Executive Summary

Nigeria continued to promote a non-oil-based economy, the fight against the Boko Haram insurgency and to tackle corruption, all of which has had some success. 2016 saw the largest gains over the insurgency in north-eastern Nigeria, opening previous closed areas controlled by Boko Haram. The contraction of the oil sector driven by low prices and militant group attacks on oil pipelines in the south of the country continued to cast a shadow over the economy. With the fall in the local currency, the naira, Nigeria is experiencing its worst economic crisis in 20 years.

The Treasury Single Account, which centralises Ministry funds, including donor funds, into a single ministry account, continued to impact on programming. For some key ministries, setting up an account to access funds proved challenging, leading to significant delays in programme implementation.

With the activation of the Level 3 corporate emergency procedure resulting from the acute humanitarian situation with food and nutrition insecurity affecting more than 4.4 million people, UNICEF Nigeria and other humanitarian partners massively scaled up their response. UNICEF's integrated humanitarian response plan was expanded to newly accessible areas with significant upward revision of targets and the funding requirement increasing from US$55 million to US$115 million.

To better coordinate the response, UNICEF led the education, WASH and nutrition sectors and the child protection sub-sector.

In health, UNICEF not only provided financial and technical assistance for the formulation of the National Health Policy, but also successfully advocated for inclusion of primarily health care (PHC) revitalisation as a priority for the sector. The resurgence of wild poliovirus (WPV) after a two-year absence at a time when the country had commenced polio legacy transition was a major shortfall to eradication efforts. The structure of the programme will be maintained in order to capitalise on the gains. Primary health care revitalisation and polio eradication will be among the main priorities.

As chair of WASH Development Partner’s Group, UNICEF Nigeria played an instrumental role in initiatives. These included the Vice-Presidential launch of the 2016-2030 “Partnership for Expanded WASH (PEWASH)” programme aimed at achieving 100 per cent access to basic water and sanitation in the rural areas by 2030; the Ministerial launch of the national Open Defecation Free (ODF) Roadmap; and leveraging of US$2.7million (Naira 4 billion). As a result, an additional 2.5 million Nigerians live in ODF-certified communities, 2.1 million people gained access to safe water, and 700,000 were reached in humanitarian situations. Targets for WASH in institutions were reduced, due to government’s inability to fund its part.

UNICEF, as co-chair of the education development partners group, coordinated development partners input in the Ministerial Strategic Plan and its Monitoring and Evaluation (M&E) framework strengthening its equity focus. Increased collaboration with the World Bank on the
Global Partnership for Education (GPE) led to further cooperation on early childhood development (ECD) at the national level.

UNICEF support to the National HIV programme largely focussed on policy development, which will contribute significantly to attainment of the global ‘90-90-90’ targets. This includes adoption of the “test and treat” approach for all populations, decentralization of HIV services to the PHC level, and task-sharing. Additionally, the implementation of the Adolescent HIV ‘All In!’ framework catalysed programming. A main constraint to effective programming remains the lack of robust State level HIV estimates.

Supported by UNICEF, Nigeria launched three critical child protection initiatives: the National Strategy and Campaign to End Child Marriage, the Campaign for Female Genital Mutilation/Cutting Abandonment and the Campaign and Road Map to End Violence against Children by 2030.

**Humanitarian Assistance**

In 2016, the long-running insecurity due to the Boko Haram insurgency in the northeast of the country continued to cause displacement, hamper development and erode resilience.

The International Organization for Migration (IOM) Displacement Tracking Matrix in October 2016 estimated the total number of internally displaced persons (IDPs) in the three states of Borno, Yobe and Adamawa as 1,687,703. Children make up 55 per cent of the IDP population, and 53.6 per cent are women. Most of the internally displaced persons live in host communities (78 per cent) while the remaining 22 per cent live in camps. UNICEF actively participated in the humanitarian country team and led the education, WASH and nutrition sectors and the child protection sub-sector.

Greater access in the northeast revealed an acute humanitarian situation with food and nutrition insecurity for 4.4 million people and high rates (10-20 per cent) of severe acute malnutrition, well above the emergency threshold. This, coupled with strong advocacy by UNICEF, led to the Government’s declaration of a nutrition emergency in June 2016. As a result, UNICEF and other humanitarian partners massively scaled up the response. UNICEF’s integrated humanitarian response plan was expanded to newly accessible areas with significant upward revision of targets and funding requirement increasing from US$55 million to US$115 million.

UNICEF activated its Level 3 corporate emergency procedure until 28 February 2017 and implemented simplified standard operating procedures. Since the start of the L3 emergency in September, 25 surge staff have been deployed in Nigeria (18 programme, four operations and three in sector coordination) with 23 to the Borno field office, one to Jos (UNICEF warehouse) and one to Yobe. Sector coordination was strengthened through the deployment of additional education, WASH and nutrition sector coordinators and information managers.

The humanitarian funding for 2016 was US$48.5 million (including carried over US$4.76 million carried over from the previous year) leaving a funding gap of 58 per cent. Child protection remained critically underfunded at 81 per cent, along with health at 81 per cent and WASH at 78 per cent. The funding gaps had a negative impact on the implementation of integrated programmes, especially for health and WASH which are also essential to address the underlying causes of malnutrition.

Despite the critical funding gap, along with access challenges due to the deteriorating and
volatile security situation coupled with limited partner capacity and presence, UNICEF Nigeria supported the achievement of the following key results in 2016:

- Over 139,000 severe acute malnourished children were treated through therapeutic programmes with a recovery rate of 83 per cent (exceeding SPHERE emergency standards)
- Over 137,580 children received multi-micronutrient supplements and 103,300 pregnant and lactating women and caregivers of children aged 6–23 months received infant and young child feeding (IYCF) counselling on appropriate feeding;
- More than 3.8 million people accessed primary healthcare services, nearly 390,000 children were vaccinated against measles and 165,550 families (under five children and pregnant and lactating women) received insecticide treated bed-nets;
- Nearly 720,000 people accessed safe water, one million accessed improved sanitation facilities and 919,000 people benefitted from hygiene promotion and distribution of hygiene supplies to maintain a sanitary environment;
- Over 179,000 children received psychosocial support while 5,745 children associated with armed groups or subject to sexual and gender-based violence were supported with reintegration services;
- About 5,840 unaccompanied and separated children were linked to protective services including alternative care arrangements;
- Nearly 97,000 children accessed education in safe learning environments in schools and temporary learning spaces, while over 175,000 benefitted from provision of learning materials.

Despite the funding gaps, because of strategic partnerships with Government and NGOs, community-level actors, and effective leveraging of internal resources, targets for access to water, hygiene, support to unaccompanied and separated children, children associated with armed groups and access to primary healthcare were achieved by 50 per cent and above.

Strengthening Government capacity and ownership for emergency preparedness and response remained a key component of UNICEF’s work. With UNICEF support the national contingency plan was updated, as well state level contingency plans in 36 states. A key achievement was the harmonization of all state level contingency plans with the national contingency plan, with the aim of handing over ownership and responsibility for national and state level preparedness planning process to the National Emergency Management Agency and the State National Emergency Management Agencies. In addition, discussions were held with the Deputy Head of the United Nations Office for the Coordination of Humanitarian Assistance for it to assume a more active role in this important work.

An external evaluation of the Level 2 emergency was commissioned by UNICEF West and Central Africa Regional Office (WCARO) covering the UNICEF humanitarian response between April 2015 and July 2016. The reports are being finalised.

**Emerging Areas of Importance**

**Primary health care.** Partnerships with the Chair of the House Committee on Health enabled UNICEF to pitch primary health care (PHC) revitalisation high on the agenda of the Parliament. This led to the first public hearings in recent years specifically dedicated to the sustainable financing of PHC in Nigeria. Moreover, thanks to evidence-based advocacy done with the support of the field offices, some states had their House of Assembly pass the Primary Health Care Under One Roof (PHCUOR) bill and Governors signed the passed bill into law. Efforts will
continue throughout the next cycle with Parliament, Ministry of Finance and State Governors to leverage resources.

**WASH and climate change.** The WASH programme mainstreamed climate change adaptation into national/state WASH policies (e.g. PEWASH 2016-2030), strategies (National Road Map for Elimination of Open Defecation), and interventions. Hygiene promotion through schools instilled proper water handling and conservation practices among school pupils. Climate resilient technologies with low carbon foot-print were deployed, including hand pumps, raised platforms for water facilities and latrines in flood prone areas, solar powered boreholes rather than diesel powered boreholes. The installation of solar powered systems in 49 local government authority (LGA) WASH departments ensured uninterrupted power supply and saved money.

**Education.** Though partnerships with the Global Partnership for Education and the World Bank, UNICEF Nigeria is increasing engagement in early childhood development (ECD) for accelerating results for children. In Nigeria, the highest percentage of children who are out of school are those who have never attended; and a child is more likely to stay in school if they begin at the right age. The focus has therefore been on enrolling children in pre-primary and grade 1. Enhancing institutional capacity will expand into work with parents on early stimulation and nutrition.

**Children and adolescents affected by armed conflict.** Adolescents have been acutely impacted by the conflict in Northeast Nigeria, through two brutal characteristics of the conflict – the use of sexual violence and forced marriage and the use of children by armed groups. These children face double victimisation: not only are they subject to grave violations, but they also face rejection, stigmatisation and, in some cases, violence when they try to return to their home communities. UNICEF prioritised the recovery and reintegration of these children into their communities as part of its child protection response, reaching 1,376 boys and 2,822 girls with critical support.

**Summary Notes and Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADEA</td>
<td>Association for the Development of Education</td>
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<tr>
<td>ALHIV</td>
<td>Adolescent Living with HIV</td>
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<td>AYP</td>
<td>Adolescent and Young Person</td>
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<td>B&amp;MGF</td>
<td>Bill and Melinda Gates Foundation</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<tr>
<td>CCA</td>
<td>Common Country Analysis</td>
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<td>CJTF</td>
<td>Civilian Joint Task Force</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>CMAM</td>
<td>Community Management of Acute Malnutrition</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CPMP</td>
<td>Country Programme Management Plan</td>
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<td>CRVS</td>
<td>Civil Registration and Vital Statistics</td>
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<td>CTP</td>
<td>Cash Transfer Programme</td>
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<tr>
<td>cVDPV</td>
<td>Circulating Vaccine-Derived Polio Virus</td>
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<tr>
<td>DaO</td>
<td>Delivering as One</td>
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<tr>
<td>DCT</td>
<td>Direct Cash Transfer</td>
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<tr>
<td>DfID</td>
<td>Department for International Development (United Kingdom)</td>
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<td>DP</td>
<td>Development Partners</td>
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<tr>
<td>DPT3</td>
<td>Third round of diphtheria, tetanus, and pertussis vaccine</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>ECOWAS</td>
<td>Economic Community of West African States</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EOC</td>
<td>Emergency Operation Centre</td>
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<td>ERT</td>
<td>Emergency Response Team</td>
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<tr>
<td>FCT</td>
<td>Federal Capital Territory</td>
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<td>FMOH</td>
<td>Federal Ministry of Health</td>
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<td>FMWR</td>
<td>Federal Ministry of Water Resources</td>
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<tr>
<td>FGM/C</td>
<td>Female Genital Mutilation/Cutting</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<tr>
<td>HACT</td>
<td>Harmonised Approach to Cash Transfers</td>
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<td>HCT</td>
<td>HIV Counselling and Testing</td>
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<td>HRP</td>
<td>Humanitarian Response Plan</td>
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<td>ICMT</td>
<td>Independent Complementary Monitoring Team</td>
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<td>ICT</td>
<td>Information Communication Technology</td>
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<td>IDP</td>
<td>Internally Displaced Persons</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>IPV</td>
<td>Inactivated Polio Vaccine</td>
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<td>IQE</td>
<td>Integrated Qur’anic Education</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>LGA</td>
<td>Local Government Area</td>
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<td>LTA</td>
<td>Long-Term Arrangement</td>
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<td>JCC</td>
<td>Joint Consultative Committee</td>
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<td>MBNP</td>
<td>Ministry of Budget and National Planning</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MHM</td>
<td>Menstrual Hygiene Management</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<tr>
<td>MNCH</td>
<td>Maternal Newborn and Child Health</td>
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<td>MNP</td>
<td>Micronutrient Powders</td>
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<td>NACA</td>
<td>National AIDS Control Agency</td>
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<td>NBS</td>
<td>National Bureau of Statistics</td>
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<tr>
<td>NEMA</td>
<td>National Emergency Management Agency</td>
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<td>NICS</td>
<td>National Immunization Coverage Survey</td>
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<td>NOA</td>
<td>National Orientation Agency</td>
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<td>NPHCDGA</td>
<td>National Primary Health Care Development Agency</td>
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<td>NYSC</td>
<td>National Youth Service Corps</td>
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<td>ODF</td>
<td>Open Defecation Free</td>
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<td>OPV</td>
<td>Oral Polio Vaccine</td>
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<tr>
<td>PBR</td>
<td>Programme Budget Review</td>
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<tr>
<td>PCA</td>
<td>Programme Cooperation Agreement</td>
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<tr>
<td>PHC</td>
<td>Primary Health Care</td>
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<tr>
<td>PEWASH</td>
<td>Partnership for Expanded Water, Sanitation and Hygiene</td>
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<tr>
<td>RMT</td>
<td>Regional Management Team (UNICEF)</td>
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<tr>
<td>RTFT</td>
<td>Real-Time Functionality Tracking</td>
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<tr>
<td>RUTF</td>
<td>Ready-To-Use Therapeutic Food</td>
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<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SBMC</td>
<td>School-Based Management Committees</td>
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<tr>
<td>SGBV</td>
<td>Sexual and Gender-based Violence</td>
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<tr>
<td>SMS</td>
<td>Short Message Service</td>
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<tr>
<td>UBEC</td>
<td>Universal Basic Education Commission</td>
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</table>
UNESCO – United Nations Educational, Scientific and Cultural Organization
VCMs - Voluntary Community Mobilisers
WASH - Water, Sanitation and Hygiene
WASHCOMs - Water, Sanitation and Hygiene Committees
WASHIMS - Water, Sanitation and Hygiene Information Management System
WCARO - UNICEF West and Central Africa Regional Office
WPV - Wild Polio Virus

**Capacity Development**

Capacity development focused on strengthening planning, budgeting, policy development, and improvement of quality and coverage of service delivery and monitoring, as well as strengthening political commitment and accountability to fund and deliver equitable basic social services.

Training institutions in two states trained over 6,000 healthcare workers and 50 per cent have exceeded levels of mastery. Breaking away from classroom-based training which was disruptive to service delivery, UNICEF Nigeria developed an online adaptive training for vaccine management. Internet connectivity was a challenge. State level staff were also trained on nutrition supply management and logistics.

UNICEF held six media dialogues including 200 journalists, editors and columnists on child malnutrition, and other child rights issues and developed capacities on media advocacy for children’s rights, ethical reporting on children and the use of social media to extend media reach. UNICEF is also increasing the mainstreaming of a child rights reporting curriculum into tertiary journalism schools.

UNICEF supported the ongoing comprehensive capacity assessment of WASH institutions in nine states and nine LGAs. The assessment is aimed at identifying institutional and individual capacity needs in the areas of policy design, strategy formulation, resources, budget allocation, and monitoring and evaluation. This will result in short, medium and long term capacity improvement plans for accelerating WASH service delivery.

The capacity of education management information system (EMIS) teams in 11 states was strengthened to collect and quality assure annual school censuses for the 2015-16 school year. Capacity development actions were undertaken with 45 early childhood development teacher trainers at Colleges of Education in 13 states to use child-centred training materials, and state education planning teams in nine states to finalise and implement their sector plans. An Integrated Qur’anic Education (IQE) institutional capacity assessment was conducted in three states. The recommendations from the assessment are leading to the establishment of a national IQE coordination committee to address gaps in institutional capacity and coordination.

**Evidence Generation, Policy Dialogue and Advocacy**

UNICEF Nigeria supported the Impact Evaluation of the Maternal Newborn and Child Health (MNCH) Week, conducted in collaboration with the National Primary Health Care Development Agency (NPHCDA). The findings were disseminated and recommendations shared with partners. The findings will be used by the partners to improve MNCH weeks.

UNICEF supported the National Bureau of Statistics (NBS) on the fifth Multiple Indicator Cluster Survey (MICS5), for which data will be available in February 2017. The MICS generated evidence on the water quality at household and community level, which was a first for Nigeria.
The MICS5 also selected Kanos and Lagos, the two populous states and biggest cities of Nigeria, to conduct a survey at the senatorial level in these states.

UNICEF has been piloting enrolment drive as an intervention to enrol children, especially girls, through community outreach to address socio-cultural barriers. Based on evidence of its success, the Federal Ministry of Education drafted the National Enrolment Drive Framework which was approved by the National Council on Education as a key intervention. This will link with the new policy on school-based management committees and their responsibilities.

UNICEF was elected chair of the WASH Development Partner’s Group. This enabled UNICEF to influence the Government's 2016-2030 ‘Partnership for Expanded WASH strategy’ launched by the Vice President and the Ministerial launch of the “National Roadmap for eliminating open defecation in Nigeria”. UNICEF’s advocacy efforts led to endorsement by the National Council of Water Resources on establishing WASH departments in all LGAs. A compendium of case studies titled “Promising Practices in WASH” document best practices and lessons for Nigerian and global audiences.

In November, UNICEF partnered with the World Bank, the Bill & Melinda Gates Foundation (BMGF), and the Nigerian Senate on high level policy dialogue on nutrition. It was the highest policy dialogue on nutrition held during the year. The dialogue ended with a strong statement by the Senate for immediate action by the Government to allocate approximately US$300 million (Naira 96 billion) for nutrition in 2017 Government Budget.

**Partnerships**

UNICEF Nigeria fostered and sustained partnerships with Government, UN system, donors and development partners to achieve social and health outcomes for children and women. Partnerships were forged at different levels to operate within development and humanitarian contexts.

UNICEF partners with Government through the National Primary Health Care Development Agency (NPHCDA), umbrella religious bodies and mass media to create demand for health and immunization services.

UNICEF played a lead role in the WASH Development Partners’ Group and also co-led the WASH in Emergency and Education Development Partners Group with the United Kingdom Department for International Development (DFID) and the Result Group on Education with the United Nations Educational, Scientific and Cultural Organisation (UNESCO).

Collaboration with State Universal Basic Education Boards resulted in better mobilization of counterpart funding for construction of WASH facilities and institutionalization of hygiene within education sector. UNICEF partnered with national and international NGOs to promote local industry in design of water treatment and sanitation technologies. UNICEF also forged a partnership with leading microfinance institutions to offer microfinance to sanitation entrepreneurs and households for improved WASH facilities.

The World Bank supported UNICEF in the implementation of Nigeria Partnership for Education Project.

UNICEF partnered with Save the Children as part of the cluster co-leadership arrangement with activation of the education cluster in Borno and Yobe States. UNICEF also partnered with
International Alert and Neem Foundation to assist children abducted and abused by insurgents. UNICEF partners with the Northern Traditional Leaders Committee on immunization, while the Rotary Foundation continued to support social mobilization interventions.

