

## Nigeria

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### Executive Summary

The year 2014 was a landmark for Nigeria's polio eradication programme. Nigeria recorded historical progress towards stopping transmission of the wild poliovirus, reporting six cases in two states (Kano and Yobe), compared to 53 in nine states in 2013. The achievements were largely due to improved quality of supplementary immunization activities, intensified household and community engagement, innovations to reach children outside of the household, demand creation initiatives including 1,000's health camps conducted with partners with integrated services to address felt needs of communities. Focus was maintained on areas with poor performance and accountability on the use of resources was strengthened. Inactivated Polio Vaccine was introduced together with Health Camps in Borno, Yobe and Kano. Routine immunization was improved to 72 per cent (DPT/Pentavalent) with no stock-outs of vaccines reported. The GAVI audit led to temporary hold of direct disbursement of GAVI (the Vaccine Alliance) grants to Government. A temporary disbursement mechanism through UNICEF was put in place which enabled continuation of the programme.

Ebola was contained in Nigeria after three months of the outbreak. UNICEF support in social mobilization and communication (including through U-Report) were critical elements in the containment, preparedness and prevention strategies.

Stunting decreased from 34.8 per cent (2011 Multiple Indicator Cluster Surveys (MICS)) to 32.2 per cent in 2014 (SMART Survey). Wasting decreased from 10.2 per cent to 9 per cent. Exclusive breastfeeding increased from 15 to 25 per cent. Community Management of Acute Malnutrition (CMAM) sites increased from 495 sites in 77 local government areas (LGAs) in 2013 to 633 in 97 LGAs in 2014, treating 320,247 children with severe acute malnutrition in 11 northern States, saving 68,605 lives. During the first round of the biannual maternal, newborn and child health (MNCH) weeks, Vitamin A supplementation and deworming coverage of 79 and 39 percent respectively were achieved reaching over 24 million children under five (National Primary Health Care Development Agency (NPHCDA), 2014). The drafting of the National Policy on Food and Nutrition was completed and awaits approval. The National Strategic Plan of Action for Nutrition in the Health sector was approved. A Nutrition Advocacy Strategy aimed to increase government funding for nutrition was developed.

A total of 1.24 million people gained access to improved sanitation, which was 300 per cent of the 2014 target. With the Ministry of Water Resources, UNICEF co-led the development of the national road map for elimination of open defecation and assisted 27 states to develop their road maps. UNICEF is contributing significantly to the national achievements on Open Defecation Free (ODF) communities. In 2014, with UNICEF support, 1,655 communities were certified ODF and 2,827 claimed ODF status.

An independent impact evaluation of the "2009-2013 Nigeria-UNICEF Water, Hygiene and Sanitation (WASH) Programme" confirmed that it had had a positive impact, especially on sanitation, behaviour change and enhanced access to WASH services, reduction in diarrhoeal

incidences of under-five children and women empowerment. The assessment showed significantly more households in the intervention areas with school-going girls had latrines in the schools. It showed active involvement of children in the Community-Led Total Sanitation triggering process which resulted in more active engagement of their parents and the community.

After years of stagnation in scaling up prevention of mother to child transmission, there is a now a clear upwards trend: 19 per cent of HIV-positive pregnant women received antiretroviral drugs in 2012, 27 per cent in 2013 and about 34 per cent by mid-2014. UNICEF supported a pilot on integrating HIV counselling and testing (HCT) for pregnant women during maternal, new-born and child health week (MNCHW). During the pilot in 6 states more than 110,000 pregnant women received HCT.

Under the Basic Education programme, an additional 360,000 girls were enrolled and attended school in five northern states (Katsina, Sokoto, Zamfara, Niger and Bauchi) under a Girls Education Programme. This achievement was largely due to enrolment drives and awareness raising conducted on the importance of education and cash transfers for girls in Niger and Sokoto states.

Throughout 2014, the armed conflict in north-eastern Nigeria was one of the world's deadliest for children. There was a dramatic rise in violence, growing recruitment and use of children, sometimes very young, as well as countless abductions and attacks on schools. As a consequence the Security Council, requested the establishment of the Monitoring and Reporting Mechanism (MRM) for grave violations against children was established in Nigeria. Monitoring and validation of these violent incidences will be challenging due to restricted access and limited reliable partners in affected areas.

The main bottlenecks for high impact interventions in Nigeria include social norms, availability of key supplies, financial access and quality of care.

The Office established three new Field Offices in Borno, Katsina and Sokoto (northern Nigeria) to closely monitor these bottlenecks, leverage resources and coordinate partnership efforts.

## Humanitarian Assistance

A deteriorating security situation in the northeast, inter-communal violence in the middle belt, outbreaks of Ebola virus and cholera diseases and concerns about the security landscape in the lead up to the February 2015 elections created urgent humanitarian needs in 2014. The number of internally displaced persons (IDPs) increased from 647,000 in May 2014 to around 900,000 at the end of 2014, mainly in Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe (north-east). IDP camps accommodated over 101,000 people while over 90 per cent of lived in host communities.

An Ebola Virus Disease (EVD) outbreak on 24th July 2014 in the populous commercial city of Lagos and later in Port Harcourt led to 19 confirmed Ebola cases, seven deaths and 12 survivors. The Government established comprehensive containment, preparedness and prevention strategies. The UN implemented an action plan to support the Government's response with UNICEF supporting coordination, communication and social mobilization.

The Government established an Ebola Emergency Operation Centre (EEOC) with six teams led by an Incident Manager. The six teams in each state managed surveillance, case management,

management and coordination, point of entry, social mobilization & communication and laboratory. The social mobilization team implemented an evidenced-based, risk-informed communication and social engagement strategy which reached over 20 million people through mass media and 5.1 million people through preventive messages. To halt the incidence of new infections and stigmatization of contacts, household interpersonal communication reached over 280,000 people. Individual/group counselling of patients, family members of patients, contact persons and community members affected by Ebola reached 335 people. Prior to the reopening of schools, the social mobilization teams sensitized a total of 2,273 teachers on EVD and general hygiene practices.

High level government commitment and leadership and targeted social mobilization campaign proved effective in containing EVD. Decentralization of the National EEOC in Lagos and Rivers states reinforced local coordination and built the State capacity to manage the outbreak. Bringing together various sectors under one command structure strengthened inter-sectoral coordination.

In the three States of Emergency (Borno, Yobe and Adamawa), UNICEF supported comprehensive integrated packages of high impact health, nutrition and WASH. In Borno, an immunization coverage target of 60 per cent was exceeded for all antigens. The most affected cumulative immunization coverage (January to September) for BCG vaccine was 83 per cent, oral polio vaccine 3rd dose (91 per cent); pentavalent 3 (83 per cent) and measles (106 per cent). The integrated outreach services in IDP camps reached 256 children with oral polio vaccine (OPV) zero dose; OPV all doses (2,490 children under 5); injectable polio vaccine (1,567 children); pentavalent vaccines (476 children); Measles (349 children); yellow fever (317 children); tetanus toxoid vaccine (283 women of reproductive age) and malaria treatment (2,168 children under five). A total of 868 were treated for cough including some cases of acute respiratory infection. In addition, the services reached 937 under-five year old children with diarrhoea and provided them with appropriate treatment services.

Twenty-three primary health care / community management of acute malnutrition (PHC/CMAM) centres in Borno and Yobe were provided with improved water sources. Sixteen boreholes were equipped with new hand-pumps, four with solar power and three motorized boreholes were rehabilitated. Over 5,600 patients and care givers gained access to improved water sources through the PHC/CMAM centres in Borno and Yobe states.

Over 6,300 patients and caregivers gained access to improved sanitation facilities. About 70,000 people now live in Community Led Total Sanitation (CLTS) triggered communities in Borno and Yobe. Over 62,400 people living around PHC/CMAM centres in these States gained access to improved water sources and 11,900 people had enhanced knowledge on key hygiene messages.

Nigeria partnered with DFID, World Bank, Norway, ADB and UNICEF in a Safe Schools Initiative to mitigate the impact of the conflict in education. Rapid assessments, mapping and profiling of affected communities, schools, children and teachers were conducted with a combination of strategies including enhancing security in schools, transferring students to lower risk areas and supporting them in IDP locations. Violence-prone areas of Borno benefited from psychosocial support which included provision of safe child-friendly spaces and structured recreational activities. A total of 27,937 children (13,346 girls, 13,914 boys) were reached.

Over 65,000 children under-five were admitted for treatment for SAM in the states in the north-east (target: 86,000) and integrated health and nutrition services were provided in twelve IDP

camps in Adamawa (4) and Borno (8), respectively, enabling 42,753 consultations to be made, of which 16,937 were for children under five.

## Equity Case Study

Kaduna and Katsina are among six states in northern Nigeria where polio has been endemic. Past cases of polio in these states were mostly detected in hard to reach (HTR) settlements. About one-third of the polio cases were under-immunized, meaning less than three doses of oral polio vaccine had been administered. Thus a project to set up 18 outreach teams of five members each was initiated in the two states. The teams are systematically providing integrated packages of basic health services in 865 hard to reach settlements. These settlements were selected through a participatory process involving leaders and representatives of all the Local Area Governments of each State and considering characteristics such as difficult geographic access and terrain (often along borders between wards/local government areas/states), waterlogged/ riverine areas, and insecure zones.

To date, the project is significantly improving immunity against polioviruses in the selected hard to reach settlements by delivering 100,000 doses of oral polio vaccines representing coverage of 83 per cent of 0-59 month old children living in the selected hard to reach settlements. Immunity against polio and other vaccine preventable diseases was specifically reinforced through delivery of 5,800 zero dose polio vaccine and almost 24,600 doses of pentavalent vaccine to children under the age of one. The outreach services reached women within child bearing age (15-49 years old) with a total of 14,400 doses of tetanus toxoid antigen as part of antenatal care representing coverage of 52 per cent out of all women. The antigen confers protection against life threatening tetanus infection to women and un-born children. This is particularly important in these hard to reach communities as most deliveries in these settlements take place at home.

Since October 2014, the project delivered 24,200 treatments for malaria, 5,100 treatments for diarrhoea, and almost 1,300 treatments for pneumonia to children under the age of five in the hard to reach settlements, otherwise with limited chances of accessing care for the life threatening diseases. In addition, 53,500 doses of Vitamin A were provided to children 6-59 months representing coverage of 44 per cent, almost 58,700 were dewormed representing a 50 per cent coverage, and 57,900 under-five children were screened for under nutrition representing a coverage of 66 per cent. The 345 children detected with severe acute malnutrition since July 2014 were referred for appropriate care.

The hard to reach approach has shown promising potential of interrupting transmission of wild polio viruses in hard to reach settlements while at the same time delivering high impact intervention package to the poorest and most marginalized populations. Thus, the project is proving that even the most difficult-to-reach children are, actually, reachable. This is very important because, even when immunization of a few thousand children may not significantly alter national coverage in a large country as Nigeria, these efforts do not just realize their rights and address equity, they are crucial for ensuring polio transmission is stopped once and for all.

## Summary Notes and Acronyms

General:

1. Nigeria has a federal system with 36 plus one (the Federal Capital Territory) States and 774 Local Government Areas (LGAs). The Federal, State and LGA structures each maintain a high degree of independence.

## Acronyms

ACT – Artemisinin Combination Therapy  
AfDB – African Development Bank  
ANC - Ante Natal Care  
ART – Anti Retroviral Therapy  
AYP - Adolescents and Young People  
BCP - Business Continuity Plan  
BEmONC – Basic Emergency Obstetric and Newborn Care  
CDC - Centres for Disease Control and Prevention  
CEDAW – Convention on the Elimination of all forms of Discrimination Against Women  
CFE – Child Friendly Education  
CFS - Child Friendly Schools  
CHNLs - Community Health and Nutrition Links  
CLTS - Community-Led Total Sanitation  
CMAM - Community Management of Acute Malnutrition  
CMT - UNICEF Country Management Team  
CPMP - Country Programme Management Plan  
CPN – Child Protection Network  
CRA - Child Rights Act  
CRVS - Civil Registration and Vital Statistics  
CSOs – Civil Society Organizations  
DFATD - Canadian Department of Foreign Affairs, Development and Trade  
Dfid - Department for International Development  
DHSS – District Health Systems Strengthening  
DPT - Diphtheria, Tetanus and Pertussis Vaccine  
EOC - Emergency Operations Centre  
E-PAS – Electronic Performance Appraisal System  
EEOC - Ebola Emergency Operation Centre  
ERM - Enterprise Risk Management  
ERP – Enterprise Risk Planning  
EVD - Ebola Virus Disease  
EVMA - Effective Vaccine Management Assessment  
FCT - Federal Capital Territory  
FGM/C - Female Genital Mutation/Cutting  
FME - Federal Ministry of Education  
FMOH - Federal Ministry of Health  
FMWASD - Federal Ministry of Women Affairs and Social Development  
GBV – Gender-Based Violence  
GLO - Globacom Limited  
HACT - Harmonized Approach to Cash Transfers  
ICCM – Integrated Community Case Management  
ICT- Information and Communication Technology  
IDPs - Internally Displaced Person  
IM - Incident Manager  
IMEP - Integrated Monitoring and Evaluation Plan  
IMNCH – Integrated Maternal and Neonatal and Child Health  
IPSAS - International Public Sector Accounting Standards  
IPV - Inactivated Polio Vaccine  
KAP - Knowledge, Attitudes and Practice

LGA - Local Government Area  
MICS - Multiple Indicator Cluster Survey  
MNTE – Maternal Neonatal Tetanus Elimination  
MRM – Monitoring and Reporting Mechanism  
MTN - Mobile Telephone Networks  
NBS - National Bureau of Statistics  
NCO – Nigeria Country Office  
NEMA – National Environmental Management Agency  
NPHCDA – National Primary Health Care Development Agency  
NPopC - National Population Commission  
NYSC - National Youth Service Corps  
OPV - Oral Polio Vaccine  
OR - Other Resources  
ORS – Oral Rehydration Salts  
PrEP – Pre-Exposure Prophylaxis  
RCSA - Risk control and self-assessment  
RDT - Rapid Diagnostic Testing  
SAM – Severe and Acute Malnutrition  
SBMC - School and Center Based Management Committee  
SHAWN - Sanitation, Hygiene and Water in Nigeria  
SIAs - Supplemental Implementation Activities  
SITREPS - Situation Reports  
SMART - Standardized Monitoring and Assessment of Relief and Transition  
SWA - Sanitation and Water for All  
UASC - Unaccompanied and Separated Children  
UPS - Uninterruptible Power Supply Systems  
VAC – Violence Against Children  
VCMs - Volunteer Community Mobilizer  
VMMC – Voluntary Medical Male Circumcision  
WASHCOMS- WASH committees

## Capacity Development

Strengthening capacities to deliver quality services for women and children is a UNICEF core strategy. The more traditional approach of cascade training has only limited impact and UNICEF Nigeria has therefore been working on new approaches in capacity development.

A comprehensive training needs analysis was conducted on Polio Communications. A standard manual for training polio community volunteers on integrated health was piloted and now guides all trainings. It contains modules on interpersonal communication, maternal, neonatal and child health, birth registration, as well as Ebola. 7,474 mobilizers were trained on this new package, including Volunteer Community Mobilisers (VCMs). During supervisory visits, supervisors collected data through a smartphone platform to track performance of the VCMs.

UNICEF supported building the capacity of School and Center Based Management Committees (SBMC) to better perform their roles and responsibilities including school development planning, financial management and school performance monitoring. To date 1,650 SBMC have been trained. The communities are now responding to irregularities. The Effectiveness Monitoring criteria found that 73 per cent of trained SBMCs met the criteria of effectiveness in providing oversight to school management and were implementing activities in support of girls' education.

LGA Water Sanitation & Hygiene Departments were established to ensure proper staffing and budget for effective WASH service delivery. National level workshops for strategy development/ investment planning is enabling government partners to better plan, coordinate & prioritize sector investments. WASH Information Management System is being installed to improve monitoring and reporting of WASH services/infrastructure. WASH Clinics as a platform for dialogue among LGA WASH Departments and communities is promoting cross-learning across LGAs/communities. A resource pool of highly skilled facilitators are being maintained to enable expansion/sustainability of the interventions.

Training workshops and study tours were organized in 7 States to assist State level governments design and implement social protection initiatives and policies. This included activities prior to the workshops (e.g. review of existing social protection initiatives) as well as activities to enhance the impact of the training e.g. during the workshop plans to design and implement social policy programs and policies are prepared and these are followed up and monitored.

### Evidence Generation, Policy Dialogue and Advocacy

Of the 29 surveys, research and major events using data with partners, nine were met, 16 were on track and four were constrained. For the fifth round of the Multiple Indicator Cluster Survey (MICS) steering and technical committees were launched in partnership with the National Bureau of Statistics (NBS). A light health, WASH and nutrition survey using a Standardized Monitoring and Assessment of Relief and Transition methodology provided state-level data. Nigeria commissioned a baseline survey in hard to reach settlements for the Polio and immunization programme including basic new born and maternal services. Social data was collected to understand acceptability of polio and immunization in collaboration with Harvard University. The data, used for strategic programming, shows that overall community acceptance remains high.

An impact evaluation of the WASH programme (2009-2013) confirmed that UNICEF's contributions significantly improved access to water supply, reduced time spent (particularly by children, mostly girls) in fetching water, and empowered women. Improved latrines (including in schools) for communities and under-five children in intervention areas reduced incidence of diarrhoea by half.

With UNICEF support, the National Planning Commission drafted a National Social Protection Policy. UNICEF participated in the Finance Minister-led technical working group on social protection and contributed technical advice, evidence, and costing simulations. UNICEF was also engaged in policy dialogue to State governments on the design and implementation of social protection initiatives. Nigeria's high level participation at the Sanitation and Water for All meeting led to the development of a National Roadmap on elimination of Open defecation by 2025. UNICEF's Advocacy efforts led to the establishment of a Rural Water Supply and Sanitation Agency in Sokoto and Kaduna states.

In 2014 additional social data was collected to understand acceptability of polio and immunization in collaboration with Harvard University. The data shows that overall community acceptance remains high. Data is being used to guide communication and programmatic strategies for the polio programme as well as for routine immunization.

Research on a UNICEF/Centre for Disease Control (CDC) supported study on Violence Against

Children was completed and preliminary findings released. The report, a major advocacy tool, will be finalized in 2015 and a response plan developed.

## Partnerships

Nigeria's polio Emergency Operations Centres (EOCs) continued to oversee the implementation of the 2014 National Polio Eradication Emergency Plan, providing technical direction and coordinating Government and partner efforts at national and state levels. The EOCs bring together senior, action-oriented national authorities under NPHCDA's leadership and partners such as UNICEF, WHO, Bill Melinda and Gates Foundation, Centres for Disease Control and Prevention (CDC) and Rotary to enhance the capacity to implement evidence-driven decisions to address persistent gaps in programme implementation. Partners planned, coordinated and ensured that the targets of the National Polio emergency plan were monitored closely and fully achieved. Strong coordination and oversight at all levels contributed to significant progress towards stopping polio transmission in 2014. Partnership with GAVI has been critical in the introduction of Pentavalent vaccine. Members of the national polio EOC were deployed to provide technical support to the establishment of the Ebola EOC which led to strong coordination of the response.

Federal and state level Ministries of Education and related agencies are the major partners in the Education Sector. UNICEF is also a member of the Local Education Group including The World Bank, Department for International Development (DFID), USAID, Japan International Cooperation Agency (JICA), Civil Society and led by the Federal Ministry of Education (FME). In a joint effort a project proposal mounting to US\$ 100 million covering five states in northern Nigeria was submitted to the Global Partnership for Education and approved in December 2014.

National Youth Service Corps (NYSC) was selected as a key partner to support the introduction of U-Report. A multi-stage process was initiated, comprising training of key personnel and interface with NYSC members. Mobilisation was conducted jointly by NYSC and UNICEF in Orientation Camps nationwide. The post-camp Community Development component of national service was used to promote U-Report among non-Corps Members, to mainstream the mobilisation process in the general population, working with youth and community development groups and through periodic community activities. As a result of the partnership U-report had more than 120,000 registered members with a goal to reach more than 1,000,000 members in 2015 in partnership with NYSC.

## External Communication and Public Advocacy

Advocacy strategy for Sanitation, Hygiene and Water in Nigeria (SHAWN-II) increased government commitments and improved access to improved water sources, basic sanitation and hygiene to seven million people in six States. Advocacy at State/ LGA levels were coordinated with the WASH Thematic Group. Nigeria made commitments at the "Sanitation and Water for All" meeting in Washington in 2014. World Bank President, UN Secretary General, 65 Finance and Water Resources Ministers attended. Nigeria committed to annually increase its national budget allocation of up to 1.5 per cent for water supply and 1.0 per cent for sanitation, to scale-up implementation of a WASH sector M&E framework including budget tracking in all states by 2016. It committed to develop a national Community-Led Total Sanitation (CLTS) Roadmap and support its implementation to eliminate open defecation in all rural communities of Nigeria by 2025.

Nigeria introduced U-report, SMS-based community engagement platform which registered 120,000 U-reporters and provided community participation on relevant issues. Education, child

protection, water sanitation and hygiene, polio, social policy and nutrition issues were covered. U-report was used for public enlightenment and social mobilization during the Ebola outbreak in Nigeria. U-report results were shared across different media channels.

Advocacy to State level technocrats, policy makers and political leaders like the wife of the governor of Kaduna State yielded increased funding of the HIV response by the Local Government Areas. The governor's wife also led the campaign on Prevention of Mother to Child Transmission (PMTCT) demand creation using radio and television. This contributed to increased ANC-PMTCT service uptake. Each LGA Chairman committed US\$3,000 monthly to fund the response.

Rapid-SMS helped the National Population Commission to monitor birth registration service performance using a "higher resolution lens". It benefited the most deprived children in hard to reach areas in Northern states with very low birth registration coverage. About 4,000 registrars across the 774 LGAs reported data on birth registration.

Visibility for country programme implementation and child rights advocacy achieved through media engagement, capacity development of four hundred and seven journalists and thirty one media appearances for programme and Field office chiefs and programme specialists.

### South-South Cooperation and Triangular Cooperation

Two types of South-South cooperation and learning were promoted and implemented. A traditional one, collaborating with another country, and an "internal", one triangulating government officials from different Nigerian States to collaborate, exchange knowledge, and provide technical support. Both were supported with funding from the European Commission.

In terms of cross-border cooperation, South Africa is well known for its successes in the implementation of social protection initiatives especially with regards to child support grants and old people's pension (which also benefit children). Thus, officials from Adamawa and Kebbi States (Commissioners, Permanent Secretaries and Directors from the Ministries of Planning and Budget, Health, Women's Affairs and Finance) went on a study tour to South Africa. They had the opportunity to visit and discuss with officials of the South African Social Security Agency as well as to observe practically the disbursement of funds at a pay point. The study visit interspersed workshops and field visits in order to maximize learning.

Twenty government officials from Adamawa and Kebbi visited Ondo State where a safe motherhood programme (called "ABIYE") has had well recorded and evaluated impacts in reducing maternal mortality and is considered a good practice to be replicated and adapted in other States and countries. The purpose of the visit was to facilitate and strengthen political commitment in Adamawa and Kebbi, share lessons learned about what worked and did not work in the development and implementation of the social protection component of the safe motherhood programme, and understand the legislative framework within which the programme operates.

