1. EXECUTIVE SUMMARY

Major achievements were: i) Drastic (97% decline) from 388 polio cases in 2009 to 18 in 2010, largely due to the joint efforts of partners and UNICEF’s role in vaccine procurement as well as in mobilization of communities and religious as well as traditional leaders; ii) Scale up of Community Management of Acute Malnutrition (CMAM) sites from 40 to 145 sites admitting 32,000 malnourished children; iii) Increased community participation in school governance through scale up of school based management committees and provision of school grants from 1,100 schools (2009) to 2,600 schools (2010); iv) the Community Led Total Sanitation (CLTS) approach helped 500,000 people gain access to sanitation and demonstrated promise for accelerating sanitation in rural communities.

Shortfalls: While there were no significant shortfalls, inadequate Government funding especially at State and LGA level and lack of monitoring systems and coordination mechanisms especially in LGAs hindered the full achievement of expected results. Insufficient coordination in response to emergencies, including within UN, impeded a fully integrated and efficient response especially to cholera and floods.

Most important partnerships were with the: i) Nigeria Community Radio Coalition that resulted in the revision of the national communication and radio policies and in a system to grant community radio licenses; ii) State Governments and civil society organisations (CSOs) for the establishment of Child Protection Networks in 10 States, with UNICEF’s technical support to develop referral paths and tools; iii) Health partners through COMPACT process and UNH4+1 resulting in the signing of IHP+ which will improve donor coordination and ensure better response to the global strategy on women and children’s health; iv) Main donors such as DFID which resulted in a positive evaluation of Girls’ Education Project with good prospects of extension for 4 years in Girls Education, likely additional support for Sanitation, Hygiene and Water areas as well as advanced discussions to support nutrition programming; v) European Union about WASH resulting in the allotment of a new tranche of US$ 11.8 million; and (vi) Government of Japan resulting in the grant of an additional US$ 10 million for Health and US$ 9 million for Emergency interventions.

2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Internal conflict and ethnic tensions along with socioeconomic and environmental factors remain the key threats to the wellbeing of the most vulnerable children and women. Desertification, droughts and floods in 2010 contributed to malnutrition among children and outbreaks of diseases.

On the positive side, Nigeria’s Vision 2020 aims to position Nigeria among the top twenty economies by 2020 and to invest in human capital. Over the last 5 years Nigeria has witnessed an average GDP growth of 6%. New data shows economic growth up by 7.68%. Diversification policies have brought welcome growth also in the non-oil sectors. The IMF notes that while Nigeria has weathered the global economic and domestic banking crisis remarkably well, persistent high inflation – now at 13.9% - impacts mostly women and children in poorer households.

The Human Development Report, 2010, ranks Nigeria 142 amongst 169 countries on the HDI index. Between 2005 and 2010, Nigeria’s HDI value increased from 0.402 to 0.423, an average annual increase of about 1.0 per cent. Discounted for inequality, it falls to 0.246, a loss of 42 per cent due to inequities, reiterating the need to focus on equitable
Nigeria has well-articulated policy commitments to achieving the MDGs but actual progress remains a challenge. The official MDG progress report warns unless accelerated measures are implemented the education, maternal mortality and access to water and sanitation targets will be unmet. The report also flags regional disparities for special attention, especially in the Northern and South-South zones. Since 2005, in addition to routine resources to the social sector, the Government has allocated US$1.0 billion annually from the Debt Relief Funds to the achievement of MDGs.

An estimated 54 percent of the population (64% rural, 44% urban) lives below the poverty line, and by 2015, more than 50% will be urbanized. Women and children living in the northern regions are considerably worse off. The poverty incidence is highest in the North-East zone (67.3%) and least in the South-East zone (34.2%). More than half of Nigerians living in the Northern and South-South zones are poor. Further, nearly 90% in the lowest income quintile live in the three Northern zones indicating sharp regional inequalities. Inequality levels are high with a Gini coefficient of 0.49. Inequalities in access to services are evident from data that shows children in the poorest quintile are most disadvantaged, suffering high drop-out rates, having a higher U5MR, and far less access to sanitation. Children living in households amongst the second quintile are also substantially worse-off than those in the wealthiest quintile. According to the HDR 2010, 64% of the population suffers multiple deprivations while another 16% are vulnerable to multiple deprivations.

Gender inequality remains high, with girls and women lagging in education. However, in some southern parts of the country, the drop-out rates for boys are increasing. Maternal mortality rate at 545 per 100,000 live births (Nigeria MDG report 2010) remains amongst the highest in sub-Saharan Africa. Gender based violence is "is highly prevalent." The Bill to Protect Persons against violence is still pending. Politically, women remain under-represented – with women accounting for 7.5% of total membership in both houses of the national assembly and 5% in the state houses.

3. CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview:
UNICEF’s country office (CO) in Nigeria contributed to the UNDAF MTR process in 2010. For that purpose, it organized a Strategic Moment of Reflection around key issues such as: Translating policies into actions to deliver results for children, Making development equitable, Broadening opportunities for social change, and Making coherence work for children. The various scenarios and their implication to better address these issues are currently being discussed within the UNDAF MTR process and should lead to better focus and actions for the remaining 2 years of the Country Programme (CP) cycle.

Despite several constraints including limited Government funding, inadequate expenditure management especially at State and LGA level, and insufficient monitoring systems and coordination mechanisms especially in LGAs, major achievements were possible. Notably, Nigeria was able to reduce the incidence of polio cases from 388 to 18 (a 95% decline from 2009 to 2010) due to joint efforts of partners and UNICEF’s role in securing vaccine and mobilization of communities and religious as well as traditional leaders. Community Management of Acute Malnutrition sites were scaled up from 40 to 145 sites admitting 32,000 malnourished children. The CLTS approach helped 500,000 people gain access to sanitation and demonstrated promise for accelerating sanitation in rural communities.
In terms of process, IHP+ was signed, which will improve donor coordination and ensure a better response to the global strategy on women and children’s health. Child Health sub-accounts were introduced as part of the national Health accounts exercise. Guidelines on HIV and infant feeding were adopted and are currently translated into a plan of action. School based management committees were scaled up and school grants provided to 2,600 schools (vs. 1,100 in 2009). Within the refocus on equity, the programme influenced the creation of Child Protection Networks in 10 States, developed a pilot on Conditional Cash Transfer to support girls education in 2 High Burden States. The CO also promoted Government’s buy in of female teachers’ scholarships to ensure recruitment in remote rural areas, and contributed to the integration of Birth Registration into the biannual Maternal and Child Health weeks.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development:

**WASH:** A paradigm shift occurred in 2010 moving the focus from an individual single community to more effective LGA-wide interventions whereby all the communities in a local government area (LGA) are targeted for intervention. The usual targeting of individual communities had resulted in 24 triggered communities, with only two attaining open defecation free (ODF) status within 14 months. In contrast, the LGA-wide approach resulted in 127 triggered communities of which 120 communities attained ODF status over a similar period in Cross-River state. This LGA-wide approach has proven to be a cost effective way of accelerating sanitation delivery across the country. Yakkur LGA is poised to become the first ODF LGA in the country.

**Child Protection:** UNICEF supported civil society and Government organisations to come together as State Child Protection Network in 10 States. Specifically, the CO assisted in developing rights violation monitoring and reporting tools and methodology, referral paths, code of conduct and terms of reference. Peer learning among different State CPNs was found to be effective and useful for the initial stage of starting up a CPN.

**Education:** UNICEF supported the training of Government partners for the development of Education Sector Strategic and Operational Plans (ESSOPs). These included situation analysis, scenarios building, projection of school needs, costing of school services, market surveys, and how to use the UNESCO EPSSim model in generating planning data.

**Health:** Capacity building for the Health Strategic Plan’s implementation led to UNICEF’s engagement in the Medium Term Sector Strategy to support prioritization of the core MNCH activities and sustainable funding for the next 3 years.

**Evidences based Planning and Evaluation:** UNICEF supported DevInfo’s effectiveness by capacity building of interested entities at federal level and in some states as well to enhance their statistical and analytical skills. As a result the Nigeria Socio-Economic database has been developed at the federal level; Anambra and Cross River states have similarly developed ANInfo and CRInfo using DevInfo 6.0 tool for evidence-based planning.

States and CSOs have been engaged in discussion on country led evaluation. Existing evaluation associations in the country will come together in 2011 to form a functional and effective National Evaluation Association pulling their resources together to better support evaluation of development interventions.

3.1.2.2 Effective Advocacy:

Nigeria is a federated state with states and local government areas (LGA) having responsibility for many of the basic services most important for children. Traditional leaders especially in the north are highly influential in shaping public attitudes towards use of these services as well as community and household practices. UNICEF therefore advocates at both levels, with government structures as well as community influencers. Well-formulated policies by the Government are not always supported by adequate implementation mechanisms and the CO advocates to strengthen these as well.
The 2010 Annual Management Plan had five advocacy priorities: (1) encouraging evidence generation and its utilization for planning, monitoring and evaluation, (2) promoting and ensuring the success of Maternal, Newborn and Child Health Weeks (MNCHW), (3) encouraging government to strengthen partnerships with communities, (4) supporting efforts for polio eradication, and (5) promoting better protection for orphans and vulnerable children as well as supporting efforts for mitigating acute malnutrition.

As a result of advocacy, the Government is undertaking with UNICEF support several diagnostic studies in social protection, social welfare and public expenditure reviews. Further, three separate evaluator associations have agreed to discuss to form one association to enhance Nigerian capacity for country-led evaluation. In the Health sector, the MNCHW were adopted as national strategy by the National Health Council and were carried out twice in 2010. Polio eradication has continued to be a priority nationally and in the high risk states, including with the traditional and religious leaders. In the Education sector, 18 states have institutionalised data-based planning processes. UNICEF’s advocacy and technical assistance has also led to better functioning and more empowered School Based Management Committees. In the area of OVC protection, UNICEF in partnership with US Government was instrumental in assisting the Federal Ministry of Women Affairs and Social Development to revitalize the OVC National Technical Coordinating Group and to shift the approach to addressing OVC service delivery from a perspective of local governance and social welfare sector reform. An important development with strong potential for sustained community directed advocacy was UNICEF’s success in bringing together a coalition to advocate for adoption of airwave guidelines, later approved by the President that will enable community radios to operate in Nigeria.

3.1.2.3 Strategic Partnerships:

UNICEF partnerships are centred on close existing relations with national structures that address issues of children, vibrant NGOs and strong links with traditional and religious leaders and the media. The limiting factors include: i) no strategic partnerships with organizations capable of strengthening UNICEF’s knowledge-based organization credentials; ii) evidence generation is not yet prioritized by most partners; iii) ad hoc partnerships and/or traditional partners who in turn favour traditional partners and approaches, iv) weak partnerships with children and youth. The CO is beginning to address the above constraints. Among the MTR agenda items are: a full-fledged review of partnerships and partnering strategies, leveraging existing partnerships of UN agencies, prioritizing knowledge-building, and capacity building issues.

Despite the above constraints, by way of strategic partnerships, several good practices were developed and achievements ensured in 2010 as seen below.

