Executive Summary

The Nigeria Country Programme (2009-2013) ended with significant gains for the most marginalised children and women. In 2013, UNICEF’s Nigeria Country Office (NCO) made major contribution in bringing back routine immunisation as a key priority of the health agenda. There were no stock-outs of vaccines observed in 2013, a major achievement compared to 2012. NCO was instrumental in developing a cold chain equipment management plan for Nigeria, which was critical in elaborating the latest approved Health System Strengthening Proposal of GAVI to address the gaps identified. The Mid-Term Review of the National Strategic Health Development Plan laid a solid foundation for important shifts, such as: community case management, MNCH weeks and accountability of all stakeholders, which the country needs to undertake to make accelerated progress towards the MDGs and "A Promised Renewed".

With a more than 50 per cent decrease in the number of polio cases in 2013, Nigeria has a historic opportunity to stop transmission of wild poliovirus. Expansion of UNICEF’s Volunteer Community Mobiliser network from 2,000 to 8,000 volunteers, supported by strong community engagement of religious leaders, polio survivors, doctors, traditional leaders and other groups has contributed to reducing the number of missed children. Volunteer Community Mobilisers (VCMs) are acting as change agents in their own communities, spurring demand for polio, routine immunisation and other health interventions.

The Nutrition budget for 2013 multiplied tenfold, to US$35 million, this trend is expected to rise in the next three years. The Community Management of Acute Malnutrition (CMAM) programme treated 236,100 severely malnourished children in northern Nigeria. Twice yearly prophylactic vitamin A supplementation reached 20 million children under five years of age. Iron-folate supplements were received by 2.8 million pregnant women. The Government commitment to SUN was reaffirmed with the pledged US$20 million at the Nutrition for Growth Summit. The SMART Nutrition surveys were scaled up from eight to 24 states. The WASH programme made rapid strides in scaling-up Community Led Total Sanitation (CLTS) with 3,195 communities claiming Open Defecation Free (ODF) status in 2013. Yakurr Local Government Area (LGA), with a population of about 200,000, has already achieved ODF status and awaits certification in 2014. External project closure review of the DfID-funded SHAWN project rated performance on sanitation and water as exceeding expectations and demonstrating good value for money across DfID-funded WASH projects globally. Nigeria was certified Guinea worm-free in 2013.

Partnership with DfID under a 2012-2020 US$160 million Girls Education Programme provided a strategic opportunity to close gender gaps and valuable tools that are being adopted by other programmes, including Value for Money assessments. The programme promoted training of female teachers, family-focused incentives, and integration of basic education curriculum into 5,700 traditional Quaranic schools and promoted quality multi-grade teaching for nomadic children.

NCO continued to use Rapid SMS data to track performance of birth registration and is being expanded to Monitor CMAM and polio eradication interventions.

UNICEF supported a PMTCT Bottleneck analysis approach in four states; this led to better evidence-based strategic planning around early infant diagnosis (EID).

Country Situation as Affecting Children & Women

Nigeria has 171 million people with 7 million new births yearly. Disparities exist between north and south and men and women. Both the under-five mortality rate (124/1,000 live births) and maternal mortality rates (630/100,000) are high. (DHS, 2013; MICS, 2011). Over 85 per cent of child mortality is attributable to deaths in the new-born period, malaria, pneumonia and diarrhoea. Just under half (49 per cent) of births are attended by skilled health personnel. Intersecting forms of discrimination, including gender, poverty, and geographic location, ethnic and religious background and under-funding of critical services underlie these poor outcomes for children and women. Major challenges include: weak accountability of state and local governments for results; insecurity, particularly in the north; programming in silos; insufficient focus on demand creation and promotion of behavioural change; and lack of access to essential commodities.

In 2013, UNICEF supported a number of programme assessments, bottleneck analyses and needs assessments. The new Programme is geared towards increasingly engaging governments at the federal, state and local government area levels on policy dialogue, as well as working with partners, such as civil society, to work together gathering funds, engaging in corporate social responsibility and collaborating in spreading UNICEF’s messages and vision for children.
Measures undertaken by the health programme to remove bottlenecks and barriers include forecasting and leveraging Government resources to ensure timely availability of vaccines, introduction of new vaccines, maintenance of cold chain equipment and strengthening MNCH weeks. An integrated primary health care approach (including WASH, Nutrition & PMTCT), with immunisation as a core strategy, will be adopted in insecure areas.

The proportion of children with all vaccines ranged between 15 and 30 per cent during the last 20 years. Access to improved water sources increased from 49 per cent in 2009 to 59 per cent in 2011. Sixty-nine per cent of the population has no access to sanitation. The CLTS approach is currently being implemented in Nigeria at the Local Government Area level as a means to secure high-level political engagement.

Inequalities exist in education, where they are exacerbated by gender and linguistic differences. On average, a child completes 6.6 years of formal schooling. However, urban children from the top wealth quintile can count on 10 years, while rural children from the lowest wealth quintile only enjoy 2.6 years. This already low level is cut in half for rural girls from the bottom wealth quintile, and amounts to less than half a year if they are Hausa-speaking.

Exposure to violence among children is witnessed within the household; about 60 per cent of children experience violence. There are no significant differences in terms of household wealth, level of education of the parents or other characteristics.

Stunting affects 10.2 million under-fives, 3.5 million are wasted, 1.7 million of these, severely wasted; and 2.2 million infants under six-months are not exclusively breastfed. About 15 per cent of infants under six months are exclusively breastfed and only 35 per cent of those age 6-23 months are fed appropriately according to their age. (MICS 2011)

Severe nutrition disparities exist in the country; more than 50 per cent of children in the northeast and west are malnourished, compared to 14 per cent children in the southeast. Children from the poorest households are four times more likely to be malnourished than children from the richest households. The malnutrition rate for children of illiterate mothers is almost 60 per cent, compared to 18 per cent in mothers who have secondary education. Children in rural areas are twice as likely to be malnourished as children from urban areas.

Only 80 per cent of households had access to adequately iodised salts, and 65 per cent of children 6-59 months received high does vitamin A supplements (MICS 2011). Only 32 per cent of pregnant women received iron-folic acid supplements, and only 26 per cent children age 12-59 months received deworming tablets.

A 2012 National HIV&AIDS and Reproductive Health Survey found a national HIV prevalence rate of 3.4 per cent, not significantly different from 3.6 per cent reported in 2007. HIV prevalence is higher among the wealthy (3.7 per cent) than the poor (2.9 per cent), among females (3.5 per cent) than males (3.3 per cent) and higher in rural areas (3.6 per cent) compared with the urban (3.2 per cent). HIV prevalence is highest in the South-South zone (5.5 per cent); some states having very high HIV levels, such as: Kaduna (9.2 per cent), Taraba (10.5 per cent) and Rivers (15.2 per cent).

The low use of condoms among young people is a likely contributing factor to the high HIV incidence. Only 44 per cent of sexually active adolescents 15-19 years old had used condoms (52 for young men, and 37 per cent for young women). Only 50 per cent of adolescents who had sex with a non-marital partner in the last 12 months reported condom use during the last sexual intercourse. Only 54 per cent of adolescents 15-19 years old know where to get an HIV test and only 12 per cent were ever tested.