Based on the experience and learning from these study tours, the officials from Adamawa and Kebbi drew out action plans to design and implement child friendly social protection policies and initiatives that would enhance the reduction of maternal and infant mortality in these states. Moreover, as a result of the visit, officials in Ondo State also had the opportunity to review some of their activities and developed plans to improve their efforts, proving the triangulation was useful both for the visitors as well as the hosts of the triangulation activity.

## Identification Promotion of Innovation

UNICEF Nigeria has been on the cutting edge of using mobile phone SMS technology for improved service delivery and giving access to information. These are outlined in the below paragraphs.

U-Report, a mobile SMS-based community empowerment tool that gives a voice to the voiceless, and informs and educates communities on a wide range of social issues specifically related to children and families, through weekly polls with results shared on social media and across other traditional media channels. A rapidly growing community of over 120,000 users, U-report has been used to fight Ebola in Nigeria in 2014 addressing myths and misconceptions via simple text messages.

U-report Nigeria seeks to expand its membership to one million in 2015 through partnership with National Youth Service Corps (NYSC) and the leading mobile companies: Mobile Telephone Networks (MTN), Etisalat, Globacom Limited (GLO) and Airtel. U-Report Nigeria website is <http://www.nigeria.ureport.in>

Again, smart phone technology has been used in transmission of data and tracking of teams for another project aimed at reaching hard to reach communities and polio community mobilizers. The smartphone monitoring data is used to guide performance management and accountability of polio communication teams.

In addition, there are 634 Community-based Management of Acute Malnutrition centres in 95 Local Government Areas under 11 states with real time reporting system. Electronic Tablets are being used for data collection.

Mobile pairing via Bluetooth has also been used to disseminate messages about the importance of vaccinating children against the polio virus in northern Nigeria. Community-based communicators are harnessing the new technology to convince chronically non-compliant families on the benefits of the Oral Polio Vaccine (OPV). In the northern state of Kaduna alone, an average of 1,000 videos and songs in the local Hausa language are transferred each day to community members from mobiles of communicators working to generate awareness about vaccination and dispel myths that lead some caregivers to reject OPV. This initiative has contributed to an overall high level of awareness and acceptance of immunization including OPV.

## Support to Integration and cross-sectoral linkages

An integrated urban slum programme was piloted in Lagos for scale up. Focus was placed on increasing immunization uptake, exclusive breastfeeding and antenatal care, ensuring every HIV-exposed baby received early infant diagnosis and open defecation reduced. Community development committees assessed risks and vulnerabilities and identified actions to increase service outreach and uptake. Traditional birth attendants were mobilized and trained as community health and nutrition links for outreach, referral and monitoring of MNCH services including HIV services. Community-led total sanitation was used to catalyse community action for improved sanitation and achievement of open defecation free status of communities. Public-private partnership was secured through a performance-based memorandum of understanding which held private providers accountable for use of public supplies.

Within eight months, the uptake of health and nutrition services in five 5 slum areas increased. Pregnant women were able to access ANC through referrals from TBAs. Communities triggered

for Community-led Total Sanitation (CLTS) took collective actions and mobilized local resources to improve their sanitation status and decrease open defecation. Improvement in HIV community-based case tracking, referral and follow up was achieved. This programme design and results are being used to leverage a 3 year DFID grant for scale up.

Provision of integrated services in hard to reach, high risk polio areas was relied upon to eradicate poliovirus transmission in under-five children in (Kaduna, Katsina, Kano, Yobe, Borno and Bauchi). The hard-to-reach project delivered outreach integrated services in 3,176 hard to reach settlements. Over 83 per cent of under-fives were reached with oral polio vaccine. About 3,057 children under one received zero polio vaccine, 52 per cent of women were reached for antenatal care services. About 44 per cent of under-five children respectively were supplemented in Vitamin A and dewormed. About 66 per cent were screened for malnutrition. About 129,599 women in the reproductive age group were reached with information on key household practices. Collaboration and partnership between UN agencies was found to be key and working with state government, LGA and community is instrumental in effective delivery and implementation of integrated services for its sustainability in the selected settlements.

### Service Delivery

In the high-polio risk areas where quality of service is compromised due to insecurity, poor maintenance of public infrastructure and refusals remain high, Nigeria introduced health camps into the polio eradication strategy. This proved an effective service delivery platform for polio vaccine packaged with other primary health care services. Health camps are an effective strategy for attracting communities that are traditionally “noncompliant” for polio to address other felt needs. In Borno, Yobe and Kano states ‘Inactivated Polio Vaccine’ (IPV) was introduced during campaigns to further enhance immunity in areas facing insecurity and other challenges reaching another 2.1 million children. Health camps contributed to the reduction of children who missed out on receiving vaccines. Only six cases of Wild Polio Virus were recorded in 2014 compared to 53 in 2013.

An Effective Vaccine Management Assessment (EVMA) conducted in 2014 demonstrated remarkable improvement in Nigeria’s vaccines and devices supply chain performance from 46 per cent in 2010 to 67 per cent in 2014. Cold chain equipment, capacity and training at national and sub-national levels enabled these improvements. These contributed to the elimination of vaccine stock outs at national and state level, reduction of wastage rates and increased immunization coverage rates (DPT3) containing antigen from 84 per cent to 90 per cent with 42 per cent reduction in unimmunized children between 2013 and 2014. The EVMA helped the programme to identify key strengths and remaining challenges in the vaccine management performance based on which an improvement plan will be developed.

To improve education access, a community mapping exercise found 146,500 out of school girls in 231,000 households and documented reasons for non-attendance. The list of out of school girls was used by School Based Management Committees to conduct door-to-door enrolment drives to promote enrolment of girls and boys. The mapping data was also used to identify 21,400 girls who are most at risk of non- attendance or early dropout due to financial barriers. The mapping data was also used to support cash transfers for girls in Niger and Sokoto. Over the next two years, each family of the selected girls will receive US\$100 per girl student.

### Human Rights-Based Approach to Cooperation

Nigeria continued to support the realization of child rights in accordance with 2010 recommendations of the Committee on the Rights of the Child. This included Nigeria support to

the adoption of Child Rights Acts in 23 states. Nigeria supported institutional strengthening of the Federal Ministry of Women Affairs and Social Development on child rights. Several legal and policy formulation processes were supported including the national social protection policy and education sector plans at the Federal and state levels.

In July 2014, Boko Haram was listed in the UN Secretary-General's 13th Annual Report on Children and Armed Conflict for killing or maiming of children and for attacks against schools or hospitals. Nigeria initiated the process of establishment of a Monitoring and Reporting Mechanism in Nigeria, by building capacity, expanding networks of child-focused civil society organizations, child rights monitors and other partners to obtain reliable data on grave violations of children.

In line with the Country Programme strategies of reduction of disparities and reaching the most disadvantaged children, the programme adopted greater focus of its interventions in the high burden states with huge disparities, and designed targeted interventions and increased community engagement including gender-sensitive teachers training, enhanced birth registration, exclusive breast-feeding, eradication of open defecation, and expanded social mobilization for immunization and polio vaccination. The convergence of programmes was initiated to target the disadvantaged child, and to make programme delivery in highly insecurity areas more sustainable.

Participation of children, adolescents and marginalized communities is being promoted through village level WASH committees (WASHCOMs); for nutrition, community mobilizers; and for polio eradication, school-based management committees.

The office is further addressing accountability through data collection using SMART surveys, complementing the multiple indicator cluster surveys (MICS). These surveys are linked to monitoring of results for equity, in the identification of bottlenecks, programme tracking and accountability. Through the U-report platform, the issues regarding rights holders' are being promoted to create a positive and supportive environment.

## Gender Mainstreaming and Equality

A gendered assessment and review of Maternal and Child Health policies and strategies was carried out in six states (one in each geo-political zone). This assessment was financially supported by DFATD (Department of Foreign Affairs, Development and Trade of Canada) and United Nations Health 4 (UNH4) - (UNFPA, WHO, and UNAIDS).

Documents (policies, plans, etc.) were reviewed for the six states (and the federal government) and assessed in terms of stakeholder participation, gender and human rights responsiveness, federal and state obligations, and understanding of mother, child, and adolescents health challenges. Recommendations for updates and strengthening of gender perspective were summarized in a publication titled "Gender Analysis of Health Policies, plans, tools and Strategies related to Maternal Mortality". More than half of the documents (23 out of 42) were not gender sensitive. Roughly similar numbers apply in terms of awareness of human rights. Slightly less reports (21) analyzed socio-economic causes of maternal and child health.

Besides several meetings and workshops to prepare and validate the results of the assessment, follow up meetings at the state level are envisioned to ensure the recommendations are enacted and implemented. The first of such meetings took place in December 2014.

In 2014, UNICEF Nigeria collaborated with the Federal Ministry of Women's Affairs and Social

Development in the preparation of the CEDAW report. Besides financial and logistical support, UNICEF staff provided technical inputs and guidance to the process and the preparation of the final draft of the report. The report was expected to be completed by the end of 2014.

A Gender Specialist sitting within the UNICEF Social Policy and Gender Equality Section, dedicates 100 per cent of the time to gender issues.

In line with global changes in the approach of programming for gender, Nigeria's efforts in addressing gender inequality will be anchored in the education programme, more specifically the Girl's Education Programme. The Gender Specialist will support the programme in addressing social norms which are strongly linked to early marriage. This shift will require a convergent approach between Education and Child Protection programmes.

### Environmental Sustainability

Nigeria is vulnerable to flooding and saline water intrusion in the southern coastal belt, while it is also prone to flash floods along the river banks in the high lands and droughts in the Sahel belt. Floods damage weak water and sanitary infrastructure and also contaminates drinking water, especially in areas with poor sanitation. A poor sanitary situation, coupled with extreme heat (especially in the north,) provide fertile grounds for malaria, diarrhoea and even malnutrition. In 2014 there has been a resurgence of cholera in Nigeria mainly due to poor sanitary conditions.

Towards addressing the above, Climate Change Adaptation (CCA)/ Disaster Risk Reduction (DRR) is being mainstreamed into the WASH programme's policies, strategies and interventions. The national road map for elimination of Open defecation in Nigeria by 2025 is a significant contribution from UNICEF and will lead to reduced contamination of water sources and an improved environment. The Environment Management Plan developed for 28 LGAs is helping address potential environmental impacts on physical, biological, socio-economic and cultural environments from WASH interventions.

Technological options which are climate-resilient and have a low carbon foot-print were adopted. These include: hand pumps which are more resilient and deplete less ground water; raised platforms for water facilities and latrines in flood prone areas; and solar-powered boreholes). Waterless toilets are being piloted for urban slum areas of Lagos that are water logged.

Awareness messages on proper hygiene practices and water handling were promoted widely including in the cholera prone areas. School children as agents of change are transferring the knowledge gained through Environmental Health Clubs to their communities. Vegetable gardening and tree planting are also promoted in the clubs to conserve the environment and improve nutrition in schools.

WASH departments in 40 project LGAs are being provided with solar panels to ensure power reliability and reduce UNICEF's carbon foot print. By establishing additional offices closer to the focal areas of the programme, UNICEF's environmental footprint from air and long road travels is expected to reduce in 2015.

### Effective Leadership

The Country Management Team (CMT) fully implemented phase one of the 2014 – 2017 Country Programme Management Plan. The Country Programme maintained one, more focus programme, with one budget and one monitoring framework. In the North, the Country

Programme prioritized Health with a focus on polio and routine immunization, WASH, Nutrition and Education. UNICEF Nigeria made necessary changes to transit to the Global Shared Services Centre business model. The CMT established and monitored key office priorities which included: establishment of three new field offices in the North; convergence of programmes; establishment of U-report for the empowerment of citizens/communities; systematic monitoring of programmes with a special focus on interruption of polio; and implementation of the Harmonized Approach to Cash Transfers (HACT)

All but one of the audit recommendations were addressed and closed. UNICEF Nigeria developed a 2014-2015 rolling management plan and established eight committees. The CMT conducted quarterly reviews of management indicators and progress on office priorities. The UNICEF Nigeria established an Enterprise Risk Management committee that oversaw the risk control and self-assessment process through which an action plan was developed to mitigate high risk areas and maintain due diligence.

The year 2014 began with six risk areas assessed as medium, four assessed as high and one extreme. As implementation of the mitigation strategies progressed, the country risk profile improved, showing three low risk areas, six medium risks areas, two high risk areas.

UNICEF Nigeria fully implemented the HACT policy, in response to the audit recommendation, including conducting periodic spot checks, micro-assessment and capacity development of partners. UNICEF Nigeria also engaged with the Auditor General of the Federation in the HACT process. To improve on governance and accountability, a medium risk, the office revised the accountability framework that identified the entity accountable within the office.

Result Based management improved from high to medium. This was mainly due to the fact that evaluation was made an office priority. Two impact evaluations were conducted (one on-going) representing investments of \$450 000 each. The Office adopted a monitoring framework that focused mainly on quarterly key activities and milestones, which also dealt with the fiduciary risk since quarterly budget allocations were linked to progress toward results.

The office updated its business continuity plan (BCP), in sync with the RCSA process. For instance, pre and post-election violence was identified as a most likely scenario in the BCP. Field offices also developed their own BCP given the zonal variance in the risk profile.

## Financial Resources Management

UNICEF Nigeria did all monthly bank reconciliations on a timely basis. Staff understanding of International Public Sector Accounting Standards (IPSAS), and Enterprise Risk Planning (ERP) was improved through timely follow-up and reconciliation of financial accounts.

Due to stringent management of cash requirements, closing cash balance recorded an average 23 per cent of total cash replenishment in 2014 compared to the standard 25 per cent. This released a total of US\$1,179,833 to New York Treasury Section for investment.

UNICEF Nigeria managed the financial risk environment through 121 micro assessments, 184 spot checks and orientation of 244 implementing partners. The Office employed services of four consultants who built the capacity of 99 partners on areas of weaknesses, notably on bank reconciliation, management of financial records, inventory and segregation of duties. Out of 19 audits organized, two were concluded in 2014 and reports for 17 were due in the first quarter 2015. The Office worked closely with the other UN Agencies in its implementation.

Processing of Direct Cash Transfers and liquidations were done in a timely fashion and efforts were made to follow up with programmes and partners that had exceeded the maximum period.

Fund allocation and utilization for the year were Other Resources (Emergency) US\$3.1 million (100 per cent utilization); OR US\$128 million (100 per cent utilization); Regular Resources US\$59M (98 per cent utilization) and support budget US\$0.41 million (83 per cent utilization) There was no office audit during the year.

## Fund-raising and Donor Relations

UNICEF Nigeria absorbed the approved ceiling of Other Resources (OR) of US\$304 million in 2014 and sought an additional ceiling of US\$208 million. The top eight of 30 partners included European Commission, Bill and Melinda Gates Foundation, UK's Department for International Development (DFID), Centre for Disease Control (CDC), Governments of Japan and Norway, the Micronutrient Initiative and the vaccine alliance, GAVI. OR constituted 70 per cent of total resources available for Nigeria.

OR funds were instrumental in supporting household surveys in all 36 states plus the Federal Capital Territory, and in conducting assessments in the North East. These surveys and assessments were used to monitor progress on achievement of results for children. OR funds were instrumental in establishing firm community engagements and leveraging government resources to eradicate polio, improve nutrition, primary health care, access to quality education, and to progressively make Nigeria open defecation free, and protect children from violence and abuse.

In 2014, Nigeria signed a US\$150 million grant with DFID to benefit seven million people with access to water and sanitation. Donor funding strengthened institutional structures at sub-national levels, accelerated and scaled-up sanitation coverage across the country through the Local Government Area-wide approach and the National Roadmap on elimination of Open defecation.

In 2014, Nigeria secured US\$100 million from the Global Partnership for Education. UNICEF was instrumental in the development of the Multi-Donor Trust Fund with UNDP and the Office of UN Special Envoy for Education for the Safe School Initiative. The Government of Norway provided US\$1.6 million for the Safe School Initiative to respond to emergencies.

UNICEF Nigeria established standard operating procedures to quality assure donor reports. Out of 54 reports, only two were late.

## Evaluation

Evaluation became one of UNICEF Nigeria's priorities in 2014. This is reflected in the 2014 – 2015 Rolling Management Plan. The Country Management Team, with the support of the Monitoring and Evaluation Committee, monitored and updated evaluation activities through the rolling IMEP on a quarterly basis. The IMEP was made a standing item in the CMT agenda. The IMEP represented an investment of approximately US\$7.0 million, which includes studies and surveys.

In line with the UNICEF updated Evaluation Policy, two impact evaluations studies were initiated (one on-going, one completed) and on-track. The evaluation strategy of the convergence framework was constrained due to competing priorities, but it is ongoing. A WASH impact

evaluation generated several recommendations, for which management prepared a response in December 2014. Out of the eight recommendations, five were either agreed or partially agreed, and are being incorporated into 2015 plans. The office prepared a dissemination plan that articulated how UNICEF Nigeria will use the evidence generated by the evaluation in its advocacy efforts among others.

UNICEF Nigeria has partnered with the National Planning Commission of Nigeria and civil society organizations (CSOs) to promote the demand for evaluations by supporting the establishment of a professional Nigerian Evaluation Association with three national stakeholder meetings (Lagos, Kaduna and Abuja). This on-going activity is a key milestone in addressing the removal of barriers in child friendly evidence policy-making. UNICEF Nigeria also agreed to support the National Planning Commission capacity to develop a government-wide Result Based Framework, for which the monitoring function as well as the evaluation function will be articulated.

At the state level, UNICEF Nigeria partnered with state planning commissions to support the adoption of monitoring and evaluation policies. Two states adopted evaluation policies and 16 others worked towards adopting the monitoring and evaluation policies, with UNICEF Nigeria's support.

#### Efficiency Gains and Cost Savings

The office collaborated with UN HACT committee and shared some of the costs of macro and micro assessments. As a result, UNICEF contributed 35 per cent of the US\$18,000 macro assessment and US\$165,000 micro assessment cost.

Banking services were negotiated and procured jointly by all UN agencies in Nigeria. Through joint arrangements, Standard Chartered Bank waived all local bank charges and offered monthly interest income of two per cent on local currency account balances and 0.2 per cent for the US\$ account. All payment made in local currency were processed electronically through straight-to-bank services thus minimizing issuance of cheques.

Consolidation of payments were achieved for polio implementing partners and voluntary community mobilizers. These payments were processed centrally from Abuja. This facilitated timely implementation. To mitigate risks associated with Direct Cash Transfers especially for high risk partners, payments were made directly to beneficiaries' accounts. Mobile payments were negotiated with Standard Chartered bank. The bank offered the services at zero cost to UNICEF, resulting in annual savings of US\$200,000.

Due to stringent management of its cash requirements, the closing cash balance was 23 per cent of the total cash replenishment during the period as compared to the standard 25 per cent. The Office recorded savings amounting to US\$1,179,833 to New York Treasury Section.

New travel guidelines reduced issuance of blanket Travel Authorizations. Open trips were reduced by 60 per cent. Procurement of international air tickets through HQ resulted in 20 per cent cost savings. The UN negotiated up to 50 per cent discount on hotel room rates and services during the year.

Several online meetings via Lync resulted in savings. The Office introduced fibre-optic based links in some locations (Abuja and Lagos) to improve connectivity and reduce travel cost.

## Supply Management

In 2014, supply assistance contributed to successful implementation of UNICEF Nigeria's Programmes and Operations. Total supply inputs were valued at \$63,541,684

|                      |                 |
|----------------------|-----------------|
| Programme supplies   | US\$ 44,245,540 |
| Operational supplies | US\$ 2,778,461  |
| Services             | US\$ 16,517,683 |

UNICEF Nigeria continued supporting the Government of Nigeria and other partners in Procurement Services with supplies of US\$127,787,654.

|                        |                 |
|------------------------|-----------------|
| Channelled via regular |                 |
| Procurement Services   | US\$ 58,616,527 |
| Channelled via GAVI    | US\$ 69,171,127 |

UNICEF Nigeria concluded a market survey to update its Supplier Database; Long Term Agreements for frequently purchased services and products were established. Significant contribution in contracting for common services through the UN Procurement Network was provided. Value of locally managed procurement stands at \$23,182,071

|                      |                 |
|----------------------|-----------------|
| Programme supplies   | US\$ 4,132,315  |
| Operational supplies | US\$ 2,516,613  |
| Services             | US\$ 16,533,143 |

The value of inventory of programme supplies controlled by UNICEF Nigeria recorded as being physically in the warehouse at 31 December 2014 was US\$2,893,726, of which \$452,041 were supplies prepositioned for emergencies.

The value of programme supplies issued from local warehouses controlled by UNICEF Nigeria recorded in VISION at 31 December 2014 was US\$19,176,652. This brought the total value of supplies managed in UNICEF Nigeria controlled warehouses throughout the year to US\$22,070,378.

UNICEF Nigeria worked closely with its Counterparts in optimization of the supply chains,

- o Hosted a "Multi-Agency call on rethinking medicines supply chain in Africa" to setup an important platform for new approaches to medicines supply chain, knowledge sharing and tools preparation.
- o Nutrition and WASH sectors conducted supply study set to improve local markets and standardize the procedures.
- o Played a key role in capacity development of NPHCDA in supply chain management through National Logistics Working Group and Ad Hoc Committee on Procurement
- o Joint efforts with Supply Division resulted in significant improvement in Vaccine forecasting, reduction in vaccine and device stock-outs and reporting mechanisms.

## Security for Staff and Premises

An overview of the security situation across the country highlighted a deterioration, in light of the insurgency in the North East and the impending General Elections in February 2015. The armed conflict in the North East continued to hamper programme delivery with a consequential negative impact on the humanitarian situation. Incidents of criminality and civil unrest also took a toll on insecurity in several parts of the country.

In spite of these developments, and high risk environment of UNICEF operations, the safety and security of UNICEF staff, premises and operations were effectively managed under the leadership of UNDSS; hence there were no recorded casualties during the year.

Key to the achievement of enhanced security was the creation of situational awareness and information dissemination to staff. UN staff were constantly kept abreast of the evolving security situation through daily situation reports (SITREPS) by email, and in instances when urgent security advisories/information had to be passed on given the exigencies, bulk SMS were sent to staff members' mobile phones through a paid service provider.

Security awareness training was regularly organized for staff. This training, and additional security briefing, became mandatory for staff travelling to very high risk areas such as Yobe and Borno States in the North East.

Searches of both UN, staff and visitors' vehicles at all UNICEF premises were thoroughly conducted by trained security guards.

These, and regular reminders on relevant security polices including MOSS and MORSS compliance, contributed in no small measure to enhance staff security.

New field offices were opened in Borno, Katsina and Sokoto States during the year.

UNICEF Nigeria initiated the purchase of armoured vehicles to be deployed for use in the high risk areas in Borno and Yobe, in an effort to reduce the risk to manageable levels to enhance programme delivery. In addition, given the increase insecurity and to enable programme delivery two Programme Criticality Exercises were carried out in 2014 with the last in October. During this review, for the first time, programme criticality (PC1) levels were identified for UNICEF and WHO.

## Human Resources

UNICEF Nigeria completed Phase one of the Programme Budget Review (PBR) in May 2014. The total number of established positions were reduced from 357 to 354.

Out of 99 vacant posts, 52 were filled - 11 international, 31 national and 10 general service posts. In addition to these, 9 staff members (three international and six national posts were recruited on temporary positions). With support from RO and HQ, all the international posts were filled within the minimum time required by the Key Performance Indicator on recruitment. Delays experienced were due to re-advertisements in an effort to get qualified candidates willing to work in the north of the country.