In Health, partnerships were strengthened through COMPACT process and UNH4+1 resulting in the signing of IHP+ which will improve donor contributions and ensure a better concerted response to the global strategy on women and children’s health.

In the area of care and support for OVC, a partnership with US agencies was strengthened, resulting in multiple benefits in many areas.

In Education, strategic partnerships were strengthened with Government to enhance its role in the development of human capital and improved governance. In addition, multiple partners were involved in enhancing grassroots mobilization and monitoring of the girls’ education (GE) project and promotion of indigenous ownership. The partnership with Dfid, for instance, helped to enhance the resource base available for our work in GE and in accelerating the development of the CFS initiative.

For Children & AIDS, UNICEF initiated partnerships with institutions that have potential to reach large numbers of Young People especially those who are out-of-school. Three pilots were initiated; i) using sports as an entry point for HIV prevention; ii) outreach to out-of-school youths through community engagement, peer education, radio drama series, sports and mobile phone technology; and ii) the “power of young people’ campaign”.
In the area of Emergency preparedness, UNICEF facilitated the work of the UN Emergency Group, especially for mapping of humanitarian NGOs and the tweaking of the inter-agency contingency plan, and the preparation of proposals to OCHA for lead poisoning, cholera, floods and malnutrition. UNICEF is also coordinating the Nutrition Emergency Group jointly with the National Primary Healthcare Development Agency.

### 3.1.2.4 Knowledge Management:

**MICS 4**: UNICEF Nigeria supported the MICS4 Pilot, a mini survey with limited coverage whose main objective was to ensure quality of the main survey, scheduled early 2011, based on the learning gained from the pilot’s operational, financial and technical experience. The post pilot assessment will inform the main survey’s implementation strategy as well as the quality control and quality assurance (QA/QC) plan.

**Situation Analysis (SitAn)**: The 2007 SitAn based on which the 2009-12 CPAP was built was updated in 2010. This update was done jointly with the key Government partners. The final report will be available in 2011.

**Emergency and preparedness**: UNICEF supported the National Emergency Management Agency to carry out Vulnerability and Capacity Assessment and Analysis in 6 states and the Federal Capitol Territory (Abuja) as a pilot, with possibilities for expansion to cover the most vulnerable communities and integrate their needs in the regular development programme that will assist such communities to build capacities in Disaster Risk Reduction (DRR).

**Research to address the most disadvantaged**: The study of OVCs, conducted and completed in 2009, was launched officially in 2010. The action plan based on this study was further reviewed, and a follow-up mapping of services for vulnerable children and families has been planned for 2011. In 2010, UNICEF also initiated research to examine the impact of the global economic recession and the domestic banking crisis on poverty at family (micro) and community (meso) level.

**Providing knowledge products**: In conjunction with breakfast briefings for donors and UNICEF Executive Board member missions, facts sheets were produced. Feedback has been good suggesting that the information provided is useful for the missions in informing their countries on critical issues affecting children in Nigeria.

### 3.1.2.5 C4D Communication for Development:

The Communication for Development (C4D) programme embarked on high level advocacy with partners to push for the approval of licenses for community radio stations in Nigeria. The key platform was the Nigeria Community Radio Coalition, an umbrella group that organised a series of policy dialogue sessions and meetings aimed at key Government ministries, departments and agencies (MDAs), civil society, the academia, young people, and community institutions. Notable among members of the Coalition were the Institute of Media and Society, the Community Broadcasting Network of Nigeria - a body comprising Campus Radio operators and the National Orientation Agency. The National Broadcasting Commission, the agency empowered to grant radio licenses, participated and supported all resolutions pushing for community radio and more campus radio licenses. Apart from the approval of licenses, the National Council on Information also adopted the revised National Communication Policy and Community Radio Policy.

In 2010, the C4D Programme component commenced discussions with 8 departments in Nigerian universities on an initiative that can provide regular social data for guiding programming decisions. Collection and use of social data for communication and programming decisions is already being used for polio eradication. The new initiative will broaden the scope and use of such data. Graduate students in the Social Sciences, Communication Studies and Community Medicine (Public Health) who work on gathering information on knowledge, attitudes and practices (KAP) related to child survival and development will share their research reports with the C4D Section. UNICEF will also convene the best of the researchers and their advisors to a colloquium where reports of
the studies would be discussed among stakeholders and programming implications shared.

Communication materials were developed in the reporting year on H1N1, Malaria control, Oral Rehydration Therapy, deworming, exclusive breastfeeding, immunization, ANC attendance and some issues relating to the Nigerian Child Health Weeks. All materials were developed with the participation of end-users and the pre-testing was done at community level, with participant groups.

3.1.3 Normative Principles

3.1.3.1 Human Rights Based Approach (HRBAP) to Cooperation:

In the MTR process, every programme applied the WCARO evaluation checklist to assess the level of HRBAP in the respective programmes and make recommendations accordingly. Since the original SiTAn in 2007 had not been developed with a full HRBAP perspective, a comprehensive update was not possible.

During the Strategic Moment of Reflection, a key issue considered was: Making Development equitable. A SWOT analysis was undertaken that revealed the following:

**Strengths**: i) Policy framework and sectoral plans are pro-poor; ii) UNDAF/CP is pro-poor by design/principle though not necessarily in practice; iii) CMAM and CLTS are examples of promising community-based/equity-focused approaches; iv) Existing decentralization of systems is noted and recommended as a continued good practice.

**Weaknesses**: i) Limited capacity of Government structures and insufficient accountability across all structures; ii) Weak community partnerships and systems; iii) Lack of operational plans at State and LGA levels; iv) Resource allocation is not proportionate to the needs,; vi) Policy inconsistencies.

**Major opportunities identified**: Potential for (i) solid work with traditional and religious institutions, (ii) developing sectoral plans and structures and LGA performance contracts, and (iii) enhancing government allocation for achieving MDGs in Nigeria.

The SMR identified for study: i) Equity focused SiTAN should be conceived as the starting point of an inclusive micro-planning process at the LGA level - involving all states and non-states stakeholders that would lead the causal and capacity gap analyses of identified equity issues. The end product could be used by LGAs and CSOs to design programmes / projects, leverage resources and influence policies at macro-level, for addressing the equity issues. Training of LGA staff in planning, monitoring and evaluation should be conducted. ii) Incentives for high performing LGAs should be provided, iii) Good practices should be documented, iv) Exceptional measures to focus on deprived and hard to reach populations should be identified and implemented and resources allocated; and v) Joint initiatives on equity issues common to UN Agencies should be developed.

For improved HRBAP outcomes, more than 100 programme staff (80% from field offices) and some Field counterparts were trained in HRBAP and in RBM. The training enabled them to use acquired knowledge and skills to develop PCRs and IRs, and apply human rights principles in designing their Multi Year Work Plans, with a major focus on equity.

3.1.3.2 Gender Equality and Mainstreaming:

An analysis of the CO's gender related activities reveals that it has a combination of gender 'focused' and 'mainstreamed' activities, with the latter being more prominent.

In 2010, efforts continued to integrate gender equality and mainstreaming as seen below:

- In the education sector, specific activities include scholarships for female teacher trainees to address disparities in education in the North which faces a shortage of female teachers.
A conditional cash transfer programme targeting girls is being piloted in Bauchi & Katsina.

Gender sensitive sector planning and budgeting has been promoted in 17 states.

A sex disaggregated survey is underway to analyze the current social welfare staffing structure.

A sex disaggregated baseline survey on disability amongst children is being conducted.

A results-based gender sensitive National Strategic Health Development Plan has been launched with a monitoring framework to measure service delivery for women and girls. The human resource framework addresses staffing (e.g., midwives) required to meet women’s health needs. The budget prioritizes key interventions to address maternal and child health.

A gender sensitive framework for HIV prevention in sex work settings has been developed and the youth HIV & AIDS prevention programme focuses on girls.

Civil Society coalition groups have been supported to advocate for the passage of the elimination of violence against women bill.

Participation of women and girls is being sought in both policy development frameworks and at village based development institutions. The Education Sector Plan’s technical committees, for instance, include both men and women. The school based management committees and the village WATSAN committees include representation from both sexes.

The C4D programme takes into account the role of men and boys in setting and changing norms that affect gender parity by analyzing and designing communication programmes based on knowledge, attitudes and practices.

In the area of evidence building for informed policy making, a gender audit of the WASH section programme has been undertaken, and a study on violence in school has been initiated.

As part of the CO’s focus on evaluation, a review of the Beijing plus 15 Platform for Action was undertaken. It reaffirmed that policy frameworks for gender equality are strong, but their implementation tends to be weak and requires considerable strengthening.

The NCO will prioritize an external review of how it has mainstreamed gender equality and equity to inform the next country programme.

**3.1.3.3 Environmental Sustainability:**

Environmental sustainability is an integral component of WASH programming. Installations of water facilities in the communities embrace a holistic approach addressing issues that affect the environment and long-term sustainability. These include preventing water contamination by proper sitting and sustainable operation & maintenance using VLOM approach. School Environmental Health Clubs promote knowledge on environmental issues. CLTS helps prevent water bodies from faecal contamination and promotes long-term sustainability.

Over 80 renewable energy (solar) based water supply projects were implemented across the country. Climate-proof sanitation solutions have been implemented in flood-risk areas in the south. Run-offs from water points in schools have been harvested for gardening purposes. Sensitisation of Government partners on climate change was carried out. Climate change vulnerabilities are increasingly factored into the selection of technologies for water and sanitation interventions. To overcome unreliable power supplies in some of the LGA-WASH departments that UNICEF is supporting, solar energy will be harnessed in 2011.

Building on the comparative advantages of UN Agencies in Nigeria and the Government, the African Adaptation Program (AAP) for Nigeria, funded by Japan, is geared to promote...
environmental friendly aspects in various sectors, in addition to building governance systems, empowering children as change agents, and demonstrating adaptation benefits. The UNICEF-led component aims to improve knowledge, skills and systems for climate change adaptation at the basic education level, with links to policy advocacy in the key sectors of water and education. The major activities will include Skills-Based Education to address issues of climate change; development of problem solving and conflict management skills; and fostering of systems to enhance learning for resilience, awareness raising and community engagement and dialogue. Studies on the impacts of climate change on Nigeria’s children, and the emergency preparedness and disaster risk reduction needs under a changing climate will be conducted to guide the development of national and state climate change policy and strategy, as well as advocate for review of key sectoral policies (Water and Education). The total funding for AAP-Nigeria is US$ 5.475 million, of which UNICEF funding is US $ 1.5 million. The project is in its inception phase following a planning workshop in late October 2010.

3.2 Programme Components:

Title: Health and nutrition

Purpose: The focus of the Health and Nutrition programme in the second year of its implementation was to provide an enabling environment for scaling up proven MNCH interventions addressing regional disparities in access in order to increase the rate of progress towards achieving MDGs 4 and 5 by 2015. This has entailed utilizing UNICEF’s informed advocacy to influence policy, leverage financial and technical resources from Government and partners, and create demand to consolidate these efforts. The Health programme contributes to the National Health Strategic and Development Plan and the Nigeria Commitments to the Global Strategy on Women and Children’s Health. The Nutrition component of the programme focuses on promotion of optimal child and infant feeding practices at household level; improving management of severe and acute malnutrition at facility and community level; and strengthening current gains on prevention and control of iodine, vitamin A and iron deficiencies in children and women.

