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Exploring the Missing Link in the Delivery of Social Welfare Services in Nigeria

Godfrey Ekene Odinka
Department of Sociology, University of Calabar, Nigeria
Email: ekeneodinka2@gmail.com. https://orcid.org/0000-0002-3658-1834

John Thompson Okpa
Department of Sociology, University of Calabar, Nigeria
Email: okpajohntom@gmail.com. https://orcid.org/0000-0003-4989-3762

James Ajor Ogar
Department of Sociology, University of Calabar, Nigeria
Email: ogarjamesajor@gmail.com. https://orcid.org/0000-0002-1299-9638-

Fidelis Ebibuloughaemi Akarah
Department of Sociology, University of Calabar, Nigeria
Email: calvarysprofit@gmail.com. https://orcid.org/0000-0002-1299-9638

Abstract

The inability of government and other critical stakeholders to adequately provide education services, energy supply, drinkable water, healthcare services, road network, transportation, and communication infrastructure, have hampered the living standards of citizens by limiting their productivity and access to a good life. However, despite several government initiatives to raise people's living standards, these initiatives have failed to provide the desired outcomes. For the purpose of this research, an attempt was made to uncover the missing link in the provision of social welfare services in Yenagoa Local Government Area, Bayelsa State, Nigeria. To gather information for the survey, 570 participants were engaged with a questionnaire and an interview guide. A multi-stage sampling method was utilised for the study. Data was analysed using version 20 of the Statistical Package for Social Sciences (SPSS). The data was presented in the form of frequency distribution tables and percentages. A complementary approach was used for the qualitative data, which was organised into themes. Many of the research participants in the region (92.0%) said that social services like schools and health care are provided to them. Factors that were highlighted as the missing links in the delivery of social welfare programmes were corruption (48 percent) and poor/bad leadership (53 percent). Therefore, the study recommends that the government and other stakeholders use blockchain and other new technologies to support contract negotiations and procurement procedures, which are a key source of corruption and leakage in Nigeria.
Keywords: Delivery, social welfare services, schools, healthcare, infrastructural facilities, poverty alleviation

Introduction
All over the world, nearly every country has some form of social welfare services developed to support people. Social welfare services to people are usually backed up with social welfare policies and programmes developed to address social problems and inequality in social institutions (Attah et al, 2023). The objective of any social welfare policy is to address a society's socio-economic needs and, by extension, its political challenges like poverty, unemployment and old age, among others (Agba, et al, 2020; Ajor et al, 2023). Apart from solving societal challenges, social welfare services impact citizen-government relationship and state institutions, showing government commitment to its citizens (Aravacik, 2018; Omang et al, 2023). This can be vital in maintaining peace and tranquillity in a country as citizens enjoy enhanced living standards. However, Lee, Majer, and Kim (2019) noted that what constitute social services is perceived and defined differently based on a country's level of institutional development. For instance, the phrase "personal social service" is used in the UK to connotes assistance and care

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programme that strives to satisfy social protection demands of citizens (Lee, Majer, & Kim, 2019; Omang et al, 2020). In the US, the concept is also used in the restricted meaning of help for underprivileged populations in the society in terms of "social protection, illnesses, and disabilities, ignoring income, education, healthcare, and culture". (Lee, Majer, & Kim, 2019).

On the other hand, for the Koreans and in most African countries, the concept of social welfare is used in a broad sense. It defines as a socially offered services aimed at improving the wellbeing and standard of living of citizens as a whole (Seekings, 2017; Okoi et al, 2022). In recent times, many developing countries such as China, Brazil, India, Thailand, Chile, Ghana, South Africa, etc., have begun to witness a remarkable revival of the government in the supply of goods and services, particularly in social services (Mwenzwa & Waweru, 2016; Ofem et al,).

State agencies in Denmark offer social welfare programmes to the populace, which include building and maintaining public infrastructure, schools and libraries, roads and streets, water supply, and many other things. In New Zealand, the responsibility of putting up physical infrastructure, building local roads and transport, traffic management, public housing, business promotion, pre-school education, community facilities, among others, rests on the shoulders of the government. In Switzerland, the government agencies maintain law and order, civil defence, public utilities, management of primary and secondary schools, construction of local road, and many others (Mkandawire, 2016). In India, the government's involvement varies from state to state as in America and Australia regarding the supply and administration of social welfare programmes. The services they provide include delivery of water and electricity, as well as street lighting, drainage, road construction, and maintenance, among other things (World Development Report, 2019). In Africa, for example, the Kenyan government has committed itself to provide social welfare services in the education, health care sector and economic improvement (Künzler, 2018; World Bank, 2020). While Zimbabwe's social welfare is mostly based on the need to fight poverty, hunger, deprivation, and homelessness, this is mostly done through wealth distribution and social compensation (Akinleye, Akinola, Akinrimisi, Shadare, & Shadare, 2019). In Morocco, efforts by the government to improve the availability of infrastructure, educational services, healthcare, and other welfare needs of the people are taken seriously, with the provision of welfare services for the people (Irele, 2019). While, social welfare in South Africa takes a triple-pronged approach; infrastructural development, economic and educational improvement, and improved healthcare for the people (Ahmed, Alhassan, & Alshammari, 2017).