Out of the 22 staff members affected by abolishment of posts, 16 of them were placed on newly established positions in the new field offices.

In 2014, 231 individual consultants (35 international and 196 nationals) were engaged out of

which 175 of them had on-going contracts by end of 2014.

Although UNICEF Nigeria remained committed to improved gender parity, 27 per cent of international staff, 43 per cent of national officers and 38 per cent of general service staff were female. Achieving gender parity remained a challenge due to limited number of available qualified females in certain functional areas of work in the local labour market.

The 2014 Learning and Staff Development Plan was implemented with adherence to Regional Office guidelines. Seventy two percent of the group learning events were implemented. Three out of the eleven events were re-scheduled to first quarter of 2015. Over half of planned individual learning events were completed. Incompleted planned events such as staff exchange, support mission assignments and on-line/self-directed courses were affected by unavoidable factors. Completion of ongoing, self-directed courses will continue to be monitored.

All international professional staff members were oriented on the e-PAS/PAS process. A PER monitoring system for locally-recruited staff members was established. As of March 2014, all staff had completed their 2013 PER and 99 per cent had completed their 2014 work assignments by April. An Office Accountability Framework revised in 2014 will assist staff in understanding their key roles.

Staff welfare was addressed during the year. Staff members were provided with stress counselling support and additional Peer Support Volunteers were trained to augment the support provided by the Staff Counsellor. The Caring for Us in collaboration with the UN Care team conducted two orientation sessions on HIV and AIDs in 2014 for staff and their family members. 2013 Global Staff Survey results for UNICEF Nigeria were reviewed and discussed.

### Effective Use of Information and Communication Technology

The office converted its 40 physical servers to virtual servers which were hosted on 12 physical servers. This resulted in time and cost savings of 60–65 per cent in maintenance costs. The office replaced its 350 desktops with laptops which eliminated the need for backup power supply (UPS) system. The use of stand-alone scanners and printers was replaced with digital senders and shared network printers respectively. These measures narrowed down the hardware footprint on servers, workstations and peripherals. This led to 50 per cent power savings and increased the power back-up capacity in situations of elongated power outages.

The deployment of Microsoft Office 365 in May 2014 placed well over 80 per cent of UNICEF Nigeria's digital traffic/files in a 'cloud'. Online meetings via Lync resulted in significant savings. Access to cloud services placed stress on the WAN connectivity that consequently slowed down performance. To address this, UNICEF Nigeria introduced fibre-optic based links in some hard-hit locations (Abuja and Lagos) to complement the existing hardware in addition to bandwidth upgrades. Staff members took advantage of the OneDrive and Bring-Your-Own-Device concepts as backup measures to their office laptops being used for storing critical data, e-mails, and accessing other services in the cloud. To a lesser extent, UNICEF Nigeria realized the overwhelming advantages in a number of situations across the five office locations.

ICT successfully implemented open-source/mobile tools such as the U-Report, RadidSMS, and Navision projects executed by the Program of UNICEF Nigeria. The benefits of ICT's contributions in the areas of concept development and implementation were visible in 2014.

## 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

Analytical Statement of Progress:

UNICEF is working with the Government of Nigeria and other development partners to strengthen health systems by participating and providing technical leadership in high level sector coordination platforms. These include Health Partners Coordination, Development Partners Group, Core Group meetings, Interagency Coordinating Committee and Emergency Response Committee meetings. UNICEF participation in these platforms contributed to the overall coordination of the health sector and which also enabled the Government of Nigeria to conduct the Universal Health Coverage Summit presided over the President of Nigeria. Other high level and priority coordination events supported by UNICEF include Polio Emergency Operations Centre events including weekly meetings on Local Government Authorities.

Nigeria is at the verge of stopping the circulation of WPV. Remarkable progress has been made with an 88 per cent reduction in WPV1 cases in 2014 compared to same period in 2013; 83 per cent reduction in geographical spread from 9 infected States in 2013 to 2 States in 2014; There were no confirmed WPV3 in last 18 months; 88 per cent reduction in circulating WPV genetic clusters from 8 in 2012 to 1 in 2014; and One (1) WPV-1 isolated from environmental surveillance April 2014. The key challenge remains the increasing number of type 2 circulating vaccine-derived poliovirus (cVDPV2) with 28 cases recorded in 2014 especially in security challenged areas of the North East. An improved National Polio Eradication Operations Centre (EOC), secured vaccine funding and Operational costs, and a robust accountability framework implementation have accounted for these achievements.

On the routine immunization front, the country has seen an increase in its administratively reported performance. The proportion of children receiving 3 doses of DPT containing antigen has risen from 84 per cent in 2013 to 90 per cent in 2014, with 84 per cent of the States achieving the 80 per cent benchmark. Key to the achievement of these results have been the improved availability of bundled vaccines at the national and sub national levels due to timely availability of funding for vaccines and devices, and key supply chain, logistics and cold chain strategies implemented.

Within the framework of equity, UNICEF developed and has started the implementation of a project aimed at reaching 3,000 hard to reach communities in Northern Nigeria that are at high risk of Polio and which are completely underserved, with a comprehensive package of high impact maternal newborn and child health (MNCH) interventions. This is beginning to show some very positive results.

U-Report Nigeria is now fully developed with close to 120,000 u-reporters in less than 8 months and provided a platform for the Ebola response and identifying factors inhibiting access for all social sectors. U-report also has changed the way that feedback can reach communities to enhance the use of social media. The U-report Nigeria website, Facebook page, Twitter account and Instagram Account are trending websites now in Nigeria. In 2015, the target of 1 million reporters looks realistic and will provide a stronger platform to raise community

participation with the aim of improving basic social services.

As the country prepares for the review of its Health Policy and Development of a new Sector Plan for 2016 – 2020, UNICEF will work closely to support the identification of bottlenecks and propose workable strategies towards improving the Health of Nigerians and within the Post 2015 Agenda.

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

Analytical Statement of Progress

Nigeria, through the Federal Ministry of Health (FMOH), is implementing high impact interventions that will improve maternal and newborn health. Several policies and guidelines have been reviewed/ revised, disseminated and are being implemented that will strengthen capacity for planning, budgeting and accountability for MNCH service delivery. UNICEF working with other partners advocated for assent by the President of the National Health Bill that is now an act of law. UNICEF supported the midterm review of the National Health Sector Strategic Plan (2010-2015). Outcome of reviews were used to prioritize interventions towards MDGs 2015 and the development of 2015 operational plans in the states. The FMOH was supported to convene National Council of Health Meeting 2014 as a platform for high level decision making and setting of policy direction for the sector.

Every Newborn Action Plan for Nigeria was finalized, and support for the implementation of recommendations is ongoing. The National Newborn Care Conference was convened, follow-up on key recommendations for implementation ongoing.

UNICEF Nigeria has taken on a major challenge in establishing U-report as a community empowerment and monitoring tool. This innovative approach, using SMS technology, can provide opinion polling in all social sectors which can affect the lives and wellbeing of the communities. The U-report Nigeria website, Facebook page, Twitter account and Instagram accounts are trending websites now in Nigeria. U-report is a powerful tool to bring change to communities. U-report was used to tackle Ebola, with over 3.6 million SMS information sets on the Ebola virus sent out through the U-Report platform

In 2015 and beyond, UNICEF will work with states and other partners to support the adoption and implementation of these key national policies and guidelines that will improve planning and accountability for MNCH

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

Analytical Statement of Progress:

According to the 2013 MDG report, the country recorded a Skilled Birth Attendance (SBA) being present at the birth, of 53.6 per cent representing a 5 per cent increase from 2011. However according to the National Demographic and Health Survey (NDHS) 2013, the SBA rate is 38 per cent which is close to the 39 per cent reported in 2008. The SMART survey 2014 gives SBA figure of 42.4 per cent. Neonatal mortality declined from 48 per cent in 2003 to 37 per cent in 2013 (NDHS Data). These trends show that little progress has been made with respect to maternal and new-born health outcomes.

To support FMOH in addressing MNCH challenges, policies and guidelines have been reviewed

and over 30,000 printed and disseminated for healthcare workers to improve their skills and quality service delivery. Additionally, 380,000 safe delivery kits were procured and over 100,000 kits have been distributed to 4 States (Borno, Yobe, Adamawa and Kebbi) among voluntary community mobilizers to promote safe delivery at the internally displaced persons (IDP) camps and at the community level.

The scope of this support will be expanded to other states and LGAs in 2015 to improve newborn care practices.

UNICEF worked with other partners to support all 36 States and the Federal Capital Territory (FCT) in the conduct of the 2 rounds (May/June and Nov/Dec) of the 2014 Maternal, Newborn and Child Health Weeks (MNCHWs). During the May/June round, preliminary data from 7 states showed that about 7.2million children received vitamin A, 2.3 million children were dewormed, 968,000 pregnant women received haematinics and 168,000 women received Intermittent Preventive Therapy (IPT) for malaria and other high impact Maternal, Newborn and Child Health (MNCH) interventions.

Over 1,140 health care workers have been trained to improve their skills in the delivery of quality high impact Maternal, New-born and Child Health (MNCH) interventions in 20 States and the Federal Capital Territory (FCT).

In 2015, UNICEF will work with other partners to continue to support capacity building for improved quality MNCH service delivery. Community structures such as WDCs, VDCs will be supported to take decisions and ISS strengthened to improve MNCH indices at the community level

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

Analytical Statement of Progress:

Infant and under five mortalities have been consistently on the decline in the last 10year. Significant progress has been made in supporting states to implement high impact integrated child health interventions with a focus on Maternal, Newborn and Child Health Weeks (MNCHWs), and Integrated Community Case management (ICCM) targeting over 1,000 health facilities and 10,000 Community Oriented Resource Persons (CORPS) including Volunteer Community Mobilizers (VCMs). Working with the Federal Ministry of Health (FMOH), iCCM guidelines has been finalized and are being rolled out in 4 States (Abia, Niger, Kebbi and Adamawa).

The hard-to-reach project in Kaduna and Katsina States demonstrated the positive impact which UNICEF's work can make, by ensuring the delivery of equitable primary health care. Identifying over 3,000 hard to reach settlements, UNICEF is working to retain access to basic health services as a fundamental human right for the poorest and most vulnerable communities. UNICEF is also supporting the procurement and supply of commodities for the implementation of a similar project by WHO in four other States (Bauchi, Borno, Yobe, Kano) covering 2,311 hard to reach settlements and UNICEF fully implements the program in 865 settlements. In total, UNICEF is supporting implementation of outreach services in 3,176 hard to reach settlements in 6 States. Through this effort, UNICEF has demonstrated that a focus on equity not only works, but is essential. Key commodities and drugs have been procured to support the provision of quality Maternal, Newborn and Child Health (MNCH) services through distribution to 451 health facilities in Kebbi and Adamawa States and to additional health facilities in Kaduna,

Katsina, Borno and Yobe States. Children, women and men in more than 860 hard to reach communities are being reached with packages of MNCH interventions in Kaduna and Katsina States and plans were finalized to reach another 2,000 similar communities in Kebbi and Adamawa States with intervention for malaria, pneumonia and diarrhoea

UNICEF has further supported Ondo, Akwa Ibom, Abia, Adamawa and Kebbi states to conduct state-wide PHC Reviews, where programmatic and management bottlenecks impede optimal service delivery. Across the whole spectrum of the health system at the LGA level, bottlenecks were analyzed and the findings from which were used as the basis for the annual operational plans of the states.

In 2015 and beyond, UNICEF will work with FMOH and states to address challenges that hinder effective facility and community delivery of quality MNCH services

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

Analytical Statement of Progress:

2014 saw the immunization programme sustain gains made in 2013; routine programme performance improved with key indicators showing progress especially with the proportion of children receiving 3 doses of DPT containing antigen increasing from 84 per cent in 2013 to 90 per cent in 2014 leading to a 42 per cent reduction of unimmunized children between 2013 and 2014. Key factors that accounted for this achievement include the sustained efforts of the vaccine and devices availability with funding from the Government of Nigeria, implementation of strategies aimed at reaching the most hard to reach communities; supply chain, logistics and cold chain improvements. Development and deployment of a real time stock management tool (NAVISION) was initiated whilst a stock performance dashboard was instituted to improve on vaccine stock management at all levels; the EVMA was concluded and showed significant improvements in Nigeria's supply chain performance from the 2010 scores from 46 per cent to 67 per cent.

A major challenge towards the end of 2014 was the outcome from the GAVI cash audit that slowed down the momentum gained during the year.

A MenA conjugate vaccine campaign covered 9 States in the South East, South South and South West zones of Nigeria, in October 2014 with a set target of at least 85 per cent coverage of population aged 1 – 29 years. The average coverage was 96 per cent ranging from 93 per cent in Anambra State to 99 per cent in Benue and Kwara States. The lower performance in Anambra was due to the low attendance in the 16-29 years old age group. This age group was the weakest in all the States during this 4th phase with a coverage ranging from 88 per cent in Anambra State to 96 per cent in 3 States (Benue, Ebonyi and Kogi); only Kwara State reached 98 per cent in this age group.

Tetanus Toxoid campaign targeting women of child-bearing age was conducted in 5 states of South East and South West zones of Nigeria; one state (Ekiti) implemented in December. The campaign was integrated with MenAfriVac conjugate campaign in 3 states (Enugu, Ebonyi and Imo).

Challenges faced include: incidence of Ebola outbreak that affected scheduling of the campaigns, and challenges of integration of TT with MenAfriVac campaign. 2015 will see the development of the 2-16 – 2020 Comprehensive Multiyear Plan (cMYP), which should provide a general view on integrated investments in Immunization.

UNICEF had to take on additional responsibilities on management of GAVI funds following a cash audit report released by GAVI.

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

Analytical Statement of Progress:

Nigeria is on the verge of interrupting wild polio virus transmission. At the end of 2014, five months had elapsed since Nigeria was notified of any Wild Polio Virus with the latest case being recorded on 24 July, 2014. Only circulating Vaccine Derived Polio Virus type 2 are still being reported. Nigeria continued to make unique progress in reducing cases of Wild Polio Virus (WPV) with 88 per cent reduction in WPV1 cases compared to 2013 (6 cases in 2014 compared to 51 cases in 2013) and no WPV3 for 2 years, restricting the geographic spread of the virus by 83 per cent (5 infected LGAs in 2014 compared to 30 LGAs in same period of 2013) and reducing the number of unvaccinated children, including in underserved communities. Inactivated Polio Vaccine (IPV) linked to campaigns has been introduced in critical high risk States (Borno, Yobe, Kano and Cross River) in the country and well accepted in the communities. UNICEF continues to support the scaling up of demand generating interventions. Human resource capacity for communications continues to expand in the high risk LGAs. UNICEF continues its effort to build capacity of the community volunteers and health workers in the 11 high risk States on Interpersonal Communication (IPC) and social mobilization.

Under a joint WHO/UNICEF hard-to-reach (HTR) project, UNICEF Nigeria is leveraging resources to reach over 32,000 eligible children and women in 865 HTR settlements directly managed by UNICEF of two high risk States of Kaduna (372 settlements or communities) and Katsina (493 settlements or communities) with broader maternal, newborn and child health interventions, including polio and other routine immunization vaccines. The project which started mid-June 2014 has reached 91,302 children 0-59 months with Oral Polio Vaccine (OPV) in the two States (Kaduna – 40,628; Katsina – 50,674) as of 11 December 2014. With the reduced number of cases in 2014, we are foreseeing a challenge in 2015 with possible shift of focus from Nigeria and reduced funding towards other “priority” countries. Focus and attention need to be sustained and there is need to start reflections on the legacy with discussions around how to use the polio infrastructure beyond and after polio eradication

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

Analytical Statement of Progress:

Nigeria has made tremendous progress towards the target of stopping transmission of wild poliovirus, reducing the geographic spread of the virus and reducing missed children, including in underserved communities. As of December 2014, Nigeria reported only 6 cases compared to a total of 53 cases in 2013. Between January and December 2014, Nigeria conducted 2 national and 7 sub-national polio campaigns. UNICEF provides technical and financial support to all high risk States in planning, implementation and monitoring of communication interventions during and in-between campaigns to ensure strong demand for immunization. Emphasis has been placed on scaling up household and community engagement approaches in the high risk LGAs. Innovative strategies include the use of Bluetooth pairing and sharing of multi-media content, involving key groups including traditional and religious leaders, youth, doctors, local entertainers and local journalists to ensure strong acceptance at community level. Additional social research undertaken in collaboration with Harvard showed overall high levels of acceptance to

immunization. UNICEF continues to build the capacity of the community volunteers and health workers in communication skills with a focus on key family practices. 10,000 female community mobilizers, 1,000 supervisors, 1,500 Federation of Muslim Women's Associations in Nigeria (FOMWAN) women, 1,601 polio survivors and 210 religious focal persons support intensified household and community engagement to reduce missed children, including refusals placing polio within a broader context of child health. Trends over time show progress in reducing missed children and refusals during campaigns. By November 2014 refusals as a percentage of missed children were reduced to 0.3 per cent. The quality of polio campaigns continues to improve with the proportion of LGAs having >80 per cent coverage by Lot quality assurance sampling increasing from 74 per cent in September 2013 to 92 per cent in November 2014. In November, 67 per cent of the 11 high risk States had LQAS trends  $\geq$ 90 per cent, whilst 25 per cent had between 80-90 per cent.

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

Analytical Statement of Progress:

Poor health and nutrition indicators are usually linked to poor knowledge, unfavourable attitudes and negative traditional, cultural and individual practices that act as barriers to the well-being of children under 5 years. UNICEF through the Communication for Development (C4D) programme supported the promotion of child survival and maternal health. Six states of Abia, Ebonyi, Akwa Ibom, Benue, Cross River and Imo developed and implemented operational communication plans for Maternal, Newborn and Child Health (MNCH) Weeks. Sixty National Orientation Agency (NOA) Community Mobilization Officers (COMOs), Community Development Association (CDA) officers and youths have improved skills on the use of Community Information Boards (CIBs) in Ogun State to track child health indicators. The CIBs data provided evidence for discussion in community dialogue sessions. Eight radio spots on maternal and child health were produced in English and Hausa languages and are being aired on state owned radio stations in Bauchi, Adamawa, Gombe and Taraba States. Eight communities in Abia, Ebonyi, Akwa Ibom, Benue, Cross River and Imo States have developed Essential Family Practices (EFP) Profiles that are grounded in theories underpinning behaviour and social change at the individual, interpersonal and community levels and constituting a veritable platform for tracking progress and change in behaviours, social norms and practices relating to MNCH. A total of 1,468 community dialogue sessions reaching 9, 048 Males and 11, 081 females were carried out on Essential Family Practices: Antenatal Care (ANC), Management of Diarrhoea with ORS and Zinc; Exclusive Breastfeeding (EBF), Immunization, Hand-Washing, use of Long Lasting Insecticidal Nets (LLINs)] in Lagos, Ogun, Imo, Benue, Cross River, Kaduna, Ebonyi, Abia, Enugu, Akwa-Ibom, Delta, Edo, Ekiti, Ondo, Oyo, Osun and Kebbi states) which led to increased coverage in the MNCH Week interventions. Nine social network Community Based Organization (CBOs) and 15 of their leaders (9 of them women) from 8 LGAs across Benue, Imo and Cross River have knowledge and skills on planning and development of communication materials to improve maternal, new born and child health care practices in their communities. Federal Ministry of Health was supported to hold initial inter-agency consultations on the Integrated Maternal, Newborn and Child Health Strategy Communication for Behaviour and Social Change component Also, State Social Mobilization Technical Committees (SOMTECs) are functional in 11 States, including 3 convergence states and the rest are on track to follow. Through the use of the UNICEF's U-Report platform, communities have been engaged to participate actively in their own development, through partnership with the National Youth Service Corps (NYSC). This partnership has so far recorded 120,000 U-Reporters, including members of the NYSC, Jamatul Nasril Islam (JNI), FOMWAN, and the National Orientation Agency (NOA). There is existing potential for the use of

the U-report platform to reach millions of Nigerians with key MNCH messages in 2015 and beyond.

**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:

A Needs Assessment, that took place in May, revealed that the situation in states dealing with emergencies due to insurgencies has worsened. The results are as follows: Borno is the state most affected by the insurgency that began in 2009. Most of the 3,000 deaths and displacement of 350,000 persons in North-Eastern Nigeria have occurred in Borno. Deadly attacks and kidnappings have become more frequent since November 2013. Since the influx of Internally Displaced Persons (IDPs) into Yobe State started in 2009 after the first attack in Maiduguri, the number of IDPs has been fluctuating with the frequency of attacks. According to a study conducted by the State Emergency Management Agency (SEMA) in March 2014, the total number of IDPs in Yobe was 76,654. Exact numbers of the affected persons are not known in Adamawa State given the dynamic situation. However the total number of registered IDPs as at 31 March 2014 (according to SEMA) was 102,560, comprising 4,083 men, 25,193 women and 73,284 children. The IDPs are mainly from Adamawa itself and from Borno and Yobe states. Most of the IDPs came from communities that were attacked by armed insurgents.

Emergency supplies were procured and pre-positioned through UNICEF Bauchi Office to cholera and meningitis epidemic prone States. These included Oral Rehydration Salt, Sodium Lactate, Ceftriaxone, Delivery kits, and Zinc tablets. As part of the emergency response in Borno and Yobe States UNICEF, procured and distributed 3,000 health kits to Borno and Yobe States alone and provided operational support for the use of the kits in health camps, leveraging resources using polio funds to meet other felt needs of the people. To prevent a malaria outbreak among IDPs, Long Lasting Insecticidal Nets (LLINs) were also procured and distributed by UNICEF to Adamawa State (11,000 units) in view of the many IDPs from all 3 States, while procurement of more LLINs for Borno and Yobe States is underway.

In the last quarter of the year and as a result of the worsening security situation in the northeast, UNICEF worked with the SMOH to provide MNCH services to over 600 women including ANC, deliveries, TT and postnatal care to internally displaced persons in camps in Adamawa state.

UNICEF worked with other partners to support the Government of Nigeria in the design and implementation of the Ebola prevention and emergency response plan. UNICEF's extensive social mobilization efforts ensured the identification, and the 21-day intensive monitoring, of all the Ebola contacts across the country. Over 3.6 million Ebola messages were sent out using UNICEF's U-Report platform providing updates and prevention messages on Ebola. The implementation of interventions in the areas of prevention, social mobilization, education, health and psychosocial support were critical in supporting the Government in containing the epidemic. UNICEF's support in this regard is continuing to ensure the implementation of the national EVD preparedness plan across the country.

**OUTCOME 2** By 2017, mother-to-child transmission (MTCT) is eliminated; HIV transmission is reduced especially among vulnerable women, children and adolescents; and women, children and adolescents living with HIV receive treatment, care and support

Analytical Statement of Progress:

The draft Nigeria Global AIDS Response Report 2014 mid-year report shows that:

- 33,080 HIV positive pregnant women received antiretroviral drugs (ARVs) for the prevention of mother to child transmission of HIV (PMTCT) during the first 6 months of 2014 – this is about 34 per cent PMTCT coverage during these first 6 months. The recent PMTCT coverage trend (from 19 per cent in 2012 to 27 per cent in 2013) is being sustained and even accelerated in 2014.
- In 2013, 47,000 (12 per cent) HIV positive children (0-14 years) were on treatment but by June 2014 this had gone down to 42,000 (10 per cent).

