

Africa's Social Policy Trajectories since the Colonial Period

Nigeria's Evolution from Model Protectorate to Transformative Socio-Political Economy



Hauwa Imam

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TABLE OF CONTENTS

List of Figures	V
List of Tables	VI
Abstract	VII
Introduction	1
Social Policy in the late Colonial Era 1944-1960	2
Education.....	2
Health Care	4
Employment	5
Social Security	7
Social Policy in the Early Post-Independence Era (1960-1970)	8
Social Policy on Employment.....	12
Social Security	12
Social Policy in the Era of Crises and Adjustments (1970s-1990s)	12
Employment	16
Social Security Policy.....	18
Social Policy in the Post-Adjustment Era (1990s-2018)	19
Social Security	27
The Era of COVID-19 (2019 to 2021)	27
Social Policy on Education	28
Social Policy on Health.....	29
Social Policy on Employment.....	30
Social Security	32
Conclusion	33

List of Figures

Figures	Page
1. Periodisation of study	3
2: Enrolment into primary schools from 1947 to1960	5
3: Pupils/students enrolment 1961-1970	10
4: Infant & Child Mortality Rates in1000 in Nigeria 1964-1970	12
5: Life Expectancy Rates from1961-1970	12
6: Nigeria’s Gross Domestic Product from 1975 to 1979.....	15
7: Enrolment Rates for UPE 1976-1986.....	15
8: Death of Children under 5 years per 1000 live Births from 1971-1984.....	17
9: Gross Domestic Product (GDP) from 1971 to 1993.....	18
10: Unemployment Rate from 1970 to 1993	18
11: Pupil Enrolment for UBE by Gender from 2005-2009.....	21
12: Pupil Enrolment for UBE by Gender from 2010 to 2016.....	22
13: Health spending from 2000 to 2018	23
14: Maternal Mortality per 100,000 Live Births from 2000 to 2017.....	23
15: Infant and Children under 5 years’ Death per 1000 live births:1996-2018	24
16: Economic Growth Rate from 1993 to 2018.....	25
17: Nigeria’s Population Size in Millions.....	26
18: Nigeria’s Unemployment Rates from 2006 to 2018	26
19: Rates of Unemployment for Females and Males	27
20: Milestone of the Effect of Corona Virus on the Nigerian Educational System	29
21: Quarterly Gross Domestic Product from 2020-2021	30

List of Tables

1: Nigerian Labour Statistics in 2020	31
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Abstract

This report examines social policy development in Nigeria (1944-2021) in the areas of education, health, employment, and social security. Among other goals, social policy objectives are to categorise and find ways of reducing discriminations in access to services and support between social groups based on socioeconomic status, background, gender, age and disability as well as countries (Patt, 2023). The study employed a historical and analytical research design. Literature related to the study and policy documents were reviewed and reported, while statistical records were used to gain insight into the state of social policy and to buttress the findings of the historical literature review. The review is structured in five phases. First is the Late Colonial Era (1944-1960), when, overall, social policy was a tool for social authority and control. The second phase is the Early Post-Independence Era (1960-1970), marked by a shaky democratic start, and the attempt to change colonial orientation was the catalyst which led to the incursion of the military into governance. The third phase is the Era of Crises and Adjustments (1970s-1990s). The years 1970 to 1980 marked the time of the zeal for national development. There was an initial dip in the size of foreign earning from oil in 1978, with a significant recovery between 1980 and 1982 before a drop in 1982. The latter precipitated the balance of payment and fiscal crises. Nigeria became dependent on a mono economy before the oil glut of the early 1980s led to the entrenchment of the Structural Adjustment Programme (SAP). In applying orthodox neoliberal responses (stabilisation and liberalisation), the state turned a cyclical crisis into a deep recession, and “maladjusted” the Nigerian economy. The fourth phase was the Post-Adjustment Era (1990s-2018). Education, employment, health and social development policies in the era of crises were transformative and the period was marked by progressive developments in social policy. The Federal Government was concerned with citizens’ welfare and provided services targeted at meeting the basic education, work, security, and family support programmes for poverty reduction and wealth creation, pension reforms, primary health, and improved health care delivery services. The fifth phase is the Covid-19 era (2020-2021), characterised by uncertainty and the realisation that citizens’ well-being is central to national development. There were attempts by various governments at instituting social policy in education, health, employment and social security over the eras in study. However, these appear disjointed and are not integrated for the total well-being of citizens. In addition, the concerns of women were not mainstreamed into the programmes. It is thus recommended that Nigeria should invest in social policies that are gender sensitive and cross-cutting such as education, health, employment, and social security for national development.

Keywords: Social policy development, poverty reduction, Structural Adjustment Programme

Introduction

Traditional societies in pre-colonial Nigeria had social policies that catered for the vulnerable members of the community such as women, children, the aged, mentally ill and disabled members of the communities. Ogundipe & Edewor (cited in Mbah, Ebue & Ugwu, 2017) asserted that the kinship groups met the recreational, religious, legal, and economic needs of their members. In addition, they served as social security agencies, providing informal education support for the unemployed, social planning/development, recreation, as well as shelter and food to new migrants (p.2). These societies had welfarist values that accommodated a social welfare system where responsibilities were allocated to every member of the society and practised.

The value system addressed human needs and was woven into kinship systems and the very fabric of the societies' existence. This was the scenario before the advent of the British who systematically colonised the people in the 19th century after years of trading and missionary activities. Colonialism impacted on the conditions and patterns of political, economic, and social systems of the people in what eventually became the Nigerian state (Duke, 2010). However, according to Imam (2012, p.184) the Second World War ignited the clamour by nationalists' movement for self-government, which gained momentum in 1944.

Since Independence in 1960 Nigeria has undergone a circle of military regimes and four periods of democratic governance. The present democratic dispensation, which commenced on 27 May, 1999, is Nigeria's Fourth Republic. The various governments in Nigeria have instituted various measures geared towards the well-being of the citizenry. This report reviews social policies in Nigeria from 1944 to the present day. The periodisation is presented in the diagram below:



Figure 1: Periodisation of study

Conceptual Framework

Social policies are government's enactments such as laws, programmes and strategies in response to societal problems that affect the well-being of a country's citizens. These policies are created and function in dynamic social, economic, and cultural contexts (Herrick, 2014).

The concept of well-being is a basic metric of social policy that ensures that the needs and preferences of all people are considered by the government, which in turn creates instruments of state to give the policy legal backing and implement. Social policy aims to improve human welfare and to meet human needs in health, education, social security, social connectedness, the standard of living, rewarding work, culture, and identity as well as socio-economic and political freedom.

Thus, it is argued that social policy always shapes the collectivist principle that recognises the interdependence of human beings (Kpessa-Whyte, forthcoming). This is what makes possible the comparison between social policy in one country with another, which has a similar background.

The Problem

What are the social policies that have guided development in the following key sectors of the economy: education, health, employment and social security in Nigeria from the late colonial to the post-independence era?

Social Policy in the late Colonial Era 1944-1960

The end of the Second World War witnessed a growth in nationalism among Nigerian elites and agitations by the labour movement. This gave impetus to constitution legislation in 1946 in Westminster Abbey, which was promulgated in Nigeria – the Richards Constitution. The Richards Constitution divided the country into three regions: North, East, and West, and established Houses of Assembly in the three regions (Akanbi and Jekayinfa, 2021). Deliberative authority was devolved to the three regions of Nigeria as opposed to political unification. The Macpherson Constitution of 1952 transformed Nigeria into a federation of three regions, with a federal territory at Lagos as the national capital. The Lyttleton Constitution of 1954 granted self-government to the Eastern and Western regions in 1957. On 27 October 1958, Nigeria's independence date was set, and the northern region was granted self-government in 1959, and firmly established the union-the Federation of Nigeria (Akanbi and Jekayinfa, 2021). During this period the colonial administration and the regions devised and implemented social policy programmes in education, health, employment, and social security. These are highlighted below.

Education

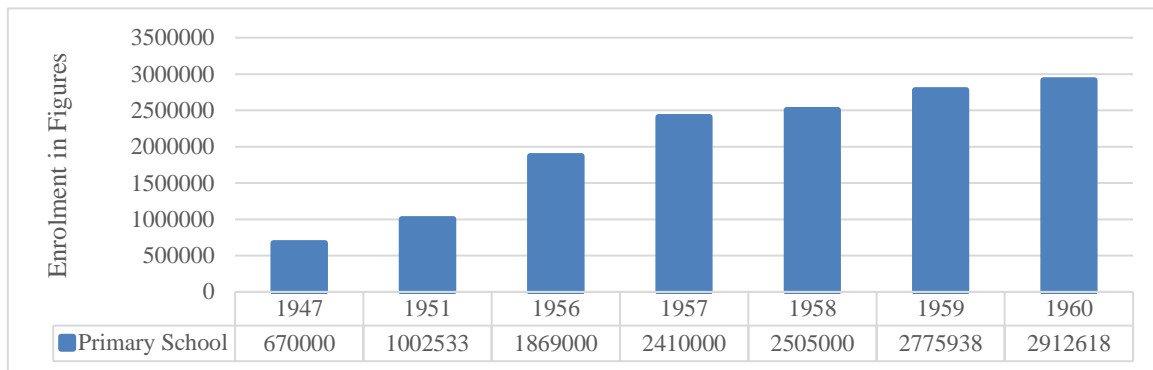
The period 1944 to independence was a period of self-determination and educational expansion in Nigeria (Imam, 2012). It was a time when the role of state and that of missionaries in the governance of education was defined. In 1944 a ten-year plan was made for educational development, which focused on the educational needs of the country. Also, mention was made of girl-child education, but this was not a project that the colonial government pursued. The plan gave local authorities the responsibility of primary education. The reforms brought about by constitution reviews gave legal autonomy for education to the regions (Taiwo, 1981). The ten-year outcome was the promulgation of the Education Law of 1952 to enable each of the three newly created regions to develop its educational policies (Wey-Amaewhule, 2018). Education

acts were promulgated in all the regions; 1955 in the Western Region, the Education Laws of 1956 in the Eastern and Northern Regions and the Lagos Education Ordinance in 1957 (Taiwo, 1981), and these sowed the seeds of government social policy on education.

The Universal Primary Education (UPE) was started in the western region in 1955 and the eastern region of Nigeria followed suit in 1957 respectively (Fafunwa, 2002). All children were targeted irrespective of gender, and so many girls were able to benefit from the free education programme. However, due to cultural norms, which ensured gender discrimination and early marriages, more girls who would have benefited from the UPE were kept away from school or dropped out before the completion of primary school.

The cost of the UPE was underestimated leading to the scheme being inadequately financed. Consequently, a mixed policy involving partnership with the missions and voluntary organisations in which communities built and maintained schools while the regional government provided teachers and teaching-learning resources and was responsible for educational supervision was adopted (Adesina, 2009). In the northern parts education was free in public schools and considerable efforts were made to develop and expand educational facilities. There was some evidence of provisions for girl-child education, but this was not a priority of the government. However, despite government's encouragement of the people in the north to send their children to the schools, there was general apathy towards western education which was viewed with suspicion (Ozigi & Ocho, 1981).

