

POLICY IMPLEMENTATION, CORRUPTION AND THE DEVELOPMENT OF SOCIAL SERVICES IN NIGERIA.

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Introduction

In any organisation, after policy choice, the next stage is mapping out implementation strategies towards in achieving the policy objective(s). Implementation is the stage which involves the translation of the objectives of policy into concrete achievements through various programmes. However, it has been observed that it is at this stage that difficulties are encountered (Egonmwan, 1991:5). This has been the experience in virtually all the development programmes, especially in social services sector.

Over the years, it has been the responsibility of governments all over the world to provide social services. For instance, far back before the United States adopted a federal constitution, the North-West Ordinances of 1785 and 1787, recognised the role of government in promoting public education, by setting aside land in the newly formed states for that purpose. Later in 1863, the federal government helped to establish the public university system in the country (Stiglitz, 1996:5), and today, the U.S. government continues to support public education. In several countries, the responsibility of government for the provision of basic social services is enshrined in the Constitution. In Nigeria, for instance, this is found in Chapter 11 of the 1999 Constitution of the Federal Republic of Nigeria, where specifically, Sections 17, 18, 21 and 22 deal with the social, educational, health and cultural objectives, respectively (FRN, 1999:12-13). It is this which explains the weight which has been given to the provision of basic social services in the development plans.

There was the initial growth witnessed in the social services sector in Nigeria between 1960s and 1970s. However, the sector, from the 1980s, has continued to experience serious problems, even to the present time. This can easily be seen in education, health, sanitation and other infrastructural sub-sectors. For example, in the area of education, almost half of the Nigerian population is illiterate, while over 20 percent of children between ages 6 and 11 are not enrolled in primary schools (NCEMA, 1999:9). Also, in the health sub-sector, infant mortality rate has increased from 114.0 per thousand live births in 1995 to 217 in 1999 (Obadan, 2001:30).

The questions then are: what efforts has governments made in the provision of social services in Nigeria? Which factors affect the implementation of this policy? What steps should be taken to remedy this situation? It is the object of this paper to explore these issues. In pursuing this objectives, the paper is divided into six sections. Section one introduces the work while section two takes care of the concepts of policy implementation and corruption, respectively. The state of social services sector in Nigeria is contained in section three. Section four dwells on factors that affect the implementation of policies on education, health and social services sub-sectors. Recommendations and conclusions are contained in sections five and six respectively. This paper draws largely from the education and health sub-sectors, for its illustrations.

The Concept of Policy Implementation

Policy implementation is the process of converting inputs in the form of technical, human, financial, material demands, support and even information into output in form of goods and services which support behavioural changes in beneficial groups (Honalde, 1976:6). After a policy has been made, what follows next is policy implementation, which has to do with those events and activities that occur in order to achieve the projected results. This includes both the efforts to administer and the substantive impacts on people. The above expression encompasses not only the behaviour of the administrative body, whose responsibility it is to implement and secure compliance of target groups, but also the web of direct and indirect political, economic and social forces that bear on the behaviour of all those involved, and ultimately, the impacts: both intended and unintended.

As said earlier, it is the responsibility of the government to provide social services to its people, the strategies to achieve these objectives have been mapped out through establishing programmes/projects in education, health and others. Therefore, it is only when the appropriate inputs are provided that the objectives would be achieved. However, even when the above are made available, certain political and social forces may affect the implementation. These can be in the form of interest groups' pressure, indiscipline in managing the materials and financial inputs.

The Concept of Corruption

The *Longman Dictionary of Contemporary English*, sees the concept of corruption as dishonest, illegal or immoral behaviour, especially from someone with power. (Gumbell, *et al*, 1995:306). This means a situation when one uses his power in a dishonest or illegal way in order to get advantage for himself. Going by the above definition, corruption is not by any means an act that should near policy implementation, otherwise the objectives, for which that policy was made, would not be achieved.

Corruption in the government circle increases poverty in many ways, it directly diverts resources to the rich people who can afford to pay bribes, and away from the poor people who cannot (Nigerian Human Development Report, 1998:31). Corruption also weakens governments and lessen their ability to fight poverty. It reduces tax revenues and thus, the resources available for public services. As a result, social services sector have been weakened due to corrupt activities of the powerful ones in government, who no longer discharge their responsibilities to the public as expected. This in turn, enhances poverty among the public.

