

## Nigeria

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### Part 1: Situation update in the country

Despite being the largest economy in Africa, poverty and geographic disparities are widespread in Nigeria. The country had emerged in 2016 from a recession with a major currency depreciation and high inflation; its economic growth rate (1.8 per cent) was still below the population growth rate, resulting in decreased per capita income. Over 64 per cent of the population live below the poverty line and three out of four children are affected by multi-dimensional poverty: 76 per cent based on a 2017 UNICEF analysis.

The 2017 official Nigerian data estimated the child population at 93.9 million, approximately 50 per cent of the total population: 31.8 million of whom are under five years old. One in eight children do not survive to their fifth birthday.

Other statistics are equally discouraging: 19.5 million children under five years old (61 per cent of the total under-five population) were not registered at birth; 10.5 million children are stunted; and 2.5 million children suffer from severe acute malnutrition. In the north of Nigeria, the severe acute malnutrition rate is as high as 90 per cent.

Ten and a half million children are out of school, amounting to one-fifth of the global burden. With 380,000 children living with HIV, Nigeria has the largest burden globally and the second largest number of HIV-positive women and adolescents who are pregnant. Social sector public spending (based on 2018 budgetary allocations) is in decline. For example, federal allocation to health fell from 4.23 per cent of the total budget in 2017 to 3.9 per cent in 2018. Allocations to education declined from 8.4 per cent in 2016 to 7.04 per cent in 2018. Child marriage rates, an indicator for gender inequality, are second only to India.

Nigeria is consistently ranked with one of the highest gender inequality rates worldwide. In 2018, among 149 countries, Nigeria ranked 139 on the World Economic Forum's Gender Gap Index, with particularly low scores on educational attainment (140), health (132) and political representation (139). The causes of gender inequality are rooted in traditional discriminatory social norms privileging men over women, and boys over girls. As a result, boys and men have greater access to resources and greater personal freedom, while women and girls are considered inferior, weak, less capable than men and therefore socially and economically dependent on men.

In 2014, 60 per cent of children suffered more than one form of violence – physical, sexual or emotional – with only 5 per cent reporting that they received help. The drivers of violence against children are rooted in social norms, including around the use of violent discipline, violence against women and community beliefs - all of which increase children’s vulnerability: nearly two-thirds of caregivers believe physical punishment is a necessary form of discipline for children, the second-highest prevalence globally. The protracted conflict in the north-east continues to affect children, placing them at greater risk of violence, exploitation, forced displacement, recruitment, use by non-state armed groups and abduction.

A decade of conflict in north-east Nigeria has left 7.1 million people (1.5 million women, 2.3 million girls and 1.9 million boys) in need of humanitarian assistance. Displacement increased in 2018, with over two million people currently displaced. Between January and November 2018, an average of 4,000 people—mainly women and children—were displaced every week, up from an average of 1,400 in 2017. The cumulative impact of violence and stress has weakened the coping capacities of communities and left more than two million girls and boys in need of psychosocial support. Sexual violence - including rape, sexual exploitation, forced and early marriage, survival sex and domestic violence, physical assault, denial of resources, and psychological and emotional abuse - are among the most frequently reported violations.

Adolescent girls in particular are exposed to sexual abuse and forced marriage. Based on reports by the monitoring and reporting mechanism, the use and recruitment of children by non-state armed groups constituted over 35 per cent of the incidences of grave violations reported in 2018. Children used by and associated with armed groups are exposed to severe abuse and violations, including emotional, physical and sexual violence. Analysis of data on gender-based violence show that of gender-based violence survivors seeking assistance, 44 per cent were children (98 per cent girls), of whom 46 per cent reported having suffered sexual violence. An estimated 2.9 million school-aged children need humanitarian assistance in education.

Access to adequate water, sanitation and hygiene (WASH) remained a challenge. In 2018, cholera outbreaks affected more than 12,000 people and claimed nearly 200 lives in all three north-eastern states. In 2018, there were 440,000 children at risk of severe acute malnutrition and an additional 503,000 children at risk of moderate acute malnutrition. Across the north-east, particularly in Borno state, at least 867 primary, junior and senior secondary schools remained closed. Maintaining humanitarian support will be critical to ensure that affected people do not slip further into crisis and in building resilience against future shocks, particularly as the conflict and related population movements continue.

Humanitarian needs were not limited to Nigeria’s north-east. Tens of thousands of boys and girls were affected by inter-communal violence between farmers and herders in Nigeria’s Middle Belt region, with more than 200,000 people still displaced in Benue and Nasarawa States alone. In August and September, heavy rains across Nigeria caused severe flooding in 12 states, affecting an estimated 2.3 million people. Along Nigeria’s eastern borders, the conflict in neighbouring Cameroon caused more than 30,000 Cameroonian asylum seekers to

flee into Benue, Cross River and Taraba States. In addition, all of Nigeria's 36 states and the Federal Capital Territory experienced disease outbreaks in 2018, including cholera, meningitis, Lassa fever, measles, monkey-pox and yellow fever.

In 2018, there was election-related violence at the state level during governorship elections and in response to upcoming federal elections in 2019. In some states and sectors, this contributed to delayed programme implementation and constrained results achievement. Social and economic inequalities, ethnic and religious divisions, and structural weaknesses remain prevalent across Nigeria and contribute to the risk of electoral violence.

Within this overall context, 2018 did see improvement in access and coverage of health interventions, such as an increase in pregnant women receiving antenatal care. The percentage of women receiving antenatal care at least once increased from 56 per cent in 2015 to 65.5 per cent in 2018, and those receiving four antenatal care visits increased from 36 per cent to 49 per cent during the same period. Children increasingly received immunization and treatment for common childhood illnesses. There was an increase of 8.8 per cent in immunization coverage using DPT vaccines, from 48.4 per cent (2015) to 57.2 per cent (2018), according to the 2018 National Nutrition and Health Survey; and an increase in measles vaccination coverage from 50.6 per cent in 2015 to 64.7 per cent in 2018.

Despite these gains in health, more must be done to reach every child and ensure sustained quality of care. Key developments in the health sector included a strong commitment to health through the launch of the National Strategic Health Development Plan II (2018-2022) and the basic health care provision fund, representing a state investment of around US\$180 million (50 billion naira), to which other donors committed to contribute further resources. In 2018, state health insurance schemes were established, a routine immunization and primary health care strengthening plan, and action frameworks for the reduction of maternal and child mortality.

Malnutrition is a major public health and development concern in Nigeria, affecting mostly children and women. According to the National Nutrition and Health Survey conducted in 2018, 7 per cent of children under 5 years old are wasted and 32 per cent are stunted. In absolute numbers, this is 13.1 and 2.9 million stunted and annually expected wasted children, respectively. The severe acute malnutrition burden in the 12 north-western states alone is 1.7 million on an annual basis, representing 77 per cent of the total country burden. The Nutrition and Health Survey indicated that 7 per cent of women of reproductive age are affected by acute malnutrition, with the prevalence for teenagers (15-19 years) significantly higher than for adult women. With these figures, Nigeria contributes to 8.7 per cent of the global burden of stunting and 5.6 per cent of global wasting.

Deficiencies in micronutrients are widely affecting the Nigerian population, particularly children and women. The National Demographic and Health Survey reports that 71 per cent of children and 49 per cent of women of reproductive age are anaemic. When the Nutrition and Health Survey 2018 data is disaggregated by state, clear demographic disparities emerge with regard to all forms of malnutrition, with the most affected populations being concentrated in northern

states.