In 1945, a ten-year plan for development and welfare in Nigeria was enacted. This development plan specifically covered road development, rural and urban water supply, electricity and telecommunication, educational, medical, and health development to alleviate poverty and other socio-economic crises. At that time, the Nigeria leprosy services came into existence with the government taking over from the missionaries. Between 1948 and 1960, social welfare programs assumed a bureaucratic framework. The ten-year development plan was revised and expanded to include marriage counselling, foster care and adoption, community centres activities, family life education centres for women, and services for the physically and mentally disabled children (Ajibola, Loto, & Enilolobo, 2018; Hansan, (2017). Therefore, it can be inferred that in Nigeria at present, social welfare programs have not altered significantly from the 1960 template and recommendations. Despite the fact that this task has been spread due to the growing role of the private sector, the total delivery capability of public-oriented infrastructure remains one of the most important factors for evaluating the success of governments across the world. Nkpoyen, Archibong, Undelikwo, Obeten, and Ofem, (2021) aver that "this capacity has been a major challenge in Nigeria, remaining at a declining state since the 70s and complicating the nation's many crises: from infrastructural decay to insecurity, economic instability, mounting ethnic tension, pervasive and institution-suppressing corruption". Religious upheavals and violence, environmental risks and tragedies as well as political violence and resource control violence are among other crises. This has a significant impact on the wellbeing of the general populace. "The poor state of national security in Nigeria is documented in the Failed State Index, which has in its 2011 report, where Nigeria ranks 14th among the most failed

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states, rating as a failure alert state in a rating of 177 countries of the world" (Fund for Peace, 2012; Peter et al, 2020).

Olabanji, Adeola, and Kehinde, (2021) highlight the following as some of the missing link affecting the delivery of social welfare service in Nigeria. These factors include; corruption, lack of transparency and accountability, poor work attitude, undue political interference, attitude to service utilisation, level of education, gender as militating against the delivery of social welfare services quickly, fairly, satisfactorily, with integrity and transparency (Peter et al, 2020). Transparency International. (2019) observed that these factors, among others, have forced the cost of social welfare service on the people with regards to making socio-economic sacrifices, hardships, infrastructural drought, deliberate and gradual withdrawal of the state from its historic duty of social welfare provision. Relying on the perception of democracy as a platform for transformational and improved services, it is expected that the return of democracy in 1999 to Nigeria with the euphoria of hopes it generated, two decades or more years down the line would be a significant phase of celebrating a landmark economic maturity, improved living condition and social transformation (Vitus, 2019; Okpa et, al, 2020). However, public opinions suggest that citizen hopes are being dashed as the spate of infrastructural deficit continue to increase in a geometrical ascension. That corruption, lack of transparency and accountability and leadership failure is a major issue hampering Nigeria's growth, according to a vast body of scholarly research. What is not so common is a scholarly conversation on factors affecting specific aspects of Nigeria development, like the delivery of formal social welfare services. This study provided quantitative and qualitative data that highlights the missing links in the provision of social welfare services in the Yenagoa Local Government Area of Bayelsa State, Nigeria.

Theoretical underpinning

Efficiency Services Theory
The theory was propounded by Mackenzie (1954). Mackenzie (1954), the leading proponent of the EST, noted that service delivery to residents is expected to preoccupy the resources, power and time of the formal social welfare service providers. While Sharpe (1970) expounds on this theory, he opined that the adequate performance of the services delivered to residents is compelling. If the formal social welfare service providers did not exist, something would also be created in their place. His view thus shows the indispensable role that the service providers of formal social welfare services are meant to play at all levels of society. The core argument of the EST is that formal social welfare service providers exist to ensure efficient service delivery (Oladoyin & Onabanjo, 2021). This theory justifies the existence of formal social welfare service providers because they are effective agents for the provision of local services. Such services are construction and maintenance of roads, primary and adult education, maintenance of law and order, healthcare delivery, sanitation and other social welfare services (Lee, Majer & Kim, 2019). Applying the Efficiency Services Theory to this study posits that formal social welfare service providers exist to provide and deliver efficient and effective formal social welfare services like constructing and maintaining roads, education, healthcare services, sanitation, and other social welfare services. Lee, Majer and Kim, (2019) posits that the service providers also form a good base for effective mobilisation of the people's support and resources towards government projects programs. They ensure responsive, efficient formal social welfare service delivery to residents in any locality, geared towards improved service delivery and improved well-being and living standards. According to Omaliko (2016), the roles of the service providers include mounting a bulwark to forestall against factors that are averse to the provision of social welfare programmes, being closer to the people, as they are more conversant with the service needs of the residents.

