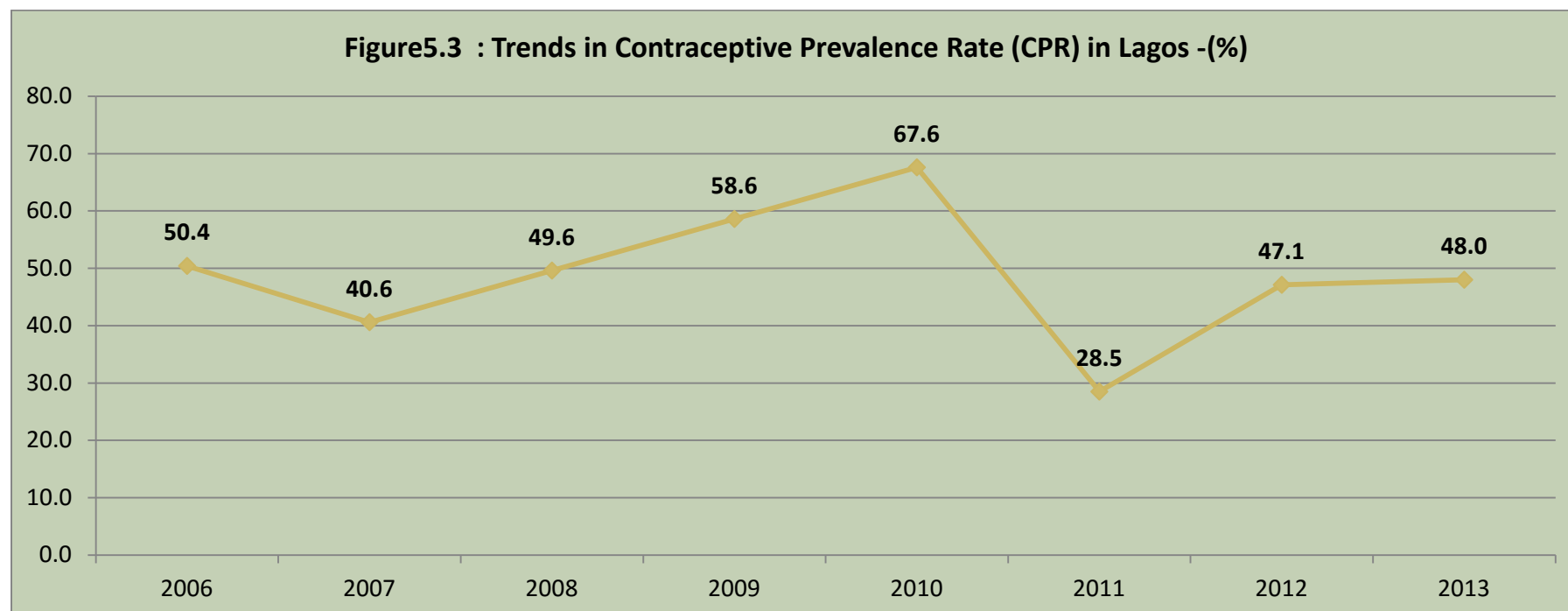
S/N	INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	Targets	Progress Towards Targets
3	Contraceptive prevalence rate (CPR) –(%)	50.4	40.6	49.6	58.6	67.6	28.5	47.1	48.0	100	stay the same
4	Adolescent birth rate - Per 1,000 women	8.0	9.7	4.0	19.0	18.5	18.0	17.5	17.0	0	stay the same
5	Antenatal care coverage for at least four visits – (%)	85.3	99.2	78.4	77.9	89.3	91.2	92.2	93.9	100	IMPROVING
6	Antenatal care coverage for at least one visit (ANC) (%)	17.5	19.0	14.9	14.9	14.9	16.9	14.5	14.2		
7	Unmet need for family planning –Spacing (%)	9.1	3.6	13.0	13.0	13.0	13.2	16.9	5.9	0	IMPROVING
	Unmet need for family planning – Limiting (%)	7.2	4.4	7.0	7.0	7.0	3.0	4.8	2.2	0	IMPROVING
	Unmet need for family planning – Total (%)	16.3	8.1	20.0	20.0	20.0	20.2	21.8	8.1	0	IMPROVING

Sources:-(a): Millennium Development Goal Report 2011, (b): Multiple Cluster Indicator Survey (MICS) -2011, (c): Nigeria Demographic and Health Survey, 2013, (d): Household Survey Report, 2013 (e):): Nigeria Demographic and Health Survey, 2008, (f): Extrapolation

CONTRACEPTIVE PREVALENCE RATE (CPR)

This indicator measures the rate of utilisation of contraceptive commodities among the teeming population especially women aged 15-49 years to prevent reproductive health challenges and associated problems.

FIGURE:31

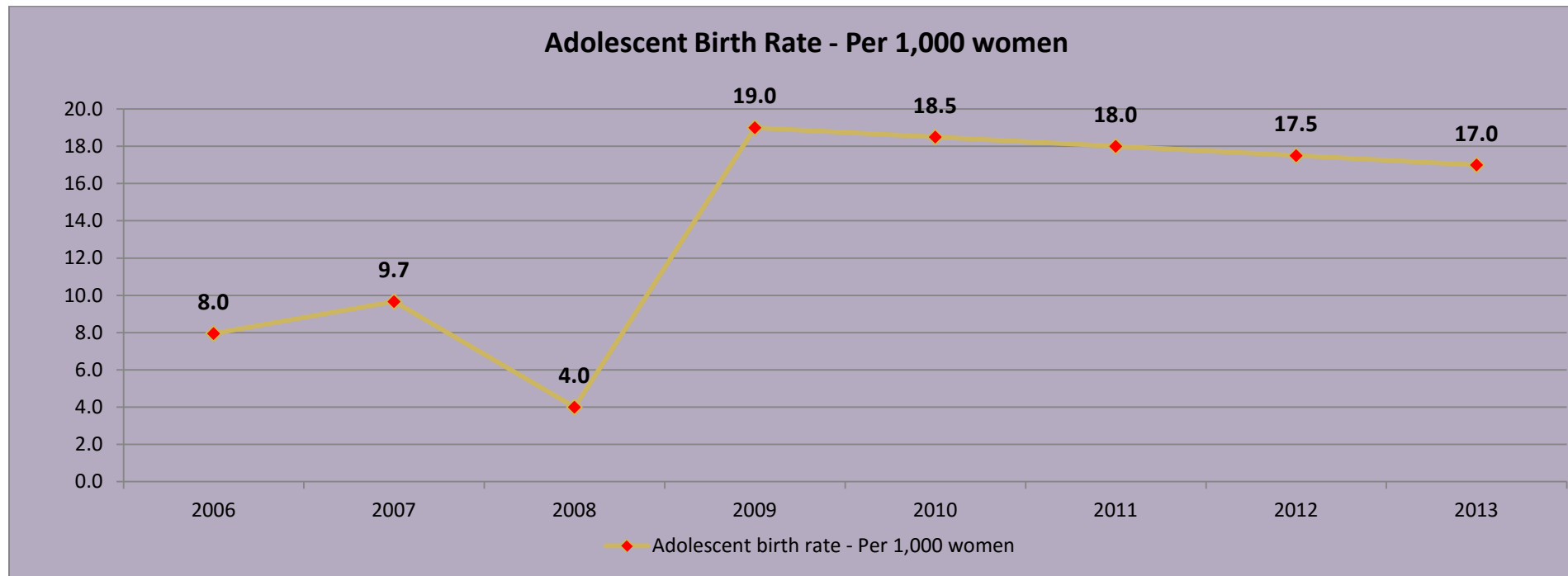


In Lagos State, the CPR figure was estimated to be 50.4% in Y2006, the value dropped to 40.6% in Y2007 and increased significantly to 49.6%, 58.6% and 67.6% in years Y2008, Y2009 and Y2010 respectively. A significant fall was witnessed in Y2011 when the Contraceptive Prevalence Rate stood at 28.5% (MICS 2011) and subsequently recorded a big leap in Y2012 at 47.1% while Y2013 was relatively stable at 48%.

ADOLESCENT BIRTH RATE

Adolescent or teenage represents most volatile age group where changes in physical features are often complimented with new sexuality urge and drive, cognitive and socio-emotional development. This group represent a large and growing demographic group globally. The challenges they face in becoming productive, healthy adults, especially in sub-Saharan Africa, are numerous. Sexually active youth in the region have low contraceptive-use rates and limited knowledge about reproductive health, and they account for a high proportion of the region's new HIV infections, maternal mortality rates, and unmet need for reproductive health information and services. Thus adolescent girls are prone to sexual abuse, rape and forced marriages based on the dictates of religion, culture and tradition resulting in cases of unwanted pregnancy, child birth complications and allied problems. Adolescent Birth Rate is a measure of the proportion of teenagers/adolescents between age 13-19years that have been exposed to sexual intercourse through early marriages and/or sexual assault resulting into pregnancy, childbirth and accompanied complications.

FIGURE: 32



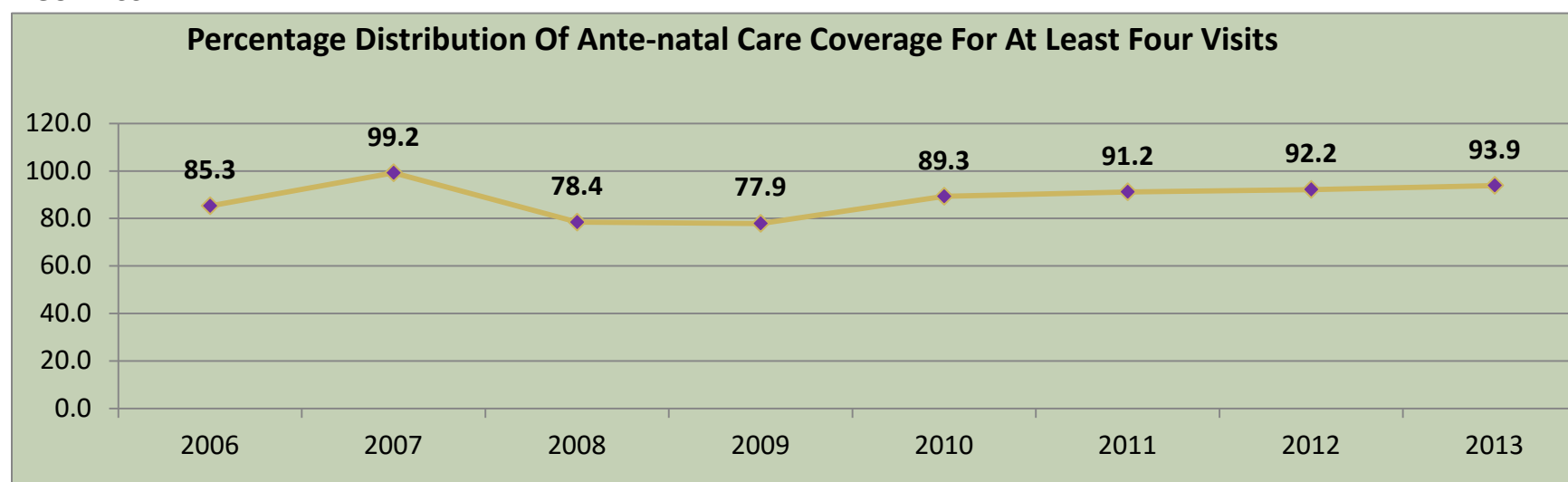
Adolescent Birth Rate was estimated at 8% and 9.7% in Y2006 and Y2007 respectively. In Y2008, adolescent Birth rate dropped significantly to 4%. However, due to dearth of data, the following years were estimated through extrapolation revealing a big leap to 19.0% and 18.5% in years 2009 and 2010 respectively. In Y2011, the proportion of adolescents with children stood at 18% and reduced marginally to 17.5% and 17% in years 2012 and 2013 respectively.

The high rate of Adolescent Birth Rate as at Y2013, coupled with incessant cases of rape and abuse, is signalling the inability of the State to achieve the set target of Zero Adolescent Birth Rate by Y2015. Adolescent pregnancy is not just a

health issue. It is deeply rooted in poverty, gender inequality, violence, child/forced marriage, economic power imbalances between girls and their partners as well as lack of education. The increase in ABR could also be attributed to consequence of rights violations, including child marriage and abusive, coerced and forced sex.

ANTE-NATAL CARE COVERAGE FOR AT LEAST FOUR VISITS

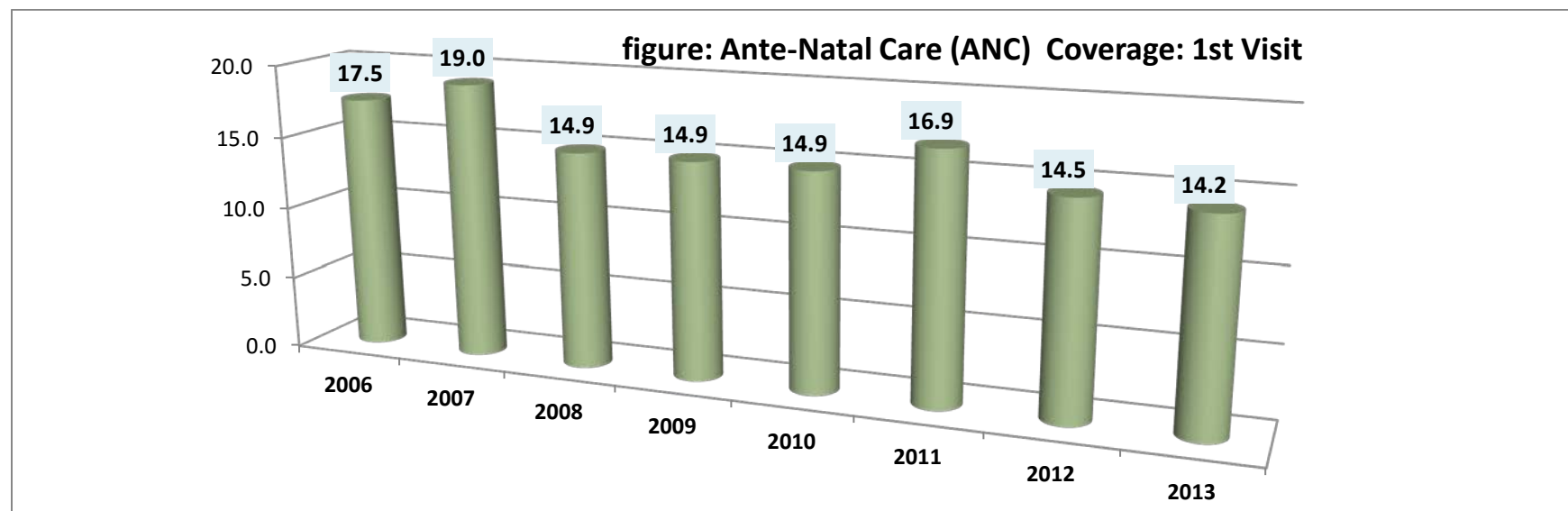
FIGURE: 33



Ante Natal Care is the routine care that all healthy women can expect to receive from Health Professionals during pregnancy. By World Health Organisation standard, it is expected that every pregnant woman makes mandatory four (4) visits during pregnancy prior to child birth. Lagos State has recorded substantial improvement in Ante-natal care being given to the pregnant women in the State. In Y2006, a proportion of 85.3% of pregnant women recorded mandatory 4 ANC visits. The figure increased substantially to 99.2% in Y2007 but dropped to 78.4% and

77.9% in Y2008 and Y2009 respectively. In Y2010, a tremendous improvement was recorded on ANC mandatory 4 visits as attested to by 89.3% of the pregnant women. This was subsequently followed by marginal increase in proportion of pregnant women attending ANC visits in years 2011, 2012 and 2013 which stood at 91.2%, 92.2% and 93.9% respectively. In view of the above, it is possible for the State to meet up with Ante-Natal care target in Y2015.

FIGURE: 34



In the same vein, ante-natal first visit among the pregnant women in Lagos State was also assessed. This showed that 17.5% of

them were estimated to have had their ANC first visit in the first trimester of pregnancy in Y2006. Y2007 witnessed an increase in the proportion of women on ANC visit 19.0% of them had their ANC first visit in Y2007 while years 2008, 2009 and 2010 witnessed a relative stability in the proportion of pregnant women that reportedly had their first visit (14.9% each). Y2011 witnessed increase in proportion of ANC first visit to 16.9% and subsequently dropped marginally to 14.5% and 14.2% respectively in Y2012 and Y2013. From all indication, the proportion of pregnant women that came for 1st Ante-Natal care Visit hovered around 20% in all the years under-study.

SUPPORTIVE POLICY ENVIRONMENT:

- Free Family Planning Commodities for the populace.
- Quarterly distribution of family planning commodities to the service providers.
- Integrated Maternal Newborn and Child Health Strategy (IMNCH).
- Improved capacity building of relevant Health officers to keep them abreast of new initiatives in reproductive health management.
- Global observance of Reproductive Health Programmes.

CHALLENGES:

- Low utilization of Family Planning Commodities.
- Low advocacy campaign on Family Planning Commodities.
- Dearth of data from Private Health Facilities.

OPPORTUNITIES:

- Committed Political leadership at the highest level.
- Increase advocacy towards Family Planning Commodities.

TABLE: 5.4 TRACKING UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

Element of Monitoring Environment	ASSESSMENT		
	Strong	Fair	Weak
Data –gathering capacities		✓	
Quality of recent survey information		✓	
Statistical tracking capacities		✓	
Capacity to incorporate statistical analysis into policy planning and resource allocation mechanism		✓	
Monitoring and Evaluation mechanisms		✓	

PRIORITIES FOR DEVELOPMENT ASSISTANCE:

In view of the enormous task involved in harnessing the potentials of the State to deliver optimum reproductive health to her teeming population especially women of reproductive ages 15-49 years, there is need to attract investment from global agencies and international donors relevant to the achievement of Goal 5 “Improved Maternal Health”. Such assistance includes support for implementation of free family planning services to the public and private health facilities.