Nevertheless, primary education was not enforced for public good. This is in contrast with the drive for free education in the eastern and western regions. This problem was a fall out of the colonial government's policy restricting the activities of the missionaries in the area, curtailing the spread of Christianity and western education in the Muslim northern protectorate (Fagbumi, 2005). The free enterprise, which characterised missionary work in the southern protectorate, was not permitted in the North, leading to a widened educational gap between the northern and the southern parts of Nigeria (Ogunsola, 1982). Also, while grants in aid were given to missions and voluntary agencies' schools, the Qur'anic schools were excluded because of their peculiar curriculum (Imam, 2003). Thus, the educational gap between northern and southern Nigeria widened significantly in the period between 1944 and 1960. What was significant during this period was that enrolment rate for the Universal Primary Education was 1,889%! Figure 2 shows the statistics of enrolments into primary schools by years.



Source: Taiwo (1981, p.228).

Figure 2: Enrolment into primary schools from 1947 to 1960

The rate of pupils' enrolment into primary schools rose from 670,000 in 1947 to 2,912,618 in 1960 at independence! The social policy on education provided universal access to primary education during the period of study.

Health Care

As of 1944, some modern medical facilities had been provided in urban centres in Nigeria in order to offer health care services to the Europeans. However, these were not readily accessible to the locals who depended on traditional herbalists and healers for their medical needs. Traditional medicine had been entrenched in the peoples' way of life and in existence before the coming of the Europeans to Africa. Also, pregnant women patronised the traditional midwives that abounded in every community. The missionaries too set up hospitals and clinics which were open to church members but on the payment of fees. This was the scenario before the establishment of the Walter-Harkness Ten-Year Plan of 1946-1955. The British colonial government in the plan, proposed a range of health programmes targeted at women such as environmental hygiene, expansion of hospitals to include maternity wards, programmes on child immunisation and dispensary services. In addition, there was an intense campaign for preventive medicine at the grassroots. These led to the establishment of the Federal Ministry of Health to coordinate the health services in the country (Anaemene, 2016).

The 1946 health reform was the first time that health services in the country were all brought under government control and supervision as a health care delivery system. However, the plan did not pay much attention to primary care as curative medicine was accorded more importance. Ityavya (Anaemene, 2016) reports that health care was completely insensitive to the geographical spread of the regions of the country, leading to a preponderance of health services, hospitals, and clinics in southern Nigeria as against in the northern region. In addition, the new hospitals, clinics, and dispensaries served the needs of Europeans, political elites, and government employees in cities, thus ensuring a healthy labour force, but that this was not in tandem with social policy concerns with the level and distribution of well-being.

The first ever attempt at social policy targeted at the well-being of the people was by the western region government which gave priority to health and education in its budget in 1952 (Fafunwa, 2002). This paved the way for the establishment of government public hospitals and health centres in rural areas. The 1955-1960 Plan which was revised in 1958 and extended to 1962, brought the previous Plan to a premature end and each of the regional governments as well as the federal government, in 1955, launched new Plans (Anaemene, 2016).

It is pertinent to observe that from 1944 up to independence in 1960 the health care system was developed by regional and national governments. However, Anaemene (2016) observed that the government hospitals did not provide primary health care for the grassroots communities.

Employment

The colonial government organised and restructured the production system in Nigeria to meet the requirements of Britain's economic development and created the wage labour force through its socio-economic policies. For instance, Nigeria was fully incorporated into the world market system as a supplier of raw materials during the colonial era. To achieve this, traditional subsistence farmers became producers of cash crops for export through colonial channels, with an almost total neglect of the establishment of manufacturing industries. In fact, it was only after the Second World War that factory-scale industrialisation began gathering momentum (Zasma, 1980).

As part of the policy to encourage a monetary economy, the government introduced direct taxation and created a system of employment of natives into the civil service and paid them wages. This prompted migration of people, mostly men from the rural to the urban areas, to find work to pay their tax. (Zasma, 1980). However, there were inequalities between the salaries paid to expatriate officers and to Nigerian workers. More often than not, it was the women who were left behind in the villages to cater for the children and take on non-formal labour to make ends meet.

The movement of people from the rural areas to the urban centres created a wave of unemployment. In addition, some soldiers who fought in the World War II and were demobilised could not find jobs. Furthermore, traditional subsistence farmers became producers of cash crops for export through colonial channels, which determined and ensured that commodity costs were kept low. In addition, the British used forced labour through the assistance of traditional rulers who were by Native Law and Customs allowed to conscript their subjects to work for them. The colonial officers would then request that the traditional rulers supply them with workers (Zasma, 1980).

In 1945, the Great Railway Strike, which lasted for 45 days, saw workers from all over the colony irrespective of region, down tools and come together as a pressure group to demand for increased

salaries and better working conditions (Metz, 1991). The colonial government accepted the demands, and this led to various labour ordinances highlighted in the next section.

Beginning in 1949, Nigerian's emergent labour, commercial, and professional elites were consulted by the British as part of a constitutional review, and the peoples of Nigeria engaged in the ongoing debate over the pressure of decolonisation, independence, and modernisation. Thus, between 1951 and 1960, the major political parties played leading roles in unifying and locally mobilising the economic elite.

All through this period, the school system was geared towards producing the desired manpower for the colonial civil service, and the recipients of western education were not able to adapt to their own societies (Imam, 2012). The drive for education relevance, as driven by nationalists was a people-centred approach to development, commitment to ending colonial occupation, and bringing about development (Adesina, 2009). Consequently, in 1959, the Ashby Commission report identified the future high-level manpower needs of the country for 20 years and prescribed education as the tool for achieving national economic expansion and the social emancipation of the individual (Aliu, 1997). Also, the 1955 – 1962 Plan laid great emphasis on training at all levels from specialists to laboratory assistants. This resulted in the establishment of new 53 training institutions, which produced trained staff for the hospitals, dispensaries, and rural health services (Federation of Nigeria, 1962).

More opportunities for employment were created when oil was discovered in 1956, at Oloibiri in the Niger Delta. However, exportation activities did not commence until 1958 at facilities constructed at Port Harcourt (Metz, 1991)

The institution of a monetary economy and imposition of tax on all adult males ended trade by barter as practised by the peoples of Nigeria. To meet the needs of the people for employment, the colonial government created jobs. However, the remuneration and conditions of service were poor for the unskilled migrant wage labour force due to the nature of the socio-economic policies of the colonial government.

Also, traditional subsistence farmers became producers of cash crops for export through colonial channels. These suppliers and wage earners who paid tax, were the backbone of the colonial economy. British economic policies created some level of unemployment among the local people. Oil exploration began during this time with the prospects of economic boom and job creation. In addition, the colonial government used the schools to produce manpower for the civil service. Their intention was not to provide universal primary education and grow Nigeria's labour force; it was the nationalists' drive for independence national development that made the colonial government institute a manpower planning approach to Nigeria's development just before independence.

Social Security

The emergence of wage-employment that led to a shift from rural to urban living weakened the traditional framework of protection provided by the extended family and family units, thus creating numerous risks which threatened the livelihood of workers such as unemployment, death, permanent or partial incapacity due to industrial accidents etc., and which the extended family system was ill equipped to cope with (Nwabueze, 1975). This kind of environment heightened the need for social security legislation to secure individuals against loss of earnings/income.

Nwabueze (1975) reports that the earliest social welfare legislation in Nigeria that ensured a measure of social security for workers was the Workmen's Compensation Ordinance, which came into force in 1942. That the Ordinance was thereafter subjected to a series of modifications and amendments in varying degrees in different workmen's compensation laws, which superseded that of 1942, such as the Workmen's Compensation Ordinance 9 of 1944, 17 of 1949, 23 of 1950, 14 of 1956, 25 of 1957 and that of 1958. The importance of the Workmen's Compensation Acts was that these were the earliest social security measures, which established the principle of employer responsibility to workers and their dependents.

The Pension Scheme which came into operation in 1951 guaranteed that employees holding pensionable office be paid pensions on their retirement. Gratuities were awarded to dependants where an employee dies in service and to an employee who retires or resigns before completion of the qualifying period for pension (Nwabueze, 1975).

In addition to the Workmen's Compensation Acts and Pension Schemes, there are other social security measures provided under the Labour Code Act of 1945 that made provision for sickness benefits and maternity leave with pay. Under the Act a woman worker was granted leave from work in the six weeks leading to her confinement on tendering an authentic medical certificate, which states the date of her confinement (Nwabueze, 1975).

However, for the period of maternity leave a woman was entitled to be paid 25 per cent of wages and should not be dismissed from work on account of her absence. However, the employer was absolved from making any contribution towards the cost of medical expenses incurred by a woman in connection with her pregnancy or confinement!

Nwabueze describes the Labour Code Ordinance as inadequate because it falls short of the internationally agreed standards set by the Maternity Protection Convention (Revised, 1952; Convention 103), which affirmed that a woman, on maternity leave, was entitled to medical benefits. These include right to pre-natal confinement and to receive post-natal care given by qualified medical practitioners, cash benefits sufficient for her baby and for personal maintenance.

Three issues were pertinent about the colonial pension policy during the period (Kpessa and Béland, 2013). First, it catered for the needs of only public sector workers; (ii) the British colonial administration did not address the issue of disruption of the traditional social support system that rendered majority of people without an old age income and social protection due to the urbanisation and modernisation brought about by colonialism; and (iii) former British colonies like Ghana and Nigeria continued the non-contributory benefit plans for civil servants from the colonial administration (Kpessa and Béland, 2013). However, despite its short-comings this was the first time that generous provisions were made for pregnant women working in establishments in Nigeria.

Worthy of note is that overall, colonial policies on education, health, employment, and social security were not based on the provision of social service but were tools of social authority and control.

Social Policy in the Early Post-Independence Era (1960-1970)

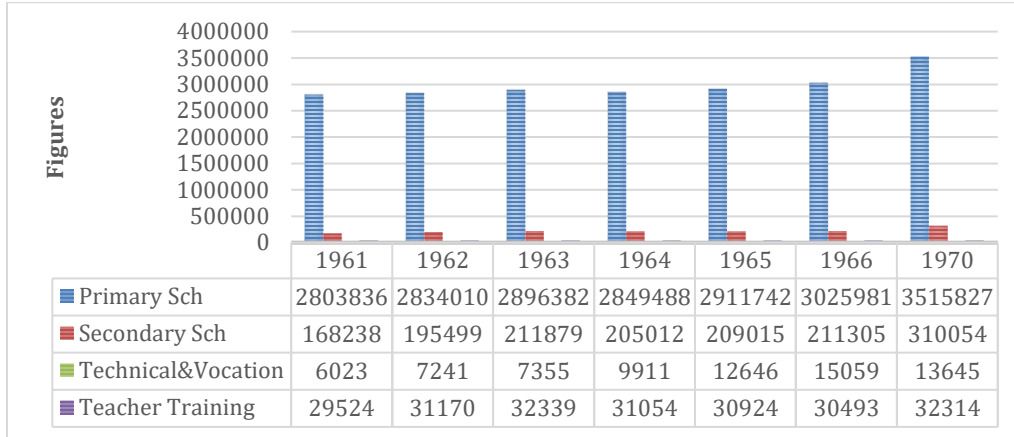
On October 1, 1960, Nigeria attained independence from Britain and became a republic in 1963. The regions of Nigeria were increased to four with the carving out of the mid-west from the western region. At independence, Nigeria just like other Sub-Saharan African countries, commenced large scale social provisioning in education, health, employment, and social security in an effort to fast-track national and economic development (Kpessa and Béland, 2013). This trend was continued up to 1970, starting in 1966 when the civilian government was overthrown in a military coup. A counter-coup followed, then a civil war, and the regions were broken up into twelve states ruled by the military administrators.

