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# **ACCESS IMPROVEMENT TO BASIC SERVICE DELIVERY THROUGH VOICE FOR THE MOST MARGINALISED GROUPS IN ANAMBRA AND KADUNA STATES, NIGERIA**

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## LIST OF ACRONYMS

<b>Acronyms</b>	<b>Meaning</b>
AISE	Adverse Incorporation and Social Exclusion
AU	African Union
CAN	Christian Aid, Nigeria
CCD	Community Charter of Demand
	Convention on the Elimination of all forms of Discrimination against
CEDAW	Women
CRsC	Convention on the Rights of the Child
CSOs	Civil Society Organisations
DFID	Department for International Development
DHS	Demographic and Health Survey
EAGMM	Education for All Global Monitoring Meeting
ECID	Evidence and Collaboration for Inclusive Development
ECOSOCC	Economic, Social and Cultural Council
FGDs	Focused Group Discussions
FGN	Federal Government of Nigeria
GIS	Geography Information System
HEEC	Human Experimentation Ethics Committee
ID4D	Identification for Development
IDPs	Internally Displaced Persons
IDS	Institute for Development Studies
JSS	Junior Secondary School
KIIs	Key Informants Interviews
KSIEP	Kaduna State Inclusive Education Policy
LGAs	Local Government Areas
MICS	Multi Indicator Cluster Survey
OAU	Organisation of African Unity
OECD	Organisation for Economic Co-operation and Development
PEA	Political Economy Approach
PGs	President Generals
PHCDA	Primary Health Care Development Agency
PHCs	Primary Health Centres
PSIA	Poverty and Social Impact Assessment
PWDs	People With Disabilities
SAIP	State Agricultural Investment Plan
SDGs	Sustainable Development Goals
SDSN	Sustainable Development Solutions Network

SFOs	State Field Officers
ToC	Theories of Change
UBE	Universal Basic Education
UBEC	Universal Basic Education Commission
UDHRs	Universal Declaration of Human Rights
UN	United Nation
UN-DAW	United Nations Division for the Advancement of Women
UNEC	University of Nigeria, Enugu Campus
UNESCO	United Nations Education and Scientific Cooperation Organisation
UNICEF	United Nations Children Fund
UNU	United Nations University
USA	United States of America
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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## EXECUTIVE SUMMARY

The ECID project focuses on increasing access to essential services for marginalised people in Nigeria. This research seeks to understand the complexities of how systems affect these most marginalised groups including: a) Adolescents (boys and girls between the age of 13 and 19), b) People living with disability c) Poor rural women (19 and above living in hard-to-reach communities) and find ways to use data from these groups to inform better decision making. The target groups are from two focal States of Anambra and Kaduna while data for the study were collected purposively across eight Local Government Areas (LGAs) which include: Awka North, Anambra West, Ayamelum and Ogbaru LGAs (for Anambra), and Jaba, Kuru, Kubau and Makarfi LGAs (for Kaduna).

The major objective of this research is to understand the process of using data to improve access to basic services (education, healthcare, agricultural inputs and subsidies and water, sanitation and hygiene) of the most marginalized groups at all levels (local, state and national) through amplifying their voices. Other objectives include: To identify the key issues hindering government responsiveness to the needs of the most marginalised groups [adolescent boys and girls (13-19), PWDs and rural women (19 and above in hard-to-reach communities)] in the target states; as well as to contribute to building a reliable database of key indicators around exclusion and vulnerability that will be accepted and utilised by State and non-State actors across the focal States.

The study embarked on comprehensive review of literature (conceptual, theoretical, empirical, policy ecosystems) from global to national and to the focal States as well as a theoretical literature with the conclusion that Political Economy Approach (PEA) would be necessary to identify these complexities in different climes at different time. Using evidence from the literature, the study designed research instruments for Key Informant Interviews (KIIs) and for Focused Group Discussions (FGDs) as well as a quick survey instrument for the marginalised groups. In all an average of eleven (11) KIIs and four (4) Focused Group Discussions (FGDs) were conducted in every focal LGA leading to a total of Ninety-two (92) KIIs and thirty-two (32) FGDs across the two focal States. Also, three hundred and Ninety-Three (393) questionnaires were returned valid from the quick survey across the two States out of Four Hundred and Twenty-Eight (428) administered. The study followed the necessary research ethics in line with international best practice.

A combination of qualitative and quantitative methods was used in data analysis. Information from KIIs and FGDs were analysed qualitatively while information from survey questions were analysed using quantitative method (descriptive statistics) such

as frequencies, averages, bar charts and simple percentages. The bulk of the analysis is qualitative in nature.

Findings on access and obstacles to basic education shows that about 30 percent of school age children especially adolescents drop out of school with girls constituting the bulk of the drop out. The drop out connects with the factors like lack of access, payment of user fees, environmental factors like flooding, truancy of teachers etc. PWDs from both States were unanimous in complaining about marginalisation when it comes to access to education services. About 73 percent of PWDs do not have access to basic education because their special learning needs like Braille facilities, ramps for wheelchairs to access school buildings and instructional facilities for the deaf and dumb are nowhere to be seen across the basic education facilities in their various communities.

On healthcare, more than 80 percent of the healthcare centres in the focal communities across the focal LGAs in Anambra State lack essential personnel, basic drugs and medicines and relevant equipment. The few that have effective healthcare institutions are ones lucky to have interventions from Faith-Based Organisations (FBOs) according to about 70 percent of the poor rural women in hard-to-reach communities who responded to questions. In Kaduna State the same group of people (women in hard-to-reach communities) believed that despite government policy on free medical care for pregnant women and children under the age of 5, about 80 percent still pay user fees to access healthcare.

About 87 percent of the poor rural women in hard-to-reach rural locations in Anambra State interviewed do not receive any agricultural inputs or funds from government. The remaining few are those who have received cassava stems from cooperatives only and not government. The farmers among the PWDs across focal LGAs in Anambra State reported a worse plight indicating that they do not receive any form of support in the form of farm inputs and funding because of the lack of trust in them. In Kaduna State, the story is a bit different as some special issues apply to rural women in hard-to-reach areas and PWDs regarding agriculture across focal LGAs in Kaduna State. The first is that most women need to get permission from their husbands before they engage in farm work. This does not seem like masculine protection of the women from hard labour. Rather, a patriarchal deciding power with which men exercise control. The PWDs complain of marginalization in the distribution of farm inputs especially the farmers amongst them. It was only in 2016 that one of them ever-received fertilizer. This is like the experience of the PWDs in Anambra State who protested being ignored in the distribution of public good because there is a common attitude of disregard towards them.

In Anambra State on WASH, there are slightly differing responses about the state of water and sanitation in the communities, but the overall trend is that of substantial inadequacy and the fact that people provide for themselves. In some communities where rich politicians provide boreholes, the availability of water is not helping them to promote hygiene in the form of use of modern toilets as they still practice open defecation. Adolescent boys and girls as well as women have to walk for distance to get water from streams, ponds and rivers. Scarcity of water across focal LGAs in Anambra State affects other areas like education because schools either have no toilets or those who have toilets have not water available for flushing. Consequently, the unhygienic conditions discourage the use of toilets. In other areas, students are required to bring flushing water to school if they must use the toilets.

In Kaduna State, each of the communities studied have only few boreholes available, and respondents noted that they are usually crowded in the cases that are still working. In most of the communities, they resort to either deep well for water which they reported as both inadequate in quantity and unclean. There is also the problem of having to walk a long distance to get water despite its irregularity. The other alternative source of water is to buy. It is challenging for the PWDs because they lack the capacity to struggle in cases where one available water serves everybody, and the process of fetching is chaotic.

Opinions on participation in Kaduna State are not totally unanimous though it tends more towards non-participation in taking decisions about issues that affect their lives. The PWDs in Jaba, Kauru and Makarfi submitted that they do not have close relationship with their duty bearers and do not participate in taking decisions that affect their lives. The poor rural women in hard-to-reach communities in Anambra State generally believe that men relegate them to fringe issues that relate only to women and do not consult them for decision making generally. The reason for this according to the women is that men believe that it is not the place of women to decide for the community. One respondent in Ayamelum LGA argued that “the men think we are not wise” and therefore unfit to sit with them in decision-making meetings. But some community leaders also suggested that the women are not excluded as they participate in activities of the women groups. Sometimes the wife of the Governor is said to invite them for interaction. In the view of the men, this represents inclusion.

Responses given by both marginalized persons and the state actors suggest lack of commitment to data gathering about the marginalized groups in Anambra State as well as the use of such data for planning and statistics. Our findings from Kaduna State in this aspect of the research shows that Kaduna State Government commits effort to data collection. The periodically send ad-hoc staff to the local government areas for data collection. Besides, civil society also participates in data collection on



marginalized people according to some of the respondents. The responses do not show any consistent pattern on how regularly the data are collected as some of the respondents claimed that it is done quarterly, others said monthly and still some yearly. However, what is crucial is that the Government has some data on marginalized persons. This is done through the Kaduna State Bureau of Statistics. Incidentally, the Local Governments are not involved in this data collection.

Based on these findings and other detailed findings as contained in the document the study made the following recommendations:

- a. From the findings of the study, access to basic services [education, healthcare, agricultural inputs and subsidies as well as Water, Sanitation and Hygiene (WASH)] are still inadequate especially in the rural communities. This requires urgent attention.
- b. Education and healthcare are two basic rights under Chapter 2 of the 1999 Federal Republic of Nigeria Constitution as Amended. Evidence from the study shows that most of the basic facilities for education and healthcare where they exist are dilapidated and need to be upgraded with features that allows every human to use them. Schools and healthcare centres are currently built without the consideration of PWDs which automatically excludes them from their usage. There is the need for inclusive planning during architectural design as well as construction. These can be remedied by providing for ramps and other facilities that will make it easier for PWDs to use these facilities. Another major issue found in the study bedevilling the two basic services (education and healthcare) is lack of adequate manpower especially in rural areas and hard-to-reach communities. This can be solved if government creates an incentive that attracts teachers and medical personnel to such areas. Such incentives can be in the form of free accommodation, subsidy in transportation, provisions of alternative power sources from solar and wind which makes the environment comfortable and liveable.
- c. The neglect of agricultural inputs distribution across the two States especially for the focal groups and other people in the rural communities that have agriculture as their mainstay is rather discouraging. Farmers could be aided with farm inputs such as fertilizers, seeds and seedlings, credits, agrochemicals, and others. If these cannot be totally free, at least it can be subsidized. Such inputs and subsidies if sustained could help to stem rural-urban exodus and improve the livelihood and poverty status of the residents of these areas. The finding that loans and credits are not extended to PWDs deserves a special attention. There is the need to know that activities by society “help” to disable and displace persons, who are “helpless”. PWDs and displaced people remain outside the boundaries of “normal” society because we operate the charity model. There is the need for government and

citizens to see disability as the social consequences of being 'differently abled' and hence recognise that people are actually disabled by society as they are deprived of rights and opportunities due to being different. Like the PWDs mentioned, there several ways they could engage in agriculture including fishery, snail farming, bees, etc. Effort should be made by the government to keep a certain proportion of the credit scheme for people in this group and other marginalised groups.

- d. Water, Sanitation and Hygiene (WASH) provision in Anambra State by government is either non-existent or very poor when compared to Kaduna State that have boreholes although spasmodically with most of them non-functional in rural communities. There is a popular saying that "Water is Life" and if water is not provided for rural communities, this has a chain reaction on other spheres of life including education, health, power, agriculture, etc. Water is a basic good and as such should also be seen as a public good for all citizens especially for the most marginalised. Provisions of water must be a priority as well as its distribution by a government corporation or an agency with virtual or natural monopoly. It's true that the private sector can be part of it, but the cost is huge on the poorest of the poor in the society especially the three focal groups the study revolves around. Reducing the gaps in access to basic water has been perceived as a responsibility of government in third world countries because individuals have little incentive to build and maintain extensive water infrastructure due to the nature of the commodity, but communities and societies can also be part of it with proper government commitment. Individuals might invest in on-site facilities, such as wells and boreholes. But the expense and complexity of piped networks requires collective action. Markets, therefore, fail to provide adequate water supply services on their own. In fact, targeting public spending to benefit households that otherwise would be unable to afford those services can be a component of a broader social policy agenda to redistribute resources to the poor especially those that belongs to the focal group.
- e. Participation is one aspect of our field study in which the opinions of different focal groups across focal LGAs and States differ markedly from those of policy actors. Even among the marginalized, the opinions are not totally unanimous though it tends more towards non-participation in taking decisions about issues that affect their lives. The contrast to the predominant non-participation views from the population is from the state policy actors who argue that the government engage the rural population through town hall meetings, sensitization and awareness, visitation of communities by ad-hoc staff in Kaduna State and those of Anambra that talked about participatory budgeting through the Community Charter of Demand (CCD). The opinion of the marginalized tend to portray this official inclination as

political correctness. When people declare they do not have cordial relationship with their official duty bearers and that they do not participate in taking decisions that affect their lives and the same trend runs across most of the sampled population, they are unlikely to be in conspiracy against the State. Indeed, the people noted that politicians and state officials only remember them during electioneering period. This suggests that they can distinguish between a periodic cajoles to get votes and effective inclusion in policy and governance. This should be corrected as participation is an all-round process and for States to get it right there is the need for that deliberate effort to provide information and get feedbacks from the citizens on all decisions taken by the government.

