



Readings in Social WORK

edited by
Lai Olurode, Funmi Bammeko
and Dare Durowade

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ISBN: 978-074-224-7

Published 2006

Printed by:

Latmos Nigeria Enterprises
08033505887

Editors

'Lai Olurode, Funmi Bammeké and Dare Durowade

Comparative Social Work

11.1 Introduction

Comparative Social Work is one of the emerging disciplines in social work. It is an applied social study that is concerned with objective and critical analysis of social policies and social services between at least two countries. The discipline examines the social forces affecting such policies and services, explicates, and sheds fresh insights into why these countries chose the policies and services. It explores the variations and convergences of these services and policies. While a few texts (Rodgers, 1989; Wormer 1997) have studied some countries like Canada, Mexico, Japan, and Sweden, none has considered Saudi Arabia, and other countries, which we are here comparing with Nigeria. Some texts tangentially allude to some of the social services of these countries but not in relation to Nigeria. The gaps in knowledge are the primary impetus for this study.

This paper provides a panoramic and critical review of social welfare policies and services in five selected countries using in-depth/ case studies. The indicators of five social policies/ services: health, education, housing, transport, and social security form the fulcrum of the analysis.

The Chapter is structured into four sections: the first deals with introduction, goals, and methodology of comparative social work. The second considers some background factors. The third describes, explains, and analyses the five selected countries while the last section concludes the analysis.

11.2 Goals of Comparative Social Work

We study comparative social work to broaden our perceptions of other countries' social policies and social services; the approaches these countries have taken in addressing their needs and problems

especially the ones that disrupt social functioning. In the study of social work practice it can be safely said that one situation can manifest a variety of needs and concerns in a number of different peoples or groups of people. The logical conclusion is that equally, a variety of solutions can be applied to a single need. Indeed, one of the functions of social policy is to select from among many possible approaches, a feasible method to implement as a solution to the problem or need. Once choices are made, we can sometime lose sight of the fact that there were alternative approaches that could have been chosen, or that may still be taken. A study of different social service systems in other countries and the choices they made can help us to see our own choices in a different light. In taking a comparative approach, we should look for significant events and the chosen responses, which shaped the development of various social service systems that we study. In the process of studying the various social service systems, our primary interest is to understand why countries made such different choices and how they would go about solving similar problems or meeting similar needs. This can shed light on our way of planning, implementing, and evaluating the social services.

11.3.1 Methodology

The pertinent approach here is to adopt an indepth technique and present several case studies, which focus on the same selected policy areas in each country. The author Tries to assemble enough information

to describe the service system, identify the policy choices made, discuss the implementation of the choices, and understand the consequences that follow. In presenting the case studies, the following information is given.

11.3.2 Background Factors and Influences

In order to understand the context within which the social services of a society had developed in the past and are operating today, we have to consider a wide range of potentially relevant social phenomena. Some of the factors may include

- a Historical factors;
- b Geographical factors;
- c Demographic factors;
- d Economic factors;
- e Political factors;
- f Cultural factors;
- g Operating value systems.

There are others but in this paper we will present a brief description of some of the above-mentioned factors. In considering historical factors, we look for events in the history of the countries under study, which initiated changes that led to unmet needs or problems calling for responses from the service sector. We glance at the historical source of particular choice made concerning how the service sector responded.

In some cases, geographical factors can influence the types of needs or problems facing a society. The extent to which the geographical factors allow or impede access to outside ideas can influence the awareness of alternatives or shape a people's disposition towards one choice over others.

The issues related to demography are important in understanding the

population demands being made on a service system, the distribution of the types of age-related services needed, the urban/rural distribution and resulting distribution of urban/rural-related needs and problems.

Considerations of economic factors are important in understanding the nature of resources available to develop services and methods available for securing the needed resources into the public domain. Other variables such as unemployment figures, nature of national income and dominant type of work also add to our understanding of how the service systems operate.

Political factors address such issues as who makes decisions, to what extent the government assumes responsibility and for what the government assumes responsibility. All the selected countries are democratic in nature.

Cultural factors may examine major social institutions such as the family and the perception the society holds on the elderly and the young. We also consider the role of women, migration patterns and the extent of homogeneity and diversity. A factor closely related to culture is that relative to the nature of values operating. Here we are concerned with what people in the society hold as important and worth saving or protecting and what is considered non-beneficial to the society. The question of how people should meet their needs is also a value latent question.

The next subsection discusses the selected countries.

BRITAIN

Introduction

In its Latin form, Britannia, was the name given by the Romans to the area of Great Britain (G.B) occupied by them or more loosely to the Island as a whole (Chambers Encyclopaedia Vol. 2).

Location: Britain is a colony comprising all lands South at latitude 60°S and between longitude 200°W and 80°W, including the South Shetlands, the South Orkneys, and a sector of Antarctica. Until 1962 it was part of the Falkland Islands Dependencies. With an area of about 234,000 sq km (93,000sq miles) excluding water, the UK is just under 1,000km (about 600 miles) and just under 500 km (around 300 miles) across at the widest point.

Language: English is the official and commercial language, but Spanish is spoken in the northern and western parts of the colony, while the Indians use the Maya and Carib languages. According to the current population data of Britain (1999), Britain had a population of 59.5 million people; their currency is the British Pounds.