In some countries, especially the developed ones, greater efforts are being made to root out corruption. Government is introducing ways of ensuring transparency and accountability in public administration, including regular independent auditing and incentives.

The State of Social Services Sector in Nigeria

Social services is often perceived from two inter-related dimensions, these are the social and economic dimensions. The social aspect covers services like education, health care, housing, information and other social welfare services in the society. Their outputs are commonly regarded as social services because of their welfare status. On the other

hand, the economic dimension encompasses the hard-core economic activities, which relates to the provisions of energy and power, transportation, water and communication. By the nature of these economic services, they are often referred to as utilities (Awopegba, 2001:1). As a result of the central importance and indispensability of the social services sector to the growth and development process, it is often seen as the "engine of growth", hence virtually all the sectors of the economy depend on this sector to consolidate their activities.

During the period covered by the Second National Development Plan (1970-1974), social services accounted for about 10.8 per cent of total capital expenditure of the Federal Government. This went up to 20.5 percent during the period covered by the Third National Development Plan (1975-1980). However, as a result of economic crises experienced in the early 1980, the share of social services in the capital budget of the Federal Government fell to 16.6 percent in the period 1981-1985 (Central Bank of Nigeria, 1997).

On the whole, during the decade of the 1980s (1980-1989), the share of social services in the total capital budget had however remained close to its average during the decade of the 1970s. For instance, while the average proportion in the period 1970-1979 was 15.3 percent, the average for the period 1980-1989, stood even slightly higher at 15.7 percent. Unfortunately, the share of social services in the capital budget of the Federal Government, fell as low as 3.3 per cent in the period 1990-1997 (See Table 1).

Table 1: Federal Government Capital Expenditure on Social Services (N million) (1970-1997).

Year	Social Services	% of Total
1970	1.4	0.7
1971	13.2	7.6
1972	42.0	9.3
1973	40.4	7.1
1974	358.1	29.3
1975	927.4	28.9
1976	899.7	22.3
1977	824.9	16.5
1978	866.0	16.7
1979	613.3	14.5
1980	2,456.7	24.2
1981	1,299.0	19.8
1982	968.3	15.1
1983	1,026.5	21.0
1984	237.6	5.8
1985	1,154.0	21.1
1986	655.5	7.7
1987	619.1	9.7
1988	1,726.0	20.7
1989	1,844.8	12.3
1990	2,096.0	8.7
1991	1,491.7	5.3
1992	2,132.6	5.4
1993	3,575.3	3.7
1994	3,158.2	4.5
1995	4,397.3	3.6
1996	5,824.9	3.7
1997	6,902.0	3.3

Source: Federal Ministry of Finance and Economic Development, 1998.
Annual Report and Statement of Account (C.B.N., 1999).

The Education Sub-sector

Education is an instrument for achieving social responsibility, social integration, personal competency and formal qualification for employment. (Awopegba, 2001:8). Since the educational system is designed to achieve the above, it becomes necessary that the system should be designed in such a manner that most of its entrants can justify the resources spent on their training. This, then means that, the authorities must be efficient in the use of resources to ensure an overall efficiency of the schools system.

The Nigerian policy document on education was first produced in 1969 after the National Curriculum Conference was held in September of that year. Based on its report, the Federal Government came out with the first National Policy on Education in 1977. Since then, subsequent governments have implemented the policy with various modifications. Among the objectives of the policy are:

1. The provision of basic education to all children as quickly as the resources (financial and human) permit; and ultimately, the development of a comprehensive system of education at all levels for all age groups.
2. More equitable distribution of educational opportunities and reduction of existing inequalities based on sex, economic status and geography.
3. Greater internal efficiency of the educational system through a reduction of the waste of resources caused by students dropping out or repeating grades, and improved quality of education.
4. Greater external efficiency of the educational system through an increase in the relevance of schooling to the job market, so that students are equipped with the knowledge and skills needed to find employment.