Planned results for 2010:

1. At least 15 of the UNDAF States, Federal Capital Territory (FCT) and High Burden States of Intervention (HBSI) will complete Phase 1 of Integrated Maternal Newborn and Child Health (IMNCH) Scale Up Plan and use the Investment Case for mobilizing funds.
2. At least 15 of these States implement the Community Based Management of the Newborn.
3. At least 15 States implement a continuum of care approach for pregnant women with emphasis on attendance at delivery by skilled attendants.
4. At least 6 UNDAF States (including FCT) and 9 HBSI support the roll out of Reach Every Ward (REW) Implementation to the health facility levels.
5. At least 6 UNDAF States (including FCT) and 9 HBSI support sustainable service delivery through vaccine logistics systems and effective cold chain management.
6. At least 32 of the UNDAF States, including FCT and HBSI, promote and support early and exclusive breastfeeding.
7. At least 35 of these States support and implement inpatient and outpatient management of acute malnutrition and increase intake of Iodine, Vitamin A and Iron.
8. At least 6 of these states strengthen institutional capacity building including nutrition surveillance.
9. At least 36 of these states improve training and coordination of biannual Child Health Weeks.

**Resources Used:**
Figures for Health & Nutrition programme component:
Total approved for 2010 as per CPD: US$150,800,000 for the entire cycle.
Any special allocations (list)

**List of donors**
• United States Fund for UNICEF
• UNICEF UK
• Japan Government
• Canada Government
• Iceland National Committee
• German Committee for UNICEF
• CIDA/HAND
• Rotary International
• Bill & Melinda Gates Foundation
• United Nations Foundation Inc.
• Italian National Committee
• Polish National Committee
• Nigerian Government
• Canadian Government
• The GAVI Fund
• Micronutrient Initiative Formerly IDRC - nutrition
• European Commission/ECHO (SM/2010/0382 – nutrition)
• USA Centers for Disease Control

**Result Achieved:**
The wild polio virus affected 18 cases in 2010 compared to 388 in 2009 - a drop of 95%.
Compared to 2009, in the high burden states, coverage of all antigens increased significantly more than the national coverage increase due to efforts to intensify REW strategy. The number of un-immunized children reduced by 34% since 2009, and the reduction occurred mainly in the hard to reach areas. Adequate funds were mobilised to support scale up efforts and provide adequate OPV stocks. Biannual Maternal, Newborn & Child Health Weeks (MNCHW) were adopted as national strategy in March 2010 to reach at least 90% coverage of vaccines against poliomyelitis, measles and DPT along with Vitamin A, deworming, and messages on positive key household practices. In all, 26.2 million children representing 76% of target population were reached with twice yearly vitamin A supplements.
The 3rd round of MNT elimination campaign was successfully conducted. In addition, children and women in 1,761,916 households received Long Lasting Insecticidal Nets (LLINs). Operational costs and technical support was provided to distribute 1,000,000 LLINs using GFATM support. The GFATM Affordable Medicines Facility for Malaria was launched to increase access of Artemisin Combination Therapy. Funding was leveraged from World Bank Malaria Booster Project for broader interventions in 7 states.
Capacity building for strategic plan implementation led to engagement in Medium Term Sector Strategy to support prioritization of core MNCH activities and sustainable funding for the next 3 years. Other core activities included: development of National Action Plan against Pneumonia, Community Based Newborn Care package, vaccines logistics support including Rapid SMS and Commitments to the Joint Strategy on Women's and Children's Health. The First Joint Annual Review of the Health Sector, with UNH4 inputs, was fed into UNDAF MTR process.
Other achievements included:
- Clear evidence of a strong political commitment demonstrated through the release of debt relief (MDG) funds and the stewardship role of the National Primary Healthcare Development Agency, both of which boosted performance. The Midwifery services scheme (MSS) is strategically addressing the skilled human resource gap in delivering maternal health services. The Baseline Survey of the MSS showed all Performance Indicators were met, and the deployment number increased to 6000 in the high burden states. Donor coordination was improved through IHP+COMPACT, signed in December. UNH4 +1 provides a valuable platform for increasing harmonised technical assistance including scaling up of MNCH activities.
- Internally, the process of planning to address implementation bottlenecks and enhance equity focus facilitated the MTR process. Improved coordination and streamlining operations across all the field offices and UNDAF as well as across high burden states contributed to intensified Polio Eradication efforts.
- Support was ensured for health emergencies in several states that experienced measles, Cerebral Spinal Meningitis and Cholera outbreaks. Preventive commodities were distributed in 2 affected states.
- Community management of acute malnutrition (CMAM) increased from 40 to 145 sites for 32,000 severely malnourished children in 8 states hit by flooding and cholera. Two Rapid Nutrition Assessments found low levels of knowledge of exclusive breastfeeding among caretakers and indicated that health workers are major source on infant feeding. As a result clearer policy and guidelines for infant and young child feeding were developed. The World Breast Feeding week and National Day of Prayer were supported for broadest impact on breastfeeding and other beneficial practices.

**Partnerships**
Key strategic partnerships emerged with several INGOs – including with SC/UK - in promoting CMAM; and with IYCN, FHI/GAIN - in the development of infant and young child feeding guidelines and plans of action. Nigeria is the first African country to adopt use of ARVs during breastfeeding to reduce risk of HIV transmission by 99%. Nutrition messages for poorest families were developed and broadcast jointly with BBC World Trust.

**Constraints**
The main constraints were:
- Lack of adequate funding from State Governments.
- Slow implementation rate and low LLINs use in 7 States indicating limited capacity.
- CMAM scale-up was delayed by funding constraints.
- MNCHW was affected by inadequate micro-planning and logistics.

**Future Workplan:**
- Consolidate Polio eradication and provide support to routine immunisation and Vaccine Logistics Systems
- Support bi-annual MNCHW and other ACSD programmes, with VitA and de-worming
- Scale up the MTSS to more states, along with Community Newborn Care, and Pneumonia control actions
- Provide support for Social Protection measures and National Health Insurance Scheme
- Support intensive behaviour change strategies for continuous LLIN use
- Support Joint Technical Assistance Plan IHP+ Compact commitments “Ensure Joint…..commitments are carried out.”
- Promote management of acute malnutrition; and bi-annual rapid nutrition assessments
• Enhance focus on boosting EBF and complementary feeding practices, and management of acute malnutrition
• Continue supporting scale up of CMAM and carrying out of bi-annual rapid nutrition assessments.

Title:
Basic education and gender equality

Purpose:
The Programme aims to support increased access to Basic Education (BE) especially for girls, reduction of disparities, as well as improving the quality of education. It focuses on strengthening systems at the national, state, LGA and school levels. Its planned result at the end of the 2009-2012 programme cycle is “increased numbers of children participate in and achieve high quality education in ECD centres, Primary and Junior Secondary Schools as well as in Qur’anic schools and alternative channels of BE.”

Its key results planned for 2010 were: (a) Federal and State Education Planners utilize EPSSim in developing gender sensitive and rights based Education Sector Plans, and utilize these plans and the acquired skills and knowledge in shaping the State’s MTSS and Annual Budget, etc; (b) FME mainstream gender in educational programmes with adequate mechanisms for inclusion of disadvantaged children especially girls in Basic Education; (c) FME/SMoEs/SAMEs’ systems strengthened for data generation, management and result-oriented delivery of quality data; (d) FME/SMoEs implement systems for creating and sharing data on progress made in IQE and NFE to enhance evidence based policy and planning; (e) FME/SMoEs generate and apply reliable data linked to EMIS/NEMIs and DevInfo to shape policies, programmes and standards for school readiness and quality learning in ECD; (f) FME uses effective coordination mechanism and linkages to implement NSHP; (g) FME and SMoEs in 11 High Burden Northern States, the 4 Learning Plus States and UNDAF States and FCT systems strengthened for the implementation and monitoring of school health programme.

Resources Used:
Total approved for 2010 as per CPD: US$ 95,600,000 for the programme cycle. Total available for 2010 from all sources: RR- US$ 3,999,050.96; OR- US$ 10,836,729.37; Total: US$ 14,835,789.33
Any special allocations (list): N.A.
List of donors: DFID; UK for UNICEF; Global Thematic Fund; Netherlands for JPO

Result Achieved:
Progress was made in 2010 in Basic Education (BE) services delivery systems to all children, especially those deprived/marginalized. There is improved gender mainstreaming as 18 States and FCT now implement rights-based, gender-sensitive inclusive education sector plans. The use of gender and inclusion tools in planning has enhanced the infusion of equity into education sector development programmes and budgets.

The infusion of gender sensitive content into teacher curriculum has enhanced gender and child friendly pedagogy. The introduction of equity-focused initiatives including the design and pilot of a Conditional Cash Transfer (CCT) programme in two states has great potential for increasing access for children in the lowest wealth quintiles. Equally, the Government buy-in of the Female Teacher Scholarship Scheme (FTSS) has led to 1,176 young women receiving training in 2010 (770 in 2009) with potential for increasing access for excluded girls and motivating females into teaching in rural communities.

The scale up of School Based Management Committee (SBMC) initiative and Whole School Development Planning (WSDP) is transforming the school environment through improved governance, planning and accountability. Some 2,973 schools (i.e. 35% in four
have established functional school based management committees (SBMCs), with a total of 17,215 members (25% female) trained. Access to school grants by schools in four states to implement WSDP is creating learner friendly environments. A total of 2,210 schools (23% in the 4 states) received grants of US$1,666 per school in 2010 for improving the school environment for learning in addition to community support through provision of labour, cash crops, etc. Enhanced partnership between the states NGEI chapters provide a good linkage for local-level advocacy to gear up school enrolment. Other partners include UNESCO, DFID, WB and CSOs in development of education sector plans, mainstreaming of gender in educational planning and ECD programmes. Systems for policy development/planning of quality BE have been transformed in 18 States and the FCT. Functioning Policy Development and State Education Sector Plan/State Education Sector Operational Plan (SESP/SESOP) Technical Committees with competence and skills for institutionalizing and sustaining data-based planning process have been established. Functional NEMIS Committees and application of NEMIS Software in the states has improved data management and reporting. Integration of BE data into DevInfo has enlarged disposition to using published data in planning and evidence-based advocacy. Key Education Managers and Focal Points in MDAs have improved awareness, knowledge and skills on education preparedness and response in emergencies. A framework to guide education sector preparedness and response in emergencies is awaiting approval by Government. There is increased acceptance of integration of key aspects of formal basic education into Qur’anic education, especially in the states in the north-eastern part of Nigeria. The developed National Policy on Almajiri education will provide a framework for addressing education for the Almajiri children. Improved data base on ECD through assessment studies on school readiness factors and capacity assessment of ECD teacher programmes fed into SESP and SESOPs. Inclusion of ECCE as a special course in 22 Colleges of Education (out of 65 CoEs) indicates commitment to training of quality ECCE teachers. Enhanced skills and knowledge of ECD managers through training under ECDVU programme and application of ECD Resource Pack have enhanced knowledge and expertise on ECD. The established National Resource Centre for ECD is providing channel for networking of ECD Researchers and Managers. The Policy of establishing ECCE linkage in all public primary schools has continued to increase access for children to ECD programmes. NFE data is now an integral part of the SESP and has informed drafting of the Institutional Capacity Development Framework for mass literacy programmes. The newly developed National School Health Policy (SHP) and Guidance and Counselling modules on creation of stress-free school environment have enlarged knowledge base for SH stakeholders. The framework for increased participation in sport activities of school age children is promoting healthful learning of children. New skills and knowledge acquired by Health Education Managers and Planners have improved education response to HIV/AIDS, Malaria, Polio and sanitation. Constraints experienced include fluctuating political will to support desired reforms insufficient programme coordination at intra/inter-departmental and sectoral levels; limitations in the quality of database; socio-cultural norms that discourage girls from seeking education especially at higher levels, and inadequate funding from Government including insufficient prioritization and funding of ECD/NFE by the Government. **Future Workplan:** 2011 priorities: Implementation of policies and rights-based gender sensitive SESP that promote equity in education with a focus on reaching children marginalized; step-down SESOPs to LGA and key Directorates’ level; mainstreaming gender in educational programmes; improving quality of education, early learning preparedness and implementation of school health and environmental programmes; and developing further options for DFID partnership.
**Purpose:**
The Programme contributes to increased access to safe water sources, hygienic practices, and improved sanitation especially in the rural areas and among vulnerable population. The main results planned for 2010 include:

- Federal and 11 States have sector policies, plans, institutions and capacities for WASH programme delivery;
- 16 States have demand responsive systems and technical capacity for water supply delivery, operations and management, and water safety;
- Systems and technical capacities for demand responsive and cost effective hygiene and sanitation approaches promoted in 16 States to benefit additional 2,068,970 people;
- Systems and capacities for delivery of gender friendly sanitation and hygiene education services promoted in 16 States to benefit additional 186,050 pupils.

**Resources Used:**
Total approved for 2010 as per CPD: US$ 89,700,000 for the programme cycle
Total available for 2010 from all sources: RR: US$ 4,590,536.84; OR: US$ 9,391,627.67; Total: US$13,932,164.51
Any special allocations (list): US$994,312 (CERF, included in OR above)

**List of donors**
1. European Commission
2. Department for International Development (DFID)
3. United States Fund for UNICEF
4. USAID
5. Japan – Trust Fund – for JPO
6. UNOCHA

**Result Achieved:**
In 2010, the Federal Ministry of Water Resources (FMWR) was de-merged from the Federal Ministry of Agriculture and Water Resources, indicative of the importance being given to this sector.

Policies in 18 states are at different levels of approval. WASH Sector Communication Strategy is approved and ready for implementation. FMWR allocated about US$ 66 million to the sector, representing 16% of the FMWR budget or 0.25% of the Federal budget. UNICEF leads the sector coordination forum. Harmonisation of sanitation policies and review of water policy is initiated. Technical assistance for operationalization of the M&E framework is provided. A total of 2,059 WASHCOMS were established and 90 more are being formed; 29 LGA staff have enhanced Project management skills; Learning alliance supported amongst 180 communities in Osun State

With UNICEF support, 728,850 people (including 33,000 pupils in 134 schools) representing 46% of the annual target gained access to improved water supply. Some 1284 water sources were either rehabilitated or established. Of the 45 CMAM centres in the three States, 25 have water facilities; 46 State and LGA officials of 6 pilot States have enhanced capacity for community based water quality surveillance & testing and ten WASH Managers now are capable of collecting and processing water quality data. Knowledge of 40 communities on household water safety is enhanced. Nigeria now has handpump standards (NIS 326). A total of 364 staff acquired skills on VLOM while 100 communities are developing VLOM plans. Nigeria maintained a zero guineaworm case occurrence in 2010.
Strengthening CLTS technical capacities in 30 States resulted in 503,523 people (24.3% of the annual target) gaining access to improved sanitation facilities in 1,494 communities; 509 communities have attained Open Defecation Free (ODF) status; 50,050 pupils in 564 schools representing 27% of yearly target have access to gender-sensitive sanitation and hygiene facilities; 25 schools were provided with latrines with additional space for menstrual hygiene management; 544 Federal, State and LGA officers and 4,460 Community Sanitation Promoters have improved skills for sanitation/hygiene; 43 women artisans were trained on sanitation, hygiene promotion and latrine slab construction; 98 Health Centres and 10 CMAM Centres have improved sanitation facilities; 36 Health workers and 1,287 Education Ministry officials acquired skills on sanitation and hygiene; 34 SHTs now use revised curriculum for training. In addition, about 16 million people were reached during GHD celebrations. Of the 13,617 communities affected by Onchocerciasis, 7.78 million people from 9,041 communities were treated. Over 109.6 million tablets of mectizan worth US$154.1 million were cleared and distributed under Onchocerciasis Control Programme.

(b) Constraints
Inadequate coordination and planning, insufficient investment in and prioritization of the sector, capacity limitations at different levels of Government, and poor maintenance regimen continued to affect the sector’s progress. FMWR’s delay in the issuance of No-Objection Certificates for water sources hampered the progress in EU assisted States. Similar challenges were faced at the State level.

Among the lessons learned are: (i) CLTS has the potential for scaling up. (ii) It could effectively address equity issues. (iii) For demonstrating impact, the smallest unit must be LGA.

(c) Research, Monitoring and Evaluation
Technical assistance for MIS development at FMWR and Country Summary Overview report was provided. Situation studies on WASH budgeting practices, handpump functionality, self help water supply systems and sanitation solutions for challenging environment are ongoing.

(d) Partnerships
The programme revived the Development Partner’s Group bringing all partners together under one platform by taking the lead and conducting seven meetings in 2010. As a knowledge centre, WASH provided latest updates, arranged presentations and shared studies/information with the partners. Partnerships with NGOs, institutions and the private sector continued.

(e) Emergency situations
Around 40,000 cases of Cholera with CFR of 4.8 were recorded. Due to flooding, approximately 81,681 people were affected in 11 States. Lead poisoning affected around 18,350 people in 7 villages of Zamfara where more than 400 child deaths occurred. Response included deployment of pre-positioned supplies at the States and FCT, and capacity development of 76 Government officials from 24 states. Lead poisoning mitigation included decontamination of 7 villages and awareness creation activities. Eighteen states and FCT have developed WASH emergency preparedness plans.

Future Workplan:
In 2011, the programme will focus on assisting improved service delivery at LGA level using equity lens; inter-sectoral collaboration; capacity enhancement; strengthening planning and M&E systems; water quality surveillance; policies review; climate change adaptation; strengthening PPP; civil society engagement to foster social change; emergency preparedness and response; and advocacy for additional sector funding. DFID and EU agreements worth US$ 42.7 million were signed in 2010. New discussions for further DFID partnership will start in 2011.
Title:
Children and HIV/AIDS

Purpose:
The Children and AIDS programme contributes nationally to reducing the spread of HIV&AIDS in children and young people and increasing their access to treatment, care and support services. The programme components include prevention of mother-to-child transmission of HIV, prevention of HIV&AIDS among adolescents and young people and scaling up access to treatment and care for children. It contributes to achieving the following results: at least 80% of pregnant women have access to PMTCT services in 11+1 focus states; all exposed infants have access to early infant diagnosis and infant feeding options; at least 30% of HIV infected children have access to antiretroviral drugs and treatment for opportunistic infections in focus states; and up to 40% of children and young people aged 10-24 have comprehensive information and life skills to reduce HIV and AIDS risk and vulnerability. Additionally, the programme strengthens the participation of children and adolescents, especially girls and women.

Resources Used:
Total approved for 2010 as per CPD: US$32,100,000 for the programme cycle
Total available for 2010 from all sources: RR: US$3,931,116.99; OR: US$ 600,937.70
Total: US$ 4,532,054.69
Any special allocations (list)
List of donors: Global thematic funding, UK Natcom

Result Achieved:
The year 2010 saw unprecedented alignment of political will, national goals, strategies, and resources for PMTCT, evolving into an elimination of MTCT agenda: reprogramming of GF resources (R8&9); ‘Plus up’ funding from PEPFAR; and a series of high level advocacy visits (UN USG/OGAC leadership). Country teams benefited from cross-country learning. The WHO’s 2010 Guidelines for PMTCT, HIV and Infant and Young Child Feeding, and Paediatric treatment were adapted to suit the Nigerian context. A National PMTCT Scale up Plan 2010-2015 simultaneously informed, refined, and was annexed to the GF R10 PMTCT proposal. Forecasting and quantification for UNITAID commodities was finalized, and orders placed.
As at end of 2009, modest gains were realized with maternal ARV coverage at 22% (up from 10% in 2008), but the gains were insignificant for infant ARV coverage at 8% (from 7% in 2008). Only 10% of children in need are receiving ART. Data on cotrimoxazole prophylaxis and EID are less consistent. No data exist on infant feeding practices. The 2010 data is not yet available.
Nine States, FCT, have PMTCT plans, of which two are costed. State coordination was strengthened for PMTCT and Paediatric treatment oversight through training in programme management, and reactivation of stakeholder convening platforms. M&E systems &capacity building is ongoing through training state teams and M&E TWGs on data quality assurance (DQA) and DHIS/NMRIMS facilitated by FGN. Some states now have some baseline facility and service data, but in the absence of sub national HIV estimates, have not been able to compute population-based coverage baselines.
CSOs, 'Journalists Alliance for PMTCT' (JAP) members, and UNICEF staff were trained on evidence based demand creation and advocacy planning respectively, and will prioritize effective advocacy for human and financial resources for scale up.
The National Prevention TWG provided leadership for HIV prevention efforts. The revised national prevention plan (NPP) promotes combination prevention and articulates a standard ‘minimum’ prevention package. UNICEF participates in the NPTWG and is
supporting the translation of national standards into practice through TOT and TA to all UNICEF supported programmes. These efforts will contribute to increased comprehensive knowledge and ultimately protective behaviour among young people. Although the level of HIV and AIDS awareness among young people (YP:15-24 years) in Nigeria is high, comprehensive HIV knowledge is quite low at only 22.2 % for females and 32.6% for males aged 15-24 years (NDHS 2008).

**Capacity building**

Systems development and institutional capacity development efforts were sustained in 2010 and included strengthening linkages with the Education sector's curriculum-based FLHE efforts and communities beyond schools. Partnerships were strengthened especially with CSOs (CISHAN, NYNETHA, and NEPWHAN) and are particularly critical to reach out-of-school youth and vulnerable children. Important partnerships worked on standardizing the national minimum prevention package and data management. The NYSC project reached 156,566 YP (48.2% Males, 51.8% Females) with comprehensive HIV prevention information and life skills in 36+1 states. A total of 16,571 (64.4% Males, 35.6 % Females) volunteer Corp members acquired knowledge and skills to function as HIV & AIDS/RH Peer Education trainers (PETS).