Prevention of mother-to-child transmission (PMTCT) service coverage remains low. According to the UNAIDS Global Progress report 17 per cent of HIV-positive pregnant women received PMTCT services in 2012. With 65 per cent of women who had given birth in the last five years receiving ante-natal care during their last pregnancy, there is a big gap between ANC and PMTCT coverage. While anti-retroviral therapy (ART) coverage among pregnant women in 2012 stood at 36 per cent, only 12 per cent of children 0-14 who needed ART were actually receiving it.

In many Nigerian states the number of ANC sites providing PMTCT services more than doubled in 2013. It will be essential to ensure that quality improvements and promotion of uptake of ANC/PMTCT services are rolled out and approaches used are fully Government-owned to ensure sustainability.

In 2013, the President launched a Comprehensive Response plan for HIV/AIDS, outlining actions to significantly accelerate the prevention of HIV among young people and MARPs, HIV counselling and testing, PMTCT and the provision of adult and paediatric ART.

Challenges in the humanitarian situation included inter-communal conflict, insecurity and conflict over farm and grazing land and insurgency. Since May 2013, Borno, Yobe and Adamawa remain in a year-long State of
Emergency. An estimated 4.1 million people in the three States under state of emergency will be targeted for life saving assistance, 509,823 children under-5 projected for Severe Acute Malnutrition and 3.3 million in 24 states for treatment of malnutrition.

**Country Programme Analytical Overview**

In view of the multiple child deprivations in the north and pockets of high disparities in the south, in the context of a resource-rich country, the Country Programme adopted a multi-pronged approach. It sought stronger strategic partnerships with international financial institutions and multilateral and bilateral partners to strategically leverage and influence donor resources. It also sought to improve national and state level systems, governance and accountability and re-direct local public and private sector resources to the most deprived populations. Dialogue with the World Bank, European Union, ECHO, and major development partners such as the UK, US, Japan among others was on-going to consolidate and accelerate child survival gains, especially around major initiatives and platforms such as the SUN Initiative, Saving One Million Lives (A Promised Renewed), Community-Led Total Sanitation, Open Defecation Free, the President’s Transformation Agenda and the Global Partnership for Education.

The programme seeks to strengthen social protection mechanisms and systems that are well targeted to reach the poorest. At the grassroots level, integrated community-based approaches and delivery platforms such as schools, primary health clinics, CMAM Centres and Child Health Weeks require strengthening to deliver quality and timely services. Integration of services will include HIV testing of all infants and ART provision to all HIV infected children. To remain relevant, the programmes will adopt greater emphasis in improving children’s increased access to ECD and education with equity, reduced gender disparities and improved learning and seek harmonised child protection systems that respond to and protect children from violence, abuse and exploitation across all states. Communities will be engaged to create social movements, empowerment and resilience. The programmes, through Communication for Development approaches sought to address social norms in effecting behavioural change.

NCO will continue its concerted efforts to streamline focus and process to become more cost effective, maximise value for money, advocate for greater accountability of state governments for results and overcome challenges of insecurity, particularly in the north, the Country Programme will seek greater convergence of programmes to accelerate gains in child survival and development. In the north where there are security challenges, the programme will adopt a low profile and visibility, rely on stronger security analysis. It will intensify and support innovative monitoring through U-reporting and conduct lighter and more frequent surveys, SMART surveys to track results and monitor removal of bottlenecks. The Office will be focusing on establishing an innovative user-friendly, real-time performance monitoring system in 2014. In relation to the UNDAF in Nigeria, UNICEF was the convening Agency in the ‘Delivering as One’ (DaO) states of Benue and Cross-Rivers. NCO conducted Human Rights Result-Based Management training in support of the planning and review function led by UNICEF under DaO modalities. By end-year, the Office had provided results-based management (RBM) training to heads of ministries, departments and agencies (MDAs) and and upon the request of His Excellency, the Governor of Benue State. NCO also contributed significantly to the development of the UNDAF III by supporting, both financially and in-kind, the Resident Coordinator’s office, as well as providing technical contributions.

**Humanitarian Assistance**

In 2013, insecurity in some northern States was mainly due to the ongoing conflict between insurgencies and Government forces. The President declared a State of Emergency in three northern States (Borno, Yobe and Adamawa) in May for an initial six months, which was later extended for an additional six months. Guided by UN programme criticality assessments, the Country Office prioritised critical emergency assistance and essential services for communities affected by the State of Emergency. It scaled-up treatment for children suffering from severe and acute malnutrition, as well as immunisation services in settlements at high risk for polio. Greater attention was placed on enhancing emergency preparedness, responding to cholera and meeting residual needs of the displaced population from floods and inter-communal conflicts in water and sanitation, health, nutrition and child protection. An estimated 6,600 cases and 229 deaths from suspected cholera were reported in 2013, which is more than 10 times higher than the number of cases reported in 2012; however, it is much lower than the 22,883 cases reported in 2011.
To improve and maintain access for delivery and distribution of humanitarian assistance to affected populations, the Country Office sought and was granted office space in Maiduguri, which once it is operational, will increase UNICEF’s ability to deliver services in the conflict area of the north-east. The Country Office stepped-up emergency preparedness capacity development efforts among communities and local and state governments to be able to collaboratively work with the humanitarian community to effectively prepare and respond to disasters, including capacity for data collection, disaggregation and analysis. UNICEF continued to lead key sectors including WASH, Nutrition, Education and Child Protection sub-sector within the sectoral coordination framework. The HCT supported the National Emergency Management Agency (NEMA) in the development of a Joint Humanitarian Action Plan (JHAP), which will ensure a coordinated humanitarian response and emergency preparedness at the state level. In addition the UN prepared an interagency response plan 2014-2015 to support the JHAP; the main strategic lines were included in the Regional Consolidated Appeal Process (RCAP).

**Effective Advocacy**

*Mostly met benchmarks*

UNICEF worked with partners to support federal and state ministries of health in the design and implementation of priority interventions to ensure delivery of quality MNCH services. These efforts led to the mid-term reviews of national and state Strategic Health Development Plans, the integrated MNCH strategy and the Child Health Policy, as well as to legislative processes required for passage of the National Health bill, which is in the pipeline. UNICEF worked with the Federal Ministry of Health and other partners to finalise Integrated Community Case Management (iCCM) guidelines and develop plans for the roll-out and training of health workers. UNICEF supported the elaboration and roll-out of the National Routine Immunisation Framework, which was successfully launched in December 2013.

UNICEF participated in the national-level Post-2015 discussions promoting the issue of equity in the post-MDGs agenda, and was centrally involved in advocacy efforts to pass the Violence Against Persons Prohibition Act. Work on the Open Budget Initiative was going to be presented to the governors’ meeting as part of the advocacy efforts. However, for various reasons and political considerations it was decided with partners not to present it, and to embark on a different advocacy strategy involving all states in the future.