The Bill & Melinda Gates Foundation is one of UNICEF’s major partners for polio eradication. Their support sustains the volunteer community mobilisers (VCM) network.

An existing partnership on community engagement to improve MNCH/IYCF will be strengthened alongside work with faith-based organisations, the National Youth Service Corps (NYSC), the National Orientation Agency and key NGOs as well as partnership with 15 Nigerian universities.

External Communication and Public Advocacy

In line with the global communication and public advocacy strategy and local priorities, UNICEF Nigeria highlighted the situation of women and children in the country, especially those affected by the emergency in the northeast, to both domestic and international audiences, influencing policy and resource mobilisation decisions.

UNICEF led international coverage of the crisis in the northeast, becoming a voice for children affected by the conflict, particularly on nutrition and child protection issues.

Media advocacy on malnutrition contributed to governmental and non-governmental interventions at the highest level in Nigeria. Giving direct credit to UNICEF’s dissemination of the numbers of children suffering from severe acute malnutrition (SAM) in Nigeria, the wife of the President mobilised funds and initiated a civil society response to malnutrition. UNICEF public advocacy prompted discussion of malnutrition by the Nigerian Senate, and the President publicly cited UNICEF malnutrition figures.

UNICEF Nigeria organised more than 20 strategic media dialogue meetings, including field visits, for 700 Nigerian media professionals to raise awareness and generate action on key issues. These included: ending violence against children, female genital mutilation/cutting, HIV/AIDS, WASH, and malnutrition. Media at the events pledged to work towards setting the agenda on these issues.

The media dialogues, in addition to over 40 international and national media visits, 25 press releases, events, briefings and press conferences, achieved 3,000 tracked UNICEF media mentions, almost all either positive or neutrally quoting UNICEF figures. UNICEF staff were interviewed by media more than 200 times.

UNICEF Nigeria also contributed to major global initiatives including #EndViolence; climate change; Children on the Move; the State of the World’s Children report; and contributed 19 of the 200 global ‘Tiny Stories’ for UNICEF’s 70th Anniversary celebration.

Digital and social media presence and engagement continued to grow, with website visits and Facebook followers more than doubling over the year and average Facebook reach more than tripling.

South-South Cooperation and Triangular Cooperation

UNICEF Nigeria established a cooperation agreement with the Economic Community of West African States (ECOWAS) and the Association for the Development of Education (ADEA), a recognised leader by the African Union, to participate in cross-border technical cooperation and
joint development in the region of EMIS. An assessment framework was developed by ECOWAS Member States and ADEA to benchmark African countries’ performance against regionally agreed norms and standards. These are composed of four areas: policy and legal frameworks; resource availability and utilization; statistical processes, and; education information reporting. It was endorsed by ECOWAS and the region’s Ministers of Education in Banjul in 2013.

In accordance with this framework, a joint independent EMIS capacity and validity assessment in Nigeria supported by UNICEF, the DFID-funded Education Sector Support Programme (ESSPIN), the National Bureau of Statistics (NBS) and the Federal Ministry of Education took place in 2016 in 11 development partners supported States (5 UNICEF, 6 ESSPIN) and six non-supported States. The validity assessment covered states which conducted the Annual School Census 2015-2016. State-specific recommendations for improving EMIS will inform development of an implementation roadmap for the attainment of the high standard of “quality statistics” benchmark. This is aimed to ensure a harmonised approach for a well-functioning and sustainable information system which feeds information into the central National EMIS system.

The collaboration with South Africa to strengthen capacity among civil servants to design, implement, and evaluate social protection interventions and policies continued in 2016. Ministry of Budget and National Planning (Social Development and Monitoring and Evaluation Directorates) and the Office of the Vice President (responsible for Social Investment) personnel applied their knowledge to revise the draft National Social Protection Policy after returning from South Africa.

Knowledge sharing and technical cooperation was also provided to directors and technical staff of statistical offices in the Democratic Republic of the Congo, Ghana, Gambia, and Liberia through child poverty measurement training workshops, held in Calabar and Freetown.

**Identification Promotion of Innovation**

Within UNICEF’s basic education programming, a mobile device-based data base system was developed. It is an Android version, cloud-based / web-based, open source supported platform, with three tier architecture, and is compatible to all standard databases system. This will be used as reliable data source for tracking, monitoring and assessing progress, leading to improved management of information.

The use of smartphones in UNICEF’s WASH programming for baseline surveys reduced costs by 10 per cent, and time by 25 per cent. Memorandums of Understanding with 42 Micro Finance Institutions will provide affordable sanitation loans to households to build or upgrade their toilets. Sixty WASH committees were identified and trained to form WASH savings and credit groups to provide sanitation loans. Sanitation entrepreneurs and masons were trained to promote affordable and improved toilets to households. The “Perform and Pay” modality, wherein part of the payment is released after the community achieves open defecation-free certification doubled the efficiency of the community-led total sanitation (CLTS) process. The introduction of bio-sand filters has improved access to safe water in the Niger Delta communities.

The RapidPro application was used to conduct a nationwide cold chain inventory and stock sufficiency and cold chain functionality in three states (Federal Capital Territory, Niger and Nassarawa). This contributed to improved vaccine management. The widely-used excel based Vaccine Stock Performance Dashboard system was integrated with the real-time underutilised Microsoft Dynamics Navision system to improve its utilization and hence improved stock
visibility down to LGA level. The Passive Vaccine Storage Device, which stores vaccines for up to 35 days (depending on the ambient temperature) without the need for any energy source, was introduced into the northeast emergency response in areas with limited access.

The MICS5 was implemented with four innovations – use of computer-assisted personal interviewing (CAPI) devices allowing for real time quality checks; additional modules for water quality testing; second level analysis for the two most populated states (Lagos and Kano) and; concomitant implementation with a National Immunization Coverage Survey.

Support to Integration and cross-sectoral linkages

UNICEF Nigeria demonstrated an integrated approach across sectors under the “One PHC per Ward” approach. “One PHC per Ward” provided a platform for service delivery under one roof with sustainable quality integrated health services closer to the population. The approach covers strengthening of health care systems, quality service, poverty alleviation, security and stability, and ultimately saving lives of women and children. The primary health care model provides services to the target population for preventive and curative maternal, newborn and child health, nutrition, prevention of mother-to-child transmission of HIV, routine immunization, antenatal care, institutional deliveries, post-natal and new born care, family planning, hygiene and safe water practices, communicable and non-communicable diseases.

UNICEF strengthened its monitoring function by using the lot quality assurance sampling approach by the independent complementary monitoring team (ICMT). The ICMT generated zonal quarterly reports flagging issues to the UNICEF country management team (CMT) on the progress towards expected results and progress in the removal of bottlenecks. This was also used by the emergency response team (ERT) for monitoring of the Level 3 response in the northeast. The ICMT team along with UNICEF’s communication for development (C4D) team strengthened the monitoring of the Northeast Response by developed tools and methodologies specific to needs of the internally displaced persons.

Integrated approaches contributed to the strengthening of community demand for delivery of integrated services. Aside their core focus on polio eradication, the nearly 16,000 strong voluntary community mobilisers (VCM) network members provided support in sensitization and mobilization of communities for routine immunization, birth registration, antenatal care (ANC), counselling, and other services at community levels. Until July 2016, Nigeria had not recorded any polio cases, however, three cases were subsequently identified. A sector-wide approach is being implemented in the outbreak response to new cases in Borno state, including response to issues of acute malnutrition.

Service Delivery

The immunization programme focused on expanding equity strategies to reach the most marginalised communities, with 70 per cent of states attaining 90 per cent coverage. A survey conducted after the third round of a Tetanus Toxoid vaccination campaign in six states revealed that 84.7 per cent of children born were protected at birth against tetanus. The foundation for PHC revitalization was laid in Kebbi and Adamawa states for provision of the ward health care package.

The second year of the cash transfer programme reached 24,287 girls in Niger and Sokoto states. Both states developed sustainability plans for continuing the cash transfer programme beyond UNICEF financial support. A programme impact evaluation is currently being conducted and lessons learned will inform similar cash transfer programmes being supported nationwide.
by UNICEF and the Global Partnership for Education. National dissemination of evaluation findings will inform social protection programming of the Government.

Two million people gained access to safe water through the rehabilitation and/or construction of water facilities. While 4,413 communities were triggered with 3,121 communities claiming ODF status, 2.4 million people now live in 2,995 ODF certified communities. WASH interventions in 318 schools benefitted over 142,000 school children and interventions in 104 health facilities ensured access to safe water and improved sanitation to patients and caregivers.

Micronutrient powders (MNP) linked with infant and young child feeding promotion targeting children 6-23 months was rolled out in 453 health facilities reaching 131,523 children in Adamawa, Yobe and Borno states. A qualitative evaluation revealed that the micronutrient powders initiation has led to improved IYCF practices by mothers and caregivers in line with the global strategy.

Some 92,750 boys and 86,350 girls received Tier 1 psychosocial support through 203 child friendly spaces and 11 after-school clubs in Borno, Adamawa and Yobe, to assist their recovery from the impact of the conflict.

**Human Rights-Based Approach to Cooperation**

Child rights is at the centre of UNICEF’s work in Nigeria. In 2016, UNICEF supported the translation of the Convention on the Rights of the Child into state law through the domestication of the Child’s Rights Act in two additional states, bringing the total to 24 out of 36 states. The Act only has legal effect once adopted at the state level. Significant progress for domesticating the Act has been made in three northern states.

The Ministry of Women’s Affairs and Social Development, with UNICEF support, commenced preparation of the periodic report to the Committee on the Rights of the Child, which was due at the end of 2016.

An equity-focused situation analysis of children in Nigeria was prepared through participatory consultations throughout the six geo-political zones of the country, and addresses the structural causes of non-realization of child rights. The draft was used in the preparation of the common country assessment to inform the United Nations Development Assistance Framework (UNDAF). The MICS5 is under process and will provide data for additional analysis to identify children’s multiple deprivations.

Greater participation of adolescents was promoted. A series of consultation among adolescents developed into a forum to periodically listen to and promote their voice to inform UNICEF programmes (from design to evaluation).

Country programme strategies continue to identify and analyse inequalities through work with implementing partners by collecting accurate data and promoting evidence-based planning. WASH captured data on inequities including disabilities to better target the most excluded. Identification of hard-to-reach communities in northern Nigeria enabled better targeting for integrated package of outreach health services. Education sector plans were informed by accurate EMIS data. The two additional field offices in southern Nigeria better enable UNICEF to monitor the situation affecting children.
UNICEF worked with state governments and non-state partners to end the recruitment and use of children and to reintegrate boys associated with Boko Haram in north east Nigeria. Following the listing of Civilian Joint Task Force (CJTF) by the UN Secretary General under Security Council Resolution 1612, UNICEF supported the CJTF to develop an action plan for preventing recruitment and demobilization and reintegration of current child members.

**Gender Equality**

A rapid assessment was conducted to ascertain women’s participation in education management and governance in Kebbi state. Very low participation of women in leadership positions at classroom, school, local government, and state levels was found. Consequently, UNICEF, Chairs of Education, the State House of Assembly, the State Universal Basic Education Board, Universal Basic Education Commission, and other partners collaborated to develop a draft bill providing for thirty percent appointment of women in the ministry, boards, primary and tertiary institutions of education. They also prepared an amendment to an existing bill on stopping all forms of discrimination against girls that constitute barriers to their education in Kebbi state.

The Vice President of Nigeria launched the African Union-led End Child Marriage Campaign, supported by UNICEF in collaboration with the United Nations Population Fund (UNFPA), Save the Children, Engender Health and Government of Canada.

UNICEF, partnering with International Alert and local NGOs, provided reintegration support for over 2,000 women and girls who were abducted, raped, and forcibly married by Boko Haram. A UNICEF assessment found acute reluctance of communities and families to accept them back, due to stigma (associated with sexual violence) and fear they were radicalised during captivity. Interventions focussed on meeting the needs of women and girls, and addressing perceptions that prevent reintegration. Also, UNICEF, local and international NGOs, and UN agencies collaborated to strengthen prevention and response to sexual exploitation and abuse of internally displaced persons.

Female members of WASH committees (WASHCOM) distributed almost 100,000 WASH kits including reusable menstrual hygiene pads, and sensitised other women on their use. In emergency camps, 50 per cent female membership of WASHCOMs was achieved. In communities, women hand pump mechanics and women chairs of WASHCOMs and the positive impact of increased women representation in WASHCOMs are being documented for further awareness raising. Sanitation facilities were provided with separate provision for women and men. Women were consulted during siting of WASH facilities.

Over 23,000 girls received cash assistance to attend school through a DFID-funded project. Whilst the geographic focus was limited, the intervention impacted state-wide enrolment of girls (by 1.5 per cent in just one year).

**Environmental Sustainability**

UNICEF Nigeria contributed to mainstreaming climate change adaptation and disaster risk reduction into WASH policies, strategies and interventions. This was clearly reflected in the Partnership for Expanded WASH strategy (2016-2030) launched by the Vice President and similar national level policy documents, including the Road Map for Elimination of Open Defecation in Nigeria. Hygiene promotion through schools instilled proper water handling and conservation practices among school pupils. UNICEF adhered to environmental norms and standards in the handling and management of health waste by supporting the installation of 32
containerised incinerators (first of its kind in Nigeria) across nine states.

WASH interventions deployed climate resilient technologies with low carbon foot-print, including hand pumps which deplete less ground water, raised platforms for water facilities and latrines in flood prone areas, and solar powered boreholes instead of diesel powered boreholes. In humanitarian situations in camps for internally displaced persons, UNICEF supported solar powered boreholes, regular garbage removal, fumigation, sand-filling of flooded areas, desludging of latrines, and raised platforms of water facilities. During the year, 131 solar powered boreholes were installed.

UNICEF continued advocacy efforts with donors and the Government of Nigeria on increased use of solar energy for water abstraction, for cold chains, as well as for running offices. With external funding and some regular resources, UNICEF procured 526 solar direct drive cold chain devices for the most difficult-to-reach LGAs in five states, affected by continued insurgency and irregular-to-no power supply.

Solar powered systems installed in 49 Local Government Area WASH Departments continued to provide uninterrupted power supply and saved money. By establishing UNICEF offices closer to focal states meant fewer air or long road trips, thereby reducing the carbon footprint. Use of solar powered boreholes (81 per cent), solar powered LGA offices (4 per cent) and closer UNICEF offices (15 per cent) reduced the carbon footprint by 8,245 metric tons.

**Effective Leadership**

The country management team (CMT) implemented the second phase of country programme management plan (CPMP) which was effective from January, and was informed by an updated risk assessment done in 2015. The second phase established two new zone offices in the south, in Ondo and Rivers, adding to two already existing in the south in Enugu and Lagos.

This phase completed the differentiated strategy adopted in 2014 between the north and south of Nigeria. In the northern areas, UNICEF focusses on basic services delivery and high impact interventions. In the south UNICEF focus is on social policy, budget leverage, and partnerships for national fundraising from both private and public sectors.

The Executive Director declared Nigeria as a Level Three emergency in August. The emergency response team supported UNICEF Nigeria with the development of the response for the northeast of Nigeria, and the new challenges posed by increased access due to the successes made by the Nigerian Army against the insurgency. UNICEF Nigeria team responded effectively by developing and implementing a humanitarian response plan (HRP) 2016-17. The independent complementary monitoring framework was also used by the team to ensure independent monthly monitoring of the UNICEF response.

In line with UNICEF’s enterprise risk management policy, UNICEF Nigeria reviewed its 11 risk areas and updated the risk and control library at the end of 2016. This will inform workplans and the development of a new country programme for 2018-22. During the reporting year, the overall risk profile of UNICEF Nigeria was reduced. A Strategic Moment of Reflection workshop was conducted during the last quarter with the UN Resident Coordinator’s office and UN agencies towards development of the UNDAF IV, and key elements that will inform the Nigeria country programme 2018-22.
Financial Resources Management

The liquidation of outstanding cash advances to implementing partners was executed in a timely manner. For direct cash transfers (DCT) exceeding six months, staff followed up closely with implementing partners to ensure no DCTs exceeded nine months.

As of 31st December 2016, one per cent of total DCTs was outstanding for six to nine months. There were no records of impaired DCTs for the year 2016.

The proportion of total utilization of funds by type was:

- 13.6 per cent (US$35,454,640) of other resources (Emergency)
- 64.1 per cent (US$197,963,605) of other resources (Regular)
- 21.9 per cent (US$57,371,153) of regular resources
- 0.4 per cent (US$1,074,369) of support budget

100 per cent

Bank reconciliations were prepared and approved in a timely manner.

UNICEF’s Division of Financial and Administration Management gave approval for UNICEF Nigeria to effect direct payments to multiple beneficiaries through ECOBANK OMNI platform in order to improve management of cash resources. This will be implemented in 2017.

Resulting from effective financial management, the January to December 2016 average bank optimization ratio was 10 per cent, which is within the limit of 25 per cent bank optimization benchmark. Furthermore, cost savings of approximately US$20M was achieved for the year, due to prudent bank optimization measures.

Under the harmonised approach to cash transfers (HACT), UNICEF Nigeria undertook 486 programme monitoring visits 48 micro assessments, 220 financial spot checks and 46 scheduled audits. All planned assurance activities listed above were fully achieved. The capacity of 90 implementing partners on financial management was enhanced. A total of 620 implementing partner staff from 161 government institutions along with nine UNICEF staff were trained on the HACT Framework.

Staff proficiency in VISION was enhanced with a two-week training facilitated by WCARO.

Fundraising and Donor Relations

In 2016, UNICEF Nigeria prepared its resource mobilization 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 end of 2016, the 2014-2017 country programme had raised over 70 per cent of other resources as per revised OR ceiling of US$1,192 million required to achieve the expected results. This was due to long term grants provided by the EU, DfID, Educate a Child (EAC), and Children’s Investment Funds Foundation (CIFF/UK), Canada, the United States Agency for International Development (USAID), USAID/Food for Peace, Germany, Japan, and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), among other partners.
CIFF’s US$80 million agreement for community management of acute malnutrition ends in 2018. Educate a Child (US$35.5 million), the United States Fund for UNICEF’s (US$110.6 million) for girls’ education, polio eradication and health are substantial grants.

In WASH, the EU US$154 million and DfID US$128.5 million grants expire in 2020, as does the DfID-funded Girls Education Project (US$108 million). USAID provided US$7.1 million; USAID/Food for Peace provided US$9.4 million; OCHA provided US$2.8 million; Germany provided US$4.1 million; Japan provided US$4.2 million; and Canada provided US$14 million. The WASH funds will catalyse government funds in meeting targets.

Polio eradication and strengthening of routine immunization was made possible by critical partners through the Global Polio Eradication initiative, GAVI, World Bank and Japan International Cooperation Agency, Bill & Melinda Gates Foundation among others.

The Nigeria country programme has a US$360.7 million funding gap for 2017.

