

## Nigeria

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### Executive summary

Emerging from a recession with major currency depreciation and high inflation in 2016 the pace of economic growth in Nigeria (1.7 per cent) was still below the population growth rate resulting in decreased per capita income. Nigeria continued to be affected by three ongoing conflicts. In the northeast, the conflict with Boko Haram entered its ninth year, with spill over into neighbouring countries in the Lake Chad Basin and resulting in a sub-regional crisis. In the country's middle belt there is a structural and chronic crisis, with tensions between pastoralists and agriculturalists. Finally, the crisis in the Delta region has led to sabotage contributing to a significant loss of oil production.

Although Nigeria has the largest economy in West Africa, over 64 per cent of the population live below the poverty line and three out of four children are affected by multi-dimensional poverty. One in eight young children do not survive to their fifth birthday, and 19.5 million children under five, or over 60 per cent, have no birth registration. One out of three children under five, or 10.5 million, are stunted and 2.5 million children suffer from severe acute malnutrition (90 per cent in the north). Around 10.5 million children are not in school, amounting to one-fifth of the global burden for out-of-school children. With 380,000 children living with HIV, Nigeria has the largest burden globally and the second largest number of HIV-positive pregnant women and adolescents. Girl child marriage is amongst the highest in world (second only to India), a key indicator for gender inequality. Six out of 10 children suffer more than one form of violence – physical, sexual or emotional – with only five per cent reporting that they receive help. Some 1.8 million people remain internally displaced across the three northeast states of Adamawa, Borno and Yobe, of whom 85 per cent are in Borno alone.

Despite the widespread insecurity and challenging operating conditions, in 2017 the United Nations Children's Fund (UNICEF) in Nigeria continued to scale-up the delivery of basic social services. UNICEF supported routine immunization, outbreak response and polio eradication efforts, reaching 57,935,232 and 56,202,217 children during two national campaigns and 130,992,829 during five local campaigns in selected high-risk states.

In nutrition, half a million children with severe acute malnutrition were treated. Over 343,000 pregnant women, children and young adults were tested for HIV in two priority states with a positivity rate of 1.4 per cent. UNICEF provided 6,082 persons associated with armed forces and survivors of sexual violence with social reintegration assistance. In water, sanitation and hygiene (WASH), through strong local partnerships, over two million people gained access to water supply services despite delays in counterpart funding and over one million people gained access to improved sanitation services. Over two million people are now living in communities that are open defecation free. In the northeast, up-scaling emergency WASH response resulted in the containment of a cholera outbreak.

Through UNICEF advocacy and technical support, 33 out of 36 states in Nigeria developed basic education strategic plans linked to the national Ministerial Strategic Plan (2016-2019).

Successful advocacy with state and non-state armed groups involved in the recruitment and use of children led to the signing of an Action Plan with the Civilian Joint Task Force (CJTF) committing to the immediate handover of all children within its ranks. The Borno State Government and the Nigerian Army have committed to monitor full implementation of the Plan.

On July 19, the Federal Executive Council approved the national social protection policy, a major poverty reduction effort by the Government.

The Nigeria Multiple Indicator Cluster Survey (MICS) 2016-2017 report was launched in November 2017.

UNICEF Nigeria also prepared for a new Country Programme (2018-2022) which will prioritize enrolment to reduce out-of-school children, routine immunization, feeding, hygiene and sanitation practices, prevention and treatment of severe acute malnutrition of children under five and reduction in child marriage and violence. UNICEF Nigeria also went through a large-scale management plan which aimed to consolidate planning, programme monitoring, cross-cutting thematic mainstreaming, contribution management and management for results. Another important exercise was the audit conducted in the last quarter of 2017, for which the report is still pending. Expanding partnerships was also a priority, with private-sector agreements under consolidation with key influencers such as the Dangote Foundation. Despite a challenging funding environment, UNICEF Nigeria almost doubled its resources from US\$227 million in 2016 to over US\$419 million in 2017.

## Humanitarian assistance

The population of northeast Nigeria continues to be ravaged by a protracted crisis, now entering its ninth year, which continued to cause displacement, hamper development and erode resilience. Some 1.8 million people remain internally displaced across the three northeast states, with 85 per cent of the displaced in Borno state. Children make up 56 per cent of the internally displaced population, and 54 per cent are female.

UNICEF Nigeria's humanitarian assistance focused on identifying the most vulnerable populations, assessing their needs and providing a response based on the Core Commitments for Children in Humanitarian Action and the Humanitarian Action for Children appeal. Since UNICEF activated its level three corporate emergency procedure on 29 August 2016, the UNICEF Borno Field Office was significantly strengthened, and is now operating with 88 staff, including 33 international staff. Sector coordination was moved from Abuja to Maiduguri and all UNICEF led sectors have a dedicated sector coordinator and information management officer.

For more effective scale-up, UNICEF diversified and strengthened its partnerships. Alongside Government, UNICEF increased partnerships with reliable non-governmental organization (NGO) partners, strongly promoted outreach and mobile strategies in nutrition and supported the State Primary Health Care Development Agency to set up 35 outreach sites in Borno and 26 in Yobe. In addition, 10 mobile teams were established in Gwoza, Pulka, Izge, Bama, Banki, Damasak, Kukawa, Gubio, Rann and Dikwa of Borno, providing integrated nutrition services to 50 sites. To improve the quality of response, UNICEF increasingly integrated its approach, especially amongst health/nutrition/WASH and where possible, multi-sector programme agreements were developed with NGOs.

Programme monitoring was strengthened with the implementation of a two-pronged strategy for field monitoring. This involved programme implementation monitoring by the programme

sections, and complementary monitoring of response quality, gaps and emerging issues conducted by field monitors in collaboration with affected populations.

As of 15 November 2017, UNICEF had received US\$98.3 million against the US\$146.9 million appeal (including carried over funds from 2016 of US\$31.6 million) leaving a funding gap of 32 per cent. Health and Child Protection remain critically underfunded at 63 per cent and 60 per cent respectively.

Challenges to UNICEF's response included limited partner capacity and presence, the unpredictable movement of returnees, protection-related issues, and not many civil servants returning to their local government areas (LGAs) to perform their duties, negatively affecting delivery of social services.

Despite these challenges and the volatile security situation, UNICEF Nigeria supported the achievement of the following key results in 2017:

- Over 209,318 children with severe acute malnutrition were treated through therapeutic programmes with a recovery rate of 85 per cent (exceeding SPHERE emergency standards).
- 451,993 children received multi-micronutrient supplements;
- 577,496 caregivers of children aged 6–23 months received infant and young child feeding (IYCF) counselling on appropriate feeding;
- More than 3.9 million primary healthcare consultations were provided;
- Nearly 4.2 million children aged between six months and 15 years old were vaccinated against measles;
- 150,000 families received insecticide treated bed nets;
- Over 767,000 people accessed safe water;
- 244,000 people accessed improved gender-segregated sanitation facilities;
- 1,055,000 people benefitted from hygiene promotion and distribution of hygiene supplies to maintain a sanitary environment;
- As part of cholera preparedness, blanket chlorination (HTH and chlorine dosing pumps) was provided to 4.5 million urban dwellers in the three north-eastern states;
- Over 201,420 children received psychosocial support;
- 16,082 children associated with armed groups or subject to sexual or gender-based violence were supported with reintegration services;
- 4,739 unaccompanied and separated children were provided with protective services including alternative arrangements;
- More than 904,578 children (462,436 girls) accessed education in safe learning environments in schools and temporary learning spaces;
- Over 468,803 school-aged children (214,830 girls) benefitted from provision of learning materials;
- 32,049 children (16,110 girls) were enrolled in a classroom where the teacher has conducted a vulnerability mapping and response planning;
- 150,400 children (76,704 girls) affected by crises received education in a classroom where teacher was trained in psychosocial support.

In addition, UNICEF responded to the conflict between herdsmen and farmers and flooding in Benue, through advocacy on protection issues and WASH services.

Strengthening government capacity for emergency response and improving resilience after the response remains a key component of UNICEF's work. A key achievement for 2017 was that for

the first time, the National Emergency Management Agency (NEMA) took the lead in updating the National Contingency Plan. The National Contingency Plan Review Workshop was successfully held in October 2017 with participation from key stakeholders from ministries, departments, agencies, the United Nations (UN), international and national NGOs, the private sector, armed forces, police, the Nigeria Security and Civil Defence Corps, academia, and the media.

### Equity in practice

Equity in practice in Nigeria consists of a two-pronged approach: hardest-to-reach activities by programme sectors (including in emergency situations) and an equity campaign. A two-year communication campaign on equity, funded by the Bill & Melinda Gates Foundation, aims to create greater awareness among urban, educated, middle class Nigerian millennials about the persisting inequities in the country. It encourages and enables this primary target audience and civil society to act in addressing the inequities; and creates an environment conducive to changes in policy and funding allocation that will more directly address inequities among children. The research phase of the campaign (one-on-one interviews with policymakers, focus groups with millennials, key stakeholder workshops, and a quantitative study on the millennials' knowledge, attitudes and behaviours) was completed by the end of November. The research inputs were used to develop and design the building blocks of the campaign strategy, consisting of the identification of key target group habits, the content plan, the media outreach plan, the key influencer and partner engagement plan, and the measurement plan.

On the programme side, UNICEF's integrated health outreach services reached 895,294 children in under-served hard-to-reach settlements in Adamawa, Jigawa, Niger and Taraba states. In addition, 2.3 million doses of the oral polio vaccine were administered in 9,858 health camps across 18 high risk states.

To improve the equity of the nutrition response to the ongoing emergency in the northeast, UNICEF increased access to nutrition curative and preventive services especially for children in the most remote locations. This involved:

- the recruitment and training of 3,529 community nutrition volunteers and existing polio voluntary community mobilizers (VCMs) on screening referral and follow up of cases of severe acute malnutrition;
- Monthly mass screening targeting areas with high malnutrition;
- The establishment of 49 mobile clinics and 35 outreach sites for the treatment of severe acute malnutrition, and;
- Set up and support for 3,058 mother support groups to support counselling on child feeding at community level.

Due to these efforts, admission levels sharply increased since June and the programme is close to reaching 100 per cent of the target of 220,000 cases of severe acute malnutrition.

Community-led total sanitation (CLTS) response activities were also based on equity analyses. Once a local government area was selected for intervention, a baseline survey was conducted and an investment plan set defining the required number and types of systems. Prioritization plans followed an equity analysis approach, using baseline data on indicators that presented a picture of the degree of deprivation. Thus, the most marginalized, the aged and people with disabilities were ensured access to WASH facilities in the bid to stop open defecation in the communities.

Through community-based research, UNICEF identified that it was poverty-related issues as the primary barriers keeping girls and boys out of school. A cash transfer programme was thus designed and implemented in selected schools in Niger and Sokoto states. The programme aims to increase girls' enrolment, attendance, transition from primary school to junior secondary school, and reduce gender inequality through the provision of cash transfers to the female caregiver of girls. This is complemented by a sensitization campaign, educating caregivers about the importance of girls' enrolment. An evaluation study determined that the cash transfer programme had a positive effect on girls' enrolment and school attendance in the two states. It also contributed to a greater value being placed on girls' education, an increase in household income, and women controlling a greater share of this income. Both target states committed funds to scale up the programme in 2017-18 to eventually cover the whole state. Building on lessons, the programme is expanding to two additional states, targeting both girls and boys.

In a context of expanding birth registration (almost doubling between 2014 and 2017), several strategies were used to ensure registration for the most marginalized, rural, and hard-to-reach children, especially in northern states despite the insurgency. These strategies included increased use of innovative mobile and online technology, enhanced partnerships between the National Population Commission and the health and education sectors and promoting registration when children are born and when parents bring their children for immunization. Between January and December 2017, the results show under-one birth registration rates increased from two per cent to 82 per cent in Zamfara, from three per cent to 32 per cent in Sokoto, from five per cent to 66 per cent in Katsina, from four per cent to 137 per cent in Yobe, and from two per cent to 46 per cent in Borno.

### Strategic Plan 2018-2021

The UNICEF Strategic Plan 2018-2021 provided the foundation for the development of the new UNICEF Nigeria Country Programme (2018-2022). UNICEF Nigeria reviewed its theory of change during the UN Strategic Development Partnership Framework (UNSDPF) and country programme development process. This provided an opportunity to align with the UNICEF Strategic Plan, the guiding principles of "leaving no one behind" and "reaching the furthest behind first" and the Nigerian government's Economic and Recovery Plan, which has a focus on human capital development. The process strengthened the results-based planning process, improved accountability by aligning resources to results, and improved performance management and reporting, aiming to ensure more effective and focussed achievement of results for children. The UNICEF Nigeria Country Programme results framework adopted several Strategic Plan global indicators. Together with the programmatic alignment, these will ensure that the country programme monitoring will contribute directly to the monitoring of the Strategic Plan 2018-2021.

UNICEF Nigeria will strengthen its monitoring for results with a new section named 'Management for Results (M4R)' which will be dedicated to collecting and analysing data at national and sub-national level as well as tracking results and identifying gaps. Reporting to the Deputy Representative, this will consolidate previously fragmented units across the office, including planning and monitoring into the Management for Results unit. The unit will be headed by a chief manager for results, and include a planning and monitoring specialist, gender equality specialist, and resource mobilization specialist overseeing contribution management and programme budget staff, social protection specialist, a newly-created monitoring specialist (field results), technology for development specialist and an information management specialist.

It is envisioned that as information systems are strengthened and programmatic convergence is

achieved at the local government area and community level in selected states, quantifiable indicators of progress in a range of child rights and development will be available. UNICEF will facilitate the periodic preparation of scorecards summarizing this progress. Political agreement and policy dialogue will be established within the state to explain to the decision-makers in local government areas the meaning of the elements in the scorecard and how to improve the results in their areas. A 'friendly competition' will be supported through a scorecard system to reward the area making the most significant improvement for their children.

Flagship interventions with development partners will also be identified and promoted and take advantage of a demonstration effect across states to improve their development plans. In the spirit of the new Strategic Plan, Nigeria followed several of its principles in the Country Programme:

- Plan together to develop a strong UNSDPF;
- Follow the 2030 Sustainable Development Goals (SDG) agenda, especially to leave no child behind and cover the most deprived girls and boys and address the gender equality issue;
- Adopt an integrated approach to programming to address multi-sectoral child rights violations;
- Widen existing partnerships including harnessing the expertise of the private sector;
- Strengthen the evidence-based system and collect data for development, and;
- Build up the humanitarian response and development nexus and emergency preparedness.

### Emerging areas of importance

**Climate change and children.** UNICEF has increasingly deployed climate-informed technology options towards delivering improved and sustainable WASH services for children. Of the over 2,200 water supply systems constructed in 2017, only technology options with clean energy, such as solar powered schemes and hand pump boreholes, were deployed.

As an alternative to the conventional use of fossil fuel generators for power by most of the State Rural Water Supply and Sanitation Agency and LGA WASH department offices, UNICEF supplied 70 units of solar-based inverter systems for power supply in project states and LGAs. In flood-prone areas, UNICEF deployed adaptive technology options for sanitation and water supply facilities in communities and public institutions as part of resilience building. Populations in at-risk communities (especially children and adolescents) were trained on disaster risk reduction and resilience building.

**Accelerate integrated early childhood development (ECD).** In 2017, UNICEF increased engagement in early childhood development, especially in early learning through pre-primary education. Increased awareness on the need to invest early in every Nigerian child was achieved through a high-level ECD national conference initiated and funded by UNICEF in collaboration with the World Bank and the Global Partnership for Education and led by the Government of Nigeria. The conference raised the profile of early childhood education not just in the education sector, but in the health, nutrition and child protection sectors as well as amongst NGOs, civil society organizations, the media and international development partners. In the new Country Programme, UNICEF aims to strengthen convergence under the child-friendly community approach focusing on the whole child especially young children. The approach provides an entry point for nurturing care practices as well as early stimulation and communication at the community level – linking nutrition, vaccination and early stimulation into early learning. This is being modelled in southern Borno and is scalable at the community level through integrated Qur'anic schools beyond formal education.



**Refugee and migrant children.** Nigerians represented the highest number of identified migrants (14,000) arriving irregularly in Europe, with more than 600 unaccompanied or separated children, according to data from the United Nations High Commission for Refugees (UNHCR) and the International Organization for Migration (IOM). Most children are originally from two southern states, Edo (72 per cent) and Delta (12 per cent). Despite being the largest country of origin for African migrants, there is a paucity of information about children's motivations and experiences along the migration pathway, contributing to limited protection, programmes, and tailored advocacy, as well as decision-making that is not always in the best interests of the children. UNICEF requires additional resources to collect and analyse child-specific data on child migration to provide more in-depth evidence-based information on the living conditions of children in countries of origin and to inform good practice programming.

**Urbanisation and children.** An estimated 85 million Nigerians live in urban settlements. The urbanisation level rose from 35 per cent in 2000 to the current 47 per cent. By 2030, urban population is expected to rise to 71 per cent (278 million). Some 66 per cent of the urban population live in slums. Many children are deprived of access to the most basic services, such as piped water, sewerage, electricity, lack drainage or flood protection. Moreover, access is inequitable as described in the intra-urban disparities analysis for Kano and Lagos for the MICS 5.

Based on the analysis of the situation of urban children carried out in 2017, the salient challenges requiring urban programming for children are: (i) the triple threat of urban diseases, urban lifestyles, and nutrition; (ii) road traffic accidents, particularly while going to school or playing in unsafe play spaces, and; (iii) child labour, which in urban Nigeria mostly occurs as domestic servants in wealthy urban families, informal work, and child prostitution.

**Greater focus on the second decade of life.** To better understand the situation of adolescents, UNICEF conducted a review of the situation of adolescents in Nigeria in 2017. The study will inform initiatives to explore the opportunities for meaningful participation of adolescents in development generally and specifically in the Nigeria HIV response in 2018.

The U-Report and the National Agency for the Control of AIDS (NACA) call centre are platforms UNICEF is supporting that have the potential to harness the voices of over 10 million young Nigerians and reach them with behaviour change messages.

## Summary Notes and Acronyms

ANC -	antenatal care
ARV -	antiretroviral
C4D -	communication for development
CLTS -	community-led total sanitation
CJTF -	Civilian Joint Task Force
CMT -	country management team
CPMP -	Country Programme Management Plan
DfID -	Department for International Development (United Kingdom)
ECD -	early childhood development
EMIS -	Education Management Information System
EVM -	effective vaccine management
HACT -	harmonized approach to cash transfers
iCCM -	integrated community case management approach
ICT -	information and communication technology

IMCI -	integrated management of childhood illnesses approach
IMEP -	integrated monitoring and evaluation plan
IQE -	integrated Qur'anic education
LGA -	local government areas
MDG –	Millennium Development Goal
M&E –	monitoring and evaluation
MICS -	Multiple Indicator Cluster Survey
MNCH -	maternal and neonatal child health
MTCT –	mother-to-child transmission of HIV
NACA -	National Agency for the Control of AIDS
NBS -	National Bureau of Statistics
NEMA -	National Emergency Management Agency
NERICC -	National Emergency Routine Immunization Coordinating Centre
NGO -	non-governmental organization
NPHCDA -	National Primary Health Care Development Agency
OCHA -	Office for the Coordination of Humanitarian Affairs
PHC -	primary health care centre
PMTCT -	prevention of mother to child transmission
RUTF -	ready-to-use therapeutic food
SDGs -	Sustainable Development Goals
SERICC –	State Emergency Routine Immunization Coordinating Centre
SMS -	Short Message Service
UNDAF -	United National Development Assistance Framework
UNFPA -	United Nations Population Fund
UNICEF -	United Nations Children's Fund
VCM -	voluntary community mobilizer
WASHCOM -	water, sanitation and hygiene committee
WASHIMS -	Water Sanitation and Hygiene Information Management System
WHO -	World Health Organization

## Capacity development

To increase demand for social services for children and women including uptake of vaccination, prevention of communicable diseases, promotion of sanitation and nutrition, favourable behaviours, and girls' enrolment, UNICEF supported the capacity development of over 2,000 traditional and religious leaders. The capacity of 16,137 health workers was strengthened to deliver maternal, neonatal and child health services. Over 1,839 trained service providers are delivering adolescent and young people-friendly friendly HIV services. The immunization manager capacity was increased for data management through the visibility and analytics network initiative which helps to assess performance and inform decision-making. Over 17,361 voluntary community mobilizers were trained in interpersonal communication skills to support polio and measles campaigns.

For nutrition, 4,000 community nutrition volunteers and 8,000 health workers were trained to support timely delivery of nutrition curative and preventive services. As a result, emergency severe acute malnutrition treatment coverage increased from 50 per cent in June to 86 per cent in November.

Eight state ministries of education have increased capacity to collect, analyse and use school-based data on children for sector planning, while 33 states developed increased capacity to prepare basic education sub-sector plans. In the northeast, the capacity of 873 teachers in 33



schools was developed, resulting in the implementation of conflict disaster risk reduction plans to make schools safer for 32,049 children.

UNICEF also supported the training of 4,500 WASH committees, thus supporting communal dialogue and promoting child survival activities, birth registration, exclusive breastfeeding, immunization and ante-natal care attendance.

UNICEF developed the capacity of 1,593 justice and law enforcement officials and 384 social welfare officers to handle cases of child victims of violence. To increase reporting of child abuse, religious organizations launched an End Violence Against Children campaign reaching 32,000 people including 5,200 leaders.

It is expected this enhanced capacity will have a multiplier effect on other staff across sectors.

### **Evidence generation, policy dialogue and advocacy**

Expanding on the Multiple Indicator Cluster Survey initiated in 2016, UNICEF Nigeria continued to generate evidence to inform and support advocacy and policy. The MICS 2016-2017, finalised in 2017, contains nearly 200 indicators at national and state level and provides key evidence for the new UNICEF Nigeria country programme and for advocacy with the Government.

In collaboration with the Government and other stakeholders, UNICEF and the World Health Organization (WHO) conducted an effective vaccine management (EVM) assessment in 191 sites nationwide to measure effectiveness in managing vaccines. Despite significant investment, there was only a two per cent increase from 2014. These findings were used to advocate for a participatory and collaborative EVM improvement plan. UNICEF supported the assessment of 250 health facilities in three states to evaluate readiness for the national one primary health care centre (PHC) per ward strategy (known as 'One PHC per ward'). Recommendations included integrating gender in primary health care programming, more effective data management and geo-mapping of hard-to-reach settlements.

UNICEF also supported the Federal Ministry of Water Resources to scale up the Water, Sanitation and Hygiene Information Management System (WASHIMS) in 202 local government areas across 21 states. This increased available data and generated evidence to plan for the equitable distribution of WASH services across unserved and hard-to-reach areas. The Ministry plans to expand this system to cover all local government areas in Nigeria, with a milestone of 400 local government areas for 2018.

Three states launched violence against children campaigns. A financial benchmark, a study of the economic burden of violence against children, and a costing analysis of child protection services provided evidence to start advocacy for public investment in child protection services in four focus states.

UNICEF led a strategic shift in building sustainable and cost-effective statistical capacity to support evidence-based and result-based reporting in the education sector in 16 states. This data collection approach, introduced by UNICEF, is being promoted by development partners as a harmonized approach with Government.

### **Partnerships**

UNICEF Nigeria continued to foster cooperation within development and humanitarian contexts to achieve positive outcomes for children and women. This included strong partnerships with the Government, through the ministries of Women Affairs and Social Development, Health, Education, Water Resources, Justice, National Population Commission, National Primary Health Care Development Agency, and National Agency for Control of AIDS, as well as state-level counterparts. UNICEF's collaboration with State Universal Basic Education Boards resulted in the release of counterpart funding for construction of WASH facilities in schools. Advocacy and partnership with the Nigerian military resulted in the release of children from detention and assistance to children abducted by insurgents.

UNICEF Nigeria also developed new partnerships to improve outcomes for children. These included religious bodies, community leaders, traditional leaders such as the Northern Traditional Leaders Committee, and close engagement with the media. The partnership with over two million U-Reporters generated a demand for child survival and adolescent-friendly interventions.

Private sector partnership was an increasing area of development in 2017. This included screening and outreach to private sector companies, attendance at networking events to engage potential donors as well as cultivation of high net worth individuals. UNICEF Nigeria engaged Blaugrana Sports International, a representative of FC Barcelona, in support of basic education programming. An agreement with the Dangote Foundation for the private sector procurement of ready-to-use therapeutic food (RUTF) in-country is being finalized. In addition, UNICEF Nigeria is negotiating an agreement with the Africa United Foundation in support of education programming in collaboration with the Minister for Education, which could result in significant and multi-year funding to address the large burden of out-of-school children.

### **External communication and public advocacy**

In line with UNICEF Global Communication and Public Advocacy Strategy and local priorities, UNICEF has highlighted the situation of women and children in Nigeria, especially those affected by the emergency in the northeast, to both domestic and international audiences, influencing policy and resource mobilization decisions. UNICEF led international coverage of the crisis in the northeast, becoming a voice for children affected by the conflict, so that their concerns on education, protection and hygiene are presented.

