A POSTSCRIPT OF MDGS IN NIGERIA WITH REFERENCE TO SOCIAL PLANNING AND DEVELOPMENT

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Abstract

The place of social planning as a veritable mechanism for development to occur cannot be over emphasized. This paper sought to give a retrospective-prospective analysis of a global planning strategy adopted by most nations to better the lives of people – MDG's. It is in this light, that the study using secondary data evaluated the MDG's epochin Nigeria, how far and how well they achieved their set targets. The paper opined that although the MDGs era in Nigeria recorded minor progress with regards to targeted goals, it did not meet the required reasonable targets. Hence as the world shifted attention to the SDG's, it becomes imperative that Nigeria should strive to achieve the new goals through a concerted effort by all stakeholders. It is therefore essential that the Nigerian government distillates on key areas that can help boost and sustain its developmental objectives to avoid the inadequacies in achieving the MDG's.

Keywords: MDGs, SDGs, Nigeria, Social Planning, Development.

Introduction

It is common knowledge within development circle that development involves a physical reality and a state of mind (Adejumo and Adejumo, 2014). In recent years, the reality of some people and countries (especially developing countries) continues to reflect impoverishment and development inadequacies. People wallow in abject poverty - a cankerworm against growth and development (Ajiye, 2014). For example, it is said that more than 1.2 billion people or about 20 percent of the world population live or survive on less than US $I per day (Shetty, 2005: 67). The United Nations Development Programme (UNDP) in its 1998 Report documented that the three richest countries in the world have assets that exceed the combined Gross Domestic Product (GDP) of 48 least developed countries (UNDP, 1998 in Ajiye, 2014). Similarly, it was said that the 1000 richest people in the world have personal wealth greater than 500 million people in the least developed countries (Ibid). These issues became worrisome they converged and developed a blueprint to channel efforts to meet the needs of the world's poorest. The blueprint was tagged the Millennium Development Goals (MDGs) with an eight-point agenda and specific target. It is a bundle of developmental goals and a target committing about 189 independent states including Nigeria and virtually all of the world's main multilateral organisations to an unprecedented effort to reduce multidimensional poverty through global partnership. The Millennium Declaration was signed in the year 2000 in New York and the year 2015 was fixed as the deadline for achieving most MDGs (Kayode et al: 2012: 2 in Ajiye, 2014).

The MDGs have specifically eight goals: Eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and women empowerment; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; ensure environmental sustainability; and develop a global partnership for development (Lawal et al 2012 :74 in Ajiye, 2014).To surmount and meet these goals, poorer countries pledged to invest in their people through healthcare and education

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while wealthier nations vowed to support them by providing aid, debt relief and fair trade. Goal Eight sets objectives and targets for developed countries to achieve "global partnership for development" by supporting fair trade, debt relief for developing nations, increased aid and access to affordable essential medicine and encouraging technology transfer. Meanwhile, developing countries were not left on their own to achieve the MDGs, but as partners in development to reduce world poverty. These laudable goals were described as a road map for world development by the year 2015 using 1990 as baselines (Ajiye, 2014).The Millennium Development Goals (MDGs) therefore have been the world´s only time-bound and quantifiable targets for addressing extreme poverty in its many dimensions: income poverty, hunger, disease, lack of adequate shelter, and social exclusion, while promoting gender equality, education, and environmental sustainability (Oleribe and Taylor-Robinson, 2016). Based on these goals, the world has galvanized previously unprecedented efforts to meet the needs of the world's poorest and most disadvantaged (United Nations, 2015 in Oleribe and Taylor-Robinson, 2016).

Nigeria, like most other nations of the world, signed this treaty and promised to work towards the realization of this goal. To achieve this, a number of steps were taken, including the release of central government funds. Offices were created and individuals appointed to key positions to work towards the MDG targets (Oleribe and Taylor-Robinson, 2016).This is 2018 and 2015 (endpoint for the MDG's) was three years ago. Did Nigeria actualize the goals set? Have there been strides made thus far in revamping the poor state of the Nigerian society through appropriate social planning manifesting in sustained development? Or is the country, like other nations pursuing the Sustainable Development Goals (SDG's) when she did not score well in the MDG's? These are some of the issues this paper seeks to analyse as we examine a postscript of the MDG's with special reference to social planning and development in Nigeria.

Methods and Materials

The paper is an analytical one, based on retrospective-prospective study design. As earlier noted the MDG's have come and gone, hence we will deploy historical analysis while also examining the MDG's from a Post perspective view in its impact on Nigeria's social planning and development. Academic works earlier done that has linkage with this paper will be duly consulted to give us a robust literature review. Empirical findings from earlier works and critical analysis will be used in x-raying the issues that bother us in this study, some level of comparative analysis will equally be needed in trying to see what other countries did regarding the MDG's.

Social Planning and Development

Development means as a concept is a victim of definitional pluralism which has been given different meanings to its credence by different scholars based on their ideological belief or intellectual capacity (Durokifa and Abdul-Wasi, 2016). The linear movement of the concept from an economic growth based to general well-being and now multi-dimensional well-being had kept the definition varying (Seers, 1969; Harris, 2000; UNDP, 2000; S'a Cobinah, Black and Thwaite, 2011, UNDP, 2015 in Durokifa and Abdul-Wasi, 2016). Rodney (1976 in Durokifa and Abdul-Wasi, 2016) describes development as the ability of a state to harness its resources for the beneficial use of its citizens. Ghai (1977:6) defines development as the availability and accessibility of man's fundamental needs such as: food, shelter, clothing, education, and health. Todaro and Smith (2005: 51) cited in Akume (2014: 443) views "development as a distinct transformation by which an entire society transforms the lives of its citizenry and social groups from an unsatisfactory way of life to a fine-tuned life, regarded to be materially and spiritually better.

Therefore, it can be deduced that the whole essence of development is to enhance advancement and improvement that is reflective on individuals, and the political, economic, social and cultural aspect of the state (Durokifa and Abdul-Wasi, 2016).

Development is human-centered, equally carried out by humans to meet their needs and future needs. For development to be in motion, adequate social planning must also be in motion. As opined by Ekpung (2015), planning is a conscious and deliberate use of the resources of the community for achieving pre-determined objectives. Prof. H. D. Dickson, in Stephen and Osagie (1985:408 in Ekpung, 2015) stressed that, planning is the making of major economic decisions, what and how much is to be produced and to whom it is to be produced and to who it is to be allocated by the conscious decision of determinant authority, on the basis of a comprehensive survey of the economic system as a whole

(Ekpung, 2015). Hardina (2017) stated that social planning is a process for planning social services programs, services, and policies. Government agencies engage in large-scale development, research, and planning to address social problems. From the foregoing, we can thus opine that a Social Development Plan is a comprehensive plan that focuses on enhancing the quality of life for the citizens of a community and helps provide a direction for future decisions in the key areas identifies by its community members. It is built through a collaboration of citizens, organizations, and government, and

creates a balance between the social, health and economic needs of that community. The strength of a Social Development Plan lies in its ability to engage citizens, mobilize the community, and to reinforce and build upon the work already being done (http://www.draytonvalley.ca/social-development-plan/). From a global viewpoint, the MDG's became a tool or mechanism for some level of planning by developed, underdeveloped and developing countries to raise the quality of life of their people. Hence the MDG's were set out as one of those key strategies for achieving that.

