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Short-duration country programme document

Nigeria

Summary

The short-duration country programme document for Nigeria is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of \$29,303,000 from regular resources, subject to the availability of funds, and \$49,000,000 in other resources, subject to the availability of specific purpose contributions, for the year 2008.

The situation of children and women

1. The situation of children and women in Nigeria, despite some progress, continues to give cause for concern. The Millennium Development Goals report for 2006 concluded that the country is unlikely to meet most of the Goals by 2015. The incidence of relative poverty is 55 per cent (43 per cent urban, 64 per cent rural) and is consistently higher in the north. There is no evidence of improvement for children and women, despite Nigeria's wealth and improving macro-economic indicators. The drive against corruption is continuing, netting progressively higher-ranking officials. There are also several positive trends in the policy environment including the passage of child rights legislation by 12 states, creating an increasingly strong legal framework to promote the rights of children. Nigeria prepared and submitted its first national report on the African Union Charter on the Rights and Welfare of Children as well as its sixth national report on the Convention on the Elimination of all Forms of Discrimination against Women in 2006. The Government and its

* E/ICEF/2007/8.

partners developed a national gender policy and the participation of women in political activities is increasing. A National Action Plan on orphans and vulnerable children (OVCs) has been developed and adopted. The result of the national seroprevalence survey on HIV infection indicates stabilization of the epidemic but the overall prevalence rate is still 4.4 per cent and unacceptably high among adolescents and young people aged 14-24 years (3.6 per cent). People living with HIV/AIDS still face considerable stigma and discrimination.

2. Infant, child and maternal mortality rates in Nigeria are worse than in many countries in sub-Saharan Africa, with about half of deaths of children under one year of age occurring in the first month. Only 20 per cent of the polio cases in 2006 occurred after June, representing a decline as a result of a change in strategy and the introduction of monovalent oral polio vaccine. In addition, southern Nigeria has remained polio-free since August 2005. These are preliminary indications of a real decline in polio transmission. Measles was successfully reversed in 2006 in northern Nigeria due to the successful accelerated measles campaign in December 2005, and coverage of three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) now exceeds 60 per cent. Nigeria has maintained universal salt iodization standards and all wheat flour currently is fortified with vitamin A. The Government is developing a maternal, neonatal and child health strategy to reach consensus and focus efforts on effective interventions, galvanizing a strong partnership in this area. The rate of access to safe water declined from 80 per cent in urban areas and 33 per cent in rural areas in 1990 to 67 and 31 per cent, respectively in 2004. Substantial progress has been recorded in reducing the number of cases of dracunculiasis (guinea worm disease) from 5,355 in 2002 to 15 in 2006. Of the 40 million people exposed to onchocerciasis (river blindness), 22 million are infected and about 120,000 are estimated to be blind from the disease. In 22 of 36 states, dedicated rural water supply and sanitation agencies have been established but most Local Government Areas (LGAs) do not have units or departments for water and environmental sanitation.

3. School enrolment, progression and completion rates in basic education are still low, with a net attendance ratio for primary education of 60 per cent. The quality of learning outcomes is much poorer than expected. Serious disparities persist in access, retention, completion and achievement due to gender, geographic factors and poverty. Various new policies are now in place (e.g., for gender, school-based management committees, health education and integrated early childhood development (IECD)) and a new National Education Policy is being finalized. Education management information systems are being put in place rapidly to allow evidence-based planning, and community participation in education planning and management is increasing.

4. Nigeria has harmonized the Convention on the Rights of the Child with laws at federal level but has yet to pass it into law in 24 states. Systems for administration of child justice are still weak. A law on the prohibition of human trafficking is in place and Nigeria has made significant efforts to rescue victims of trafficking and prosecute many perpetrators. Birth registration is on the increase, with over 55 per cent of children registered. A costed five-year National Action Plan for OVCs is in place but more capacities and resources are required to ensure that services are provided to children. Awareness of all forms of violence against children is still low in the country although human rights institutions are actively sensitizing communities. Participation of young people is still limited at all levels despite

efforts to strengthen the Children's Parliament and youth-based organizations and groups.