UNICEF facilitated a visit of Malala Yousafzai, Nobel Peace Prize winner and education activist, which created a strong advocacy momentum for education in the northeast. Visits by UNICEF senior staff, and UNICEF's press releases on the use of children as human bombs, further sparked the interest of the international media to cover the crisis and generate visibility on the issues children are facing. UNICEF Nigeria organized more than 20 strategic media dialogue meetings, including field visits, for Nigerian journalists and editors to raise awareness and generate action on children's issues including malnutrition, early childhood development, HIV/AIDS, and WASH. Media representatives at the events committed to covering children's issues. Over 40 international and national media visits, 20 press releases, events, briefings and press conferences resulted in 3,400 tracked UNICEF media mentions, almost all positive or neutral. UNICEF specialists were interviewed by media more than 215 times.

UNICEF Nigeria also contributed to major global initiatives including #ENDViolence, Early Moments Matter, World Children's Day, and publication of the State of the World's Children report.

UNICEF Nigeria's digital and social media presence and engagement continued to grow with Facebook posts reaching three million and tweets 2.5 million people in 2017. The number of webpage page views increased considerably to 759,105, an increase of 157 per cent between January and late November.

### **South-South cooperation and triangular cooperation**

UNICEF supported a series of study tours to South Africa as well as training workshops to strengthen the capacity of federal (Ministry of Budget and National Planning) and state government officials on the design, implementation, and monitoring of social protection policies and programmes. This provided lessons to state governments in domesticating the national social protection policy.

UNICEF engaged the South African Economic Policy and Research Institute to support state governments with documenting social protection interventions in two states in Nigeria. The documentation produced a detailed overview of over 30 social protection interventions which provided the opportunity for learning and applying lessons to other states. These were considered significant for the rest of Nigeria.

As follow-up, inter-state study tour was jointly organized by UNICEF and the state governments. It provided a platform for knowledge exchange and deliberation on the protection, care and empowerment of children, women, and marginalized groups through social protection initiatives across states (internal South-South learning). The study tour built a shared understanding on content as well as on strengthening and expanding social protection programmes with a focus on children and women. They also allowed for reflection on the policy and legislative environment, institutional basis, and partnerships necessary for social protection. Over 120 high level delegates from 16 states, representatives of the federal Government, and UNICEF staff from across the country participated in the study tour. After the study tour, social protection technical working groups in various states accelerated their work, producing draft policies. The Ondo State Assembly passing a Social Protection Bill in 2017.

UNICEF engaged with the intercountry Lake Chad Task Team for polio eradication which was established to strengthen response, foster harmonization across countries, intensify support and increase oversight at all levels. This cooperation led to two synchronized campaigns that reduced the missed children who were on the move.

### **Identification and promotion of innovation**

Maximising results and performance for children through innovation was a key strategy for UNICEF Nigeria in 2017.

The establishment of a visibility and analytics network to enable use of immunisation data using a dashboard to leverage vaccine stock visibility in real time to the LGA level was supported.

UNICEF used the RapidPro SMS technology to send messaging on awareness and prevention during the monkey pox outbreak. It was also used to allow timely nutrition data to be sent from implementation sites directly to a national server supported by UNICEF. This significantly reduced the time required to transfer data from implementation site to national level and enabling detection of critical events that could interrupt implementation of life saving interventions. RapidPro SMS technology was also used to strengthen performance of birth registration services by allowing real-time monitoring by UNICEF, resulting in the registration of 3,055,023 children (1,485,961 females) at over 4,000 service points.

The U-Report platform reached over two million registered users in 2017 and was used for messaging on education and monkey pox outbreak response. A live chat on menstrual hygiene management was conducted, reaching 541,813 girls, with 42,548 indicating interest and over 13,000 sending in questions that were responded to within five days.

UNICEF increasingly deployed a smartphone-based real-time reporting system to manage and enhance the performance of field facilitators in the implementation of community level WASH activities. This enabled reporting on field activities in real time, thereby improving efficiency and maximizing return on investments.

UNICEF adopted new designs for temporary learning spaces that are more durable especially in the harsh weather. These, combined with the adoption of double shifting and supporting secular education in Qur'anic schools, are helping increase access to basic education.

### **Support to integration and cross-sectoral linkages**

UNICEF pursued integration and cross sectoral linkages in 2017 to achieve results for children for sustained social transformation. Internally, the integrated approach was showcased by an initiative to increase school enrolment using cash transfers, involving education, social policy and gender equality sections. A key impact in 2017 was the government takeover and scale-up of the cash transfer programme to promote girls' education in Niger and Sokoto states. The model was picked up by two other state governments, Kebbi and Zamfara, for replication with technical support from UNICEF.

Collaboration between education and communication for development sections was extended to boost school enrolment particularly in the humanitarian setting of Borno state. As part of the initiative, 60 radio listening clubs were formed to reinforce messages broadcast on social issues such as girls' education.

UNICEF also supported the "One PHC per ward" approach, converging preventive and curative health services, with WASH, nutrition, child protection, C4D, social protection and HIV/AIDS interventions in 561 primary health centres in Adamawa, Bauchi and Kebbi states. This supported cross-sectoral linkages in communities, providing improved outreach and case management services to 6,885 settlements and reaching over 435,700 women and children under-five to improve child survival and birth registration.

Health, communication for development and external relations sections collaborated to quickly overcome anti-vaccination rumours that erupted in October 2017 and posed a serious challenge to immunization efforts. The impact of the rumours was swiftly countered and the November polio vaccination rounds witnessed a significant decrease in caregiver rejection.

Integration of UNICEF interventions is major shift in the northeast response. Social mobilization through collaboration between WASH and communication for development was essential in understanding factors impacting the adoption of safe hygiene practices deployed to contain and prevent the further spread of the cholera outbreak.

### **Service delivery**

UNICEF Nigeria supported routine immunisation, outbreak response and polio eradication efforts reaching 57,935,232 and 56,202,217 children during two national campaigns. Technical and financial support was provided to 6,638 community oriented resource persons and 1,129

supervisors towards implementation of the integrated childhood case management strategy. Lessons learnt are currently informing the Government's community health worker strategy.

UNICEF supported the establishment of mobile clinics for the treatment of severe acute malnutrition, mass screening and referral of cases, nutrition counselling for mothers and caretakers and provision of nutritional supplements for non-malnourished children. This led to an increased coverage of treatment of severe acute malnutrition from about 50 per cent in June to 86 per cent in November and reaching 100 per cent of targeted mothers and children with key information and supplements. This strategic shift for service delivery in northeast Nigeria to increase the coverage of the emergency nutrition curative and preventive services for hard-to-reach populations reinforced the importance of community-based delivery of nutrition services.

In ensuring that services reach the most vulnerable groups, UNICEF continued to promote the LGA-wide approach to service delivery under WASH. Under education, UNICEF supported the training of 7,308 teachers/facilitators (14 per cent women) to improve the learning of more than 365,000 children; and 468,803 school-aged children (214,830 girls) benefitted from learning materials.

UNICEF Nigeria expanded its child protection in emergency response, reaching over 201,420 registered children (107,162 girls) with tier one psychosocial support. A total of 4,739 (2,273 girls) unaccompanied and separated children were registered and supported, of whom 573 (203 girls) were reunified. Reintegration services were provided in 12 local government areas to 16,082 children and women associated with armed groups and/or victims of sexual violence. Through improved coordination and data management, Cross River state recorded a 25 per cent increase in service provision for child victims of violence.

### **Human rights-based approach to cooperation**

The human rights-based approach was mainstreamed across all programme interventions undertaken by UNICEF Nigeria in 2017, including the development of the 2018-2022 Country Programme which was guided by an equity-focused analysis. In addition, following sustained advocacy, UNICEF Nigeria supported Enugu to become the 24th state in Nigeria to domesticate the Child's Rights Act, with three other states in progress. UNICEF Nigeria, as the lead agency for social protection under the UNDAF, advised the Nigerian Government on the design of the National Social Protection Policy, firmly grounding it in the right to social protection, the social protection floor, and the principles of equity and universality.

To ensure a human rights-based approach, child poverty estimates were updated to include MICS 2016-2017 data. The MICS data was further used to estimate child poverty for the 774 LGAs across Nigeria, generating an intra-state disparity analysis which will better enable UNICEF Nigeria to know where the most marginalised children are. The MICS 2016-2017 was also used to analyse intra-urban disparities in Kano and Lagos, the first time such an evidence and equity analysis have been available in Nigeria.

To better inform prioritization, UNICEF Nigeria supported the National Primary Health Care Development Agency (NPHCDA) in conducting an immunisation equity assessment which identified barriers to uptake and utilisation of immunisation services. A bottleneck analysis for uptake of Penta-3 and measles vaccines, antenatal care services, and hard-to-reach communities was also conducted. Mapping was conducted to identify which communities and households have higher numbers of out-of-school children to further enhance programmatic targeting with a human rights-based approach.



Although submission of the Periodic State Party Report on the Convention on the Rights of the Child remained delayed in 2017, the materials and evidence are ready for validation with stakeholders in all six geopolitical zones of the country.

## Gender equality

Guided by gender review recommendations (2015), and in line with the global Gender Action Plan 2014-2018, strengthening capacities for gender responsiveness across programmes remained a key component of action for UNICEF Nigeria in 2017.

Gender awareness workshops (including programme gender-gap analyses) took place in Port Harcourt, Enugu and Lagos field offices in response to an identified capacity gap in programme delivery. UNICEF provided capacity support to the Federal Ministry of Water Resources on Gender Implementation Guidelines and developed activities and messages to overcome gender barriers that impede immunisation coverage for polio eradication. These were based on gender gap analyses that took place in two states, which led to recommendations on how to avoid and overcome gender-discriminatory practices and thereby increase health services utilisation.

The findings from various education baseline surveys and studies noted that socio-cultural and economic issues hinder girls' access to quality education. Interventions addressing gender-based priorities in focus states led to significant results, including:

- Enrolment of an additional 149,131 girls in schools;
- 9,255 girls enrolled in integrated Qur'anic centres;
- An increase in attendance rate for girls to 62.2 per cent (up from 59 per cent), and;
- 23,655 girls benefitting from cash transfers.

Gender sensitization workshops took place to strengthen the capacity of high level women advocates groups, addressing gender inequality in girls' school enrolment and retention, and female participation in the education management sector. Two states are developing laws on increasing participation by women in education decision-making.

The UNICEF-United Nations Population Fund (UNFPA) joint programme on female genital mutilation/cutting abandonment resulted in 3,468,720 individuals in 953 communities making public declarations in support in Ebonyi, Imo State, Ekiti, Osun and Oyo states. The first technical working group meeting on ending child marriage was held in December, where it was agreed to conduct a mapping of strategic interventions by key stakeholders.

## Environmental sustainability

Nigeria is vulnerable to flooding and to saline water intrusion in the southern coastal belt. While it is prone to flash floods along the river banks and upland areas, it experiences significant levels of drought and groundwater depletion in the Sahel belt. Floods ravage communities, destroying social infrastructure (including WASH facilities), and contaminating drinking water. In coastal areas, hydrocarbon exploitation and seawater intrusion adversely impact ground water quality. Droughts and floods are known to affect food production and can lead to malnutrition. The combination of open defecation, poor sanitation, and flooding provides fertile ground for malaria, diarrhoea, cholera and polio epidemics, and exacerbates morbidity and mortality in already-stressed communities.

Climate change adaptation and disaster risk reduction were key strategies deployed by UNICEF



Nigeria towards engendering environmental sustainability in programming in 2017. Currently, UNICEF is supporting the Government's national roadmap "Making Nigeria Open Defecation Free by 2025," which was launched in 2016. Over 22,000 communities have already achieved open defecation free status. UNICEF Nigeria further supported the Government to develop a national strategy for hygiene promotion and guidelines for water safety planning to foster appropriate behaviour by households and pupils for water handling, hygiene and environment conservation. These efforts reached 3,000 communities.

Feasibility studies and environmental examination of WASH technology led UNICEF to adapt climate-resilient technologies with low carbon footprints such as hand pump boreholes which have low potential to deplete groundwater. In addition, raised platforms for WASH facilities were used in flood prone areas, and solar-powered (green energy) boreholes installed. In humanitarian interventions, UNICEF supported garbage removal, the use of sand to fill flooded areas, treatment and desludging of latrines, and extension of water systems' pipe networks where possible, rather than constructing new boreholes.

In 2017, in order to prove feasibility and lead by example, UNICEF Nigeria completed 173 solar-powered water systems and installed 70 solar-based power systems in state Rural Water Supply and Sanitation Agency and local government areas WASH department offices as clean power alternatives. During the period of the country programme, 578 solar water systems and 119 solar-based power systems have been installed. In 2017, owing to these climate-friendly alternatives, a total carbon footprint reduction of 11,588 metric tonnes was achieved.

### Effective leadership

In 2017, nine country management team (CMT) meetings were held to discuss UNICEF-related external developments, review performance indicators, funding gaps, programmatic red flags, and update regarding the emergency response and expenditures. A review of the integrated monitoring and evaluation plan and evaluation management responses took place on a quarterly basis. Workplans were cascaded down from the national to sub-national level to ensure alignment with government partner priorities. The Abuja country office and nine field offices updated and tested their business continuity plans, and outstanding responses to previous audit recommendations were fully implemented in 2017. A new audit was conducted in the last quarter of 2017.

A major undertaking completed by UNICEF Nigeria to strengthen leadership and governance was a change made to the management process which aimed to consolidate programme monitoring and management for results. This was carried out on a participatory basis, with sessions organized to share the process with all staff.

The risk control and self-assessment profile was updated during mid- and end-year reviews to ensure risks were appropriately mitigated. The key risks identified related to fraud and misuse of resources. To mitigate these risks, UNICEF Nigeria fully implemented the Harmonized Approach to Cash Transfers (HACT) Framework, increased the use of direct payment modalities and updated its table of authority.

Critical issues were highlighted at country management team meetings including presentations on ethics and sensitization of staff during Ethics month in October 2017. This included dissemination of posters with ethical messages at the office, weekly quizzes on ethical issues and retaking the oath of office by staff, led by the Representative.

## 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 none of them exceeded nine months.

As of 31st December 2017, US\$576,128 of the total DCT was outstanding for six to nine months. There were no records of impaired DCTs for the year 2017.

As of 31st December 2017, the utilization of funds was:

Regular Resources: 97 per cent (US\$61,964,798)

Other Resources (Regular): 75 per cent (US\$197,226,620)

Other Resources (Emergency): 68 per cent (US\$64,024,450)

Support Budget: 100 per cent (US\$543,784)

Payments processed by UNICEF Nigeria in 2017 were 221,831 transactions compared to 139,970 in 2016. The January to December 2017 bank reconciliations were prepared per deadlines and outstanding issues arising thereof addressed. UNICEF's Division of Financial and Administrative Management gave approval for UNICEF Nigeria to implement Direct Payments to multiple beneficiaries through the ECOBANK OMNI platform in order to improve management of cash resources.

A Mobile Money payment mechanism was established for the payment of voluntary community mobilizers through Standard Chartered Bank. A cash-on-hand account was established in the for the Maiduguri Office. Orientation of new staff on financial procedures was undertaken.

As a result of effective financial management, average bank optimization ratio was seven per cent which is within the limit of 25 per cent bank optimization benchmark. Furthermore, a cost savings of approximately US\$1.91M was achieved for the year, due to prudent bank optimization measures.

The Office undertook 459 programme monitoring visits, 55 micro assessments, 244 financial spot checks, and 24 scheduled audits. Capacity building on the HACT Framework was undertaken with 257 staff from 99 implementing partners (government and non-government), 58 staff from three local audit firms and 17 UNICEF staff.

## Fundraising and donor relations

In a very competitive fundraising environment, UNICEF Nigeria mobilized substantial resources for children. In 2017, more than US\$114 million of emergency funding and over US\$323 million of other funding was raised. UNICEF Nigeria raised 67 per cent of the global Humanitarian Action for Children appeal. Nevertheless, funding shortages remained, particularly in health (63 per cent funding gap), child protection (60 per cent funding gap) and WASH (34 per cent funding gap), hampering the delivery of emergency aid.

As part of its fundraising strategy, UNICEF positioned itself strategically as an organization with a long history in Nigeria. Promoting UNICEF's comparative advantage helped secure major pledges from donors such as the United Kingdom, which donated US\$14.5 million to support the scaling up of emergency nutrition programming, and Germany, which supported protection and nutrition with almost US\$5 million. UNICEF Nigeria is also currently finalising an agreement with Dangote Foundation for the private-sector procurement of RUTF.

Throughout 2017, UNICEF Nigeria ensured that timely and high-quality visibility and advocacy materials were produced, including human interest stories and project proposals. Strong liaison with the UNICEF Private Fundraising and Partnerships Division and UNICEF National Committees resulted in contributions from the Netherlands and Belgian Committees for UNICEF. Most donor reports were submitted on time, thanks to an internal system of alerts that provided ample time for programmes to provide inputs and the hiring of a reports and fundraising specialist. Funding was optimally used, and UNICEF Nigeria maintained systems to monitor the use of funds and avoid unnecessary extensions, including weekly monitoring reports, weekly section chiefs' meetings, and country management team meetings. In line with the new country programme, a new resource mobilisation strategy was drafted in 2017 and a donor visibility mapping is underway for finalisation in 2018.

## Evaluation and research

During the reporting year, UNICEF Nigeria finalized two out of three recommendations from the 2016 Maternal and Neonatal Child Health (MNCH) Week Impact Evaluation. The outstanding recommendation is planned to be closed during the first quarter of 2018.

Two management responses were developed for evaluation studies completed in 2017. An impact evaluation study of the cash transfer component of the Girls Education Project Phase Three (known as GEP3) determined that the component had a positive impact. It reduced financial barriers to girls' enrolment and attendance at school, as well as on household consumption and welfare in the two targeted states of Niger and Sokoto. There was an average enrolment increase of 52 girls per targeted school in Niger state and 73 girls per targeted school in Sokoto state.

In addition, an evaluation was conducted on UNICEF Nigeria's support to capacity development activities across all sectors during the 2014-2017 country programme. The evaluation noted that capacity development training should be part of a comprehensive national training strategy. The training should be strategically planned to respond to national needs and more closely linked to programme priorities and bottlenecks. Moreover, the evaluation noted that there was a high potential for effectiveness in terms of changes in behaviour. The evaluation concluded that the training of trainers approach was a contributing factor to this effectiveness. Based on the recommendations a management response was approved for implementation in 2018 and onward.

UNICEF Nigeria supported the Ministry of Budget and National Planning in developing a National Evaluation Policy and a National Monitoring Policy. The intention is to domesticate them down to the 36 states.

UNICEF Nigeria also partnered with the Ministry of Budget and National Planning, SSAP-SDGs, National Bureau of Statistics (NBS), World Bank, UNFPA, WHO, the International Labour Organization and Pricewaterhouse Coopers (PwC) to agree on the need for a National Accountability Framework to clarify the accountabilities for the monitoring and evaluation functions supporting reporting on the SDGs.

## Efficiency gains and cost savings

Aiming to reduce the risk associated with cash transfers in the Nigerian context, UNICEF found an effective and efficient way of processing direct payments through the ECOBANK OMNI platform and Mobile Money Transfer through the Standard Chartered Bank S2B platform. There was a surge in the use of these two systems to improve payments. Although it is not

possible to quantify the monetary gains from these payment systems, there are obvious efficiency gains in the payment process as the risk of loss of funds and misappropriation is largely reduced.

The use of Standard Chartered Bank S2B and ECOBANK OMNI platforms reinforce assurance that the funds are effectively used and that voluntary community mobilizers and workshop participants receive the funds earmarked for them. UNICEF Nigeria took advantage of office automation tools such as Share Point, Skype and Webinars to reduce travel costs from field offices to Abuja and vice versa for learning and other meetings.

Efficiency gains achieved in fleet management in the Abuja office using an online transport booking resulted in savings in time for staff. This will be replicated in other offices in 2018. The opening of two guest houses in Maiduguri highly strengthened staff security management and resulted in savings estimated at around US\$84,000 a year from reimbursement of residential security measures.

The UN Country Team in Nigeria signed the Business Operating Strategy document, which will be fully implemented in 2018 by the UNCT. The Strategy covers seven main areas: procurement, human resources, HACT, common premises, travel/daily subsistence allowance harmonization, information and communication technology, and finance. It is anticipated that implementation will lead to a reduction in transactional costs, saving US\$3.65 on every dollar spent in the elements of the Business Operating Strategy, and ultimately improve efficiency within the UNCT.

## Supply management

<b>UNICEF Nigeria 2017</b>	
<b>Value of all supply input (goods and services) in US\$</b>	
Programme supplies	97,612,573
Operational supplies	1,564,881
Services (including construction)	27,918,920
Freight	6,305,478
<b>Value of supplies channelled via procurement services in US\$</b>	
Channelled via regular procurement services	72,983,690
Channelled via GAVI	116,552,758

The value of the inventory of programme supplies controlled by UNICEF Nigeria, recorded as being physically in the warehouse as of 5 January 2018, was US\$5,670,082.68, of which US\$4,893,258.68 were supplies prepositioned for emergencies.

The value of programme supplies issued from local warehouses controlled by UNICEF Nigeria was recorded in VISION as of 5 January 2018 was US\$34,088,185.87

The total value of supplies managed by UNICEF Nigeria controlled warehouses through the year was US\$43,308,851.01.

Mobilization of supplies and services, including construction work, amounted to US\$127,096,374.

During the year, a market survey was conducted in Lagos and Abuja. Forty-two long-term arrangements were established, including strategic services for field offices (23), WASH services (10), quality assurance services (7), human resource management (1), and mobile money payments (1).

The logistics set-up established in 2016 supported the emergency response and establishment of a buffer stock for nutrition. For security reasons, a new warehouse was rented in Maiduguri.

UNICEF Nigeria mobilized a new third party service provider through a US\$30,000,000 long-term arrangements for the management of 600 outsourced staff; designing the standard operating procedures and systems and operationalizing the project in coordination with 10 offices.

In addition, UNICEF supported the Government to mobilize vaccines and devices for US\$189,536,448 through Procurement Services and the strengthening of immunisation supply chains through:

- Technical advice to NPHCDA, including the coordination of 2018 immunisation forecasting, transactions management and support to improve in-country logistics;
- The facilitation of resource mobilisation through a World Bank US\$150,000,000 grant;
- The mobilization of a firm to develop the national immunisation logistics management information system;
- Supporting the GAVI Country Engagement Framework process in developing a Nigeria Strategy to transform immunisation to achieve greater sustainable results and strengthen primary health care 2018-2030;
- Participation in the Effective Vaccine Management Assessment and Comprehensive Improvement Plan development.

UNICEF Nigeria contributed to the development of the Primary Health Care Supply Chain Strategy.

### Security for Staff and Premises

In 2017, high levels of insecurity prevailed across northeast Nigeria, particularly in Borno State, where Boko Haram insurgents conducted sophisticated attacks on both military formations and vulnerable populations on an almost daily basis. The use of suicide bombers continued to be a main insurgent tactic across Borno State including in the capital, Maiduguri, with high numbers of human casualties. Humanitarian access was constrained, necessitating the use of United Nations Humanitarian Air Service (UNHAS) helicopters to internally displaced persons camps outside Maiduguri. Road travel was limited given the incessant attacks on humanitarian convoys.

The southwest parts of the country, previously classified as low risk, suffered from an escalation in criminality particularly kidnapping. During an attack on a UNICEF vehicle on mission from the Akure field office, a staff member was killed and another was kidnapped. UNICEF conducted a lesson-learned exercise in the aftermath of the incident to help mitigate security risks and counselling-related issues should there be a recurrence. The document was shared with the UNICEF Regional Office, UNICEF Headquarters and other country offices in the region in similar security situations.

There was a considerable decrease in attacks on oil installations in the south due to an agreement between the Government and militants, however, acts of criminality including

kidnapping on the highways remain pervasive.

Across the middle belt of the country, clashes between nomadic herdsmen and local farmers during the dry season led to population displacement and deaths.

UNICEF staff deployed to high-risk areas complied with all security policy requirements and training, including emergency first aid. Emergency plans in all field offices were updated and premises and residential accommodations for implementing partners were reviewed to meet minimum standards.

An effective system of information dissemination including the use of the WhatsApp platform in Maiduguri ensured environmental awareness.

## **Human resources**

Fifty-two positions were filled in 2017 supporting the implementation of the 2016 Country Programme Management Plan (CPMP) and staffing needs arising from retirements, resignations and reassignments. Effective succession planning, talent groups and batch recruitments were some of the strategies used. 96 per cent.

Emergency staffing needs for the Level Three emergency response in the northeast were identified in collaboration with programme managers and deployed in coordination with the Division of Human Resources, resulting in timely and effective surge response.

In response to the 2017 Global Staff Survey results for Nigeria, workplans were developed for each field office and the country office. The peer support volunteer programme was re-activated with one staff member trained per field office. Staff counsellors supported staff through traumatic events such as the attack on a UNICEF vehicle in which a driver died and a health specialist was kidnapped.

