

Nigeria

Executive Summary

For the first time since independence Nigeria experienced a peaceful transition from a democratically elected administration to a democratically elected opposition in 2015. The new administration became committed to promoting a non-oil-based economy and fighting the Boko Haram insurgency and corruption. A Treasury Single Account was created to channel all public resources. As ministries and government agencies started to remit resources through this account, there were delays in accessing funds, including UNICEF cash transfers.

The reduction of international oil prices from US\$110 in January 2014 to US\$36 in December 2015 hampered the economy. Oil earnings are the major source of government revenue. This resulted in delayed payment of public sector salaries and lower economic growth. As efforts to restructure the economy to avoid over-reliance on oil are a medium-term goal, the economic situation for 2016 appears bleak.

UNICEF co-leads water, sanitation and hygiene (WASH); nutrition; education; and child protection in emergency nationally and sub-nationally. In conflict-affected Borno, Adamawa and Yobe states, UNICEF provided integrated primary health care (PHC) services to 30 clinics in camps for internally displaced persons (IDPs) and 331 health facilities in host communities, reaching 559,774 people. Some 11,137 pregnant women were reached with antenatal care (ANC) and skilled attendants in camps in Borno supported 1,326 deliveries. The psychosocial support programme reached 60,652 children (32,848 boys/27,804 girls) in 121 communities and 15 IDP camps. Around 62,685 children were admitted to community management of acute malnutrition (CMAM) programmes in camps and host communities. Due to UNICEF advocacy, 429 schools re-opened in Borno after two years. WASH interventions reached over 220,000 conflict-affected people.

2015 was historic for polio eradication efforts, with Nigeria de-listed from polio-endemic countries. With successful interruption of wild polio virus transmission, the focus is on sustaining gains and initiating legacy planning beyond certification in 2017. The country successfully introduced inactivated polio vaccine (IPV) and UNICEF procured 350 million doses of oral polio vaccine (OPV). A measles campaign in the northern states reached 23.2 million children aged nine-to-59 months. U-Report, a mobile SMS-based community tool, reached 1.2 million users.

UNICEF supported roll-out of the one PHC facility per ward strategy, which offers an integrated package of interventions and agreed standards to make PHCs fully functional. In Adamawa and Kebbi States, UNICEF initiated implementation of this approach, paving the way for a comprehensive PHC rethink; advocacy led by UNICEF led ten states to adopt the approach.

UNICEF has supported a highly participatory process in favour of passage of Violence against Persons Prohibition (VAPP) Act for several years. These efforts bore fruit in 2015. The law provides protection and remedies against gender-based violence, including child marriage and female genital mutilation/cutting (FGM/C).

Nigeria became the first West African country and eighth worldwide to publish findings of a ground-breaking Violence against Children (VAC) survey, supported by UNICEF and the U.S. Centres for Disease Control and Prevention (CDC). Survey findings showed that 60 per cent of children experience one or more forms of violence before the age of 18: one in two children experience physical violence, one in four girls and one in ten boys experience sexual violence and one in five boys and one in six girls experience emotional violence. The shocking findings prompted the President to launch the 'Year of Action to End Violence against Children', at which priority actions for state and non-state actors were announced.

The CMAM programme contributed to the Government's 'Saving One Million Lives' initiative and treated 90 per cent of children with severe acute malnutrition (SAM). A total of 928,473 children were admitted into treatment in 11 states between January 2013 and November 2015, saving 76,000 lives in 2015. This represented about 80 per cent of the SAM caseload in target states. During Maternal, New-born, and Child Health Weeks (MNCHWs) 27.7 million children received vitamin A, 11.9 million received deworming tablets and 3 million pregnant women received iron folic tablets. About 200,000 pregnant women were tested for HIV.

Through UNICEF support, 2.4 million people now live in 3,198 open defecation-free (ODF) certified communities (251 per cent of 2015 targets). Over 920,000 people gained access to safe water. Thirty-six states developed ODF roadmaps with UNICEF support. UNICEF leveraged over US\$5.6 million in Government funds for the WASH sector.

A Girls Education Project (GEP) enrolled 95,338 girls in five states. A Nomadic Education project supported in Sokoto and Kebbi states enrolled 880 children. In addition, 832 more pre-primary schools and 103 community-based early childhood centres were established in seven states. Some 224 early childhood development (ECD) teachers/caregivers (113 female) were trained on child-centred pedagogy and applied the skills.

Humanitarian Assistance

UNICEF continued to support the Government of Nigeria's emergency response in the northeast, focusing on Borno, Adamawa and Yobe states where there are an estimated 1.87 million IDPs as a result of the insurgency. Ninety-two per cent of the IDPs live in host communities, with the remaining 8 per cent living in camps. Children make up 57.4 per cent of the IDP population; 28 per cent are five years old or younger.

UNICEF supported the State Ministry of Health and the State Primary Health Care Development Agency (SPHCDA) to provide integrated PHC services to 30 health clinics in IDP camps and 331 health facilities in host communities in Adamawa, Yobe and Borno states, reaching 559,774 conflict-affected people – representing 143 per cent of the target for 2015 – as a result of expanding the programme into host communities. A total of 11,137 pregnant women were reached with ANC, and skilled attendants in the IDP camps in Borno supported 1,326 deliveries. Measles vaccinations reached 89,806 children aged six months to 15 years in IDP camps, and 39,489 long-lasting insecticide-treated bed-nets (LLINs) were distributed to conflict-affected pregnant women and children under five years old in the three states.

UNICEF Nigeria scaled up the CMAM programme from 188 to 280 sites in the three states. A total of 62,685 children were admitted to the programme in both IDP camps and host communities, representing 82 per cent of the annual target. A total of 238,328 children were screened for malnutrition in IDP camps, representing 69 per cent of the annual target. Of these,

7,247 children were identified with SAM and 7,091 were admitted to the CMAM programme. A total of 41,678 pregnant and lactating women were counselled on infant and young child feeding (IYCF) and multiple micronutrient powders were distributed to 6,585 children aged six-to-23 months in IDP camps and host communities.

UNICEF was a key partner in implementing the safe schools initiative (SSI) that supported delivery of education in the north-east. The SSI's mandate was broadened from providing education to IDP children in camps to providing education to IDP children living in host communities as well.

To date 46,359 children have benefitted from access to education, reaching 26 per cent of the target. Through a 'Back to School' campaign carried out in October and November, 170,432 children were enrolled to learning centres in IDP camps and 11 accessible local government areas (LGAs) in the three states. In Borno, this allowed 429 schools (324 primary, 105 secondary, 15 senior secondary) to re-open. The schools had been closed due to the abduction of over 200 girls from a boarding school in Borno in April 2014.

A UNICEF Nigeria psychosocial support programme reached 60,652 children (32,848 boys/27,804 girls) in 121 communities and 13 formal IDP camps and two unofficial ones, achieving 113 per cent of the target. A harmonised child protection case management and information management system for unaccompanied, separated and other vulnerable children at risk of abuse and exploitation was established in the three states, in partnership with state ministries, the International Rescue Committee, Cooperazione Internazionale (COOPI) and Save the Children. A total of 112 social welfare officers and 73 community case workers were trained in child protection and case management. This year 1,678 unaccompanied and separated children were identified, 719 of whom were placed with trained foster parents, reaching 84 and 42 per cent of the targets, respectively.

A monitoring and reporting mechanism (MRM) for grave violations of children's rights became operational with working groups on children and armed conflict set up in Adamawa, Borno and Yobe states. Some 132 country- and state-level members were trained to support the MRM. Three global horizontal notes and an annual report were submitted to the Office of the Special Representative to the Secretary General on Children and Armed Conflict.

With UNICEF Nigeria support, Nigeria's Rural Water Supply and Sanitation Agency provided access to safe water for 221,000 people in IDP camps and host communities, reaching 99 per cent of the target. A total of 53,733 people (61.5 per cent of the target), were provided with adequate sanitation at IDP camps. The target for hygiene promotion was increased from reaching 71,410 people to reaching 276,000 people; 85 per cent of the new target was reached.

Persistent insurgency attacks limited access to affected communities and settlements, making the provision of emergency health, nutrition, educational and WASH services a major challenge.

Mid-term Review of the Strategic Plan

UNICEF Nigeria's programme and indicators are aligned with the UNICEF Strategic Plan (SP). The Country Programme responds to the seven SP outcomes, with a focus on the most disadvantaged and excluded. Each outcome and output contains both development and humanitarian interventions.

Based on a gender review conducted during the year, UNICEF and partners developed an

eleven-point strategic action plan which included integration of gender analysis within: the on-going situation analysis of children and women (SitAn); gender assessments of WASH, education and nutrition programmes; an evaluation of the WASH, education and nutrition programmes using gender action plan performance standards. The review, guided by the 2014 – 2017 SP and the global gender action plan, enabled the Country Programme to shift from legislative advocacy and normative work to direct support to sectoral programmes and integration of gender aspects into programme outcomes and outputs.

Bringing strategic development partners and Government on board with the SP early in the programme development stage makes it less cumbersome to align the Country Programme to UNICEF's Strategic Plan (SP). In a Country Programme such as UNICEF Nigeria, where over 70 per cent of the resources are provided by a few donors with large and long-term programmes, mid-stream re-configuration of the programmes to align with the SP is challenging.

Programmes that are heavily funded by one or two dominant donors are difficult to align with the SP. Donor perspectives tend to carry more weight during the mid-year and end-year reviews. However, review of theories of change can provide entry points for alignment with the SP. Alignment of the UNICEF-supported Country Programme to the SP has: strengthened results-based planning; improved accountability by aligning resources to results; and improved performance management and reporting, leading to greater transparency. Reporting on global indicators is a useful SP innovation. Some global indicators, especially those on coverage, are not easy to collect on an annual basis. There needs to be a review and agreement on the periodicity and type of outcome and output indicators in the SP. Evidence-generation for reporting on global indicators remained a challenge in 2014 and 2015. With implementation of the multiple indicator cluster survey (MICS) and preparation of the SitAn both scheduled for 2016, as well as the conclusion of ongoing evaluations, the situation is expected to improve.

The mid-term review of the SP provides an opportunity for inclusion of relevant Sustainable Development Goals (SDGs) and indicators, based on which Country Offices can report progress. The review can also take relevant aspects of the Paris climate change agreement into account to update the plan.

Summary Notes and Acronyms

Nigeria has a federal system with 36 states plus the Federal Capital Territory and 774 local government areas (LGAs). Federal, state and LGA structures each maintain a high degree of independence.

ANC – Antenatal care
BCP- Business continuity plan
BMGF- Bill and Melinda Gates Foundation
C4D – Communication for development
CIFF- Children's Investment Fund Foundation
CMAM- Community management of acute malnutrition
CMT- Country management team
COOPI - Cooperazione Internazionale
CPMP- Country programme management plan
DCT- Direct cash transfer
DfID – Department for International Development (UK)

DHS – Demographic and health survey
 DPT3 – Third round of diphtheria, tetanus, and pertussis vaccine
 ECD- Early childhood development
 EID – Early infant diagnosis (of HIV)
 EMIS- Education management information system
 EOC - Emergency operation centre
 EVD- Ebola virus disease
 FCT- Federal Capital Territory
 FGM/C – Female genital mutilation/cutting
 FME – Federal Ministry of Education
 FMOH - Federal Ministry of Health
 FMWASD – Federal Ministry of Women’s Affairs and Social Development
 GEP – Girls’ education project
 GHD- Global Help Desk (UNICEF)
 HACT- Harmonised approach to cash transfers
 HCT – HIV testing and counselling
 ICT- Information communication technology
 IDP – Internally displaced persons
 IMEP – Integrated monitoring and evaluation plan
 IMS- Incident-management system
 LGAs – Local government areas
 LQAS – Lot quality assurance sampling
 M&E- Monitoring and evaluation
 MICS – Multiple cluster indicator survey
 MNCHW- Maternal, new-born and child health weeks
 MRM- Monitoring and reporting mechanism
 NBS- National Bureau of Statistics
 NEMA – National Emergency Management Agency
 NGO - Non-governmental organisation
 NNHS- National Nutrition and Health Survey
 NPC- National Planning Commission
 NPHCDA - National Primary Health Care Development Agency
 NYSC - National Youth Service Corps
 ODF- Open defecation-free
 OPV - Oral polio vaccine
 PBR- Programme budget review
 PEPFAR - President’s Emergency Programme for AIDS Relief
 PHC - Primary health care
 PPP- Programme planning process training
 RUTF - Ready-to-use therapeutic food
 SAM- Severe acute malnutrition
 SBMCs – School-based management committees
 SDG(s) – Sustainable Development Goals(s)
 SEMA – State emergency management agencies
 SitAn – Situation analysis of children and women
 SMART- Standardised monitoring and assessment of relief and transitions
 SMS- Short message service
 SOML- Saving One Million Lives
 SSI- Safe Schools Initiative
 SPHCDA- State Ministry of Health and the State Primary Health Care Development Agency

VAC- Violence against children
VCMs- Voluntary community mobilisers
WASH- Water, sanitation and hygiene
WASHCOMs- WASH Committees
WASHIM – WASH information management system
WCARO – West and Central Africa Regional Office (UNICEF)

Capacity Development

UNICEF built the capacity of the National Planning Commission (NPC) – which was recently renamed Ministry of Budget and National Planning – through training of 36 federal and state directors of planning, in the process of integrating country programme work plans into Government plans. The directors agreed that UNICEF-supported programme activities would be integrated into the state 2016 annual budgets, and are committed to funding these activities. UNICEF strengthened staff capacities at the NPC, National Bureau of Statistics (NBS), Nigerian Institute of Social and Economic Research, and state-level officers on key strategic areas including measurement and analysis of child poverty and costing social protection policies and interventions.

Support was provided to strengthening education management information systems (EMIS) in eight states, including through training 42 officers on EMIS software/database administration and management, as part of UNICEF support to improve the quality and reliability of EMIS data.

With UNICEF support, 2,000 health care workers were trained in the provision of MNCH services. Thirty-five health training institutions in 13 states were identified as focal centres for training of pre- and in-service personnel. UNICEF built capacity of 14,000 frontline workers on interpersonal communication, with a focus on key family practices. This included voluntary community mobilisers and religious leaders.

With UNICEF support, nine states formed a ‘child protection systems-strengthening learning group’ to develop a model child protection system, including regulations, standards and training packages to enhance system effectiveness. Training was delivered to 30 lawyers on child-centred and child-friendly legal services, with a view to reducing pre-trial detention time and enhancing the treatment of children in detention. One hundred twelve social welfare officers and 73 community case workers were trained in case management of unaccompanied, separated and other vulnerable children at risk of abuse and exploitation. Some 132 of the child protection systems-strengthening learning group were trained to support the MRM.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF Nigeria supported the NBS to conduct the national nutrition and health survey (NNHS), using standardised monitoring and assessment of relief and transitions (SMART) methods. The survey provided data on acute and chronic malnutrition, health and immunisation coverage, HIV counselling and testing and the proportion of households reached during MNCH weeks. This data informed partners about programme performance, including humanitarian response.

With UNICEF support Sokoto, Katsina, Zamfara, Niger and Bauchi state governments finalised a 2014-2015 annual school census (ASC), data from which formed the basis of the EMIS.

UNICEF and the CDC supported the Government to undertake the first survey on violence against children, which provided data on prevalence, context, perpetrators and consequences of violence. The survey found that 60 per cent of children younger than 18 years have experienced

one or more types of violence: one in two experience physical violence, one in four girls and one in ten boys experience sexual violence and one in five boys and one in six girls experience emotional violence. The findings provided a catalyst for the President to launch a national campaign to end VAC.

In partnership with UNICEF, the NBS began implementing the MICS to generate state-level estimates, expected by September 2016 for all 36 states and the federal capital territory (FCT). Also, senatorial-level estimates will be made in Kano and Lagos states. For the first time water quality testing will be included in the process, setting baselines for the SDGs.

The MRM on grave violations of children's rights highlighted the huge toll the conflict has had on children – most significant was that 21 children under 18 (17 girls, 4 boys) were used in the 76 suicide bombings recorded in 2015. In addition, 448 children (308 girls, 162 boys) were rescued by the Nigerian Armed Forces from Jama'atu Ahlis Sunna Lidda'awati wal-Jihad strongholds.

Partnerships

As part of its communication strategy, UNICEF Nigeria systematically engaged northern traditional leaders councils as influential community gatekeepers, with oversight from the National Primary Health Care Development Agency (NPHCDA), at the community and household levels. UNICEF maintained their mapping and worked with them through community dialogues, promoted ownership and building trust for the vaccination programme. In 2016 a formal partnership agreement will be concluded. This partnership contributed to reaching missed children in immunisation campaigns. The partnership was extended to education (Quranic schools), WASH (WASH committees) and child protection (VAC) because of their access to hard-to-reach populations.

Partnership with the private sector was vital in the start-up of commercial production of ready-to-use therapeutic food (RUTF) inside Nigeria, which will facilitate Government procurement. With an installed capacity of 2,400 metric tons, capacity is planned to increase to 4,800 tons within three months.

UNICEF Nigeria initiated implementation of the approach calling for one functional PHC centre per ward in Adamawa and Kebbi, paving the way for a comprehensive PHC rethink. UNICEF advocacy contributed to NPHCDA's prioritisation of revitalisation of PHCs. Partnership was built with the First Lady and the National House of Representatives, with advocacy to support the approach, which was adopted by 10 states.

UNICEF Nigeria partnered with the multi-partner trust fund secretariat of the Scaling-Up Nutrition (SUN) movement to strengthen the capacity of civil society to scale up nutrition. A network of 27 civil society organisations (CSOs) was mobilised to advocate, generate evidence, build capacity and stimulate communities.

U-Report, a mobile SMS-based community empowerment tool reached 1.2 million users in 2015, assisted by a free-SMS facility agreed with four leading mobile companies: Airtel, Etisalat, Glo and MTN. UNICEF Nigeria engaged with these companies to enter into a partnership agreement to expand their collaboration country-wide. Airtel signed a partnership agreement with UNICEF in 2015 and discussions were ongoing with the other firms.

External Communication and Public Advocacy

UNICEF Nigeria public advocacy and communication efforts focused on influencing policy and resource mobilisation decisions to support realisation of children's rights through highlighting the situation of children and women in Nigeria, what needs to be done to address their needs and UNICEF's work to do so. In line with the UNICEF global communication and public advocacy strategy, UNICEF Nigeria used evidence to produce persuasive communications, putting a human face on the rights of children and increasing the reach of communication products.

Through media relations and public advocacy, UNICEF Nigeria engaged media professionals on child rights in relation to issues such as the northeast emergency, malnutrition and FGM/C. Over 1,400 articles referred to UNICEF's work in print and online media in 2015, with virtually all such mentions supportive of UNICEF's mission. Strategic media opportunities were arranged around publication of new data on the effectiveness of Community-Based Management of Acute Malnutrition and on violence against children (VAC), resulting in extensive coverage and public awareness. Communication opportunities around VAC findings included workshops with media and religious groups and over 60 articles and editorials in more than 30 national and international publications. TV and radio messages reached over 50 million people. U-Report was used to disseminate the message to over 1 million Nigerians that the year of action to end VAC had been launched.

Dissemination of human interest stories increased, with more engaging coverage on all communication platforms, especially of the impact on children of the conflict in the northeast. Increased highlighting of personal stories and frequency of posting doubled the number of followers to over 5,000 on the UNICEF Nigeria Facebook page in 2015. The pre-2015 maximum reach for a single post was 3,600, compared to over 71,000 in 2015. On several occasions in 2015, the weekly reach of the page was over 100,000.

South-South Cooperation and Triangular Cooperation

During 2015, UNICEF Nigeria supported the Tai Solarin University of Education (in Ogun State) to set up a graduate programme on social policy. Such a programme would be the first one in the country. In order to design a relevant curriculum incorporating the latest available evidence and knowledge, formation of a virtual academic advisory committee of professors in Europe, Latin America and the United States was facilitated by UNICEF. A memorandum of understanding between Tai Solarin University and Universidad Tres de Febrero (Argentina) was written. UNICEF played a convening role between the two universities and the Argentinian embassy, which plans to provide financial support for this initiative.