In Nigeria, about 10.5 million children aged five to 14 years are not in school, making up more than one in five out-of-school children globally, and more than half of out-of-school primary school age children regionally. Eighty-eight per cent of out-of-school children in Nigeria are in the northern states. In the north-west and the north-east of Nigeria, 35 per cent and 29 per cent of Muslim children respectively attend Islamic education only and are officially considered out of school (2015 Nigerian Education Data Survey). The drivers of children being out of school are poverty, systemic barriers and socio-cultural norms that deny children - especially girls - the right to education.

Even when children are in school, a substantial proportion are not learning. The 2015 Nigerian Education Data Survey showed a national mean score of 48.5 per cent, 32.3 per cent and 54.5 per cent in literacy, comprehension and numeracy. Campaigns and success in increasing enrolment have had unintended deleterious effects, as increased enrolments resulted in an average ratio of 86 pupils per classroom, more than double the national standard of 40 pupils per classroom and far surpassing the target of 55, under the United Nations Sustainable Development Partnership.

Nigeria has made some progress in water, sanitation and hygiene (WASH) service delivery, however access to high-quality, reliable and sustainable services remains low. The latest data show that approximately 63.5 per cent of the population has access to a basic water supply. Assessing against Sustainable Development Goal (SDG) standards (uncontaminated and sustained water access that is located on premises) the number is even lower. Increased access to basic sanitation was slow for the past two decades (0.25 per cent annually), with past efforts barely adequate to match the population growth. Currently, only 41.5 per cent of the population use an improved sanitation facility that is not shared and over 47 million people are still defecating in the open, representing 24 per cent of the total population.

Globally, Nigeria has the second highest number of people defecating in the open. Wide disparities exist: WASH deprivation is about two times more in rural areas than in urban areas and people in the poorest quintile are four times less likely to be using adequate WASH services than people in the richest quintile. Less than a quarter of schools and health care facilities in Nigeria have complete basic WASH services available for use. Only 68.5 per cent of installed water systems are functional, 6 per cent adhere to specifications and siting requirements, 11 per cent have dependable operation and maintenance systems, and of the non-functional facilities 41.4 per cent broke down in their first year of installation, according to the World Bank in 2014. Investment in the WASH sector is generally low, with about 0.42 per cent of gross domestic product (GDP) invested (the average for Africa is 0.7 per cent). An increase to 1.7 per cent of GDP would be required for Nigeria to meet the SDG target on WASH by 2030.

Current federal government revenue profiles show that the oil and gas sector contribute about 43 per cent of national revenue. In the oil-dependent Nigerian economy, most of the sub-

national governments participate modestly in the extractive oil and gas industry, which further constrains internal revenue generation at state level and contributes to high dependency on federal government revenue. Efforts to broaden the tax base and increase non-oil revenue were demonstrated with the upward review of excise duty rates on alcohol and tobacco, deployment of innovative technology to improve revenue collection and stronger enforcement of action against defaulters. However, Nigeria's tax to GDP ratio remains less than 6 per cent, well below the sub-Saharan average of 16 per cent.

Child survival, development, protection and participation in Nigeria depend on the degree to which individuals, households, communities and social groups discuss and act to adopt desirable behaviour, and at a scale that creates movement. Focus on individual behaviour change over time has proved a slow and ultimately frustrates programming for behavioural development and change in large populations and low resource settings. This encouraged working with and supporting Government and other actors in building toward social change and community action.

In Nigeria, child survival and development indicators have marginally changed in the last decade. As per MICS 2017, only 30 per cent of caregivers practice proper home management of diarrhoea; and 40 per cent of children are registered at birth. The percentage of people 15-49 years old who have heard of HIV is 83 per cent of women and 92 per cent of men, thus awareness of HIV is high, however prevention practices and infection rates have not improved. All of these are anchored on behaviour, unsafe cultural practices and deep social norms. This informed the robust communication for development strategies and interventions initiated with Government, civil society and partners to address negative behaviours and the cultural practices and social norms that drive them.

To address this situation, the 2018-2022 Country Programme Document demonstrates the impact of investing in institutional and community-based systems and policies focused on children's survival, growth and development, while ensuring the provision of humanitarian assistance. Given its unique comparative advantage, UNICEF Nigeria supported the Government in four areas of results for children:

- (1) Enrol children, especially girls, in early learning and primary school at the right age; strengthen gender equality in and through education; and improve the quality of learning for retention;
- (2) Routine immunization, including polio, for all children by one year of age and support for women to make informed and empowered decisions, including during pregnancy, to promote child survival and well-being;
- (3) Feeding, hygiene and sanitation practices to reduce high-levels of stunting and prevent and treat severe acute malnutrition in under-five year old children;
- (4) Promote attitudes and practices to reduce violence against children and address gender norms at all levels of society.

UNICEF Nigeria leveraged partnerships with national and traditional leaders and influencers

with regard to programmatic focus, as well as the further institution of the National Social Protection Policy with a strategic focus on children. These priorities, in direct alignment with regional results for children, were bolstered by gains in the number of women and children who benefit from quality, more accessible health care, education, protection systems, water and sanitation and in the continued delivery of vital, life-saving humanitarian assistance.

## Part 2: Major Results including in humanitarian action and gender, against the results in the Country Programme Documents

### Goal Area 1: Every child survives and thrives

UNICEF Nigeria contributed toward regional results for children in 2018. To support vaccine management, UNICEF, the Centre for Disease Control, World Health Organisation, Bill & Melinda Gates Foundation and partners supported the Government for the 2018-2028 national strategy for immunization and primary health care system strengthening, the accountability framework, the cold chain inventory assessment and the cold chain equipment optimization platform. UNICEF Nigeria aided development of the supplementary immunization activities vaccine accountability and management framework (S-VAM) and institutionalization of the ward vaccine accountability officers, leading to tighter management of mOPV2 vaccines. With Bill & Melinda Gates Foundation funding, UNICEF increased vaccine visibility and initiated the National Immunization Supply Chain Management Information System in 29 states.

This resulted in Penta 3 vaccine coverage increasing from 48.8 per cent in 2015 to 57.2 per cent in 2018. Lot quality assurance sampling surveys showed improvement in routine immunization in 18 high priority states with 53 local government areas scoring over 80 per cent in the third quarter of 2018 Q3 compared to 11 in 2017. The rate of children not appropriately immunized for their age group between 2017 and 2018 decreased from 64 per cent to 46 per cent in 18 NERICC focal states, where intensification of routine immunization services is being implemented. Nigeria continues to make efforts in polio eradication, with no reports of wild polio virus type one since August 2016. UNICEF supported scheduled campaigns and response for cDVPV2 outbreaks in eight states, ensuring appropriate vaccines were procured for campaigns and outbreak response, with an average of 80 per cent local government areas achieving more than 90 per cent coverage.

UNICEF Nigeria continued its leadership role in vaccine security and logistics in support of government efforts to ensure sufficient supplies of vaccines at the national, zonal and state levels; only three out of 774 local government areas had stock-outs for eight to nine days.