In November 2014 the Vice president launched the National Operational Plan for the Elimination of Mother-to-Child Transmission (eMTCT) of HIV in Nigeria 2015-2016. UNICEF supported the development of this operational plan by stakeholders in the national PMTCT response. The core component of the plan outlines fourteen Priority Areas and federal, state, LGA and facility level actions that must be addressed; the Plan therefore has a strong decentralised focus. It is expected that the full implementation of this 2-year Operational Plan will significantly contribute to averting 240,000 HIV infections in children between 2015 and 2020. The total costs of the plan is significant (US\$726 million), but modelling shows that the combination of the interventions can produce substantial benefits beyond vertical HIV infections. For instance, more than 350,000 additional HIV infections among adults (non-vertical infections) could be averted. UNICEF and the broader United Nations HIV/AIDS team have aligned their 2015 workplans on eMTCT with this national Plan.

A pilot on integrating HIV counselling and testing (HCT) of pregnant women during Maternal, Newborn and Child Health Week (MNCHW) was conducted during June 2014 in two LGAs in Benue state. This pilot was very successful with about 10,000 pregnant women reached - more than double the number of pregnant women in the 2 LGAs tested during antenatal care clinic (ANC) during the whole of 2013. During the November MNCHW UNICEF supported an expansion of the pilot to 6 high HIV burden States. More than 110,000 pregnant women were tested during this MNCHW. Early 2015 UNICEF will support the ministry of health and other stakeholders to review the experiences and data as a basis for developing further guidance for possible expansion of the approach during the 2015 rounds of MNCH week. Further evidence based expansion of this approach is the first top priority for the UNICEF Nigeria HIV programme in 2015.

As mentioned before, paediatric ART services in Nigeria lags very far behind target, without any significant increase in coverage during several years. Besides using every advocacy opportunity to raise the profile of paediatric HIV within the HIV response, UNICEF also supported a comprehensive assessment of early infant diagnosis (EID) and paediatric services in 5 states. The main objective of this data driven planning exercise is to facilitate an inclusive process to determine major policy, health systems and structural bottlenecks that hamper uptake of EID, ART and retention to care, and develop joint efforts to address these challenges. The draft assessment findings show many service delivery and health system challenges. For instance a high percentage of facilities visited reported stock outs of commodities during the 3 months preceding the assessment; long turnaround time for infant dry blood samples and poor retention of children on ART. The report is expected to be finalised early 2015 and the results will be discussed and used for advocacy and data driven planning in the 7 states where UNICEF supports the HIV response. Addressing key bottlenecks in Paediatric HIV is the second top priority for the UNICEF Nigeria HIV programme in 2015.

The focus of UNICEF Nigeria Adolescent and HIV output in 2014 has been on laying a solid foundation for a comprehensive evidence based adolescent and HIV program. This includes conducting an assessment done on knowing your HIV epidemic and response among

adolescents and young people; support provided to the development of a National adolescent and young people and HIV strategy; initiating a community based HCT based prevention service delivery pilot; and support to the Shuga 4 multimedia campaign by MTV. Adolescents and young people participation was ensured through face to face meetings and social media in various advocacy and policy development activities.

UNICEF as a member of the country coordination mechanisms (CCM) for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) supported the drafting of the Concept Note which was approved by GFATM late 2014. The Concept Note includes significant specific funding for scaling up PMTCT (up to US\$34 million plus ARTs and test kits) and paediatric ART as well as support in a few States on programmes around adolescents and HIV to the value of US\$2-4 million.

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

Analytical Statement of Progress:

PMTCT programs in Kaduna, Benue, Anambra and Lagos States reviewed progress made in addressing key programme bottlenecks and updating State PMTCT plans. Of the various PMTCT service and health system bottlenecks identified, UNICEF mainly focussed on strengthening data driven programme planning, improving partner coordination and addressing low antenatal care (ANC) and HIV testing coverage.

Government's PMTCT coordination and leadership role was strengthened through UNICEF financial and technical support to the PMTCT Technical Working Groups at federal and State levels as well as the development of the National Action Plan for the elimination of MTCT 2015/16. As a result of the pilot on integrating HIV testing for pregnant women during MNCHW in 2014, over 120,000 pregnant women were reached. Experiences from the pilot is being used to update the programme guidance on integrating HIV testing in MNCHW. Further analysis of the data and expansion of the pilot in 2015 will show the potential of the approach in increasing uptake of HIV testing among pregnant women.

Several challenges in the Early Infant Diagnosis (EID) of HIV program are due to the design in the past of the EID programme as a relatively vertical programme with separate funding (e.g. including funding of lab personnel and generators), separate supply, coordination and monitoring systems. In 2014, UNICEF supported Government to facilitate a process of strategic review by stakeholders and identified EID program bottlenecks. It is expected that further joint monitoring and action under Government leadership, together with a follow up on the findings of the 2014 assessment on EID and paediatric HIV in 5 States will contribute to removing the identified bottlenecks and strengthening both the EID and paediatric HIV programme in 2015.

Together with the Interagency task team on PMTCT (IATT), support was provided to ensure that the finalised National "Task-shifting and task-sharing policy for essential health care services in Nigeria" also includes task shifting in the context of PMTCT. Also with IATT support, the costing of the roll out of various PMTCT drug options was completed.

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

#### Analytical Statement of Progress:

In 2014, strengthening of systems for a comprehensive HIV response for adolescents and young people (AYP) led to four major results namely: The new National Prevention Plan has significant components on AYP; NACA now has a final draft of the National HIV Strategy for AYP to guide an integrated AYP response; and US\$ 2 million dollars secured for AYP through the GF New Funding Model. The National and State Prevention Technical Working Group (3 out of 7) now have AYP sub-committees, and the dissemination of a comprehensive AYP review has been carried out in the four TWGs served to strengthen AYP response.

A pilot project has been developed by partners in Benue and Kaduna States to increase the number of AYP accessing HIV services by 80 per cent by 2016. The pilot will reach 200,000 AYP with HIV messages and 75,000 with HIV counselling and testing. The pilot also includes strengthening of State institutions to support equitable delivery of HIV services for AYP.

In Lagos state, following an assessment that revealed that only 3.7 per cent adolescents (15-19years) are accessing HCT services, 41 community/religious leaders, support group members and LGA officials from the relevant communities have been mobilised to increase uptake of HIV services by AYP by at least 10 per cent by end of 2016.

A strategic partnership with MTV will support a new Shuga HIV multi media campaign for young people. A new TV drama series is being developed, and community mobilisation and awareness raising through peer education kits, distribution of the TV series through pre-loaded USB flash drives and training of peer educators is being supported. The campaign should contribute to an increase in: comprehensive HIV knowledge, skills for practicing safer sexual behaviour, change behaviours regarding gender-based violence and increased uptake of HIV testing among adolescents and young people.

UNICEF with the Population Council, National Agency for the Control AIDS (NACA) and other partners supported the meaningful participation of AYP in the HIV response by building the capacity of AYP and their networks as champions and advocates. AYP were consulted in the drafting of the AYP and HIV Strategy. As the face to face consultation with 47 AYP was ongoing, virtual discussions on Facebook and Twitter had over 14,000 respondents and over 40,000 twitter accounts were reached. Also more than 60 AYP from all States met in Abuja under the ACT! 2015 initiative to discuss HIV and sexual and reproductive health rights issues for inclusion in the post-2015 development agenda.

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

#### Analytical Statement of Progress:

During 2014, UNICEF supported the further production and dissemination of data on children and adolescents and HIV for advocacy and programming purposes

National partners worked together to draft the Nigeria AIDS Response Programme Report (GARPR) with support from UNAIDS, WHO and UNICEF. For the first time there is now (for 2013 and first half of 2014) relevant State level data on the percentage of HIV-positive pregnant women who received antiretroviral drugs (ARVs) during pregnancy and breastfeeding to reduce mother to child transmission (MTCT) of HIV. Using the available data, the National Agency for the Control of AIDS (NACA) with support from several stakeholders have drafted State level

profiles. This is the first time this kind of epidemiological and programme progress data is available at State level. While the data has been analysed and the reports drafted, they have not yet been published and are therefore not yet available for dissemination. In 2013, among UNICEF-supported States (Adamawa, Kaduna, Benue, Federal Capital Territory (FCT), Lagos, Anambra, Cross River), the prevention of MTCT (PMTCT) coverage varied from 14 per cent in Adamawa to 86 per cent in the FCT.

Within the United Nations Joint team on HIV&AIDS (UNJTA) it has been agreed that further investments are required to ensure improvements in federal and state level quality of data, and UNAIDS is leading these joint efforts. In particular, continuing challenges with regards to quality assurance of state level estimates and denominators used hinder quality data. Discussions are ongoing with the Inter-Agency Task Team (IATT) for Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children towards the establishment of PMTCT dashboard for priority states in 2015.

**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:

An estimated 528,416 people representing 96 per cent of 2014 planned target population gained access to safe water in 2014 through direct UNICEF interventions. In addition, UNICEF was able to leverage government resources to benefit an additional 1 million people. As regards sanitation, an additional 1,356,857 people comprising of 664, 860 female and 691,997 male now live in 1,655 Open Defecation Free certified communities while an estimated 1,243, 506 people (497,111 female and 746,395 male) use improved latrines. Another 52,987 pupils (24,964 boys and 28,023 girls) gained access to gender sensitive WASH services in 148 schools (79 per cent of the 2014 targets). UNICEF fulfilled its core commitments for children through direct humanitarian response benefiting over 60,000 affected persons and helped improve coordination and response at national and state levels.

The report of the “2009-13 Federal Government of Nigeria-UNICEF WASH Programme Impact Assessment” has clearly brought out the positive impact of the WASH programme, especially on sanitation and behaviour change in addition to enhanced access to WASH services and reduction in diarrhoeal incidences of under-five children. The assessment showed significantly more households in the intervention areas with school-going girls who had latrines in the schools than in the counterfactual areas. It also showed active involvement of children in the Community-Led Total Sanitation process resulted in more active engagement of their parents and the community in general. The Local Government Area-wide approach is being increasingly adopted by development partners/NGOs and augurs well for accelerating access and reaching the under-served, especially of sanitation in the country. The UNICEF WASH program continues to engage constructively with the donors and attracted new donor funding (US \$150 million) from DFID.

In 2014, being the first year of implementation of the new Country Program, the emphasis is on developing standards, guidelines and strategies to set the tone for scaling up access to WASH services in the country in subsequent years. In this regard UNICEF supported the Government in developing a national strategy to eliminate Open Defecation by 2025. The draft National roadmap for elimination of open defecation in Nigeria has been produced and disseminated to 27 States. UNICEF provided technical support to the “Sanitation & Water for All” high level meeting.

Harmonized procurement guidelines, feasibility studies and development of standard designs/ specifications for water and sanitation facilities, standard designs/ specifications for WASH in Schools and Primary Health Care centres were developed. The 'three-star approach' to WASH in schools was customized to the Nigerian context. To improve economy, efficiency and effectiveness, a Value for Money framework and guidelines has been developed and is in use. The WASHBAT tool was successfully introduced in Nigeria to carry out bottleneck analysis for the National rural water supply and sanitation sub-sector.

WASH is actively contributing to programme priorities; convergence of services, expanding increasing accountability through U-report, leveraging of resources, use of harmonized approach to cash transfers, etc. An advocacy and leveraging strategy has been produced to influence government funding for scaling up access. SMS based real-time water point functionality tracking to improve accountability in the sector has been piloted with great success and expanded to 21 LGAs. Nigeria was invited to demonstrate real-time functionality tracking as a means to improve accountability at the 2014 Stockholm World Water Week event. Plans are afoot to scale up the real-time facility tracking and also to link it with the larger sector Information Management System (WASHIMS).

UNICEF is playing an active role in the CAF WASH Development Partner's forum and partnerships with donors and government have been strengthened. Partnerships with a coalition of NGOs is helping accelerate programme implementation and improve quality of services. Partnerships are also being expanded to conduct Open Defecation Free (ODF) certification and validation processes to bridge the gap between ODF claimed and ODF certified communities. As part of the EU Court of Audit's Audit of the EU Delegation in Nigeria, two of the WASH projects funded by EU were audited in 2014.

The modality of direct payment for all transactions, especially by DFID is affecting the timely implementation of project activities. The prevailing insecurity, generally in the north, and the approaching elections in 2015 pose challenge to the timely achievement of planned targets. The EU Court of Audit is an extensive and demanding process and adversely affects implementation during the audit period as efforts have to be diverted to this exercise.

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

Analytical Statement of Progress:

The WASH programme engages Federal, State and Local Government Area (LGA) level partners towards developing and strengthening policies, plans and institutional systems and structures at various levels. This has yielded positive results as evidenced by the WASH policy approvals, the establishment of state Rural Water Supply and Sanitation Agencies and the development and endorsement of investment plans. Kano and Ogun States have enacted water laws while that of Anambra State is at an advanced stage of approval. WASH policies of Imo and Sokoto States are awaiting ratification. Rural Water Supply and Sanitation Agencies (RUWASSA) established in Zamfara and Kaduna States in 2014 will give a boost to the development of the rural water and sanitation sector in these states. UNICEF ensured that the sector policies and plans address gender and equity concerns.

The Federal Capital Territory and Niger State have drafted a five- year WASH sector plans.

Similarly, LGA investment plans developed in 2014 in a number of UNICEF supported LGAs inform planning and budgeting requirements for WASH interventions. Twenty five LGAs are implementing LGA Wide Open Defecation Free Plans as part of UNICEF's focus on scaling-up sanitation coverage.

UNICEF supported the participation of the Minister of Water Resources and her delegation at the Sanitation & Water for All (SWA) high level summit in Washington. National level WASH Bottleneck Analysis was carried out for the National Rural Water Supply and Sanitation sub-sector with stakeholders. Some of the bottlenecks identified include; weak sector planning and budgeting capacities; lack of clear sector policy and regulatory instruments; limited involvement of non-state actors (civil society and private sector) in WASH services delivery; amongst others. Possible measures and actions for mitigation or elimination of these bottlenecks were developed and costed.

With a view to promote accountability in the sector, the real-time SMS based Water Facility Tracking System has been introduced in 21 LGAs in the country and shows promising results. For instance, Bakori LGA in Katsina state has significantly improved its water point functionality rate from 73 per cent at inception (November 2013) to its 98 per cent functionality rating in 2014. With the successful uptake in these LGAs, plans are underway to scale this up in 2015 and link this with the larger WASH Information Management System. Federation of WASHCOMs were also established in 9 project LGAs as part of the efforts in strengthening citizens' voices and accountability in the WASH sector. UNICEF also facilitated a workshop with key stakeholders and development partners to discuss and harmonize the tools for the WASH sector monitoring and evaluation (M&E).

Assessment of the impact of the 2009-13 Federal Government of Nigeria-UNICEF WASH programme has been completed. The report confirmed the positive impact of the WASH program among community members as well as school children. Some Highlights include – reduced distance to source safe water in intervention communities saved time: reduced queuing-up time, increased water usage and access; (“before only the strongest got water”). Intervention communities, where schools have boreholes and latrines, mentioned that the children were able to stay in school instead of returning home in the middle of school activities to get water or to defecate. Increased latrine building and behaviour change in terms of latrine use instead of open defecation practice are the most significant changes observed in the intervention communities. The Impact Evaluation also offers opportunity to reinforce some of the current practices in the new Country Programme. For example, the need for a Standard Operating Procedure for establishing and training WASHCOMs came out as an area for strengthening.

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

Analytical Statement of Progress:

An estimated 528,416 people (representing 96 per cent of 2014 planned target) gained access to safe water in 2014 through the rehabilitation and provision of new water facilities in rural communities (including former guinea worm endemic communities) of Jigawa, Benue, Kogi, Cross River, Ekiti, Ogun, Oyo, Katsina, Sokoto, Kano, Yobe and Borno States. In addition UNICEF was able to leverage government resources to benefit nearly 1 million people across the four UNICEF Field Offices.

In 2014, UNICEF supported the development of harmonized procurement guidelines and standards with key government stakeholders to foster transparency and improve the quality of construction of water and sanitation facilities. In the first half of the year, greater efforts were made to ensure that the procurement processes were being adhered to in the various States. Technical guidelines for the construction of water supply and sanitation facilities in communities, schools health facilities and other public places were also developed to guide procurement and supervision of WASH contracts. Procurement of supplies and equipment to equip WASH institutions in project States and LGAs was carried out.

UNICEF signed Project Cooperation Agreements (PCAs) with international non-government organizations (INGOs): Tulsī Chanrai Foundation (TCF) to scale up Village Level Operation and Maintenance (VLOM) System and rehabilitate 849 defunct water points across 22 project LGAs in 10 States; and with Partners for Development (PFD) for strengthening of local institutions to drive community-centred WASH Services Delivery. These PCAs are empowering communities including women to be in-charge of their WASH facilities and ensure their long-term sustainability. Processes for the development of a National Strategy for scaling up of VLOM is ongoing. An international consultant has been engaged to facilitate this process with State level consultations being carried out.

In 2014, 2,144 WASH sector functionaries (1,307 males and 837 females) gained increased knowledge and strengthened their skills in various thematic areas in the WASH sector including in community approaches, community-based monitoring and reporting, community based water quality monitoring, surveillance and household water treatment, hand pump maintenance and repairs.

A Community Based Water Quality surveillance system was put in place through the development of water safety plans in rural communities across 19 project LGAs in 7 States. . A total of 4,813 Water, Sanitation and Hygiene Committees (WASHCOMs) were established and 62,201 WASHCOM members (40,710 males and 21,491 females) were trained for effective management of WASH facilities and proper record keeping at community level across project LGAs of Delta, Cross River, Akwa Ibom, Bayelsa, Rivers, Benue, Osun, Sokoto, Katsina, Bauchi, Kano, Jigawa, Yobe, Ogun and Kogi States. An expanded guideline for training and WASHCOMs was developed to harmonize and guide processes for formation and training of WASHCOMs.

The main challenges include delays in counterpart funding and the time taken to ensure that the procurement documents comply with the the harmonized procurement guidelines. An advocacy and leveraging strategy has been developed to track counterpart contributions as well as influence timely release of funds. Starting early 2015, an independent consulting firm will be engaged to carry-out independent supervision and quality assurance of hardware infrastructure.

**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:

Through direct UNICEF support and partnership with governments at national and sub-national levels, an additional 1,356,857 people comprising of 664, 860 female and 691,997 male (representing 377 per cent of 2014 targets) now live in 1,655 certified Open Defecation Free (ODF) communities while an estimated 1,243,506 people (Female – 497,111; and Male – 746,395) use improved latrines across the focus States and Local Government Areas (LGAs)

supported by EU, DFID and Unilever. In addition, 2,827 communities are claiming ODF and await certification.

Community Led Total Sanitation (CLTS) in the country is yielding good results as all the 36 States and FCT are now implementing the approach for increased sanitation coverage. The adoption of LGA wide approach has further enhanced the scaling up efforts. With UNICEF support, capacities of 2,136 (Female – 928; Male – 1208) government partners have been enhanced and relevant institutions strengthened for implementation of sanitation and hygiene approaches in 20 focus States and LGAs; and 53 LGAs have trained CLTS facilitators that include men and women for effective project delivery.

The final report of Sanitation Marketing research conducted by UNICEF has been disseminated to all relevant stakeholders; and guidelines for piloting sanitation marketing have been produced as part of the efforts at achieving total sanitation and promoting movement up the sanitation ladder for sustained behavioural change.

An estimated 29.4 million people (Male – 15 million; Female – 14.4 million) were reached with key hygiene messages during the Global Hand washing Day commemoration at national and in 17 states mainly through messages on radio and television as well as promoting it through 191 health facilities. An additional 21,314 caregivers (mainly mothers) were reached with key hygiene messages in Health facilities. 4.5 million out of the 18.6 million eligible persons in 10 UNICEF assisted states have so far been treated with Mectizan while mass drug administration is ongoing in the remaining states for elimination of Onchocerciasis disease.

The coordination of the sanitation and hygiene sub-sector was strengthened and institutionalized through monthly meetings of National Task Group on Sanitation (NTGS) under the leadership of Federal Ministry of Water Resources. Effective partnership and collaboration has been established with the Society for Water and Sanitation (NEWSAN) on third party certification of ODF communities. Towards ensuring credibility and transparency in the certification process, capacity of NTGS members were built on third party validation of ODF communities and the trained members subsequently conducted validation of ODF communities in Bauchi, Jigawa and Katsina states.

Partnership with Unilever Global Foundation is helping integrate WASH and nutrition in Sokoto State, while provision of WASH facilities in Primary Health Care Centers in Yobe and Borno States provided further opportunities for greater integration with nutrition.

The scaling up efforts of CLTS is being constrained by weak capacity of LGA WASH Units and WASHCOMs to effectively follow up with post triggering activities towards sustaining the behavioural change and maximizing the health and socio-economic benefits of the interventions.

**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:

In 2014, Nigeria faced a resurgence of cholera outbreak (35,909 cases with case fatality rate (CFR) of 2.1 per cent as of week 49) with nearly six times the number of cases in 2013 (6,000 cases). 15 states were affected with cholera with Bauchi being the most affected state. In addition, conflict displaced a large number of people in the North-eastern states and Benue

State, while five communities were affected by flood in Oyo State. UNICEF's response benefitted nearly 124,000 people during the above emergencies in Adamawa, Bauchi, Benue, Borno, Yobe, Kaduna, FCT and Oyo states through interventions such as rehabilitation of boreholes, provision of WASH supplies including water treatment, hygiene awareness. Menstrual hygiene management sessions benefited 12,786 women/ girls in the IDP camps in Borno. In addition, Community Led Total Sanitation (CLTS) interventions were piloted in communities hosting IDPs in Borno benefiting about 35,000 people (over 83 per cent women). The outbreak of the Ebola Virus Disease raised consciousness among the ordinary citizens on hand washing.

Towards prevention, preparedness, and control of cholera, a national cholera plan was developed and development of sub-national plans by 11 most cholera prone states (mainly in the northern part of the country) was supported. Nigeria actively participated at the four nations' meeting to strengthen cross-border collaboration against cholera transmission in Niamey, Niger. Since then a cross-border collaboration framework has been formalized, a cholera roadmap for Lake Chad Basin drawn and a directory of contacts of cross-border LGAs and States developed towards fostering greater collaboration among the four Chad basin countries.

UNICEF continued to support the smooth conduct of the National Emergency WASH sector group meetings co-led by the Federal Ministry of Water Resources (FMWR) and UNICEF. The national Inter-Agency WASH EPR Working Group was activated to strengthen coordination. With a view to supporting a similar set-up at the State level, detailed guidelines on setting-up coordination mechanisms to facilitate systematic establishment and functioning of State level sector working groups was developed. Emergency Coordination committees were functional in Cross River state, Akwa Ibom, Kaduna, Kogi and Zamfara states while Kano, Jigawa, Plateau, and Bauchi States have systems in place to respond to WASH needs in emergencies. A process for sector coordination mechanism was initiated in Adamawa and 12 other states. Emergency Preparedness Plans were updated at national level and in 30 states and the FCT.

UNICEF contributed to the Joint UN Needs Assessment of the north-eastern States of Yobe, Borno and Adamawa largely affected by insecurity. The WASH Strategic Response Plan (SRP) of the Joint Humanitarian Action Plan and WASH input for 2015 Humanitarian Needs Overview (HNO) was drafted. During the reporting period, 251 (about 30 per cent women) national & state government/NGO partners gained skills on EPR and DRR with UNICEF support. Project Co-operation Agreements (PCAs) are being finalized with Oxfam and Caritas to respond to the emergency in the north-eastern part of the country.

