

An Exploration of the Contributions of National Accelerated Poverty Eradication Programme in Ekiti State, Nigeria

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Abstract: The study examined the activities of National Accelerated Poverty Eradication Programme [NAPEP] in alleviating poverty in Ekiti State in Nigeria. Data were collected from 120 respondents with the aid of well structured questionnaire. The respondents were selected through multistage sampling techniques from two local governments namely Ado Ekiti, the State capital and Ikere Local Government areas. Data collected were analysed with the aid of descriptive statistics such as frequency distribution, mean, standard deviation and t-test. Results showed age bracket 21-30 years as the modal age group. About 90% of the respondents were less than sixty years of age. Moreover, a sizable number of the beneficiaries of the activities of the NAPEP i.e., 28.3% had B.Sc. certificate while 60% had more than primary education. 90% of total respondents agreed that NAPEP programme has helped to reduce incidence of poverty among the people in the study area thereby improving their standard of living. However, provision of infrastructure which is one of the schemes of NAPEP was mostly enjoyed by non-beneficiaries in that 6.4 and 58.3% of beneficiaries and non-beneficiaries, respectively reported having access to such infrastructures.

Key words: National Accelerated Poverty Eradication Programme (NAPEP) poverty, primary education, Nigeria

INTRODUCTION

Poverty is one of the major problems facing the less developed countries today. Poverty is generally associated with conditions under which people live. It is usually defined either in absolute or relative terms. There have been divergent views in the definition of poverty by different scholars. According to Aliyu (2001) absolute poverty refers to a condition in which a person or group of people are unable to satisfy their most basic needs in terms of good food, clothing, shelter, footwear, energy, transport, health, education and recreation. This shows that poverty affect every aspect of human life, hence the lack of consensus as to its definition Adeoye (2003) re-echoed the voice of people from different parts of the world on the definition of poverty:

- Poverty is a pain, it feeds like disease, it attacks a person not only materially but also morally. It eats away ones dignity and drives one into total despair (A poor woman from Moldova, 1997).
- Don't ask me what poverty is because you have met it. Look at the house, look at the utensils and the clothes which I am wearing, look at everything, what you see is poverty (Poor man, Kenya, 1997).
- What is life and because we have no water, life is miserable (Kenya, 1997).

- We keep talking about money that the government allocates for projects and nothing happens on the ground (Nigeria, 1998).

The above definition were confirmed by Ogunleye (2004) and Oladunni (1990) who defined the poor as one who lacks basic necessities of life such as adequate feeding, clothing, good health, education, adequate supply of portable water, electricity, good road etc. On the other hand, Afolami (2004) refers to the poor as an individual who cannot boast of subsequent meals apart from what he/she has for the moment i.e. he/she is not sure of where to get the next meals.

The definition of poverty outlined above could best be seen as an outline of the characteristics of poverty. The dimension of poverty covers economic, human, political, socio-cultural and protective abilities of the society. In other words, poverty is a multidimensional concept whose definition varies according to gender, culture, age and other socio-economic factors.

The negative effects of poverty on an individual or a nation cannot be over-emphasized. A poor man has no voice in the society, he is psychologically and emotionally distressed, faces the danger of sicknesses, diseases and untimely death, lacks political influences and personal recognition. The poor are always the downtrodden elements in the society. According to

Jhingan (2000) a nation is poor because it is poor. Poverty is like a cobweb and when an individual or a nation is entangled thereby, such can only be released by an external force. Poverty is a major cause and characteristics of the third world countries. No nation can develop economically, socially, politically and other wise without paying attention to the alleviation of poverty among her citizens.

The various Nigerian governments in recognition of the above negative effects of poverty on an individual and a nation put in place many programmes both at the local, state and federal levels to alleviate poverty in the country. Some of such programmes include Directorate of Food, Roads and Rural Infrastructures (DIFRRI), The Better Life/Family Support Programme, respectively, National Directorate of Employment, Rural Finance Institution, Peoples Bank of Nigeria, Family Economic Advancement Programmes, and Poverty Alleviation Programme. There were also non-governmental organizations that participated in the alleviation of poverty. Examples include the Country Women Association of Nigeria (COWAN), The Planned Parenthood Federation of Nigeria (PPFN), The Nigerian Red Cross, The Ford Foundation, The UNDP, IFAD, UNICEF, WHO and UNESCO. All these contributed to the alleviation of poverty in the areas of health, education and agriculture.

