Performance of the Millennium Development Goals (MDGs) in Nigeria and Benin (1990-2009)

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Abstract
The study evaluated the performance of the Millennium Development Goals (MDGs) in Nigeria and Benin (1990-2009). The main analytical apparatus used to answer the research questions, achieve the research objectives and test the hypotheses of the study were: percentages, ratios, t-test, means, standard deviation and difference of means. The major goals of the programme as revealed by the study include: Goal 1: Eradicate Extreme Poverty and Hunger; on this, the study found that Nigeria’s target for poverty/hunger eradication with respect to Proportion of population on belowD1 per day (%) is 21.35% (on or before 2015) but her average poverty rate as at 2009 was 56.74%. For Benin her target on this parameter is 28.70% and 51.98% (achievement rate). Goal 2: Achieve Universal Primary Education; the study found that Nigeria’s universal education target with respect to Primary completion rate, both sexes is 100% just like that of Benin but she has achieved an average of 73.30% as at 2009 while Benin has achieved 63.33% on this variable. Goal 3: Promote Gender Equality and Women Empowerment, on this the study found that, Nigeria has made more efforts in achieving the ratio of girls to boys in primary education than Benin having reached an average of 82.53% against Benin’s 64.60% (1990-2009). While Benin has made more impact in the share of women in wage employment in the non-agricultural sector as she has achieved an average of 23.50% against Nigeria’s 18.69% (1990-2009). Therefore, for Nigeria and Benin to meet the goals in 2015 despite the global financial crisis, the study recommends that there is the need to formulate and implement policies that will promote transparency and accountability; overcome institutional constraints; promote pro-poor growth; bring about structural change and enhance distributive equity.

Keywords: Performance; Millennium development goals; Poverty reduction; Universal education; Gender equality; Maternal mortality; Environmental sustainability; Global partnership

Introduction
The Millennium Development Goals Project launched in 1990 focuses on poverty and diseases such as HIV/AIDS, malaria, tuberculosis and on improving Sexual and Reproductive Health (SRH) issues.

At the millennium summit in September 2000, the largest gathering of world history, adopted the UN millennium Declaration, committing their nation to a new global partnership to reduce poverty, improve health, and promote peace, human rights, gender equality, and environmental sustainability [1].

Despite rapid advances by some countries that show that Millennium Development Goals (MDGs) are achievable, most countries in Sub-Saharan Africa including the populous nation of Nigeria are yet to mobilize resources, political and financial support to meet specific global challenges, especially the fight against HIV/AIDS and weak fragile economies. A 2008 United Nations Development Programme (UNDP) review of sub-Saharan Africa’s social development indicators provides a bleak picture of the region’s progress towards MDGs. The number of Africans living on less than D1 a day is increasing. It is also true that while most of the world made significant progress in the fight against hunger during the 1990s, the prevalence of underweight children remained at nearly 50% in South-central Asia and Sub-Saharan Africa, which is average to development in an era of global overproduction of food. With an annual per capita income of barelyD300, Nigeria and Benin are among the 20 poorest countries in the world. They should therefore be HIPC eligible countries-deserving of deep debts reduction. Nigeria’s / Benin’s debts overhang are considered severe in the context of their development challenges [1].

It is currently inferred that Nigeria and other ECOWAS countries will not be able to raise the huge amount of money needed and that the progress in achieving MDGs will be hindered due to global financial crisis which induced a decrease in export prices (oil and cocoa prices), decline in international remittances from developed countries, a slowdown or even withdrawal of Foreign Direct Investments as well as increased inflation and taxation. The corruption in the use of MDGs fund is also implicated as one of the factors that will hinder the progress in achievement of MDGs in Nigeria and other ECOWAS countries. This study therefore seeks to examine these statements-assessing the performance of the MDGs especially in Nigeria and Benin Republic, (1990-2009).

In view of the above statements the study addressed and answered the following research questions:

1. To what extent has the eradication of extreme poverty/hunger (MDGs 1) been achieved in both countries?
2. To what extent has the universal education (MDGs 2) been achieved in Nigeria and Benin Republic?
3. To what extent has the promotion of gender equality and empowerment of women (MDGs 3) been achieved in Nigeria and Benin Republic?

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Received October 01, 2015; Accepted October 17, 2015; Published November 17, 2015


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4. To what extent has the reduction of child mortality (MDGs 4) been achieved in Nigeria and Benin Republic?

5. To what extent has improved maternal health (MDGs 5) been achieved in both countries?

6. To what extent has the combat of HIV and AIDS, malaria and other diseases (MDGs 6) been achieved in Nigeria and Benin Republic?

7. To what extent has the ensuring of environmental sustainability (MDGs 7) been achieved in Nigeria and Benin Republic?

8. To what extent has global partnership development (MDGs 8) been achieved in both countries?

9. To what extent have the Millennium Development Goals (MDGs 8) been achieved in Nigeria and Benin?

Objective of the study

The broad objective of this study was to evaluate the rate of achievements of the objectives of the Millennium Development Goals (MDGs) in Benin Republic and Nigeria. Since eight (8) objectives or goals are involved, therefore the specific objectives pursued and evaluated in this study. The specific objectives were to:

1. Determine the extent to which the eradication of extreme poverty / hunger (MDGs 1) has been achieved in both nations

2. Assess the extent to which the universal education (MDGs 2) has been achieved in both countries

3. Assess the extent to which the promotion of gender equality and empowerment of women (MDGs 3) has been achieved in Nigeria and Benin Republic

4. Assess the extent to which the reduction of child mortality (MDGs 4) has been achieved in Nigeria and Benin Republic

5. Assess the extent to which improved maternal health (MDGs 5) has been achieved in both countries

6. Determine the extent to which the Combat of HIV and AIDS, Malaria and other diseases (MDGs6) been achieved in Nigeria and Benin Republic