A Presidential summit on “Innovative funding for the water sector” was held in February 2013 to mobilise alternative funding for water infrastructure development, operation and maintenance and enhance cooperative funding of the sector by the three tiers of government. UNICEF provided technical support at this summit, including preparation of background papers. The conference was attended by the President and Vice President of Nigeria and key senior government officials, development partners, IFIs, donors and NGOs. The summit sensitised high-level decision-makers and reinforced the need for greater co-operation at all levels and attracting greater investments for equitable access to WASH services.

Sustained advocacy targeting policymakers and traditional and opinion leaders resulted in increased Government funding of the WASH programme, while partnerships with the wives of the governors of Katsina and Osun States on CLTS promotion contributed to scaling-up access to sanitation and hygiene. C4D and the National Orientation Agency (NOA) partnered with public and private media, both print and broadcast, to advocate in favour of Government provision of much-needed relief and the construction of permanent camps for displaced persons. The Government built 50 housing units in Abuja to rehabilitate some of the affected families and provided hybrid resistant rice seeds to farmers in Abaji.

**Capacity Development**

*Fully met benchmarks*

UNICEF’s Health programme has built capacity at federal and state levels for 1,932 health care workers on Community-Based New-born Care (CBNC), Client-Oriented Provider Efficient (COPE) services, Life Saving Skills (LSS), Modified Life Saving Skills (MLSS) and iCCM. This has resulted in increased knowledge and skills of healthcare workers to provide quality MNCH. UNICEF worked with the FMOH and other partners to finalise the Integrated Community Case Management guidelines, including the development of plans for the roll-out and training of Health Workers (HWs).
A total of 2,768 Water, Sanitation and Hygiene Committees (WASHCOMs) have skills and are supporting operation and management of WASH facilities in their communities. Also, 1,191 persons have the capacity to implement sanitation and hygiene approaches, and 158,075 women have skills for effective menstrual management. Capacity of 933 WASH Sector professionals was enhanced on various aspects of the WASH programme. Some 5,610 HWs and 51,599 Community-Directed Distributors acquired skills on Onchocerciasis Control. The National CLTS database was strengthened with 25 CLTS implementing States currently reporting to the database.

The HIV Programme built capacity of 25 members of the Lagos PMTCT Technical Working Group (TWG) on programme management, leading to the review and harmonisation of the PMTCT State Work Plan. Coordination and Partnership Guidelines to strengthen HIV response were developed in Gombe State and key state strategies aligned with development partners’ programmes and the 2014-2015 State Strategic Plan on HIV/AIDS. A major development in the area of capacity development was the use of the PMTCT bottleneck analysis (BNA) in four states. The BNA is a data-driven process of identifying policy-, demand- and services-based bottlenecks and undertaking strategic planning to address them.

Technical assistance was provided to Government to revise national policy on food and nutrition and develop a health sector costed strategic plan. About 2,000 infant and young child feeding (IYCF) support groups were established for counselling to mothers and caregivers on appropriate feeding practices.

The Education Programme trained 230 planners drawn from 26 states, the Federal Capital Territory (FCT) and 27 local governments to build an Education Management Information System (EMIS). New training manuals, strategy and development plans for Integrated Quaranic Tsangaya Education (IQTE) facilitators/instructors and members of IQTE Centre-Based Management Committees (CBMC) were developed and training imparted. Thus, about 520 IQTE schools/centres proprietors/facilitators now have improved knowledge and skills. A new head teachers manual was developed, and about 2,000 head teachers were trained. Also, 100 master trainers were trained to roll-out training for head and other teachers.

More than 56 state officials were trained on designing and implementing the Conditional Cash Transfer (CCT), rolled out in two new states to enhance social protection.

In the C4D area, an additional 1,028 government officials and partner civil society organisations (CSOs) have knowledge and skills on Communication for Behaviour and Social Change platforms. One hundred and seven radio professionals were trained in the use of the communication strategy and behaviour-change communication in emergencies.

**Communication for Development**

*Fully met benchmarks*

UNICEF supported the National Primary Healthcare Development Agency (NPHCDA) to develop a Communication Strategy for Routine Immunisation, partnering with the FMOH, NOA, National Youth Service Corps (NYSC), FOI and FRCN. They thereafter supported 15 EPI states (Sokoto, Katsina, Kaduna, and FCT; Yobe, Gombe and Adamawa; Benue, Enugu, Ebonyi, Akwa Ibom, Rivers; Edo, Lagos and Oyo) to develop their own 2013–2015 work plans. An integrated national communication work plan for non-polio supplementary immunisations (SIAs), including Integrated Measles Campaign, MenAfriVac, and Yellow Fever, was also developed and implemented.

The Federal Ministry of Information with NOA, state health educators and radio stations used community dialogues and interactive radio programming to promote MNCH and behaviour-change communication for emergency preparedness and response, as well as resilience strategies in Kogi, Bayelsa, Delta, Cross River, Adamawa, Edo, Anambra, Plateau, Sokoto, Samfara, Nassarawa, Lagos, Oyo and Ogun states.

The National Commission for Mass Literacy, Adult and Non-formal Education (NMEC), in collaboration with NOA, Federal Ministry of Education (FME) and the Federation of Muslim Women associations of Nigeria (FOMWAN), received UNICEF support to develop a communication strategy on Integrated Quranic and Tsangaya Education for the five Girls’ Education Programme (GEP3) states of Samfara, Katsina, Sokoto, Bauchi and Niger. The work plans are helping to increase enrolment of girls in IQTE schools.

In the Lagos field office, CDAs, traditional leaders, women, youth, community residents and traditional birth attendants (TBAs) acquired improved knowledge of antenatal (ANC) services. More TBAs now refer women
with complicated pregnancies to primary health care facilities and HIV testing and counselling (HCT). Birth registration rates have increased in Delta, Edo, Ekiti, Lagos, Ogun, Ondo, Osun and Oyo States. Thirty key partners of the Children and AIDS programme in Lagos, Ondo and Edo States improved their IPC skills.

Also, 31,000 women spread across 270 communities in the south-eastern states have direct and improved knowledge on Facts for Life for the care and protection of their children, following inter-sectoral engagement of the traditional umbrella faith-based organisation platform that is present in all south-eastern states, namely, the August Women’s Meeting.

In the Bauchi field office, community information boards (CIBs) were adopted and in use in two wards of nine LGAs each in Bauchi, Gombe and Jigawa States, helping communities track the health and wellbeing of their children and women following empowerment of community members for inclusive, gender-sensitive communal decision-making. Academics from ABU Saria, UNIMAID, BUK, TV College Jos, and NGOs worked with MDA partners to develop the zonal C4D DFO strategic document now being used by SSOMTECs in programme implementation.

**Service Delivery**

*Fully met benchmarks*

The nutrition programme increased treatment of severely malnourished children, reaching a total of over 288,000 under-five children in 11 northern states in 2013. Over 165,000 mothers and caregivers were counselled on IYCF. About 20 million children 6-59 months received their first dose of vitamin A supplementation in 2013 through MNCH weeks. Some 2.8 million pregnant women were reached with iron and folic acid and 26 per cent of under-fives received deworming tablets.