Orientation sessions on the new performance culture change were held for all staff members and performance management planning started in February. In November, 280 staff were trained on giving and receiving feedback in an office-wide training. Building on 2016 management for results training, learning needs were reviewed in early 2017 and linked to performance evaluation reports. This resulted in more discussions between supervisors and supervisees, and the development of a learning plan reflecting office and individual priorities.

Two HIV/AIDS orientation sessions were organised for new staff members and a one-day workshop for the children of UNICEF staff. Staff also participated in the UN-wide World AIDS activities and 'Caring for Us' programme.

The office has a detailed plan to roll out staffing changes approved during the Programme and Budget Review, held in November 2017.

## **Effective use of information and communication technology**

To improve efficiency and effectiveness in programme delivery through UNICEF cloud-based office automation tools, some processes have been automated using SharePoint. These include payment requests transmission to finance, telephone directory updates, transport requests, staff on-boarding and off-boarding. The office SharePoint TeamSite was made available to external partners to facilitate payments for programme third-party facilitators. Skype for Business



configuration was reviewed in all offices, greatly improving the quality of online meetings and conferences.

In terms of information and communication technology (ICT) engagement with partners, UNICEF Nigeria supported a nationwide vaccine stock management system – acquisition, storage and distribution. This in partnership with the National Primary Health Care Development Agency. The HIV National Call Centre system improvement was completed, allowing the public to interact with the call centre not only via telephone but also via social media.

UNICEF Nigeria digital/social media presence remained effective through the website, Facebook, Twitter and YouTube. These media channels were widely used for communication with the public and partners, with visits to the UNICEF Nigeria pages increasing.

Streamlining of information technology operational services is being done through common UN services. Resources have been put together with other agencies for common generators combined with solar energy for the UN House being renovated. UNICEF is the focal point for the UN Green Project and local area network installation.

UNICEF Nigeria reduced its ICT footprint by streamlining operational services through use of solar power on business continuity sites, mainly in Maiduguri, decreasing the use of generators. There was a significant upgrade of the platform, with hardware compliance of 90 per cent in 2017 compared to 73 per cent in 2016 and 70 per cent in 2015. The internet bandwidth for all offices increased in 2017.

## 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**

In 2017, UNICEF continued to provide leadership in supporting the Ministry of Health work towards the realization of the vision of the Federal Government in revitalizing primary health care. Support was provided for state-wide implementation in 65 LGAs and 774 wards in three states and in selected LGAs in five states (Enugu, Rivers, Ondo, Katsina and Kaduna). UNICEF is providing support (financial and technical expertise) for the implementation in eight states - Kebbi, Adamawa and Bauchi states with funding from the European Union; and in Ondo, Rivers, Enugu, Katsina, Kaduna, Borno and Yobe states using UNICEF internal and other resources.

Although there was slight progress in some indices related to child health, despite the huge investment in the health sector, Nigeria did not achieve the Millennium Development Goals (MDGs) and wide disparities exist in access to quality services.

Over 7.5 million babies are born annually in Nigeria. The under-five mortality rate declined from 201 per 1,000 live births in 2003 to 120 per 1,000 live births (MICS 2016). Conversely, there has not been similar progress in the areas of maternal and newborn health. The maternal mortality rate remained around 546 per 100,000 live births and neonatal mortality rate at 39 per 1,000 live birth during the same period.

Nigeria continued to make progress towards sustained efforts on remaining polio free after the cases of wild polio virus in Borno state in 2016. No new case of wild polio virus was reported in 2017.

Although there is the recognition of the need to build on the MDG efforts, progress towards proper planning for the health SDGs has been slow. UNICEF initiated high-level advocacy for supporting the Government's agenda towards strengthening primary health care, including national and state-specific costing of the approach. This was endorsed at the National Council on Health and featured as the key health strategy within the Government's 33-point agenda for 2017.

UNICEF Nigeria supported the Ministry of Health to formulate the framework for the National Health Development Plan and assisted 11 states in producing plans. Improving access and equity in child health outcomes remain the main objective of UNICEF's targeting of under-served children in remote hard-to-reach communities. As at June 2017, UNICEF expanded access to essential child health intervention to about 5,000 remote settlements across six states, while pre-implementation activities were concluded for the roll out in 250 additional settlements in Bauchi state.

UNICEF is championing nationwide roll out of Integrated Community Case Management (iCCM) through technical assistance to the national iCCM taskforce. This has culminated in the development and national adoption of 48 tools and guidelines needed for strengthening, harmonization and streamlining of iCCM implementation. Through the efforts of the taskforce, the iCCM approach was rolled out in Kebbi, Benue, Kogi, and Ebonyi states, and in internally displaced persons camps in Adamawa, Kaduna and Bauchi states. This support has been ongoing since 2014.

The National Immunization Coverage survey results revealed that only one quarter of children were fully immunized with the recommended vaccines within the first year of life. Around 33 per cent received three doses of pentavalent vaccines (coverage ranging from three per cent in Sokoto to 80 per cent in Lagos state), and four out of 10 had not received any vaccination.

These findings raised concerns and in response, UNICEF, WHO and other partners supported the Ministry of Health and the National Primary Health Care Development Agency to make substantive adjustments to coordination mechanisms to improve efficiency. These mechanisms are known as the National Emergency Routine Immunization Coordinating Centre (NERICC) at the federal level and State Emergency Routine Immunization Coordinating Centre (SERICC) in priority states. UNICEF is an active member of NERICC /SERICC and a member of the Immunization Strategic Team. The new approach is proving effective in aligning the support of immunisation partners and improving coordination in the implementation of the revitalisation plan.

UNICEF continued advocacy with the World Bank through buy-down and additional loans for procurement of routine immunisation and polio vaccines, supplies and operational costs. To ensure long-term arrangements in light of the upcoming transition of Nigeria from the GAVI support, UNICEF and the Bill & Melinda Gates Foundation advocated to generate interest on the part of the World Bank to consider a five-year modality.

The communication for development team provided important support to this Outcome, working within the framework of improved planning and strategy development for each sub-sector and programme component. The emphasis on community engagement, working within structures

and platforms that are owned and operated by communities yielded visible results. These included animating communities to action, empowering vulnerable groups including women and young people, building a culture of accountability and documentation, as well as providing a basis for peer support in community development.

The GAVI Cold Chain Equipment Optimization Platform application was completed with support from UNICEF Nigeria and other partners. This will expand functional cold chain capacity to meet national targets of one functional solar direct drive refrigerators per ward. Building on the gains made in vaccine stock visibility in all the districts, UNICEF supported data visibility and analytics network initiative for use of data for action by the Expanded Programme on Immunization Managers. A joint WHO/UNICEF support contributed in successfully conducting the Effective Vaccine Management Assessment and developing the EVM continuous improvement plan.

Concerning humanitarian response, 4,208,790 children aged six months to 15 years were vaccinated against measles, 4,029,108 people reached with integrated emergency primary health care services, and over 118,164 families reached with long-lasting insecticide treated bednets (two per family) in the three states affected by the Boko Haram insurgency in the northeast. Cholera and Hepatitis E outbreaks were tackled in Borno and Kwara states through technical, financial and material support.

**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**

UNICEF continued to support the Federal Ministry of Health and the National Primary Health Care Development Agency in the development, review and adoption of key policy and strategic documents to improve maternal and newborn health. These included the Every Newborn Action Plan, Integrated Maternal, Neonatal, Child and Adolescent Health Strategy, maternal and perinatal death surveillance and response guidelines, Life Saving Skills Manuals and Guidelines. During the same period, the National Taskforce on Integrated Community Case Management for malaria, pneumonia, and diarrhoea was formed. Eleven (30 per cent) of the Nigerian states have adopted the community case management approach. Five additional states have been mobilized to roll out the strategy in 2018.

In support of the Government's vision on revitalization of the 10,000 PHCs across the country, UNICEF is supporting the government of Adamawa, Bauchi and Kebbi states to build capacity of 774 PHCs for 24-hour services provision and implement the ward minimum health care package. So far, UNICEF has supported the renovation or revitalization of eight primary healthcare centres which now have appropriate infrastructure and relevant PHC equipment to provide the ward minimum healthcare package. Technical studies and drawings were conducted for 110 health facilities in Adamawa, Bauchi and Kebbi states and contracting is in progress for commencement of renovation work on the 110 health facilities. Technical assessment and drawings continue the remaining ward health facilities in the three states.

UNICEF also provided technical and financial support to the Enugu state government for minor renovation and refurbishment of 12 health facilities. In Niger, Jigawa, Taraba and Zamfara UNICEF is supporting state capacities for integrated outreach services within the framework of functional primary health care service delivery in Nigeria.

UNICEF continued to support and strengthen the coordination mechanisms for maternal, neonatal and child health by participating in and providing technical and financial support to all high-level health sector coordination fora at Federal and state levels, especially in the three European Union-supported states. UNICEF in 2017 supported the federal MNCH Core Technical Committee (CTC) meetings, and nine states CTC and health sector coordination fora in Kebbi, Zamfara, Cross River, Delta, Akwa Ibom, Katsina, Adamawa, Enugu, and Taraba. UNICEF is supporting the conduct of integrated supportive supervision with a view to improving quality of services in all the nine states

Nigeria has over 2.2 million U-Reporters receiving bi-weekly polls. This platform transformed stakeholder engagement and feedback from communities. Thirty-six polls were sent out and about 50 message alerts mostly on prevention, and control during the monkey pox outbreak. A menstrual hygiene management live chat was also conducted with over 3,000 questions in a period of two weeks.

There was increased engagement of leaders, with House of Representatives members from the northeast and southeast using U-Report poll questions to their constituencies. A partnership was established between the National Emergency Management Authority and U-Report. The U-Report team also hosted a learning mission from Cote d'Ivoire.

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

### **Analytical statement of progress**

UNICEF continued to provide relevant technical and financial support to the Government and the states in its effort towards the revitalization of the primary health care system in Nigeria.

Support to the implementation of the PHC revitalization agenda of the Federal Ministry of Health was under the one PHC per ward approach. Adamawa, Kebbi and Bauchi states implemented state-wide PHC revitalization through the approach in all 65 LGAs and 774 wards. Five states (Enugu, Rivers, Ondo, Katsina and Kaduna) are supporting implementation in selected LGAs and are at various levels of implementation.

Twenty-eight of the 36 states and the Federal Capital Territory have functional Primary Healthcare Under One Roof. Health facility upgrades and equipment supplies provided to Bauchi, Adamawa, and Kebbi states contributed to improving access to the essential high-impact health interventions.

A total of 11,694 healthcare workers have received training to improve their skills to provide quality MNCH services in health facilities and during outreach. Different cadres of healthcare workers including community health extension workers, voluntary community mobilizers, nurses, midwives and doctors were trained along the continuum of care for MNCH in 10 states (Adamawa, Bauchi, Kano, Katsina, Zamfara, Kebbi, Sokoto, Jigawa, Katsina and Ekiti).

No health facilities in supported states experienced any stock-outs of key tracer maternal and newborn health commodities in the last one month. Health supplies with a total value of \$12 million were procured. Some 7,000 new versions of Nigeria health kits were procured in support of seven states with support from the European Union and Global Affairs Canada.

As part of the effort to strengthen newborn care and institutionalize postnatal visits, UNICEF supported the implementation of the post-natal care home visits policy in 199 LGAs in 10 states. The policy was implemented state-wide in four states (Adamawa 21 LGAs, Kebbi 21 LGAs, Bauchi 23 LGAs, and Kano 44 LGAs) and partially in five states (Taraba 12 LGAs, Jigawa 25 LGAs, Zamfara 8 LGAs, Niger 17 LGAs and Katsina 28 LGAs). Around 10,025 VCMs conducted home visits in Sokoto, Kebbi, Adamawa, Kano, Niger, Katsina, Jigawa, Zamfara and Taraba states.

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

### **Analytical statement of progress**

The national capacity to provide access to essential high-impact child health interventions under the one PHC per ward approach received a tremendous boost through UNICEF support to Adamawa, Kebbi, and Bauchi states. This is enabling the roll out of integrated PHC services – linking services at the health facility and community through the implementation of integrated management of childhood illnesses (IMCI), integrated community case management (iCCM) and outreach services to hard-to-reach localities.

Capacity of health workers to appropriately diagnose, treat and manage child illness was boosted through training on IMCI, Reach Every Ward approach and +REW+VMT in the Federal Capital Territory, Kwara, Kaduna, Bauchi, Plateau, Jigawa, Adamawa, Anambra, Enugu, Edo, Ekiti, Lagos, Rivers and Akwa Ibom states. These trainings were complemented by the production and training materials and relevant job aids.

Overall, 11,694, health workers were trained on iCCM and IMCI, specifically to provide treatment services for malaria, pneumonia, and diarrhoea across 10 states (Niger, Zamfara, Taraba, Jigawa, Adamawa, Bauchi, Plateau, Kebbi, Kaduna, and Ondo). They treated 1,504,443 cases of malaria, 87,046 pneumonia cases, and 287,108 diarrhoea cases in 2017.

UNICEF expanded access to essential child health interventions to about 5,000 hard-to-reach settlements in Niger, Jigawa, Taraba, and Zamfara, Adamawa and Kebbi states through 250 mobile outreach teams and 6,638 trained corps. Some 600 corps, 80 supervisors and 24 state supervisors were trained for the iCCM roll out in Bauchi state.

As a member of the national taskforce and chair of its resource mobilization sub-committee, UNICEF is leading support to Nigeria's institutionalization and nationwide roll out of iCCM. Dedicated technical assistance continued to be provided to Nigeria's Federal Ministry of Health. Through this assistance, the taskforce has developed 48 tools and guidelines needed for strengthening, harmonization and streamlining of iCCM implementation.

Through the efforts of the taskforce, the iCCM approach was rolled out in nine states - Kebbi, Adamawa, Abia, Niger, Benue, Kogi, Ebonyi, Bauchi, and Kaduna – and in internally displaced persons camps in Yobe and Borno states.

To ensure zero stock out of essential medicines and supplies for child health interventions, UNICEF procured and distributed 2,000 units of Nigeria health kits that provided treatment coverage for 720,000 children. Technical support was provided to the four hard-to-reach project states on logistics, stock management and tracking of these commodities.

#### **OUTPUT 4** Increased national capacity to provide access to essential immunization services.

##### **Analytical statement of progress**

The report on the MICS and the National Immunization Coverage Survey 2016/2017 results revealed Penta3 coverage of 33 per cent, ranging from three per cent in Sokoto to 80 per cent in Lagos State. Some 17 States (46 per cent) achieved 50-79 per cent coverage for DPT3-containing antigen.

Following the dissemination of the report, UNICEF and other partners raised concerns, and subsequently supported the NPHCDA in identifying mechanisms to overcome the many challenges and poor performance in routine immunization despite continued technical and financial support. This led to establishment of new partnership and coordination frameworks and mechanisms (NERICC at the federal level and SERICC in priority states). UNICEF is a member of NERICC /SERICC and a member of the Immunization Strategic Team. Through further alignment of the support of immunization partners, there has been a clear sense of direction and resolve in doing things differently to collectively address immunization constraints. The resulting revitalization plan is being supported by all immunization stakeholders.

UNICEF Nigeria continued advocacy with the World Bank and the Government in the buy-down and additional loans for procurement of routine immunisation and polio vaccines, supplies, and operational costs. This ensured zero stock out of vaccine or devices at national and zonal levels over the past three years. In addition to traditional components, the loan under negotiation, which amounts to \$150 million, will include three Hub Cold Chain Expansion and system strengthening support. UNICEF's advocacy efforts generated interest on the part of the World Bank to consider a five-year loan period for longer-term arrangements in light of the upcoming transition of Nigeria from the GAVI support. Negotiations will be further pursued once the new loan is activated in early 2018.

UNICEF supported the NPHCDA to develop the GAVI Cold Chain Equipment Optimization Platform application, which will see expansion of functional cold chain capacity to meet national targets of one functional solar direct drive refrigerator per ward. Leveraging on stock visibility so far attained up to LGA level, UNICEF commenced an 18-month data visibility and analytics network initiative to enable use of data for action by immunization managers. In collaboration with WHO as co-leads, UNICEF Nigeria supported the Effective Vaccine Management Assessment and development of its continuous improvement plan.

UNICEF supported the response to outbreaks of vaccine-preventable diseases in 2017. The post campaign measles survey showed coverage of 85.6 per cent, 92.5 per cent and 86.8 per cent in Adamawa, Borno and Yobe states, respectively. A total of 2,112,784 persons aged 1-29 years were vaccinated during a meningitis outbreak in selected wards in Yobe, Katsina, Sokoto, and Zamfara states. Thanks to continued UNICEF support, maternal and neonatal tetanus elimination was validated in the south-east zone of the country. The Coverage in reactive yellow fever campaign reached 94 per cent of nine months to 45 years target in Kwara state and 89 per cent in Kogi state.

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

##### **Analytical statement of progress**



UNICEF continued its support to the national and state Polio Emergency Operation Centres in the coordination, planning and implementation of polio activities. Two nationwide and four sub-national campaigns were implemented in 2017, with the November edition synchronized with countries in the Lake Chad basin. Totals of 57,935,232 and 56,202,217 children were vaccinated in the March and April national polio rounds respectively: a slight increase from the average coverage of national round of 55.7 million in 2016. In all the rounds, over 80 per cent of the districts attained more than 80 per cent coverage as verified through Lot Quality Assurance Sampling data. The refusals as a proportion of missed children remained stable at 0.2 per cent throughout the year.

While no cases of wild polio virus were reported during the reporting period, 11 environmental vaccine-derived poliovirus 2 (VDPV2) were detected in four states (Katsina, Bauchi, Gombe and Sokoto), and one as detected in the stool of a healthy child during investigation. An outbreak response was conducted in Sokoto state with monovalent oral polio vaccine type 2 (mOPV2) as it had the highest number of cases detected (seven). UNICEF supported the procurement and distribution of 247,305,400 doses of oral polio vaccine, the transportation and logistics of all vaccinators, and provided technical assistance in planning and implementation. UNICEF Nigeria supported innovative strategies such as Reaching Every Settlement and Reaching Inaccessible Children (using the military) to reach children in partially accessible and inaccessible settlements respectively. Efforts are being made to reach children trapped in the inaccessible islands in Lake Chad through neighbouring countries in the Lake Chad Basin.

UNICEF supported implementation of the health camps during polio rounds to address other unmet needs and to reduce missed children. Some 11,732 camps provided an integrated package of health services in non-compliant communities during campaigns, hence vaccinating 3,124,392 children. UNICEF also supported hard-to-reach communities in 5,000 settlements in six states, delivering an integrated outreach health package. A total of 895,294 children aged 0-59 months were attended to with various interventions and 885,463 children were reached with oral polio vaccine.

UNICEF Nigeria participated in the two outbreak response assessments) and two verification exercises to validate the withdrawal of trivalent oral polio vaccine (tOPV) and mOPV2 vials from all health facilities and cold stores.

Recognizing challenges with vaccine accountability, UNICEF supported development of a polio vaccine accountability management framework and reporting tool. Leveraging gains from the framework, the NEOC and the Department of Logistics and Health Commodities with technical support from UNICEF are adapting it to be used for all supplementary immunization activities and separately for monitoring routine immunization vaccines.

The period leading to certification will continue to address outstanding 2015/6 challenges, including identifying population immunity gaps, vaccine-derived poliovirus, inaccessibility in security-compromised states, non-compliance, surveillance and contributing to the polio legacy planning and implementation of the Expert Review Committee and Outbreak Response Assessment recommendations.

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

### **Analytical statement of progress**

Nigeria recovered from the major setback of 2016 polio outbreak by implementing a rigorous outbreak response and has gone one year without any wild polio virus. The country implemented two national and four sub-national polio campaigns during the year. UNICEF partnered with traditional leaders in the country. They remained engaged and sustained support for polio eradication, and played a key role in the pre-campaign activities, consistently making public statements in favour of polio, monitoring vaccination teams and organizing review meetings. Traditional leaders vaccinated on average 50 per cent of the reported noncompliant children during the past six campaigns in 2017.

UNICEF maintained a partnership with BBC Media Action, focussing on improved behaviour and increased knowledge about oral polio vaccination and routine immunisation. On average, 200 radio discussions or talk shows were held in high risk states. The overall media environment remained positive and negative coverage was reported as one per cent. Strong government leadership and support was maintained, especially at the national level.

The Volunteer Community Mobilizer network, comprised of nearly 19,000 personnel, worked closely with caregivers and communities at large. They implemented a variety of social mobilization activities to make the people aware of the benefits and availability of vaccination services, promoted exclusive breastfeeding and sanitation and hygiene practices. They reached caregivers through household visits, compound meetings and community dialogues, sensitizing them for vaccination and health services.

The VCMs vaccinated 90 per cent of the total tracked 377,300 newborns from January to November 2017 and more than 2.2 million children under five years-old during naming ceremonies. Out of nearly 100,000 children missed due to noncompliance in Immunization Plus Days in January to July, 76 per cent were vaccinated with the support of VCMs in between the rounds. The proportion of noncompliance during rounds of polio campaigns remained at the minimum of 0.2 per cent. The VCMs tracked vaccination of about 4.8 million under-5 children during polio campaigns in 16,000 settlements using vaccination registers. Noncompliance in VCM-assigned areas was reduced to 0.3 per cent in October campaign as compared to 0.4 per cent in January. The VCMs registered 0.9 million children aged under one year; and a half million pregnant women in their assigned areas were consistently referred to health centres for routine immunization and antenatal services.

Between March and October, tetanus toxoid 2 (TT2) coverage increased from 50 to 65 per cent, and dropout between Penta1 to Penta3 decreased from 38 per cent to 25 per cent in the VCM-assigned areas. The VCMs capacity was built on acute flaccid paralysis, resulting in strengthened surveillance. They reported 209 cases of acute flaccid paralysis in 19 weeks.

The performance of the programme was improved through implementation of an accountability framework at all levels. Results of Lot Quality Assurance showed that high population immunity was maintained in most of the country. Inaccessibility remains a major challenge, especially in Borno, and early acute flaccid paralysis case detection in access compromised areas is key to avoid any future surprises.

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

### **Analytical statement of progress**

Strengthened partnership building ensured that what is working well was strengthened whilst innovations were expanded. A number of key results were achieved including:

- 2,486 ward development committee members in 11 LGAs of Adamawa state (123 wards, 70 per cent males and 30 per cent females) were reoriented on their roles and responsibilities in accordance with Primary Health Care Under One Roof Guide;
- 2,875 members of the community in 115 wards from 11 LGAs of Adamawa state (1,840 males and 1,035 females) were trained on key maternal, neonatal and child health and nutrition services and interpersonal communications, along with birth registration gender gap sensitivity in healthcare seeking behaviour and measures for bridging the gap;
- 9,734 community dialogue sessions were conducted with male groups nationwide to promote their involvement in health-seeking, discuss gender related topics to improve health facility utilization and review the performance of focal primary health care centres in the wards;
- 10,276 newborn were tracked and referred to health facilities for routine immunization;
- 21,387 pregnant mothers were tracked and referred for antenatal care services;
- 17,357 routine immunization defaulters were tracked and referred to continue to be vaccination in health facilities;
- 679 naming ceremonies were attended by mobilizers;
- 5,155 women (including 1,995 pregnant and lactating mothers) were sensitized on key maternal, neonatal and child health and nutrition and on key household practices;
- 678 ward community interactive sessions were conducted (77 per cent male and 23 per cent females in attendance).

In addition, community mapping concluded in 323 wards in Bauchi state. A two-day training of members of the 241 ward development committees in the state resulted in improved coordination of community-based institutions and promotion of women participation.

Partnerships with universities were expanded to include support to the One PHC Per Ward strategic approach, monitoring and supportive supervision for facility-based and community-based service providers in 15 Schools of Public Health in Nigeria.

Full-colour newsletters were produced and disseminated in Adamawa and Kebbi states, in line with Visibility Plan of European Union MNCH Project, reaching leaders in the states and promoting donor visibility. Some 80 ward and 300 district heads, village and community leaders, as well as 275 religious and traditional leaders in Kebbi were sensitized on essential family messages and are advocating for antenatal care attendance and immunization. One hundred religious leaders and traditional leaders from three senatorial zones were sensitized on Maternal and New born Child Health Week activities and messages which were disseminated at the mosques and churches and meetings with community members. These activities were recorded and aired on TV and radio, with media programming linking with social media platforms.

Faith for Life handbooks for Muslim and Christian religious leaders were finalized and endorsed by Sultanate Council and Christian Association of Nigeria. These handbooks are being translated into the Hausa language. Advocacy was undertaken with 677 Muslim religious leaders, 55 Christian religious leaders from 21 LGAs and 51 FOMWAN DA AWA AMEERAs from Kebbi state on the Faith for Life initiative.

Following training, members of 350 communities in Anambra, Abia, and Ebonyi states have a base of social data to guide interventions as well as monitoring the functionality of on-going interventions. The capacity of 230 officers in-charge of health facilities and Volunteer

Community Mobilisers was built through training activities in Edo, Ekiti, Ogun, Osun and Oyo states to promote the acceptance and adoption of essential family practices in households.