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

**Evaluation and Research**

UNICEF Nigeria initiated a Request for Proposal process in May 2016 to engage several firms and providers into a long-term arrangement (LTA) for quality assurance of deliverables as they relate to the rolling IMEP. Given the importance of investments made in IMEP activities, it was decided that only competent service providers would be engaged with to quality assure the IMEP-related activities. Nigeria was the only UNICEF country office embarking on such an arrangement, since similar LTA arrangements are made by Regional Offices elsewhere. In this light, the UNICEF regional management team (RMT) decided to expand the proposed LTA to include 24 countries of the region and thus move the oversight of the process to UNICEF WCARO. It is expected to be in place during the first quarter of 2017.

UNICEF Nigeria received the results of an impact evaluation of the MNCH weeks. The report findings will be discussed with Government of Nigeria to discuss way forward.

Two additional impact evaluation were commissioned and already delivered the evaluability assessment reports. One is an evaluation of its capacity development activities, focusing only on trainings supporting activities. The second evaluability assessment, was for the Cash Transfer Programme in education.

UNICEF also supported the Government of Nigeria (MBNP, NBS and Senior Special Assistant to the President on SDGs) and the Association of Nigerian Evaluators during a conference on the importance of establishing systems for effective monitoring and evaluation of the SDGs. UNICEF partnership with more than 15 partners including private sector, World Bank and UN sister agencies and engage the Nigeria Government to commit towards a unanimous SDG declaration.

**Efficiency Gains and Cost Savings**

With the move of financial transactions to the Global Shared Services Centre in Budapest from June 2016, the review of financial transactions for the field offices and country offices were centralised in a hub in the Abuja office.
For the purpose of consolidation, the office closed the four field bank accounts with First Bank of Nigeria Plc and operates two bank accounts with Standard Chartered Bank (NGN & US$) and one bank account with Ecobank Nigeria Limited (NGN). All payment disbursements were done from these two banks. Both banks agreed to zero transaction cost for volunteer community mobilisers payments, girls’ education programme in Sokoto and Niger states and for direct payment to multiple beneficiaries. In 2016, the office saved approximately US$50,000 from volunteer community mobilisers (VCM) Mobile Money Payments plan.

Furthermore, consolidation of bank accounts to only two reduced processing time of payments for field offices from five days to two days as well as eliminating the previous manual processing of payments to the electronic system of Standard Chartered Bank.

Efficiency has been achieved in the preparation of bank reconciliation statements with only three being prepared rather than the previous seven.

The UN Country Team in Nigeria is implementing the Business Operating Strategy to formally record and have a database of cost savings from common approach in procurement services. The data collection has commenced and it is believed this will assist UNICEF and other agencies to report US dollar gains from common services approach within the UN.

**Supply Management**

The procurement of supplies and services, including construction works amounted to US$94,698,178.

<table>
<thead>
<tr>
<th>Supplies, goods and services</th>
<th>Value (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>67,687,025</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>2,629,465</td>
</tr>
<tr>
<td>Services with constructions</td>
<td>24,381,689</td>
</tr>
<tr>
<td>Construction</td>
<td>1,121,679</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>US$94,698,178</strong></td>
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</tbody>
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Logistics systems were streamlined to reduce transit time, improve warehouse and inventory management and distributions. The storage capacity was significantly increased to scale up the north-east emergency response, with new logistics hubs created in Jos, Bauchi and Maiduguri. LTAs were established with six clearing agents and ten transporters. A supply and procurement immediate response team was deployed, with three staff from UNICEF Supply Division, one from WCARO and one standby partner.

UNICEF supported the Government to purchase vaccines and devices valued at US$192,725,334 through Procurement Services. In addition, UNICEF assisted with forecasting the needs, calculation of costs, providing inputs to the agreement, and helped put together the payment requests in discussion with National Primary Health Care Development Agency (NPHCDA) and World Bank, for a value of US$115 million.

<table>
<thead>
<tr>
<th>Procurement services</th>
<th>Value (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Channelled via regular Procurement Services</td>
<td>63,183,715</td>
</tr>
<tr>
<td>Channelled via GAVI</td>
<td>129,541,619</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>US$192,725,334</strong></td>
</tr>
</tbody>
</table>
The value of the inventory of programme supplies was US$5,569,074, of which US$3,434,124 were supplies prepositioned for emergencies.

The value of programme supplies issued from local warehouses was US$22,956,726.

The total value of supplies managed by UNICEF Nigeria controlled warehouses through the year was US$28,525,800.

UNICEF contributed to strengthen the immunisation, nutrition and PHC supply chain during the year as follows:

**Immunization supply chain:** UNICEF played a leading role in establishing the 2017 forecast and coordinating incoming shipments; the financing of a technical study for a three cold hub project; procurement and installation of 235 solar direct drive refrigerators and five cold rooms; installation of 32 incinerators; distribution of vaccines; and facilitation of the establishment of third party logistics agreements by the Government.

**Nutrition supply chain:** UNICEF undertook advocacy for the management of nutrition supplies at Federal level, including supporting the participation of two Government staff at the Nutrition Supply Chain Forum at UNICEF Supply Division in Copenhagen. Training of 186 state government staff from 12 states was supported, assistance provided for the constitution of buffer stocks, and logistics system strengthening to ensure timely replenishment of supplies in emergency states.

**Primary health care supply chain:** A consultant was mobilised to support the government in designing a supply chain for PHC. The first output was the creation of a PHC Supply Chain Committee at Federal level. This committee will aim to harmonise and integrate the existing parallel supply chains.

**Security for Staff and Premises**

The overall security environment across northeast Nigeria, particularly in Borno, was volatile throughout 2016. The last quarter witnessed increased insecurity from insurgent offensives against both the security forces and civilian population, which took a large toll on human lives. Maiduguri was frequently targeted by several suicide bombers. To a lesser extent, Yobe and Adamawa states were also negatively impacted by the insurgency.

A new threat to security emerged in the southern part of the country where militant groups blew up oil pipelines and attacked the military under the guise of drawing the Government attention to the environmental effects of oil exploration and alleged inequalities in oil revenue distribution. To mitigate the very high risks in the northeast, five additional armoured vehicles were purchased, increasing the number to ten. Two of the vehicles were damaged during an attack on a UN convoy in July 2016 in Borno, in which one UNICEF driver was injured. All drivers deployed to the northeast have been trained in the operation and handling of armoured...
vehicles. To ensure compliance with programme delivery in high risk areas, a Programme Criticality exercise was conducted and levels updated in order not to expose staff to risks.

UNICEF staff were kept aware of the threat environment by daily situation reports and security advisories. All staff who travelled to high risk areas underwent mandatory security awareness training. The office monitored staff compliance with security in the field on-line mandatory courses.

Business continuity plans for all offices were updated. Staff lists were regularly updated, vehicle list maintained, minimum operating security standards (including residential) compliance evaluation were conducted. Fire systems were tested and monitored in all offices. First Aid kits were replaced or replenished in all UNICEF vehicles.

The above measures ensured UNICEF staff and premises security were safeguarded in 2016.

**Human Resources**

UNICEF Nigeria implemented the approved country programme management plan (CPMP), which has 376 staff in the national office and nine field offices. Two new offices were opened in Akure, Ondo state and Port Harcourt, Rivers state.

On recruitment, the office filled 101 fixed term positions. Eight positions were filled from the talent group. Fifty-eight temporary appointments were issued. With support from UNICEF WCARO and UNICEF headquarters, all the international posts were filled within the key performance indicators on recruitment. Thirty-one staff separated during the year, for a variety of reasons including contract expiration and retirement.

A critical human resource capacity for UNICEF in Nigeria is consultants and contractors. During the year, the office used the services of 241 individual consultants and 286 individual contractors. Of these, 59 consultants and 56 contractors have ongoing contracts into 2017.

UNICEF Nigeria improved its gender parity and achieved the following rates:
- International staff – 59 per cent male to 41 per cent female
- National Professional staff – 50 per cent male and 50 per cent female
- General Service staff – 31 per cent male to 69 per cent female.

Attracting female international staff was a challenge, due to the security and emergency context in the country.

Staff learning and development was encouraged. Four staff were successful in applying for position of promotion (three from general service to national officer and one staff from national officer to international professional). In total, there were 415 attendees at the group training sessions, and 34 staff completed individual learning activities. Two staff members had internal stretch assignments and one International Professional went on mission assignment. Eighteen new staff members attended Caring for Us sessions.

As of March 2016, 80 per cent of staff had completed their 2015 PERs and by end June 2016, 93 per cent of staff members had completed 2016 ACHIEVE workplanning.

Three joint consultative committee (JCC) meetings were held; and 92 per cent of the Global Staff Survey actions completed.
Job descriptions for 109 positions were classified as part of a Post Authorisation Table reconciliation. A total of 274 staff members’ files scanned, digitised and uploaded according to UNICEF guidelines.

**Effective Use of Information and Communication Technology**

To improve effectiveness and efficiency in programmes through UNICEF cloud-based office automation tools (Office 365, Outlook, Skype, OneDrive, and SharePoint), internet bandwidths for fibre links were doubled in each of the ten offices, and firewalls configured with automatic failover and Application Performance Management. This improved the general users’ browsing experience and online collaboration mainly through effective use of the office team site on SharePoint for office files depository and other hosted tools and applications. Information and Communication Technology (ICT) support to offices without information technology personnel presence is heavily done via Skype for Business and TeamViewer that offer direct remote assistance to users.

In terms of ICT engagement with partners on open-source and mobile tools, the office supported many projects mainly related to the use of SMS platform and smartphones and tablets for real-time monitoring and data collection (education, WASH, C4D, nutrition) and for engagement with the youth through U-report (Health) and social media integration into HIV national call centre system.

UNICEF Nigeria Digital/social media presence was effective via a website, Facebook, Twitter and YouTube. These media were widely used for communication with the public and partners, and visits to UNICEF Nigeria pages grew.

Streamlining ICT operational services is being done through common UN services. Resources were put together with other UN agencies for common CISCO IP telephony system acquired to equip the UN house being renovated. Similarly, Iridium PTT technology was deployed in Maiduguri in collaboration with World Food Programme (WFP) to support the Level 3 emergency and efforts are being made to get a common Digital VHF Radio communication network for Abuja and Maiduguri. Solar power is being experimented in four offices with the objective of reducing the use of generators, with a consequential cut down on fuel and maintenance cost as well as negative effect on the environment.

**Programme Components from RAM**

**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 practices.

**Analytical Statement of Progress:**
Despite sustained investment in the health sector, Nigeria did not achieve MDGs 4, 5 and 6. UNICEF supported the Federal Ministry of Health (FMOH) to develop the new health policy and strategic health development plan phase two. UNICEF also supported the conduct of the national health accounts, development of the national health financing policy and of a new Reproductive Maternal, Newborn, Child, Adolescent Health and Nutrition Strategy. UNICEF worked with the FMOH towards revitalizing primary health care, including national and state-specific costing of the “One PHC per ward approach, which has been adopted by almost all the
states and at varying stages of planning and implementation. UNICEF supported the health committee of the House of Representatives to conduct public hearings as part of the push for additional funding for PHC in Nigeria.

Nigeria returned to the list of polio endemic countries when from August, after a two-years with no cases identified, four cases of Wild Polio Virus 1 were reported in three LGAs of Borno: Gwoza (one), Jere (one) and Mungono (two). UNICEF Nigeria continued intensification of household and community engagement with a specific emphasis on building trust and reducing missed children. This was complemented by health camps to meet other felt needs of the communities, particularly in non-compliant and security compromised areas of the northeast zone. In total, 2.3 million OPV vaccine doses were distributed as part of an integrated package of health services through 9,173 vaccine outreach (across 18 high risk states).

UNICEF continued its support for improved vaccine management and logistics through the procurement of about 294.9 million doses of oral polio vaccines for campaigns between January and December. An average of 55.7 million children were vaccinated in each of the two national polio rounds in 2016. Lot Quality Assurance Sampling data showed that 96 per cent) LGAs in 18 high risk states attained more than 80 per cent coverage in the October outbreak response. There were less refusals, as a proportion of missed children fell from 0.28 per cent in October 2015 to 0.1 per cent in October 2016. In 2016, Nigeria expanded its legacy planning efforts and harnessing polio assets and resources for systems strengthening and routine immunization.

Coverage of third dose DPT-containing vaccine (Penta) increased from 95 per cent in 2015 to 99 per cent in 2016 by quarter 3. 26 states (70 per cent) achieved >90 per cent Penta coverage by August 2016 compared to 25 States (68 per cent) same period last year. A key contributing factor was the continued availability of adequate vaccines and devices. This can be credited to joint resource mobilization efforts of Government and partners including UNICEF Nigeria to secure long-term funding; the World Bank credit line and the use of the Vaccine Independent Initiative. UNICEF continued to support the Government in new vaccine introduction as Phase 3 pneumococcal vaccine (PCV) introduction was completed.

Following Phase 1 of nationwide measles vaccine campaign conducted in November 2015, UNICEF Nigeria together with other partners supported the Government in the planning and implementing the second phase in early 2016. Emphasis was placed on ensuring strong community demand for measles immunization and building on the lessons learnt from the polio programme, including the use of house-to-house mobilisers and female town announcers. The post campaign coverage survey confirmed that 84.5 per cent of the target population (children 9-59 months) were vaccinated against measles.

The insurgency in the northeast contributed to the worsening of the health situation in almost all the states of the region. This is particularly significant, as health and other basic social indicators in the region were significantly worse than national-level indicators before the insurgency. IOM data indicated that there were over 1.82 million IDPs, of whom over 92 per cent were in Adamawa, Borno, and Yobe states.

UNICEF Nigeria supported the state to provide integrated PHC services through 172 Health facilities and 50 IDP camp clinics in Borno, Yobe, and Adamawa, in newly liberated areas in Borno and 156 PHC centres in host communities of the three states. During the reporting period 1,469,219 IDPs were reached with emergency PHC services out of whom 302,692 were in the newly liberated LGAs/areas, 906,604 in the host communities and 259,923 in IDP camps (formal and informal).
U-report membership expanded from 120,000 in 2014 to over 1.7 million members. In January, a grant of $1 million was received from the Bill and Melinda Gates Foundation to push for social accountability for every woman and every child enabled the dissemination of U-report poll results on national radio, three major television stations and four major newspaper publications, increasing the number of U-reporters and visibility to the project. The office of the Vice President used the U-report platform to send out and receive information from Nigerians. Non-state actors such as the ONE Campaign used U-report to inform Nigerians about their petition to get government to increase investment in the health sector and to increase the number of signatures on the petition.

Inadequate human resource capacity and chronic health strikes at the state and LGA levels have remained major bottlenecks hindering the quality of service delivery. In 2016, health funding reduced again and with the current recession in Nigeria, the practice of joint account by states and LGAs, may see inadequate funding for the implementation of the PHC per ward agenda in many states. High level advocacy is required to support many states establish appropriate administrative and legal frameworks for strengthening PHC.

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

**Analytical Statement of Progress:**
With support from UNICEF, 34 states had costed annual health operational plans that provided a framework for UNICEF’s support. UNICEF support to the FMOH and NPHCDA in the implementation of the one functional centre per ward approach paved the way for a comprehensive strategy for PHC revitalization. The Rapid Results Initiative Teams were constituted at the federal and state levels resulting in the launching of 110 PHCs in all the senatorial districts as part of the initial 5,000 PHCs to be supported in 2016 and 2017.

With UNICEF support, Every Newborn Action Plan was developed. The policy adopted and rolled out including within hard-to-reach settlements in Niger, Taraba, Jigawa, Kaduna, Zamfara, Adamawa and Kebbi states.

UNICEF supported FMOH and NPHCDA in developing the new health policy and strategic health development plan (2016-2020) and comprehensive Multiyear Plan for Immunization for the period 2016-2020.

UNICEF continued to support and strengthen the coordination mechanisms for MNCH by participating in all high level health sector coordination forums at Federal and State levels. Integrated supportive supervision guidelines were finalised and implemented. In states, UNICEF’s support and advocacy contributed to the leveraging of additional resources including the World Bank Loan on the Saving One Million Lives Initiative.

U-Report Nigeria reached over 1.7 million U-reporters receiving weekly polls. The U-partners page is operational, with partners specialised in different areas (CARITAS, Hellen Keller, Population Council, NYSC) interactively responding to questions from U-reporters. A mobile application was fully functioning with U-Reporters exchanging stories from across the country. The platform was used to support the National Primary Healthcare Development Agency through its Vaccine Analytics Network strategy to improve supply chain visibility down to the health facility thereby reducing stock-outs and wastage. The RapidPro platform was utilised for
the One PHC per ward survey and being utilised by the Ministry of Health in conducting a cold store inventory for all states.

A media campaign is ongoing with poll results shared weekly on television, radio and in newspaper publications, significantly boosting U-Report engagement with communities on the issues they care about.

Meetings were also held with Senators and House of Representative members to come up with a Parliament engagement plan to ensure full utilization of this platform to engage with their constituencies and include them in decision making processes through consultations via U-Report.

**OUTPUT 2** Increased national capacity to provide access to essential high-impact maternal and newborn health interventions.

**Analytical Statement of Progress:**
With a population exceeding 180 million people, over 7.5 million babies are born annually in Nigeria, and many of the key indices remain unacceptably high. The maternal mortality ratio of 576 deaths per 100,000 live births which translated to over 44,000 maternal deaths annually has stagnated over the last ten years.

UNICEF continued to support the Government and the states in their effort towards PHC revitalization. In Kaduna, Adamawa and Kebbi states, one PHC was identified per ward and are being supported to provide integrated MNCH services 24 hours, seven days a week. Forty-two facilities in Adamawa (21) and Kebbi (21) are in the process of being upgraded to provide emergency obstetric and newborn care services.

As part of the effort to strengthen newborn care and institutionalise postnatal visits, ten states provided pre-natal care home visits including to hard-to-reach settlements with support from UNICEF. About 6,000 trained VCMs were supported to provide home-based MNCH services in Kaduna, Katsina, Kano, Adamawa, Kebbi, Bauchi, Zamfara, Jigawa, Taraba and Niger states. Over 500,000 safe delivery kits were distributed to pregnant women to promote clean deliveries in IDP camps and communities in Borno, Yobe, Adamawa and Kebbi States.

Throughout 2016, all training was conducted in health training institutions in the states in a bid to sustain institutional capacity building. A total of 1,566 healthcare workers were trained to provide quality MNCH service delivery in health facilities and during outreaches. Community health extension workers, VCMs, nurses, midwives and other health workers were trained on a wide range of MNCH issues, including PMTCT, HIV counselling and testing, life-saving skills, community-based newborn care, basic emergency obstetric care, integrated community case management (iCCM), cold chain maintenance in Zamfara, Kebbi, Bauchi, Katsina and Taraba states.

Over 6,000 community-oriented resource persons and supervisors were trained and supported to provide community-based MNCH services, including postnatal care visits in about 4,000 hard-to-reach communities in Adamawa, Kaduna, Katsina, Taraba, Jigawa, Zamfara and Kebbi states. They tracked and referred 13,332 newborns for postnatal and routine immunisation services.