- f. There is the need for a central databank for the vulnerable and marginalized groups in both States through the State Bureau of Statistics. As a corollary to the above, the two focal States should prioritize data on not just the focal groups but for all groups to promote evidence-based decision making. In comparison, Kaduna State has a better established and more regular tradition of data collection on the focal groups to Anambra State although Anambra also has a bureau of statistics and has only recently started data collection. But the point is that Kaduna tends to carry out research more regularly on the marginalized population. The shared practices of the two states are that data do not guide their planning and interventions on marginalized communities and populations. In contrast with Anambra State, most of the communities sampled in Kaduna State pointedly observed that it is their community leaders and politicians that resist better governmental attention towards them in terms of accessing better services. Evidence-based decision making informed by data is a prerequisite for inclusive planning since it is difficult to have adequate knowledge of issues and categories of people to prioritize without data.

## SECTION ONE: INTRODUCTION

### 1.1 Background

Nigeria is the country with the highest population in Africa with over 200 million people in 2020 and estimated 400 million people by 2050 (Nwanze, 2019). About 23% of Nigeria's population are adolescents depicting a young population, high fertility rate and dependency with huge implications for the labour force and increase in unemployment in the event of any shock in revenue which is dominated by receipts from oil sales (Nwanze, 2019).

Statistics from the World Health Organization in her World Disability Report of 2011 (WHO, 2011) noted that about 15% of Nigeria's population or at least 25 million people have one form of disability. The report inferred that many people with disabilities (PWDs) lack access to basic facilities including healthcare, education, and water. PWDs face several human rights abuses including discrimination, stigma, violence, lack of sanitation and hygiene, housing and others.

Similarly, some authors have found that poverty is becoming the second name of rural women in Nigeria especially those living in hard-to-reach areas with most of them surviving on a mere N150 a day, which is slightly lower than 0.5 dollar (Adepoju, 2015; Amakom, 2020; Kazeem, 2018; Nwaobi, 2003).

The ECID project focuses on increasing access to essential services for marginalised people in Nigeria. The project seeks to understand the complexities of how systems exclude people and ways in which data can be used to inform better decision making. Understanding such ways will help to support target stakeholders to generate and use data from the most marginalised in an interactive, cyclical process that will amplify their voices in decision making at all levels. By engaging with the target groups directly to identify their needs, especially in relation to access to health, education and water, etc., it is expected to foster connections and collaboration among a wide range of stakeholders to increase accountability, responsiveness, and effectiveness so that sustainable growth and development is realized for all.

ECID works to empower these individuals to raise their collective voices to engage with decision makers at all levels on these issues and equally provide reliable data for effective advocacy with policy makers. In Nigeria, the project specifically seeks to improve the wellbeing of three groups that have been identified as the most marginalized: a) Adolescents (boys and girls between the age of 13 and 19), b) People living with disability c) Poor rural women (19 and above living in hard-to-reach communities).

The ECID project has strategically targeted these groups as a sample that easily reflects the characteristics of marginalised groups described in the introductory paragraphs above.

ECID targets these groups in Anambra and Kaduna as the focal states for its intervention; within these states, eight Local Government Areas (LGAs) have been participatorily selected as the focal Local Governments. They include: Awka North, Anambra West, Ayamelum and Ogbaru LGAs (for Anambra), and Jaba, Kauru, Kubau and Makarfi LGAs (for Kaduna). These focal LGAs were chosen based on the situational analysis of exclusion of the focal groups found out in ECID's baseline study (Amakom, 2020).

With regards to access to services, key informant interviews and focused group discussions findings from the baseline study showed that both states still had a lot of work to do in ensuring access to services (especially in education and health) for the marginalized groups. Anambra State had more spaces for the participation of the marginalized groups in decision making than Kaduna State. Findings further suggested that in Anambra State, civil society organisations engaged more with the target groups at the rural communities but in Kaduna, it seems that most of the civil society organisations work in urban centres rather than in rural communities.

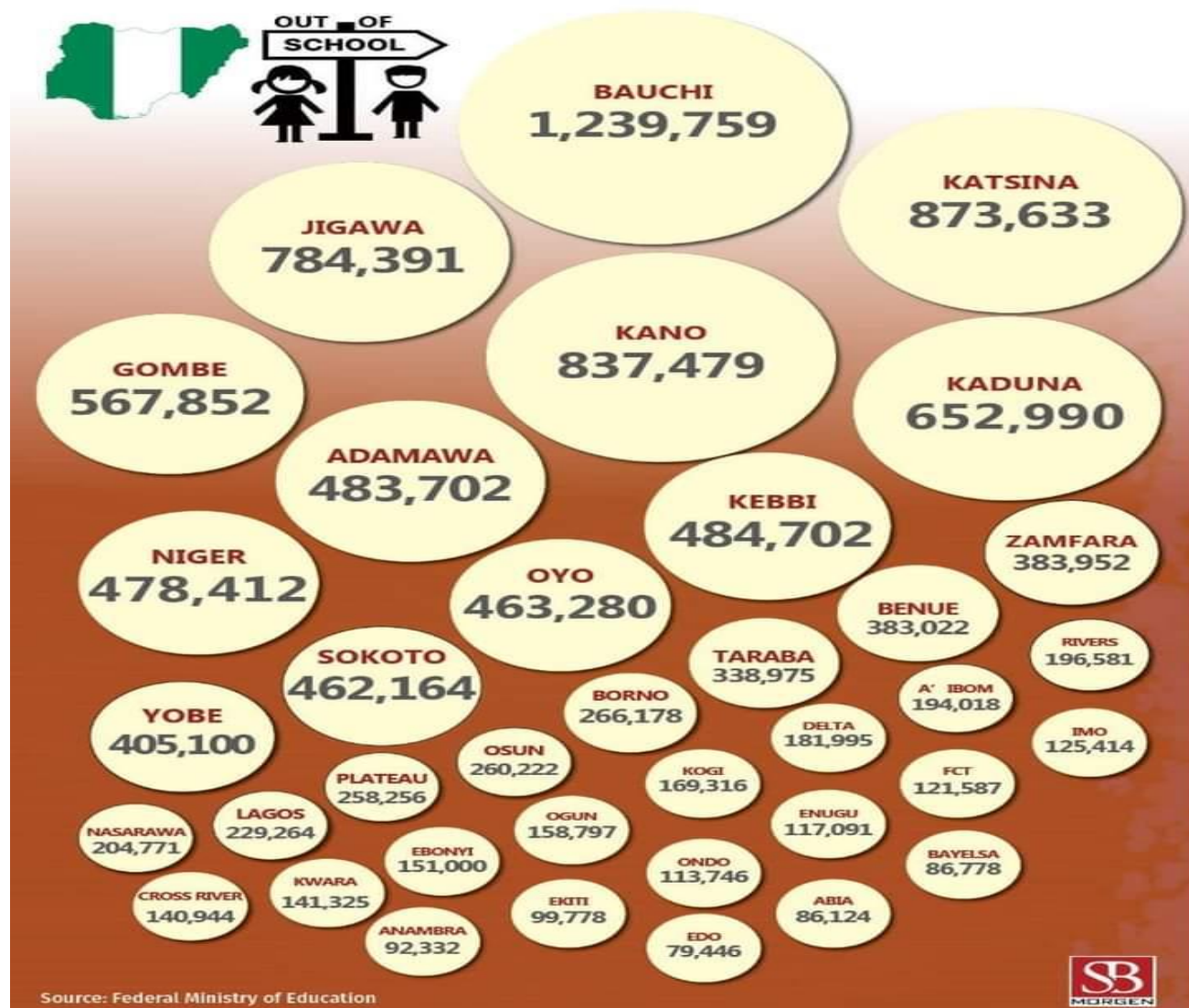
The summary findings from the perception survey which was equally part of the baseline study showed that 33.5% of the respondents considered that they had social, political, and economic power, meaning that they could influence people and meet their basic needs. Amongst the female respondents, only 26.5% were satisfied with their social, political and economic power (against 39.4% of the male respondents). A similar disparity was observed between the States with 26.5% of the respondents from Anambra being satisfied with their social, political and economic power versus 42.7% in Kaduna. The above statistics point to the fact that access to basic services for the focal groups might not be guaranteed.

To corroborate the level and nature of basic services in Nigeria, the World Health Organization (WHO, 2021) ranking of the healthcare systems in 2021 presented Nigeria in the 187<sup>th</sup> position out of 191 countries with regards to quality of her healthcare systems. This undoubtedly made it clear that the focal groups access to healthcare is bleak.

Adding to this are the latest absolute numbers released from the Federal Ministry of Education on the number of out-of-school children across Nigerian States as shown in Figure 1.1. One of the focal groups of this study (adolescent boys and girls

between the age of 13 and 19) are the worst hit. Over six hundred thousand and over ninety thousand are not in school in Kaduna and Anambra States respectively. See Figure 1.1 for State-by-State details.

**Figure 1.1: Out of School Children across Nigerian States in 2021**



Source: Federal Ministry of Education, 2021

With the above two scenarios in healthcare and education and the results from the perception survey, this new study aims to generate and use more data on the most marginalized groups [(a) Adolescents (boys and girls between the age of 13 and 19), b) People living with disability c) Poor rural women (19 and above living in hard-to-reach communities)] in these two States in an interactive, cyclical process that will

amplify the voices of the focal groups in decision making at all levels - from local to state, from state to national and from national to global.

These eight focal LGAs mentioned above were chosen based on the baseline survey done by Christian Aid Nigeria (Amakon, 2020) which showcased a brief situational analysis of the focal groups. The study equally helped to map major stakeholders (state and non-state actors) that will be part of this current study, hence the choice of purposive sampling.

## **1.2 Challenges**

Following from a critical analysis of the context in relation to the issues ECID hopes to address in Nigeria, some factors largely due to poor governance pose challenges to the delivery of the ECID objectives, key among these include:

- Absence of a dedicated data platform for the project for all stakeholders to make use of.
- Government's restrictions on making data available to the public. This poses a threat to our research work because we rely on the availability of these data.
- Government viewing development partners as opposition groups rather than as development partners remains widespread in Nigeria, and this usually limits the level of cooperation enjoyed when engaging government on data.
- Cultural and religious beliefs which differ across the focal States which might not allow the same theoretical underpinning to be applied across both.
- Some stakeholders not having enough conviction that they can be change agents due to long time of misrule and neglect.

## **1.3 Research Objectives**

The major objective of this study is to understand the process of using data to improve access to basic services of the most marginalized groups [adolescent boys and girls (13-19), PWDs and rural women (19 and above in hard-to-reach communities)] at all levels (local, state and national) through amplifying their voices. Other objectives include:

1. To identify the key issues hindering government responsiveness to the needs of the most marginalised groups in the target states.
2. To contribute to building a reliable database of key indicators around exclusion and vulnerability that will be accepted and utilised by state and non-state actors across the focal States.

## 1.4 Research Questions

The main research question is: “What process(es) should be taken to ensure the generation and use of data to inform effective engagement and participation of the most marginalised groups - adolescent boys and girls (13-19), people with disabilities (PWDs), and rural women aged 19 and above in hard-to-reach communities - in decision making with regards to access to the public services addressed in ECID (education, healthcare, agriculture, and water, sanitation and hygiene or WASH) in Anambra and Kaduna states?”

Other research questions expected to be answered in the two cited states are:

1. What is needed in building a reliable database with relevant indicators around the most marginalised groups that is acceptable and be utilised by both government and non-government stakeholders (civil society organisations and private sector)?
2. What major issues inhibit government alertness to the needs of the marginalised groups?
3. How can data be used by the marginalized groups and other stakeholders in decision making that results to better access to the cited public services?

The database is expected to be built and used by all stakeholders both government and non-government actors. The government institutions as well as non-government actors including civil society organisations working in ECID will be part of building and usage of the database. The database will be housed by the government but owned by all stakeholders in terms of usage.

## 1.5 Significance of the Research and Usage of Findings

The study is timely because the two States Anambra and Kaduna have relevant Laws and Policies in place such as the Child Right Law, the Disability Law, the Gender Policy, the Girl Child Education Policy, the Policy on *Alimajiri* in Kaduna State, the policy to curb high level of boys’ dropout rate in Anambra State, and the policy that abolished harsh practices against women and widows. The existence of these policies potentially enables the inclusion of marginalised groups especially the three focal groups in this study.

The matrix below presents who will benefit from the findings and how they can access the findings.



<b>Audience</b>	<b>What will they use the findings for?</b>	<b>In what format(s) will they access the findings?</b>	<b>How will they access findings?</b>
State and Local Governments  Policy makers  International development partners and donors  Tertiary stakeholders, academia, and local civil society organizations	The findings will be useful in redefining and revisiting policies on the marginalised groups being studied in this research. Such policy redefining and revisiting is expected to boost evidence-based budget allocation based on need and resource availability by government and non-government partners.	The findings will be summarised into actionable points in policy briefs. Such policy briefs and discussion papers will be presented in drafts for further discussion among all relevant stakeholders before the final briefs are presented and disseminated.	Launch event in workshops, symposia, special policy meetings, publications (policy briefs and discussion papers), town hall, by invite, social media and special radio programmes.

Source: Nigeria’s ECID research proposal, 2020.

## **1.6 Theoretical and Analytical Framework**

The theoretical underpinnings to this study are drawn from a Political Economy Analysis (PEA) of different actors and their influence that leads to different socio-economic outcomes such as social exclusion, marginalisation, poverty and inequality of the focal groups. Utilising the PEA will help to understand why the focal groups are excluded or have less access to basic services. This is in line with the arguments of Tembo (2012) which notes that enabling citizens to influence government accountability is a complex process involving political dynamics at the citizens’ interface with state institutions.