To address malnutrition with equity, UNICEF supported the Government to revise the national policy on food and nutrition, making it a multi-sectoral approach. SMART Nutrition Surveys were scaled up to 24 states to provide nutrition, health, immunisation and WASH impact indicators data as part of monitoring of Saving One Million Lives Initiative (SOML). In 2013, the vaccine supply adequacy was satisfactory at LGA and state levels. The national availability of all vaccines was above 80 per cent.

With WASH programme support, over 1.94 million people gained access to and used newly installed 3,618 improved drinking water sources in 2013. An additional 2.1 million people used latrines for defecation and over 3,195 communities have achieved ODF status. An additional 51,055 school boys and girls gained access to improved WASH facilities at 120 schools.

UNICEF, with a long term support of US$160 million from DfID for 2012-2020, has targeted Girls Education in under-performing states with a number of strategies to address the underlying causes. Central to these have been promoting development of female teachers, family-focused incentives, integration of core components of the basic education curriculum into traditional Quaranic schools/centres, as well as mobile schools and the improvement of multi-grade teaching for nomadic children. A total of 5,700 Quaranic Schools across 11 northern states are now using the integrated curriculum to enlarge the reach of basic education for girls and hard-to-reach children in Nigeria.

In the 10 states of the Enugu Field Office, the TV drama serial on essential family practices, “Do Something” continues to run for the second consecutive year in TV stations across the ten states, reaching hundreds of thousands of households with content that is improving their child care and protection knowledge, attitudes and practices.

**Strategic Partnerships**

*Mostly met benchmarks*

The Nigeria Country Office, in collaboration with UNICEF’s PFP Department, conducted a preliminary assessment of the potential for UNICEF to engage with the private sector in Nigeria, in order to generate resources and results for children. In coming years the Office, with PFP guidance, will develop an integrated strategy for private sector engagement, incorporating resource mobilisation, programmatic cooperation, and an action plan. The plan will include a mapping and targeting of potential partnerships.
UNICEF actively participated in the Donor coordination group on Social Protection together with the EU, World Bank, DFID, ILO, UNFPA and other agencies. In education, partnership with development partners was sustained through UNICEF’s active participation in the Local Education Group on GPE and a Development Partners in Education Forum. A 2012-2020 US$160 million DFID-funded Girls’ Education Programme offered a strategic opportunity to make a significant impact on closing the gender gap in basic education. In 2013, the partnerships intensified a process of review and re-calibration of key components and strategies to strengthen the evidence base, track progress and generate knowledge to drive the leveraging of resources at the State level. This exercise will position UNICEF and partners to make optimal use of the networks at the national and sub-national levels to advance gender equity and strengthen the broad coalitions and partnerships required to ensure that the programme has measurable impact in this issue area.

Beyond the US President’s Emergency Plan (PEPFAR), the Global Fund (GFTAM) and the Clinton Health Access Initiative (CHAI), the Office’s Children and AIDS Programme sought strategic engagement with key Muslim, Christian and media groups to sensitise followers, with the aim of increasing demand for Maternal and Child Health, HCT and ANC services. In 2013, some 138 religious leaders (six from each of the 23 LGAs) were trained and engaged in sensitisation for these services.

Both the joint UN-Team on AIDS (JUNTA) and the HIV Development Partners Forum, which brings together senior leadership of main UN and Development partners working in HIV, provided good leadership for strengthening coordination and partnerships. During the November meeting of the Forum UNICEF presented its 2014-17 HIV strategic direction and strategy. A key part of the discussion that followed focussed on how development partners can better work together to strengthen the roll-out of paediatric HIV services. As a follow-up to the meeting: UNICEF was invited by the EU to add a ‘Children and HIV’ component to the already on-going MNCH collaboration in Adamawa; UNAIDS/WHO/UNICEF have harmonised their 2014 work plans around paediatric HIV, and this is now one of the key 2014 JUNTA advocacy and technical assistance items. In addition UNICEF was invited by PEPFAR to provide input on the paediatric HIV component of the PEPFAR 2014 Country operational Plan, and a follow-up meeting with the World Bank is planned to strengthen partnerships around paediatric HIV and PMTCT.

C4D strengthened its strategic partnerships with key federal agencies in Communication for Behaviour and Social Change, including NOA and the National Youth Service Corps.

### Knowledge Management

**Mostly met benchmarks**

A study was carried out to review existing programmes and interventions in social protection covering all 36 states, as part of UNICEF support to the Nigerian Institute for Social and Economic Research and the National Planning Commission to draft the Social Protection Policy.

The UNICEF Education programme contributed to improving Government’s capacity for knowledge development and management through improved EMIS development and management for effective, evidence-based planning and monitoring. UNICEF collaborated with the National Institute for Educational Planning and Administration to develop a web-based learning portal for building capacity on EMIS. The improved competencies of staff in each state are helping in the application of various planning tools towards more inclusive and evidence-based planning, and effective organisation, sharing and use of knowledge for improved performance of the sector. The Early Learning Standard (ELDS) for monitoring school readiness and learning achievement was developed and validated and ready to go through the Government approval process by end-2013.

UNICEF’s experiences on CLTS implementation were documented in six case studies on different thematic areas and disseminated. In addition, several other human interest stories and reports on CLTS and WASH activities were produced and disseminated through print and electronic media. Some of the notable WASH stories can be found on Youtube channel (Triggering a community-led sanitation revolution: [http://www.youtube.com/watch?v=l-DfnSmWC1c](http://www.youtube.com/watch?v=l-DfnSmWC1c); Nigeria wash schools: [http://www.youtube.com/watch?v=XE1c2CwtIoE](http://www.youtube.com/watch?v=XE1c2CwtIoE); A humble Nigerian carpenter rethinks latrines [http://www.youtube.com/watch?v=I4BXRaf08Bw](http://www.youtube.com/watch?v=I4BXRaf08Bw)).

During the year, two papers on different thematic areas documenting WASH experiences in Nigeria were accepted/presented at the WEDC conference in Kenya and the West Africa Regional Learning and Exchange programme in Benin Republic. Sanitation Marketing research and a study on WASH challenges in peri-urban
areas are being conducted to generate information for programme planning and implementation. Significant progress was made towards building databases with key academic institutions to monitor and report on C4D initiatives. There are now nine public health universities and 12 departments participating in the C4D initiative involving the sharing of research reports on child survival. The University of Ilorin and Uthman Danfodio University, Sokoto joined the pool during 2013. An additional baseline report was prepared, while rapid assessment surveys on Utilisation of long-lasting insecticide-treated bed-nets (LLINs) in four states provided additional data.