Population Policy: According to the British paper on population, the British approach tends to highlight the different age groups in their society and how social services can be implemented among these different sections. The British Policy does not have a patriarchal approach like the Nigerian policy, which lays much emphasis on male dominance; it sees every citizen as equal towards social services plans and policies. As yet, Nigeria has no formidable population policy, although, a number

of government pronouncements in Development Plan Proposals touch on aspects of the population.

Personal Social Services

After 1948, three departments were responsible for personal social services in Britain. Health department was responsible for public health and various aspects of social care; Welfare department was responsible for residential care, help to the elderly and people with disabilities, and Children's department, which was responsible for childcare. In the 1960s, they were unified into Social Work Departments in Scotland, and Social Services Departments in England and Wales. This gave the impetus to social work as a generic profession. Although, much of the spending on social services went on residential care, the professional social work was dominated by childcare. The balance was shifted by the introduction of community care policies in the 1990s, following the Griffith's report of 1988.

Child Care

The Children's Departments were founded in 1948 in part response to a childcare scandal. Under the 1948 Children Act, it became the duty of a local authority to 'receive the child in cases of abuses or neglect. Local authorities gained powers to investigate neglect in 1952, and to take preventative action only in 1963. The problems of children who were deprived or abused have been connected closely with issues concerning young offenders. The Children and Young Person Act 1969 sought to remove distinction between young offenders and children who

had been abused or neglected. The 1989 Children Act represents an important break with this philosophy by removing the provisions which made it possible to admit a child to care for committing an offence.

Community Care

When Social Services Departments (SSDs) were formed, the intention was to co-ordinate their activities as far as possible with health services. The Griffith's report on Community Care, published in 1988, proposed a different kind of arrangement. Rather than depending on co-ordination and integration of services, there was one service with clearly defined responsibility. Social Service Departments would perform this function, in the case of community care. Each budget would be redirected to come under the SSDs control. In principle, the role of social services' departments would be the purchasing of care from a range of providers. The departments were to develop the range of provisions they need by making contracts with providers for services. Care managers were to be responsible for allocating resources and setting priorities; practitioners would assess individual cases and guide the selection for each person.

Education

Free elementary education was introduced in England in 1870; secondary schools were fee paying until 1944. 80% of children left after elementary education.

The dominant principle was the pursuit of equality. The system was based on a 'tripartite' structure, distinguishing grammar, technical, and secondary modern. Within these schools there was to be 'parity of esteem'. In practice, there were

few technical schools, which meant that the system was more 'bipartite' than tripartite'. Since grammar schools were selective, and secondary moderns took the rest, there was never 'parity of esteem'.

When this is compared to Nigerian educational system as enshrined in the National Policy on Education (1998: 10-41), it is discerned that we have pre-primary education: an educational institution to children aged 3-5 plus; primary a form given to children between 6-11+; secondary, which is the form of education received after primary education and before tertiary stage; post-secondary including technical and professional education which are given in universities, polytechnics and colleges of technology. Officially, the public primary schools are free in Nigeria but the facilities in these schools are begging for repair and make many parents, who could afford it, to send their wards to private schools.

Transportation

Due to the convenience in public/private transport, many people in Britain travel through these means via tubes, rails, and water. The public transport accounts for most of the travelling in Britain regardless of the steady increase in the ownership of private cars. Britain accounts for the lowest accident rate in the whole European union. Comparatively, most Nigerians tend to travel or move from one spot to another in motorbikes called 'Okada'. Most people live in rural areas, which are not motorable. Even in urban settings, some of the roads are impassable. Nigerians who could afford it buy fairly used cars tagged 'Tokunbos'.

The next section is concerned with another country: Ghana.

GHANA

History

Until its independence from British colonial rule on 6th March 1957, Ghana was called the Gold Coast, a name given to it by early Portuguese explorers who first set foot on the shores of the country in the fifteenth century. The name aptly described the country's wealth in gold and natural resources. Such mineral resources include: gold, diamonds, manganese, bauxite, iron ore, and various clay and salt deposits. Extensive rich forests with a wide range of fine tropical hardwood, a wide variety of agricultural products and rich fishing resource are some of the country's endowment. Others are unique tourist attractions, including beautiful landscapes, inviting sunshine, golden beaches, and wildlife parks.

During various periods from the time the Portuguese discovered gold in 1471 to independence in 1957, the monarchs of several European kingdoms, notably Denmark, England, Holland, Prussia, Sweden, sent hordes of explorers and merchants to the country for its abundant wealth, both natural and human. They battled for supremacy and control over the land, and built forts and castles, which also served as trading posts. Vestiges of the extent of European colonial presence and concentration of activity in the country are evidenced by the fact that 29 of the European colonial forts and castles that dotted along the coast of West Africa are in Ghana.

Geographical Factors.