Millennium Development Goals (An overview)

Kolawole, Adeigbe, Zaggi & Owonibi (2014) stated that according to UNDP, the MDGs are comprised of the following eight goals, targets, and indicators:

* Goal 1: Eradicate Extreme Poverty and Hunger

Target 1: Reduce by half the proportion of people living on less than a dollar a day

1. Proportion of Population Below $1 (PPP) per Day (World Bank)

2. Poverty Gap Ratio, $1 per day (World Bank)

3. Share of Poorest Quintile in National Income or Consumption (World Bank).

Target 2: Reduce by half the proportion of people who suffer from hunger

4. Prevalence of Underweight Children Under Five Years of Age (UNICEF)

5. Proportion of the Population below Minimum Level of Dietary Energy Consumption (FAO)

* Goal 2: Achieve Universal Primary Education

Target 3: Ensure that all boys and girls complete a full course of primary schooling

6. Net Enrolment Ratio in Primary Education (UNESCO)

7. Proportion of Pupils Starting Grade 1 who Reach Grade (UNESCO)

8. Literacy Rate of 15-24 year-olds (UNESCO)

* Goal 3: Empower Women and Promote Equality Between Women and Men

Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015

9. Ratio of Girls to Boys in Primary, Secondary, and Tertiary Education (UNESCO)

10. Ratio of Literate Women to Men 15-24 years old (UNESCO)

11. Share of Women in Wage Employment in the Non-Agricultural Sector (ILO)

12. Proportion of Seats Held by Women in National Parliaments (IPU)

* Goal 4: Reduce Under-Five Mortality By Two thirds

Target 5: Reduce by two thirds the mortality rate among children under five

13. Under-Five Mortality Rate (UNICEF)

14. Infant Mortality Rate (UNICEF)

15. Proportion of 1 year-old Children Immunised Against Measles (UNICEF).

* Goal 5: Reduce Maternal Mortality by Three quarters

Target 6: Reduce by three quarters the maternal mortality ratio

16. Maternal Mortality Ratio (WHO)

17. Proportion of Births Attended by Skilled Health Personnel (UNICEF)

*Goal 6: Reverse The Spread of Diseases, Especially Hiv/Aids And Malaria

Target 7: Halt and begin to reverse the spread of HIV/AIDS

18. HIV Prevalence Among 15-24 year-old Pregnant Women (UNAIDS)

19. Condom use rate of the contraceptive prevalence rate and Population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS(UNAIDS, UNICEF, UN Population Division, WHO)

20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Target 8: Halt and begin to reverse the incidence of malaria and other major diseases

21. Prevalence and Death Rates Associated with Malaria (WHO):

22. Proportion of Population in Malaria Risk Areas Using Effective Malaria Prevention and Treatment Measures (UNICEF):

23. Prevalence and Death Rates Associated with Tuberculosis (WHO):

24. Proportion of Tuberculosis Cases Detected and Cured Under Directly-Observed Treatment Short Courses (WHO)

*Goal 7: Ensure Environmental Sustainability

Target 9: Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources.

25. Forested land as percentage of land area (FAO)

26. Ratio of Area Protected to Maintain Biological Diversity to Surface Area (UNEP)

27. Energy supply (apparent consumption; Kg oil equivalent) per $1,000 (PPP) GDP (World Bank)

28. Carbon Dioxide Emissions (per capita) and Consumption of Ozone-Depleting CFCs (ODP tons):

Target 10: Reduce by half the proportion of people without sustainable access to safe drinking water

29. Proportion of the Population with Sustainable Access to and Improved Water Source (WHO/UNICEF)

30. Proportion of the Population with Access to Improved Sanitation (WHO/UNICEF)

Target 11: Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020

31. Slum population as percentage of urban population (secure tenure index) (UN-Habitat)

* Goal 8

: Create A Global Partnership For Development, with Targets for Aid, Trade and Debt Relief

Target 12:Develop further an open, rule-based, predictable, non-discriminatory trading and financial system, includes a commitment to good governance, development, and poverty reduction — both nationally and internationally

Target 13: Address the special needs of the least developed countries Includes: tariff and quota- free access for least developed countries' exports; enhanced programme of debt relief for HIPCs and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction.

Target 14: Address the special needs of landlocked countries and Small Island Developing States.

Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.

Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.

Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications Official development assistance

32. Net ODA as a percentage of OECD/DAC donors' gross national product (targets of 0.7% in total and 0.15% for LDCs)

33. Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation)

34. Proportion of ODA that is untied

35. Proportion of ODA for the environment in Small Island Developing States

36. Proportion of ODA for transport sector in landlocked countries

Market access

37. Proportion of exports (by value and excluding arms) admitted free of duties and quotas

38. Average tariffs and quotas on agricultural products and textiles and clothing

39. Domestic and export agricultural subsidies in OECD countries

40. Proportion of ODA provided to help build trade capacity

Debt sustainability

41. Proportion of official bilateral HIPC debt cancelled

42. Total Number of Countries that Have Reached their HIPC Decision Points and Number that Have Reached their Completion Points (Cumulative) (HIPC) (World Bank-IMF)

43. Debt Service as a Percentage of Exports of Goods and Services (World Bank)

44. Debt Relief Committed Under HIPC Initiative (HIPC) (World Bank-IMF)

45. Unemployment of 15-24 year-olds, Each Sex and Total (ILO)

46. Proportion of Population with Access to Affordable, Essential Drugs on a Sustainable Basis (WHO)

47. Telephone Lines and Cellular Subscribers per 100 Population (ITU)

48. Personal Computers in Use and Internet Users per 100 Population (ITU).

According to the Department for International Development (DFID) (2007, in Kolawole, Adeigbe, Zaggi and Owonibi, 2014), the MDGs were introduced as of a wider attempt to encourage the international community to stop talking about making a difference in developing world and join forces to start doing something about it. Alongside the goals, a series of 18 targets were also drawn up to give the international community a number of tangible improvement to aim for within a fixed period of time, and also make it easier for them to progress to date [Table 1]. The intention is that almost all of these targets would have been achieved by 2015.