**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**

UNICEF continued to provide humanitarian services to women and children affected by Boko Haram insurgency in the northeast of Nigeria. Integrated primary health care services reached 3,919,357 out of 4,029,108 targeted people; and 4,208,790 children aged six months to 15 years were vaccinated against measles, against an anticipated target population of 1,763,711.

UNICEF continued to support the provision of integrated primary health care services in 50 internally displaced persons camps (42 in Borno, five in Adamawa and three in Yobe) and over 217 health facilities (105 in Borno, 62 in Yobe, and 50 in Adamawa) including strengthening of referral services.

UNICEF supported the conduct of the cerebrospinal meningitis outbreak response activities in 10 LGAs in Sokoto state (Dange Shuni, Bodinga, Gada, Goronyo, Rabah, Isa, Gwadabawa, Sokoto North, Sokoto South and Tureta) and all the 14 LGAs of Zamfara state. Support to the conduct of cerebrospinal meningitis vaccination in Sokoto and Zamfara LGAs reached 97 per cent of targeted population in April and May. Technical assistance was provided to the Nigeria Centre for Disease Control in the Lassa Fever and hepatitis outbreak in Borno, for cholera in Kwara and the Monkey pox virus.

The number of people in need of humanitarian support continued to increase. More people have been displaced, many Nigerian refugees in nearby countries have been deported, and many displaced populations from those nearby countries who live in border communities have crossed over to Nigeria increasing the number of people in need of humanitarian services. This has also resulted in host communities becoming more very vulnerable and there is significant strain on their health and other social services.

The humanitarian response in the northeast was challenged by a wide gap in funding. The two-year budget at the beginning of 2016 was US\$75.2 million, which is about US\$35 million per year; however the actual allocation was approximately US\$10.2 million for humanitarian programming including programme supplies and staff salaries.

As at 30 November, 2017, 4,208,790 children aged six months to 15 years were vaccinated against measles, 4,029,108 people were reached with integrated emergency primary health care services and over 118,164 families reached with long-lasting insecticide treated bednets (two per family) in the three states.

UNICEF supported the Federal Ministry of Health and the Kwara state government in the management of the May cholera outbreak. UNICEF provided the state government with 200 cartons of oral rehydration salts (200,000 sachets), 100 cartons of zinc tablets and four cartons of ringers lactate. This support was critical in reducing mortality as it came at the onset of the outbreak when no other partner had provided any support. Technical assistance for the cholera preparedness plan in Borno involved providing supplies including 10 tents and funds for the setting up of the cholera treatment centre, as well as response and case management in five LGAs

**OUTCOME 2** By 2017, mother-to-child transmission 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**

Despite huge investments over the last two decades, Nigeria still has the second highest global HIV burden and very low service coverage. The key focus of the national HIV response is to expand coverage and uptake of services for the prevention, care and treatment of HIV in key populations, women, children and adolescents.

UNICEF is a major actor in national HIV response and works in partnership with the national and state agencies for the control of AIDS, Federal and state Ministries of Health, United States Government partners, the UN Joint Team on AIDS, along with bilateral and multilateral organisations to attain the “90.90.90” targets in Nigeria. UNICEF’s strategic contributions focus on evidence-informed advocacy, systems strengthening/technical leadership in prevention of mother-to-child transmission, paediatric HIV, adolescent HIV service delivery, and partnership building to achieve results for children, women and adolescents.

In 2017, UNICEF supported the domestication of the WHO integrated guidelines, including the adoption of Option B+ and capacity building of health care workers to operationalize these guidelines at the federal level and in six states, as well as local government levels. The Adolescents and Young People Strategy launched with UNICEF technical support in 2016 continues to provide a blueprint for the National Agency for the Control of AIDS’ leadership and scale up of the response during the year.

UNICEF supported the Government and other stakeholders at all levels in PMTCT/MNCH, paediatric AIDS and adolescent and young people bottleneck analysis, data-driven decentralized microplanning and monitoring. A joint PHC review using bottleneck analysis tools informed the development of a integrated PMTCT/MNCH/paediatric AIDS plans, particularly in Kaduna and Lagos states. This is being replicated in other states, with support to implement and monitor the plans.

Following the development of the ‘All In’ workplans in Benue and Kaduna states in 2016, additional thematic funds of \$1.7 million are being utilised to scale up five high impact interventions in two states. So far, 108,383 adolescent and young people have been tested with 1.75 per cent HIV-positivity and 188,675 male condoms distributed. This represents over 100 per cent of the 2017 target. A national prevention campaign and the upgrade of the NACA call centre are targeting over 10 million adolescent and young people with comprehensive services and to avert 5,000 new infections.

To improve coverage in line with the global 90.90.90 targets, UNICEF provided a wide range of support. This included capacity building of health care workers at all levels in line with the revised guidelines, procurement of commodities especially HIV test kits and intensified case finding using the provider-initiated testing and counselling and index case approaches for children, adolescents and young people. Additional support was provided for printing and distribution of approximately 1,800 copies of the revised PMTCT tools, and for building the capacity of health care workers to use these tools.

UNICEF continued to support the move by the Federal Government to revitalize primary health

care through the “One PHC per Ward’ initiative. HIV services for pregnant women, their children and adolescents have been integrated into the PHC minimum package, bringing services closer to the people. All UNICEF-supported states are implementing the integrated approach to service delivery in the context of PHC.

UNICEF supported states to develop and implement an integrated PMTCT/MNCH demand creation strategy to increase pregnant women’s access to information and services. The intervention aims to increase awareness on benefits of ANC/PMTCT services, completion of at least four ANC visits by pregnant women, skilled delivery and HIV testing among pregnant and lactating mothers, including early infant diagnosis for HIV-exposed infants. Leveraging the polio communication structure of voluntary community mobilisers and religious leaders (Christians and Muslims) forum, house-to-house demand creation and mobilization in places of religious worship were carried out. Robust media engagement generated free airtime from all government and private electronic media houses for jingles and other programmes. Other components of the campaign included health information through mobile phones to adolescents, pregnant women and lactating mothers.

UNICEF continued to support HIV counselling and testing in ANC during the biannual Maternal and Newborn Child Health Week. In Benue state, 77,250 women accessed PMTCT services during MNCHW round one in 2017, out of whom 235 were HIV-positive and linked to care using option B+. This represented about 30 per cent of the estimated total population of pregnant women for the year. This was a result of integration of HIV testing services and logistic support into the exercise.

UNICEF’s HIV emergency response in Borno and Adamawa states focussed on the procurement of HIV test kits, testing of pregnant women and returnees in the camps and linking them to care and treatment. Multi-sectoral collaboration to address the HIV vulnerabilities of at least 10,000 adolescents and young people in emergencies using the adolescent kit for expression and innovation in emergencies was operationalised. This initiative aims to improve - skills for prevention of gender-based violence and HIV, and to increase school retention and learning achievement.

A major drawback for the HIV programme is the lack of accurate national and state level estimates and inadequate domestic funding. The Government, in collaboration with United States Centre for Disease Control (CDC) and other stakeholders is conducting a National AIDS Indicator Survey to address this. As a member of the technical committee, UNICEF supported the development of the study protocol which is awaiting approval. The result of this survey (expected within two years) will be valuable for HIV programming in Nigeria.

**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**

Nigeria accounts for the greatest global burden (approximately 25 per cent) of the unmet needs to prevent mother-to-child transmission of HIV. To address this problem, UNICEF supported the government and other stakeholders at all levels in PMTCT/MNCH and paediatric AIDS bottleneck analysis, microplanning and monitoring. These included the development of 2017 decentralized evidence-based plans aligned with State Health Sector Implementation Plan,

State Health Sector Strategic Plan and State HIV Strategic Plan 2017-2021 in its-supported states.

The National Acceleration Plan for Paediatric HIV Treatment and Care and the new National HIV Prevention, Treatment and Care integrated guidelines (including the adoption of the test-treat strategy Option B+ to fast track achievement of the elimination of MTCT target) was domesticated in supported states. In collaboration with the United States Presidential Emergency Fund for AIDS Response (PEPFAR) implementing partners, the capacity of health care workers was built for implementing the guidelines and plans.

UNICEF supported the government and other stakeholders at all levels to strengthen coordination mechanisms. This included building effective partnerships and alliances which included state and local government monitoring and evaluation (M&E) and PMTCT Technical Working Group meetings. This resulted in improved programme coordination, reporting and effective coverage.

Aligning with global elimination of MTCT agenda, in collaboration with the Government and the United Nations Joint Team on AIDS, Kaduna state was supported in piloting the PHC saturation approach for universal PMTCT service access and coverage in 14-high burden LGAs. The number of ANC facilities providing PMTCT services increased from 582 (December 2016) to 964 (June 2017). Between January and October 2017, 179,574 new ANC attendees were recorded in PMTCT sites, 192,092 (old and new attendees) were counselled and tested and received results for HIV, 2,607 tested positive during labour, delivery and post-partum. A total of 2,629 newly-tested and those known positive prior to the pregnancy, were placed on antiretrovirals (ARVs) for PMTCT. From January to October 2017, 2,579 samples from HIV-exposed infants were analysed, 2,270 placed on ARVs to prevent mother-to-child transmission, and 70 (3 per cent) tested positive to HIV.

UNICEF supported the integration of PMTCT into the One PHC per Ward strategy in 326 PHCs (Adamawa – 226, Bauchi – 100) under the European Union MNCH project. The same strategy is being implemented in five other UNICEF-supported states.

Intensification of adolescent and paediatric HIV case finding, using the adult index case genealogy testing approach and integration of provider-initiated testing and counselling into nutrition services, was implemented in Kaduna state. A total of 43,128 children below 14 years were tested for HIV: 462 (1.07 per cent) tested positive, and 374 (81 per cent) were placed on treatment.

Adamawa and Kaduna states developed and implemented a demand creation strategy to increase pregnant women's access to ANC/PMTCT information and services. To sensitize women and their families, radio jingles were developed and broadcast and posters and fliers produced. A health campaign targeting 10,000 pregnant women is ongoing in two states, providing information in the Hausa language on MCH issues through mobile phones.

**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**



UNICEF support strengthened partnerships with government, adolescent and young people networks, US government partners, the UN Joint Team on AIDS, the media, Population Council and other NGOs and CBOs. This has positioned adolescent and young people in the centre of the Nigeria HIV response; evidenced by ownership and leadership by the National Agency for the Control of AIDS. The Adolescent and Young People HIV Strategy launched with UNICEF's technical support in 2016 continued to provide a blue print for NACA's leadership and scale up of the response.

In 2017, UNICEF support intensified both the depth and coverage of services to achieve the 90.90.90 targets. Key interventions include the implementation of "All In" workplans in 18 priority LGAs, index case finding of adolescents living with HIV in 37 LGAs, the roll out of the adolescent kit in emergencies, the national HIV prevention campaign and the upgrade of the NACA call centre.

Strong progress was made in implementation of the "All In" work plans developed for two states in 2016, with 225 pilot facilities (representing over 90 per cent of public facilities) designated adolescent and young people-friendly in 18 LGAs. Over 1,839 service providers, including health workers, adolescents and young people, and primary school teachers were trained and are providing services. During the year, 108,383 (58 per cent male) adolescents and young people were tested with 1.75 HIV-positivity (63 per cent of those found HIV-positive were female). Over 188,675 male condoms were distributed (90 per cent male uptake), which was above the 2017 target.

Index case finding using family-based approaches was also used to identify adolescents living with HIV. So far, about 40 per cent of the planned target have been achieved (20,000 adolescents are expected to be tested). The low positivity rate continually obtained is additional evidence on the need to rebase the HIV prevalence data in Nigeria.

As part of the Stay Free and global prevention coalition agenda, UNICEF provided leadership for a national prevention campaign focusing on adolescents and young people, particularly girls. Formative research is guiding messaging which is expected to reach 10 million adolescents and young people and avert at least 5,000 new infections. The upgrade of the NACA call centre is at 95 per cent installation of hardware. The new software, the design of adolescent and young people-friendly platforms and applications as well as branding and demand are anticipated to lead to coverage of at least 30 per cent (10 million) of the adolescent and young person population in Nigeria.

Owing to more efficient coordination of the HIV emergency response and procurement of rapid test kits by UNICEF there was no stock out of commodities in 2017. All new returnees are being routinely screened. UNICEF led a multisectoral initiative to address the HIV vulnerabilities of adolescents and young people in emergencies using the adolescent kit for expression and innovation in emergencies. UNICEF procured 200 adolescent kits (to reach 10,000 adolescents), 45 master trainers and 60 community facilitators were trained, and the initial rollout reached 160 displaced adolescents. This approach presents an opportunity for scaled up multisectoral convergence for adolescent programming in emergencies.

The result of a new initiative on adolescent and young people participation promises to be the game changer in the HIV response in Nigeria in 2018.

A major challenge is inadequate integration of adolescent and young people services in all sectors. This is being addressed through the One PHC per Ward approach, and other initiatives.

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

#### **Analytical Statement of Progress**

UNICEF supported the states to strengthen data reporting system for harmonized reporting and assisted with data collection and validation. Institutionalized monthly ward and LGA levels data collection meetings were held.

Some 1,800 sets of the revised new national PMTCT data capturing and reporting tools were printed and distributed to health facilities in UNICEF focus states. This was followed by training of health care workers and state M&E teams on the use of the revised tools. The states were supported to capture HIV data for the first half of 2017 and to report using the revised tools. The main issue to be addressed is to streamline the tools and improve the age and gender disaggregation of the data.

UNICEF continued to support the state, zonal and national validation of the Global AIDS Response Progress Reporting. At the end of 2016, the unmet need for the prevention of mother-to-child transmission of HIV was 67 per cent, and coverage of early paediatric diagnosis and treatment were low, at 11 per cent and 21 per cent respectively. There are 6,194 antenatal care settings or facilities in national targeted areas that offer antenatal care and antiretrovirals for prevention of mother-to-child transmission, and 1,711 health facilities providing paediatric ART. Support was provided to print 1,000 copies of the 2016 Annual Report on HIV/AIDS Health Sector Response in Nigeria.

Capacity building for health care workers on the use of the revised national HIV M&E tools was carried out across the state. Tools have been deployed and data are being collected using the new tools at both tertiary, secondary and primary health care facilities.

Monitoring and supervisory visit were conducted by members of the PMTCT technical working group to sites and LGAs for programme monitoring and data quality checking. Technical assistance and capacity building was provided on site to health care workers.

**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**

2017 was a significant year for the WASH sector in Nigeria with the commencement of processes and development of strategies for the implementation of the 2016-2030 “Partnership for Expanded WASH” Strategy; and the “National Roadmap for Eliminating Open Defecation” by 2025.

Through multisectoral collaboration, the partnership strategy aims to achieve 100 per cent access to basic water and sanitation in rural areas by 2030, thereby contributing to the attainment of SDG 6.1 and 6.2 targets. Under the National Roadmap, two LGAs (Dass in Bauchi state and Yakurr in Cross River state) were certified open defecation free by the National Task Group on Sanitation, having met all the requirements under the certification protocol.

With UNICEF support, an additional 2.3 million people now live in 4,110 open defecation free certified communities, which was 171 per cent of the 2017 target. UNICEF contributed to 86 per cent of open defecation free achievement in Nigeria. Over 2.2 million people gained access to improved water sources; 146 per cent of the 2017 target. At least 267,224 pupils gained access to WASH facilities in 747 schools, while 39,309 caregivers and health workers benefitted from WASH in 223 health facilities.

UNICEF fulfilled its core commitments for children through direct humanitarian response. Over 568,000 million affected persons benefitted from water services, close to 725,000 people were reached with WASH non-food items and hygiene messages. UNICEF co-led coordination and responses at national and sub-national levels, along with the up-scaling of the cholera response in high risk locations (especially in Borno, Yobe and Adamawa states).

With the Federal Ministry of Water Resources, UNICEF co-led the development of national strategies for hygiene promotion in communities and institutions, sanitation marketing, Village Level Operation and Maintenance, and Water Safety Planning.

The national training manual on community-led total sanitation (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 eight states (Imo, Ogun, Delta, Ogun, Ekiti, Gombe, Adamawa, Edo and Zamfara) and the Water Law in Anambra, Osun and Kano states. 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.

Advocacy efforts influenced government funding for scaling up WASH access in states. UNICEF leveraged over US\$6.8 million (Naira 2.3 billion) for WASH in 2017. UNICEF successfully used donor funds as a catalyst for wider transformation and scale-up by the government. In Kaduna, Katsina, Anambra, Osun and Sokoto, the state governments are scaling up WASH Information Management Systems and the development and implementation of LGA-wide open defecation free plans using their own resources. In Anambra, the State Governor launched the State Open Defecation Free Roadmap; while in Kaduna, the state government developed and ratified their Medium-Term Strategic Plan for WASH.

Harmonized procurement guidelines, standard designs, guidelines and specifications for WASH facilities in communities, schools and health facilities helped improve design and the quality, while contributing to cost savings (over US\$5.8 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 open defecation free communities continued to drive transparency and quality of CLTS process.

The Water Sanitation and Hygiene Information Management System was adopted as a sector monitoring platform for data management. WASHIMS is operational in 202 LGAs across 21 states, an increase from 12 LGAs in 2013. To improve accountability in the sector, the Real-Time Functionality Tracking of water points is linked to WASHIMS. The SMS-based Real-Time Functionality Tracking was extended to 78 LGAs across 16 states. A WASH Sector National Outcome Routine Monitoring strategy was developed as a key tool for tracking progress against the implementation of the Partnership for Expanded WASH Strategy and attainment of the SDGs from the users' perspective.

UNICEF is driving sanitation marketing through working with entrepreneurs and community artisans to develop and promote innovative technology options to help households move up the sanitation ladder. The focus is to strengthen supply chains by identifying, training and capacitating local entrepreneurs to become “Toilet Business Owners” and run the business of toilets sales, promotion and construction. A total of 110 toilet business owners started to provide sanitation services, with the completion of over 6000 improved toilets.

Under sanitation financing, UNICEF facilitated the signing of memoranda of understanding between the Federal Ministry of Water Resources and 42 micro-finance institutions to provide affordable sanitation loans to households desirous of upgrading or constructing improved latrines. At the community level, 900 community saving groups called “Adashes” were formed and trained to provide revolving loans to households to improve their toilets.

Federations of Water, Sanitation and Hygiene Committees (WASHCOMs) were established in 17 project LGAs to strengthen citizen’s voice and accountability. UNICEF is actively driving programme convergence through the WASHCOMs and contributing to wider child survival and development outcomes. With WASHCOMs as entry point, convergence activities were extended to over 800 communities, leading to significant improvements in birth registration, immunization, infant and young child feeding, ante-natal care attendance, and use of insecticide-treated bednets in the project communities.

**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**

As a core strategy, in the WASH sector UNICEF engages federal, state and LGA level partners towards developing and strengthening policies, plans and institutional systems and structures. During 2017, this yielded positive results as evidenced by the WASH policy approvals, establishment of Rural Water Supply and Sanitation Agencies and development of investment plans. Kano, Osun and Anambra states enacted water laws. The WASH policies of Ogun, Imo, Ekiti, Delta, Gombe, Ondo and Adamawa, Edo and Zamfara states were approved while those of Sokoto and Bayelsa states are awaiting ratification. Rural Water Supply and Sanitation Agencies were established in Zamfara, Kaduna, Edo and Gombe states, providing a boost to the development of rural WASH sector. WASH departments were established in all LGAs across seven states. UNICEF ensured that the sector policies and plans address gender and equity concerns. UNICEF leveraged over US\$6.8 million in 2017 (US\$18.1 million over the programme cycle) as government contributions. These achievements aimed at strengthening institutional capacity to deliver effective and sustainable WASH services at the national and sub-national levels.

UNICEF supported the Government to conduct an institutional capacity assessment, with main findings including staffing gaps, high fiduciary risk, weak planning and documentation skills, weak funding mechanism, and an over-reliance on aid. Based on the outcomes, a sector capacity improvement plan was developed. This document is intended to guide sector actors prioritize and addressing gaps. A baseline assessment was completed in 96 LGAs, with Investment Plans developed and ratified in 39 LGAs. These informed planning and budgeting for WASH interventions. Some 114 LGAs are implementing LGA-wide open defecation free plans as part of

their scaling-up sanitation plan. In partnership with World Bank, UNICEF facilitated the global launch of an online WASH bottleneck analysis tool in Bauchi and Rivers states as pilots, with follow up meetings to appraise the level of implementation of action plans.

UNICEF launched and completed operational research in five research areas, including WASHCOM functionality, equity and inclusion; determinants of sanitation and hygiene behaviour, and non-health benefits of WASH. The findings of these pieces of research were disseminated with stakeholders, and the outcomes helped strengthen programme implementation strategies. UNICEF published a compendium of best practices and innovations in scaling up WASH programme implementation.

The Real-time SMS-based Water Facility Tracking System was scaled up to cover 78 LGAs. The system now serves as an interface for updating water point functionality within WASHIMS. The WASH Information Management System is operational in over 45,000 communities, and has improved monitoring, reporting and decision-making. Federations of WASHCOMs were established in 53 project LGAs towards strengthening citizen's voice and accountability.

The process for launching of a national campaign for eliminating open defecation by the President started. A WASH Sector National Outcome Routine Monitoring strategy was developed as a key tool for tracking progress against attainment of the SDGs. The first WASH-National Outcome Routine Monitoring survey will commence in first quarter of 2018.

Nigeria's experience on key WASH programme areas were presented at various knowledge management and learning forms and platforms including the WEDC Conference in Ghana and Loughborough, Africa Water Week in Tanzania, and the Global "WASH & ICT" conference in Washington. The key programme areas presented included community-led total sanitation, village-level operation and maintenance, community project management, convergence, and the role of ICT in WASH.

**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**

A total of 2,187,030 people (1,038,109 males and 1,148,921 females) representing 146 per cent of 2017 planned target gained access to improved water sources as at 15<sup>th</sup> December 2017.

This was through the rehabilitation and provision of new water facilities in rural communities, including former guinea-worm endemic communities.

Towards further bolstering the quality assurance processes for construction work, two long-term arrangements were signed with two engineering firms. These firms are currently supporting state partners in the supervision of construction under UNICEF-supported projects and providing independent verification and valuation of contract work prior to payments.

A number of partnership cooperation agreements accelerated programming, including with:

- Tulsi Chanrai Foundation – advanced Village Level Operation and Maintenance Systems across 16 states with interventions now covering 64 LGAs;
- Partners for Development - helped drive community-centred WASH services delivery across 3,256 communities;

- Partnership Initiatives in the Niger Delta - supported operational research on bio-sand and clay filters, capacity development support and enhancing peacebuilding in 10 LGAs of five Niger Delta states.

These agreements 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 action, and enabled rollout in 3,665 rural communities across 58 project LGAs.

A total of 1,758 WASH sector actors (1,443 males and 335 females) gained increased knowledge and strengthened their skills in community-based WASH approaches. The areas of capacity development included community-based monitoring and reporting, community-based water quality monitoring, surveillance and household water treatment, as well as community water point management systems.

Across 112 project LGAs in 21 states, 22,000 WASHCOMs have been established and 273,490 members (178,114 males and 95,376 females) were trained on effective management of WASH facilities and proper record-keeping at community level. An expanded guideline is enabling cross-sectoral engagement in the participating communities through the Federation of WASHCOMs established in 17 LGAs.

Convergent interventions piloted in Benue and Jigawa states contributed to an improvement in the child survival and development indices in the communities. This approach is currently being implemented in 932 communities, with potential for further scaling-up in the future.

**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**

Strong progress was made in increasing access to sanitation and hygiene. A total of 2,323,779 people, representing 125 per cent of the 2017 target, now live in 4,110 certified open defecation free communities and 1,091,870 people use improved latrines across the focus states and LGAs supported by the European Union and the United Kingdom's Department for International Development (DFID). Two LGAs were certified open defecation free having met requirements under the national certification protocol. Additionally, 3,894 communities are claiming open defecation free and await certification.

The community-led total sanitation approach yielded good results and is now the main model for accelerating sanitation coverage as captured in the National Road Map for Elimination Open Defecation. In line with the roadmap, an action plan for launching of a national campaign for ending open defecation in Nigeria was developed. A national manual for implementing CLTS was also developed and published to drive the national rollout. The capacities of 1,810 government staff were enhanced for effective implementation of sanitation and hygiene approaches in 20 focus states. To mobilize communities towards open defecation free status and have total sanitation, CLTS facilitators were training in 119 LGAs.

A national strategy for sanitation marketing was developed and is being implemented in six states towards helping households move up the sanitation ladder. The focus is to strengthen sanitation supply chains by identifying and capacitating local entrepreneurs to become toilet



business owners and run the business of toilet sales, promotion and construction. A total of 110 toilet business owners started to provide sanitation services with 6,000 improved toilets completed. The owners are not only earning a livelihood but joining government's efforts in tackling the challenge of poor sanitation and unemployment. This has been made possible through a robust partnership between UNICEF, the Federal Ministry of Water Resources, Small/Medium Enterprise Development Agency of Nigeria, state Polytechnic Institutes and micro-finance institutions.