Ghana is located on the west coast of Africa, 750km north of the equator on the

Gulf of Guinea. The capital, Accra, is on the Greenwich meridian (zero line of longitude). It lies almost in the centre of the countries along the Gulf of Guinea, and has an area of 239,460sq.km(92,660sq. miles). Its southern coast extends between latitudes 4°30 north at Cape, three points and 61°30 north in the extreme east not far from the equator. From the coast, the country extends inland to about latitude 11° north over a distance of 672km (420 miles) from the equator. To the east of Ghana lies the Republic of Togo, beyond which are Benin and Nigeria. On the west is Cote d'Ivoire and on the north is Burkina Faso. Ghana has a coastline of 560km (348miles) consisting mainly of sandy beaches.

Climate: the climate of Ghana is tropical with the following features: hottest months March April; driest month January; coldest month August; wettest month June. Naturally, the vegetation is tropical with dense rain forest which trails off into savanna and grassland towards the north and the coast.

Population

The population of Ghana is estimated to be 18.3 million (Source: Ghana Statistical Service, 1997 estimates), with 46.5 per cent under 15 years of age. The country has on the average a population density of about 77 per square kilometre. It has an annual growth rate of 3 per cent. Most of the population is concentrated in the southern part of the country with the

highest densities occurring in urban areas and cocoa producing areas. The largest regions in terms of production are Ashanti (about 2.9 million), Eastern (about 2.3 million) and Great Accra (about 2.2 million).

The People/ Language

Ghana's principal ethnic groups are the Akan, (Twi & Fante speaking), Guans, Ewes, Dagombas, Gas, Gonjas, Dagaba, Walas and Frafras. There are 56 Ghanaian dialects, of which Akwapim Twi, Asante, Twi Fante, etc. are the major languages. The official language of the country is English. French and Hausa are two major foreign languages spoken in the country. The population of Ghana comprises Christians (43%), animists (38%) and Muslims (19%). There is complete freedom of religion in Ghana (GSS, 1997).

Selected Social Services

Education

The Ghana Education Service is responsible for the management of pre-tertiary education in Ghana and other levels of education. The girl child education unit seeks to improve female participation in education; appointed district girls' education officers to attend to gender issues in the districts and to ensure the participation of girls in schools. A series of in- services training courses are organized for girl's education officers.

The unit also organizes workshops for gender analysis for policy and planning for district directors of education to help them implement

gender-equitable policies in education. Some progress has been made in respect of provision of facilities for the sub-sector. Examples include: commencement of construction of flats by the Ghana Hostels Limited (GHL), a subsidiary of the Social Security and National Insurance Trust (SSNIT) to ease the accommodation problem facing many university students and construction of the Clinical Student's Hostel at the teaching hospital in Kumasi.

There are numerous educational institutions in Ghana. As of the last count, there are 12,134 primary schools, 5,962 secondary schools, 61 technical institutes, 38 teacher training colleges, 6 polytechnics, 2 diploma colleges, and 5 universities (GSS, 1997).

A functional literacy programme has recently been initiated, targeting illiterate adults (Universal Compulsory Basic Education). The Ghana Education Trust Fund was established to improve and execute educational programme. In Ghana, the literacy rate is estimated at about 75%. Age 15 and over can read and write (1999 estimate).

Health

The ministry of health sets out to achieve four-priority output in 2002. These were 65 per cent coverage in child immunization, 42 per cent supervisory delivery, and 14 per cent contraceptive. In the area of public health, about 70 per cent of the children targeted for immunization against the five childhood's killer diseases were achieved.

Priority interventions in 2002 included promotion of safe sex, improvement in management of

STDs, safe blood transfusion, infection control, counselling and nursing /clinical management of Persons Living with HIV/AIDS. The Ministry of Health administers medical care and public health in Ghana. There are government hospitals in every regional capital in addition to others in strategic towns. There are also polyclinic health posts. Religious organisations also run mission hospitals in some parts of the country. The main hospitals are the Borle Bu Teaching Hospital in Accra & the Okomfo Anokye Teaching Hospital in Kumasi.

In 2002, a national strategic framework to respond to HIV/AIDS was approved by cabinet and use of it commenced for the district response initiative. Other achievements in the year included the successful introduction of the female condom and the inauguration of the National AIDS Commission. The year 2000 was a fruitful one for malaria control initiatives. The public commercial partnership for the insecticide treated bed nets / materials project was launched and has caught on with the public.

Note: Hospitals are facilities that provide out patients and in- patient services while health centres are facilities providing mainly outpatient and preventive services.

Transport

In Ghana, the Ministry of Transport expands, maintains, and rehabilitates transport infrastructure and services in order to provide the enabling environment for the growth of industry, agriculture, and other social services.

An amount of C728.1billion made up of C101 billion of GOG resources, C328.2 billion of external resources and C298 billion from the Road Fund were utilized for the roads and transport sector in 2000 (GSS).

Major road maintenance work undertaken in year 2000 were

Routine maintenance 24,735 km;

Periodic Maintenance 5,473 km;

Reconstruction 344km;

Housing

Ghana housing project was completed in 1999 using World Bank co- financed credit of US\$109.9million. The project objectives were to

- (i) Help rehabilitate and improve essential infrastructure, services, and environment systems;
- (ii) Strengthen the technical, financial, and managerial capacity of local government;
- (iii) Help initiate the development of a sustainable housing system;
- (vi) Reform the housing parastatal;
- (v) Begin to relieve the acute shortage of affordable houses;
- (vi) Improve environmental conditions for housing;
- (vii) Provide essential infrastructure and service for the urban poor;
- (viii) Strengthen the Ministry of Works and Housing (MWH); and
- (ix) Help improve environmental management and monitoring through support to the Environmental Protection Agency (EPA).