Table 1: MDGs, Goals and Targets

Goals	Target
MDG 1; Eradicate extreme hunger and poverty	Target 1. Halve between 1990 and 2015 the proportion of whose income is less than $1 a day.
MDG 2; Achieve universal primary	Target 2.Halve, between 1990 and 2015, the proportion of people who suffer from hunger.
MDG 3; Promote gender equality and empower women	Target 3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.
MDG 4; Reduce child mortality	Target 4. Eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of education no later than 2015
MDG 5; Improve maternal health	Target 5. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.
MDG 6: Combat HIV/AIDS, Malaria and other diseases	Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
MDG 7: Ensure Environmental Sustainability	Target 7: Have halted by 2015 and began to reverse the spread of HIV/AIDS
MDG 8: Develop a Global Partnership for Development	Target 8: Have halted by 2015 and began to reverse the incidence of malaria and other major diseases Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources. Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. Target 11: Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (includes a commitment to good governance, development, and poverty reduction both nationally and internationally) Target 13: Address the special needs of the Least Developed Countries (includes tariff and quota-free access for Least Developed Countries? Exports, enhanced program of debt relief for heavily indebted poor countries(HPCs) and cancellation of official bilateral debt, and more generous official bilateral debt, and more generous official development assistance for countries committed to poverty reduction). Target 14: Address the special needs of landlocked developing countries and small island developing states (through the Program of Action for the sustainable development of Small Island Developing States and 22nd General Assembly provisions) Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long-term Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries. Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information communication technologies.

Source: Kolawole et al (2014)

Retrospective Analysis of the MDSs

Hume (2009:4 in Ajiye, 2014) opined that the Millennium Declaration at the Millennium Summit in September 2000 was the world's biggest promise – a global agreement to reduce poverty and human deprivation at historically unprecedented rates through collaborative action. They differ from all global promises for poverty reduction in their comprehensive nature and the systemic efforts taken to finance, implement and monitor them – they envelop you in a cloud of soft words and good intentions and moral comfort (Saith 2006:1167). The Millennium Development Goals (MDGs) are the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions -income poverty, hunger, diseases, inadequate housing – while promoting gender equality, education and environmental sustainability (MDGs Nigeria Report 2010).Az- Zubair(2013:1 in Ajiye, 2014) observed that the Countdown Strategy has been designed to identify the gaps and lay out the policy actions, investments, and milestones that will help us further scale up our successes and remedy our weaknesses. She further pointed out that it provides a road map to achieving the MDGs, drawing on the administration's direct engagement with issues such as improving service delivery and public accountability, increasing investment, and building partnerships across the three tiers of government. In particular, she said it will be the reference point for any new administration, so ensuring that the opportunity to renew momentum provided by such a transition is seized rather than wasted. She further opined that for the MDGs to be achieved on time, massive pro-poor investments will have to be made across all sectors. Without this, lack of investment in one particular area will wipe out the successes recorded through interventions in others, which according to her is the reason why there is a need for a coordinated strategy of accelerated impact as we race towards 2015. Olatunji (2008: 23) conducted a study on the roles of Corporate Social Responsibility (CSR) in achieving the MDGs in Nigeria. He studied the CSR programmes of selected manufacturing companies in two areas in the south–west. His findings showed that more CSR programmes for manufacturing companies are needed to achieve the goals. He called for increased community involvement and empowerment in developmental projects, rather than the present approach that emphasises "money giving" and haphazard execution of CSR projects.

Aribigbola (2009:7) studied the institutional constraints to achieving the MDGs in Africa, using theexample of Akure Millennium City and Ikaram/Ibaram Millennium Villages both in Ondo state. He observed that although both the Millennium City and Millennium Village projects have taken off as programmed, the effect of the programme has not been widespread especially in Akure, though the effect of the programme seems visible in the millennium village. He discovered that the problems which programmes are designed to solve are still widespread and the lack of adequate conceptualization of the project militate against full implementation of the project. He identified lack of conceptualisation and understanding both by the implementers and the will of the beneficiaries (people at the grass root), over politicization by the government, lack of interest on the part of grass root would-be beneficiary/ community and inadequate funding and capacity underutilisation as the major problems militating against the success of the project. He recommended collective participation that will carry the community along in project design, and implementation as crucial to the achievement of the MDGs cum complete removal of civil service bureaucracy (Ajiye, 2014).

According to a UNDP Report (2010), the Millennium Development Goals (MDGs) represents the world's commitments to deal with global poverty in its many dimensions. This commitment is supported by a global partnership which calls for country-led strategies and support from developed countries in the areas of trade, Official Development Assistance (ODA), debt sustainability and access to medicine and technology. The World Health Organisation (WHO Report 2010) observed that MDG are currently the highest level of expression of the international community to developmental priorities. It explained that the MDGs commit the international community to an action agenda which emphasizes sustainable human development as the key to fulfilling social and economic progress. It further stressed that all the 191 member states of the United Nations Organisation have pledged to achieve these goals by the year 2015. It observed that the MDGs goals and their targets and indicators have widely accepted as a framework for measuring national and global development progress.

Interestingly, Arif et al (2005:67 in Ajiye, 2014) are of the opinion that MDGs represent a new attempt to increase the effectiveness of development assistance in reducing poverty with a time- bound targets and strong commitment to monitor progress. They pointed out that in order to achieve these laudable MDGs objectives, it is imperative to address the need for water sanitation, health care, schools, employment and poverty crisis, especially among the less developed economies. In any case, the MDGs are beautiful reforming tools that will transform the have not in our societies and erase extreme poverty class in any third world country. The government at all levels must put all synergy into ensuring that the goals become a reality rather than aspiration, putting into consideration the 2015 benchmark. The goals are quite achievable if our leaders are prudent and ready to channel all the required resources to ensure the success of the goals.

Achievements of the MDG's in Nigeria – An Appraisal

This section critically analyses the achievements of the MDG's in Nigeria. Most observers have noted that Nigeria failed in meeting the MDG's. Others opined that Nigeria made some strides in achieving the goals.

Nigeria was among the 189 countries that adopted the MDGs in the year 2000. The programme was part of the government plan to reduce poverty and uphold sustainable development. The MDGs, however, commenced in 2005, after the cancellation of the debt relief. The cancellation of the debt enabled the government to save US$1 billion annually and this led to the increase and target of pro-poor interventions such as YES, You Win, Conditional Cash Transfer, Conditional Grant Scheme, etc. (Igbuzor, 2013; Olabode, et al, 2014:47-48; Nigeria MDGs Report:16-17 in Durokifa and Abdul-Wasi, 2016). MDGs project in Nigeria has gulped about N1.4 trillion between 2006 and 2010 (Az-Zubair; 2010).Prodding further, an analysis of the 2012 budget shows that a total of more than 3 trillion was spent on MDGs (PCAMMDGs, 2013 in Durokifa and Abdul-Wasi, 2016).According to UNDP (2007), in 2003, the Government of Nigeria approved a poverty reduction strategy, the National Economic Empowerment and Development Strategy (NEEDS), based partly on the Millennium Development Goals (MDGs). To prioritize its spending in line with the Goals, Medium Term sector Strategies (MTSS) were developed to guide the preparation and implementation of the Medium Term Expenditure Framework (MTEF), with 57 percent of total capital spending earmarked for the MDGs related sectors. A prudential committee on the MDGs was set up in 2005, with membership comprising of the Federal and State governments, the Legislature, Civil Society organisations and the Private sector and development partners (Kolawole et al, 2014).