With UNICEF Nigeria support, the NPC participated in the 4th international annual conference on evaluation capacity in Bangkok in November 2015. As a result of learning from their peers in other countries, NPC led the endorsement by the Nigerian Government and stakeholders of the "Abuja Declaration on Evaluation", which underlines the importance of strengthening country-led monitoring and evaluation systems.

Successful containment and preparedness strategies for Ebola virus disease (EVD) in Nigeria borrowed heavily from the good practices implemented in the polio programme: establishing an emergency operation centre led by an incident manager and using an incident-management system (IMS) to coordinate the response and consolidate decision-making. All partners, donors and response teams worked through the emergency operations centre and reported to the incident manager. Ebola virus and interruption of wild polio virus transmission are testament to the achievements that can be made when efforts are well-coordinated, adequately resourced,

effectively managed and guided by strong leadership that is held accountable for results. Another practice that was borrowed from the polio programme was the UNICEF-led social mobilisation strategy, which was widely used in the region.

Identification and Promotion of Innovation

In partnership with Kanewood Workshops, UNICEF Nigeria supported the polio programme to develop polio-themed and other health video skits and feature film for dissemination through an entertainment platform of commercial movie downloaders in Northern Nigeria. These skits, accompanied by an aggressive marketing strategy, were shared through Bluetooth, pairing at the community level through polio communication infrastructure.

U-Report, a mobile SMS-based community empowerment tool reached 1.2 million users, informed and educated communities on issues through weekly polls with results shared on social media and traditional media channels. The NPHCDA used U-Report to gather information about immunisation stocks and cold chain equipment functionality at health facilities in three states through health workers. State logistics working groups used this information to respond to equipment breakdowns and vaccine stock-outs. (nigeria.ureport.in). A mobile application and partners' page were developed to boost engagement.

Monitoring systems for MNCHWs were expanded from 14 states in 2014 to countrywide during the June 2015 MNCHW campaign. This considerably reduced transfer time and provided efficient ways of gaining access to data. Use of the smartphone online monitoring system proved to be efficient in identifying and addressing MNCHW program challenges. An e-monitoring system was developed for real-time monitoring in education to enhance monitoring of key education programme interventions. Through these innovations UNICEF Nigeria was able to tackle global challenges with simple tools that ordinary people can easily access and use to improve their lives.

MNCHW improved access to HIV testing during pregnancy with over 200,000 pregnant women (80 per cent of 250,772 target) reached in the first round. This represents about 10 per cent of the number of pregnant women tested during ANC during January-February 2015. This initiative was selected by the African Union for documentation as a best practice in the African region.

Support to Integration and cross-sectoral linkages

UNICEF Nigeria pursued integration and cross-sectoral linkages in order to: maximise cost effectiveness (value-for-money) and multi-stakeholder social accountability; minimise security risks to duty-bearers and rights-holders in delivery of services in high-risk areas; achieve sustainability; and increase citizen-led accountability for delivery of results. Integration was aimed to maximise efficiency gains in planning, monitoring and communication. It promoted holistic frameworks that addressed the life-cycle of the child and broke down silos between sectors. Increased field presence by UNICEF Nigeria strengthened staff ability to convene key stakeholders around common agendas and supported convergence at the community level.

Cross-sectoral linkages were most evident in data collection, especially in planning and design of the MICS and the NNHS. The use of integrated approaches to service delivery contributed strongly to achievements recorded in polio eradication. Over 1,000 health camps conducted with partners used integrated services to address other felt needs of communities, especially in hard-to-reach areas. Convergence of vertical programmes offered an opportunity to eliminate polio, strengthen routine immunisation and minimise the fragmentation of programme investments.

UNICEF Nigeria supported comprehensive integrated packages of high-impact: health; nutrition; birth registration; WASH; and HIV testing and counselling services through health camps and MNCH Weeks. The use of WASH committees (WASHCOMs) at facility level made the provision of safe drinking water and adequate sanitation affordable and sustainable, strengthened community demand for other services provided a platform for delivery of integrated services and empowered women to make decisions. UNICEF piloted cross-sectoral integration to promote child survival using WASHCOMs as an entry point in Jigawa and Benue states. Within three months, birth registration increased by 450 per cent and immunisation rates rose between 34-to-100 per cent in the targeted communities.

Service Delivery

The immunisation programme focused on expanding household and community engagement approaches, especially in marginalised communities. The proportion of children receiving DPT3 vaccine stagnated at 96 per cent between 2014 and 2015, with 95 per cent of the states achieving more than 80 per cent. The measles campaign implemented in the north achieved 96.2 per cent coverage, reaching 23.2 million children aged nine-to-59 months.

UNICEF identified 4,800 hard-to-reach communities in 10 states in northern Nigeria and delivered an integrated package of outreach health services through health camps that benefited more than 550,000 women and children. External review findings concluded that health camps were successful at accessing children for polio and routine immunisation and were potentially critical for sustaining and improving routine immunisation coverage and delivery of basic PHC services.

The GEP enrolled 95,338 girls in five states (Bauchi, Niger, Zamfara, Katsina, Sokoto). Some 22,679 girls received cash transfers in Niger and Sokoto States to address financial barriers for girls to enrol and stay in school. The empowerment of women in Sokoto and Kebbi increased enrolment and local ownership of education. Through UNICEF advocacy, schools opened in Borno state after having remained closed for more than one year due to insurgency. A 'Nomadic Education' project supported in Sokoto and Kebbi enrolled 880 children.

With UNICEF support, nearly 2.4 million people now live in 3,198 open defecation-free (ODF) certified communities; 920,000 people gained access to safe water and 220,000 people in humanitarian situations were reached. This was achieved by UNICEF strategy of eliminating open defecation by mobilising communities to change social norms, and creating demand for sanitary services.

Human Rights-Based Approach to Cooperation

In response to the 2010 concluding observations of the Committee on the Rights of the Child (paragraph 17) calling on Nigeria to “undertake a budget analysis of resources allocated to children”, UNICEF Nigeria supported a review of social expenditure and investment in children in 12 states. Preliminary results showed a large discrepancy between allocations and expenditures. Expenditures in water, sanitation, health and education, though higher, were more unstable and unreliable for planning compared to child protection, social protection and cultural/recreational activities for children and adolescents. Paragraph 19 of the CRC report recommends “publication of annual reports on the state of children’s rights.” UNICEF collaborated with the NPC to prepare a SitAn, starting with training partners to measure child poverty and followed by stakeholder participation in the analysis of situation of children and women in seven regions of the country.

In 2014 Boko Haram was listed in the UN Secretary-General's 13th Annual Report on Children and Armed Conflict for killing and maiming children and for attacks against schools and hospitals. A monitoring and reporting mechanism of grave violations against children was established with expanded networks of civil society organisations, child rights monitors and others and verified data on grave violations of children's rights. Quarterly global horizontal notes were submitted to the Special Representative of the Secretary General on Children and Armed Conflict.

An LGA-wide approach brought together all households – irrespective of socio-economic, gender, health and household status – to achieve open-defecation free communities. Participation of boys and girls in a triggering process contributed to the elimination of open defecation (3,198 ODF-certified communities). School children promoted hygiene practices (1,349 schools). About 5,400 WASHCOMs representing women, youth and men acted as one voice to improve the WASH situation in their communities.

U-Report membership expanded from 120,000 (2014) to 1.2 million members in 2015. The platform was developed to engage and give voice to communities. Weekly polls have transformed stakeholder engagement and feedback from communities.

Gender Mainstreaming and Equality

Based on a 2015 gender review, UNICEF and partners developed an action plan that included integration of gender analysis within the SitAn; gender assessments of WASH, education and nutrition programmes; evaluation of WASH, education and nutrition programmes using gender action plan performance standards. The review, guided by UNICEF's 2014-2017 Strategic Plan and the gender action plan, enabled the Country Programme to shift from legislative advocacy and normative work to direct programme support and integration of gender aspects into programme results.

An assessment of the primary education P1 and P4 curricula and text books for gender stereotyping (within a child-friendly school review) was ongoing. In 2015, UNICEF Nigeria had a national gender specialist who was dedicated almost fully to supporting the education programme to address low girls' access to education in the north through the GEP, focused on reaching 1 million girls and improving completion to grade 5 to 80 per cent in five northern states by 2020 with an eight-year budget of US\$117,886,321.

Under the GEP, high-level women's advocates, a group of influential women in specific states in northern Nigeria, committed to increasing women's participation in leadership positions at state, LGA and school levels of the education system. The objective of these efforts is to increase girls' enrolment by providing role models, given that one of the major barriers girls face is a culture that undermines the value of women and in which girls (and parents) see no opportunity and benefits of education. The advocacy actions resulted in a 50 per cent increase in the number of female head teachers at girl-only secondary schools and a 10 per cent increase in the number of female head teachers in girl-only primary schools in Zamfara State.

Environmental Sustainability

Nigeria is vulnerable to flooding and saline water intrusion in the southern coastal belt. It is prone to flash floods along river banks in the highlands and droughts in the Sahel belt. Floods damage weak water and sanitation infrastructure and contaminate drinking water. In the coastal areas, hydrocarbon exploitation as well as rising sea-water levels adversely impact ground-

water quality. Droughts and floods affect food production; are fertile grounds for malaria, diarrhoea, and malnutrition; spark cholera epidemics; and exacerbate conflicts in already stressed communities.

Climate change adaptation and disaster risk reduction is mainstreamed into WASH programme policies, strategies and interventions. The road map for elimination of open defecation in Nigeria by 2025, the national strategy for hygiene promotion and the rolling out of water safety plans will foster proper behaviour among households and school pupils on water handling/conservation, leading to an improved environment.

Feasibility studies and environmental examination of WASH technology options led to the adoption of climate-resilient technologies with a low carbon foot-print (e.g. hand pumps deplete less ground water; raised platforms for water facilities and latrines in flood prone areas; solar-powered boreholes instead of diesel-powered boreholes). In humanitarian situations in IDP camps, with partners UNICEF supported regular garbage removal, fumigation, sand-filling of flooded areas, de-sludging of latrines and raised platforms for water facilities.

Solar-based power supply systems were installed in 49 LGA WASH departments for uninterrupted power supply, a clean alternative to diesel-powered generators that saved money. UNICEF's strategy of establishing new offices closer to focal states ensured fewer air/road trips, thereby reducing carbon footprint by one-quarter. Use of solar-powered boreholes (81 per cent), solar-powered LGA offices (6 per cent) and better-located UNICEF offices (13 per cent) reduced the carbon footprint by 5,500 metric tons.

Effective Leadership

Nigeria Country Office received approval for the second and last phase of the 2014–2017 country programme management plan (CPMP). The risk-informed CPMP provided the main strategies, management structures and mechanisms for supporting implementation of the Country Programme. The CPMP was informed by a 2011 strategic moment of reflection, 2014–2017 country programme document, 2012 and 2015 audit observations by the UNICEF Office of Internal Audit and Investigation and recommendations and key risks identified through 2013 and 2015 risk control self-assessments. The CPMP describes the specific accountabilities of the Representative, field coordination, programme and operations staff and various management teams, among others. The Office developed and monitored implementation of activities related to the harmonised approach to cash transfers (HACT). Restructuring of the Office and five additional zonal offices will ensure greater accountability for the delivery of results.

The Office updated its accountability framework, which clearly identified principal staff member accountable for a specific portion of a workflow process (referring to specific standard operating procedures, as necessary) or a deliverable/result that is essential for implementation of the Country Programme. The objective of the accountability framework was to provide leadership and clarify accountabilities. It also established accountabilities in the work-planning process. The Office updated its priorities and tracked management indicators based on established targets through the country management team (CMT) on a quarterly basis. Zonal office-specific key performance indicators, with differentiated strategies for the north and south, are being developed.

The Office used programme output milestones and quarterly independent monitoring reports to track achievement of results and overcome constraints.

The Office tested and updated business continuity plans (BCPs) in its eight offices. BCP reports were acted upon and BCP sites made fully functional. In line with UNICEF's enterprise risk management policy, UNICEF Nigeria reviewed its 11 risk areas and updated the risk and control library.

Financial Resources Management

UNICEF Nigeria carried out timely monthly bank reconciliations. Staff understanding of international public sector accounting standards and enterprise risk planning was improved through two refresher courses. Due to stringent management of cash requirements, the closing cash balance recorded 13 per cent of total cash replenishment for the January to December period, well within the standard 25 per cent, resulting in Country Office average annual savings of US\$1,025,562.

Accounting and liquidation of cash assistance to partners was timely. Staff followed up closely with partners whose direct cash transfer (DCT) exceeded six months. By 31 December 2015, no DCT to partners was outstanding over nine months. Three per cent of DCT was outstanding for six- to-nine months.

Payments to 17,185 polio voluntary community mobilisers (VCMs) were consolidated and made from Abuja, thereby minimising delays. The use of mobile payment services provided by Standard Chartered Bank was expanded to include VCMs and hard-to-reach beneficiaries. By 31 December, 88 per cent (US\$14.5 million) of other resources - emergency (ORE), 76 per cent (US\$167.4 million) of other resources - regular (OR), 99 per cent (US\$ 55.6 million) of regular resources (RR) and 97 per cent (US\$1.4 million) of the support budget had been utilised.

The Office undertook: 328 (99 per cent of planned) programme monitoring visits; 37 (106 per cent) micro-assessments; 162 (106 per cent) financial spot-checks; 30 (107 per cent) of scheduled audits, with one special audit ongoing at year's end. Capacity on financial management was built among 157 partners, and 53 compliance visits were conducted. A total of 808 partner-staff from 199 government institutions and 35 UNICEF staff were trained on HACT. UNICEF Nigeria recruited three HACT staff to enhance capacity and coordination of HACT activities. The Office developed long-term agreements with three local audit firms to conduct micro-assessments, scheduled audits and financial spot-checks.

Fund-raising and Donor Relations

In 2015, the Nigeria Office developed a resource mobilisation strategy aimed to: realise diversified, predictable and long-term funding; leverage local public and private sector resources for children; improve accountability in the use of Government resources; and strengthen donor trust.

By the end of 2015, the 2014-2017 Country Programme had raised over 75 per cent of OR required to achieve the expected results, thanks to long-term grants provided by the European Union (EU), UK Department for International Development (DfID), Educate a Child (EAC), and Children's Investment Funds Foundation (CIFF/UK) among other partners. CIFF's US\$80 million agreement for community management of acute malnutrition ends in 2018. Investments from DfID (US\$160 million), EAC (US\$ 35.5 million) and the US Fund for UNICEF (US\$2 million) in the girls' education programme in six northern states all end in 2020. For WASH, the EU's US\$70 million and DfID's US\$130 million grants expire in 2018. The Bill and Melinda Gates Foundation provided US\$6.5 million in 2015 for the polio programme. The WASH funds

will catalyse government funding to meet WASH targets. Polio eradication and strengthening of routine immunisation was made possible by critical partnerships through the Global Polio Eradication initiative, GAVI, World Bank and Japan International Cooperation Agency among others. The Country Programme has a US\$103 million funding gap for 2016-2017.

The Office carefully monitored donor conditions and expiry of funds. Donor reports were quality-controlled and were all submitted on time.

The Lagos Office created a new position for partnership building with the private sector.

Evaluation

UNICEF Nigeria received approval to establish an oversight and quality assurance unit that is integrated into programme planning and implementation stages. UNICEF continued to co-chair the UN monitoring and evaluation (M&E) group that manages implementation of joint evaluations.

The Office managed a US\$10 million rolling Integrated Monitoring and Evaluation Plan (IMEP) half of which was for the ongoing MICS. Key surveys in the IMEP include the SMART nutritional survey (US\$1.1 million) and U-Report (US\$ 1 million).

UNICEF Nigeria also supported Government by commissioning an impact evaluation of MNCHWs. An assessment was performed to determine the evaluability of this initiative and identify relevant sources of data, question the assumption underlying the theory of change and soundness. The evaluability assessment concluded positively, justifying an investment of US\$500,000 for the evaluation. The MNCHW evaluation will provide lessons learned and build country knowledge on effective strategies, as well as strengthen advocacy with federal and state governments to allocate budgets for scale-up, if found appropriate. It will also inform development partners on whether they should continue to support the initiative and also inform the Government about the impact of MNCHWs on the primary health care system including on clients, institutions and the health system overall.

The findings of the MNCHW evaluation will be of great value in future discussions with governments who, as the primary duty-bearers, are the principal partners in the intervention. Whatever the findings, the evidence will help guide dialogue within the partnership and strengthen government ownership.

Nigeria Country Office closed the 2014 WASH impact evaluation recommendations, and uploaded them in the evaluation management response tracking system. Five of eight recommendations were completed.

Efficiency Gains and Cost Savings

In line with headquarters' planned move to the Global Shared Services Centre in Budapest, the UNICEF Nigeria Country Office consolidated processing of financial transactions at Abuja as of June 2015. The reorganisation of its finance unit from 17 to nine staff members resulted in a one-stop shop that reviews and approves all payment documents.

All payment disbursements are made from the main Country Office bank accounts with Standard Chartered Bank and Ecobank. Agreement was also reached with Ecobank that supported, at no cost to UNICEF, the piloting of quarterly cash payments to school-going girls under the GEP in Sokoto and Niger states.

Banking services were consolidated, with the Office taking advantage of Standard Chartered Bank's electronic system (straight to bank) to reduce processing time of payments from five days to two days. By using the straight-to-bank system, all payments were processed centrally at Abuja for the UNICEF Country Office and its seven zonal offices. UNICEF was in the process of closing four field bank accounts with the First Bank of Nigeria.

The UN Country Team is implementing a common approach to procurement services. UNICEF Nigeria recognises and uses common review bodies, long-term agreements and local vendor databases. Although these have resulted in efficiency gains, the analysis of cost savings was not yet conducted.

Supply Management

In 2015, supply assistance contributed to successful implementation of programmes and operations. Supply inputs were valued at US\$65.8 million, of which programme comprised US\$42.6 million, operations supplies US\$1.9 million and services US\$21.2 million. Nigeria Country Office procured supplies worth US\$187 million for the Government of Nigeria and other partners, of which US\$96 million was channelled through regular procurement services and US\$91 million through GAVI.

UNICEF Nigeria conducted a market survey that broadened the vendor list and supplier database. Long-term agreements for frequently purchased services and products were established. UNICEF participated in contracting of common services through the UN procurement network. Of US\$31.8 million in local procurement, programme supplies comprised US\$9.1 million, operations US\$1.4 million and services US\$21.2 million. Programme supply inventory under the Nigeria Office comprised US\$2.1 million, of which \$438,000 were supplies prepositioned for emergencies.

Programme supplies worth US\$9.4 million were issued from local warehouses controlled by UNICEF Nigeria, bringing the total value of supplies managed by Country Office-controlled warehouses throughout the year to US\$11.4 million.

In collaboration with the Ministry of Health and counterparts, UNICEF Nigeria optimised supply chains and inventory management systems through increased accountability for stock management, efficient and effective processes of receipt, storage and distribution of supplies. With UNICEF support, capacity of the NPHCDA in supply chain management was developed. In consultation with UNICEF's Supply Division, incinerators were competitively procured for 31 priority health care facilities.

UNICEF supported capacity development initiatives to strengthen the national immunisation supply chain for the Government of Nigeria. This led to improvements in vaccine security at all levels, with no stock-outs.

Security for Staff and Premises

The security situation in Borno and Yobe states, and to a lesser extent Northern Adamawa, remained fluid and volatile due to Boko Haram activities. Borno was most affected, with Maiduguri targeted frequently, and remained the epicentre of the Boko Haram insurgency. Boko Haram bombing attacks spread beyond Maiduguri to Adamawa, Kano and Katsina. Public protests in the capitals of Edo, Abia and Imo states by the indigenous people of Biafra caused disruption and injuries.