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Methods

Data

The data used for this study were derived from a sample of five hundred and sixty (560) respondents (male - 53.4% while female – 46.6%). The sample size was arrived at using Cochran (1963) formula:

$$n = \frac{Z^2 (p\ q)}{e^2}$$

Where n = sample size

Z = z score determined for a specific confidence level as desired by the researcher at 0.05 confidence level and is 1.96 in z test table

q = the compliment of p (proportion) that is 1-p = 0.37%

p = the estimated proportion of an attribute present in the population

e = allowable error or accuracy level (±4%)

Applying this formula thus becomes:

$$n = \frac{Z^2 (p\ q)}{e^2}$$

$$n = \frac{1.96^2 (0.63)\ (0.37)}{0.04^2}$$

$$n = \frac{3.8416\ (0.63)\ (0.37)}{0.0016}$$

$$n = \frac{3.8416\ (0.2331)}{0.0016}$$

$$n = \frac{0.8955}{0.0016}$$

n = 559.6875

n = 5601

The study sample was selected using the probability and non-probability sampling procedures. Among the four development centres in Yenagoa Local Government Area, two were urban, namely, Epie/Atissa (1) and Epie/Atissa (2) development centres, while, Gbarain/Ekpetiama and Okordia/Zarama/Biseni development centres were rural. Therefore, all the four development centres were purposively selected. This gave both the rural and urban dwellers an equal chance of participating in the study to enable an unbiased view. One community from each development centres was selected, being picked from a container without replacement. The researchers prepared folded pieces of papers with only four options of 'yes' and four others 'no'. First, two options of 'yes' and others 'no' was folded and mixed up in a container. Then, the folded pieces of papers were presented to the selected individuals representing the communities in the urban development centres. At the end of the picking exercise, the communities that the persons with the 'yes' options represent, was selected. This was again repeated to select communities in the rural development centres.

At this point, the cluster sampling technique was adopted, this entails successive selection of communities in the clusters; which had communities, compounds and respondents: First stage: From the selected development centres; four communities were grouped into four clusters: A, B, C and D, for easy accessibility by the researcher and their proximity to the seat of government. Cluster A had: Agudama-Epie community, cluster B had Ekeki community. In contrast, cluster C had Gbarain community, and cluster D had Biseni community. Stage two: Fifty compounds were selected from each community per cluster using a systematic sampling method, which allowed selected compounds in the communities a possible chance of being chosen by the interval. In the urban areas, the first compound was picked using simple random sampling, followed by selecting various compounds using the availability sampling method until the fifty compounds were arrived at. For the rural areas, the bottle spinning method was adopted to give the researcher a direction on where to start, from which each compound was taken till the fifty is attained. Stage three: This involved the selection of respondents in each selected

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compound. Three male and three female adult respondents were chosen in each selected compound using the availability sampling method until the needed number for each cluster (being 140 respondents per cluster) was attained. In a situation where the respondents are not complete, the researcher will go to the next compound. This means that six adults available in the compound were selected, and this was done until the needed total number of respondents of 560 was attained. This was done in the rural and urban areas, respectively until the number of respondents was arrived at.

For the In-depth interview, a total of 8 heads of governmental and non-government agencies (4 from the government agencies and 4 from the non-governmental agencies) and two community leaders from one rural community (Biseni) and another from one urban area (Agudama), was selected due to their privileged positions as being privy to issues of welfare services in the study area. This amounts to a total of 10 persons who participated in the in-depth interview. This is not part of the 560 respondents used for the quantitative part, which totalled 570 respondents. In addition, "four directors each of the Ministries of Women Affairs, Power, Works and Education were purposively selected, together with four chief executive officers of Kindling Hope Alive, Nigeria (KHAN) Foundation, I-Care-Save-A-Soul, Water and Sanitation Hygiene (WASH), and Child Protection Network (CPN), and two community leaders from a rural and an urban community in the study area".

Study setting
The study was conducted in Yenagoa Local Government Area of Bayelsa State, Nigeria. The study area is the administrative headquarters of the state and one of the eight Local Government Areas in the State and the seven hundred and seventy-four in Nigeria. Yenagoa occupies an area of $706km^2$, with 5^00^2N, $6^0 20^0E$ as coordinates. It has become the focal centre of the Ijaw ethnic nationality, which consists of Nigerians who speak the Izon language and are dispersed across the globe, and its people, make up the bulk of the state's population. Yenagoa is a city in which the main language spoken is English. Nevertheless, Epie and Atissa, which belong to the Izon language family, are the predominant languages used in Yenagoa. Yenagoa Local Government Area was of interest to the researcher because the state and non-state actors offer social welfare programmes to the citizens of the city. The state saddle with the responsibilities of delivering social welfare programmes to citizens include but not limited to the "Ministries of Works, Power, Education, and Women Affairs and Social Development". The non-state actors that provide social welfare and other support services to citizens include but not limited to "Kindling Hope Alive, Nigeria (KHAN) Foundation, Water and Sanitation Hygiene (WASH), Child Protection Network (CPN), and I-Care-Save-A-Soul)". Since 1996, when Yenagoa became the state capital, construction and other social and economic activities have advanced substantially. Yenagoa is a growing metropolitan city with social and economic problems. Most of the people who live there are traders, farmers, and fishers with low incomes, so social welfare services are a lifeline.