UNICEF provided technical and financial support for the development of the Maternal and
Perinatal Death Surveillance and Response guidelines; orientation and roll out in Adamawa, Bauchi, Plateau and Kebbi States; and establishment of state maternal and perinatal death review committees in Adamawa, Plateau and Kebbi states. Moreover, 226 health facility committees were established in Adamawa state, and eight in LGAs in Yauri in Kebbi state.

UNICEF will continue supporting the federal and state agencies to accelerate revitalization efforts.

**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 maternal, new-born and child health interventions. In the first round of the nationwide MNCH weeks, 25,414,771 children and 4,395,944 women were reached with high impact interventions, including Vitamin A supplementation, deworming, micronutrient supplementation, intermittent, presumptive treatment for malaria, immunization and health promotion. UNICEF provided financial and technical support for the planning, implementation and monitoring of MNCH weeks.

UNICEF, as the fiduciary managers of the GAVI funds, in collaboration with NPHCDA supported the training of PHC health care workers in the FCT, Kwara, Kaduna, Bauchi, Plateau, Jigawa, Adamawa, Anambra, Enugu, Edo, Ekiti, Lagos, Rivers and Akwa Ibom states. Over 3,600 PHC workers have undergone training on integrated management of childhood illnesses and the reaching every ward approach.

The Integrated Community Case Management (iCCM) programme implementation covered 35 LGAs in Adamawa and Kebbi states and provided case management for malaria, pneumonia, diarrhoea and malnutrition to more than 181,589 children. Paying attention to underserved communities and excluded populations in hard-to-reach settlements, UNICEF delivered life-saving curative interventions for common childhood illnesses. UNICEF leveraged additional funding from BMGF, to scale up iCCM in 641 hard-to-reach settlements in 12 LGAs of Kaduna state. Some 5,500 corps and 684 supervisors were trained and provided curative services on malaria, pneumonia and diarrhoea in 2,510 hard-to-reach settlements in Adamawa and Kebbi States. In Kaduna state, 1,119 corps and 122 supervisors were trained towards iCCM roll-out in 402 selected hard-to-reach settlements.

UNICEF supported the BMGF-funded hard-to-reach programme in Kaduna and Katsina states to reach over 359,439 children under five with treatment for common childhood illnesses like malaria, pneumonia and diarrhoea. In addition, over 976,240 children under five in underserved and isolated communities were provided with polio immunisation.

With funding from Global Affairs Canada, UNICEF assisted the Government of Nigeria to provide outreach sessions to underserved women and children in hard-to-reach settlements of Niger, Jigawa, Taraba and Zamfara states. The four states are fast-tracking implementation. So far, the interventions have reached over 177,449 under five children in the four states (Zamfara - 87,007; Niger - 157,715, Jigawa - 100,639 and Taraba - 87,389) with low cost, high impact interventions using mobile strategies in hard-to-reach settlements.
OUTPUT 4 Increased national capacity to provide access to essential immunization services.

Analytical Statement of Progress:
UNICEF concentrated efforts on improving last-mile stocks visibility, demand creation; addressing inequities; and prioritizing LGAs with high unimmunised children through Routine Immunization intensification.

No major stock-out of vaccines or devices at Federal and State levels was reported in the past two and half years. This is credited to medium-term funding secured due to joint resource mobilization efforts of the Government, UNICEF and other partners; the World Bank credit line and use of the Vaccine Independent Initiative. There was progress in implementation of a comprehensive supply chain improvement plan from the 2014 Effective Vaccine Management Assessment with improved stock availability from 72 per cent in 2014 to 81 per cent in 2015 at LGA level. The integration of the dashboards into Navision was completed, ensuring live vaccine stock visibility down to the LGA level.

UNICEF supported the design of the three vaccine hubs, the bills of quantities will be used to raise funds for the capacity expansion project.

Coverage of third dose DPT-containing vaccine increased to 99 per cent with 70 per cent of the states reaching 90 per cent. Cumulative coverage for all antigens surpassed 80 per cent except Hepatitis B0 (58 per cent) and TT2+ (56 per cent). A 15 per cent reduction was observed in the number of un-immunised children. Routine immunisation intensification activities were conducted in 23 LGAs to address equity gaps in Adamawa, Gombe, Jigawa, Taraba, Zamfara and Kebbi states. These, coupled with VCMs and other community mobilisers promoting routine immunization contributed to improved coverage and decreased drop out from 40.4 per cent report to 33.7 per cent, between the first and second quarters of the year, in areas where the VCMs operated.

UNICEF supported NPHCDA to complete PCV introduction and the successful switch from tOPV to bOPV in April 2016.

The second phase of measles vaccination campaign conducted in 17 southern states in January reached 84.5 per cent of the target population (children aged 9-59 months) according to the post- campaign coverage survey. UNICEF promoted best practices such as use of polio structures, house-to-house mobilisers and female town announcers.

The second and third rounds of Tetanus Toxoid vaccination campaigns n 61 high risk LGAs of six states reached 2,534,136 women of child bearing age, out of a target population of 2,496,057. Coverage exceeded 95 per cent in all 61 LGAs. A post-campaign survey indicated 58.2 per cent TT2+ coverage among women of child-bearing age, with 84.7 per cent children born “protected at birth”.

Main challenges included unreliable data quality, frequent public sector health worker strikes in some states, insecurity in the northeast and inadequate funding. The measles campaign was constrained by low commitment of state governments and an inadequate number of trained vaccinators.
OUTPUT 5 Increased national capacity to contribute significantly to the Polio Eradication Initiative.

Analytical Statement of Progress:
Two nationwide and three sub-national campaigns were implemented, and the last subnational campaign was integrated with an outbreak response. An average of 55.7 million children were vaccinated in each of the two national polio rounds, an increase from 54.4 million in 2015. A total of 96 per cent of LGAs in 18 high risk states attained more than 80 per cent coverage in the October outbreak response, as verified through Lot Quality Assurance Sampling data. There was a reduction in refusals as a proportion of missed children, from 0.28 per cent in October 2015 to 0.1 per cent in October 2016.

In response to the four cases of Wild Polio Virus reported in Borno between 4 July (first case) and 21 August 2016 (fourth case) UNICEF supported the NPHCDA in planning and implementing an initial response and five rounds of outbreak response in 18 states from August to December. At the end of June, one environmental circulating vaccine-derived poliovirus 2 (cVDPV)2 in Borno and one case of cVDPV in Jigawa were confirmed and one case of cVDPV2 in Borno was confirmed in August. An outbreak response was conducted in the respective states with monovalent oral poliovirus vaccine (mOPV2). The September outbreak response was integrated with inactivated polio vaccine (IPV) and growth monitoring screening in Borno. With these campaigns, UNICEF supported the procurement and distribution of 168.4 million doses of oral polio vaccine (OPV), 204,800 doses of IPV, and the transportation and logistics of all vaccinators so that they could reach all children.

UNICEF’s support in health camps enabled distribution of 2.3 million OPV doses from January to May 2016. These camps facilitated trust-building in PHC and succeeded in accessing children for polio and routine immunization.

A joint UNICEF/WHO project targeting 3404 hard-to-reach communities in 10 states with an integrated outreach health package, reached about 381,587 children aged 0-59 months with OPV.

With the re-surfacing of WPV transmission in Borno, the focus was placed on interrupting this transmission by reaching more children in the newly accessible and partially accessible areas in the Northeast. Attention was broadened 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 challenges which include identified population immunity gaps, continued circulation of cVDPV and other VDPVs, inaccessibility in security-compromised states, non-compliance, WPV outbreaks as well as contributing to the polio legacy planning. UNICEF needs to continue mobilizing 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:
The social mobilization network maintained at 17,000 members, mainly VCM, supplemented by religious focal persons and Polio Survivors Group and supervisors. Besides polio, the network is mobilizing community for ANC and routine immunization, exclusive breastfeeding and
handwashing. In the VCM assigned areas, from July to November, 199,734 newborns were tracked and 94 per cent received OPV. Out of 1.4 million children present at naming ceremonies, 80 per cent received OPV. The number of newborns tracked and vaccinated increased during the reporting period. In VCM-assigned areas, 96 per cent of pregnant women received ANC cards and 90 per cent received 2 doses of tetanus toxoid. Nearly one-half (48 per cent) of children received Penta 3 dose, and the dropout of Penta 1-3 decreased to 23 per cent in November from 32 per cent in March.

The number of missed children reduced from 4 per cent in January 2015 to 0.5 per cent in November 2016. Non-compliance decreased from 2.5 per cent to 0.4 per cent in the same period. The Northern Traditional Leaders Committee supported the programme. During November, 95 per cent of District Committee meetings were held, 96 per cent chaired by the District Head. Some 80 per cent of District Heads attended pre-“immunisation plus day” meetings with Emirs, 88 per cent monitored vaccination teams and 69 per cent attended evening review meetings.

Four WPV cases were reported in August, from three LGAs of Borno state, putting Nigeria back on the list of endemic countries. To support the outbreak response, the VCM network in Borno was geographically expanded from 13 to 23 LGAs.

Security in some LGAs of the northeast zone was a challenge, however teams were able to go into accessible areas of newly-liberated LGAs to administer vaccines.

Given the emerging situation in the country, communication efforts must continue towards building trust of the community in programme, maintain high acceptance of OPV and sustain community support to control the spread of poliovirus to other parts of country, particularly those at very high risk.

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

**Analytical Statement of Progress:**
Communication for development was a key strategy for UNICEF, based on evidence generated on knowledge, attitudes and practices and the exploration of the critical role of cultural practices and social norms as bottlenecks to achieving the desired health behaviours at community level. The increased focus on family and community practices that promote health and wellbeing reflects the huge role of households and the populations in delivering health to children and also catalysing health-seeking.

A Knowledge, Attitudes and Practices survey was completed and key determinants of Maternal Newborn and Child Health (MNCH), practices identified. This guided planning and implementation of the European Union MNCH project in Kebbi and Adamawa states. The report of a rapid assessment on selected family and community practices in households in eight LGAs of Lere, Kaduna North, Igabi, Giwa, Kajuru, Jema’a, Sabon-Gari and Zaria revealed the following: 55 per cent of households practiced handwashing; 81 per cent of under-5 children and pregnant women used Long Lasting Insecticidal Nets; 76 per cent of children under 5 years old were fully immunised, and 49 per cent exclusively breastfed; 8 per cent practice adequate and appropriate complementary feeding, and; 40 per cent use oral rehydration salts for diarrhoea prevention.
The number of U-Reporters was 1,763,249, the highest globally. It remained effectively interlinked with the community development structures of the National Youth Service Corps directorate. Some 1,433 youth in six communities of Kaduna state promoted essential family practices through youth-led community dialogues and Theatre for Development. The youth constructed 215 functional latrines, 18 improved water hand-pumps, 21 local wells, four grain banks for storage of food and two health facilities for two neighbouring communities.

In Adamawa, 480 jingles were produced and aired by Gotel Radio and Adamawa Broadcasting Corporation to raise awareness and improve demand on routine immunization and OPV. A total of 678 communities were reached and 23,735 mothers were educated through community dialogues on MNCH dangers signs and measures for prevention and lifesaving. Some 112,498 children under five and 228,196 pregnant women reported sleeping inside long-lasting insecticide treated nets (LLIN). A total of 331,348 women had at least 4 ANC visits, while 83,196 pregnant women delivered in the health facilities between April and October.

In Ebonyi and Enugu, 1,925 mobilisers reached 525,329 women in 465 wards with maternal and neonatal tetanus information. Seven radio stations devoted 262 minutes, ten broadcast periods weekly to contents based on the Facts-for-Life. Ten primary schools and five secondary schools were reached with handwashing demonstrations. Twenty-five women’s umbrella faith-based organisation groups and 848 women of the August Women network in Abia, Anambra, Ebonyi, Enugu and Imo States, comprising community leaders, civil servants, market women, church leaders, were reached directly with messages on maternal and child health. In two months, voluntary community mobilisers in pilot LGAs of Ikwuano in Abia State reached 317 women and 314 children under-one years old. The VCM in Aboh Mbaise LGA of Imo State reached 250 pregnant women and 237 children aged under-one.

**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:**
The Boko Haram insurgency in the northeast worsened the health and humanitarian situation particularly for women and children. A total of 1,873,459 internally displaced persons were living mainly in Adamawa, Borno, and Yobe States.

Through the training of healthcare workers on emergency primary health care 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 receiving antenatal care and 1,300 deliveries were conducted by skilled attendants in the IDP camps in Borno.

Additionally, 89,000 children aged 6 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. In Adamawa state alone, 407,320 individuals had access to integrated primary health care services in IDP camp clinics, host communities and returnee areas in Adamawa. Some 350 families received long-lasting insecticide treated mosquito nets in camps and host communities; and 18,008 children 6 months to 15 years in affected areas were immunised for measles.
Prepositioned essential emergency supplies were rapidly dispatched for use during a cholera outbreak response in the IDP camps in Borno state in September and November. During the response, 1,039 acute water diarrhoea/cholera cases were managed with 18 deaths: a case fatality rate of 1.7 per cent.

UNICEF, in collaboration with the National Bureau of Statistics 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 rehabilitate the affected facilities and make them functional again, especially as there were indications of the possibility of return of IDPs to their communities.

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

In 2017, UNICEF will continue to build the capacity necessary to address the health and humanitarian needs of IDPs in camps, newly liberated LGAs and host communities. UNICEF will also support implementation of the finalised health sector Humanitarian Response Plan and the scale up plan for Borno State for a better coordinated and more efficient humanitarian response in 2017 and beyond.

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 accounts for nine per cent of people living with HIV globally. Despite relatively low HIV prevalence, the size of Nigeria’s population translates into a high HIV burden with an estimated 3 million people living with HIV, the highest in West and Central Africa. Nigeria now drives global trends for new HIV infections in children, due to low coverage of programmes for the Elimination of Mother to Child transmission (EMTCT). It is the country with the second highest burden of adolescents living with HIV at 196,000; with women and adolescent girls being disproportionately affected by HIV.

The Nigeria HIV response remained constrained, with sub-optimal progress in terms of programme coverage, particularly for children and adolescents. The unmet need for the prevention of mother to child transmission of HIV (PMTCT) is 60 per cent. There has been a marginal increase in the coverage of pregnant women reached with antiretroviral therapy (47,122 in 2014 to 52,711 in 2015), however this is insufficient progress and the estimated MTCT rate remains high at 27 per cent. Similarly, coverage of early paediatric diagnosis and treatment is low at 9 per cent and 19 per cent respectively.

UNICEF support to the Nigeria National HIV programme largely focussed on policy development and systems strengthening at federal, state (Adamawa, Anambra, Benue, Cross-River, Kaduna, Lagos plus the Federal Capital Territory (FCT), and local government levels.

UNICEF supported some important policy changes that if rapidly implemented have the potential to improve coverage. These included the adoption of the WHO “test and treat” approach for all populations; the move to decentralise HIV services to the primary health care
level coupled with a task-sharing approach for service delivery, and the development of the Paediatric Acceleration Plan that targets enrolling 148,665 new children on treatment by 2018. Additionally, the National HIV strategy for Adolescents and Young People, launched in 2016 with funding from the National AIDS Control Agency (NACA) provides guidelines for the prioritization, and scale up of evidence informed high impact interventions for HIV programming. Implementation of these policies will contribute to improved paediatric and adolescent HIV programming, and achievement of the ‘90-90-90’ targets by 2020.

The move by the Federal Government to revitalise primary health care through the “One PHC per Ward” initiative is another potential game-changer. HIV services for pregnant women and their children have been integrated into the PHC minimum package bringing the services closer to the community. This integrated approach to service delivery in the context of Primary Health Care was implemented by UNICEF with European Union support in Adamawa state. In Adamawa, HIV counselling and testing was integrated into PHC as well as into sites for Community Management of Acute Malnutrition, reaching 111,680 pregnant women and 10,178 malnourished children with HIV testing.

Technical working groups for PMTCT, paediatric HIV and adolescent and young persons’ (AYP) sub-committees (which have been constituted under the HIV Prevention working groups), have been revitalised at Federal and State level and are increasingly being funded with government resources. These platforms strengthen the coordination and monitoring of the HIV response. The AYP committees have in addition provided opportunity for participation of adolescents and young people in the planning processes.

UNICEF strengthened planning by supporting the adoption of data-driven planning approaches for EMTCT at state level (Anambra, Benue, Cross River, Kaduna, Lagos). These inform the development of operational plans that include targeted interventions to address identified bottlenecks and improve service uptake, utilization, coverage and quality in target states. UNICEF’s contribution to the resolution of the bottlenecks focused on system- strengthening, including improving coordination particularly at the LGA level; monitoring and evaluation; management of HIV commodities; and demand creation. This approach to addressing service delivery bottlenecks began to yield positive results, with modest increases noted in PMTCT coverage in the states supported by UNICEF: for example, in Kaduna from 16 per cent in 2013 to 50 per cent in 2016.

UNICEF continued to engender strategic partnerships, provide leadership and direction to ensure scale up of AYP services using the “All In” Framework. Using this framework, UNICEF supported NACA to conduct in-depth analysis of the AYP programme context in Benue and Kaduna states. These assessments revealed that about 17 per cent (33,000) of the adolescents living with HIV (ALHIV) in Nigeria are in Benue and Kaduna states, and led to the identification of key bottlenecks related to high impact interventions (condoms, HIV testing and counselling and antiretroviral treatment). Workplans were developed to resolve the bottlenecks, and the plans utilised to advocate for resource allocation and prioritization of AYP-focused interventions. NACA adopted this approach and plan to scale up ‘All In’ programming to five additional high-burden states in 2017.

Nigeria’s funding of its HIV response remains low, with very limited domestic resources being committed to HIV programming and dwindling external resources from PEPFAR and The Global Fund. Considerable commitment, funding and resources need to be mobilised to expand access to HIV services. UNICEF continued to advocate for state level funding for the HIV response with limited success. Kaduna state showed the most promise to date, with the development of the
2016 State Unified HIV Operational Plan which has been funded using state government resources. In 2016, UNICEF supported the development of the Global Fund application for Lagos state, which was designated as a principal recipient, and ensured that appropriately ambitious targets were set for MTCT, paediatric treatment and adolescent HIV prevention and treatment.

**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:**
UNICEF and partners supported the government to adapt the WHO integrated guidelines including the adoption of Option B+ to fast track achievement of the elimination of Mother-to-Child-Transmission target. The paediatric HIV acceleration plan was finalised and disseminated in the Federal Capital Territory (FCT) and in the UNICEF four-supported states (Anambra, Kaduna, Benue and Lagos). UNICEF led the Data Driven Planning process in collaboration with the Government and the United Nations Joint Team on AIDS, and supported Kaduna and Cross River states to develop EMTCT plans, with Kaduna developing an integrated MNCH - EMTCT plan. Kaduna and Cross River were identified by the UN Joint Team as EMTCT proof-of-concept states.