UNICEF staff were kept abreast of evolving security situation through daily situation reports and bulk SMS. Staff security awareness training was regularly organised. The Office monitored staff compliance with mandatory on-line courses on security in the field. This training, and security briefings, were mandatory for staff travelling to high-risk areas.

The Office purchased five armoured vehicles for the security-challenged areas. Security guards were retrained to cope with emerging threats. Given increased insecurity, and to enable programme delivery in high-risk areas, a programme criticality exercise was conducted and programme criticality levels updated. Drivers' training on armoured vehicles enhanced skills and reduce maintenance. UNICEF strengthened coordination with local police, military and civilian joint task force, especially in Borno where access to high-risk areas was facilitated through the security access analyst.

Business continuity plans were updated and tested, reports were issued and improvements made, including installation of fibre optics internet. Emerging market corporation VSATs were installed in three new offices. In all offices, staff lists were updated quarterly, vehicle lists maintained, and minimum operating security standards (including residential) compliance evaluations were conducted twice. Smoke detectors and firewall devices were installed and monitored in all offices, with 98 per cent functionality achieved. Fire drills were conducted quarterly. First Aid kits were placed/replenished in all UNICEF vehicles.

Due to mitigation measures, no significant incidents were reported in UNICEF operations in 2015.

Human Resources

The programme budget review (PBR) approved the second and final phase of the 2014-2017 CPMP with the creation of two new zonal offices and a staff reduction from 351 to 347. The PBR changes will become effective in January 2016.

Of 107 vacant posts, 73 were filled: 16 international staff, 32 national officers and 25 general service staff. Twenty-six temporary staff (seven international, nine national and 10 general service) were also recruited. 353 consultants (43 international, 310 national) were engaged of which 268 having on-going contracts. With support from the UNICEF Regional Office for West and Central Africa (WCARO) and UNICEF Headquarters, recruitment of all international posts met the key performance indicator on recruitment. Delays in recruitment of national posts were due to lack of qualified candidates willing to work in the security-challenged north.

Although the Office remained committed to gender parity, 34 per cent of international, 46 per cent of national and 31 per cent of general service staff were female. The imbalance is due to non-availability of qualified female candidates in certain functional areas.

Newly recruited international and national staff were oriented on competency-based staff performance evaluation process. A system established to monitor completion of performance evaluations for locally recruited staff indicated a 99 per cent compliance rate.

The Nigeria Country Office, with financial support from WCARO, implemented 70 per cent (US\$341,498) of staff learning and development plan, which complied with UNICEF policy guidelines. Ninety-eight staff were trained on managing performance for results, 40 on programming, 65 on emergency preparedness and response, 186 on ethics, eight on

emergency sector coordination, 20 on financial management and 43 on internal UNICEF systems. The UN Cares and Caring for Us Committee oriented 63 staff members.

The Office reviewed Global Staff Survey results and developed a plan to address three areas - supervisor/supervisee relationship, career and professional development and work/life balance.

Effective Use of Information and Communication Technology

To meet global information and communication (ICT) hardware standards, the Office procured ICT equipment for all of its eight offices and operations, including installation of ICT infrastructure in three newly established zonal offices, and ensured that they remained operational throughout the year.

The volume of cloud-based transactions increased, including: access to internet/intranet, SharePoint, and OneDrive; introduction of Skype for business; document scanning to VISION; and VISION central processing. The UNICEF Office in Abuja doubled the bandwidth on EMC VSAT to 8mbps, and relocated the VSAT terminal from the UN house to its current location. This effectively eliminated bottlenecks caused by the wireless bridge between the two locations. Fibre-optic links were installed to complement the EMC links for Bauchi, Enugu, Kaduna, and Lagos zonal offices.

Over 85 per cent of ICT issues were resolved locally; the rest were escalated to UNICEF's global helpdesk (GHD). By 21 December. 118 service desk calls were registered with GHD, of which 80 per cent had been resolved and closed. Two hundred and two electronic staff access form requests were also registered, 99 per cent of which were treated and closed.

UNICEF Nigeria tested and updated business continuity plans (BCP) in March. The Office enhanced Internet connectivity, which guaranteed seamless access to cloud-based resources including VISION, OneDrive, SharePoint and Skype for Business. Operations at the BCP site in Abuja were fully restored after 80 per cent of the equipment got destroyed by flooding and lightning. A damaged satellite component was replaced at the Bauchi office. Two ICT staff participated in the regional ICT meeting.

UNICEF Nigeria participated in the UN House ICT rehabilitation process and provided internet access to UNDSS and the UN clinic. UNICEF Nigeria supported the newly established World Food Programme office in programming and setting up VHF hand-held radios and Wi-Fi network devices.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By 2017, strengthened health systems, ensure that children and women have equitable access to and use, improved and quality, high- impact maternal, neonatal and child health interventions and adopt healthy

Analytical Statement of Progress:

Nigeria has not met the targets for the health-related MDGs (4, 5 and 6). With the approval of the new SDG targets, UNICEF provided financial and technical support for reflections around the new health policy and strategic health development plan (2016-2020) and national health accounts. UNICEF initiated high-level advocacy for strengthening primary health care, including national- and state-specific costing of the approach. This was adopted by 10 states, which are in

various stages of planning and implementation. The NPHCDA, as well as other development partners, prioritised the revitalisation of PHC in the country.

2015 was a historic year for polio eradication efforts: Nigeria was officially removed from the list of polio-endemic countries in September, following one year without a case. UNICEF supported the intensification of household and community engagement approaches with specific emphasis on building trust and reducing the number of missed children. To complement these communication and engagement approaches, UNICEF also supported the expansion of “health camps” to respond to other felt needs of communities, particularly in non-compliant areas. More than 3,300 health camps were implemented during every round, reaching 1 million children with polio vaccines and routine immunisation, as well as providing treatment for other minor health ailments. A qualitative desk review of the health camp approach underscored the value of health camps in building trust around immunisation and health services. UNICEF also supported improved vaccine management and logistics for the entire immunisation programme. UNICEF procured more than 350 million doses of oral polio vaccine for campaigns in 2015. These combined efforts contributed to improvements in the quality of polio campaigns, as the proportion of LGAs achieving an estimated coverage of at least 80 per cent (as verified by Lot Quality Assurance Sampling (LQAS) increased from 92 per cent in 2014 to 97 per cent in 2015. In addition, 2015 saw a decrease in the overall number of missed children, as verified by independent monitoring data, from 2.8 per cent in 2014 to 1.5 per cent in 2015. Sustaining these gains and building resilience of the programme through to certification in 2017 remains a key challenge. In 2016 Nigeria must also expand its legacy planning efforts and engage polio assets and resources in systems-strengthening and routine immunisation

In 2015, further emphasis was placed on improving routine immunisation. UNICEF supported the Government of Nigeria to introduce new vaccines into the routine immunisation schedule, including IPV and PCV. Administrative data from the routine immunisation programme showed that the proportion of children receiving the third dose of the DPT3-containing antigen stagnated at 96 per cent between 2014 and 2015, with 95 per cent of the states achieving more than 80 per cent. A key contributing factor was the increased availability of vaccines and devices with no major stock-out recorded at the federal or state level. This can be credited to joint resource mobilisation efforts by Government and partners, including UNICEF, to secure long-term funding. A World Bank credit line and use of the Vaccine Independent Initiative were major achievements.

To further enhance population immunity for measles, UNICEF and other partners supported the Government of Nigeria in the planning of a nation-wide measles campaign. Particular emphasis was placed on ensuring strong community demand for measles immunisation, building on the lessons learned from the polio programme. Polio assets were fully engaged in this process. The first phase of the campaign, implemented in 20 northern states, achieved 96.2 per cent coverage, reaching 23.2 million children aged nine-to-59 months. This success is likely to significantly reduce the measles burden. The second phase of the campaign is scheduled for early 2016.

Insecurity in the north-eastern zone led to the displacement of nearly 1.8 million people. UNICEF supported integrated PHC services in 30 IDP camps and 105 host communities in Borno, Yobe and Adamawa states. Clinics in these communities were revitalised and provided services to more than 560,000 beneficiaries.

To address inequities in access to services, UNICEF identified 4,800 hard-to-reach communities in 10 states in northern Nigeria (families living in remote, impoverished, and/or marginalised

areas; families that are constantly on the move for economic or other reasons; fulani nomads and cattle-herders) and delivered an integrated package of outreach health services that has benefited more than 550,000 women and children. Never before has a health initiative gone so far to reach, and to build trust with, the very hardest-to-reach families in Nigeria. The hard-to-reach (HTR) strategy, while initially developed to support polio eradication, has the potential to help the Nigerian Government offer health equity at its best, to all Nigerians. UNICEF has engaged with the states to ensure that this approach is mainstreamed and taken over beyond the end of funding support.

U-Report membership expanded from 120,000 in 2014 to 1.2 million members this year. The platform was developed to engage and give voice to communities. Weekly polls have transformed stakeholder engagement and feedback from communities. In 2016, activities will focus on engaging the media to ensure that the concerns of communities are addressed.

A key challenge through 2015 remained the weak health system, which Government of Nigeria and partners plan to address in 2016 through revitalisation of the PHC system. In 2015 national elections also distracted the attention of key Government officials at all levels. Chronic health workers strikes were a particular challenge across the country, affecting routine immunisation and overall PHC services.

OUTPUT 1 Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up of health intervention by 2017

Analytical Statement of Progress:

Thirty-four states had costed annual health operational plans that provided a framework for UNICEF's support within the states. In Adamawa and Kebbi states, UNICEF initiated implementation of a one functional PHC centre per ward approach that paved the way for a comprehensive PHC rethink and advocacy led by UNICEF. With UNICEF support, Kaduna State adopted a PHC bill that would provide adequate support for PHC revitalisation. Ten states adopted the approach and were at various stages of planning and implementation. The national new-born policy adopted and disseminated in 2014 was adopted this year in Adamawa and Kebbi states and rolled out with support from UNICEF, yielding improvements in post-natal care including within hard-to-reach settlements.

UNICEF provided financial and technical support for reflections around the new health policy and strategic health development plan (2016-2020). A comprehensive multiyear plan for immunisation for the period 2016-2020 was developed, with financial and technical support from UNICEF.

To strengthen coordination, UNICEF participated in all high-level health sector coordination fora at federal and state levels. Seventeen state technical coordination committees were revitalised, and in 16 states integrated, supportive supervision guidelines were finalised and implemented to improve service quality. In a number of states, including Kaduna and Abia, UNICEF's support and advocacy led to additional resources being leveraged through a World Bank loan for the 'Saving One Million Lives' initiative.

U-Report Nigeria reached over 1.2 million U-reporters receiving weekly polls. This platform transformed stakeholder engagement and feedback from communities. Citizens can now speak up on issues that affect them and their communities and are confident their voices will be heard. The U-partners page www.nigeria.upartners.org is operational, with partners specialised in different areas responding to questions from U-reporters, thus making their experience more

interactive. A mobile application was developed and, once launched, will enable users across the country to communicate with each other and share their stories. The U-report platform is used to support the NPHDA, through its vaccine analytics network strategy, to improve supply chain visibility down to the health facility level, thereby reducing stock-outs and wastage.

An election year, 2015 brought the challenge of Government budget delays and appointment of new ministers, which slowed down policy review and strategic plan development processes. In 2016 it is expected that the policy and strategic plan will be finalised, earning full media trust of U-report polls.

OUTPUT 2 Increased national capacity to provide access to essential high-impact maternal and new-born health interventions

Analytical Statement of Progress:

A total of 451PHC centres in Adamawa and Kebbi states (one per ward) were revitalised, through the provision of equipment and staff training to provide integrated PHC services. Forty-two of these were considered for upgrade to provide emergency obstetric and new-born care services. With these improvements, 42,431 women delivered at the health facility, supported by skilled attendants, in 2015 compared to 35,030 in 2014. Additionally, 129,000 pregnant women received safe delivery kits for the promotion of clean deliveries and postnatal care in IDP camps and in communities in Borno, Yobe, Adamawa and Kebbi states.

UNICEF supported Adamawa and Kebbi states to train 2,480 community-oriented resource persons and 243 supervisors to implement integrated community case management in 1,500 hard-to-reach communities. A total of 136,413 postnatal visits to mothers and new-borns were conducted within 72 hours of birth. This will contribute to improving health outcomes for mothers and new-borns.

In 2015 UNICEF trained over 2,000 health care workers in different thematic areas, improving their skills in the provision of MNCH services along the continuum of care. To institutionalise capacity building of health workers, UNICEF led a strategic paradigm shift and identified 35 health training institutions in 13 states where capacities will be enhanced and that will become focal centres for training of pre- and in-service personnel.

UNICEF worked with the Federal Ministry of Health (FMOH) and States to institutionalise the conduct of post-natal care home visits. The number of states supporting post-natal care visits increased from seven in 2014 to nine in 2015. UNICEF worked with other partners to support the orientation and roll-out of maternal perinatal death surveillance and review at all levels.

For the first time in Adamawa and Kebbi states, the proportion of health facilities that did not experience stock-out of the key 13 life-saving commodities reached 91.5 per cent in 2015 from a baseline of zero in 2013 as a result of UNICEF support for procurement, distribution and monitoring of essential medicines and commodities.

In many states the number and availability of appropriate skill-mix and distribution of human resources, as well as low budgetary allocation to health, were some of the major challenges facing health care delivery. In 2016 and beyond, UNICEF will work with the Government and other stakeholders to find workable solutions to these problems and improve WASH facilities in health centres, which is vital for quality health services.

OUTPUT 3 Increased national capacity to provide access to essential high-impact child health interventions

Analytical Statement of Progress:

Significant progress was made in supporting states to implement high-impact, low-cost, equity-focused integrated MNCH interventions. In the first round of MNCH Weeks implemented nationwide in July, 38,500,846 children and 6,616,510 women were reached with high-impact interventions including: Vitamin A supplementation, deworming, micronutrient supplementation, intermittent presumptive treatment for Malaria, immunisation and health promotion. Initial results from two states implementing the Health Weeks in November showed that over 2.3 million children and 220,000 women were reached. UNICEF provided financial and technical support for the planning, implementation and monitoring of MNCH Weeks

The integrated community case management (iCCM) programme was scaled up to cover 42 LGAs in Adamawa and Kebbi states and provided case management for malaria, pneumonia, diarrhoea and malnutrition for more than 36,000 children. The lessons learned and significant gains achieved as a result of UNICEF's strategy – emphasising equity (with particular attention to underserved communities and excluded populations in hard-to-reach settlements) to deliver life-saving curative interventions for common childhood illnesses and addressing access, quality, demand and equity – UNICEF leveraged additional funding to scale up iCCM in Kaduna, Taraba, Jigawa, Niger and Zamfara states in 2016, with the aim of reaching at least 72,977 children under five years of age.

Working closely with partners, UNICEF provided technical support to the country's National Malaria Elimination Programme to leverage over US\$300 million from the Global Fund for AIDS Tuberculosis and Malaria (GFATM) new funding mechanism. This grant envisages the adequate provision of integrated vector management, case management, strategic communication for behaviour change, monitoring and evaluation and overall programme coordination nationwide, with particular emphasis in 24 high-burden states as Nigeria transitions from malaria control to elimination.

MNCH Weeks have the potential to reach higher targets if not for the challenges faced in their planning, weak government support in the run-up to the campaign week, delays in releasing counterpart funding, late and inadequate procurement of commodities. UNICEF commissioned an evaluation of the approach in 2015 and expects the results in 2016 in order to support implementation of recommended changes.

OUTPUT 4 Increased national capacity to provide access to essential immunisation services

Analytical Statement of Progress:

For the past two years, Nigeria did not record any major stock-out of vaccines or devices at federal or state level. This was credited to joint resource mobilisation efforts by Government, UNICEF and other partners to secure medium-term funding. A World Bank credit line and use of the Vaccine Independent Initiative in 2015 were major achievements.

Implementation of a comprehensive supply chain improvement plan resulting from a 2014 effective vaccine management assessment, improved stock availability from 41 per cent in 2013 to 81 per cent in 2015 at the LGA level. As part of the supply chain redesign, UNICEF supported conceptualisation of a national three-hub system. As an interim measure to ease capacity constraints, cold rooms were installed at the National Strategic Cold Store and in Bayelsa, Delta, Nasarawa and Niger states. Additionally, 30,566 vaccine carriers and 6,000 fridge tags

were procured and distributed to LGAs and health facilities. Cold room mapping and installation of remote, cloud-based temperature monitoring systems at state stores improved temperature control and ensured vaccine potency. Last-mile logistics management information system pilots were conducted and scaled up in three states using Rapidpro, with the intention of being integrated into Navision (accounting software).

National cumulative coverage stagnated at 96 per cent for children completing Penta-3, and the dropout rate remained at 8 per cent (administrative data). Inactivated polio vaccine was introduced nationwide; pneumococcal conjugate vaccine (PCV) in 12 states and the switch to the use of tetanus diphtheria was successful.

A measles campaign implemented in 20 northern states reached 23.2 million (96.2 per cent) of children aged nine-to-59 months. Best practices included use of polio structures and the Global Programme to enhance reproductive health commodity security/dashboard monitoring.

Administrative data highlights key challenges in data quality and demographics. Other challenges included frequent public-sector health worker strikes in some states, insecurity in the north-east and lack of funding for strengthening of immunisation service delivery. The measles campaign was also constrained by lack of trained vaccinators and limited commitment by state governments.

In 2016 UNICEF Nigeria will continue to: support the strengthening of vaccine security and logistics with an emphasis on improved visibility of stocks at the last mile; concentrate on strategies to improve community engagement and demand creation; address inequities in marginalised communities; and support LGAs with high numbers of unimmunised children to conduct periodic intensification activities; support the roll-out of bivalent OPV in routine immunisation and complete introduction of PCV in 25 remaining states.

OUTPUT 5 Increased national capacity to contribute significantly to the Polio Eradication Initiative

Analytical Statement of Progress:

Two nationwide and six sub-national campaigns were planned and implemented in 2015. In each nationwide round more than 54 million children were reached. Performance was consistently above agreed standards, with 97 per cent of LGAs attaining more than 80 per cent coverage in each round, as verified through LQAS data. The percentage of children who missed vaccinations as a result of refusals reduced to 28 per cent in October, 2015. With these campaigns, UNICEF supported the procurement and distribution of 350 million doses of OPV and the transportation and logistics of all vaccinators so that they could reach all children. The end result was more than one year without notification of a case of wild polio virus (WPV), subsequently leading to Nigeria being de-listed from polio-endemic countries. Only vaccine-derived polio virus type 2 and immunodeficiency vaccine derived polio virus were still in circulation, each with one confirmed case reported in 2015 compared to 30 cases in 2014.

A total of 3,300 health camps provided an integrated package of health services in non-compliant communities during campaigns to address other unmet needs and to reduce the number of missed children. A descriptive review of the health camp strategy conducted in June 2015 concluded that health camps are very successful at accessing children for polio and routine immunisation and are likely to be critical for sustaining and improving routine immunisation coverage and for delivery of basic PHC services. Health camps facilitated trust-building in PHC services.

A joint UNICEF/WHO project targeted 4,800 hard-to-reach communities delivering an integrated outreach health package. Over 550,000 children aged 0-59 months were reached with OPV.

With the successful interruption of WPV transmission, the focus is now on sustaining the gains and initiating legacy planning beyond certification in 2017. In compliance with the polio endgame strategy, a national plan was developed and is being implemented for the switch from trivalent OPV to bivalent OPV. From 2016, there will also be a need to broaden attention across all states, including those that have previously received limited resources, without losing focus on high-risk areas. The period leading to certification will continue to address the outstanding 2015 challenges, which include: identified population immunity gaps, continued circulation of cVDPV and iVDPV, inaccessibility in security-compromised states and non-compliance. UNICEF needs to continue mobilising resources for health camps to target non-compliant communities.

