

## Access to Basic Service Delivery for the Most Marginalised Groups in Anambra and Kaduna States, Nigeria

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### INTRODUCTION AND OBJECTIVES

The ECID project focuses on increasing access to essential services for three marginalised groups in Nigeria: 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). It seeks to 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, Kauru, 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 these 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 these marginalized groups 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 utilized by State and non-State actors across the focal States.

### METHODOLOGY

The study embarked on a comprehensive review of literature (conceptual, theoretical, empirical, policy ecosystems) from global to national and to the focal States as well as a theoretical literature review with the conclusion that a Political Economy Approach (PEA) would be necessary to identify these complexities.

Using evidence from the literature, the study designed research instruments for key informant interviews (KIIs) and focused group discussions (FGDs) as well as a survey instrument for the marginalized groups. In all, an average of eleven (11) KIIs and four (4) 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 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 descriptive statistics such as frequencies, averages, bar charts and simple percentages.

## **FINDINGS ON EDUCATION**

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.

## **FINDINGS ON HEALTH CARE**

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 the ones lucky to have interventions from faith-based organisations 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.

## **FINDINGS ON AGRICULTURE**

About 87 percent of the poor rural women in hard-to-reach rural locations in Anambra State interviewed did 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. 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 in Kaduna state 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.

## **FINDINGS ON WATER AND SANITATION**

In Anambra State, there are slightly differing responses 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 no 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, communities studied only have a few boreholes available, and respondents noted that they are usually crowded when still working. In most 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 PWDs because they lack the capacity to struggle in cases where one available water source serves everybody, and the process of fetching is chaotic.

## **FINDINGS ON CITIZEN PARTICIPATION IN POLICIES**

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.

PWDs in Jaba, Kuru and Makarfi submitted that they do not have a 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.

## FINDINGS ON DATA ABOUT MARGINALIZED GROUPS

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.

Conversely, 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.

However, there are no signs that this data is used to inform policy making.

## RECOMMENDATIONS

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

- a. **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 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.
- 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 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 special attention. 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.

- 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 be seen as a public good for all citizens especially for the most marginalized. Provisions of water must be a priority as well as its distribution by a government corporation or an agency with virtual or natural monopoly. 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.
- 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 engages the rural population through town hall meetings, sensitization and awareness, and visitation of communities by ad-hoc staff in Kaduna State. Those of Anambra 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 a 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 feedback 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. The two 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 does 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.