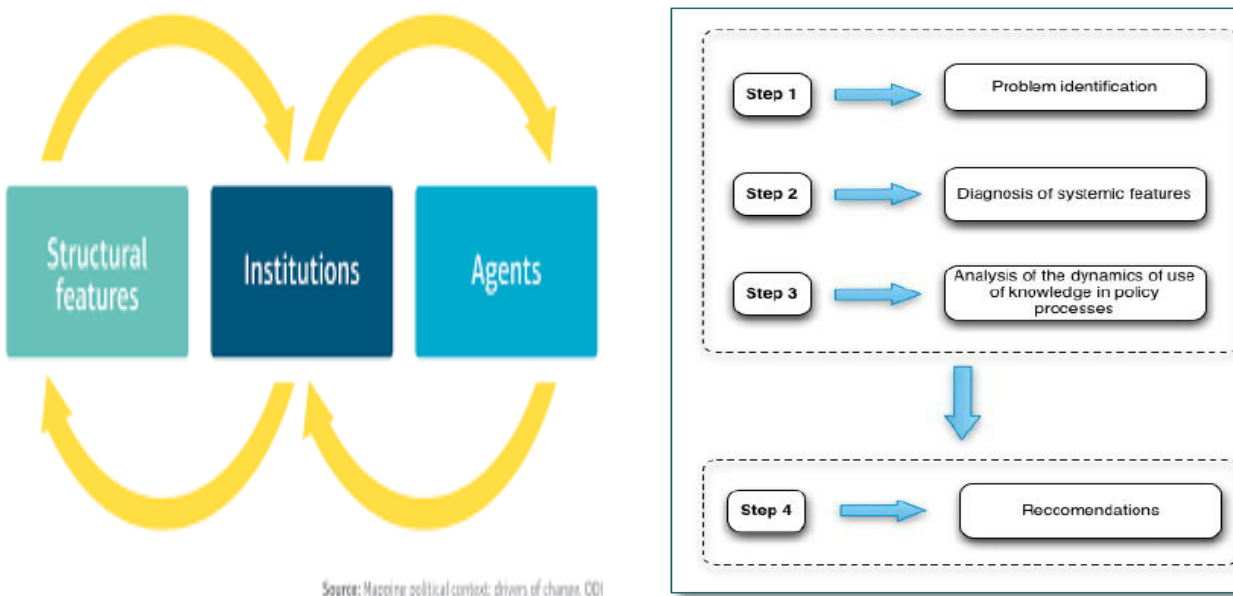
The PEA is a powerful tool that bridges the gap between politics and economics (DFID, 2009). It focusses on how power and resources are distributed and contested and its implications in outcomes of development. PEA is crucial in analysing different influences and power imbalances as it gets beneath the formal structures to reveal the underlying interests, incentives and institutions that enable or frustrate change. Such insights are important if we are to advance challenging agendas around governance,

economic growth, and service delivery, which experience has shown do not lend themselves to technical solutions alone (DFID, 2009).

Empirical evidence from different studies that applied PEA shows its ability to contribute to identifying where the main opportunities and barriers for policy reform exist and how the institutions can use their programming and influencing tools to promote positive change. This understanding is particularly relevant to this study which seeks to amplify the voices of the marginalised in hard-to-reach communities where the challenge of having access to basic services has fundamentally a political undertone.

Diagram 1 below showcases the model the study will adopt.

**Diagram 1: Political Economy Analysis Steps and Contexts**



Source: Mapping political context: drivers of change. CGI

Sources: <https://beamexchange.org/guidance/analysis/political-economy-analysis/> and [https://www.researchgate.net/publication/267512175\\_Towards\\_policy-relevant\\_science\\_and\\_scientifically\\_informed\\_policy\\_Political\\_economy\\_of\\_the\\_use\\_of\\_knowledge\\_and\\_research\\_evidence\\_in\\_urban\\_resilience\\_interventions\\_in\\_the\\_Philippines/figures?lo=1](https://www.researchgate.net/publication/267512175_Towards_policy-relevant_science_and_scientifically_informed_policy_Political_economy_of_the_use_of_knowledge_and_research_evidence_in_urban_resilience_interventions_in_the_Philippines/figures?lo=1)

Component A at the left hand-side presents the study focus starting with structural features to institutions and agents that are the drivers of change while Component B showcases the flow of the analysis starting with problem identification to the diagnostic of systemic features of issues that have inhibited a lack of access to basic services to analysis of dynamics of use of knowledge in policy process. Such analysis will bring in the use of evidence-based data from the three marginalised groups studied in this research.

This study aligns with Mcloughlin (2014: 1) who defined PEA as an analysis that “aims to situate development interventions within an understanding of the prevailing

political and economic processes in society – specifically, the incentives, relationships, and distribution and contestation of power between different groups and individuals”. This is represented in Diagram 1 above.

## SECTION TWO: STUDY METHODOLOGY

### 3.1 Sampling Technique, Data Type and Respondents

Given the nature of the study which is not outright evaluation, the study took a purposive, iterative and collaborative approach to the collection of data, analysis and report/paper writing. Data collection sought and gathered different views and discussions with key informants and focus group discussants who were particularly knowledgeable in areas that related to the key research questions. Efforts were made to include marginalised groups from communities across the focal LGAs with varying poverty level and characteristics.

Interviewees included Traditional Rulers/Religious Leaders, President Generals (PGs), Women Leaders and Youth Leaders of various communities within the eight focal LGAs in the two states of Anambra and Kaduna; Heads of Departments (Education, health, Agriculture and Water and Sanitation) at the LGA level; as well as top Government Officials at the State executive. Information from other informants (ordinary people) across some communities was also used to triangulate information.

Therefore, the bulk of data for the study were mainly primary (qualitative and quantitative) in nature gathered through Key Informants Interviews (KIIs), Focused Group Discussions (FGDs) and a survey. In the two States, the survey, KIIs and FGDs concentrated in the four focal Local Government already identified during the baseline study.

#### *Sample Size*

An average of eleven (11) KIIs and four (4) Focused Group Discussions (FGDs) were conducted in every focal LGA leading to a total of Ninety-two (92) KIIs and thirty-two (32) FGDs across the two focal States. These local Government include: Awka North, Anambra West, Ayamelum and Ogbaru LGAs (for Anambra), and Jaba, Kauru, Kubau and Makarfi LGAs (for Kaduna). These focal LGAs have been chosen based on the situational analysis of exclusion of the focal groups done by Christian Aid during the ECID Project design. Also, the survey with quantitative questions returned Three hundred and Ninety-Three (393) valid questionnaires across the two States out of Four Hundred and Twenty-Eight (428) administered.

The sample were drawn from the focal marginalized groups [adolescent boys and girls (13-19), PWDs and rural women (19 and above in hard-to-reach communities) from the four focal Local Governments across the two focal States. For Persons with Disabilities (PWDs), gender and subgroups were considered during the field work. Subgroups such as seeing impairment (the blind), hearing impairment (deaf and dumb) and physically challenged were the dominant groups and were considered across all LGAs in the two States. Summary of the distribution of the Respondents by Local Government Councils (LGCs), focal groups and average age of the respondents in each focal group is presented in Table 3.1 below.

**Table 3.1: Summary of the distribution of Respondents by Local Government Councils (LGCs), Focal Groups and Average Age<sup>1</sup> of Respondents**

States	LGAs			Av. Age of	Av. Age of	Poor Rural	Av. Age of Poor		Av. Age	
Anambra	LGAs	Adol. Boys	Adol. Girls	Adol. Boys	Adol. Girls	Women	Rural Women	PWDs	of PWDs	No. of Kills
	Anambra West	15	15	16	16	13	Nil	13	43	15
	Ayamelum	7	14	15	17	11	Nil	6	Nil	13
	Awka North	15	8	16	17	15	34	9	Nil	9
	Ogbaru	15	15	Nil	Nil	15	Nil	15	Nil	9
	<b>Total/Average</b>	<b>52</b>	<b>52</b>	<b>16</b>	<b>17</b>	<b>54</b>	<b>34</b>	<b>43</b>	<b>43</b>	<b>46</b>
<b>Kaduna</b>	<b>LGAs</b>									
	Jaba	14	13	Nil	Nil	15	41	11	Nil	13
	Kauru	15	15	17	16	15	Nil	15	Nil	14
	Kubau	14	13	17	17	14	33	13	43	11
	Makarfi	15	15	17	17	15	35	15	42	8
	<b>Total/Average</b>	<b>58</b>	<b>56</b>	<b>17</b>	<b>17</b>	<b>59</b>	<b>34</b>	<b>54</b>	<b>42.5</b>	<b>46</b>
<b>Grand Total/Average</b>		<b>110</b>	<b>108</b>	<b>16.5</b>	<b>17</b>	<b>113</b>	<b>34</b>	<b>97</b>	<b>42.8</b>	<b>92</b>

Source: the authors

<sup>1</sup> The average age of Respondents as contained in Table 3.1 are for those that provided their ages. Some of the respondents did not want to disclose their ages for reasons known to them and as part of the ethics, the field team did not force anyone to go against his/her will.

Information was gathered through (1) In-depth interviews [Key Informants Interviews (KIIs), Focused Group Discussions (FGDs) and Case studies] with Narratives, detailed responses to probing questions employed, (2) Direct observation where field notes containing descriptions of activities, behaviours, actions, interactions, and processes where taken and Document analysis where written documents including records, memoranda, correspondences, reports, were thoroughly read and formed part of the analysis. The study roadmap involved was in an order that included: Data Gathering Process (data gathering and describing); Analysis process (organizing, connecting and corroborating/legitimising); Interpretive process (describing, organizing, connecting, corroborating/ legitimising and representing the account); and finally, reflexivity.

In summary, Table 3.2 below summarizes the research method, reasons for the choice and research question(s) information generated were applied.

**Table 3.2: Summary of research methods, reasons for the choice and reference research question**

<b>Research Method</b>	<b>Reason for choosing the method</b>	<b>Research question(s)</b>
<b>Surveys (to generate primary data) directly from focal groups and other stakeholders</b>	The study conducted survey to generate primary data. The survey is quantitative in nature which help to describe responses as well as test few hypotheses. The two State Bureau for Statistics took the lead during the survey.	All questions and the main question.
<b>Key Informants Interviews (KIIs) to key government and non-governmental partners Stakeholders including traditional, community and religious leaders.</b>	This was necessary to better understand the current situation and suggested ways of achieving the study target.	All questions and the main question.
<b>Focus Group Discussions (FGDs) and Comparative analysis</b>	Information from FGDs helped to compare different groups in different focal locations in the two States. The FGDs were conducted on the focal groups (Adolescent boys, Adolescent Girls, Poor rural women in hard-to-reach communities).	All questions and the main question.

*Source: the authors*

### **3.2 Research Ethics and collaboration with Anambra and Kaduna State Governments**

Research ethics applied during this study was in line with that of the University of Nigeria which expect her staff, research institutes, and faculty members to meet the highest ethical standards in the conduct of research and teaching. This study therefore followed to the letter the ethics and believe that no research ethics have been violated. The study team at the inception of the research contacted the University of Nigeria Ethics Committee who supplied the research team with all possible breaches that must be avoided including misconduct such as plagiarism; falsification of data; abuse of confidentiality; suppressing or distorting contradictory data; deceptive publication attribution and gross negligence; violation of research regulations; undisclosed conflicts of interest; misuse, misappropriation, misapplication, or misrepresentation of research funds (irrespective of source); and failure to report observed misconduct.

The research team equally contacted the University of Nigeria Consultancy Services Limited and the University of Nigeria Press Limited who directed the team to one of its committees that is directly in charge of the type of research the team is conducting - The Human Experimentation Ethics Committee. This committee went through the instruments developed and the data collected from the field and found nothing in violation of the University research ethics. The Institute for Development Studies (IDS) constituted a committee for the research with Dr Uzochukwu Amakom as the Research Team Lead while Prof. Osita Ogbu (IDS Director) provided the required oversight. Other members of the Research team are Dr Bernard Nwosu, Dr Boniface Umoh, Dr Emeka Iloh (from a sister university but has expertise in the study area), Associate Prof. Onyukwu E. Onyukwu and Mrs. Theresah Isife.

The research team adhered to every ethics around human such as informed consent obtained from respondents and the confidentiality in the use of any information obtained from them as well as the "do no harm" assurance. Prior to field work reviewed the protocol while ensuring that anticipated benefits and the importance of knowledge accruing are explained to the subjects. In the case of adolescent boys and girls, the research team agreed to have Focused Group Discussions (FGDs) at their various schools or learning centres. School principals, head teachers, head of learning centres and parents were briefed of the importance and the nature of the questions, and their consents were sought for and generated before any interview or discussion. The same was applied to Key Informants.