OUTPUT 6 Enhanced support for children, caregivers and community stakeholders, for improved healthy behaviours towards Polio eradication

Analytical Statement of Progress:

Nigeria recorded historical progress towards stopping transmission of wild polio virus. In September, 2015 Nigeria was officially de-listed from polio-endemic countries by WHO. In 2015, Nigeria conducted two national and six sub-national polio campaigns, working closely with Government, WHO, Rotary International, the CDC and Emergency Operations Centres. UNICEF actively supported implementation of a national communication strategy whose key pillars in high-risk areas were house-hold and community engagement approaches. Innovative communication approaches included the use of Bluetooth pairing and sharing of multi-media content, involving key groups such as traditional and religious leaders, youth, doctors and local entertainers to ensure acceptance at community level. An entertainment-education radio drama package 'Madubi' was launched in 2015 and entertaining content aired across 41 stations in partnership with BBC Media Action. A total of 13 episodes were aired by November, with additional content in development. UNICEF partnered with Kanewood to produce "DanBirni", a series of video skits that were marketed and distributed through entertainment networks. A baseline study was undertaken to enable understanding of the impact of the initiatives, and UNICEF worked in partnership with Harvard University to collect additional social data. UNICEF continued to build capacity of frontline workers in interpersonal communication, with a focus on key family practices. A full complement of mobilisers was in place, including 14,198 female mobilisers, 1,381 supervisors, 1,386 polio survivors and 220 religious focal persons supporting household and community engagement to reduce the number of missed children and build trust. An average of 13,500 new-borns was tracked monthly, immunised and linked to the health facility for routine immunisation. Campaign data showed progress in reducing overall missed children. By October, refusals as a percentage of missed children were reduced to 0.28 per cent. The quality of campaigns continued to improve, with the proportion of LGAs having over 80 per cent coverage, according to LQAS, increasing from 74 per cent in September 2013 to 97 per cent by October.

Maintaining Government leadership remained a challenge in 2015, particularly within the context of the national elections. As Nigeria is no longer a polio-endemic country, communication efforts must shift towards building resilience until 2017. Political commitment must be stronger than before; there must be sustained engagement of traditional and religious leaders; frontline workers need to be motivated to reach all children; and communities must be encouraged to have their children immunised during campaigns and routine immunisation.

OUTPUT 7 Enhanced support for children and caregivers, from pregnancy to adolescence, for improved healthy behaviours

Analytical Statement of Progress:

There is strong evidence to suggest that the demand component of health interventions is a weak element and major programmatic challenge. Apart from the perennial focus on knowledge, attitudes and practices (KAP), UNICEF Nigeria engaged in a renewed exploration of the critical role of cultural practices and social norms as bottlenecks to achieving the desired health behaviours at community level. UNICEF's communication for development (C4D) team helped to create an evidence base through systematic examination of these issues, as a programmatic backbone to engagement with communities on ways to accelerate acceptance of correct family and community practices that promote health and wellbeing.

A KAP survey was completed and key determinants of MNCH practices identified. This guided planning and implementation of the European Union-supported MNCH project in Kebbi and Adamawa states. The number of U-Reporters exceeded the projected 1 million mark and was effectively interlinked with community development structures of National Youth Service. Some 1,433 youths in six communities of Kaduna State promoted essential family practices through youth-led community dialogues and 'theatre for development'. The youths constructed 215 functional latrines, 18 improved water hand-pumps, 21 local wells and four grain banks for storage of food, as well as two health facilities for two neighbouring communities.

In two months, voluntary community mobilisers in pilot LGAs of Ikwuano in Abia State reached 317 women and 314 children under-one year old. Volunteer community mobilisers in Aboh Mbaise LGA of Imo State reached 250 pregnant women and 237 children under one year old. Three new states – Abia, Cross River and Imo provided tools and templates to guide recording and collation of data generated by the VCMs. UNICEF's C4D team supported an intense social mobilisation plan for the introduction of inactivated polio vaccine into routine immunisation as well the measles campaign, which achieved over 96 per cent coverage.

OUTPUT 8 Increased country capacity and delivery of services to prevent excess mortality among girls, boys and women in humanitarian situations and high burden LGAs

Analytical Statement of Progress:

Insurgency in the north-east worsened Nigeria's health and humanitarian situation, particularly for women and children. A total of 1,873,459 IDPs were living mainly in Adamawa, Borno, and Yobe states.

Through the training of health care workers on emergency PHC service delivery, procurement and distribution of emergency health kits and strengthening of referral services, UNICEF supported 30 health clinics in IDP camps and 105 health facilities in host communities to provide quality PHC services in the three affected states. About 560,000 conflict-affected people were reached with integrated PHC services, including 11,000 pregnant women that received ANC care and 1,300 deliveries conducted by skilled attendants in the IDP camps in Borno.

Additionally, 89,000 children aged six months to 15 years in all IDP camps were vaccinated against measles and 39,500 long-lasting insecticide treated mosquito nets were distributed to pregnant women and children under five years in Borno, Yobe and Adamawa states.

Essential emergency supplies were prepositioned to support emergency response activities

throughout the country. These supplies were used during cholera outbreak response in the IDP camps in Borno State in September and November, during which time 1,039 acute water diarrhoea/cholera cases were managed with 18 deaths (case fatality rate of 1.7 per cent). Pre-positioned supplies were very handy during the response to a July flood disaster in Delta State.

UNICEF, in collaboration with the NBS, supported Borno and Yobe states to conduct a rapid assessment of the impact of IDPs in 300 communities and 105 health facilities. UNICEF continued to mobilise funds to support states to rehabilitate the affected facilities and make them functional again, especially as there were indications of the possible return of IDPs to their communities.

Persistent insurgent attacks limited access to affected communities and nearby settlements, making the provision of emergency health services a serious challenge. Many healthcare workers were displaced, further worsening the human resources constraint

In 2016 UNICEF will continue to build the capacity necessary to address the health and humanitarian needs of IDPs in camps, returnees and host communities. It is expected that with the implementation of the finalised health sector humanitarian response plan, humanitarian response in 2016 and beyond will be more effective and better coordinated.

OUTCOME 2 By 2017, MTCT is eliminated; HIV transmission is reduced among especially vulnerable women, children and adolescents; and women, children and adolescents living with HIV receive treatment, care and support

Analytical Statement of Progress:

Nigeria currently has one of the highest burdens of new HIV infections in children and adolescents globally. Coverage of interventions for children and adolescents remains low. Only 30 per cent of HIV-positive pregnant women received antiretroviral drugs (ARVs) for the prevention of mother-to-child transmission of HIV (PMTCT) during the first six months of 2015, and annual achievement was projected to fall short of the national 2015 target of 70 per cent. Trends in paediatric treatment are also a concern, with current coverage of 21 per cent (against a 2017 target of 50 per cent). National data on comprehensive HIV knowledge and HIV testing and counselling (HTC) in adolescents are not routinely collected and will only be available on completion of the MICS survey in 2016.

The UNICEF HIV programme is well aligned with national strategies and contributes to the goals for PMTCT, prevention of HIV in adolescents and universal access to HIV treatment for children and adolescents.

In 2015 support to the Government of Nigeria consisted of systems-strengthening at the federal level and in 5 +1 states (Adamawa, Anambra, Benue, Kaduna, Lagos plus the Federal Capital Territory), which constitute about 30 per cent of the national burden. This included support for: i) improving the policy environment by development of policies and guidelines (of note is the National RMNCH/HIV and AIDS Guidelines developed in collaboration with WHO and UNFPA that address the issues of integration and task-shifting in PMTCT); ii) strengthening the programme coordination role of technical working groups (TWGs) and committees. TWGs for PMTCT, paediatric HIV and adolescents met quarterly at the federal and state levels, and key achievements included revision of national PMTCT M&E tools and development of a road map to address the critical issues of the early infant diagnosis (EID) programmes and a review of laboratory tools; and iii) building capacity for scaling up quality, equitable HIV services for children, women and adolescents that are integrated into MNCH programmes.

UNICEF also provided support aimed at increasing PMTCT coverage in focus states by supporting demand creation for ANC attendance, using community volunteers (Anambra and Benue states). Preliminary data from Anambra indicate an increase in service uptake in the 10 targeted LGAs. Additionally the scale-up of HCT for pregnant women during MNCHW improved access to HIV testing during pregnancy, with over 200,000 pregnant women reached in the first round – 80 per cent of the 250,772 women targeted. (The second round of MNCHW was ongoing at the time of this report, and further scale-up anticipated). This initiative was selected by the African Union for documentation as a best practice in the African region.

To address low paediatric HIV treatment coverage UNICEF has engaged in several streams of work, involving:

- 1) Using the findings of the national paediatric assessment conducted in 2014 to support the development of a national paediatric HIV acceleration plan that addresses major policy, health systems and structural bottlenecks that hamper uptake of HIV diagnosis, coverage of antiretroviral therapy (ART) and adherence and retention in care. The plan will be launched early in 2016 and used for advocacy for additional domestic resources at the federal and state levels. Additionally the acceleration plan will inform implementation of paediatric HIV services in the states where UNICEF supports the HIV response in 2016.
- 2) Proof of concept work to improve identification of HIV-infected children through the introduction or strengthening of provider-initiated testing and counselling (PITC) using multiple entry points, such as nutrition clinics, in-patient wards, TB clinics and out-patient departments;
- 3) Strengthening the EID system by purchasing SMS printers to reduce turnaround time for return of results to clinics, and capacity building of service providers on their use, in collaboration with the Clinton Health Access Initiative.

UNICEF Nigeria supported adolescent HIV programming at the federal level by providing technical support to adapt the 'All In to End Adolescent HIV' framework to the local context. Additionally UNICEF and partners successfully advocated for the modification of national tools to allow for capturing of age-disaggregated data for the 10-14 and 15-19 age groups. Ongoing advocacy was also undertaken to address the issue of age of consent for HIV testing. Support was provided to implementation pilots for scaling up HTC for adolescents, which are currently ongoing in two states (Benue and Kaduna), resulting in HTC coverage of 40 per cent, from a baseline of 7 per cent. The pilots will be completed in the first quarter of 2016 and the results will inform scale-up of successful approaches to HIV priority states in Nigeria.

Constraints remain on both the policy and programmatic fronts. Nigeria has yet to adopt and implement current WHO guidance on PMTCT. This is the focus of ongoing joint advocacy by UNICEF, WHO and the U.S.-based President's Emergency Fund (PEPFAR). Regarding HIV financing, Nigerian Government funding at both the federal and state levels remains low, at 25 per cent and 0.3 per cent, respectively, with 76.4 per cent of expenditure supported by international partners. With the national budget largely financed by oil, and falling international oil prices, additional investments by the Government are unlikely in 2016. The new PEPFAR strategy to achieve epidemic control and programme efficiency by refocussing support from states to the 32 highest-burden, highest-prevalence LGAs also has financial implications, and is likely to result in a decline in funding of about \$100 million in 2016.

OUTPUT 1 By 2017 partners at the Federal level and in UNICEF supported priority States have increased commitment and strengthened systems for scaled-up delivery of integrated PMTCT and Paediatric HIV services

Analytical Statement of Progress:

HIV Counselling and Testing during MNCH Week: HTC during MNCH Weeks was integrated into the guidelines and training manual for implementing MNCH Week in Nigeria. During the first round of MNCH Week in 2015, some 202,817 women were tested (50,232 women of childbearing age, WCBA and 150,749 pregnant women), with 1,282 women testing HIV-positive (522 WCBA & 761 pregnant women) in 89 LGAs in 6+1 UNICEF- supported states. In addition, PITC for children was conducted in two states (Lagos – 1,401 children (663 boys, 738 girls) and Kaduna – 617 children (280 boys; 337 girls). Seven children (four boys and three girls) tested HIV positive in Lagos State while no child tested positive in Kaduna. The second round of the MNCH Week is ongoing, therefore data are not available.

Functional EID system: Strengthened EID system is in place, coordinated by federal and state ministries of health with updated/revised national and state EID networks. The turnaround time for return of EID results was reduced in five UNICEF target states (Adamawa, Anambra, Benue, Kaduna, Lagos) and the FCT due to effective coordination through state technical working groups and the provision of 250 SMS printers linked to PCR laboratories. To enhance case identification of HIV-infected children a protocol for PITC for children was developed in 2015 and pilot implementation commenced in two states (Adamawa, Lagos) and the FCT.

Monitoring and Evaluation (M & E) system strengthened: national and state M&E systems were strengthened, and the data base for 2014 and January – June 2015 for national and UNICEF-supported states (6 states and FCT) was validated. Five hundred phones were procured in all LGA local action committees on AIDS; M&E officers in four states (Anambra, Benue, Kaduna and Lagos) and selected health care providers were trained and provided with District Health Information system configured mobile phones for data capturing and are now reporting real-time data using the platform from selected facilities in remote and difficult-to-reach areas. Data-capturing tools were provided to all health facilities in Kaduna State and the reporting rate from facilities increased to 75 per cent. A national health sector report card was developed, printed and disseminated to 36 states and the FCT.

OUTPUT 2 By 2017 partners at the Federal level and in UNICEF supported priority States have increased commitment and strengthened systems for scaled-up delivery of HIV combination prevention, treatment and care services for adolescents.

Analytical Statement of Progress:

Strengthening capacity of stakeholders for coordination of adolescents and young people (AYP) programme delivery: Effective coordination of AYP service delivery was supported at the federal and state levels (Benue, Kaduna, Anambra, FCT) through holding quarterly prevention TWG and AYP subgroup meetings, with participation by adolescents. The AYP subgroup meetings served as a platform for capacity building, advocacy and leveraging of resources, and resulted in the inclusion of AYP issues on the state agenda in UNICEF priority states (Benue, Kaduna, Anambra, FCT).

Scaling up comprehensive service delivery through the “All In” Campaign: The “All In” campaign to end adolescent AIDS was the major strategic thrust for 2015, and provided momentum for the national adolescent HIV response. In 2015, UNICEF in collaboration with UNAIDS, conducted sensitisation sessions with the media and associations of medical doctors. The “All In” approach increased adolescent participation by taking the opportunity of the annual general meeting of the Association of Positive Youths in Nigeria (APYIN) to enrol Adolescents living with HIV (ALHIV) from 36+1 states as “All In” champions/advocates. Likewise AYP were engaged as advocates, programme implementers and monitors in Kaduna and Benue states. In addition,

during World AIDS day, UNICEF and stake-holders organised an interactive session with AYP where they discussed their sexual and reproductive health (SRH) and HIV service needs and challenges experienced and developed specific advocacy points that were presented to policy-makers and service providers. HIV service delivery was scaled-up in pilot programmes in two states (Kaduna and Benue) using HCT as an entry point. The targeted number of adolescents receiving HCT was exceeded in both states (42,146 against a target of 34,000), and (42,650 against a target of 35,000) in Kaduna and Benue, respectively.

Policy, Partnerships and Resource Mobilisation: As a result of advocacy by UNICEF, the Population Council and other stakeholders, a guidance document was released in 2015 by the federal health ministry to address the policy gap around the age of legal consent for SRH/HIV services for adolescents. This milestone forms the foundation for further work aimed at reducing the age of legal consent for these services. At the state level UNICEF supported a review of state laws through the judiciary committee, while at the community level, dialogues facilitated community consent. Evidence-based advocacy/resource mobilisation yielded US\$2 million with potential for an additional US\$9 million from GFATM and US\$50,000 from Kaduna State.

OUTPUT 3 High quality innovation, evidence generation and knowledge management are supporting advocacy and leveraging resources for and equitable programming on Children & Adolescent and HIV.

Analytical Statement of Progress:

During 2015 UNICEF, UNAIDS and WHO supported national partners to draft the “Nigeria AIDS Response Programme Report” for the global report. Support was also provided for the production of a health sector national score card on HIV (“The Annual Report on HIV/AIDS Health Sector Response in Nigeria”), which for the first time included state-level estimates and provided information that will inform the geographic focus for more effective HIV programming.

Using data from the paediatric AIDS assessment conducted in 2014, a publication was included in a peer-reviewed journal, ‘Patching the gaps towards the 90-90-90 targets: outcomes of Nigerian children receiving antiretroviral treatment who are co-infected with tuberculosis’. The article was used to advocate for better programme integration between the HIV and TB programmes.

UNICEF supported data-driven planning for PMTCT programmes in four focus states (Anambra, Benue, Kaduna, Lagos) and the FCT. This resulted in the clear articulation of programmatic bottlenecks, which are being addressed and progress tracked. Additionally UNICEF is supporting data collection within the adolescent HIV and the paediatric HIV PITC pilots; results from these innovative programmes are anticipated to inform evidence, advocacy and programme scale-up in 2016.

The main challenges experienced in terms of evidence-generation were related to data quality at both the federal and state levels. This will require further investment by UNICEF and other partners, particularly as relates to state-level estimates of the scope of the HIV epidemic.

OUTCOME 3 By 2017, vulnerable children and their families have equitable access to and use sustainable improved water sources, improved sanitation facilities and practice safe hygiene.

Analytical Statement of Progress:

By 2015, through UNICEF support, nearly 2.4 million people lived in 3,198 ODF-certified communities (251 per cent of the 2015 target) and over 920,000 people had gained access to

safe water. UNICEF contributed significantly to national achievements on ODF-free communities and was responsible for over 80 per cent of the ODF achievement in Nigeria. Thirty-six states have ODF roadmaps due to UNICEF support. The draft national roadmap for eliminating open defecation in Nigeria by 2025 was awaiting endorsement by the National Council of Water Resources, delayed due to elections and subsequent changes in administration in 2015.

During 2014-15 some 81,389 pupils gained access to WASH facilities in 191 schools. In 2015, UNICEF fulfilled its core commitments for children in humanitarian situations by reaching over 321,000 affected persons and strengthening coordination and response at the national/ sub-national levels, especially in the three most affected north-eastern states. UNICEF provided strategic support for scaling-up WASH coverage across the country through various national initiatives. With the Ministry of Water Resources, UNICEF co-led the development of national strategies for: hygiene promotion in communities and institutions; a national sanitation marketing strategy; national strategy for village level operation and maintenance and for water-quality monitoring and surveillance. UNICEF supported the development of state WASH policies in Imo and Ogun and a sector-wide approach in Anambra. UNICEF's advocacy and leveraging strategy influenced Government funding for scaling up access. In 2015, UNICEF leveraged over US\$ 5.6 million for the WASH sector. UNICEF successfully used donor funds as a catalyst for wider transformation by the Government (e.g. Kaduna and Katsina state are adopting the LGA-wide approach and keen to install WASH information management systems (WASHIMS) in all of their LGAs.

Harmonised procurement guidelines, feasibility studies and development of standard designs/specifications for water and sanitation facilities, standard designs/specifications for WASH in Schools and PHC centres developed in 2014/2015 are guiding quality WASH interventions. The quality assurance processes were beefed up by introducing an independent construction supervision firm to support supervision and verification of WASH facilities. This is in addition to the ongoing third-party certification and verification of ODF communities. UNICEF successfully scaled-up WASHIMS, which are now the national sector monitoring platform covering rural and urban WASH. In 2013 12 LGAs WASH departments/units were using WASHIMS; by 2015, 70 LGAs in 21 states were regularly operating the systems. As a result, current data on the WASH situation in 22,068 communities was available compared to the limited data available in 2013 (2,668).

With a view to promoting accountability in the sector by ensuring timely reporting and prompt response mechanism for repairs, real-time functionality tracking (RTFT) of water points was linked to WASHIMS. SMS-based RTFT was scaled up from 12 to 50 LGAs across 16 states. With the introduction of RTFT, the functionality of water points rose from 56 per cent to 71 per cent; with one LGA (Bakori) in Katsina managing to reach 98 per cent, from 74 per cent. In addition, the Federation of WASHCOMs was established in 28 project LGAs as part of the efforts to strengthen citizens' voices and accountability in the WASH sector.

National guidelines for WASH in Schools were endorsed by key stakeholders and will be the basis for rolling out WASH interventions in schools in 2016. A national "WASH in PHC" working group was set up with the Ministry of Health/National Primary Health Care Development Agency as the lead and WHO, UNICEF, the Ministry of Water Resources and Ministry of Environment and civil society as members, to guide planning, design and roll-out of the approach to all PHCs country-wide. To improve economy, efficiency and effectiveness, a "value for money" framework and guidelines were developed and in use.