**Partnerships**

UNICEF initiated partnerships with institutions that have potential to reach large numbers of YP especially those who are out-of-school. These include the National Sports Commission (NSC), and Civil Society umbrella bodies (CISHAN, NYNETHA, and NEPWHAN). The CSOs benefited from a NACA-led UNICEF supported TOT on the use of Social Behaviour Change Communication for HIV prevention. Three pilots were initiated; i) using sports as an entry point for HIV prevention with NSC; ii) outreach to out-of-school youths through community engagement, peer education, radio drama series, sports and mobile phone technology; and iii) the ‘power of young people’ campaign’ with the ‘Big Brother Africa 2009’ winner Kevin Pam, now a Youth HIV Prevention Ambassador. The pilots are expected to yield important lessons for replication in 2011-2012.

**Factors constraining performance**

The most important bottlenecks arise from the need to programme for a large population size, and across several tiers of governance, MDAs and development and implementing partners. The key constraints include:
1. The weak capacity of existing systems (coordination, management, oversight for standardized service delivery, data) particularly at LGA level
2. Fragmentation and inadequate integration/linkage across services
3. Inadequate planning, budgeting & resource utilization and limited advocacy.

**Future Workplan:**

UNICEF will continue to engage in FGN-led efforts to leverage resources, (including through reprogramming) and synergies, across major donor supported efforts especially GF-CCM (> $1.4 billion total grants) and USG (>$450 million annually), including at state levels. CHAI exceptionally championed EID and Paediatric ART scale up efforts and will continue to do so. HIV prevention efforts will benefit from stronger partnerships with line MDAs & CSOs (NYNETHA, CISNAN and AYPIN, EVA). Other areas of focus will be:

- Domesticate Elimination of MTCT agenda linked to National and State Scale up Plans, with a strengthened focus on paediatric treatment
- Advocacy, leveraging human & financial resources for comprehensive PMTCT, within context of integrated MNCH and ACSD
- Strategic partnerships for institutionalized equitable sustainable programmes
- Making programmes compliant with national standards (adapted WHO guidelines, Minimum Prevention Package) for intended outcomes and impact
• Ensuring pilot initiatives (ACSD; HIV, sports and ICT; power of young people campaign) are evaluated and replicated
• M&E systems strengthening, including for equitable results-focused PME, SitAn/JAR (joint annual review).

**Title:**

*Child protection*

**Purpose:**

The programme aims to support the creation of a protective environment for children with emphasis on improving legal and social welfare service framework, building national systems and strengthening social norms and values to prevent violence, abuse and exploitation of children. The main results include: Vulnerable children have improved access to legal counsel and recovery services through functional Family Courts, Specialized Police Units and child-friendly social welfare services in at least 18 states; 2) F/SMWASD and community-based child protection networks monitor, document and advocate for prevention of violence, abuse, exploitation of children in at least 15 states; 3) F/SMWASD have one effective system for the coordinating and monitoring of care and support services for OVC in at least 9 states and FCT.

**Resources Used:**

Total approved for 2010 as per CPD: US$22,000,000 for the programme cycle
Total available for 2010 from all sources: RR: US$ 3,170,103.72; OR: US$ 239,829.69;
Total: US$ 3,409,933.41
Any special allocations (list): N.A.
List of donors: UK Natcom; German Natcom; Private Sector fund; Child Protection Thematic funds

**Result Achieved:**

The programme saw a stronger focus on child protection system building, moving away from vertical interventions targeting different categories of children in need of protection. UNICEF supported civil society and Government organisations to come together as State Child Protection Network (CPN) in 10 States. CPN, as a community-based child protection mechanism, carried out monitoring, reporting and response to child protection abuses. UNICEF provided technical assistance to develop referral paths and child rights monitoring/reporting tools and methodology. CPNs have a strong legal protection component that undertakes detention monitoring to facilitate legal aid and reduce pre-trial detention. CPNs are currently negotiating with the National Youth Volunteer Services to access volunteers from law schools to work with CPN.

Significant progress was made in developing strategic partnerships with and reinforcing coordination of relevant actors. In the area of care and support for OVC, the critical partnership with USG (i.e. USAID and CDC) was strengthened to prioritize the national agenda for OVC response, create consensus with wider stakeholders, and mobilize necessary human/financial resources. UNICEF and USG were instrumental in assisting the Federal Ministry of Women Affairs and Social Development (FMWASD) to revitalize the OVC National Technical Coordinating Group (NTCG). after 1.5-year break. UNICEF led the NTCG to shift the approach from investing in ‘OVC stand-alone’ services to addressing OVC service delivery from a perspective of local governance and social welfare sector reform. At the National AIDS Conference in May, UNICEF presented "Social Welfare System Strengthening in LGA" on behalf of the NTCG. This concept was further developed with the USG which led to a joint rapid assessment of Social Welfare Units in all of the 774 Local Government Areas (LGA). Also jointly planned were Child
Protection System Mapping (CPSM) and Social Welfare Human Resources Gap Analysis in selected States and LGAs to be implemented in 2011. This will feed into the formulation of the State OVC National Plan of Action supported by USG and UNICEF. USG and UNICEF used the PEPFAR-funded Social Welfare Workforce Conference in November as a vehicle to advocate for materializing a national strategy on social welfare workforce development: the FMWASD will invite wider stakeholders including the Civil Service Commission to a stakeholders’ meeting on Social Welfare Workforce Strengthening in January 2011. This transition from service delivery for OVC to a wider child protection system building approach is also reflected in the new USG-GoN partnership framework on HIV/AIDS (2010-2015).

UNICEF worked closely with UNODC and negotiated with the EU to incorporate a child justice component in the forthcoming justice sector reform project. Through a concept note and feedback on the project documents, UNICEF’s contribution was to highlight and mainstream child justice specific interventions into the said project, which encompasses legislative reform and institutional capacity building for justice service delivery. UNICEF also joined the UNODC-assisted State Justice Sector Planning exercise in Bayelsa State in December to provide the leadership in child justice.

The programme also achieved greater inter-sectoral partnership with the Health sector in Birth Registration. Births of 317,859 under-five children were registered in 90 LGAs in 30 States during the 5-day Maternal Newborn Child Health Week in May/June. UNICEF assisted National Population Commission (NPopC) to map out the existing birth registration sites to determine the scope of support that birth registration gets from local administrations. The above information shaped UNICEF’s strategy to assist NPopC to develop a sustainable birth registration system, which includes improved utilization of financial and human resources of the Health sector and LGAs.

**Future Workplan:**
The programme will continue system strengthening and expand partnerships with governance and social protection actors in key activities including CPSM and Social Welfare Human Resources Gap Analysis. Support will continue for capacity building of CPNs including in humanitarian response. Using the MTR in 2011, the programme structure will be further refined to serve the requirements of a child protection systems building approach.

**Title:**
**Social policy, advocacy and communication**

**Purpose:**
The Social Policy, Advocacy and Communication programme which is cross cutting focuses on analysing social statistics for advocacy, policy development and wide dissemination of data. It also promotes relevant changes in individual behaviour and social norms by developing communication packages for key household practices.

The programme’s planned outcomes are reviewed below by four individual (sub-) components, namely Social Policy, Planning and Emergency, Advocacy, and Communication for Development.

**(A) Social Policy**
The programme had stated the following as Outcome Results for Social Policy in 2010:
- Increased understanding of the socio-economic impact of the financial, food and fuel crises on children and relevant policy recommendations
- Social protection diagnostic study used to develop an equitable and fiscally sustainable social protection framework
Ministry of Women’s Affairs and Social Development capacity to monitor and advocate for effective implementation of the national Gender Strategy strengthened and internal UNICEF gender mainstreaming initiatives more effective

(B) Planning and emergency
Purpose
This programme component supports generation of credible evidence and robust databases at the national and sub-national levels for policy development, planning, monitoring and evaluation for ready access and use in emergency situations and on regular basis. It also supports creation and capacity development of emergency management institutions.

The Outcome Results for 2010 were:
• National and fifty per cent of high burden (HB) state statistical institutions generate and manage data in line with national standards and guidelines.
• Federal and state MDAs have structured monitoring and evaluation and coordination system.

(C) Advocacy
Purpose
• UNICEF’s audiences in and beyond Nigeria understand UNICEF Nigeria’s role
• Media, donors and other change agents have the materials and skills to communicate the situation of children in Nigeria effectively.

The Outcome Results planned for 2010 were:
• Children’s issues are high on national and international agendas
• Information on children is made available to a wide spectrum of audiences.

(D) Communication for Development (C4D)
Purpose
The C4D component aims to promote behaviour and social change to create an enabling environment for sustained practice of positive healthy behaviours through access to information and community engagement approaches.

The Outcome Results planned for 2010 were:
• National and 16 State Governments allocate resources and implement action plans
• Children/Youth and key institutions use participatory "children as agents of change" approaches to promote facts for life household practices
• Key partners establish databases for sentinel sites.

Resources Used:
Total approved for 2010 as per CPD: US$ 19,690,000 for the programme cycle
Total available for 2010 from all sources: RR: US$4,010,847.22; OR: US$ 3,135,451.64;
Total: U$S 7,146,298.86
Any special allocations (list)
RR Set aside funds
List of Donors:
Japan
The Alexander Boudini Foundation
USA CDC
Bill and Melinda Gates Foundation
Thematic Funds Basic Education and Gender Equality
Thematic Funds Policy Advocacy and Partnership

Result Achieved:
(A) Social Policy
- On health financing technical assistance (TA) provided to i) National Health Accounts exercise; this is the first time Child Sub Accounts will be conducted ii) Design of the Public Expenditure Review iii) Agreed review of health financing policy from an equity lens with key partners.
- On child poverty and social protection: i) Commenced analysis on impact of the crisis ii) Commenced a diagnostic analysis of the social protection sector iii) Supported design of the conditional cash transfer pilot in 2 states, and iv) Initiated a development partners forum on social protection.
- Responding to the European Union, designed a study on Public Expenditure Management and Financial Accountability Review, including a public expenditure review of the WASH sector.
- To build evidence on budget transparency and openness at state and LGA level, an Open budget Index Survey launched in six states
- On gender, supported advocacy efforts on the prevention of violence against women legislation.

(B) Planning and Emergency
- Nigeria DevInfo data base customised and uploaded to the global DevInfo; 20 states developed and revised the data base and use for planning; 6 states integrated their M&E plans with DevInfo
- Supported National Bureau of Statistics (NBS) to conduct MICS 4 preparatory activities; comprehensive pilot conducted with findings used to improve preparation for the main survey
- Developed and launched the NCO Monitoring and Evaluation Strategy
- Emergency programme supported National Emergency Management Agency (NEMA) and State Emergency and Management Agencies (SEMAs) to respond to communities affected by conflicts, cholera, floods and the nutrition crises; NEMA supported to develop an emergency management framework, conduct VCA’s for UNDAF states, and institutionalise partnership with the Nigerian Red Cross to facilitate rapid assessment of affected population; Nine States facilitated to update and use their emergency preparedness plans; Advocacy for setting up a state based emergency management agency successful in one State where a bill to this effect has been passed; two States have set up emergency preparedness structures at LGA level.

(C) External Communications & Donor relations
- Raised visibility on child rights in Nigeria through a monthly average of 28 UNICEF mentions in 13 National newspapers; developed human interest stories, thematic fact sheets and an active website; trained media personnel on child rights; C and D Field Sates radio and television agencies dedicating a minimum of 15% airtime on children’s programmes; street children trained in video production for stakeholder advocacy and radio programme produced by street children being aired
- Donor breakfast briefings on situation of children in Nigeria positioned UNICEF as a credible knowledge resource; donors pledged to share information with their countries for increased funding of UNICEF.
- Fund raising and media visibility events organised.

