

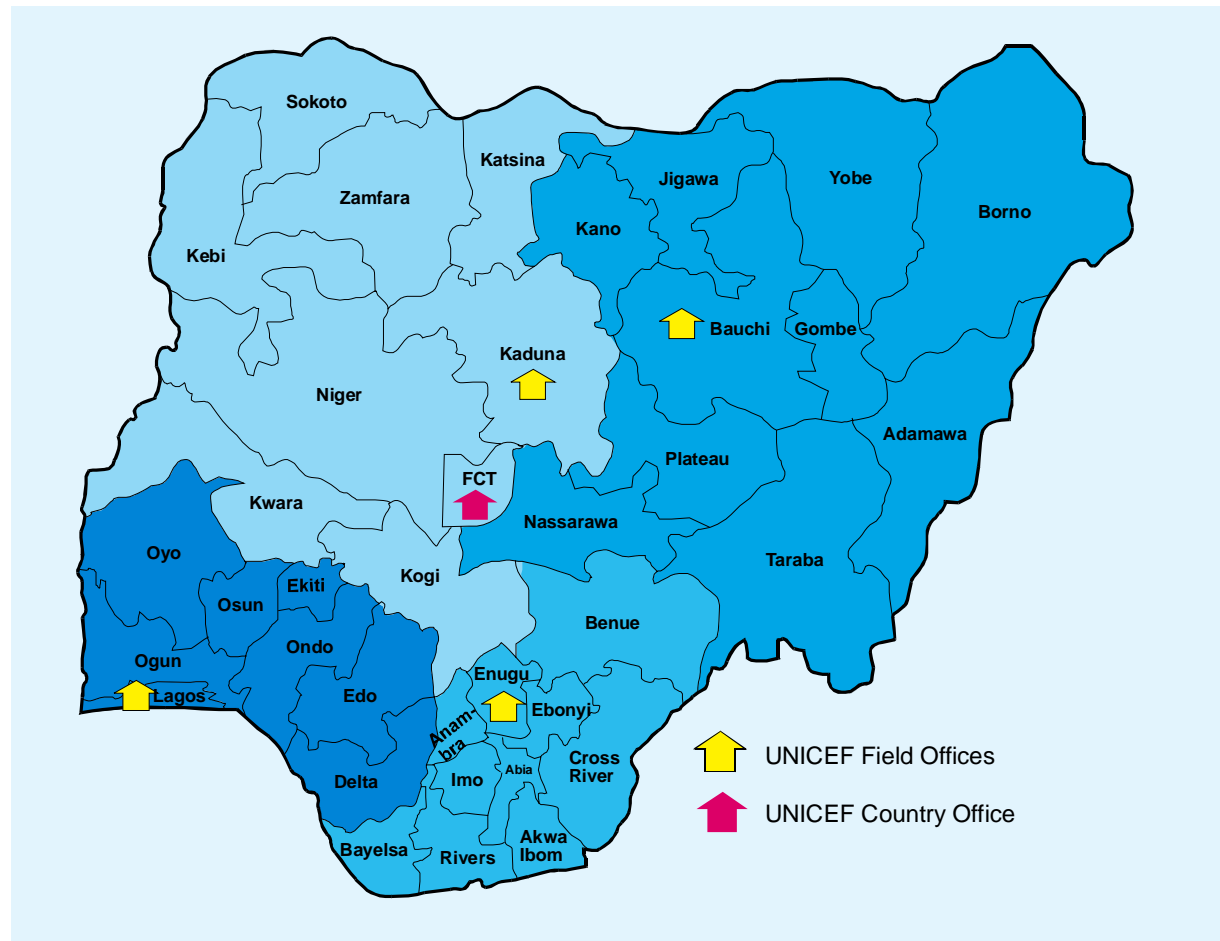
PROFILE OF NIGERIA

Nigeria is Africa's most populated country and with an estimated 130 million inhabitants, one in every five Africans is a Nigerian. The country has a federal system of administration, with a Federal Capital Territory (FCT), 36 States and 774 Local Government Areas. The capital of Nigeria is Abuja, geographically located in the centre of the country called the 'centre of unity'. Nigeria is home to four large ethnic groups: Fulani, Hausa, Igbo and Yoruba and there are as many as 350 languages spoken across the country.