The robust disbursement of funds towards MDGs programme initiates commitment to the actualization of the MDG goals and targets. However, assessment reports of the MDGs do not seem to suggest much success. According to the United Nations, the number of people living in extreme poverty declined worldwide by more than half, falling from 1.9 billion in 1990 to 836 million in 2015; primary school enrolment rate has increased and the number of out-of-school children of primary school age worldwide has fallen by almost half, to an estimated 57 million in 2015, down from 100 million in 2000 across the world. There has been a significant improvement in gender equality with the empowerment of women as more girls are in school, more women are in paid employment and many more women are now in government around the world. Global under-five year mortality rate has declined by more than half, dropping from 90 to 43 deaths per 1,000 live births between 1990 and 2015 (United Nations. The Millennium Development Goals Report 2015). In addition, maternal mortality ratio has declined by 45 percent worldwide since 1990 with an improvement in contraceptive prevalence; and new malaria and HIV cases have declined, with new HIV infections falling by approximately 40 percent between 2000 and 2013, from an estimated 3.5 million cases to 2.1million (ibid.). There are a number of unsupported claims that Nigeria achieved most of the goals, especially the HIV and maternal mortality MDG targets ahead of deadline (Akosile, 2015 in Oleribe and Taylor-Robinson, 2016). However, according to the UN report, "nearly 60 percent of the world's 1 billion extremely poor people lived in just five countries in 2011: India, Nigeria, China, Bangladesh and the Democratic Republic of the Congo" (UN. The MDG's Report 2015). Nigeria contributed significantly to more than 42,000 people who were forced to abandon their homes and seek protection due to armed conflicts in 2014 (ibid.). Of the 2.1 million new HIV infections that occurred in 2013, 75% occurred in just 15 countries with Nigeria, South Africa and Uganda accounting for almost half of them all (ibid.). Moreover, Nigeria has one of the lowest numbers

of children sleeping under the mosquito nets, in a comparison of surveys among nations of the world (ibid.).

Eradication of Extreme Poverty and Hunger: According to the National Bureau of Statistics (2015) extreme poverty and hunger have been prevalent in the African continent for decades. In view of this, the MDGs sought to halve between 1990 and 2015, the proportion of people who suffer from hunger. In the report, the prevalence of underweight in under-five children was measured. In 2014, the percentage of underweight prevalence was 25.50 percent which is a positive decrease by 6.9 percent in comparison with 27.40 percent in 2012. This shows that there is a lower prevalence of underweight children in 2014. Durokifa and Abdul-Wasi, (2016) stated that statistics show that poverty prevalence in the country has been on the decline. Using the halve of 1992 data which was estimated at 42.7% as a benchmark upon which progress or lack of it was gauged, poverty status has been said to be swaying. In 2004, Nigeria poverty status rose from 53.3% to 65.6% in 2006; then moderated to 54.4% in 2011 (Bello, 2007:46; Nwanolue, 2014: 5-6; Nigerian MDGs Report, 2015; 29). However, a report by World Bank (2014) stated that 33.1% Nigerians lives in poverty which is a closer range to the 21.35 % target for 2015. This report however contradicts the NBS (2011) and UNDP (2013) report estimate that about 69% people live in poverty. The figures appear not to have taken into consideration the country's vast economic growth rate following the country's poverty menace and restrict it to specific sectors like agriculture and manufacturing (ADB, 2015 in Durofika and Abdul-Wasi, 2016).

The upturn in the agricultural sector led to the notable achievement of Nigeria's fight against hunger. FAO (2013) reports that Nigeria has been able to reduce hunger by 66% in 2012, meeting the MDG target 3 years prior 205 deadline. This development reduced the proportion of underweight children from 35.7% in 1990 to 25, 5% in 2014 as against the 2015 benchmark of 17.85%.

In light of the above, eradicating hunger in Nigeria recorded a remarkable success while poverty reduction was not achieved (Durokifa and Abdul-Wasi, 2016).

Overall Conclusion on Goal 1: Strong progress made but goal not met (Nigeria MDG's End-Point Report, 2015)

Achieving Universal Primary Education: Education is an established instrument in bringing about development in any Nation. On this platform, MDGs provided 2015 as a bench mark for children everywhere in the world, boys and girls alike to complete a full primary education. On this ground, the Nigerian Government introduced the Universal Primary Education (UPE), Education for All Policy (EFA) and the Federal Teachers Scheme (FTS) to ensure the effective progress of MD Goal 2 (Ajiye, 2014:28; Nigeria MDG Report, 2015:39-45). These programmes have yielded remarkable achievement following the improvement in school net enrolment rate from 60% in 1995 to 84% in 2004; 87.6% in 2006 and 88.8% in 2008 (MDG Report, 2013). However, due to the insurgency in the Northern part and insecurity in some other parts of the country, the net enrolment rate dropped to 59% in 2011 and moderated to 68.7% in 2014 (Nigeria MDG Report, 2015: 39-40; Odunyemi, 2015:35). The primary six completion rate has also witnessed a strong progress to its feet. Starting with a good performance of 73% in 1993 to 89% in 2006, dropped to 82% in 2013 then picked up to 85.5% in 2015 (Nwanolue, 2014:8; Odunyemi, ibid; Nigerian MDG Report, ibid).On the other hand, the literacy rate of 15-24 years old has witnessed fair progress as revealed by available data. From 64.1% in 2000 to 80% in 2008; bounced to 65.6% in 2011 and stepped up to 66.7% in 2014 as against the 100% target of 2015 (NBS, 2015). According to a survey by NBS (2015), the proportion of boys and girls attending primary school declined in 2014, while those attending secondary schools increased minimally. However, primary 6 completion rate recorded a slight decline in 2014.

Overall Conclusion on Goal 2: Appreciable progress but goal not met. (Nigeria MDG's End-Point Report, 2015)

Promote Gender Equality and Empower Women: According to Nigeria's MDG's End Point Report (2015),the pursuit of gender parity in basic education in Nigeria has witnessed strong progress when seen against the prevailing patriarchal culture and practices in most parts of the country. There has been a steady increase in the ratio of girls to boys in basic education in Nigeria with the end-point status of 94% in 2013 being a significant achievement compared to the 82% achieved in 1991. The statistics from

both the World Bank and Multiple Indicator Cluster Survey (MICS) corroborate the high gender parity index recorded by Nigeria. The success at the basic education level has not been replicated at the tertiary level where there is weak progress even though the policy environment has been supportive at every level of the educational pipeline.

Similarly, Nigeria has not done well in the area of the proportion of women in wage employment in the non-agricultural sector with an end-point status of 7.7% in 2010 (the most recent data).

However, in terms of women's contribution to the total labour force in both agricultural and non-agricultural sectors, the proportion has considerably increased to a record 37.7% in 2014.

The ILO statistics corroborate this with a 48.1% increase in 2011. As regards the proportion of seats held by women in the National Parliament, Nigeria has done badly, with an end-point status of 5.11% in 2015 against the expected target of 35%. The prevailing patriarchal culture and practices remain a major factor against women's access to elective positions. This is however not the case with women in appointive positions as over 30.0% of women got appointed to higher level political decision making positions in recent years.