The country programme 2008

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Survival and early childcare	7 986	22 000	29 986
Basic education	2 662	12 000	14 662
Water, sanitation and hygiene	2 662	10 000	12 662
Protection and participation	3 727	4 000	7 727
Planning and communication	3 460	1 000	4 460
Community development	4 680	—	4 680
Cross-sectoral costs	4 126	—	4 126
Total	29 303	49 000	78 303

Reasons for short-duration programme

5. The current United Nations Development Assistance Framework (UNDAF) runs from 2002 to 2007. The National Economic Empowerment Development Strategy (NEEDS I), Nigeria's poverty reduction strategy plan, also concludes in 2007. In discussions and an exchange of letters with the National Planning Commission, representing the Federal Government of Nigeria, it was agreed that in the light of the general elections in April 2007, it would be appropriate to prepare a one-year programme for 2008 and a full programme beginning in 2009. The United Nations country team and UNICEF will use this year to work with the incoming administration after the preparation of NEEDS II to prepare the UNDAF and the next country programme, respectively. The country programme proposed for 2008 is therefore an extension of the current country programme, and will maintain largely the same programme components and geographic focus with refined goals and planned results to intensify work on accelerated child survival and development (ACSD), accommodate enhanced emergency preparedness and consolidate the gains of the current country programme in the areas of girls' education, water, sanitation and hygiene education, HIV/AIDS and child protection.

Goals, key results, strategies

6. The goal of the country programme remains the same: to promote the recognition and realization of all the rights of Nigerian children and women, enhancing the capacity and commitment of the Government and civil society to ensure that Nigerian children have the best possible prospects for survival, growth, development, protection and participation. This goal will be realized through achievement of the key results of the programme components: ensuring scaled-up access to a package of effective child survival interventions; stopping the transmission of wild polio virus; increasing DPT3 coverage to 80 per cent;

increasing access to safe water and sanitation by 20 per cent; achieving full birth registration; and increasing net enrolment, net attendance and transition rates to junior secondary schools by 10 per cent, 10 per cent and 20 per cent respectively and learning outcomes by 30 per cent in the focus LGAs. The programme will continue to adopt a mix of service delivery, capacity-building and advocacy to suit its various levels of operation. It will increase service delivery to communities in the focus LGAs and intensify capacity-building at the level of LGAs, communities and states, while supporting national capacity-building, particularly with regard to policy formulation and training activities. The programme will increase and consolidate activities for social mobilization and communication for behavioural change, with particular attention at the LGA and community levels. It will increase advocacy activities at the state and LGA levels, with emphasis on leveraging resources for children. The programme will be grounded in human rights principles and results-based management. Gender mainstreaming will continue to be a priority, as will enhanced emergency preparedness and response, including for avian influenza.

Programme components

7. The expected key result of the **survival and early child care** programme is to contribute to the reduction of infant, child and maternal mortality in 2008. The programme will continue to focus on ensuring strengthened capacities for integrated delivery of evidence-based, high-impact child survival interventions to achieve high coverage for accelerated maternal, newborn and child health care in all 111 focus LGAs. This will build on the ACS D strategy started in 2006. All four components in this programme will contribute to this effort. The maternal, neonatal and under-five mortality reduction component will continue building the capacities of the health teams of all states and the 111 focus LGAs for planning, organization and management of childhood illnesses, especially malaria, diarrhoea and acute respiratory infections, as well as for technical support and supervision, and provision of equipment and supplies. The vaccine-preventable diseases component will emphasise sustaining improvements and progress in routine immunization in LGAs, in coordination with the overall ACS D effort. This component will also continue to support supplementary immunization to ensure or sustain zero transmission of wild polio virus through social mobilization, vaccine security and logistics. The nutrition and early child care component will continue to focus on micronutrient deficiency control. In 2008, more work will be done in vitamin A supplementation (food fortification, distribution and supplementation) for post-partum mothers. This component will promote key household practices through demand-creation and positive health actions by caregivers in households, families and communities. The HIV/AIDS prevention and care component will continue to focus on prevention of mother-to-child transmission of HIV (PMTCT) and care of infected babies in the 15 states and Federal Capital Territory currently being supported. The number of facilities able to provide the standard package of PMTCT services will be increased and used as an entry point to accelerate universal access to prevention, treatment and care.