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

Analytical Statement of Progress:

Towards effective scaling up and ensuring quality delivery of school WASH interventions, UNICEF supported the introduction of Three-Star approach in the country. The guidelines for implementation of Three-Star approach has been discussed with key stakeholders (Federal Ministry of Education, Federal Ministry of Environment, and Federal Ministry of Water Resources) and the approach has been endorsed by key stakeholders for improving the quality of School WASH interventions in the country, as well as ensuring that schools in under-served areas are covered.

Building on the assessment of School WASH facilities conducted in 2013, the national

guidelines for WASH in Schools and Public Health institutions were drafted in collaboration with the Federal Ministry of Education and National Primary Health Care Development Agency to provide a framework for effective WASH services. The WASH facilities designed in schools and primary health centres (PHCs) are gender sensitive and child friendly. Arrangements are being made for an independent monitoring and supervision of WASH facilities in schools and PHCs through a consulting engineering firm to ensure quality construction. Efforts are also under-way to obtain status of WASH facilities in schools on a “real-time” basis using SMS platforms.

148 of the planned 230 schools have access to WASH facilities through UNICEF support and 52,987 pupils (24,964 boys and 28,023 girls) are using these facilities. The capacities of 2,316 ( Male – 1340; Female – 976) State and Local Government Officials, Teachers, SBMC members and Environmental Health Club members were enhanced on management and implementation of school WASH activities. A total of 640 schools (representing about 200 per cent of the planned target) have Environmental Health Clubs comprising boys and girls for hygiene promotion and supportive management and operation of school WASH facilities. 53 out of the planned 76 health facilities were provided with WASH facilities and 21,314 Caregivers, mainly women are using these facilities including 23 PHC/CMAM centres provided with improved water sources and 18 PHC/CMAM centres provided with improved sanitation facilities in Borno and Yobe states under emergency Primary Health Care convergent interventions funded by a Japanese grant.

**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:

The nutrition programme has four outputs, treatment of Severe Acute Malnutrition (SAM), IYCF promotion, micronutrient deficiency control and Policy Support. According to the National nutrition and health SMART survey conducted in 2014, progress has been observed in the various results for the nutrition programme. Stunting has been reduced from the baseline of 34.8 per cent to 32.2 per cent, wasting from 10.2 per cent to 9 per cent, exclusive breastfeeding rate has increased from 15 per cent to 25 per cent and the vitamin A supplementation coverage has increased from 65 per cent to 85 per cent. CMAM service has increased from 495 sites in 77 LGAs in 2013 to 633 CMAM sites in 97 LGAs to date. The nutrition achievements have been possible through collaboration with the Government at Federal and State levels; donors and partners.

During 2014, a total of 320, 247 children with Severe Acute Malnutrition (SAM), were treated in CMAM programme across 11 Northern States, reaching 99 per cent of the target set for 2014. The programme performance has improved, with the cure rate of 84 per cent, death rate less than 1.3 per cent. The programme piloted real-time monitoring using rapid SMS in three States and introduced real time monitoring and response using SMART phone technology in collaboration with Columbia University in all 11 States covering 95 per cent of CMAM sites. The monitoring process is guided by Monitoring Results for Equity System (MoRES) principles. CMAM has also served as a platform for convergence and other services such as immunization, WASH, ANC, HIV, child protection and child health care services have been provided, which are holistically impacting the nutrition status of children and women. In order to respond to emergency crisis in Adawama, Yobe and Borno States, UNICEF supported the Government to maintain the existing CMAM sites and supported provision of critical nutrition interventions to

almost 981,416 internally displaced people in the camps and host communities.

In order to build a common vision amongst nutrition stakeholders and coordinate micronutrient activities, a national micronutrient taskforce was established, during which Micronutrient Powder (MNP) Supplementation was endorsed as one of the key national priorities and formative research is underway to initiate the intervention. To improve IYCF practices a four step rollout plan has been developed which includes the following: 1) develop C4D framework at LGA level, 2) carryout formative research, 3) implementation work plan development including log frame, and 4) implementation with strong ME component. In partnership with SPRINGs, the community IYCF package is also being evaluated for its effectiveness. This year, additional support groups were established bringing the number to a total of 1925 groups in 245 LGAs across the country. Challenges faced by the programme include limited community health workers and inadequate capacity, insecurity caused by conflict in the north east, low accountability of local leaders in supporting the programme.

The key strategic shifts include a draft National Policy on Food and Nutrition, a costed National Strategic Plan of Action for Nutrition in the Health sector and the development of draft advocacy strategy and plan with support from Data, Research and Policy Division in UNICEF Headquarters, New York. As a result, US\$ 2.1 million was allocated by the State Governments for nutrition programme. UNICEF is a co-chair with DFID of the SUN donor forum. In the course of the year a civil society network for scaling-up nutrition in Nigeria was formally launched and is in the process of securing funding to advocate for nutrition in Nigeria. Our focus for 2015 includes: the supply logistics and quality of care will be further enhanced for CMAM based on the supply chain analysis and continuum of care improvement plan. For the micronutrients, the focus will be to enhance capacity of the States to increase the coverage of MNCHW interventions with equity and strengthen M&E framework for fortification, scale up MNP supplementation and formulate a national policy on Multiple Micronutrient Supplements for pregnant women. Effort will be made to strengthen IYCF promotion in CMAM sites, immunisation sessions and utilise other community platforms and network such as WASH/CLTS, HIV peer counselling groups and poverty and livelihood project to reach the most vulnerable and disadvantages.

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

Analytical Statement of Progress:

A total of 320, 247 children with Severe Acute Malnutrition (SAM) representing 99 per cent of the annual target were treated across 11 Northern States (Adamawa, Bauchi, Borno, Jigawa, Gombe, Kano, Katsina, Kebbi, Sokoto, Yobe, Zamfara). The programme performance indicators show that cure rates have improved from 79 per cent to 84 per cent, defaulter rate from 17 per cent to 13 per cent and death rate remained at 1 per cent. These exceed the annual targets and are in line with the Sphere Humanitarian Standards. The CMAM programme has a moderate coverage of 36.6 per cent based on Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) 2014. Statistical Modeling indicates that a cumulative 172,898 lives were saved through the CMAM programme from inception in September 2009 to August 2014.

These achievements were possible due to increased access by expanding the number of CMAM sites from 495 CMAM sites in 77 LGAs in 2013 to 633 sites in 97 LGAs in 2014. The

programme monitoring was strengthened through quarterly monitoring using SMART phone technology. In addition, studies were carried out to analyze the CMAM continuum of care, CMAM coverage survey, and RUTF supply chain analysis to identify bottlenecks and opportunities for improving service delivery.

CMAM coordination has been institutionalized at Federal level through quarterly CMAM taskforce meetings and at State level through monthly CMAM meetings. The programme has been mainly funded through external donors. Efforts have been intensified in 2014 to leverage funding from public sector funding schemes (SURE-P) and respective State governments. These initiatives have resulted in 59 per cent increase in government funding from US\$860,090 in 2013 to US\$2.1 million in 2014.

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

Analytical Statement of Progress:

This year additional support groups were established bringing the total number to 3,412 groups in 316 LGAs across the country. The number of mothers and care givers counselled on IYCF through support groups is 745,660 (of this, 320,497 were counselled through CMAM). This exceeds the annual target of 361,362.

The proportion of infants 0-6 months exclusively breastfed was 25 per cent. C4D framework for IYCF were developed in 17 LGAs to accelerate IYCF programming. In addition, a Training of Trainers (TOT) workshop on development of C4D strategy was conducted to promote IYCF implementation across the country. In partnership with SPRING, the community IYCF package is also being evaluated in Kaduna State for its effectiveness.

**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 first round of biannual MNCHW, Vitamin A supplementation, deworming and iron-folate coverages are 79 percent, 39 percent and 8 percent respectively of the targeted 24million children, 7million pregnant women (NPHCDA, 2014). The coverage Target is 90 per cent for Vitamin A supplementation of children 6-59 months; 50 per cent for deworming of children 12-59 months and 40 per cent for iron folate supplementation of pregnant women. In relation to the results, targets for 2014 were not fully met.

The second round was conducted in November 2014 and so far 18 States have completed with 85 per cent coverage for vitamin A. Zinc/oral rehydration solution (ORS) treatment for diarrhoea was scaled up in five northern States. A total of 231,322 children were treated, exceeding the annual target of 202,790 by 14 percentage points.

Apart from supplying Vitamin A capsules nationwide and support to NPHCDA and SPHCDA to coordinate the biannual MNCHW targeting 24 million children, UNICEF supported 20 low performing States to prepare MNCHW workplan and with BCC, training and monitoring. A national micronutrient taskforce was established, during which Micronutrient Powder (MNP) Supplementation was endorsed as one of the key national priorities. A formative research protocol for implementation of MNP has been completed. The intervention will start in two northern States of Adamawa and Kebbi in 2015.

**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:

A total of US\$1.78 million leveraged from state governments as co-funding for CMAM, exceeding the targeted amount of US\$1.38 million for the year. A Theory of change for improving nutritional status of women and children in Nigeria was developed and orientation conducted. Three (Jigawa, Zamfara and Katsina) out of five states have developed costed State Nutrition Plan of Action. The two remaining States are Sokoto and Kebbi. State plans of action for nutrition provides the budgetary framework to institutionalize leveraging of financial resources from state governments.

**OUTCOME 5:** By 2017, at least 90 per cent of target states and LGAs have strengthened education systems, strategies and human resources that enable sustainable and equitable access to quality basic education by 2017

Analytical Statement of Progress:

In 2014, UNICEF planned to build the capacity of planning officers in eleven states in education sector analysis, evidence-based and equity focused strategic planning; improve the quality of Education Management Information System (EMIS) and enhance the utilization of EMIS in planning and budgeting decisions. At the end of the reporting period through technical assistance from UNICEF, 185 planning officers in eleven states were equipped with skills and tools for developing and implementing rights and evidence/results based education sector plans. The implementation strategies outlined in the sector plans highlight coherent, measurable and logical processes and systems for educational services delivery in each of the focus states. Two other states (Borno and Rivers) are 80 per cent completed, through in the development of their education sector plans expected to be completed in January, 2015. In total, the following states, namely: Niger, Sokoto, Kaduna, Kano, Katsina, Kebbi, FCT, Oyo, Gombe, Benue, Taraba, Borno, Rivers Bauchi, Niger, Sokoto, Katsina and Zamfara have improved capacity in results and rights based education sector planning.

States and LGAs receiving support have witnessed improvement: in their EMIS infrastructure, increased ability to develop and interpret education indicators, use Education Policy Strategy Simulation to simulate projections, required resources, use SWOT and bottleneck analytical tools in generating data suitable for monitoring results for equity in education access and children's learning outcomes. Thus, by 2014, there are new evidence that education budgets in supported states became more gender-responsive, evidence-based, pro-poor and equity-promoting than they were in previous years. Also, budget implementation tracking, education situation analysis, education investment scenarios generation using EPSSim tools, stakeholders' policy dialogue to promote inclusiveness, ownership and sustainability are now enhancing child friendly framework essential for quality improvement. These plans influence budgets which in turn are now enhancing improvement of learning environments for improved learning outcomes.

At the school level, UNICEF developed the capacity of School Based Management Committees (SBMCs) in 1, 659 public primary schools and integrated Qur'anic schools in roles and responsibilities, whole school development planning and financial management. The training is part of the UNICEF support to improve the effectiveness of school governance and school community partnership, especially in support of girls' enrolment retention and learning in five Girls Education Project States of Bauchi, Niger, Sokoto, Katsina and Zamfara.

However, inadequate funds to implement plans, poor quality of teachers and insecurity are still great challenges. Amongst the lessons learned are the facts that increased community participation in planning and understanding the child in a broad context improve inter-sectorally of inputs, affordability and accessibility of education.

**OUTPUT 1:** CFS sector-wide SESP/SESPs/LESOPs that mitigate/respond to emergency implemented in 13 States and 2 LGAs in each of these states by end of 2017

Analytical Statement of Progress:

Three states (Kebbi, FCT and Oyo) have reviewed their Education Sector Strategic/Operational Plans ( State education sector plans (SESP)/ State Education Strategic Operational (SESOP)) to make them more sector wide, results oriented, gender sensitive and equity focused. Three United Nations Delivering as One (DaO) States (Gombe, Benue and Taraba) also completed development of their SESP/SESOP, while Borno and Rivers states are 80 per cent through in the development of their education sector plans, all with UNICEF support. The data the states generated in the process have enriched stakeholders' dialogue and validation of the investment scenarios simulated using the UNESCO Education Policy Strategy Simulation (EPSSim) tool. The capacities of 185 (143 male and 42 female) government officials have been built in results and evidence-based planning, thus enhancing their ability to make the plans feasible for addressing disparities in access to quality education services even during emergency periods. To sustain effective and efficient implementation of these plans, technical support has been given to 8 states (Gombe, Taraba, Benue, Kebbi, Osun, Oyo, Ebonyi and FCT) to jointly develop a draft SESP-SESOP Implementation Guidelines that spells out the logical steps that will engender inclusiveness/equity, quality and improved systems performance.

UNICEF has contributed to building states' institutional and human capacities to plan and effectively respond to emergencies. 45 schools in four states (Borno, Yobe, Gombe and Taraba) developed school level Emergency Preparedness and Response (EPR) plans which is an initial step in school level institutionalization of emergency preparedness and response. UNICEF has also been in the forefront in supporting the 27,318 schools in 8 states put in place measure to prevent the spread of the Ebola Virus Disease (EVD). Six states (Borno, Adamawa, Yobe, Sokoto, Niger and Zamfara) have established Emergency Coordination Committees and Education in Emergencies (EiE) working groups which now coordinate humanitarian response to emergencies and ensuring the mitigation of hostility towards schools and children and restoration of schooling in a safe and secure learning environment. In Borno, Adamawa and Gombe states under the Safe School Initiative, the working groups have identified and profiled 35,160 school age children among the internally displaced persons (IDP) and used the information to initiate double shifting in 19 schools for the children. 13,200 children of displaced communities in Borno and Adamawa states have already been integrated into host community

**OUTPUT 2:** Effective governance (SESP/SESOPs/LESOPs) at school, LGEA, State and National Level in 5 GEP States

Analytical Statement of Progress:

The five Girls Education Project focus States (Bauchi, Niger, Katsina, Sokoto and Zamfara) have with technical support from UNICEF reviewed State Education Sector Operational Plan (SESOPs) to assess progress made and inform planning of a new phase of SESOP. Two States (Sokoto & Katsina) went further to develop new SESOP which fed into Nigeria's Global Partnership for Education (GPE) application for funding. UNICEF supported Katsina State while Sokoto State was supported by USAID, the GPE local Coordinating Agency for GPE.

Improvement in governance at the state level is demonstrated by increases in budget releases in some states. In Katsina and Sokoto states, the capital budget expenditure increased by 11.9 per cent and 4.5 per cent respectively from the previous (2012/2013) financial year levels.

At the school level, UNICEF developed the capacity of 1,050 School Based Management Committees (SBMCs) and 600 Center Based Management Committees (CBMCs) for integrated Qur'anic schools in role and responsibilities, whole school development planning and financial management. The training is part of UNICEF's support to improve the effectiveness of school governance and school community partnership, especially in support of girls' enrolment retention and learning. SBMC effectiveness monitoring was conducted which found 73 per cent of SBMCs met criteria of effectiveness in providing oversight functions in school management and implementing activities in support of girls' enrolment and retention. SBMCs have conducted enrolment drives, monitored pupils and teachers' attendance and implemented school improvement projects. The enrolment drive is an SBMC led activity that involves visit to household with out of school children, sensitization of communities about the importance of education and promoting enrolment of children with special attention to girls. All the five Girls Education Project focus states have institutionalized enrolment drives as a key strategy for promoting universal basic education, which by law is free and compulsory in Nigeria

### **OUTPUT 3:** Enhanced knowledge management at State and LGEA levels in 5 GEP States

#### Analytical Statement of Progress:

The five Girls Project (GEP) focus states have been supported by UNICEF to complete the 2013/2014 annual school census and analysis of the data. 10 EMIS officials (all male) were trained on EMIS data quality assurance tools and measures to improve the reliability of EMIS data. UNICEF in partnership with Education Data, Research and Evaluation in Nigeria (EDOREN) supported EMIS officers to effectively manage data validation, cleaning and analysis using the access database provided as an interim measure while the national EMIS database platform is being redeveloped.

UNICEF in collaboration with EDOREN conducted operational research on the Female Teacher Training Scholarship Scheme (FTTSS) initiated to increase the number of female teachers in rural schools. The key finding of the research is the low graduation rate of trainees which in turn led to only 15 per cent of cohort deployed to schools. The study findings guided Colleges of Education (CoE) implementing the scheme to develop action plans to improve completion and deployment of more female teachers to rural schools.

UNICEF further supported Learning Assessment and Teacher Development Needs Assessment (TDNA) in the five Girls Education Project States, The TDNA assessed primary school teachers' professional knowledge and skills, including whether they have adequate "working knowledge" of the subject they teach. The results shows that nearly three in four teachers have insufficient knowledge and skills required to be effective teachers. Over 90 per cent of the primary school teachers demonstrated insufficient knowledge to teach primary English, which is the official language of instruction after primary 3. The learning assessment result shows that only 30 per cent of primary 6 children are able to read up to 8 words correctly out of an 11 words sentence in English language. The two study findings underscore the need to ensure professional development course for teachers to address both pedagogy and subject matter. UNICEF is working in collaboration with DFID to improve the content of in-service teacher training for primary school teachers.

**OUTPUT 4** EMIS data base inform policy and planning at all levels in 13 states and 2 LGAs in each of these states by end of 2017.

Analytical Statement of Progress:

The Education Management Information System (EMIS) is being strengthened in development, management, reporting and dissemination of education data that eventually constitute reliable data base for enhancing evidence based education policies, programmes and plans development at all levels. To this end, the key focus has been on developing human and institutional capacities as well as knowledge management systems that will contribute to transparency, accountability, efficiency in the application of available resources. As at 07<sup>th</sup> November, 2014, UNICEF had collaborated with the major stakeholders (government, NGOs and other partners - like EDOREN) in developing data collection tools (questionnaires) and a manual for training of trainers, and supervisors of data collectors). Those trained (about 110 partners) have already used the tools in collecting the 2013-14 Annual School Census (ASC) data in the five DfID-funded and UNICEF managed Girls Education Project (GEP) states – Niger, Zamfara, Katsina, Sokoto and Bauchi.

The National Steering Committee on EMIS, which held its annual meeting at Awka in October this year has approved the following:

- a. The strategies and the data collection instruments used in the 5-GEP states will be used in collecting and processing the 2013/14 ASC and conducting that of 2014/15 Annual School Census in all the states and FCT, including the 8-Non-GEP focus states and the 13 UNDAF DaO states.
- b. The review of the current ASC data collection instruments and Training Manual be kept on hold until after the conduct of the 2014-15 ASC in all the states latest by end of the first quarter of 2015;
- c. UNICEF should work with FME in articulating a proposal that FME will formally present to UIS and other UN agencies for consideration for a more robust technical support.

**OUTCOME 6:** Increased and equitable access to quality basic education by out-of-school and most vulnerable children by 2017

Analytical Statement of Progress:

This outcome focuses on creating access to basic education for deprived and marginalized school-age and over-aged out-of-school (OOS) girls and boys, including Early Childhood Care and Education (ECCE) for deprived 3-5 year old pre-school age children. Strategies and actions taken to address the socio-cultural and economic barriers hindering OOS from accessing basic education were: state plans with clear targets and own funding to expand basic education opportunities for deprived children, community/household mapping to identify out-of-school children (OOSC) and enrolment drive campaigns (EDC) to get them enrolled, Community-based Early Childhood Care and Education (CBECCE), integration of core curriculum into traditional Qur'anic schools in northern states, multi-grade teaching methodology to provide flexi-teaching to nomadic children, integration of Social and Financial Literacy into non-formal and second chance education curriculum, increased participation of women in education decision making, and establishment of girls' and women spaces. The intervention addresses relevant issues in the 5 Girls' Education Project, Phase 3(GEP3) States and applied the successful models to the non-GEP States (Kebbi, Gombe, Taraba, Benue, Ebonyi, Lagos, Osun, Oyo and the FCT). Highlights of the major results achieved were: enrolment of 293,245 OOS girls and boys (165,824M, 127,421F) in 5 GEP States, doubling the number of OOSC mapped at the beginning of the year, enrolment of 49,844 girls in 1,510 Qur'anic schools

integrating core curriculum, 2,131 girls in 50 nomadic schools, 1,983 OOS adolescent girls and young women in 50 second chance education centers and 12,299 (5,443F, 6856M) in CBECCs representing 47 per cent of the planned target for 2014-2017. UNICEF supported government to develop the 1 Year Pre-Primary Curriculum with Teachers' Guide and Early Learning and Development Standards (ELDS) to set the stage for qualitative take off of CBECC/Pre-school intervention. The National Benchmark and Communication Strategy developed for IQTE is helping to improve quality and popularizing IQTE across northern states. The successful launch of national and state level High Level Women Advocacy (HiLWA) with state plans and targets promises to catalyse increased support for women's participation in education decision making from the current low levels at state (17.3 per cent), LGA(2.6 per cent) and school levels (8.4 per cent). 422 Girls Spaces and Women Associations established in 24 LGAs across 4 GEP3 states are helping to mobilize more girls to enrol and stay in school as the Technical Working Groups on Girls' Transition (TWG-GT) at state and LGA levels is promoting girls' transition.

**OUTPUT 1:** 50 per cent of deprived/marginalized girls and boys enrolled in formal basic education in 13 focus state by end of 2017

Analytical Statement of Progress:

The output focuses on replicating/scaling up successfully-tried initiatives and strategies under the Girls' Education Project (GEP) Phase 3 in non-GEP3 focus states with high population of unenrolled school-aged children. The aim is to assist the non-GEP focus states (Kebbi, Gombe, Taraba, Benue, Ebonyi, Osun, Oyo and Federal Capital Territory, FCT) to develop plans and strategies that will address the socio-economic barriers preventing OOSC from enrolling in formal primary schools. The key strategies employed included: putting in place state plans with government funding to create/expand basic education opportunities for marginalized and deprived children, supporting Community/Household Mapping to identify the out-of-school children (OOSC) and conducting Enrolment Drive Campaigns (EDC) by trained School Based Management Committees (SBMC) to get them enrolled in formal primary schools. The output also monitors two states, Katsina and Bauchi which had piloted Conditional Cash Transfer (CCT) under GEP2 to assist girls from poor families to fund their education. So far, only Kebbi and FCT have developed Action Plans with government funding and commenced implementation. Both Kebbi and FCT have mapped their OOSC and are using the data for conducting enrolment drives. The remaining states are at various stages of developing their plans. Gombe and Taraba states are also embarked on enrolment drive campaigns. With respect to putting in place monitoring mechanism for CCT in Bauchi and Katsina, the two states are being guided and monitored consistently, though no formal monitoring mechanism has been put in place. For instance, Katsina has given out 6 tranches of CCT and continuing with own funds, while Bauchi stopped after the first tranche. Bauchi however is prospecting for Millennium Development Goal (MDG) funds to continue implementation. The re-designing of the GEP3 intervention which began about mid-year and pending finalization, has slowed implementation.