(D) C4D
- Scaled up the Community Information Board and Community dialogue initiative
- Generated KAP data on child survival and development in partnership with universities
- Supported the IMNCH communication for behaviour change strategy implementation
- Advocacy efforts resulted in federal government approving licensing of community radio stations
Radio and TV programmes based on *Facts for life* aired and tracking studies show mileage in terms of reach and comprehension.

Youth clubs for peer education and counselling set up and active.

**Constraints**
- Insufficient understanding of mandate, responsibilities attached to joint collaboration and programme cooperation agreements by partners
- Ad hoc emergency management at state level
- Limited institutional capacity.

**Partnerships**
The following results were achieved in 2010 through UNICEF partnership with:
- National Planning Commission, which resulted in better understanding of and approach to the country’s overall development strategy
- Joint-government-donor partners collaboration, which resulted in coordinated work on health financing
- The CSOs and faith based institutions, which resulted in increased advocacy for behaviour change related to IMNCH
- The Media, which resulted in improved coverage of child rights issues in the print and electronic media.

**Future Workplan:**
- Conduct equity sensitive child budget analysis
- Support NBS to conduct a credible MICS4
- Support establishment of a functional Nigeria Evaluation Association and country-led evaluation process
- Support completion and implementation of the Disaster Risk Reduction Framework and scale up of VCAs; Support establishment of state and LGA emergency management structures and build capacity; Continue emergency management-related capacity building for key institutions
- Set agenda for equity discourse in the Media
- Partner with institutions that can scale up C4D inputs across the country.

**4. OPERATIONS & MANAGEMENT**

**4.1 Governance & Systems**

**4.1.1 Governance Structure:**
At the beginning of 2010, the Country Office (CO) prepared its annual management plan (AMP) and established the governance and oversight structures to ensure that its resources are managed and utilized in the most efficient and effective manner. Programme and operations management performances were monitored through regular meetings of CMT, PCT, and OCT and compared against established benchmarks. Observed weaknesses and under performances were rectified as early as possible. Staff and management related issues were also discussed in staff retreat and periodic JCC meetings. The staff and management relationship in UNICEF Nigeria is extremely positive.

During the period under review, the CO implemented all the 2009 internal audit recommendations. Nine of the recommendations were closed with the necessary action taken, and the status of the remaining is awaiting the response of the Office of the Internal Audit. To maintain the good audit rating and sustain implementation of the
recommendations, the CO organised several sessions with field offices to enhance their understanding of the weaknesses observed and the measures taken to address them.

4.1.2 Strategic Risk Management:
The Office organized Enterprise Risk Management (ERM) training for all the CMT members and other key personnel. During the training, the CO conducted a risk and control self-assessment, and established a draft risk and control library which is currently being reviewed to draw the final risk and control library for the period.

4.1.3 Evaluation:
The IMEP has been quarterly updated and addressed key research and evaluation programme areas. Within the framework of the next CP preparation, the 2011 IMEP will focus more on strategic evaluations, including joint evaluations with country partners, thus generating useful recommendations to follow up.
A Research and Evaluation committee is responsible to review and approve research and evaluation TORs. Its focus is on ensuring that quality expectations are clearly established and complied with. The committee is also responsible to review research and evaluation products.
Capacity for research and evaluation exists in the country which is expected to be enhanced by the consolidation of a National Evaluation Association whose main purpose will be to assist in convening evaluation workshops to exchange experience and develop capacity of members and promoting good practices.
A Development Partners Group is active in supporting statistics, monitoring and evaluation. The group includes UNDP, UNFPA, DFID, USAID, EU, AfDB, JICA, CIDA. Collaboration will be maintained with the World Bank, other UN Agencies and International Development Partners in supporting national capacity in statistics, monitoring and evaluation.

4.1.4 Information Technology and Communication:
ICT focused on infrastructure enhancement and high system availability during 2010. In addition to providing a smooth running computing environment, a number of projects were undertaken in line with good ICT practices:

a) A video conference infrastructure has been installed and a WebEx service is procured and functioning. Based on hardware life cycles, required remote access to network and implementation of new applications described in 2010 ICT Budget Guideline, a needs assessment was conducted and a procurement plan drawn. All operational vehicles were equipped with VHF mobile during 2010 and BGAN satellite service subscription was ordered for all five offices as backup telecommunication medium.
b) The ICT Manager chairs the UNICT network to support the ‘Deliver as One UN’ objective. Installation of the UN Intranet, improvement of WI-FI capabilities for a UN learning centre, assessment of the current PABX and implementation of encore software to manage the UN Dispensary were some of the important issues in the UNICT work plan for the period.
c) Rapid SMS, a tool designed to provide real time information through mobile phones, started last year to facilitate distribution of insecticide treated bed-nets by the Health Sector, and was further developed to capture polio eradication interventions during 2010. Keen interest and commitment to using this tool by Government partners is enhancing programme implementation.
d) No new ICT specific LTA was established during 2010, but a contract was entered to install iDirect VSAT as part of BCP backup connectivity.
e) Old ICT equipment (all Tecra M1, M2, M3 laptops, HP 7600 desktops and printers) which no longer met current standards were disposed by public auction after review by PSB.
f) Citrix solution was implemented for remote access to core applications (ProMS, Notes) in all five offices for Business Continuity and EPRP to cater for emergency situations. As an added result, Windows Terminal service is no more required.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations:

All 32 donor reports due in 2010 were submitted on time. Draft reports were reviewed by Chief of Planning and were approved and submitted after quality assurance by the Deputy Representative. The regional office conducted a donor report quality review and Nigeria received an “exemplary” rating. The lesson learned is that a good results framework agreed with donors will improve reporting.

Although there was no HAR/CAP, the CO was able to mobilize US$ 4,586,447 as ORE for nutrition and lead poisoning emergencies.

Funds available to the CO were optimally utilized. The total allocated RR for 2010 was US$59.520 million and the utilization (obligated) as of 31 Dec 2010 was 95% while the total available OR was US$58.057 million and the utilization level (obligated) as of 31 Dec 2010 is 97%.

The Programme Implementation Monitoring Unit (PIMU) routinely shared list of expiring PBAs with sections and followed up regularly with the CMT.

To increase awareness of child related issues and leverage resources and funding partnerships, the CO started breakfast briefings targeting donors, development agencies and UNICEF Executive Board member states. Delegates from USA, EU and EU member states, Canada, Japan and Republic of Korea participated regularly. China, India and Cuba are among countries that have also participated. The briefing sessions also served as useful starting points for further discussions on additional funding.

Currently the CO has US$157 million either allocated or awaiting disbursement following firm agreement. This amounts to 57% of Executive Board approved OR ceiling. The CO is in advanced discussions on further funding with several donors (DFID, EU, the Netherlands, US, CIDA), which are expected in 2011. With their materialization, the CO expects to meet 90% of its OR ceiling.

The funding from CIDA is for a UNH4 joint programme where UNICEF will be acting as the Administrative Agent. We also have a joint programme with UNDP and UNIDO on climate change mitigation with funding from Government of Japan through UNDP. UNICEF participated in preparation of two proposals to CERF. Funding was received on one while the other is pending decision. The office engages in private sector fundraising within Nigeria.

4.2.2 Management of Financial and Other Assets:

The Office took steps in previous years to streamline the management of its financial and other assets in line with the framework of the UNICEF Financial Rules and Regulations, and as a result received a ‘satisfactory’ audit rating in 2009. In 2010, it attended to all observations and took appropriate actions in implementing audit recommendations. Bank reconciliations were prepared within the timeframe set, and reconciling items were routinely cleared prior to the end of the following month. Due to sustained monitoring and review of DCTs on a weekly basis, only 2.8% of outstanding DCTs are expected to be over 9 months as at the end of the financial year. About two-thirds of the outstanding DCT relate to an advance made to a partner on a 13-month project expiring in January 2011 for which expenditure reports of only accomplished tasks are received. This will, however, be cleared in January 2011 and action is also being taken to clear the remaining outstanding DCTs.

As of year-end, the percentages of RR and OR spent were 91.71% and 86.67% respectively while 98% of OR PBAs were obligated. All available ORE funds have also been obligated.
Proper awareness was created in staff to recognize the benefits of the bank optimisation policy. The Office maintained its closing cash balances at an average of 15.6% which is below the acceptable month-end threshold of 25%.

The CO adopted an open plan office arrangement whereby only the Section Chiefs and very few other personnel whose job requires privacy are accommodated in closed offices. This arrangement has enabled the office to accommodate 32 additional staff members plus two big conference rooms which otherwise would have required leasing additional office space.

In the area of events management, negotiations for volume discounts were made with hotels across the country which the office uses for official activities. The negotiations have secured up to 40% discount off the hotels’ standard rates thereby reducing the accommodation and meal charges incurred by UNICEF Nigeria.

**4.2.3 Supply:**

UNICEF supply throughput of US$14m was managed in close collaboration with programme sections through regular review and analysis of the supply plan implementation status. Of the requisitions 79% were procured from offshore sources while local procurement and direct orders stood at 20%, and regional procurement at 1%.

Based on the local market condition, the NCO continued to maintain the use of competitive bidding approach for majority of our supply category, while LTA was entered into for the procurement of services like clearing, forwarding and haulage services, pre-delivery inspection services and institutional consultancies.

While the average number of local suppliers invited by category of spending was reduced to about five, an increased number of suppliers were invited to quote for printing materials which has the highest local procurement throughput. The office initiated a new drive to evaluate existing and to pre-qualify new suppliers to ensure that suppliers’ database reflects current market situation.

The Office continued to promote the use of procurement services as a means of leveraging government and partner resources. The NCO engaged UNDP and state governments to procure vaccines, medications and RUTF. This is in addition to support given to Federal Government, World Bank, KFW and Columbia University.

UNICEF also played a significant role in the in-country logistics and delivery of supplies to end-users, notably in the distribution of ITNs, RUTF and emergency supplies to communities and LGAs.

During 2010, the Supply Section staff participated in three international training and staff capacity development activities. On the job training, coaching and appropriate delegation have enabled staff to be more effective.

Capacity development activities in the area of supply chain were kicked off in July 2010. The entry point has been with the National Primary Health Care Development Agency (NPHCDA), the government agency under the Ministry of Health with prime responsibility for the delivery of primary healthcare including immunization. The initial stage focused on planning, mobilization, engaging with the partner and conducting a situation analysis.

**4.3 Human Resource Capacity:**

The staff strength in 2010 increased to 298 with the establishment of 24 new positions. Currently, there are 38 positions vacant – 4 JPOs, and 17 OR funded posts awaiting fund availability. The remaining 17 are in advanced recruitment stage. Working towards gender parity remains a priority. Additional efforts taken to source qualified females resulted in 16 newly appointed female staff members in 2010. The current gender ratios for male and female are D2 (0/100), P5 (50/50), P4 (67/33), P3 (73/27), NO (52/48) and GS (66/34).