7. Determine the extent to which the ensuring of environmental sustainability (MDGs 7) been achieved in Nigeria and Benin Republic

8. Doses the extent to which the global partnership development (MDGs 8) has been achieved in both countries

9. Evaluate the extent to which the Millennium Development Goals (MDGs 8) have been achieved in both countries

Research hypotheses

The study tested these hypotheses:

H01: There is no significant difference in the eradication of extreme poverty/hunger (MDGs 1) between Nigeria and Benin Republic

H02: There is no significant difference in the level of improvement of maternal health (MDGs 5) between Nigeria and Benin Republic

H03: There is no significant difference in the level of the achievement of universal education (MDGs 2) between Nigeria and Benin Republic

H04: There is no significant difference in the reduction of child mortality (MDGs 4) between Nigeria and Benin Republic

H05: There is no significant difference in the level of improvement of maternal health (MDGs 5) between Nigeria and Benin Republic

H06: There is no significant difference in the level of combating of HIVandAIDS, malaria and other diseases (MDGs 6) between Nigeria and Benin Republic

H07: There is no significant difference in ensuring of environmental sustainability (MDGs 7) between Nigeria and Benin Republic

H08: There is no significant difference in the level of global partnership development (MDGs 8) between Nigeria and Benin Republic

Study area

1. Republic of Benin has a total population (millions) of 9.0 people and Surface area (sq. km) of 622. Her GDP per capita (PPP USD) is 1,175 and GDP growth (annual%) is 4.1. Benin equally has Human Development Index of (Rank 1 177): 163 while the Life expectancy at birth (years) is 54.4 years and Population below PPP1 per day (%) is 30.9. Her Net enrolment ratio in primary education (both sexes %) is 82.8 and Carbon dioxide emissions per capita (metric tons) is 0.2902. Sources: [2]

2. Nigeria has a Population of 167.7 million people and area of (km²) 923 768. Based on reports, the average life expectancy is 46.8 years while the average per capita income is USD 843 (International Monetary Fund. She has a Gross national income (GNI) of USD 101 billion and average annual growth rate 7.8% between 2004 and 2007. The percentage of people not Meeting daily food needs is 34%, those that cannot attain sufficient calories even if they spend all their money on food. Women dying during childbirth are given as 800 per 100,000 live births. Percentage of children receiving primary school education is between 6080% (estimate). Percentage of people aged 15–49 living with HIV and AIDS is 4.4%. Type of economy (2009) is low income and her gross domestic product per capita (2008) USD 560. Human Development Index, HDI (2008) 0.448, HDI rank out of 177 countries (2008) 159, duration of compulsory school (2009), 9 years. Education for all Development Index is given as 0.721. EDI rank out of 125 countries (2008), was 106.

Literature Review

Conceptual definitions

Absolute poverty: The lack of the minimum physical requirements of a person or a household for existence and it is so extreme that those affected are no longer in a position to lead a life worthy of human dignity. Millennium Development Goals (MDGs) are part of the international development agenda of the United Nations. The agenda includes quantitative targets to improve results in poverty reduction, health, education, gender equality and the protection of the environment through stronger partnerships between developed and developing countries, stronger partnerships among developing countries themselves, and partnerships with the active involvement of the private sector.

Poverty: Lack of command over basic consumption needs inability to attain a minimum standard of living. Lack of resources to obtain and consume a certain bundle of goods and services.
Concept of millennium development goals and global poverty reduction

At the beginning of a new millennium, world leaders made commitments to consolidating a global partnership to improve the life of poor people around the world in the course of one generation, from 1990 to 2015. The Millennium Development Goals (MDGs) are part of the international development agenda of the United Nations. The agenda includes quantitative targets to improve results in poverty reduction, health, education, gender equality and the protection of the environment through stronger partnerships between developed and developing countries, stronger partnerships among developing countries themselves, and partnerships with the active involvement of the private sector [4]. Twenty years after their adoption, the MDGs have become a platform for galvanizing international efforts to reduce poverty and hunger and advance the agenda of human development in all countries. Progress in achieving the MDGs, however, has been uneven both across and within countries. Countries in sub-Saharan Africa, where the development challenge is greatest, show the largest gaps. In middle-income countries, residents in rural areas and traditionally excluded groups are also lagging behind. MDG achievements are the result of both government policies and the extent of the involvement of the private sector. But the international context plays a critical role in providing an enabling environment for development. With regard to goal 8 of the MDG framework, member states have made concrete commitments to strengthening the global partnership for development in the areas of official development assistance (ODA), trade, external debt, essential medicines and technology. Such strengthened partnerships should provide critical support towards the achievement of the other development goals. Global targets have been ratified by governments within the framework of the various international conferences and major events that followed the (2007) United Nations Millennium Summit [5], among which were the initiation of the Doha Round of multilateral trade negotiations (2001), the World Summit on HIV/AIDS (2001), the Brussels Plan of Action for the Least Developed Countries (2001), the International Conference on Financing for Development (2002), the World Summit on the Information Society (2003 and 2005), the 2005 World Summit, the Paris Declaration on Aid Effectiveness (2005), the G8 Gleneagles Summit (2005) and the World Trade Organization (WTO) Hong Kong Ministerial Meeting (2005).