Ethical consideration and data collection procedure
Ethical principles governing scientific investigation were complied with. Respondents were told that taking part is optional and that any information they give will be kept secret and used only for research purposes. Respondents were also permitted to withdraw from the survey if they found it inconvenient to continue. Only a small percentage of those contacted declined to participate in the research for reasons that were obvious to them. Before the actual data collection began, all respondents were supplied with a consent form, which they were required to complete and submit. This study received ethics approval from the University of Nigeria, Nsukka. Prior to the administration of the primary instrument, a pre-test was conducted using fifty-six (56) questionnaires in non-study sites. The tool was also evaluated for internal and external validity. Three research volunteers proficient in English and their native languages assisted the researcher in administering the survey instrument. With the participants' permission, the researcher conducts the interview using a recorder. At the same time, one of the research volunteers was running the recorder while others were taking notes. The responders were properly contacted, and an

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appointment was set up prior to the interview. This is done to prevent meeting them unprepared and to create an atmosphere that encourages full involvement and ensures the quality of information collected during the session.

Data analysis

The survey adopts two approaches of data analysis which are qualitative and quantitative approaches. The responses to the disseminated and retrieved questionnaires were coded and analysed using the Statistical Package for Social Science (SPSS). The outcomes were presented using frequency tables, straightforward percentages, and Chi-square (X^2) method. The qualitative material obtained was transcribed, evaluated, arranged, categorised, and analysed to identify common themes. It was assured that the collected replies were carefully interpreted in order to apply the points created in relation to the themes defined. The quantitative results were supported by direct transcription quotations.

Findings and discussion

The analysis was based on the views of the respondents from the questionnaires and in-depth interviews. Out of a total of 560 questionnaires distributed in the selected streets and villages for the study, 98.0% (N=549) were validly filled and returned. In contrast, 2.0% (N=11) were partly lost in the field while other parts of the (2.0%) were not properly completed. A look at respondents' community in Table 1 showed that 24.6% of the respondents were from Agudama-Epie, 25.0% were from Ekeki-Epie, and 25.1% were from Gbarain 25.3% were from Biseni. Out of 549 respondents used for the study, 53.4% were males, while 46.6% were females. The result showed that the majority (53.4%) of the respondents' respondents were males. Similarly, of the five categories of the age groups, "respondents between the age intervals of 18-24 years were noticeably more than those in any other age interval and accounted for 28.6% of the sample, closely followed by those aged 25-31 (25.9%), followed by those aged 39-45 (18.9%), followed by those aged 32-38 (17.9%)". "Those who indicated that they were in the intervals between 46 years and above were 8.7%. 54.3% of the respondents reside in an urban area, while 45.7% are rural dwellers". "The result further revealed that 53.4% of the respondents were single, 45.0% were married, and .7% were separated". "Also, .5% of the respondents were divorced, whereas .4% were widowed". This shows that the majority (53.4%) of the respondents in the study were single. "The result also revealed that 3.8% of the respondents had completed their primary education". "Those who have completed their secondary education were 29.9%". "In comparison, 8.7% of the respondents are holders of ordinary national diploma, and 10.7% are holders of national certificate of education". "A majority (35.5%) are holders of bachelor's degree, 1.1% are doctorate degree holders". "In contrast, 10.2% are holders of various degrees unspecified in the study questionnaire, such as M.Sc, NABTEB, etc". It is expected, as often argued, that level of educational attainment could impact the awareness of respondents on existing of social welfare programmes. "The findings revealed that out of 549 respondents used for the study, 35.5% were civil/public servants, 13.8% were traders, 32.1% were students". "Also, 2.6% of the respondents were farmers". "However, 16.0% are made up of other specifications such as artisans, self and unemployed". "The finding indicates that greater percentages of the respondents (35.5%) were civil/public servants, followed by students (32.1%)".

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Table 1: Respondents personal data (N = 549)

S/N	Variables	Options	Response rate	Percentage
1.	Community	Agudama-Epie	135	24.6
		Ekeki-Epie	137	25.0
		Gbarain	138	25.1
		Biseni	139	25.3
		Ekori	75	12.3
		Total	**549**	**100**
2.	Sex	Male	293	53.4
		Female	256	46.6
		Total	**549**	**100**
3.	Age	18-24 years	157	28.6
		25-31 years	142	25.9
		32-38 years	98	17.9
		39-45	104	18.9
		46 years and above	48	8.7
		Total	**549**	**100**
4.	Place of residence	Urban	298	54.3
		Rural	251	45.7
		Total	**549**	**100**
5.	Marital status	Single	293	53.4
		Married	247	45.0
		Separated	4	.7
		Divorced	3	.5
		Widowed	2	.4
		Total	**549**	**100**
6.	Educational qualification	Primary education		3.8
		Secondary education		29.9
		OND		8.7
		NCE		10.7
		BSC		35.5
		PHD		1.1
		Others		10.2
		Total	**549**	**100**
7.	Occupation	Civil servant	195	35.5
		Trader	76	13.8
		Student	176	32.1
		Farmer	14	2.6
		Others	88	16.0
		Total	**549**	**100**

The demographic characteristics of the respondents from in-depth interviews conducted in the selected ministries show that out of the five respondents involved in the interview session, 60.0% were males, while 40.0% were females. Moreover, they are directors and deputy directors in their ministries and a community leader. Furthermore, in terms of educational qualification, 100% of the respondents have completed their tertiary education.