8. The **basic education** programme aims to increase net enrolment, net attendance and transition rates to junior secondary school by 10 per cent, 10 per cent and 20 per cent respectively and learning outcomes by 30 per cent in focus schools and centres, contributing to improved indicators at the LGA, state and national

levels and reduction of the national primary gender gap from 17 to 12 per cent. This goal brings the programme more in line with the Federal Ministry's commitment to universal basic education and an overall enhancement in quality and relevance. The programme will continue to support improved policy and planning at the Federal, state and LGA levels through advocacy and technical support, scaling-up of efforts to address gender issues in education and specific support to girls' education. The programme will monitor progress and document key results and will advocate scaling-up by government and other partners. School-based teacher development will be a key area of focus in 2008. The main components in the programme are IECD, formal primary education, health and HIV/AIDS education, non-formal functional literacy and integrated Koranic education in relation to girls' education in the north. The focus on OVCs will be reinforced.

9. The 2008 **water, sanitation and hygiene (WASH)** programme will contribute to a 20-per-cent improvement in access to and use of improved water and sanitation facilities in at least 111 LGAs. The programme is designed to provide concrete and practical strategies to support scaling-up to achieve national coverage. The WASH programme will continue to focus on rural areas in line with its experience, comparative advantage and the UNICEF global WASH strategy. In addition, school WASH programming will continue to contribute to children's health and good hygiene and improve enrolment and retention of girls while promoting behavioural change in host communities. Within the water supply component, the WASH programme will continue combining various initiatives in a comprehensive approach to promote water safety. UNICEF gradually will shift its focus from piloting and implementation towards scaling-up sustainable approaches through advocating with and supporting the Government to use its resources for WASH.

10. The **protection and participation** programme aims to support Nigeria in meeting its international human rights obligations, through the full harmonization and application of the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women into national laws, increasing the recognition, promotion, protection, understanding and realization of women's and children's right to full protection, participation and healthy lifestyles. Through its two components (rights, legislation and special protection and adolescent health, participation and gender empowerment) the programme will achieve clearly defined results in the areas of birth registration, reduction of child trafficking and abuse, juvenile justice administration, harmonization of the Convention on the Elimination of all Forms of Discrimination against Women and passage of child right laws in 24 states, HIV prevention and children and women's participation. In HIV/AIDS, the focus will be on prevention among out-of-school youth and accelerating implementation of the national plan of action for OVCs.

11. The principal aim of the **planning and communication** programme is to promote the rights of Nigerian children and women, including in emergencies, by strengthening institutional capacities for social development planning and database management on the situation of children and women, and by development of appropriate communication packages to facilitate behavioural change at the individual, household and community levels. The social statistics, policy analysis and development component will focus on monitoring the situation of children and women through the development of national and state-specific socio-economic databases and fostering a culture of evidence-based decision-making. The communication and alliance-building component will support evidence-based

communication for behavioural change, focusing on exclusive breastfeeding, appropriate complementary feeding, household hygiene and sanitation, home management of child illnesses, girls' education and HIV/AIDS prevention. It will seek to establish or strengthen a Nigerian Movement for Children at the national and subnational levels. The emergency preparedness and response component will develop vulnerability and risk-mapping at the community and national levels to guide the development and management of contingency plans for response to emergency situations at the various levels. All three components will prioritize capacity-building and systems development in the 111 focus LGAs and 222 focus communities.

12. The **community development** programme and **cross-sectoral costs** will support the entire country programme and can be considered as essentially national but with a subnational focus. They cover costs of programme implementation and staff that are not directly attributable to specific programmes but are essential for achievement of their results (cross-sectoral) and staff salaries and related costs for subnational implementation (community development) not covered by the support budget.

Major partnerships

13. UNICEF will operate in close partnership with the Federal, state and local government authorities, communities and children. Inter-agency collaboration and joint programming will be strengthened and expanded within the framework of the UNDAF and through the various United Nations theme groups. The programme will also strengthen its partnership with other development partners, especially in the areas of education, water, sanitation and protection. Partnerships will be built with non-governmental and community-based organizations and civil society, including religious organizations and traditional leaders, especially in areas requiring behavioural change. Strong linkages with the private sector will be expanded.

Monitoring and evaluation

14. The programme will employ standard UNICEF monitoring and evaluation practices. UNICEF will continue with the scaling-up of DevInfo in Nigeria through training of partners, installation of the software and follow-up on utilization of the software for monitoring and evaluation purposes. No major evaluations are planned for the duration of the short-term programme.