Impact on the Ground

A sustainable and unsubsidized housing finance system is now in place. The home finance company set up provided mortgages to 4,100 houses, more than twice the original target. Three parastatals working on housing have been reorganized into commercially oriented and viable companies. Through achieving double its intended output, the project contributed to relieving Ghana's housing shortage. Urban upgrading schemes improved environmental conditions by giving access to basic sanitation in three cities. The beneficiaries were the poorer, and the deprived members of the respective urban communities.

There was a clear gender impact through training provided to women in housing construction, a traditionally maledominated activity.

Social Security

Legislation for the provision of a modern national social security system came into effect in 1965. Further legislation was passed in 1970 to convert the system into a pension plan to provide for sickness, maternity, and workrelated injury benefits. Government welfare programmes at the time were the responsibility of the Department of Social Welfare under the Ministry of Labour and Social Welfare. As the national economy was reformed, the Workers' Compensation Act of 1986 was passed to guarantee wages to workers in the private sector while they are undergoing treatment for workrelated injuries.

Type of Programme Social Insurance

Old Age (59-60) benefits: Normal pension including early retirement pension, retirement grants, and inclusive 25% of pension. 50% of average annual salary for 3 highest years' earning; increased by 1.5% points for each 12 months of contribution beyond 240 months.

Sickness and Health benefits: Non-statutory benefits, employer's medical care for the employees and dependants through collective agreements.

Work Injury (Employer Liability /Compulsory Insurance with private carrier): Employers provide these benefits through insurance premiums.

Temporary Disability Benefits: (Periodic payment of difference in earnings in accident and actual or potential earning after accident).

Permanent Disability Benefits: Lump sum of 96 months earnings at the time of injury, if totally disabled. Constant attendance supplement, 25% of total disability.

Survivor Benefits: payable to nominated dependent(s), If the deceased was pensioner, and lump sum benefit computed on present value of un-expired pension up to age 72.

Comparison

One peculiarity about Ghana and Nigeria is that they share similar experience in some areas of social services. Politically, the British colonized

both Ghana and Nigeria. Nigeria has 47 universities compared with Ghana that has 5. The implementation and monitoring of policy on education are problematic in Nigeria. The National Policy on education in Nigeria shares the responsibilities among three tiers of government, with greater emphasis on technical and science based education, and provisions are made for the handicapped and the underprivileged. Ghana has 5 universities and a policy on literacy programme targeting illiterate adults (Universal Basic Development Education).

One trend that is easily noticeable between the two countries is health services that made provision for both traditional medicine and orthodox system. A number of private practitioners operate hospitals and clinics in the two countries; they both have statutory boards controlling traditional and orthodox medical practitioners.

Concluding Remarks

It must be mentioned, however, that Ghana with a smaller population of 20 million stands a better chance of maintaining and implementing her policies more effectively than Nigeria, which has close to 120 million citizens. There are also differences in resource endowment apart from population or management. The government should, for urgent reason, enforce the policy relating to birth control measure, provide and upgrade the existing facilities. Generally, both countries face the similar problem of mismanagement in governance one time or another. The paper considers an indepth study of Indian Social Services next.

INDIA

History

The word India came from the Greek word *Indoi* meaning the people who lived near the River Indus. India is a union of 27 states and 5 union territories. It is one of the oldest civilizations with a kaleidoscopic variety and rich cultural heritage.

Geographical Factors

India has a total area of 3, 287, 263sq. km. and ranks 7th in the world in terms of size after Russia, Canada, China, USA, Brazil and Australia. India is the fifth largest economy in the world in terms of purchasing power. It had its independence in 1947.

It lies entirely in the Northern Hemisphere. Its mainland extends between longitude 8°4' and 37°6' North, and longitude 68°. Neighbouring countries include Pakistan, Bangladesh, Nepal, Bhutan, Sri Lanka, Maldives, Afghanistan, and China. India has its capital in New Delhi

Population

The population of India as at 1st of March 2001 stood at 1, 027 million: 531.3 million males and 495. 7million females. India accounts for 2.4% of the world surface area of 125.79 million sq.km. Yet it sustains and supports a 16.7% of the world's population. India recorded at each decimal census from 1901 steady growth except for a decrease between 1911 and 1921 (India Year Book, 2002: 23).

Literacy

The rate in the country is 65.38% (75.85 for males and 24.15 for females) updated as at 2001 census (India Year Book, 2002: 23).

The National Housing and Habitat Policy of India

In the year 1998, a new Housing and Habitat Policy was formulated to address the issues of sustainable development and for strong public/private partnership for shelter delivery. Some of its objectives are

1. To create surpluses in housing stock and facilitate construction of two million additional dwelling units each year in pursuance of National Agenda for Governance.
2. To ensure that housing along with supporting services is treated as a priority sector at par with infrastructure.

Housing Finance

Financial assistance is taken in support of this policy from NGOs/CBOs (Community Based Organisations) and the National Housing Bank.