Table 2: *Socio-demographic characteristics of respondents for IDIs in the selected ministries*

Variables	1	2	3	4	5
Sex	Male	Male	Female	Male	Female
Ministry	Women affairs	Power	Education	Community leader	Works
Educational status	Tertiary education	Tertiary education	Tertiary education	Tertiary education	Tertiary education

The demographic characteristics of the respondents from in-depth interviews conducted in the selected agencies show that out of the five respondents involved in the interview session, 60.0% were females, while 40.0% were males. Moreover, they are Chief Executive Officers of their agencies and a community leader. Furthermore, in terms of educational qualification, 100% of the respondents have completed their tertiary education.

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Table 3: *Socio-demographic characteristics of respondents for IDIs in the selected agencies*

	1	2	3	4	5
Sex	Male	Male	Female	Female	Female
Name of agency	KHAN Foundation	I-Care-Save-A-Soul	Child Protection Network	Water and Sanitation Hygiene	Community leader
Educational status	Tertiary education	Tertiary education	Tertiary education	Tertiary education	Tertiary education

Data in table 4 shows that 92.0% of the respondents attested that primary schools are readily available, 3.7% stated that primary schools are not readily available. In contrast, 7% stated that primary schools are not available at all. Again, 94.0% of the respondents believe that secondary schools are readily available, 5.1% hold that secondary schools are not readily available, whereas .9% said there are no secondary schools. Furthermore, 55.4% of the respondents indicated that colleges of health technology are readily available, 29.9% hold that they are not readily available. In comparison, 14.8% asserted that there are no colleges of health technology at all. Also, 10.7% of the respondents believe that polytechnics are readily available, 31.1% said they are not readily available. In comparison, 58.1% asserted clearly that there no polytechnics at all. Finally, 23.7% of the respondents stated that universities are readily available, 23.3% also said that universities are not readily available. In comparison, the majority of the respondents (53.0%) believe that there are no universities at all in the study area.

Furthermore, data on the provision and delivery of healthcare services in Yenagoa show that 76.5% of the respondents pointed out that health centres are readily available, 18.4% stated that they are not readily available. In comparison, 5.1% stated that health centres are not available at all. Again, 44.6% of the respondents believe that general hospitals are readily available, 28.2% hold that general hospitals are not readily available, whereas 27.1% said there are no general hospitals at all. Also, 38.6% of the respondents indicated that teaching hospitals are readily available, 35.7% hold that they are not readily available. In comparison, 25.7% asserted that there are teaching hospitals at all. Furthermore, most respondents (76.3%) stated that private hospitals/clinics are readily available, and 14.6% said they are not readily available. In comparison, 9.1% of the respondents believe that there are no private hospitals/clinics at all in the study area.

Also, responses on the provision and delivery of infrastructural services in Yenagoa show that 37.0% of the respondents assert that good roads are readily available. The majority of the respondents (49.0%) report that they are not readily available. In comparison, 14.0% states that good roads are not available at all. 23.3% of the respondents believe that electricity is readily available, 59.2% hold that electricity is not readily available, whereas 17.5% said there is no electricity at all. Similarly, 13.3% of the respondents indicate that portable pipe-borne water is readily available, 30.6% hold that it is not readily available, while most respondents (56.1%) asserted that there is no portable pipe-borne water at all in the study area.

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Table 4: Data on the provision and delivery of social welfare services (N = 549)

S/N	Formal social welfare services	Options	Response rate			Total	Percentages
			Readily available	**Not readily available**	**Not available at all**		
1.	Information on available educational services	Primary school	505(92.0%)	40(7.3%)	4(.7%)	**549**	100%
		Secondary school	516(94.0%)	28(5.1%)	5(.9%)	**549**	100%
		College of health technology	304(55.4%)	164(29.9%)	81(14.8%)	**549**	100%
		Polytechnic	59(10.7%)	171(31.1%)	319(58.1%)	**549**	100%
		University	130(23.7%)	128(23.3%)	291(53.0%)	**549**	100%
2.	Information on available healthcare services	Health centre	420(76.5%)	101(18.4%)	28(5.1%)	**549**	100%
		General hospital	245(44.6%)	155(28.2%)	149(27.1%)	**549**	
		Teaching hospital	212(38.6%)	196(35.7%)	141(25.7%)	**549**	100
		Private hospital/clinic	419(76.3%)	80(14.6%)	50(9.1%)	**549**	100
3.	Information on available infrastructural services	Good roads	203(37.0%)	269(49.0%)	77(14.0%)	**549**	100
		Electricity	128(23.3%)	325(59.2%)	96(17.5%)	**549**	100
		Portable pipe-borne water	73(13.3%)	168(30.6%)	308(56.1%)	**549**	100