Since 2013, UNICEF has supported data driven planning in four states – Anambra, Benue, Kaduna and Lagos. Addressing key implementation bottlenecks has proven successful: with, for example, PMTCT coverage in Kaduna having increased from about 16 per cent in 2013 to approximately 50 per cent at the end of 2016. The bottlenecks addressed included insufficient number of health care workers trained in HIV testing services, provision of maternal ARVs, and low early infant diagnosis service coverage. In Benue state, the 2016 ANC 1 was 75 per cent which exceeded the state target of 50 per cent. It is postulated that some of the results could be attributed to the demand creation strategies using voluntary community mobilisers. Procurement and installation of SMS printers was done as part of early infant diagnosis strengthening systems in UNICEF-supported states to promote early receipt of test results. In addition, Kaduna and Cross River state programmes were assessed in partnership with the Clinton Health Access Initiative, and barriers identified, solutions proffered and states were supported to resolve some of the identified barriers.

One of the strategies adopted since 2014 to improve PMTCT coverage is HIV counselling and testing (HCT) during the biannual MNCH Week. For the first round in 2016, only three UNICEF-supported states (Anambra, Kaduna and Lagos) and FCT implemented counselling, testing and giving results to 129,008 pregnant women and women of child bearing age, out of whom 587 were HIV positive and 561 (96 per cent) subsequently linked to PMTCT services.

UNICEF supported monitoring and evaluation at Federal and state levels, including the validation of the national PMTCT data as well as state data from the six UNICEF-supported states (Adamawa, Anambra, Benue, Cross River, Kaduna, and Lagos) and FCT for January to December 2015 to track the response and inform programming.
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:
Adolescent and Young People programming continued to be prioritised by Government and other partners and showed steady improvement in 2016. UNICEF supported the development of the first ever National HIV strategy for AYP. Following the launch of this strategy, UNICEF supported the dissemination and capacity building for about 200 programme staff in four states (Benue, Lagos, FCT, and Kaduna).

The ‘All In!’ assessments revealed that about 17 per cent (33,000) of the ALHIV in Nigeria are in Benue and Kaduna states. LGA level workplans were developed to resolve bottlenecks identified in all 17 high-burden LGAs. The assessment was as an opportunity for capacity building, advocacy for resource allocation and for galvanizing state leadership. In Benue state, the First Lady utilised the findings to champion AYP cause; she conducted community engagement activities to mobilise parents for uptake of HIV testing services by adolescents in 21 LGAs. This led to HTC of 7,811 AYP in five days: with 108 testing as positive and linked to treatment.

As part of ‘All In!’, UNICEF supported a two-week sexual and reproductive health empowerment camp for 54 ALHIV from six states. Their capacities for advocacy, life and vocational skills, and meaningful participation were built; experiences shared and data collected on adherence, disclosure, transition, mental health and sexuality. The information gathered will be used for ALHIV programming in 2017.

Innovative approaches were used to reach AYP with HIV information and services. Three polls were conducted using U-Report to engage them and disseminate information reaching about 620,000 AYP nationally. Support is being provided to NACA to upgrade the National Call Centre to reach and retain AYP in HIV services using multi-media platforms and approaches. When completed the Call Centre will potentially reach about 40 per cent (23 million) of AYP. In partnership with MTV, the reach of the SHUGA soap opera was expanded to reach AYP in rural settings in Lagos state, by translation into local languages and developing content on microSD for inserting into cell phones. As a result, 40,600 AYP (116 per cent of the 35,000 target) were reached with comprehensive HIV messages, out of whom 61.6 per cent accessed HCT.

Following a scoping mission to integrate HIV in emergency programming in Borno state, a multi-sectoral package of HIV interventions for integration into the health, nutrition, child protection, education and WASH sectors was articulated and HIV indicators integrated into sectoral monitoring tools. In collaboration with government partners, UNICEF facilitated HTC of 438 recently released abductees (children, adolescents and women). UNICEF also procured 195,200 test kits to breach the commodity gap identified.

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

Analytical Statement of Progress:
During 2016, UNICEF supported Anambra, Benue, Kaduna, Lagos states and FCT to conduct bottleneck analysis of the EMTCT program at LGA level. This resulted in the clear articulation of
programmatic bottlenecks which include: low antenatal clinic attendance rates, HIV commodity stock outs, and the poor capacity of health service providers. These bottlenecks are being addressed programmatically and the progress tracked.

Additionally, UNICEF Nigeria supported the scale up of provider initiated testing and counselling using multiple entry points at the Massey Street Children’s Hospital in Lagos to determine the most effective approaches for identification of HIV infected children. Once defined, the approaches can be scaled-up to other facilities, to further improve paediatric treatment coverage in 2017.

The ‘All In!’ assessment conducted in Benue and Kaduna States had significant impact on the youth groups especially the children/youth parliament and the association of AYP living with HIV. The assessment process built their capacities on data collection and analysis. They could utilize the information for advocacy and sensitization with policy makers, religious and traditional leaders. In Kaduna, the presentation of the data and plans at the national executive council by young people led to the integration of ‘All In!’ plans into the 2017 State Priority Plan.

UNICEF partnered with NACA to convene the National HIV Prevention conference and provided high level plenary speakers from WCARO and UNICEF headquarters. Support was also provided for 40 out of 150 AYP from FCT and five states (Kaduna, Benue, Lagos, Anambra, and Cross River) to a pre-conference Youth Summit. Technical support was provided to ensure that the conference programme had an adequate focus on paediatric and adolescent HIV prevention. Sessions of note included the session on the ‘All In!’ framework to end adolescent AIDS, during which UNICEF led the AYP to articulate their role as active participants in the HIV response in Nigeria; and the session on the use of technology for HIV prevention which include a presentation on the U-Report. The outcome from the Youth Summit was presented as a communiqué at the closing plenary of the National HIV Prevention conference, and will form part of the conference recommendations.

The main challenge experienced in terms of strategic information for HIV is the lack of accurate state level estimates of the HIV epidemic. AIDS indicator surveys are currently being conducted in Lagos, Kaduna and Akwa Ibom states with US Government support (PEPFAR), and UNICEF effectively partnered with the process to build the capacity of data collection teams on provision of adolescent-friendly services.

**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:**
2016 was a momentous year for the WASH sector in Nigeria with the Vice-Presidential launch of the 2016-2030 “Partnership for Expanded WASH (PEWASH)” Strategy; and the launch of the “National Roadmap for eliminating Open Defecation by 2025” by the Minister of Water Resources. UNICEF, as chair of the WASH Development Partner’s Group, played an instrumental role in the formulation and successful launch of these.

PEWASH is aimed at achieving 100 per cent access to basic water and sanitation in the rural areas by 2030, through a multi-sectoral partnership, thereby contributing to the attainment of SDG-6.1 and 6.2 targets. In 2016, the National Council of Water Resources approved memos on the proposal to amend the LGA Scheme of Service (to include WASH Departments across all LGAs in the country); and the establishment of WASH in Emergency working groups in all
the states of Nigeria. This augurs well for the WASH sector, as Nigeria gears up to meet the SDG-6 challenge. UNICEF contributed substantially to the success of the 5th National Conference on Sanitation in 2016.

With UNICEF support, an additional 2.5 million people live in 3,007 Open Defecation Free certified communities (207 per cent of the 2016 target) and over 2.1 million people gained access to improved water sources (141 per cent of the 2016 target). UNICEF contributed to 80 per cent of ODF achievement in Nigeria.

A total of 142,703 pupils gained access to WASH facilities in 318 schools, while 21,458 caregivers and health workers were reached with WASH facilities in 104 health facilities. As part of UNICEF’s core commitments for children in emergencies, WASH interventions reached 701,767 affected persons, and UNICEF co-led coordination at national and sub-national levels (especially in Borno, Yobe and Adamawa).

With the Federal Ministry of Water Resources (FMWR), UNICEF co-led the development of national strategies for hygiene promotion in communities/institutions, sanitation marketing, village level operation and maintenance, and water safety planning. The national training manual on CLTS; Technical Guides for “WASH facilities in Schools” and “WASH facilities in Primary Health Care Centres” were published in collaboration with the key ministries.

UNICEF supported the development of state WASH policies in five states (Imo, Ogun, Delta, Ogun, Ekiti and Gombe); the Water Law in Anambra, Osun and Kano states; and the 2016 National Water Policy. UNICEF facilitated the establishment of State Ministry of Water Resources in Akwa Ibom state and Rural Water Supply and Sanitation Agencies in Gombe and Ondo States.

UNICEF’s advocacy and leveraging strategy influenced government funding for scaling up WASH access in states. UNICEF leveraged over US$12.7 million (Naira 4 billion) for WASH in 2016. UNICEF successfully used donor funds as a catalyst for wider transformation or scale-up by the government. In Kaduna, Katsina and Anambra, the state governments are scaling up WASH information management systems (WASHIMS); and the development/implementation of LGA-wide ODF plans using government resources. In Anambra, the State Governor launched the State ODF Roadmap, while in Kaduna, the State government developed/ratified the Medium-Term Strategic Plan for WASH.

Harmonised procurement guidelines, standard designs, guidelines and specifications for WASH facilities in communities, schools, and health facilities helped improve design and the quality of constructed WASH facilities, while contributing to cost savings (over US$3.2 million). The introduction of third-party supervision by independent civil engineering firms further improved the quality of constructed WASH facilities. The ongoing third-party verification, certification and validation of ODF communities continues to drive transparency and quality of CLTS processes.

WASHIMS is the national sector monitoring platform covering rural and urban WASH sub-sectors. It is operational in 107 LGAs (12 LGAs in 2013) across 21 states covering data in 35,436 communities (against 2,668 in 2013).

To improve accountability in the sector, the Real-Time Functionality Tracking (RTFT) of water points is linked to WASHIMS. An SMS-based RTFT was extended from 12 to 57 LGAs across 16 states. With RTFT, the functionality of water points has risen from 56 per cent to 71 per cent; with one LGA (Bakori) in Katsina reaching 98 per cent, up from 74 per cent.
The Federation of WASHCOMs was established in 34 project LGAs to strengthen citizen’s voice and accountability in the sector. The value for money framework continued to improve economy, efficiency and effectiveness across the WASH programme.

UNICEF continue to provide leadership on sanitation marketing by working with entrepreneurs and community artisans to develop and promote innovative technology options to help households move up the sanitation ladder. Similarly, under sanitation financing, UNICEF facilitated the signing of MoUs between FMWR and 42 micro-finance institutions to provide affordable sanitation loans to households across 60 LGAs desiring to upgrade or construct improved latrines. WASHCOM “Adashes” (contributory/revolving credit groups) were also constituted and trained to offer affordable sanitation loans to households in 60 communities across three states.

UNICEF WASH programming actively contributed to most country programme priorities, through convergence of services, accountability through U-report, and leveraging of resources. With WASHCOMs as an entry point, convergent programming was extended to an additional 693 communities in 2016 (total 722) with positive impacts on immunization, birth registration and malnutrition within these communities.

In 2016, UNICEF was elected as Chair of the WASH Development Partners’ Group with the African Development Bank as the co-chair. With World Bank, UNICEF facilitated the global launch of the online WASH Bottleneck Analysis Tool in two states. Strengthened partnerships with donors, government and non-government actors, including coalitions of CSOs, such as BENGONET in Benue, NEWSAN, and the WASH-Media Networks, helped accelerate programme implementation and improve quality of services.

**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 underserved states for scaling up of WASH interventions to promote safe drinking water, adequate sanitation and good hygiene practices.

**Analytical Statement of Progress:**
UNICEF engages Federal, state and LGA partners towards developing and strengthening policies, plans and institutional systems and structures. This approach has yielded positive results as evidenced by the WASH policy approvals, establishment of state Rural Water Supply and Sanitation Agencies and the development of investment plans. Kano, Osun and Anambra states enacted water laws. WASH policies of Ogun, Imo, Ekiti, Delta and Gombe states were approved, while those in Adamawa, Edo, Sokoto and Zamfara States are awaiting ratification. Rural Water Supply and Sanitation Agencies established in Zamfara, Kaduna, Edo and Gombe States gave a boost to the development of the rural water and sanitation sector in these states.

UNICEF ensured that the sector policies and plans address gender and equity concerns. In 2016, UNICEF leveraged over US$12.7 million (Naira 4 billion).

The Kaduna State Executive Council approved a three-year Mid-Term Plan for WASH in 2016, to join the league of states with WASH medium-term investment plans. Similarly, 68 LGAs have 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 ODF plans as part of UNICEF’s focus on scaling-up sanitation coverage. In partnership with the World Bank, UNICEF facilitated the global launch of the online WASH Bottleneck
Analysis Tool with Bauchi and Rivers as pilot states.

UNICEF was elected as the chair of the WASH Development Partner’s Group in 2016. This role enabled UNICEF to influence the Government’s “Partnership for Expanded WASH, 2016-2030” strategy, aimed at achieving SDG-6.1 and 6.2 targets for the rural areas. The Vice President of Nigeria launched the PEWASH Programme on 7th November 2016. The National Roadmap for Eliminating Open Defecation in Nigeria by 2025 was finalised taking into consideration the SDG targets, and was launched by the Minister for Water Resources on 22nd November 2016. Process for the domestication of the National Roadmap is ongoing in most of the States. In Anambra, the State Governor also launched the State Roadmap for Elimination of Open Defecation.

With a view to promote accountability in the sector, the real-time SMS-based Water Facility Tracking System was scaled up to cover 57 LGAs. The system serves as an interface for updating water points functionality within the larger WASH Information Management System. WASHIMS, currently operational in over 35,000 communities in 107 LGAs, has improved monitoring, reporting and decision-making.

A Federation of WASHCOMs was established in 34 project LGAs towards strengthening citizen’s voice and accountability in the WASH sector.

Nigeria’s experience on WASHIMS and WASH Bottleneck Analysis Tool was presented at the Africa Water Week in Tanzania. Nigeria also shared its experience on WASHIMS at the Global “WASH and ICT” conference in Washington DC, USA. UNICEF Nigeria produced a compendium of case studies highlighting best practices in scaling-up WASH coverage across the country through a publication titled “Promising Practices – Case Studies from Nigeria”.

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 2,121,197 people (1,019,356 male and 1,101,841 female), representing 141 per cent of 2016 planned target, gained access to improved water sources through the rehabilitation and provision of new water facilities in rural communities. These included former guinea-worm endemic communities.

Towards further bolstering the quality assurance processes for construction works, a third-party supervision contract was engaged to provide independent verification and supervision of contract works in communities and schools. Supplies and equipment, including ICT equipment, smartphones, solar-based power supply systems, GIS, to strengthen WASH institutions in project States and LGAs were provided.

Programme cooperation agreements (PCAs) with Tulsi Chanrai Foundation advanced the village level operation and maintenance system across 22 project LGAs in ten states; and with Partners for Development helped drive community-centred WASH Services Delivery. A PCA with Partnership Initiatives in the Niger Delta is driving operational research on Bio-sand and Clay filters, capacity development support and enhancing peacebuilding in ten LGAs of five Niger Delta states. These PCAs are further empowering communities, including women, to be in-charge of their WASH facilities and ensure their long-term sustainability. A national strategy
for scaling up water safety planning was developed and disseminated to guide nationwide rollout. Across 16 project states, 1,405 rural communities now have operational water safety plans.

During the year, 1,220 WASH sector functionaries (877 males and 343 females) gained increased knowledge and strengthened their skills in various thematic areas in the WASH sector. These areas included community-based monitoring and reporting, community-based water quality monitoring, surveillance and household water treatment, and hand pump maintenance and repairs.

In addition, 17,417 WASHCOMs were established and 216,518 WASHCOM members (141,010 males and 75,508 females) trained for effective management of WASH facilities and proper record keeping at community level across 70 project LGAs in 21 states. An expanded WASHCOM guideline is enabling cross-sectoral engagement in the participating communities.

Convergent interventions piloted using WASHCOMs as an entry point in 29 pilot communities (in Benue and Jigawa) saw a rapid improvement in the child survival and development indices in the communities. In 2015, birth registration coverage increased 450 per cent, and immunisation rates increased between 34 per cent and 100 per cent. This approach was extended in 2016 to an additional 693 communities in 2016, reaching a total of 722 communities with huge potential for scaling-up in future. The approach can easily be scaled-up to reach 7,500 communities, which are already empowered, being ODF-certified.

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:
By the end of the year, 2,489,871 people (male - 1,168,572; female -1,321,299), representing 207 per cent of target, were living in 3,007 certified ODF communities, while an estimated 942,839 people (male – 436,374; female – 506,465) used improved latrines across the focus states and LGAs supported by EU and DFID. In addition, 3,121 communities claimed ODF and are await certification.

Community-led total sanitation continued to yield good results, and is now the main model for accelerating sanitation coverage. The adoption of the LGA-wide approach has accelerated the scaling up efforts. With UNICEF support, the capacities of 1,582 (male – 1,089; female – 493) government partners and relevant institutions were enhanced for effective implementation of sanitation and hygiene approaches in 20 focus states. A total of 68 LGAs now have trained CLTS facilitators to mobilise communities towards ODF status.

The final report of sanitation marketing research conducted by UNICEF was disseminated to all relevant stakeholders. The national strategy for sanitation marketing was developed and is being piloted in three states towards helping households move up the sanitation ladder.

UNICEF is leading research and development on sanitation marketing, working with entrepreneurs and community artisans to develop and promote innovative technology options. Under sanitation financing, UNICEF facilitated the signing of MoUs between the Federal Ministry of Water Resources and 42 micro-finance institutions to provide affordable sanitation loans to households in 60 LGAs desirous of upgrading or constructing improved latrines. WASHCOM “Adashes” (contributory/revolving credit groups) were also formed and trained in 60
communities across three states to offer affordable sanitation loans to households within their communities.

The National Hygiene Promotion Strategy was rolled out in 850 communities across 47 LGAs in nine States. Some 262 government and NGO staff (200 male and 62 female) were trained as trainers/facilitators in the process. The 850 communities now have functional Volunteer Hygiene Promoters, who promote, monitor and report on hygiene behaviour changes within their communities. About 20.7 million people (male – 9.5 million; female – 11.2 million) were reached with key hygiene messages during the Global Handwashing Day commemoration mainly through news, articles and jingles on radio and television. A total of 21,458 caregivers, mainly mothers, were also reached with key hygiene messages in health facilities. In addition, 15.5 million people in 11,632 communities (representing 82 per cent geographic coverage) across ten UNICEF-assisted states were administered Mectizan drug for elimination of Onchocerciasis disease.

The 5th National CLTS Conference was successfully held in Akwanga in November, with strong participation of sanitation and hygiene practitioners from across the country. The Open Defecation Road Map for Nigeria was launched by the Minister of Water Resources at the event. UNICEF continued to strengthen the National Task Group on Sanitation in sanitation coordination across the country and also routinely supported capacity development efforts of its members on various emerging area. Third party certification by civil society networks, including NEWSAN - Society for Water and Sanitation) and validation by the National Task Group improved transparency and quality of the CLTS process.

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:
Around 14.8 million people were affected by crisis in the north-eastern states of Adamawa, Borno, Gombe and Yobe, with over seven million people in need of whom 3.8 million were children (HRP, January 2016).

UNICEF’s overall WASH response reached 701,767 people (326,276 men and 375,491 women). The water supply response reached 660,617 people, while WASH kits were distributed to 627,560 people. Hygiene promotion sessions (including menstrual hygiene management) reached 1,008,407 people (male – 472,975; female – 535,432) in 2016.