Under sanitation financing, UNICEF facilitated signing of memoranda of understanding between the Federal Ministry of Water Resources and 42 micro-finance institutions to provide affordable sanitation loans to households desirous of upgrading or constructing improved latrines. The micro-finance institutions have begun to provide loans to households. At community level, saving groups called "Adashes" have been formed and trained to provide revolving loans to households to improve their toilets. There are 900 Adashes currently active in 342 communities.

The National Hygiene Promotion Strategy was rolled out in 10,399 communities across 76 LGAs in 16 states. These communities now have functional Volunteer Hygiene Promoters, who promote, monitor and report on hygiene behaviour changes within their communities. About 8.6 million people (male – four million; female – 4.6 million) were reached so far with hygiene promotion interventions. Staff from 905 health facilities were trained and are facilitating hygiene promotion initiatives for patients and caregivers.

UNICEF continued to strengthen the National Task Group on Sanitation to coordinate activities across the country and routinely supported capacity development efforts of its members on various emerging areas and as well as validation of open defecation free certified communities and LGAs across States.

**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 1.4 million internally displaced persons are in Borno state as per latest Disaster Tracking Matrix, of whom 21 per cent are in formal camps and 19 per cent in spontaneous settlements or non-formal camps. There was a recent spontaneous influx of returnees mainly coming from the locations where military operations are taking place and newly accessible areas, as well as from Cameroon. According to the 2017 Humanitarian Response Plan, 3.6 million people in the northeast need WASH services, with a sector target of 1.97 million.

Countrywide, UNICEF's emergency water response reached 788,133 people, 72 per cent of the planned target. In sanitation, the response involving provision of latrines and hygiene promotion reached 1,127,765 people, 367 per cent of the planned target. Almost all hygiene promotion activities involved distribution of non-food items.

In prevention and control of cholera, an integrated response plan was adapted for the three focus states – Adamawa, Borno and Yobe. In addition to expanding the scope of provided support activities, the planning emphasized quality. The plan was prepared following a comprehensive mapping of cholera hotspots and availability and quality of services, across the states. The response achievements included:

- 4.5 million urban dwellers (including 680,000 internally displaced persons) reached with blanket chlorination including provision of HTH and the automation of chlorination process;
- 192,600 people (33 per cent of high risk camp population) reached with sustained sanitation facilities through the desludging of 3,852 latrines every two months;
- 522,374 (91 per cent of high risk camp population) people living in cholera hotspots in 43 camps reached with improved sanitation through routine cleaning and disinfection of 7,588 latrines and garbage removal.

UNICEF also supported operations and maintenance of water systems in camps including chlorination, benefiting 265,256 internally displaced persons; 46 per cent of the total camp population). WASH non-food items were designed to suit needs and top-ups were provided to cover gaps. Surveillance continued with WHO and the health sector, while epidemiological data was used to provide relevant alerts.

In Benue, UNICEF supported relief operations against flooding, and in Kwara and Anambra, response focused on cholera.

UNICEF continued supporting the smooth conduct of the National Emergency WASH Sector Group meetings co-led by the Federal Ministry of Water Resources and UNICEF. Similar structures at the state level were established and functional in Adamawa, Borno and Yobe. Convergence with other sectors strengthened with ongoing activities in 13 priority LGAs, involving WASH, health, nutrition, child protection, polio and education. For example, WASH services were provided in 44 community-based management of acute malnutrition centres and in temporary learning centres within camps, as well as WASH in school services being provided.

Emergency Preparedness Plans were updated at the national level and in three states. With UNICEF support, 119 partner's staff were trained on emergency preparedness and response, disaster risk reduction and resilience building. UNICEF and the Government of Nigeria conducted a multi-sectoral needs assessment of internally displaced persons in Borno and Yobe states. UNICEF co-led the development of the Humanitarian Needs Overview and the 2016 and 2017 Humanitarian Response Plans for Nigeria.

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

### **Analytical statement of progress**

Building on the national strategy for hygiene promotion in and through schools, UNICEF supported the development and finalization of technical guidelines for WASH in schools which was adopted in 17 states. A technical guideline for WASH in primary health care facilities was developed in collaboration with National Primary Health Care Development Agency. As a part of scaling up strategy for hygiene promotion in and through schools, 6,988 teachers and school-based management committee members were trained on scaling up, implementation and management of WASH in school activities.

The WASH facilities designed in schools and primary health centres are gender-sensitive, child-friendly and with provision for the physically challenged. An arrangement was put in place for monitoring and supervision of WASH in school activities through the local government education authorities' supervisors. This was integrated into the monitoring and reporting checklist for the

Supervisors. A third-party arrangement was established to support the supervision of contracts for construction of WASH facilities in schools and health centres.

A WASH in Primary Health Care Working Group is in place and led by the Ministry of Health and NPHCDA, and includes 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.

A national research report on menstrual hygiene management was completed. Several communication materials were developed to support advocacy and awareness creation on menstrual hygiene management among young girls.

Through UNICEF support, 747 of the planned 1,000 schools gained access to WASH facilities and 267,224 pupils (140,752 boys and 126,472 girls) are using these facilities. The capacities of 665 state and local government officials and civil society actors were enhanced on approaches for scaling up WASH in schools and in health facilities. Environmental health clubs comprising both boys and girls were formed in 1,600 schools, well above the target of 1,040. The clubs facilitate hygiene promotion and supportive management and operation of school WASH facilities. Out of the planned 300 health facilities, 223 were provided with WASH facilities with 39,309 health facility staff and caregivers reached.

**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**

Upstream efforts in nutrition focused on strategic advocacy to obtain political commitment and leverage domestic public resources. Evidence-based data were used to engage the executives, legislators, wives of the governors, traditional and religious leaders at all levels. This resulted in strong commitments to scale up nutrition and increase allocation and release of funds for nutrition: US\$1.2 million in 2016 and US\$2 million in 2017 and the inclusion of nutrition commodities into the essential medicine list.

At the operational level, the community-based treatment of severe acute malnutrition programme was scaled up and is now covering 12 states, 157 LGAs, 1,200 health facilities. Between 2014 and 2017 a cumulative number of 1.72 million children with severe acute malnutrition have been treated, translating into 327,098 lives saved. On the prevention front, 1,224,686 caregivers of young children (198 per cent of the target) were reached with counselling and support to improve child feeding, and Vitamin A supplementation was administered to 79 to 86 per cent children aged six - 59 months during bi-annual mother and child health campaigns.

Despite these efforts, most of the nutrition outcomes were not met. A MICS survey conducted in 2017 indicates that 43.6 per cent of children under five years of age are stunted and 10.8 per cent are wasted. The targets for these two indicators were respectively 30 per cent and 6.5 per cent. The wasting rate has remained unchanged at 10.8 per cent compared to 10.5 per cent. The proportion of children 6-59 month who received one dose of Vitamin A in 2017 was 86 per cent. This represents an improvement compared to the baseline (65.2 per cent) but is below the 90 per cent target. The number of LGA with a functional severe acute malnutrition treatment programme increased from 75 in 2014 to 157 in 2017, reflecting a 130 per cent achievement of

the target.

Not only were most of the targets not met, but the nutritional situation seems to have worsened compared to the 34.8 per cent stunting and 10.2 per cent wasting at the baseline. This lack of improvement is due to three main constraints: too much focus on treatment, the limited coverage of the programme, and the adequacy of the package and its limited integration.

**Too much focus on treatment:** The nutrition programme has had more focus on the curative aspect, primarily due to the emergency in the northeast of the country. The preventive interventions have received less attention. To address this challenge, UNICEF used the emergency response as an entry point for the roll out of an integrated nutrition package. This includes treatment of severe acute malnutrition, infant and young child feeding counselling and provision of nutritional supplements for improving the diets of young children.

**Limited coverage of the programme:** Given the size of Nigeria, for any programme to have an impact at national level, it must have significant coverage. The coverage of the nutrition programme is limited, except for Vitamin A supplementation. Even the treatment component, that seems to have the largest coverage, is focusing on 12 northern states with relatively low within-state geographical and subject coverage. The states in the north-western part of the country, despite having the highest prevalence and caseload of malnutrition had the lowest coverage. This limitation in the scale of the programme is attributable to inadequate funding. UNICEF maintained high level advocacy with the states and at federal level for investment of domestic resources in nutrition, resulting into US\$2 million released. However, this relatively small compared to the magnitude of malnutrition in Nigeria and the related needs.

**Adequacy of the package and limited integration:** The preventive part of the nutrition programme for much of the programme cycle relied heavily on counselling of mothers to improve child feeding practices. Recent evidence for Nigeria suggests that counselling can help improve breastfeeding but is less efficient for improving dietary diversity, which is critical for stunting reduction. Malnutrition is multifactorial and addressing it requires the integrated implementation of nutrition-specific and nutrition-sensitive interventions. This has not been the case in the current programme as the nutrition intervention were not linked with other programmes such as WASH, health, education and social protection within UNICEF, nor with agriculture. In 2017, UNICEF with DFID support, started a small-scale intervention which integrate nutrition, WASH, health, child protection and cash transfers with the aim of improving the nutrition status of children in Borno state. The outcome of this pilot will inform programming in the coming years.

In the next programme cycle, UNICEF will scale-up the integrated delivery of curative and preventive nutrition package of services especially in the north-western states. The package will comprise severe acute malnutrition treatment, action to improve child dietary diversity through promotion of animal source food and provision of micronutrient; iron folic acid for school children, adolescent and pregnant women using the school, health facilities and community-based delivery platforms. The nutrition programme will build on the government-led initiatives such as the one PHC per ward and the newly-launched community health and nutrition platform to ensure equitable delivery of the nutrition services. Nutrition interventions will be integrated with health and WASH through the child-friendly community initiative that constitutes the backbone of the new country programme. To ensure sustainability and scale, UNICEF will devise a new advocacy strategy to ensure mobilization of adequate domestic resources from the state and the federal governments to support nutrition.

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

### **Analytical statement of progress**

During the current programme cycle the community-based treatment of severe acute malnutrition programme has been scaled up, and now covers 12 states, 157 LGAs, 1,200 health facilities, compared with 11 states, 75 LGA and 495 facilities in the previous country programme. Between 2014 and 2017, a cumulative number of 1.72 million children (164 per cent of the target) with severe acute malnutrition were treated, translating into 327,098 lives saved.

As of October 2017, 506,668 malnourished children (98 per cent of the target) were admitted in the programme, including 254,467 from the emergency-affected states in northeast (Adamawa, Borno and Yobe). Overall, the performance of the programme was acceptable compared to the national and international standards, with 89.4 per cent of cases who recovered (standard is over 75 per cent), 7.5 per cent who failed to complete the treatment (standard is under 15 per cent). and 0.9 per cent who died (standard is under 10 per cent).

These achievements were made possible with UNICEF support which included:

- Capacity building of 3,000 health staff, 4,000 community nutrition volunteers and 179 warehouse managers respectively for early detection of cases, provision of quality treatment and stock management;
- Provision of over 500,000 boxes of ready-to-use therapeutic food and essential medicines and;
- Support for timely data collection and reporting through the expansion of the innovative SMS RapidPro reporting system.

Constraints included the weakness of the community-based activities of the programme, such as active case finding of cases, referral and follow-up on the defaulters, and the low coverage of children with severe acute malnutrition until mid-2017. To address these constraints, UNICEF:

- Trained newly recruited health staff and dedicated community nutrition volunteers;
- Initiated mass screening in areas with high burden of SAM;
- Established outreach sites and mobile clinics to reach the hard-to-reach children, and;
- Partnered with local NGOs to support the community-based component of the programme.

The other constraint was the long lead time for nutrition supplies ordered from offshore. UNICEF technical assistance and advocacy led to the opening in September 2017 of the first local factory to produce RUTF in Nigeria.

In 2018, drawing from lessons in the northeast, UNICEF will scale-up the treatment programme in the north-western states with the aim to increase coverage by 40 per cent. This will involve capacity building at all level, uninterrupted supply of nutrition commodities and advocacy to raise more domestic funds to support and sustain the programme.

**OUTPUT 2** By 2017, the proportion of 0-23-month children (both girls and boys) optimally fed increased to 70 per cent, through integrated infant and young child feeding and care promotion.

### **Analytical statement of progress**

During the current country programme cycle, the infant and young child feeding component reached 1,224,686 caregivers with counselling and support for breastfeeding and complementary feeding. This represents 198 per cent of the target. Whilst undertaken through health facilities, it was mostly achieved through 6,459 infant and young child feeding support groups (over 200 per cent of target). This contributed to the increase of exclusive breastfeeding from 15 per cent to 24 per cent. However, at 16.6 per cent, the proportion of children receiving the recommended minimum acceptable diet remains low when compared to the target of 70 per cent.

In 2017, 622,747 mothers and caregivers were reached with counselling across 151 UNICEF-supported LGAs in 22 states. This result was made possible through the validation of national strategic plans on maternal infant and young child nutrition, and on social and behaviour change communication.

At the operational level, UNICEF supported capacity building for 35 master trainers in community based approaches and interpersonal communication, along with 4,361 health workers and 12,579 community volunteers in counselling and coaching. In addition, 17 video series were developed focusing on counselling skills. To promote infant and young child feeding practices, a “Nollywood” full-length entertainment and educational movie entitled *Dan Birni 2* was produced, which included communication and visibility materials. To raise awareness and increase investment in infant and young child feeding by both the government and donors, UNICEF supported the launch of the Breastfeeding Collective along with the inauguration of the 2017 World Breastfeeding Week. The launch was led by the Nigeria First Lady, who then participated in the global press conference for the global launch of the Collective.

Regarding evidence generation, UNICEF in collaboration with Nigerian Federal Ministry of Health and the USAID-supported SPRING Project completed an evaluation of the UNICEF community infant and young child feeding counselling package. The results showed a significant increase of breastfeeding rate from 23 per cent to 50 per cent, but no change in complementary feeding practices. This confirmed that counselling alone is not enough to improve complementary feeding.

The major constraint in infant and young child feeding is the heavy reliance on counselling. While some of the feeding aspects such as breastfeeding are under the control of mothers, complementary feeding requires external resources that are inaccessible to mothers, especially in the Nigerian context where women lack power and control of resources.

In the next programme cycle, UNICEF will build collaboration internally and externally, especially with social policy and agriculture, to ensure that counselling focuses on dietary diversity, is of quality and is complemented with interventions that help mothers put their knowledge in practice.

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

### **Analytical statement of progress**

During the programme cycle, eight rounds of mother and child health weeks were implemented (twice every year). The proportion of children who received at least one dose of vitamin A



ranged from 79 per cent in 2014 to 86 per cent in 2017. Between 39 per cent (2014) and 50 per cent (2017) of children were dewormed. A cumulative total of 8,587,082 pregnant women received iron folic acid, with the proportion ranging from 8.4 per cent in 2014 to 34 per cent in 2017. Micronutrient supplements were provided to 657,011 children to improve their diet and ensure adequate growth. Finally, 600,000 cases of children with diarrhoea were treated with Zinc and Oral Rehydration Solution, representing 296 per cent of the target.

In 2017, two rounds of the MCHW were conducted. The first round covered 33 out of 36 states, 12 more than in 2016. A total of 29 million children aged 6–59 months received Vitamin A, 3,204,651 pregnant women received iron folic acid and 15.2 million children 12–59 months were de-wormed. The results of the second round are not yet available.

In response to the emergency in the north-eastern states, a total of 487,324 children received micronutrient supplements through routine actions at 585 sites and through mass campaigns, representing 174 per cent of the annual target.

Constraints encountered include a delay in the government's decision to conduct a micronutrients survey needed for evidence-based planning, and inadequate funding provided by the federal and state governments to finance the MNCH week. UNICEF relied on programme data for planning, engaged policy dialogue with the government and partners to advocate for a micronutrient survey and advocated for institutionalized budget lines for the MNCH campaigns.

In 2018, UNICEF will support the provision of micronutrient supplements through campaigns while piloting their distribution in a routine approach in some states. In line with the UNICEF global strategy, in Nigeria a focus will be on using schools and community-based delivery platforms, and taking on a new challenge of adolescent nutrition. This is relevant and critical for Nigeria, where early marriage and early pregnancies are common. The scale up of maternal nutrition will be an important focus of nutrition programme. This will imply exploring community-based delivery of counselling and provision of iron folic acid to pregnant women. Finally, UNICEF will support the national micronutrient and food consumption survey.

**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**

In the current programme cycle, UNICEF has supported the development of the Nigerian National Policy of Food and Nutrition and related National Strategic Plan of Action for Nutrition. Advocacy with the states has been undertaken for their domestication and for the setup of functional committees for food and nutrition. UNICEF also supported the development and operationalization of emergency preparedness plans for three states in 2015. As of 2017, 18 out of 37 states have developed state-level costed nutrition plans, representing 100 per cent of the target. A total of 26 states (96 per cent of the target) have functional state level food and nutrition committees.

In 2017, UNICEF advocated to secure political commitments and leverage domestic financial resources for nutrition. Using evidence-based information, UNICEF engaged the executive, legislators, wives of the governors, and traditional and religious leaders to support nutrition. This resulted in strong commitments by stakeholders to support the scale up of nutrition interventions and the release of US\$2,897,910 million, compared to US\$1.2 million in 2016, for nutrition.

UNICEF advocacy and technical assistance resulted in the establishment of the first factory to produce RUTF in Nigeria in September; and the inclusion of nutrition commodities (including RUTF, F75, F100, Resomal, micronutrient supplements and Vitamin A) into the essential medicine list. In November 2017, the long-awaited inauguration of the National Nutrition Council took place, due in part to UNICEF and partners' joint advocacy efforts.

There were constraints experienced related to advocacy and coordination. Regarding advocacy, there were fragmented advocacy initiatives by partners targeting the same decision-makers but focusing on different components of nutrition, which led to confusion. There is a lack of clarity and consensus on which governmental institution should lead and coordinate nutrition. Regarding domestic funds mobilization, UNICEF leveraged US\$2,897,910 out of the US\$6,000,000 planned in 2017. Nigeria could do much more and raise the level of investment to reflect the magnitude of the malnutrition problem in the country.

To improve coordination, advocacy and fund mobilization, in the next country programme, UNICEF will collaborate with other partners including DFID, the World Bank, USAID, and the Bill & Melinda Gates Foundation to develop a common narrative for nutrition and to jointly support the Government's nutrition plan. UNICEF will work closely with the Ministry of Budget and National Planning and other partners to develop a road map for the National Nutrition Council and ensure it is adhered to. UNICEF will also analyse factors that so far limited advocacy effectiveness to inform the development of a new strategy.

**OUTCOME 5** A child protection system that responds to and protect children from violence, abuse and exploitation is operational and harmonized across all states by 2017.

#### **Analytical statement of progress**

Three additional states, Gombe, Kaduna and the Federal Capital Territory, launched their End Violence Against Children Campaigns and Action Plans. Child protection system strengthening was affirmed as the national strategy to prevent and respond to violence against children and to operationalize Nigeria's Child Rights Act. Following sustained advocacy, Enugu became the 24<sup>th</sup> State in Nigeria to domesticate the Act. The Kaduna state's bill was passed into law by the State House of Assembly and awaits the Governor's assent, while Yobe, Adamawa and Gombe states have commenced drafting the bills.

Enhanced child protection prevention and response services were achieved through a nine-state Child Protection System Strengthening modelling programme in Cross River, Gombe, Lagos and Plateau states. Specific achievements included progress in the justice and social welfare and birth registration services, generation of evidence to advocate for increased public expenditure on child protection services, enhanced information management systems, the establishment of state government-led integrated case management frameworks and minimum package of services, and the promotion of positive social norms to end violence against children, female genital mutilation/cutting and child marriage.

Following the launch of a pilot diversion programme in Lagos state and the assessment report on the situation of children in conflict with the law, 279 children were released from detention facilities in the state. Institutional standards for key justice actors were harmonized with the adoption of adjudication guidelines in Lagos and Cross River and the development of standard operating procedures and guidelines for police, prosecutors and legal aid providers on the handling of children in contact with the law. The capacity of justice sector actors was further

strengthened through the delivery of pre-service and in-service training to the police, family court personnel, and legal aid providers, and prison officers training of 1,593 justice officials.

The Social Workforce Professionalization Bill was enacted and is awaiting Presidential assent. The education curriculum was updated for the award of a National Diploma and Higher National Diploma in social welfare, while a harmonized in-service training manual for social welfare officers was developed and used to train 384 social welfare officers. Child protection regulations were drafted in Cross River and Lagos defining social welfare and alternative care services. A mapping and assessment of child protection case management practices were completed. Government-led integrated case management frameworks were developed and supported by service directories and draft mandatory reporting policies and mechanisms developed for the education and health sectors. The case management tools are being harmonized accordingly. Combined interventions resulted in a 25 per cent increase on the number of children that report cases of violence against children and received services as recorded in Cross River state.

Three studies were undertaken, and are at different stages of finalization, to support advocacy efforts for increased public investment in child protection. The study on Economic Burden of Violence against Children indicated an annual US\$8.5 billion loss in Gross Domestic Product (1.5 per cent) due to selected health consequences of violence suffered in childhood. A financial benchmarking and costing analysis of child protection services has commenced.

A comprehensive communication strategy to end violence against children in Nigeria was developed, including a package of messages. Christian and Muslim religious organizations joined the campaign, reaching over 32,000 people in developing codes of conduct and parenting guides. A study on the drivers of violence against children was completed. Capacity building on social norms change to ending violence against children benefited 50 officials. The first declaration on abandonment of female genital mutilation/cutting in Nigeria was declared in Ebonyi state. At least 3,468,720 individuals in 953 communities have now publicly declared abandonment of in Ebonyi, Imo State, Ekiti, Osun and Oyo states.

Convergent programming facilitated access to many households and cohorts of unregistered children across the country. The approach strengthened linkages between birth registration activities and community-based and ward-level initiatives in schools, as well as at health care delivery points and during the Enumeration Area Demarcation activities, as a result, 6,094,925 (3,108,653 males and 2,986,272 females) children were registered in Nigeria between January and November 2017.

The child protection humanitarian response in the northeast was scaled up, with a 50 per cent increase in the number of implementing and reporting partners and 62 per cent geographic coverage. At least 225,064 children (122,898 boys, 102,166 girls) were reached with tier one psychosocial support and 7,923 unaccompanied and separated children were identified and supported, 444 of whom were reunified. Another 4,838 children and women associated with armed groups and/or victims of sexual violence were supported with reintegration services. The child protection information management system is now operational and the child protection sub-sector coordination at federal and state levels are now fully functional. Case management work was rolled out with 170 staff trained on the revised toolkit. The inter-agency case management task force was established and strengthened through the global case management task force support mission.

The Monitoring and Reporting Mechanism on grave violations against children was further strengthened with verification of reported incidents of violations increased from 71 per cent in

2016 to 89 per cent in 2017. Through the UN Country Task Force on Monitoring and Reporting, UNICEF led the submission of three quarterly Global Horizontal Notes and Annual Reports of the Secretary-General on children and armed conflict. The Action Plan with the Civilian Joint Task Force to end recruitment and use of children in their ranks was signed. This was followed by training of 95 CJTF officers on the six grave violations and child protection. Additionally, 792 children and 440 adults were released from the Nigerian Security Forces administrative custody and transferred to the transit centre where they received reintegration assistance.

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

### **Analytical statement of progress**

With continued support from UNICEF, the justice sector recorded significant progress in child justice reform in 2017. A key highlight was the release of 279 children from detention facilities in Lagos State through the intervention of the Office of the Public Defender and the Chief Judge-supported legal aid programme.

Up to 335 children were provided with legal assistance and 23 children were admitted on the pilot diversion programme following its official launch in June.

The first model specialized children police unit was inaugurated in Abuja by the Inspector General of Police in August. Institutional standards for the handling of children in contact with the law were developed and validated across all justice agencies. These included harmonized guidelines and standard operating procedures for specialized children police units, prosecution guidelines, legal aid guidelines, as well as adjudication guidelines and complaints policies for places for detention. To promote non-custodial sentencing, adjudication guidelines for children in conflict with the law were developed for Bayelsa, Benue and Lagos states, and are awaiting signature by State Chief Judges. Eight states (Anambra, Bayelsa, Benue, Cross River, Imo, Lagos, Federal Capital Territory and Osun) were supported to update their state action plans to include child justice reform activities. The eight states have state-owned tools to guide their child protection interventions.

The capacity of justice sector actors was further strengthened through the delivery of pre-service and in-service training to the police, family court personnel, legal aid providers and prison officers training 1,593 justice officials. A total of 306 police officers (81 male, 306 female) were trained and 540 commissioners of police and divisional police officers were sensitized on the implementation of the harmonized guidelines and standard operating procedures.

Through a partnership with the National Judicial Institute, training was delivered in 12 states to 611 family court personnel: 291 judges and magistrates and 320 social welfare officers and assessors. The states were Adamawa, Anambra, Bayelsa, Benue, Edo, Lagos, Plateau, Katsina, Plateau, Osun, Imo, Yobe, and the Federal Capital Territory. A training pack for legal aid providers was developed and tested with 37 legal aid providers (20 male, 17 female). Prosecution and legal aid guidelines were developed, and consultations held in Cross River, Lagos, Plateau and Gombe states.