The new Staff Selection Policy and CRB guidelines including the local ‘Talent Pool’ were used to fill vacant positions.
Based on the Office Training/Learning Plan, training was provided to all categories of staff using varied learning approaches such as on-the-job training, temporary duty assignment, external training, e-learning and WebEx sessions. Due to time constraints and priority given to mandatory training, only 7 of the 19 planned group-learning events were conducted. 3 unplanned mandatory group trainings, 9 lunch-hour sessions, and 62 out of 96 planned individual trainings were undertaken. Induction programme is also organized for new staff members upon arrival.

Leave balances were monitored and staff members were regularly encouraged to take leave. The organization of staff monthly birthday parties and end-year family party continues to be an opportunity for social interaction.

The Office continues to maintain and strengthen the minimum standards on HIV/AIDS in the workplace. Information on prevention, protection and treatment was disseminated through joint activities organized with other UN agencies within the framework of UNLT. Six sensitization sessions on HIV and AIDS were organized. Over 1,000 staff and families participated in the three events for children and spouses/partners. The distribution of both male and female condoms has been fully sustained.

The new HR initiatives, e-Pas, e-recruitment and Competency Based Interviewing including administration of new policies on staff benefits and entitlements were implemented. All IP staff members have been oriented on the e-Pas process. A PER monitoring system is in place and as at the time of reporting, 85% and 93.0% of staff have completed their 2009 PER and work assignment for 2010 respectively.

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement:

Adoption of the open office plan resulted in a saving of over US$160,000/year. By negotiating with hotels, the office secured up to 40% discount on official functions’ expenses.

The policy of telephony services, where different caps/ceilings were set depending on functional needs, encouraged staff to use mobile telephony more efficiently thereby reducing expenses by up to 40%.

The Office has installed video conference and WebEx facilities linking Abuja with field offices, HQ and RO. Using these facilities will reduce travel related expenses. Due to proper cash management, about US$7.5 million was available to HQ for investment over the period.

4.4.2 Changes in AMP:

The UNCT started the MTR in late 2010, which should be completed in February 2011. The recommendations will inform the revision of results and strategies as well as the AMP. There will be some (mainly minor) CPMP changes. The AMP will provide guidance on inter- and cross-sectoral teamwork to support the delivery of IRs and PCRs, which will require increased teamwork across traditional sectors. In addition, the AMP will be more explicit in defining UN system-wide roles of staff, as the UN gets ready to operationalize Delivering as One in six UNDAF states and the Abuja FCT.

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

1. Evaluation of third party consultants
2. Assessment of gaps in the capacity of teacher education institutions to train qualified in-service early childhood education teachers in Nigeria
3. Assessment and validation of Child Health Week coverage in Kebbi, Sokoto and other selected states
4. Assessment of Risk Perception, Knowledge and Practices on H1N1
6. INNOVATION & LESSONS LEARNED:

**Title:** Integrating birth registration into the health systems

**Contact Person:**
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**Abstract:**
Birth registration is the first step towards recognizing a child’s inalienable right as a human being. Birth registration process is faced with numerous challenges resulting in only 30% coverage, and even less than 10% for under-five children in many states of the country. While around 2/3 of children in the wealthiest quintile are registered, less than 1/10 are registered in the lowest quintile, according to the 2008 NDHS.

Integration of birth registration in the semi-annual Maternal Newborn Child Health Week (MNCHW) was a successful inter-sectoral collaboration that mobilized resources effectively. To increase birth registration, especially of the under-five population, the programme decided to capitalize on the on-going accelerated effort of ACSD focusing on public health campaigns and immunization of new-borns and the under-five. Working closely with National Population Commission and the National Primary Health Care Delivery Agency, UNICEF facilitated integration of birth registration in MNCHW as the entry point to the health system.

**Innovation or Lessons Learned:**
The key challenge is how to go beyond semi-annual MNCHWs, which is a resource-intensive campaign. The cost had to be covered by UNICEF for mobilizing ad-hoc workforce to conduct birth registration during the MNCHWs. There was recognition that the Birth Registration efforts would succeed provided there are States where local administrations support birth registration activities (through deployment of personnel, allocation of office space and other), and only if stronger and strategic advocacy were undertaken with Association of Local Governments of Nigeria (ALGON), LGA Chairmen, traditional rulers, Ward focal persons and State Controllers to mobilize local resources for routine birth registration.

Further, for birth registration to be cost-effective and sustainable in the health system, it has to be integrated into routine health activities such as immunization and ANC. To ensure reorientation of health frontline workforce, UNICEF worked to include birth registration-related information during the review of the training materials for health workers and midwives.

**Potential Application:**
The strategic partnership between NPopC and NPHCDA offers the opportunity for the birth registration system to access community-based health service delivery structures including a network of some 4,000 midwives in about 1,000 health facilities across the country. Given that there are only 1,743 permanent civil registrars (75% of the expected 2,322 registrars) in place, the health sector’s frontline workers could provide over twice as large a workforce to be mobilized on the ground. This poses a significant asset for integrating birth registration into routine health activities such as immunization. Having a reliable registration system will also help public health activities in the future. UNICEF thus supports NPopC and NPHDCA to develop a national strategy to focus primarily on consolidating and coordinating work between midwives, skilled birth attendants and birth registrars at selected health facilities in the communities in all states. By reorienting the
existing structures and workforce available in communities, dual delivery of health services and birth registration of new-borns is becoming possible.

Initial success of the MNCHW in May/June and November/December encouraged both NPHCDA and NPopC to provide a stronger basis and enhanced commitment towards streamlining birth registration and mainstreaming it into the health systems. The engagement of skilled birth attendants and midwives to record/register births in communities, and redesigning the Child Health Card to include birth registration information are being seriously worked out for implementation in the near future.

**Issue/Background:**

As the NPopC’s 2,322 birth registration centres are only partially available, and outreach capacity of birth registrars is greatly limited compared to their counterparts in the health sector (i.e. community health workers, midwives), UNICEF facilitated NPopC to engage with the Ministry of Health and NPHCDA to promote universal birth registration. A systemic partnership with the Health sector was developed through integrating birth registration into the standard package for the public health campaigns such as Immunization Plus Days (IPDs) and Maternal Newborn and Child Health Weeks (MNCHW), with the objective particularly to effectively mobilize community-based structures to ensure reaching the under-five population.

**Strategy and Implementation:**

Prior to the MNCHW in May/June, a preparatory consultation between the NPHCDA and NPopC was held in Kano. The consultation clarified key issues including logistics, roles and responsibilities of different teams involving birth registrars, sub-registrars and health facility personnel participating in the MNCHW activities. Immediately before the MNCHW, 1-day training for health personnel and NPopC was organized at LGA level to familiarize them with the MNCHW activity package.

During the MNCHW, the Household (HH) teams visited hard-to-reach most vulnerable households. The Special Teams were deployed in open grounds, market places and other transit points to conduct both immunization and birth registration. At the Fixed Posts, the arrangement was made to place birth registrars at a conspicuous place in the designated health centres so that everyone coming in would face the birth registration counter. Also a Crowd Controller managed the flow of the women/care givers accessing health services (i.e. immunization and nutrition information) and drew attention to the presence of the birth registrars. On average, it took eight minutes for a birth to be registered and a certificate to be issued at the MNCHW. In some Fixed Posts, health workers assisted in completing birth registration forms to facilitate the birth registration processes.

**Progress and Results:**

The birth registration integration into the May/June MNCHW was conducted in 99 LGAs. In 30 LGAs in 10 pilot states, 280 NPopC registrars and 926 LGA sub-registrars were mobilized. Data from 99 LGAs indicated that within the 5-day MNCHW, 334,435 births were registered representing about 13% of the estimated total of under-five children. The 10 pilot states alone registered 154,252 (81,530 male/72,712 female) births.

The success of the initiative largely depended on the readiness of NPHCDA and NPopC to act together throughout the process. Health teams and birth registrars ensured a common strategy for communication and social mobilization at the Ward level. In Plateau state, wide cooperation of community leaders and households was noted. Social mobilization by health teams was effective in disseminating birth registration messages to mothers, care givers, community/local leaders, traditional/religious leaders and other influential individuals resulting in massive turn-out of mothers/care givers in the MNCHW in some communities.
UNICEF assisted NPoPC to map the existing birth registration sites and registrars. The information has become the basis for the UNICEF strategy to assist NPopC to develop a sustainable birth registration system, which includes the financial and human resources of the health sector and LGAs.

**Next Steps:**
Collecting the data from different states across the country during and after the MNCHW was time-consuming. The delay in sub-national reporting caused a significant obstacle for timely compilation of the national data to see the effectiveness of the MNCHW. In order to address this delay in reporting, the programme is planning to utilise rapid SMS technology, which had been effective in tracking health & nutrition interventions. The plan is to track and report birth registration data with “SMS” or “Text Messages” from birth registrars trained as mobile phone users. This will allow birth registration data to be collected in real time and aid decision making at all levels (LGA, State and Federal) and make corrective actions more responsive and effective. UNICEF will conduct training of NPopC on the use of Rapid SMS in January 2011 which will follow a pilot roll-out in selected states. Based on the pilot outcomes, UNICEF will assist NPopC to refine a Rapid SMS technology to be applied for reporting and recording birth registration nationwide.

The demand creation in communities with low birth registration rates will be another area of focus in 2011. The programme plans to capitalize on C4D activities and mechanisms in on-going community-based interventions such as promotion of Community Dialogue and Information Board.

**Title: From evidence-informed policy & guidelines analysis to action**

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**Abstract:**
WHO’s Rapid Advice, (2009), and Guidelines for HIV and Infant Feeding, (2010), were released against a backdrop of infant feeding practices at variance with existing guidelines in Nigeria as well as in other countries.
Nigeria elected for an approach that would go beyond guidelines revision, to action planning and rapid implementation.
Through a process led by the FMoH, stakeholders were mobilized, and with technical assistance from UNICEF, WHO, IYCN, and leading academics (Nutrition and HIV), and starting from the basics of local and international evidence, worked through to a 7-point ‘consensus statement’. The consensus hinges on breastfeeding with ARVs as the infant feeding practice that will be primarily supported by MNCH services.
Within one year of release of the guidelines, Nigeria has moved to adopt the guidelines and implement a plan of action that will provide for systemic support for optimal practices and better health outcomes for infants and mothers.

**Innovation or Lessons Learned:**
- It is unrealistic to expect convergence of opinion on and approval of HIV and infant feeding guidelines in a single short meeting; for subjects such as infant feeding where there is decided and expected difference of opinion, it is important to plan for quality debate and sufficient length of deliberation time.
- The debate needs to have the benefit of quality evidence from international but especially from local research. Local evidence makes for a more compelling argument than international research especially on themes where local norms and cultural practices carry significant, even overwhelming weight.
- Sound technical and programme expertise are necessary to inform discussions and debate as well as resultant policy and programme.
It is important to mobilize all concerned constituencies – Nutrition, HIV, academia & researchers – and to actively engage them from the start in the basics of gathering and interpreting the evidence.

It is equally important to sustain the momentum beyond the consensus to plan of action through to resource needs, monitoring and evaluation.