UNICEF's work across the health, HIV prevention and nutrition programmes supported advocacy and technical support for the launch of the National Strategic Health Development Plan II 2018-2022 aligned with 36 +1 state strategic health development plans. Key achievements included the approval of the Basic Healthcare Provision Fund, with US\$202 million for supporting primary health care services and delivery of basic package of services; the approval of the 'routine immunization and primary health care strengthening plan', with approved GAVI funding of close to US\$1 billion for the next decade; the launch of the community outreach workers strategy; and accelerate the strategy for child survival and well-being and delivery of emergency health services.

Related strategic achievements included an increase in the national average for skilled birth attendants from 43 per cent in 2017 (MICS) to 47 per cent in 2018 (SMART). Focus on the primary health care delivery platform, ensuring functionality of primary health care centres and innovations such as score-cards and satellite maps to plan services were implemented in select states. Skilled birth attendant delivery increased from 11.9 per cent in quarter 1 to 49.7 per cent in four local government areas in one state. Progress in the delivery of community level interventions such as integrated community case management for addressing pneumonia reached 148,114 under-five children in 2018, in 10 UNICEF supported states. UNICEF Nigeria also supported renovation of 80 health facilities, distributing basic primary health care equipment to 96 health facilities.

UNICEF supported the NERICC in planning and implementing routine immunization strategies, such as optimized integrated routine immunization services and reach every ward immunization. UNICEF supported the planning and implementation of the 2018 measles follow-up campaign, achieving the national target of 87.5 per cent of children aged nine to 59 months, phase 2a yellow fever preventive campaign in four states with an average coverage of 89 per cent. UNICEF supported: the Nigeria CDC in coordinating the response to a cerebrospinal meningitis outbreak; development of the request to the International Coordinating Group for vaccines; social mobilization, supply and prepositioning of drugs in high-risk states; and implementation of reactive immunization campaigns, reaching 90 per cent of people one to 29 years old in three states.

UNICEF Nigeria supported high-level engagements with state governors and their spouses; launched 'every child alive' campaign in select states; and engaged with traditional leaders to raise visibility and attention for child survival and well-being and accelerate action to reduce preventable child death. In the three European Union maternal, newborn and child health-supported states, UNICEF Nigeria improved gender awareness among stakeholders, resulting in each state developing a gender action plan.

UNICEF supported the Primary Health Care Development Agency in developing and implementing a data quality improvement plan and to conduct quarterly lot quality assurance sampling surveys that inform immunization programmes at federal and state levels. This will help target support to poorly-performing local government areas. Data provided showed increasing trends in the number of children receiving treatment for common childhood illnesses contributing to the continuing decline in the under-five mortality rate from over 200 in 2008 to 100 per 1,000 live births in 2018 (United Nations IGME survey).

UNICEF helped strengthen HIV/AIDS service delivery at federal and state levels, including strengthening coordination platforms, improving data quality and reporting, supporting planning processes and developing innovative models of participation of young people in the HIV response. UNICEF supported the development of the National Acceleration Plan for Early Infant Diagnosis of HIV and scale-up of point of care diagnosis; the national operational plan for elimination of mother-to-child transmission; the national HIV-prevention campaign and plan; and advocacy on the reduction of the age of consent for uptake of services by adolescents. UNICEF reached approximately 1,000,500 young people with comprehensive HIV/AIDS information; 489,859 were tested for HIV, of the 5,934 who tested positive, more than 80 per cent were linked to treatment.

UNICEF Nigeria led analysis of the national prevention of mother-to-child transmission and reproductive, maternal, newborn and child health. The analysis revealed gaps in the prevention

of mother-to-child transmission, with an estimated 40 per cent of women who were HIV-positive and pregnant tested for HIV and approximately 33 per cent linked to treatment. These analytics will inform the development of the national prevention of mother-to-child transmission operational plan.

UNICEF Nigeria advocated for political commitment and domestic financial resources for nutrition, engaging executives, legislators, spouses of governors, traditional and religious leaders and the private sector. US\$3.18 million domestic funds were released by governments of 19 states, exceeding the annual target of US\$2 million.

UNICEF strengthened the 'micronutrient-deficiency control guidelines' to respond to anaemia in adolescents and women, and supported the micronutrients deficiency control taskforce to develop a roadmap to reduce anaemia. UNICEF worked with religious and community leaders to create a favourable environment for nutrition with women and children. Religious leaders, including the Emir of Kano, became nutrition and child survival champions.

With UNICEF support, 22 states have costed nutritional plans in place, exceeding the target of 20 states. UNICEF engaged the Government at the federal and state levels to design an adolescent nutrition strategy and launched pilots in two states for iron folic supplementation. Vitamin A was provided nationwide to 25 million children, six to 59 months, and micronutrient powder supplementation implemented in five states reached 406,237 children six to 23 months, representing 10 per cent coverage nationwide.

UNICEF improved skills and knowledge of caregivers in child feeding and care for young children, with 613,336 primary-caregivers of children 0-23 months receiving counselling on infant and young child feeding practices, including exclusive breastfeeding within the first six months of birth and appropriate complementary feeding from six months onwards. Counselling sessions were complemented with teaching videos translated into Hausa and Yoruba languages. To improve and reinforce knowledge and attitudes of parents towards infant feeding practices, UNICEF Nigeria supported the production of a film, in collaboration with Nollywood, for viewing at community level. Also, a partnership was signed between 14 local television stations in 10 states.

Community-based treatment of severe acute malnutrition was scaled up to 7 per cent of health facilities, compared to 5 per cent in 2017. A total of 138 health workers were trained on inpatient management of severe acute malnutrition; 185 health workers were trained on management of severe acute malnutrition in outpatient therapeutic programmes and 120 health workers on RapidPro reporting, resulting in the treatment and reporting of 617,419 children. UNICEF built capacity for 1,065 health workers to provide maternal, infant and young child feeding promotion and counselling as part of a package of community-based approaches and inter-personal communication. UNICEF ensured that services were provided by female workers, especially in the north, where many women need to seek permission from their husband and elders before they can attend service delivery points.

Despite these gains, progress on stunting is stalled due to the limited convergence and low coverage of severe acute malnutrition treatment and infant and young child feeding counselling and limited promotion in the states in the north.

### **Humanitarian situations**

UNICEF Nigeria supported the Ministry of Health and the state Primary Healthcare Development Agency to reach 3,138,740 internally displaced persons, including 1,120,322 children under five years old. A total of 305,578 children (six months to 15 years) were vaccinated against measles and 205,722 families received long-lasting insecticide treated nets. Cholera outbreak response activities were supported in north-eastern states.

With the solid partnership between UNICEF, federal and state health authorities and over 14 non-government organizations, nutrition interventions in three emergency states were scaled up, with a focus on quality of service delivery for women and children. A total of 340,947 children six to 59 months old suffering from severe acute malnutrition were admitted for treatment in 651 UNICEF-supported outpatient sites in 44 local government areas, representing 75 per cent of health facilities against the target of 70 per cent for 2018. The treatment programme achieved a cure rate of 92 per cent, with 5 per cent of the children who were admitted for treatment failing to complete the treatment and 0.4 per cent dying, surpassing benchmark standards of <15 per cent and <10 per cent, respectively. A total of 184,972 mothers and other caregivers of children (0-23 months) in the three states were educated on infant and young child feeding and 338,784 children six to 23 months were reached with micronutrient powder. UNICEF trained 90 government health workers and nutrition partners on nutrition in emergencies at the national level and in the three states.