In order to achieve the above objectives, government mapped out strategies for implementing the policy. Among these are:

- i) Education will continue to be highly rated in the national development plans;
- ii) Educational and training facilities will be multiplied and made more accessible to afford the individual a far more diversified and flexible choice.
- iii) Universal Basic Education, in a variety of forms depending on needs and possibilities, will be provided for all citizens.
- iv) At any stage of the educational process after primary education, an individual will be able to choose between continuing his full-time studies, combining work with study, or embark on full-time employment without excluding the prospect of resuming studies later on.

On accessing the outcome of the implementation of the policy, one observes that almost all the policy objectives have not been fully achieved. The education sub-sector has been bedeviled by a myriad of problems, especially in the areas of inadequate facilities, equipment, staffing and staff salaries. Some of the problems and issues observed in the educational institutions today are:

- Lack of provision of basic infrastructure and equipment for effective learning, such as conducive classrooms, lecture theatres, libraries, adequately equipped laboratories, appropriate textbooks and teaching aids. Even where these exist, their maintenance is poor and that leads to drastic deterioration.
- Mass exodus of manpower from educational institutions (especially the universities) to foreign countries often referred to as "brain-drain", in search of "greener pastures". This has contributed to the falling quality of research and teaching in the academic institutions.
- Appalling moral bankruptcy in different facets, which has contributed to the upsurge of cultism in almost all levels of the educational sub-sector.

- incessant strike actions by staff at different levels (primary, secondary and tertiary) of educational institution leading to poor standards in the outputs.

The Health Sub-Sector

The pre-requisite of development is the protection of a nation's populace from the debilitating effects of diseases and ill-health. This is why the Federal Governments, over the years, have made health care an important component of the nation's development plans. This efforts culminated in the establishment of the National Health Policy in 1988. The objective of this policy was to bring about a comprehensive health system based on the primary health care, which is exclusive, preventive, protective, restorative, rehabilitative and specially affordable to every citizen of the country (Ayorinde, 2001:4). Strategies mapped out to achieve this goals are as follows:

The establishment and expansion of health infrastructure and the improvement of existing ones at all levels.

The establishment of programmes, like National Programme on Immunization, Guinea Worm Eradication Programme, etc.

As at 1987, Nigeria's health care was provided by over 900 health centres, 4 prison hospitals, over 8,000 dispensaries, as well as, 14 teaching hospitals (Federal Office of Statistics 1996:26).

However, from the late 1980s to date, health care system in Nigeria has deteriorated. Infrastructural facilities are not maintained, so many health centres, especially in rural areas are without water or sanitation facilities. Many Nigerian physicians have left and are still leaving for (greener pastures) countries where facilities and conditions of service are better. Most medical equipment are obsolete, there is inadequate supply of drugs and cases of fake drugs being sold in open shops abound. The health care services are not available to everyone, especially in the rural areas. Even where available, they are expensive, and most people cannot afford them. These have resulted in overall health indicators being below the international standard (See Table 2).

Table 2: Nigeria's Health Indicators

Infant Mortality Rate	90 per 1000 live births
Children Mortality Rate	19 per 100 children aged 1-4 yrs.
Maternal Mortality Rate	8 per 100 or 800 per 100,000
Crude Death Rate	18 per 1000 population
Total Fertility Rate	5.8
Population Growth Rate	45 per 1000 population
Life Expectancy at Birth	51.9 years
Immunization Coverage	37 per cent
Doctor per Population	1:4,500

Source: UNICEF, 1999.

Factors Affecting the Implementation of Policies on Education and Health Social Services Sub-sectors.

Over the years, the social services sector has not succeeded in achieving the objectives for which it was created. Most Nigerians have limited access to social services, and the quality of what is provided is so low and inadequate that people often prefer alternative sources. This is as a result of problems facing the implementation of the policy objectives. In the education sub-sector, the factors are social, political and economic.