**Potential Application:**
- Application of the same model to domestication of the ‘Elimination of MTCT of HIV’ agenda. Nigeria was one of two country case studies in the ‘PMTCT Business Case’-now published, and without the direct participation of Nigeria. Initial feedback elicited concerns about the breast milk transmission resulting from breastfeeding beyond 6 months; and resurrected old debates about HIV and infant feeding – in particular, continuation of breastfeeding to 12 months
- Potentially good model for moving towards integrated programmes
- Dissemination of the consensus statement, revised policy with popular version, and guidelines at sub national levels, taking into account the relative autonomy of states.

**Issue/Background:**
The exclusive breastfeeding rate in Nigeria is low (13%). A formative assessment in 2006 showed high communal expectations for breastfeeding, but at the same time wide acceptance of alternative methods of feeding babies born to HIV positive mothers: 85% of HIV positive women opted for breast milk substitutes, a finding attributed to Health worker bias during counselling. The national guidelines at the time recommended EBF for a short duration, and formula feeding only based on a joint analysis and ability to meet specified criteria. The adaptation process in 2010 was intended to pre-empt continued disconnect between policy and practice.

**Strategy and Implementation:**
When the 2009 WHO Rapid Advice was issued, FGN through the delegated PMTCT Task Team convened a meeting to review the evidence and adapt the guidelines to Nigeria’s context. The initial discussions were not conclusive, and in particular concerns remained about extending the duration of breastfeeding, a departure from the 2006 guidelines that encouraged rapid weaning at 6 months.

As a follow up, the Nutrition Unit of the Family Health Division of the FMoH, with technical assistance from UNICEF and WHO, convened a follow up Nutrition and HIV stakeholder consultation in May 2010. Stakeholders represented included Federal Ministries, Departments and Agencies (FMoH, NACA, NPHCDA, NAFDAC), leading academics, Obstetricians, Gynaecologists and Paediatricians, the USG and implementing partners, IYCN, CHAI and other UN agencies, to foster ownership and follow through by key actors in the national HIV response. A deliverable of this consultation was a national ‘Consensus statement’ on HIV and infant feeding. As a follow up to the Consensus statement, an implementation framework/plan of action was developed. The plan of action is being closely monitored. A recently developed PMTCT scale up plan 2010-2015 provides for the new guidelines for PMTCT and HIV & infant feeding as standard of care.

**Progress and Results:**
Within one year of the release of the WHO Guidelines, Nigeria:
- Mobilized all stakeholders to unite for addressing the paradigm shift implicit in the new guidelines
- Decided on the option (Breastfeeding with ARVs) to promote
- Prepared a draft Plan of Action for implementing the new guidelines
- Prepared a draft Trainer’s Manual on Integrated Course on IYCF (revised) to reflect the new guidelines and recommendations
• Produced a ‘popular’ version to effectively communicate the shift in Policy to a broader audience.

There were some challenges including:
• The process was expectedly long, requiring time, space and resources to have the necessary dialogue across stakeholders with different mandates (HIV, Nutrition)
• Bureaucratic bottlenecks delayed approvals for meetings and drafts of documents
• Funds were short, delaying implementation of decisions reached.

That the challenges were overcome was due to:
• a shared commitment by all stakeholders in a unique partnership
• UNICEF, WHO and IYCN Project were consistent in their support of the process and provided technical, financial and logistical assistance.

**Next Steps:**
UNICEF will focus on ensuring:
• HIV and infant feeding is costed and budgeted in state and local PMTCT plans
• Support for optimal breastfeeding and infant feeding practice is reflected in PMTCT supervisory and mentoring tools and check lists
• The existing gap in vital data is filled: A critical gap is that currently there is no routinely available programme data on infant feeding practices generally, and in the context of HIV. The infant feeding practice indicator is newly adopted globally, and is not yet adapted locally. No systems currently exist to collect this information; and there is no baseline. A critical next step is to agree on an indicator (s) and strengthen systems to integrate and report against it.

**Title:** Community participation in selection of qualified female candidates for award of teacher training scholarships

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**Abstract:**
Community participation is a key factor in the selection and awarding of teacher training scholarships to qualified female candidates from remote rural areas for deployment to teach in these rural areas. Community participation in planning, implementation and monitoring improves transparency, accountability and ownership and assures that women from remote rural areas benefit from the scheme. It also makes it easier to identify those willing to serve in the rural areas. The beneficiaries from marginalized areas are usually left out in the normal process of admissions to teacher training colleges. The innovation is aimed at ensuring adequate female teachers in rural schools who are role models and catalysts of change in valuing girls’ education.

Community participation assures support to appropriate candidates throughout training and upon deployment, impetus by the trainees to complete and serve in their communities, good performance and retention due to close monitoring and signing a commitment to serve in their communities.

**Innovation or Lessons Learned:**
The main lessons and innovative aspects of this initiative’s experience are:
• Ensuring that community members are fully involved in the entire identification, selection and award process of the scholarship assures that committed and qualified females from the target communities (rural and deprived communities) are selected.
• Making selection of candidates a highly transparent process and giving the community a "voice" and space for participation in issues that affect them especially the improvement of education for their children is a winning strategy.
• Community participation in recruitment of the females from the remote rural areas for the scholarship increases community support of the innovation and raises
awareness of members on the importance of women’s empowerment and girls’ education.

- Agreeing to the selection criteria in a stakeholder forum with high community involvement in the processes increases transparency, support and ownership of the scheme.
- Mentoring and counselling of the trainees in the Colleges of Education and in the communities during the vacation period along with community involvement in providing hostel accommodation for the trainees near the colleges and day care facilities for their babies during the training enhances the trainees’ performance in the programme.

The overall strength of the initiative lies in the fact that the community is actively engaged in the entire process and makes crucial decisions collectively, thereby owning and supporting the entire programme, and guaranteeing massive community buy-in and support.

**Potential Application:**

The innovation has great potential for scale up; it started with an initial scholarship for 200 females candidates, spread across four states (50 per state – Bauchi, Katsina-Sokoto and Niger). The states have bought into the programme, as well as communities and local government authorities and have put in place scale up plans through provisions made in the state education plans/budgets for education. The states have scaled up the programme by sponsoring with their funds many more female candidates bringing their number currently to 1902, up from the initial 200 (Bauchi: 496; Katsina: 340; Niger: 516 including 40 by the NGO, Life Rehab; Sokoto: 350). Plans are underway to introduce the innovation in other states with high gender disparities and low female teacher presence in remote rural communities.

The innovation is highly valuable in empowering women as productive members of society, empowering them as change agents for influencing change in the value of education for girls in remote rural areas with deep-rooted social, cultural and religious practices that negate the value of education for girls. It also presents female teachers as role models for girls in the rural areas which further helps to enhance girls’ education, self-esteem and aspirations.

**Issue/Background:**

Traditionally, the selection of students to teaching colleges has been centralized. This has resulted in trained graduates preferring to serve in the urban areas or leaving the teaching service, accounting for the high attrition rate that characterizes the teaching force. There is in any case, an over-concentration of qualified female teachers in the urban areas with little attention paid to gender issues in teacher deployment elsewhere. Efforts by Government to deploy female teachers in rural areas have not been successful, leaving most schools without any female teachers. This puts girls at a great disadvantage, with higher risk of low enrolment and retention due to unsafe and insecure environments for girls.

**Strategy and Implementation:**

The innovation revolves around community participation with wide stakeholder participation and engagement throughout the entire process. Several steps are taken to ensure support for the initiative. Advocacy to education policy and decision makers is undertaken to convince them to open up the process and include community participation. Advocacy to community members follows for eliciting their participation, support of programme, and for empowerment of women as well as for the value of girls’ education.

Different teams are instituted comprising of Government and College of Education officials and community members to initiate and oversee the programme. A local level
team including community members identifies qualified female candidates from the communities, and assists them in making the applications for consideration. A selection committee, including community members, selects the qualified candidates based on a clearly spelt out eligibility criteria for admission. An extra one-year bridging programme is provided for those who do not meet the minimum entry qualifications but are otherwise eligible. They can join the three-year teacher training programme upon successful completion of the bridging programme.

The state governments have established scholarship disbursement committees that disburse the funds paid thrice annually and spread over the academic session. Consultative forums are held with community members explaining the purpose of the scholarship, its disbursement modalities and future impact of the programme.

**Progress and Results:**

**Results:** Ownership of the programme and scale up by Government and communities in the four states (during the second year- 2010, the scheme has a total of 1,332 female trainee teachers in addition to 770 in the first year and selection is ongoing for fresh admissions). Government effort is supplemented by some NGOs. Performance across the 4 colleges of education compares favourably to that of the other regular students. The selected students are coping well with studies, and there is remarkable improvement in their communication skills and performance after the first year in the colleges.

During the second year of study, students have undertaken teaching practice in their rural communities with the active collaboration of the colleges and the LGAs. This is a remarkable development causing a great deal of excitement both among the girls and the communities especially in schools and communities experiencing the presence of female teachers for the very first time.

Factors that enabled this level of progress include: community engagement in the entire process, political will and commitment from Government; high level of advocacy and sensitization of parents and husbands; monetary incentives accruing to the awardees; and guaranteed automatic employment of awardees after completion of course by Government of some states.

**Next Steps:**

The next steps planned in the implementation of the innovation include: scale-up to other states with similar challenges; plans for deployment of the first graduates (in 2012) and monitoring of their performance in school and other roles in the communities (in teaching and as change agents to influence education for girls); continued advocacy to state governments to scale up implementation to include female teachers beyond basic education level; monitoring of programme implementation; and follow-up survey on beneficiaries and impact after the first batch of the graduates from the programme have settled down in their rural communities as pioneer female teachers.

**7. SOUTH-SOUTH COOPERATION:**

- A workshop on Community Led Total Sanitation (CLTS) was organized for English-speaking African countries in Lusaka, Zambia to promote experience sharing and learning among practitioners; networking; and strengthening of CLTS approach in Africa. The workshop was organized by the Institute of Development Studies of University of Sussex, UK with support from UNICEF, Plan International, WaterAid and Water Supply and Sanitation Collaborative Council. The workshop provided a unique opportunity to selected staff of the Federal Ministry of Water Resources sponsored by UNICEF to share Nigerian experience and also to learn from the experience of other countries in scaling up CLTS in their country. The participants returned with enhanced skills and successfully developed an action plan for CLTS implementation in Nigeria in 2011. UNICEF is currently supporting the development of a nation-wide
A CLTS baseline assessment that will contribute to establishing a data base of CLTS 
communities and CLTS practitioners in Nigeria including mechanisms for its regular 
update and dissemination.

An Internationally renowned Consultant on CLTS was engaged to support in-country 
capacity development on CLTS by bringing in global experience for local adaptation in 
Nigeria. With the consultant’s help and training, 81 CLTS trainers acquired skills and 
knowledge of latest practices on effective CLTS implementation, and these trainers 
are presently playing a vital role in supporting states with the required technical skills 
for scaling up CLTS in the country.

• Within the Education and Social Policy programmes, a Latin American firm with 
extensive experience in Conditional Cash Transfer across South America was used to 
support the Bauchi and Katsina state governments to design the conditional cash 
transfer pilot whose results are expected in 2011.