The 2006 United Nations Human Development Index puts Nigeria at 159 out of 177 countries, with 70.8 per cent of the population living on less than one dollar a day and 92.4 per cent on less than two dollars a day (Human Development Report, 2006). Despite being rich in natural resources, the economy can not yet meet the basic needs of the people due to the enormous and growing population. The revenues made from oil provide the largest source of income for Nigeria, with other areas of the economy in decline, such as agriculture, palm oil production and coconut processing. Long periods of political instability and the various military regimes in power for forty years until 1999, did not make sufficient investments in the country's infrastructure and basic services.

The federal government is implementing the National Economic Empowerment and Development Strategy (NEEDS) as Nigeria's plan for overcoming poverty and generating national wealth and employment. NEEDS has four elements; re-orientating values, reducing poverty, creating wealth and generating employment. It

also sets out public reforms necessary to achieve this and the support required from the international community. Each of the 36 state governments and the Federal Capital Territory has also produced their own corresponding action plans, called SEEDS.

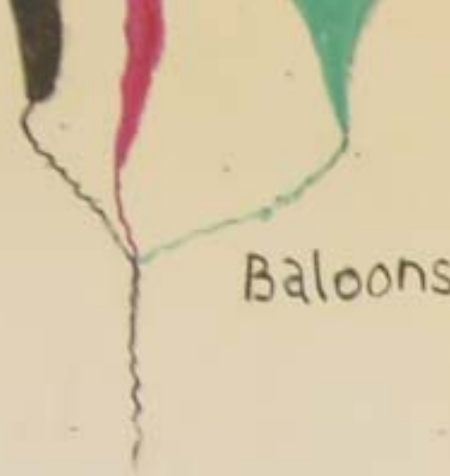


Basic Indicators:

INDICATOR	VALUE	YEAR
Under five mortality rate	194/1000	2005
Infant mortality rate (under 1 year)	100/1000	2005
Annual no. of births	5,377,000	2005
Annual no. of under-five deaths	1,043,000	2005
Children orphaned (0-17 yrs) estimated	8,600,000	2005
Life expectancy at birth	44	2005
Total adult literacy rate (Source: SOWC 2006)	67%	2000-04
Net primary school attendance - male	66%	1996-2005
Net primary school attendance - female	58%	1996-2005
Net secondary school attendance ratio - male	38%	2000-05
Net secondary school attendance ratio - female	33%	2000-05
Percentage of population using improved drinking water sources	48%	2004
Percentage of population using adequate sanitation facilities	44%	2004
Percentage of under-fives sleeping under a treated mosquito net (ITN)	6%	1999-2005
Estimated Adult HIV prevalence rate (15+ years) Source: Federal Ministry of Health	4.4%	2005
Estimated number of children living with HIV (0-14 years)	240,000	2005
Children (0-17 yrs) orphaned by AIDS	930,000	2005

SOURCE: UNICEF State of the World's Children Report, 2007

Unless stated otherwise, all figures quoted in this document are taken from the State of the World's Children Report 2007



Baloons

T U V W X Y Z
K L M N O
P Q R S T
U V W X Y
Z



DONATED BY UNICEF

UNICEF NIGERIA COUNTRY PROGRAMME 2002-2007

The United Nations Children's Fund (UNICEF) has had a base in Nigeria since 1953, working with the government and other partners to address the rights of Nigerian children. Today, the country programme is present in all 36 states and the Federal Capital Territory in the areas of health and nutrition, basic education, water and sanitation, protection and planning and communication issues. All the programmes are represented in at least three Local Government Areas (LGAs) in every state.

UNICEF provides technical guidance to the Government of Nigeria at its three levels of administration on the development and provision of services for children and on adopting appropriate policy and legal measures to ensure the fulfilment of child rights. UNICEF implements projects in partnership with the government and non-governmental organisations, all of which include complementary social mobilisation and community-based communication activities.

Health and Nutrition

The Survival and Early Child Care programme addresses the survival rights of children from conception to five years of age, with the aim of reducing under-five mortality rates by 20 per cent by 2007. High levels of child mortality and

morbidity in Nigeria can be prevented with simple, affordable measures such as immunisation, micronutrient supplementation, exclusive breastfeeding and improved nutritional practices, the use of insecticide-treated bed nets and the prevention of HIV transmission from parent to child.