Summary Results Matrix
Federal Government of Nigeria-UNICEF country programme of cooperation (2008)

UNICEF MTSP Priority Area	Key results expected in this priority area	Key Progress Indicators	Means of Verification	Major Partners, Partnership Frameworks and Cooperation Programmes	The expected key results in this Priority Area will contribute to
Young Child Survival and Development	<p>At least 70% of eligible children are fully immunized and receive 2 doses of vitamin A supplementation annually</p> <p>% of pregnant women and children under-5 yrs. sleeping under an ITN increased from 8 to 15%</p> <p>% of children exclusively breastfed increased from 17 to 30%</p> <p>Percent of people with access to safe water and sanitary disposal facility increased from 53% and 65% respectively to 65% and 75%</p>	<p>% of eligible children fully immunised and receiving 2 vitamin A supplementation doses annually</p> <p>% of pregnant women and of children under-5 sleeping under a long-lasting insecticide-treated net</p> <p>% of children 0-6 months exclusively breastfed</p> <p>% of people using safe water, sanitary excreta disposal facility and practicing key safe hygiene behaviours</p>	<p>Polio surveillance reports</p> <p>Routine admin. data Health mgt. inf. system (HMIS)</p> <p>Surveys (MICS, DHS)</p> <p>Routine health facility service reports (HMIS)</p> <p>Surveys</p>	<p>Inter-agency Coordinating Committee partners (Government, WHO, UNICEF, USAID, EU, Rotary, Govt of Japan)</p> <p>Planned Maternal, Newborn and Child Health Partnership (MNCH) for Nigeria</p> <p>National Committee on Food and Nutrition; Fed. Ministry of Health (FMOH); Nat'l Agency for Food and Drugs Admin. and Control; UNICEF; USAID; Standards Org. of Nigeria</p>	<p><u>UNDAF expected outcome:</u> To increase access, utilization and quality of basic social services To reduce the prevalence of malaria Access to and utilization of safe water supply, safe excreta disposal facilities and improved hygiene by all Nigerian</p> <p><u>WFFC goal:</u> Reduction of child malnutrition Reduction of MMR Reduction of IMR; MDGs 4, 5, 6, and 7</p>

UNICEF MTSP Priority Area	Key results expected in this priority area	Key Progress Indicators	Means of Verification	Major Partners, Partnership Frameworks and Cooperation Programmes	The expected key results in this Priority Area will contribute to
Basic Education & Gender Equality	<p>2% improvement in enrolment and completion for 3-5 year olds in pre primary education; 5% increase in gross enrolment; 2% improvement in net enrolment and completion rates in primary schools; and non-formal education centres, including Integrated Koranic schools in focus LGAs</p> <p>Gender gap reduced by 4% in Girls' Ed. Project (GEP) focus schools and 2% in GEP focus LGAs</p> <p>4% improvement in the Health, HIV and AIDS knowledge and life-skills among learners in focus schools compared to national average</p>	<p>Gross Enrolment Rate (GER)</p> <p>Net Enrolment Rate (NER)</p> <p>Completion Rate</p> <p>Gender Gap</p> <p>% of children with correct knowledge and life skills for HIV prevention and health promotion</p>	<p>Nat'l Ed. Mgt. Info System (NEMIS), ECD Baseline, Inspection Reports</p> <p>MDG and EFA Monitoring Reports</p> <p>Monitoring Learning Achievement (MLA) Report</p> <p>Inspection reports</p> <p>Inspection and Monitoring Reports</p> <p>MLA Report and KAP studies for health</p> <p>Inspection Report; Rapid Appraisal</p>	<p>Fed. Min. of Ed (FME); FMOH; Fed. Min. of Women's Affairs (FMWA); Fed. Min. of Industry; Nat'l Planning Commission; Capacity for Universal Basic Ed (CUBE) project; UNESCO; World Bank; DFID; Nigeria Girls' Ed. Initiative members (Action Health Inc.); NGO for Literacy Support Services; Civil Society for Action Coalition of Ed. for All; Fed. of Muslim Women's Assoc. of Nigeria; World Org. for Early Childhood Ed.; Nat'l Commission for Colleges of Education; Universal Basic Ed. Committee; Nat'l Commission for Mass Literacy, Adult & non-Formal Ed.; Nigeria Educational Research & Dev. Council</p>	<p>UNDAF Expected Outcome: Promote gender equity in Basic Education and Secondary Education in terms of access, retention and achievement.</p> <p>WFFC Expand and improve comprehensive early childhood care and education Eliminate gender disparities by 2005; and achieve gender equality in education by 2015;</p> <p>MDG Goal 2:</p>