**Human Rights Based Approach to Cooperation**

*Partially met benchmarks*

In 2013, the Country Office reviewed its Country Programme Management Plan in line with the human rights-based principle of enhancing accountability of duty-bearers at all levels. At the Federal level, UNICEF participated in key national initiatives to ensure that equity principles and child-focused results were centrally incorporated. UNICEF supported state governments in the formulation of state-level sector policies and plans. UNICEF also supported the drafting of a Social Protection Policy. Widespread consultation with different stakeholders from all states was undertaken to draft the policy, and a separate nation-wide process will be carried out in 2014 to validate the policy. The Country Programme has proposed a convergent LGA Approach. Programme interventions require a critical mass of communities in order to change behaviour. To align to the shift towards an enhanced focus on promoting decentralisation and improved governance, coupled with the need to revisit the choice of LGAs, the Office is developing a convergence strategy and will develop clear guidelines for a “Model LGA Approach”. It is through this approach that pilots and innovations will be implemented. The LGA-wide approach to WASH has been found appropriate in fostering equity and helping to scale-up WASH access to all communities within an LGA, irrespective of their socio-economic background.

In Education, to promote inclusiveness and improve equity in access, participation, completion and achievement in schools, 230 educational planners trained in 26 states and the Federal Capital were equipped with human rights principles and practices for developing education policies and plans. All the education sector strategic and operational plans developed for 26 states and the FCT were informed by human rights principles and practices.

Accountability of state, local government and facilities (e.g. PHCs, School Management Boards, WASHComs etc.) was promoted through establishment of standards. For example: through the use of RapidSMS technology, performance of each birth registrar is being tracked regularly to improve registration. This is assisting UNICEF and the National Population Commission (NPopC) to make informed decisions and employ a formal strategic approach to overcoming system obstacles to service delivery. The monitoring protocol “Scorecard” was introduced in 2013 and is being used by 174 NPopC monitors as an important source of disaggregated data that serves as the primary evidence-base for the equity focus approach. The RapidSMS data and “Scorecard” indicating information from the LGA interventions are analysed to show gains for children in birth registration, especially in underperforming states of the northern Nigeria.

The Child Justice Clinic in Kaduna provided access to justice for vulnerable children through the provision of legal aid, counselling and psychosocial support to victims of sexual abuse, unlawful detention and children in conflict with the law. With improved capacity/ knowledge in child protection issues, case management, referral and linkages with other social services actors, lawyers and social workers who are members of the child protection network (CPN) provided support services to vulnerable children, including periodic monitoring of detention centres. CPNs also actively monitored and documented trends and patterns of violence against children in schools.

**Gender Equality**

*Mostly met benchmarks*

UNICEF ensured that gender is integrated and highlighted across several approaches with in NCO. Data analysis and dissemination were carried out to show gender differentials, disparities, needs, gaps and possible options.
In collaboration with the Government, the UNDAF/DaO platform provided the UN an opportunity for more focused programming and leveraging of resources toward promoting fulfilment of human rights principles in programming.

UNICEF and gender actors continued to advocate for the passage of the Violence Against Persons Prohibition. The lower House of Representatives passed this bill, and it has been forwarded Senate for approval and final passage. UNICEF supported bulk SMS dissemination targeting legislators, collaborated with media and campaigned at houses of assemblies and Governors for domestication of the Violence against Persons Prohibition (VAPP) bill. Consequently, Ekiti and Lagos states domesticated and passed the bill. Support from DFiD for the Girls Education Project has been a deliberate approach to sustain the uptake of girls into school to bridge the enrolment gap which currently favoured boys. The project provided conditional cash grants, female teacher scholarships, established girls and women spaces and school-based management committees and Mothers Associations. Similarly, UNICEF Nigeria supported and promoted inclusiveness and equity in access, participation, completion and achievement in schools. Some 230 educational planners across 26 States and the FCT gained new skills on utilisation of Human Rights principles and practice in developing education policies and plans. All of the education sector strategic and operational plans developed were informed by Human Rights principles and practice. Despite gender biased, women’s participation continues to be paramount through engagement in community level structures and committees to bridge the gap in gender disparity. Through advocacy, all supervisory councillors deployed for WASH in all LGAs in Katsina State are female. In addition, the LGA-wide approach for has been found to be appropriate for fostering equity and scaling-up WASH access to all communities within an LGA irrespective of socio-economic or health status and geographical location. The selection of LGAs to participate was made on the basis of demand and used a gender and equity lens. Similarly, in social policy, support to the states resulted in improved social and child-friendly budgeting through the strengthening of civil society participation in budget processes. UNICEF Nigeria successfully mobilised state partners to design a state-owned and multi-sectoral social protection programme to address urban poverty in three LGAs in Lagos State, in line with recommendation of the Lagos State Investment Case for Health 2012.

Interventions such as those on Polio and RI communication have made clear the importance of gender in social mobilisation efforts. Almost all volunteer community mobilisers are women, for cultural reasons and because women play a dominant role in children’s health

UNICEF and relevant stakeholders supported a review of the existing National Gender Policy to update it and incorporate other emerging issues. At the zonal level, consultations to review the policy and validate plans will continue in 2014.

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**Environmental Sustainability**

*Mostly met benchmarks*

Ann environmental impact assessment was undertaken in six LGAs of three states in Niger Delta Region to document the potential impact of WASH programmes and design appropriate mitigation measures to minimise any adverse impact on the environment.

Climate change adaptation is being mainstreamed as WASH technology designs are being refined to accommodate the effect of climate change. For instance, raised water facility platforms are being promoted in flood-prone areas.

An initial environmental examination conducted in 28 LGAs of 14 states for the EU-funded rural water supply and sanitation project helped identify and analyse the potential environmental impacts (positive or adverse) on physical, biological, socio-economic and cultural environments, and develop an appropriate Environmental Management Plan for the project. Planned/ongoing studies (“multi-village water projects”, “WASH challenges in peri-urban settings”) will look at elements to strengthen environmental sustainability in the WASH sector.

UNICEF-supported WASH policies cover issues around climate change adaptation and environment-friendly technology choices.

A training curriculum on Climate Change Adaptation (CCA) for WASH professionals was finalised and efforts were made to regularise training sessions at the National Water Resources Institute for WASH sector professionals. CCA is being mainstreamed under the WASH programme in developmental/emergency contexts, e.g. raised platforms for water facilities and latrines are being promoted in flood-prone areas, solar-
powered boreholes instead of diesel powered boreholes, and use of solar panels for offices. Water, Sanitation and Hygiene Committees are increasingly maintaining cleanliness around water points and siting household latrines at adequate distances to minimise contamination of water sources. Community-Led Total Sanitation is encouraging the use of toilets, thereby curbing contamination of the environment.
Narrative Analysis by Programme Component Results and Intermediate Results

Nigeria - 3210

PC 101 - Health and Nutrition

- Constrained

PCR 3210/A0/04/101

By end 2013, 50 per cent of most deprived pregnant women and children under-five have access to and utilise quality MNCH Services and high impact interventions in selected high burden States

Progress:

With support from development partners (including the European Commission, the Canadian and Japanese Governments) UNICEF works with other partners to support the Federal and the State Ministries of Health to implement quality Maternal New-born Child Health (MNCH) services. The key areas of work include implementation of MNCH policy/strategy documents such as National Strategic Health Development Plan (NSHDP), Integrated Maternal New-born Child Health strategy and Child Health policy. Advocacy work continued with other partners towards the necessary legislative processes required for the passage of the National health bill. In 25 of the 36 States and the Federal Capital Territory, 1,932 health care workers were trained and gained new skills in key technical areas such as Community Based New-born Care (CBNC), Client Oriented Provider Efficient (COPE) services, Life Saving Skills (LSS), Modified Life Saving Skills (MLSS) and integrated community case management (482 for CBNC, 110 for COPE and 1,340 for LSS/MLSS). Some 1,149,503 (883,503 in Kaduna & 256,000 in Bauchi) pregnant women were reached with supplies of Sulphadoxine Pyrimetamine (SP) and iron folate, enhancing delivery of focused ANC in five States (Bauchi, Borno, Jigawa, Kano and Yobe). Capacity of Community Health Extension Workers to offer Community-based Neonatal Care (CBNC) was strengthened including provision of CBNC kits. At the LGA Level, UNICEF supported the conducting of Primary Health Care (PHC) reviews, integrated supportive supervision and the work of community development committees to increase demand for quality MNCH services, leading to evidence-based data generation, decentralised planning and monitoring of results for equity.