Social Factors

Governments in the past, have thought of bridging the imbalance in educational development in the different sections of the economy. This gave rise to the concept of quota system being introduced in the educational sector. This system, with its controversies, is an instrument widely used throughout the country today: academic excellence and professional standards are often compromised. For example, cut off points for students who sat for University Matriculation Examination (UME), are fixed differently. Some are fixed high while some are low, depending on the geo-political origin of the candidate. This has denied the system of excellence, since some students who are not supposed to get placement in the universities do, while the qualified ones do not. Closely related to the above is the corrupt practices of some teachers (primary and secondary) or lecturers in the tertiary institutions who extort money illegally/unjustly from students. This they do by charging illegal fees (primary and secondary) and sale of handouts (tertiary), respectively. This practice affects some students adversely, especially the indigent ones who cannot afford the payments.

Political Factors

The better part of the policies on education, health and social services, was implemented during the military regimes. The country had the dominance of the military, in which power was centralized at the federal level with little or no allegiance to the electorates, except for little or limited partisan pressures by interest groups.

During the civilian regime of the Second Republic, the multi-party presidential system of government (with five parties sharing the control of the 19 states, and with one party wielding most of the power at the centre), complicated things further. While the federal government held the purse at the centre, the state governments were at liberty to formulate their own educational policies and establish their own institutions with little interference from the federal government. This situation brought about some dimensions not specified in the policy document. The inconsistencies in the polity resulted in too much experimentation on the educational policies: every government had its own changing attitudes, policies and peculiarities about education. The defunct U.P.N. states for instance, pursued the policy of 100% transition from primary to secondary school, as against the statement in the national policy that envisaged 40% transition to junior secondary with effect from 1982. The U.P.N. free education collapsed with the take over of government in 1983 by the military.

Economic Factors

When the above policy was being drafted (1973), the economic considerations did not pose a constraint to the achievement of the objectives of the education policy. This was because the period coincided with the period of oil boom. However, by the time the final document came out in 1977, the economic recession had begun. Ever since, the situation has only worsened. The federal government capital expenditure allocation to this sector has not been encouraging (See Table 3).

Table 3: Federal Government Capital Expenditure in the Social Sector (1981-1999) as Percentage of Total Capital Expenditure

Year	Total Capital Expenditure (₦ million)	Total for Social Services	Education	Health	Others
1981	5,696.9	24.22	3.81	5.35	15.06
1982	7,990.3	17.61	5.19	1.55	10.87
1983	5,868.5	15.55	6.26	1.58	7.71
1984	5,411.0	4.99	1.62	0.01	3.36
1985	7,613.0	15.16	1.66	0.01	13.49
1986	9,076.8	7.22	4.31	0.01	2.9
1987	6,372.5	4.39	1.48	0.01	2.9
1988	8,340.1	9.72	3.93	1.86	3.93
1989	15,034.1	12.27	2.58	1.47	8.22
1990	24,929.5	8.41	1.67	1.29	5.45
1991	29,286.2	5.09	1.01	0.01	4.07
1992	39,763.3	5.36	1.28	0.01	4.07
1993	97,079.4	3.68	1.10	0.01	2.57
1994	120,462.9	4.15	1.70	0.01	2.44
1995	173,759.0	2.53	1.40	0.01	1.12
1996	212,926.3	2.74	1.51	0.01	1.22
1997	269,651.7	2.56	1.41	0.01	11.4
1998	309,015.6	7.56	3.42	2.69	1.45
1999	498,027.6	3.46	1.71	1.48	0.27

Source: Central Bank of Nigeria Economic and Financial Review, Several Issues, Annual Reports and Statement of Accounts, Several Issues.

Even when Nigeria is compared with some other countries, one observes that the public expenditure allocation to education and health sectors are low (See Table 4).

Table 4: Percentage of Public Expenditure Allocation to Education and Health in Selected Countries, 1997.

Country	Public Education Expenditure as % of GDP	Public Health Expenditure as % of GDP	Total Education and Health Expenditure as % of GDP.
Nigeria	3	1.1	4.1
Ghana	22	7	29
Kenya	19	5	24
South Africa	12	8	20
Zimbabwe	24	8	32
Indonesia	9	3	12
Thailand	8	2	10
Philippines	18	2	20

Source: The State of the World's Children Education, 1999.