STATUS HIGHLIGHTS: GOAL FIVE:

TARGET 7: UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

Will targets be reached by 2015			
Probably	Potentially	Unlikely	Insufficient Data
Policy Environment			
Strong	Fair	Weak but Improving	Weak

CONCLUSION

The need to continually measure Maternal Mortality Ratio (MMR) in Lagos cannot be over emphasized. Fact and figures available from the State's Ministry of Health revealed that the MDG 5 goal cannot be met in Y2015. However, programmes, projects and interventions that would enhance maternal health and further reduce deaths associated with pregnancy should be sustained.

GOAL 6

Combat HIV/AIDS, Malaria and Other Diseases

The Lagos State Government in its effort to provide adequate Health care for its citizens dwelt on the three most common deadly diseases namely HIV/AIDS, Malaria and Tuberculosis. The need to ensure that the diseases were combated and halted by Y2015 created an avenue for data collection with indicators that will be used to measure the achievements/progress made by government and the challenges hindering the progress made and address emanating issues.

Target 8. Have halted by Y2015, and begun to reverse the spread of HIV and AIDS

Table 6.1: Status of Achievement

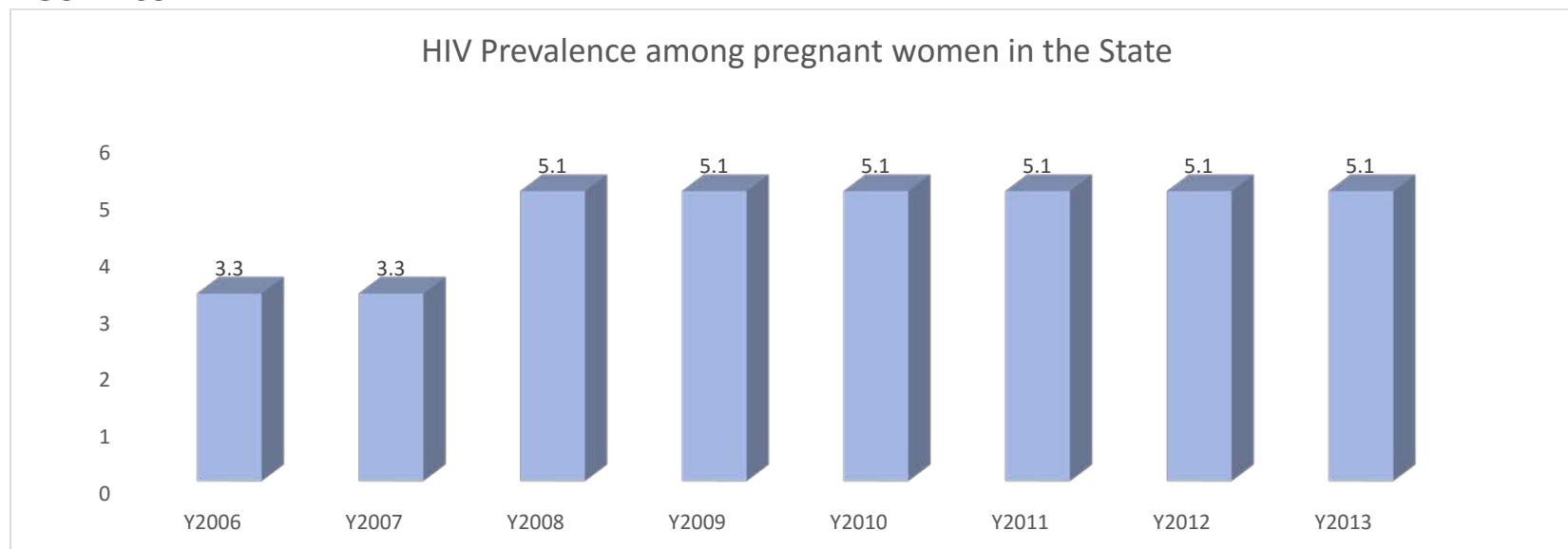
INDICATOR	Y2006	Y2007	Y2008	Y2009	Y2010	Y2011	Y2012	Y2013	TARGET 2015	PROGRESS TOWARDS TARGET
HIV Prevalence among pregnant women in the State	3.3	3.3	5.1	5.1	5.1	5.1	5.1	5.1	2.2	Remarkable
HIV Prevalence among 15-24 years old (women)		3.4	5.1	5.1	5.1	5.1	5.1	5.1	2.2	Remarkable
Percentage population aged 15-24 years with comprehensive knowledge of HIV and AIDS prevention and methods	47.10	51.70	56.30	72.00	72.00	72.00	94.90	98.00	100.00	Remarkable

Sources: Lagos State Ministry of Health

Human Immune-deficiency Virus infection/Acquired Immunodeficiency Syndrome (HIV/AIDS) is a disease caused by infection with the virus. Awareness of the virus came into existence in early 1980's. The term HIV/AIDS represents the range of diseases caused by the human Immuno-deficiency Virus from early infection to full blown symptoms. In the early stage of infection, the person may experience a brief period of illness which may be typically followed by a prolonged period without symptoms. The symptoms may be unknown for over a period of 10yrs. Some of the signs and symptoms include acute fever, diarrhoea, clinical latency, and Acquired immunodeficiency syndrome. Mode of transmission is through Sexual Intercourse with infected persons, Mother-to- Child, Body fluids, sharing of sharp objects with infected person, contaminated blood transfusion. Neglect of family planning and non-usage of contraception expose women to great risks of unwanted pregnancies, HIV infections and other Sexually Transmitted Diseases (STDs).

HIV infections is primarily prevented through safe sex (usage of condoms), non-sharing of needles or injection or any sharp object with an infected person. Anti-retroviral drugs often reduce the viral load of infected persons to avoid opportunistic infections and progression to AIDS or risk of death and complications from the disease.

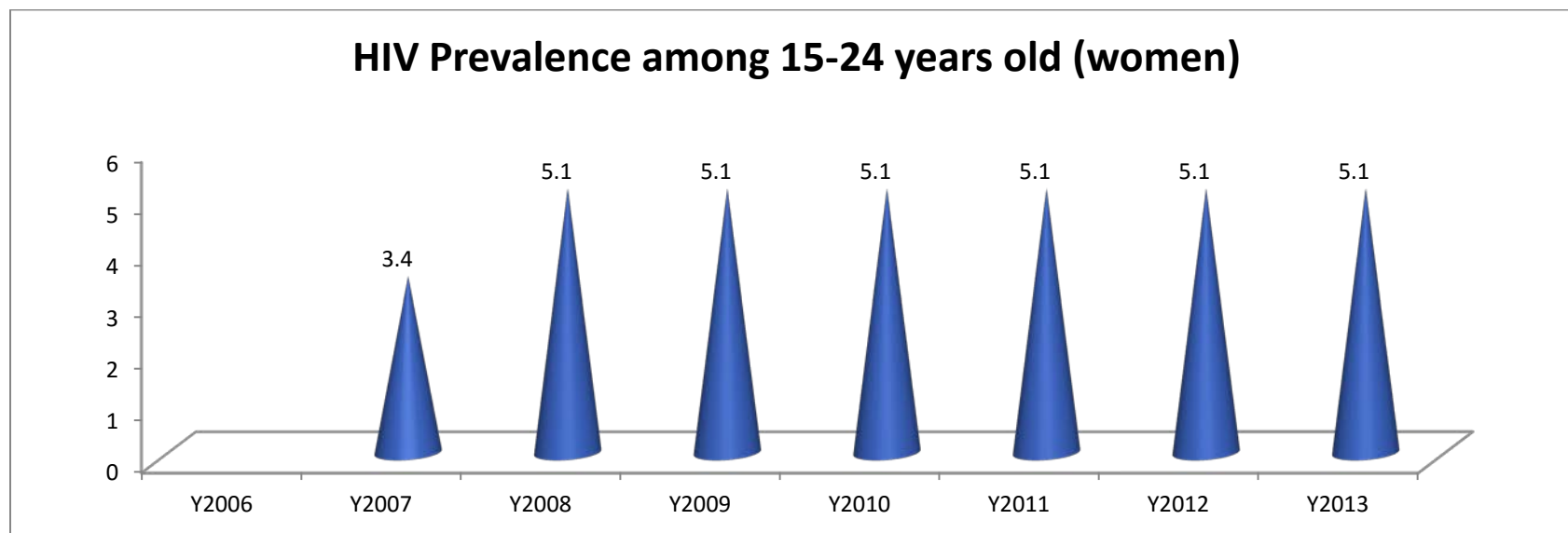
FIGURE: 35



STATUS AND TRENDS

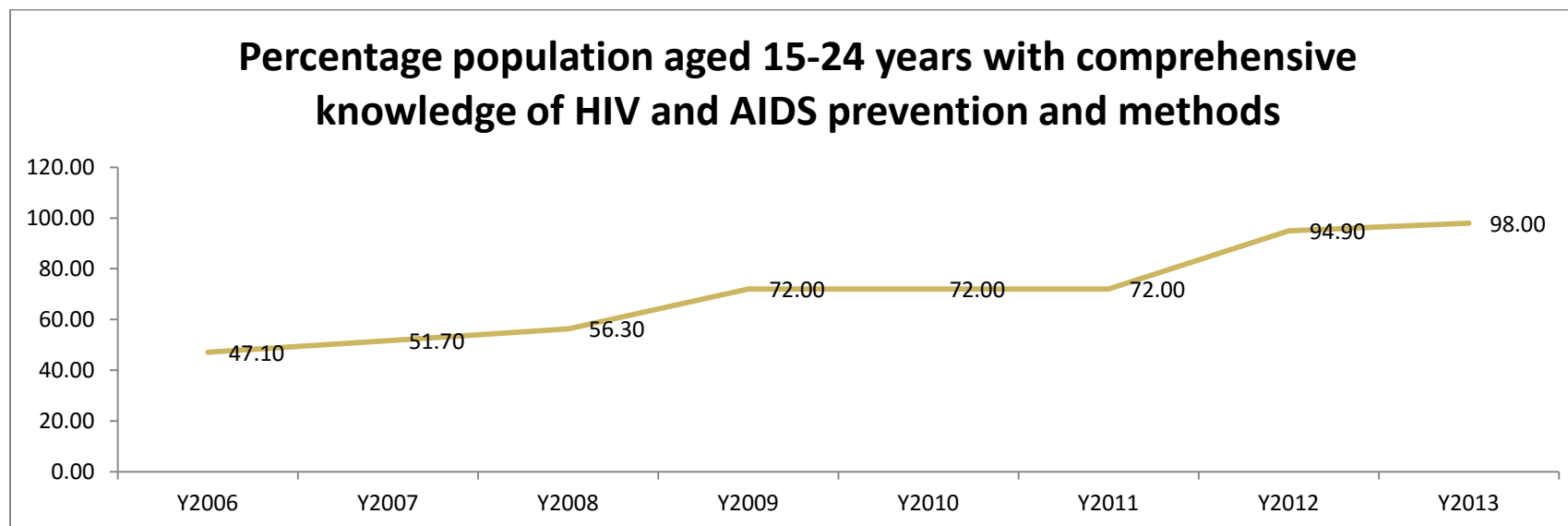
Family planning is one of the means of preventing HIV infection. The prevalence of HIV among pregnant women has diversity of reasons such as having unprotected sexual intercourse with infected persons, poverty and lack of education. In the Y2006 and Y2007 HIV Prevalence among pregnant women recorded 3.3 each while from Y2008 to Y2013, there were records of 5.1 each on HIV Prevalence among pregnant women in Lagos State. This shows that the spread among pregnant women is not rampant and the fear of newborns having the virus is very minimal.

FIGURE: 36



The globally accepted definition of a youth is people between ages 15-24 years. This is a period of critical transition into adolescence which often attracts adventurous unprotected sex from different sexual partners that could lead to HIV infection. HIV prevalence among ages 15 – 24 years old (women) recorded 3.4% in Y2007. The percentage remains constant for the remaining years (2008, 2009, 2010, 2011, 2012 and 2013), with a record of 5.1% each. It could be deduced from this trend that there is need for more sensitization on HIV/ AIDS campaign and awareness programme as well as the use of contraceptives among the youth towards achieving the set target of 2.2% by Y2015.

FIGURE: 37



In the Y2006, the awareness on HIV and AIDS prevention and methods within the age group of 15 -24 years was 47.10%. An increase of 4.60% was recorded between Y2007 and Y2008 with a record of 51.70% and 56.30% respectively. However, the comprehensive knowledge of HIV and AIDS prevention and methods remains constant for years 2009 to 2011 with a record of 72.00% indicating that there is comprehensive knowledge of HIV and AIDS prevention and methods within the age range. In Y2012 the awareness and prevention method of HIV and AIDS increased tremendously to 94.90% and a further improvement to 98.00% in Y2013. It could be deduced that all the Health Campaign programmes, Heart to Heart Centres all over the Health Centres and Hospitals have a great impact within the ages 15-24 years thereby making the youth free from HIV and AIDS.

SUPPORTIVE POLICY ENVIRONMENT

- The Law protecting the Rights of People Living With and Affected by HIV and AIDS has created an enabling environment to address HIV and AIDS stigma related issues.
- Creation of Justice clinic in collaboration with the Office of the Public Defender(OPD), Ministry of Justice, for the people living with HIV whose right has been infringed on.
- Existence and implementation of Workplace Policy for the Organized Private Sectors (OPS).
- HIV and AIDS Policy e.g. free Anti- Retroviral, CD4+ count test and HIV Counsel and Testing.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

There are various challenges associated with HIV/ AIDS, the most common is that people living with it find it difficult to disclose their status. However, other challenges encountered are:

- The bi-annual (every two years) National HIV and AIDS Sentinel Survey is currently on the Y2010 Report. While awaiting the results or report of the 2013 ANC Sentinel Survey, which has been done.
- Weak Monitoring and Evaluation system most especially at the local Government level.
- Poor financial commitment at the Local Government level, thus limiting the Lagos State AIDS Control Agency (LSACA) response.
- Stigma and discrimination has negatively impacted on the State response.
- Poor Logistic Management Information System.

- Poor health seeking behaviour by the populace.
- Inadequate spread of HIV service delivery point across the State especially the riverine communities.

OPPORTUNITIES

- High level of commitment and political will by the State Government
- The effective coordination of the State HIV and AIDS response by the Lagos State AIDS Control Agency (LSACA).
- Good synergy between LSACA and implementing partners working in the State.
- The Agency procured a mobile HIV counseling and testing vehicle that serviced the underserved communities.
- Budget line had been created for HIV in the Ministry of Women Affairs and Poverty Alleviation and Ministry of Health
- Family Life HIV and AIDS Education Curriculum is currently being implemented in Junior, Senior and some private Secondary Schools in the State.
- The State had achieved a high level of HIV awareness and knowledge on HIV prevention.
- There has been a continuous Increase in the uptake of HIV Counseling and Testing (HCT).
- Effective and sustainable referral network system had been established in the State.

- Massive scale up of Prevention of Mother-to- Child transmission (PMTCT) services across the State using the Primary Health Care Centres.
- There is an ongoing collaboration with the Traditional Birth Attendants (TBA) on universal safety precaution and PMTCT referral linkages.
- Availability of trained health care workers.
- Regular capacity building for the Lagos State Health care workers.
- Availability of quality service delivery at the HIV service points across the State.

TABLE 6.2: TRACKING PROGRESS IN COMBATING HIV AND AIDS

Element of Monitoring Environment	ASSESSMENT		
	Strong	Fair	Weak
Data-gathering capacities		✓	
Quality of recent survey information	✓		
Statistical tracking capacities		✓	
Capacity to incorporate statistical analysis into policy planning and resource allocation mechanisms			✓
Monitoring and evaluation mechanisms		✓	

PRIORITIES FOR DEVELOPMENT ASSISTANCE

Developmental assistance will be needed by the State in the following areas:

- Scale up of HIV services across the State to increase access and uptake of the services in hard to reach communities.
- Strengthen the line Ministries with the view to achieving mainstreaming in the respective Ministries.
- Support the procurement and distribution of commodities- test kits and anti-retroviral drugs.
- Support for media campaigns and public awareness creation programmes on HIV and AIDS.
- Strengthen M&E system across the various levels in the State.

STATUS HIGHLIGHTS: GOAL SIX :(TARGET 8: COMBAT HIV/AIDS)

Will target be reached by Y2015?			
Probably	Potentially	Unlikely	INSUFFICIENT DATA
Policy Environment			
Strong	FAIR	Weak but improving	Weak

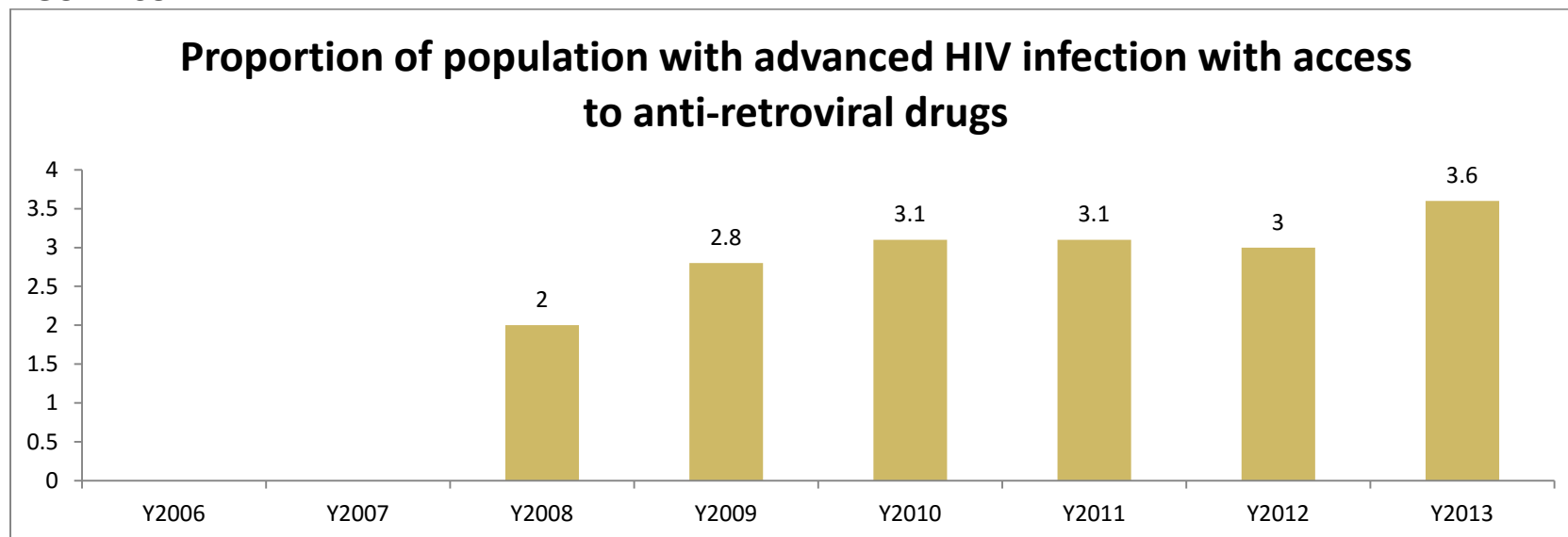
TARGET 9: ACHIEVE BY Y2015 UNIVERSAL ACCESS TO TREATMENT FOR HIV/AIDS FOR ALL THOSE WHO NEED IT

TABLE 6.3 STATUS OF ACHIEVEMENT

INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
Proportion of population with advanced HIV infection with access to anti-retroviral drugs			2	2.8	3.1	3.1	3	3.6		Remarkable

SOURCE: Lagos State Ministry of Health (LSMOH)

FIGURE: 38



Anti-Retroviral drugs are usually given to patients with HIV virus to suppress viral load and enhance long life span. In Y2008, the population of people infected with HIV and who had access to anti-retroviral drugs recorded 2% and gradually increases to 2.8% in Y2009 but remained constant in Y2010 and Y2011 with a record of 3.1% each. It then dropped to 3% in Y2012 and finally increased to 3.6% in Y 2013. This shows that government intervention in combating the HIV virus has a positive effect on the citizenry.