Following the launch of the Assessment Report on the Situation of Children in Nigeria, Complaints Policy and Procedures for Borstals and Prisons in Nigeria and Children's Training Module for Prison Officers by the Minister of Interior in July, the Nigeria Prisons Service trained

99 officers. The complaints policy is now operational in all six Nigeria Prisons Service training institutions.

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

### **Analytical statement of progress**

Following sustained advocacy, Enugu became the 24<sup>th</sup> State in Nigeria to domesticate the Child's Rights Act. The Kaduna State Bill was passed into Law by the State House of Assembly and awaits the Governor's assent. Yobe and Katsina developed draft laws while Adamawa and Gombe commenced the drafting process. Gombe, FCT and Kaduna launched their End Violence against Children state campaign.

In response to humanitarian situation in the northeast, UNICEF expanded its child protection response. UNICEF reached over 201,420 registered children (107,162 girls, 94,258 boys) with tier one psychosocial support. A total of 4,739 (2,273 girls, 2,466 boys) unaccompanied and separated children were registered and supported, of whom 203 girls and 370 boys were reunified. Some 6,082 children and women associated with armed groups and/or victims of sexual violence were supported with reintegration services in 12 LGAs. Services on mine risk education have not started.

The child protection information management system at federal and state level is now operational, as well as the child protection sub-sector coordination at federal and state level.

The case management work was rolled out, with 170 staff trained on revised toolkit. The inter-agency case management task force was established and strengthened through the global Case Management Task Force support mission. Seven partnership cooperation agreements were developed and implemented with NGOs (COOPI, Plan International, PLAYBACK, NEEM Foundation, International Alert, CHAD and NEYIF).

The Action Plan with the Civilian Joint Task Force to end recruitment and use of children in their ranks was signed. As a result, 95 CJTF officers were trained on the six grave violations and child protection. The draft handover protocol concerning children encountered in the course of security forces operations is gaining ground to be adopted and implemented. Additionally, 792 children and 440 adults were released from the Nigerian Security Forces administrative custody and transferred to the transit centre where they received reintegration assistance.

In addition to the functional child protection information management system in the northeast, an assessment of information management practices in child protection and baseline on data in the focus LGAs on the coverage of service provision to children victims of violence in Plateau, Gombe, Cross River and Lagos was completed. New government-led state child protection information management frameworks were developed. The child protection information management system tools were accordingly contextualized from the northeast for use in the non-emergency states. A pilot commenced on state-coordinated monthly data collection and production of monthly state fact sheets. The initial data in Cross River state indicated a 25 per cent increase on the number of children that report cases of violence and receive services.

**OUTPUT 3** By 2017, the capacity of key institutions, civil society and communities strengthened to promote positive gender-sensitive social norms to protect children from practices and behaviours harmful to them including in humanitarian context in focus states

### **Analytical statement of progress**

Preliminary findings of the study on the drivers of violence against children were validated at state and federal level. This study will be used to develop the Government's National Plan of Action to end violence against children by 2030.

A communication strategy and materials to prevent violence and increase reporting were developed. A communication institution was engaged to implement the campaign in the four focus states, integrating materials and key messages targeting parents, religious leaders, schools and health facilities. The process involved 74 participants from key ministries, departments, agencies and civil society. A social media campaign reached 33,000 accounts and 200,000 impressions under #EndVACNgr.

Religious organizations joined the communication campaign to end violence against children. Messages were disseminated through partnership cooperation agreements with the Christian Council of Nigeria, Nasrul-Lahi-L-Fatih Society and Jama'atu Nasril Islam. A package of messages were developed based on Holy Scriptures for Muslim and Christian communities. The Christian Council of Nigeria reached 4,583 religious leaders and 25,000 people while Nasrul-Lahi-L-Fatih Society reached 517 leaders and 7,579 people through congregations and religious schools.

A first phase of training on social norms change to ending violence against children was completed, involving 50 government officials and CSO representatives. The training seek to increase capacities of partners to further develop the 2030 Social Norms Change National Strategy.

The federal multi-sectoral End Violence against Children Technical Working Group was reactivated to initiate development of the National Plan of Action. Four meetings were held, with an average of 50 participants from government and civil society.

The UNICEF-UNFPA joint programme on female genital mutilation/cutting abandonment contributed to a number of important results, including:

- 3,468,720 individuals in 953 communities making public declarations for the abandonment in Ebonyi, Imo State, Ekiti, Osun and Oyo states;
- 474 health workers (451 females and 23 males) trained on prevention and management of female genital mutilation/cutting, providing access to protection and care services to 15,680 women/girls in five states;
- 150 members of the child protection network reached 46,597 persons (27,482 female and 12,236 male; of whom 3,885 were girls and 2,994 boys) with information on prevention and referral services;
- 158 representatives of the police, judiciary, social welfare, civil defence human right organisations deepened their knowledge on female genital mutilation/cutting legislation;
- 60 weekly twitter conferences on female genital mutilation/cutting abandonment were held, reaching over 3,227,499 unique twitter accounts with hashtag- #Endcuttinggirls.

Over 30 stories on female genital mutilation/cutting were reported in national print and electronic media during the period. A 13-episode 15-minute radio drama serial was produced in English,

Igbo and Yoruba and aired on 10 radio stations in five states, Ebonyi, Ekiti, Imo, Osun and Oyo. A database of service providers in Imo and Ebonyi state was developed, which aided the uptake of female genital mutilation/cutting prevention, protection and care services.

The participation of Nigeria at the high-level meeting on child marriage enhanced government and other actors' understanding of its causes and impact on the realisation of girls' potential and on the wider development of the region. It provided a platform for sharing successes and challenges in implementing policies and programmes to end child marriage.

**OUTPUT 4** By 2017, registration of births of children under-5 increased by at least 20 per cent point and disparity rates between WQ decreased by at least 30 per cent point.

#### **Analytical statement of progress**

Between January and November, 6,094,925 children (3,108,653 boys and 2,986,272 girls) were registered in Nigeria through convergent programming to expand provision of birth registration services state and LGA levels, as well as at community levels. Outreach to unregistered children in the most vulnerable and marginalized communities was achieved by integrating birth registration activities with community-based and ward-level initiatives at schools and health-care delivery points as well as during the Enumeration Area Demarcation activities as part of the preparation for the National Census.

Importantly, birth registration process was integrated into the 2017 School Enrolment Campaign in basic education focus states. In addition, RapidSMS technology continued to strengthen the performance of birth registration services, accountability and management of related resources and supplies, by providing continuous real-time feedback to the national office from the ward, LGA and state level managers.

Birth registration media and communication plans as well as materials were developed at national and state levels and disseminated with the support of health educators. They aim to promote countrywide public awareness, improve the knowledge base of parents and caregivers on the importance of birth registration and to drive the demand for services in rural and remote communities.

A protocol on the inter-operability of birth registration activities with health care delivery actors in hospitals and health centres and multi-sectoral partners was developed. Information based on the protocol is being analysed to promote the institutionalization of routine birth registration process in the focus one PHC per ward programme of the Federal Government.

In the northeast, despite the insurgency, 299,163 children (146,170 girls and 152,993 boys) were registered in Borno and Yobe between January and November 2017. An additional 389,000 were expected to be registered by December 2017, as a result of integrating birth registration services into the child protection in emergencies programme in the northeast.

**OUTPUT 5** By 2017, the capacity to plan and manage social welfare workforce, finance and age-/gender-appropriate services of child protection systems to prevent and respond to violence, abuse, exploitation and neglect strengthened at Federal, State and LGA levels.

#### **Analytical statement of progress**



Nine states continue to model child protection system strengthening. During the year, three learning group meetings were held, facilitating exchange of good practices around justice for children, information management for child protection, secondary legislation to the Child Rights Law and evidence to increase public investment in child protection services.

Concerted advocacy to strengthening the social welfare workforce resulted in the enactment of the Social Welfare Workforce Professionalization Act, currently awaiting Presidential assent. A draft social welfare policy is being consolidated for finalization. The education curriculum was updated for the award of National Diploma and Higher National Diploma in social welfare. A harmonized in-service training manual for social welfare officers, child development officers, para social workers and the Child Protection Network members was developed and used to enhance skills of 384 social welfare officers in four focus states.

Child protection regulations in Cross River and Lagos defining social welfare and alternative care services as secondary legislation to the Child Rights Law were drafted. A mapping and assessment of child protection case management practices was completed in four focus states. This involved the training of over 120 data collectors from the selected states, who actively engaged in collecting data from key stakeholders at the state and LGA levels. Multi-Sectoral Technical Working Groups on Case Management were established in each state. Based on the initial findings of the mapping, government-led integrated case management frameworks were developed, supported by service directories. In addition, draft mandatory reporting policies and mechanisms were developed by the education and health sectors in the four focus states. Case management tools are being harmonized accordingly. Visioning workshop were a key part of the process, with the 198 participants (105 females and 93 males).

Supporting integrated state case management for child protection is yielding positive results, with data from Cross River indicating a 25 per cent increase on the number of children that report cases of violence against children and received services. Around 30 per cent of the cases reported accessing services, as compared to the national average of five per cent.

Three studies, which are at various stages of completion, to support advocacy for increased public investment in child protection services in the four focus states were supported by UNICEF. The study on economic burden of violence against children aimed to provide an alternative understanding of the economic implications of violence against children by measuring the related annual Gross Domestic Product loss. The findings indicate that the annual loss due to selected health consequences of violence suffered in childhood totalled \$8.5 billion in 2014, representing 1.5 per cent of the Nigeria's Gross Domestic Product. A costing analysis of child protection services commenced across four focus states and at the federal level. The inception mission and data collection were completed. Training on the building of a costing model was held in each of the states and at federal level, with an overall attendance of 128 officials.

**OUTCOME 6** By 2017, adolescents have increased access to and use of age and gender-appropriate social development services and interventions to promote healthy lifestyles and reduce risk and vulnerability.

#### **Analytical statement of progress**

The study to assess and review the situation of adolescents in Nigeria, which had been done based on the 2013 Demographic and Health Survey was updated with the Multiple Indicator Cluster Survey 2016 data. The update includes intra-urban disaggregation of some of the major indicators of adolescent well-being.

In order to provide space for adolescent participation and gain practice within UNICEF Nigeria on how to regularly consult meaningfully with them, several fora were carried out in Enugu, Kano, Katsina, and Rivers during 2017. One of the rounds of consultations dealt with adolescents' perception of child poverty.

In Katsina, the results of some of the consultations were presented to the Governor. This helped to make progress towards establishing a law on violence against children and domestication of Child Rights Act.

**OUTPUT 1** Capacity of CSOs, government and community institutions improved to design, implement and M&E social protection initiatives including those aimed at ensuring healthy lifestyle for adolescents.

#### **Analytical statement of progress**

Adolescent participation strategies were established to provide UNICEF Nigeria with insights about their views about UNICEF work and their perspectives on issues affecting them. Adolescent participation fora were coordinated in Enugu, Kano, Katsina, and Rivers during 2017. One of the rounds of consultations dealt with adolescents' perception of child poverty. The others dealt with UNICEF Nigeria programmes, to capture adolescents' perceptions and concerns.

In Katsina, the results of some of the consultations were presented to the Governor. This helped to make progress towards establishing a law on violence against children and domestication of Child Rights Act.

**OUTCOME 7** 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 2016-2017 and National Immunization Coverage survey data collection (including Kano and Lagos state-focused MICS) were successfully concluded in February. Seventy-eight teams, each comprised of six persons, were deployed to visit approximately 960 households in each state, except for Kano and Lagos with 1,920 households each. At the end of the data collection exercise, 35,747 households were interviewed. Information was collected on over 200 indicators using five separate questionnaires. Following data analysis and drafting, the final report was completed in November. The national and state MICS5 reports were disseminated in November and December..

The UNICEF M&E programme provided technical support for quality review of studies and research through the technical Integrated monitoring and evaluation plan committee.

Quarterly monitoring reports generated on country programme implementation and for the

northeast response brought the view of humanitarian and development assistance beneficiaries at the forefront to inform programmatic decisions.

Evaluation status:

- Evaluation of UNICEF capacity development effort-training. The final report is ready and shared while the Evaluation Management Response is being finalised;
- MNCHW Impact Evaluation Management Response updated and closed;
- C4D Impact Evaluation Management Response to be closed;
- Impact evaluation of cash transfer on girls' access and retention. The final report ready and Evaluation Management Response being finalised;
- Impact Evaluation of WASH Programme. Contract signed in November, and inception phase has started;
- Impact Evaluation of Birth Registration. Contract signed and at inception phase;
- Evaluation of Volunteer Communication Network was postponed to 2018.

UNICEF successfully supported the Ministry of Budget and National Planning, National Bureau of Statistics and the Office of the Senior Special Assistant to the President on SDGs with a national conference agreeing on the importance of a National Accountability Framework for monitoring and evaluating the Government contribution to the SDGs. The event was held during the launch of the third conference of the Association of Nigerian Evaluators, for which elections are planned in first quarter of 2018.

UNICEF field offices and state planning commissions were supported to conduct state level mid and annual programme reviews and development of 2018 state plans. The objective was to better synchronize the planning cycles, and ensuring UNICEF supporting activities being duly reflected in government plans.

UNICEF assisted in promoting Delivering as One at state level by putting together Annual Work plans in Anambra and Benue states which are led by UNICEF, and provided inputs to UN Joint State annual work plans in four states 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 change in Nigeria during 2017. While much of attention of the Communication Section focused on the emergency in the northeast, work nevertheless continued strongly on regular programme issues in the rest of the country. In both areas of work the aim was to continue the move towards high-quality and high-impact products and activities.

UNICEF organized more than 20 media dialogues, including field visits, for Nigerian journalists, editors, columnists and feature writers to raise awareness and generate action on malnutrition, early childhood development, HIV/AIDS, and WASH among others. Media representatives at the events pledged to work towards setting the agenda on these persistent issues. The media dialogues and on-going proactive media relations reached more Nigerians and created awareness on pressing social issues concerning child rights.

UNICEF played a leading role in coverage of the crisis in the northeast, becoming a voice for children affected by the conflict, especially in relation to malnutrition and child protection.

Promoting and facilitating media access to cover the emergency in the northeast and UNICEF's response presented unusual challenges, due in part to competing demands for global media attention. In practical terms, delays in granting media visas to enter the country and increasing military restrictions on media access to the northeast resulted in reduced media coverage.

With the goal of educating future journalists on the importance of child rights and of covering them in an ethical way, work continued to persuade mass communication training institutions to mainstream the subject in their journalism programmes. Twenty institutions have committed to do so.

**OUTPUT 1** Strengthened capacities of National and State Planning Commissions to collect, analyse and use data for M&E

### **Analytical statement of progress**

Complementary monitoring and quarterly reporting by the UNICEF field office M&E staff and consultants strengthened regular programme and the internal emergency monitoring function. Monthly field office programme coordination meetings were used to keep sections informed of findings from field monitoring and recommendations for follow up actions. Quarterly reports were produced. Humanitarian performance monitoring reports were produced in April, May, July, August, September and November and shared.

UNICEF inputs were provided for the annual review of Anambra, Benue and Cross River states which are UN Delivering as One states.

UNICEF as the lead agency, organized the annual review of Anambra and Benue UN Delivering as One states.

Evaluation status:

- Evaluation of UNICEF capacity development effort-training. The final report is ready and shared while the Evaluation Management Response is being finalised;
- MNCHW Impact Evaluation Management Response updated and closed;
- C4D Impact Evaluation Management Response to be closed;
- Impact evaluation of cash transfer on girls' access and retention. The final report ready and Evaluation Management Response being finalised;
- Impact Evaluation of WASH Programme. Contract signed in November, and inception phase has started;
- Impact Evaluation of Birth Registration. Contract signed and at inception phase;
- Evaluation of Volunteer Communication Network was postponed to 2018.

The third capacity building workshop for all the state Ministries of Budget and State Planning Commissions was organized in Kano to strengthen their commitment for allocating more resources to the Government/UNICEF collaboration in the State Budgets in 2018. As a result

of the 2016 workshop, 15 states allocated increased resources and integrated UNICEF activities into the 2017 State Budgets.

Mid-year and end-year reviews of all 2017 sectoral 2017 workplans at federal and state levels were conducted. During the same time, workplan priorities for 2018-2019 were discussed.

Strengthening the demand for monitoring and evaluation is ongoing, through establishing a professional association in Nigeria to engage with the government. Elections for the leadership of the association are anticipated for 2018.

UNICEF supported the Ministry of Budget and National Planning, the Office of the Senior Special Assistant to the President on SDGs, the National Bureau of Statistics and selected State statistical agencies in holding a conference in December aimed at preparing the positioning of Nigeria for an National Accountability Framework for the monitoring and evaluating the SDGs.

Two constraints to achieving results were faced during the year. Firstly, the weak institutional environment in respect of lack of policy and guidelines on monitoring and evaluation is directly related to exclusion and/or poor budgetary allocation for M&E in Nigeria. Secondly, the complex procurement process for evaluation services affects the performance of the evaluation function..

**OUTPUT 2** 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 Multiple Indicator Cluster Survey (MICS) 2016-2017 and National Immunization Coverage survey (NICS) 2016 data collection (including Kano and Lagos state-focused MICS) were successfully concluded in February. A total of 78 teams, each comprised of six persons, were deployed to visit approximately 960 households in each state, except for Kano and Lagos with 1,900 households each. At the end of the data collection exercise, 2,239 clusters were visited, and 35,747 households were interviewed. Information was collected on over 200 indicators using five separate questionnaires. Following data analysis and drafting, the final report was completed in November. The MICS report was disseminated in November and December.

The UNICEF regional office was supported with equipment to support other countries which conducted MICS, including the first global MICS-6 that was initiated in Sierra Leone, Chad and Lesotho. In addition, UNICEF programme sections were supported with equipment for surveys. Kano state was supported with 35 tablets to enhance data collection capacity. Data were uploaded in the MICS website.

Some of the challenges faced were:

- As part of the real-time data cleaning process, it was observed that there were high rates of irregularities in the anthropometric measurements. UNICEF worked with the National Bureau of Statistics and the remedial action of going back to affected households proved effective as the percent of under five children with anthropometric measurement irregularities decreased from 10.6 per cent to 3.9 per cent;
- Stock out of Salt Test kits led to borrowing from neighbouring country;
- Suspension of data collection during Christmas and New Year festive period;

- Use of TSA and changing to 'Direct Payments' from DCTs increased the workload and provided challenges to both partners;
- Challenges with the implementing partners in relation to HACT;
- Early childhood mortality rates for Edo and Enugu states did not pass the reliability test and there was no revalidation or plan to repeat data collection and analysis prior to dissemination of results.

Some of the lessons learned were:

- The MICS 5 experience has shown that significant time and costs are saved using the computer-assisted personal interviewing device in data collection when compared with the traditional paper-based data collection system. The use of the device eliminated the need for data entry, reduced routine errors, and enabled automatic validity checks and interview control. It allowed real time data cleaning and the quick review of the quality of the data collected during data collection;
- By focusing on two MICS states, Lagos and Kano, demand was created for other states to undertake state-level MICS;
- For statistical agencies in Nigeria, water quality data collection was a new experience and UNICEF developed the capacities of both the NBS and laboratories from Ministry of Water resources in MICS;
- The introduction of men's questionnaire was important in providing additional indicators in the household and communities on 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 local 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.

UNICEF Nigeria actively supported the rollout of four global priority communication and public advocacy campaigns: the children uprooted campaign; the ECD - Early Moments Matter campaign; the ending violence against children campaign; and the child survival campaign. UNICEF Nigeria was a key participant in the Silent Shame: Bringing out the voices of children caught in the Lake Chad crisis report in April, supported features in the State of the World's Children report and highlighted the World Children's Day in December. After the humanitarian response, however, the primary focus of the section was on the widespread protection and malnutrition crisis in Nigeria.

UNICEF Nigeria organized more than 20 strategic media dialogue meetings, including field visits, for Nigerian journalists and editors to raise awareness and generate action on issues including malnutrition, early childhood development, HIV/AIDS, and WASH among others. Media representatives at the events pledged to work towards setting the agenda on these issues. In addition to the dialogues, over 40 international and national media visits, 25 press releases, events, briefings and press conferences, achieved 3,400 tracked UNICEF media mentions, almost all of which have been either positive or neutrally quoted UNICEF figures. UNICEF specialists were interviewed by media more than 215 times.

UNICEF Nigeria's digital and social media presence and engagement continued to grow with Facebook posts reaching three million and tweets 2.5 million people in 2017. The number of webpage page views increased considerably to 759,105 during the period January to 26 November, an increase of 157 per cent. Returning visitors generally spent more time on the website and viewed more pages, indicating a sustained interest in UNICEF Nigeria.

Fifteen mass communication schools across Nigeria have committed to, or are already, teaching courses on child rights reporting as part of their journalism curriculum, sustaining child rights media advocacy.

**OUTCOME 8** By 2017, vulnerable children and their families benefit from a child and gender-sensitive comprehensive social protection framework which is applied across all States.

### **Analytical statement of progress**

The National Social Protection Policy was approved by the Federal Executive Council in July.

UNICEF contributed to the analysis, design, and inception of the federal cash transfer programme. In addition, the Office of the Vice President requested UNICEF's support to prepare implementation guidelines for the programme. UNICEF will collaborate with drafting of the procurement, financial, and co-responsibilities manuals of the Federal Cash Transfer Programme as well as a Business Case for Social Protection in Nigeria.

States were supported to document, design, evaluate and institutionalize social protection interventions. Amongst others, this included the mapping of social protection interventions and setting up social protection technical working groups in Akwa Ibom, Anambra, Bayelsa, Cross River, Delta, Enugu, Osun, and Rivers states. As a result of these activities (and from previous years), draft Social Protection Policies and Bills have been drafted in Anambra, Cross River, Enugu, Lagos, and Osun. Ondo domesticated the National Social Protection Policy with a Bill approved by the State house in December.

As a result of these efforts, as well as to document and strengthen them, a learning event took place in Ondo and Osun. This interstate study tour was jointly organized by UNICEF and the state governments with the objectives of : i) Providing a platform for interaction, knowledge exchange and deliberation on the protection, care and empowerment of children, women, and marginalized groups through social protection initiatives across states; ii) Building a shared understanding on content as well as on strengthening and expanding social protection programmes that improve the wellbeing of children and women; and iii) Reflecting on the policy and legislative environment, institutional basis, and partnerships necessary for social protection nationwide. Over 120 high level delegates from 16 states in Nigeria, representatives of the Federal Government, and UNICEF staff from across the country attended the study tour.

The cash transfer programmes for girls' education in two states (Niger and Sokoto) which had been funded by DfID and concluded in 2016 were continued by the states with their own funding and technical support from UNICEF. In addition, a cash transfer for poor, rural women in two states (Adamawa and Kebbi) was set up with European Union financial support. The database of beneficiaries was offered to the Office of the Vice-President to insert in their Single Registry.

In collaboration with the UNICEF Regional Office as well as the International Labour Organization, special training sessions on social protection were offered at the Economic



Community of West African States (ECOWAS). These were intended to facilitate regional dialogue and learning as stepping stones to collaborate on a regional social protection strategy.

An investment in children analysis was completed in all states; and a meeting to launch the new set of studies held in Rivers and Sokoto. They were attended by several secretaries to the state government, budget commissioners, and accountant generals. In addition, summary results were presented at a special event held during the Annual Meeting of the Nigerian Economic Association.

The analysis of the cost of violence to children was undertaken, as well as an exercise to cost the setting up of a child protection system.

As part of the strategic shift required by the UNICEF gender action plan and the recommendations of a gender review, work has continued in WASH, health, and education on Gender Programming. This has entailed ensuring that gender issues, discrimination suffered by women, unequal power structures, stereotypical gender-based roles and behaviour, and gender gaps that affect the working of UNICEF's programmes are analysed and considered in the design and implementation plans, including M&E.

Estimates of child poverty trends for Nigeria by geopolitical zone and by state are available based on the 2003, 2008, and 2013 Demographic and Health Surveys and the 2007, 2011, and 2016 Multiple Indicators Cluster Surveys. Training for staff from the Ministry of Budget and National Planning, National Bureau of Statistics, other UN agencies and state governments was carried out at the Nigerian Evaluation Association meeting.

The census and household data were combined to produce local government area estimates of Child Poverty (and intra-State inequities) using Small Area Estimation techniques. In addition, the Multiple Indicators Cluster Surveys 2016 over-sampled the states of Kano and Lagos. This allowed for estimation of intra-urban disparities in the two largest cities in the country (Kano and Lagos). Both analyses were presented at the International Conference "Putting Children First: Identifying Solutions and Taking Action to tackle Poverty and Inequality in Africa" held in Addis Ababa.

**OUTPUT 1** A welfare inclusive age-appropriate and gender-sensitive, fiscally sustainable National Social Protection Policy framework, based on contributions from state specific context and evidence, developed by Government and CSOs.