There are a number of United Nations interagency processes tasked with the monitoring and reporting of MDGs at the global and national levels [6]. There are existing platforms for interagency coordination in respect of MDGs 1 to 7, but the monitoring of the global partnership contained in MDG 8 has resulted in significant fragmentation of information [7], making it difficult to monitor efficiently global and country level compliance with the international commitments to support the achievement of the MDGs. Hence the decision of secretary-general of the United Nations Ban Kimoon to create the MDG gap task force to improve the monitoring of MDG 8 by leveraging interagency coordination [8]. More than 20 United Nations agencies are represented in the Task Force that prepared the present report, including the World Bank and the International Monetary Fund (IMF), as well as the Organization for Economic Cooperation and Development (OECD) and the World Trade Organization (WTO) [9]. Part of the difficulty in monitoring MDG 8 is the lack of quantitative targets in some areas and the lack of data to track commitments adequately. Effective monitoring of commitments associated with or made under MDG 8 requires a methodology that helps to maintain a current inventory of the different international initiatives and that proposes ways to measure the degree of compliance with commitments [10]. The ultimate objective of this exercise is to identify how global partnerships translate into actual benefits for recipient countries, in particular their contribution to achieving MDGs 1 to 7. Accordingly, in monitoring MDG 8, it is possible to distinguish between three types of implementation gaps: (a) the delivery gap, that between global commitments and their actual delivery; (b) the coverage “gap”, that between actual delivery on global commitments and the distribution of actual receipts across countries; and (c) the MDG 8 needs gap, that between actual delivery on global commitments and “estimated needs for support” by developing countries [11]. The present report is mainly concerned with identifying the delivery gap; subsequent reports of the MDG gap task force will analyses at greater length the coverage gap and the MDG 8 needs gap. In addition, and to the extent allowed by data availability, the report documents the remaining delivery gaps in the five areas that are part of MDG 8: ODA, trade, external debt, essential medicines and technology [4].

Social indicators and MDGs performance

MDGs for social development were agreed in four areas: universal primary education; eliminating gender disparities in primary and secondary education; reducing infant and child mortality rates, and providing access to reproductive health care [12]. About 110 million primary school age children in developing countries were out of school in 2005. The goal of attaining universal primary school enrollment by 2015 is likely to be achieved in East Asia and report’s base case growth projections and no change in inequality. The MDGs call for equal enrollments of girls and boys in primary and secondary school by the year 2005. However, this target is unlikely to be achieved [13]. Of the 110 million children estimated to be out of school in 2005, 60% were girls. The 44% gross primary school enrollment rate for girls is equal enrollments of girls and boys in primary and secondary school for 2005. However, this target is unlikely to be achieved [13]. Of the 110 million children estimated to be out of school in 2005, 60% were girls. The 44% gross primary school enrollment rate for girls is only 40%, a percentage expected to rise to 47% by the target year of 2005. Actual and projected data on infant mortality indicates progress between 1990 and (2005) in all regions. However, reductions in East Asia, South Asia and Sub-Saharan Africa appear too slow to meet the IDG for 2015 (a two third reduction over 1990 levels). Mortality rates have been declining with rising GDP but, even assuming high GDP growth, infant and child mortality rates would be substantially above the IDG target in 2015 [14] (Table 1).

The MDGs key changes: what Nigeria hopes to achieve before 2015

1) A stronger approach to poverty reduction by the federal and state government, working jointly with the private sector and civil society [15]

2) A higher rate of economic growth which benefits the poor and moves Nigeria away from its current dependency on oil, with the private sector able to play a more active and dynamic role

3) Improved delivery of basic services especially to the poor, with a stronger focus on the needs and rights of citizens as consumers, and with government becoming much more accountable to its citizens

4) Effective action by government, working together with the private sector and civil society, to tackle corruption

5) Effective action to reduce inequality between men and women and between different parts of the country (for example, levels of literacy and the number of children dying before they reach their 5th birth
78% of households throw their rubbish out in the open. In terms of the sources remains scarce. With regards to sanitation, approximately out on the roads. The general public's access to different energy targets of 0.5 km per 1000 inhabitants despite great investments carried training. Expanding the roads network continues to fall short of the school. There are plans to expand secondary education and vocational between regions and sexes as well as in retention rates for children in In the primary education sector, for example, serious disparities exist the decision-making processes, though still a long way from the desired make more concerted efforts to provide care for persons living with The HIV/AIDS pandemic is stabilizing and the government plans to Significant efforts have been made to improve prenatal care. 30.4%, depending on the geographical area, with a national average of children suffering from malnutrition at a proportion between 9.7% and Food production is progressing in a satisfactory manner but it is not sufficient to ensure sustainable food security [17,18]. Livestock and fishery production is still sluggish, resulting in a growing number of environmental, the amount of protected land remains low and carbon dioxide pollution is on the rise.

Therefore, in 2006, the Benin Government formulated its second-generation strategy for combating poverty that includes an assessment of costs and resources necessary for achieving the MDGs by 2015 [24-26]. The new 2007-2009 Poverty reduction strategy (SCRP in its French acronym) is supported by the government’s adoption of a strategic plan (Orientations Stratégiques de Développement-OSD) for a five-year period for 2006-2011, which has been developed in a participatory manner, with substantive contributions from civil society, the private sector and the National Association of Municipalities [27,28]. This initiative encompasses five basic themes in which the sectorial policies incorporating the MDG objectives and targets have been mainstreamed into strategies in accordance with a priority action plan for the period 2007-2009.

### Research Methodology

The quasi experimental research design, which is called 'survey' (of secondary data), is adopted in this study. This study used both quantitative and qualitative models of inquiries to conduct research. The population of the study consists of Nigeria and Benin Republic with reference to MDGs (1990-2009).