Overall Conclusion on Goal 3: Strong progress made in gender parity but weak progress in women empowerment. Goal not met.(Nigeria MDG's End-Point Report, 2015)

Reducing Child Mortality: MDG 4 aims to reduce the mortality of children under five years of age from 191per 1000 in 1990 to approximately 64 per 1000 live in 2015; and infant mortality rate (IMR) from 91 deaths in 1990 to 31 deaths per 1000 people (Nwanolue, etal, 2014:10 in Durokifa and Abdul-Wasi, 2016).However, the under-five mortality rate has witnessed slight progress as it has improved from 191 deaths in 1990 to 89 deaths per 1000 in 2015 as against the63.7 deaths per 1000 target for 2015. IMR has also witnessed a similar trend, from91 deaths per 1000 to 100 deaths per 1000 in 2004, then declined progressively to 58 in 2014 as against the 2015 30.3 deaths per 1000 target (NBS, 2014; NDHS,2014).

An appreciable progress has been met in this area even though targets were not met. There is room for greater improvement in this area given the establishment of government interventions such as the Sure-P initiative to incentivize the uptake of maternal and child health services; the Global Polo Initiative and the Immunization Strategic Plan (Durokifa and Abdul-Wasi, 2016).

Overall Conclusion on Goal 4: Strong progress but goal not met. (Nigeria MDG's End-Point Report, 2015).

Improve Maternal Health: According to Nigeria's MDG's End Point Report (2015) the drive to make progress on this goal has seen improvements in maternal health. With a baseline figure of 1000 deaths per 100,000 live births in 1990, the Maternal Mortality Rate (MMR) consistently decreased over the years to 545 in 2008. The downward trend continued to 350 deaths per 100,000 live births in 2012 and subsequently to its end-point status of 243 per100,000 live births in 2014. Many policy drivers made the progress possible; one being the Midwives Service Scheme while the other was the collaborative efforts made between donors and the Federal Ministry of Health and its parastatals. In the meantime, the proportion of births attended by skilled health personnel improved appreciably from a baseline figure of 45% in 1990 to the end-point status of 58.6% in 2014 with the conviction that the national figure would have been better had it not been for the wide disparities across states with lower records. The success recorded is attributed to effective implementation of the Midwives Service Scheme (MSS).

In the case of antenatal coverage, significant progress was also recorded. Antenatal coverage of at least one visit recorded an end-point status of 68.9% in 2014, and for at least four visits, the end-point status was 60.6% in 2014. The successes imply the need for a scale-up of the policy interventions.

Overall Conclusion on Goal 5: Maternal mortality target met, and strong progress made on other indicators. (Nigeria MDG's End-Point Report, 2015).

Combat HIV and AIDS, Malaria and other Diseases: The prevalence of HIV among pregnant young women aged 15–24 years has steadily declined from 5.4% in 2000 to 4.1% in 2010 (end-point status). The decline resulted from the implementation of tested high impact interventions implying the need for consistent implementation of such high impact interventions in the sector. With respect to the incidence of tuberculosis per 100,000 people, the efforts have not produced appreciable results. In the past 7 years, the value for this indicator has fluctuated between 343.00 in 2005 and 339.00 in 2012. The end-point status of the incidence of tuberculosis in Nigeria was 338 as of 2013. This latest figure is still unacceptable and calls for renewed efforts, more resources and interventions in order to drastically reduce the prevalence of tuberculosis (Nigeria's MDG's End Point Report, 2015).

Overall Conclusion on Goal 6: Appreciable progress in combating HIV and AIDS, but weak progress in other diseases. Goal not met. (Nigeria MDG's End-Point Report, 2015).

Ensure Environmental Sustainability: Nigeria commitment to ensuring environmental sustainability is enshrined in its Vision 2020, which is an integrated long-term development plan for the country. Also, the Nigerian Government established a Federal Ministry of Environment in 2008, with the constitutional mandate in protecting the environment against pollution and degradation (Nigeria MDGs Report: 2015:86). But Nigeria's natural resource like its forest keeps depleting. Between 2000 and 2010 for example, forest area shrank from 14.4% to 9.9%. The country also keeps loosing forest cover at a startling rate of 3.5% per annum equalizing to 350,000 to 400,000 hectares per year (Nigeria MDGs Report, 2013).

The percentage of the urban population living in slums has been on the decline since 1990. From a baseline figure of 77.3% in 1990, it declined to an end-point status of 50.2% in 2014. Although this implies strong progress, the number of persons living in slums is still very alarming and also considering that the number of slum dwellers has been on the rise owing to increasing housing deficits of 16-18 million units against the reality of growing number of cities with populations of one million and over.

Overall Conclusion on Goal 7: Strong progress in the provision of safe drinking water but weak progress in other indicators. Goal not met. (Nigeria MDGs Report, 2015).

Develop Global Partnership for Development: The flow of Official Development Assistance (ODA) from developed countries to Nigeria has increased dramatically since 2004, with the health sector as a leading recipient. The health sector so far has received about US$480,017,028 from donors as compared to other sectors (National Planning Commission, 2015 in Durokifa and Abdul-Wasi, 2016). The accruement of these funds has contributed to the attainment of health-related target especially Goal 4.5 and 6 (Nigeria MDG Report, 2015:96). The agricultural sector has also benefitted greatly from the ODA which it's visible in the appreciable progress made in dealing with hunger as stipulated in Goal one. Other benefits of ODA had been used in setting up developmental programmes and initiatives such as Mid-wives Service Scheme, Universal Basic Scheme, Conditional Grant Scheme, Conditional Cash Transfer, Vocational Training Scheme, Roll back Malaria Partnership with global fund in providing insecticide treated mosquito nets and Federal Teachers Scheme (Ajiye, 2014:30).

Overall conclusion on Goal 8: Goal met. (Nigeria MDGs Report, 2015).

Why didn't Nigeria meet most of the goals?
In 2014, Ajiye identified lack of human capacity for implementation, poor access to primary healthcare delivery systems with high cost of healthcare, inadequate and unreliable data systems, inadequate funding and indiscipline with endemic corruption as challenges that were facing MDGs in Nigeria (Ajiye, 2014 in Oleribe and Taylor-Robinson, 2016). While Oleribe and Taylor-Robinson agreed with Ajiye's findings and believe that Nigeria did not achieve the targets. The reason, apart from all identified by Ajiye, includes (but are not limited to):
Wrong assumptions: the assumptions on which the MDGs were predicated were fundamentally wrong. It was believed that the poor health indices in Nigeria were as a result of poverty and lack of resources.

Absence of true and validated baseline data: Since independence, Nigeria has survived on public health "guesstimates", rather than informed estimates. There is no single dependable, reliable, validated and easily verifiable public health dataset in Nigeria

Absence of formative, midcourse and proper end-line evaluation: While a lot of resources were invested into the management of MDGs, little was done in terms of progress (formative), midcourse and end-line (summative) evaluations to effectively and scientifically look at the progress of the roll-out of the MDG program.