Education

Universal access to primary education was a distinct objective of the national and local governments in Nigeria at independence, because education was viewed as an instrument for national cohesion and reducing inequalities resulting from the colonial legacy. Consequently, in those early post-colonial years, the expansive provisions for education coincided with rapid expansion in the economy (Adesina, 2009). The report of the Ashby Commission submitted in September 1960 tagged Investment in Education, recommended that Nigeria should finance education not only based on what it can afford but also from external sources. The intention was to gear the primary school system towards universal free primary education as soon as possible, not based on budget but on the needs of the country. In addition, suggestion was made to increase access to secondary education in order to create a balanced education (Taiwo, 1980).

An education law was passed in 1962 by the federal government to establish partnership between the government and voluntary agencies in an attempt to develop a public system of primary education in which government would have the leading responsibility (Fafunwa, 2002). While this was free in the northern, western and mid-western regions, the eastern region evolved a half and half fee-paying primary education system (Fafunwa, 2002). Due to the high cost of providing

public education, there was the problem of quality because of the automatic pass system, dearth of teachers, poor quality teachers, and wastages incurred by pupils' dropout. Figure 3 below shows the number of pupils/students enrolled during the period.



Source: Taiwo (1981, p.228).

Figure 3: Pupils/students enrolment 1961-1970

The number of teacher trainees during the period was grossly inadequate considering the massive pupil enrolment. In the northern region, educational development was more streamlined and based on teacher availability, with the aim to provide universal primary education as soon as was practicable (Taiwo, 1981). Primary enrolments increased and growth was recorded in secondary and tertiary education. Edevbaro (1996, p.10) attributed this development to three reasons:

- (i) A lot of structural limitations to wider participation in the society were omitted.
- (ii) National objectives were to replace the previous colonial objectives for nation-building.
- (iii) At independence, there were national consensus and strong political pressures for a state-sponsored educational system as soon as possible.

The Universal Free Primary Education (UPE) sought to provide children between ages six to twelve years in Nigeria with free primary education. This was to increase the literacy level of citizens (Imam, 2012). But it failed to eradicate illiteracy as result of poor planning and underestimation of required educational resources. This notwithstanding, it is worthy of note that in the early years of independence, the extensive provisions for education went hand-in-hand with economic development (Adesina, 2009). It is also notable that the Federal Republic of Nigeria did not have a national policy on education. The free education programmes were solely for increasing national literacy levels and producing manpower.

As Imam (2012) reported, Quranic education thrived in the predominantly Muslim areas in the north due to initial colonial policy, which kept the missionaries out of the Muslim areas and the absence of consultation between the government and communities on the kind of education that

addressed their needs. Consequently, the north and south had different paces of educational development. While western and mid-west regions pursued universal primary education leading to massive children enrolment, the eastern region curtailed its universal education through the introduction of fees, while the north grappled with large number of out of school aged children even though primary education was free.

Political change consolidated government's role in the provision of western education. Education was considered a tool for national development and the desire for an education that meets the aspirations of Nigerians culminated in the 1969 Curriculum Review Conference. Even though government paid lip service to girl-child education, there was no law to enforce it. The federal government nationalised all mission schools and harmonised the educational system in 1970. At the time there was no national policy on education.

Imam (2012) illustrated how colonial legacies have given rise to many problems bedevilling nation building since independence and how these were responsible for the weak democratic foundation which gave rise to the military coups of 1966. Furthermore, Nigeria inherited a colonial educational policy at independence, which did not address the hopes and aspirations of citizens. The curriculum and methods were obsolete. These culminated in the review of the educational system and identifying new educational goals for Nigeria during the National Curriculum Conference in 1969 (Nigerian Educational Research Council, 1972). The report of the conference titled "A Philosophy of Nigerian Education" contained the proceedings and covered three tiers of education. In particular, there was emphasis on science & technology and girl-child education. Imam (2012) was emphatic that the change in educational system was to promote national consciousness and self-reliance through the education process.

In the first 20 years following independence in Nigeria, the following are significant about the social policy in terms of education:

- a) Participation of government in education provision.
- b) Consolidation of government's regulation of education to provide standards.
- c) Huge government investment in education to eradicate illiteracy.
- d) Tremendous expansion of education that provided more children with free access to education.

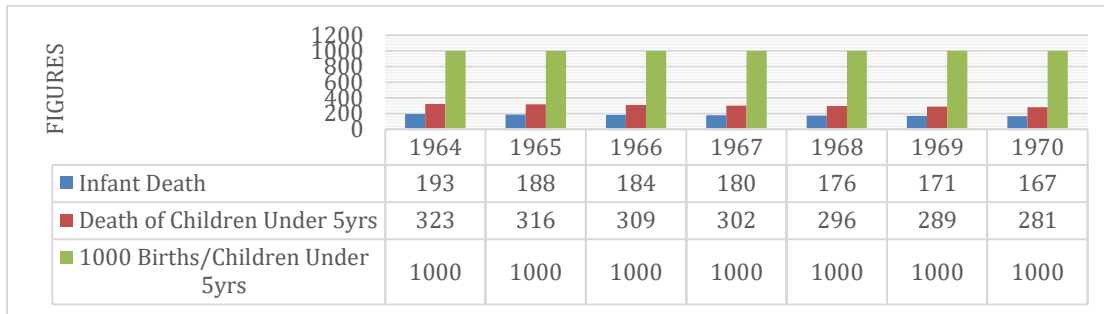
However, inadequate teacher preparation, dearth of teachers resulting in large class size and automatic promotion impacted on education quality (Imam, 2012).

Health Care

The development of the health care delivery system in Nigeria during the period of the first republic was influenced by the placement of health on the concurrent list in the constitution,

resulting in a plural health care delivery system (Ogaji & Brisibe, 2015). Also, health sector improvements were proposed in the context of national development plans as government decision on specific health issues. For instance, the first National Development Plan, 1962-1968 created the basis for the building of hospitals in major cities, and dispensaries and maternity homes in few rural towns and villages (Anaemene, 2016).

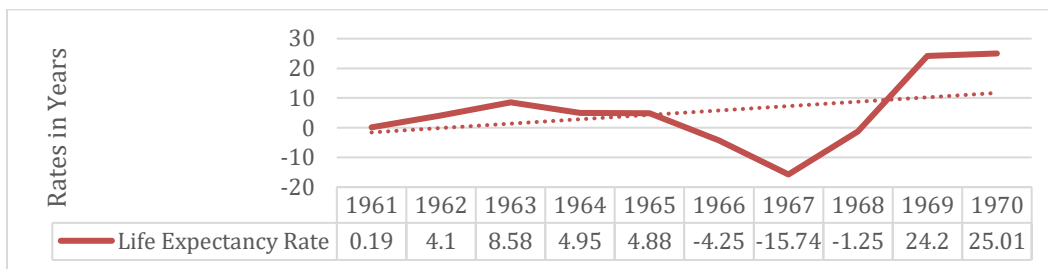
Figure 4 below shows the impact of health care delivery on infant/child mortality in every 1000 children born in Nigeria during the period.



Source: National Bureau for Statistics, Abuja, Nigeria

Figure 4: Infant & Child Mortality Rates in 1000 in Nigeria 1964-1970

Figure 4 shows that infant death declined from 193 in 1964 to 167 in 1970. Similarly, death of children under five years old declined from 323 in 1964 to 281 in 1970. Death rate for children under five years old was about 30 per cent, an indication of high mortality rates in Nigeria due to inadequate health care and lack of an effective immunisation programme during the period. Figure 5 shows life expectancy rates in Nigeria from 1961-1970.



Source: National Bureau for Statistics, Abuja

Figure 5: Life Expectancy Rates from 1961-1970

Figure 5 indicates that there were fluctuations in the life expectancy rates during the period. The life expectancy rate rose 0.19 in 1961 to 8.58 in 1963 and thereafter dipped to 15.74 years in 1967 at the outbreak of the Nigerian civil war. The life expectancy rates rose to 25.01 in 1970 when the war ended.

The groundwork for the building of hospitals in major cities, dispensaries and maternity homes in a few rural towns and villages was made during this era. However, the civil war affected the

development of the Nigerian health system under the first national development plan (Aregbeshola, 2021). The health care delivery was a social policy bereft of long-term sustainable development plans and was based on the political expediencies at the time.

Social Policy on Employment

The Ashby Commission report of 1960 anticipated the manpower needs of the country post-independence. Its three main objectives were to (i) upgrade Nigerians who were already in employment who needed additional qualifications, (ii) to design a system of post-secondary education that would produce by 1970, high calibre manpower; (iii) to design an educational system that would produce desired manpower up to 1980 without a need to redesign the plan (Taiwo, 1981). The recommendations led to the establishment of five full-fledged universities during the period, which would produce the desired high calibre manpower needed by Nigeria. By 1966, six years after the commission's report, the five universities recorded a total enrolment of 8,800 (Fafunwa, 2002). In 1970 the universities were increased to six. The social policy on employment was targeted at high-level manpower production to service the economy. The reason was that the British left a vacuum. Most of the top civil service jobs were taken by southerners. The northern region began a northernisation programme to place indigenes in positions. Employment inequalities continued to thrive by position and location. In 1964 there was the UPE of the regional governments which ensured that a surplus of unskilled manpower was produced who were unable to readily find jobs.

During this period, there was focus on the creation of blue- and white-collar jobs. The educational system trained manpower for the country. However, this policy was narrow in scope and did not meet the hopes and aspirations of Nigeria (Imam, 2012). The economy was dependent on agriculture and export of raw materials to service British industries.

Social Security

Previously, the various ordinances and pension schemes focused on providing social security to workers in the formal sector who were employed in the civil service. The objectives were centred on paying a lump sum to retirees, as well as a pension. However, in 1961, the National Provident Fund (NPF) was established by an Act of Parliament. The NPF provided income loss protection for employees as required by the International Labour Organisation (ILO) Social Security (Minimum Standards) Convention 102 of 1952 (Mustapha and Uyot, 2012). This was a contributory pension scheme, which covered employees in the private sector. Two kinds of employees were identified in the private formal sector; the expatriates, and the indigenous employees. Workers in the informal sector were excluded.