Currently, only 13 per cent of children aged 12 months are considered fully immunised against the major childhood diseases (2003 Coverage Survey) and only six per cent of children under-five sleep under an insecticide treated bed net to protect them against Malaria.

Survival and Early Child Care comprises the following projects:

- Maternal, Infant and Under-five Mortality Reduction (including Malaria)
- Vaccine Preventable Diseases
- HIV/AIDS Prevention and Care (PMTCT and paediatric care)
- Nutrition and Early Child Care

Basic Education

UNICEF's Basic Education programme aims to contribute to at least a 20 per cent improvement in net primary school enrolment, retention and attainment rates. The child-friendly schools

component aims to improve the school environment as well as the style and quality of teaching in schools. Emphasis is also placed on increasing access and achievement for girls in school, especially in the north of Nigeria. Closely linked with the education programme is the provision of water and proper sanitation facilities in schools, to improve child health and to encourage girls to continue their education.

The net primary school attendance ratios in Nigeria are 66 per cent for boys and 58 per cent for girls. These figures mask the regional variations. The net attendance ratios for secondary education are 38 for boys and 33 for girls respectively.

The Basic Education projects are:

- Formal Education
- Non-formal Education

Water, Sanitation and Hygiene

The Water, Sanitation and Hygiene programme aims to create 8800 safe water sources by the end of 2007, including 1200 sources in schools and learning areas. The programme combines the installation of new water points with the upgrading and renovation of existing facilities. UNICEF supports the installation of sanitary facilities in communities and schools and the programme will have benefited at least 4000 communities by the end of 2007. Hygiene education in schools and in communities is also an important component of this programme. Water and hygienic sanitation not only ensure optimal child health and survival but also provide a major boost to school attendance rates – especially for girls. Providing safe water sources is vital for



community development as a whole, shortening the amount of time that women spend walking every day to fetch and carry water.

On average, only 48 per cent of the total population of Nigeria has access to an improved water supply. Only 44 per cent of the population uses adequate sanitary facilities. In some schools in Nigeria, as many as 500 children have been found sharing one latrine.

The Water, Sanitation and Hygiene projects are:

- Water Supply
- Environmental Sanitation

Protection and Participation

Child protection and participation programmes include both advocacy and technical support to the government in order to ensure Nigeria meets the obligations of the Convention on the Rights of the Child. An important achievement was the adoption of the Child Rights Act in 2003 at the federal level. Today, UNICEF Nigeria encourages all 36 states to pass the Child Rights Act in order to address the situations of trafficked children, child labourers and orphaned and vulnerable children. UNICEF also collaborates with the National Youth Service Corps, training young people as peer educators to inform and spread messages on HIV/AIDS prevention.

On average, only 30 per cent of children under-five have their births registered in Nigeria. UNICEF estimates that eight million children are at risk of being trafficked or exploited for labour. The HIV prevalence rate is 4.4 per cent (Federal Ministry of Health, 2006), with only 18.3 per cent

of adolescents aged 15-24 having correct knowledge about HIV transmission (National HIV/AIDS & Reproductive Health Survey, 2003).

The Protection and Participation projects are:

- Rights, Legislation and Special Protection
- Adolescent Health, Participation and Gender Empowerment

Planning and Communication

Planning and communication is a broad programme that supports the different programme areas with surveys and evaluations to monitor basic indicators. The Multiple Indicator Cluster Survey (MICS) is used by UNICEF globally to measure changes in the situation of children and women. UNICEF also advises the government on preparing and responding to potential emergencies.

All programme areas include community communication, education and social mobilisation elements, including awareness raising campaigns. For these activities, information materials such as leaflets, brochures, calendars and charts are produced to promote messages. UNICEF also establishes partnerships with national electronic and print media to educate the public on children's rights. Regular information on UNICEF programmes is shared through press events, workshops and information materials.

The Planning and Communication projects are:

- Social Statistics, Policy Analysis and Development
- Communication and Alliance Building
- Emergency Preparedness and Response

A HEALTHY START TO LIFE

Uloma's demeanour and physical appearance do not betray any worry; she sounds cheerful and appears quite comfortable with her surroundings. At 28 years old, Uloma is already a mother to three children, the youngest is three years old. Providing for her children is a big challenge to Uloma, since she lost her husband.