SUPPORTIVE POLICY ENVIRONMENT

- (i) Free services in hospitals on counseling and testing to know your HIV status.
- (ii) Good remuneration for health workers to enhance quality service delivery.

- (iii) Free Anti-Retroviral (ARV) drugs to infected persons.
- (iv) Access to PMTCT program by pregnant women attending Anti Natal Care (ANC) Clinics in the State.
- (v) Sensitization of stakeholders on the execution of the anti-stigma law.

CHALLENGES

- (i) Inadequate funding as a result of the population that are infected with HIV.
- (ii) Stigmatization and discrimination problem.
- (iii) Weak monitoring and evaluation of HIV/AIDS activities.
- (iv) Poor logistic management of drugs and other commodities.
- (v) Inadequate spread of HIV service delivery points across the State, especially the Riverline communities.
- (vi) Poor health seeking behaviour by the infected people in the State.

OPPORTUNITIES

- (i) Availability of HIV/AIDS Counseling and Testing (HCT) site and Anti-Retroviral Treatment (ART) centers in all the State General Hospitals, Primary Health Centers (PHCs) and some private health facilities in collaboration with the State Government.
- (ii) Effective coordination of HIV and AIDS response in the State by LSACA.
- (iii) Supportive roles of development partners to the State on HIV and AIDS programmes and activities.

TABLE 6.4: TRACKING PROGRESS IN ACHIEVING UNIVERSAL ACCESS TO TREATMENT OF HIV/AIDS BY Y2015 FOR ALL THOSE WHO NEED IT

Element of Monitoring Environment	ASSESSMENT		
	Strong	Fair	Weak
Data-gathering capacities		✓	
Quality of recent survey information		✓	
Statistical tracking capacities		✓	
Capacity to incorporate statistical analysis into policy planning and resource allocation mechanisms		✓	
Monitoring and evaluation mechanisms		✓	

PRIORITIES FOR DEVELOPMENT ASSISTANCE

In order to achieve the primary goal of having a robust universal access to treatment of HIV/AIDS by Y2015, certain health programmes are germane. This would be jointly achieved by the State Government, Civil Society Organisation and International bodies which will be coordinated by Lagos State AIDS Control Agency (LSACA) and supervised by Ministry of Health for meaningful result. Technical support by all stakeholders will be beneficial to the State in the following areas.

- (i) Adequate training on HIV/AIDS treatment and care that will foster healthy lives for infected persons.
- (ii) Having a policy in place that will provide easy access for People Living With HIV & AIDS (PLWHA) to obtain treatment.
- (iii) Capacity building for all State health workers on HIV/AIDS management
- (iv) Assistance in building standard and well equipped hospitals.
- (v) Organising media campaign, educative forum and public awareness programmes on HIV/AIDS.
- (vi) Monitoring and Evaluation system on HIV/AIDS should be strengthened through capacity building.

STATUS HIGHLIGHTS: GOAL SIX (TARGET 9: ACHIEVING BY Y2015 UNIVERSAL ACCESS TO TREATMENT FOR HIV/AODS FOR ALL THOSE WHO NEED IT)

Will target be reached by 2015?			
Probably	Potentially	Unlikely	INSUFFICIENT DATA
Policy Environment			
Strong	FAIR	Weak but improving	Weak

MALARIA PROGRAMME

Malaria is one of the tropical diseases affecting people in Africa. It is caused by a parasite known as plasmodium and is transmitted by the female anopheles mosquito which introduces the parasite into the bloodstream of humans. Signs /symptoms of malaria include: fever, headache, pains, nausea, vomiting, diarrhoea and abdominal cramps. The illness, if not well attended to, can easily lead to death. It is usually common among pregnant women and children under the age of 5 years.

TARGET 10: HAVE HALTED BY Y2015, AND BEGUN TO REVERSE THE INCIDENCE OF MALARIA AND OTHER MAJOR DISEASES

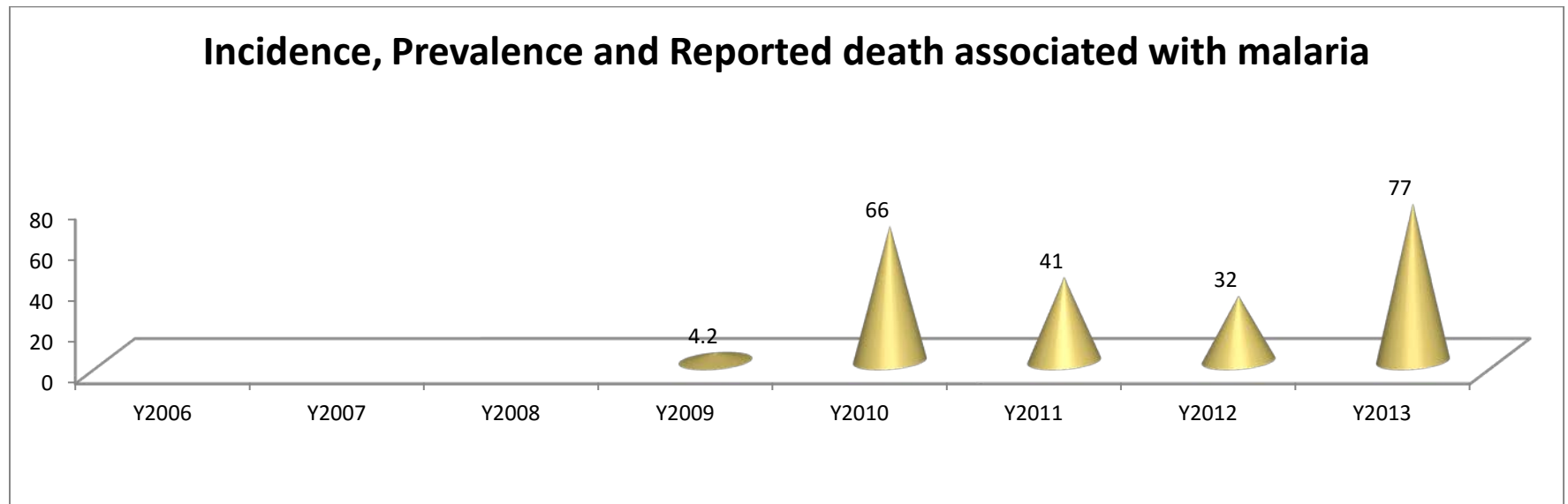
TABLE 6.5 STATUS OF ACHIEVEMENT

INDICATOR	Y2006	Y2007	Y2008	Y2009	Y2010	Y2011	Y2012	Y2013	TARGET 2015	PROGRESS TOWARDS TARGET

Incidence, prevalence and Reported death associated with malaria				4.2	66	41	32	77		Remarkable
Proportion of Children under-five sleeping under insecticides treated bed nets			57.8					18	100	Remarkable
Proportion of Children under five with fever who are treated with appropriate anti-malaria drugs		7.6			96	76	93	79		Remarkable
No of malaria cases Reported	366,425	427,673	467,625	562,869	525,870	622,562	488,780	566,215		

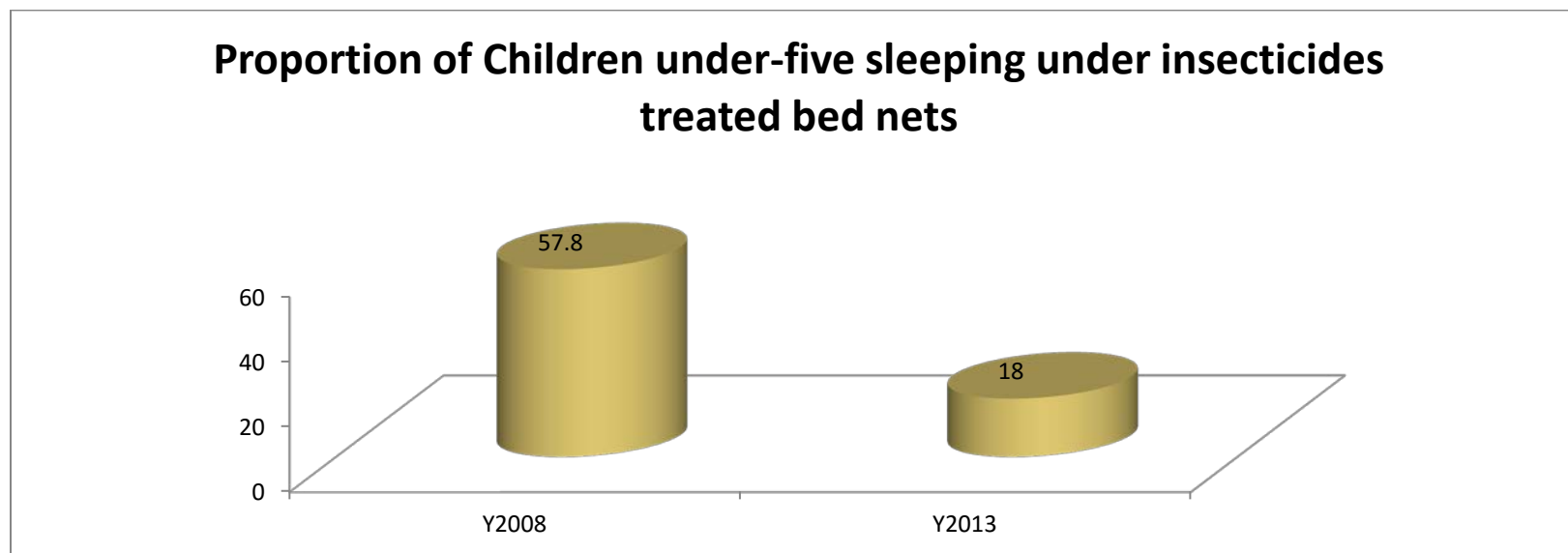
SOURCE(S): Y2011, Y2012 and Y2013 Household Survey
Lagos State Ministry of Health (LSMOH)
Digest of Statistics

FIGURE



Malaria could be deadly if not attended to on time. The research study during the years under review shows that the incidence, prevalence and death associated with Malaria in Y2009 recorded 4.2, while it increased to 66 in Y2010. In Y2011 and Y2012, the figure decreased drastically to 41 and 32. An increase was shown in Y2013 with a record of 77. Generally, it could be deduced that the Kick Malaria Away Program and other Health related programmes be re-engineered to sustain the trend recorded before Y2013.

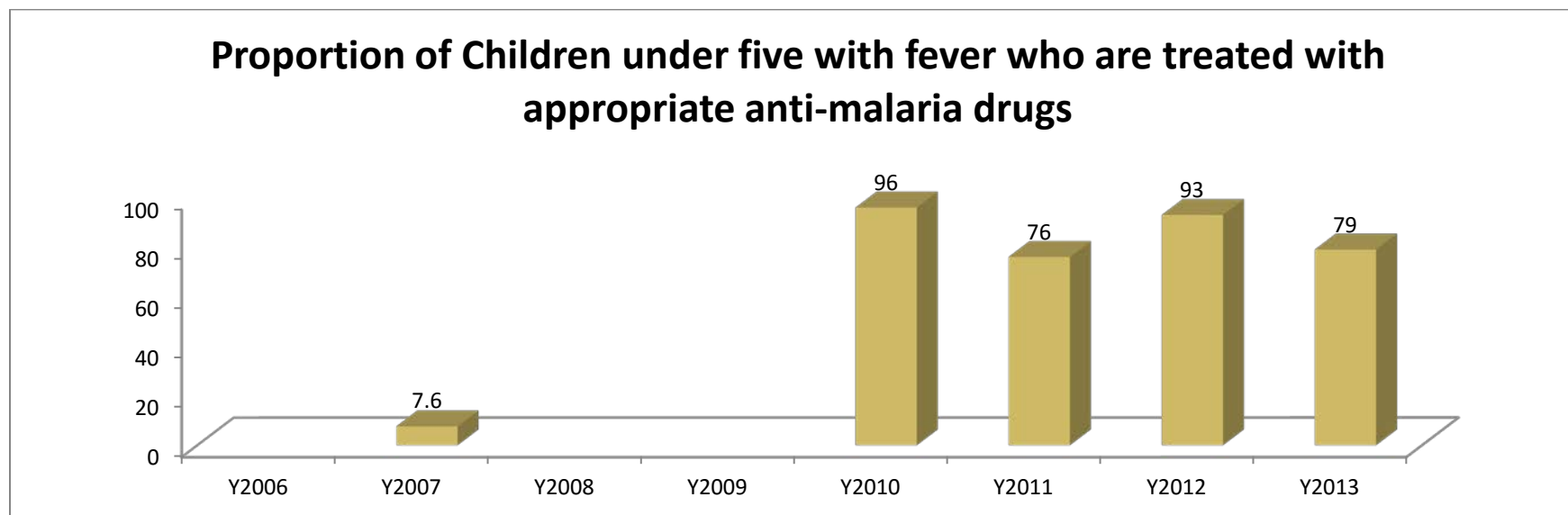
FIGURE



PROPORTION OF CHILDREN UNDER FIVE SLEEPING UNDER INSECTICIDE - TREATED BED NETS

Insecticides treated bed nets are used for prevention of mosquito bites. The use of insecticide treated bed net will reduce the contact of it. In Y2008 the record showed 57.8% and there were no records for subsequent years until Y2013 which recorded 18%. Although, the Lagos State government has made tremendous efforts to combat malaria by distributing mosquito nets to its citizenry, it still needs to double its effort to ensure that mosquito nets are made available to children under five in all households.

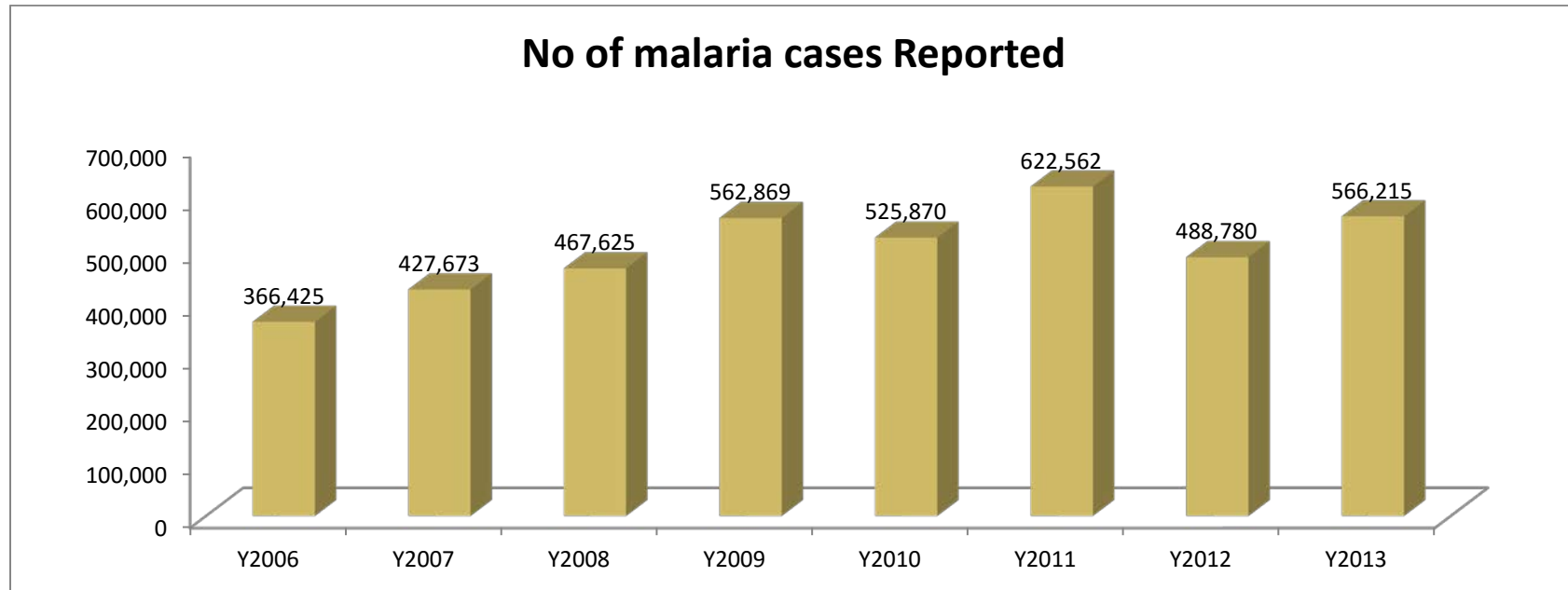
FIGURE



Proportion of Children under five with fever who are treated with appropriate anti-Malaria Drugs

Antimalarial drugs (e.g. Artemisinin Combination Therapy) are used to treat malaria. The Lagos State Government ensures that appropriate antimalarial drugs are available in all public health facilities. Despite this, it was observed that only 7.6% of children under-5 with fever were treated with appropriate anti-malaria drugs in Y2007. There were no data for the Years 2006, 2008 and 2009. Fluctuations were recorded between Y2010 and Y2013 with Y2010 it recording 96% but later dropped to 76% in Y2011 also Y2012 recorded 93% and 79% recorded in Y2013.