**OUTPUT 2** Non-Formal basic education opportunities (nomadic and IQE schools; NFE centres) have increased capacity to provide basic education to out-of-school boys and girls in 8 focus states by end of 2017.

Analytical Statement of Progress:

This output aims to expand basic education opportunities to deprived and marginalized out-of-school girls and boys, using the non-formal education channel, integrated Qur'anic education and nomadic school options and replicating what has worked in similar situation under the Girls'

Education Project, Phase 3 (GEP3). The output covers non-GEP3 states, Kebbi, Gombe, Taraba, Ebonyi, Benue, Oyo, Lagos, Osun and Federal Capital Territory (FCT). The key strategies applied were: integrating Social and Financial Literacy (AFLATOUN strategy) into Second Chance Education curriculum, applying Multi-grade (MG) teaching methodology to promote flexi-time teaching for nomadic children and improving IQTE intervention through application of the IQTE Minimum Standard (Benchmark) and categorization of IQTEs with State Action Plans for implementation. The key milestones for the reporting year were to hold national consultations on MG and Social and Financial Literacy and develop state strategy and plans as well as disseminating the IQTE minimum standards and getting states to draft Action Plans for implementation. Major achievements included National consultations held on multi-grade teaching and Social and Financial Literacy, though the strategy and plans have only been put in place in Benue and Ebonyi States. Ebonyi has funded a plan to establish one AFLATOUN site in each of its 21 Local Government (LGAs). The IQTE minimum standard has been widely disseminated in Gombe and Taraba states and 20 IQTE Facilitators and 5 Quality Assurance Officers trained have developed state plans to replicate and facilitate their monitoring skills. 25 IQTEs drawn from 5 LGAs of Taraba State have drafted their own plans to improve teaching and learning, following the training of 100 (15F) members on Center Based Management and Whole Center planning.

**OUTPUT 3:** 50 per cent of deprived and marginalized 3-5 year old boys and girls have access to quality early stimulation and learning in 13 focus states by 2017.

Analytical Statement of Progress:

The output aims to increase access to Early Childhood Care and Education (ECCE) for marginalized and deprived pre-school aged children through support to government and rural communities to establish community based early child care centres (CBECCs) and scale up pre-primary school linkages in the following focus states Kebbi, Niger, Katsina, Sokoto, Zamfara, Bauchi, Gombe, Taraba, Ebonyi, Benue, Oyo, Osun, Lagos, and the Federal Capital Territory (FCT). 2014 milestones were to lay a solid foundation for the intervention through putting in place an approved Pre-Primary school curriculum with Teachers' Guide and Early Learning Development Standards, all of which were accomplished and approved through support to the Nigerian Education Research and Development Council (NERDC) and the Federal Inspectorate Service (FIS) respectively. A baseline survey to establish benchmarks for progress monitoring is at completion stage. Significant progress was also made in expanding access to ECCE for deprived children. New CBECCs grew from 25 in 2013 to 103 in 2014 with enrolment reaching 12,299, about 47 per cent of the target for 2014-2017. This was the outcome of high level state/LGA advocacy jointly mounted by Universal Basic Education Commission (UBEC), the Federal Ministry of Education and UNICEF Pre-primary school enrolment increased from 225,967 (102,085F) in 2012/2013 to 261,488 (2013/14), about 17 per cent increase, across 5 States (Kebbi, Niger, Katsina, Sokoto, Zamfara), outcome of establishment of more pre-school linkages by SUBEBs based on UNICEF's supported advocacy. 420 ECCE Teachers/Caregivers received new knowledge and skills for delivering the 0-5 Year Curriculum, utilizing the ECD Emergency Kit and on local toy making 617 Mothers' Association members across the focus states skilled on Key Household Practices (KHHP), Local Toy Making and Complementary feeding are now providing care to the CBECC children.

**OUTPUT 4:** Increased Parental demand for and support to girls' Education (nomadic and IQE schools, NFE centres) in 5 GEP State.

Analytical Statement of Progress:

This output aims to increase parental demand for support to girls' education. Key strategies

adopted to increase demand and address access barriers are community mapping to identify out of school girls and reasons for non-school attendance; community level enrolment drives to mobilize parents to send girls to school and cash transfer to address cost related barriers. The 2014 milestones were completion and endorsement of the Cash Transfer (CT) Design and CT coverage for 18,000 girls mapped in Sokoto and Niger States; putting in place targets and strategies for the enrolment of girls and hard-to-reach children and mapped data on girls reaching primary school age in 360 Communities. Community mapping conducted with UNICEF support in the 5 GEP3 States of Bauchi, Niger, Katsina, Sokoto and Zamfara listed 146,500 in 231,000 households as being out of school girls and the reasons for non-school attendance. School Based Management Committees (SBMCs) used the list to conduct door-to-door enrolment drives at the opening of the new school year in October 2014. Each of the 5 GEP3 States have developed action plans to address key barriers and adopted enrolment drive as state wide activities to promote universal basic education. In 2014, UNICEF supported enrolment drives in 40 per cent of schools and state government scaled up the activity to the remaining 60 per cent.

To reduce the cost-burden of education on poor families, UNICEF supported two states (Sokoto and Niger) in the design a pilot cash transfer scheme for girls. The out of school mapping data was used to identify 21,400 girls who are at most risks of non-school attendance or early dropout due to financial barriers. Over the next two years, families of the selected girls will receive approximately US\$100 (in four tranches) paid directly to the girls families

**OUTPUT 5:** Increased basic education opportunities for girls (GEP - 02)

**Analytical Statement of Progress:**

This Output aims to integrate the core basic education curriculum into Qur'anic schools and develop a curriculum for non-formal education centres. During 2014, a total of 1,510 Integrated Qur'anic and Tsangaya Education (IQTE) centres in five GEP States, representing 100 per cent of the annual targets have integrated core curriculum. The IQTE communication Strategy has been used including radio messages to create increased demand for girls' enrolment. National IQTE Benchmarks have been developed and are being used to classify IQTEs according to levels. Curriculum and materials on Vocational and Social and Financial Literacy for second chance education have been developed and are in use in 50 centres representing 40 per cent of the annual target in NFE centres in five States providing learning opportunities to 1,985 adolescent girls.

During this reporting period, 60 nomadic schools, representing 60 per cent of the annual targets in the five states have institutionalized Multigrade Teaching Methodologies offering flexible time to 2,095 children of whom 47 per cent are girls. Furthermore, enhanced monitoring and training skills was provided to 20 supervisors from six Local Government Areas (LGAs) in Sokoto State and 211 nomadic school teachers representing 75 per cent trained in five GEPs states, improving their abilities in monitoring and multi-grade teachers respectively. State annual work plans for Transition Working Group on Girls Transition (TWG-GT) have been developed, resulting in a clear work relationship with State Universal Basic Education Boards (SUBEBs) and the State Ministry of Education and Advocacy to ensure more provision of Junior Secondary School facilities for girls.

**OUTPUT 6:** Increased & effective participation of women in providing Education in 5 GEP States (GEP - 04)

#### Analytical Statement of Progress:

This Output aims at increasing the number of women in educational leadership positions at school, Local Government (30 LGAs) and state levels in five GEP States. The intervention includes advocacy to increase the number of female teachers/head teachers in schools, Female Education Secretaries at local government education Authorities and Female Directors at State education agencies, development of States annual work plans for advocacy, and creation of spaces/forum for girls. A rapid assessment on the status of women in leadership positions was conducted in 30 LGAs of the 5 Girls Education Project Phase Three (GEP 3) States. Study findings in February 2014 revealed an average of women in leadership positions in States (17.3 per cent), LGAs (2.6 per cent) and school levels (8.4 per cent) respectively.

The National High Level Women Advocacy (HiLWA) and five State HiLWA teams were formed in April 2014. National and State action plans to advocate for increased women's participation in education provisions were developed. Furthermore, all five GEP3 State HiLWAs have developed annual work plans and have been approved by State Executive Governors. 422 Girls Spaces and Women's Associations have been established in 24 LGAs across 4 GEP 3 States and are being used for mobilizing an increase in enrolment of girls. The lack of credible data to assess the increase of women in educational leadership positions and girls in the girls' spaces has been a major challenge.

**OUTCOME 7:** Improved primary education retention, completion and achievement rates, and transition to lower secondary school for all boys and girls by 2017.

#### Analytical Statement of Progress:

In this reporting period, UNICEF in partnership with government supported capacity development initiatives of 13 Colleges of Education from 8 focus states, have improved capacity for applying child centred, gender responsive teaching methods at pre-service and in-service teacher training. Additional support was provided to improve capacity of the state level quality assurance officials in monitoring learning, school and pedagogical management and implementing the child friendly school standards. UNICEF also supported training of head teachers, teachers as well as IQTE facilitators in 13 states on improved teaching and learning processes necessary for ensuring children are retained in schools and continue to learn.

UNICEF also provided technical and financial support to 8 focus states to finalise and adapt the school health policy. With this policy school level health implementation guidelines have been developed for implementation at school level, with UNICEF providing additional support to develop capacity of SUBEB and school health officials in Osun state as well as other states to support the implementation the school level health programme. The school health programmes have now been introduced in the 8 focus states implementing the UNICEF basic education programme.

Further, UNICEF through collaboration with 6 colleges of education in 6 states (Gombe, Bauchi, Katsina, Niger, Sokoto and Zamfara) provided the female teacher trainee scholarship (FTTSS) to train female teachers at pre-service level. To that end, 1,550 female trainees has been identified and awarded the scholarship during 2014. The female trainees are undergoing training as teachers and will be deployed in rural schools to support learning. Over 2,000 teachers including 1,320 from the 5 GEP 3 states had their capacities in applying gender sensitive and child centred methods of teaching increased through the UNICEF support of the school based teacher development-SbTD. However, this in-service strategy has been reviewed focusing on improving classroom practices and activities with new materials and additional follow up support in the form of coaching and mentoring has been developed, aimed to

harmonise UNICEF teacher training approaches with Teacher Development Programme (TDP) the other DFID supported organisation leading on teacher education and development. With this strategy, new teacher training materials including audio visual materials and lesson plans have been developed to support training of teachers in 1,961 schools in better approaches of teaching mathematics, science and English. UNICEF collaborated with Bauchi, Niger and Sokoto states to ensure that a team of 6 government officials participated in material development as well as the trainers of trainers (ToTs).

An early learning strategy has also been developed focusing on improving early grade reading and numeracy skills and an implementing partner FHI 360 identified to support early grade interventions including assessment, teacher training as well as developing of appropriate reading materials for primary grades 1-3.

**OUTPUT 1:** 60 per cent of Teachers/NFE facilitators and head teachers apply gender responsive, child centred methods in teaching, reading, learning and school leadership in 8 focus states by 2017.

Analytical Statement of Progress:

In order to enhance upstream support and promote quality teaching, UNICEF collaborated with the University of Lagos to improve the capacity of 13 Colleges of Education (CoE) in 8 focus states to develop and apply child centred teaching approaches in pre and in-service teacher training for improved classroom practices. As a result, a draft framework and a tutor training manual for integrating child centred teaching practices in pre-service education were developed in a workshop held in Calabar supported by Cross River, Imo State Universal Basic Education and UNICEF. With these materials, the capacity of 200 CoE lecturers from Ebonyi, Benue, Osun and Oyo states had their skills developed for application of child centred approaches in teacher preparatory processes and are involved in improving learning at specific Colleges benefiting over 6,400 teacher trainees.

UNICEF supported capacity development of government officials particularly government officials and IQTE facilitators to improve teaching and learning in Integrated Qur'anic Education (IQTE). To this end 25 officials of whom 20 per cent were female, and 20 IQTE facilitators and five quality assurance officers in Taraba and Gombe States were trained. Through monitoring, the trained officers were found to be applying the new competencies and skills to improve teaching and learning processes in the IQTEs centres benefiting over 1,500 children.

Further support was provided to Taraba and Gombe States to improve skills of government officials in school management, curriculum or pedagogy leadership. 18 head teachers and 36 teachers of whom 30 per cent are female have been trained in active child centred teaching methods. The trained officials applied their skills in school management and pedagogy improvement initiatives such as reviewing and supporting teachers to develop and deliver outstanding lesson plans and schemes of work. In Ebonyi and Benue, implementation at classroom level has commenced and 292 teachers and 196 head teachers have skills of applying CFS methodologies for improving schooling and learning experience as a result of the stepped down training.

In Gombe state, UNICEF collaboration with the SUBEB and the Federal College of education to support training of female teachers through a newly introduced Female Teacher Training Scholarship (FTTSS). The scholarship has been awarded to 300 students to train as future female teachers.

**OUTPUT 2:** FME, SMOEs minimum quality standards for child friendly schooling adopted and implemented in selected schools in 50 per cent of schools in 8 States.

Analytical Statement of Progress:

In line with UNICEF support to federal and state level institutions to adopt and implement child friendly standards in schools in 8 focus states, quality assurance instruments have been revised using the minimum standards for child friendly schools and adopted in the 8 focus states. 117 quality assurance officers against a target of 40 in 10 States have been trained exceeding the target. Overall, capacity of State Ministry Education Officials including quality assurance officials, school managers, headteachers, teachers to implement the CFS minimum standards to improve the school environment and ensure monitoring of schools using the minimum standards of child friendly schools has been developed. Further trained officials monitored the implementation of quality assurance using school health tools in 36 schools (12 in Sokoto, 12 FCT, and 12 Kebbi states) to identify whether the schools are meeting minimum health standards.

In Kebbi state, UNICEF supported further capacity development support at school levels, 108 school heads as well as community members have been trained on the formation of health clubs and ensuring school health practices. 200 Quality Assurance officials from states' and LGEAs in Ebonyi and Benue states have been trained to apply CFS monitoring tools in support of entrenched CFS. Anambra state (UNDAF state) has formally adapted the CFS standards and through UNICEF support a state-wide implementation framework will be developed to ensure school level implementation.

Eighteen head teachers and 36 teachers of whom 6 are female from 12 States (Ebonyi, Benue, Anambra, Oyo, Osun, Bayelsa, Rivers, Delta, Edo, Lagos and Taraba and Gombe) have enhanced their skills on quality assurance, monitoring school effectiveness, efficiency and curriculum management and are utilizing their skills in ensuring quality basic education. Monitoring of the utilization of the acquired skills was ongoing. However, major challenges included inadequate monitoring and assessment of implementation of standards as well as challenges in applying the quality assurance standards at school level.

In addition, a framework for the review and draft policy of the National School Health policy was developed. UNICEF provided financial and technical support to federal and state level partners in the development of the policy, which has also been validated and approved for use in the 8 focus states. Dissemination of the school health policy has been conducted in Osun state, where UNICEF provided technical support to develop capacity of SUBEB and school health officials to monitor school health programmes.

**OUTPUT 3:** Improved Teaching and Learning Improved Teaching and Learning Processes and Environment in 5 GEP states.

Analytical Statement of Progress:

UNICEF has partnered with Federal and State Ministries of Education in five states in northern Nigeria to improve the quality of basic education. Through this partnership, financial assistance has been provided to enrol a new cohort of 1,250 girls (250 per state) and young women for teacher training. The programme implemented in collaboration with 5 Colleges of Education aimed at increasing the number of female teachers in rural schools as role models to attract more girls to school. Continued support in form of scholarship and mentoring and coaching has been provided to 4 COEs capacity in 4 states to graduate 520 female trainees of whom (265 Bauchi, 102 Katsina, 78 Sokoto and 75 Niger State).

A new collaboration with the Teacher Development Programme (TDP) has been established. The SbTD strategy has been redeveloped to optimise results in the UNICEF collaboration with TDP. Technical and financial support has been provided to 3 states (Niger, Sokoto and Bauchi) to support 6 state officials to participate in the workshop on improving School- Based Teacher Development (SBTD). Through this workshop capacity to develop simplified teacher training materials in mathematics, English and science was improved. The capacity of the team to continuously support the trained teachers through mentoring and coaching was strengthened. In 2014, 1320 teachers were trained in using gender sensitive methods of teaching using the SbTD manual. Monitoring of trained teachers in Katsina and Niger (508 teachers, 264 from Katsina, 264 from Niger) indicated that the approaches are effectively used, with 54.4 per cent of monitored teachers effectively applying the approaches at classroom level.

UNICEF supported training of 500 head teachers 100 from five states (Niger, Sokoto, Katsina, Zamfara and Bauchi) on school management, curriculum and pedagogical leadership. Through monitoring the application of skills by trained head teachers, it was observed that the trained head teachers are now applying the skills acquired to manage the school including following up on teaching and learning processes (pedagogical/curriculum leadership), monitoring pupil and teachers attendance and performance. Initial evidence from monitoring of 900 trained head teachers (225 from 4 states) indicated that trained head teachers are applying the skills acquired for school improvement.

Additional support was provided to the State Universal Basic Education Boards (SUBEBs), and Local Government Education Authorities (LGEAs) to improve the teaching and learning processes in IQTEs centres through training of 700 (140 per state) 60 of whom were female IQTE facilitators on pedagogy and instructional practices. The IQTE facilitators have been trained by master trainers from Colleges of Education. The trained facilitators are now applying active methods of teaching and learning in IQTE centres focusing on implementing the integrated core national basic curriculum. Developed IQTE quality benchmarks were also disseminated in a selected IQTE centres.

On literacy and early learning interventions, a concept note has been developed and a partner FHI 360 has been identified to implement the reading interventions in 5 GEP 3 states. UNICEF will provide technical support in the design and development of the interventions to include assessment, teacher training, improving reading skills at classroom levels for grade 1-3 in at least 500 schools in each state.

**OUTCOME 8** 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:

The programme focused on developing the policy and strategic framework and gathering the evidence and data required to develop targeted and effective interventions for strengthening the child protection system in Nigeria.

Nigeria is the first country in West Africa to undertake a nationwide survey on the prevalence of physical, sexual and emotional violence against children. While the final report will be published next year, the preliminary findings have been used by Ministries and CSOs to begin the development of a national plan of action for preventing and responding to violence against children, which will be launched with the Survey findings on the Day of the African Child in 2015.

Seven States (Federal Capital Territory, Benue, Edo, Kaduna and Kano, Lagos and Plateau) have now completed detailed mappings and assessments of their child protection systems and have identified the steps needed to operationalise the Child Rights Act 2003. To support the costing of the system and to advocate for increased allocation for child protection, a social welfare services costing framework was developed by the Federal Ministry of Women Affairs and Social Development, identifying 72 services making up the minimum package to be delivered at State level. The Federal Capital Territory was supported to undertake a costing using this framework.

UNICEF will support the Federal Ministry of Women Affairs and Social Development and State level Ministries to develop a model child protection system in nine States in 2015, in collaboration with USAID and CDC Nigeria. UNICEF will take the lead in supporting the State Ministries of women affairs and social development in four of the nine States - Cross River, Gombe, Lagos and Plateau – and provide technical guidance in the remaining five child protection mapping states. The modelling process will provide an opportunity to agree on a common vision for child protection in Nigeria, to develop the policy and regulatory framework for the child protection system at State level, to develop harmonized training packages for social welfare officers and para social workers and to develop a comprehensive child protection management information system, with a view to scaling up the model to other States.

In Borno, the State most heavily impacted by the conflict, 27,250 children (13,909 girls, 13,341 boys) were reached with psychosocial support services in order to assist them to cope with the trauma they had experienced. A referral mechanism was established from these community based programmes to available state and non-state services for children requiring more intensive support.

Following the listing of Jama'atu Ahlis Sunna Lidda'awati wal-Jihad (more commonly known as Boko Haram) by the Secretary General in July this year as a party to a conflict committing grave violations of children's rights, UNICEF, in collaboration with the Resident Coordinator's Office, is in the process of setting up a monitoring and reporting mechanism to document violations of the six grave violations of children's rights, as well as cases of GBV and other violations of children's rights in the three States of Emergency – Adamawa, Borno and Yobe. This data will also be used to design targeted interventions to prevent and respond to violence, abuse, neglect and exploitation amongst the IDPs and host communities.

An additional 3,254,207 children under-5 (1,576,437 female and 1,677,770 male) were registered in 2014. Under-1s comprised 2,019,145 (980,710 female and 1,038,435 male) of these children. Percentage coverage of under-1s registered rose from 41.5 per cent (MICS 2011) to an estimated 52.03 per cent in 2014.

**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:

UNICEF has been collaborating with UNODC to implement an EU funded justice sector reform programme. As a result of UNICEF's advocacy, a Sub Committee on Child Rights was established under the Federal Justice Sector Reform Coordinating Committee (FJSRCC), to ensure that the specific needs of children are taken into account during the wider reform of the

justice sector. The Sub Committee was supported to develop child justice specific activities for integration into the 2015 Work Plan of the FJSRCC.

UNICEF supported the sub committees on child rights formed at State level to carry out assessments in three out of the ten focus states (Bayelsa, Cross River, Lagos) to identify gaps in the current child justice system and priority actions to bring the justice system in each State into line with international child justice standards and the Child Rights Act 2003 (CRA). Subsequently, child justice sector action plans were developed in these States, focusing on building the capacity of justice actors to operationalize the CRA. These will be integrated into the wider justice sector action plans being developed by the States.

Key steps were taken to strengthen the capacity of front line justice actors to better uphold the rights of children in conflict and contact with the law. An addendum was developed for the Prison Training Manual, to include a module on child justice that reflects the provisions of the CRA. The module was informed by a baseline study on the status of children in prisons and borstals, drafted in 2014. The Nigeria Police Force was also supported to finalize the Human Rights Training Manual, which includes a specific chapter on handling children's cases, and to integrate this manual into the police training curriculum used for basic recruits and in-service training.

UNICEF supported the Law Reform Commission to develop Adjudication Guidelines for Children, for use primarily by Family Courts. The Guidelines promote the use of non-custodial measures and ensure detention should only be used as a last resort. To operationalize the CRA, a diversion and alternative sentencing model was drafted. The model, which is tailored to the needs of girls and boys, will be piloted in one focus State in 2015. The model will promote alternatives to custody, reduce the numbers of children in custody, and reduce time spent in pre-trial detention.

Despite key programmatic steps under this Output, the speed of implementation has been constrained due to staffing shortages.

**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:

Nigeria is the first country in West Africa to undertake a nationwide study on the prevalence of sexual, physical and emotional violence against children. UNICEF supported the National Population Commission (NPopC) to undertake the field survey, with technical guidance from the Centre for Disease Control (CDC) Atlanta. The analysis of the data will be completed by the beginning of 2015 by CDC and NPopC. The Government, led by the Federal Ministry of Women Affairs and Social Development (MWASD), is developing a comprehensive plan for prevention and response to violence against children, based on the findings of the survey. An initial set of priority responses, which will form the basis of this plan, were presented by Ministries and Government Agencies, as well as CSOs, to the inter agency Technical Working Group on Violence Against Children in December.

Children have not only been the indirect victims of the conflict in the North East, but have also been specifically targeted, including through attacks on schools and abductions. In response, in

this year's Annual Children and Armed Conflict Report, the Secretary General to the United Nations listed Boko Haram as a perpetrator of grave violations of children's rights. This listing triggered the establishment of the Monitoring and Reporting Mechanism by UNICEF, in partnership with the Resident Coordinator's Office, on the six grave violations of children's rights - killing and maiming; recruitment or use of child soldiers; attacks against schools or hospitals; sexual violence against children; abduction; and denial of humanitarian access. The first report to the Secretary General on the situation of children affected by conflict in Nigeria will be submitted in January 2015.