Uloma was seven months pregnant with her third child when she was diagnosed as being HIV positive. The world seemed to come to an end. But she found support and counselling at the UNICEF supported HIV/AIDS unit of the Rivers State Ministry of Health. She learned how to prevent the transmission of the virus to her baby during pregnancy. Thanks to this, her baby, Uchechi, was born HIV negative. Today, Uloma is able to spend time in her tailoring shop and looking after all of her children.

Many more mothers like Uloma urgently require access to counselling and testing facilities in Nigeria. Today, less than one per cent of pregnant HIV positive women receive anti-retroviral drugs to prevent the transmission of the virus to their babies. An estimated ninety per cent of HIV positive children under 15 are infected by their mothers. Therefore, testing and counselling facilities such as those supported by UNICEF in Rivers State could form the first line of defence in the prevention of HIV in children. At present there are over 200 facilities providing services for the prevention of mother-to-child-transmission (PMTCT) for Nigerian



The people in this photograph are models

mothers, which is not enough to service a projected population of about 32.4 million females aged 15-49 in 2006.(National and State Population Projections, 2002).

UNICEF's PMTCT programme in Nigeria

supports health facilities and hospitals to run voluntary counselling and testing facilities for pregnant women. It is generously supported by the Governments of Canada, The Netherlands, and the Italian National Committee for UNICEF.

“I WANT TO FIGHT POLIO FOR THE REST OF MY LIFE”

Saddened by the uncertain future of his beloved Aliyu, his youngest son, who was recently crippled by polio, Muhammed, was solemn when he spoke about how polio affected his family.

The proud father of six children, Muhammed, lives in Birnin-Kebbi, the Kebbi State capital and holds two jobs in order to support his family. He works as a farmer and at night he is a security watchman for a government office. But as fate would have it, he is now burdened with a problem for his life-time, as his youngest son is a victim of Polio.

“In my family, nobody has ever had this type of calamity before and right now, I am worried because I don’t know how long it would take my son to walk,” he laments. Then he explains how he came to observe that there was something wrong with Aliyu. “He is the last of my six children and I was worried when he was almost two years old and he did not start walking with his mates”, he recalls. “Those who were born with him at the same period have started coming to our compound to play with him, but he hardly stands up to play with them. Around the end of last year, I noticed that his right leg is not as active because if we stood him up, he was better balanced on the left leg than the right.”

Muhammed did not seek medical advice immediately because Aliyu’s right leg was not

smaller than the left leg. So, during one of the Polio immunisation rounds, he brought his son out for the officials to examine him. It was confirmed that the little child was already suffering from Polio and that the paralysis was irreversible. There is no treatment for it.

Health workers explained to him and all the family members that the only way of protecting children from Polio was the immunisation of all children below five years of age. “This problem with my son was due to negligence”, says Muhammed. “I always told my wife to present our children to the immunisation people anytime they declared these immunisation days. But she did not present him during the last round because so many other people rejected too. Now, all our neighbours have learnt from our bitter experience and they now even go out in search of the officials so as to avoid having a crippled child in their families.”

“Our problem was because we were not educated to know the implications of avoiding the immunization”, he adds. “My plan for Aliyu is to do all in my capacity to give him education, so that he will not repeat this mistake in future when he is old enough to head a family. If I educate him, he would make me proud in future.”

Muhammed is also ready to support the efforts of health workers during the immunization rounds. “If I need take my son along with me to convince

people, I can do it because I want to help and put a stop to this problem that is crippling our children. “In fact, take it from me that I want to fight polio for the rest of my active life.”

UNICEF’s Immunisation Plus programme in Nigeria supports the National Programme on Immunisation to deliver routine immunisation services and to eradicate vaccine preventable diseases. Through the Immunisation Plus Days, children are vaccinated against all diseases including Polio and they receive other health services such as Vitamin A, micronutrients and bed nets for malaria prevention.

UNICEF’s immunisation programme is generously funded by the Governments of Canada, France, Japan, The Netherlands and Norway, CDC, Rotary International, UN Foundation and UNICEF National Committees of Germany, Iceland, Sweden, Switzerland and the UK.