FIGURE



NUMBER OF MALARIA CASES REPORTED

The number of reported cases of malaria in Y2006 was 366,425 while in Y2007, reported cases of malaria increased to 427,673. The figure also increased in Y2008 with a record of 467,625.

In Y2009, the cases increased further to 562,869 and dropped to 525,870 in the Y2010. The trend shows fluctuations from the Y2008 to Y2013. Thus in Y2012 it recorded 488,780 and increased to 566,215 reported cases of malaria in Y2013.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

A lot of challenges were faced by the State Government in combating Malaria; Targets were set and effort being made towards achieving this target. Some of the things put in place to combat malaria are:-

- The roll back malaria programme.
- Provision of free insecticides mosquito bed nets.
- Free malaria treatment in hospitals for all ages.

Challenges encountered are:

- (i) Poor environmental sanitation. Condition of slums area is a deterrent to all prevention programmes on malaria. The poverty level of people residing in this area makes them seek traditional treatment for malaria and this promotes harmful practices and unskilled health care practitioners.
- (ii) Availability of fake drugs. For malaria without NAFDAC authenticity, coupled with the fact that there are diversity emerging malaria drugs which calls for concern on the new treatment regime and the fact that drugs are available off the shelf without proper prescription.
- (iii) Availability of monotherapy drugs. Poor capacity for undertaking effective monitoring and evaluation of various kinds of programmes on malaria for statistical Reporting poses challenges for planning intervention programmes. This constraint may be responsible for:
 - (a) Poor Reporting network
 - (b) Poor laboratory and diagnostic services.
- (iv) Inadequate manpower for provision of services.

OPPORTUNITIES

- (i) Committed budget lines and political will towards achieving one of the Ten Point Agenda.
- (ii) Private sector participation in addressing the problem.
- (iii) Support from donors and partners to combat the disease.
- (iv) Availability of malaria drugs in hospitals.

SUPPORTIVE POLICY ENVIRONMENT

The National Strategic Plan for Malaria Control guides malaria control interventions in Nigeria. The Lagos State Government adopts this plan fully and the areas of intervention include: Prevention, Malaria Case Management, Malaria in Pregnancy, Advocacy, Communication & Social Mobilization, Monitoring, evaluation and Operational Research and Health System Strengthening. Stakeholders in the implementation of this plan include: government, private sector, research organization, media development partners and civil society organizations.

TABLE 6.6: TRACKING PROGRESS IN COMBATING MALARIA AND OTHER DISEASES

Element of Monitoring Environment	ASSESSMENT		
	Strong	Fair	Weak
Data-gathering capacities			
Quality of recent survey information	✓		
Statistical tracking capacities	✓		

Capacity to incorporate statistical analysis into policy planning and resource allocation mechanisms		✓	
Monitoring and evaluation mechanisms	✓		

PRIORITIES FOR DEVELOPMENT ASSISTANCE

The under listed are areas where the State Government needs development assistance.

- (i) Scale up of services for universal access to malaria treatment.
- (ii) Provision of sufficient capacity building for Monitoring and Evaluation (M&E) officers on data collation analysis and use.
- (iii) Support for the mobilization of more resources for Result Based Management (RBM) in communities and villages (the underserved).
- (iv) Support for indoor residual spraying.
- (v) Capacity building for health care workers, mentoring and supportive supervision programmes to facilitate skill acquisition.
- (vi) Provision of free ITNs to vulnerable groups with adequate information on appropriate usage and re-treatment of the nets.
- (vii) Human resource development to strengthen the implementation capacity of the malaria control programme at State, Local and Community Levels.

STATUS HIGHLIGHTS: GOAL SIX (TARGET 10: COMBATING MALARIA AND OTHER DISEASES)

Will target be reached by 2015?			
Probably	Potentially	Unlikely	INSUFFICIENT DATA
Policy Environment			
Strong	Fair	Weak but improving	Weak

TUBERCULOSIS PROGRAMME

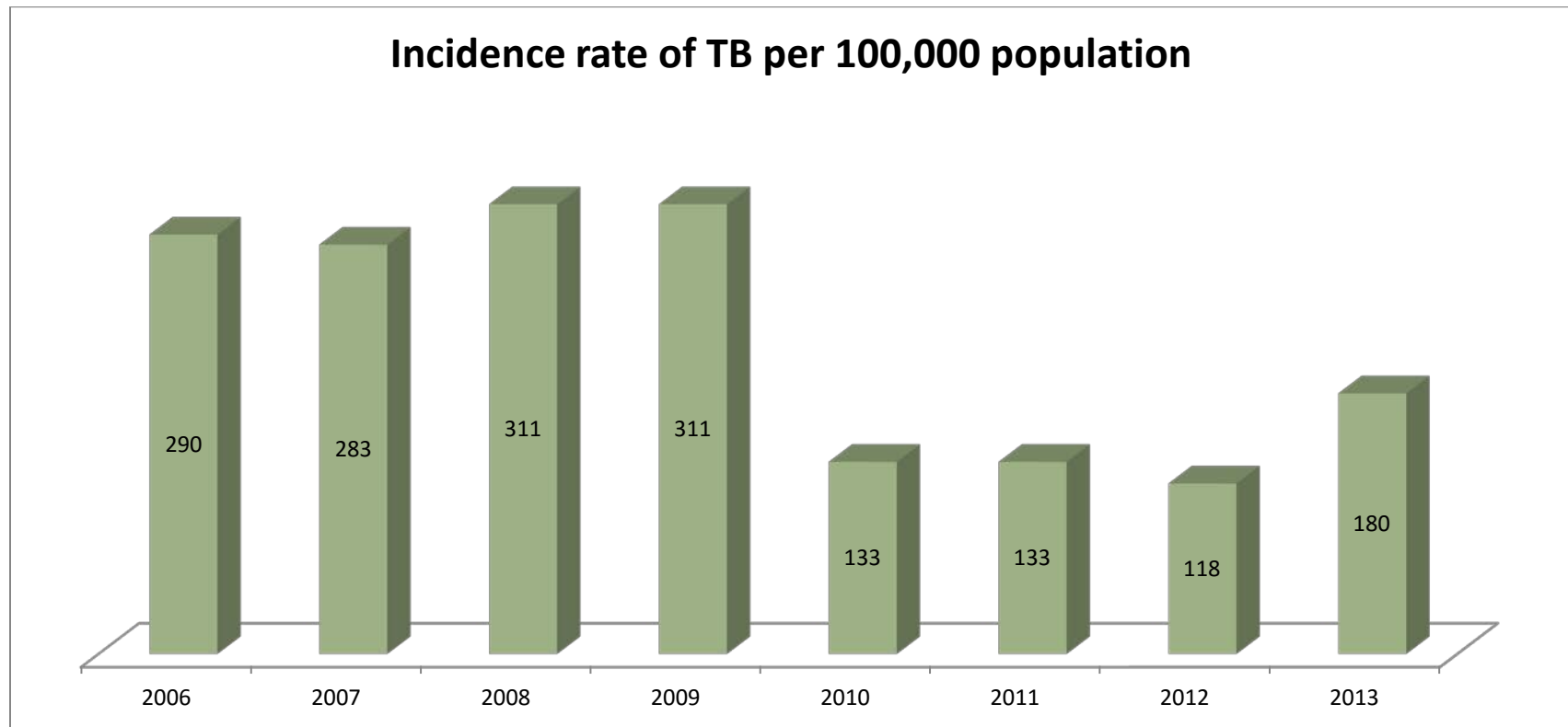
This is an infectious disease that usually affects the lungs. The *Mycobacterium tuberculosis* bacterium causes TB. The disease is rated second greatest killer disease due to a single infectious agent worldwide. It was Reported that in Y2012, 1.3million people died from the disease with 8.6million falling ill. There are two kinds of TB, namely latent and active. Latent TB is not contagious but could be active in the body while in active (TB), the bacterial do causes symptoms and can be transmitted to others. It is spread through the air from person to person, when people with TB affecting the lungs cough, sneeze, spit, laugh or talk. The symptoms include loss of weight, loss of appetite, fatigue and fever.

TABLE 6.7

INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
Estimated incidence rate of TB per 100,000 population	290	283	311	311	133	133	118	180		Improving
Estimated prevalence rate of TB per 100,000 population	531	536	616	521	199	199	171	270		Improving
Death rate due to TB	2.3	2.8	2.8	1.8	3.0	2.8	3.3	3.0		Improving
No of TB cases Reported	8,690	9,680	9,933	9,682	8,182	8,515	8,455	9,444		Worsening
Proportion of TB cases detected and cured under directly observed treatment short - course	63	62	63	62	66	69	74	75		Worsening

SOURCE: Lagos State Ministry of Health (LSMOH)

FIGURE

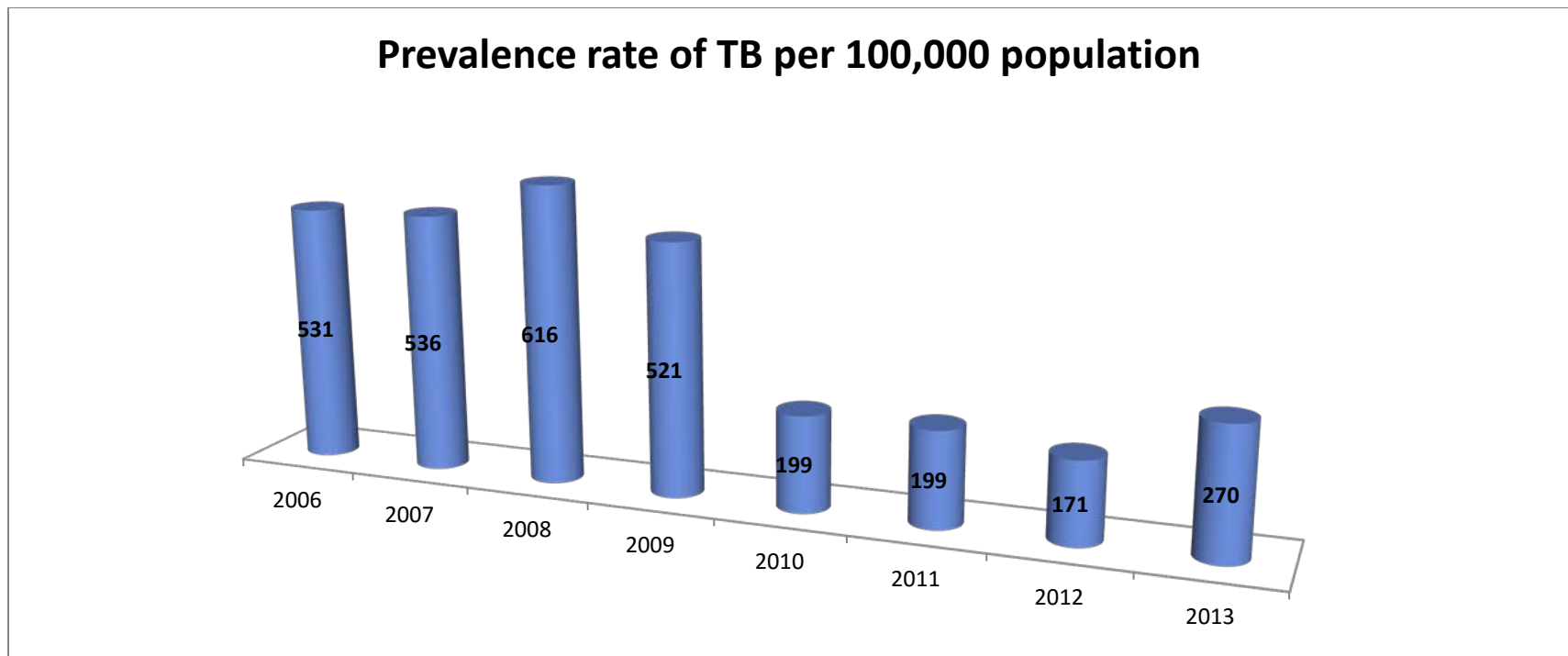


INCIDENCE RATE OF TUBERCULOSIS (TB) PER 100,000 POPULATIONS

The Tuberculosis is a deadly disease that can be treated if medical attention is sought on time. In Lagos State, the rate at which people get in contact with (TB) is recorded per 100,000 populations. In Y2006, it was recorded that the incidence rate stood at 290 and a slight reduction was noticed in Y2007 with a record of 283.

The incidence rate of TB in Y2008 and Y2009 was same with a total of 311 for each year. A drastic reduction was noticed in Y2010 with a record of 133 and remains the same for Y2011. The reduction was maintained in Y2012 with a total record of 118 but increased in Y2013 with 180 incidence rate of TB per 100,000 populations.

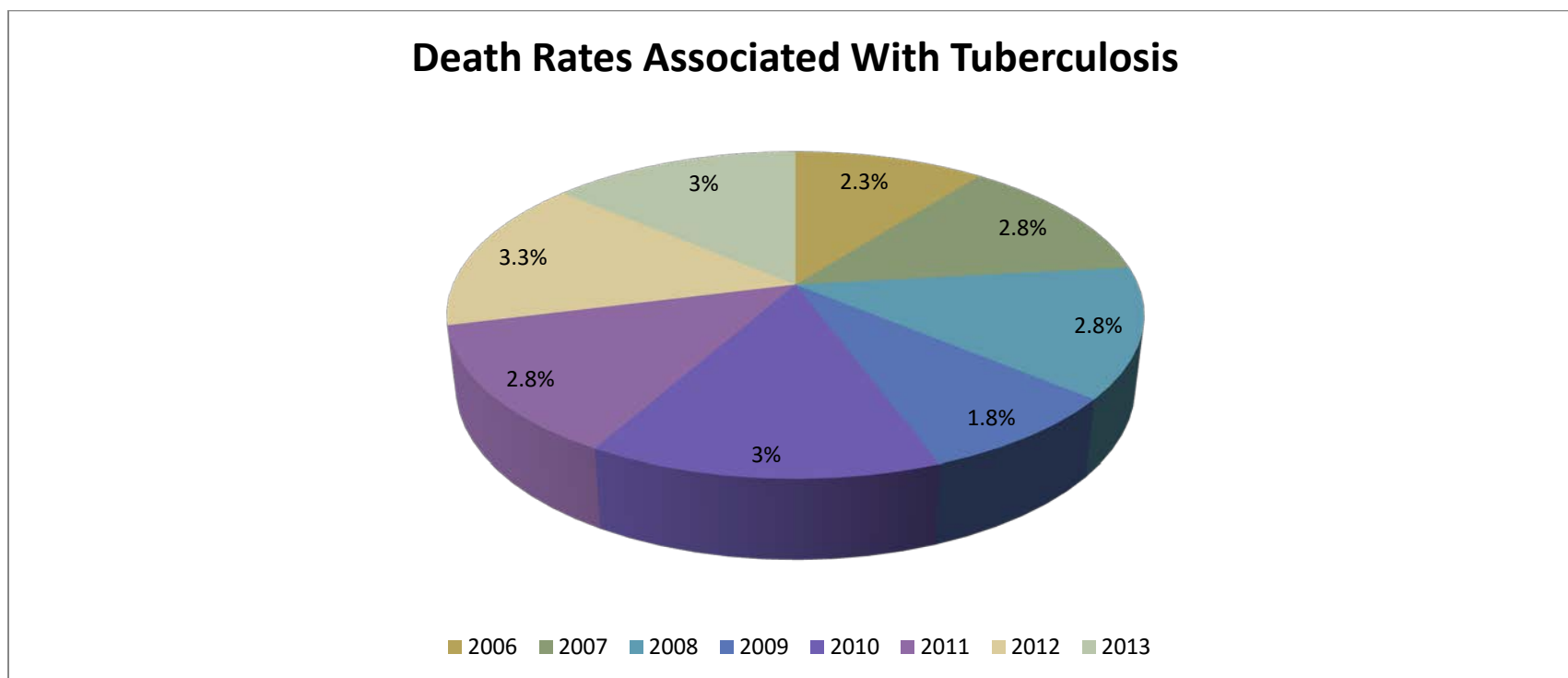
FIGURE



PREVALENCE RATE OF TUBERCULOSIS (TB) PER 100,000 POPULATIONS

Prevalence rate is the time with which the disease exists with the infected person. In Y2006, it was recorded that prevalence rate of (TB) was 531 per 100,000 populations, and the figure increased slightly to 536 per 100,000 populations in Y2007. However, tremendous increases were recorded in Y2008 with a total of 616 per 100,000 populations and continuously decrease in Y2009, Y2010, Y2011 and Y2012 with records of 521, 199, 199 and 177 per 100,000 populations respectively. In Y2013 it was observed that the prevalence rate of (TB) increased to 270 per 100,000 populations with a wide range of increase compared to the figure recorded in Y2012.