Some organizations and schemes were set up in support of the implementation of the National Housing and Habitat Policy. These are

- (A) National Building Organization;
- (b) Housing for Central Government Employees;
- (c) Accelerated Urban Water Supply Programme;
- (d) Low Cost Sanitation for Liberation of Scavengers;
- (e) Mega City Scheme;

(f) National Capital Region Planning Board;

(g) National Slum Development Programmes.

Despite the problems of housing shortage compounded with the population explosion in India and shortage of building material coupled with inadequate technology extension facilities, the policy has achieved a lot. One is the approval of 583 Building Centres in March 31, 2001 of which 433 have become functional and other is the taking up of fifteen housing schemes by the Central Government Employees' Welfare Housing Organizations (CGEWHO).

Compared to the Nigerian National Policy on Housing, the Indian National Policy on Housing has achieved more in the sense that the main goal of the Nigerian National Policy on Housing is to ensure that all Nigerians own or have access to decent housing accommodation at affordable cost by the year 2000 A.D. This was a failure. Many Nigerians are homeless and some live on the street. Data is sparse on the number of houses constructed under the Nigerian policy.

Transportation in India

Transport is the movement of people and goods from one place to another. Social policy on transport is a plan of action designed by the government to see to the convenient movement of people and goods from place to place.

Considering the important role transport plays in the sustenance of economic growth of the State, a well-coordinated system of transport has

to be in place hence the need for a sound transport policy.

In India, the government, through the Ministry of Surface Transport, is responsible for the formulation and implementation of policies and programmes for the development of the various modes of transport except railways and civil aviation. The modes of transport as stated are Railways, Roads, Shipping, and Civic Aviation.

Railways

India has 6, 867 Railway stations spread over a length of 62,759km with a fleet of 7,517 locomotives, 36, 510 passenger service vehicles, 4, 838 other scorching vehicles and 244, 419 wagons. It has a certain percentage of its total track kilometre electrified. The network is divided into zones and sub-zones.

Road: The road network in the policy is categorized into:

- Primary road system;
- Secondary and feeder; and
- Rural roads.

Central government is responsible for the primary network while the secondary and rural network is the responsibility of the state government.

Shipping Sea: the shipping sea has a vast coastline of about 7, 516km. and over two million sq.km. The country has the largest merchant shipping fleet among developing countries and the 17th in the world in shipping tonnage. Out of 122 shipping companies in the country, 11 are public corporations (Indian Year Book, 2002).

Coastal Shipping: India has 7516. 6km long coastline studded with 12 major and 189 minor and intermediary ports providing congenial and favourable conditions for the development of domestic transport infrastructure. It is energy-efficient, environmental friendly and economical mode of transport.

Comparatively, Nigeria has the following ports:

- (A) Tin Can Island Port (RORO) import and export;
- (b) Apapa Port;
- (c) Kirikiri Terminal Port;
- (d) Calabar Port;
- (e) Port Harcourt Port;
- (f) Warri Port (Koko Port).

The first two ports are the busiest ports in Nigeria.

Sea (Civil) Aviation

The civil aviation sector has three main functional divisions: regulatory, infrastructure and operational. Air India provides international air services while subsidiary of India Airline and others provide domestic air services. Air Corporation Act 1953 was repealed to end the monopoly of India Airline and Air India.

Ministry of Civil Aviation

The ministry of civil aviation is responsible for the formulation of national policies and programmes for development and regulation of civil aviation and for devising and implementing schemes for orderly growth and expansion of civil air

transport. Its functions extend also to overseeing the provision of airport facilities, air traffic services and carriage of passengers and goods by air.

Comparison

Unlike Indian Transport Policy, Nigeria Railway is poorly taken care of by the Federal Government. Rail workers and pensioners are owed large arrears of salaries. Road network is categorized like that of India and the three levels of Government (Federal, State and Local) are responsible for the maintenance.

Social Security

India is a welfare state, committed to the welfare and development of its people in general and of vulnerable sections in particular. The welfare programmes (social security policy) is designed to empower the weaker and socially economically deprived section of the society viz, scheduled castes, scheduled tribes, other backward classes, minorities, disabled, aged persons, street children, drug addicts, etc.

The Social Security Policy prescribes protection and safeguards for scheduled castes, scheduled tribes and the weaker sections either specially or by way of insisting on their general rights as citizens with the object of promoting their educational and economic interests and removing social disabilities. Social security in India, in general, refers to welfare programmes. A few of the schemes are stated below:

Pre-Matric Scholarship

Begun in 1977, this scheme is for

educational development of those who are engaged in the so-called unclean occupations, viz. scavenging of dry latrines, tanning, flaying, and sweeping with traditional links with scavenging. The scheme provides scholarship of 25 Rupees per month in classes I to IV, 40 Rupees per month in classes VI to VIII and 50 Rupees per month in classes IX to X. Essentially, the scheme is meant to liberate and rehabilitate the scavengers towards alternate dignified occupations.

Employment of the Handicapped

The objective of the scheme is to help the person with disabilities in getting gainful employment either through special cells in normal employment exchanges or special employment exchanged for the person with disabilities. The financial assistance from the central government is hundred percent in the case of special cells and 80 percent in the case of special employment exchanges.