The Institute for Development Studies (IDS) sought collaboration with Anambra State Ministry of Budget, Economic Planning and Development Partners as well as the Kaduna State Ministry of Budget and Planning and official approval letters were generated from both States who identified and provided four top Field Officers each

from their various States to lead the field officers. These four field officers were all permanent workers at the respective State Bureau of Statistics in the two States. The two States in addition to these top field officers appointed a Principal Staff to be the focal person throughout the duration of the study. These Focal Persons and Field Officers from Anambra and Kaduna States are presented in Table 3.3 below:

**Table 3.3: ECID Research Team Members from Anambra and Kaduna State Government**

	<b>Name</b>	<b>Gender</b>	<b>Rank</b>	<b>Position in the Research</b>	<b>LGA Covered</b>
<b>Anambra</b>	Ifeoma Ezedebego	Female	Principal Planning Officer 1	Focal Person	State Supervisor
	Emeka Igwebuike	Male	Statistician I	Field Officer	Awka North
	Mgbachi Uchenna Elisius	Male	Statistician I	Field Officer	Ayamelum
	Abadom Sochukwuma Stephen	Male	Statistician I	Field Officer	Ogbaru
	Onuorah Raphael	Male	Statistician I	Field Officer	Anambra West
<b>Kaduna</b>	Yunana Birus	Male	Principal Planning Officer 1	Focal Person	State Supervisor
	Ladi Faith James	Female	Statistician 1	Field Officer	Jaba
	Veronica Peter	Female	Statistician 1	Field Officer	Kauru
	Yusuf Alhassan	Male	Statistician 1	Field Officer	Markarfi
	Mohammed Nuradden Jibril	Male	Statistician 1	Field Officer	Kubau

Source: the authors

### **3.3 Training of Field Officers and Supervisors**

Training of field officers and supervisors were in two different locations - Christian Aid Board room in Awka for Anambra State and Christian Aid Board room in Kaduna for Kaduna State field officers and Supervisors. While the Anambra Training was held on Tuesday April 6<sup>th</sup>, 2021, Kaduna State training held on Monday April 19<sup>th</sup>, 2021. The Research Team Lead, who is also the Principal Investigator, facilitated the training alongside Dr Bernard Nwosu, Dr Emeka Iloh and Dr Boniface Umoh in both States. The questions were translated and explained to the field officers and supervisors in their local dialects to enable them to get the right answers when from the field. The Principal



Investigator laid down all the ethics and ethos expected of all field officers and supervisors and outlined the line of communication as well as how to raise early warning signals in case the process starts moving south. Field officers and supervisors could ask various questions while there were a series of role plays during training at the various States while Christian Aid contact persons and supervisors played an active role during the entire training process both in terms of questions framing and logistics provisions.

### **3.4 Quality Control and Assurance Mechanisms**

A combination of techniques and methods were put in place to uphold the integrity of the data collection process, ensure quality of the data. They include:

### **3.5 Stakeholder checks on data and interpretation**

Guba and Lincoln (1991) define using member checks as “the process of testing hypotheses, data, preliminary categories and interpretations with members of the stake-holding groups from which the original constructions were collected”. The Supervisor of every team randomly held brief validation sessions among some field officers, respondents and stakeholders in the two States to check the authenticity of the data and other responses.

### **3.6 Pilot testing**

This covered both the pre-test of instruments and trial-run of the overall design elements. It further involved a test-run of the data collection strategy including sample selection, instrument administration, respondents’ feedback and overall efficacy and performance of the approaches proposed. Trial run of data entailed that each data gathering method was useful to minimize errors and inadequacies on a larger scale, to uncover and correct problematic areas or procedures and modify data collection strategies. The feedbacks and results raised by Christian Aid supervisors were used to adjust the questions in the research tools to ensure more clarity, understanding, acceptability and respondent friendliness.

### **3.7 Establishment of procedures for ensuring data integrity and maximizing the accuracy of results and validity of conclusions.**

The relevant procedures include:

- Defining indicators in terms of data constituents
- Uniform procedures and protocols for the collection of data - protocols provide a roadmap for how the data will be collected in the field and then be used to guide investigators through the study. Protocols are intended to increase the

reliability of results by providing uniformity and consistency in the data collection effort.

- Procedures for collecting and processing data will provide clear data trails to enable independent tracking of data and reproduction of results.
- Conducting selective data audits on a small random sample as safeguard against incorrect reporting or manipulation and ensure accuracy of reported data.

### **3.8 Data Management and Data Warehousing**

The data management consist of a central data pooling and feedback system operated from the IDS Project Coordination Office. The data looping system connects the State Supervisors through to State Field Officers (SFOs) who constitute the primary data entry and processing points. The IDS Project Coordination Office developed automated MS Excel-based or MS Access-based data templates customized for State Supervisors to generate data summaries and carry out secondary-level processing/collation data from State Field Officers and for State Field Officers to carry initial data entry and first-level processing.

### **3.9 Methods of Data Analysis**

A combination of qualitative and quantitative methods was used in data analysis. Information from KIIs and FGDs were analysed qualitatively while information from survey questions were analysed using the quantitative method (descriptive statistics) such as frequencies, averages, bar charts and simple percentages. Thus, the report contains a mixture of qualitative and survey (quantitative) findings.

## SECTION THREE: STUDY FINDINGS, DISCUSSIONS AND POLICY IMPLICATIONS

### Preamble:

This section covers the **respondents' views on different questions as it relates to the study objectives**. It presents some of the pertinent results after quality check, collation and brief analysis of the raw data. Some information considered as raw data has been sieved, but however all raw data is available **on request from the Research team**. Key findings are presented for the quantitative survey through structured interview using questionnaire guides. Also presented are results of in-depth interviews with key informants and the focused groups.

### 4.1 Access and Government's Responsiveness to the Needs of Marginalized Group in Anambra and Kaduna States for the Focal Basic Sectors

Data generated from Key Informant Interviews (KIIs) and Focused Group Discussions (FGDs) from both States raised several factors that they believe are obstacles that might help to improve access and Government responsiveness to the need of the marginalised groups in Anambra and Kaduna States. The responses from the four focal Local Government Areas (LGAs) in Anambra State almost resonated one another on the major impediments to access and Government's responsiveness to the needs of most marginalized sections of the communities (adolescent boys and girls (13-19), PWDs and rural women (19 and above in hard-to-reach communities). Our study had selected crucial policy sectors such as Education, Health, Agriculture, as well as Water, Sanitation and Hygiene (WASH). Generally, the respondents during the Focus Group Discussions expressed a sense of on-going neglect. In fact, beyond the Focus Group responses, the opinions of the policy stakeholders and community leaders (KIIs) corroborated most of the narratives of policy neglect and total absence of or paucity of data about the areas human need that were interrogated.

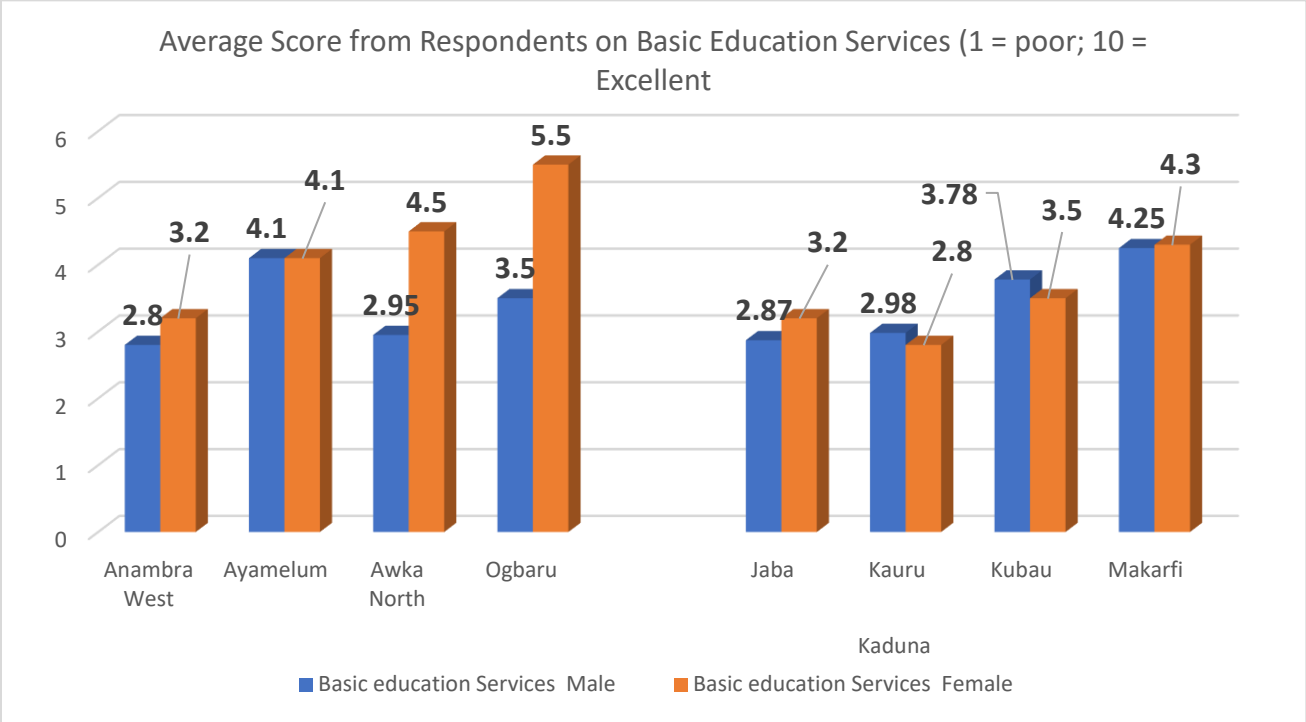
In the four Local Government Areas (LGAs) of Jaba, Kauru, Kubau and Makarfi of Kaduna State, the basic services that makes the most effect on poverty namely education, health services, incentives to agriculture, water and sanitation are in poor condition and do not have policy priority. The responses in some of the items are discordant, based on the divide between service providers and the supposed recipients of the services. But among the recipients, the voices of the marginalized groups are predominant observing the major inadequacies and the need for significant improvement.

In reporting the conversations held with members of the focal communities, we look at the views expressed regarding the various policy areas that were the thrust of our work and will represent the views by focusing on Education, Health, Agriculture, as well as Water, Sanitation and Hygiene (WASH).

**4.1.1 Basic Education - Access, Services and Obstacles**

In terms of access and effort by government towards the provision of basic education services, respondents from both State rated government responsiveness and effort low as depicted in Figure 4.1 below.

**Figure 4.1: Average Score from Respondents on Basic Education Services**



Source: the authors

Evidence from the above Figure shows that apart from females from Ogbaru LGA of Anambra State who rated government efforts on basic education above 50 percent, all the other respondents (male and female) irrespective of States or LGA did not believe that services and access to basic education is up to average 5/10 or 50 percent as they scored government effort less than 5/10 (50 percent). This implies that in percentage terms all respondents from Kaduna State rated government effort on basic education less than 50 percent with males in Jaba and Kauru LGA rating this effort less than 30 percent just as their counterparts from Anambra West and Awka North LGAs of Anambra State.

For Adolescent boys and girls from Anambra State, their opinion was that about 30 percent of school age children especially adolescents drop out of school and in the focal LGAs unfortunately, Girls constitute higher proportion of this number. The drop out connects with the factors like lack of access, payment of user fees, environmental factors like flooding, truancy of teachers etc. Adolescent boys and girls from the focal LGAs in Anambra State who participated in different FGDs unequivocally suggested that teachers play truancy, supervise and teach the students poorly. Often, they are over-loaded as a few teachers usually take the burden of teaching multiple pupils in primary and junior secondary schools.

For adolescent boys and girls who participated in the FGDs from the focal LGAs in Kaduna State, they believe there are limited number of schools while access to education is hindered by several factors with 48 percent of adolescent boys and girls have to blame their parents for their inability to access education. According to these adolescent boys and girls, their parents prefer to send them to farms and for hawking.

Poor rural women in hard-to-reach communities from the focal LGAs in Anambra State believed they still pay school fees especially at the secondary level despite the policy of free basic education in the State while about 30 percent of their counterparts from Kaduna State opined that they do not have money to send their children to school. According to 57 percent of poor rural women in hard-to-reach communities from the focal LGAs in Kaduna State, government basic education services places are lacking teachers and learning materials. They also complained of language of instruction which is English instead of Hausa to make the subjects more comprehensible to the students.

The PWDs from both States were unanimous in complaining about marginalisation when it comes to access to education services. Their special situation makes their own marginalization even worse with about 73 percent of PWDs not having access to basic education because their special learning needs like Braille facilities, ramps for wheelchairs to access school buildings and instructional facilities for the deaf and dumb are nowhere to be seen across the basic education facilities in their various communities.

The residents of Ugbene in Awka North LGA, Oroma Eiti in Anambra West, Umueje in Ayamelum, and Amiyi in Ogbaru LGA are of the view that public services at the level of basic education are rather dismal. The problems listed include lack of adequate and qualified teachers, payment of user fees even where there is subsisting free education policy for basic education. Parents are made to pay fees because government employed teachers hardly agree to live in the communities. So oftentimes, teachers posted to their communities work their transfer out of rural communities where basic infrastructure like electricity and healthcare do not exist. So, persons with some level of education that could be hired by parents as improvised teachers even

where they may not be qualified, are the ones available to teach. Since such teachers are not government recruited teachers, the arrangement upon which they are hired would normally require payment of user fees. Oftentimes, these fees are not easy. In Ogbaru for instance, parents mentioned that they pay N1,800.00 for primary school pupils and 3000 NGN for students in secondary school. The summary of education issues was captured by a woman Community Leader from Ugbenu, Awka North LGA of Anambra State thus:

*“Ugbenu receives attention from the government through the Presidents-General but there are still some areas that are not well attended to such as inadequate teachers in the school. One challenge that is peculiar to the adolescent boys and girls is no availability of teachers in the school. There are no teachers for some of the subjects. Some of the teachers that are not resident in this community come once or twice in a week, write their names and go. This tells a great academic difficulty on the students because they don’t get to learn the way they are supposed to”.*

Excerpt from Mrs. Nebenanya Dinah (Female), Community Woman Leader, Ugbenu community, Awka North LGA, Anambra State, KII conducted on 13-04-2021.