KICK POLIO OUT OF NIGERIA
National Immunization Days
House-To-House

POSTAL POLIO VACCINE



POSTAL POLIO VACCINE





UNICEF Nigeria/2006/Sani Musa

Pupils of Mayaki Girls Islamiya School, Kazaure

A SECOND CHANCE FOR IYESHA

Iyesha is 15 years old and still in primary six at Mayaki Girls' Islamiya Primary School, in the Kazaure Local Government Area, Jigawa State. In most parts of the world girls of Iyesha's age are already in secondary school. However, like many girls in Northern Nigeria, Iyesha had to drop out of school for three years because her parents thought that if she continued her education she would not agree to marry at an early age.

Thankfully, Iyesha is back in school with the firm backing of her parents, thanks to the Girls' Education Project, GEP, which has embarked on a mass awareness-raising campaign to encourage parents to send their girls and boys to school. Iyesha is now striving hard to compensate for lost ground and time. "I want to proceed to secondary school and from there to the university and become a medical doctor," she says.

Iyesha's story shows how GEP is having a significant impact on girls' education in Nigeria. In the past, a girl who dropped out of school, for whatever reason, would not have had a second chance for an education.

Launched in December 2004 by UNICEF in collaboration with the Federal Government of Nigeria and the UK Department for International Development (DFID), GEP aims to eliminate gender disparities in school enrolment, retention and completion, all of which tend to favour of boys in the northern states. GEP is supporting girls' education in Jigawa and five other states in the north through activities, including dialogue with state governors and policy makers, traditional and religious leaders and the provision of recreational facilities, books, furniture, safe water and separate toilets for girls and boys in the focus schools. The project provides support to both formal and non-formal education including *Islamiyah* classes where appropriate, and adult education classes, especially for girls and women.

To ensure that more girls benefit, GEP supports better policy and planning in education, as well as the training of school based management committees and teachers to improve the quality of teaching and learning in the schools. Such training will ensure that Iyesha- and others like her - receive a quality basic education.

UNICEF's Basic Education programme is generously funded by the DFID and the MTN Nigeria Foundation.



WATER FOR COMMUNITIES

Fati is 15 years old and lives in Eyingi, a remote village in Niger State. Three times a day, she used to fetch water for her family from the pond because the borehole built in her village did not produce enough water. During the dry season, the community had to dig the earth to find their water.

Three years ago, some people in her village were affected by the Guinea Worm disease. But thanks to UNICEF support, Fati has learnt to filter the water in order to avoid infection. A lot of awareness-raising and education work has been done by the village-based health worker, trained by UNICEF and the Niger State Ministry of

Health. No further cases were reported in Eyingi's village. A new borehole recently built with UNICEF support provides the village with a larger, safe water supply. "I want my people to be healthy", says Musa Mohammad, the village head. "Water is important for my community."

In Nigeria today, only 31 per cent of the population living in rural areas has access to improved water sources, while access to improved sanitation facilities is only 36 per cent. This situation contributes to high morbidity and mortality among children. In schools, the lack of water and sanitation is a hindrance to girls' enrolment and pupil's learning suffers. In some primary schools, 500 pupils have been found to share one toilet.

Since 2002, UNICEF has been addressing this situation by creating about 4,000 new safe water resources across the country in collaboration with the Rural Water Supply and Sanitation Agencies, providing water for more than one million people. In addition, training in hygiene practices for teachers and education staff has improved health in primary schools and in communities. More than 200 school environmental clubs have been created across the country.

UNICEF's Water, Sanitation and Hygiene Programme is generously supported by DFID, European Commission, The Netherlands Government, US Fund for UNICEF, and Unilever Nigeria.

SARAH'S NIGHTMARE

Sarah and eight other Nigerian girls were rescued and repatriated from a life of sexual slavery in Burkina Faso. For protection they were taken to a shelter in Lagos, run by the National Agency for the Prohibition of Traffic in Persons, NAPTIP. None of the girls know when they will regain a 'normal' life or re-join their families. Sarah wanted to run away from the desperate life she was living. She wanted to go to America. It was her friend, Mary, who first heard about a smart business man who 'placed girls and boys in good jobs abroad'. They

were told that rich families were looking for housekeepers. They did not have to pay anything in advance, everything would be arranged; passport, visa, all the paperwork. They would even be given a few dollars as pocket-money until they started their jobs and were able to begin repaying the debt in small instalments.