Sequential healthcare workers' industrial actions in Nigeria

Boko Haram insurgency in the north, and kidnapping in the south: The upscale of social discord, killings and bombings in the northern part of Nigeria; and kidnapping in southern Nigeria reversed the gains of so many years of investments in healthcare in Nigeria, especially in affected communities.

Verticalization of the healthcare system: Vertical programs may deliver immediate positive change, but they are neither effective, nor sustainable. For decades, the world and donor agencies have depended on this strategy, but with the same inadequate results.

What did some countries do in achieving the MDG's?

According to a progress report by the UN in 2010 (http://www.un.org/en/mdg/summit2010/successstories.shtml), these were some of the strategies adopted by some countries in achieving certain goals -

GOAL 1 - Through a national input subsidy programme, Malawi achieved a 53% food surplus in 2007, from a 43% national food deficit in 2005.

Vietnam's investment in agriculture research and extension helped cut the prevalence of hunger by more than half, from 28% in 1991 to 13% in 2004-06. The prevalence of underweight children also more than halved from 45% in 1994 to 20% in 2006.

Nicaragua reduced its hunger rate by more than half, from 52% in 1991 to 21% in 2004-06.

In Northeast Brazil, stunting, an indicator of child malnutrition, decreased from 22.2% to 5.9% between 1996 and 2006-07.

Between 1991 and 2004, the number of people who suffer from undernourishment in Ghana fell by 34%, to 9% of the population.

In Argentina, the Jefes y Jefas de Hogar programme employed 2 million workers within a few months after its initiation in 2002, contributing to the country's rapid poverty reduction, from 9.9% in 2002 to 4.5% in 2005.

GOAL 2- By eliminating fees, Kenya was able to quickly get 2 million more pupils into its primary schools.

In Ethiopia, the net enrolment rate for primary school was 72.3% in 2007, an increase of 88% on 2000 enrolment rates.

In Tanzania, the abolition of school fees in 2001 led to a net enrolment rate of 98% for primary schooling in 2006. This represents an increase of 97% (i.e. almost double) compared to 1999 enrolment rates.

In Bolivia, bilingual education has been introduced for three of the most widely used indigenous languages, covering 11% of all primary schools in 2002 and helping expand access to education among indigenous children in remote areas.

GOAL 3- Mexico's 'Oportunidades' conditional cash transfer programme led to an increase of secondary school enrolment rates of over 20% for girls and 10% for boys in rural areas where the programme operated.

In 2008, Rwanda elected a majority of women (56%) to its lower chamber of parliament, the highest level of female representation of any country.

Starting from a very low gender parity index in primary education (0.35) in the 1980s, Bangladesh closed the gender gap in primary and secondary education within a decade.

Tanzania's Land Act and Village Land Act of 1999 secured women's right to acquire title and registration of land, addressed issues of customary land rights, and upheld the principles of non-discrimination based on sex for land rights.

In Ethiopia's Amhara Province, promotion of functional literacy, life skills, reproductive health education and opportunities for savings for girls has significantly reduced marriage of girls aged 10 to 14.

GOAL 4 - In Rwanda and a few other African countries, improvements in care for expectant mothers and new-borns are allowing many more to survive and remain healthy.

Rwanda is very likely to meet – and possibly even surpass – the MDG targets for child and maternal mortality by 2015, in part thanks to the government's successful health insurance programme.

The under-five child mortality rate has fallen by 40% or more since 1990 in Ethiopia, Malawi, Mozambique and Niger. In Malawi, for example, the under-five child mortality rate fell 56% between 1990 and 2008.

The under-five child mortality rate was reduced by 50% or more since 1990 in Bangladesh, Bhutan, Bolivia, Eritrea, Laos and Nepal.

Since 1990, China's under-five child mortality rate has declined from 46 deaths for every 1000 live births to 18 per 1000 in 2008, a reduction of 61%.

From 1990 to 2008, child mortality declined by 25% in Equatorial Guinea and by 14% in Zambia.

GOAL 5 - In Malawi and Rwanda, removal of user fees for family planning services has contributed to significant increases in the use of family planning services.

In Rwanda, contraceptive prevalence among married women aged 15-49 jumped from 9% in 2005 to 26% in 2008.

The contraceptive prevalence rate among married women aged 15-49 in Malawi has more than doubled since 1992 to 33% in 2004.

In Rwanda, the skilled birth attendance rate increased from 39% to 52% from 2005 to 2008.

Between 1980 and 2006, the maternal mortality ratio in Tamil Nadu, India, fell from 450 to 90 per 100,000 live births

GOAL 6 - New HIV infections and AIDS-related deaths have declined significantly in sub-Saharan Africa, thanks to education programmes, prevention policies and the wider availability of anti-retroviral medicines.

In Uganda, the adult HIV prevalence rate dropped from 8% in 2001 to 5.4% in 2007.

Cambodia has managed to halt and reverse the spread of HIV, with the prevalence falling from 1.8% in 2001 to 0.8% in 2007.

The number of new HIV infections among children has declined five-fold in Botswana, from 4,600 in 1999 to 890 in 2007.

GOAL 7 - Between 1999 and 2005, Costa Rica prevented the loss of 720 sq km of forests in biodiversity priority areas and avoided the emission of 11 million tons of carbon.

In 2006, 80% of the rural population in Ghana had access to an improved drinking water source, an increase of 43% on 1990 levels.

In Mali, the percentage of the population with at least one point of access to improved sanitation rose from 35% in 1990 to 45% in 2006.

GOAL 8 - In 2008 the only countries to have reached or exceeded the target of official development assistance as 0.7% of Gross National Income were Denmark, Luxemburg, the Netherlands, Norway and Sweden.

China, India, Iran and Uzbekistan succeeded in lowering private sector prices for generic medicines to less than twice the international reference price.

Transition from the MDG's to the SDG's – A Social Planning Continuum

According to Nhema and Zinyama (2016), the disappointment with the experiences of earlier development theories has led to the international community to come up with new development paradigms. These new paradigms were echoed in the Millennium Development Goals, agreed to by the world's leaders at the United Nations (UN) in 2000 whose burial and memorial services were held in 2015 after the adoption of a new set of development objectives under the name of Sustainable Development Goals. According to the Complete A-Z Geography Handbook (Adejumo and Adejumo, 2014), sustainable development has been defined as development that meets the needs of the present without compromising the ability of future generations to meet their own needs.

One of the main outcomes from the UN Conference on Sustainable Development (Rio+20) in 2012 was international agreement to negotiate a new set of global Sustainable Development Goals to guide the path of sustainable development in the world after 2015 (Osborn, Cutter and Ullah, 2015).

The Rio+20 Outcome Document indicates that the goals are intended to be "action-oriented, concise and easy to communicate, limited in number, inspirational, global in nature and universally applicable to all countries, while taking into account different national realities, capacities and levels of development and respecting national policies and priorities"(United Nations Conference on Sustainable Development, 2012:2 47 in Nhema and Zinyama, 2016). Table 2 below provides a list of the SDGs.