In response to the trauma being suffered by children affected by the conflict, in partnership with the state Ministry of Women Affairs and Social Development, UNICEF established a psychosocial support programme in Borno state. 246 trained community volunteers reached 27,259 children (13,914 girls, 13,345 boys) in just four months from the start of the programme implementation in September. The programme provided child friendly spaces to meet, play and learn, as well as psychological first aid to children from the communities and those living in the internally displaced persons camps in four local government areas – Maiduguri, Jere, Hawul and Biu. In preparation for scaling up this programme in 2015 to two local government areas in Yobe State, a further 48 community volunteers were trained.

**OUTPUT 3** Child Protection - Strengthen families and communities: 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:

The joint UNFPA/UNICEF Female Genital Mutation/Cutting (FGM/C) Programme: Accelerating Change (2014-2017) was initiated this year, leading to the establishment of a government led National Technical Working Group on FGM/C abandonment to oversee programme development and implementation

A situation assessment and knowledge, attitudes and practice (KAP) survey on FGM/C, including a qualitative study on social norms influencing FGM/C, commenced in five high prevalence states (Ebonyi, Imo, Osun, Ekiti, and Oyo) and one low prevalence state (Lagos). State level Technical Working Groups on FGM/C abandonment were established to guide the research methodology and develop state specific plans of action based on the assessment findings. Questionnaires tailored to the Nigeria context have been developed and 150 researchers have been trained. These studies will generate critical information for the development of an evidence based multi-pronged strategy for FGM/C abandonment, as well as provide baseline data for measuring changes against which to monitor the impact of programme interventions.

State and community level advocacy and consultation, in advance of the studies, resulted in one (1) statement of public support for the abandonment of FGM/C by a traditional/community leader in Ebikoro (Ikeduru) community in Imo State.

However, the research has been delayed by the prolonged process of obtaining approval from the National Health Research Ethics Committee.

The situational assessment and KAP study planned for child marriage for 2014 was postponed until 2015 due to funding and staffing constraints.

**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:

UNICEF continues to support the National Population Commission (NPopC) to increase access to and demand for birth registration. 3,254,207 children under-5 (1,576,437 female and 1,677,770 male) were registered in 2014. Under-1s comprised 2,019,145 (980,710 female and 1,038,435 male) of these children. This represents an estimated rise in percentage coverage of under-1s from 41.5 per cent (MICS 2011) to 52.03 per cent and of under-5s from 29.8 per cent (DHS 2013) to 35.60 per cent.

The partnership with the health sector is critical to capturing additional under-1s. The health sector has become a strong partner for birth registration, since the 2012 National Council of Health decision to officially integrate birth registration into health services. This partnership has been strengthened through the adoption of a formalized frameworks and plans of action between NPopC and the State Primary Health Care Development Agencies/Ministries of Health in 30 out of 36 states plus the Federal Capital Territory. A further 3,829 health workers were trained in 2014 to provide registration services, bringing the total of trained registrars in health facilities to over 10,000 in 24 states.

RapidSMS mobile technology is now in operation at over 4,000 registration points, enabling real time data on birth registration to be collected and analysed centrally and at state level. State level monitors now issue monthly scorecards to highlight poorly performing states and LGAs, enabling remedial action to be taken. In addition, the system assists registration centres and NPopC to track stock levels of birth certificates to avoid stock outs.

Given that initiatives still need to be pursued to 'mop up' registration, 2014 also focused on establishing collaboration between the education sector and NPopC. As a result, in November 2014, the National Council on Education endorsed the integration of birth registration activities into the work of Head Teachers for children who are of school going age. NPopC will begin training head teachers to register children next year.

Recognising the importance of birth registration being integrated into the wider reform of the systems of Civil Registration and Vital Statistics (CRVS), UNICEF ensured that birth registration was a key component of both the assessment and National Strategic Plan of Action for CRVS systems that has been developed for Nigeria. In addition, UNICEF approached the National Identity Management Commission to ensure that the ongoing development of an ID system takes into consideration the role of birth registration and birth certificates in strengthening validity of the system.

**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 level

Analytical Statement of Progress:

Following the successful pilot mapping of the child protection system in Lagos State in 2013, UNICEF supported the mapping and assessment of child protection systems in an additional six States (Federal Capital Territory, Benue, Edo, Lagos Plateau, Kaduna and Kano), led by the State Ministries of Women Affairs and Social Development. A set of recommendations were developed and agreed upon by an interagency working group in each State to address the State specific gaps. The process and the recommendations is being used as an advocacy tool to leverage political will, commitment and support for improved public allocation and expenditure for child protection and social welfare services.

To support advocacy efforts for increased resource allocation for child protection, UNICEF supported the Ministry of Women Affairs and Social Development at Federal level to develop a social welfare services costing framework. The framework provides detailed guidance for States on the content and costings for this minimum package of social welfare services, including a universal list of 72 social welfare services provided in Nigeria defined by types, sequence of activities and unit cost of the services. This framework also developed cost scenarios to assist States to project future expenditures on social welfare services based on the stock and flow of caseload, bearing in mind forecast indexes such as demographic/population growth, consumers price inflation and other risk factors. The Federal Capital Territory used this framework to undertake its own detailed costing of its social welfare services, as part of the child protection systems mapping process.

The minimum package of social welfare services will be fed into the National Social Welfare Policy, which will be developed in 2015 by the Federal Ministry of Women Affairs and Social Development with UNICEF's support. The concept note sets the road map for the development of the Policy, which will serve as a guide to strengthen the social welfare workforce and services, as well as provide a monitoring framework for the reform of the social welfare system.

**OUTCOME 9** 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:

A situation analysis will be undertaken in 2015 which will inform the programme design.

**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:

A situation analysis will be undertaken in 2015 that will programme design.

**OUTCOME 10** 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 Planning, Monitoring and Evaluation (PME) section participated in the development of National Monitoring and Evaluation (M&E) Framework led by the National Planning Commission (NPC) and funded by DFID. The draft framework was presented to stakeholders and feedback received will be considered in its finalization. UNICEF initiated discussions with the NPC and

supported development of the national Results-Based framework. Similarly, UNICEF provided technical support to State Planning Commissions for development and implementation of State level M&E policies. Out of 36 plus one (Federal Capital Territory) States in Nigeria, Jigawa and Kwara States developed and finalized M&E policies while 15 other States and the Federal Capital Territory (FCT) developed draft policies and engaged with stakeholders for feedback and validation. The M&E policies are intended to address the barriers identified during the M&E capacity assessment and are expected to create an enabling environment for M&E of programmes in the States. These policies will streamline and standardize M&E practices, harmonize tools, standardize methodologies and define the institutional structure, budget provisions and coordination mechanisms across the different strata of the State government.

During the reporting period, Bauchi, Jigawa, Kano, Kaduna, Niger, Kwara, Delta, Ekiti, Edo, Ondo, Ogun, Osun, Lagos and Oyo States updated the State DevInfo databases with new data including Nigeria Demographic Health Survey (NDHS), 2013 and State Statistical year books. The DevInfo database templates were developed in several other States. Subsequently, these States will develop online database systems. At the national level, NigerianInfo database is accessible to the public on the National Bureau of Statistics (NBS) website. Although, there is evidence of progress on data generation at State level, utilisation of data for policy-making and planning by the state governments remained low. Stronger efforts will be made on the use of data in 2015.

With UNICEF support, the National Bureau of Statistics (NBS) initiated planning for implementation of the 2015 Multiple Indicator Cluster Survey (MICS). The 2011 MICS activities have been mostly completed. Further analysis of the 2011 MICS continued in 2014. The analysis made it easier for the non-technical audience to understand the implication of data on policies. Sectoral analysis using multiple overlapping deprivation analysis was also done using 2011 MICS data. Further equity analysis of 2011 MICS data and the 2013 NDHS. Advocacy materials will be developed on the basis of further analysis of this data.

The PME programme provided technical support in the development and implementation of the multi-year Integrated Monitoring and Evaluation Plan (IMEP) and Output milestones.. The PME programme supported the development of the UNDAF Monitoring and Evaluation Framework and ensured that it is seamlessly linked to the UNICEF IMEP. The PME programme also supported the development of State level reviews and development of 2015 plans, planning, reporting and risk management on the 57 Outputs of the Country Programme. In addition, the PME programme assisted in promoting UN coherence at State level. As a result, four of the 13 States where the UN was expected to Delivering as One, were able to develop and implement joint work plans. Two of these States (Benue and Anambra) were led by UNICEF. The PME programme supported the UN Resident Coordinator's Office in developing guidance and tools for planning and reporting. The programme also provided technical support to other programmes including monitoring of National Immunisation Plus days (NIPDs), intervention design of the Girl Education Project (GEP), review of maternal and Child Health Weeks, development of Early Child Care Development (ECCD) baseline survey, internal review of Maternal and New-born Care project and implementation of the harmonised approach to cash transfers, among others.

The PME programme also provided technical support to the Water, Sanitation and Hygiene (WASH) team in the completion of the WASH Impact evaluation. The findings showed significant improvements and differences for Water and Sanitation among Local Government Areas (LGAs). However, there weren't any significant improvements in Hygiene among LGAs. A management response was developed, which agree with five out of 8 recommendations. A

Maternal and Neonatal Child Health project evaluation commenced in 2014 and will be completed in 2015. A steering committee was formed to oversee the evaluation.

Challenges of having high turnover and insufficient capacity in the M&E units at the Federal and State levels were discussed with the government.

Due to limited funds, the PME programme support focused on three States in each of the four field offices - Lagos, Enugu, Bauchi and Kaduna. Focusing on selected States facilitated greater analysis of issues, built new partnerships and maximized on comparative advantages of different players.

In 2015, the programme will strengthen its collaboration with the National Consultative Committee Forum on Statistics to introduce and provide information on the National M&E policy/framework. Likewise, advocacy will continue to be strengthened on passage of M&E bills and implementation of new M&E policies in focal States. In addition, the PME programme will support the national and State governments in result based management and evaluation.

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

Analytical Statement of Progress:

The National Planning Commission (NPC) with support from DFID and other stakeholders, drafted a National Monitoring and Evaluation Policy. States are at various levels of developing and implementing M&E policies. Two States, Jigawa and Kwara have approved State-wide M&E policies which are being implemented. Out of 36 States in Nigeria, Jigawa and Kwara have M&E policies while 15 other States and the Federal Capital Territory (FCT) have developed draft policies with UNICEF support and are currently engaging with the stakeholders for validation. Jigawa conducted a review of its M&E policy implementation and identified capacity gaps. Accordingly, 30 persons were trained on M&E.

In collaboration with NPC, 34 individuals from 8 MDAs gained new skills through an evaluation training supported by UNICEF. There are plans for step-down evaluation training in 2015. Technical support was provided to the emerging Nigerian Association of Evaluators (NAE). The constitution of the Association was finalized and formal registration process initiated. In 2015, UNICEF will continue to support strengthening evaluation capacity and policies in Nigeria.

UNICEF supported the building of capacities of 170 M&E and Planning Officers in Benue, Cross-River and Kwara States on M&E and result-based management. These new skills will be utilised to develop Results Frameworks under on-going State Medium Term Expenditure Framework (2015-2018) preparation. In Kaduna State, UNICEF assisted in the review and update of the results framework and key performance indicators of four sectoral ministries implementing the Medium-Term Sector Strategic (MTSS) Plans. This was an opportunity to strengthen capacity of the State partners on RBM and data analysis. UNICEF also contributed to the development of an M&E plan for Kaduna State Ministry of Health.

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

Analytical Statement of Progress:

In collaboration with the National Bureau of Statistics (NBS), preparation and planning for the fifth round of Multiple Indicator Cluster Survey (MICS) has commenced. So far; Capacity development for the survey design of NBS staff both at national and State levels on MICS was completed with the first Regional training. Additional support from UNICEF (and Regional Office) will be provided. A draft Survey Plan was developed with support from Regional Office, the draft MoU developed, and the governance structure was established with the inauguration of the Technical and Steering Committees. MICS 5 presents an opportunity to generate Local Government Area (LGA) data in Kano and Lagos States. The Statistician Generals of Kano and Lagos State Bureau increased their knowledge on MICS5. New ideas were considered in MICS 5 including use of Computer Assisted Personal Interviews and State level MICS data collection. UNICEF's advocacy efforts continued in Enugu, Kaduna, Zamfara, Kwara, Kogi, Kano and Niger States for strengthening and or creating the State Bureaus of Statistics (SBSs). As a result, Enugu, Zamfara, Kaduna and Kano States established SBSs.

UNICEF supported SBSs, to review State Statistical Yearbook (SSY) templates to include child survival and development indicators. In addition, Jigawa, Kano and Bauchi published statistical reports and used these reports to update DevInfo databases. Kaduna, Niger, Kwara, Kogi, Sokoto and FCT reviewed the SSY templates to include missing child survival and development. Fourteen States: Bauchi, Jigawa, Kano, Kaduna, Niger, Kwara, Delta, Ekiti, Edo, Ondo, Ogun, Osun, Lagos and Oyo updated State DevInfo databases with new data including NDHS 2013 and data from SSYBs. In Anambra, Benue and Cross River States, over 180 Statisticians and Planners from key MDAs gained new skills on DevInfo.

Major funding gaps for MICS 5 implementation in 2015 were identified and advocacy efforts mounted to ensure counterpart funding and timely implementation. Similarly, the 2015 national elections and insecurity in the North-East will likely affect data collection, increase survey time and overall cost.

A key lesson in 2014 is that there are varying interests on the part of States to augment M&E functions. Bauchi State hired a consultant to support the State Planning Commission to develop an M&E framework. Jigawa State produced a fact sheet on key indicators showing its ability to generate data commitment to M&E. Another key lesson is the need to clearly separate the monitoring function from the evaluation function and to establish them within a result based framework.

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

Analytical Statement of Progress:

Visibility for country programme implementation and child rights advocacy achieved through media engagement, capacity development of 407 journalists and 31 media appearances for programme and Field office chiefs and programme specialists. Ten human interest stories were published on the UNICEF global website and ICON. Six hundred stories (Two hundred UNICEF mentions), features and human interest stories in UNICEF specific interventions were published generating more visibility. Increased Facebook likes from 739 in 2013 to 2,230 in 2014.

Thirty two media chiefs maintained commitment and implemented increased focus on child rights programming. Media advocacy on the situation of children in emergencies, quality compulsory education, WASH, declining girls enrolment in schools in the northeast due to abductions, the effects of insurgency on children achieved through media appearances and

press releases on special days/events.

Three hundred and forty communication teachers were sensitised at the 16th conference of African Council on Communication Education on mainstreaming Child Rights Reporting Curriculum.

The partnership expanded with Access Bank. This led to an increase funding (US\$60, 000) to support children and AIDS. Bank also pledged to support conditional cash transfers and malnutrition.

One hundred and seventy journalists, civil society members, university teachers and 84 students signed up as U-reporters and used U - report data for stories. Fifteen Radio and TV stations mobilised new U – Reporters.

Enhanced participation of 4,250 children to advocate for free, quality, and compulsory education to media, policy makers and other stakeholders. Policy makers now have the information to make informed decisions on quality of education.

Commemoration of CRC@25 yielded huge visibility for UNICEF Nigeria, advocacy for child rights realization in the media and child participation: 20 media appearances for the Representative, Chiefs of Field Offices and programme specialists in major media outlets; 5 newspapers published the UNICEF's opinion and editorial (Op ed.); 4 newspapers and Radio Nigeria did editorials on CRC@25; radios, televisions and newspapers did 10 special reports on the situation of children; and 2,500 children participated in events of CRC@25.

**OUTCOME 11** 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:

In line with the provisions in the national strategy document Vision 20:2020 and the UNDAF, an age appropriate, gender sensitive, and welfare inclusive National Social Protection Policy (NSPP) was developed. The National Planning Commission took leadership and ownership. The draft of the policy underwent a series of validation workshops across the country and this culminated in the participatory writing of the policy document by members of various government departments and the National Planning Commission.

The NSPP has the support of the Ministry of Finance and the Coordinating Minister for the Economy. The Policy, which is ready, addresses gender imbalances and contains specific elements and interventions important for women.

In addition, high level advocacy visits were made to some of the states in the Northern and Southern states of Nigeria which resulted in the government's committing to developing their State-specific Social Protection Policy. The costs of both the Federal and State-level draft policies are being estimated in order to find out the financial requirements that will have to be confronted for proper implementation.

A major constraint is the lack of capacity in government for baselines and gap analyses on social protection. UNICEF is liaising with the National Planning Commission and State governments to generate the information needed on the number of staff that have been trained or needs training on Social protection. Absent a properly trained workforce, all implementation efforts will fail.

As part of the process of strengthening the capacity of the workforce for social protection initiatives in Nigeria, state-level government officials have been trained on the design, implementation, and monitoring of social protection initiatives. Participants were drawn from different ministries, agencies and parastatals, CSOs and private sector. These included the Ministries of Health, Education, Women Affairs, Agriculture, Labour, Finance, and Budget and Planning from six states.

High level government functionaries from Anambra, Niger, Sokoto and Ogun states attended the Economic Policy Research Institute (EPRI) in South Africa for training on Social Protection. Also, officials from Adamawa and Kebbi States (Commissioners, Permanent Secretaries and Directors from the Ministries of Planning and Budget, Health, Women's Affairs and Finance) went on a study tour to South Africa. In addition, 20 government officials from Adamawa and Kebbi visited Ondo State where a safe motherhood programme is considered a good practice to be replicated and adapted in other States and countries. The purpose of the visit was to share lessons learned about what worked and did not work in the development and implementation of the social protection component of the safe motherhood programme.

Training and capacity building also took place in Niger and Sokoto. These states (with support from UNICEF and EPRI and DfID funding) are implementing unconditional cash transfers for girls' enrolment, attendance and retention in basic primary school. Capacity assessment, enrolment, payment and case management manuals have been developed. About 22,000 girls between the ages of 7 – 15 received cash transfers at the beginning of the school year.

**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:

In line with the provisions in the national strategy document Vision 20:2020, an age appropriate, gender sensitive, and welfare inclusive National Social Protection Policy (NSPP) was developed. The National Planning Commission took leadership and ownership. The policy process was participatory. The draft of the policy underwent a series of validation workshops across the country and this culminated in the participatory writing of the policy document by members of various government departments and the National Planning Commission.

High level advocacy visits were made to some of the states in the North and Southern states of Nigeria which resulted in the government committing to developing their State-specific Social Protection Policy. The NSPP has the support of the Ministry of Finance who is already developing a national cash transfers and public works programme with reference to the NSPP. UNICEF together with other donors, supported the development of the concept note and preliminary costing of the proposed programme. It is expected that the policy approval would piggyback on the traction made by the Coordinating Minister of the Economy programme. Though there has been delays in the presentation of the policy to the National Economic and Federal Executive Council, a presentation of the draft NSPP has been made to two successive Ministers of Planning. Nevertheless, plans are on the way to fully cost the policy to be able to use it as an advocacy tool for financing of the policy and programmes.

Niger and Sokoto States (with support from UNICEF and the Economic Policy Research Institute and with DfID funding) are implementing unconditional cash transfers for girls' enrolment, attendance and retention in basic primary school. Capacity assessment, enrolment,

payment and case management manuals have been developed. About 22,000 girls within the ages of 7 – 15 received cash transfers at the beginning of the school year.

**OUTPUT 2** Government and CSO technical capacities in social protection initiatives, strengthened to design and implement social protection initiatives.

Analytical Statement of Progress:

As part of the process of strengthening the capacity of the workforce on social protection initiatives in Nigeria, over 100 government officials were trained on the design, implementation, and monitoring of social protection initiatives. Participants were drawn from different ministries, agencies and parastatals, CSOs and private sector. These included the Ministries of Health, Education, Women Affairs, Agriculture, Labour, Finance, and Budget and Planning at the State level. The trainings were based on participatory and hands on approaches to ensure that participants could have the practical experience of designing, implementing, and monitoring social protection interventions, programmes, and policies. UNICEF carried out follow up meetings to the individual participants to monitor how skills and knowledge gained from the training were used in practice.

In order to finalize the baselines of capacity needs of government officials on social protection, UNICEF is liaising with the National Planning Commission, through a mapping questionnaire to generate the information needed on the number of staff that have been trained or needs training on social protection.

High level government functionaries (commissioners and permanent secretaries) from Anambra, Niger, Sokoto and Ogun states attended the Economic Policy Research Institute in South Africa for training on social protection for two weeks. As a follow up on the training the representative from Anambra, the Honourable Commissioner for Planning, initiated discussions with UNICEF to start up social protection policy discourse in the state with key government officials, while the participant from Ogun state initiated discussion with the state university to start a social policy unit in the Tai Solarin University of Education. UNICEF is providing technical support to ensure that the two initiatives, amongst others, become a reality to show case best practice on social policy in Nigeria.

**OUTPUT 3** 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:

A gendered assessment/review of maternal and child health policies, plans and strategies was carried out in six states (one per geo-political zone) and the federal level. This assessment, with participation of UNFPA, WHO, and UNAIDS was financed by the Department of Foreign Affairs, Development and Trade of Canada.

Documents were reviewed / assessed in terms of stakeholder participation, gender and human rights responsiveness, federal and state obligations, and understanding of mother, child, and adolescents' health challenges. Validation of findings and recommendations for updates and strengthening of gender perspective were summarized in a publication titled "Gender Analysis of Health Policies, plans, tools and Strategies related to Maternal Mortality". Over half of the documents were not gender sensitive and scored low in terms of awareness of human rights while only half analyzed socio-economic causes of maternal and child health. Follow up review meetings will ensure the recommendations are enacted and implemented.

In 2014, UNICEF Nigeria collaborated with the Federal Ministry of Women Affairs and Social

Development in the preparation of the CEDAW report and the National Gender Policy review. Besides financial and logistical support, UNICEF provided technical inputs and guidance to the process and preparation of the final draft of the reports, which has been completed in 2014. These activities were spearheaded by the UNICEF Gender and Development Specialist. This post, sitting in the Social Policy and Gender Equality Section, dedicates 100 per cent of the time to gender issues.

In line with global changes in programming for gender, Nigeria's efforts in addressing gender inequality will be anchored in the education programme, more specifically the Girl's Education Programme. The Gender Specialist will support the programme in addressing social norms which are strongly linked to early marriage. This shift will require a convergent approach between the Education and Child Protection programmes.

**OUTPUT 4** National South-South cooperation system strengthened to facilitate exchange of evidence and experiences across States designing and delivering social protection mechanisms and interventions

Analytical Statement of Progress:

Two types of South-South cooperation and learning were promoted and implemented. A traditional one, collaborating with another country, and an "internal", one triangulating government officials from different Nigerian States to collaborate, exchange knowledge, and provide technical support. Both were supported with funding from the European Commission. Officials from Adamawa and Kebbi States (Commissioners, Permanent Secretaries and Directors from the Ministries of Planning and Budget, Health, Women's Affairs and Finance) went on a study tour to South Africa. They had the opportunity to visit and discuss with officials of the South African Social Security Agency as well as to observe the disbursement of funds at a pay point. The study visit interspersed workshops and field visits in order to maximize learning.

In addition, 20 government officials from Adamawa and Kebbi visited Ondo State which has had a safe motherhood programme (called "ABIYE") which is well recorded and evaluated impacts in reducing maternal mortality and is considered a good practice to be replicated and adapted in other States and countries. The purpose of the visit was to share lessons learned about what worked and did not work in the development and implementation of the social protection component of the safe motherhood programme, and understand the legislative framework within which the programme operates.