Towards prevention, preparedness, and control of cholera, a national plan was developed and development of sub-national plans by 11 most cholera-prone states (mainly in the northern part of the country) supported. The cholera preparedness, prevention and response plan prepared by Borno state, building on the national plan, greatly helped the state in minimizing the spread of cholera.

The cross-border collaboration framework against cholera among the four Chad basin countries (Cameroon, Chad, Niger and Nigeria) was further strengthened. UNICEF continued to support and co-lead with the Federal Ministry of Water Resources the smooth conduct of the National Emergency WASH sector group meetings. Similar set-ups at the State level were established and functioned in Adamawa, Borno, Yobe, Cross River, Akwa Ibom, Kaduna, Kogi and Zamfara states; while Kano, Jigawa, Plateau, and Bauchi states have systems in place to respond to
WASH needs in emergencies. Emergency preparedness plans were updated at national level and in 15 states and the FCT. With UNICEF support, 212 (about 23 per cent were women) national and state government and NGO partners gained skills on EPR and DRR.

With the World Bank, UNICEF co-led the North-East Recovery and Peace building Assessment covering Borno, Yobe, Adamawa, Gombe, Taraba and Bauchi. US$171.9 million was estimated as needs for WASH in the recovery and stabilization phase; with Borno representing 67 per cent (US$115.3 million) of the needs. 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 (HNO) and the 2016 and 2017 Humanitarian Response Plans for Nigeria. The HRP for 2017 targets nearly two million people for the WASH response, of which UNICEF is planning to respond to nearly one million affected people.

**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:**
Towards wider scale-up of the ‘Three-Star’ approach to WASH in schools introduced in 2014, UNICEF organised a review of its guidelines. A national strategy for hygiene promotion in and through schools was developed, and used in the implementation of WASH in school activities. As a part of scaling up the strategy, teachers and pupils across 1,739 schools in 16 project states were trained to construct low-cost handwashing stations (especially tippy taps), and these are being used for group handwashing in the schools.

The national technical guidelines for WASH in Schools and Public Health institutions were developed in collaboration the NPHCDA to provide a framework for effective WASH services in these public institutions. The WASH facilities designed in schools and primary health centres are gender-sensitive and child-friendly. An arrangement was put in place for monitoring and supervision of WASH in school activities through the Local Government Education Authorities’ Supervisors. This will be integrated into the monitoring and reporting checklist for the Supervisors. Efforts are also underway to obtain the status of WASH facilities in schools on a “real-time” basis, using an SMS platform.

In 2015, UNICEF supported the setting up of a “WASH in PHCs” working group led by the Ministry of Health/ NPHCDA and included the Ministry of Water Resources, Ministry of Environment, WHO and civil society. The working group was instrumental in guiding the harmonization of standards, planning, design and rolling-out of interventions across the PHCs in the country. In June 2016, the working group finalised the Technical Guide for WASH facilities in PHCs following a national stakeholder’s consultation workshop. National Research on Mensural Hygiene Management (MHM) was completed with the research report finalised. Several communication materials were developed to support advocacy and awareness creation on MHM among young girls.

Of the planned 560 schools, 318 gained access to WASH facilities through UNICEF support; and 142,703 pupils (76,284 boys and 66,419 girls) used these facilities. The capacities of 4,304 (male – 2,391; female – 1,913) state and local government officials, teachers, SBMC members and Environmental Health Club coordinators were enhanced on management and
implementation of school WASH activities. In 966 schools, Environmental Health Clubs out of the 705 target for 2016 were formed and comprise boys and girls. The clubs facilitate hygiene promotion and supportive management and operation of school WASH facilities. A total of 104 out of the planned 100 health facilities were provided with WASH facilities, and 21,458 caregivers, mainly women, used the facilities.

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:
During the year, 495,184 children with severe acute malnutrition benefited from community management of acute malnutrition (CMAM), 84 per cent of the annual target of 587,809. This was partly due to the expansion of the number of health facilities providing CMAM services from 746 in January to 936 in December. While the total number of children with SAM increased significantly compared to the 400,000 treated in 2015, there are still almost two million children with SAM in Nigeria not benefiting from CMAM and mortality rates are high among those not reached. The main reasons relate to resource constraints within Government, with the programme largely funded by development partners.

On infant and young child feeding, a solid foundation was laid for expanding the national response through the drafting of the IYCF National Strategy and Operational Plan and the development of the National IYCF Social Behaviours Change Communication Strategy and Plan. The National IYCF task force met several times to lead the development of these. Through the UNICEF-supported IYCF programme, 408,984 others (67 per cent of the target) were counselled through community groups and health facilities. Ultimately, this is just a small proportion of the more than eight million mothers who give birth every year and that need IYCF counselling and support. The limited funding for IYCF was the major barrier to further scaling up

The June round of the MNCH Weeks was supported by UNICEF in 22 states, providing 18,652,760 children under five with vitamin A and 2,086,593 pregnant women with iron/folate supplements. The MNCH Week programme was evaluated and the results will be used by UNICEF to reassess its role in financial support to the approach in future, also taking in account the significant level of dependence on external non-Government funding.

Policy, planning and partnerships major achievements were made through very intensive awareness raising on malnutrition to the public through various media briefings, events and initiatives specifically targeting various policy makers at Federal and state levels. The advocacy resulted in increased nutrition-related policy decisions, including the approval of the National Policy on Food and Nutrition and the largest ever nutrition funding allocation in the budget for many of the northern states. Three states (Gombe, Kaduna and Bauchi) released a total of US$1.2 million, higher than initially planned. However, due to the economic crisis, several states were not able to release funds, despite good political will. By the end of the year, the fund allocation in Federal and state budgets for 2017 were further increased. The UNICEF advocacy targets on Government investment in nutrition were not met.

In April, UNICEF with other UN agencies could assess the food and nutrition situation in several areas of Borno that were inaccessible due to security concerns until that time. The data coming out of these newly accessible areas showed extreme levels of child malnutrition. A report issued
by FEWS NET in December concluded that in many of these areas it was likely that a famine had occurred, and that there were thousands of famine-related deaths.

It was estimated that in northeast Nigeria affected by the crisis – Adamawa, Yobe and Borno states – an estimated 400,000 children had SAM in 2016, including 244,000 in Borno. Without CMAM an estimated 75,000 of these would likely not survive. Based on data provided by UNICEF, in June the Ministry of Health declared a Nutrition Emergency. As a response, UNICEF supported the Government and NGOs with the rapid expansion of the CMAM programme in Borno, Adamawa and Yobe. The number of CMAM sites in Borno increased from 114 in January to 206 in December. While in January 3,513 children with SAM benefited from CMAM in Borno, this increased to about 15,183 in September, mainly due to mass screening campaign. By end December, a total of 84,028 SAM cases were treated in Borno, an estimated 34 per cent of the total expected caseload in 2016. Besides support to CMAM, UNICEF also supported the training of health workers on IYCF counselling in the affected states and the distribution of micronutrient powders to 145,831 children aged from 6-23 months.

Through the deployment of a Sector Coordinator and Information Management Officers, UNICEF supported Government, NGOs, and other partners with improved coordination and complementarity in the joint response. As of November, data from several sources started showing a reduction in the number of new SAM cases in the areas where the integrated nutrition programme had been rolled out. In spite of this, 2017 the nutrition emergency response will need to be further expanded and intensified to benefit more children in accessible areas. It is also hoped that all areas still inaccessible at the end of December 2016 will soon become accessible, so that also the lifesaving nutrition services can be provided to many more people who are likely to be living in famine conditions.

Key donors supporting the nutrition response through UNICEF in 2016 included DfID, the Children’s Investment Fund Foundation, European Union, the US Government, the Micronutrient Initiative, the Japanese Government, the German Government, and the US Centers for Disease Control (CDC).

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

**Analytical Statement of Progress:**
Overall, the CMAM programme is providing service in 133 LGAs in 12 states, through 936 CMAM sites. As of 31 December 2016, 495,184 children had been admitted, of whom 161,938 were from the nutrition emergency-affected northeast (Adamawa, Borno and Yobe). The annual national target was 587,809 and for the northeast was 398,188 children.

There was a cure rate of 88 per cent, a death rate of 1.2 per cent and a defaulter rate of 8.5 per cent, which is better than the minimum international quality standards: cure rate of >75 per cent, defaulter rate of <15 per cent and death rate of <10 per cent.

Kaduna state initiated the CMAM with their own funds in January 2016, making it the 12th state using the approach in Nigeria. To support this commitment, UNICEF also invested in strengthening the Kaduna CMAM programme. The programme experienced a slightly higher defaulter rate that usual, which was not unusual in new programmes where the quality of service delivery still requires improvements. Additional training of service providers and
supportive supervision will therefore be strengthened in Kaduna in 2017.

The programme continued to scale-up in the three states (Adamawa, Borno and Yobe) of northeast Nigeria in response to the nutrition crisis, through expanding screening for SAM cases. In Borno state - where a nutrition emergency was declared in June - the scale-up included integration of screening with health sector polio campaigns and volunteer community mobilisers as well as mass screening campaigns. As a result, approximately one million children aged 6-59 months were screened, with 15,000 children with SAM identified and referred for treatment.

In 2016, the programme continued to strengthen the quality of SAM treatment services. This was through training of 3,300 health workers on treatment services, 3,206 volunteers on screening and active case find and 181 warehouse and store managers on supply and warehouse management in 12 states. Also, to improve timeliness of reports and feedback to address supply and data issues, more than 1,800 health workers from more than 800 facilities in 12 states were trained on innovative real time reporting using the SMS RapidPro reporting tool. The guidelines for inpatient management of SAM with complications was finalised and validated.

Despite the achievements, the SAM treatment in 2016 is reaching only 20 per cent of the national severe acute malnutrition burden (2.54 million) among children aged 6-59 months. Limited funds for programming and supplies are major limiting factor to scaling up and reaching all children with SAM in the country. There are concerns on the low financial investment by Government in the CMAM programme, while there is a likely decrease in donor funding for in the coming years. UNICEF is strengthening its efforts to increase awareness on SAM and support federal and state level Government to plan for increasing investments in the CMAM programme in future years.

OUTPUT 2 By 2017, the 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 2016, UNICEF provided support to activities reaching a total of 488,673 pregnant and lactating women with infant and young child feeding educational, promotional messages and counselling. This was through previously existing and 2,116 newly established community IYCF support groups. Training on IYCF was provided to 969 health workers and 4,725 community volunteers. UNICEF supported the development of the IYCF National Strategy and a National Social and Behaviour Change Communication Strategy with related five year operational plans. The Strategy was validated and domesticated in three states. A national conference on complementary feeding was held, with over 150 participants. The meeting was important as it was the first time that such significant attention was given to issues around feeding children between six and 24 months.

Looking at the data from the states with the highest malnutrition rates in Nigeria it was evident that this was the time most malnutrition occurs, and it is directly related to poor feeding and hygiene practices. The meeting identified key actions and context-specific recommendations to accelerate responses to improve complementary feeding practices and informed the national strategic documents that were developed. The National Code /Regulation on breastmilk substitutes was revised and updated with the new World Health Assembly resolutions. A National Code training manual and monitoring tools were revised accordingly and an
enforcement and monitoring plan developed. A stakeholders meeting was held for 65 people including Infant Food Manufacturers and their distributors on the importance of promotion and protection of good infant feeding and enforcement of the National Code. The participants agreed and signed an engagement to support enforcement of the National Code.

UNICEF with the Ministry of Health, and SPRING Project commenced an impact evaluation of the national community-IYCF training package. This evaluation is of wider interest as the Nigeria tools were developed based on the global IYCF package, and as such, the findings will be relevant for other countries using similar tools. A mid-course evaluation was conducted in 2016. Baseline and mid-course results as well as different briefs and success stories were published on the internet and through print materials as well as presented to the International IYCF Conference. Community-IYCF training and counselling packages for facility and community level were printed and distributed to all 18 states.

Despite the achieved results, IYCF implementation was constrained by low investment by Government and development partners, resulting in implementation at small scale. Limited capacity and time by health workers to undertake quality counselling, and poor compliance with the National Code on Marketing of Breastmilk Substitutes affected the quality and impact of IYCF services. Misconceptions and myths among caregivers remained a challenge to optimal IYCF practices. There is a general increase in awareness on the importance of good nutrition among policy makers at federal level and in many states, and it is hoped that this will also result in more investment for the relatively cost-effective malnutrition prevention through IYCF promotion.

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

Analytical Statement of Progress:
Two rounds of the MNCHW campaigns were conducted in 2016. The first round campaign was held in 22 out of 36 states and the FCT. The second round started in November 2016 and was implemented in 19 states by the end of the year.

About 19 million children aged 6-59 months were reached with Vitamin A supplementation in the first round. With UNICEF support, for both round, Vitamin A capsules were supplied to all the states and Iron Folate and deworming tablets were supplied to the five WINNN states (Working to Improved Nutrition in Northern Nigeria – a UK-DFID funded project implemented by Save the Children International, Action Against Hunger and UNICEF).

To improve efficiency and accountability during the campaign various innovations were developed, including the state preparedness dashboard and an online planning-reporting matrix. In addition, SMS-based tools (using RapidPro) were used throughout the planning and implementation phase to confirm supply status at facility level prior to implementation of the MNCH Week. During the campaigns, the SMS-based system assisted with confirmation of stock levels and ensuring timely re-supply of commodities to facilities with stock-outs.

A major challenge remained the state level governments’ limited finances for the MNCH Week. This undermined the sustainability, reach and impact of the programme. These, together with challenges with reaching the most vulnerable, were also highlighted in the UNICEF-supported evaluation of the MNCH Week. The evaluation results will be used to further strengthen the programme in 2017.
Micronutrient powders to fortify the food of children between six and 24 months at household level were distributed in response to the emergency situation in 17 IDP camps and 458 Primary Health Care centres in the three emergency states of Adamawa, Borno and Yobe. A total of 145,831 children between 6-23 months were reached with the micronutrient powders. This was 115 per cent of the 2016 target.

UNICEF and partners supported the Government to carry out a round of food fortification monitoring at factory and retail level in Lagos. Results showed that while most of the foods (sugar, oil and flour) that are supposed to be fortified were fortified, only a small percentage was fortified at the adequately levels. UNICEF supported the Government to formulate a National Fortification Position paper. The paper outlines the country priorities to promote, support and enforce fortification as per national legislation.

Priorities for 2017 will include intensification of advocacy for sustainable financing for MNCH Week and Vitamin A, as well as scale up the micronutrient powder programme beyond the three emergency states in northeast Nigeria. Special attention will also be given to the integration of routine micronutrient supplementation through existing health services. The planned revitalization of the Primary Health Care system – a Government priority – could make a major difference in developing routine supplementation responses.

**OUTPUT 4** By 2017 leadership, policy, institutional capacity and partnership strengthened to scale up nutrition interventions targeted towards the vulnerable groups (especially women and children).

**Analytical Statement of Progress:**
With UNICEF support, the National Food and Nutrition Policy was approved, launched and disseminated in 2016 by the Federal Executive Council. It is expected that the policy document will influence the Federal Government decision in budget allocation during the 2017 budget process.

Five states developed multi-sectoral costed nutrition plans with UNICEF support during the year. The plans are awaiting executive inputs for finalization and printing.

Nutrition advocacy activities during the year resulted in state government release of US$1.2 million to UNICEF Nigeria to procure from domestic resources ready-to-use therapeutic food (RUTF) for treatment of severely acute malnourished children. The annual target for this was US$3 million. Despite having many of the targeted states putting funds for RUTF and nutrition in their 2016 budget, the actual release of the funds was limited, likely due to the major economic crisis the country is going through. Four states released a total of US$380,000 by June 2016 for the first round of the MNCH Week activities to increase coverage of key child survival interventions including Vitamin A supplementation, Iron/Folate and deworming. This was close to the target of US$390,000.

The National Committee on Food and Nutrition, supported by UNICEF, successfully organised its quarterly multi-sectoral meetings. The Scaling Up Nutrition (SUN) Movement rallied stakeholders during the year to review Nigeria progress in nutrition commitments.

There was an improved nutrition landscape resulting from strategic advocacy, including media engagement at federal and state levels, one-on-one discussions with policy makers, and
arranging visits for governors to nutrition treatment sites. UNICEF trained media houses and organised a series of media dialogue on malnutrition. As a result, and for the first time, the Senate discussed nutrition issues in the legislative house with a strong statement that “no more Nigerian children or women should die of malnutrition, irrespective of his/her background” on July 20th, 2016. In addition, the First Lady initiated a project called “Get Involved” within her office to support addressing malnutrition in Nigeria. UNICEF continuously played a lead initiating and facilitating role in nutrition advocacy during the year, including coordinating meetings among development partners.

Overall, inadequate funding for an expansion of the nutrition response remained a major challenge, despite the enhanced visibility which created increased government awareness.

One lesson learnt during the year was that sustained advocacy is important for increased budgetary allocation and funds. As a recommendation, increased programme activities to create enabling environment beyond the health sector are pivotal, and should be pursued in the coming years, such as integration into WASH, health and agriculture.

**OUTCOME 5** 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:**
The Multiple Indicator Cluster Survey 2016 and National Immunization Coverage Survey (NICS) pre-test and pilot (including the Kano and Lagos state-focused MICS) were successfully concluded. The lessons were integrated into the main MICS data collection which commenced in September 2016 and will be concluded in January 2017. The Survey is implemented across Nigeria and includes two state-level surveys in Kano and Lagos, the two most populous states. It also includes quality of water testing for all states.

UNICEF provided technical support to the further analysis of MICS 2007, 2011 and Demographic and Household Survey 2013 data, and developed advocacy materials highlighting equity analyses of data for education, child protection, nutrition, WASH, health, and HIV.

UNICEF Nigeria initiated a Request for Proposal process in May 2016 to engage several firms and institutional providers into a LTA for quality assurance of deliverables in the rolling IMEP. The RMT decided to expand the proposed LTA to include 24 countries of the WCARO region and thus move the oversight of the process from UNICEF Nigeria to WCARO. It is expected to be in place during the first quarter of 2017.

UNICEF Nigeria received the results of an Impact Evaluation of the MNCH Weeks. The evaluation found some challenges with the design of the Week, especially in the capacity of the office to understand the cost, and its impact in term of coverage or health benefits. The report findings will be discussed with Government to discuss the way forward, including the possibility of an exit strategy.

Two additional impact evaluation were commissioned and have delivered their Evaluability Assessments. UNICEF also commissioned an evaluation of its capacity development activities, focusing only on trainings. This demonstrated the usefulness in conducting Evaluability Assessment, in addition to the challenges observed by UNICEF in delivering training activities.

The findings of the Evaluability Assessment of the Cash Transfer Programme revealed that its
performance management system and data availability for the impact evaluation are robust. They provide some baseline data/information which will be essential for the Impact evaluation conducted early 2017.

UNICEF field offices and State Planning Commissions were supported to conduct the state level mid and annual programme reviews and development of 2017 State Plans. The objective was to better synchronise the planning cycle of states and UNICEF; and ensuring UNICEF-supported activities were duly reflected in government plans.