Welfare of the Aged

Under this scheme, financial assistance is provided to voluntary organizations for establishing and maintenance of day-care centres, old-age homes, mobile Medicare units as well as for supporting and strengthening non-institutional services for the aged. The Government of India provides up to 90 percent of cost of the project and the remaining is borne by the organization/institution concerned.

Programme For Juvenile Justice

The Juvenile Justice Programme is designed for the care, protection, development, and rehabilitation of the neglected and delinquent juveniles, as well as for the adjudication of and disposition of certain matters related to them.

Comparison

India as a welfare state is committed to the welfare and development of its people. This laudable policy on social security/welfare is directed at empowering the disadvantaged and marginalized sections of the society. But it is still unable to meet all the provisions because of the limited available resources and high population density (324 persons per square kilometer). India's population as at March 1st 2001 stood at 1027 million (531.3 million males and 495.7 million females). This accounts for about 16.7 per cent of the world population (India, 2002:7). Nigeria, on the other hand, has a population of 88.5 million people as at 1991 (National Population Commission of Nigeria). Nigeria has a policy in place but it is poorly implemented. And the socio-economic planners in Nigeria believe that provisions of social security services i.e. welfare programmes are consumption-oriented, thereby advocate for reduction in the allocation for social security services in the National Budget to allow for more investment in the area of banking, agriculture, etc. so as to provide employment for the citizenry. A recent publication calls for a reconstruction of social security in Nigeria (see Badru, 2002).

Education

Before 1976, education was the exclusive responsibilities of states in India. The central government was only concerned with certain areas like coordination and determination of standards in technical and higher education, etc. The central government continues to play the lead role in the evolution and monitoring of educational policies and programmes, the most notable of which are the National Policy on Education (NPE), 1986; and the Programme of Action (POA), 1986 as updated in 1992.

Expenditure

About 6% of the Gross Domestic Product is allocated and 50% of the outlay on Primary Education. The outlay on Elementary Education is 64.19% of the Total Central Sector Plan Outlay in 2000-2001. According to the Ninth Plan Outlay (1997-2002) Central Sector, Elementary Education accounts for 58% (118,428), Secondary Education 13% (26,035), Adult Education 3% (6,304), Higher Education 12% (25,000), others 2% (4,314), Technical Education 12% (23,735).

University and Higher Education: India has 259 universities and 11,089 colleges. Programmes like University Grants Commission, Autonomous Research Organizations, National Council of Rural Institutes, and Indian Gandhi National Open University were established to

maintain common services and facilities. Compared to Nigeria, the latter has about 47 universities. The educational sector operates six (6) years primary/elementary schooling, 3 years pre-secondary/junior secondary, 3 years post-secondary/senior secondary, 4 years university /colleges before the 1-year National Youth Services

In India, it is discerned that there is Education for Scheduled Castes and Scheduled Tribes, basically through special provisions by the Departments of Elementary Education and Literacy; and Secondary and Higher Education Schemes.

Secondary Education: This starts with class IX X leading to higher secondary classes. Classes XI XII prepare the young between ages 14 18 for entry into the world of work or for entry into higher education.

Health

In India, a National Health Policy was last formulated in 1983 and since then, there have been marked changes in the determinant factors relating to the health sector while in Nigeria, the national policy was enacted in 1986. A phased timed-bound programme for setting up a well-dispersed network of comprehensive primary health care services, linked with extension and health education, designed in the context of the ground reality that the people themselves can resolve elementary health problems.

Intermediation is done through health volunteers having appropriate

knowledge, simple skills, and requisite technologies while in Nigeria, through primary health care. In 1970s, the health for all concept and the primary health care strategy were developed.

In 1986, the Federal Government of Nigeria formulated a National Health Policy and Strategy (NHP) to achieve health for all in Nigeria by the year 2000 and beyond. The National Health Policy has been reviewed twice: first in 1988 and then in 1996. The 1995 National Health summit held at Abuja on its part emphasized that health care services in Nigeria should be geared towards adopting health education promotion as a major front for achieving high level of health for all Nigerians based on community participation, prevention of disease, and reduction of need for curative cure. A national plan of action was drawn to take effect within the period of 1996 to 2005 and this has now been adjusted in line with vision 2010.

It is also apparent that an excessive refined carbohydrate intake may be causally related, to a greater extent, in obesity, diabetes, arteriosclerosis, coronary disease, gout, goiter, and hypertension.

To maintain normal bodily function we require vitamins for functioning of specific systems e.g. those involved in metabolism. Government initiatives in the public health sector have recorded some noteworthy success over time. Small pox and Guineaworm diseases have been eradicated from the

country; Polio is on the verge of being eradicated; Leprosy and Filariasis are expected to be eliminated in the near future. There is a substantive drop in the total fertility and infant mortality rate.

The successes of the initiatives taken in the public health field are reflected in the progressive improvement of many demographic, epidemiological / infrastructural indicators over time.