These and other high-impact interventions have contributed to the rising number of pregnant women that made at least four ANC visits - 56.6 per cent in 2011 from 45 per cent in 2008, and about a 10 per cent increase in the number of those whose delivery was overseen by skilled personnel during the same period. We expect to see similar increases when the 2013 Nigeria Demographic Health Survey report is formally released in 2014. Due to several factors (including socio-economic, cultural and religious factors) demand for services remains suboptimal and a key challenge. Discrepancies remain between states in the north and the south in terms of service utilisation. Health indices are generally better in the south than in the north. Implementation of free MNCH is not backed by appropriate levels of funding by State governments, which contributed to the low levels of coverage and service uptake.

- Constrained

IR 3210/A0/04/101/001

1.1: At least 20 per cent of pregnant women have access to and undertake 4 ANC visits and are assisted during delivery by qualified health personnel in a system that guarantees sustainability by 2013

Progress:

UNICEF worked with States and Local Government Authorities to support the establishment and functionality of core technical committees (CTCs) in Kaduna, Kebbi, Benue, Abia, Imo, Cross River, Akwa Ibom states and the Federal Capital Territory. The CTC is the platform that drives MNCH implementation at state and LGA levels. With leadership from the State Ministries of Health and collaboration with other partners, the CTC ensures the coordination and implementation of interventions of the MNCH component of the State strategic health development plans. In many states, these committees do not exist and where established, are not functional. UNICEF will work with States and other partners to continue to support the functionality of the CTCs so that quality MNCH services will continue to be provided at the health facility level. During the period under review, UNICEF supported States with the provision of over 5,000 partographs, Midwifery and CBNC kits to facilitate quality MNCH service delivery. A total of 1,200 neonatal dolls were distributed to over 22 schools of nursing & midwifery in 12 states (Kaduna, Kebbi, Sokoto, FCT, Benue, Ebonyi, Abia, Imo, Cross Rivers, Akwa Ibom, Lagos and Ogun). This is expected to enhance the practical skills of health workers and in turn improve the quality of care of MNCH services. An estimated 2,000 healthcare workers were trained in key MNCH intervention areas, including focused ANC, LSS, MLSS, IMCI, CBNC and ICCM. This has resulted in increased knowledge and skills of healthcare workers to provide quality MNCH services that should lead to improvement in ANC attendance and the number of women that are attended to during delivery by skilled personnel. In the focal LGAs, about 25 Health Facilities (HFIs) were equipped to provide Basic and Comprehensive Emergency Obstetric and New-born Care (BEmONC/CEmONC). Planning for the roll-out of the intervention that will improve community-based new-born care was finalised.

- Constrained

IR 3210/A0/04/101/002

1.2: At least 50 per cent of children under 5 and pregnant women in selected HB States sleep under ITNs by 2013

Progress:

UNICEF continued to support states to conduct biannual Maternal New-born Child Health Weeks (MNCHW) across the country. During the May/June 2013 round of MNCHW, Vitamin A coverage was 73 per cent, deworming 29 per cent and iron folate was 21 per cent. A total of 239,132 (202,800 for Kaduna/Kebbi & 36,332 for Enugu) long-lasting insecticide-treated nets (LLINs) were delivered to HFs for routine distribution to pregnant women during ANC. In Kaduna and Kebbi states the nets were distributed through routine systems to
children under one year of age at DPT3/Pentavalent vaccine 3 and pregnant women at the first ANC visit. Artemisin Combination Therapy, Intermittent Preventive Therapy and Rapid Diagnostics Tests were also distributed to improve case management of malaria for 525,000 children under five and pregnant women. For malaria prevention and promotion of LLIN use, 88,276 community members were educated, mobilised and reached with key messages on the benefits of ITNs for vulnerable under-five children and pregnant women. In rural areas in Kaduna, Kebbi and Sokoto States UNICEF supported mother-to-mother mobilisation, traditional leaders’ engagement and community dialogues, in addition to reaching an estimated 40,000 people through radio messages and jingles. UNICEF worked with the FMOH and other partners to finalise the iCCM guidelines, including the development of plans for the roll-out and training of health workers. The implementation of the iCCM is aimed at increasing coverage and quality of preventive and curative interventions for malaria, pneumonia and diarrhoea. Some 10,000 job aids and implementation guidelines on iCCM will be printed and distributed to Community Health Extension Workers (CHEWs) in all the states and the Federal Capital (FCT) in 2014. UNICEF is supporting the Government of Nigeria to develop a National New-born Action Plan to prioritise and address new-born health as a part of the global Every New-born Action Plan development process.

On-track  
IR 3210/A0/04/101/003 1.3: Primary health care - based health systems providing equitable MNCH services to women newborns and children are strengthened for policy, equity and gender by 2013.

Progress:

UNICEF supported the Government to conduct Joint Annual and Midterm Reviews of the National and State Strategic Health Development Plans (N/SSHDP). Findings from the reviews were used to guide implementation of the NSHDP and inform the development of the annual operational plans. Ninety per cent of focal states are providing counterpart funding for the conduct of MNCH weeks.

Data from seven states showed significant improvement in the coverage of high-impact interventions. Coverage rates for Vitamin A ranged from 70-95 per cent. A total of 2,007,491 children 12-59 months received deworming tablets, routine immunisation antigens (notably DPT3/Pentavalent vaccine 3) had a coverage of 47-87 per cent across states; 883,503 pregnant women received iron folate and 572,452 caregivers were counselled on hand-washing and other high-impact household interventions and over 188,091 children received birth certificates. Some 271,308 children were screened for malnutrition; about 1 per cent had severe malnutrition. Fourteen States conducted at least two quarterly primary health care reviews at the LGA level and developed corrective action plans to address bottlenecks in the delivery of quality MNCH services. Local Government Authorities’ health workers in 236 LGAs (Lagos 20, Ogun 6, Adamawa 21, Bauchi 10, Gombe 3, Jigawa 27, Kano 44, Nasarawa 5, Taraba 2, Enugu 17, Kaduna 23, Ondo 18, Akwa Ibom 31 and Yobe 9) acquired knowledge and skills on bottleneck analysis and are using it to strengthen PHC service delivery. UNICEF will continue to support states to aggregate LGA corrective action plans in the development of 2014 Operational Plans of the SSHDP. Through PHC reviews, States and LGAs were supported to strengthen capacity for planning, evidence-based data generation, supportive supervision, monitoring and evaluation, including the use of Rapid Short Message Service (RapidSMS) http://rapidsmsnigeria.org all to improve PHC service delivery.