In spite of the various efforts of the government outlined above, the rate of poverty among the people is still on the hind's side. Available data showed that the poverty level in Nigeria in 1960 was 15% of the population which rose to 28% in 1980, 46% in 1985 and later declined to 43% in 1992. By 1996, it was estimated at 65.5%, rose to 70% in 1999 and declined to 54.4% in 2004. The recent drop could be connected to more recent programmes on poverty alleviation such as the National Poverty Eradication Programmes (NAPEP). NAPEP was established to coordinate and monitor all poverty eradication efforts in Nigeria so as to ensure better delivery, maximum impact, effective utilization of resources and easy review.

The various programmes of NAPEP could be categorized into the following schemes

- Youth Empowerment Scheme (YES)
- Capacity Enhancement Scheme (CES)
- Rural Infrastructure and Development Scheme (RIDS)
- Social Welfare Service Scheme (SOWESS)
- Community Enlightenment and Sensitization Scheme (NRDCS)

For effective implementation of the above schemes, the following support schemes were established.

- National Poverty Eradication Council (NAPEC). This is the body that formulates, coordinates, monitors and review all poverty eradication efforts within the country.
- National Assessment and Evaluation Committee (NAEC)- Ensures the achievement of the set targets in conformity with overall national development plans and objectives.
- National Coordination Committee (SCC).

In spite of the numerous programmes and the huge amount spent in the past, what remained unanswered is the extent to which these programmes have affected the poor i.e., the target population. Recent studies on poverty alleviation agencies revealed a considerable gap between the target objectives and achievement. This study therefore aims to examine the impact of NAPEP on the level of poverty among the rural dwellers. The study will also examine the various activities of NAPEP and its influence on some selected indices of poverty.

MATERIALS AND METHODS

The study area: The study was carried out in Ekiti State. The state which was created in 1996 has sixteen local government areas and shares boundary with Kwara in the North, Kogi in the West, Osun in the East and Ondo in the South. The state falls within the rain forest with a mean annual rainfall which ranges between 2000-2,400mm. The people of the state are predominantly farmers. The major cash crops include cocoa, kolanuts, cashew and oil palm while staple crops include rice, yam, cassava and maize among others. The indigenes are predominantly Yorubas speaking Yoruba and Ekiti dialects. According to the 2006 population census, the state has a population of 2,384,212.

Sources and nature of data: The data for the study were collected from both primary and secondary sources. The population of this study consisted of NAPEP beneficiaries and non-beneficiaries in selected local government areas of Ekiti State. A total number of 120 respondents were selected through multistage sampling techniques consisting of 60 beneficiaries and 60 non-beneficiaries from Ikere and Ado Local Government Areas. Information was collected from the respondents with the aid of well structured questionnaires. Secondary data were collected from text books, learned journals, NAPEP information bulleting and relevant News papers. Data collected include age of respondents measured in years, educational status of respondents, sex of respondents, their family size, marital status, methods of cooking, facilities owned by respondents, types of residential building and access to health facilities among others.

Table 1: Age distribution of respondents

Age bracket	Beneficiaries		Non-beneficiaries	
	Frequency	(%)	Frequency	(%)
21-30	21	35	26	43.3
31-40	13	21.7	28	48.3
41-50	20	33.3	5	8.4
51-60	6	10	-	-
Total	60	100.0	60	100.0

Table 2: Educational status of respondents

Level of education	Beneficiaries		No-beneficiaries	
	Frequency	(%)	Frequency	(%)
No formal education	3	5	10	16.7
Primary education	4	6.7	4	6.7
Secondary education	8	13.3	8	13.3
OND	13	21.7	10	16.7
NCE/HND	15	25	8	13.3
B.Sc	17	28.3	20	33.3
Total	60	100	60	100.0

Table 3: Marital status of respondents

Marital status	Beneficiaries		No-beneficiaries	
	Frequency	(%)	Frequency	(%)
Married	38	63.3	33	55
Single	6	10	20	33.3
Divorced	6	10	4	6.7
Widow	10	16.7	3	5
Total	60	100.0	60	100.0

Table 4: Family size of respondents

Family size	Beneficiaries		No-beneficiaries	
	Frequency	(%)	Frequency	(%)
≤5	39	65	38	63.3
6-10	16	26.7	18	30
11-15	4	6.7	3	5
≥16	1	1.7	1	1.7
Total	60	100	60	100

Method of data analysis: Descriptive statistics such as frequency distribution, mean and standard deviation were used to analyse the socio-economic characteristics of the respondents.