### **Analytical statement of progress**

The National Social Protection Policy was in July 19, 2017 by the Federal Executive Council. UNICEF led the UN team on Social Protection within the UNDAF during the last four years. Thus, UNICEF Nigeria's support to, and collaboration with, the Ministry of Budget and National Planning which was leading the efforts to set up the policy with support from one of its parastatals (the Nigerian Institute of Economic and Social Research) was instrumental for the design and passage of the policy. The policy explicitly includes specific interventions for children with disabilities, child care for young children so that parents (in particular, mothers) can work, scholarships and other support for children and adolescents to attend school, social protection geared towards health and nutrition, and equitable inheritance laws.

UNICEF contributed to the analysis, design, and inception of the federal cash transfer programme. In addition, the Office of the Vice President requested UNICEF's support to prepare

implementation guidelines for the programme. UNICEF collaborated with drafting of the procurement, financial, and co-responsibilities manuals of the Federal Cash Transfer Programme as well as a Business Case for Social Protection in Nigeria.

States were supported to document, design, evaluate and institutionalize social protection interventions. Amongst others, this included the mapping of social protection interventions and setting up Social Protection Technical Working Groups in Akwa Ibom, Anambra, Bayelsa, Cross River, Delta, Enugu, Osun, and Rivers states. As an outcome of these activities (and from previous years), draft Social Protection Policies and Bills have been drafted in Anambra, Cross River, Enugu, Lagos, and Osun. Building on these efforts, as well as to document and strengthen them, a learning event took place in Ondo and Osun. It was attended by State officials from all over the country. UNICEF also provided training to civil servants in these and other states on the design, implementation and costing of social protection policies and programmes. In addition, Ondo domesticated the National Social Protection Policy with a bill approved by the State house.

The cash transfer programmes for girls' education in two states (Niger and Sokoto) which had been funded by DfID and concluded in 2016 were continued by the States with their own funding and UNICEF technical advice. In addition, a cash transfer for poor, rural women in two states (Adamawa, Bauchi, and Kebbi) was set up with European Union financial support. The database of beneficiaries was offered to the Office of the Vice-President to insert in their Single Registry.

In collaboration with the UNICEF Regional Office as well as the International Labour Organization, special training sessions on social protection were offered at the Economic Community of West African States (ECOWAS). These were intended to facilitate regional dialogue and learning as stepping stones to collaborate on a regional social protection strategy.

Important emerging issues in social protection were addressed, such as gender equality, cross-border emergencies, and the role of social protection in economic integration. The latter involved analysing how to support migrants across borders and ensuring similar working conditions and labour markets in the various countries in the region.

**OUTPUT 2** States have undertaken a gender review profile of the child and social protection policies/strategies in the current national development plan cycle.

### **Analytical statement of progress**

Guided by 2015 gender review recommendations and in line with the global Gender Action Plan 2014-2018, strengthening capacities for gender responsiveness across the sections' programmes was a main pillar of gender actions in UNICEF Nigeria. The low capacity among the UNICEF Nigeria staff was identified as a priority gender gap in programme delivery.

In response, gender awareness workshops (including programme gender gaps analyses) were conducted in Port Harcourt, Enugu and Lagos Field Offices. Following the workshops, the following activities have taken place:

- WASH: Capacity support to Federal Ministry of Water Resources or Gender Implementation Guidelines;
- Polio eradication: Based on gender gaps analyses, activities and messages are being developed to surmount gender barriers slowing down immunization coverage;

- MNCHN: Gender gaps analyses conducted in Adamawa and Bauchi states, leading to recommendations on how to avoid and surmount gender discriminatory practices to increase health services utilization;
- Gender sensitization workshops for strengthening capacity of High Level Women Advocates group to address gender inequality in girls' school enrolment and retention and female participation in education management sector.

The findings from various baseline surveys and studies conducted within the reporting period raised gender dimensions on issues of access to quality education, especially in northern Nigeria. Girls and boys are affected differently by socio-cultural and economic issues that hinder girls' access to quality education. The preference for boys and the low value attached to the education of girls contribute immensely to attitudes and practices resulting in low girls' participation in education.

In response, UNICEF-supported interventions addressing these gender-based priorities in focus states led to an additional 149,131 girls enrolled in schools, 9,255 girls enrolled in Integrated Qur'anic centres, 62.2 per cent attendance rate for girls (up from 59 per cent), 23,655 girls benefitted from cash transfer programs, and 9,036 girls participated in Girls for Girls Groups in schools.

The capacity of 90 women from nine states was built on high level advocacy for girls' education and they are in the forefront of campaign and advocacy for girls' education in northern Nigeria. In addition, two states developed laws on increased women participation in education decision-making positions.

**OUTCOME 9** 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 programme: In the reporting year, partnership building ensured that what works well were strengthened with results including:

- 2,486 ward development committee members in 11 LGAs of Adamawa state (123 wards, 70 per cent males and 30 per cent females) were reoriented on their roles and responsibilities in accordance with Primary Health Care Under One Roof Guide;
- 2,875 members of the community in 115 wards from 11 LGAs of Adamawa state (1,840 males and 1,035 females) were trained on key maternal, neonatal and child health and nutrition services and interpersonal communications, along with birth registration gender gap sensitivity in healthcare seeking behaviour and measures for bridging the gap;
- 9,734 community dialogue sessions were conducted with male groups nationwide to promote their involvement in health-seeking, discuss gender related topics to improve health facility utilization and review the performance of focal primary health care centres in the wards;
- 10,276 newborn were tracked and referred to health facilities for routine immunization;
- 21,387 pregnant mothers were tracked and referred for antenatal care services;
- 17,357 routine immunization defaulters were tracked and referred to continue to be vaccination in health facilities;
- 679 naming ceremonies were attended by mobilizers;

- 5,155 women (including 1,995 pregnant and lactating mothers) were sensitized on key maternal, neonatal and child health and nutrition and on key household practices;
- 678 ward community interactive sessions were conducted (77 per cent male and 23 per cent females in attendance);
- 80 wards and 300 district heads, village and community leaders, 275 religious and traditional leaders in Kebbi were sensitized on essential family messages and are advocating for ANC attendance and immunization;
- 100 religious leaders, traditional leaders from three senatorial zones were sensitized on MNCHW activities and messages which were disseminated at the mosques and churches and meetings with community members

Community mapping was concluded in 323 wards in Bauchi State and a two-day training of members of the 241 WDCs in the state resulted in improved coordination of community-based institutions and promotion of women participation.

**Nutrition Programme:** Fifteen communication materials on infant and young child feeding were developed and are in use in states implementing the Working to Improve Nutrition in Northern Nigeria project, as well as states experiencing emergencies. A total of 72 core trainers on community-based approaches and interpersonal communication in Kebbi, Jigawa, Zamfara, Yobe and Katsina states have knowledge and skills and have facilitated enhanced capacity to community volunteers for promoting infant and young child feeding behaviours.

The comprehensive communication strategy for the promotion of infant and young child feeding was launched by the First Lady of Nigeria. UNICEF 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 issues. Dan Birni, the full-length film with key infant and young child feeding messages was formally launched.

**Children and AIDS Programme:** UNICEF is currently supporting implementation of a mHealth project, in partnership with Human Network International to provide 10,000 pregnant women in Adamawa and Kaduna states with maternal health/HIV information for one year. Under this project, 52 messages covering issues of antenatal care, malaria prevention, nutrition, routine immunization and facility delivery, have been developed and translated into Hausa and are in use in the states.

**Basic Education:** Key messages on ECD were developed and are being used to sensitize policy makers, caregivers and other stakeholders nationally. In Borno state, 70 principals, head teachers and education secretaries in internally displaced persons' camps and host communities have a better understanding of education as a right of the child and are using the knowledge to support the realization of children's educational rights. In the same state, 60 radio clubs were formed and are supporting grassroots mobilization on actualization of educational rights of children and the safety of schools. Also in Borno, 60 radio listener clubs with 120 members have access to information on safe schools and are supporting participatory community mobilization activities for school enrolment and safe schools.

**WASH Programme:** During the 2017 Global Handwashing Day, meetings and demonstrations were attended by a total of 447,122 participants. In addition, VCMs and National Orientation Agency officers visited and mobilized 62,023 households and 279 schools to commemorate the event. A total of 14,358 Volunteer Community Mobilisers (VCMs), State Health Educators and

National Orientation Agency officers in Abia, Imo, Ebonyi, Enugu, Benue, Bauchi, Jigawa, Kaduna, Ogun, Osun, Kebbi, Niger, Sokoto, Taraba, Adamawa, Katsina, Kano and Zamfara conducted 14,213 house-to-house mobilization and compound meetings

Child protection: Draft messages and materials were developed for the birth registration campaign planned for 18 states. A total of 42 birth registration personnel of National Population Commission and state health educators were trained on effective C4D strategies to increase birth registration coverage. Christian leaders from Christian Council of Nigeria from 20 southern states were sensitised on effective communication strategies to end violence against children and supporting development and review of messages for dissemination in churches.

Emergency Preparedness and Response: People in the southeast states received messages which improved their ability to prevent infection by the Monkeypox virus disease. Additionally, 95 LGAs are engaging stakeholders from their communities on improving acceptance and public trust in immunization and dispelling the anti-vaccination rumour.

**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**

2017 continued the focus on scaling up community engagement approaches. As part of strengthening community-based surveillance, 209 cases of acute flaccid paralysis were reported by VCMs from week 25 to 44. At least 960 religious leaders, traditional leaders and market women created awareness on immunization, contributing to routine immunization coverage of 98 per cent in Osun, 95 per cent in Ekiti, 95 per cent in Oyo and 97 per cent in Ondo.

A public pronouncement and support by the First Lady of Ekiti State for immunization services led to release of funds by LGAs for immunization activities in the state. Community Mobilisation Officers in Kebbi state facilitated orientation on maternal and child health, nutrition, birth registration, routine immunization and WASH at the Majalisa Men's Forum in 30 communities, reaching 10,000 fathers and grandfathers. This also increased male involvement in MNCHN and husbands allowed their spouses to attend antenatal care and get their children immunized. In Imo and Abia states, 78 communities continue with the VCM initiative to promote antenatal care attendance and care of under-1 children. An initiative is ongoing in 15 LGAs in Benue and Anambra states.

'Do Something', a weekly TV drama serial on essential family practices is running on 14 TV stations for the seventh year and helped increased access to MNCH services by 23 per cent.

The voluntary community mobilizers network, comprising of more than 18, 800 members including 15,632 voluntary community mobilizers, 1,548 voluntary ward supervisors, 1,385 polio survivors groups and supervisors remained functional in 12 high risk states. These ensured that:

- More than 15,000 noncompliant children were resolved by 230 religious focal persons;
- 377,300 new-borns were tracked by VCMs and 341,162 (90 per cent) were vaccinated;
- 2,744,716 under-5 children were tracked by VCMs during naming ceremonies and 2,214,315 (81 per cent) were vaccinated;

- Out of nearly 100,000 children missed due to non-compliance in five rounds of Immunization Plus Days in January to July, 76 per cent were resolved with the support of VCMs. During the same period, 91 per cent of the recorded 140,000 absent children were also resolved.

Some 1,510 communities were followed-up every month by community mobilization officers of the National Orientation Agency, to track commitments and actions by those communities. Specific actions towards improving their rates of practice of essential family practices for child and maternal care and protection were taken by 252 communities spread across seven states (Abia, Anambra, Enugu, Ebonyi, Imo, Benue, Akwa Ibom and Cross River).

Community governance structures in 1,575 communities in all southeast states reviewed and planned community actions and initiatives towards improved care and protection of children in their communities. The VCMs in selected LGAs in Abia, Imo, Anambra and Benue states showed marked contributions to services uptake and 97 WDCs were revitalized across the four states of Enugu, Ebonyi, Abia and Cross River to enhance functionality of primary health care facilities.

**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**

Revised versions of Facts for Life and Basic Health Information to promote essential family and community practices were endorsed by the Minister for Health and are in use in health facilities, households, schools and by NGOs and faith-based organizations nationwide.

The communication component of the comprehensive Multi-Year Planning (2016-2020) was reviewed and revised. UNICEF served as a strategic member of the National Emergency Routine Immunization Coordinating Centre, and focused on the revitalization and strengthening of routine immunization in Nigeria. Technical support was provided by routine immunization consultants to high risk states with supportive supervision of health facilities, capacity building of health and communication teams, coordination meetings and strategic planning.

All 37 state health education officers gained improved knowledge and skills on communication for development processes and principles at a five-day national training. Guidelines and a Training Guide for the Community Information Board were revised, and updated training is ongoing for community focal persons. A partnership with universities was expanded to include support to the one PHC per ward strategic approach, along with monitoring and supportive supervision for facility-based and community-based service providers. Full-colour newsletters were produced and disseminated in Adamawa and Kebbi states, in line with Visibility Plan of the European Union MNCH Project. Anambra, Imo, Ebonyi, Enugu and Abia states expanded their engagement with umbrella faith-based organization groups, with five new groups mobilised in each state.

Technical support was provided to the National Agency for the Control of AIDS to design a HIV prevention campaign for adolescents and young people. UNICEF supported the development of a communication strategy to inform message development and social media interventions for HIV and AIDS. A draft national communication for development strategy for reaching out-of-school children was developed and is being used to support the National Enrolment Drive Strategy.

Faith for Life handbooks for Muslim and Christian religious leaders were finalized and endorsed by the Sultanate Council and Christian Association of Nigeria. These handbooks are being translated into the Hausa language. A total of 677 Muslim and 55 Christian religious leaders from 21 LGAs and 51 FOMWAN DA AWA AMEERAs from Kebbi State have knowledge on and are promoting the *Faith for Life* initiative.

Following training, members of 350 communities in Anambra, Abia, and Ebonyi states have a base of social data to guide interventions as well as monitoring the functionality of on-going interventions. The capacity of 230 officers in-charge of health facilities and volunteer community mobilizers was built through training activities in Edo, Ekiti, Ogun, Osun and Oyo states to promote the acceptance and adoption of essential family practices in households. In Anambra, Abia and Ebonyi states.

A strong partnership was developed with media institutions in Borno state to support the dissemination of appropriate messages to promote the educational rights of children affected by conflict. Forty-six key partners were trained on results-based management and a human rights-based approach to programming. An alliance was formed with women groups in 1,410 communities to promote key practices through their influential programme, the August Meeting. State social mobilization technical committees improved knowledge and engagement of over 40 community groups in the southeast states, through the conduct of communication outreaches. The U-Report enlistment increased to 2, 270,623, the highest globally.

**OUTCOME 10** Strengthened institutional capacities at national, state and in most vulnerable LGAs to coordinate prepare for and respond to emergencies and to enhance resilience and coping capacity of families and communities.

### **Analytical statement of progress**

The process of updating the national contingency plan had been perceived as a UNICEF activity and to reverse this perception the strategy taken was to encourage the National Emergency Management Agency to take ownership of the process. Hence, in 2017, NEMA took responsibility of planning and organising the workshop to update the contingency plan. UNICEF was also successful in obtaining greater involvement and a longer-term perspective for support from the United Nations Office for the Coordination of Humanitarian Assistance (OCHA) in the process.

The population of the northeast of Nigeria continued to be ravaged by the protracted crisis, now entering its ninth year and which has caused displacement, hampered development and eroded resilience.

The International Organization for Migration (IOM) estimated that in October, 1.57 million people remained internally displaced across the three northeast states of Adamawa, Borno and Yobe, of whom 85 per cent are in Borno. Children make up 56 per cent of the internally displaced population, and 54 per cent are women.

Following UNICEF activating its Level three Corporate Emergency Procedure on the 29 August 2016, the Borno field office has been significantly strengthened and is now operating with 88 staff, of whom 33 are international. Sector coordination was moved from Abuja to Maiduguri and all UNICEF-led sectors have a dedicated sector coordinator and information management officer.



For a more effective scale up modality, UNICEF has diversified and strengthened its partnerships. Alongside Government, UNICEF has partnerships with reliable NGO partners and now has 42 programme agreements. However, this strategy has yielded less than expected results, due to the low operational capacity of some of the partners. UNICEF also strongly promoted outreach and mobile strategies in nutrition and has supported the State Primary Health Care Development Agency to set up 35 outreach sites in Borno and 26 in Yobe. In addition, 10 mobile teams were established in Borno, providing integrated nutrition services to 50 sites.

To improve the quality of the response, UNICEF increasingly integrated its approach, especially amongst health/nutrition/WASH, and where possible multi-sector programme agreements were developed with NGOs.

Programme monitoring was strengthened with the implementation of a two-pronged strategy for field monitoring. This involved programme implementation monitoring by the programme sections, and complementary monitoring of response quality, gaps and emerging issues conducted by field monitors in collaboration with affected populations.

As of 15 November 2017, UNICEF had received US\$98.3 million against the US\$146.9 million appeal (including carried over funds from 2016 of US\$31.6 million) leaving a funding gap of 32 per cent. Despite 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 2017:

- Over 209,318 children with severe acute malnutrition were treated through therapeutic programmes with a recovery rate of 85 per cent (exceeding SPHERE emergency standards).
- 451,993 children received multi-micronutrient supplements;
- 577,496 caregivers of children aged 6–23 months received infant and young child feeding (IYCF) counselling on appropriate feeding;
- More than 3.9 million primary healthcare consultations were provided;
- Nearly 4.2 million children aged between six months and 15 years old were vaccinated against measles;
- 150,000 families received insecticide treated bed nets;
- Over 767,000 people accessed safe water;
- 244,000 people accessed improved gender-segregated sanitation facilities;
- 1,055,000 people benefitted from hygiene promotion and distribution of hygiene supplies to maintain a sanitary environment;
- As part of cholera preparedness, blanket chlorination (HTH and chlorine dosing pumps) was provided to 4.5 million urban dwellers in the three north-eastern states;
- Over 201,420 children received psychosocial support;
- 16,082 children associated with armed groups or subject to sexual or gender-based violence were supported with reintegration services;
- 4,739 unaccompanied and separated children were provided with protective services including alternative arrangements;
- More than 904,578 children (462,436 girls) accessed education in safe learning environments in schools and temporary learning spaces;
- Over 468,803 school-aged children (214,830 girls) benefitted from provision of learning materials;

- 32,049 children (16,110 girls) were enrolled in a classroom where the teacher has conducted a vulnerability mapping and response planning;
- 150,400 children (76,704 girls) affected by crises received education in a classroom where teacher was trained in psychosocial support.

Planned targets in the following areas were all achieved by 50 per cent and above: access to water; hygiene promotion; sanitation; treatment of children with severe acute malnutrition; infant and young child feeding counselling; provision of micronutrients; reintegration support for children and women associated with armed groups; access to education; number of children immunised against measles and; access to primary healthcare.

The challenge for 2018 will be to better nuance the response and strengthen the humanitarian – development nexus. This is because the nature and severity of needs varies significantly across from the three states, from acute humanitarian needs in conflict-affected areas to recovery needs in transitional areas and longer-term developmental needs. This will be particularly challenging, as there is currently insufficient operational capacity to adequately address the acute humanitarian needs. In addition, high level advocacy will be required to ensure that the state governments push local government to ensure staff to return to their LGAs of origin to perform their duties. This is particularly important for health and nutrition workers and teachers to adequately staff the health centres and schools to cope with the demand.

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

#### **Analytical statement of progress**

The process of updating the national contingency plan was perceived as a UNICEF activity and to reverse this, the strategy taken was to encourage NEMA to take ownership of the process. This year was the first time that NEMA took responsibility of planning and organising the workshop to update the Contingency Plan. In addition, UNICEF was successfully able to obtain greater involvement from OCHA in the process with a longer-term view, and they took the lead in supporting NEMA with this activity. UNICEF will continue to support both institutions technically and financially.

The National Contingency Plan Review Workshop was successfully in October with participation from key stakeholders from government ministries, departments, and agencies, the United Nations system in Nigeria, international and national NGOs, the private sector, the Armed Forces, Police, Nigeria Security and Civil Defence Corps, academia, and the media.

The workshop was held far later than initially planned, with staffing constraints and the Level Three emergency declaration in 2016 meaning that sufficient resources could not be allocated to support NEMA. In addition, NEMA were very stretched with the food distribution role they had been given by the Federal Government and were not able allocate sufficient resources either. Another constraint was the low participation from the zonal level, thereby limiting their involvement and contribution to the process.

**OUTCOME 11** Increased capacity to deliver on Nigerian Country Programme Outcomes

#### **Analytical statement of progress**

#### Governance systems:

The Representative constituted twelve operational committees in 2017 to support management of the country programme: country management team; central review body; learning and staff development committee; job classification panel; caring for us; property survey board; contracts review committee; partnerships review committee; integrated monitoring and evaluation plan, technical monitoring committee of imep, enterprise risk management committee and joint consultative committee.

The country management team met 10 times to provide programmatic and operational policy directions. The joint consultative committee met four times and deliberated on country programme management plan proposals, staff capacity development, welfare and ethics.

The Delivering as One governance structure was steered by the UN Resident Coordinator system, supported by programme and operations management teams, thematic groups, monitoring and evaluation, and communication groups. In addition to participating actively in 'Good Governance' and 'Human security and Risk Management' Result Areas, UNICEF led the 'Social Capital Development' Result Area. It provided leadership in the operations management team, UNDAF monitoring and evaluation committee, 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 when the Resident Coordinator was absent from Nigeria.

#### Human Resources:

UNICEF Nigeria carried out a CPMP exercise, which led to the approval by the Regional Programme and Budget Review Committee in November 2017 of 23 new positions, six upgrades of existing positions, nine relocations and numerous reporting line changes.

In respect of recruitment, 52 positions were filled in 2017 as part of the implementation of the 2016 CPMP and staffing needs arising from retirements, resignations and reassignments. Compliance with recruitment key performance indicators were 96 per cent for International Professional, 67 per cent for National Officer and 89 per cent for General Service categories. Gender balance was achieved in the National Officer category in 2017; efforts are ongoing for other categories.

279 staff attended the performance management culture change workshop.

The consultants and contractors comprised 126 individual consultants and 217 individual contractors.

#### Financial resources:

The liquidation of outstanding cash advances to implementing partners was executed in a timely manner. As of 31<sup>st</sup> December 2017, US\$576,128 of total direct cash transfers were outstanding for six to nine months.

As of 31<sup>st</sup> December 2017, the utilization of funds was as follows:

Regular Resources: 97 per cent (US\$61,964,798)

Other Resources (Regular): 75 per cent (US\$197,226,620)

Other Resources (Emergency): 68 per cent (US\$64,024,450)

Support Budget: 100 per cent (US\$543,784)

Payments processed in 2017 were 221,831 transactions compared to 139,970 in 2016.

A Mobile Money payment mechanism was established for the payment of Voluntary Community Mobilizers through Standard Chartered Bank.

As a result of effective financial management, the average bank optimization ratio was seven per cent, within the limit of 25 per cent bank optimization benchmark. Furthermore, a cost savings of approximately US\$1.91M was achieved.

UNICEF Nigeria undertook 459 programme monitoring visits, 56 micro assessments, 244 financial spot checks and 25 scheduled audits. The capacity of 325 staff from implementing partners on financial management was enhanced and 233 implementing partner's staff from 92 government institutions and NGOs and 28 UNICEF staff were trained on HACT Framework.

Administrative and operational support: The office enjoyed uninterrupted maximum vehicle support to programme delivery with full compliance to the Minimum Operational Security Standards. The operations in the northeast part of Nigeria were facilitated with armoured vehicles. As of December 2017, UNICEF's fleet of vehicles are within the five-year age limit or less than 150,000 kilometres covered by vehicles. This has greatly enhanced vehicle support to the programmes.

The office SharePoint TeamSite was made available to external partners to facilitate payments for programme third-party facilitators. Skype for Business configuration was reviewed in all offices: this has greatly improved the quality of online meetings and conferences.

The office reduced its ICT footprint by streamlining information technology operational services through use of solar power on business continuity sites mainly in Maiduguri, decreasing the use of generators. An upgrade of the information technology was undertaken, with hardware compliance of 90 per cent in 2017 compared to 73 per cent in 2016 and 70 per cent in 2015. The internet bandwidth for all offices increased in 2017 compared to previous years.

Supply management and programme support: In 2017, UNICEF mobilized supplies and services, including construction, at a total value of US\$127,096,374 and managed supplies valued at US\$43,308,851.01 in eight UNICEF-controlled warehouses. UNICEF also supported the Government to mobilize vaccines and devices through Procurement Services at a value of US\$189,536,448 and the establishment of a US\$150 million World Bank loan for 2018-2019 for procurement of vaccines and devices and systems strengthening.

UNICEF Nigeria concluded a market survey in Lagos and Abuja to update its Supplier Database. As a result, 42 long-term arrangements for frequently purchased services and products were established. The logistics systems were enhanced in support of the northeast emergency response by renting warehouses in Jos and in Maiduguri for prepositioning programme supplies. UNICEF supported a complex process to mobilize a third party service provider through a US\$30,000,000 long-term arrangements for management of 600 outsourced staff and designed standard operating procedures, workflow processes and operationalizing the project among 10 offices.