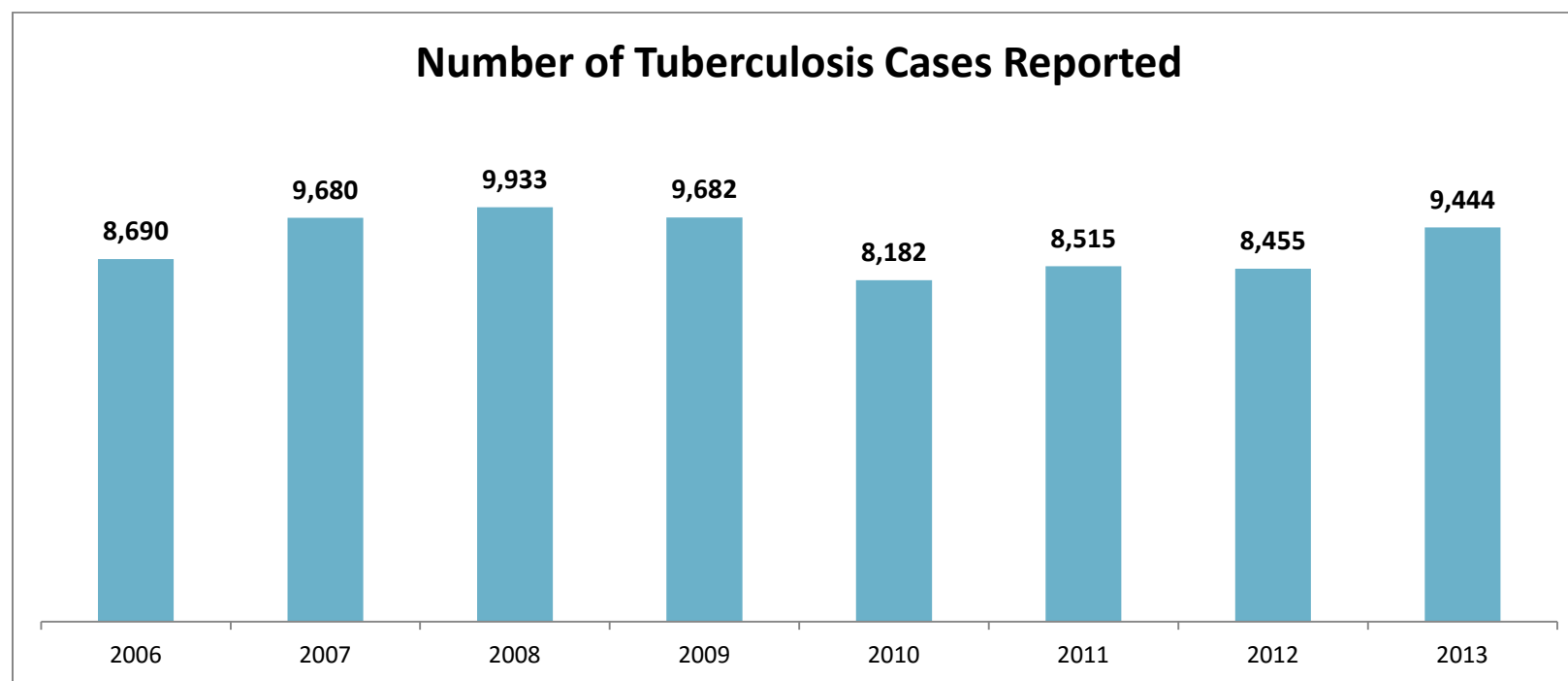
FIGURE



DEATH RATES ASSOCIATED WITH TUBERCULOSIS

Tuberculosis patients that died on yearly basis irrespective of the TB grade were found to be 2.3% in Y2006 and rose to 2.8% in Y2007. The trend could be said to be fluctuating from Y2008 upwards with a record of 2.8%. The death rate associated with TB, dropped to 1.8% in Y2009 and increased to 3% in Y2010. A slight decrease was noticed in Y2011 with a record of 2.8% and also increased to 3.3% in Y2012 and reduced slightly to 3% in Y2013.

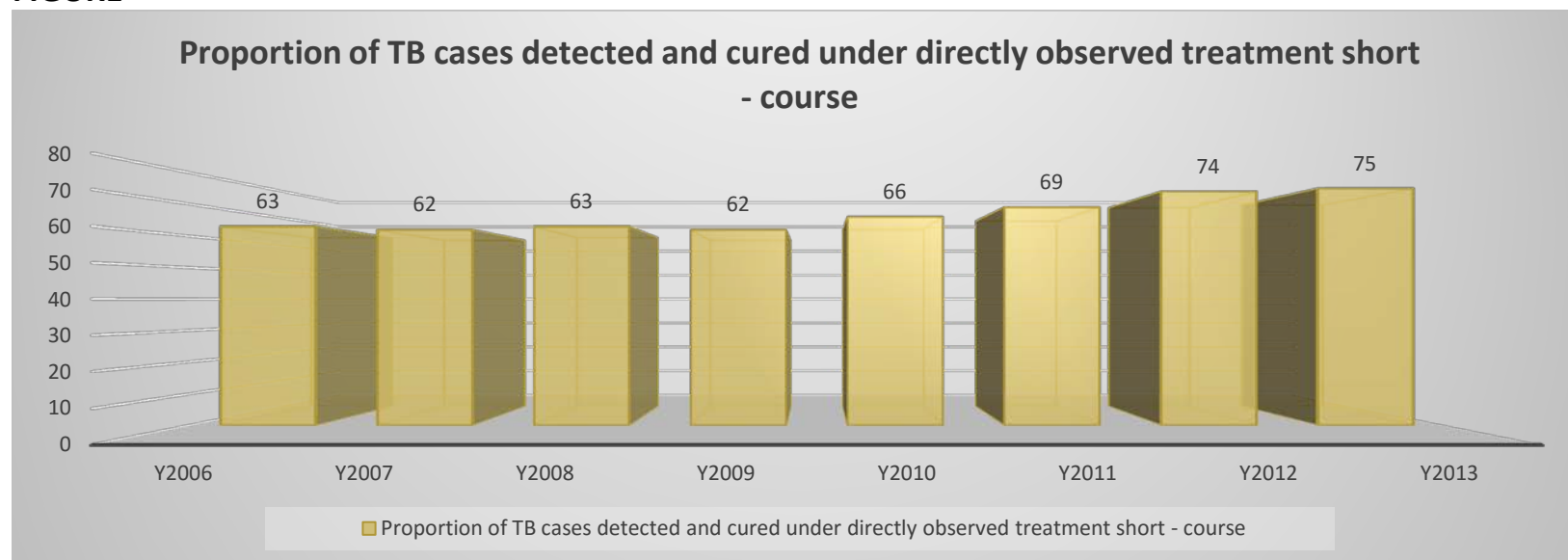
FIGURE



NUMBER OF TUBERCULOSIS CASES REPORTED

The number of tuberculosis cases Reported in Lagos State on yearly basis differs. The total number of tuberculosis cases Reported in Y2006 was 8,690. A tremendous increase was recorded in Y2007 with 9,680 cases of TB. In Y2008, there was an increase in the Reported cases of TB with a record of 9,933 and it decreased to 9,682 in Y2009. Comparing the three years afterwards, there was a fluctuating trend in the Reported cases with 8,182, 8,515 and 8,455 for Y2010, Y2011 and Y2012 respectively. In Y2013 the record was on the high side with a total of 9,444 cases of TB Reported.

FIGURE



Tuberculosis cases detected and cured under directly observed treatment short course are cases without prolonged infections, Patients were placed under observation and short course treatment were administered. In Y2006 and Y2007, total cases of 63% and 62% were Reported cases of tuberculosis detected and cured under directly observed treatment short course. There was a slight increase in Y2008 with 63% and the figure decreased

in Y2009 with 62%. The figures were on the high sides throughout the preceding years indicating 66%, 69%, 74% and 75% for Y2010, Y2011, Y2012 and Y2013 respectively. It could be deduced that the State Government needs to educate and enlighten the citizens on preventive methods of TB infection.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

- (i) Weak public Health education on Tuberculosis, especially for people that are illiterates.
- (ii) High level of pollution in the State has exacerbated the occurrence and impact of Tuberculosis in the general population. (There is also lack of knowledge of the relationship between the two diseases (TB and HIV) despite WHO recommended strategy for Directly Observed Treatment Short Course (DOTS), TB/HIV collaborative activities are still very rudimentary.
- (iii) Inadequate capacity building for health workers in Directly Observed Treatment Short Course (DOTS).
- (iv) Lack of community involvement in (DOTS).
- (v) Weak laboratory and diagnostic services.
- (vi) Weak integration of health services.

OPPORTUNITIES

- (i) Budget allocation and political will to combat the disease.
- (ii) Private Sector participation to address the problem.
- (iii) Donors and partners have strong support to combat the diseases.

SUPPORTIVE POLICY ENVIRONMENT

- (i) Provision of free medical treatment.
- (ii) Establishment of 46 DOTS centres in the Public Health facilities in the State.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

- (i) Capacity building and reorientation for relevant health personnel on the new treatment policies and TB control.
- (ii) Capacity building for M & E officers on data collection, analysis and use.
- (iii) Free treatment of TB for the poor, mothers and children as well as subsidizing the rest of the citizens in the treatment of these diseases.

CONCLUSION

The data collated and analysed on HIV/AIDS, Malaria and Tuberculosis indicated that the State Government and the citizens at large needs to collaborate and intensify effort towards achieving Goal 6. The trend in progress made is very slow and there is wide range of challenges outlined in combating these diseases. Nevertheless, the goal could be achieved and the disease could be halted by Y2015 if all the emanating challenges are met.

GOAL 7

Ensure Environmental Sustainability

For optimal performance of any State, one of the important preconditions is to ensure that the available environmental resources are well utilised and sustained to facilitate the desired development. Hence, forest should be well preserved, citizens should have access to safe drinking water as well as basic sanitation while the population of urban living in slum should be reduced to the barest minimum if not totally eliminated.

Target 11: Integrate the principles of sustainable development into the policies and programmes and reverse the loss of environmental resources.

Table 7.1: Status of Achievement

INDICATOR	Y2006	Y2007	Y2008	Y2009	Y2010	Y2011	Y2012	Y2013	TARGET 2015	PROGRESS TOWARDS TARGET
proportion of the State land area covered by forest	15	17	16	16	18	18	12	12	20	Stabilising
Proportion of gas flared	-	-	-	-	-	-	-	-	0	Not Applicable

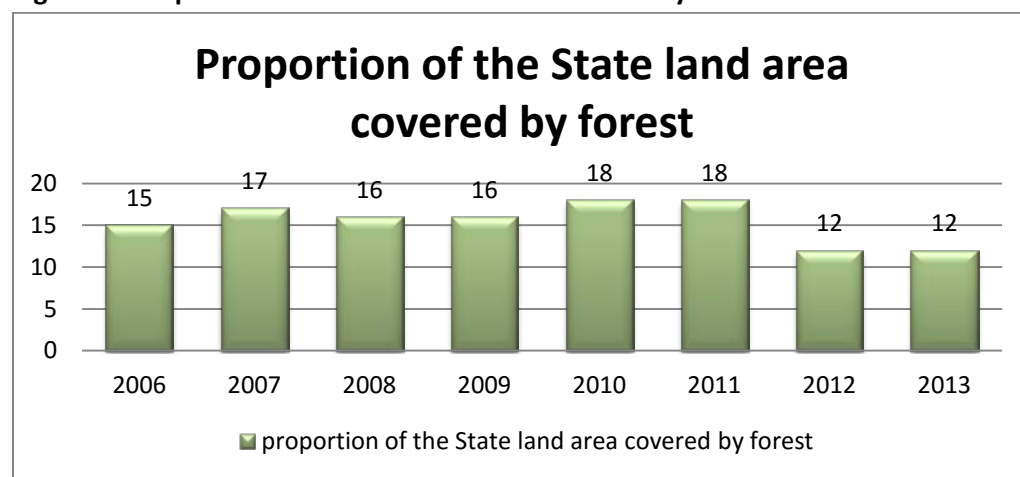
Source(s): Lagos State Millennium Development Goals Report: Y2011
Lagos State Ministry of Agriculture and Cooperatives

STATUS AND TRENDS

Concerted efforts are being made by the Lagos State Government to propel the activities of her citizens toward ensuring Environmental Sustainability in the State. It is interesting to mention here that Environmental Sustainability is still one of the major challenges in the State. Considering the activities of all the Ministries/Agencies assigned to the environment, there is likelihood that greater improvements would be recorded.

From Table 7.1 above, the analysis shows that the proportion of land area in Lagos State covered by forest increased from 15% in Y2006 to 17% in Y2007 and dropped to 16% in years 2008 and 2009 respectively. The trend however, increased to 18% in years 2010 and 2011 respectively. Surprisingly, despite the programmes/projects put in place by Government with a view to achieving the Millennium Development Goals target of 20% forest area by Y2015, a constant decline of 12% was recorded in years 2012 and 2013 respectively, signifying that the achievement of Millennium Development Goals target of 20% forest area is unlikely to be met by Y2015. The trend is also presented in the figure below:

Figure:46 Proportion of the State Land Area Covered by Forest



SUPPORTIVE POLICY ENVIRONMENT

The policy thrust of the Lagos State Government has not really changed.

It is targeted at achieving a safe, sound, functional, productive and sustainable environment. The policy comprises the following components:

- ✓ Tree Planting Programme.
- ✓ Expansion of Tree Nurseries.
- ✓ One (1) Community one (1) Forest Initiative.
- ✓ Expansion of Forest Plantation.
- ✓ Forest Policy and Enforcement.
- ✓ Improving Protection Mechanisms for Sustainable Biodiversity Conservation.
- ✓ Fostering Biodiversity Protection and Management of Natural Resources.
- ✓ Strengthening Erosion and Flood Control Management.
- ✓ Promoting and Supporting Environment Friendly Physical Planning.
- ✓ Developing and Sustaining Solid, Liquid and Gaseous Waste Management.
- ✓ Enforcing Environmental Laws and Regulations.
- ✓ Developing an Integrated Disaster Management and Risk Reduction Programme.

- ✓ Promoting Environmental Sanitation.
- ✓ Ensuring Efficient Industrial Wastewater, Air, Noise and Oil Pollution Management.
- ✓ Periodic Review of State Policies on Physical Planning, Urban Development and Environment.
- ✓ Preparation of Sub-Regional Model City and Master Plan.
- ✓ Encouraging Sustainable Dredging and Surface Mining.
- ✓ Developing and Use of Renewable Energy.
- ✓ Achieving Zero Waste Tolerance.
- ✓ Beautification of Open Spaces and Parks (The Green Lagos Project).
- ✓ Efficient Management of Industrial Wastes through LASEPA.
- ✓ Creation of Conservation Clubs in Schools.
- ✓ Creation of Climate Change Department.
- ✓ Management of waste unit.

Some of the existing projects initiated by the State in the bid to achieve these policy objectives include:

1. Rural water supply and sanitation to communities.
2. Urban Forestry, Beautification and Green Lagos project.
3. Creation of Climate Change Clubs in schools.

4. Waste to Wealth Project.
5. School Advocacy Programme.
6. Community Clean-up Campaign.
7. Waste to Energy Project.
8. Street captain (Highway Managers).
9. Transfer Loading Stations.
- 10.E-waste Management Project.
- 11.Introduction of Liquefied Petroleum Gas (LPG) for cooking.
- 12.Marine Waste Collection.
- 13.Establishment of Enforcement arms Kick Against Indiscipline (K.A.I.) and Environmental Offences Court.
- 14.Implementation of Environmental Impact Assessment Regulation.
- 15.Independent Power Project (IPP) to enhance Urban Water Supply and others.
- 16.Establishment of waste recycling project.

In addition, other guidelines and action plans to ensure environmental sustainability in Lagos State include the adoption of the following policies:

- National Guideline on Erosion and Flood Control 2004.
- National Erosion and Flood Control Action Plan.

- National Environmental Sanitation Policy (NESP).
- National Environmental Sanitation Action Plan (NESAP).
- Policy Guideline on Pest and Vector Control.
- National Industrial Effluent Limitations Regulation.
- Policy Guidelines on Sanitary Inspection of Premises.
- Policy Guidelines on Solid Waste Management.
- Policy Guidelines on Market and Abattoir.
- Policy Guidelines on Excreta and Sewage Management.
- Pollution Abatement in Industries and Facilities Generating.
- Management of Solid and Hazardous Wastes Regulation.
- Dredging Law (Water front).
- LAWMA Law.

CHALLENGES AND OPPORTUNITIES

CHALLENGES:

Some of the identified challenges confronting the attainment of environmental sustainability in the State include:

- Surface mining activities in areas like Badagry/ Seme and Epe/ Ibeju axis among others.

- Rapid Urbanisation.
- Massive Real Estate Development, especially in areas that were hitherto rural areas.
- Industrial pollution problems.
- Inadequate public enlightenment on the inherent advantages and prospects of sustainable environmental protection and development.
- Attitude of people toward forestation.
- Weak enforcement of environmental laws.
- Inadequate data gathering system to guide environmental protection and management.
- Inadequate funding.
- Slow adoption of environmental friendly technologies in all the sectors of development.
- Absence of environmental baseline data to provide a benchmark for efficient and effective monitoring of the environment.
- Environmental degradation owing to non-restoration of top soil after surface soil mining activities.
- Ineffective coordination among relevant Ministries, Departments and Agencies (MDAs) on environmental issues.

OPPORTUNITIES:

- Environmental forestry.
- Communal forestry.
- Strong political will to address environmental problems in the State.
- Willingness of development partners to partner with the State.
- Public enlightened.

Table 7.2: Tracking the Goals for Loss of Environmental Resources

Element of Monitoring Environment	Assessment		
	Strong	Fair	Weak
Data-gathering capacities		✓	
Quality of recent survey information	✓		
Statistical tracking capacities		✓	
Capacity to incorporate statistical analysis into policy planning and resource allocation mechanism			✓
Monitoring and evaluation mechanisms		✓	

PRIORITIES FOR DEVELOPMENT ASSISTANCE

Lagos State needs development assistance and support in the following areas to achieve sustainable environmental development:

- Support for environmental management and personnel in the State.
- Provision of appropriate technology for effective implementation of the various global agenda, conventions and protocols on the environment in the State.
- Funding to promote forest rehabilitation, regeneration, beautification and landscaping.
- Support for sustained sensitization activities on conservation and best environmental practices.
- Support for research and development (R&D).
- Establishment of an Environmental Management Information System (EMIS).
- Establishment of Industrial data mapping for ease of information and data management.

STATUS HIGHLIGHTS: GOAL SEVEN: (TARGET 11: REVERSE THE LOSS OF ENVIRONMENTAL RESOURCES)

Table 7.3

Will target be reached by Y2015			
Probably	Potentially	Unlikely	Insufficient data
Policy Environment			
Strong	Fair	Weak but improving	Weak

Target 12: Halve by Y2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

Table 7.4: Status of Achievement

INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
Proportion (%) of households with access to safe drinking water (Rural/Urban)	38	30	25	30	40	50	23.4	26.9	70	Improving
Proportion (%) of households with access to basic sanitation	62	65	68	71	75	80	75	80	90	Improving: Introduction of communal waste collection systems in low income areas with restricted road access; Engagement of over 13,561 Street Sweepers; Introduction of street policing as a monitoring mechanism; Introduction of mini waste tipper trucks in low income group areas; Periodic town hall meetings with Community Development Areas/Community Development Councils within respective Local Government/Local Council Development Areas on waste management activities.