Another interesting dimension to access to education from Anambra State was around poverty which cut across other basic services was the response of another woman leader thus:

*“Some of the parents do not have enough resources to take care of the adolescent or send them to school to acquire formal education. Like in this school we are now, it is like only 3-10 students are in one class. But we have so many children in this town. The distance from home to the school is quite far thereby discouraging many of the adolescent boys and girls from attending school. There is no borehole in the school as the students go to thereby building where construction is going on to fetch water”.*

Excerpt from Mrs. Mgbachi Uchenna (Female), Community Religious Leader, Umueje community, Ayamelum LGA, Anambra State, KII conducted on 13-04-2021

In most of the focal communities in Anambra State, the number of available government teachers are so small that one teacher may teach up to three streams of pupils like primaries one to three. Not only that this is very cumbersome for such teachers, but they do also not go to school always. Some of them reside in urban communities and go to work about once or twice a week. In Oroma Etiti Community, Anambra, one of the adolescent FGD respondent revealed that sometimes they go to school and teachers do not come and the students will play and fight all day because there is no one to direct them. The next day, some may not come again. This causes some of them to be withdrawn from school to help their parents with farm work.

Continuing, environmental conditions contribute to worsening the decrepit condition of basic education. In Oroma Eiti, Anambra West LGA, Ifite Anam, for instance, during rainy season, most places are flooded. There is no access road too. So, schools are forced to close and observe what they call 'flood break' for about three months. This is usually during the third term, and it drastically cuts down the learning duration for the entire year.

Apart from scanty number of teachers there is a telling lack of school infrastructure from the observation of the field officers. Most of the schools have dilapidated or collapsing structures, lack latrines. In places where they manage to have toilets, there is no water for flushing. So, the poor hygiene of the place provides impetus for continuing use of open defecation with its obvious health implications. Where school structures are provided by the government, there are no basic furniture like seats. Also, there are no science laboratories and or equipment for basic instructions, computer labs or computers as well as electricity and internet connectivity are lack in all the rural places visited. The consequence is that students drop out from school while some parents prefer to have their wards assist them in farming or trading activities. In a particular community an FGD discussant volunteered to show the farm of the only teacher in the school, where the teacher spends the working hours.

Persons Living with Disabilities (PWDs) from Anambra State brought in the angle that there are no schools to take care of their specific learning needs. But beyond policy neglects of governments that has not provided the requirements of learning for the PWDs, there is the angle of parental neglect. PWDS noted that parents are reluctant to send their children with disabilities to school. Not one of the focal areas of study was any special school for the disabled mentioned. Even in the existing normal schools, the PWDs who could manage to share the learning environment with non-disabled persons complained that they lack means of mobility and if they could manage to get to the schools, the structures are not build with mindfulness of people with disability. The buildings lack ramps that could support wheelchair users in the school structures. Then the facilities that could support blind and deaf learners are absent in all such schools.

The only mention of adult education was in Anambra West LGA which has an adult education coordinating unit. However, it was also noted that the initiative suffers the adverse effects of lack of conducive learning facility due to poor funding (Head of Adult Education). Only 60,000 NGN is provided monthly in the entire LGA for funding adult education, and this is inadequate.

Overall, the focal communities in Anambra State suffer from neglect in the educational sector. The neglect in question means a major aspect of policy exclusion which causes teenagers aged 13 to 19 years living in such areas to drop out of basic

education. Besides, those of them that may follow through the challenged schooling system they have will find it difficult to write certificate examinations in their final classes. They suffer comparative disadvantage vis a vis their counterparts in better equipped schools in urban locations. Ultimately, there is little development of human capital in these rural communities due to the lack meaningful policy attention. They are outside the orbit of government policy programming in terms of improving the quality of education.

Generally, the problems of access to quality education in Anambra State according to respondents' hinge on lack of infrastructure, relevant manpower, environmental conditions like flooding and limited policy attention in the affected areas. The respondents from the policy sectors to the primary consumers of the affected services in the communities share the same perceptions of policy neglect.

In Kaduna State, the common view among the respondents in the four LGAs is that the state of education is behind because its access is hampered by the poor school buildings, lack of furniture, long distance from some of the communities especially secondary school and inadequate instructional and reading materials. For the PWDs, they reported the absence of supportive infrastructure that could enable them to share the learning environment with others. This includes ramps in the available buildings, instructional aid for the blind, deaf and dumb. Teenagers from Ramidau community in Jaba LGA just like those from Danguzuri in Makarfi complained of having to walk a very long distance to reach their secondary school. Similarly, those from Kwazari in Kauru LGA pointed at the distance of schools as well as the lack of furniture. In the existing schools, they lack adequate seats for the students as observed by the field officers and supervisors.

Responses from Tsangaya in Kubau LGA of Kaduna State differ slightly with the suggestion that they have schools, but parents prevent their children from going to school to send them to go and hawk for the family. A similar attitude-oriented challenge is the case in Tudun Wada II, where it was noted that the young people aged 13 to 19 do not like going to school even when they are enrolled.

Long walk to school is observed by some of the respondents as a possible setback to the students because the fatigue of covering a long distance would affect the child's ability to concentrate with the right mental condition for learning. Further issues observed as constraints to assessing education is that the local people expect to be taught in Hausa language instead of English. They also expect to be provided with reading and writing materials. In fact, they also pointed out that the stoppage of the school feeding programme is a source of setback to education. The last two expectation seems a little out of normal. What may account for it is perhaps because



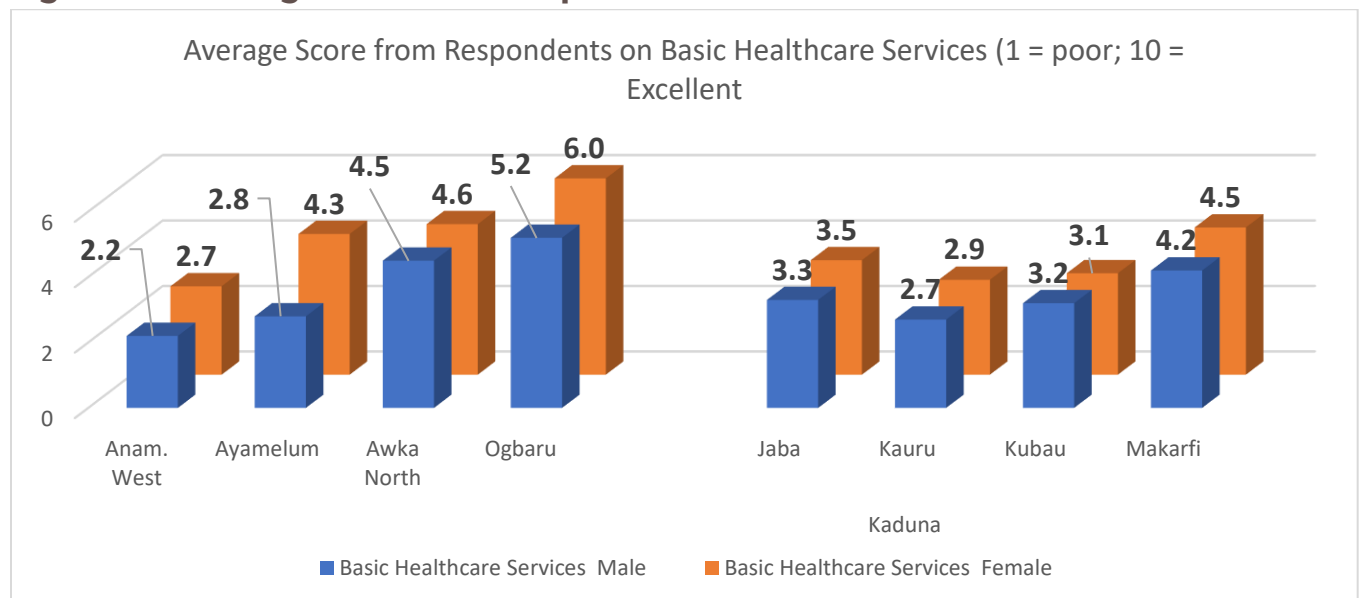
the areas of interest of the research are rural communities. In more urbanized parts of Kaduna, the expectations are likely to be different.

Joining the setback of infrastructure and insufficient instructional and learning materials like books is the problem of very few teachers. The Kaduna experience in the post-primary school system tends to replicate the problems in Anambra state. What is typical about the selected areas of study is that they are mostly rural. This is instructive because the ranking of performance of states in standardized examinations in terms of comparison with other states takes a general picture without properly considering the state of neglect of the hard-to-reach rural areas. Often a state may come first in ranking of national examinations performances, but in such state, yet still harbour marginalized rural communities with poor educational infrastructure. This basically sets out trend in governance of the two states namely, the rural areas remain largely neglected in governance. Since the marginalized groups in society are the majority in these areas, the reason for the persistence of their condition becomes obvious. Generally, the rural hard-to-reach locations are not policy priorities of the state governments.

#### 4.1.2 Basic Healthcare - Access, Services and Obstacles

This sub-section looks at the state of healthcare in the communities covered by this study. Residents of the communities also have the idea that their healthcare concerns are not priorities to the government. In terms of access and effort by government towards the provision and improvement of basic healthcare services, respondents from both States rated government responsiveness and effort low as depicted in Figure 4.2 below.

**Figure 4.2: Average Score from Respondents on Basic Healthcare Services**



Source: the authors

The above Figure shows that apart from males and females from Ogbaru LGA of Anambra State who rated government efforts on basic education at 5.2/10 or 52 percent and 6/10 or 60 percent respectively, all the other respondents (male and female) irrespective of States or LGA did not believe that services and access to basic healthcare as provided by government education is up to average 5/10 or 50 percent as they scored government effort less than 5/10 (50 percent). This implies that in percentage terms all respondents from Kaduna State and the other three (3) LGAs from Anambra State rated government effort on basic healthcare less than average (50 percent) with males across all focal LGAs in the two States believing that government efforts in terms of healthcare access and services are not sufficient when compared to the female folk.

More than 80 percent of the health care centres in the focal communities across the focal LGAs in Anambra State lack essential personnel, basic drugs and medicines and relevant equipment. The few that have effective healthcare institutions are the ones lucky to have interventions from Faith-Based Organisations (FBOs) according to about 70 percent of the poor rural women in hard-to-reach communities who responded to questions. In Kaduna State the same group of people (women in hard-to-reach communities) believed that despite the government policy on free medical care for pregnant women and children under the age of 5, about 80 percent still said they pay user fees to access healthcare. Just like in education services, PWDs from the focal communities and LGAs in both Anambra and Kaduna States believed that the impediments to access to basic healthcare services are distance to points of service delivery, non-existence of services that conform with the special needs of disabled persons and above all the cost-of-service delivery where they exist.

Adolescent boys and girls from both States unanimously opined that healthcare facilities are usually located in distant places, and they walk a long distance to access healthcare due to high transportation costs. Thus, cost of service delivery and distance are major impediments to access to basic healthcare services for this focal group.

According to most respondents from Anambra State, at the core of the problem is that healthcare facilities are either non-existent or that existing ones are dilapidated and the fact that they lack human power to operate the poorly equipped health centres. Besides, the existing ones are distant for some of those who require the services in spite of the much-vaunted Primary Health Care (PHC) policy. The absence of doctors, nurses and other relevant health personnel is common among all the health centres in the rural locations covered by the study. The non-functionality of these rudimentary health facilities compels pregnant women in Umueze Anam in Anambra West to depend more on traditional birth attendants. In most cases pregnant women

do not go for ante-natal health checks either due to distance, lack of money, and absence of qualified personnel. In most communities that have these health centres, a single nurse may be responsible for running an entire health centre. In one instance there were two health centres which were covered by a nurse. It is common for the health personnel not to be resident in the community and usually they are not regular to work. Such health personnel are hampered by cost of transportation as they find it difficult to settle in areas without basic infrastructure. They also share in some of the plights of the community especially when flooding occurs and hampers the ability to move.

The requirement of user fees is reported as an impediment in Isuaniocha, Awka North LGA. One of the health centres in Anambra West is said to be under lock and key while the one at Umunankwo on Ogbaru LGA has only a nurse that is not always available. Ugbenu respondents complained of a poorly equipped health centre while the one in Awba Ofemili, is open only when there is immunization, and the people have to walk a long distance to the location of the health centre. Also, Umuenwelum in Anambra West reports that the only free medical care they get is general immunization.

In Umueje, Ayamelum LGA, the respondents noted the presence of an ill-equipped government health centre and another distant health facility in a nearby village which is built by a private charity of the Catholic Church. In the mission hospital according to them, there are qualified health personnel and drugs, however, it is not near for members of the community especially those who need emergency care. Access to the functional one provided by religious charity is hampered by the cost of transportation to the place. Most of the studied communities are not as lucky as Umueje to have a neighbouring village with a functional health facility that can be resorted to in non-emergency situations. So, they resort to herbal medicine and patent medicine stores popularly known as chemists. Of course, the consequence of avoidable deaths was also reported.

The case of People Living with Disabilities sounds more worrying because of their pathetic narrative that their families lack funds to look after the health of their siblings without physical disability and therefore see health expenditure on them (PWDs) as a waste of funds. Hindrances to healthcare access in the focused communities based on our interactions with community stakeholders draw from lack of health care facilities, lack of drugs where such facilities exist, absence of or insufficiency of qualified manpower, payment of user-fees, distance to the health facility, irregularity of operations of the health facility, and neglect of the PWDs by their families as undeserving of healthcare expenditure.