All participants during the qualitative demonstrated sound knowledge of the available formal social welfare services in Yenagoa. An extract from an interview with a Director at the Ministry of Education explained this better. He said;

> *The delivery of the formal social welfare services to the residents in the local government area, especially educational services, is mainly by the government. They provide and deliver most of the educational services, from primary to tertiary. Although, other private individuals have ventured into educational service delivery, mostly at the primary and secondary levels. This spreads across both the urban and rural areas, that is, for the primary and secondary schools. The government made it a policy to move the state-owned tertiary institutions to the nearby local governments to spread development across the state; that is why there is no university in Yenagoa at present. What we have now in Yenagoa is one of the campuses of Niger Delta University. However, plans are on the way to establish various tertiary institutions, both private and government-owned, in the local government area, which doubles as the state capital. (IDI/Male/ Director/Ministry of education)*

Another participant noted that the healthcare facilities are readily available to take care of the health needs of residents. According to him:

> *The formal social welfare services available to the residents in the local government area regarding healthcare, especially those of us in the rural part of the local government, are the health centre, the private clinics and a cottage hospital (provided by a company). They are close to us, but when any of our people have a serious health challenge, we go to the teaching hospital at Okolobiri or the Federal Medical Centre at Yenagoa. Although, this costs us more, as most of the time, the hospitals in town are very high. However, we hope that we might soon get a functional general hospital from the company operating in our community (there are plans to upgrade the cottage hospitals). (IDI/Male/Community leader/ Biseni community)*

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However, another participant expressed disappointment over the government's performance in delivering roads, electricity and other infrastructural facilities. He said:

> *The government is making efforts to provide and deliver formal social welfare services to the residents in the local government area, but the services are not readily available. This is because, apart from a few passable roads, electricity is epileptic (since we joined the national grid, but electricity was constant when connected to the gas turbine), pipe-borne water stopped working long ago. The present administration has promised to provide and deliver these formal social welfare services to the residents. However, we hope it is not the usual promise and fail of past administrations.*

The triangulation of these responses reveals that social welfare services are readily available for the residents of Yenagoa. However, while there is appreciable satisfaction among respondents with the delivery of educational and healthcare services, respondents are sad and disappointed with the state of roads, electricity supply and other infrastructural facilities that have not received adequate attention from the government and other stakeholders.

The functionality of available formal social welfare services
According to table 5, 47.2% of respondents claimed that educational services are functional, 39.5% of respondents stated that they are not functional, and 13.3% of respondents answered that they are unsure whether the school system is functional or not. In addition, 45.9 percent of respondents say that healthcare is functional, while 39.2 percent believe that healthcare is not functional, and 14.9% are unsure. In addition, 18.0% of respondents said that infrastructural services are functional, the majority of respondents (53.9%) believe that they are not functional, and 28.1% are unsure regarding the functioning of infrastructural services in the survey region.

Table 5: *Responses on the functionality of formal social welfare services*

Information on the functionality of services	Functional	Not functional	Not Sure
"Educational"	259(47.2%)	217(39.5%)	73(13.3%)
"Healthcare "	252(45.9%)	215(39.2%)	82(14.9%)
"Infrastructural"	99(18.0%)	296(53.9%)	154(28.1%)

Data from the in-depth interview with a Deputy Director in the Ministry of Women Affairs explained this better. During the IDI, he said;

> The government is making efforts to enhance the well-being of the people by investing in formal social welfare services. However, the services are not very functional in most cases. This is because, apart from the educational and healthcare services that are seemingly functional and largely effective, the area of infrastructural services is not effective as yet. The present administration is making noticeable strides to put up infrastructure all across the local government area. However, the pace is slow, and the present infrastructural services on the ground are not effective. However, at the end of this administration, it is hoped that there will be sufficient infrastructure on the ground that will improve the welfare of the residents.

Although most of the respondents believe that some of the social welfare services are functional, such that it has improved their well-being, divergent opinions revealed that citizens are not feeling the impact of government investment in infrastructure facilities.

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The result in Table 6 shows that the majority of the respondents (55.0%) asserts that "governmental agencies are the main providers of formal social welfare services, 2.7% stated that the services are provided by non-governmental agencies, while 27.5% are of the view that the services are provided through community self-help projects and 14.8% mentioned other means such as companies operating in their areas as providers of the formal social welfare services".

Table 6: *Responses on service providers of social welfare services*

Service providers	Frequency	Percentage (%)
"Governmental agencies"	302	55.0
"Non-governmental agencies"	15	2.7
"Community self-help projects"		
"Others specify"	151	27.5
	81	14.8
Total	**549**	**100.0**

Integrating the benefactors of formal welfare services, most of the qualitative responses indicate that government agencies are the major provider of social welfare services in Yenagoa. One of the participants responding to the question on who are the providers of formal social welfare services specifically mentioned government: she said:

> The government is the major stakeholder in delivering formal social welfare services to the residents in the Yenagoa local government area. This is because they control and manage the majority of society's resources. They provide and deliver the most formal social welfare services, ranging from educational to healthcare, infrastructural and other services. Although other stakeholders make efforts to provide and deliver some formal social welfare services to the residents, the government creates an enabling environment for them. It supports the communities with some resources to enable formal social welfare services delivery.