WASH actively contributed to programme priorities (convergence of services, increasing accountability through U-report, leveraging of resources, use of HACT, etc.). UNICEF piloted cross-sectoral integration to promote child survival using WASHCOMs as an entry point in 29 communities in Jigawa and Benue states. WASHCOMs are a platform comprising 15 to 20 members who represent various sections of the community and include both men and women (50 per cent representation). Within three months of implementation, birth registration increased by 450 per cent and immunisation rates increased from between 34-to-100 per cent in targeted communities.

UNICEF played an active role in the development partners' forum. Partnerships with donors and Government were strengthened. Partnerships with coalitions of non-governmental organisations (NGOs) such as BENGONET in Benue, NEWSAN and others helped to accelerate programme implementation and improve quality of services. Partnerships were expanded for ODF certification and validation processes, to bridge the gap between ODF-claimed and ODF-certified communities. UNICEF co-leads the WASH in Emergency effort nationally as well as sub-nationally in many states, and contributed significantly to assessments, strategies, guidelines and processes for the ongoing humanitarian situations. The WASH component of the 2015 humanitarian needs overview and 2016 humanitarian response plan were successfully facilitated by UNICEF.

An independent external review of the DFID-funded SHAWN-II project rated its performance as "A." UNICEF Nigeria continued to provide contributions to the new global WASH strategy (2016-30); revision of WASHBAT and the knowledge management network.

Apart from the security constraint in the northeast, the major constraint that affected implementation, especially of the "WASH in Institutions" component, was delays in the timely release of counterpart funding for hardware.

OUTPUT 1 Strengthened political commitment, accountability and capacity at the national / sub-national level to develop and adopt equitable and gender-sensitive policies, budgeted plans in select under-served States for scaling up of WASH interventions to promote safe drinking water, adequate sanitation and good hygiene practices.

Analytical Statement of Progress:

The WASH programme engages federal, state and LGA- level partners in developing and strengthening policies, plans and institutional systems and structures at various levels. This yielded positive results as evidenced by WASH policy approvals, establishment of state Rural Water Supply and Sanitation Agencies and development and endorsement of investment plans. Kano, Ogun and Anambra states enacted water laws. The WASH policies of Ogun, Imo and Delta states were approved, while that of Sokoto State awaited ratification. Rural water supply and sanitation agencies established in Zamfara, Kaduna and Edo states were expected to give a boost to the development of rural water and sanitation sectors in these states. UNICEF ensured that sector policies and plans addressed gender and equity concerns. In 2015, UNICEF leveraged over US\$ 5.6 million for the WASH sector.

The FCT and Niger State drafted five-year WASH sector plans in 2014, while in 2015, Bauchi State joined the group of states with a mid-term investment plan. Similarly, 64 LGAs finalised and ratified LGA-wide WASH investment plans. These informed planning and budgeting for WASH interventions within these LGAs. Seventy-three LGAs implemented LGA-wide open defecation-free plans as part of UNICEF's focus on scaling-up sanitation coverage.

As part of the efforts in realisation of sector-wide commitments, a national roadmap for eliminating open defecation in Nigeria by 2025 was developed. This document was awaiting ratification by the National Council for Water Resources. Thirty-six states developed state-specific roadmaps.

With a view to promoting accountability in the sector, the real-time SMS-based Water Facility Tracking System was scaled up to cover 50 LGAs; the systems served as interface for updating water point functionality within the larger WASH information management system. Federations of WASH committees were established in 28 project LGAs as part of efforts to strengthen citizen's voice and accountability in the WASH sector. UNICEF facilitated a workshop with key stakeholders and development partners to discuss and harmonise M&E tools for the WASH sector. This led to the inclusion of small town and urban sub-sector indicator on WASHIMS and subsequent training of sub-sector actors to populate and update these indicators. A draft protocol for monitoring and reporting in the sector was developed with partners.

OUTPUT 2 Focus states/ LGAs have increased capacity and deliver services to ensure children and women have sustained and equitable access to improved water sources.

Analytical Statement of Progress:

An estimated 928,856 people (452,675 male, 476,181 female) had gained access to safe water by end-November 2015 through the rehabilitation and provision of new water facilities in rural communities (including former Guinea worm-endemic communities), representing 93 per cent of the 2015 planned milestone.

To further bolster procurement quality assurance processes, a third party supervision contract was procured to support independent verification and supervision of contract works in project communities and schools. Supplies and equipment (e.g., ICT equipment, GPS devices, GIS, etc.) were procured to equip WASH institutions in project states and LGAs.

Partnership agreements with Tulsi Chanrai Foundation advanced village level operation and maintenance systems across 22 project LGAs in 10 states. A partnership with Partners for Development helped drive community-centred WASH services delivery; and with Partnership Initiatives in the Niger Delta (PIND), enhanced peacebuilding in 10 LGAs in five Niger Delta states through development of systems for mainstreaming conflict sensitivity in WASH programming. The partnership agreements empowered communities, including women, to be in charge of their WASH facilities and ensured long-term sustainability. A national strategy for scaling-up village level O&M systems was developed and disseminated to guide nation-wide rollout of this approach.

By November 2015, some 2,831 WASH sector functionaries (1,762 male, 1,069 female) had gained increased knowledge and strengthened their skills in various thematic areas in the WASH sector, including in community approaches, community-based monitoring and reporting, community-based water quality monitoring, surveillance and household water treatment, hand-pump maintenance and repairs.

Community-based water quality systems were strengthened through the rolling-out of water safety plans in rural communities across 44 project LGAs in 11 states. Some 10,302 WASHCOMs were established and 128,069 WASHCOM members (83,524 male, 44,545 female) were trained for effective management of WASH facilities and proper record-keeping at the community level across 70 project LGAs in 21 states. An expanded WASHCOM guideline facilitated cross-sectoral engagement in the communities. Community WASHCOMs in 29 pilot

communities in Benue and Jigawa states facilitated rapid improvement in child survival and development indicators in their communities through the promotion and monitoring of basic child survival interventions under the expanded roles of WASHCOMs, in line with the new guidelines. Promising results in increased birth registration and immunisation coverage (450 per cent increase in birth registration; between 34 and 100 per cent increase in immunisation was achieved. This approach will be scaled up to cover more states in 2016.

OUTPUT 3 Focus states/ LGAs have increased capacity and deliver services to ensure children and women have sustained and equitable access to improved sanitation and hygiene.

Analytical Statement of Progress:

A total of 2,384,717 people (1,101,781 male, 1,282,936 female) representing 251 per cent of 2015 milestone lived in 3,198 certified ODF communities, while an estimated 1,917,098 people (829,652 male, 1,087,446 female) had use of improved latrines across focus states and LGAs through work supported by the European Union, DfID and Unilever. In addition, 4,193 communities claiming ODF awaited certification.

Community Led Total Sanitation (CLTS) yielded good results, as all 36 States and the FCT were implementing the approach to accelerate sanitation coverage. The adoption of an LGA-wide approach further enhanced the scaling up of efforts. With UNICEF support, capacities of 3,665 (2,114 male, 1,551 female) government partners were enhanced and relevant institutions strengthened for implementation of sanitation and hygiene approaches in 20 focus states and LGAs. Sixty-one LGAs had trained CLTS facilitators.

The final report of sanitation marketing research supported by UNICEF was disseminated to all relevant stakeholders. A national strategy for sanitation marketing was drafted as part of the efforts to help households move up the sanitation ladder and achieve total sanitation. About 29.4 million people (15 million male, 14.4 million female) were reached with key hygiene messages during the Global Handwashing Day commemoration, mainly through radio and television jingles. An additional 21,314 caregivers, mainly mothers, were reached with key hygiene messages in health facilities. Some 4.5 million (of 18.6 million) people in ten UNICEF-assisted states were treated with Mectisan, while mass drug administration was ongoing in the remaining states for elimination of Onchocerciasis disease. In 2015 the emphasis was to strengthen monitoring and reporting of distribution of Mectisan tablets.

Coordination of the sanitation and hygiene sub-sector was strengthened and institutionalised through monthly meetings of the national task group on sanitation (NTGS), led by the Federal Ministry of Water Resources. Collaboration with the Society for Water and Sanitation on third-party certification of ODF communities was strengthened. To ensure credibility and transparency in the certification process, the capacity of NTGS members was developed in relation to third-party validation of ODF communities, and the trained members subsequently conducted seven validation exercises in 511 ODF communities in Bauchi, Jigawa, Katsina, Benue and Osun states.

Partnership with Unilever Global Foundation helped to integrate WASH and nutrition in Sokoto State, while provision of WASH facilities in PHC centres in Yobe and Borno States provided further opportunities for greater integration with nutrition.

OUTPUT 4 Increased national / sub national capacity to deliver services ensuring children and women have protected and reliable access to sufficient safe water, sanitation and hygiene facilities in humanitarian situations.

Analytical Statement of Progress:

Conflict displaced over 1.87 million people in north-eastern states and Benue State, while 100,000 people were affected by floods in 12 states. In 2015, UNICEF's response benefitted over 321,000 men, women, boys and girls in humanitarian situations, which includes 233,734 people in the north-east (Adamawa, Borno and Yobe) and 87,799 people in Anambra, Bayelsa, Bauchi, Benue, Enugu, Kaduna, Oyo and Rivers states and the FCT through interventions such as rehabilitation of boreholes, provision of WASH supplies, including water treatment chemicals, and hygiene awareness. Menstrual hygiene management sessions benefitted 12,786 women/girls in the IDP camps in Borno. In addition, CLTS interventions were piloted in communities hosting IDPs in Borno, benefiting about 35,000 people (over 83 per cent women).

By mid-December 2015, 18 states and the FCT had recorded 5,286 cases of cholera, with 186 deaths. One-quarter of the cases (1,039) were recorded in Borno state alone. Towards prevention, preparedness and control of cholera, a national cholera plan was developed and development of sub-national plans in 11 most cholera-prone states (mainly in the North) was supported by UNICEF. A cholera preparedness, prevention and response plan prepared by Borno State, building on the national plan, greatly helped the state to minimise the spread of cholera.

A cross-border collaboration framework against cholera among four Chad Basin countries (Cameroon, Chad, Niger and Nigeria) was strengthened. UNICEF continued to support the smooth conduct of national emergency WASH sector group meetings co-led by the Federal Ministry of Water Resources and UNICEF. A similar set-up at the state level was established and functional in Adamawa, Borno, Yobe, Cross River, Akwa Ibom, Kaduna, Kogi and Zamfara states while Kano, Jigawa, Plateau, and Bauchi states had systems in place to respond to WASH needs in emergencies. Emergency preparedness plans were updated at the national level, in 30 states and the FCT.

UNICEF contributed to the joint UN needs assessment of Yobe, Borno and Adamawa and the joint UN assessment of the situation of returnees in Adamawa state. Additionally UNICEF and the Government of Nigeria conducted a multi-sectoral needs assessment of IDPs in Borno and Yobe states. UNICEF co-led the development of the Humanitarian Needs Overview and the 2016 Humanitarian Response Plan for Nigeria. Some 251 national and state government/NGO partners (about 30 per cent women) gained skills on emergency preparedness and response and disaster risk reduction with UNICEF support. Partnership agreements were signed with Oxfam and Caritas to respond to the emergency in the north-east.

OUTPUT 5 Focus states/ LGAs have increased capacity and deliver child friendly, gender-sensitive WASH services in schools and public health institutions to ensure children and women have sustained access to safe water, sanitation and hygiene facilities.

Analytical Statement of Progress:

Building on the introduction of the "Three-Star" approach to WASH in schools in the country in 2014, UNICEF organised a review of the WASH in School guidelines as a step toward national roll-out. Key stakeholders at the review meeting included the Federal Ministry of Education (FME), Federal Ministry of Environment (FME), Federal Ministry of Water Resources (FMWR), NGOs and donors.

National guidelines for WASH in schools and public health institutions were developed in collaboration with FME and NPHCDA to provide a framework for effective WASH services in these public institutions. WASH facilities designed for schools and PHCs were gender-sensitive

and child-friendly. An arrangement was established for independent monitoring and supervision of contract works for WASH facilities in schools and PHCs through a third-party engineering consulting firm to ensure quality construction. Efforts were underway to obtain the status of WASH facilities in schools on a real-time basis, using an SMS platform.

With UNICEF support, a 'WASH in PHCs' working group led by the Ministry of Health/ NPHCDA and including FMWR, FME, WHO and civil society was set up. The WASH in PHC working group will be the high-level body guiding the planning, design and rolling-out of the WASH in PHC approach country-wide. A national level stakeholder's consultation workshop to finalise the technical guidelines for WASH facilities in PHCs was planned for early 2016.

One hundred ninety-one of the planned 220 schools gained access to WASH facilities through UNICEF support, and 81,389 pupils (41,868 boys, 39,521 girls) were using these facilities. The capacities of 5,110 (3,247 male, 1,863 female) state and LGA officials, teachers, school-based management committee (SBMC) members and environmental health club coordinators were enhanced on management and implementation of school WASH activities. A total of 1,349 schools (of the target 462), representing 292 per cent of the target, had environmental health clubs comprising boys and girls for hygiene promotion and supportive management and operation of school WASH facilities. Sixty-seven of the planned 70 health facilities were provided with WASH facilities and 24,194 caregivers, mainly women, were using these facilities. 23 PHC and CMAM centres were provided with improved water sources, and 18 PHC/CMAM centres in Borno and Yobe states obtained improved sanitation facilities under emergency PHC convergent interventions funded by the Government of Japan.

Delays in the timely release of counterpart funding for the construction of WASH facilities in schools and PHCs affected the attainment of planned results, as did elections in the early part of 2015 and delays in the assumption of full responsibilities by the new administration. The counterpart funding situation improved in the last quarter of 2015, with strong advocacy efforts, hence good progress is expected in 2016.

OUTCOME 4 By 2017, the nutritional status of Infants, young children and women is improved through the scale-up of integrated high impact and evidence-based nutrition interventions and improved family and community care practices with a focus on those most vulnerable.

Analytical Statement of Progress:

As part of an office-wide UNICEF state-level planning approach, UNICEF's nutrition team met twice with individual state governments to review progress on the nutrition response and to update 2015/16 state nutrition work plans. For nutrition, this was the first time that a state-level joint nutrition work planning process was conducted. UNICEF will continue this process and support linking it to the revitalisation of state food and nutrition committees to lead state nutrition responses. It is important to note that the joint state level 2015/16 work plans also include resources to be provided by the Government for the nutrition response in states - an important planning and advocacy tool.

UNICEF supported the development and printing of the costed FMOH 'National Strategic Plan of Action for Nutrition 2014-19', which was launched in September. The plan is an important planning, coordination, monitoring and advocacy tool for an accelerated government-led nutrition response in the country. The national food and nutrition policy still awaits formal endorsement by the Government. This policy is to be coordinated by what is now the Ministry of Budget and National Planning (previously NPC) and in December 2015 the nutrition department of that ministry provided strong leadership, encouraging and supporting line ministries to ensure

that a nutrition budget line was included in their budgets.

UNICEF led support to the Government to successfully conduct the first round of MNCHW in 35 states, which according to programme data reached 27.7 million children with Vitamin A, 11.8 million children with deworming and 3 million pregnant women with iron tablets. In 2016 efforts will be intensified to further improve the performance of MNCHW with social mobilisation activities and more focus on reaching the most vulnerable children. The results of the MNCHW evaluation that began in 2015 are expected to be ready in 2016, and will assist with that and guide UNICEF's future focus in support to the MNCHW.

In 2015, a total of 397,221 children with SAM were treated through CMAM programmes in 11 targeted northern states. The CMAM programme was scaled up in north-eastern states in response to the emergency, and 84,012 children were treated in the three target states of Adamawa, Borno and Yobe. The Kaduna State Government has decided to provide funds to start a CMAM programme, with UNICEF technical support, in 2016.

In August several articles were published in <http://www.enonline.net/fex/50/samnigeriaeditorial> on the CMAM program in Nigeria. Since the start of the CMAM programme in 2009, through the end of 2015, 1.3 million children with SAM have been treated. It is estimated that the lives of about 261,000 children aged six-59 months were saved thanks to Nigeria's CMAM programme. While these figures are impressive, it is important to recognise that in 2015 only about 400,000 children with SAM – out of an estimated 1.7 million SAM cases in the country – were reached. Inadequate funding to buy the lifesaving RUTF for these children is the main limiting factor to saving more than the estimated 76,000 lives saved in 2015.

In 2015, 601,939 pregnant women and women with children aged under two years received IYCF counselling service across 15 states. Evaluation of the effectiveness of the community-IYCF package commenced in Kaduna State. Baseline data was collected and analysed and preliminary results were shared. The evaluation results are expected to provide evidence on cost and impact of the community IYCF package, which will inform the country's strategic approach.

Formative research to design a national MNP supplementation programme was completed in preparation for a pilot project in two states. Distribution was initiated in IDP camps and facilities catering to the displaced population in the three emergency north-east states reached 23,245 children between the ages of six and 24 months by the end of the year. The Government and partners have developed a joint roadmap to scale up the intervention in all 37 jurisdictions of Nigeria by 2019.

The second NNHS was conducted, and results were shared by the NBS. The main conclusion was that overall, the nutrition situation did not change significantly between 2014 and 2015.

The UK's Department for International Development-funded programme 'Working to Improving Nutrition in Northern Nigeria' (WINNN) was implemented by various NGOs and UNICEF in five states. The programme provides an integrated package of nutrition services including CMAM, IYCF and micronutrient deficiency control. The programme has a strong monitoring and evaluation component and the lessons learned from the programme, as well as approaches, tools and guidelines developed within the programme are increasingly used by other programmes and partners and influence Government-led policies, plans and guidelines.

There are various areas where efforts were made to integrate nutrition and other programmes,

including: HIV testing during CMAM; integration of IYCF counselling through community water and sanitation committees and polio mobilisers and through integrated MNCHW. Further opportunities, including strengthened integration of nutrition within the roll-out of a revitalisation of the PHC model will be pursued in 2016.

OUTPUT 1 By 2017 Community management of acute malnutrition programme and nutrition sensitive interventions scaled-up in priority States and the prevalence of wasting (GAM) among children under-five years (both girls and boys) reduced to less than 5 percent

Analytical Statement of Progress:

In 2015 some 397,221 children with severe acute malnutrition were admitted into the CMAM programme, against the annual target of 378,021 (105 per cent). The annual target was exceeded due to the expansion of CMAM in emergency states in northern Nigeria. With a cure rate of 87.8 percent, a death rate of 1.2 percent and a defaulter rate of 9.4 percent, the programme exceeded minimum international quality standards.

A cumulative 1.3 million children have been reached since the CMAM programme started in 2009 through end-2015, and statistical modelling indicates that 261,000 lives were saved by the programme since its start. Analysis shows that it costs about US\$160 to cure one child, including operational costs such as infrastructure and human resources borne by both the Government and UNICEF and the cost of RUTF. Since part of these costs are already covered by the Government (staff, facilities, etc.) it is estimated that about US\$76 is the additional cost to successfully provide one more child with CMAM services. Considering the excess mortality due to SAM of almost 20 per cent, this is a very highly cost-effective programme. Considering that in 2015 only about 400,000 SAM cases were targeted out of the nationally estimated 1.7 million SAM cases, significant further investment is required to save more lives.

The funding for RUTF is still mainly provided by development partners, although some states are now showing an interest in providing some financial support to RUTF. In 2016, advocacy for Government's procurement of RUTF will be prioritised. Also, more attention will be given to strengthening the quality of the programme, including supply monitoring systems; improved linkages with IYCF; and improved collection, analysis and dissemination of routine programme monitoring data.

Another area that will require more attention in 2016 is redefining the role of community volunteers (CV) in the CMAM programme. By design the CVs do community-level screening, referring expected SAM cases, and active follow-up. However many CV leave the programme a short time after training due to limited incentives. But due to community awareness and popularity of the CMAM programme, even without active screening at the community level the number of mothers who bring children with SAM to the clinic continued to increase. Several assessments of CVs were undertaken in 2015 recently to guide a reassessment of their role in the programme in 2016.