Data analysis: The socio-economic characteristics of the respondents are presented in Table 1-4. Table 1 shows age bracket 21-30 years as the modal age bracket which accounted for 35% of total respondents, followed by age bracket 41-50 years which accounted for 33.3%. About 90% of beneficiaries fall within age 21 and 50 years with a mean age of 37.3 years. This shows that majority of beneficiaries are still within the economic years and also shows the level of poverty in the state. For the non-beneficiaries, the modal age bracket which accounted for 48.3% was 31-40 years with a mean age of 32 years.

The study showed that majority of the beneficiaries that is 28.3% held B.Sc certificate while 6.7, 13.3, 21.7 and

25% held primary, secondary/technical, OND and NCE/HND, respectively. On the other hand, only 3% of total respondents had no education. This is an indication that those who benefited from the programme are not the target objectives i.e. the poor.

Majority of the participants were married as reflected in Table 3. As for family size, (Table 4) about 65% had a family size of less than five members with a mean of 14.9. This is an indication that most beneficiaries are from monogamous families.

IMPACT OF NAPEP ON SOME SELECTED INDICES OF POVERTY

Method of cooking: Table 5 shows the method of cooking by the respondents. Cooking by firewood appeared to be the commonest method of cooking in the study area by the beneficiaries. This accounted for 40 and 30%, respectively. Cooking by kerosene accounted for 38% while modern method of cooking (i.e. the use of electricity and gas) was 13.3% for the non-beneficiaries, kerosene accounted for 25% while modern method was 30%. As stated by the World Bank (1996), the method of cooking is one of the indices of poverty. The results of the study showed that majority of the people are still poor judging by the commonest method of cooking in the study area i.e., about 81.7% of the respondents still relied on traditional method of cooking. This could be because of the high cost and a times non-availability of the modern methods of cooking.

Facilities owned by the respondents: Table 6 shows the distribution of respondents by the assets owned. Result showed that 46.7% of the respondents possessed all the identified household assets such as bed and mattresses, chairs, radio and television. On the other hand, only 15% of non-beneficiaries possessed all these materials. Nonetheless, 30% of beneficiaries and 33.3% of non-beneficiaries possessed beds and mattresses. However, comparing the mean values of 9.7 and 6.1 for beneficiaries and non-beneficiaries, respectively, one could safely say that the former is well-off. This shows the positive influence of NAPEP on the standard of living of the people.

Type of building occupied by the respondents: Table 7 shows that 38.3 and 33.3% of total beneficiaries lived in flat and "face me I face you", respectively. A comparison of the mean values of 9.3 and 9.7 shows that there is no difference between the beneficiaries and the non-beneficiaries as to the type of residence occupied.

Table 5: Methods of cooking by respondents

Method of cooking	Beneficiaries		No-beneficiaries	
	Frequency	(%)	Frequency	(%)
Firewood	24	40	18	30
Charcoal	1	1.7	8	13.3
Kerosene stove	23	38.3	15	25
Sawdust	1	1.7	1	1.7
Electric stove	5	8.3	13	21.7
Gas cooker	6	5	5	8.3
Total	60	100.0	60	100.0

Table 6: Distribution of respondents by assets

Assets owned	Beneficiaries		No-beneficiaries	
	Frequency	(%)	Frequency	(%)
Bed and mattresses	18	30	20	33.3
Chair	5	8.3	7	11.7
Radio	4	6.7	7	11.7
Television	3	5	10	16.6
Mats	2	3.3	7	11.7
All of the above	28	46.7	9	15.0
Total	60	100.0	60	100.0