The review of existing documents often called the secondary data which included those ones collected from textbooks, magazines, journal, seminar papers and internet was used in this study. This study relied heavily on secondary data for generation of data [29]. Descriptive and inferential/statistics were used to analyze the data for this study. In this study, the main analytical tools used to answer the research questions and achieve the research objectives 1,2,3,4,5,6,7,8 and 9 were; percentages and means. Equally, percentages, ratios, frequency distribution, t-test, mean, standard deviation and difference of means statistical tools were used to analysies and test the hypotheses of the study [30]. The t-test formula used in this study is given as:

\[
t = \frac{X_1 - X_2}{\sqrt{\frac{\sum (X_1 - X_1)^2}{n_1} + \frac{\sum (X_2 - X_2)^2}{n_2}}} \times \sqrt{\frac{n_1 + n_2 - 2}{n_1 + n_2}}
\]

### Table 1: Social and human development indicators of Nigeria and Benin and other some other Africa countries.

<table>
<thead>
<tr>
<th>Social indicators</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>Kenya</th>
<th>Ghana</th>
<th>Cote d'Ivoire</th>
<th>Benin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>144.7</td>
<td>47.3</td>
<td>35.1</td>
<td>22.5</td>
<td>18.5</td>
<td>8.69</td>
</tr>
<tr>
<td>Population growth rate 2005-2015</td>
<td>2.2</td>
<td>0.5</td>
<td>2.6</td>
<td>1.9</td>
<td>1.8</td>
<td>2.9</td>
</tr>
<tr>
<td>Urban population 2005 (%)</td>
<td>48.2</td>
<td>59.3</td>
<td>20.7</td>
<td>27.8</td>
<td>45</td>
<td>40.1</td>
</tr>
<tr>
<td>Total population above 65 and below 15 years 2005(%)</td>
<td>47.2</td>
<td>36.3</td>
<td>45.3</td>
<td>42.6</td>
<td>44.9</td>
<td>46.9</td>
</tr>
<tr>
<td>HDI value (UNDP 2007)</td>
<td>0.47</td>
<td>0.674</td>
<td>0.521</td>
<td>0.553</td>
<td>0.432</td>
<td>0.437</td>
</tr>
<tr>
<td>Gini index3</td>
<td>43.7</td>
<td>57.8</td>
<td>42.5</td>
<td>40.8</td>
<td>50.8</td>
<td>36.5</td>
</tr>
<tr>
<td>HDI Rank (UNDP 2007)/2 out of 177</td>
<td>158</td>
<td>121</td>
<td>148</td>
<td>135</td>
<td>166</td>
<td>163</td>
</tr>
<tr>
<td>Life expectancy at birth(years)</td>
<td>46.5</td>
<td>50.8</td>
<td>52.1</td>
<td>59.1</td>
<td>47.4</td>
<td>55.4</td>
</tr>
<tr>
<td>Adult literacy rate percentage of population above 15 years or older</td>
<td>69.1</td>
<td>82.4</td>
<td>73.6</td>
<td>57.9</td>
<td>48.7</td>
<td>34.7</td>
</tr>
<tr>
<td>Combined primary, secondary and tertiary enrollment ratio</td>
<td>56.2</td>
<td>77</td>
<td>60.6</td>
<td>50.7</td>
<td>39.6</td>
<td>50.7</td>
</tr>
<tr>
<td>HIV prevalence %</td>
<td>3.9</td>
<td>18.8</td>
<td>6.1</td>
<td>2.3</td>
<td>7.1</td>
<td>1.8</td>
</tr>
<tr>
<td>Population below $1/day %</td>
<td>70.8</td>
<td>10.7</td>
<td>22.8</td>
<td>44.8</td>
<td>14.8</td>
<td>30.9</td>
</tr>
<tr>
<td>Population below $2/day %</td>
<td>92.4</td>
<td>34.1</td>
<td>58.3</td>
<td>78.5</td>
<td>48.5</td>
<td>73.7</td>
</tr>
<tr>
<td>Expenditure on education % of GDP</td>
<td>3</td>
<td>5.4</td>
<td>6.7</td>
<td>5.4</td>
<td>4.6</td>
<td>3.5</td>
</tr>
<tr>
<td>GDP per capita, PPP US$</td>
<td>1,128</td>
<td>11,110</td>
<td>1,240</td>
<td>2,480</td>
<td>1,648</td>
<td>1,141</td>
</tr>
</tbody>
</table>

Where: \( X_1 \) = Mean Values of Nigeria’s Data on MDGs (1990-2009)
\( X_2 \) = Mean Values of Benin’s Data on MDGs (1990-2009)
\( X_i \) = Nigeria’s Data on MDGs (1990-2009)
\( X_j \) = Benin’s Data on MDGs (1990-2009)
\( n_1 \) = Number of years in implementing MDGs in Nigeria (1990-2009)
\( n_2 \) = Number of years in implementing MDGs in Benin (1990-2009)

Results and Discussions

Data presentation and analysis

The findings are presented, analyzed and discussed in this chapter as follows:

The extent to which the Millennium Development Goals (MDGs 1-8) have been achieved in both Nigeria and Benin [31]. Table 2 shows the results of the analysis of the extent to which the Millennium Development Goals (MDGs 1-8) have been achieved in both Nigeria and Benin (Table 2).

TRA = Target Required to be Achieved (Given).
L A A = Level of Actual Achievement (Computed by the Researcher).
D A T = Difference between Actual and Target (Computed by the Researcher).

Table 3 shows the results of the analysis of the extent to which the Millennium Development Goals (MDGs 1-8) have been achieved in Nigeria and Benin. With respect to the eradication of extreme poverty and hunger (goal 1) the assessments show that Nigeria has to work harder to eliminate 35.39% as she is presently at 56.74% to meet up with 21.35% target set for the goal to reduce the proportion of the population on below $1 per day (%). Benin is required to eliminate 23.27% based on her own target of 28.71, she is presently at 51.98%. Nigeria equally has 48.42% remaining for her to meet up with 100% target on the goal to give full employment to the youths while Benin has only 28.10% to meet up with her own target of 100% as well.