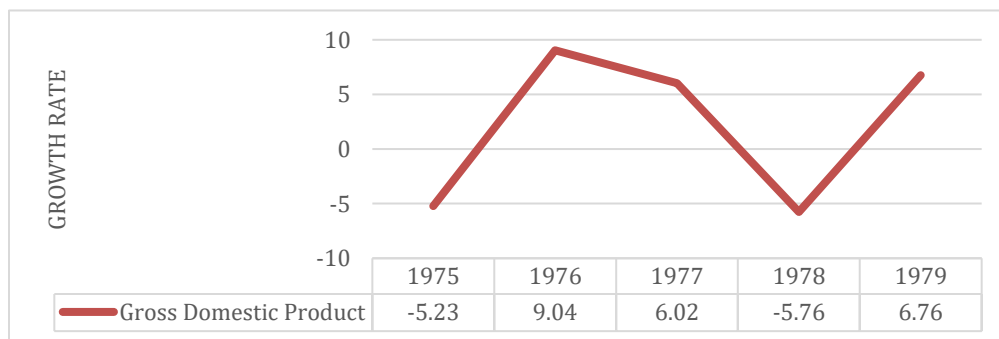
Social Policy in the Era of Crises and Adjustments (1970s-1990s)

Having emerged from the civil war in 1970, Nigeria rolled out the Second National Plan (1970-74). The Plan's span coincided with the period that Nigeria enjoyed an oil boom from high

earnings made from the sale of crude oil. The major objectives of the plan were to attain “the building of a united, strong, and self-reliant nation; a great and dynamic economy; a just and egalitarian society; a land of bright and full opportunities for all citizens; and a free and democratic society” (Ikeanyibe, 2013). Also, the third development plan (1975-80) affirmed the objectives of the previous development plan as well as proposed expansion of agriculture and social development schemes in education, health, job creation, social security, and welfare, among other things. These have direct bearing on the living conditions of the rural and urban slum population. A new constitution (Federal Republic of Nigeria, 1979) ushered in Nigeria’s second attempt at democratic governance. The Fourth National Development Plan (1981-1985) consolidated previous plans but was more ambitious in terms of size of the anticipated investment programmes committed to petroleum resources. The plan, which was initiated during the second republic, was jettison after another military takeover in 1983. The plan was aimed at bringing about improvement in the living conditions of the people and reducing the level of unemployment and underemployment. However, it ended up being characterised by huge debt servicing of foreign loans obtained in the previous years, as well as increased import bills amidst a drastic fall in crude oil export revenue. (Obinna, 2020). The Constitution of the Third Republic enacted in 1989 (Federal Republic of Nigeria, 1989) to usher in democratic governance by 1993 was aborted leading to crises that saw the military government’s hurried exit from power and the installation of an interim government and another military takeover by November of that year. This section examines social policies from 1971 to the early 1990s in the areas of education, health, employment, and social security.

Education

The government’s role was affirmed by the takeover of all mission schools in 1970. The foundation for integration was laid through the building of -unity schools. Education was accepted as a sine-qua-non for national development. There was expansion of access at all levels. Education became a huge government enterprise due to a buoyant economy. It was under these circumstances that the Universal Primary Education (UPE) was again launched in 1976. In 1977, the first education policy was enacted, and it gave legal backing to UPE. Figure 6 indicates that at the take-off of the UPE in 1976 the economy was buoyant.



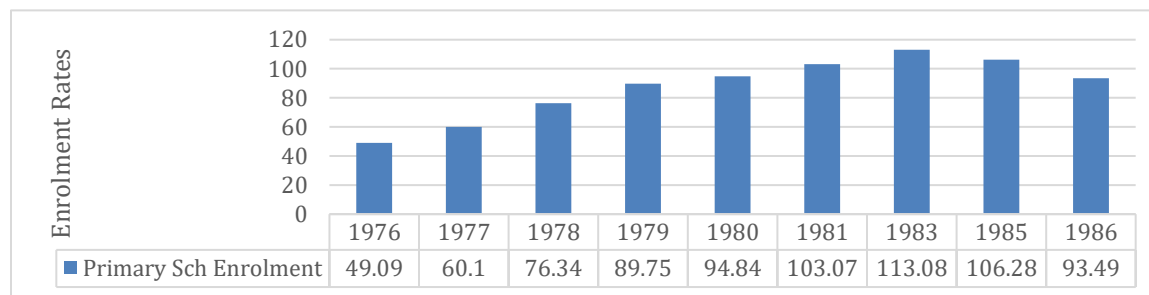
Source: National Bureau for Statistics, Abuja

Figure 6: Nigeria's Gross Domestic Product from 1975 to 1979

Figure 6 indicates that the annual growth rate of GDP was a whopping 9.04 percent in 1976, 6.02 in 1977 and 6.76 in 1979. However, the GDP for 1975 and 1978 were in the negative in terms of growth rate.

The 1979 Constitution placed education on the concurrent legislative list, and responsibility was shared among the three tiers of government: federal, state and local governments with the federal government having the most control.

The education policy was revised in 1981 and with a caveat to make UPE compulsory as soon as was possible. However, the crises of the early 80s when the SAP was introduced put on hold the Universal Free Primary Education. The enrolment rate for UPE rose from 49.09 to over 100 between 1981 and 1985 and declined to 93.49 in 1986. Figure 7 below illustrates the trend in enrolment rates from 1976 to 1986.



Source: National Bureau for Statistics, Abuja

Figure 7: Enrolment Rates for UPE 1976-1986

Figure 7 shows an increase in enrolment between 1976 and 1983 before a decline. The decline in enrolment was due to the recession of the early 1980s. This led to the federal government jettisoning the UPE because of the financial implications for other competing social services and the ordering of national interests (Okeke, 1986). Thus, many children, particularly girls dropped out of school and enrolment declined in some states.

The National Primary Education Commission established by Decree 31 of 1988 prescribes the minimum standards for primary education in Nigeria and ensures equal and adequate access to primary education in every part of the country. To enable the commission fulfil its mission, the federal government established the National Primary Education Fund and financed it directly from the federation account. Also, it delegated some aspects of the financing of education to the states and local government authorities. There was a deliberate government effort to increase coverage of education to ensure equity for women and disadvantaged groups and states. The 1989 Constitution, Article 19, stated that government shall direct its policy towards ensuring that there

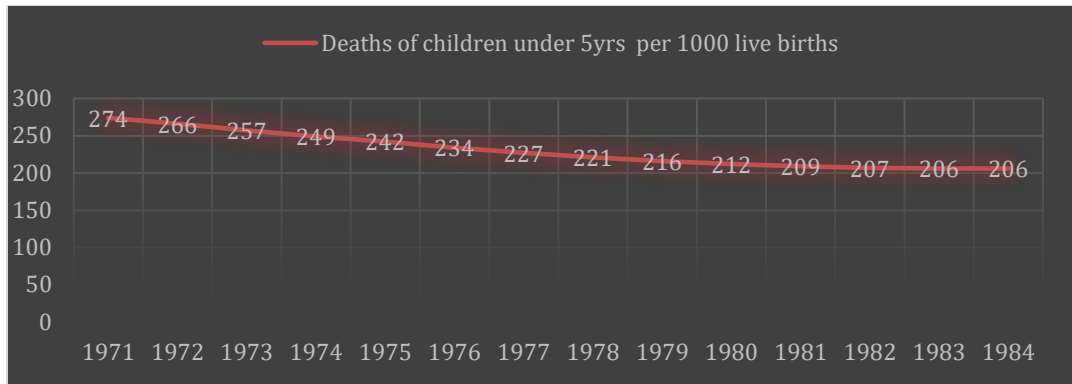
are adequate educational opportunities at all levels (Federal Republic of Nigeria, 1989). The commission was however abolished in January 1991 and the responsibility for primary education was transferred to the local government following the National Council on Education's decision. The local governments' revenue allocation was raised to 20 percent but fell short of what was required to effectively manage primary education. This led to crisis in the sector. (UBEC, 2018).

Health

The development plans (1970 to 1985) gave the greatest impetus to the development of a health system for Nigeria and led to the development of massive health infrastructure and an auxiliary manpower scheme — the Basic Health Service Scheme (BHSS) 3 years before the Alma Ata declaration on Primary Health Care (Ogaji & Brisibe, 2015). The BHSS was embedded in the third National Development Plan with Primary Health Care (PHC) as the cornerstone. However, the non-involvement of the communities who were the beneficiaries of the services led to inability to sustain it at the close of the third National Development Plan (Aigbiremolen, Alenoghena, Eboreime, & Abejegah, 2014).

The introduction of SAP led to reduction on health spending as a proportion of federal government expenditure from an average of 3.5% in the early 1970s to less than 2% in the 1980s and early 90s (Anaemene, 2020). This problem led to the near collapse of public hospital services and a drop in quality of care in public health institutions. As Anaemene observes, the development of private provisions during this period created a two-tier system where patients, who could pay more, could get better services at special clinics and hospitals. Thus, lower tier patients who lacked the financial resources and were dependent on national health services could not afford the charges. Furthermore, private practice affected the nation's health status because the practitioners did not take the needed preventive and community health measures.

The second attempt occurred between 1986 and 1992, a period characterised by the development of model primary health care, which was expanded to all local governments and achieved over 80% coverage for child immunisation. Specifically, women concerns were targeted by all health policies during the period; the wellbeing of pregnant women, nursing mothers and children were the focus. In 1992, the National Primary Health Care Development Agency was established and was Nigeria's third attempt to make basic healthcare accessible to the grassroots. Figure 8 reveals the number of deaths of children under five years per 100 live births from 1971 to 1980.



Source: National Bureau for Statistics, Abuja

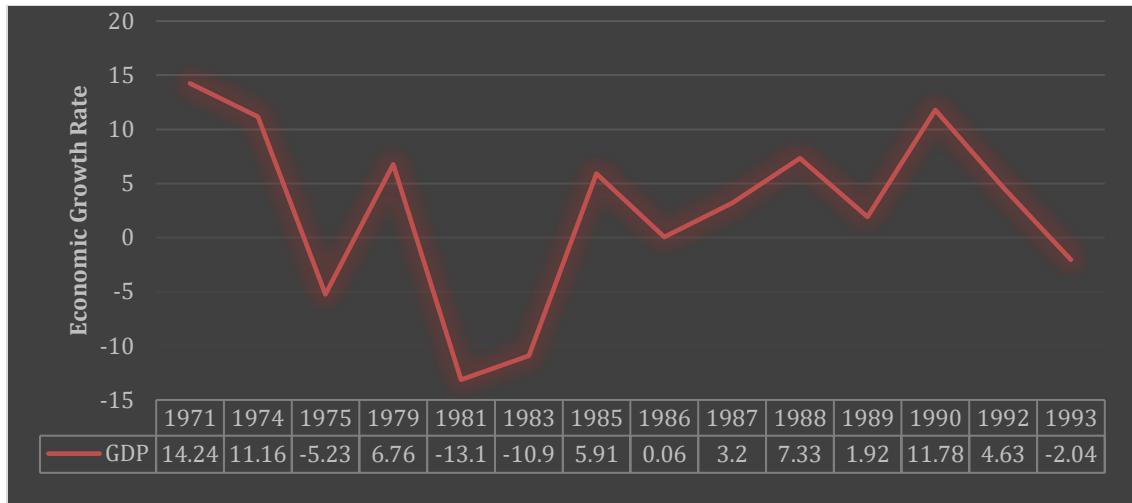
Figure 8: Death of Children under 5 years per 1000 live Births from 1971-1984

Figure 8 shows that death rates of under five-year-olds per 1000 live births declined steadily from 274 deaths to 206 in 1984. This can be attributed to child immunisation programmes, which gained some measure of acceptance during the period.

Anaemene (2016) reported a decline in health spending as a proportion of federal government expenditure due to introduction of the Structural Adjustment Programme (SAP), leading to a near system collapse. The physical structures ran down, there were drug shortages, and many highly skilled medical specialists left the system and public health institutions suffered a drop in quality. Consequently, the government introduced cost mechanisms at all levels of healthcare delivery, while the period witnessed the growth of private healthcare in Nigeria. This development created a two-tier system where patients who could afford to pay more, got access to better services, whereas poor patients were faced with a deteriorating healthcare situation. In addition, the private practitioners did not undertake the needed preventive and community health measures.

Employment

Among others, the broad objectives of government in the development plans during this period was reduction in unemployment. Encouraged by the revenue from oil, the government invested in large-scale, capital intensive and strategic industries and created jobs. The nationalising of multinational companies and company mergers created jobs. Figure 9 shows the Gross Domestic Product (GDP) from 1971 to 1983.