Based on the experience and learning from these study tours, the officials from Adamawa and Kebbi drew out action plans to design and implement child friendly social protection policies and initiatives that would enhance the reduction of maternal and infant mortality in these states. Moreover, as a result of the visit, officials in Ondo State also had the opportunity to review some of their activities and developed plans to improve their efforts, proving the triangulation was useful both for the visitors as well as the hosts.

**OUTCOME 12** 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:

The major programmatic focus of Communication for Development (c4D) support to sectors has been a systematic process of building a coalition of partners, with a broad national base, and working with them on strategic capacity development on C4D principles, processes and platforms to support the creation of an enabling environment, and promote identified behaviours (essential family practices), that are directly linked to certain functional programme areas. These are health, nutrition, water, sanitation and hygiene; education for girls and other vulnerable or excluded groups, child protection, including birth registration, addressing violence against children, early marriage and promoting child justice systems. Other component areas include promoting the Prevention of Mother-to-Child Transmission (PMTCT) of HIV, primary prevention of HIV among adolescents and young people and strengthening a supportive environment for health-seeking and service provision. In building social coalitions, focus has been on large governmental and non-governmental institutions, as a basis for initiating a robust structure of establishing cohort resource persons with competency in C4D and who also command the required presence in the geographical periphery, especially a strong in-road to households and communities, where behaviours are best addressed. Prominent among the partner agencies in the C4D coalition are the Federal Ministry of Information, Child Rights Information Bureau, the Federal Ministry of Health, Department of Family Health (including the Health Promotion hierarchy), the National Youth Service Corps Directorate, the National Orientation Agency and the National Primary Health Care Development Agency, all of which have sub-national structures, up to, at least, the Local Government Council Areas. Faith-based groups, the mass media and key national universities comprise the remainder of the coalition. Structured capacity development mechanisms have ensured that each of these partner agencies have personnel with incremental knowledge and skills on Communication for Development. These included the ability to facilitate processes at State, LGA and community levels, including community dialogue sessions, trainings on Inter-personal communication, theatre-for-development, and providing space for monitoring and reporting. It also included the ability to facilitate discussions, Focus Groups and interactive fora on behavioural issues. While the process has been slow, progress is appreciable.

To date, several thousand community dialogue sessions have been held in all zones of Nigeria. These dialogue sessions have covered combinations of essential family practices, across many sectors, that are household-moderated. These have included use of long-lasting insecticide-treated bed nets (LLIBs), ante-natal care practices, hand-washing at critical times, exclusive breastfeeding, appropriate complimentary feeding, use of oral rehydration salts and zinc for managing diarrhoea and basic improvements in health-seeking. The publication of the Nigerian version of the *Facts for Life* document and the *Health Information Booklet* was a landmark accomplishment and the documents are still a handy resource for all classes of resource persons and service providers. These resource materials support inter-personal processes in engagement programmes with communities, to promote appropriate knowledge, attitudes and practices related to the mother and child.

A component of the community engagement work in 2014 was strengthening the capacity of community institutions to lead processes of dialogues, discussion, consensus-building, and implementation of action plans. These were done in collaboration with traditional and religious leaders. Institutions that have been active at community level include the Village Development Associations, women groups, youth groups, faith-based groups. Work is ongoing to strengthen collaboration with some sectoral support groups, including the Water Sanitation and Hygiene Committees (WASHComms), School-Based Management Committees (SBMC) and the Mothers Support Groups for Nutrition. Reports of community engagement activities have shown the gradual shifts in ownership processes and the increased interest and capacities of

community institutions to take the lead in promoting health, nutrition, sanitation, basic education and other practices within their constituent areas.

It is anticipated that there will be an expansion of the base of partners providing C4D capacity at community level, more aggressive capacity development action and systematic tracking of changes in behaviours. This is a functional area for which engagement with universities will make much gain. Documentation of changes has been improved.

**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:

Significant progress has been made in strengthening community processes, systems and frameworks for behaviour and social change across the country. UNICEF role as the lead UN agency for Communication and Social Mobilisation, working in partnership with the Nigeria Centre for Disease Control (NCDC), the Federal and State Ministries of Health, WHO, US CDC and MSF, was widely applauded in the containment of the Ebola Virus Disease (EVD) in Lagos and Rivers states. As at 12 December 2014, intense house-to-house interpersonal communication in the contact areas of Ebola patients, suspects and contacts had reached a total of 43,589 households and 423,398 community members on protecting themselves, identifying and reporting suspected cases, and accepting survivors back into the community. In Development programming, Community Based Organisations (CBOs) are empowering communities to increase demand for services: IMNCH and routine immunisation in Anambra, Benue, Abia, Akwa Ibom, Enugu, Ebonyi and Imo states; water, sanitation and hygiene, exclusive breastfeeding, antenatal care in Lagos and Ogun states; and proper home management of Childhood Diseases in Kaduna state.

Community governance structures and equity have also been strengthened through inclusive dialogue on child survival and development issues. In Adamawa state, the EU funded the establishment of Community Information Boards in 22 communities of 11 LGAs. Some 137 Leaders of FBOs and NGOs (Federation of Muslim Women's Associations of Nigeria (FOMWAN), Christian Association of Nigeria (CAN) and National Council of Women Societies (NCWS), are actively mobilizing their members, communities, and monitoring Essential Family Practices including MNCH in Kaduna, Katsina, Kebbi, Sokoto, Zamfara, Niger and FCT. UNICEF promoted U-Report in engaging communities to participate actively in their own development, through partnership with the NYSC. This partnership has so far recorded 100,000 U-Reporters, including members of the National Youth Service Corps (NYSC), Jamatul Nasril Islam (JNI), FOMWAN, and the National Orientation Agency (NOA).

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

Analytical Statement of Progress:

The programme thrust of systematic engagement with a defined cohort of partners was defined to include capacity development for various tiers of Government, non-Governmental and non-conventional institutions and groups. In the reporting year, closer collaboration was maintained with the National Youth Service Corps (NYSC) Directorate, the National Orientation Agency (NOA), the National Primary Healthcare Development Agency (NPHCDA), key Nigerian universities and civil society groups. The clear disconnect between conception of programmes and the realization of rights is linked to low knowledge and skills, among collaborating

authorities, on understanding the need for and generating evidence systematically, defining issues, mapping vulnerabilities, engaging varying population categories, developing intervention plans, tracking degrees of change and evaluating. There is evidence to validate the relationship between capacity for programme planning and programme effectiveness. The planning process incorporates the logic of evidence generation, strategic frameworks, capacity gaps analysis and response, monitoring, evaluation and reporting. This output reflects the linkage between appropriate analysis and definition of bottlenecks related to personnel and institutions that drive the process of facilitating and catalysing change and their ability to deliver Communication for Development capacities at lower levels and ultimately influence community processes of engagement, discussion, consensus-building, social action, transformations and social change

The vision for scaling up adoption of positive behaviours informed the strengthening of work relations with large agencies of Government and other key groups, as a cost effective knowledge management resource. Work with civil society, religious institutions and young people was consolidated.

**OUTCOME 13** 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:

Seven states, including Lagos (Floods & EVD), Rivers (EVD), Bauchi (Floods, Insurgency, Anambra (Floods & Communal clashes, Osun (epidemics) Delta (Floods & epidemics) and Niger (Floods & Communal clashes) states have reported significant progress in effective response to disasters. Overall in 2014, the Government requested very little support from international humanitarian partners with the EVD response being the notable exception where significant support was provided by UNICEF, WHO, CDC and MSF and the response to the crisis in the north east.

The Emergency Management Agency (SEMA) in Adamawa is doing what it can to support and coordinate the emergency response to the newly displaced in Yola and surrounding areas but needs significant additional support. UNICEF and Oxfam have been supporting the SEMA.

To support the strengthening of institutional capacities in the first half of 2014, 265 staff from partners such as the National Emergency Management Agency, (NEMA) State Emergency Management Agencies (SEMAs), The Nigerian Red Cross Society, Nigeria Security & Civil Defence Corps, NGOs and Emergency Response Volunteers from a total of 26 States were trained in emergency preparedness and response (with approximately 202 male and 63 female participants).

UNICEF funded and co-led with OCHA the training of 55 people (including 39 men and 16 women) on humanitarian needs assessment, using smart-phones data capturing methodology for rapid reporting in the conflict-ridden North East States of Borno, Yobe Adamawa, Gombe, Bauchi and Taraba states which led to the first humanitarian needs assessment for the conflict affected areas of the North East of Nigeria and strengthened NEMA and SEMAs institutional capacity.

Overall coordination for emergency response needs to be significantly strengthened in 2015. The strategy for this will be to strengthen the sector working groups so that they produce clear sector response plans with targets and Who is doing What, When and Where (4W). The development of these documents will be done in collaboration with Government institutions and

will help to strengthen institutional capacities. The implementation of the sector response plans will be monitored closely to match results against targets enabling gaps to be identified and this will help to identify the percentage of the affected population benefitting from assistance. The availability of this information will provide NEMA with the information to ensure a strong coordinated response. The coordination will need to be ensured at both the Abuja level and also at the decentralized level. The support provided by Oxfam and UNICEF in Yola is a model that could be replicated elsewhere and will also help strengthen institutional capacities at the decentralized level.

With support of UNICEF and OCHA, 26 States updated their contingency plans, including 13 of the 18 high-risk States. The key challenge is how to make this activity sustainable and to develop an exit strategy by ensuring more ownership from NEMA and SEMAs.

In the first half of the year, supplies worth over US\$380,000 were prepositioned to address up to 10,000 displaced population per field office in all four UNICEF Field Offices and high risk States (high risk states are determined by a number of indicators, including hazards, population at risk, history of disasters and existing coping capacity in the state etc.) Since then a pre-positioning strategy has been developed to enable an immediate response to 50,000 emergencies affected people.

UNICEF and partners (especially the State SEMAs and State Branches of the Nigeria Red Cross) have progressively supported the establishment of ten Local Emergency Management Committees (LEMC) which will help to create early warning systems at the local government secretariats in high risk States of Lagos, Kano, Anambra, Delta, Kaduna and Bauchi.

To further this, UNICEF has signed the second Memorandum of Understanding (MoU) with the Nigeria Red Cross Society (NRS) to collaborate on community based early warning systems, support for the Red Cross Local Emergency Response Team (ERT) and information sharing to facilitate effective response to disasters.

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

##### Analytical Statement of Progress:

In the first half of 2014, 265 partners such as the National Emergency Management Agency, (NEMA) State Emergency Management Agencies (SEMAs), The Nigerian Red Cross Society, Nigeria Security & Civil Defence Corps, NGOs and Emergency Response Volunteers from a total of 26 States were trained in emergency preparedness and response (with approx.. 202 male and 63 female participants) and supplies worth over US\$380,000 were prepositioned to address up to 10,000 displaced population per field office in all four UNICEF Field Offices and high risk States (high risk states are determined by a number of indicators, including hazards, population at risk, history of disasters and existing coping capacity in the state etc.) Since then a pre-positioning strategy has been developed to enable an immediate response to 50,000 emergency affected people.

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Two more states (Ekiti & Gombe) have now legislated and established their SEMAs as a result of effective advocacy by UNICEF and partners including NEMA, OCHA, and Nigerian Red Cross Society. Twenty-three States out of 36+1 have now established official SEMAs legislated by law.

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

Analytical Statement of Progress:

UNICEF has signed the second Memorandum of Understanding (MoU) with the Nigeria Red Cross Society (NRS) to collaborate on community based early warning systems, support for the Red Cross Local Emergency Response Team (ERT) and information sharing to facilitate effective response to disasters.

The Education sector continued with ongoing DRR projects in schools, including gender sensitive WASH-in-school projects, training of over 155 teachers and Head teachers (including 95 men and 60 women) in Education-in-Emergency to build resilience in communities and use children as agents of change in disaster risk reduction in communities.

A Training of Trainers (ToT) was carried out in 12 Local Government Areas (LGAs) and 39 trainers were trained in basic psychosocial support and psychological first aid from the 12 LGAs in Borno. As of 30th September, these ToTs had trained 212 community volunteers in the LGAs of Jere, Hawul, Biu and Maiduguri Metropolitan City. UNICEF also supported training of 40 trainers from the neighbouring states of Adamawa, Yobe, Gombe, Taraba and Plateau in psychosocial support and psychological first aid to respond to the spill over and the crisis in those states.

UNICEF and partners (especially the State SEMAs and State Branches of the Nigeria Red Cross) have progressively supported the achievement of this output through establishment of ten Local Emergency Management Committees (LEMC) which will help to create early warning systems at the local government secretariats in high risk States of Lagos, Kano, Anambra, Delta, Kaduna and Bauchi.

Seven states, including Lagos (Floods & EVD), Rivers (EVD), Bauchi (Floods, Insurgency, Anambra (Floods & Communal clashes, Osun (epidemics) Delta (Floods & epidemics) and Niger (Floods & Communal clashes) states have reported significant progress in effective response to disasters. Apart from the EVD response, very little support was requested by the States from international humanitarian partners.

The SEMA in Adamawa is doing what it can to support and coordinate the emergency response to the newly displaced in Yola and surrounding areas but needs significant additional support. UNICEF and Oxfam have been supporting the SEMA.

**OUTCOME 14** Increased capacity to deliver on Nigerian Country Programme Outcomes

Analytical Statement of Progress:

Most cross sectoral staff are charged against Non Grant Funds and have been paid accordingly, including the Chief of Field Offices. Implementation of LSDC approved training plan for cross

sectoral staff is on track. Security measures related to staff and premises have been taken to strengthen security of all our field offices according to UNDSS recommendations.

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

Analytical Statement of Progress:

Technical cross sectoral expertise at country office and field Office level has been provided according to available resources. Logistical support has been adequately provided. The CPMP for the new CPD was approved by the PBR in February of 2014, which included the creation of three new field offices to enable the implementation of the shift in programme strategies. The location of these offices are: Sokoto, Katsina and Borno. State Governments of the three states provided office space and most recruitment has been completed and offices were operational by the end of the year. Recruitment of national staff for the Borno office is a challenge due to insecurity. To enable programme implementation in Borno and Yobe, two programme reviews were conducted in 2014 the last review took place in October 2014.

#### **OUTCOME 15** PCR Support

Analytical Statement of Progress:

UNICEF Nigeria will continue to implement strategies that contribute to sound management practices, VfM, due diligence and a motivated, effective and efficient work force.

#### **OUTPUT 1** Governance and Systems

Analytical Statement of Progress:

The Country Office Management Plan (2014-2015) was developed timely and approved by the CMT. Eleven offices priorities were identified, these priorities are considered critical in achieving the 56 outputs of the Country Programme, The CMT monitored these milestones on a quarterly basis. To better manage the fiduciary risk, the office developed a HACT assurance plan which enable the office to meet UNICEF global deadline of HACT compliant by 31 December 2014. The office conducted a Risk Control Self-Assessment as per UNICEF guidelines.

#### **OUTPUT 2** Financial Resources and Stewardship

Analytical Statement of Progress:

UNICEF Nigeria managed UNICEF resources within the KPI established by the organisation and finance prudence was adhered to at all times.

#### **OUTPUT 3** Human Capacity

Analytical Statement of Progress:

Ensuring human resources capacity to deliver programme results was monitored closely by the CMT. Due to the CPMP restructuring more than 52 out of 99 new staff were on boarded. Unfortunately attracting female candidates has been a challenge.

## Evaluation

| Title  | Sequence Number | Type of Report |
|--|-----------------|----------------|
| Child Protection System Strengthening Mapping and Assessment Federal Capital Territory (FCT) Public Finance Management Budget and Expenditure Review Report                  | 2014/019        | Study          |
| Report Of The Mapping & Assessment Of Child Protection Systems In Benue State  | 2014/018        | Study          |
| Child Protection System Strengthening Mapping and Assessment Report Federal Capital Territory (FCT)  | 2014/017        | Study          |
| Child Protection System Strengthening Mapping And Assessment Edo State   | 2014/016        | Study          |
| Child Protection System Strengthening Mapping & Assessment Kaduna State Report   | 2014/015        | Study          |
| Kano State Child Protection Mapping and Assessment Report  | 2014/014        | Study          |
| Plateau State Child Protection System Strengthening Mapping & Assessment Report  | 2014/013        | Study          |
| Impact Evaluation of Water, Sanitation, and Hygiene (WASH) within the UNICEF Country Programme of Cooperation, Government of Nigeria and UNICEF, 2009-2013.                  | 2014/012        | Evaluation     |
| Nigeria EVM assessment Preliminary report. Findings and recommendations 26 September to 31 October 2014  | 2014/011        | Review         |
| Synopsis Of Preliminary Findings MenAfriVac Mass Vaccination Coverage Survey 2014  | 2014/010        | Survey         |
| Integrated Measles Campaign Coverage Survey Preliminary Report   | 2014/009        | Survey         |
| A Poll Supporting Polio Vaccination: Knowledge, Attitudes and Practices in Nigeria. Key Findings: Katsina, Sokoto, Zamfara, Bauchi, Kano. High and Non-High Risk Areas       | 2014/008        | Survey         |
| 2013 Phase 1 Yellow Fever Campaign Nigeria   | 2014/007        | IMEP           |
| Strategy for Designing a Cash Transfer Programme for Girls' Education in Niger and Sokoto States, Nigeria.   | 2014/006        | IMEP           |
| Summary Findings of National Nutrition and Health Survey, 9th Feb to 5th May 2014, Nigeria. SMART Methods.   | 2014/005        | Survey         |
| UNICEF Nigeria – RUTF Supply Chain Mapping And Analysis Study  | 2014/004        | Study          |
| Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) Survey of Community Management of Acute Malnutrition program Northern States of Nigeria. | 2014/003        | Survey         |
| Continuum of Care Analysis of the Community-based Management of Acute Malnutrition Programme across 4 States in Northern Nigeria   | 2014/002        | Study          |
| Multi-sectoral Humanitarian Needs Assessment in North-Eastern Nigeria  | 2014/001        | IMEP           |

## Other Publication

| Title  |
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| Printing of Prevention Flyers; cholera universal poster and cholera universal flip chart.  |
| Posters on Ebola; Handbills on Ebola; UNICEF Stickers; Ebola virus posters; Ebola virus handbills; Ebola Virus flyers; Let's wash hands posters Let's wash hands handbills   |
| Printing of Bouba da Zaza (Sun Samar da Zaman Lafiya); Bouba da Zaza (Su Yaki Jahlici; Bouba da Zaza (Sun Kare Muhalli)  |
| Printing of Early Child Development (ECD) Curriculum (Full Version); Minimum Standard for IECD; IECD National Policy Guidelines for ECD Implementation   |
| Printing of hand washing card, frequently asked questions and handbills on Ebola.  |
| Printing of Mobile team commodity utilization form; ward summary; LGA summary; Combined stores requisition voucher; Banners; Monthly Facility Immunization Summary and Apron.  |
| Printing of Active case search forms; Active case search forms summary LGA; Disease Notification form; Supervisory notebook; Supervisory checklist/monitoring form; Supervisory checklist Ward summary and Supervisory checklist Local Government Area Summary |
| Printing of Oral Polio Vaccine Tally Sheets 0-5 years; Maternal Neonatal child health Intervention Tally; Ward Summary Intervention Tally; Local Government Agency Summary Intervention Tally; Mobile Session ;treatment Register; Antenatal care register     |
| Printing of Monthly Health Facility Vaccine Utilization (VM1); Monthly LGA Health Facility (VM2); Monthly Routine Vaccine (VM3); Child immunization register; Facility Daily Tally Sheet Register; Tetanus Toxoid Register and ;Child Health Card              |
| The National Priority Agenda for Vulnerable Children   |
| Admission and Follow up card and Outpatients Therapeutic Programme Ration cards  |
| Polio Flip Chart - Volunteer Community Mobilisers (Hausa version)  |
| Personal Poster-(Stigma free); Info flyer (10 facts about HIV); Info flyer (epidemic alert); UN CARES (Minimum Standards) ; Brochure (UN Cares Info)   |
| Monthly Health Facility Vaccine booklets   |
| Printing of booklets of; Monthly facility immunization summary form; facility daily Immunization tally sheet and; child immunization register.   |
| Immunization Monitoring Chart and Child health Card  |
| Printing of Immunization Monitoring Chart  |
| Birth Registration Certificate in Poster Form  |
| 2015 UNICEF calendar and year planner  |
| Ebola Information Materials; Handbook on Ebola (English); Handbook on Ebola (Hausa); Handbook on Ebola (Igbo); Handbook on Ebola (Yoruba); Poster (Ebola)  |
| Hard to reach( H2R) Project materials; Poster (H2R-English/Hausa); H2R Booklet (Caregivers-English/Hausa); H2R Booklet (Community- English/Hausa) and; Birth Card (H2R-English/Hausa)  |
| National Micronutrient Deficiency Control (MNDC) guidelines  |
| Hand Washing posters on Ebola for; General Public and Schools.   |
| SMART Preliminary Report   |
| Printing of Birth Certificate forms; B1 and B2   |
| Maternal neonatal tetanus elimination campaign Data tools; Summary Sheets; LGA Summary Sheets Adverse Events Following Immunization case investigation form; Operation Guideline for LGA, STF &WFP; Injection Safety in Mass Immunization Campaigns; etc       |
| Facts for life Booklet; Basic Messages and Health Information  |

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| Development and printing of Tetanus toxoid (TT) materials; TT Vaccination Tally Sheet; Ward Tally Sheet Summary; LGA Tally Summary; Adverse Events Following Immunization case investigation form; Injection Safety in Mass Immunization Campaigns; etc       |
| Routine Immunization (RI) and Volunteer Community Mobilisers (VCM) materials ; Blue length hijabs, Fez caps and bags  |
| DVDs for Polio communication.   |
| Maternal Neonatal Tetanus Elimination campaign material Poster and publicity banner   |
| U report flyer  |
| Routine Immunization basic information materials; flyer, FAQ, poster and flip book  |
| Meningitis Africa vaccination and Maternal Neonatal Tetanus Elimination materials Posters, Frequently Asked Questions and banners in local languages.   |
| Information Education and communication (IEC) materials for Meningitis Africa vaccination in English; Pidgin English; Yoruba and Igbo languages.  |
| Development of School Manuals; Annual School Census Form (Private); Annual School Census Form (JSS); Annual School Census Form (Science & Technical) Annual School Census Form (SSS); Annual School Census Form (Pre-Primary) and; Manual School Census Form. |
| Guidelines for Certification of Open Defecation Free  |
| Integrated Community Case Management of Malaria, Pneumonia and Diarrheal Implementation Guidelines  |
| Development of Sports posters such as ; Sports for Development Poster-Physiological; Sports for Development Poster- Physical Violence...Whipping; Sports for Development Poster- Physical Violence...Fighting etc   |
| Community Led Total Sanitation  |
| Printing of Volunteer Community Mobilisers (VCM) Data Register  |
| Sports posters; "Sports for all... Don't Discriminate", "There is Ability in disability"; "Education and Sports work together"; "Make wise use of leisure time through sport" and; "Get Involved in Sports...Don't be Idle".                                  |
| Hand Washing Even in Emergencies (Roll up banner, Poster/Flyer)   |

## Lessons Learned

| Document Type/Category | Title  |
|------------------------|--|
| Innovation             | HIV testing during MNCH-week – An innovative way to increase HIV testing among pregnant women in Nigeria |