In Kaduna State, according to respondents, there exist skeletal healthcare facilities in the sampled LGAs though some of the towns like Angwan Sanda indicated

that they have none. Danguzuri and Tudun Wada II pointed that they have difficulty in accessing healthcare due to distance and cost. In particular, the expressed concerns about the difficulties of pregnant women in relation to access to healthcare. Daddu community in Jaba Local Government has a Primary Health Centre but the absence of capable medical personnel makes them travel to Kafanchan to be able to see a doctor. In Anchau Community, the people are aware of government policy of free medical care for pregnant women and children under the age of five, but they still pay when they go to the hospital. Further issues around access to healthcare is the lack of sufficient medical personnel to run the facilities. They also complain about scarcity of drugs, even as Primary Healthcare Drugs are free. Some of the free drugs include anti-malarial medicine (ACT), mainly for pregnant women who are also given free bed nets and free malarial tests as volunteered by a health officer in Kauru LGA.

PWDs are generally unsatisfied with the state of healthcare in the entire areas of study in Kaduna State. Like other marginalized groups, they complain unavailability of qualified medical personnel and insufficient medical facilities as well as distance from some of the communities. They complain of lack of wheelchairs and ramps in the few available health structures, and this makes the structures hardly accessible to the crippled and visually impaired. Equally, they find the practice of being made to wait for a long time in queues with others as frustrating considering their challenging condition. More disturbing is that the medical staff discriminate and stigmatize the PWDs. The quote below presents the case of healthcare access in some communities in Jaba LGA of Kaduna State.

*"We have just one health centre, there is the problem of insufficient manpower to cater for the needs of every category of people in the community. They have only one person attending to all, of course, the service delivery cannot be satisfactory to all. There are no wheelchairs and disability ramps in the clinics to aid the movement of people living with disability in and around the centre. Some of the drugs are given for free especially malaria & also for pregnant women and children under five (vaccines and immunization) but others are expensive and most times not available for all the people especially the marginalized groups. Some of the roads leading to the hard-to-reach communities are terrible and so, when a woman is in labour it is difficult to get to the health centre on time, they sometimes give birth on the way or sometimes die due to complications".*

Excerpt from Daniel Kura (Male), Village Head (Dakaci), Gidan Kundi community, Jaba LGA, Kaduna State, KII conducted on 21-04-2021

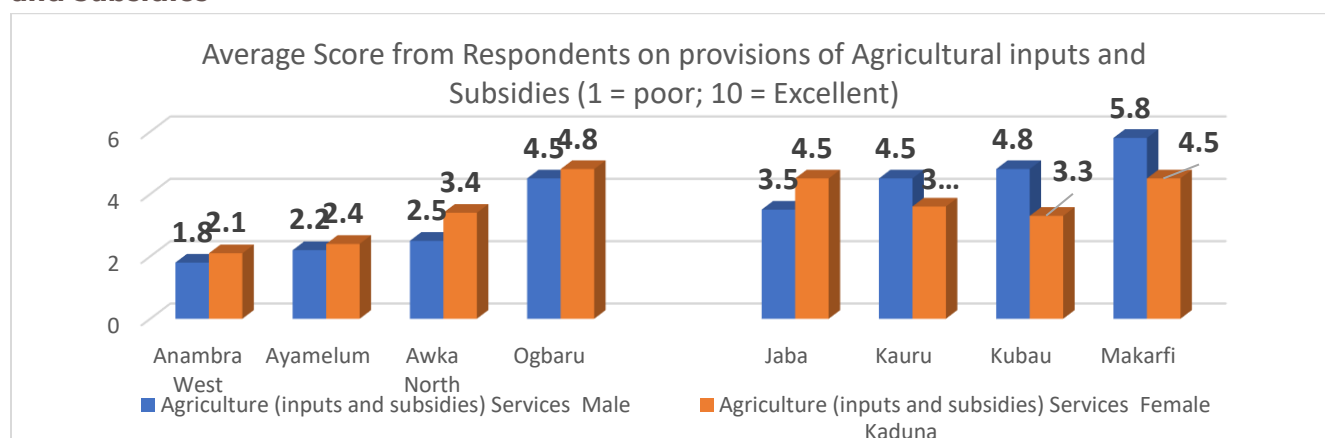
In summary, the main obstacles according to respondents from focal LGAs in Kaduna State to accessing healthcare include the absence of health facilities in some of the communities, lack of sufficient medical staff, scarcity of drugs, distance to health locations for some of the communities, inaccessibility of the existing structures for

PWDs especially the crippled and blind persons, long frustrating waiting time at the health centres especially by the PWDs and stigmatization of the PWDs.

### 4.1.3 Provisions of Agricultural Inputs and Subsidies - Access and Obstacles

This sub-section expresses the how of agricultural inputs and subsidies distribution in terms of access and some impediments that hinders access. This is very crucial because over 70 percent of residents in the eight focal LGAs from the two States are farmers. In terms of access and effort by government towards the provision of agricultural inputs and subsidies, respondents from both State rated government responsiveness and effort low as depicted in Figure 4.3 below.

**Figure 4.3: Average Score from Respondents on the Provisions of Agricultural Inputs and Subsidies**



Source: the authors

Analysis of Figure 4.3 above reveals that apart from males in Makarfi LGA of Kaduna State that rated government efforts on agricultural inputs and subsidies provisions 5.8/10 or 58 percent, all the other respondents (male and female) irrespective of States or LGA did not believe that access to agricultural inputs and services as provided by the government is adequate or at least up to average 5/10 or 50 percent as they scored government effort less than 5/10 (50 percent). Comparably from the scores, LGAs in Kaduna State scored her government better than Anambra State focal LGAs. The implication of this is that three (3) out of four (4) focal LGAs in Anambra State do not believe that the government has done well with agricultural inputs and subsidies by scoring the government less than 4/10 or 40 percent unlike Kaduna State where you have at least one of the genders scoring the government above 4/10 or 40 percent. Also, the scores followed a particular pattern by gender with males from Anambra scoring government effort in the provision of agricultural inputs and subsidies lower in all four focal LGAs contrary to Kaduna State where males scored government higher than females.

About 87 percent of the poor rural women in hard-to-reach rural locations in Anambra State interviewed do not receive any agricultural inputs or funds from government. The remaining few are those who have received cassava stems from cooperatives only and not government. In most of the study communities and across different groups in Anambra State, it was denied that improved seedlings, other farm inputs and funds to support agriculture are sent by the government. One different opinion in this regard is from Ogbaru where a session of adolescent boys and girls gave the information that sometimes, government distributes cassava stems through cooperatives.

However, this is not the case in Amiyi and Umunankwo in the same Ogbaru Local Government Area. Similarly, in Awka North, Ayamelum and Anambra West, the marginalised persons have not benefitted from any distribution of farm inputs to the farmers. In fact, a few cases in which some of the communities like Omasi in Ayamelum and Umumbo noted to have heard about fertilizer distribution, they said it came to them only as news as they never saw any physical fertilizers. Some respondents suspect that the fertilizers were brought on a few occasions but were taken by 'ndi odogwu' (strong and powerful people) in the community.

The farmers among the PWDs across focal LGAs in Anambra State reported a worse plight indicating that they do not receive any form of support in the form of farm inputs and funding. They also reported that other goods different from agricultural inputs that occasionally come to the community and are meant for distribution are usually taken up by those who are physically fit leaving the physically challenged in without due attention. It was the policy direction of the state government at some point to support the farmers in rural communities through the framework of cooperative societies and therefore encouraged the farmers to form cooperatives. The rural farmers complied with the directives. Respondents in Anambra West suggested that they have been invited to Awka, the State capital on several occasions to register their association but it has not yielded any result. See the exact words from a PWD on agricultural inputs and subsidies below.

*"People with disability do not receive any support for agriculture because they are often regarded as 'disabled', i.e., they cannot do much with the funds in their condition and may find it difficult to repay loans if granted. Moreover, the little support from government on improved seedling always comes after cultivating time and it is mostly hijacked by the able people in the community. They do not consider that agriculture also includes animal rearing, fishery, snailery, etc which even a PWD can successfully engage in. For instance, in 2018, before the government brought yam seedlings, it was too late and same were shared as edible tubers".*

Excerpt from a PWD who participated in an FGD but do want to remain anonymous due to personal reasons, FGD held at Igwe John Ikebudu Compound, Umueze Anam community, Anambra West LGA, Anambra State on 20-04-2021 by 12:00 noon

Apart from the grants and support that the Anambra State government sometimes declares for farmers which the respondents having said they do not know about, they lack knowledge of Funds occasionally made available to assist farmers in the forms of loans. Hence, such loans are not accessed. The import of this is that rural poverty is not being addressed in any significant way because the rural dwellers still largely solve their problems in the same rudimentary ways they had done in the past. Hence, we could glean from the information made available to the study group, that the factors behind the inability to access fertilizers, improved seedlings and other farm input include lack of information, actual non-provision of the inputs by the government and where they are provided a few powerful individuals divert them.

In Kaduna State, most of the focal communities studied in the focal local government areas are rural in character. So, their main source of livelihood is agriculture. This is mainly in the form of subsistence farming. Given their limited productivity, they would normally require support to enhance their output. Such interventions are important livelihood support that are expected to have effects on poverty reduction. In fact, state and national government policies have often stated commitment to the improvement of agriculture and special support to farmers. Based on agricultural policies, farm input like improved seed crops, fertilizers, funding support are supposed to be made available to local farmers. But during our research, we found that fertilizers are not always available to farmers in Daddu. When it is available, they are expensive. This information suggests that it does not come from government in the form of support and the same observation is made across the local governments and the spectrum of the marginalized groups that were studied. Equally scarce to the marginalized groups that engage in agriculture are agro-chemicals and pesticides. Besides, they do not get funding support from the government. Besides, their roads are untarred and bad in most of the towns and this they say, affects transportation of agricultural produce.

Some special issues apply to women in hard-to-reach areas and PWDs regarding agriculture across focal LGAs in Kaduna State. The first is that women in Anchau need to get permission from their husbands before they engage in farm work. This does not seem like masculine protection of the women from hard labour. Rather, a patriarchal deciding power with which men exercise control. The PWDs complain of marginalization in the distribution of farm inputs especially the farmers amongst them. It was only in 2016 that one of them ever-received fertilizer. This is like the experience

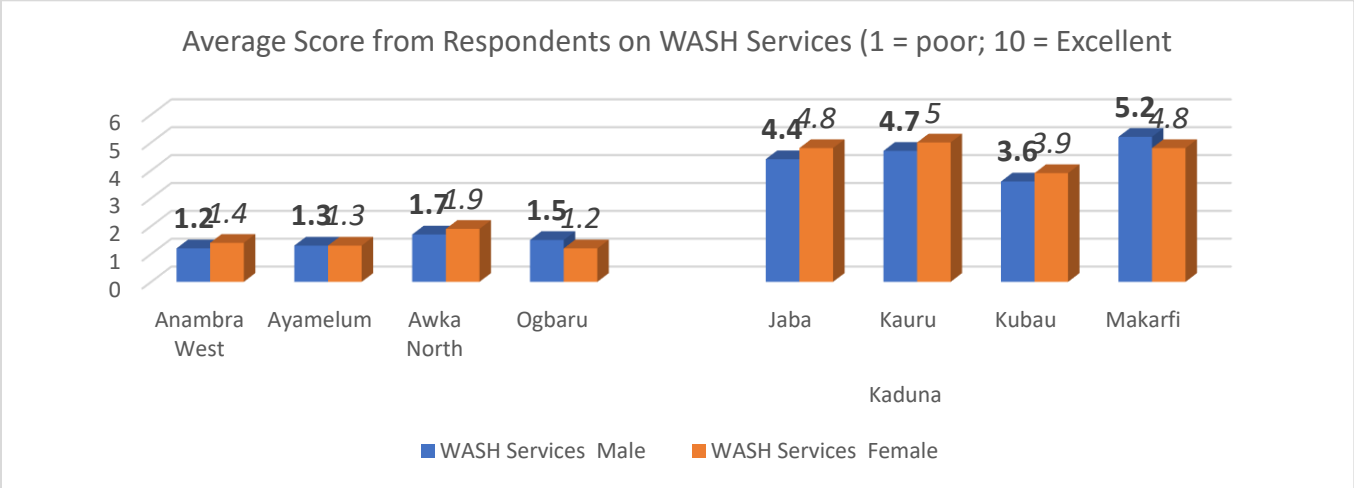
of the PWDs in Anambra State who protested being ignored in the distribution of public good because there is a common attitude of disregard towards them.

The perspective of State actors is somewhat different from the marginalized population. One such respondent from Kauru Local Government suggested that farmers are assisted with interest free loans, cash transfers and women empowerment programmes. Also, a community leader in Kubau LGA said the women had been trained in farming. While our work is not an exercise in adjudication, the marginalized groups do not really resonate a similar opinion about governmental attention.

**4.1.4 Water, Sanitation and Hygiene (WASH) - Access, Services and Constraints**

This sub-section analysed the opinions of respondents across focal LGAs in the two States on access, provision and obstacles to clean water, sanitation and hygiene (WASH) facilities. In terms of access and effort by government towards the provision of WASH services, respondents from Kaduna State rated their government higher compared to Anambra State respondents although this higher rating is still below the average 5/10 or 50 percent in most focal LGAs and by gender with the exception of females from Kauru and males from Makarfi who rated government effort in the provision of WASH services 5/10 or 50 percent and 5.2/10 or 52 percent respectively as shown in Figure 4.4 below.