### **Goal area 2: Every child learns**

UNICEF increased alignment with the Ministry of Education Ministerial Strategy Plan 2016-2019 to maximize impact within results for children in relation to access to and quality of education and learning. UNICEF achieved its regional targets for children by reducing the out-of-school rate from 31 per cent to 29 per cent in 2018, with 886,856 out-of-school children (female 416,815, male 470,041) participating in education through UNICEF-supported formal and non-formal education programmes. Nevertheless, the country programme document targets were not reached in the percentage of entrants in grade 1 attending early childhood education, with a 9.3 per cent achievement against the 26.4 per cent target, and the percentage of boys and girls enrolled in primary 1 at the correct age, with 48 per cent achievement against the 57.3 per cent target.

With support from the World Bank and UK DFID, UNICEF provided technical support to Universal Basic Education Commission (UBEC) and state universal basic education boards, supporting development of education sub-sector plans in 37 states. UNICEF supported 25 states to finalize their state-level evidence-based education sector plans, in alignment with the Federal Plan, informing 2019 budgets. One hundred and fifty planners were trained on sector planning. To improve learning outcomes and education quality, UNICEF supported the

completion and validation of the 2017-2018 annual school census in 19 states and enhanced school record-keeping capacity for annual school census, supported by partners such as the World Bank and UK DFID. UNICEF assisted in the revision of the Nigeria Certificate in Education early childhood care and education minimum standards.

UNICEF trained 21,402 primary teachers/facilitators in pre-primary and primary schools and integrated Qur'anic schools, and provided education/early learning materials to 737,018 children (394 female; 754 male 342,264). UNICEF training for pre-primary teachers was scaled up in 15 states using state and Global Partnership for Education funds. Also 6,237 pre-primary teachers were trained in play-based child-centered pedagogies, reaching 152,209 children. A total of 1,426 school-based management committees and centre-based management committees participated in capacity-building activities to improve access to school and the learning environment, with 71.2 per cent meeting government functionality criteria and 29 per cent trained on conflict disaster risk reduction.

In UNICEF's expanded programming, it partnered with the Sultan Foundation for Peace and Development, Universal Basic Education Commission and the Federal Ministry of Education to advocate on out-of-school children, resulting in traditional leaders from 19 states committing to: conduct outreach to bring children to school; identify cultural practices affecting children's enrolment, retention and completion; establish enrolment drive committees to monitor and ensure that children enrolled in school remain; and advocate for improved supplies with government agencies. Through UNICEF advocacy, the National Enrolment Drive Framework was signed by the Minister of Education, formalizing its adoption at federal and state levels. The framework guides states in raising awareness on the importance of education, focusing on the most vulnerable, to address socio-cultural barriers. UNICEF supported enrolment drive campaigns in 14 states, improving parent and community knowledge and contributing to the enrolment of 557,874 additional children (female 253,474/male 304,400), a 61 per cent increase in overall enrolment. UNICEF advocated to state government for funding to construct additional classrooms and hire more teachers to address overcrowded classrooms due to increases in enrolment.

Gender is a strategic part of the UNICEF Nigeria education programming to empower girls and women to advocate for change through participation in education and society. UNICEF worked with high-level women advocates to raise girls' and women's participation in schools and the education sector, resulting in draft bills supporting 35 per cent participation of women in education governance and management in three states. UNICEF supported research on the effect of female teachers on girls' enrolment and retention in school, exhibiting high correlation between female teachers' presence and girls' enrolment and learning. It currently serves as an advocacy tool for the recruitment of female teachers and was recognized as one of the 12 finalists in the 'Best of UNICEF Research' poll conducted by the UNICEF Office of Research. UNICEF supported Girls for Girls interventions, improving leadership skills, life skills and citizenship education of 56,655 adolescent children (female 54,383/male 2,272). Five states established teams of male champions (fathers, community and religious leaders, male teachers) who lead advocacy for girls' enrolment and retention and against barriers to their

education such as early marriage and socio-cultural attitudes toward educating girls.

UNICEF Nigeria advocacy ensured cash transfer systems were implemented in three states; Sokoto state dedicated state funds to scale up its programme to expand coverage and improve inclusion. A total of 34,175 children (female 21,941/male 12,234) received cash transfers supported by UNICEF to allow families to keep them in school by offsetting education costs.

### **Humanitarian situations**

In humanitarian interventions, UNICEF reached over 899,453 children (female 478,605/male 420,848) by providing teaching-learning materials, rehabilitating classrooms and temporary learning spaces and training teachers. A total of 4,650 teachers were trained on psychosocial support, enabling them to support 351,550 conflict-affected children (female 170,959/male 180,591). And 55,985 children (female 28,725/male 27,260) accessed education with the establishment of temporary learning space and rehabilitation of classrooms; 491,918 children (female 278,921/male 212,997) benefitted from learning materials.

In response to the cholera outbreak in Borno state, UNICEF education worked closely with WASH and communication to develop preventive measures in schools located in 'hot spots', which included training teachers, printing and distributing posters on cholera in local languages, promoting handwashing practices in schools, and the distribution of soap. A total of 32,450 schoolchildren (female 17,706/male 14,744) improved knowledge on preventing cholera through the training of 806 teachers (female 412/male 397) on improved hygiene practices in cholera-affected areas.

UNICEF Nigeria education and child protection supported an ECHO-funded resilient education approach that increased students' knowledge of what to do in case of emergency. Children were confident and better-equipped to deal with dangers and risks associated with being at and going to school. The development of school emergency preparedness and response plans expanded from 33 to 173 schools in the three north-east states to build child, teacher and community resilience. UNICEF piloted innovative programmes in the north-east, including early stimulation and communication, teaching at the right level and reading material in local languages.

### **Goal area 3: Every child is protected from exploitation and violence**

Child protection interventions leveraged convergence and inter-agency collaboration to contribute to annual results and key results for children, to end violence against children in both development and humanitarian contexts. The programme invested in the national social welfare workforce system and case management tools such as Child Protection Information Management System (CPIMS) to improve the collection and analysis of data and information, as well as enhancing the quality of case management. Interventions demonstrated replicable child protection system models to protect the needs of vulnerable and at risk-children across the development and humanitarian continuum. UNICEF reinforced the Government's technical capacity for CPIMS units, with the result that 11,801 (female 6,621/male 5,580) child victims of

violence were reported into the centralized repository. All victims received at least one child protection service in UNICEF-prioritized child protection states, representing 78 per cent of planned annual caseload. The CPIMS units enhanced national and state capacity to produce quarterly child protection factsheets and perform trend analysis.

As part of the regional focus on birth registration, 7,052,139 children under five years old, (female 3,443,555/male 3,608,584), including 726,519 children (female 369,764/male 356,755) in conflict-affected states, were registered by the National Population Commission/RapidSMS with UNICEF support. The capacity of 627 health care actors was enhanced in 783 health facilities. Expanded birth registration services at the health care centres resulted in the registration of 803,742 children (female 366,051/male 437,691). This was complemented through extensive media and communication campaigns, including the commemoration of the first African Civil Registration and Vital Statistics Day led by African Union Commission, galvanizing emirs and other traditional and religious leaders to promote birth registration messages and increase demand for birth registration services.

UNICEF Nigeria also continued to enhance the legal and policy frameworks for effective child protection systems, advocating for the domestication of the Child Rights Act (2003).