Source(s):

Lagos State Millennium Development Goals Report: 2011

Lagos State Water Regulatory Commission

Lagos State Water Corporation

Lagos State Waste Management Authority (LAWMA) 2013

STATUS AND TRENDS

Table 7.4 represents data on access to safe drinking water and basic sanitation in the State. The table shows that the proportion of households with access to safe drinking water fluctuates between Y2006 and Y2013. The proportion of households with access to safe drinking water dropped from 38% recorded in Y2006 to 25% in Y2008. Interestingly, the proportion of Lagos residents with access to safe drinking water recorded a significant increase to 50% in Y2011. Surprisingly, the proportion dropped to 23.4% in Y2012 and increased slightly to 26.9% in Y2013. This movement, however, indicates a strong pointer that the 70% target of households' access to safe drinking water in Lagos State by Y2015 is far from being achieved as evidenced from available data in Table 7.3 above.

Table 7.4 also reveals that the proportion of households with access to basic sanitation recorded appreciable improvement between Y2006 and Y2013. The proportion of households with access to basic sanitation increased from 62% recorded in Y2006 to 71% in Y2009. The proportion increased further to 75% and 80% in years 2010 and 2011 respectively, but witnessed a slight decline to 75% in Y2012. The trend recorded an upward movement from 75% in Y2012 to 80% in Y2013, signifying the likelihood of achieving the 90% target by Y2015 in Lagos State.

The trends on access to safe drinking water and basic sanitation in the State are presented in the charts hereunder respectively:

Figure: 47 Proportion of Households with Access to Safe Drinking Water

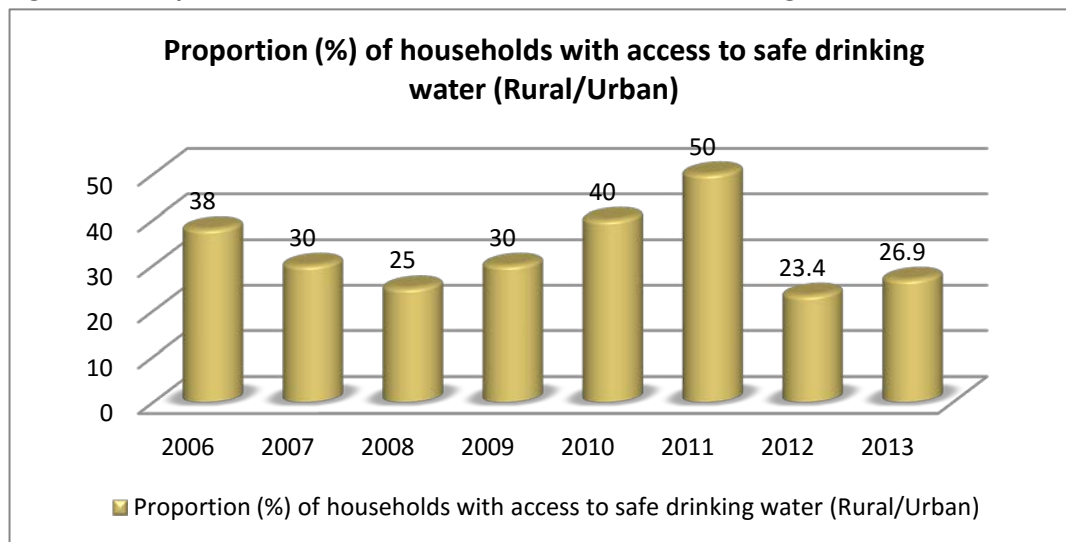
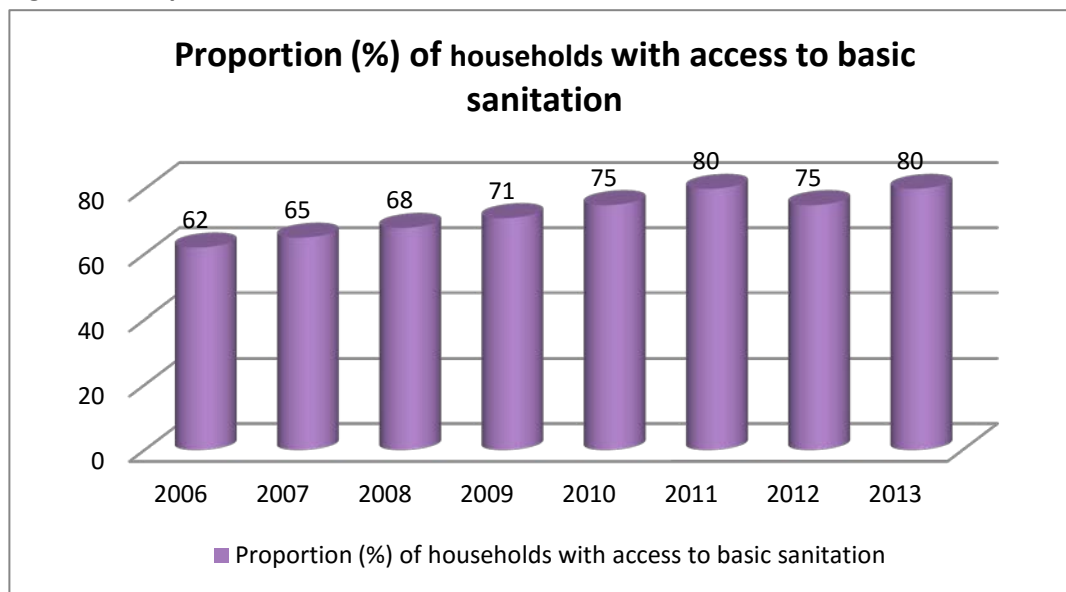


Figure:48 Proportion of Households with Access to Basic Sanitation



SUPPORTIVE POLICY ENVIRONMENT

Some of the recent efforts of the Lagos State Government to ensure access to safe drinking water and basic sanitation include the Zero Tolerance Initiative geared at curbing indiscriminate waste disposal and holding waste generators accountable for waste disposal practices. There is also ongoing rehabilitation works on existing water works and expansion of existing distribution lines. The establishment of the Lagos State Water Regulatory Commission with the primary objective to protect the long term interest of consumers with regards to price, quality and reliability of service in the water supply and sanitation sector in the State, also stands as a contributing factor toward the attainment of the set target.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

The challenges identified include:

- Wastage in water usage.
- Proliferation of boreholes in the State.
- Unstable power supply.
- Poor maintenance culture.
- Citizens lack of orientation on ensuring proper disposal practice.
- Unregulated street trading activities that promotes indiscriminate waste disposal practices.
- Restrictive road access and network within the low income group areas.

- Climate conditions.
- Slow infrastructural development within the Waste Management Sector.
- Inadequate capital investment in infrastructure and equipment.

OPPORTUNITIES

The opportunities identified among others include:

- Increased opportunities for waste to wealth projects like Integrated Waste Management Plastic Recycling Production.
- Increased opportunities for waste to energy projects using sustainable technology that promotes energy generation.
- Improved aesthetic environment.
- Accurate assessment of key performance indicators through social media feedback mechanism such as face book, twitter as well as an integrated customer-care service platform to determine accessibility of households to basic sanitation.
- Potential partnerships with the private sector to drive infrastructural development within the sector.

Table 7.5: Tracking the Goals for Access to Safe Drinking Water and Sanitation

Element of Monitoring Environment	Assessment		
	Strong	Fair	Weak
Data-gathering capacity		✓	

Quality of recent survey information	✓		
Statistical tracking capacity		✓	
Capacity to incorporate statistical analysis into policy planning and resource allocation mechanism		✓	
Monitoring and evaluation mechanism	✓		

PRIORITIES FOR DEVELOPMENT ASSISTANCE

The State will need development assistance in the following areas:

- i. Capacity building and development on data-gathering and analysis as well as monitoring and evaluation mechanism;
- ii. Provision of uninterrupted power supply;
- iii. Budgetary support for capital investment in water supply and sanitation programmes;

STATUS HIGHLIGHTS: GOAL SEVEN: (TARGET 12: ACCESS TO SAFE DRINKING WATER AND BASIC SANITATION)

Table 7.6

Will target be reached by Y2015			
Probably	Potentially	Unlikely	Insufficient data
Policy Environment			
Strong	Fair	Weak but Improving	Weak

TARGET 13: BY Y2015, TO ACHIEVE A SIGNIFICANT IMPROVEMENT IN THE LIVES OF AT LEAST 100 MILLION SLUM DWELLERS**Table 7.7: Status of Achievement**

INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
Proportion (%) of urban population living in slum	** 1,412,999 (8.0%)	** 1,497,790 (8.8%)	** 1,587,657 (8.8%)	** 1,682,916 (8.7%)	** 1,783,567 (9.0%)	** 1,913,767 (9.3%)	** 2,049,644 (9.7%)	** 2,191,069 (10.0%)	2,254,470 (9.7%)	Improving

NOTE: ** Revised data

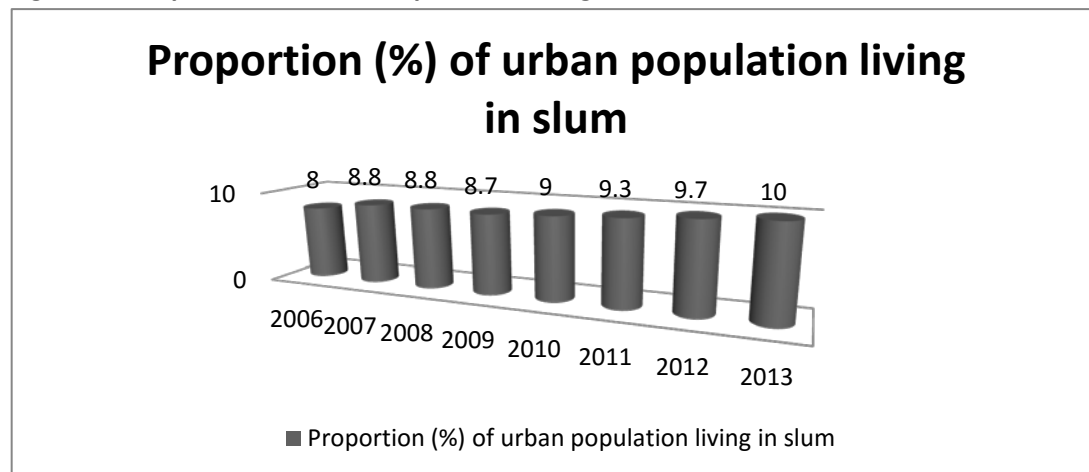
Sources: Lagos State Millennium Development Goals Report: 2011

Lagos State Urban Renewal Authority (LASURA)

STATUS AND TRENDS

Owing to the swampy and poorly drained soil of Lagos coupled with the rapid population growth, the State experienced decline of its neighbourhoods which relatively resulted to the emergence of slum communities. Available data on slum dwellers in the State shows that 1,412,999 urban population lives in slum in Y2006 representing 8.0% of the State population for the year. In years 2007 and 2008, the proportion of urban population living in slum in Lagos State recorded an upward movement to 8.8%. The trend declined slightly to 8.7% in Y2009 and thereafter increased to 9.0%, 9.3%, 9.7% and 10.0% in years 2010, 2011, 2012 and 2013 respectively. The trend shows that the Lagos State Government has brought about significant improvement in the lives of slum dwellers in the State. It is very likely that the set target of 9.7% by Y2015 would be potentially achieved.

Figure:49 Proportion of Urban Population Living in Slum



SUPPORTIVE POLICY ENVIRONMENT

In a bid to ensure the State achieve significant improvement in the lives of its citizens, the following have been put in place:

- i. Promulgation of a new Urban and Regional Planning Law (2010).
- ii. Provision of boreholes within slum communities.
- iii. Provision of public toilets.
- iv. Promotion of environment friendly physical planning standard.
- v. Provision of transit accommodation (Resettlement Centres) such as the Amuwo Odofin Transit Camp.

- vi. Provision of housing units through urban regeneration programmes such as Isale Gangan Redevelopment Schemes (Phase I & II) and Adeniji Adele Regeneration Scheme.
- vii. Sites and services schemes by State and Private Developers.
- viii. Speedy approval of Development Permit.
- ix. Preparation of Physical Development Plan (Action plan) targeted at slum dwellers.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

The following challenges were identified:

- i. Increased activities of migrants which supports the establishment of illegal settlements that transforms to slums.
- ii. Rapid rate of urbanisation.
- iii. Inadequate project funding.
- iv. Governmental awareness capability and political will.
- v. Land tenure system difficulties – a redevelopment challenge.
- vi. Limited access to land.
- vii. Inadequate urban basic infrastructure.

- viii. Insufficient environmental education awareness at the grass root level.
- ix. Increased land reclamation activities.
- x. High rent of accommodation/housing units.
- xi. Poor data base on environmental issues.
- xii. Lack of long term credit facilities, high cost of building materials coupled with unsuitable technology for mass housing.
- xiii. Government land administration bureaucracy.
- xiv. Slum dwellers attitude.
- xv. Lack of social housing policy.
- xvi. Resistance to change.

OPPORTUNITES

- a. Political will to improve slum dwellers lives in the State.
- b. Availability of Overseas Development Assistance.

Table 7.8: Tracking Improvement in the Lives of Slum Dwellers

Element of Monitoring Environment	Assessment		
	Strong	Fair	Weak
Data-gathering capacities		✓	

Quality of recent survey information		✓	
Statistical tracking capacities		✓	
Capacity to incorporate statistical analysis into policy planning and resource allocation mechanism		✓	
Monitoring and evaluation mechanisms		✓	

PRIORITIES FOR DEVELOPMENT ASSISTANCE

Assistance to the State should be geared toward the following areas:

- i. Capacity building for the technical staff;
- ii. Creation of more resettlement centres;
- iii. Database development;
- iv. Direct investment in housing provision.

STATUS HIGHLIGHT: GOAL SEVEN: (TARGET 13: IMPROVE LIVES OF SLUM DWELLERS)

Will target be reached by Y2015			
probably	Potentially	Unlikely	Insufficient data
Policy Environment			
Strong	Fair	Weak but Improving	Weak

CONCLUSION

The progress towards achieving Goal 7 is encouraging, considering the current trends and supportive policy environment, the State can potentially achieve this goal by Y2015.

GOAL 8

Develop A Global Partnership For Development

Table 8.1 Status of Achievement

INDICATOR	Y2006	Y2007	Y2008	Y2009	Y2010	Y2011	Y2012	Y2013	TARGET	Progress Towards Target
Value of overseas development assistance to Lagos State (In Naira)	3,785,995,956.00	7,592,900.00	1,078,905,018.20	9,626,000,000.00	1,790,000,000.00	876,000,000.00	2,609,003,803.00	1,721,400,430.00	25B	Poor
Proportion (%) of population with access to affordable, essential drugs on sustainable basis in Public Health Facilities	45	45	45	45	60	70	80	90	100	Impressive NOTE; i) 40% of the population of the State attends public health facilities ii) 90% Of the population who attends public health facilities have access to essential drugs.
Personal computers per 100 people	1.5	1.8	3.9	4.1	4.7	15.8	20.1	35.7	80	Improving
Internet access per 100 people	0.2	0.5	1.5	12	15.9	27	28.4	28	50	Improving
Mobile phone per 100 people	48.7	24.05	41.58	48.24	67.68	85.6	67.68	82	85	Impressive

Source(s): Ministry of Finance – Debt Management Office, Ministry of Science and Technology, Ministry of Health, Ministry of Economic Planning & Budget, Ministry of Commerce and Industry, State Treasury Office, National Bureau of Statistics House Hold Survey 2011

Indicator 1: Value of Overseas Development Assistance to Lagos State

Millennium Development Goal 8 (MDG 8) focuses on the international (global) development agenda, with targets and indicators focusing on Official Development Assistance (ODA), access to essential drugs and new technologies, particularly in terms of information and communications. MDG 8 therefore provides a useful overview of how both domestic and global developments may impact on the achievement of targets in the first seven MDGs.

Lagos State Government has always benefitted from remarkable effective cooperation from her Development Partners and this has impacted on the achievement of MDGs through the flow of financial resources in the form of Official Development Assistance (ODA) from the Development Partners to the State.