**Figure 4.4: Average Score from Respondents on the Provisions of WASH Services**



Source: the authors

For adolescent boys and girls in Anambra, streams and rivers are the common sources of water as pipe borne water is absent in the studied communities. Those who have boreholes sale the water. For their Kaduna counterparts, 65 percent said they lack access to safe water in their communities and depend on wells for water. Poor rural women in hard-to-reach communities in Anambra State interviewed believe that impediments to access to WASH services are unavailability of such services (there is



nothing like pipe borne water), cost of service delivery in situations where they exist at all, and they are all from private operators as well as poor quality of services as these private operators behave the way they want and feel. In Kaduna State poor rural women in hard-to-reach communities do have access to government boreholes but the distance is far from where most of them stay. About 40 percent of PWDs in both States complained about discrimination when they try to access WASH services where it exists.

In Anambra State on WASH, there are slightly differing responses about the state of water and sanitation in the communities, but the overall trend is that of substantial inadequacy and the fact that people provide for themselves. In Isuaniocha Awka North, the responses are consistent from all the groups that the lack of safe water is a problem to them. They depend on the natural stream and must walk a long distance to get the water. Families that can afford boreholes do sink it for their use and commercial purposes. In Umeze Anam, water is said not to be a problem because politicians, private individuals and NGO had sunk a few boreholes but not government which provide easy sources of water. But the availability of water is not helping them to promote hygiene in the form of use of modern toilets. They still largely defecate in the bush.

In Umueje, people must purchase water from tankers because they have no source of safe water provided either by the government or individuals. Open defecation is also rampant in the community. The difference that Ogbaru makes from Umueje by having two functional, hand-pumped boreholes is swamped by the pressure on the available two boreholes because they are not enough for the large number that use the pump.

The problem of water also affects other areas like education because schools either have no toilets or those who have toilets have not water available for flushing. Consequently, the unhygienic conditions discourage the use of toilets. In other areas, students are required to bring flushing water to school if they must use the toilets. Generally, the entire focused communities in Anambra state have the common problem of open defecation. Constraints to safe water and good sanitation include the non-provision of drinking water and the practice of open defecation in the communities.

In Kaduna State, each of the communities studied have only few boreholes available, and respondents noted that they are usually crowded in the cases that are still working. In most of the communities, they resort to a deep well for water which they reported as both inadequate in quantity and unclean. There is also the problem of having to walk a long distance to get water despite its irregularity. The other alternative source of water is to buy. It is challenging for the PWDs because they lack

the capacity to struggle in cases where one available water serves everybody, and the process of fetching is chaotic.

One problem that stands out in the response in Kaduna State is that several boreholes are dysfunctional. Apparently, there is a lack of sustainability in the process that led to the sinking of the borehole in the first place. There was hardly an explanation as to why a community would have more boreholes, but only one functions or all of them are collapsed. Apart from Kubau LGA where the communities mostly complained of either total lack of borehole or long distance from existing ones, others have just one functional borehole among the number that they have. A poor rural woman from a hard-to-reach community in Kaduna State summarised the WASH situation in her community thus:

*“We don’t have a borehole in our community. We get water from the wells which we have to use alum to clear the water. Another problem is far distance to where to get the water. Like today I had to wake up by 3:00 AM to go get water because of the distance. The water is very unclean and brown in colour”.*

Excerpt from a poor rural woman who pleaded to remain anonymous and participated in an FGD with Poor rural women in hard-to-reach communities held at UBE, Nasarawa, Nasarawa community, Kauru LGA, Kaduna State on 20-04-2021 by 2.15pm.

Directly related to water scarcity according to Kaduna State respondents is the state of hygiene or cleanliness. It certainly affects the ability to sustainably use toilets especially in areas that had tried open defecation. But the good news is that despite water scarcity, the Jaba Local Government Area had been declared open defecation free. This is said to be an outcome of a civil society intervention on the problem. The community leaders and heads of schools were made to lead total sanitation programmes in the communities. Nonetheless, maintaining the open defecation free status would be difficult if the water problems of the entire four LGAs are not addressed. Besides, water scarcity is a veritable condition for the thriving of water borne diseases especially when they become an epidemic.

#### **4.2 Participation of Marginalised Groups (Adolescent boys and girls aged between 13 and 19 years, Women in hard-to-reach-communities and People Living with Disabilities) in Decision making in Anambra and Kaduna States**

Responses from teenagers between the ages of 13 to 19 in Anambra State generally report that they do not take part in any form of decision making in the community. They do not even imagine a possibility of being consulted. They think the reason for not being involved is that the older adults believe them to be immature and incapable of meaningful contributions in decision making. Interestingly, the teenagers

believe they can usefully contribute in some areas of decision-making. The view of some community leaders in this regard is that teenagers are well accommodated in the sphere of the youths which is where they could contribute. Indeed, some of the community leaders do not believe that teenagers are marginalized as the society functions in sections. Men and women attend to their spheres just like the youths are expected to do theirs.

Evidence from the survey shows that about 80 percent of adolescent boys and girls in Anambra State who participated in the survey received information on basic services from the churches while 20 percent did not receive information from any of the basic services. The information that is scarcer is that related to the distributable public goods like fertilizers and other farm inputs. In all the studied communities in Anambra state, the adolescent boys and girls did not participate in making decisions that affect their lives. Besides, they do not have any platform for dialogue with duty bearers.

25 percent of the adolescent boys and girls interviewed in Anambra State are aware of a task force group called the 'ocha brigade' which enforces laws against street hawking, though, the brigade has little to do in rural areas where hawking is virtually non-existent. So, street hawking is not an issue in the studied areas. Similarly, about 75 percent of the adolescent boys and girls interviewed in the same State believe they have the right to engage with their leaders and duty bearers but do not know how to make their voices heard. An adolescent summarised their inclusion cum participation in just one sentence thus:

*"We don't participate in any decision making. We don't know why. We only see or hear a decision has been made and action taken".*

Excerpt from an adolescent girl who pleaded to remain anonymous and participated in an FGD with adolescent girls held at Danguzuri village square, Danguzuri community, Makarfi LGA, Kaduna State on 24-04-2021 between 11.25: am - 01:18pm

This situation is a bit different in Kaduna State as only 30 percent of adolescent boys and girls report that they have contact with duty bearers, and these are merely their village heads and not governmental duty bearers.

In Anambra State poor rural women in hard-to-reach communities receive information on basic services through their churches, radio and town criers and in terms of joint decision making with men in the community, the women do not participate, but 85 percent of the women participate in decision-making in the women's section of their town unions. This is the major platform through which they relate with their duty bearers. Unlike Anambra State, in Kaduna State, poor rural

women in hard-to-reach communities opined that they receive their information through the village head or from the radio or town crier while more than 80 percent of the women claimed they have a good relationship with their community leaders but have no such relationship with government officials at any level.

PWDs in Anambra State claimed that apart from the relationship with their associational platform JONAPWD, more than 90 percent said they do not have any relationship with duty bearers especially those in government. Over 80 percent do not participate in making decisions that affect their lives and more than 75 percent suggested that the policy on free basic education is not being implemented in their communities. In Kaduna State, 95 percent of PWDs are not aware of any Management Information System (MIS). They do not also know the kind of information available to the policy makers.

State actors in Anambra State, believed that citizens engagement and participation is crucial and that these has been happening in contrast with the opinions of the respondents from the focal groups. State actors were of the opinion that there is a space for citizens voice amplification although they could not say with certainty if the focal groups have generally been given a voice in the entire process. This is summarised below by the opinion of a policy maker from Awka North thus:

*“There is something we call participatory budgeting. This is a situation when we involve the members of the communities in Awka North in a town hall meeting. During this meeting, we ask them about their needs and priorities they want us to include in the budget. At the end of this meeting, we give them a token to cover their transportation cost because most of them come from far distances. We also give them entertainment. The overall outcome of the town hall meeting will then be the major empowerment. The state government started engaging the disabled with civil service job”.*

Excerpt from a Director (Male), Local Government Policy Maker [Head of Department (HoD), Planning, Research and Statistics (PRS)], Awka North LGA, Anambra State during KII held on 20-04-2021

Participation is one aspect of our field study in which the opinions of the village residents differ markedly from those of policy actors in Kaduna State. Even among the marginalized, the opinions are not totally unanimous though it tends more towards non-participation in taking decisions about issues that affect their lives. The PWDs in Jaba, Kauru and Makarfi submitted that they do not have close relationships with their duty bearers and do not participate in taking decisions that affect their lives. Indeed, they do not feel like they have the right to engage with the duty bearers. The duty bearers they tend to have in mind are those operating under the framework of the government because the PWDs in Jaba admitted that their community leaders do invite them for meetings. However, in Kubau, they suggested that they have cordial

relationship with the duty bearers and that some of them participate in taking decisions that affect their lives.

The poor rural women in hard-to-reach communities in Anambra State generally believe that men relegate them to fringe issues that relate only to women and do not consult them for decision making generally. The reason for this according to the women is that men believe that it is not the place of women to decide for the community. One respondent in Ayamelum LGA argued that “the men think we are not wise” and therefore unfit to sit with them in decision-making meetings. But some community leaders also suggested that the women are not excluded as they participate in activities of the women groups. Sometimes the wife of the Governor is said to invite them for interaction. In the view of the men, this represents inclusion.

Like women and young people aged between 13 and 19 years, the PWDs feel alienated from the community and government. According to one of them in Ayamelum LGA, participating in decision-making for the community is not for their kind (PWD). Indeed, said one PWD, “... we are marginalized.” This instance mirrors the experiences of PWDs not only in the rural locations of the society, but also the general society that fails to integrate their core concerns both in planning and policymaking.

In Kaduna State LGAs of Jaba, Kauru, Kubau and Makarfi, adolescent boys and girls aged 13 to 19 years, do not have any relationship with their duty bearers and are not consulted at all in the decision-making process. This seems a lot like the experience of their counterparts in Anambra state who also expressed the same notion about exclusion but think that it is only because of their immaturity. Perhaps, there is a cultural similarity about notions of adulthood and assignment of roles in societal decision-making. This is typically African. In Anambra state, the situation is quite similar based on a perception that immature young people have nothing to do with societal decision-making. It is not clear whether youth associations are common in Kaduna like Anambra state where they claimed that the young teenagers participate through their youth groups.

For the rural women in hard-to-reach communities, it is a mixed bag. In Daddu community, Jaba LGA, the women suggested that they do not have any relationship with the duty bearers. But regarding participation in making decisions that affect their lives, some of them claimed to have participated while others said they have not. Similarly, rural women in Nassarawa community of Kauru LGA do not have any relationship with duty bearers and do not participate in decision-making. At the same time, women in Anchau, Kubau LGA said they have a good relationship with community leaders but not government officials. Equally, they participate in making decisions that affect their lives but through their women’s organisation. It was generally

a more common response from the women that they do not participate and that men do not treat them as equal partners.

The contrast to the predominant non-participation views from the population is from the state policy actors who argue that the government engages the rural population through town hall meetings, sensitization and awareness, and visitation of communities by ad-hoc staff. They also suggest in Kauru LGA that they have focal persons in each ward of the LGA who are giving essential trainings that they step down in their various wards. Equally, there is the claim that there is a committee of 15 persons comprising adolescent boys and girls, poor rural women and PWDs. Another view from Kauru Local Government also noted that the religious leaders constitute themselves into a group and go to the Local Government for their demands. Most of the official views even from the other focal local governments sound like the marginalized groups are not excluded. The opinion of the marginalized tend to portray this official inclination as political correctness. When people declare they do not have cordial relationships with their official duty bearers and that they do not participate in taking decisions that affect their lives and the same trend runs across most of the sampled population, they are unlikely to be in conspiracy against the state. Indeed, the people noted that politicians and state officials only remember them during electioneering period. This suggests that they can distinguish between a periodic cajoles to get votes and effective inclusion in policy and governance.

In summary from the State perspectives, both Anambra and Kaduna States Government Actors opined that their citizens are involved in decision making. Two State actors from both States briefly explained the processes which looks similar in context but different in methodology thus:

*"We conduct a town-hall meeting, we invite various groups be it religious leaders, village Heads, women leaders etc. We normally have a development plan, after the development plan, then we develop it in Community Development Chartered (CDC), where all the communities are involved, we invite them to come and tell us their needs immediately, because we as budget don't want to just sit down with the chairman to prepare the budget without knowing the needs of the community. Communities have different needs if may be government just any social amenity to the community it may not be their need. That was why we sit down with the various communities to hear from them directly".*

Excerpt from Director, Budget (Male), Local Government Policy Maker, Kubau LGA, Kaduna State at the KII held on 21-04-2021

*"The (Anambra) State Government mobilizes inclusive participation around development needs at the community level through town unions. After the town unions have deliberated on issues relating to their development needs in their meeting, their*

*demands are passed to the government through their town union president generals through a document called "Community Charter of Demand (CCD)".*

Excerpt from Director (Male), Water and Sanitation, Local Government Policy Maker, Ogbaru LGA, Anambra State at a KII held on 20-04-2021 by 12:00 noon.

### **4.3 Data availability and attitude to Data Collection on marginalised Groups in Anambra and Kaduna States**

Responses given by both marginalized persons and the state actors suggest a lack of commitment to data gathering about the marginalized groups in Anambra State as well as the use of such data for planning and statistics. The first point of note as to whether data are being collected is the source of the data, that is the marginalized groups who should give the needed information. The three sets of marginalized groups in Anambra state including adolescent boys and girls aged 13 to 19, rural women in hard-to-reach locations and PWDs mostly do not know whether data are being collected about them and their communities for policy usage. However, one respondent from Umuenwelum, Anambra West noted that data was collected only in 2012 when the community suffered severe flooding and losses. But thereafter, they never had any policy intervention. Generally, people's perception of planning with data is that it does not exist and this cuts across community leaders and the marginalized groups. Policy actors at the local government level also agree with the marginalized groups. Many of them cite lack of resources for research as the reason why they do not collect data. Adolescent boys and girls from both Anambra and Kaduna States do not have any information about Management Information System (MIS) or data base on marginalized groups.