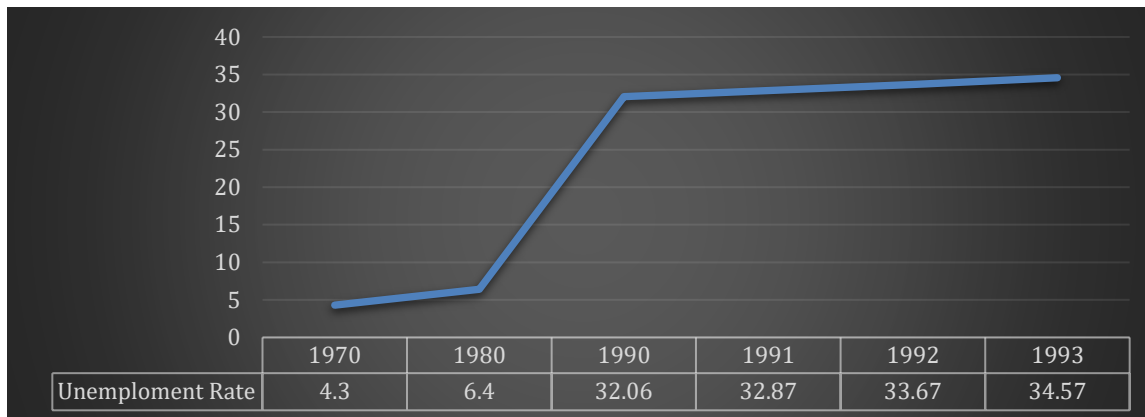
Source: National Bureau for Statistics, Abuja

Figure 9: Gross Domestic Product (GDP) from 1971 to 1993

Figure 9 reveals that there was a significant drop in GDP from 14.24 in 1971 to -5.23 in 1975 when there was a change of military government. In 1979, when a democratically elected government came into power, the GDP rose to 6.79 percent. However, the GDP plunged to -13.1 in 1981, leading to a debt crisis and recession of the early 80s. This indicates that in the early 80s, there was a decline in Nigeria's external reserves and a widened gap between the country's expenditure and earnings, which plunged Nigeria into debt and economic crises followed. After the military coup of 1984 and counter coup in 1985, the military government introduced the Structural Adjustment Programme (SAP) in 1986 as an IMF conditionality (Federal Republic of Nigeria, 1986). Lamidi & Igbokwe (2021) asserted that SAP aimed at salvaging the economy but triggered retrenchments and job cuts!

A Central Bank of Nigeria (2003) report (cited by Njoku and Ihugba, 2011) indicated that “the national unemployment rate fluctuated around 6.0% until 1987 when it rose to 7.0 percent” (p.25). Furthermore, measures that included restriction on exports affected the industries because of the over dependence on imported raw materials, and many industries had to close down. The Structural Adjustment Programme (SAP) of 1986 did not yield significant results. Specifically, Oduola, (2001) (cited in Njoku and Ihugba, 2011) stated that “the total disengagement from the Federal Civil Service rose from 2,724 in 1980 to 6,294 in 1984, while the national unemployment rate fluctuated around 6.0% until 1987 when it rose to 7.0 percent” (p.25). To mitigate the effects of economic recession and other macroeconomic policies that resulted in massive job cuts and retrenchment in the sectors of the economy, the National Directorate of Employment (NDE) was established by military decree in 1986. The NDE Act, CAP 250 (Federal Republic of Nigeria, 1999) was enacted during the fourth republic, giving the NDE legal backing as an employment agency charged with the design and implementation of programmes that address unemployment.

Figure 10 shows the unemployment rate from 1970 to 1993.



Source: Central Bank of Nigeria, 2003

Figure 10: Unemployment Rate from 1970 to 1993¹

Figure 10 shows that unemployment rates rose from 4.3 in 1970 and ten years later in 1980 to 6.4. However, the unemployment rate skyrocketed to 32.06 in 1990 for the first time in 20 years. Between 1990 and 1993 unemployment rate was over 30 per cent. The increase in unemployment rates in Nigeria during the 90s due to economic downturn.

Social Security Policy

Bassey, Etim, Asinya (2010) report that the Pension Decree 102 of 1979 took effect from 1st April 1974. The decree repealed all previous pension laws and consolidated enactments and incorporated pensions of all public officers, as recommended by the Udoji Public Services Review Commission Report 1974. The scheme spelt out conditions for payment of entitlements, withdrawal from the scheme as well as forfeiture of pension right, disability benefits and established state operated pension schemes similar to what obtains at the federal level. It also gave the local governments the power to establish pension schemes for their staff, under the Local Government Pension Board, among others. Though this was laudable, the decree lacked apparatus for monitoring of the payment processes and procedures, hence it failed to achieve its objectives.

There were inequalities in access to social security as the informal sector was neglected. In 1993, the National Provident Fund (NPF) was converted to a limited social insurance scheme, administered by the Nigeria Social Insurance Trust Fund (NSITF). A defined benefit of the scheme in the NSITF covers employees in the private sector working for organisations with a workforce of not less than 5 employees. This was achieved through an agreement of government, organised labour, and employers in response to the requirement of international labour Organization (ILO) Convention of 1952, which mandated member countries to establish a social

¹ Complete data was unavailable for the period.

security program for its members. The scheme approved all private employers of five or more employees to remit 10% of their monthly emolument in the ratio of 3.5% by the employee and 6.5% contribution by employers. The initial monthly contribution prior to 2001 was 7.5% in the ratio of 2.5% employee and 5% employer (Bassey, Etim, & Asinya, 2010).

The public viewed the scheme as an off-shoot of the National Provident Fund, which had a reputation problem and it suffered from underfunding because the employers were unable to contribute their quota and did not remit staff deductions to NSITF. Bassey, Etim & Asinya (2010) attribute the problem to the absence of an apex regulating agency to monitor the deductions and administration of the fund. The retired elderly citizens were the most affected by the pension problem due to breakdown of traditional extended family kinship.

The United Nations Decade for Women (1975-1985) influenced the formation of the African Charter on Human and People's Rights (ACHPR) in 1981 in Nairobi, which recognised the role of gender equality in national development. The charter drew attention to women's issues as producers of goods and services, and as reproducers and the need for their increased access to resources to improve their activities and status (Udegbe, 1995).

The Better Life for Rural Women Programme (BLP) launched in 1987 by the wife of the president, Mrs Maryam Babangida was geared towards improving the plight of the rural woman and responded to the need of the rural woman for self-help, self-improvement, and self-empowerment opportunities that increase her efficiency. The programme which took off with 450 cooperatives in 1987, grew to 3000 by 1990 (Lucas, 2000). A number of women were empowered through cottage industries and food processing ventures.

Social Policy in the Post-Adjustment Era (1990s-2018)

The period 1993 to 2018 is the post-adjustment era. The military takeover of government that occurred in 1993 after the interim government of Nigeria failed, impacted on the gains made in social policy from 1971 to the early 1990s. After SAP, Nigeria resorted to the use of *ad hoc* (short-term) instruments for economic management — the era of Rolling Plans (1990-1999) (Obinna, 2020). During this period the country suffered further recessions as botched elections led to civil disturbances over Nigeria's return to democratic rule and better conditions of service and citizens' well-being. It was in a bid to have a long-term national vision on which development could be anchored, that a bold attempt was made in 1996 to articulate a national vision document, the Nigeria Vision 2010. This development effort had the vision of economic, political and social transformation of Nigeria by 2010 into "Africa's leading economy" (Ugwu, 2009). The vision was to be achieved using multi-tier medium term plans that are anchored on a fifteen-year perspective plan (Godbless, Ikechukwu, & Emeto, 2019). In 1999, a new constitution ended military rule and ushered in the Fourth Republic on 29 May 1999 (Federal Republic of Nigeria, 1999). From 1999 to 2018 Nigeria has been under democratic rule. This period has been marked

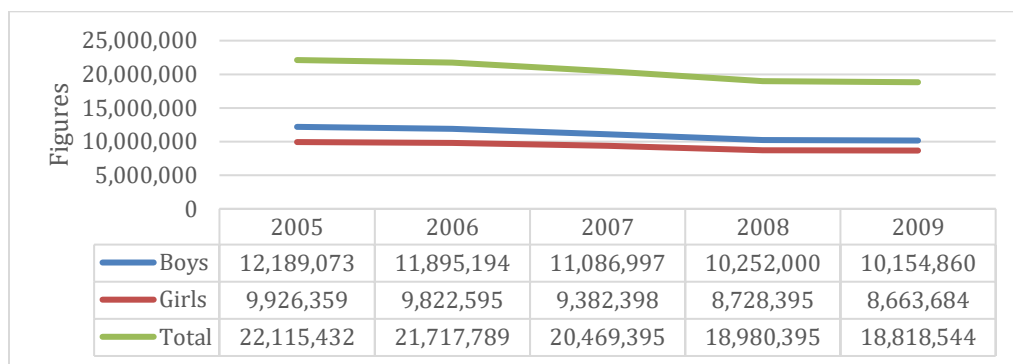
with developments in social policy in Nigeria. These developments are examined below in the areas of education, health, employment, and social security.

Education

The revised National Policy on Education (Federal Republic of Nigeria, 1998) prescribed a nine-year Universal Basic Education (UBE) programme for all children aged six to fourteen years, given in the form of six years primary education and three years junior secondary schooling. A new Constitution ushered in the Fourth Republic (Federal Republic of Nigeria, 1999). The 1999 Constitution made social policy provisions for equal educational opportunities for all citizens at all levels of the educational system and for eradication of illiteracy. Thereafter, Act 2004 was promulgated to give legal backing to the UBE programme. Again in 2004, the national policy on education was revised to provide education to all children in their own settings irrespective of their peculiar circumstances e.g., Nomadic education for children of migrant fishermen and Fulbe nomads as well as an integrated Quranic school system to address the problem of itinerant pupils (Imam, 2012).

The following year, 2005, President Olusegun Obasanjo launched a school feeding programme to give one hot meal a day to school children; this was aimed at supporting children, particularly girls from poor homes, improving their nutrition and encouraging school enrolment. The programme was piloted in 12 states across Nigeria, as a component of social protection.

Figure 11 shows enrolment for UBE by gender from 2005 to 2009



Source: National Bureau for Statistics, Abuja

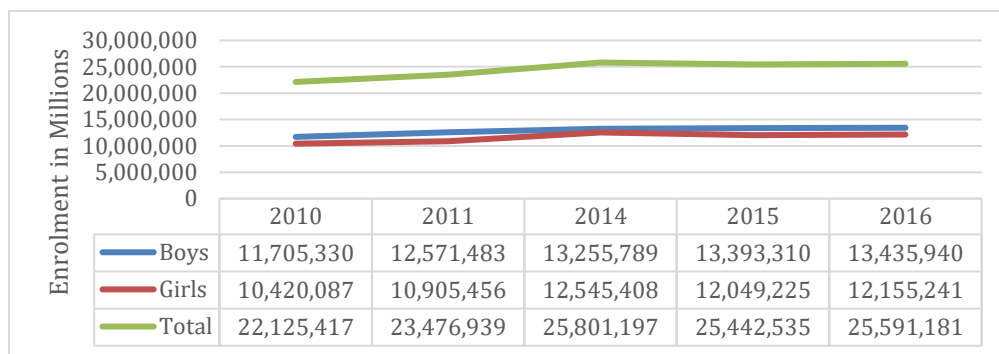
Figure 11: Pupil Enrolment for UBE by Gender from 2005-2009

Figure 11 reveals that enrolments have declined from 22,115,432 in 2005 to 18,818,544 in 2009 for both boys and girls. The trend shows surprising, narrowed gender gap in the enrolment of boys and girls. Also, the decline is connected to the insurgency bedevilling the northeast of Nigeria, which has led to attacks on schools and outright closure of schools in the zone. The refugee problem in the northeast which has seen whole communities displaced by a group with extreme ideologies is a great contributory factor for out-of-school children.