In collaboration with the Ministry of Budget and National Planning and the Ministry of Women Affairs and Social Development, UNICEF Nigeria supported four focus states, resulting in five-year costed implementation plans to establish and provide comprehensive packages of child protection services. These plans were translated to 2019 state budget submissions, with specific budgets included for child protection in 2019.

Child protection inter-agency case management steering committees standardized tools and systems, promoting synergy between health, justice, law enforcement and education to deliver better case management and child protection services. In conflict-affected states, over 390 staff of implementing partners were trained on the use of simplified case management tools; data clerks were trained, coached and mentored on registering child protection cases into the CPIMS database. Interagency coordination contributed to 83 per cent of child protection caseloads receiving one child protection service, while 30 per cent accessed two or more.

Under the Joint Programme with United Nations Population Fund on accelerating abandonment of female genital mutilation, UNICEF Nigeria conducted community dialogue and mobilized men and traditional rulers, leading to 243 communities declaring the abandonment of female genital mutilation in four prioritized states. Surveillance systems in communities helped identify and fine parents for carrying out female genital mutilation. UNICEF expanded the coverage of the 'end female genital mutilation' campaign via #endcuttinggirls on social media platforms and 10 radio stations. UNICEF launched a campaign against female genital mutilation, reaching more than 500,000 Nigerians, including celebrities and the diaspora, providing clarity and nuance to the many forms of child rights violations caused by female genital mutilation.

## **Humanitarian situations**

In the humanitarian context, UNICEF Nigeria, with Government and implementing partners, reached 520,311 children (female 239,343/male 280,968) with lifesaving child protection services, including at least 9,595 unaccompanied and/or separated children (female 4,887/male 4,708) receiving integrated case management services and 732 unaccompanied and/or separated children (female 217/male 515) reuniting with caregivers. Humanitarian access in several local government areas limited the provision of family tracing, reunifications and social and economic reintegration services. A total of 1,670 children formerly associated with non-state armed groups were provided with social and economic reintegration support. Also, 312,331 children (female 159,752/male 152,579) received psychosocial support services, while 195,095 (female 89,744/male 105,351) children received mine risk education awareness.

In Dapchi, 113 children were abducted by non-state armed groups in February 2018. Of them, 106 girls and one boy were released and reunited with their families by the Yobe state government. UNICEF, with the Yobe Ministry of Youth, Social and Community Development, provided parenting sessions at the community level with social workers assigned to monitor psychosocial support provided to girls.

UNICEF Nigeria contributed to the 'call to action' on protection from gender-based violence in emergencies as part of a global, multi-stakeholder initiative to ensure that gender-based violence services and programmes are in place for survivors, and actions to mitigate the risks of gender-based violence are integrated and mainstreamed. UNICEF conducted training workshops with 520 community members and 55 national security agencies on humanitarian principles and gender-based violence, with an emphasis on protection from sexual exploitation and abuse. UNICEF also conducted two safety audits in 12 local government areas to map protection and gender-based violence risks, and develop an inter-agency coordination mechanism to respond to complaints and scale-up sensitization efforts on protection from sexual exploitation and abuse and referral pathways. UNICEF offers gender-based violence survivors access to medical, psychosocial and livelihood services to support their social and economic reintegration, but survivors tend to decline legal aid or security protection services due to fear of reprisals.

The 'Nigeria country task force on monitoring and reporting' was re-established in 2018 and focused on advocacy, including the immediate release of children detained by the Nigerian armed forces. A monitoring and reporting strategy was drafted and circulated in UNICEF, and trainings conducted with the education and protection sectors and the child protection sub-sector working group. In 2018, the task force on monitoring and reporting verified seven incidents of attacks on schools and eleven attacks on health facilities, mostly by non-state armed groups.

Of the 3,708 children (female 294/male 3,414) reported to be with the civilian joint task force, the Country Task Force on Monitoring and Reporting interviewed 2,850 (female 608/male: 2,242); 870 were verified to be associated with the civilian joint task force. Of the children verified, UNICEF Nigeria supported the formal separation of 833 children

(female:139/male:694), all of whom accessed social and economic reintegration services.

#### **Goal area 4: Every child lives in a clean and safe environment**

To further the regional results for children, UNICEF Nigeria's WASH interventions made significant gains with the Nigerian Government renewing its commitment to end open defecation by 2025 via a Presidential declaration in 2018. If realized, the global burden will decrease by more than 47 million people. This was largely due to UNICEF advocacy with the Federal Ministry of Water Resources, based on evidence from the 2018 WASH National Outcome Routine Mapping survey. Statistically sound estimates on WASH service levels and accessibility were collected to improve sector data management and decision-making, mobilize investment and apply resources to improve access to sustainable WASH services. The survey provided composite indicators to describe adequacy and dependability of water facilities in order to define operational problems. The results were used by Federal Ministry of Water Resources and the President of Nigeria to declare an emergency status in the WASH sector in November 2018.

UNICEF supported 3,908 communities to be certified as open defecation free, with 3.3 million people living in these communities accessing 300,000 constructed latrines. Currently 2,680 communities claiming 'open defecation free' await certification. In addition, 404,421 pupils gained access to gender sensitive WASH facilities in 1,227 schools, while 99,990 caregivers/health workers were reached with gender-sensitive WASH facilities in 599 health facilities (out of 200 targeted). Guidelines for WASH in schools were approved and adopted in 19 states.

UNICEF played a role at both national and sub-national levels in supporting policy strengthening. WASH policies were ratified in three states. UNICEF aided 17 targeted local government areas in developing WASH investment plans. Eighteen local government area WASH departments were established and supported to assume broader responsibilities. UNICEF supported Federal Ministry of Water Resources in the review of the gender mainstreaming guidelines for WASH through zonal consultative meetings. This informed the review of the menstrual hygiene management component of the national hygiene promotion strategy.

UNICEF supported the training of 11,527 WASH committees and committee federations were established in 13 states. UNICEF ensured balance in the involvement and roles of men and women in the formation of community WASH committees, volunteer hygiene-promoters, the federation of WASH committees, local government area WASH coordination forums and other institutions. This supported women with the opportunity and empowerment to engage with development and decision-making processes in their communities. In 32 per cent of WASH committees, women occupy executive positions; 5,914 communities were supported to develop and implement water safety plans and perform routine surveillance and monitoring of water quality.

More than 7,000,000 people were recipients of hygiene messages for sustained behavioural change through hygiene promotion events, radio and television. Community-led total sanitation yielded success: 1,734,511 people gained access to improved water sources through rehabilitation and construction of 4,113 water supply facilities in rural communities using contractors. Results of operational research showed 90 per cent of water sources were free from faecal contamination.

Support to sanitation marketing and facilitation of sanitation financing resulted in 2.2 million beneficiaries through construction of 235,742 improved latrines. Sanitation loans of NGN32,000,000 were mobilized through 11 microfinance institutions. Sanitation marketing achieved more than 11,000 improved latrines across six states.

### **Humanitarian situations**

UNICEF's role in leading the WASH sector with Government continued in the north-east with responses to mass population displacement, cholera and flooding.

A total of 1,143,625 beneficiaries received support through the construction and rehabilitation of water systems and sustained operations for water facilities, including fuel, spare parts and chlorination. UNICEF Nigeria supported blanket, urban water-supply chlorination in Borno, Yobe and Adamawa, reaching an estimated 4.5 million. Also, 93,350 were assisted through the construction, repair and management of sanitation facilities, and 493,256 were assisted in camps through the cleaning of camps, desludging of latrines, and proper solid waste management. Also, 62,503 WASH/dignity kits were supplied to vulnerable families in camps and host communities, and children attended community management of acute malnutrition centers, reaching 375,018 beneficiaries.