OUTPUT 2 By 2017 Proportion of 0-23 month children (both girls and boys) optimally fed increased to 70 percent through integrated IYCF and care promotion.

Analytical Statement of Progress:

In collaboration with development partners, UNICEF supported Government efforts to improve IYCF practices. Appropriate IYCF practices were promoted through interpersonal group and individual counselling at facility and community levels in more than 1,495 communities in 65 LGAs across 15 states.

By the end of 2015, some 601,939 caregivers had been reached with IYCF counselling. Factors contributing to this scale-up were the training of 13 master trainers on the supportive supervision, monitoring and mentoring module; training of 1,063 health workers and 2,755 CVs on the community IYCF package. Training and counselling materials were printed and distributed to targeted states. In the southern part of the country 34 resource persons were trained as trainers on strengthening the C4D component of IYCF and approaches to support the creation of an environment for mothers that is conducive for good infant feeding practices. To improve the quality of routine IYCF data, routine monitoring indicators as well as monitoring and evaluation tools were developed under FMOH leadership with UNICEF support.

UNICEF worked with ministry of health and the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project on evaluating the effectiveness of IYCF feeding package in two LGAs in Kaduna State. Baseline data was collected and analysed and preliminary results were shared. It is expected that the evaluation will provide evidence on cost and impact of the community IYCF package and model commonly used and promoted in Nigeria.

One challenge is that there are an increasing number of organisations working on IYCF in the country, in specific states and LGAs at different scale with different approaches. To strengthen coordination, UNICEF supported national- and state-level Government-led IYCF working group meetings to lead joint efforts among all partners for improving the situation. There is a need to develop an IYCF strategy and implementation plan to provide guidance for implementing partners to jointly improve IYCF programming. Another challenge is the need to improve knowledge, attitudes, beliefs and behaviours related to IYCF through advocacy, social mobilisation and behaviour-change communication at a large scale, through communication engagement and mobilisation, and community empowerment as a prelude to addressing negative social norms linked to IYCF. A communication for behavioural and social change strategy and plan need to be developed and implemented; this is scheduled for 2016. However the significant resources required to implement such a plan nationwide have not yet been identified.

OUTPUT 3 By 2017 Micronutrient deficiencies prevented through improved micronutrient supplementation interventions for women and children (both girls and boys).

Analytical Statement of Progress:

With UNICEF support, the first round of MNCHW was conducted successfully in 35 states in July-August. During the campaign, 27.7 million children were reached with Vitamin A (87 percent of the set target of 90 percent); 11.8 million children received deworming (43 percent; target 30 per cent); and 3 million pregnant women received iron tablets (34 per cent compared to target of 40 percent). The second round of MNCHW started at the end of November and results are awaited. Federal and state governments were very receptive to innovations to improve planning, monitoring and reporting processes for MNCHW. The external real-time monitoring and reporting using SMART tablet was mainstreamed into government systems and facilitates identifying and addressing bottlenecks during the MNCHW. In 2016 efforts will be intensified to further improve the performance of MNCHW, and a communication and social mobilisation strategy will be developed to increase awareness about the importance of the campaign. States will be mobilised for co-financing budgets to implement the MNCHW minimum package.

During 2015 some 358,884 children were treated with oral rehydration solution (ORS)/Zinc in

Jigawa, Kebbi, Katsina and Zamfara states. In 2016, a strategic review of Zinc/ORS implementation will be carried out. Then, a state-specific cost plan will be developed and robust monitoring and reporting mechanism will be established.

Formative research to design micronutrient powder (MNP) supplementation was completed and local branding of the product and a behaviour change communication strategy were developed. As part of the emergency response, distribution of MNP began in 15 IDP camps and 80 PHC centres, reaching close to 23,295 children between six and 24 months-old. The Government and partners forged a joint vision for collective action and a roadmap to scale-up MNP supplementation, linked with IYCF promotion. The aim is to target 11.3 million children aged six- to 23 months annually by progressively expanding the intervention in all 36 states and the FCT by 2019.

A major ongoing challenge was the limited coverage and uptake of routine maternal and child health services and the near-absence of integration of micronutrient supplementation interventions. There continues to be a strong focus on using MNCHW as the main channel to distribute supplements. In 2016 efforts will be undertaken to start addressing this and using ongoing investments in improving the primary health care model as an entry point for strengthening routine micronutrient supplementation.

Another challenge, as in the broader nutrition response, is the low financial contribution by government in the micronutrient programme and the heavy dependence on funding by development partners. Further strengthening of advocacy efforts will aim to address this.

OUTCOME 5 A child protection system that responds to and protect children from violence, abuse and exploitation is operational and harmonised across all States by 2017

Analytical Statement of Progress:

Nigeria became the first country in West Africa and the eighth country in the world to complete and disseminate the findings of a national survey on violence against children. The survey provided the country's first comprehensive data on the prevalence, location and consequences of physical, sexual and emotional violence against children. The survey found a high prevalence of violence - six in 10 children experience one or more types of violence before reaching 18 years; over 70 per cent on multiple occasions. Fewer than 5 per cent of children receive support services to recover. In response to these findings, the President of Nigeria launched the 'Year of Action to End Violence Against Children', calling on state and non-state actors to play their part to prevent and respond to VAC. Over 1,200 stakeholders gathered for the launch and the announcement of national priority actions to be taken by Government, NGOs, religious groups and the media. It is estimated that over 60 million people were reached with messages on ending VAC during the campaign's launch and subsequent coverage (through radio jingles, TV and radio coverage, panel discussion programmes and print media). Lagos will become the first state to launch its own campaign, in February 2016, followed by at least eight additional states during the Year of Action.

The strategic approach of the child protection programme shifted from implementing a narrow range of child protection interventions in all states, to focusing on comprehensive child protection reform in a small number of target states (primary targets - Lagos, Cross River, Plateau and Gombe, secondary targets - Benue, Edo, Federal Capital Territory, Kaduna and Kano). UNICEF supported the Federal Ministry of Women Affairs and Social Development (FMWASD) to launch a ground-breaking initiative for developing a model child protection system to harmonise and promote domestication of the Child Rights Act (2003) and respond to

the findings of the VAC survey. The nine focus states formed a 'child protection systems strengthening learning group' in 2015 to develop the model and operationalise the system. It is envisaged that the model and accompanying package of implementation documents will be finalised in 2017. UNICEF continued to support the FMWASD and the National Association of Social Workers to secure the passage of the 'Professionalization of the Social Welfare Workforce' Bill and the adoption of the social welfare policy, as well as to develop a social welfare workforce strategy in order to put in place a robust national framework for child protection and ensure the system is adequately staffed.

The adoption of the Violence Against Persons Prohibition Act in 2015 criminalised female genital mutilation/cutting for the first time nationwide in Nigeria, providing a strong foundation for advocacy and programming for FGM/C abandonment in the five focus states. Under the joint programme for FGM/C abandonment in Nigeria, implemented with UNFPA, the assessment of prevalence, context and drivers of this traditional practice, carried out with the FMOH, was completed (to be launched in the first quarter of 2016), providing a basis for the development of targeted communications strategies for each of the focus states. Advocacy and engagement with community leaders resulted in public declarations to abandon FGM/C in 39 communities in the five states.

With regard to birth registration, 4,704,330 children (2,424 boys, 198 girls) of 2,280,132 children under one year (1,961,425) and under five years (1,305,396 5) were registered in 2015 as of 30th November. It is estimated, based on registration figures from January 2012 to November 2015 that 11,846,142 children under the age of five are currently registered. This represents an estimated coverage of approximately 38 per cent of the under-five population, an increase of 8 percent from 2013 demographic and health survey (DHS) figures of 29.8 per cent. Efforts continue to integrate birth registration services into health services, to capture 100 per cent of children born in health facilities and those who are vaccinated, as well as to integrate services into the education system to ensure a systematic mopping up of unregistered children when they enrol at school.

UNICEF significantly scaled up its child protection response to the humanitarian crisis in conflict-affected states: Borno, Adamawa and Yobe. A harmonised child protection case management and information management system was established across the states. In partnership with the state ministries responsible for social welfare, Save the Children, International Rescue Committee and COOPI, a total of 1,678 unaccompanied and separated children were identified. Trained cadres of social welfare officers, case workers and community support workers ensured that children were safe in their current care arrangements or were transferred to alternative care. By the end of 2015, 719 children were being cared for by trained foster carers. Some 60,652 children (32,848 boys, 27,804 girls) received psychosocial support, structured play, life skills and informal education in child-friendly spaces through a network of 943 trained community volunteers in 121 communities, 13 IDP camps and two unofficial IDP camps. However, despite intensive efforts that secured additional resources, expanded the north-east team and established new partnerships for child protection, the programme faced acute challenges: limited capacity amongst partners and available resources to meet increasing needs, and limited access to affected areas, especially in the first half of 2015. The focus for 2016 will be to expand the programme, reach highly vulnerable beneficiaries (children in detention, children associated with armed groups and children born out of sexual violence), and ensure continued interventions as IDPs return to their LGAs, to which UNICEF may not have immediate access.

OUTPUT 1 By 2017, the capacity of key institutions of justice and social welfare sectors is strengthened for the development and implementation of age-/gender-appropriate child justice policies, plans and programmes/ services at Federal level and in 10 States

Analytical Statement of Progress:

Since 2013 UNICEF has collaborated with the United Nations Office on Drugs and Crime to implement the European Union-funded justice sector reform programme in nine states (Anambra, Bayelsa, Benue, Cross River, Imo, Katsina, Lagos, Osun, Yobe) and the FCT.

Under this programme, efforts were intensified to strengthen the capacity of front-line justice sector actors (family courts magistrates, judges and assessors and prisons personnel) to more effectively handle children's cases. A family court capacity assessment and a wider child justice bottleneck analysis were carried out in Cross River and Lagos. A training programme for Family Court magistrates, judges and assessors was developed with the National Judicial Institute, with a view to delivering a training-of-trainers in January 2016.

UNICEF completed the baseline assessment of the situation of children in detention. The assessment creates an evidence base on which to advocate for alternatives to pre- and post-trial detention. Key findings, presented at an experts' workshop in November, included that children spend long periods in pre-trial detention, are often detained for low-level offences and detention is used in lieu of care options for children without parental care and alternatives to detention. Stakeholders proposed the urgent provision of legal aid to child detainees and the establishment of pre-trial diversion and community rehabilitation programmes.

To address the significant backlog in cases of children held in pre-trial detention in Lagos, identified through the baseline assessment, UNICEF will partner with the Office of the Public Defender to clear the backlog in January. Training was delivered to 30 participating lawyers, in order to ensure that child-centred and child-friendly legal help is provided under this partnership.

To enhance the treatment of children in detention and promote rehabilitation and effective preparation for release, a child rights course was developed for prison personnel. The module was incorporated into the National Prison Service Academy Human Rights Training Manual and a training of trainers was conducted with 24 prison academy instructors in November.

Advocacy and technical assistance for the incorporation of provisions of the Child Rights Act 2003 in state legislation was provided in Bayelsa, Gombe, Enugu and Kaduna, including facilitation of consultation meetings with key stakeholders, particularly with religious leaders to address the main obstacles: child marriage, adoption and inheritance. High-level commitments to incorporate the law were made in Bayelsa, Enugu and Kaduna.

OUTPUT 2 By 2017, the capacity of key institutions and civil society is strengthened to monitor and report violence against children especially in humanitarian context and implement gender and age-appropriate prevention and response measures in at least three states.

Analytical Statement of Progress:

The key findings of the VAC survey, conducted by the National Population Commission in collaboration with UNICEF and the CDC, were released by the Federal Government of Nigeria on 10th September. Nigeria became the first country in West Africa and the eighth in the world to complete and release the report. In response to the findings, the President of Nigeria launched the 'Year of Action to End Violence Against Children' on 15th September, during

which national priority actions for state and non-state actors, including NGOs, faith-based organisations and the media were announced. The priority actions were developed by an inter-agency technical working group, convened by FMWASD, and supported by UNICEF and PEPFAR.

UNICEF significantly expanded its child protection programme in the three conflict-affected states: Borno, Adamawa and Yobe. The psychosocial support programme, implemented in partnership with the State Ministries responsible for children, reached 60,652 children (32,848 boys; 27,804 girls), in 121 communities, 13 internally displaced persons (IDP) camps and two unofficial IDP camps. A harmonised child protection case management and information management system for unaccompanied, separated and other vulnerable children at risk of abuse and exploitation was established across the three states in partnership with state ministries, the International Rescue Committee, COOPI and Save the Children. One hundred-twelve social welfare officers and 73 community case workers were trained in case management. Some 1,678 unaccompanied and separated children were identified, 719 of whom were placed with trained foster parents, with UNICEF support.

The monitoring and reporting mechanism for grave violations of children's rights (MRM) is operational, capturing the enormous impact the conflict has had on children and contributing to advocacy efforts (within Nigeria and at the Security Council) and programmatic targeting. State working groups on children and armed conflict were set up in Adamawa, Borno and Yobe, and 132 country and state-level members were trained to support the MRM. Three global horizontal notes and the Nigeria Annual Report were submitted to the Office of the Special Representative to the Secretary General for Children and Armed Conflict, who undertook an advocacy mission to Nigeria in January. To address the challenge of limited access to affected areas for UNICEF staff, gaps in data collection and human resource constraints, the network for reporting and verification of incidents will be significantly expanded in 2016, primarily through trained local partners.

OUTPUT 3 By 2017, registration of births of children under-5 increased by at least 20 per cent point and disparity rates between WQ decreased by at least 30 per cent point.

Analytical Statement of Progress:

UNICEF continued to support the National Population Commission (NPoPC), to expand birth registration coverage and increase demand for birth certificates, especially in the northern States where coverage is low.

A total of 4,704,330 children (2,424 boys, 198 girls) of 2,280,132 children under one year (1,961,425) and under five years (1,305,396) were registered in 2015 as of 30th November, as well as 1,437,509 children older than five years. Based on registration figures from January 2012 to November 2015. It is estimated that 11,846,142 children under-five are currently registered. Approximately 38 per cent of the under-five population is now registered, based on NPoPC's under-five population projections that there are 31 million children under five in Nigeria. This represents a rise of 8 percent from the 2013 DHS figures of 29.8 per cent.

The focus for 2015 was to strengthen the partnership between NPoPC and the health care sector to promote 100 per cent coverage of children born in health facilities. This is helping to plug a large human resource gap in NPoPC and greatly enhancing coverage of birth registration services. Birth registration continues to be a key service provided during MNCHWs and

alongside the measles campaign, in order to reach large numbers of children under five and clear the backlog of unregistered children.

A communications strategy was developed with the Kaduna Federal Radio Corporation of Nigeria and implemented between August and November 2015. The media campaign generated awareness on the importance of birth registration and addressed the poor demand for birth registration services, especially in northern Nigeria. For example, in Kaduna (a north-western state) birth registration coverage rose from 24 per cent for children under one, 6 per cent for children under five in July to 68 per cent for those under one and 20 per cent for those younger than five by September 2015. In Kwara (a north-central state) under-five coverage also rose – from 22 per cent in July to 52 per cent by September 2015.

The first draft of the strategic plan of action for civil registration and vital statistics, which integrates birth and death registration services and sets out the financial resource requirement needed for implementation was completed. The second draft will be submitted for multi-sectoral partner and stakeholder validation in January 2016.

OUTPUT 4 By 2017, the capacity to plan and manage social welfare workforce, finance and age-/gender-appropriate services of child protection systems to prevent and respond to violence, abuse, exploitation and neglect strengthened at Federal, State and LGA level

Analytical Statement of Progress:

Technical assistance was provided to FMWASD for the development of a comprehensive social welfare policy that establishes clear mandates, roles and responsibilities at federal, state and LGA levels and between state and non-state actors, and for ensuring the provision of preventive community-based child and family welfare programmes that would, in coordination with health, education and social protection programmes, deliver a range of support for vulnerable children and their families.

UNICEF supported the social welfare workforce strengthening steering committee to re-strategize on advocating/lobbying for the passage of a bill on 'Professionalization of Social Work', which provides for the establishment of a licensing and registration scheme for social workers in public and private child/family welfare services as part of systemic effort to enhance regulation of social welfare workforce. The draft bill was reviewed by social work experts and key stakeholders to address gaps identified during its second reading by the 7th National Assembly. The social welfare workforce strengthening steering committee was also supported to re-package the bill for the 8th National Assembly and intensify lobbying for its passage into law.

As part of the ongoing social welfare workforce strengthening process, the National Board for Technical Education in Nigeria was supported to revise the social development curriculum for the award of national diplomas and higher-level national diplomas in social welfare. The revised social development curriculum will incorporate current trends and practices in social work, the provisions of the Child Rights Act, and international best practice, thus providing robust pre-service training for social welfare officers.

In partnership with implementing partners for PEPFAR, and supported by USAID, UNICEF supported the FMWASD to convene a nine-state child protection systems strengthening learning group to develop a model child protection system for Nigeria that operationalises the Child Rights Act and responds to the findings of the national VAC survey. The group, comprised

of state and non-state actors, is developing a harmonised approach to policy, regulatory, institutional, human resources and services for effective implementation of the child protection system. UNICEF is providing intensive support in four states – Lagos, Cross River, Plateau and Gombe – to implement the model and generate evidence to demonstrate its effectiveness in order to advocate for future investment and roll-out of the model in other states.

OUTCOME 6 Child-focused evidence generated and used to influence Federal, State and select LGA policies, programmes, plans and budgets towards addressing child equity and social inclusion by 2017.

Analytical Statement of Progress:

Several key achievements were made by UNICEF in 2015 in the gathering and use of evidence to influence child-friendly decision-making. The planning monitoring and evaluation (PME) programme successfully advocated for replacing the draft national M&E framework with a national results-based management (RBM) system, and adopt the principles of RBM at the federal level, where both M&E functions will be anchored.

UNICEF supported, in partnership with the NPC, the establishment of a Nigerian association of evaluators (NAE) within the context of celebrations of International Evaluation Year. The NAE held its first evaluation conference in Abuja, resulting in the ‘Abuja Declaration on Evaluation’, with a high-level commitment from the Government and evaluation practitioners. NAE and the Government recognised the importance of country-led monitoring and evaluation systems and agreed to reduce the share of recurrent expenditure in the total budget in order to invest more in social protection/safety net programmes for poor and vulnerable groups.

In 2015 UNICEF supported the NBS to plan and prepare for the MICS5. Significant progress was made, despite the challenges posed by elections and change of government. The capacities of NBS officers and Lagos and Kano state-level heads of statistics bureaus were strengthened on MICS methodology and approaches. Steering and technical committees at both the national and state levels were formed and provided the necessary oversight. In addition, the survey and supply plans and instruments were finalised in collaboration with NBS, WCARO, UNICEF headquarters, MICS technical committees and technical experts on sampling and other tools. A sample size of 37,440 was agreed upon. Innovative features used in the MICS5 were the use of computer-assisted personnel interview in data collection, senatorial district-level estimates for two states (Kano and Lagos), inclusion of a men’s questionnaire and performing water quality testing in all states for the first time.

PME secured funding of US\$2.5 M from the Bill and Melinda Gates Foundation (BMGF) for MICS 5. It built partnerships with the NPHCDA, WHO and NBS. MICS 5 is also harmonised with the national immunisation coverage survey, to ensure that data produced on immunisation are consistent with MICS5. The WHO/UNICEF global joint monitoring programme will support the MICS 5 with water quality training and equipment. US\$85,000 was provided by the joint monitoring programme for this support. Tests will be conducted both at the source and household level; 3,300 households will be tested across Nigeria.

An evaluability assessment of MNCHWs, as part of a major impact evaluation, was completed and shows a high degree of evaluability of MNCHW. As a result, UNICEF will jointly work with NPCDHA in evaluating the impact and cost-effectiveness of the MNCH Weeks in Nigeria for the period between 2011 and 2015. A steering committee co-chaired by UNICEF and NPHCDA, with representation of 25 key stakeholders, was created to govern the evaluation process. The report is expected in May 2016.