Table 7: Type of buildings by respondents

Type of building	Beneficiaries		No-beneficiaries	
	Frequency	(%)	Frequency	(%)
Duplex	4	6.7	2	3.3
Flat	23	38.3	23	38.3
Face-me-face-you	20	33.3	20	33.3
1 room apartment	13	21.7	15	25.0
Total	60	100	60	100

Table 8: Access to health facilities by respondents

Access to health	Beneficiaries		No-beneficiaries	
	Frequency	(%)	Frequency	(%)
Dispensary/health centre	8	13.3	7	11.7
Government hospital	36	60.0	28	46.7
Private hospital	15	25.0	16	26.6
Native hospital	1	1.7	4	6.7
None of the above	-	-	5	8.3
Total	60	100.0	60	100.0

Table 9: Distribution of respondents by benefits from NAPEP

Benefits	Beneficiaries		No-beneficiaries	
	Frequency	(%)	Frequency	(%)
Keke NAPEP				
[Special tricycle]	18	30	7	11.7
Training and skill acquisition	20	33.3	-	-
Capacity building	18	30.0	-	-
Infrastructures	4	6.7	35	58.3
Total	60	100.0	42	70.0

Table 10: Response to the question whether NAPEP has contributed to poverty reduction in Ekiti state

Contribution of NAPEP	Beneficiaries		No-beneficiaries	
	Frequency	(%)	Frequency	(%)
Agreed	31	51.7	18	30
Strongly agreed	23	38.3	16	26.7
Strongly disagreed	2	3.3	12	20.0
Disagreed	4	6.7	14	23.3
Total	660	100.0	60	100.0

Table 11: Poverty incidence in Ekiti (1980-2005)

Year	Poverty incidence (%)
1980	24.9
1985	47.3
1992	46.6
1996	71.6
2000	75.7
2004	49.9

Source: NAPEP, Ado-Ekiti, 2005.

Access to health facilities: Respondents' access to health facilities is represented in Table 8. About 98% of the beneficiaries reported having access to modern health facilities. However, 60 and 46.7% of beneficiaries and non-beneficiaries patronized government hospitals. The high percentage of attendance at government hospitals could be due to the fact that such is relatively cheaper and perhaps due to the public enlightenment on health care.

Types of benefits from NAPEP: Table 9 shows that 30.0, 33.3, 30 and 6.4% of total respondents benefited from Keke NAPEP, Training and Skill acquisition, capacity building and infrastructures schemes of NAPEP in Ekiti State, respectively. However, results showed that 58.3% of non-beneficiaries enjoyed infrastructures from NAPEP while 11.7% benefited from Keke NAPEP. This shows that most of the facilities that were supposed to be giving to the beneficiaries were diverted to some other people. This may have resulted from the selfish attitude of staff, obas, councilors and politicians who diverted such benefits to relations, friends and acquaintances.

Respondents' perception of NAPEP: Table 10 shows the respondents' perception of NAPEP in the study areas. The table shows that 90% of the respondents agreed that NAPEP has helped to alleviate poverty in Ekiti State while 10% disagreed. This is an evidence that many people have benefited from the various schemes under NAPEP in Ekiti State. Data collected from the respondents showed that NAPEP provided training in the area of farm management, record keeping and basic production techniques. Moreover, micro-finance was also provided to aid owners of small scale businesses. Among other things, respondents also reported steady income since their participation in NAPEP programmes.

The impact of NAPEP on poverty alleviation in Ekiti State can further be evaluated from Table 11. The table shows that poverty level was as high 75.7% in year 2000 prior to NAPEP. By 2004, poverty level has reduced to

49.9 which is about 34% decrease. This shows an appreciable improvement in the poverty level in the state. Nonetheless, there is still much to achieve.

CONCLUSION

The study examined the impact of NAPEP on the alleviation of poverty in Ekiti State. The study showed that about 90% of total respondents agreed to the positive influence of NAPEP schemes on the living standard of the people in the study area. About 33.3% of respondents benefited from the training and skill acquisition programmes of NAPEP. However, results showed that most of the benefits that are supposed to go to beneficiaries were diverted to other areas. This seems to have reduced the expected influence of NAPEP in the study area. For better spread of the benefits of NAPEP in the state, benefits should be directed hundred percent to the target objectives i.e., the poor, uneducated and unemployed.

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