Table 8.1.1

INDICATOR	Y2006	Y2007	Y2008	Y2009	Y2010	Y2011	Y2012	Y2013	TARGET	Progress Towards Target
Value of overseas development assistance to Lagos State (In Naira)	3,785,995,956.00	7,592,900.00	1,078,905,018.20	9,626,000,000.00	1,790,000,000.00	876,000,000.00	2,609,003,803.00	1,721,400,430.00	25B	Poor

Figure 50: Value of Overseas Development Assistance (ODA) to Lagos State

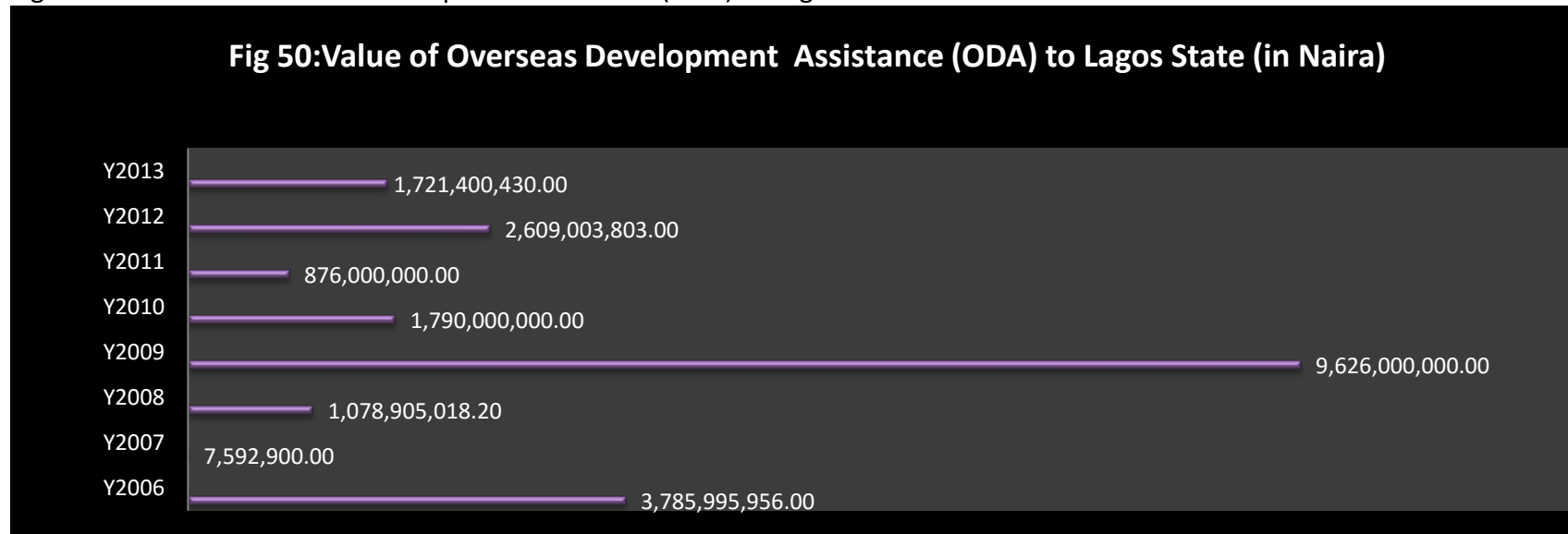


Figure 50 above, shows the value of Overseas Development Assistance to Lagos State between Y2006 and Y2013. The outlook for Overseas Development Assistance (ODA) has weakened substantially following the international financial crisis with continuing austerity measures in many traditional donor countries and this has brought about a fluctuating trend in the flow of ODA into the State. The Assistance in Y2006 was N3,785,995,956 and decreased to N7,592,900 in 2007, increased in Y2008 and Y2009 to N1,078,905,018.20 and N9,626,000,000 respectively. In Y2010 the assistance increased to N1,790,000,000 while it decreased in Y2011 to N876,000,000 and increased to N2,609,003,803 in Y2012 and subsequently decreased to N1,721,400,430 in Y2013. The Organisations that provided development assistance to the State include: UNICEF, UK-AID, DFID, UNFPA, JICA, KOICA and World Bank. It must be noted that the Organisations provided assistance in the following areas: water,

education, health, HIV/AIDS, environment, agriculture and urban transportation. Other areas include good governance, poverty reduction and child survival.

Indicator 2: Proportion (%) of Population with access to Affordable, Essential Drugs on Sustainable Basis

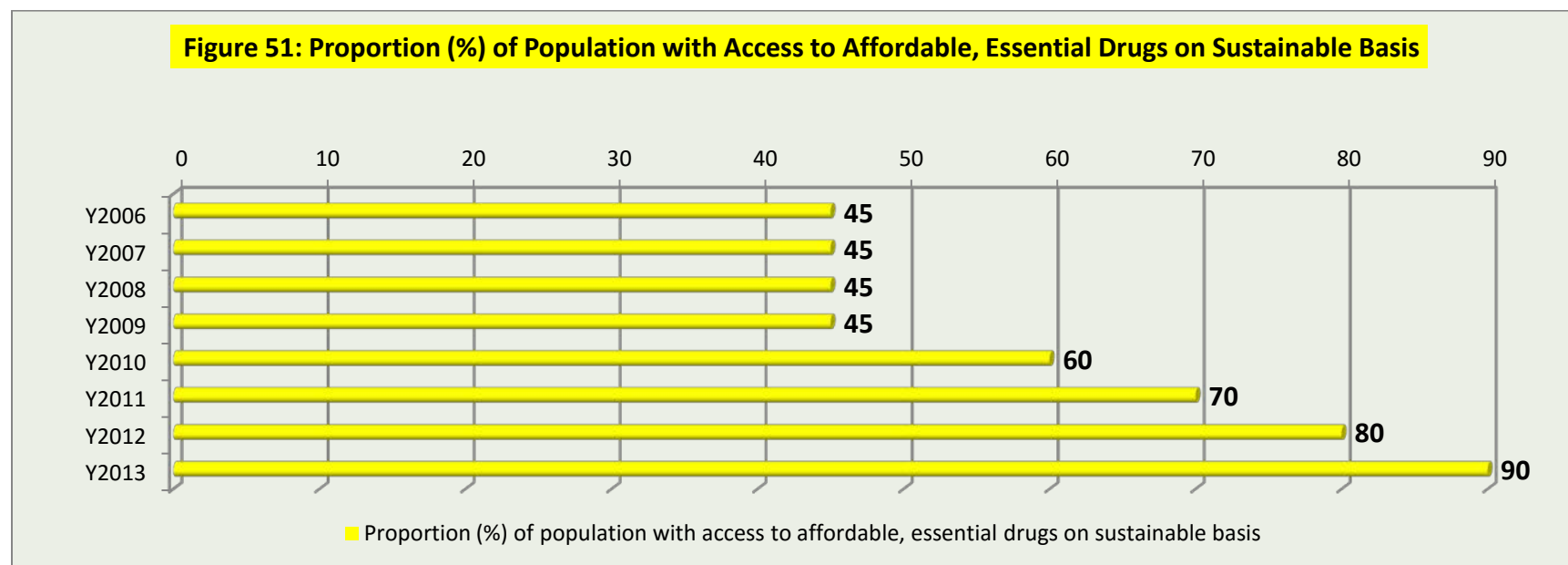
Another key component of MDG 8 concern is access to affordable essential drugs. In order to make healthcare accessible to the people, Government has made substantial progress in the provision and availability of essential drugs in its various hospitals across the State through:

- a) Free health policy for certain categories of patients including provision of but not limited to free drugs for malaria, TB, HIV/AIDS and Reproductive Health.
- b) PPP Pharmacy Scheme for patients who don't qualify for free health to ensure that their prescriptions are serviced within the Government Hospitals.
- c) Establishment of Drug Revolving Fund Scheme which has driven down the cost of essential medicines and made the more affordable.
- d) Publishing of the State Essential Medicines list to guide the prescribing and dispensing of generic medicines in all Public Health Facilities.

Table 8.1.2

INDICATOR	Y2006	Y2007	Y2008	Y2009	Y2010	Y2011	Y2012	Y2013	TARGET	Progress Towards Target
Proportion (%) of population with access to affordable, essential drugs on sustainable basis	45	45	45	45	60	70	80	90	100	Impressive NOTE: The percentage represents the % of the State population that attend and use the public (Government) Hospital facilities.

Figure 51: Proportion (%) of Population with Access to Affordable, Essential Drugs on Sustainable Basis



In the figure 51 shown above, access to essential; drugs on sustainable basis has occurred progressively along the years. Though the proportion of Lagos inhabitants with access between Y2006 and Y2009 was stable but between Y2010 and Y2013, there has always been a 10% increase on yearly basis. This was due to the Establishment of Drug Revolving Fund Scheme which has driven down the cost of essential medicines and made them more affordable and the Publishing of the State Essential Medicines list to guide the prescribing and dispensing of generic medicines in all Public Health Facilities. It could also be due to the facilitation of local manufacturing and the incorporation of the importation of essential medicine in national laws.

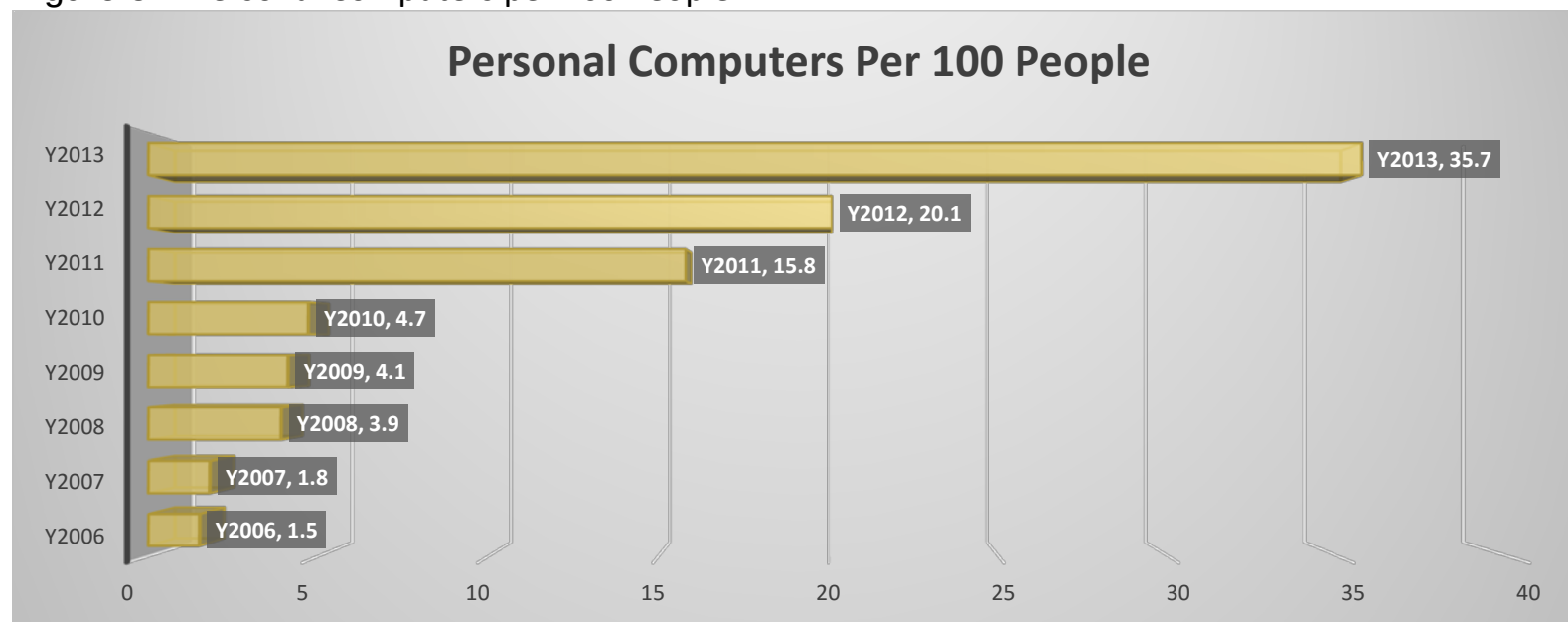
Indicators 3, 4 & 5: Information and Communication

The final set of indicators relate to the availability of new technologies, particularly cellular telephones and the internet. An intrinsic part of innovative activity in the economy comes from the Information and Communication Technology (ICT) Sector. Federal Government's liberalisation of the telecommunications sector has allowed private firms to rapidly penetrate the market, thereby bringing large benefits to the people in the State and the Country as a whole.

Table 8.1.3

INDICATOR	Y2006	Y2007	Y2008	Y2009	Y2010	Y2011	Y2012	Y2013	TARGET	Progress Towards Target
Personal computers per 100 people	1.5	1.8	3.9	4.1	4.7	15.8	20.1	35.7	80	Improving

Figure 52: Personal Computers per 100 People



Personal computer per 100 people as indicated in Figure 52 under indicator 3 showed that there is an increase in the number of people that have personal computer yearly and the trend has been good enough. In Y2006 and Y2007, the increase of 1.5% and 1.8% was marginal. Between Y2007 and Y2008 the number of people with personal computer rose from 1.8% to 3.9%. In Y2008 to 2009, there was also a marginal increase of 0.2% between each Year while between 2010 and 2013, the increase in people having personal computer rose rapidly from 4.7% to 15.8%, 20.1% and 35.7% respectively. This might be due to great increase in the awareness of the use of computer.

It is important to note that Access to Personal Computers is still low because only a few percentages of those who have access to the PCs individually own them. This invariably shows that there is still much that needed to be done in the area of cost of computer as well as increasing the development of the technological base of the State.

Indicator 4: Internet Access per 100 people

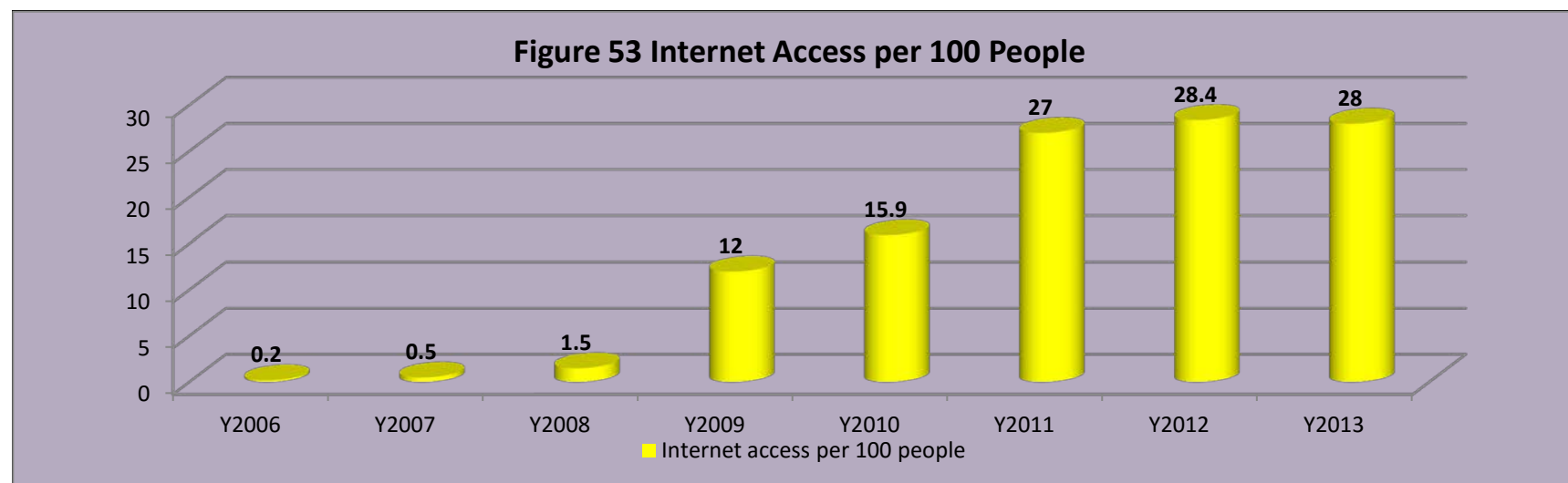
For many years, the internet sector was hampered by the country's underdeveloped and unreliable fixed-line infrastructure, but thanks to innovations in mobile and wireless telecommunication technologies as many telecommunication companies in the State are able to deliver wireless broadband access. This has been a key factor in the growth evidenced in the internet penetration rate. The growth in average Internet use between Years 2006 and 2013 has been impressive. Increased competition and investment in the Sector has seen many local telecommunication companies upgrade their fibre-optic networks. The prospects for high-speed internet

connectivity are very good and the internet penetration is expected to increase further, bringing with it different improvements and benefits for education and business.

Table 8.1.4

INDICATOR	Y2006	Y2007	Y2008	Y2009	Y2010	Y2011	Y2012	Y2013	TARGET	Progress Towards Target
Internet access per 100 people	0.2	0.5	1.5	12	15.9	27	28.4	28	50	Improving

Figure 53: Internet Access per 100 People



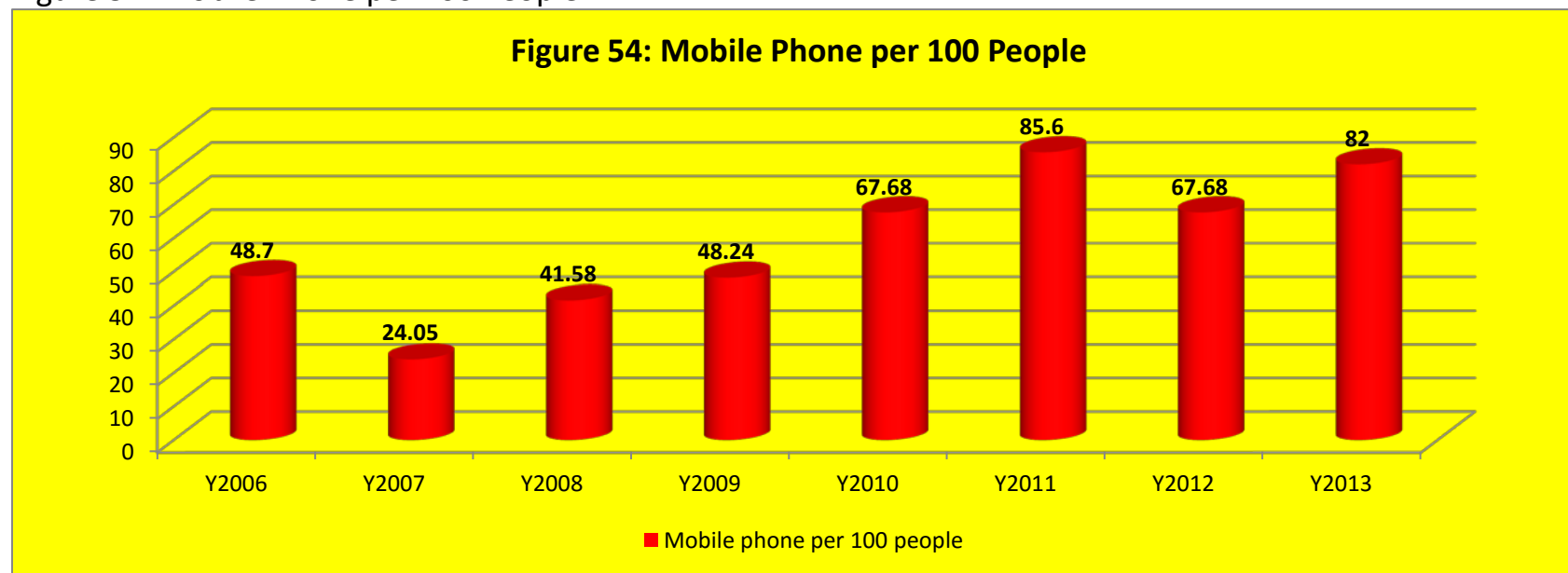
In table 8.1.4 above, only 0.2% in 100 Lagosians had access to the internet in Y2006, this has increased steadily over the years to 28% per 100 people in Y2013 due to the improvements recorded in the sector.