After travelling for four days, they ended up in Burkina Faso where they were sold to Madam Franca and forced to work long shifts in her brothel. In order to pay for food, the use of the brothel room, transportation, and to payback the 'loan' to Madam, each girl needed to sleep with as many as 20 men every day. The girls were beaten and mistreated.

Sarah is happy to be back in Nigeria, even though she is poorer than when she left.

UNICEF provided food, toiletries, a change of clothes as well as medical supplies for the tiny in-house clinic at the NAPTIP centre. Despite all these efforts Sarah and the other girls are certain to face many difficulties once they leave the centre. The ghosts that drove them to prostitution would still be waiting for them in their village. A juju (Voodoo) princess who swore them to secrecy about their situation still lives in their state. It is not clear whether they will be able to find decent jobs or even whether their communities would accept them back.

Each year, thousands of children are trafficked in and out of Nigeria. To combat this crime, the Trafficking in Persons Prohibition and Administration Act was passed in 2003 and established NAPTIP. The Agency has already

made a difference, opening shelters for rescued or repatriated children, raising public awareness, facilitating the rescue of victims, arrest, investigation and prosecution of the traffickers.

With UNICEF support, an anti-trafficking network has been set up in the most affected states. Unfortunately, rehabilitation centres for rescued victims of trafficking activities, are still limited and few. With time, it is hoped that young girls such as Sarah will be much more aware of the danger of this "work opportunity abroad" thanks to a public awareness campaign by local NGOs and with the increasing involvement of the media.

UNICEF's Protection and Participation programme in Nigeria is generously supported by the Governments of Canada, The Netherlands, Sweden, and the UK National Committee for UNICEF.

UNICEF Germany/2005/Langenstrassen



Opposite page: UNICEF Goodwill Ambassador Nina Ruge, takes part in a role play session on HIV/AIDS with the National Youth Service Corps.





UNICEF and UNAIDS jointly launched the **Unite for Children, Unite against AIDS** campaign in October 2005, in order to ensure that all children infected or affected by HIV/AIDS will get the care and support they need and that their needs are given priority in combating HIV/AIDS. This global campaign by UNICEF and partners, features four areas requiring urgent action to make a real difference to the lives of children affected by AIDS.

1. Prevent Mother-to-Child Transmission of HIV – appropriate services need to be in place for women to know their status and to prevent the transmission of the virus to their children.

2. Provide Paediatric Treatment – anti-retroviral drugs need to be available to children living with

the HIV virus. They also need clean drinking water and adequate nutrition to keep them strong.

3. Prevent infection among adolescents and young people – young people are the future and they need the facts about HIV transmission and know how to prevent it.

4. Protection and care for orphans and vulnerable children – the most vulnerable children need access to basic services such as education and health care. They also need to live in a supportive environment that will address the trauma they have faced.

Children and HIV/AIDS in Nigeria

In Nigeria, there are more than 3.5 million people living with HIV, making it the third largest population of HIV positive people in the world. More than half of the people living with HIV are women and the most affected are children and young people.

By 2005, 4.4 per cent of the population was HIV positive. The epidemic is present in the general population. Nigeria needs to continue to provide facilities and services in order to prevent an increase in transmission.

Nigeria has an estimated eight million orphans of which 930,000 are orphaned by AIDS. Children are made vulnerable by HIV/AIDS if they have an ailing parent, are in poor households that have taken in orphans, face discrimination because of

a family member's HIV status or if they are infected with the HIV virus.

In Nigeria, an estimated 90 per cent of HIV positive children under the age of 15 have been infected by their mothers. Many women do not know their status and most do not receive the treatment needed to prevent transmission of the virus to their babies.

As of April 2006, 60,000 Nigerians were receiving Anti-retroviral Therapy in order to prevent the progression of full-blown AIDS. And yet, no one knows exactly how many children are HIV positive and whether they have access to the treatment they need.

On average 1,000 people are newly infected with the HIV virus every single day. Many do not have the knowledge of how to prevent infection or do not have the skills to protect themselves.

In Nigeria, on average 800 people die from AIDS every single day. More treatment needs to be made available to keep families, parents and children together.

UNICEF Nigeria support projects in all four areas highlighted by the campaign.