**OUTPUT 1** Increased capacity to deliver on Nigerian Country Programme Outcomes

### **Analytical statement of progress**

Technical cross sectoral expertise and logistical support in UNICEF Nigeria, including the nine field offices, was provided according to available resources.

Maiduguri office capacities were increased significantly by the creation of additional office space (pre-fabricated buildings) and increase of the internet access capacity. The office also increased its human resources section capacity to accelerate recruitments, thereby strengthening the technical capacity for delivery of programme results and to fast track recruitments to respond to the humanitarian needs in the northeast. It also increased its capacity to manage emergency logistics operations from three new logistics hubs in Jos, Bauchi and Maiduguri.

UNICEF Nigeria further strengthened its capacity to manage fiduciary risk and met the challenges of the competitive and challenging aid environment in terms of value-for-money and due diligence.

Activities under staff learning and development included ethics refresher training, eZHACT training, performance management culture workshop, career coaching training and administration refresher training. More than 400 staff participated in these trainings which strengthened their capacity to deliver on UNICEF mandate.

Management demonstrated its continued commitment towards the development and strengthening of internal capacity through learning and development. Over US\$288,200 was spent on learning activities. The learning activities included 279 staff attending managing performance culture workshop, 61 on ethics refresher trainings, 45 staff members on eZHACT training, eight on career coaching training, and 24 on Administration refresher training. Six Staff members had opportunity to do external mission support or undertake stretch assignments.

UNICEF Nigeria prepared the CPMP for the next programme cycle and the Programme Budget Review approvals for staff changes will take effect in 2018.

**OUTCOME 12** Improved equitable access, learning outcomes and completion of quality education by the end of 2017.

### **Analytical statement of progress**

With more than 10 million children out of school in Nigeria, addressing access economic and socio-cultural barriers continued to be a focus of UNICEF work, in partnership with schools, communities, and government.

Recognizing the impact of the cash transfer programme, Niger and Sokoto states committed to continue it with their own funds as UNICEF financial support ended. To generate evidence, an evaluation study of the cash transfer programme determined that it had a positive impact on household consumption and welfare and reduced the financial barriers to girls' enrolment at school in both targeted states – increasing girls' enrolment. Recommendations will strengthen cash transfers programme financed by Sokoto and Niger governments and the new programme in Kebbi and Zamfara.

Eleven focus states conducted state-wide enrolment drive activities supported by UNICEF and state governments. During the 2016-17 school year, 442,641 children enrolled in grade one in ten states contributed to the enrolment drive campaign. Lessons learnt showed that structured

stakeholders' sensitization and consultation processes enhanced wider understanding of the value of interventions and subsequent buy in. In addition, bringing states together bred healthy competition, which in turn improved state performance. The National Enrolment Campaign planning, where states made their commitments publicly, encouraged low performing states to improve their performance.

System strengthening continued to be a focus at the national, state and school levels. Capacity development of implementing partners in ten priority states led to the development and review of evidence-based education sector plans aligned with the National Ministerial Education Strategic Plan (2016-2019). Linked to state sector plans, UNICEF in partnership with the World Bank provided technical and financial assistance to the Universal Basic Education Commission to coordinate the development of state basic education sub-sector strategic plans by state universal basic education boards across 33 states (out of 37). Out-of-school children and quality are key priorities of the strategic plans.

As part of a capacity building and mentoring plan, the quality of annual school data and the capacity of partners to manage the process has improved. To ensure sustainability, 40 Education Management Information System (EMIS) officers have been defined as a core team of national master trainers on software/database administration and management to support states. Eight focus states have a functional EMIS that provides disaggregated data. UNICEF has further leveraged partnership with the World Bank on a harmonized approach to technical assistance to government on EMIS at national and state levels. The partnership with the World Bank will advance technical assistance to more states that have not been able to generate EMIS data over the past few years.

At the school level, UNICEF supported the capacity development of 4,946 primary teachers and integrated Qur'anic education (IQE) facilitators (11 per cent female) across six states. With UNICEF assistance, 1,414 school/centre-based management committees in nine priority states participated in capacity building activities to enhance their effectiveness in supporting school improvement planning, implementation and performance monitoring. In five states, 81 per cent of school-based management committees met the government's effectiveness criteria.

UNICEF, in partnership with the World Bank and the Global Partnership for Education, supported a national conference on early childhood development which increased national attention and awareness amongst government, civil society organisations, teacher and the public. The ECD global campaign reached 85,257 people in Nigeria through social media platforms. The delivery of child-centred pedagogy improved, through the training of 996 (665 female) pre-primary teachers and supervisors in 11 states. In Sokoto state, UNICEF is technically supporting the establishment of an ECD department in the college of education.

UNICEF's education response to the humanitarian crisis in northeast Nigeria is within the nexus between development and humanitarian support. Though a 60 per cent funding gap exists, 904,578 school-aged children (52 per cent girls) were reached through the rehabilitation of classroom, establishment of temporary learning spaces and community-based school enrolment campaign in the conflict-affected states. With support from UNICEF, 468,803 children benefitted from learning materials. Alongside the humanitarian response, UNICEF is investing in systems strengthening at the state level through the provision of financial and technical support for sector planning and coordination and quality assurance.

With funding from the Government of Norway, UNICEF supported the education cluster to conduct a joint education needs assessment of the sector in the three northeast states. This will

provide evidence for better sector planning and response, looking at the sustainability of the immediate response within a context of longer term development needs. Consistent with other assessments, the needs assessment identified poverty as the single biggest barrier for most out-of-school children in the northeast. Data from the assessment points to a chronic lack of classrooms and WASH facilities. The evidence from the needs assessment will form the basis of a symposium on education in the northeast in early 2018.

UNICEF Nigeria continued to play a key role in sector coordination in the development and humanitarian context. UNICEF chaired the education development partners group, leading engagement with the Federal Ministry of Education and coordination between partners. UNICEF coordinated the development partners' technical support for the development of a ten-year sector plan to begin in 2018. Through the education in emergency working group (education cluster), UNICEF co-led the Humanitarian Needs Overview and Humanitarian Response Plan processes.

UNICEF lead the development of the education outcome (learning and skills development) under the new UN Sustainable Development Partnership Framework 2018-2022. Under the current UN framework which ends in 2017, UNICEF coordinated and reported on the implementation progress of partner agencies' contribution to education thematic outputs.

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

### **Analytical statement of progress**

UNICEF technical and financial support contributed to the enrolment of 442,641 additional children in 10 focus states through a robust and quality assured enrolment campaign conducted at the community level. Intensive enrolment campaigns guided by school and community level guidelines were developed and translated into local languages, increasing ownership resulting in greater participation at all levels.

An impact evaluation of a cash transfer programme of a girls' education project funded by DFID determined that the programme had a positive impact on reducing financial barriers to girls' enrolment and attendance at school as well as on household welfare in Niger and Sokoto states. It resulted in an average increase of 52 girls per targeted school in Niger and 73 girls in Sokoto. The UNICEF-supported cash transfer programme facilitated a net increase of 30.9 per cent in average girls' enrolment in the two focus states. The programme yielded good practices and replication by state governments and other agencies, including the Global Partnership for Education. Under the Educate a Child-funded project, the cash transfer programme has expanded to two new states, Kebbi and Zamfara, using lessons from the evaluation. In the new states, 13,797 boys and girls have been registered.

Girls' attendance increased by 3.1 per cent in focus schools in five states. Girls participation in education increased, with improved attitudes towards education for 9,036 girls through their active participation in 418 girls for girls groups. The increased women's participation in monitoring school activities through mothers' associations improved teachers' accountability to delivering quality education in focus schools.

A national conference on ECD increased national attention and awareness amongst government, civil society organisations, teachers and the public on ECD. The ECD global campaign reached 85,257 people in Nigeria through social media platforms. Delivery of child-

centred pedagogy improved through the training of 996 (665 female) pre-primary teachers and supervisors in 11 states. There was a marginal increase in gross enrolment ratio for pre-primary children in focus states.

Though UNICEF has a 60 per cent funding gap in its education response, it reached 904,578 school-aged children (52 per cent girls) through the rehabilitation of classrooms, establishment of temporary learning spaces and community-based school enrolment campaign: 72 per cent of target. Learning materials were provided for 468,803 children. More than 150,350 children benefited from 3,007 teachers trained in pedagogy and psycho-social support. UNICEF also supported the establishment of 558 semi-permanent learning spaces and rehabilitated 252 classrooms.

UNICEF supported the first joint education needs assessment, conducted by the education cluster in Borno, Yobe and Adamawa which will inform an education symposium in early 2018. Findings included one-third were holding classes under trees, rough average of six classrooms per school were non-functional and 35 per cent did not have any latrine facilities. Key lessons learnt showed that structured stakeholders sensitization and consultation processes enhanced wider understanding of the value of interventions and subsequent buy-in which might not be ordinarily accepted. In addition, bringing states together for planning and commitments bred healthy peer competition, which in turn improves state level performance.

**OUTPUT 2** Increased capacity of government to provide quality education.

### **Analytical statement of progress**

UNICEF supported the capacity development of 4,946 primary teachers/IQE facilitators (11 per cent female) across six northern states, promoting an effective teacher development system.

Regarding primary teachers' capacity building, 1,937 primary teachers (21 per cent female) in Bauchi, Kebbi and Sokoto were trained to enhance their subject knowledge as well as pedagogy in teaching English literacy and numeracy. In six states (Bauchi, Katsina, Kebbi, Sokoto and Zamfara), 2,208 integrated Qur'anic school facilitators gained enhanced subject knowledge and pedagogy on Hausa literacy, numeracy and basic science, using the newly developed IQS facilitator training materials in 2016. Under the reading and numeracy activity, Hausa early reading pedagogy knowledge and skills of 801 teachers/IQS facilitators (14 per cent female) in Katsina and Zamfara states were further enhanced.

Teacher attendance was monitored quarterly through unplanned school visits. In focus primary and integrated Qur'anic schools, 75 per cent of teachers were present on the day of the visit, achieving the set target. This is a five per cent increase from 2016.

To strengthen the sustainability of UNICEF support to state ministries of education in Katsina and Zamfara on early grade reading in mother tongue, the Hausa Early Grade Reading Implementation Guidelines were finalized and introduced. Furthermore, teacher certification on early grade reading is being established, so that in-service training is recognised by education institutions. Colleges of education agreed to institutionalize early grade reading in the pre-service training system.

To strengthen school leadership and school-based planning, 951 head teachers increased their school leadership skills with content and mentoring focused on academic leadership and capturing the needs of students in school improvement planning. Head teachers also received



training on school recordkeeping, to strengthen the collection and management of school-based information thereby better supporting EMIS processes.

Building on recommendation from an institution capacity assessment on integrated Qur'anic education, key national stakeholders agreed on the importance of establishing a coordination mechanism at the national and state levels. The mechanisms will discuss issues related to IQE and establish a broad consensus of how to overcome these issues amongst the major stakeholders. National education parastatals executives including from the Universal Basic Education Board and the National Mass Education Commission signed a communique to establish a IQE coordination committee nationally and endorsed the establishment of state level committees to improve the delivery of IQE.

To initiate broader advocacy for the need of strengthening the existing Child-Friendly School Blueprint, a review report was finalized. Its major findings were disseminated to key stakeholders in workshops held in Ebonyi and Niger

**OUTPUT 3** Strengthened education system (evidence-based policy, planning, monitoring and evaluation) for equitable access and delivery of quality education

### **Analytical statement of progress**

Building on the foundations of previous capacity development, the capacities of implementing partners in ten priority states (Adamawa, Niger, Yobe, Borno, Benue, Ebonyi, Zamfara, Kebbi, Katsina and Oyo and the Federal Capital Territory) were enhanced enabling them to develop, implement and review evidence-based education sector plans aligned with the National Ministerial Education Strategic Plan (2016-2019). UNICEF's approach is focused on state ownership and accountability. In addition, basic education sub-sector strategic plans were developed by the State Universal Basic Education Boards in 33 states (out of 36 states) with technical and financial assistance from UNICEF and the World Bank. Out-of-school children and quality are key priorities of the strategic plan.

The quality of annual school data and the capacity of partners to manage the process has improved. To ensure sustainability, 40 education management information system officers from 10 states have defined as a core team of national master trainers on EMIS software/database administration and management to facilitate rollout of training nationwide as part of the wider support to improve the quality and reliability of EMIS data. Eight focus states have a functional EMIS that provides disaggregated data. UNICEF has further leveraged partnership with the World Bank on harmonized approach to technical assistance to government on EMIS at national and state levels. The partnership with the World Bank will advance technical assistance to more states that have not been able to generate EMIS data over the past few years.

With UNICEF assistance, 1,414 school or centre-based management committees in nine priority states (Adamawa, Borno, Yobe, Bauchi, Niger, Katsina, Kebbi, Sokoto and Zamfara, three of which are in humanitarian context) participated in capacity building activities to enhance their effectiveness in supporting school improvement planning, implementation and performance monitoring. In addition, 1,371 school or community-based management committees in the five states (Bauchi, Niger, Katsina, Sokoto and Zamfara) were provided cash grants specifically targeted to support girls' enrolment and retention in school. The latest result of school-based management committee effectiveness monitoring in Bauchi, Niger, Katsina, Sokoto and Zamfara showed that 81 per cent met the effectiveness criteria set by the government, against a target of 70 per cent. The effectiveness monitoring covered 1,050 committees that had

benefited from UNICEF capacity building support to enable them to effectively execute their roles and responsibilities.

The key lesson learned during the reporting period is that reliance on external enumerators to carry out the annual school census is neither cost effective nor sustainable considering that states are not allocating budgets for the exercise. UNICEF is discussing with the Federal Ministry of Education on moving from enumeration to use of head teachers/teachers to fill in annual school census questionnaires and strengthening school-based records keeping. UNICEF is supporting the modelling of this new approach, in collaboration with other development partners and the Government.

## **OUTCOME 13 PCR Support**

### **Analytical statement of progress**

Governance systems:

The Representative constituted twelve operational committees in 2017 to support management of the country programme: country management team; central review body; learning and staff development committee; job classification panel; caring for us; property survey board; contracts review committee; partnerships review committee; integrated monitoring and evaluation plan, technical monitoring committee of IMEP, enterprise risk management committee and joint consultative committee.

The CMT met 10 times to provide programmatic and operational policy directions. The Joint Consultative Committee met four times and deliberated on Country Programme Management Plan proposals, staff capacity development, welfare and ethics.

The Delivering as One governance structure was steered by the UN Resident Coordinator system, supported by programme and operations management teams, thematic groups, monitoring and evaluation, and communication groups. In addition to participating actively in 'Good Governance' and 'Human security and Risk Management' Result Areas, UNICEF led the 'Social Capital Development' Result Area. It provided leadership in the Operations Management Team, UNDAF Monitoring and Evaluation Committee, 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 when the Resident Coordinator was absent from Nigeria.

Human Resources:

UNICEF Nigeria carried out a CPMP exercise, which led to the approval by the Regional Programme and Budget Review Committee in November 2017 of 23 new positions, six upgrades of existing positions, nine relocations and numerous reporting line changes.

In respect of recruitment, 52 positions were filled in 2017 as part of the implementation of the 2016 CPMP and staffing needs arising from retirements, resignations and reassignments. Compliance with recruitment key performance indicators are 96 per cent for International Professional, 67 per cent for National Officer and 89 per cent for General Service categories. Gender balance was achieved in the National Officer category in 2017; efforts are ongoing for other categories. During the year, 126 individual consultants and 217 individual contractors provided support to UNICEF's programming and operations.

A total of 279 staff attended the performance management culture change workshop.

Financial resources:

The liquidation of outstanding cash advances to implementing partners was executed in a timely manner. As of 31<sup>st</sup> December 2017, US\$576,128 of total direct cash transfers were outstanding for six to nine months.

As of 31<sup>st</sup> December 2017, the utilization of funds was as follows:

Regular Resources: 97 per cent (US\$61,964,798)

Other Resources (Regular): 75 per cent (US\$197,226,620)

Other Resources (Emergency): 68 per cent (US\$64,024,450)

Support Budget: 100 per cent (US\$543,784)

Payments processed in 2017 were 221,831 transactions compared to 139,970 in 2016.

A Mobile Money payment mechanism was established for the payment of Voluntary Community Mobilizers through Standard Chartered Bank.

As a result of effective financial management, the average bank optimization ratio was seven per cent, within the limit of 25 per cent bank optimization benchmark. Furthermore, a cost savings of approximately US\$1.91M was achieved.

UNICEF Nigeria undertook 459 programme monitoring visits, 56 micro assessments, 244 financial spot checks and 25 scheduled audits. The capacity of 325 staff from implementing partners on financial management was enhanced and 233 implementing partner's staff from 92 government institutions and NGOs and 28 UNICEF staff were trained on HACT Framework.

Administrative and operational support: The office enjoyed uninterrupted maximum vehicle support to programme delivery with full compliance to the Minimum Operational Security Standards. The operations in the northeast part of Nigeria were facilitated with armoured vehicles. As of December 2017, UNICEF's fleet of vehicles are within the five-year age limit or less than 150,000 kilometres covered by vehicles. This has greatly enhanced vehicle support to the programmes.

The office SharePoint TeamSite was made available to external partners to facilitate payments for programme third-party facilitators. Skype for Business configuration was reviewed in all offices: this has greatly improved the quality of online meetings and conferences.

The office reduced its ICT footprint by streamlining information technology operational services through use of solar power on business continuity sites mainly in Maiduguri, decreasing the use of generators. An upgrade of the information technology was undertaken, with hardware compliance of 90 per cent in 2017 compared to 73 per cent in 2016 and 70 per cent in 2015. The internet bandwidth for all offices increased in 2017 compared to previous years.

Supply management and programme support: In 2017, UNICEF mobilized supplies and services, including construction, at a total value of US\$127,096,374 and managed supplies valued at US\$43,308,851.01 in eight UNICEF-controlled warehouses. UNICEF also supported the Government to mobilize vaccines and devices through Procurement Services at a value of US\$189,536,448 and the establishment of a US\$150 million World Bank loan for 2018-2019 for procurement of vaccines and devices and systems strengthening.

UNICEF Nigeria concluded a market survey in Lagos and Abuja to update its Supplier Database. As a result, 42 Long-Term Arrangements for frequently purchased services and products were established. The logistics systems were enhanced in support of the northeast emergency response by renting warehouses in Jos and in Maiduguri for prepositioning programme supplies. UNICEF supported a complex process to mobilize a third-party service provider through a US\$30,000,000 Long-Term Arrangements LTA for management of 600 outsourced staff and designed standard operating procedures, workflow processes and operationalizing the project among 10 offices.

UNICEF significantly contributed to supply chain systems strengthening of the government in support of immunization, nutrition and MNCH programmes. Actions included:

- Procurement of consultancy services for the national immunization logistics management information system software application;
- Development of Supply Chain Strategy to support primary health care revitalization;
- Establishment of primary health care revitalization supply chain committee.

UNICEF supported the GAVI Country Engagement Framework process in developing Nigeria's Strategy to transform immunization to achieve greater sustainable results and strengthen primary health care 2018-2030. In addition, support was provided for the 2017 Effective Vaccine Management Assessment and the development of the Supply Chain Country Comprehensive Improvement Plan.

## **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 10 times. Chiefs of field offices participated in two extended CMTs in the year. Among other issues, the CMT monitored office priorities, key performance indicators, programmatic achievements, implementation of risk control and self-assessment residual risk action plan, security status and staff association matters. Another key subject that dominated the CMT in 2017, was the CPMP process which was thoroughly discussed, and suggestions made for the document.

The enterprise risk management committee reviewed the Risk Profile and Risk Control and Self-Assessment library prior and during CMT meetings.

Joint consultative committee meetings were held four times in the year. Common staff-related issues including CPMP process were discussed, with participation of staff association representatives, including field offices. Staff were encouraged to speak out on issues that affected their welfare.

Information and communication technology provided the platform for engagement with partners through nationwide vaccine stock management and use of digital/social media via web site, Facebook, Twitter and YouTube. Information technology upgrading increased hardware compliance from 73 per cent in 2016 to 90 per cent in 2017.

The 2016 recommendations for business continuity plan improvements were fully implemented.

UNICEF continued to play active role in the UNCT and provided leadership in the UN House Rehabilitation Committee which resulted in great progress for the return to the UN House in 2018. UNICEF chaired the Programme Management Team, Operations Management Team and was a member of ICT and communications groups. The office fully participated in the preparation of the Business Operating Strategy document which was approved by UNCT for implementation in 2018.

## **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. As of 31<sup>st</sup> December 2017, US\$576,128 of total direct cash transfers were outstanding for six to nine months. There were no records of impaired DCTs for the year 2017.

As of 31<sup>st</sup> December 2017, the utilization of funds was as follows:

Regular Resources: 97 per cent (US\$61,964,798)

Other Resources (Regular): 75 per cent (US\$197,226,620)

Other Resources (Emergency): 68 per cent (US\$64,024,450)

Support Budget: 100 per cent (US\$543,784)

As a result of effective financial management, average bank optimization ratio was 7 per cent, which is within the limit of 25 per cent benchmark. Furthermore, a cost savings of approximately US\$1.91M was achieved for the year due to prudent bank optimization measures.

UNICEF Nigeria undertook 459 programme monitoring visits, 56 micro assessments, 244 financial spot checks and 25 scheduled audits. The capacity of 325 staff from implementing partners on financial management was enhanced and 233 implementing partner's staff from 92 government institutions and NGOs and 28 UNICEF staff were trained on HACT Framework.

About 40 staff members were trained on the new concept of eZHACT rolled out by UNICEF's Division of Financial and Administrative Management in transaction processing.

## **OUTPUT 3 Human Capacity**

### **Analytical statement of progress**

UNICEF Nigeria carried out a CPMP process which led to the approval by the programme and budget review committee in November 2017 of 23 new positions, six upgrades of existing positions, nine relocation and numerous reporting line changes. A total of 253 job descriptions were created and reviewed for the cpmp, but only 86 will need to be classified.

In respect of recruitment, 52 positions were filled in 2017 as part of the implementation of the 2016 CPMP and staffing needs arising from retirements, resignations and reassignments. Compliance with recruitment key performance indicators are 96 per cent for international professional, 67 per cent for national officer and 89 per cent for general service categories. Gender balance was achieved in the national officer category in 2017; efforts are ongoing for other categories.

A critical human resource component were 126 individual consultants and 217 individual contractors.

At 31 December, UNICEF Nigeria had 403 staff consisting of 318 on permanent, fixed-term or continuing contracts plus 85 on temporary appointments; a total of 35 separations and 347 contract extensions were completed in 2017.

The Office improved its gender parity, and of the 403 staff, 39 per cent were female and 61 per cent male. This consists of international staff (56 per cent male 44 per cent female); national professionals (50 per cent male, 50 per cent female) and general service (70 per cent male, 30 per cent female).

Staff learning and development was encouraged, including:

- 444 staff members participated in group trainings;
- 38 staff members completed individual learning activities;
- One staff member had internal stretch assignment;
- One staff member went on an external stretch assignment;
- Five staff members went on mission assignment (1 General Service, one National Officer and three International Professionals), and;
- Eight new staff members attended Caring for Us sessions.

Some 96 per cent of staff members completed their 2017 performance appraisal planning phase by the end of October 2017.

During the year, four joint consultative meetings were held; and 92 per cent of the Global Staff Survey actions completed.

## Document centre

### Evaluation and research

Title	Sequence Number	Type of Report
Cost-effectiveness of the WINNN Programme	2017/004	Study
NGA Surveillance Final Results	2017/003	Survey
Impact Evaluation of UNICEF Nigeria Girls' Education Project Phase 3 (GEP3) Cash Transfer Programme (CTP) in Niger and Sokoto States	2017/002	Evaluation
INDEPENDENT EVALUATION OF UNICEF NIGERIA TRAINING INVESTMENTS	2017/001	Evaluation

### Lessons learned

Document Type/Category	Title
Lesson Learned	State level MICS reports
Lesson Learned	Title: Building National Evaluation Policy: opportunity to clarify two important modern public management functions: Monitoring and Evaluation

## Programme documents

Document Type	Title	Name
Reference Documents	ANNUAL MANAGEMENT PLAN 2017	1Nigeria Annual Management Plan 2017 Final.docx
Reference Documents	Nigeria United Nations Sustainable Development Partnership Framework (UNSDPF) 2018 - 2022	Nigeria Final draft UNSDPF 2018-2022 -August 8thFinal.pdf
CPD	Country programme document Nigeria	Nigeria CPD Final 2018-2022.pdf
CPMP	UNICEF NIGERIA COUNTRY PROGRAMME MANAGEMENT PLAN 2018-2022	3. NCO CPMP Submission (1 Nov. 2017).docx
CPAP	UNDAF ACTION PLAN 2014-2017	undap 2014-2017 new.zip
CPAP	UNDAF 2014-2017	UNDAF_III_2014 - 2017.pdf
CPMP	CPMP 2014-2017 (WITH ANNEXES)	Nigeria CPMP 2014 - 2017.zip