The challenges of high turnover of staff and non-professional staff in the M&E units were discussed with the Government. In addition, inadequate funding for M&E in government remains a persistent challenge. However, the commitments of the new Government, made during the celebration of “Evaluation Year 2015” – especially to increase spending on M&E – was encouraging, as well as the establishment of national Voluntary Organizations for Professional Evaluations who will monitor them and strengthen the ‘supply side’ of professional evaluators.

Evidence generated through several studies was used compellingly during the year to promote awareness of child rights issues and to advocate for policy and behaviour changes, in particular on malnutrition and violence against children. Strategic and concerted pushes on these subjects included media dialogues, field visits, press conferences and press releases, resulting in major media attention on the issues and creating momentum around calls for change.

Through proactive media relations, increased social media activity, field visits and publications, UNICEF’s visibility and work in addressing child rights issues increased markedly and has been highly positive. With more focused and frequent posting, the UNICEF Nigeria Facebook page more than doubled its followers to over 5,000, while the maximum reach of individual posts was 20 times higher.

With the goal of educating future journalists on the importance of child rights issues and of covering them in an ethical way, five mass communication training institutions – exceeding the targeted four – have mainstreamed, or agreed to mainstream, child rights reporting in their journalism programmes. Advocacy was already ongoing with two other institutions to follow suit.

Progress stalled on the milestone of advocating with four state legislative assemblies for stipulated minimum airtime for child rights programming in the broadcast media as, following the elections, state legislative committees were not formed until November. Advocacy on this issue will resume in 2016.

Internally, a chief of UNICEF Nigeria’s communications section (including media and external relations) joined the Country Office in mid-2015, overcoming obstacles posed by the long-term vacancy of this post, which had left the section short-handed and with limited influence in prioritising communications efforts and funding. Systems are being built to improve the strategy, effectiveness, efficiency and funding of UNICEF Nigeria’s external communications.

OUTPUT 1 'Cross -sectoral Planning and Programme Reviews: Strengthened capacities of National and State Planning Commissions to collect, analyse and use data for M&E

Analytical Statement of Progress:

In the spirit of Paris Declaration’s commitments to build strong government ownership, alignment and programme effectiveness, UNICEF supported the NPC to organise a two-day workshop for 36 state planning commission and FCT directors of planning in June 2015. This was one of the first steps toward building government ownership in the process of planning and review of programme implementation. The workshop provided a common understanding among states on how to conduct state-level mid-year review of 2015 work plans and develop 2016 state work-plans. The state-level reviews conducted at mid-year and end-year, documented achievements towards outputs, constraints/bottlenecks encountered, lessons learned and priority activities for 2016.

Importantly, the June workshop deliberated and reached consensus among all 36 states and the FCT on the state-level budget preparation processes, with timelines, and agreed that

UNICEF-supported state-level programme activities would be integrated into 2016 state annual budgets. UNICEF and NPC jointly monitored implementation of this process. UNICEF staff, together with the NPC, made advocacy visits to six state planning commissions in October. All parties agreed that the states will be integrating UNICEF-supported activities into state plans and budgets.

The role of UNICEF PME specialists was changed to focus on monitoring programme results of the Country Programme of Cooperation, and thus strengthening the monitoring function. The four PME specialists and 10 newly recruited independent monitors worked as a team to provide quarterly reports that informed management on progress towards Country Programme results and related milestones. The team benefitted from a workshop on LQA sampling at end of the year, which will inform their 2016 monitoring plans. Quarterly reports provided additional information for decision-making. This change in the PME section's role was reflected in the 2015-2016 rolling management plan.

UNICEF's technical support to the NPC was crucial to the creation of the Nigerian Association of Evaluators. In November 2015, the NAE successfully conducted its first evaluation conference in Abuja with the support of UNICEF. The 'Abuja Declaration on Evaluation' was issued from this conference with high-level commitment from the Government and evaluation practitioners. The Government committed to allocate increased resources for M&E functions, to commit to adoption of an evaluation policy with budget requirements that will guide ministries, departments and agencies and to invest more in critical sectors of the economy and social protection/safety net programmes for poor and vulnerable groups. More information on the NAE see: <http://naeconference.org>.

OUTPUT 2 Cross-Sectoral Monitoring, data and situation analyses: National and States Bureau of Statistics with improved capacity to generate statistics and evidence on the situation of women and children in Nigeria

Analytical Statement of Progress:

In 2015 preparation for the fifth MICS round, planned for 2016, progressed very well. Capacity of the NBS staff was built and the governance structure for MICS Nigeria established. Both the steering and technical committees were formed and met regularly at national and state levels. A memorandum of understanding between UNICEF and NBS was signed. A survey plan and supply plans and budget for instruments were finalised in agreement with NBS, WCARO, UNICEF headquarters, the MICS technical committees and experts. The procurement of items for MICS 2016 was completed. A sample size of 37,440 was established and household listing and pre-test trainings were completed, while household listing and pre-test implementation were ongoing in Kano and Lagos states. A report on these activities will be ready by January 2016.

Several positive aspects of the MICS5 are: inclusion of a men's questionnaire, introduction of computer-assisted personnel interview (for which the questionnaires were developed), and water-quality tests to be carried out in a sample of 3,300 households. A partnership arrangement was built with the BMGF, UN agencies and WHO. The Global Joint Monitoring Programme will support MICS with water-quality training and equipment. US\$85,000 was provided for this purpose. The pilot and main survey will be implemented early 2016. MICS5 will generate senatorial-level data in Kano and Lagos states.

In collaboration with the NPHCDA and WHO, BMGF provided US\$2.5 million for the implementation of a national immunisation coverage survey (NICS) and the MICS. The BMGF, NBS and UNICEF will support the NICS with technical capacity building, harmonisation with the

MICS questionnaire and production of estimates for state-level immunisation indicators. Other surveys concluded during this reporting period are; standardised monitoring and assessment of relief and transitions (SMART) survey; polling surveys for polio and U-Report polling: <https://www.facebook.com/pages/U-report-Nigeria/1429673597287501>

During this reporting period, the NBS received support to strengthen the utilisation of NigeriaInfo and the DHS 2013 was uploaded on the website. Refer to this link <http://www.devinfo.org/nised/libraries/asp/Home.aspx>. While there is evidence of progress on data-generation, utilisation of data for policy-making still remained low.

OUTPUT 3 'The Media, CSOs and Goodwill Ambassadors have relevant information and are advocating for the realisation of children rights

Analytical Statement of Progress:

With a new strategic approach, UNICEF is working to increase the alignment of evidence and advocacy opportunities to place child rights issues at the forefront of the Nigerian political agenda. Through media relations and public advocacy, including 15 press releases and statements (three of which were issued jointly with WCARO), press conferences, media dialogues, celebrations of international days and more than 40 UNICEF staff interviews and appearances, communication efforts have led to more than 1,400 articles that include mention of UNICEF, virtually all of which were positive or highly positive.

UNICEF supported seven international field visits to north-east Nigeria to cover the emergency and UNICEF interventions there, including a Goodwill Ambassador fundraising visit, resulting in videos, stories, blogs, photos and social media posts on global and national communication platforms. Five further field visits were organised to document WASH interventions in other parts of the country.

Twenty media dialogues on programme subjects such as malnutrition, emergency response and FGM/C, which have included segments on ethical reporting on children, were held throughout the year, with some 270 journalists, columnists and editors taking part. These resulted not only in media coverage in the immediate term, but also in the long-term commitment of and engagement with media professionals in Nigeria and in greater public credibility of UNICEF technical expertise in programme areas.

UNICEF Nigeria reinvigorated its social media efforts, and although still far from having a social media following commensurate with the population and Internet coverage of Nigeria, through increased frequency and more engaging posts, the UNICEF Nigeria Facebook page in 2015 doubled its followers, to over 5,000, and significantly expanded its reach. The pre-2015 maximum reach for a single post was 3,600, compared to a maximum reach for a post this year of over 71,000. On several occasions in 2015, the weekly reach of the page was more than 100,000.

Working towards long-term development of a Nigerian media cohort that is supportive of children's rights, UNICEF successfully advocated for five mass communication training institutions to mainstream child rights reporting in their journalism programmes; advocacy continues with two other institutions to follow suit.

Progress was stalled on the milestone of advocating with four state legislative assemblies on a minimum for airtime dedicated to child rights programming, because the necessary state

legislative committees were not formed until November. Advocacy on this issue will resume in 2016.

OUTCOME 7 By 2017, key Ministries, Departments and Agencies, knowledge institutions, media, private sector and community organisations are effectively engaged in fostering changes in knowledge, attitudes and behaviours to protect, promote and fulfil the rights of children and ensure child-sensitive public and corporate governance

Analytical Statement of Progress:

In 2015, Nigeria licensed an initial set of 17 community radio stations that include children, women and youth in their management structures, operations and programming. Over the years, UNICEF supported the Federal Ministry of Information and Culture, the National Broadcasting Commission (NBC) and the Nigerian Community Radio Coalition to develop and secure approval of the community radio policy, and eventually, the licensing of community-owned radio stations.

C4D championed the mobilisation of U-Reporters within the community development programme of the National Youth Service Corps (NYSC) directorate to surpass the 1 million mark, a world record for this interactive SMS platform for community mobilisation.

Health Programme: C4D supported the EU-funded MNCH project in 42 LGAs of Kebbi and Adamawa states by promoting demand through deployment of 350 volunteer community mobilisers and 2,480 community-oriented resource persons (CORPs). A total of 14,198 polio VCMs are supporting household and community engagement to reduce the number of missed children and to build trust. These VCMs tracked 13,500 new-borns on a monthly basis; the babies were immunised and linked to the facility for routine immunisation. This successful integration of polio VCMs into mainstream C4D inspired the formation of VCM groups in one LGA each in Imo, Abia and Cross River states, where over 300 VCMs ensure that pregnant women in 100 communities attend ANC and mothers of children under one year follow up on routine immunisation. This success story is documented in “The Communication Initiative”; see: (http://www.comminit.com/communicating_children/content/volunteer-community-mobiliser-promotion-anc-attendance-uptake-pmtct-services). Similarly 5,520 VCMs mobilised 138 communities in Lagos and Ogun states for toilet use, ANC, exclusive breastfeeding and hand-washing.

A draft demand-creation communication strategy was developed for promoting ICCM, with initial focus on Adamawa and Kebbi states, and ongoing discussions for scale-up in Abia and Kebbi states.

An integrated MNCH communication for behaviour and social change strategy developed, with UNICEF support, and was accepted by the core technical committee of the FMOH. Revitalisation of the committee was replicated by Kaduna and Kogi states and the Federal Capital Territory.

Production and distribution of communication materials nationwide contributed significantly to the uptake of IPV and successful introduction of PCV10 in Adamawa, Anambra, Ebonyi, Edo, Kaduna, Katsina, Kogi, Ondo, Osun, Plateau and Yobe states.

Nutrition Programme: C4D led in developing a comprehensive strategy for the promotion of micronutrient powders, including a social marketing component to promote knowledge and acceptance of the new commodity and branding. In the Kaduna field office, knowledge, attitudes

and practices studies were undertaken to document barriers and social norms on IYCF for focused C4D interventions in the promotion of exclusive breast feeding and appropriate complementary feeding. Nine LGAs across Ebonyi, Abia and Akwa Ibom states were supported to develop their own IYCF communication plans.

Children and AIDS Programme: C4D mobilised advocates to sustain Government attention and increase funding for PMTCT and paediatric care, identified and trained VCMs to increase attendance at ANC by 100 percent in Benue and Anambra states.

WASH Programme: In Akwa Ibom, C4D empowered community-based organisations (CBOs) and social networks, including 600 children, women and youths to participate in community dialogue and action on WASH, including the operation and maintenance of water facilities, construction and use of latrines in 80 communities spread across four LGAs.

Child Protection: C4D developed the communication strategy and work-plan for the launch of the Year of Action to End Violence Against Children in Nigeria, leading advocacy with the Presidency, Government and other partners; mobilising the Nigerian Guild of Editors and Nigerian Union of Journalists, social media and two religious networks (Supreme Council for Islamic Affairs and Christian Association of Nigeria); and producing communication materials that contributed significantly to the success of the launch. Ten states in Nigeria have and are implementing communication strategies for the elimination of FGM/C.

Emergency Preparedness and Response: C4D took the lead in collaboration with the National Centre for Disease Control, FMOH and WHO in establishing and building the capacity in 16 border states for state communication and social mobilisation rapid response teams on Ebola preparedness, prevention and control, and adapted existing communication materials for community engagement to effectively address rumour, panic and fear of EVD in communities.

Capacity Building: C4D supported the NYSC and institutions of higher learning to distribute and disseminate the Nigerian version of “Facts for Life” and the “Health Information Booklet” across the country. The material was widely used by resource persons, service providers and CBOs for capacity development and to initiate community dialogue. The annual August meetings of women of Igbo origin documented social dialogues and collective actions based on “Facts for Life” themes in 97 LGAs in Abia, Imo, Anambra, Enugu and Ebonyi states

The number of documented social coalitions engaged in social and behaviour change rose exponentially: from 10 in 2013 to 3,299 in 2015. Further, the number of communities reporting linkages to Government and other institutions for implementation of C4D plans, processes and platforms increased from 45,000 to 48,145. The number of Government and other institutions with C4D plans and personnel and operational linkages to communities more than doubled – from 15 to 32.

Challenges in programme implementation included the postponement of some activities as a result of the 2015 national elections and the sweeping of funds of ministries, departments and agencies (MDAs), including those provided by UNICEF to Child Rights’ Brigade for programme implementation, into the new Treasury Single Account, thus halting implementation. Non-remittance of counterpart cash contributions by several MDAs also hampered implementation of activities.

OUTPUT 1 Systems and frameworks strengthened for institutional capacity on community engagement for realisation of the rights of children, young people and women.

Analytical Statement of Progress:

The focus in 2015 was to scale up community engagement approaches. With the support of UNICEF Nigeria, 7,196 community dialogue sessions on essential family and community practices were conducted (in Adamawa, Kebbi, Kaduna, Niger, Nasarawa, Edo, Delta, Ekiti, Osun, Ogun, Oyo, Imo, Abia, Cross River and Ebonyi states), reaching 26,114 males and 46,216 females, and with the participation of 1,043 youths and 2,774 community groups.

Some 2,924 CBOs in Ogun, Ondo and Osun, Kaduna, Kebbi, Adamawa and Niger States were trained on C4D processes and platforms and promoting MNCH practices. Ward development committee chairpersons (365) and ward heads (225) were trained on promoting integrated iCCM of childhood illnesses and community-based new-born care practices in 16 LGAs of Kebbi State. Some 1,433 youths in six communities of Kaduna State promoted essential family practices through dialogues and theatre for development activities, following C4D training. The youths constructed 215 functional latrines, 18 improved water hand-pumps, 21 local wells and four grain banks for storage of food.

The UNICEF Nigeria C4D team supported the launch of the national campaign to end VAC. Traditional and religious leaders were engaged to lead the process of halting violence against children. C4D supported social mobilisation activities for the measles campaign in 20 states of the north, which contributed to 94 per cent coverage. Social mobilisation technical committees (SOMTECs) were revitalised in 10 southern states, leading to improved planning and oversight of social mobilisation activities. "Facts for Life" was used by health workers in all programme states to promote essential family practices. Corps members of the NYSC used the document to counsel community members on the MDGs, and academics used it to mobilise students to focus their research on MNCH in 14 universities. As part of the Government revitalisation of the education sector in Niger State, C4D reached 3,802 leaders of school based management committees with messages on the benefits of basic education, leading to the enrolment of 78,473 children. In partnership with NYSC, Nigeria exceeded the target of 1 million U-reporters. U-Report was interfaced with the weekly NYSC community development programme.

Challenges: Staff of the National Orientation Agency at the LGA level need some basic logistic support to adequately participate in, monitor and report on C4D activities at the community level, if they are to deliver quality data on C4D indicators. The NPHCDA delayed submission of proposals, which had a negative impact on implementation of immunisation activities. There is a high attrition rate among trained C4D resource persons.

OUTCOME 8 Strengthened institutional capacities at national, state and in most vulnerable LGAs to coordinate prepare for and respond to emergencies and to enhance resilience and coping capacity of families and communities.

Analytical Statement of Progress:

UNICEF continued to build capacity for institutional preparedness, with the training of national partners and staff of local and international NGOs, the National Emergency Management Agency (NEMA), state emergency management agencies (SEMAs), the Nigerian Red Cross Society, Nigeria Security and Civil Defence Corps and emergency response volunteers. Participants (199 male, 90 female) from 29 states were trained in emergency preparedness and response. The training included establishment of state working groups to improve coordination, replicating the national coordination structure.

With UNICEF support, 29 states updated their contingency plans and a key achievement was harmonisation of all state-level contingency plans with the national contingency plan, moving closer to handing over responsibility for the national preparedness planning process to NEMA and SEMA for full government ownership, albeit with financial and technical support from UNICEF.

In high-risk states of Oyo, Delta and Osun, 15 additional local emergency management committees (LEMCs) were established in 2015 and UNICEF, in conjunction with SEMAs, state branches of the Nigeria Red Cross and WHO, further developed eight already established LEMCs to establish early warning systems at local government secretariats for possible epidemics to enable a rapid response in these communities.

UNICEF collaborated with the Lagos State Emergency Management Agency to pilot a community-based disaster risk reduction project in six communities at the Ajeromi Ifelodun LGA. The communities established their own community development associations, project management and monitoring teams and early warning systems for epidemics, flood alerts and fire prevention.

UNICEF continued to support the Government of Nigeria's emergency response in the north-east, focusing on Borno, Adamawa and Yobe states where there were an estimated 1.87 million internally displaced persons (IDPs) as a result of the insurgency. Ninety-two per cent of the IDP population lives in host communities, with the remaining 8 per cent living in camps. Children made up 57.4 per cent of the IDP population; 28 per cent are five years old or younger. UNICEF actively participates in the humanitarian country team and the inter-sector working group and leads the education, WASH and nutrition sectors, as well as the child protection sub-sector.

With UNICEF support, state ministries of health and primary health care development agencies provided integrated PHC services to 30 health clinics in IDP camps and 331 health facilities in host communities in Adamawa, Yobe and Borno States. This support reached 559,774 conflict-affected people, representing 143 per cent of the target for 2015 as a result of expanding the programme into host communities.

In nutrition, UNICEF scaled up the CMAM programme from 188 to 280 sites by opening 92 new CMAM sites in Adamawa, Borno and Yobe states. A total of 62,685 children were admitted to the CMAM programme in both IDP camps and host communities, representing 82 per cent of the annual target. The programme was broadened to include counselling on IYCF, reaching 41,678 pregnant and lactating women, and the distribution of MNP at IDP camps and host communities, reaching 6,585 children aged six-to-23 months.

UNICEF was instrumental in establishing and furthering the Safe School Initiative to support education in Borno, Yobe and Adamawa states in the north-east. UNICEF played a key role in broadening the SSI mandate from providing education in IDP camps to IDP children living in host communities. Some 46,359 children benefitted from access to education, reaching 26 per cent of the target. Through the Back to School campaign in October/November, 170,432 children were enrolled in learning centres in IDP camps and 11 LGAs in the three states. In Borno this allowed 429 schools (324 primary, 105 secondary, 15 senior secondary) to re-open after a long closure as a result of the abduction of over 250 girls from a boarding school in Borno by Boko Haram insurgents in April 2014.

The psychosocial support programme reached 60,652 children (32,848 boys and 27,804 girls), in 121 communities, 13 IDP camps and two unofficial IDP camps, reaching 113 per cent of the

target. A harmonised child protection case management and information management system for unaccompanied and separated and other vulnerable children at risk of abuse and exploitation was established across the three states. Some 1,678 unaccompanied and separated children were identified, 719 of whom were placed with trained foster parents, reaching 84 and 42 per cent of the targets, respectively. The MRM for grave violations of children's rights became operational, with state working groups on children and armed conflict set up in Adamawa, Borno and Yobe. Three Global Horizontal Notes and the Nigeria Annual Report were submitted to the Office of the Special Representative to the Secretary General on Children and Armed Conflict.