UNICEF MTSP Priority Area	Key results expected in this priority area	Key Progress Indicators	Means of Verification	Major Partners, Partnership Frameworks and Cooperation Programmes	The expected key results in this Priority Area will contribute to
HIV/AIDS and Children	<p>At least 10 health facilities in 15 states and Fed. Capital Territory are providing standard package of PMTCT services to all ANC attendees and support to children infected by HIV.</p> <p>Peer Education Trainers are providing information and life-skills learning to young people out of school for prevention of HIV/AIDS in 10 states</p> <p>50,000 orphans and vulnerable children receiving services and support for the realization of their rights</p>	<p># of HIV positive mothers accessing PMTCT services</p> <p># HIV+ children receiving treatment, care and support services</p> <p>Number of male and female youth trained as peer education trainers</p> <p>Number of orphans reached in a community support system</p>	<p>Routine reports</p> <p>Routine annual reports</p> <p>Annual reports and survey</p>	<p>NASCP and State AIDS control programmes USAID, WHO, NACA, Clinton Foundation, UNFPA, CCM</p> <p>NYSC, Association for Reproductive Health, Ministry of Education</p>	<p>WFFC Goal: reduce by 2005 proportion of infants infected with HIV by 20% and by 50% by 2010.</p> <p>Develop by 2003 and implement by 2005 national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected by AIDS MDG 6</p>
Child Protection	<p>Increase birth registration from 55% to 65% of all children aged 0-5 years in Nigeria.</p> <p>Child Justice Administration (CJA) institutions functional in 15 states that have passed Child Rights Bill</p>	<p>% of children registered after birth in Nigeria</p> <p>Number of children accessing legal services</p> <p>Number of institutions for CJA established and operational</p>	<p>National and State birth registration reports</p> <p>Annual reports</p>	<p>National Population Council, NGOs</p> <p>ministry of women and social affairs, ministry of Justice</p>	<p>WFC Goal: Article 32 on strengthening partnership with children, parents/family, governments, parliamentarians, NGOs, mass media, spiritual leaders</p>

UNICEF MTSP Priority Area	Key results expected in this priority area	Key Progress Indicators	Means of Verification	Major Partners, Partnership Frameworks and Cooperation Programmes	The expected key results in this Priority Area will contribute to
First Call for Children in Policies, Laws and Budgets	<p>Legislators and key stakeholders have knowledge and commitment to the passage of the Child's Rights Bills and domestication of CEDAW</p> <p>Nat'l Econ. Empowerment & Dev. Strategy (NEEDS II); and State Econ. Empowerment & Dev. Strategy (SEEDS II) of at least 15 states incorporate MDGs & WFFC targets</p> <p>Emergency Profiles and Contingency Plans developed at National level and by at least 15 states developed and updated</p>	<p>CEDAW domesticated law in place at national level</p> <p>No of states that have passed Child Rights Laws</p> <p>States that develop SEEDS with MDG/WFFC focus</p> <p>National/State plans developed/ updated</p> <p>National/State Vulnerability and Capacity Analysis (VCA) reports and maps released</p>	<p>Annual report</p> <p>Annual report</p> <p>NEED II, SEEDS II</p> <p>Emergency Profiles and contingency plans</p> <p>VCA reports and maps</p>	<p>House of Representatives and Senate, Ministry of Women and Social Affairs, UNIFEM, CIDA, Children's Parliament</p> <p>National and State Planning Commissions (or equivalent state agencies), National Pop. Commission, UNDP, UNFPA</p> <p>Nat'l Emergency Mgt. Agency, State Emergency Mgt. Agencies; Institute of Peace and Conflict Resolution; National Commission for Refugees; UNDP; UNHCR, WHO; The Nigerian Red Cross</p>	<p><u>UNDAF expected outcome:</u></p> <p><u>WFFC goal: 1 – 10</u></p> <p><u>MDGs:</u> Goals 1 – 8</p>