There have been increased girls’ enrolment in school and attempts to bridge the gender gap (British Council, 2014).

Similarly, in 2016 the Nigerian Home-Grown School Feeding Programme (NHGSFP) took off as a component part of Nigeria’s Social Investment Plans. According to Action Health (2018), “The Home-Grown School Feeding Programme (HGSFP) is a school feeding initiative that offers locally produced food items to primary school pupils” (p.8) to address hunger and is targeted at reduced inequalities as spelt out by SDG goal 10.

The funding of the programme has two tiers — feeding of pupils from Primary one to three is devolved to the Federal Government, while the state governments have the responsibility of feed pupils in Primary four to six. Figure 12 below shows pupils’ enrolment for Universal Basic Education by gender from 2010 to 2016.



Source: National Bureau for Statistics, Abuja

Figure 12: Pupil Enrolment for UBE by Gender from 2010 to 2016

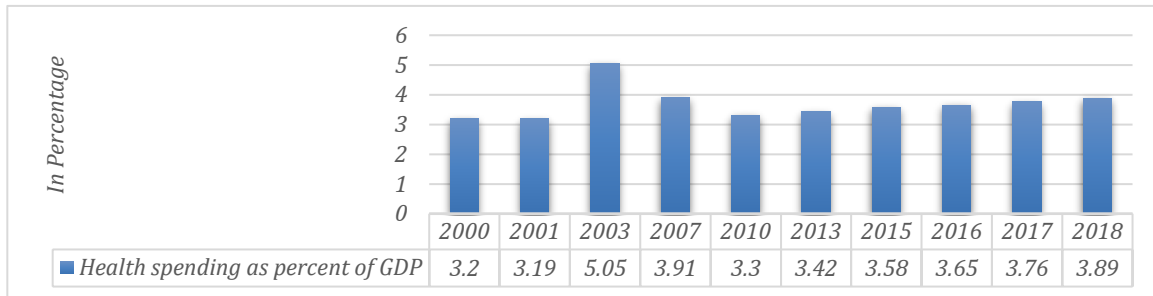
Figure 12 indicates that total enrolment increased over the years from 22, 125,417 pupils in 2010 to 25,591,181 in 2016. Girls’ enrolment rose from 10,420,087 to 12,155,241; while boys recorded an enrolment increase from 11,705,330 to 13,435,940 during the period. The trend shows a surprisingly narrowed gender gap and parity in the enrolment of boys and girls!

Health

The establishment of the National Primary Healthcare Development Agency (NPHCDA) in 1992 by government was aimed at making basic healthcare accessible to all people in the country, particularly the poor (Obi-Ani, et al., 2021). The period spanned up to 2001. Aigbiremolen, Alenoghena, Eboreime, & Abejegah (2014) observed that during this period there was devolution of primary healthcare to the local governments by the government. In addition, the Ward Minimum Health Care Package (WMHCP) that outlines a set of cost-effective health interventions with significant impact on morbidity and mortality was developed.

Also, to accelerate health development in Nigeria, a National Health Summit was convened in 1995, which recommended a review of the national health policy. The following year, 1996, the national health policy was reviewed (Anaemene, 2016).

Figure 13 below shows health spending from 2000 to 2018

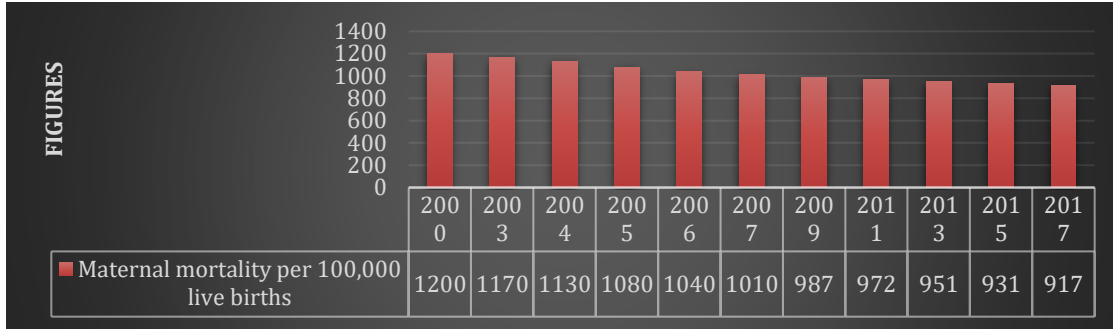


Source: National Bureau for Statistics, Abuja

Figure 13: Health spending from 2000 to 2018

The total healthcare spending rose from 3.2 per cent in 2000 to 3.89 in 2018. However, the highest health spending recorded was in 2003, representing 5.05 percent of the GDP. This fell to 3.91 per cent in 2007. The average expenditure on health for 2018 based on 46 countries was 5.53 percent. (The Global Economy.com, 2018). Health spending in Nigeria was poorer than in many sub-Saharan African countries during this period. The reorganisation of the health sector to provide private health care services, however, is a major threat to equity as the poor are less able to pay for these services. The National Health Insurance Scheme (NHIS) was established to purchase health services for formal sector employees. In order to create a balanced social policy, the Community Based Health Financing Schemes CBHF was set up to and targeted at members of local trade associations to service the informal sector. (Aregbesola & Khan, 2017). The coverage has been low.

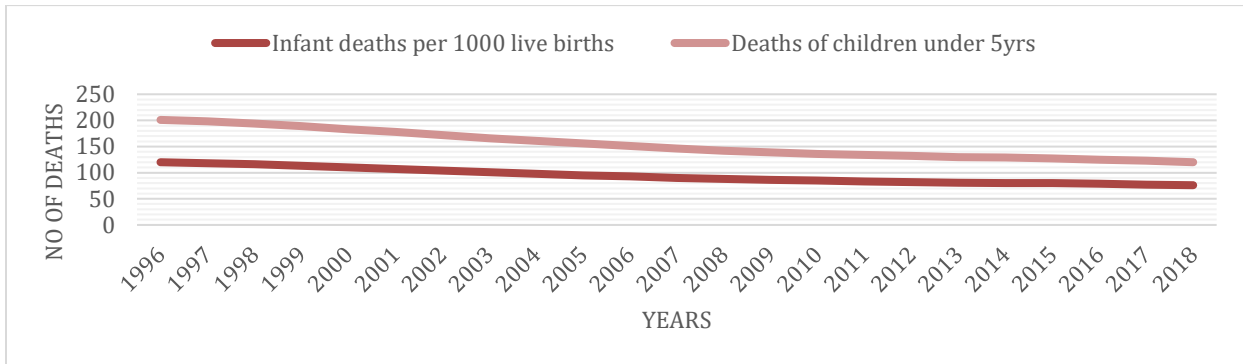
The relationship between health and sustainable development led to the introduction of reforms aimed at improving health care delivery in Nigeria. However, many citizens lack access to public healthcare services. In addition, there is a decline in health indicators over the years (Anaemene, 2016), so much that Nigeria was ranked 187 out of 191 countries in health service performance (WHO, 2000). Figure 14 shows maternal mortality per 100,000 live births from 2000 to 2017.



Source: National Bureau for Statistics, Abuja

Figure 14: Maternal Mortality per 100,000 Live Births from 2000 to 2017

Figure 14 reveals that maternal mortality was 1200 in 2000 and declined to 917 in 2017. In Figure 15 below, infant mortality rate per 1000 births from 1996 to 2018 was captured.



Source: National Bureau for Statistics, Abuja

Figure 15: Infant and Children under 5 years' Death per 1000 live births:1996-2018

Figure 15 indicates a downward trend in infant and children under 5 years' mortality from 1996 to 2018. Infant deaths per 1000 live deaths declined from 120 in 1996 to 76 in 2018. Similarly, a drop was recorded in deaths of children under 5 years from 201 in 1996 to 120 in 2018.

The data in figures 13, 14, and 15 show how government health spending has influenced maternal, new-born, and child health during the period and how it has impacted on the death rates.

Universal access to healthcare is a social policy based on welfare provision, however, where demand outstrips supply, the consumers have to pay for it as private health (Ogaji & Brisibe, 2015). The primary goal of the health system is to improve the level and distribution of health of its population. A study by Ogaji & Brisibe, (2015) indicated that Ghana which is a country with similar developmental and political history, makes less financial and human resources inputs in healthcare than Nigeria, but its health financing model has a higher government financial

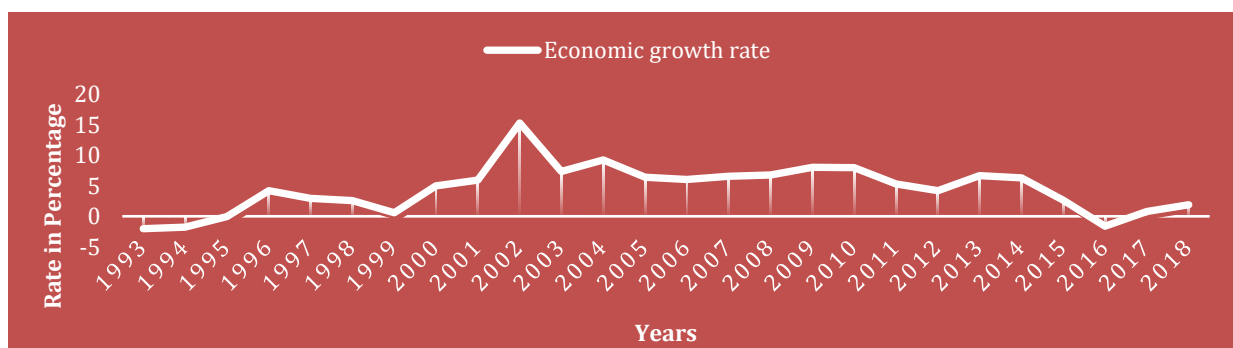
contribution and attracts lower out-of-pocket expenditure. In addition, despite the higher inputs into the Nigerian health system a lower efficiency (performance) is recorded when compared with Ghana.

NCDC (2018) cited the problem of the Ebola outbreak in 2014 and raised awareness on the need to have “strong coordination mechanisms at all levels to prevent the disease from spreading within and outside the country” (p.7). In 2017, the Joint External Evaluation (JEE) established significant gaps in protection of citizens against the next major pandemic. Consequently, in 2018, the National Action Plan for Health Security’s (NAPHS) five-year strategy was developed through collaboration with relevant stakeholders and international development partners for detection, prevention, and response to public health threats (NCDC, 2018).

Employment

Nigeria suffered from recession in 1993. However, for much of the period between 1994 and 2014 the economy grew. At various times during the period, government made investment in the social sector to generate employment in Nigeria through different programmes. Vision 2010, vision 2020, National Economic Empowerment and Development Strategy (NEEDS) etc. were also initiated at one time or the other. The social policy on employment was to mitigate the effects of economic recession and other macro-economic policies that resulted to massive job cuts and retrenchment in the sectors of the economy for the purpose of achieving National Development (Godbless, Ikechukwu, & Emeto, 2019).