Table 2: Sustainable Development Goals

Goal		Description
G1	SD	End poverty in all its forms everywhere
2	SDG	End hunger, achieve food security and improved nutrition and promote sustainable
3	SDG	Ensure healthy lives and promote well-being for all at all ages
4	SDG	Ensure inclusive and equitable quality education and promote life-long learning opportunities for all
5	SDG	Achieve gender equality and empower all women and girls
6	SDG	Ensure availability and sustainable management of water and sanitation for all
7	SDG	Ensure access to affordable, reliable, sustainable and modern energy for all
8	SDG	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9	SDG	Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation
10	SDG	Reduce inequality within and among countries
11	SDG	Make cities and human settlements inclusive, safe, resilient and sustainable
12	SDG	Ensure sustainable consumption and production patterns
13	SDG	Take urgent action to combat climate and its impacts
14	SDG	Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15	SDG	Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reserve land degradation and halt biodiversity loss
16	SDG	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, and inclusive institutions at all levels
17	SDG	Strengthen the means of implementation and revitalise the global partnership for sustainable development

Source: Leowe and Rippin, 2015 in Nhema and Zinyama, 2016

Key Lessons, Conclusion and the Way Forward

According to Nigeria MDGs Report, (2015) there are at least eight (8) key lessons to be shared from Nigeria's experience of the MDGs implementation era. Some of the lessons will have direct implications for the transition into the SDGs era. Those key lessons and their implications are summarised here below:

1. *Early Commencement:* There is the need for early commencement of programmes and projects aimed at achieving the SDGs. It is realised that Nigeria's late commencement of the implementation of

the MDGs had a negative impact on both the outputs and the outcomes in later years. Therefore, the Post 2015 Development Agenda should avoid a late start in implementation;

2. *Local ownership:* This is important to the success of programme/project implementation for the simple reason that it engenders the necessary commitment. This fact is amply demonstrated by the Conditional Grant Scheme widely recognized as an MDGs success story in Nigeria. Additionally, the greater lesson is the need to consolidate the culture of implementing participatory partnership programmes such as the CGS and UBE Counterpart funding;

3. *The Funding Challenge:* Although the debt relief gains broadened the fiscal space for MDGs programmes financing, the financial resources were not adequate, hence, irregular funds releases. The lesson is that funding for the SDGs need to be explored from different sources; including from the private sector;

4. *Incentive-based Interventions:* There is need for implementation of Incentive based Interventions such as the Conditional Cash Transfers (CCT), & CGS. These were demonstrated to be key drivers of implementation success achieved on the MDGs. They also served as an effective leverage for implementing desirable public sector reforms;

5. *Incentive-based policy instruments:* there is need to consolidate incentive-based policy instruments that engender effective collaborative and cooperative inter-governmental relations management, as again amply demonstrated in the successful implementation of the CGS in Nigeria. The lesson is that although the CGS has proved successful in the implementation of the MDGs, the intervention would need to be reviewed with a view to strengthening and consolidating it under the SDGs Agenda;

6. *Political Will:* Strong Political will and support made a lot of difference in the implementation of some MDGs interventions in Nigeria. A good example is the polio eradication programme;

7. *Key Policy Drivers:* Sustaining and consolidating key policy drivers in the agricultural sector in order to address the twin problems of poverty and hunger; and

8. *Coordination:* Strong coordination between and among the tiers of government is essential. The post-2015 development agenda in Nigeria needs to overcome weak coordination between and among tiers of government occasionally thrown up by the system's dynamics. This underscores the need to adopt appropriate inter-governmental relations models in a large federation like Nigeria.

The SDGs which is an inclusive developmental plan focuses on six essential elements: human dignity, human advancement, planet warmth, prosperity, developmental partnership, justice and equity. These elements just like MDGs aim to end extreme poverty anywhere and everywhere, transform lives, improve the planet and promote socio economic-development (Ihejirika, 2015 in Durokifa and Abdul-Wasi, 2016).

The SDG agenda which is a broader version of MDGs as stated above and as seen in the figure below comprises of unfinished goals in line with the MDGs. These goals include:

Goal 1- Ending poverty in all ramifications
Goal 2- Ending hunger in all its form and promoting sustainable agriculture
Goal 3- Ensuring Healthy lives and Comprehensive well-being for all ages
Goal 4- Quality Education for all educational phases (primary, secondary, tertiary)
Goal 5- Achieving Gender equality and women empowerment

According to Ihejirika (2015), these first five goals are crucial to Nigerian development owing to them being residual goals of the MDGs. Additionally, scholars such as Adegbulu (2015) and Igbuzor (2015) have also included Goal 6-Clean water and Sanitation for all; Goal 8- Promote decent work and Economic Growth for all, to be of immeasurable essence.

Implicitly, all these stated goals are prerequisite for Nigerian development and have become policies which have been enshrined in various pro-developmental interventions within the country such as NEEDS, Vision 2020 and the Transformation Agenda (Igbuzor, 2015; Odunyemi, 2015:38). Likewise, more of these SDG targets are interwoven. For instance, managing agricultural productivity will not be conceivable if there is no income and good health. Also, getting a good and decent job (Goal 8) will reduce inequality in the society (Goal 10); lift one of poverty (Goal 1); avert hunger (Goal 2) and give one access to a good health and well-being (Goal 3). On the contrary, getting a good job cannot be

possible without having a quality education (Goal 4) and an accessible industry and infrastructure (Goal 9). From another point of view, eradication of poverty will lead to the falling in place of SDG targets such as having access to quality education, good health and wellbeing, clean water and sanitation and reduction of inequality (Durokifa and Abdul-Wasi, 2016).

On a conclusive note, Durokifa and Abdul-Wasi, (2016) stated that it is anticipated that getting governance right is the fulcrum for achieving developmental programmes. This is indeed the reason why scholars (Kemp, Parto and Gibson, 2005; Oshelowo, 2011: 18-19; Sachs, 2012; Igbuzor, 2013; Terungwa and Akwen, 2014) have attributed good governance as a prerequisite to development. The sphere of good governance which includes but not limited to identifying the needs of the citizens, prioritizing such needs, harnessing available resources with which to meet the needs, distribute the resources among the needs and ensure the judicial use of the resources (Terungwa and Akwen, 2014:122). Anger (2010) also stated the qualities of Good Governance as:

Engaging the people in the conduct and management of affair
Accountability and Transparency in the mobilization and utilization of resources
Responsibility and Responsiveness in public service
Effective and Efficient manner in handling public/ personal affairs

The SDGs which reflect a broader and better coverage of the totality of the social, economic, environmental and institutional system if adopted and pursued with greater commitment and meticulousness will improve the wellbeing and lives of a country's citizenry. Hence, as Nigeria commences the post-development agenda, the lessons, successes, and challenges learnt from the MDGs will help in navigating challenges that might be faced in the new Sustainable Development Goals and in formulating holistic policies needed to promote an inclusive economic development and environmental sustainability such as the Conditional Cash Transfer which implicitly is a way to impact on the lives of the masses and if implemented effectively will reduce poverty.