Hygiene promotion campaigns benefitted 881,860 people. UNICEF supported an online tool for WASH in emergencies information management, piloted in March 2018. Four hundred national and state government and non-government organization partners gained skills in emergency preparedness and response and disaster risk reduction, and provide humanitarian support to communities across focus local government areas.

### **Goal area 5: Every child has an equitable chance in life**

UNICEF Nigeria supported the implementation of the National Social Protection Policy and its state-level adaptation. The National Social Protection Policy includes policy measures to address emergency situations and issues affecting children, women and people living with disabilities and HIV. Thirteen states are working to domesticate the policy, with officially-approved policies achieved in Cross River, Enugu and Osun States, and a social protection bill formally approved in Ondo state with UNICEF support. UNICEF supported the Ministry of National Planning at multi-stakeholder workshops to address gender-specific vulnerabilities in 16 national social protection policy measures.

A federal technical working group on social protection was constituted and inaugurated under

the leadership of the Ministry of Budget and National Planning. UNICEF facilitated regular meetings and supported the development of a national costed action plan and implementation strategy for the National Social Protection Policy. The technical working group contributed to the increased sensitization of stakeholders on the conceptual framework of social protection, with an emphasis on shock-responsive social protection design and implementation. The National Social Protection Policy is published with UNICEF support to launch in 2019.

Implementation of a European Union-funded cash transfer for poor, rural women in three states continued, building on the DFID-funded 'girls' education project', which is now state-funded in Niger and Sokoto states. A technical training on shock-responsive social protection was held for the states' programme implementing units, state emergency management agencies, and state representatives of the national cash transfer office. The database of beneficiaries for both programmes was provided to the Office of the Vice President to insert in the single registry.

Technical trainings were held for national stakeholders on the use of the Medium-term Expenditure Framework and on social sector budgeting for children, together with advocacy for child-sensitive budgeting across states.

Within efforts to generate evidence on child poverty and disparities, UNICEF Nigeria supported the introduction of social policy studies in the tertiary education curriculum in 11 universities and a social policy network in Enugu state to generate evidence to inform policy advocacy and programming. Across 19 northern states where child poverty indicators and disparities are comparatively high, knowledge gaps were closed on the inclusion of women and children in policy planning. UNICEF held a multi-stakeholder high-level meeting for northern states; each represented state was mobilized to develop a social policy roadmap for 2019 implementation. UNICEF Nigeria supported Ondo state to produce a child poverty report with state-wide data, including an overview of all local government areas in the state.

### **Cross-cutting**

Addressing harmful cultural practices and social norms at the community level is an integral strategy for UNICEF. In 2018, in collaboration with the National Orientation Agency, partnerships with traditional and religious leaders were reinforced to work on polio eradication, full immunization, handwashing, antenatal care, delivery by skilled attendants, exclusive breastfeeding, adequate/appropriate complimentary feeding and the propagation of the Facts for Life and Faith for Life documents. Also, '52 Facts for Life' radio programmes, produced on essential family practices, aired in four states, reaching a population of more than 4,000,000.

With funding from the Regional Disease Surveillance Systems Enhancement and support from UNICEF, the Nigerian CDC developed a communications plan with weekly health radio programmes, weekly advisories in three national dailies, and production of TV and radio programmes. Twenty-six episodes of a 'safe schools' radio programme were broadcast repeatedly in Maiduguri; 5,578 women who were pregnant received regular voice messages on maternal health through their mobile phones (mHealth); and 3,229,480 leaflets on polio and routine immunization were printed and distributed in high-risk states.

UNICEF funded the development and pre-testing of communication materials and messages for the 'end violence against children' campaign, and supported the drafting of an infectious diseases risk communication plan which was pre-tested to prepare states for seasonal outbreaks of Lassa fever, cholera and meningitis. UNICEF supported the development of an integrated communication strategy for immunization, and communication and demand generation strategies and budgets are in place for campaigns on meningitis A, measles and yellow fever.

Work with voluntary community mobilizers was expanded to include the promotion of birth registration, antenatal care and exclusive breastfeeding. UNICEF supported the expansion and training of 120,000 community influencers around the volunteer community mobilizer network, resulting in the tracking of 100 per cent of newborns in voluntary community mobilizer settlements for zero dose vaccination and the reduction of missed children due to non-compliance to less than 1 per cent. Birth registration campaigns were launched in 18 states with communication materials provided in six languages, resulting in the registration of 5,880,802 children under five years old. Intense mobilization by voluntary community mobilizers in 11 northern states during World Breastfeeding Week 2018 shared knowledge on exclusive breastfeeding to 93,113 and the affirmation by 174,225 mothers who were lactating to exclusively breastfeed their babies.

In 2018, 219 'mama2mama' groups in Adamawa state promoted nutrition, supported maternal health initiatives and convened 98,677 women in their communities to provide knowledge on essential household practices. A total of 45,303 new pregnant mothers were identified and referred. Follow-up visits at home were made with 41,241 pregnant mothers to support them to complete four to eight antenatal care visits; and 30,892 pregnant mothers in labour were tracked and linked to health facilities for delivery. Also, 950 women's groups from five states transmitted messages for child and maternal care and health. Three non-government organizations, in collaboration with UNICEF, reached 20,000 women with critical messages on maternal and child care.

Communications work on issues such as newborn mortality, water, sanitation, hygiene, girls' education, birth registration and the humanitarian crisis in the north-east, through engagement with traditional and new media platforms and public advocacy campaigns, generated 3,027 UNICEF mentions and 228 appearances for senior management and specialists in local and international media. Use of global and local content doubled Facebook and Twitter audiences in 2018 from 129,051 to 287,867 collectively.

UNICEF Nigeria's engagement with the Tony Elumelu Foundation culminated in the inauguration of the foundation's chairman, on to the Global Board for the Young People's Agenda (GenUnlimited) in September 2018 at the United Nations General Assembly.

UNICEF Nigeria signed a financial partnership agreement with the United Africa Foundation, supporting UNICEF collaboration with the Ministry of Education to improve equitable access to

quality education for children in Nigeria, especially girls.

Partnership with Fifth Chukker/Access Bank continued at the Fifth Chukker Annual Polo Tournament. The London edition of the tournament highlighted the work of UNICEF Nigeria in education programming. A total of US\$2.5 million was pledged by Nigerian individuals and corporates to the education programme supported by this partnership.

Programme effectiveness for the UNICEF Nigeria country office was strengthened in 2018, the first year of a new five-year country programme, underpinned by the updated annual management plan and office governance structures. The total programme budget was US\$313 million, of which US\$62.6 million was for programme supplies and US\$22.8 million for institutional services. In addition, US\$93.3 million worth of supplies were delivered under GAVI, while \$50.3 million was for other procurement services delivered to partners.

In 2018, planning, monitoring and risk mitigation were improved by creating and implementing a new planning and monitoring system in the country office. Standard operating procedures for workplan development were developed for the 2019-2020 period. In turn, this led to results-based, harmonized workplans for a mutual understanding of results to be achieved by the country office and government counterparts as well as more effective monitoring.