Figure16 shows Nigeria’s economic growth in terms of the rate of change in real GDP from 1993 to 2018.

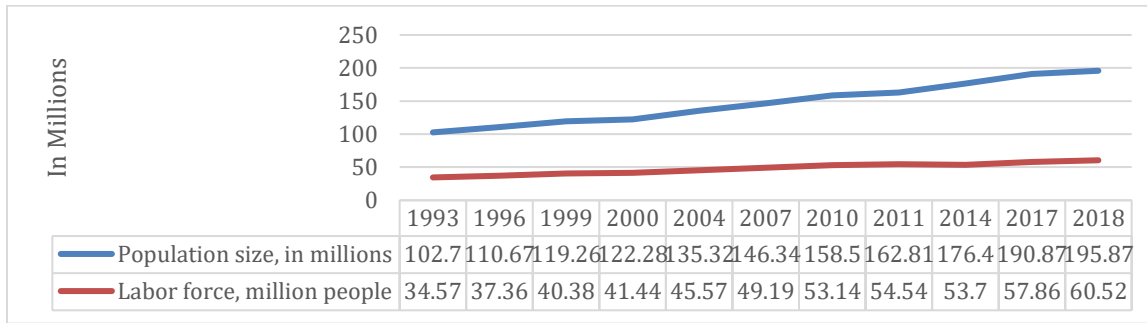


Source: The Global Economy.com

Figure16: Economic Growth Rate from 1993 to 2018

Figure 16 shows that the Nigerian economy was unstable during the period 1993 to 2018. The highest rates of change in real GDP were 9.25 and 8.01 recorded in 2004 and 2010, respectively. Overall, Nigeria’s economic growth witnessed upheavals during the period which was characterised by growth in population and rising unemployment.

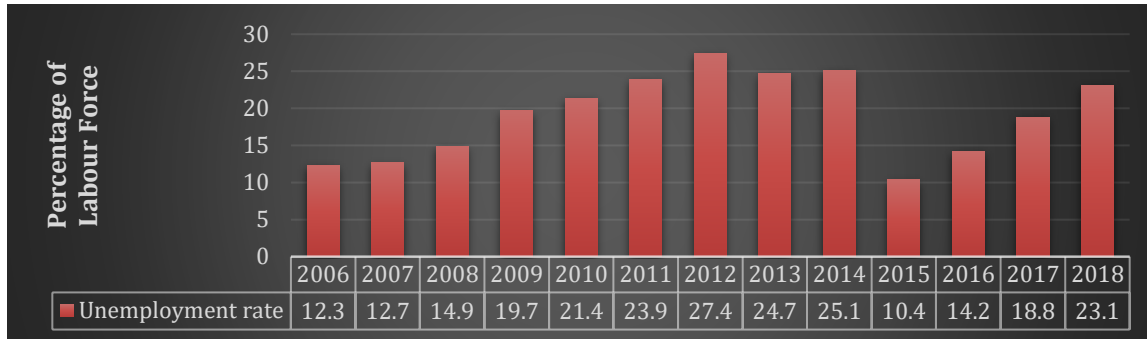
Figure 17 shows Nigeria’s population in millions.



Source: National Bureau for Statistics, Abuja

Figure 17: Nigeria’s Population Size in Millions

Figure 17 indicates that Nigeria’s population size grew exponentially from 102.7million in 1993 to 195.87 million in 2018. While the labour force rose from 34.57 million in 1993 to 60.52 million in 2018. However, the labour participation rate was 53.43 % (Globaleconomy.com). What this implies is that Nigeria has a high youth dependency ratio. Figure 18 below shows the unemployment rate in Nigeria during the period.

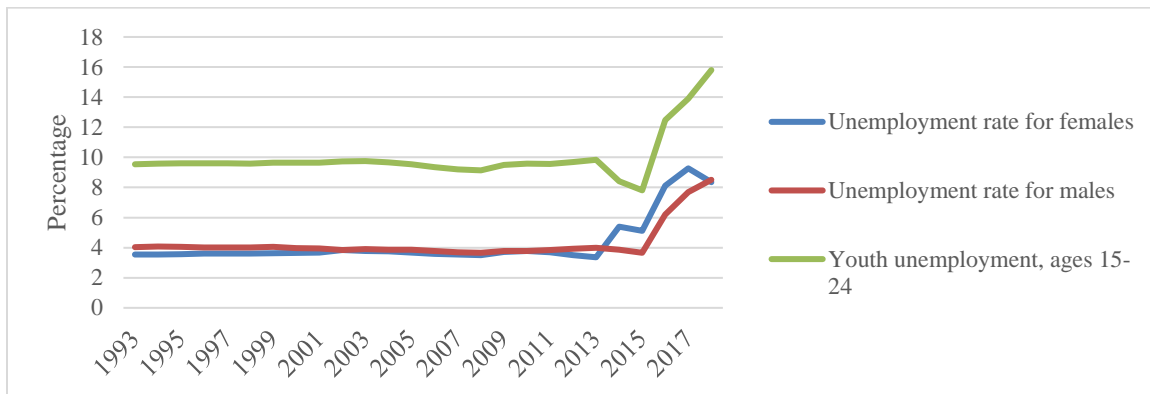


Source: National Bureau for Statistics (NBS)

Figure 18: Nigeria’s Unemployment Rates from 2006 to 2018

Figure 18 reveals that unemployment grew from 12.3 percent in 2006 to 23.1 percent in 2018. There were some fluctuations in unemployment rates, with the least unemployment rate, 10.4 percent recorded in 2014.

Figure 19 shows the rates of unemployment for females and males.



Source: National Bureau for Statistics, Abuja

Figure 19: Rates of Unemployment for Females and Males

Figure 19 reveals that unemployment rate among the youth rose from 9.55 in 1993 to 15.8 percent in 2018. Unemployment rate for females was at par with unemployment rate for males, except in 2015, 2016 and 2017 when female unemployment rate was higher.

Various social protection programmes have been designed and implemented to take care of the problem of escalating unemployment in Nigeria and to increase employability and self-employment among youths and women. Lamidi & Igbokwe (2021) have enumerated these to include the following:

- (i) Establishment of the NDE, a manpower development agency in 1986..
- (ii) Set up of the Poverty Alleviation Programme (PAP) in 2000 to address youth restiveness.
- (iii) Institution in 2001 of the National Poverty Eradication Programme (NAPEP) using an integrated approach.
- (iv) Promulgation of the Small and Medium Enterprises Development Agency of Nigeria (SMEDAN) Act of 2003, which advanced the setup of the Micro, Small and Medium Enterprises [MSME] sector of the economy in Nigeria.
- (v) Launch of the National Economic Empowerment and Development Strategy (NEEDS) Programme in 2004, by the Federal Government, as well as the SEEDS agenda at the state level and LEEDS as the local government agenda.
- (vi) The Seven-Point Agenda followed which content constituted agriculture and food sufficiency, land reform, security, qualitative and functional education systems, energy and power, mass transportation, wealth creation and employment.
- (vii) Following the removal of petrol subsidy, the federal government targeted empowerment of youths and women through the Subsidy Re-investment and

- Empowerment Programme (SURE-P) and the Graduate Internship Scheme (GIS) to reduce graduate unemployment and stimulate economic growth.
- (viii) Setup of the National Social Investment Programme (NSIP) for the empowerment of three categories of unemployed youths: young graduates, semi-skilled or semi-literates and unskilled labour.
 - (ix) N-Power Teachers' Corps is an offshoot of NSIP with affiliates in other sectors e.g., N-Power Agro, N-Power Health, N-Power Teach and N-Power Community Health (Lamidi & Igbokwe, 2021).

Social Investment programmes are geared towards economic empowerment of youths and women. However, change of governments has led to programmes' ineffectiveness and lack of sustainability. Social investment programmes have not achieved drastic reduction in unemployment among the country's productive youths and the challenges are further compounded by job exports.

Social Security

In 2004, the Pension Reform Act (2004) repealed the Pension Act of 1979 and introduced the Contributory Pension Scheme for payment of retirement benefits of employees of both the public and private sectors. In 2014 a new Pension Reform Act was enacted and replaced the 2004 law (Nwokpoku., Nwokwu , & Ezika, 2018).

Under this act, both the employer and employee make contributions towards the employee's retirement benefits. The rates of contribution are a minimum of 10 per cent of salary by the employer and a minimum of 8 per cent by the employee.

The World Bank Group partners with Nigeria through a strategy to support the government in its development objectives to end extreme poverty and increase shared prosperity. In 2014, this collaboration resulted in a new Country Partnership Strategy (CPS) that includes support for a bold and ambitious programme of development targets and interventions for the next four years to 2017 (The World Bank, 2021). Consequently, in 2016, the Community and Social Development Project took off with the main objective to increase access of poor people and particularly the internally displaced and vulnerable people in the Northeast of Nigeria to improved social and natural resource infrastructure services in a sustainable manner. The project, which is worth \$75.0 million, is long term, with a period of 25 years to maturity and 5 years grace (The World Bank, 2016).

The Era of COVID-19 (2019 to 2021)

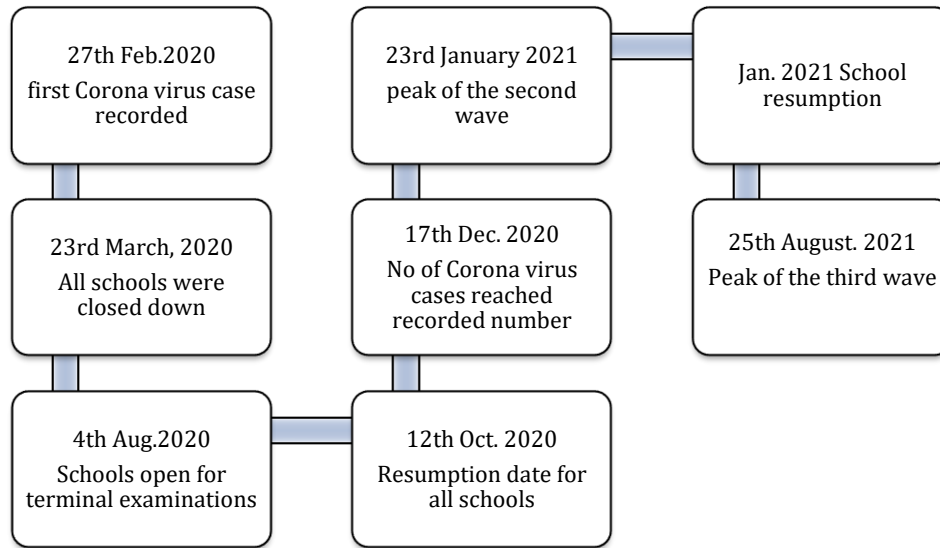
Nigeria is presently in the Fourth Republic that commenced in 1999. It is a period when democracy holds sway and one that has recorded the highest number of policies targeted at citizens' well-being since independence. Also, it has a growing population with a high youth dependant ratio. The population was put at 195.87 million as at 2018 (National Bureau for

Statistics). In the last three years the economy has been unstable, and the employment rate was 60.52. as at 2018 (Global Economy.com). In December 2019, the Chinese health authorities reported an outbreak of pneumonia of unknown origin in the Wuhan, Hubei Province; the novel corona virus disease was code named COVID-19. On January 30, 2020, the World Health Organisation (WHO) declared the COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC)]. As COVID-19 spread to more countries and caused an increasing number of deaths, Nigeria had a significant role to play in the global response because of its high population. The years 2019 to 2021 are referred to as the Era of the CoVID-19 pandemic, which were marked by lockdowns, agitations and youth restiveness propelled by rising poverty and other security challenges. The Federal Government of Nigeria put in place measures to prevent the spread of the disease and cushion the impact of COVID-19 on Nigerians, especially the most vulnerable. The social policy measures in the area of education, health, employment, and social security targeted at enhancing the wellbeing of citizens are highlighted below.