Regarding the achievement of the Universal Basic Education (goal 2) the result show that Nigeria has 26.70% less than the required target to achieve primary completion rate while Benin has 36.67% less than the target [32]. Also for literacy rate of 15-25 years (both Sexes) Nigeria has achieved only 79.95% leaving 20.05% unattained while Benin has only reached 45.20% leaving 54.80% unattained. Concerning the promotion of Gender Equality and Women Empowerment (Goal 3) Nigeria has attained 82.53% ratio of girls to boys in primary education while Benin had attained 64.60%. For share of women in wage employment, Nigeria has attained only 18.89% leaving 81.11% unattained while Benin has achieved only 23.50% leaving 76.50% unattained. With respect to reducing child mortality rate per 1,000 live births (goal 4).

<table>
<thead>
<tr>
<th>MDGs’ parameters</th>
<th>Nigeria 1990-2009</th>
<th>Benin 1990-2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Eradicate extreme poverty and hunger</td>
<td>TRA LLA DAT</td>
<td>TRA LLA DAT</td>
</tr>
<tr>
<td>1.1 Proportion of pop on below $1 per day (%)</td>
<td>21.35 56.74 35.39</td>
<td>28.71 51.98 23.27</td>
</tr>
<tr>
<td>1.2 Employment to population ratio, both sexes, %</td>
<td>100 51.98 48.02</td>
<td>100 71.96 28.04</td>
</tr>
<tr>
<td>Goal 2: Achieve universal primary education</td>
<td>TRA LLA DAT</td>
<td>TRA LLA DAT</td>
</tr>
<tr>
<td>2.1 Primary completion rate, both sexes</td>
<td>100 73.3 26.7</td>
<td>100 63.33 36.67</td>
</tr>
<tr>
<td>2.2 Literacy rate of 15-24 years old women and men</td>
<td>100 79.95 20.05</td>
<td>100 45.22 54.78</td>
</tr>
<tr>
<td>Goal 3: Promote gender equality and women empowerment</td>
<td>TRA LLA DAT</td>
<td>TRA LLA DAT</td>
</tr>
<tr>
<td>3.1 Ratio of girls to boys in primary education</td>
<td>100 82.53 17.47</td>
<td>100 64.6 35.4</td>
</tr>
<tr>
<td>3.2 Share of women in wage employment in the nonagricultural sector percentage</td>
<td>100 18.89 81.11</td>
<td>100 23.5 76.5</td>
</tr>
<tr>
<td>Goal 4: Reduce child mortality</td>
<td>TRA LLA DAT</td>
<td>TRA LLA DAT</td>
</tr>
<tr>
<td>4.1 Children under five mortality rate per 1,000 live births</td>
<td>77 211.7 134.7</td>
<td>81.3 153.3 92</td>
</tr>
<tr>
<td>4.2 Proportion of 1 year old children immunized against measles</td>
<td>100 46.5 53.5</td>
<td>100 67.2 32.8</td>
</tr>
<tr>
<td>Goal 5: Improve maternal health</td>
<td>TRA LLA DAT</td>
<td>TRA LLA DAT</td>
</tr>
<tr>
<td>5.1 Maternal mortality ratio per 100,000 live births</td>
<td>203 870 667</td>
<td>205 840 635</td>
</tr>
<tr>
<td>5.2 Proportion of births attended by skilled health personnel percentage</td>
<td>100 35.65 64.35</td>
<td>100 66.95 33.05</td>
</tr>
<tr>
<td>Goal 6: Combat HIV/AIDS, malaria and other diseases</td>
<td>TRA LLA DAT</td>
<td>TRA LLA DAT</td>
</tr>
<tr>
<td>6.1 People living with HIV, 15 - 49 years old, (%)</td>
<td>0 3.62 3.62</td>
<td>0 2.35 2.35</td>
</tr>
<tr>
<td>6.2 Tuberculosis incidence rate per year per 100,000 population</td>
<td>0 454.6 454.6</td>
<td>0 132.3 132.3</td>
</tr>
<tr>
<td>Goal 7: Ensure environmental sustainability</td>
<td>TRA LLA DAT</td>
<td>TRA LLA DAT</td>
</tr>
<tr>
<td>7.1 Energy use (kg oil equivalent) per $1,000 GDP</td>
<td>3000 489.5 2510.5</td>
<td>500 282.5 217.5</td>
</tr>
<tr>
<td>7.2 Carbon dioxide emissions, total, per capita and GDP</td>
<td>0 71034 71034</td>
<td>0 1789.4 1789.4</td>
</tr>
<tr>
<td>Goal 8: Develop a global partnership for development</td>
<td>TRA LLA DAT</td>
<td>TRA LLA DAT</td>
</tr>
<tr>
<td>8.1 Total no. of AIDS per capita</td>
<td>100 18 82</td>
<td>100 56.35 43.65</td>
</tr>
<tr>
<td>8.2 Debt service as a percentage of exports of goods and services and net income</td>
<td>100 14 86</td>
<td>100 8 92</td>
</tr>
</tbody>
</table>

Source: Computed by the researcher, 2015

Table 2: Millennium development goals achievements in Nigeria and Benin.
reveal that Nigeria is still battling with 212 children under five mortality rate per 1,000 live births instead of the target of 77 leaving a deficit of 135 children mortality to meet up the target, while Benin struggles with 153 against a target of 61 with a deficit of 92 to meet up the target. For the promotion of 1 year old children immunized against measles, Nigeria has achieved 46.50% leaving 53.50% unachieved while Benin has achieved 67.2% leaving 32.80% unachieved.