Constrained  
IR 3210/A0/04/101/004 1.4: 60 per cent of families in high burden States for both boys and girls adopt essentials family practices (sleeping under ITNs, use of ORS, completion of immunisation, hand washing, ANC).

Progress:

A total of 237 communities in eight States (FCT, Kaduna, Sokoto, Adamawa, Kebbi, Abia, Imo and Lagos) have functional community boards with members trained on the use and analysis of data using community boards. Communities in these States were supported to conduct social mobilisation activities and dialogues following analysis of community boards. An additional 30 boards were procured during the reporting period.

Some 2,670 Community Resource Persons in seven states (Adamawa 450, Bauchi 440, Gombe 320, Jigawa 325, Plateau 480, Taraba 360 and Yobe 295) acquired knowledge and skills on key household practices and are supporting other community members to understand benefits of care seeking in relation to pregnancy.

Coverage data from the May/June 2013 MNCH Week from 30 states showed coverage as: Vitamin A – 73 per cent, deworming – 29 per cent and iron folate – 21 per cent. UNICEF continued to build capacity for the use of RapidSMS as a major data collection tool used during the Maternal New-born Child Health Week. It is being deployed in 36 states and the FCT, and expanded to capture data from over 2,000 birth registration centres in all 36 States and the FCT. See http://rapidsmsnigeria.org.

Met  
IR 3210/A0/04/101/024 1.5. Programme management Support staff salaries, capacity development and learning, and travels for field visits and programme monitoring

Progress:

On-track  
PCR 3210/A0/04/103 PCR3 - YN101 - 50 per cent of Children 0-5 years are not experiencing acute malnutrition focusing on most disadvantaged children by 2013

Progress:

Efforts to reduce malnutrition were approached by designing a package of services that are delivered through the health system and community structures. Focus was on preventive nutrition interventions through promoting infant and young child feeding and micronutrient deficiency control. Curative services were also out in place to reduce mortality. With specific attention to community based
management of acute malnutrition and management of childhood diarrhoea with zinc and low osmolarity oral rehydration solution (LO-ORS) in collaboration with Save the Children, ACF and the Micronutrient Initiative (MI). Programming covered most of the States in the country and the FCT, but attention was targeted to high-burden states in the north; other states benefitted from micro-nutrient deficiency control as well as infant and young child feeding interventions.

Overall, the programme achieved a reduction in SAM from 14 per cent to 10.2 per cent and in stunting from 41 per cent to 34.8 per cent, below the targeted 50 per cent reduction. Progress towards meeting the set target was constrained by limited programme coverage. The presence of international NGOs (iNGOs) in the country is limited to very few LGAs in the 11 high-burden northern states, most of which are involved in only in support for advocacy and capacity building activities. Limited public sector funding at the Federal level remains as a major challenge for scaling-up nutrition nationwide. However, the Government recently pledged US$20 million at the Nutrition for Growth meeting, which UNICEF will follow up on to ensure implementation. State governments have started making commitments (a few have started implementing the commitments) for nutrition, to strengthen quality of service delivery through increased funding for supplies, monitoring and capacity building of health workers and community structures.

UNICEF Nigeria created a nutrition section in 2010, as the budget for nutrition in Nigeria rose from US$3.5 million in 2009 to US$35 million per annum in 2013. Some donors (DFID, CIFF and EU) have provided multi-year grants, while ECHO and Government of Japan continue supporting humanitarian actions in the Sahel region of Nigeria. Nigeria joined the SUN movement and nutrition is a pillar of the Saving One Million Lives Initiative.

UNICEF has supported Nutrition Surveys using the 'SMART' method since 2010 in eight states. These surveys were carried out in 24 states in 2013 and are providing vital information for SOML to engage donors and State governments to accelerate MDG achievement and the reduction of acute and chronic malnutrition.

**On-track**

**IR 3210/A0/04/103/001** 50 per cent of children with SAM cured by 2013 in High Burden states

**Progress:**

The stakeholders involved in CMAM programme implementation included Federal and State ministries of health, national and state primary health care development agencies, some international NGOs and donors.

The number of CMAM programme sites rose to 495 from 468 sites in 2012. A total of 236,100 children were admitted to CMAM sites across the 11 northern States by November 2013, reaching almost 80 per cent of children targeted by the programme. The cure rate and mortality rate was within the SPHERE standards, but children defaulting from the treatment is an area of concern which will be addressed by strengthening community screening and social mobilisation activities. In 2013 CMAM programme monitoring was strengthened using an Excel-based database, including tracking of CMAM supplies. Now supply distribution is evidence- and needs-based and significant efforts were made to ensure that all treatment sites have adequate supplies in a timely manner.

A total of 288,028 cartons of RUTF were procured and delivered to CMAM sites. There was supply shortage in some sites in August-September, which was due to funding shortfall, logistic challenge and slow port clearance. This affected the number of admissions for those months. A concept note was drafted to conduct Supply Chain Analysis aiming to address the issues around pipeline breaks and leakage of RUTF. A buffer stock was created in-country to meet at least three months of RUTF requirements.

A mobile phone-based rapidSMS was piloted in three LGAs in Jigawa, Kano and Samfara states, and the health facilities are providing real time CMAM and RUTF stock data, which has prevented stock-outs. A scale-up plan is in process to reach all CMAM sites by the end of 2014. This will help to obtain timely data, thereby allowing for timely actions to address evidenced-based challenges.

**On-track**

**IR 3210/A0/04/103/002** 10 per cent more infant and young children are appropriately breastfed and receive adequate complementary feeding in Nigeria by 2013

**Progress:**

The IYCF programme made modest progress. Based on DHS 2013, 35 per cent of infants and young children were appropriately fed compared to 30 per cent in 2008. Exclusive breastfeeding rate increased from 13 per cent in 2008 to 17.4 per cent in 2013 (DHS) report. Provision of water has been identified as a key bottleneck to exclusive breastfeeding, which will be addressed through integrated BCC approach in 2014.

UNICEF and partners (including FMOH, NPHCDA, SPHCDa, state ministries of health and iNGOs) developed an IYCF Behaviour Change Communication Strategy. This framework identified key change agents that have influence on infant and young child feeding practices and articulated strategies for reaching them with key messages aimed at behaviour change. The strategy was rolled out in Samfara and Jigawa States. A total of 1,884 IYCF support groups were formed and 165,849 women were counselled on IYCF by community support groups. Information, education and communication (IEC) materials on IYCF were produced and distributed to states and selected LGAs to facilitate the community-based IYCF programme in the country. About 78 per cent of the targeted number of support groups were established; only 46 per cent of the target number of mothers and caregivers were counselled on IYCF.