Our findings from Kaduna State in this aspect of the research shows that Kaduna State Government commits effort to data collection. They periodically send ad-hoc staff to the local government areas for data collection. Besides, civil society also participates in data collection on marginalized people according to some of the respondents. The responses do not show any consistent pattern on how regularly the data are collected as some of the respondents claimed that it is done quarterly, others said monthly and still some yearly. However, what is crucial is that the Government has some data on marginalized persons. This is done through the Kaduna State Bureau of Statistics. Incidentally, the Local Governments are not involved in this data collection. They clearly mentioned that they are neglected in the process of data collection. So, they do not get involved and this creates doubts as to whether their own planning at the local government levels utilizes the statistics from the data collection efforts.

PWDs in Ogbaru LGA of Anambra State did indicate that their data is collected and stored by the woman President General of the community, but this can hardly be a policy data. Also, in the health sector, the workers keep data of free medical services

on Primary Healthcare but do not disaggregate them into the focal marginalized groups. Specifically, they collect data on pregnant women, children under five years of age, immunization, women of child-bearing age and the number of treatments every month. These data are submitted monthly to the Anambra State Primary Healthcare Development Agency.

Another group that collects data on marginalized groups in Anambra State is civil society organisations. Some respondents mentioned a certain civil society organisation called the *Hope Givers Initiative* as also collecting some data. Though this may be useful to the CSO for their own purposes, the policy impact of such data collection on the lives of the marginalized individuals is not known. In fact, the factors responsible for poor data collection in the state are identified as lack of funding, bad governance and lack of equipment. The respondents are also aware that availability of data on the marginalized groups will ensure informed planning and budgeting which will in turn improve access and service delivery to wider sections of the community.

The marginalized groups in most of the communities in Anambra state said they do not know those who are resisting better policy attention towards them in connection with better access to services.

While the use of data should support planning and budgeting, the case of Kaduna State does not quite appear so. Respondents in the various local government areas not only indicate that the data are only available on application, but many of them also doubted that the data has any influence on planning because according to them, they are merely collected for the purposed of record keeping. Thus, data is available based on field information and the Kaduna State Bureau of Statistics collects information periodically on marginalized persons. Nonetheless, they are not used for policy and planning. Other agencies that collect data in the State are Non-Governmental Organisations like the *Clinton Health Initiative* and the *Infant and Young Child Network*. These organisations have information on marginalized groups and make better use of such information than the government.

Although Kaduna State do collect data on these focal groups at irregular intervals, these data are still considered inadequate as witnessed from the quotes of two top Government officials below.

*"Data collected on the marginalized groups are not adequate due to lack of awareness and their level of literacy is also a factor. Sometimes, religion and socio-economic factors also contributes directly or indirectly".*

Excerpt from Alhaji Ahmed Balarabe, Director, Agriculture and Forestry (Male), Kaduna State on KII held on 27-04-2021 between 1:36am - 2:24pm



*“The State collects data on all the marginalized groups. They sometimes send officers to communities on surveys to get the data required. For the PWDs, they get it from their leaders in various communities”.*

Excerpt from Assistant Director (Male), Planning Research and Statistics (PRS), Ministry of Education, Kaduna State on KII held on 26-04-2021

## **4.2 General State of Basic Services for the marginalized groups in Anambra and Kaduna State**

Based on our qualitative findings and survey data, the general state of basic services for the marginalized groups is patently inadequate. The data justifies the description of the focal population as marginalized groups. They are inadequately mainstreamed in public policies regarding basic services. Even the policies that claim to target them exist merely on paper. Regrettably, the situation does not appear like what could be remedied in the near future because there is little commitment to data driven public policy and governance. The same way that the educational services are affected is the way the healthcare system suffer neglect while agricultural support services, water, sanitation and hygiene infrastructure are neglected and when distributed at all, are merely used to settle the local elites.

## **4.3 State and Non-State Actors in Public Health Provision**

The State actors in public health provision are the State Governments and Local Governments especially through the Primary Healthcare systems. It is through these actors that health centres are provided in some of the places that are lucky to have them. However, healthcare provisioning by the state actors is characterized by poor infrastructure, poor staffing, lack of drugs and equipment, poor services and in some cases neglect of duty the health personnel posted to most of the locations.

The non-state actors include the faith-based organisations which provide charity support to some of the communities, although this is not quite common based on field findings. Other non-state actors involved in public health provisioning are non-governmental organisations.

In terms of relationship with the state, they are merely gap fillers even though the gaps are too wide. So, we can qualify the relationship in terms of complimenting the state even though they end up providing better services than state supported health systems.

## **4.4 Relationship between the State and the Citizens**

There is certainly a relationship between the state and citizens, albeit one that cannot be understood in social contractarian terms. The citizens live within jurisdictions that are politically controlled by the government. But the point is that the government

is largely absent in the lives of the people. The citizens in the focal locations lack skills of effective citizenship even though an NGO has recently started training some of them on citizenship rights. Thus, there is neither conflict nor cooperation in the encounter between the state and citizens. In most instances, the respondents to the questions clearly noted that they do not have spaces to freely engage with governmental duty bearers even though they are aware of their rights for such engagements. Hence, there is hardly a relationship between the state and citizens in the focal communities. We simply have an absent state.

#### **4.5 Citizen Participation in Decision Making**

The group identified as marginalized groups in the community do not participate in governmental decision-making. Instead, in their local spaces of rural community, they horizontally engage with one another either as women's groups or youth groups (the latter is rather rare). Also, they relate with their community leaders in local non-governmental decision-making. But in decisions that connect with public policy or the state, they are simply absent. Thus, the necessary vertical linkage that ought to support citizens' engagement with the state and create a framework for participation is largely absent in the focal communities.

#### **4.6 Traces of Associationism and Social Capital**

Usually, a high level of interpersonal trust exists among rural dwellers in Nigeria. They constitute the bulk of the marginalized persons. The structures of their societal life reinforce the attitude of trust amongst them and between the individuals and the local systems of organising their lives. Even associational contexts like hometown associations, women associations in communities, and youth associations are structured in a manner that sustains trust among the people. But as soon as the relationship shifts from the local communities to include the government, social capital diminishes. Hence, political trust between the people and the government is too little. Citizens expect quite little from the government and do not trust policy pronouncements that purport to improve the lives of the citizens.

#### **4.7 Quick Takeaways and Policy Implications**

- Marginalized groups pay for services rendered to them. The basic services are not free as claimed by the Government.
- There is no updated data on marginalized groups.
- PWDs suffer most as regards access to services, mainly because of their physical disability, and secondly, because of stigmatization.
- The policy on free basic services is not being adequately implemented in the two states as marginalized groups pay for services rendered to them.
- Policy on street begging and hawking is being well implemented in Kaduna State.

- There is little evidence that governments rely on data to plan for the marginalized groups. Apart from PWDs to an extent, there is no data on other marginalized groups.
- Even data on PWDs are not updated regularly.

#### **4.8 Policy Recommendations**

This study on the most marginalised groups: a) Adolescents (boys and girls between the age of 13 and 19), b) People living with disability c) Poor rural women (19 and above living in hard-to-reach communities) in two States (Anambra and Kaduna) of Nigeria have elucidated issues around access to basic services, participation, and having voice in decision making as well as data availability and its usage for policy making as it affects the focal groups. In line with the findings of the study, the following recommendations need to be acted upon:

- From the findings of the study, access to basic services [education, healthcare, agricultural inputs and subsidies as well as Water, Sanitation and Hygiene (WASH)] are still inadequate especially in the rural communities. This requires urgent attention.
- Education and healthcare are two basic rights under Chapter 2 of the 1999 Federal Republic of Nigeria Constitution as Amended. Evidence from the study shows that most of the basic facilities for education and healthcare where they exist are dilapidated and need to be upgraded with features that allow every human to use them. Schools and healthcare centres are currently built without the consideration of PWDs which automatically excludes them from their usage. There is the need for inclusive planning during architectural design as well as construction. These can be remedied by providing for ramps and other facilities that will make it easier for PWDs to use these facilities. Another major issue found in the study bedevilling the two basic services (education and healthcare) is the lack of adequate human power especially in rural areas and hard-to-reach communities. This can be solved if the government creates an incentive that attracts teachers and medical personnel to such areas. Such incentives can be in the form of free accommodation, subsidy in transportation, and provisions of alternative power sources from solar and wind, which makes the environment comfortable and liveable.
- The neglect of agricultural inputs distribution across the two States especially for the focal groups and other people in the rural communities that have agriculture as their mainstay is rather discouraging. Farmers could be aided with farm inputs such as fertilizers, seeds and seedlings, credits, agrochemicals, and others. If these cannot be totally free, at least they can be subsidized. Such inputs and subsidies if sustained could help to stem rural-urban exodus and improve the livelihood and poverty status of the residents of these areas. The finding that loans and credits are

not extended to PWDs deserves special attention. There is the need to know that activities by society “help” to disable and displace persons, who are “helpless”. PWDs and displaced people remain outside the boundaries of “normal” society because we operate the charity model. There is the need for government and citizens to see disability as the social consequences of being ‘differently abled’ and hence recognise that people are actually disabled by society as they are deprived of rights and opportunities due to being different. Like the PWDs mentioned, there are several ways they could engage in agriculture including fishery, snail farming, bees, etc. Effort should be made by the government to keep a certain proportion of the credit scheme for people in this group and other marginalised groups.

- Water, Sanitation and Hygiene (WASH) provision in Anambra State by government is either non-existent or very poor when compared to Kaduna State that have boreholes although spasmodically with most of them non-functional in rural communities. There is a popular saying that “Water is Life” and if water is not provided for rural communities, this has a chain reaction on other spheres of life including education, health, power, agriculture, etc. Water is a basic good and as such should also be seen as a public good for all citizens especially for the most marginalised. Provisions of water must be a priority as well as its distribution by a government corporation or an agency with virtual or natural monopoly. It’s true that the private sector can be part of it, but the cost is huge on the poorest of the poor in the society especially the three focal groups the study revolves around. Reducing the gaps in access to basic water has been perceived as a responsibility of government in third world countries because individuals have little incentive to build and maintain extensive water infrastructure due to the nature of the commodity, but communities and societies can also be part of it with proper government commitment. Individuals might invest in on-site facilities, such as wells and boreholes. But the expense and complexity of piped networks requires collective action. Markets, therefore, fail to provide adequate water supply services on their own. In fact, targeting public spending to benefit households that otherwise would be unable to afford those services can be a component of a broader social policy agenda to redistribute resources to the poor especially those that belong to the focal groups.
- Participation is one aspect of our field study in which the opinions of different focal groups across focal LGAs and States differ markedly from those of policy actors. Even among the marginalized, the opinions are not totally unanimous though it tends more towards non-participation in taking decisions about issues that affect their lives. The contrast to the predominant non-participation views from the population is from the state policy actors who argue that the government engages

the rural population through town hall meetings, sensitization and awareness, visitation of communities by ad-hoc staff in Kaduna State and those of Anambra that talked about participatory Budgeting through the Community Charter of Demand (CCD). The opinion of the marginalized tend to portray this official inclination as political correctness. When a people declare they do not have cordial relationship with their official duty bearers and that they do not participate in taking decisions that affect their lives and the same trend runs across most of the sampled population, they are unlikely to be in conspiracy against the State. Indeed, the people noted that politicians and state officials only remember them during electioneering period. This suggests that they can distinguish between a periodic cajoles to get votes and effective inclusion in policy and governance. This should be corrected as participation is an all-round process and for States to get it right there is the need for that deliberate effort to provide information and get feedbacks from the citizens on all decisions taken by the government.

- There is no central databank for the vulnerable and marginalized groups in Anambra State but such, although not comprehensive, exists in Kaduna State through the State Bureau of Statistics. As a corollary to the above, the two focal States should prioritize data on not just the focal groups but for all groups to promote evidence-based decision making. In comparison, Kaduna State has a better established and more regular tradition of data collection on the focal groups to Anambra State although this excludes the Local Governments. Though Anambra also has a bureau of statistics and has only recently started data collection. But the point is that Kaduna tends to carry out research more regularly on the marginalized population. The shared practices of the two states are that data do not guide their planning and interventions on marginalized communities and populations. In contrast with Anambra State, most of the communities sampled in Kaduna State pointedly observed that it is their community leaders and politicians that resist better governmental attention towards them in terms of accessing better services. Evidence-based decision making informed by data is a prerequisite for inclusive planning since it is difficult to have adequate knowledge of issues and categories of people to prioritize without data.

#### **4.9 Conclusion**

The ECID study on the most marginalized groups in the society has thus far provided insight on access, obstacles and how to improve for these groups to have access to basic services especially in education, healthcare, agricultural inputs and subsidies, as well as Water, Sanitation and Hygiene (WASH). Although the study focused on two States (Anambra and Kaduna), the findings could not be too far from

what exists in other States with similar focal groups. The study brought to the fore the plight of these focal groups: a) Adolescents (boys and girls between the age of 13 and 19), b) People living with disability c) Poor rural women (19 and above living in hard-to-reach communities). The findings on the dearth and non-usage of data for planning raises a big question on the art of governance in Nigeria in general and the focal States in particular.

The study has equally shown the extent of marginalization the focal groups face in terms of the level of their participation in decision making in their respective communities. The final decisions by government on them are in most cases not representative of the needs of the marginalized groups.

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