Funding of primary school in Nigeria has been inadequate. This situation is worsened by the non-payment of salaries of primary school teachers. In this case, one is not sure whether it is the fund that is inadequate or the corruption that pervades our government system. Also, there are situations where some Education Secretaries divert the money meant for teachers' salaries to their personal bank account in order to get interests. This is an act of indiscipline. At the tertiary level, there is a prevalence of derelict facilities, poor remuneration of employees and frequent strikes. This leads to poor manpower output and unethical behaviour, like where some teachers leave their classes to go for other businesses, in order to make ends meet.

In the health sub-sector, while governments work towards achieving the objectives of the policy, some officials of the same government, on the other hand, thwart the efforts. This can be seen in the poor distribution of health services, for instance, the poor access to basic health services and low quality health care. Over 80 percent of hospital beds (government and private) are located in the urban areas. Only 20 per cent of the rural communities have health posts and in one-third of the rural health clinics, services are provided either by mobile health clinics or by a health worker (NCEMA, 2001:8).

The corrupt practices of importing low quality, adulterated and expired drugs by some drug dealers, is dangerous. Recently, ten lorry loads of fake and expired drugs valued at ₦850 million were destroyed by NAFDAC (The Guardian 2001:24). The implication of this is that the performance of the health sector is far from satisfactory. When doctors diagnose ailment and make prescriptions and the patient takes expired or adulterated drugs, the services of the doctors would therefore become useless.

The role of different tiers of government in the provision of health services are not clearly stipulated. There are overlapping responsibilities and constant shifts between one level of government and another, these have compounded fiscal inefficiencies and led to inconsistent policy implementation. Also, decisions on health issues are highly

centralised for any effective health services coverage. Highly centralised decisions are bogged down in bureaucratic red tapism.

Furthermore, the overall manpower condition is very poor. For instance, in spite of the increase in the number of medical doctors from 1,079 in the 1960s, to 3,470 in 1995, the country's doctor population ratio (1:4,500), still exceeds the World Health Organisation (WHO) standard for the African region. This limited number of doctors are badly distributed between rural and urban centres. Most rural settlements do not have enough doctors at all.

Available data show that, relatively, limited funds are made available to the health sector, for instance, in 1995, the overall budgetary allocation to the health sector only reached the level of 5%. This is far below the current WHO minimum of 14 percent. Also, the estimated percent public expenditure on health in Nigeria is 1 (as percentage of GDP). This, when compared to other countries like Ghana (7). Kenya (5), etc., is very low (See Table 4).

Recommendation

Having seen all the problems that affect the implementation of both education and health policies, the paper therefore recommends that:

1. In the education sector, academic excellence and professional standards should not be compromised. Cut-off points for candidates seeking admission into tertiary institutions should be the same, irrespective of where the candidates come from.
2. Teachers at all levels should desist from acts that are inimical to their professional calling. Some of these are illegal fees collection, illegal sales of handouts, etc. On the health sector, NAFDAC should be encouraged to continue with its war on the dealers of fake, expired and adulterated drugs.
3. Policies at different levels should be harmonised for effective implementation. There should also be continuity in the implementation of a particular policy irrespective of the government in power. Clarification of responsibilities at different levels of government should be made.
4. Adequate funds should be made available for the implementation of these policies. This will go a long way towards curbing the "brain drain" syndrome in the sub-sectors, improving the infrastructural facilities and which will result in the overall development of the nation. Government should strive towards meeting the minimum World Health Organisation funding of 14 percent of national budget expenditure on health.
5. Equitable distribution of health facilities and services should be encouraged and the rural places should not be excluded.
6. Decision taking at the sub-sectors should be decentralised for effective functioning.

Conclusion

The paper has noted that it is the responsibility of government to provide social services in Nigeria, and that government being aware of this, have made policies and strategies for achieving the programme objectives. However, several factors have constrained the implementation of these policies especially in education and health. Top on the list of these factors is corruption on the part of some staff of government

organisations and private individuals. These acts do not encourage growth and development of the nation. This paper, has therefore proffered suggestions on how to eradicate corruption and other problems that have affected adequate achievement of the objectives of these policies.

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