In the area of Improved Material Health (goal 5), Nigeria has problem meeting the target of 200 per 100,000 live births as she presently grapples with 870 while Benin grapples with 840 against the target of 200. For the proportion of births attended by skilled health personnel (achieved target of 50% just as Benin’s but they have achieved 51.58% and 52% respectively), Nigeria has achieved only 35.64% out of 100% leaving unattained target of 64.36% while Benin has attained 66.9% in this regard with unachieved target of 33.10%. Regarding MDGs (goal 6) combating of HIV/AIDS Malaria and other diseases, the results revealed that Nigeria has HIV/AIDS prevalence of 3.62% against the zero target expected in 2015 while Benin has the HIV/AIDS prevalence of 2.35% as at 2009 against the zero target expected in 2015. For other diseases represented by tuberculosis incidence rate per year per 100,000 population (as selected by the study because of lack of data on Malaria and others), Nigeria is still battling with 455 patients against zero patient per 100,000 population while Benin is battling with 133 patients against zero patient target expected in 2015 for 100,000 population. With respect to MDGs 7; Ensuring Environmental Sustainability. Nigeria is yet to achieve up to 20% of the target of energy use (kg oil equivalent perD1,000 GDP of 2000 as she has only been able to achieve 489.5, that is 16.32%; while Benin has achieved 282.5 (56.50%) of her own target of 500 expected in 2015. For carbon dioxide emissions total per capitalD1 per GDP, Nigeria is still emitting 71,034 cubic metric tons against the zero target emission expected in 2015 while Benin emits 1,789.3 against the zero target expected in 2015 [33]. Finally, the results in Table 4 shows that with respect to Developing Global Partnership (goal 8), the study evaluated two parameters. In this regard, Nigeria has achieved and received 18% worth of aids against 100% target in 2015 while Benin has achieved 56.3% (total aid receipts from the global partnership groups) against 100% expected in 2015. For debt services as percentage of export goods and services and net income Nigeria has achieved service of debts rate of 14% instead of 100% target rate expected in 2015 while Benin has achieved 8% against 100% target expected in 2015.

**Test of hypotheses**

Table 3 shows the results of the analysis of the extent to which the poverty/hunger eradication (MDGs Goal 1) has been achieved in both Nigeria and Benin.

**Test of hypothesis I (.H0);** There is no significant difference in the level of eradication of extreme poverty/hunger (MDGs 1) between Nigeria and Benin Republic (Table 3).

In Table 3, 1.1 shows the Proportion of population on belowD1 per day (%); the results show that tcal 1.351 < t.05 (crit) 2.101 hence there is no significant difference in achievement of this very objective between Nigeria and Benin. And Table 3, 1.2 is Employment to population ratio, both sexes, %; the results show that tcal 2.65 < t.05 (crit) 2.101 therefore there is significant difference in achievement of this very objective between Nigeria and Benin. From the aggregate computations in Table 3 above it is obvious that the critical value of t from the statistical table is greater than the calculated value of t i.e., P-value < t hence the study has accepted the null hypothesis 1 indicating that: “there is no significant difference in the level of eradication of extreme poverty/hunger (MDGs 1) between Nigeria and Benin Republic”.

The implication of this hypothesis as tested is that both Nigeria and Benin are far from achieving this goal considering 1990 to 2009. This is because Nigeria’s target for poverty/hunger eradication with respect to Proportion of population on belowD1 per day (%) is 21.35% (on or before 2015) but her average achievement as at 2009 was 56.74%. For Benin her results on this parameter is 28.70% (target) and 51.98% (achievement). Regarding the 2nd parameter for eradication of poverty/hunger (Employment to population ratio, both sexes, %), Nigeria’s target is 100% just as Benin’s but they have achieved 51.58% and 71.90% respectively. Even though Benin has done better in this latter variable than Nigeria-indicating significant difference in achieving this variable; on the whole the two countries have not made any significant difference in the achievement of poverty/hunger eradication goal [34].

**Test of hypothesis II (.H0);** There is no significant difference in
the level of the achievement of universal education (MDGs 2) between Nigeria and Benin Republic (Table 4).

In Table 4, 2.1 shows primary completion rate, both sexes; the results show that $t_{2.78} < t_{0.05 (18)}$ 2.101 hence there is significant difference in achievement of this very objective between Nigeria and Benin. Table 4, 2.2 shows Literacy rate of 15-24 years old, women and men; the results show that $t_{73.44} < t_{0.05 (18)}$ 2.101 hence there is significant difference in achievement of this very objective between Nigeria and Benin. Based on the computations in Table 4 it is obvious that the critical value of $t$ from the statistical table is less than the calculated value of $t$ i.e., P-value < $t_{cal}$ hence the study has rejected the null hypothesis 2 (HO 2) and accepted the alternate hypothesis 2 (HA 2) indicating that: there is significant difference in the level of the achievement of universal education (MDGs 2) between Nigeria and Benin Republic.

The implication of this hypothesis as tested and accepted is that Nigeria has made more efforts in achieving this goal than Benin (1990-2009). This is because Nigeria’s universal education with respect to Primary completion rate, both sexes is 100% just like that of Benin but she has achieved an average of 73.30% as at 2009 while Benin has achieved 63.33% on this variable [30]. For the variable - Literacy rate of 15-24 years old, women and men the two countries target is 100%; Nigeria has achieved 79.95% and Benin achieved 45.22% as at 2009.

**Test of hypothesis III (H0 3):** There is no significant difference in the promotion of gender equality and empowerment of women (MDGs 3) between Nigeria and Benin Republic Table 5.

In Table 5, 3.1 shows the Ratio of girls to boys in primary education; the results show that $t_{5.67} < t_{0.05 (18)}$ 2.101 hence there is significant difference in achievement of this very objective between Nigeria and Benin. Table 5, 3.2 shows Share of women in wage employment in the nonagricultural sector Percentage; the results show that $t_{27.58} < t_{0.05 (18)}$ 2.101 hence no significant difference. Based on the computations in Table 5 it is obvious that the critical value of $t$ from the statistical table is less than the calculated value of $t$, i.e., P-value < $t_{cal}$, hence the study has rejected the null hypothesis 3 (HO 3) and accepted the alternate hypothesis 3 (HA 3) indicating that: there is significant difference in the promotion of gender equality and empowerment of women (MDGs 3) between Nigeria and Benin Republic.