Data in Table 7 showed that 46.3% of the respondents aver that corruption affects the effective delivery of formal welfare services to a large extent, 48.3% said it affects it to a very large extent, while 4.2% said to a small extent and 1.3% of the respondents said to a very small extent. Also, 40.3% are of the view that poor/bad leadership affect the delivery of formal social welfare services to a large extent, the majority (53.0%) of the respondents hold that it affects it to a very large extent, 5.3% said to a small extent, while 1.5% of the respondents said to a very small extent. Again, 33.0% of the respondents indicated that lack of qualified personnel affects the delivery of formal social welfare services to a large extent; 31.3% also indicated to a very large extent, while 29.3% said to a small extent and 6.4% said to a very small extent. Furthermore, 32.6% of the respondents hold that distance from the services affects the delivery of the services to a large extent, 21.1% said it affects it to a considerable extent, while 36.8% and 9.5% said to a small extent and a very small extent respectively. Finally, 29.1% of the respondents are of the view that availability of the services affects the delivery of formal social welfare services to a large extent, 23.1% said to a very large extent, while 37.3% of the respondents said to a small extent, 10.4% said to a very small extent.

Moreover, 26.4% of the respondents aver that lack of awareness of residents about the services affects the delivery of the services to a large extent, 21.5% said it affects it to a very large extent, while the majority of the respondents (35.7%) said to a small extent and 16.4% said to a very small extent. 23.3% of the respondents are of the view that the perception of residents about the services affects the delivery of formal social welfare services to a large extent, 18.0% said it affects it to a very large extent, while the majority of the respondents (39.3%) and 19.3%,

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said to a small extent and a very small extent respectively. Also, 27.1% of the respondents indicated that lack of accessibility to the services affects the delivery of formal social welfare services to a large extent; 23.7% also indicated to a very large extent, while 36.8% said to a small extent and 12.4% said to a very small extent. Moreover, 25.3% of the respondents hold that location of residents affects the delivery of the services to a large extent, 16.9% said it affects it to a very large extent, while the majority of the respondents (39.2%) said to a small extent and 18.6% said to a very small extent.

Table 7: *Distribution of respondents on information on the missing links that affect the delivery of formal social welfare services*

Information on factors affecting service delivery	To a large extent	To a very large extent	To a small extent	To a very small ext
Corruption	254(46.3%)	265(48.3%)	23(4.2%)	7(1.3%)
Poor/bad leadership	221(40.3%)	291(53.0%)	29(5.3%)	8(1.5%)
Lack of qualified personnel	181(33.0%)	172(31.3%)	161(29.3%)	35(6.4%)
Distance from the services	179(32.6%)	116(21.1%)	202(36.8%)	52(9.5%)
Availability of the services	160(29.1%)	127(23.1%)	205(37.3%)	57(10.4%)
Lack of awareness of residents about the services	145(26.4%)	118(21.5%)	196(35.7%)	90(16.4%)
Perception of residents about the services	128(23.3%)	99(18.0%)	216(39.3%)	106(19.3%)
Lack of accessibility to the services	149(27.1%)	130(23.7%)	202(36.8%)	68(12.4%)
Location of residents	139(25.3%)	93(16.9%)	215(39.2%)	102(18.6%)

Discussion of findings

The research focuses on the missing links in the provision of social welfare programmes in Nigeria. Social welfare programmes, including such as education and health care, are widely provided to respondents in the study area. This suggests that the delivery of social welfare services like education and healthcare services to the residents of Yenagoa LGA was high. The finding is consistent with works of Alao, Osakede and Owolabi (2015), Mwenzwa and Waweru (2016); Ihenacho, (2018); Okpa (2022). In their different research, they concluded that social welfare service delivery is substantial. Manga (2012) found that South Africans has a high level of access to educational and healthcare services. This research somewhat agrees with Manga's conclusions. Also consistent with Abegunde and Akinyemi (2014), Anam et al, (2022) the results of this research show that urban residents get a high level of social welfare services. On the flip side, most of the respondents decried the absence of infrastructural facilities. The majority of the respondents reported that it is readily unavailable. The findings of this study are in sharp contrast with some part of Manga (2012) findings on the high provision of infrastructural facilities to the people of South Africans. Respondents were unanimous in their assertion as they lament the age-long neglect of government and other critical stakeholders in investing in infrastructural projects in their locality. However, responses on the functionality of the available social welfare services show that 47.2% asserted that educational services are functional, 45.9% of the respondents believe that healthcare is functional, while the majority of the respondents, 53.9%, hold that they are not functional. The work of Kakwani and Son (2016); Okpa et al (2022) supports the findings of this study by stating that the delivered formal social welfare services are functional in the sense that the services help reduce poverty and inequality in human society. Amongst the benefactors of the formal social services, the majority, 55.0%, mentioned government agencies, 27.5% indicated community self-help project, 14.8% opted for other options like oil companies, while 2.7% mentioned non-governmental agencies.