Every organisation and every person has a role to play in preventing the spread of HIV/AIDS. The campaign website has information on how to get involved.

www.unicef.org/uniteforchildren

NWANKWO KANU, UNICEF AMBASSADOR FOR NIGERIAN CHILDREN

In June 2005, Nwankwo Kanu, the famous Nigerian football star, became a UNICEF Goodwill Ambassador. The twice winner of the African Footballer of the Year award said that he was delighted at the opportunity to contribute to the improvement of the situation for children in Nigeria. "I have already been working to help children with heart problems through the Kanu Heart Foundation", he commented. "As a Goodwill Ambassador, I have the opportunity to work on broader issues that affect many Nigerian children".

In October the same year, Nwankwo Kanu supported the launch of the campaign **Unite for Children, Unite against AIDS** by recording and appearing in a special video message. Kanu also called for the Nigerian public to reach out to children affected by HIV and AIDS in an address he made to the crowd packed into the national stadium, just minutes before the Nigerian national team played the World Cup qualifying match against Zimbabwe. Kanu's speech was broadcasted on two giant electronic boards and was given a standing ovation by the crowd just as he rejoined his team mates to start the match.

Goodwill Ambassadors work extremely hard for UNICEF, fitting in field trips and attending UNICEF events in their already hectic schedules. The Ambassadors raise the profile of UNICEF's work to new audiences all over the world and help UNICEF to bring about change to help children.



Nwankwo Kanu visits Enugu University Teaching Hospital to HIV/AIDS prevention and treatment work in action

UNICEF Nigeria/2006/Achesida

OUR PARTNERS

Federal Government Ministries

- Agriculture and Rural Development
- Education
- Finance and Economic Development
- Health
- Information and National Orientation
- Inter-governmental Affairs, Youth Development and Special Duties
- Water Resources and Rural Development
- Women Affairs

International Donors and Development Agencies

- African Development Bank
- All UN Agencies
- Canadian International Development Agency (CIDA)
- Centre for Disease Control (CDC)
- Department for International Development (DFID)
- European Commission
- Global Alliance for Vaccines and Immunisation (GAVI)
- Global HIV/AIDS Initiative Nigeria (GHAIN)
- Government of France
- Government of Japan
- Government of the Netherlands
- Government of Norway
- Japan International Co-operation Agency (JICA)
- The Micronutrient Initiative (Canada)
- Rotary International
- Swedish International Development Agency (SIDA)

- United Nations Foundation
- United Nations Human Security Trust Fund
- United States Agency for International Development (USAID)
- World Bank

Non-governmental Programme Partners

- Broadcasting Organisation of Nigeria
- Bar Association of Nigeria
- Care for Life
- Global 2000
- Guild of Editors
- Health Reform Foundation of Nigeria (HERFON)
- Inter-Gender, Jos
- National Council for Women Society (NCWS)
- National Center for Women Development
- Nigeria Medical Association
- Paediatric Association of Nigeria (PAN)
- Rotary National Polio Plus Committee
- WaterAid Nigeria
- Women Trafficking and Child Labour Eradication Foundation (WOTCLEF)

Other Government Partners

- Economic Policy Co-ordinating Committee (EPCC)
- National Action Committee on AIDS (NACA)
- National Agency for Food & Drug Administration & Control (NAFDAC)
- National Agency for the Prohibition of Trafficking in Persons (NAPTIP)
- National Bureau of Statistics
- National Commission for Mass Literacy (Adult and Non-Formal Education)

- National Human Rights Commission (NHRC)
- National Orientation Agency
- National Planning Commission (NPC)
- National Primary Education Commission (NPEC)
- National Primary Health Care Development Agency
- National Youth Service Corps (NYSC)
- National Population Commission
- National Programme on Immunization (NPI)
- National Water Research Institute (NWRI)
- Nigerian Police -Trafficking Department
- Rural Water Supply and Sanitation Agency
- Standards Organisation of Nigeria
- Universal Basic Education Board (UBEB)

Private Sector in Nigeria

- Binatone
- Coca-Cola Africa Foundation (TCCAF)
- DHL
- Le Meridien Hotel, Abuja
- MTN Nigeria Foundation
- Murphy Shipping Ltd
- Sheraton Hotels (Lagos & Abuja)
- Unilever Nigeria Ltd
- United Bank of Africa (UBA)
- V-mobile Foundation

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