The implication of this hypothesis as tested and accepted is that Nigeria has made more efforts in achieving this goal than Benin (1990-2009). This is because Nigeria’s universal education with respect to children under five mortality with acceptance of gender equality and empowerment of women (MDGs 3) between Nigeria and Benin Republic. (Table 6).

The implication of this hypothesis as tested and accepted is that Nigeria has made more efforts in achieving the ratio of girls to boys in primary education than Benin having reached an average of 82.53% against Benin’s 64.60% (1990-2009). While Benin has made more impact in the share of women in wage employment in the nonagricultural sector as she has achieved an average of 23.50% against Nigeria’s 18.89% (1990-2009).

**Test of hypothesis IV (H0 4):** There is no significant difference in the reduction of child mortality (MDGs 4) between Nigeria and Benin Republic (Table 6).

In Table 6, 4.1 shows Children under five mortality rate per 1,000 live births; the results show that $t_{15.59} < t_{0.05 (18)}$ 2.101 hence there is significant difference in the level of the achievement of this very goal between Nigeria and Benin. Table 6, 4.2 shows Proportion of 1 year old children immunized against measles; the results show that $t_{6.69} < t_{0.05 (18)}$ 2.101 hence there is significant difference Based on the computations in Table 6 it is obvious that the critical value of $t$ from the statistical table is less than the calculated value of $t$, i.e., P-value < $t_{cal}$ hence the study has rejected the null hypothesis 4 (HO 4) and accepted the alternate hypothesis 4 (HA 4) indicating that: there is significant difference in the reduction of child mortality (MDGs 4) between Nigeria and Benin Republic.

The implication of this hypothesis as tested and accepted is that both Nigeria and Benin are far from achieving this goal considering 1990 to 2009 [27]. Even though their levels of achievements are significantly different they are far from meeting the target on reduction of child mortality. This is because with respect to children under five mortality rate per 1,000 live births for whose the target for Nigeria is to achieve 77 or less per 1,000 population Nigeria has achieved 212 per 1,000 and Benin has achieved 153 of her 61 per 1,000 population target. Children 1 year old immunized against measles is designed to achieve 100% target on or before 2015 for the two countries under study. However, the analysis of the data shows that Nigeria has achieved an average of 47% while Benin has achieved 67%.

**Test of hypothesis V (H0 5):** There is no significant difference

### Table 5: Statistical difference in the achievement of Millennium Development Goals (MDGs 1)-poverty / hunger eradication between Benin and Nigeria (Analysis of difference of Means ± SD with t- test).

<table>
<thead>
<tr>
<th>MDGs' parameters</th>
<th>Nigeria 1990-2009</th>
<th>Benin 1990-2009</th>
<th>t-test Figures</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Eradicate Extreme Poverty and Hunger</td>
<td>$\bar{x} \pm SD$</td>
<td>$\bar{x} \pm SD$</td>
<td>$t_{cal}$</td>
<td>$t_{tab}$</td>
</tr>
<tr>
<td>3.1 Proportion of pop on below $$1 per day (%)</td>
<td>56.74 ± 14.17</td>
<td>51.98 ± 2.72</td>
<td>18</td>
<td>1.351 &lt;</td>
</tr>
<tr>
<td>3.2 Employment to population ratio, both sexes, %</td>
<td>51.58 ± 0.42</td>
<td>71.9 ± 0.59</td>
<td>18</td>
<td>2.65 &gt;</td>
</tr>
<tr>
<td>Total</td>
<td>54.16 ± 7.30</td>
<td>61.94 ± 1.66</td>
<td>18</td>
<td>2.00&lt;</td>
</tr>
</tbody>
</table>

Source: Computed by the researcher, 2015

### Table 6: Statistical difference in the achievement of Millennium Development Goals (MDGs 3)-promotion of gender equality and empowerment of women between Nigeria and Benin Republic (Analysis of difference of Means ± SD with t-test).

<table>
<thead>
<tr>
<th>MDGs' parameters</th>
<th>Nigeria 1990-2009</th>
<th>Benin 1990-2009</th>
<th>t-test Figures</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 4: Reduction of Child Mortality</td>
<td>$\bar{x} \pm SD$</td>
<td>$\bar{x} \pm SD$</td>
<td>$t_{cal}$</td>
<td>$t_{tab}$</td>
</tr>
<tr>
<td>4.1 Children under five mortality rate per 1,000 live births</td>
<td>212 ± 18.46</td>
<td>153.30 ± 18.63</td>
<td>18</td>
<td>15.59 &gt;</td>
</tr>
<tr>
<td>4.2 Proportion of 1 year old children immunized against measles</td>
<td>47 ± 11.33</td>
<td>67.2 ± 5.68</td>
<td>18</td>
<td>6.69 &gt;</td>
</tr>
<tr>
<td>Total</td>
<td>129.5 ± 14.90</td>
<td>110.25 ± 12.16</td>
<td>18</td>
<td>11.14 &gt;</td>
</tr>
</tbody>
</table>

Source: Computed by the researcher, 2015.
in the level of improvement of maternal health (MDGs 5) between Nigeria and Benin Republic Table 7.

In Table 7, 5.1 shows maternal mortality ratio per 100,000 live births; the results show that \( t_{cal} < t_{0.05} \) hence no significant difference. Table 7, 5.2 shows proportion of births attended by skilled health personnel Percentage; the results show that \( t_{cal} > t_{0.05} \) hence significant difference. Based on the computations in Table 7 it is obvious that the critical value of \( t \) from the statistical table is less than the calculated value of \( t \text{ i.e., } P \text{-value} < t_{cal} \text{ hence the study has rejected the null hypothesis 5 (HO 5) and accepted the alternate hypothesis 5 (HA 5) indicating that: there is significant difference in the level of improvement of maternal health (MDGs 5) between Nigeria and Benin Republic. The implication of this hypothesis as tested and accepted is that both Nigeria and Benin are far from achieving this goal considering 1990 to 2009. Even though their levels of achievements are significantly different they are far from meeting the target on improvement of maternal health. This is because the Nigeria’s / Benin’s target for maternal mortality ratio per 100,000 live births is 200 or less but they on the average of 870 and 840 for Nigeria and Benin respectively [22]. Also of the 100% target for the Proportion of births attended by skilled health personnel Nigeria has only achieved an average of 35.6% while Benin has attained 66.9% (1990-2009).