In 2018, UNICEF worked with over 350 partners across 36 states and the Federal Capital Territory of Nigeria under the harmonized approach to cash transfers. The office conducted 540 programme monitoring visits, 50 partner micro-assessments, 20 audits and over 190 spot checks. Priorities included financial assurance in a complex/high-risk environment with partners with weak internal controls and financial management capacity. Programme effectiveness was complemented through additional human resource capacities of a third-party contractor, Akintola Williams Deloitte, under a two-year US\$30 million long-term agreement that provided UNICEF 641 facilitators deployed in hard-to-reach local government areas of 10 states worth US\$12.6 million.

Emphasis was placed on strengthening programme convergence in states and local governance areas with the highest deprivations for children, combined with high poverty and demographics, based on a multi-deprivation and poverty analysis drawing upon MICS 2017, with the aim of accelerating results for children. This required building on existing programming and resources, while addressing gaps and preparing the groundwork to programme in areas previously under-served, including influencing and leveraging stakeholders and government to join the effort. Guidance was provided to sections and to field offices on programme convergence and laying the foundation for initiating child-friendly communities in early 2019.

The U-Report initiative, which allows young people to report in real-time, grew from 2.3 million to three million members, representing 48 per cent of global membership. U-Report 24x7 was initiated to provide a feedback mechanism for populations affected by the humanitarian emergency in the north-east of the country.

As part of the 2017 Country Programme Management Plan implementation, 76 positions were filled in 2018 which improved gender and geographic diversity. In addition, a phase II Country Programme Management Plan was approved by the programme budget review in late 2018, followed by the development of a corresponding programme budget review implementation plan. The country office initiated measures to improve the well-being and living conditions of staff in D and E duty stations. In November, UNICEF moved back to United Nations House, after seven years of temporary housing following the 2011 bombing of United Nations House. Information, communication and technology support staff, the administration and other operations support provided a seamless transition to the new office. All zonal offices now have two redundant fiber links for increased reliability of connectivity, and UNICEF vehicles were equipped with a more reliable radio communication. Updated business continuity plans were put in place and tested for the country office, including all nine field offices.

A staff retreat was organized simultaneously in all 10 offices across the country in December, which was an important platform for team-building, raising staff and management concerns and identifying solutions to address those. The final Internal Audit Report was received on 28 August 2018, for which the country office submitted its first response on 31 December 2018 on the implementation for closure of recommendations by the Office of Internal Audit and Investigations.

### Part 3: Lessons learned and constraints

#### Constraints

Three overarching constraints hindered UNICEF programming across sectors: Funding gaps and delays; security concerns; and limited partner accountability and management capacity

**Funding gaps and delays:** Funding gaps and delayed release of committed funds from counterparts had a significant impact on programmes. States - which depend on federal revenue due to low state-generated revenue, non-diversification of revenue sources, high external debt and poor fiscal sustainability - were constrained in implementing fiscal policies to achieve greater equality.

- State governments struggled to fulfil their obligations in education, including payment of teachers' salaries and time-sensitive activities such as the annual school census. UNICEF faced challenges as the main development partner working on education in the north-east, facing a 39 per cent funding gap. This reflected activities that are not Humanitarian Action for Children under humanitarian grants, making the sector appear better-funded than it was in relation to Humanitarian Action for Children activities.
- Delays and non-release of funds, or inadequate operational funds, stalled procurement and construction processes for WASH facilities in communities and institutions.
- Limited funding for nutrition in non-emergency contexts hindered interventions in the north-

west, an area most affected by malnutrition in children. Donor funding for curative and preventive nutrition actions in this part of the country remained far below what is required to adequately address the situation. UNICEF conducted intense advocacy efforts at federal and state levels to obtain increased domestic resource investment, including media activities, discussions with legislators and meetings with the spouses of governors. This resulted in the allocation of US\$ 4.6 million towards nutrition, although only US\$ 3.18 million had been released by the end of 2018. The allocated amount was 30 per cent of the minimum annual funding recommended in the National Strategic Plan of Action on Nutrition.

UNICEF strongly advocated for inclusion of programme priorities and funding needs within federal and state budgets. In addition, mid-year reviews of nine field offices and federal level sections were timed to feed into federal and state level budgeting cycles. In collaboration with government counterparts, the review process aimed to assist partners in developing and aligning funding priorities and include UNICEF-supported interventions in government budgets for better funding and sustainability of programmes.

**Security concerns:** Ongoing security issues, particularly in the north-east, area challenge for programme delivery to vulnerable populations. Restricted access to local government areas and settlements in the north-east impeded reaching children with vaccinations and other interventions. In Borno, 7.4 per cent of local government areas were inaccessible due to conflict. The UNICEF-supported polio programme continued efforts to reach the security-compromised areas via 'Reaching Inaccessible Children' and 'Reaching Every Settlement' strategies. Flooding in the Middle Belt states destroyed WASH facilities, which burdened programme implementation and increased water-related diseases that further strained the already limited water facilities present in communities.

UNICEF Nigeria's work in child protection programming in the north-east entailed complex advocacy work at various levels, and the management of collecting and reporting on confidential and sensitive data, particularly on children formerly associated with non-state armed groups. In 2018, UNICEF engaged with the Nigerian security forces and partners to advocate for a handover protocol for children who are encountered during military operations. The protocol would identify alternative arrangements; avoid cohabitation of adults placed at rehabilitation centres for former non-state armed group associates; and reintegrate children formerly associated with non-state armed groups and the civilian joint task force.

**Limited partner accountability and management capacity:** A major impediment to UNICEF programmes was limited partner capacity, accountability and management challenges. In health, a high turnover of government staff and frequent mobility of health workers in local government areas and facilities required rebuilding capacity for health service delivery. To improve this situation, UNICEF Nigeria worked through local government area facilitators to provide in-service training and capacity building.

- In child protection, the operationalization of the Child Protection Information Management System at both federal and state levels was delayed due to designating focal points for the

work in ministries, departments and agencies. There were delays in establishing units at the federal level, despite receiving necessary equipment and supplies

- In WASH, limited capacity, governance and accountability in state and local government area institutions affected and delayed contract awards, programme construction and procurement processes.
- In social policy, there was insufficient technical capacity in some states to generate and analyze budget data for decision-makers. There was an absence of annual disaggregated social sector data at state and local government area levels, especially related to household poverty levels, that critically impeded evidence-based reporting on the situation of women and children.

To address these issues, UNICEF Nigeria engaged in capacity building efforts across all programme sectors. Health workers were trained on severe acute malnutrition treatment; RapidPro reporting; maternal, infant and young child feeding; nutrition in emergencies; and interpersonal communications to integrate nutrition interventions in primary health care.

UNICEF trained over 21,000 teachers in pre-primary and primary schools and trained an additional 4,600 teachers on psychosocial support for conflict-affected children. UNICEF improved government capacity for implementing the CPIMS, which resulted in the registering of 11,801 child victims of violence for the receipt of protection services. More than 11,000 WASH committees and federations were trained to engage in dialogue and promotion of WASH activities, and 400 state and non-government organization partners gained skills in emergency preparedness and response.

## **Lessons learned**

Based on these constraints, several lessons were learned concerning partnerships, United Nations agency coordination; cross-sectoral work; evidence-based programming; community engagement; and accountability and management systems.