UNICEF supported the UN Delivery as One approach at state level, by putting together annual workplans in two states: Anambra and Benue, and provided inputs to four other UN joint state annual workplans led by other UN agencies.

Evidence generated by programme sections continued to be used strategically and effectively to promote awareness of child rights issues and to advocate for policy and behaviour changes in Nigeria during 2016.

UNICEF organised more than 20 dialogue meetings with media, including field visits, involving around 700 Nigerian media professionals to raise awareness and generate action on pressing social issues including malnutrition, violence against children, female genital mutilation, HIV and AIDS, and WASH.

The media dialogues and ongoing proactive media relations ad a major and definable impact, most notably in the area of malnutrition, with public advocacy contributing to governmental and non-governmental interventions on child malnutrition at the highest levels. Giving direct credit to UNICEF’s dissemination of numbers of children suffering from SAM in Nigeria, the wife of the President mobilised funds and initiated a civil society response to malnutrition. UNICEF public advocacy likewise prompted discussion of malnutrition by the Nigerian Senate, and the President publicly cited UNICEF malnutrition figures.

UNICEF also played a leading role in coverage of the crisis in the northeast, becoming a voice for children affected by the conflict, especially on pressing nutrition and child protection issues.

Promoting and facilitating media access to cover the emergency in the northeast and UNICEF’s response presented some challenges. This was due in part to competing demands for global media attention including Syria, Iraq, the refugee crisis, Brexit and the US election. Nigeria’s reputation as a wealthy country with challenges around corruption also makes it less appealing to international editors, and the reluctance by Nigerian some authorities to acknowledge the severity of the crisis actively hampers coverage. In practical terms, delays in granting media visas to enter the country and increasing military restrictions on media access to the northeast reduced media coverage.

With the goal of educating future journalists on the importance of child rights issues and how to cover them in an ethical way, work continued to persuade mass communication training institutions to mainstream child rights reporting in their journalism programmes. Good progress has been made, with 21 such institutions having committed to do so.

Advocacy with State Legislative Assemblies to legislate minimum airtime for child rights programming in broadcast media was stopped, as many broadcasters already exceeded the airtime.
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:
UNICEF agreed with the MBNP for developing a National Evaluation Policy.

UNICEF, in partnership with more than 15 UN agencies and the World Bank, supported the Association of Nigeria Evaluators, MBNP, NBS and the Senior Special Assistant to the President on SDGs with a National Conference on the importance of valuating the development partner’s contribution to the SDGs. The conference resulted in a declaration, with more than 15 commitments signed by Government.

The MNCH Week evaluation found some challenges with the design and expected results, especially in the capacity of the office to understand the cost and the impact in term of coverage or health benefits. The report findings will be discussed with Government to discuss way forward.

UNICEF also commissioned an evaluation of its capacity development activities, focusing only on trainings. This demonstrated the usefulness in conducting evaluability assessments, in addition to the challenges observed in delivering training activities.

The second evaluability assessment, was for the cash transfer programme in education. The findings revealed that the performance management system and data availability for the impact evaluation are fairly robust, and provide useful baseline data/information for the impact evaluation conducted early 2017.

Complementary monitoring by the UNICEF field office M&E staff and consultants strengthened the programme monitoring function and identified critical issues that were addressed in different sectoral programmes, including the emergency response in the northeast.

During the support provided by the Emergency Response Team for the UNICEF response in the northeast, the independent complementary monitoring team served as entry point to strengthen monitoring. The system allowed UNICEF to monitor monthly the support provided to internally displace persons in Borno state and new liberated affected areas. Monthly reports were provided on the coverage and the compliance with UNICEF’s core commitments for children.

UNICEF efforts in joint planning with government partners resulted in reflecting UNICEF contribution in the state government budgets in 15 states in 2016. This result was in agreement with the Paris Declaration, which promote using government’s systems.

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:
The MICS 2016 and NICS pre-test and pilot, including Kano and Lagos state-focused MICS, were successfully concluded and the lessons integrated into the main MICS data collection which commenced in September 2016 and is envisioned to be concluded in January 2017. MICS data will provide the baseline information for the Sustainable Development Goals. The
MICS will provide data for all states and dig deeper for Lagos and Kano, the two most populous states which will provide statistics at the senatorial level. The MICS will also provide data of water quality for all household in all states. MICS also served as a vehicle in providing the support to NPHCDA in conducting the NICS survey, which will provide official data on immunization in Nigeria. This work was undertaken in partnership with WHO and BMGF.

New partnerships were established for conducting the MICS and NICS 2016. In addition to government agencies, many other organisations supported the survey, including: National Bureau of Statistics, NACA, NPHCDA, Joint Monitoring Programme, BMGF, World Bank and USAID.

UNICEF conducted further analysis of MICS 2007, 2011 and DHS data and developed advocacy materials showing an equity analysis of data for education, child protection, nutrition, WASH, health, and HIV.

UNICEF’s M&E team provided quarterly monitoring reports on progress toward achievement of results and milestones, and the removal of bottlenecks as identified by programme sections. The independent and complementary monitoring framework served as an entry point by the Emergency Response Team in developing the monitoring framework of the HRP for the northeast and new liberated areas. UNICEF provided monthly reports on the coverage and compliance of the response in the northeast with UNICEF’s core commitments for children.

**OUTPUT 3** The media, CSOs and Goodwill Ambassadors have relevant information and are advocating for the realization of children rights.

**Analytical Statement of Progress:**

In line with the UNICEF global communication and public advocacy strategy and country programme priorities, UNICEF Nigeria highlighted the situation of women and children in Nigeria, especially those affected by the emergency in the northeast, to both Nigerian and international audiences, influencing policy and resource mobilisation decisions.

Six of the eight major UNICEF global communication and public advocacy initiatives were actively pursued in this year, with the humanitarian response the primary focus. The initiatives were: Children on the Move (refugees/migrants); humanitarian-related; Equity and the State of the World’s Children report #ENDviolence; SDGs/ climate change, and; UNICEF’s 70th Anniversary.

UNICEF Nigeria was a key participant in the Children on the Move Lake Chad Basin report in September and supported features in the State of the World’s Children report on air pollution. A major campaign to End Violence against Children by 2030 was launched. UNICEF Nigeria secured 19 of the global total of 200 ‘Tiny Stories’ for the 70th Anniversary celebrations. After the humanitarian response, however, the primary focus has been on the widespread malnutrition crisis in Nigeria.

The 20 media dialogues held on programme issues, in addition to over 40 international and national media visits, 25 press releases, events, briefings and press conferences, achieved 3,000 tracked UNICEF media mentions, almost all of which have been either positive or neutrally quoted UNICEF figures. UNICEF staff were interviewed by media more than 200 times.
Digital and social media presence and engagement continued to grow with improved content and frequency of posting. The number of Facebook followers more than doubled over the year from 5,000 to nearly 12,000, and the average reach for each post more than tripling. There was also been a major increase in traffic to the website, as the site is updated more regularly with new content, with around 80,000 unique visitors. A new measurement accounts for some of the increase over last year, which was very low. The new measurement applied to last year’s figures is 56,000 – still a major increase in traffic to the site.

The number of returning visitors to the website was 26,310 (25.18 per cent), an absolute and proportional increase (4 per cent) over last year, showing user loyalty is also improving. Returning visitors generally spend more time on the website and view more pages, indicating a sustained interest in UNICEF Nigeria.

OUTCOME 6 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:

Health: There was improved care-seeking behaviours and demand created for increased utilization and uptake of integrated MNCH services and new routine immunisation vaccines. This was through functionality of 255 Ward Development Committees providing quality leadership, holding monthly meetings in all wards in 23 LGAs of Kaduna state, in support of the One PHC Per Ward approach.

Functional and coordinated state and LGA Social Mobilisation Committee meetings and implementation of quality state and 23 LGA social mobilization action plans, as well as 3,825 community stakeholders, were documented for effective coordination and management of services after a mapping exercise in Kaduna state.

Missed children for polio immunisation reduced from 4 per cent in January 2015 to 0.5 per cent in November 2016, and noncompliance decreased from 2.5 per cent to 0.4 per cent in the same period. In the VCM assigned areas, between July to November 199,734 newborns were tracked and 94 per cent received OPV. The social mobilization network was maintained at 16,000 members, mainly VCM supplemented by Religious Focal Persons, Polio Survivors Group and supervisors.

In 11 LGAs in Kaduna state, 8,781 caregivers and gate keepers in 266 hard-to-reach communities gained improved knowledge and skills on iCCM in preventing, promoting and effectively managing diarrhoea, malaria and pneumonia in rural communities.

In Adamawa, 678 communities were reached and 23,735 mothers were educated through community dialogues on MNCH dangers signs and measures for prevention and lifesaving (87 per cent males and 13 per cent females). Some 112,498 children under five and 228,196 pregnant women reported sleeping inside LLINs. A total of 331,348 women had at least four ANC visits, while 83,196 pregnant women delivered in the health facilities between April and October.

In Ebonyi and Enugu, 1925 mobilisers reached 525,329 women in 465 wards with maternal and
neonatal tetanus information. Ten primary schools and five secondary schools were reached with handwashing demonstrations. Twenty-five women’s umbrella faith-based organisation groups and 848 women of the August Women network in Abia, Anambra, Ebonyi, Enugu and Imo States, comprising community leaders, civil servants, market women, church leaders, were reached directly with messages on maternal and child health. The production and distribution of communication materials nationwide contributed significantly to the uptake of IPV, and the introduction of PCV10 in Adamawa, Anambra, Ebonyi, Edo, Kaduna, Katsina, Kogi, Ondo, Osun, Plateau and Yobe states.

**Nutrition:** UNICEF provided leadership in developing a comprehensive communication strategy for the promotion of Infant and Young Child Feeding. A Logical Framework and Operational Plan were also developed. These have been domesticated in the states implementing the WINNN programme, including Jigawa, Kebbi and Katsina. UNICEF’s C4D activities also supported the World Breastfeeding Week, where 3,809 meetings were conducted in 11,181 Wards, targeting 179,955 women, including 76,595 breastfeeding mothers, on exclusive breastfeeding. A full-length film with key IYCF messages, titled DAN BIRNI, was produced, with 12 separate promotional skits. Instructional messages in audio and video formats are being finalised to complement the jingles already in use nationwide to stimulate dialogue on IYCF.

**Children and AIDS:** VCMs directly reached 34,693 pregnant women and 11,964 mothers of children aged under one children in Abia, Anambra, Benue and Imo states, promoting health facility access to PMTCT services. UNICEF participated in the 2016 National HIV Youth Conference and facilitated participation in two radio programmes on World AIDS Day, on WE FM and WAZOBIA FM.

**WASH:** In celebration of 2016 Global Handwashing Day, meetings and demonstrations were attended by a total of 361,586 participants. In addition, VCMs and National Orientation Agency (NOA) officers visited and mobilised 47,072 households and 346 schools to commemorate the event. A total of 10,204 VCMs, State Health Educators and NOA officers in Abia, Imo, Ebonyi, Enugu, Benue, Bauchi, Jigawa, Kaduna, Ogun, Osun, Kebbi, Niger, Sokoto, Taraba, Adamawa, Katsina, Kano and Zamfara conducted 10,976 house-to-house mobilization and compound meetings.

**Child protection:** UNICEF facilitated production of communication materials and contributed significantly to the success of the launch of the campaign to end Violence against Children. Ten states in Nigeria have and are implementing Communication Strategies for the elimination of Female Genital Mutilation/Cutting, with mass media programmes under production in south eastern and south western states. In three LGAs in Ekiti state (Ikere, EKSW and Ido Osi), 150 people declared openly to totally abandon FGM/C.

**Emergency preparedness and response:** UNICEF took the lead in collaboration with the National Centre for Disease Control and FMOH in providing communication support to the Lassa Fever Response programme. Communication materials for community engagement were produced to effectively address prevention, rumour, panic and fear of Lassa Fever in communities. Materials were in English, Hausa, Arabic, Igbo, Yoruba, Pidgin, Fulfulde and Kanuri. UNICEF continued as a communication for development leader in the Polio Outbreak Response in the northeast, providing capacity to field personnel, leading community engagement, tracking behaviours and responding to bottleneck issues.

**Capacity building:** UNICEF continued to support Government and partners on C4D principles, processes and platforms, linked to various sectoral behaviours.
OUTPUT 1: Systems and frameworks strengthened for institutional capacity on community engagement for realization of the rights of children, young people and women.

Analytical Statement of Progress:
The 2016 focus was to increase scale up of community engagement approaches. Awareness was created and 44,961 community members (male - 17,207, female - 27,754) from 880 rural communities and 369 households and 1,540 students of Ahmadu Bello University and School of Health Technology were engaged by LGA Community Orientation and Mobilization Officers, health educators, SEMA and the Red Cross from 23 LGAs.

These cadre implemented quality social change action plans in mobilizing community stakeholders for the adoption of positive behaviours and practices on prevention of communicable diseases (measles, Lassa Fever, cholera) and mitigation of emergencies in Kaduna state.

In VCM-supported areas (approximately 8 per cent of geographical coverage), 74 per cent of pregnant women received an ANC card and 50 per cent vaccinated against tetanus toxoid 99 per cent of children received OPV through until May, and 73 per cent received routine immunisation cards.

In Jigawa State, VCMs tracked 47,784 pregnant women and 74 per cent were referred to health facilities for ANC and all received tetanus toxoid. In Ebonyi and Enugu, 1,925 Mobilisers reached 525,329 women in 465 wards with maternal and neonatal tetanus information. Seven radio stations devoted 262 minutes and ten broadcast periods weekly to content based on the Facts-for-Life. Ten radio stations committed to broadcast the 15 minutes weekly serial drama ‘PIM PIM’ on FGM/C abandonment during the first quarter of 2017.

A Christian and Muslim Handbook “Faith for Life” was developed in Sokoto. In Kebbi, 35 theatre for development performances reached 17,500 caregivers, youth and children. The performances focussed on ANC, exclusive breastfeeding/complementary feeding and social protection. In 11 LGAs, 115 Community Information Boards were installed in communities.

In Zamfara state, 100 Malams were engaged for October and November Immunisation Plus Day rounds, resolving 1,601 non-compliant households due to religious beliefs and enabling the immunization of 2,834 children.

Some 214,108 community members (male - 70,620, female - 88,200) including 32,625 children and 22,663 youth were engaged and awareness created on positive adoption of essential family practices through implementation of quality social change action plans and C4D platforms. These include theatre performances, peer to peer education and youth-led community dialogues by Youth Organizations, aimed at increased uptake of services for improved child survival and development in Kaduna state. 18 theatre for development groups were institutionalised in 18 vulnerable rural communities in six LGAs. A total of 9,650 community members in 69 vulnerable communities were reached with key messages on adoption of essential family practices, ANC, PMTCT and HIV counselling in five high risk LGAs of Jaba, Kaura, Kajuru, Kauru and Jem’a’a LGAs in Kaduna state.

A total of 10,060 caregivers, pregnant and lactating mothers and community members were
engaged and counselled on adoption of appropriate IYCF practices, proper hand washing, safe excreta disposal and utilization of LLINS for children under five and pregnant women in 14 wards. In addition, 283 community volunteers counselled pregnant and lactating mothers on exclusive breastfeeding/complementary feeding and the benefits of handwashing in Kajuru and Zaria LGAs.

OUTPUT 2 Capacity of MDAs, CSOs and institutions at sub-national levels developed on Communication for Development to catalyse appropriate behaviours linked to maternal and child health, development, protection and participation.

Analytical Statement of Progress:
The report of a Rapid Assessment carried out on selected family and community practices in households in eight LGAs (Lere, Kaduna North, Igabi, Giwa, Kajuru, Jema’a, Sabon-Gari and Zaria) revealed the following:

- 55 per cent of households practiced handwashing;
- 81 per cent of under-5 children and pregnant women used long lasting insecticide-treated nets;
- 76 per cent of children under 5 years old were fully immunised;
- 49 per cent practiced exclusive breastfeeding;
- 8 per cent practiced adequate and appropriate complementary feeding, and;
- 40 per cent use oral rehydration salts for diarrhoea prevention.

The Integrated Communication Strategy for Routine Immunization was revised and updated, in partnership with the National Primary Health Care Development Agency. A partnership with 13 major universities (Lagos, Zaria, Ibadan, Ilorin, Jos, Maiduguri, Sokoto, Calabar, Ekiti, Benin, Shagamu, Enugu, and Kano) resulted in continuous production-free Behavioural Research reports and continuous supportive supervision of practices of service providers. A Book of Abstracts is being developed.

One hundred and nine COMOs supported 970 communities to develop community action plans to improve adoption of key practices. Twenty-five women’s umbrella faith-based organisation groups and 848 women from the August Women network in Abia, Anambra, Ebonyi, Enugu and Imo states were reached with messages on maternal and child health. Youth organizations in 23 LGAs of Kaduna state developed communication plans for creating demand for services and promoting positive practices for improved child survival, protection and development, reaching 112,823 adult community members (male - 40,619; female - 40,732), including 24,310 children and 7,162 youth with key messages.

Seven radio stations in Cross River, Rivers, Akwa-Ibom, Benue, Abia, Enugu and Bayelsa states devoted 262 minutes and ten broadcast periods weekly to contents based on Facts for Life. In Adamawa state, 480 jingles were produced and aired by Gotel Radio and Adamawa Broadcasting Corporation to raise awareness and improve demand for routine immunization and OPV.
A draft communication strategy and budget for the One PHC per Ward approach was produced. The drafting, testing and technical validation of National Communication for Behaviour and Social Change Strategy for Infant and Young Child Feeding in Nigeria was completed. The draft production of IYCF full length movie *DAN BIRNI 2* is under technical review. Some 473 print media reports were tracked between January and May 2016. There were 5,529,900 downloads of *Dan Birni 1* skits, each download estimated to have 20 viewers. *Dan Birni 1* film and skits were aired for free on Arewa 24 and Gamji TV. There were 29,750 views of *Dan Birni 1* on YouTube Channel, and 85,000 views on Facebook. Other stations in Niger, Sokoto, Kano and Kaduna states aired the film free of charge.

A total of 128,948 community stakeholders including children in 313 communities, 321 churches and 30 Islammiyya schools were engaged to create demand for services and adoption of essential family practices. This was through the implementation of social change action plans developed by the Women’s Wing of the Christian Association of Nigeria (known as WOWICAN)) and the Federation of Muslim Women's Associations in Nigeria, for improved child survival in Kaduna State.

The number of U-Reporters is 1,763,249, still the highest globally. It is interlinked with community development structures of the National Youth Service Corps directorate.

**Challenges:**
The NYSC members’ continuous involvement in elections slowed down implementation of the joint Community Development outreach.