Indicator 5: Mobile Phone per 100 people

Table 8.1.5

INDICATOR	Y2006	Y2007	Y2008	Y2009	Y2010	Y2011	Y2012	Y2013	TARGET	Progress Towards Target
Mobile phone per 100 people	48.7	24.05	41.58	48.24	67.68	85.6	67.68	82	85	Impressive

Figure 54: Mobile Phone per 100 People



Mobile phone use has grown exponentially, with the number of subscribers per 100 people in Lagos reaching 82% by the end of 2013, up from 48.7 in 2006. It is important to note that there was a fall in Y2007 to 24.05% but rose

again in Y2008 to 41.8%. Also in Y2012 there was a decrease to 67.68% but improved tremendously in Y2013 to 82%. The trend over the years (Y2006-Y2013) shows progress, considering the higher purchasing power in Lagos as well as customer saturation. The penetration of mobile phones has assisted in linking the rural areas to the urban areas in the State and Nigeria as a whole in an unprecedented way, and has enabled many innovative new services to be delivered cost effectively. People have also been attracted to various social networking and other technological innovations that have been integrated into mobile phones. Through these technologies, mobile phones have promoted social and economic development, thereby improving governance and democratic rights. Mobile money transfers, mobile agricultural insurance and mobile agricultural extension services are also examples of the economic benefits of mobile phones. The service also improved financial inclusion.

SUPPORTIVE POLICY ENVIRONMENT

Lagos State Government takes cognizance that Technology is the engine that drives production and consumption especially in a contemporary society. Compared to other States, Lagos has an advanced technological environment. This is indicated by the number of Industrial Institutions, IT companies and the computerization of the Government and private sector businesses. Besides, the State has the highest percentage of telephone lines – both land and mobile lines in the country. These have greatly enhanced both economic and social activities in the State.

Other supportive policy environment includes:

- Establishment of the Ministry of Science and Technology.

- The State Vision 20:20:20.
- Adoption of the MTEF/MTSS/MTBF.
- Budget Documents.
- Activities of Development Partners and Others.
- Lagos State Economic Summit Group/ Ehingbeti Forum and Resolution.
- Lagos Corporate Assembly.
- Health Sector Reform Law of Y2006.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

In the area of development of a global partnership, the following are the challenges:

- i) Limited Overseas Assistance: There could be an increase in Overseas Development Assistance to Lagos State considering the number of Overseas Development Partners available in the Country and the number in partnership with the State.
- ii) Shift in Focus of Development Partners: Some Donor Partners have increasingly shifted resources from financial support to individual projects and programmes. Some of these projects do not also receive funding as planned.
- iii) Bureaucracy: The bureaucratic system of operation often causes unnecessary bottleneck in the implementation of Overseas Development Assistance in the State.
- iv) Duplication of Programmes: Development partners often execute similar programme and this militate against taking full advantage of the assistance. Hence Development Partners should be encouraged to key into individual work plan of MDAs during implementation.

- v) Insincerity of Partners: Absence of inadequate guidelines on donation and receipt of equipment supplied by Development Partners.
- vi) Improper Aid Coordination: Some Development Partners often relate directly with State Agencies, without having recourse to the Ministry of Economic Planning and Budget that has a Department mandated to capture all overseas development assistance to the State. This as a result affects the total capturing of all Development Assistance in the State.
- vii) Need for better commitment of the Development Partners to the State Development Plans.
- viii) Inadequate financial capacity: There is a gap in the funding required to achieve genuine technological development, Infrastructural support and data base for effective planning in the State.
- ix) Maintenance Cost: High cost of maintenance of ICT equipments and lack of executive capacity for IT solution.
- x) Unfettered access to internet facilities thereby leading to undesirable exposure to negative values.
- xi) Increased threat of globalization and lack of IT security (Cyber bug, Hacking).
- xii) Inadequate Technological support in schools.

OPPORTUNITIES

Inspite of the aforementioned challenges, several opportunities abound in the State with overseas development assistance. These include:

- Opportunities that come from ODA in form of additional funding are captured by Lagos State as Capital Receipts in every fiscal year.
- The State gives opportunities to Development Partners who wants to support in the development of the State at any time.
- Development partners are opportuned to demonstrate their expertise at getting things done.
- Global Integration through computerization of Government and Private Sector business.
- Competitive and Healthy business environment.

- Enhanced Communication through teleconference, conference calls and Skype thereby leading to reduction in risk associated with travels, time and cost of travelling
- E-Governance.
- E-Learning.
- E- Health.
- E- Payment.
- E-Commerce.
- innovation arising from concentration of Hi-tech through increase in organization hardware & software.

TABLE 8.2 Tracking the Improvement in Development Global Partnership

Element of Monitoring Environment	ASSESSMENT		
	Strong	Fair	Weak
Data gathering capacities		✓	
Quality of recent survey information		✓	
Statistical tracking capacities		✓	
Capacity to incorporate statistical analysis into policy planning and resource allocation mechanism	✓		
Monitoring & evaluation mechanisms		✓	

PRIORITIES FOR ASSISTANCE

- Human capital development/improvement
- Capacity Building
- ICT Infrastructural support
- Intervention in development of Infrastructure
- Further assistance towards enhancement of monitoring and evaluation activities
- Increase in Internet access.
- Improve in the quality of Internet Connectivity.

STATUS HIGHLIGHTS:

GOAL EIGHT: (DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT)

Will target be reached by 2015?			
Probably	✓ Potentially	Unlikely	Insufficient data
Policy Environment			
✓ Strong	Fair	Weak but Improving	Weak

CONCLUSION

Progress towards achieving Goal 8 is potentially fair. The supportive policy environment is strong and based on current trends, the State might achieve this Goal by Y2015, if it sustains and improves current efforts in implementation.

Way Forward/Conclusion

The looming population challenges calls for decisive and bold initiatives, the vast numbers of the people of Lagosians could be great assets if they are provided with the means to live healthy and economically productive. The main strategy to be adopted to achieve this is population stability which is multi-sectoral endeavour requiring constant and effective dialogue among diversity of stakeholders and coordination of all levels of government and society. The need to invest in young people could help to reap a demographic dividend provided proper public sector policies are in place at a level consistent with the requirement sustainable for economic growth, social development and environmental protection. Therefore there is the need to invest in the youth. Healthy, educated, productive and fully engaged young people could help to break the circle of inter generation poverty noting that the youth were more resilient in the face of individual and societal challenges. Their ability to safety and successfully navigate their transition to adulthood is defined by age, gender, marital status, schooling levels, residence, living arrangement, migration and socio-economic status. Adolescent and youths represent the biggest generation in human history.

Progress towards achieving Goal 1 is not too impressive though the supportive environment is strong but can still be improved upon. The State may not be able achieve this goal by Y2015 looking at the fluctuation in price of oil at the international market which will have drastic effect on the revenue accrue to the State thereby

affect the purchasing power of the citizenry which might result to greater percentage of the masses sinking further into poverty threshold.

From all indication, Lagos State would not be able to meet the targets of MDG goals 1, 4, 5,6 and 8. However, the level of commitment and investment expended revealed persistent improvement along these goals cum indicators such that in no distant future, considerable achievement towards meeting the goal would have been recorded or the goals are met out rightly.

However, it is important to recognize the newly developed Lagos State Development Plan (LSDP) which now serves as an arrow head for the State's future developmental goal and objectives. The launching of the document in December 2014 remained strategic in view of the fact that most countries of the world have started thinking along post 2015 Development Agenda to replace the MDGs and entrench best practices that heralded growth and development during the MDGs era.

For rapid, inclusive and sustainable human development, Lagos State must achieve structural economic transformation and sustain high rates of economic growth, as targeted in the Vision 2025. To realise its vision for Lagos's development, Government must implement infrastructure projects effectively and continue working towards removing inefficiencies and leakages that plague public service delivery.

To mobilise the necessary resources, Government must improve tax efficiency, avoid unnecessary expenditure and make greater use of international financial markets. Land reform must be consolidated to reduce environmental pressure and boost agricultural productivity growth. Government must facilitate the expansion of high-value economic activities by diffusing new technologies and overcoming coordination problems within the private sector.

Lagos's Development Partners and regional and global institutions must realign around this new transformative development agenda. Implementation of the Lagos State Development Plan 2012- 2025 will bring huge human welfare gains. Lagos's demographic dividend and higher private savings and investment will play a role, but will not be sufficient without a significant increase in public investment, efficiency improvements and productivity gains – Government must lead Lagos socioeconomic transformation.

The current rate of infrastructural renewal and improved human capitals should be sustained. The State should also leverage on the ever changing Information and Communication Technology (ICT) world to keep abreast of latest innovations and development that will ensure growth in human capital and economy at large.

SATUS AT A GLANCE

1 ERADICATE EXTREME POVERTY AND HUNGER										
INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
Percentage of People Living Below Poverty Line (\$1 per day)		52.3	51.3	51	49.3	45.5	45	45	32.025	STEADY
Percentage of People Living in Extreme Poverty (\$1.25 per day)		23.30	23.20	23.10	17.50	15.80	54.00	54.00	33.48	STEADY
Percentage of People Living in Relative Poverty		41.70	40.40	40.20	32.60	31.90	28.70	29.80	24.05	INCREASING
Income Inequality Level (Gini Coefficient)				0.12	0.37	0.34	0.55	0.67	0.3215	INCREASING
Poverty Incidence in the State		63.40	62.00	61.70	66.60	61.30	63.12	67.04	31.70	INCREASING
Percentage of Population Living Below the Minimum Level of Dietary Energy Consumption (Based on 2900 calories)		52.3	51.3	51	49.1	45.4	45.02	43.42	24.15	REDUCING
Percentage of Underweight Children Under Five Years of Age		23	10.1	10	8	12	6	13		INCREASING
Percentage of Stunted Children		14	21	10	9	9	7	17		INCREASING
2 ACHIEVE UNIVERSAL PRIMARY EDUCATION										
INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
Net Enrolment Ratio in Primary School	447,069	454,808 (96.7%)	466,201 (97.3%)	479,256 (98.25%)	445,044 (89.95%)	499,496 (97.8%)	1,139,658 (89.2%) Both Public and Private Schools	1,233,811 (93.6%) Both Public and Private Schools	(100%) Both Public and Private Schools	Improving
The Proportion of Pupils Starting Primary 1 Who Reach Last Grade of Primary School	99%	95.60%	97.60%	98.9%	89%	93%	95%	97%	(100%)	Improving
Literacy Rate of 15 - 24 years old, Women and Men	96.0%	87.30%	79.80%	78.9%	80.0%	82.70%	90.20%	87%	(100%)	Improving

3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN										
INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
Primary Education (Girls per 100 Boys)	107.90	104.44	104.36	103.95	104.16	106.38	107.50	102.15	100%	Impressive
Senior Secondary Education (Girls per 100 Boys)	102.10	113.72	115.15	113.75	125.00	104.16	103.74	104.32	100%	Impressive
Share of Women in paid employment (Non Agricultural Sector)	9.80	10.10	10.40	10.70	11.00	11.30	11.70	12.00	100%	Improving
Proportion of seats held by women in the State House of Assembly		12.50	12.50	12.50	12.50	17.50	17.50	17.50	30%	Improving
4 REDUCED CHILD MORTALITY										
INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
Infant Mortality (Per 1,000 Live Birth)	92	89	75	83	81	45	78	69	35	Improving
Under-Five Mortality (Per 1,000 Live Birth)	150	145	157	134	129	65	124	90	45	Fair
Proportion of One Year Children Immunized Against Measles	58	74.6	69.0	68.0	76.0	73.0	76.0	87.0	80%	Already Met
5 IMPROVE MATERNAL HEALTH										
INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
Maternal mortality ratio (MMR) - Deaths per 100,000 live births	246	251	256	444	555	545	630	700	250	WORSENING
Births attended by skilled health personnel - Percent	82.1	87	82.8	78.6	74.4	85.9	78.6	87.2	100	IMPROVING

Contraceptive prevalence rate (CPR) - Percent	50.4	40.6	49.6	58.6	67.6	28.5	47.1	48	100	stay the same
Adolescent birth rate - Per 1,000 women	8	9.7	4	19	18.5	18	17.5	17	0	stay the same
Antenatal care coverage for at least four visits - Percent	85.3	99.2	78.4	77.9	89.3	91.2	92.2	93.9	100	IMPROVING
Antenatal care coverage for at least one visit (ANC) - Percent	17.5	19	14.9	14.9	14.9	16.9	14.5	14.2		
Unmet need for family planning - Spacing (%)	9.1	3.6	13	13	13	13.2	16.9	5.9	0	IMPROVING
Unmet need for family planning - Limiting %	7.2	4.4	7	7	7	3	4.8	2.2	0	IMPROVING
Unmet need for family planning - Percent (Total)	16.3	8.1	20	20	20	20.2	21.8	8.1	0	IMPROVING

6 COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
HIV Prevalence Among Pregnant Women in the State	3.3	3.3	5.1	5.1	5.1	5.1	5.1	5.1	<2.0%	Stabilizing
HIV Prevalence Among 15 -24 years old (Women)		3.4	5.1	5.1	5.1	5.1	5.1	5.1	1.90%	Stabilizing
Percentage Population Aged 15 -24 years with comprehensive knowledge of HIV and AIDS Prevention Methods	47.10	51.70	56.30	72.00	72.00	72.00	94.90	98.00	80%	Improving
Ratio of School Attendance of Orphans to Non Orphans Age 10 -14 years			1.01							
Proportion of Population with Advance HIV Infections with Access to Anti-retroviral Drugs			2	2.8	3.1	3.1	3	3.6		Improving
Incidence, Prevalence and Reported Death Associated with Malaria				4.2	66	41	32	77	28	Improving
Proportion of Children Under-Five Sleeping under Insecticide Treated Bed Nets			57.8					18	100%	Improving

Proportion of Children Under-Five with Fever who are Treated with Appropriate Anti-Malaria		7.6			96	76	93	79		
Number of Malaria Cases Reported	366,425	427,673	467,625	562,869	525,870	622,562	488,780	566,215		Worsening
Incidence Rate of Tuberculosis per 100,000 Population	290	283	311	311	133	133	118	180		Improving
Prevalence Rate of Tuberculosis per 100,000 Population	531	536	616	521	199	199	171	270		Improving
Death Rate Associated with Tuberculosis	2.3	2.8	2.8	1.8	3.0	2.8	3.3	3.0		Improving
Number of Tuberculosis cases Reported	8,690	9,680	9,933	9,682	8,182	8,515	8,455	9,444		Worsening
Proportion of Tuberculosis cases Detected and Cured Under Directly Observed Treatment Short Course	63	62	63	62	66	69	74	75	85%	Worsening
7 ENSURE ENVIRONMENTAL SUSTAINABILITY										
INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
proportion of the State land area covered by forest	15	17	16	16	18	18	12	12	20	Decreasing
Proportion (%) of households with access to safe drinking water (Rural/Urban)	38	30	25	30	40	50	23.4	26.9	70	Improving
Proportion (%) of households with access to basic sanitation	62	65	68	71	75	80	75	80	90	Improving
Proportion (%) of urban living in slum	** 1,412,999 (8.0%)	** 1,497,790 (8.8%)	** 1,587,657 (8.8%)	** 1,682,916 (8.7%)	** 1,783,567 (9.0%)	** 1,913,767 (9.3%)	** 2,049,644 (9.7%)	** 2,191,069 (10.0%)	2,254,470 (9.7%)	No Appreciable Improvement

8 DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT										
INDICATOR	2006	2007	2008	2009	2010	2011	2012	2013	TARGET 2015	PROGRESS TOWARDS TARGET
Proportion (%) of population with access to affordable, essential drugs on sustainable basis	45	45	45	45	60	70	80	90	100	Improving
Personal computers per 100 people	1.5	1.8	3.9	4.1	4.5	4.9	20.1	35.7	80	Improving
Internet access per 100 people	0.2	0.5	1.5	12	15.9	27	28.4	28	50	Improving
Mobile phone per 100 people	48.7	24.05	41.58	48.24	67.68	85.6	67.68	82	85	Improving

Appendix 1: Sources of Data

* EXTRAPOLATION

** REVISED DATA

Y2011 MILLENNIUM DEVELOPMENT GOALS REPORT

Y2011 MULTIPLE INDICATOR CLUSTER SURVEY

Y2011 HOUSEHOLD SURVEY

Y2012 HOUSEHOLD SURVEY

Y2013 HOUSEHOLD SURVEY

Y2008 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY

Y2013 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY

Y2012 DIGEST OF STATISTICS

Y2013 DIGEST OF STATISTICS

Y2014 DIGEST OF STATISTICS

Y2011 ANNUAL SCHOOL CENSUS REPORT

Y2012 ANNUAL SCHOOL CENSUS REPORT

Y2013 ANNUAL SCHOOL CENSUS REPORT

LAGOS STATE HOUSE OF ASSEMBLY
 NATIONAL BUREAU OF STATISTICS (2009)
 Y2010 SURVEY OF AVAILABILITY OF MODERN CONTRACEPTIVES & ESSENTIAL LIFE SAVING MERTANAL AND REPRODUCTIVE HEALTH MEDICINE
 IN PUBLIC HEALTH FACILITIES IN NIGERIA
 MINISTRY OF HEALTH
 LAGOS STATE AIDS CONTROL AGENCY
 MINISTRY OF EDUCATION
 MINISTRY OF RUAL DEVELOPMENT
 LAGOS STATE WATER REGULATORY COMMISION
 LAGOS STATE URBAN RENEWAL AUTHORITY
 MINISTRY OF AGRICULTURE AND COOPERATIVE
 LAGOS STATE INFORMAL SECTOR REFORM PROGRAMME SURVEY
 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)
 LAGOS STATE WATER CORPORATION
 LAGOS WASTE MANAGEMENT AUTHORITY
 MINISTRY OF RURAL DEVELOPMENT
 MINISTRY OF ENVIRONMENT
 OFFICE OF SURVEYOR GENERAL
 MINISTRY OF FINANCE/ DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT
 MINISTR OF SCIENCE AND TECHNOLOGY
 LAGOS STATE UNIVERSAL BASIC EDUCATION (SUBEB)

Appendix 2: Members of the Inter-Ministerial Committee for Data Collection, Analysis and Report Writing