**Partnerships:** Developing and leveraging partnerships played a role in amplifying results for children. UNICEF Nigeria's consistent drive for coordinated, holistic, cost-effective approaches led to better collaboration and harmonization of programmatic approaches between Government and development partners. UNICEF is nationally recognized as a reliable and neutral broker, with resources to bring together stakeholders on issues pertaining to children and families. For example, UNICEF Nigeria has a strategic partnership with the Sultan Foundation for Peace and Development, led by the Sultan of Sokoto, Universal Basic Education Commission and the Federal Ministry of Education to address the crisis of out-of-school children. The UNICEF-led coordination of international development partners in support of the federal government on social protection issues was instrumental in improving programme efficiency. In addition, alliances with major community-level gatekeepers generated local knowledge of cultures, traditions and social norms for important social and behavioural

change activities. In the health sector, engagement of community resource persons such as traditional birth attendants increased the uptake of prevention of mother-to-child transmission services, even though antenatal care coverage was low.

**United Nations agency coordination:** In 2018, UNICEF benefited from inter-agency collaboration and successfully mobilized resources through expanded United Nations partnerships. UNICEF partnered with IOM and United Nations Development Programme (UNDP) on 'Reintegration and reconciliation of former armed non-state combatants and Boko Haram associates,' and with United Nations Women, United Nations Population Fund, UNDP and UNESCO on the European Union Spotlight Initiative to 'End violence against women and girls.' Joint programming with United Nations Population Fund continued to work to eliminate female genital mutilation.

UNICEF leveraged the Country Task Force on Monitoring and Reporting to support advocacy for children affected by armed conflict, and ensure high level decision-making processes. On the Task Force, UNICEF continues to engage with the Nigerian Security Agency and stakeholder 'friends of children affected by armed conflict', advocating for the adoption of the handover protocol and against the deprivation of liberty for children allegedly associated with non-state armed groups. UNICEF supported 64 joint verification missions with UNHCR and IOM at field level to assess the extent of association of 2,850 children, out of the total 3,737 children identified by the Civilian Joint Task Force in its ranks. As a result, 833 children out of 1,617 children who were verified as associated with the Civilian Joint Task Force were separated.

UNICEF Nigeria partnered with World Health Organization through joint planning and implementation of health sector support for maternal, newborn and child health, routine immunization and polio components. UNICEF and World Health Organization successfully advocated for the exceptional extension of GAVI support to Nigeria for an additional 10 years with a commitment of US\$1.3 billion for vaccination programmes. UNICEF scaled up interventions, bolstering achievement towards results with sustainability through strategic partnership and resource leveraging. Education cash transfer programmes, in partnership with the World Bank, were implemented in three states; Sokoto state scaled-up its programme by dedicating state funding to programme expansion and sustainability.

Collaboration with World Food Programme through long-term agreements led to logistical efficiency gains by jointly shifting port of entry for shipments from more congested and costly Lagos to Port Harcourt.

**Cross-sectoral work:** Child protection interventions leveraged strategies to contribute to annual results of the country programme document and key results for children. Internal collaboration with health, communication and communication for development to integrate birth registration activities in health care delivery points and to support demand creation for birth registration in hard-to-reach communities led to demonstrable results. Child protection collaborated with education programme to develop a 'child safeguarding policy' that included

mandatory reporting systems to improve violence prevention and response programming in schools. This also demonstrated the benefits of cross-sector programming in building children's resiliency with risk analysis and school emergency preparedness and response plans.

Child protection collaborated with communication for development to verify 7,786 out of 8,548 children, representing a 91 per cent coverage rate. The data will define UNICEF baselines, allocate caseloads to implementing partners, and prepare for the transition from CPIMS to PRIMERO/CPIMS+ in 2019. UNICEF Nigeria will review the children who were not accessed in 2018 due to insecurity or because they live outside the three targeted states as part of a 'No child left behind/Every child counts' campaign in 2019.

In health, the launch of 'community health influencers, promoters and services' helped scale up interventions, and engaged and strengthened the capacity of federal and state governments to roll out the health programme with nutrition sector fully integrated.

**Evidence-based programming:** In 2018, UNICEF increased the use of data to improve advocacy and strengthen evidence-based management of field programmes. In vaccination programmes, the quarterly lot quality assurance sampling was used to better monitor programme progress and to develop corrective measures for poor-performing local government areas. Such monitoring improve immunization coverage and are examples of using data to improve coordination and programme planning.

In education, UNICEF-supported research on the effect of female teachers on girls' enrolment and retention helped to boost girls' enrolment and increase recruitment of female teachers. In WASH, the UNICEF-supported national outcome routine mapping survey estimated WASH service levels and accessibility. This tool was used for advocacy and programmatic action at the national level and was the basis to declare the emergency status of the WASH sector in November 2018. WASH PET created awareness to invest in WASH services among authorities.

**Community engagement:** In 2018, UNICEF developed new ways to engage with community members, women and youth to drive demand for improved programmes. UNICEF developed innovative ways to improve community uptake of services.

In WASH, communities gained a sense of involvement, participation and control with the 'WASH voice' tool, and authorities now have a means of interacting with communities and sharing development expectations in various areas of accountability. There is more awareness as WASH information is now regularly shared on a dedicated platform. The media has become proactive in reporting WASH issues, as they have a guaranteed audience with the substantial number of persons registered on the WASH network. WASH implementation of community-led total sanitation ++, integrating sanitation marketing and financing with community-led total sanitation, accelerated uptake of improved latrines at the community level by providing different payment mechanisms for communities to pay for latrines. The sanitation marketing approach adopted two strategies: 1) involve local 'toilet business owners' to provide one-stop technical

solution and a range of options for smart toilets, and 2) link households with government microfinance institutions and local groups for easy and accessible financing. These interventions led to the construction of 4,506 smart toilets, a four-fold increase in the rate of safely-managed toilets to traditional approaches.

In HIV/AIDS, the 'adolescent and young people prevention' challenge and ongoing national HIV-prevention campaign for young people are innovative ways to promote participation of young people to engage and respond to HIV issues as role models, peer influencers, agents of change, advocates and service providers.

The nutrition programme is mobilizing traditional and religious leaders in Kano state around removing negative social norms and changing behavior to create an environment that is more favorable to child feeding and overall care with the goal to improve dietary diversity.

**Accountability and management systems:** To address partner management and accountability, UNICEF Nigeria helped increase efficiency and effectiveness of programmes and partners. Recognizing the country's inability to adequately account for mOPV2 vaccines provided from the stockpile of the International Coordinating Group on Vaccine Provision in 2016 and 2017, UNICEF Nigeria supported the deployment of ward vaccine accountability officers during mOPV2 campaigns and adoption of the S-VAM improved vaccine accountability and management during subsequent rounds. UNICEF supported the establishment of the national measles/yellow fever technical coordinating committee, which improved planning and implementation of campaigns.

UNICEF Nigeria WASH teams held contract-review meetings with stakeholders, trained supervisors at local government area levels, conducted joint monitoring with third party monitors/facilitators, and provided weekly updates on contract works. These efforts monitored construction works to ensure quality and timeliness of completion. Such training and re-training of WASH committees using the expanded approach improved WASH committees' effectiveness and increased their sustainability.

UNICEF Nigeria contributed to the development and finalization of standard operating procedures for community-based mechanisms including information sharing protocols, awaiting approval from Operational Humanitarian Country Team and head of agencies. UNICEF Nigeria conducted a series of trainings reaching 222 child protection actors on gender-based violence core concepts; gender-based violence case management and on protection from sexual exploitation and abuse.

END/