Social Policy on Education

The first COVID-19 case in Nigeria was confirmed on February 27, 2020, and by 23 March, 2020, the number of confirmed cases was 40, with one death, two recoveries and 37 active cases. This led the Federal Government of Nigeria to temporarily close down all schools in the country in a bid to curtail the spread of the corona virus. Although some measures were put in place to fill in the gap created by school closure through public media channels such as radio and television for learning programmes, there was no clear-cut policy to immediately tackle the disruption of academic activities and to cater for the over 45 million students affected by the closure of schools (Anyika, Anikelechi, & Thobejane, 2021). However, the private schools attended by the children of the rich switched over to virtual learning platforms and the schools carried on with academic activities. In contrast, the public schools remained shut. Because many households were located in places with limited Internet access, and there was the issue of epileptic electricity, the children of the poor were unable to benefit from the government media channels (Anyika, Anikelechi, & Thobejane, 2021).

Figure 20 shows the milestone of corona virus and its effect on the educational system in Nigeria



Source: Federal Ministry of Education (2021)

Figure 20: Milestone of the Effect of Corona Virus on the Nigerian Educational System

Figure 20 indicates that all schools were closed on 23rd March, 2020, and were reopened on 4 August, 2020, to allow students who had to take terminal examinations like the Basic Education Certificate and the Senior Secondary Certificate Examination to do so. Also, the schools resumed academic activities on 12 October 2020. This development was due to the concern for learners' academic achievement. The National Bureau for Statistics (2020) conducted a survey and the findings gave indication of school dropout due to the COVID -19 pandemic.

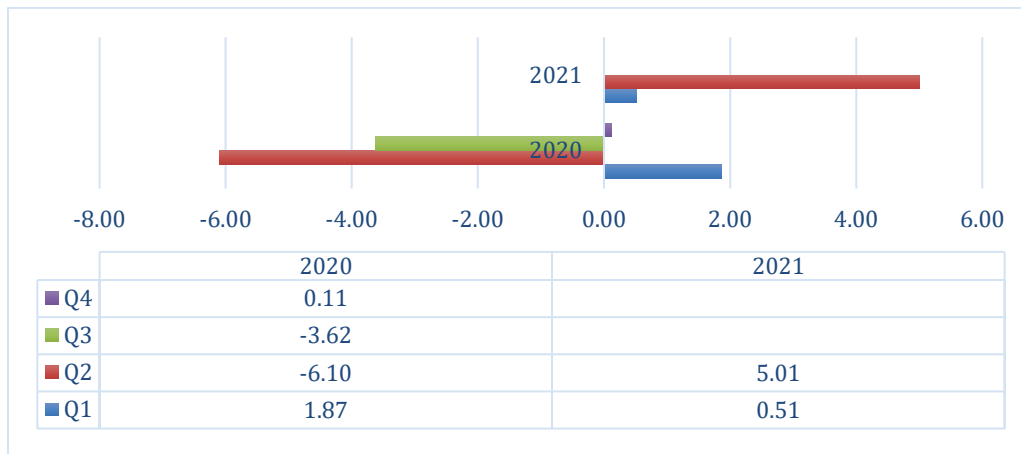
As a social policy to encourage interest in school and to cater for pupils from vulnerable homes, a modified version of the National Home-Grown School Feeding Programme (NHGSFP) ensured delivery of food rations to families of the pupils during the period of closure of schools (FAO, 2021).

Social Policy on Health

Nigeria's immediate epidemic response to the COVID-19 pandemic was the establishment of the National Emergency Response Committee, made up of the Presidential Task Force on COVID-19 (PTF-COVID-19) and the Ministry of Health. This led to the establishment of various measures including restrictions, sanitary regulations, isolation, and hospitalisation of the sick in order to curtail the spread of the disease and protect the health of Nigerians. Government spending on health increased during the COVID-19 era.

Social Policy on Employment

The period 2020 to 2021 was the period when the COVID -19 pandemic affected the economies of countries of the world (NCDC, 2021). Nigeria was thrown into its worst recession in four decades (National Bureau for Statistics, 2021). Figure 21 below shows the GDP from the first quarter of 2020 to the second quarter of 2021.



Source: National Bureau for Statistics, Abuja

Figure 21: Quarterly Gross Domestic Product from 2020-2021

The Gross Domestic Product (GDP) declined to -6.10 percent (year-on-year) in real terms in the second quarter of 2020. This is the lowest rate recorded during the period and is an indication of economic recession. However, the GDP grew slightly by 0.11 percent (year-on-year) in real terms in the fourth quarter of 2020, representing the first positive quarterly growth in the last two quarters. Though this is weak, the positive growth reflects the gradual return of economic activities following the easing of previously restricted movements and limited local and international commercial activities in the preceding quarters.

Nigeria's Gross Domestic Product (GDP) grew by 5.01 percent (year-on-year) in real terms in the second quarter of 2021, marking three consecutive quarters of growth following the negative growth rates recorded in the second and third quarters of 2020, thus indicating the return of economic activities. In the second quarter of 2021, the GDP grew to 5.01 percent, the highest rate during the period. This is an indication that economic activities have commenced in full, and places have opened up to near pre COVID-19 levels. The steady recovery observed since the end of 2020, with the gradual return of commercial activity, the opening of spaces, as well as resumption of local and international travels, accounted for the significant increase in growth performance relative to the second quarter of 2020 when nationwide restrictions took effect.

The effects of the lockdown include a rise in unemployment as businesses resorted to laying off employees to survive. Shutdowns of enterprises severed crucial livelihood lines for households

that depended on the income. Reports indicate that high levels of unemployment and economic disruption are contributing to negative coping mechanisms like gender-based violence, criminality, and insecurity. Also, there was negative growth in key industrial and service sectors because a majority of currently operating businesses had to temporarily close due to the pandemic. There was a decrease in production of goods and services, and a decline in working hours for half of all businesses. In addition, supply chains were disrupted. Table 1 below shows the labour force statistics in 2020. (National Bureau for Statistics, 2021).

Table 1: Nigerian Labour Statistics in 2020

Period	Labour Force Population	Employed	Under-employed	Unemployed
2 nd Quarter 2020	80,291,894	35,585,274	22,942,003 (28.57)	21,764,617 (26.36)
4 th Quarter 2020	69,675,468	30,572,440	15,915,639 (22.84)	23,187,389 (33.27)

Source: National Bureau for Statistics, Abuja

Table 1 reveals the labour force statistics in terms of the underemployed population dropped in the fourth quarter of 2020 to 22.84 percent. However, unemployment increased from 26.36 per cent in the second quarter to 33.27 percent in the fourth quarter. This indicates that about a third of the labour force were unemployed! This confirmed that the lockdown in 2020 led to job cuts and disruption of the daily livelihood of citizens.

The Federal Government of Nigeria introduced some welfarist measures as social policies to cushion the devastating impact of COVID-19 on the economy and vulnerable people (Federal Republic of Nigeria, 2021). In 2020, the Nigeria Economic Sustainability Plan was established by the federal government as a one-year strategic plan to mitigate the effects of a deep recession, while ensuring social stability and addressing long-standing economic vulnerabilities using a stimulus package. The plan focused on achieving mass employment and mass domestic production, which are not dependent on importation or foreign exchange expenditure. Among measures adopted under the plan are the following:

- a) The Emergency Economic Stimulus Bill 2020 designed to provide 50 percent tax rebates to registered businesses in order to prevent loss of jobs was passed by the legislature but never became law.
- b) The Central Bank of Nigeria stimulus package which is an interest free long-term loan, which (requires collateral) offers a credit of 3 million Naira to poor families impacted by COVID-19.

- c) Commencement of a three-month repayment moratorium for all TraderMoni, MarketMoni and FarmerMoni loans, with immediate effect.
- d) Commencement of a three-month moratorium for all federal government funded loans issued by the Bank of Industry, Bank of Agriculture, and the Nigeria Export Import Bank.
- e) A support package for the Terrestrial Broadcast Industry (all functioning, licensed terrestrial radio and television stations in Nigeria) that includes a debt forgiveness scheme, covering arrears of license fees.
- f) A two-month licence-fee waiver granted to all terrestrial broadcast stations in May 2020.
- g) Going forward, from July 10, 2020, a 30% discount on license fees for all open terrestrial radio and TV services.

Social Security

The COVID-19 pandemic has affected the social security of employees in Nigeria negatively, as SMEs significantly laid-off many workers and reduced the monthly expenditure on the welfare of workers and worsened the state of social security among employees (Sopko, Ijirshar, & Asom, 2020). The Nigerian government set up support schemes to cushion the effect of the COVID-19 pandemic and to offer grants for those who have lost employment in the course of the pandemic and improve the household consumption loans to smoothen the consumption pattern during the COVID-19 pandemic. Among them are:

- a) Cash transfer programme:
 - (i) Transfer of the sums of 20,000 Naira (\$52) to poor and vulnerable households (who have no savings, health insurance, or pensions that provide a basic social safety net
 - (ii) Expansion of the National Social Register (official database for implementation of the Conditional Cash Transfer Programme) by 1 million additional households.
- b) Provision of food rations to vulnerable households in states where extended lockdown has led to people facing hunger.
 - (i) Release of 70,000 metric tonnes of grain for distribution to poor and vulnerable households across the country.
 - (ii) Establishment of a Joint Technical Task Team to facilitate the movement of food and agricultural inputs across Nigeria, during the corona virus lockdown.
- c) Guidelines were established for medical donations to Nigeria's COVID-19 response information for intending private sector and donor support by the Presidential Task Force on COVID-19 Response in August 2020

Conclusion

The above are some of the key findings on social policy from Nigeria. Colonial labour policies were transformative in terms of allowing women maternity leave; the salary structure where a woman on maternity leave is placed on half salary and had no access to free healthcare services was discriminatory. This was despite women's contributions to the economy. Although government paid lip service to girl-child education in the colonial era. When the UPE was launched, this was a free education programme however, there was no sanction attached to not sending children to school. In the early post-independence era, the recognition given to education as an instrument par excellence for national development resulted in deliberate strategic planning for educational expansion at all levels to produce desired high-level manpower to drive the economy. However, it is surprising that government did not carry along the communities in the north when designing the UPE, so that the resultant impact was the creation of two parallel systems of education — one recognised and the other tolerated. Also, health policies in the era of crises were very transformative. Moreover, education of girls is central to having healthy communities. The study's findings suggested that there is a link between the economy and social policies in national development. On the whole, later day social policies are linked to international development agendas — SDGs for relevance, value, and accountability. Furthermore, the COVID-19 pandemic has shown that a capitalist nation that does not put in place safety nets for the poor and vulnerable members (particularly women) through design of social security programmes to mitigate the effect of poverty and hunger, cannot achieve national development.

Governments should invest in social policies that are gender sensitive and cross cutting such as education, health, employment, social security and access to ICT and utilisation.

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