**OUTCOME 7** Improved equitable access, learning outcomes and completion of quality education by the end of 2017.

**Analytical Statement of Progress:**
In 2016, UNICEF better aligned its education interventions to maximise impact for children. In states in which UNICEF programming involves sector planning, the EMIS was supported to ensure that planning is based on accurate data. In 2016, sector planning and EMIS support was aligned in six states which will expand yearly. Overall, 10 states, against the target of six, produced reliable and disaggregated EMIS data. UNICEF further supported eight states and the FCT to develop evidence-based and costed State Education Sector Operational Plans with an updated equity-focused situation analysis using the latest EMIS data. The result of the assessment of school-based management committees (SBMCs) effectiveness in five focus states showed that 66 per cent of SBMCs met the functionality criteria set by the Government, increase of 10 per cent from 2015.

Local ownership is critical to bring interventions to scale and increase state commitment linked to evidence and the participation of state and community partners in planning. Based on UNICEF-supported work at the state and sub-state level over the last three years, the National Council on Education approved a National Enrolment Drive Framework that provides clear guidelines on conducting enrolment drive campaigns to bring out-of-school children to school. As a result, in 2016 school year, 11 focus states conducted state-wide enrolment drive activities supported by UNICEF and state governments. A total of 300,070 children (128,257 girls) enrolled in grade 1 in six states due to the enrolment drive campaign. This framework will be incorporated into SBMC national guidelines institutionalizing their role in reaching out to children and bring them into school.
The enrolment drive campaign is one of the interventions focused on out-of-school children, addressing economic and socio-cultural barriers to enrolment especially for girls. To address economic barriers, 24,287 girls from Niger and Sokoto states benefited from financial support through cash transfers. An evaluation of the cash transfer programme is being conducted to provide lessons to inform other cash transfer programme in two other states planned to start in 2017 and national social protection approaches.

The primary net enrolment increased from 70 per cent (2014-2015) to 71 per cent (2015-2016) in the five focus states (Bauchi, Katsina, Niger, Zamfara, and Sokoto). Gender parity increased over the same period from 0.73 to 0.75. The transition rate of girls from primary to lower secondary increased by 2 percent from 2015 to 57 per cent, which is only one per cent below the transition rate for boys.

Although limited by funding, UNICEF scaled up its education response to the humanitarian crisis in the conflict-affected states of Borno, Adamawa, Gombe and Yobe. A total of 1,437 teachers were trained in pedagogy and psycho-social support. More than 187,142 children benefitted from improved learning materials and environment. At least 102,456 children were enrolled in schools and temporary learning spaces. UNICEF supported the construction of 195 semi-permanent learning spaces made from local materials and provided 67 prefabricated classrooms.

UNICEF further supported the quality of education and measured the rate of teachers demonstrating minimum competencies. The monitoring of teachers’ attendance rate revealed that only 72 per cent were present on the day of assessment. To address the poor learning outcome of 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.

UNICEF Nigeria played a key role in sector coordination in the development and humanitarian context. UNICEF and DFID co-chair the education development partners group, leading engagement with the Federal Ministry of Education and coordination between partners. UNICEF coordinated development partners’ technical support for the review of the new federal education sector plan which has been approved by the Minister. In addition, UNICEF provided technical assistance to the Ministry of Education to develop M&E framework for the sector plan. Through the Education in Emergency Working Group, UNICEF led the Humanitarian Needs Overview and HRP processes with support from the Global Education Cluster.

UNICEF and the Federal Ministry of Education led the Education Thematic Group under the UNDAF. The thematic group coordinated and reported on the implementation progress of the UN agencies’ contribution to the Education UNDAF outputs. As lead agency, UNICEF coordinated the sector engagement for the development of the new UNDAF IV, ensuring all stakeholders fed into the plan.

A challenge during the reporting period was the weak budgetary allocation by government implementing partners, which affected the timely implementation and monitoring. The economic recession caused by a substantial drop in oil prices, which accounts for over 70 percent of Government income, also adversely affected the fulfilment of state government commitments and obligations. In most states, this included the non-payment of teachers’ salaries for several months. In addition, the scaling up of the education response in the northeast was slowed by a lack of resources.
In regards to the education humanitarian response in northeast Nigeria, there was insufficient funding to meet the educational needs of one million children in need (Humanitarian Needs Overview 2016).

The key lesson learned was is that UNICEF’s consistent drive for coordinated, holistic, cost-effective approaches led to better collaboration with government and among development partners on sustainable and proven strategies – for example, the UNESCO Institute of Statistics EMIS software - for building education statistics and planning capacity of partners.

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

**Analytical Statement of Progress:**
Based on UNICEF- supported work at the state and sub-state level over the last three years, the National Council on Education approved a National Enrolment Drive Framework that provides clear guidelines to all 36 states and the Federal Capital Territory on conducting campaigns to bring out-of-school children to school.

As a result, in 2016 school year, 11 focus states conducted state-wide enrolment drive activities supported by UNICEF and state governments. Due to the enrolment campaign, 300,070 children (128,257 girls) enrolled in grade 1 in six states. The integration of the guidelines in the revised SBMC national guidelines will provide an opportunity to institutionalise enrolment drive in all states.

Under the UNICEF Girls Education Project, 24,287 girls from two focus states benefited from financial support through cash transfers which addressed financial barriers to their enrolment. With UNICEF and technical partner support, the governments of Niger and Sokoto states committed to implement a scale up sustainability strategy of cash transfers. The Governor of Sokoto state confirmed the inclusion of the scale up plan in the 2017 state budget.

With the aim of bringing 501,574 out-of-school children from four states into school, 693,627 households were enumerated to identify children out of school. Profiles of these households will be developed and the number of children missing education identified for further programmatic interventions towards bringing them back to school.

With UNICEF technical and financial support, a 7 per cent increase in pre-primary education enrolment was recorded in five focus states. UNICEF supported the National Commission for Colleges of Education to institutionalise child-centred approaches in colleges of education in 12 states. The capacity and facilitation skills of 45 ECD teacher educators and 50 student teachers using the child centred training materials were strengthened. With UNICEF technical support, 704 pre-primary teachers increased capacity in child-centred approaches and pedagogy in 12 states. Over three-quarters (78 per cent) of teachers observed applied pedagogical practices focused on child centred approaches. Inequities in access and a lack of state prioritisation contributed to the low pre-primary education enrolment rate of 24.4 per cent, which will inform future programming.

UNICEF continued its support to the humanitarian coordination of the education sector by co-chairing the Education in Emergencies Working Group with Save the Children and the Ministry of Education at national and state level.
While UNICEF’s response to the humanitarian education needs of children affected by conflict in northeast Nigeria was insufficiently funded, 102,456 children were enrolled in schools and temporary learning spaces in four target states. UNICEF enhanced learning through the provision of school uniforms to 25,700 girls and learning materials to 187,142 children. After September, UNICEF supported the construction of 195 semi-permanent learning spaces made from local materials and provided 67 prefabricated classrooms in newly accessible areas to respond to over 1,000 schools damaged or destroyed. Accessibly to these areas poses another challenge to providing education services, which is being factored into the planning next year.

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

Analytical Statement of Progress:
Over the year, UNICEF continued its efforts to enhance the institutional capacity of the Ministry of Education to plan and monitor education. UNICEF, with other development partners, provided technical support for the review of the new federal education sector plan which has been approved by the Minister. UNICEF provided technical to the Ministry of Education to develop the M&E framework for the sector plan.

With UNICEF technical and financial support, 10 states (Bauchi, Katsina, Niger, Sokoto, Zamfara, Gombe, Taraba, Oyo, Ebonyi and Kebbi), against the target of six states, produced reliable and disaggregated EMIS data. Forty-nine officers from the 10 focus states 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 Federal Ministry of Education to customise the UNESCO Institute of Statistics EMIS software. This was successfully used in 16 out of 36 states as a backup solution to the National EMIS Software which the states have not been able to use for many years due to lack of technical capacity and financial resources to maintain the license.

UNICEF supported eight states (Katsina, Zamfara, Kebbi, Ebonyi, Benue, Oyo, Niger and Borno) and the Federal Capital Territory to develop evidence based and costed State Education Sector Operational Plans with an updated equity focused situation analysis using the latest EMIS data. UNICEF further provided technical assistance to the Federal Ministry of Education to finalise the equity focused Ministerial Strategic Plan (2016-2019) that is guiding the development of the UNICEF 2018-2022 education programme.

The result of SBMCs effectiveness monitoring in five UNICEF Girls Education Project focus states (Bauchi, Niger, Katsina, Sokoto and Zamfara) showed that 62 per cent of them met the functionality criteria set by the government. The monitoring covered 1,050 SBMCs that had benefited from UNICEF capacity building support to enable them to effectively execute their roles and responsibilities. These roles include school development planning, resource mobilization for school improvement and promoting school-community collaboration in addressing socio-cultural barriers to girls’ education. To further enhance their capacity, 1,200 SBMCs and centre-based management committees participated in capacity building activities. Altogether, 6,057 members (38 per cent female) of the committees participated in the capacity building activities.
OUTCOME 8 PCR Support

Analytical Statement of Progress:
Governance systems:
The Representative constituted twelve operational committees in 2016 to support management of the country programme: country management team (CMT); central review body; learning and staff development committee; joint classification panel; caring for us; property survey board; contracts review committee; bid opening committee; partnerships review committee; integrated monitoring and evaluation plan steering and technical committees; and enterprise risk management committee.

The CMT met four times to provide programmatic and operational policy directions. The Joint Consultative Committee met thrice and deliberated on CPMP proposals, staff capacity development, welfare and ethics.

The 2015 audit recommendations were all closed. Queries raised at the February 2016 external audit on compliance were responded to by the office in consultation with WCARO and the UNICEF Division of Financial and Administrative Management.

Nigeria is a self-starter Delivering as One (DaO) country with an UNDAF Action Plan. The DaO governance structure is steered by the UN Resident Coordinator system, supported by Programme and Operations Management Teams, Thematic Groups, M&E and Communication Groups. In addition to attending other teams, UNICEF led the Social Capital Development pillar. It provided leadership in the Operations Management Team, Education and Social Protection thematic groups, co-chaired the Health Thematic Group with WHO and the M&E Group with UNFPA. The Chiefs of Field Offices provided leadership in the Delivering as One in two states (Benue and Anambra). The UNICEF Representative acted as the Resident Coordinator and head of the Humanitarian Country Team four times when the Resident Coordinator was absent from Nigeria.

Human resources: The office implemented the approved CPMP phase II which had a total staff strength of 376 in the country office and 9 field offices.

In respect of recruitment, the office filled 101 Fixed Term positions. The office recorded 31 separations of staff. A critical human resource component was the 241 individual consultants and 286 individual contractors.

UNICEF Nigeria improved its gender parity and achieved the following: international staff (59 per cent male: 41 per cent female); National Professionals (50 per cent male: 50 per cent female) and General Service (31 per cent male: 69 per cent female).

Financial resources: The liquidation of outstanding cash advances to implementing partners was executed in a timely manner. As of 31 December 2016, 1 per cent of total DCT was outstanding for between six and nine months. There were no records of impaired DCTs for the year 2016.

The proportion of the total utilization of funds by type was:
13.6 per cent (US$35,454,640) of other resources (emergency)
64.1 per cent (US$197,963,605) of other resources (regular)
21.9 per cent (US$57,371,153) of regular resources
0.4 per cent (US$1,074,369) of support budget
100 per cent

January to December bank reconciliations were prepared and approved in a timely manner. All bank open items are less than 120 days.

To implement the HACT, UNICEF Nigeria: 486 programme monitoring visits, 48 micro assessments; 220 financial spot checks, and 46 scheduled audits. The capacity on financial management was built of 90 partners. A total of 620 implementing partner’s staff from 161 government institutions and 9 UNICEF staff were trained on the HACT Framework. All planned HACT activities were fully achieved.

**Administrative and operational support:** Two new field offices were opened and operationalised, in Akure and Port Harcourt.

Five armoured vehicles were procured to support operations in the northeastern part of the country and deployed to Maiduguri. A drivers’ training on armoured vehicles was conducted. 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 Analyst.

Internet bandwidths for fibre links were doubled in each office, and firewalls configured with automatic failover and Application Performance Management. Support to offices without ICT personnel presence was primarily undertaken through Skype for Business and TeamViewer.

The office supported many projects mainly related to the use of SMS platforms and smartphones/tablets for real-time monitoring and data collection, and for engagement with the youth through U-report (Health) and social media integration into HIV National Call Centre system.

Streamlining IT operational services was undertaken through common UN services. Similarly, Iridium PTT technology was deployed in Maiduguri in collaboration with WFP. Solar power is being experimented in four offices to cut down on fuel and maintenance cost as well as the negative effect on the environment.

**Supply management and programme support:** UNICEF mobilised supplies and services for the country programme and all ten offices. Logistics systems were streamlined to reduce transit time and to improve warehouse and inventory management and distributions. Storage capacity was significantly increased in Jos, Bauchi and Maiduguri. LTAs were established with six clearing agents and ten transporters.

UNICEF supported the Government to mobilise vaccines and devices through Procurement Services. The office contributed to strengthen the immunization supply chain playing a leading role in establishing 2017 forecast and coordinating incoming shipments, financing of a technical study for a three cold hub project, procurement and installation of 235 solar direct drive refrigerators and five cold rooms, the installation of 32 incinerators and distribution of vaccines.

To strengthen the nutrition supply chain, support was provided for the participation of two Government staff at the Nutrition Supply Chain Forum, training of 186 State Government staff from 12 states, the constitution of buffer stocks, and logistics system strengthening to ensure timely replenishment in northeast states.
A consultant was mobilised to support NPHCDA in designing a supply chain for primary health care. The first output was the creation of a PHC Supply Chain committee.

**OUTPUT 1 Governance and Systems**

**Analytical Statement of Progress:**
Twelve operational committees constituted by the Representative actively met and delivered on their Terms of Reference. The country management team met four times. CMT membership included chiefs of field offices whose issues were discussed in the context of the one programme. Among other issues, the CMT monitored office priorities, key performance indicators, programmatic achievements, implementation of risk control and self-assessment residual risk action plan, implementation of the integrated M&E plan, audit recommendations and HACT Assurance Plan, security status and staff association matters on a regular basis. Decisions were disseminated to staff in all ten offices.

The Enterprise Risk Management Committee reviewed the Risk Profile and Risk Control and Self-Assessment library prior and during CMT meetings, where the risk profile was discussed and endorsed. The Committee updated the risk profile and library three times through risk owners and co-owners. At year end, the risk profile was showing better risk management, with a focus on fewer key risks (from 24 to 18 risks).

Three joint consultative committee meetings were held. Common staff-related issues were discussed at the JCC with participation of staff association representatives, including field offices. Staff were encouraged to speak out on issues that affected their welfare.

ICT continued to contribute to the overall office business environment by providing support to VISION related issues and escalation of problems to the WCARO and UNICEF headquarters. The office conducted a review of the Business Continuity Plan and ICT-related issues identified and implemented. A two-member team from UNICEF headquarters and UNICEF WCARO visited Nigeria and reviewed the business continuity plan and made recommendations for implementation.

UNICEF played an active role in the UNCT and led it during the absence of the Resident Coordinator. UNICEF played a leadership role to accelerate progress of implementing HACT at the UN level. UNICEF chaired the Operations Management Team and was a member of ICT and communications groups. The UNDAF Delivery as One effort was led by UNICEF in the Social Capital Development pillar, Education and Social Protection theme groups and co-chaired in the Health Theme and M&E Groups. It also provided leadership in Benue, Anambra and Borno states, where UN joint annual workplans were prepared and review meetings conducted.

All open items from 2015 internal audit were closed as of 31 December 2016. Queries from February 2016 external audit on compliance were responded to in consultation with WCARO and UNICEF headquarters.

**OUTPUT 2 Financial Resources and Stewardship**
**Analytical Statement of Progress:**
The liquidation of outstanding cash advances to implementing partners was executed in a timely manner. For Direct Cash Transfers exceeding six months, staff followed up closely with implementing partners to ensure no DCTs exceeded nine months.

As of 31st December 2016, 1 per cent of total DCT was outstanding for between six and nine months. There were no records of impaired DCTs for the year 2016.

The January to December 2016 Bank Reconciliations were prepared and approved in a timely manner.

UNICEF Division of Financial and Administrative Management gave approval for UNICEF Nigeria to effect Direct Payments to multiple beneficiaries through ECOBANK OMNI platform in order to improve management of cash resources. This will be implemented in 2017.

As a result of effective financial management, the January to December 2016 average bank optimization ratio was 10 per cent, which is within the limit of 25 per cent bank optimization benchmark. Furthermore, a cost savings of approximately US$20M was achieved for the year due to prudent bank optimization measures.

The office undertook 486 programme monitoring visits, 48 micro assessments, 220 financial spot checks, and 46 scheduled audits. All planned assurance activities listed above were fully achieved. The capacity of 90 implementing partners on financial management was enhanced. A total of 620 implementing partner's staff from 161 government institutions and nine UNICEF staff were trained on the HACT Framework.

Staff proficiency in VISION was enhanced with a two-week training facilitated by the WCARO VISION expert.

**OUTPUT 3 Human Capacity**

**Analytical Statement of Progress:**
UNICEF Nigeria implemented the approved CPMP, which has 376 staff in the national office and nine field offices. Two new offices were opened in Akure, Ondo state and Port Harcourt, Rivers state.

On recruitment, the office filled 101 Fixed Term positions. Eight positions were filled from the talent group. Fifty-eight temporary appointments were issued. With support from WCARO and UNICEF headquarters, all the international posts were filled within the key performance indicators on recruitment. Thirty-one staff separated during the year, for a variety of reasons including contract expiration and retirement.

A critical human resource capacity for UNICEF in Nigeria is consultants and contractors. During the year, the office used the services of 241 individual consultants and 286 individual contractors. Of these, 59 consultants and 56 contractors have ongoing contracts into 2017.

UNICEF Nigeria improved its gender parity and achieved the following rates:
- International staff – 59 per cent male to 41 per cent female
- National Professional staff – 5 per cent male and 50 per cent female
- General Service staff – 31 per cent male to 69 per cent female.
Attracting female international staff was a challenge, due to the security and emergency context in the country.

Staff learning and development was encouraged. Four staff were successful in applying for position of promotion (three from general service to national officer and one staff from national officer to international professional. In total, there were 415 attendees at the group training sessions, and 34 staff completed individual learning activities. Two staff members had internal stretch assignments and one International Professional went on mission assignment. Eighteen new staff members attended Caring for Us sessions.

As of March 2016, 80 per cent of staff had completed their 2015 PERs and by end June 2016, 93 per cent of staff members had completed 2016 ACHIEVE work planning.

Three joint consultative committee (JCC) meetings were held; and 92 per cent of the global staff survey actions completed.

Job descriptions for 109 positions were classified as part of a as part of Post Authorisation Table reconciliation. A total of 274 staff members’ files scanned, digitised and uploaded according to UNICEF guidelines.

**Document Centre**

**Evaluation and research**

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POLIO COMMUNICATIONS POLL OF CAREGIVERS IN NORTHERN NIGERIA 2016/032 Survey
Violence Against Children in Nigeria: Findings from a National Survey 2014 2016/028 Study

Other publications

| Title | Sectoral Equity Profiles _ Further analysis of MICS 2007, 2011 and DHS data. |

Lessons learned

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