UNICEF supported the Rural Water Supply and Sanitation Agency to provide WASH services to conflict-affected populations in both IDP camps and host communities, providing access to safe water to 221,000 people and reaching 99 per cent of the target. Provision of sanitation reached 53,733 people, 61.5 per cent of the target, partly due to limited funding for WASH, but also to the need for more robust designs that account for soil type, which will require additional construction time and funds. The target for hygiene promotion was increased from 71,410 to 276,000 people reached; 85 per cent of the new target was reached.

OUTPUT 1 Effective emergency preparedness and response, coordination, monitoring and evaluation

Analytical Statement of Progress:

UNICEF continued to build capacity for institutional preparedness with the training of national partners and staff of local and international NGOs. This included disaster risk reduction training for UNICEF staff, NEMA, SEMAs, the Nigerian Red Cross Society, Nigeria Security and Civil Defence Corps, NGOs and emergency response volunteers from 29 states in emergency preparedness and response (199 male and 90 female).

Staff from six key ministries per state were trained, including staff from the Ministry of Water Resources, Rural Water Supply and Sanitation Agency, FMOH, Ministry of Budget and Planning, Ministry of Education, MWASD and Ministry of Information. Participants were also drawn from the National Orientation Agency and print/electronic media. Key training modules included: introduction to DRR, getting to emergency readiness, preparing for effective response, beyond response to early recovery and building resilient communities. As part of this activity, state working groups were established to improve coordination, replicating the national coordination structure.

With the support of UNICEF, 29 states updated their contingency plans, including 15 of the 18 high-risk states. A key achievement was the harmonisation of all state level contingency plans with the national contingency plan format, using sector-specific objectives, clear sector strategies and costed plans that can be activated before or during emergencies. This harmonisation will enable NEMA to use state-level contingency plans to feed into the updating of the national plan (by including the state plans as an annex). The strategy is to develop greater ownership of the process on the part of NEMA and SEMA, whereby these institutions progressively take more responsibility of the national preparedness planning process. UNICEF will continue to support both institutions both technically and financially.

To support the sector coordination mentioned above, UNICEF used three different mechanisms (stand-by partners, rapid response teams and the Interagency Protection Standby Capacity Project) to ensure dedicated sector leadership and information management support for the UNICEF-led sectors.

UNICEF contributed strongly to the Joint Government- Humanitarian Country Team needs assessment of returnees in Adamawa State led by OCHA in July 2015, playing a significant role in coordinating the assessment in collaboration with Office for Coordination of Humanitarian Affairs. UNICEF also hired a consultant to compile the report and through a WCARO long-term agreement, hired CartONG to support the data collection, cleaning and preliminary analysis. Additionally UNICEF and the Government of Nigeria conducted a multi-sectoral needs assessment of IDPs in Borno and Yobe states.

To support internal capacity building two UNICEF emergency preparedness and response trainings were organised in Abuja and Bauchi and 58 staff from the Abuja, Enudu, Lagos, Borno, Bauchi, Kaduna, Katsina and Sokoto offices were trained. The Abuja training took place from the 24-26 February and was co-facilitated by the regional emergency specialist, UNICEF Nigeria emergency manager and EMOPs emergency focal point. The Bauchi training took place from the 3-5 March and was co-facilitated by the regional emergency specialist and UNICEF Nigeria emergency manager.

OUTPUT 2 Effective networking and partnership to functional emergency management and strengthening EWEA system

Analytical Statement of Progress:

Fifteen additional LEMCs were established in 2015 and UNICEF, with SEMAs and state branches of the Nigeria Red Cross, further developed eight already established LEMC to establish early warning systems at the local government secretariats in the high-risk states of Oyo, Delta and Osun. This included integrated reporting systems for epidemics, using traditional birth attendants who were supported with mobile phones to report any surge in cases of diarrhoea, measles, vomiting or other symptoms of possible epidemics to improve the early warning/early action (EWEA) system introduced at the LGA level with support of WHO. EWEA flood activities included community special sanitation days for clearance of canals, drainages and joint task forces for implementation of special sanitation improvement systems in the communities. Water points protection and management committees and joint task forces were strengthened for implementation of community activities.

UNICEF collaborated with Lagos State Emergency Management Agency to pilot a community-based disaster risk reduction project in six communities at the Ajeromi Ifelodun LGA in Lagos. Community resilience was strengthened through training of 58 community leaders, market women, traditional birth attendants and youth leaders. A total of 38 men and 20 women were trained and six generator-powered boreholes, six latrines with hand-washing points were provided to the six communities as a pilot, with a plan to scale up in 2016. The communities also established their own community development associations and project management and monitoring teams. Early warning systems for epidemics, flood alerts and fire prevention teams were also created as part of the project intervention. This project was an integrated intervention with inputs from all UNICEF sections: nutrition (promotion of breastfeeding, infant feeding), health (immunisation, ante-natal and neo-natal support, including traditional birth attendants training, HIV/Aids screening and counselling), WASH (CLTS and access to improved water sources, provision of enviro-loo, environmentally friendly toilet facilities) and fire prevention networks and protection networks.

OUTCOME 9 Improved equitable access, learning outcomes and completion of quality education by the end of 2017

Analytical Statement of Progress:

In early 2015, the UNICEF-supported education programme in Nigeria was restructured to: have better alignment with UNICEF Global Strategic Plan and structure; have one holistic education programme and goal, with only one overall Outcome; improve synergies between the grants; and facilitate reporting. The restructuring allowed a more strategic approach and focus in 13 states (Bauchi, Niger, Zamfara, Sokoto, Kebbi, Katsina, Taraba, Gombe, Oyo, Osun, Benue, Ebonyi and FCT) for the development pillar and four states (Borno, Yobe, Adamawa, Gombe) for the humanitarian pillar.

Following the restructuring of the education programme a new rolling work-plan was signed in February. Enrolment drive campaigns conducted in Borno, Adamawa and Yobe reached and enrolled 170,432 internally displaced children into formal education. The GEP enrolled 95,338 girls in the five GEP states (Bauchi, Niger, Zamfara, Katsina, Sokoto). Moreover the Nomadic Education project, supported in Sokoto and Kebbi, reached and enrolled 880 nomadic children.

The enrolment rate for pre-primary education increased from 8.4 per cent to 16.4 per cent in the six focus states (Bauchi, Katsina, Niger, Zamfara, Taraba and Gombe). Key interventions that supported increased enrolment included: cash transfers to 22,679 beneficiaries in Niger and Sokoto; school enrolment campaigns; and training of staff in state colleges of education in 13 focus states on the Reggio Emilia approach, to be used in ECD centres as the entry point for school preparedness.

UNICEF significantly scaled up its education response to the humanitarian crisis in the conflict-affected states of Borno, Adamawa and Yobe. A total of 672 teachers were trained in pedagogy and psycho-social support. More than 55,940 children benefitted from improved learning materials and environment (39,100 schoolbags and 421 school kits distributed and 159 school tents set up at IDP camps). In late 2015, 444 schools reopened after being closed over a year.

UNICEF further supported the quality of education and measured the proportion of teachers demonstrating minimum competencies. The data was being analysed in late 2015 and will be available in early 2016. Monitoring of teachers' attendance rate revealed that only 66 per cent were present on the day of assessment. The review of the child-friendly school framework was delayed to early 2016. To address the poor learning outcomes indicated by children's performance, UNICEF initiated a partnership with Family Health International to pilot activities enhancing children's literacy skills in grades one to three in two states.

Technical support was provided for governance of the education system. Six states (Bauchi, Niger, Katsina, Taraba, Gombe and Zamfara) produced quality, disaggregated EMIS data. UNICEF further supported seven states (Ebonyi, Benue, Oyo, Katsina, Kebbi, Niger and Zamfara, FCT) to review costed education sector operational plans (SESOPs), using EMIS data. SESOP guidelines were reviewed and utilised for this purpose. The result of the assessment of the effectiveness of SBMCs in five focus states (Bauchi, Niger, Katsina, Sokoto and Zamfara) showed that 56 per cent met functionality criteria set by the Government. UNICEF supported training for female teachers, after which 2,215 female teachers were deployed in Bauchi.

UNICEF Nigeria's education programme and the FME led the education thematic group under the social capital development pillar of the United Nations Development Assistance Framework (UNDAF). The thematic group coordinated UN support to the country's education sector in coordination with 'Delivering as One' at the state level in Benue and Anambra (UNICEF-led), Cross Rivers (UNFPA-led) and the Federal Capital Territory (FAO-led). The thematic group

coordinated and reported on the implementation progress of the UN agencies' contribution to the education UNDAF outputs. As lead agency, UNICEF held individual UN agencies accountable for contributions and commitments to the attainment of specific strategic activities and results. Moreover UNICEF played a lead role in the steering and technical committee of Safe School Initiative, together with NEMA, the Ministry of Finance, Ministry of Education, DFID, USAID, World Bank and education commissioners from Borno, Yobe and Adamawa, where the initiative was launched in response to the Boko Haram attacks in northern Nigeria that targeted schools and led to the abductions of hundreds of girls. The SSI entails school-based interventions, community interventions to protect schools and special measures for vulnerable populations. UNICEF collaborated with UNESCO, UNOPs, UNFPA and UNDP under the SSI; funds were channelled through the multi-donor trust fund established for this purpose.

The key challenge during the reporting period was prolonged political transition at federal and state levels, leading to slowed strategic engagement with Government, due to delays in appointment of the Federal Minister of Education and State Commissioners of Education. The challenge for 2016 is to ensure continuation of the programme in the north-east, as IDPs return to their LGAs and communities, to which UNICEF may not have immediate access. Perennial closure of schools due to industrial actions by teachers, non-release of state government counterpart funding and weak financial base at the LGA and state levels to support implementation of sector plans were other challenges faced by the education programme.

OUTPUT 1 Increased equitable access to early learning and basic education in development and humanitarian situations

Analytical Statement of Progress:

UNICEF Nigeria's education programme supported the federal and state governments to develop a national framework for a school enrolment drive and supported enrolment drives in 11 states (Bauchi, Katsina, Niger, Sokoto, Zamfara, Ebonyi, Kebbi, Taraba, Borno, Adamawa and Yobe). As part of a girls' education project, 95,338 girls were enrolled in primary education in five focus states (Bauchi, Niger, Katsina, Zamfara and Sokoto). In the conflict-affected states of Adamawa, Borno, Gombe and Yobe, 170,432 children were enrolled (85,634 female) and attended school. Some 880 nomadic children (454 female) were enrolled in 20 focus nomadic primary schools across seven LGAs in Kebbi and Sokoto states.

UNICEF supported the Government to scale up the education response to the humanitarian crisis in Borno, Adamawa and Yobe. Some 672 teachers were trained in pedagogy and psycho-social support, 39,100 schoolbags and 421 school kits were distributed and 159 school tents set up in the IDP camps. After being closed for over a year, 444 schools reopened in late 2015. The programme was extended to cover host communities.

Through UNICEF support more children were prepared for school, evidenced by a 9.4 per cent increase in pre-primary enrolment in focus states (Bauchi, Gombe, Katsina, Niger, Oyo, Sokoto and Zamfara) and in Benue. A total of 832 additional pre-primary schools and 103 community-based early childhood centres were established in the focus states, and 224 ECD teachers/caregivers (113 female) were trained on child-centred pedagogy and applied the skills to improve ECD learning.

In Benue state, a baseline report on ECD was finalised and disseminated; the findings guided development of an ECD work plan. A total of 55,964 children were enrolled in preschools and 80 caregivers and teachers from three educationally at-risk LGAs acquired skills to deliver preschool education utilising child-centred pedagogy.

A consolidated baseline report on early childhood care and education was finalised and shared with key stakeholders from the focus states. Each of the focus states developed state-specific action plans for follow-up on issues identified in the report.

Some 22,679 girls received cash transfers in Niger and Sokoto states to address financial barriers for girls to enrol and stay in school. The empowerment of women in Sokoto and Kebbi increased enrolment and local ownership of education: 838 women (Sokoto 386, Kebbi 452) were trained on mothers associations and school feeding programme operational guidelines that were translated into two Hausa and Fulfulde languages. Mothers associations successfully implemented school feeding programmes in 20 nomadic schools in Sokoto and Kebbi States.

OUTPUT 2 Strengthened education system (evidence-based policy, planning, monitoring and evaluation) for equitable access and delivery of quality education

Analytical Statement of Progress:

Remarkable progress was made in improving EMIS quality in focus states. With UNICEF technical support, six states (Bauchi, Niger, Katsina, Taraba, Gombe and Zamfara) against the target of five states, produced quality, disaggregated EMIS data. Forty-two EMIS officers from eight focus states (including Kebbi and Sokoto) were trained to enhance capacity on EMIS software/database administration and management as part of UNICEF support to improve the quality and reliability of EMIS data. UNICEF supported the FME to customise the UNESCO Institute of Education EMIS software as a backup to national EMIS software, which states had not been able to utilise due to lack of technical capacity and financial resources to maintain the license. UNICEF supported seven states (Ebonyi, Benue, Oyo, Katsina, Kebbi, Niger and Zamfara) and the FCT to review costed state education sector operational plans with an updated equity focused situation analysis, using the latest EMIS data.

The result of monitoring the effectiveness of SBMCs in five UNICEF GEP focus states (Bauchi, Niger, Katsina, Sokoto and Zamfara) showed that 56 per cent met functionality criteria set by the Government. The monitoring covered 1,050 SBMCs that had benefited from UNICEF capacity-building support to enable them effectively execute their roles and responsibilities, including school development planning, resource mobilisation for school improvement and promoting school-community collaboration in addressing socio-cultural barriers to girls' education. Some 395 SBMCs participated in capacity building activities; 38 per cent of SBMC members trained were female.

The key challenges included prolonged political transition at the federal and state levels, leading to slowed strategic government engagement due to delayed appointment of the Federal Minister of Education and State Commissioners of Education. The delayed formation of government also affected the availability of funds, including for payment of teachers' salaries in some states.

OUTCOME 10 Special Purpose

Analytical Statement of Progress:

The UNICEF Country Office in Abuja (FCT) currently has seven zonal offices that cover all 36 states plus the FCT. The seven zonal offices are located in Lagos and Enugu in the south, and in Sokoto, Katsina, Kaduna, Bauchi, and Borno in the north. The offices in Sokoto, Katsina, and Borno were established in CPMP phase 1 for an initial period of two years, and with a review after one year. The first year review confirmed the high value of these additional offices. Programmes that have experienced accelerated performance thanks to these offices include:

emergency programming (from Bauchi and Borno in particular), polio eradication (Bauchi, Sokoto, and Katsina), and equity-focused MNCH programmes (Kaduna, Sokoto, Katsina). Much more is expected to be achieved going forward, given that these new field offices are fully operational.

The Nigeria Country Office received approval of two new zonal offices, in Ondo State and Rivers State (Port Harcourt), bringing the total number of field offices to four in the south.

States covered by the nine field offices are as follows:

- Sokoto: Sokoto, Kebbi and Katsina
- Katsina: Katsina and Kano
- Kaduna: Katsina, Niger and Nasarawa
- Maiduguri: Borno and Yobe
- Bauchi: Bauchi, Jigawa, Plateau and Adamawa, with support from Abuja for the emergency response; and Taraba.
- Lagos will cover only Lagos
- Ondo will cover: Ondo, Ogun, Oyo, Osun, Ekiti and Edo (premises to be established)
- Enugu will cover: Enugu, Benue, Anambra, Ebonyi, Imo, Abi and Cross River
- Rivers will cover: Rivers, Delta, Bayelsa, Akwa Ibom (premises to be established)

In 2016, UNICEF Nigeria will establish premises for two new offices (Ondo and Rivers) in the south.

OUTPUT 1 Premises and Security

Analytical Statement of Progress:

In 2015, the Nigeria Country Office had eight offices: Abuja (the Country Office) and zonal offices in Borno, Katsina, Sokoto, Kaduna and Bauchi (serving the north); and Lagos and Benue (serving the south). The Office was also preparing to reconfigure the two offices in the South and open two new offices, as per the October programme budget review approval for Phase 2 of the CPMP. The Sokoto office covers Sokoto, Kebbi and Zamfara States, with an estimated population of 13 million. The Katsina office covers Katsina and Kano, with an estimated population of 20 million. The Kaduna office covers Kaduna, Niger and Nassarawa, with an estimated population of 15 million; the Bauchi office covers Bauchi, Plateau, Bombe and Jigawa), with an estimated population of 18 million. The Maiduguri office covers the two emergency states of Borno and Yobe, with an estimated population of 8.6 million.

Of the 2015 allocation of US\$832,000 from the integrated budget, the Office spent US\$828,050, leaving an unspent balance of US\$3,949.

In 2015, the following steps were taken to improve security at the eight office premises:

- Acquisition of five armoured vehicles - one for Bauchi and four for Maiduguri
- Security improvements at the Country Office, zonal offices and warehouses: Kings Guards are manning all eight offices and warehouses in Lagos, Bauchi and Kaduna.
- Installation of CCTV-systems: CCTV cameras were installed in the three new offices in Katsina, Sokoto and Maiduguri. All other offices have CCTV cameras.
- Installation of screening devices at entrances: installed under-vehicle search mirrors, hand-held scanners, walk-through scanners and baggage scanners in the new offices

- MOSS compliance inspections of office premises were carried out twice in the year (March and October) for all offices.

Document Centre

Evaluation and Research

Title	Sequence Number	Type of Report
Evaluability Assessment: Independent Evaluation of the Maternal Neonatal and Child Health Week in Nigeria	2015/001	Evaluation
GENDER REVIEW	2015/027	Review
Pre-Intervention Knowledge, Attitude and Practices on Sanitation Hygiene and Water (SHAWN) Project in Benue, Bauchi, Jigawa, Katsina, Kaduna and Zamfara States, Nigeria.	2015/026	Study
Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) of Community Management of Acute Malnutrition (CMAM) in Northern Nigeria; Yobe, Sokoto, Borno and Gombe States	2015/025	Review
Formative Research To Develop An Infant & Young Child Feeding Program With Micronutrient Powder Home Fortification; Planning Phase Interim Report	2015/024	Research
Institutional Capacity Assessment Integrated Qur'anic Education in Bauchi, Niger and Sokoto	2015/023	Study
Review of GEP3 Head Teacher Training Intervention	2015/022	Review
The Supply of and Demand for Primary and Junior Secondary School Teachers in Katsina State, 2014–25	2015/021	Study
Violence Against Children Survey in Nigeria (Summary Report).	2015/020	Study

Other Publication

Title
Mass immunisation with inactivated polio vaccine in conflict zones – Experience from Borno and Yobe States, North-Eastern Nigeria.
Threats to polio eradication in high-conflict areas in Pakistan and Nigeria: a polling study of caregivers of children younger than 5 years.
Overcoming barriers to polio eradication in conflict areas.
Education Infographic
WASH, MICS and DHS Trend Analysis Printing
Nutrition, MICS and DHS Trend Analysis Printing
Health, MICS and DHS Trend Analysis Printing
Education, MICS and DHS Trend Analysis Printing
HIV, MICS and DHS Trend Analysis Printing
Child Protection, MICS and DHS Trend Analysis Printing.
How many lives do our CMAM programmes save? A sampling-based approach to estimating the number of deaths averted by the Nigerian CMAM programme.
Delivering treatment of SAM at scale: lessons learned and forward looking for the Nigeria CMAM programme
Costs, cost-effectiveness, and financial sustainability of CMAM in Northern Nigeria

Lessons Learned

Document Type/Category	Title
Innovation	ICT enabled Monitoring fosters Accountability and improves WASH Services in communities
Innovation	WASH Committees (WASHCOM) drive birth registration and immunisation of children in their communities
Lesson Learned	The importance of understanding the 'rules of the game' when designing and strategizing a development intervention for achieving the desired Results