References

Adejumo, V & Adejumo, O. (2014). Prospects for Achieving Sustainable Development through the Millennium Development Goals in Nigeria. *European Journal of Sustainable Development,* 3(1), pp. 33-46.

Ajiye, S. (2014). Achievements of Millennium Development Goals in Nigeria: A Critical Examination. *International Affairs and Global Strategy*, 25.pp.24-36.

Akume, A.T., (2014).MDG's: Isolating and Understanding its Health Component (4,5,6) for Successful Action and Sustainability in Nigeria. Mediterranean Journal of Social Sciences, 5(6), pp. 441-451

Anger, B. (2010) Poverty Eradication, Millennium Goals and Sustainable Development in Nigeria. In: *Journal of Sustainable Development*. Vol. 3, No. 4.Available from:

https://www.researchgate.net/publication/287367300_MDG%27s_Isolating_and_Understanding_its_He alth_Component_4_5_6_for_Successful_Action_and_Sustainability_in_Nigeria.

Aribigbola, A. (2009) *Institutional constraints to achieving the Millennium Development Goals (MDG) In Africa: The example of Akure Millennium City and Ikaram/ Ibaram villages in Ondo State, Nigeria.* FGN/ECA/OSSAP MDGs/World Bank 7-9 May

Bello, A. M. (2007). The Activities of the Agency. Paper delivered at a Two day Capacity Building workshop on the theme: Child Trafficking and Child Labour. Organized by
    Nigerian Agency for Prohibition of Trafficking in Persons and other Related Matters
    (NSPTIP) Kano

Durokifa, A. A. & Abdul-Wasi, B. M. (2016).Evaluating Nigeria's Achievement of the Millennium Development Goals (MDGs): *Determinants, Deliverables, and Shortfalls* Africa's Public Service Delivery & Performance Review. Retrieved from, http://apsdp
    r.org/*index*.php/apsdpr on February, 15 2018

Ekpung, E.G. (2015).Planning as an Instrument for National Development in Nigeria. *Global Journal of Management and Business Research: B Economics and Commerce.* Volume 15 Issue 4 Version 1.0.pp: 14-20

Ghai, D.P. (Ed.) (1977). *The Basic-needs Approach to Development: Some Issues RegardingConcepts and Methodology*, International Labour Office. Issue 29

Hardina, D. (2017) Social Planning. Retrieved from www.oxfordbibliographies.com on February, 20, 2018

Harris, M.J. (2000), "Basic Principles of sustainable Development". Tufts University Medford MA 02155, USA. Global Development and Environmental institute Working paper 00-04

Ihejirika, P.I., (2015). SDGs: Will Nigeria Overcome Extreme Poverty, Hunger by 2030. Leadership [Online] Available at: leadership.ng/news/472659/sdgs-will-Nigeria-
    -overcomeextreme- poverty-hunger-by-2030. Retrieved on February 25, 2015

Igbuzor, O., (2015). Transition from MDGs to SDGs in Nigeria. [Online] Available at:

www.opinionnigeria.com/transition-from-mdgs-to-sdgs-in-nigeria-by-otiveigbuzor/#
    sthash.g83bTgr6.dpbs. Retrieved February 25, 2018

Igbuzor, O. (2013). Review of MDGs in Nigeria: Emerging Priorities for A Post 2015

Development Agenda. In: The National and Thematic Consultations for the Post 2015 Development Agenda. Abuja: LadiKwali Hall, Sheraton Hotel. 18-19 February, Kolawole, T.O., Kayode, A.Y., Zaggi, Y.H.,& Owonibi, E. (2014)Millennium Development

Goals (MDGs) in Nigeria: Issues and Problems. *Global Journal of Human-Social Science: C Sociology & Culture Volume 14 Issue 5 Version 1.0*

Nhema, A.G., & Zinyama, T. (2016) Millennium Development Goals and Sustainable Development Goals: A Review. *Developing Country Studies*. ISSN 2224-607X (Paper) ISSN 2225-0565 (Online) Vol.6, No.2. www.iiste.org

National Bureau of Statistics (2015). Millennium Development Goals Performance Tracking Survey Report. Abuja: OSSAP-MDGs, the Presidency

National Bureau of Statistics (2014) Quarterly GDP Report. Abuja: NBS

National Bureau of Statistics (2011).“Nigerian Poverty Profile, 2010”.National Bureau of Statistics.

Nigeria Millennium Development Goals End Report(2015). Abuja: Office of the Senior Special Assistant to the President.

Odunyemi, F.T. (2015). Millennium Development Goals in Nigeria, A Reality or a Mirage *IOSR Journal of Nursing and Health Science*. ISSN: 2320–1940 Volume 4, Issue 4 Ver. VII. PP 33-3

OleribeO., &Taylor-Robinson, S.D. (2016).Before Sustainable Development Goals (SDG): why Nigeria failed to achieve the Millennium Development Goals (MDGs). *The Pan African Medical Journal, 24(156)*. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5072827/ on February, 15 2018

Olatunji, R. (2008). *Towards achieving the Millennium Development Goals in Nigeria: What roles for Corporate Social Responsibility.* In E.I. Mojaye, O.O. Oyewo, R.M. 'Bayo and I.A. Sobowale (Eds.), *Globalisation and Development Communication in Africa, Ibadan:* University of Ibadan Press.

Olabode KT, Adeigbe Y, Kayode ZYH, Owonibi E. (2014). Millennium Development Goals (MDGs) in Nigeria: Issues and Problems. *Global Journal of Human-Social Science* Sociology & Culture.14(5)Version 1.0.

Osborn, D., Cutter, A and Ullah, F. (2015), *Universal Sustainable Development Goals: Understanding the Transformational Challenge for Developed Countries.* Report of a Study by Stakeholder Forum. Stakeholder Form.UNDP.

Saith, A. (2006).From Universal values to Millennium Goals: Lost in Transition. *Journal of Development and Change* 37(6).pp:1167-1199

Seers, D. (1969).The Meaning of Development. *International Development Review* 11(4): 3-4

Shetty, S. (2005). Millennium Declaration and Development Goals: Opportunities for Human Rights, *International Journal of Human Rights*, 2 (02). pp: 7-22

Terungwa, P. J & Akwen, G.T., (2014). The Attainment of Sustainable Development in Nigeria: A Good Governance Perspective. *Journal of Sustainable Development in Africa*, 16(3), pp.113-129.

UNDP (2010).Ghana Millennium Development Goals Report, 2010. By National Development Planning Commission (NDPC)/Government of Ghana and the United Nations Development Programme (UNDP) Ghana

UNDP(2015). Human Development Report [Online] Available at: http://hdr.undp.org/sites/default/ /files/2015_human_development_report.pdf

UN (2010). The Millennium Development Goals Works! Retrieved from http://www.un.org/en/mdg/ summit2010/succeeestories.shtml on February 25, 2018

UNDPHDR, (2007). (2007/2008): Nigeria UNGASS Report 2007