On the missing links affecting the delivery of formal social welfare services, majority 48.3%, report that corruption to a very large extent influence the delivery of formal social welfare services, 53.0% mention poor/bad leadership, while 33.0% reported that lack of qualified personnel to a large extent affects the delivery of social welfare services. Furthermore, the

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majority 36.8%, 37.3%, 35.7%, 39.3%, 36.8%, 39.2% of the respondents' report that distance from the services, availability of the services, lack of awareness of residents about the services, perception of residents about the services, lack of accessibility to the services, and location of residents respectively to a negligible extent affect the delivery of formal social welfare services. This finding agrees with that of Oladoyin, and Onabanjo, (2021), whose study noted that due to corruption and inappropriate utilisation of funds, there is inadequate provision and delivery of formal social welfare services to residents. Otoghile and Edigin (2011) also, in their study in Edo State, Nigeria, show inadequate provision and delivery of formal social welfare services to residents due to corruption and diversion of funds.

The fundamental assumption of the EST is that service delivery to residents is expected to preoccupy the resources, power and time of the formal social welfare service providers (Mackenzie, 1954). While Sharpe (1970) expounds on this theory, he opined that the effective performance of the services delivered to residents is so important that, if the formal social welfare service providers did not exist, something would also be created in their place. This may explain why the majority (73.6%) of the respondents indicated that they accessed different forms of formal social welfare services delivered to them through government agencies. This theory justifies the existence of formal social welfare service providers because they are effective agents for the provision of local services. Such services are construction and maintenance of roads, primary and adult education, maintenance of law and order, healthcare delivery, sanitation and other social welfare services (Vitus, 2019).

Generally, the argument on the EST is that the closer the service provider is to the residents, the more efficient such services being offered will be. This is because the services provided will respond to the residents' immediate needs and address their diversities, taste, preferences, and complexities (Lee, Majer & Kim, 2019). This may be argued to be why 16.9% of the respondents believe that the location of residents hinders the delivery to, accessibility and utilisation of formal social welfare services by residents in the study area. That is to say, that, when the formal social welfare services are close to the residents, they are more likely to access and utilise them. Another finding in this study is that 54.3% of the respondents affirmed that formal social welfare services could be better effectively delivered to residents. This can be done or delivered more effectively by a synergy of all stakeholders, including the governmental agencies, non-governmental organisations, the residents themselves through community self-help efforts, and companies through their corporate social responsibilities.

Conclusion and recommendations

This study focuses on determining the missing links that affect the delivery of formal social welfare services in Yenagoa local government of Bayelsa State, Nigeria. Data were generated from 560 respondents' while qualitative data were generated from 10 participants from the study area. Results from both descriptive and inferential statistics show that, for the knowledge of the provision of social welfare services, besides polytechnic and university schools were the majority of the respondents, 58.1% and 53.0% respectively reported that they are not available at all, a remarkable number of respondents 92.0%, 94.0% and 55.4% respectively confirms that primary, secondary schools and College of health technology are all readily available in Yenagoa LGA. Similarly, the majority of the respondents reported that healthcare facilities are readily available. However, most respondents are not satisfied with the state of infrastructural facilities. Most of the study participants reported that they are not available. Even though the majority of respondents said that education and healthcare services are functioning, access to these services has helped reduce poverty, boost family income, decrease child mortality, and increase education delivery in the research region. In spite of this, the majority of study participants, 53.9%, claimed that infrastructure facilities are not functioning due to their near absence or poor condition. However, most beneficiaries (55.0%) of social welfare services identified the government as the major provider. Howbeit, several factors such as corruption, poor/bad leadership, lack of qualified personnel have acted as an impediment to the effective delivery of formal social welfare

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services in Nigeria. The respondents' observations are congruent with Oleribe, Momoh, Uzochukwu, Mbofana, Adebiyi, Barbera, Williams, and Taylor-Robinson (2019). They identified a number of these obstacles that impede the capacity of local governments in Nigeria, the closest level of government to the people, to provide social welfare services in a prompt, equitably, satisfactory, honest, and transparent manner.

The factors include corruption, lack of transparency and accountability, poor work attitude, undue political interference, attitude to service utilisation, level of education, gender (Uzuegbu, 2016; Ukwayi & Okpa, 2017). These factors must be tackled head-on to make the delivery of social welfare services to the residents accessible and utilisable. The study recommends that there is a need for stakeholders in the Nigeria project to pull resources together and sincerely, as a point of patriotic duty and a sense of leaving a positive legacy, deliver the much-needed formal social welfare services in every community across the country. This will help expedite the delivery of formal social welfare services for the benefit of the people to access and utilise. In addition, the government and other critical stakeholders should deploy blockchain and other emerging technologies to underpin contract negotiations and procurement systems, which is a huge source of corruption and leakage in Nigeria.

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