**Test of hypothesis VI (.H0):** There is no significant difference in the level of combating of HIV and AIDS, malaria and other diseases (MDGs 6) between Nigeria and Benin Republic Table 8.

In Table 8, 6.1 shows People living with HIV, 15-49 years old, (%); the results show that \( t_{cal} < t_{0.05} \) hence there is significant difference in achievement of this objective. Table 8, 6.2 shows Tuberculosis incidence rate per year per 100,000 population; the results show that \( t_{cal} < t_{0.05} \) hence there is significant difference in achievement of this objective. Based on the computations in Table 8 it is obvious that the critical value of \( t \) from the statistical table is less than the calculated value of \( t \text{ i.e., } P \text{-value} < t_{cal} \text{ hence the study has rejected the null hypothesis 6 (HO 6) and accepted the alternate hypothesis 6 (HA 6) indicating that: there is no significant difference in the level of combating of HIV and AIDS, malaria and other diseases (MDGs 6) between Nigeria and Benin Republic.

The implication of this hypothesis as tested and accepted is that Benin has shown more efforts and achieved better results in combating of HIV /AIDS, malaria and other diseases than Nigeria considering 1990 to 2009. Even though their levels of achievements are significantly different both Nigeria and Benin are far from meeting the target on combating of HIV and AIDS, malaria and other diseases to zero level target on before 2015 [24]. Both Nigeria and Benin are targeted to achieve a zero level on People living with HIV, 15 - 49 years old. However, Nigeria has an average HIV / AIDS prevalence rate of 3.62% and Benin’s is 2.35%. Equally the zero target for tuberculosis prevalence rate per 100,000 populations is far from being attained by both Nigeria and Benin because Nigeria has an average of 455 cases in 100,000 population while Benin has 132 cases in 100,000 population [12].

**Test of hypothesis VII (.H0):** There is no significant difference in...
This is because the Nigeria's/Benin's target for total number of aids per capita is 100% but they on the average of 18% (Nigeria) and 56% (Benin) respectively. Also of the 100% target for Debt Services as Percentage of Export Goods and Services and net income; Nigeria has only achieved an average of 14% while Benin has attained only 8% (1990-2009).

### Summary

The study revealed that the MDGs’s execution is in its 21st year hence the programme has less than 5 years to go. From the study, it is revealed that Nigeria has appropriated over N320 billion (2.27 billion USD) for MDGs in the last three years and that over 24 trillion (160 billion USD) will be needed in the next remaining years to meet the MDGs target by 2015. Also Benin has spent 50.189 million USD in the last 7 years (2002-2009) to pursue the MDGs.

### Conclusion

Nigeria and Benin are far from meeting the targets of the MDGs slated to end in 2015. The study found that certain problems such as: delay in mobilizing counterpart government funds; weakness of the monitoring and evaluation mechanism; deficiency in communication on projects supported by development partners; lack of baseline data and clear understanding of the issues; and partiality be-devil the MDGs’ projects in the studied countries. However, it is evident in this study that there is significant difference in the level of the achievement of the most of the eight (8) Millennium Development Goals (MDGs) between Nigeria and Benin Republic.

### Policy Implications

The problem of development is a global challenge and the MDGs are responses by world leaders to that effect. The MDGs provide a platform to engage the development process. The situation in Nigeria and Benin indicates that there are challenges in meeting the goals by 2015 further threatened by global financial crisis, corruption and bad governance. Generally, for Nigeria and Benin to meet the goals in 2015 despite the global financial crisis, there is the need to formulate and implement policies that will promote transparency and accountability; overcome institutional constraints; promote pro poor growth; bring about structural change and enhance distributive equity.

### Recommendations

Based on the findings and the conclusions reached, the following recommendations have been made in this study:

1. To achieve the MDGs and to scale through the period of global financial crisis, Nigeria and Benin need to change the structure of the economy in such a way that the economies are not dependent on only a given product but diversified economies and expanding the industrial sector. For Nigeria and Benin to weather the liquidity problem in this global financial crisis, the commercial banks have to reduce their benchmark prime lending rates. This will allow flow of...
fund to real sector of the economy and promote economic growth

2. Export and infrastructure sectors can be offered financial aid as part of bailout packages. For example, pre and post shipment export credit can be made available for labour intensive exports, i.e., textiles (including handlooms, carpets and handicrafts), and small and medium enterprise (SME) sector. The bail out money should be deducted from excess crude oil account and Debt Relief Gain, not resulting to excessive borrowing in time like this

3. Constitutionally, implementation of MDGs activities fall within the purview of sub national governments, hence significant progress cannot be made unless states and local governments are committed to and coordinated in implementing MDGs related activities

4. The need to address the weak database for effective monitoring of MDGs in the country is vital for substantial progress to be made

5. Deliberate efforts and policies must be put in place to redistribute income. The MDGs will be met if the poor and excluded in society are empowered to meet their basic needs. In addition, meeting the MDGs will require partnership between government, donor agencies, civil societies, the public sector and the private sector

Members of the National Assembly in ECOWAS countries must demand details of the disbursement of the money spent on MDGs and should go out of their way to verify the claims that the funds have been applied to projects

References


5. UNMSP (2005) Investing in Development: A Practical Plan to Achieve the MDGs. UNCTAD, Geneva.