Indicators of demographic Change	1951	1981	2000
Life expectancy	36.7	54	64.6
Crude birth rate	40.8	33.9	26.1
Crude death rate	25	12.9	8.7

Epidemiological Shifts	1951	1981	2000
Malaria (Cases in million)	75	2.7	2.2
Leprosy cases per 10, 000 population	38.1	57.3	
Smallpox no of cases	44.887	Eradicated	
Guineaworm no of cases		39,792	Eradicated
Polio		29,709	265

Source: <http://www.India>

India has highly trained medical personnel; it is a fact that about 38% of medical doctors in the U.S. are Indians, unlike Nigeria, which is only managing to produce medical personnel with insufficient training facilities and poorly motivated personnel. India is noted for highly developed technology for kidney transplant and dialysis. The latter started in 1963. Policies of both India and Nigeria can actually be improved only if the necessary managerial skills are being employed and deployed to manage the scarce resources of both countries.

SAUDI ARABIA

Introduction

This section compares the social

services that are provided by two countries Saudi Arabia and Nigeria with a focus on their divergent socio-political, historical, and economic standing.

Historical Sketch

The kingdom of Saudi Arabia is a convergence and unification of Arabian Peninsula in 1932, which was done by Abdul al Aziz Ibn SAUD after he had captured Riyadh in 1902. Saudi is located in the Middle Eastern region of the world, occupying an approximately 2,250,000 square kilometres. It is located on the crossroads of three (3) continents: Asia, Europe and Africa, bounded in the north by Jordan, Iraq and Kuwait in the east by the Arabian Gulf, Bahrain, Qatar and the

United Arab emirates in the south by Yemen and the sultanate of Oman and in the west by the Red Sea.

Their recent population was estimated at 21.4 million with 50.4% as males and 49.6% as females. The country is youthful as half of the population is below 20 years. It is heterogeneous in composition as 90% are Arabs and 10% Afro Asian.

The culture and tradition of the people correspond with the teaching of Islamic Sharia whose values include: liberality and generosity, early marriage, interest in lineage, knowledge of poetry and proverbs, physiognomy and frequent use of incense and falconry.

Administratively Saudi operates absolute monarchy. The kingdom is divided into 13 provinces or governorates, each headed by a governor or Emir with the capital in Riyadh. The day of unification of the peninsula is regarded as the Independence Day 23 September 1932. Jurisprudence is based on Sharia law (Islamic). The Chief of States and Head of Government is the same as the king and Prime Minister who is presently FAHD bin Abd al Aziz AL SAUD since June 13, 1982. The cabinet is formed by Council of Ministers that are appointed by the monarch to form the Executive Arm. A consultative council of 90 members and a chairman on 4-year term serve as the Supreme Council of Justice.

Politically, no suffrage, no political party, nor pressure groups abound in Saudi while, economically, the country is oil

based. It accounts for 75% of their budget revenues, 40% of their GDP, and 90% of their export earnings. It has the largest oil reserves in the world and serves as the largest exporter of petroleum. The currency unit is the Saudi Riyal (SR).

Comparism of Social Services

The services in Saudi are extensive and influenced by a distinctive humane philosophy. They are specifically designed to reduce existing imbalances, to improve living standards and quality of life of the population, in community development activities and to provide remedial care and assistance for the disabled and the deprived.

In the area of health, medical services are organized into 3 levels: the general medical care units, general hospitals, and specialized centres. Hospitals and medical centres freely provide different medical services. Preventive, pre-natal, emergency and other basic health services are rendered. Fleets of mobile clinics also dot remote villages dispensing vaccines and other medical needs. 99% of Saudi children are immunized against common diseases; in fact, malaria disease has been eradicated while the prevalence rate of HIV/AIDS in the country is 0.01% (1999 estimate). Life expectancy for male is 66.4 years and 69.85 years for female (2001 estimate) while on a national scale it is 68.09 years. Basic health facilities and services are provided through her primary health care scheme, as there had been several immunization programmes against malaria, polio and other common diseases. The HIV/AIDS prevalence rate in Nigeria

is 26.1% while life expectancy was put at 51.07 on a national scale.

In the area of transportation, Saudi has a modern transportation network in road, air and rail. As at 1997, there were 25 airports in the country, 6 of which are among the largest international terminals. The airlines are the biggest in the Middle East and it carries over 12.5 million passengers a year.

There are 8 major seaports with 182 berths on the Red Sea and Arabian Gulf shores including the industrial seaports of Jubail and Yanbu. The length of modern highways or single roads is 42, 000 kilometres together with 96, 000 kilometres of agricultural driveways while rail lines link (in particular) Riyadh and Damman.

The transport system in Nigeria features air, rail, and road network. At present, Nigeria has eight major seaports, busiest being the Lagos and the Port Harcourt. There are also a number of domestic and international airports in Nigeria with the prominent ones being the Murtala Muhammed Airport in Lagos and the Abuja Airport. Rail lines connect Lagos Kaduna Calabar- Zaria, etc., though sparsely used for human transportation; it serves a great purpose in the transportation of machinery and equipment. The Nigerian road is greatly used, as most people depend on it for movement from one place to another.

The Saudi government provides interest free-easy terms loans for public employees and students through the Real Estate Development Fund. While Nigeria

also provides housing scheme in her various states but, with interest and specified years. An example is the H.O.M.E. Home Ownership Made Easy Scheme of the Lagos State Government. The General Organization administers the Saudi Social Security Scheme for Social Insurance (GOSI). It pays allowances and makes payment for compensation to individuals and families within the scheme. The social security section of the Ministry of Labour and Social Affairs provides assistance to citizens in these categories:

- (a) The unemployed;
- (b) The widows and widowers;
- (c) Females who have no living family members to support them;
- (d) Orphans;
- (e) The disabled;
- (f) Families of those serving Custodial sentences;
- (g) Victims of national disasters.

While Nigeria has the National Health Insurance Scheme (NHIS) and the National Social Insurance and Trust Fund (NSITF) as her insurance providers with the latter being more extensive and broader. There was, before now, the Workmen Compensation Scheme and the National Provident Fund in 1987 and 1961 respectively (see Badru, 2002 for detail).

In the area of education, education top the list of priorities of the Saudi government, as a result, the educational sector has developed rapidly in all stages and grades since the Ministry of Education was established in 1953. There are about 8 universities in the Kingdom, which grant B.Sc, B.A, M.A, M.Sc, and Ph.D

to its graduates in various subjects and disciplines. Prominent among them being the King Saudi University (KSU), the oldest, in Riyadh, King Fah'd University of Petroleum and Minerals (KFUPM) and the King Abd Al-Aziz University of Science and Technology to mention a few.

Although, there are more educated or literate males than females, national literacy was estimated at 50.2% while the educational system in Nigeria is secularly patterned with 6334 system in operation. There are various educational policies and actions, which are aimed at increasing the literacy rate in Nigeria, for example the UPE 1979 Universal Primary Education mandated primary education for all citizens within the age bracket. The current programmes are the UBE Universal Basic Education and the Open University Education. In the final analysis, there are 47 universities in Nigeria excluding colleges of education and polytechnics while literacy level nationally is 57.1%.

Recommendations

There are salient differences in all spheres of social services rendered by the two countries, thus several positive ideas can be borrowed by Nigeria in order to improve her social services. In this vein, we suggest the following:

Nigeria should provide social security services for widows and widowers including orphans, so that they too can live decent lives.

Though recently incorporated into the social security programmes, adequate

financial help in the form of monthly stipend or loan should be given to the unemployed graduates and citizens.

Female children and adults who have no living family member to support them should also be catered for to prevent prostitution and women trafficking.

Like Saudi, Nigeria should provide Interest Free/Easy Terms Loans to her citizens including students to ensure adequate housing.

Mobile clinics should be provided to dispense medical services and succour to people in remote villages and areas.

Concluding Remarks

Nigeria can borrow from some of the countries considered in this study in terms of policy content, policy management, sources of fund, sharing of responsibilities for services, etc. For instance, the welfare department in Britain takes care of personal social services like help for the elderly, residential care and people with disabilities. Metroline project proposed before in Lagos state is moribund. The train/railway management in Nigeria can borrow a leaf from this. One prerequisite is, however, efficient NEPA services before electrified track could be put in place. Private participation could be encouraged to reduce some of the inefficiencies. Contributory tax system, which is progressive, could be introduced. Many Nigerians who work in the informal sector tend to evade tax. There is hardly any official record of their earnings for taxation.

The burden tends to fall on the people who work in the formal sector.

In Ghana, road maintenance is taken seriously. Major road maintenance is carried out, routine and periodic checks are carried out, and very bad roads are reconstructed. In India, financial assistance is taken in support of housing from NGOs, CBOs and the National Housing Bank. In Saudi Arabia, the social security is expressed through the Ministry of Labour and Social Affairs, which provides for the unemployed, the disabled and victims of natural disasters.

The comparative approach involves more than merely describing the apparently similar social security, health, or social work services of countries. It involves understanding the social forces influencing such policy planning, implementation, and evaluation. It also entails asking the right questions and seeking the right explanations as to why other countries have sought rather different solutions to similar problems.

As Rodgers, Doron & Jones (1989: 1) observe, the proper use of comparative social work is to sharpen powers of objective analysis rather than to look for facts that fit into 'received' theories. Appreciation of the complexity of causal links and relationships in social policy and its implementation tends to boost such studies. Comparative study should not only deal with intellectual constructs and abstractions but also illuminate and give some harmony on the social phenomena being studied, making meaningful comparisons possible without distorting the realities.

One merit that comparative approach confers is to assist in reformulating social policy, improve our analysis, and enrich our understanding of the inter-relationships of the complex social phenomenon. Besides, it sharpens the powers of policy analysis.

Comparative social work is a new field of applied social study, with the approach best served by making selected case studies focusing on particular areas of social policy in two or more countries. The case study is not just a parrot replica of the information but constructive descriptions and analyses. The descriptions are constructive because they rely on dependable data and observations and render the social phenomena under study intelligible, as it is a Herculean task to select from the mass of historical and contemporary material available. Comparative social work, thus, unravels and explicates similarities and differences in the social provisions developed by different countries. The case study forces one to think very hard about the context within which any social policy is developed and implemented. As Parker (1975: 7) asserts, case study allows a close examination of actual examples and promotes middle-range theorizing. It allows and conveys some sense of a country's unity of peculiar self-identity of such countries.

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