Limited number of trained counsellors through the community structures was largely responsible for the low coverage of IYCF counselling. Future plan include training more community volunteers and motivating them to penetrate their communities with IYCF key messages.
**Progress:**

Two rounds of Vitamin A supplementation VAS were carried out, targeting children 6-59 months through Maternal and New-born Child Health Weeks in all States in Nigeria, though some states had yet to implement the second round VAS distribution. In the first round, 65 per cent of children age 6-59 months were reached. A review and equity analysis of the results of MICS 2011 on Vitamin A supplementation shows that almost 50 per cent of children from the poorest families are deprived of VAS. Children 6-11 months mostly missed the supplementation, which is the group most in need of the supplementation. Northern regions of Nigeria have the lowest coverage. The overall national coverage increased from 37 per cent to 65 per cent over the past five years, which represents significant progress and reflects that the MNCH weeks are an effective platform. However, in 2014, based on bottleneck analysis, efforts will be intensified to further increase the coverage with equity. Effective social mobilisation, proper micro-planning across the states and LGAs; timely and adequate supply of targeted commodities for MNCH interventions (particularly albendazole and iron folate tablets) are key issues requiring further attention. Twenty-six per cent of children aged 12-59 months received deworming tablets during MNCHW and 2.8 million (32 per cent of the target number of pregnant women) were provided with iron folate supplements. Iron supplementation could reduce maternal mortality by 34 per cent (Lancet 2013), thus there is a need to increase awareness and community-based distribution of the intervention. A total of 126,394 children under age five with diarrhoea were treated with zinc plus low osmolality oral rehydration solution in primary healthcare centres in five DFID-supported northern States.

**Progress:**

A draft National Policy on Food and Nutrition awaits final authorisation from the Government. This policy was developed with inputs from Ministries and Departments, development and multilateral partners including UNICEF, state governments, Universities, a professional group and industry, with the support of an institutional consultant.

UNICEF provided support to the Federal Ministry of Health in developing a health sector nutrition strategic plan through extensive zonal consultative meetings and technical review involving all stakeholders.

The final draft of the nutrition advocacy tool, a multi-media-based tool, was completed and submitted to the Government for final approval. UNICEF supports the SUN focal person in the Federal Ministry of Health to bring together different stakeholders (private sector, donor group, government and civil society partners).

**Progress:**

In 2013, the national routine immunisation set target for the DPT3 containing vaccine coverage was 78 per cent. By the end of October 82 per cent had been reached. Of the 36 states and the Federal Capital Territory, 24 States (65 per cent) achieved > 80 per cent coverage in DPT3-containing vaccine during the period Jan-Oct 2013. The supply chain matched the vaccines and injection devices at all levels. This contributed to reducing the number of unimmunised children by 65 per cent (1,039,568) compared to the same period in 2012 (2,989,318). The cold chain reinforcement continued with the procurement of 40 solar refrigerators benefiting six states and the installation of Temperature Monitoring Devices (TMD) in three zonal stores and five state stores. UNICEF supported installation of three 40 cubic-meters Walk in Cold Rooms in three states (Adamawa, Benue and Imo) and repair of six walk-in cold rooms at zonal and state levels.

Supplemental immunisation activities were carried out for polio, measles, yellow fever and meningitis A conjugate vaccines. Polio cases decreased by 59 per cent as compared to 2012; a total of 50 children were paralysed compared to 122 in 2012. Innovative measures were taken to overcome the challenges with the national and high-risk states polio emergency plans, the accountability framework, the voluntary community mobilisers network, the nomadic strategy, the revised micro-plans, the GPS/GPRS among others, which were impacting performance after few months of implementation. Positive signs are evolving, such as LQAs results showing an increase in the population’s immunity from 46 per cent to 70 per cent, providing hope for a near-future interruption of the transmission if the momentum is maintained.

The 2013 integrated measles campaign covered an average of 92 per cent children aged nine months to 59 months (93 per cent in the 17 northern states and FCT and 91 per cent in 19 states of the south). A coverage survey is planned for early 2014, and mop-up will be conducted in all low-performing LGAs.

The MenA conjugate vaccine campaign covered eight states in the north central zone with a set target of at least 85 per cent coverage of population aged 1 – 29 years. On average, 102 per cent of the targeted population were immunised (ranking from 94 to 106 per cent). Of the three states planned to implement the yellow fever campaign in 2013. due to a global shortage of the vaccine. only one
completed and results were yet to be received at the time of this report.

**On-track**

**IR 3210/A0/04/708/001** At least 80 per cent of Children (both boys and girls) under 1 yr in at least 80 per cent of LGAs in 15 HB states receive 3 doses of DPT (pentavalent vaccine when introduced) by end 2013.

**Progress:**

The Nigerian set target for routine immunisation in 2013 was 78 per cent. Several of the 22 states (59 per cent) achieved a cumulative DPT3-containing antigen coverage of above 80 per cent in January-November 2013, compared to no states in the same period in 2012. The National Coverage in Jan-Nov 2013 was 83 per cent, compared to 52 per cent for the same period in 2012. Some 398 (51 per cent) pf LGAs had achieved above 80 per cent DPT3 coverage as of Oct. 2013. A total of 214 (13 per cent) of LGAs achieved below 50 per cent coverage. No report was received from 58 LGAs (7 per cent) by Oct. 2013. Cross River State is the best-performing state in terms of universal coverage. Six of the 15 (40 per cent) of high-burden States had more than 80 per cent of their LGAs achieving > 80 per cent DPT3 containing coverage.

Nationally the country achieved a 63 per cent (1,095,203) reduction in un-immunised children during the period Jan-Nov 2013, compared to same period in 2012. A set of 23 (62 per cent) States achieved > 50 per cent reduction in un-immunised children Jan-Nov 2013 compared to same period in 2012. However, the number of unimmunised children continued to rise in Borno, due to security challenges. Of the 15 high-burden states, 12 (80 per cent) achieved the targeted 30 per cent reduction in unimmunised children.

The national drop-out rate in 2013 was around 10 per cent, against 31 per cent in 2012. However, it remains higher in Niger, Plateau, Bauchi, Borno, Gombe, Taraba, Jigawa, Kaduna, Kano, Katsina, Kebbi, Bayelsa and Osun States.

**Constrained**

**IR 3210/A0/04/708/031** All Children (girls and boys) free from polio by end 2013, at least 90 per cent boys and girls aged 9-59 months received measles vaccination during measles campaigns and at least 80 per cent women of child bearing age in high risk LGAs receive 3 doses of TT vaccine during campaign by end 2013.

**Progress:**

In 2013 polio transmission was significantly lower than in 2012, with a more than 50 per cent reduction in the number of cases. As at December 14, 2013 Nigeria had: 50 confirmed WPV in nine States, compared to 121 cases in 13 States for the same period in 2012; two confirmed circulating vaccine-derived poliovirus (cVDPV2) in one State (Borno) compared to eight cases in four States for the same period in 2012. The transmission of WPV is concentrated in the northeast polio reservoir, with 72 per cent of cases reported from Borno, Kano and Yobe. There was a reduction in genetic diversity of WPV1 from eight to two Clusters, with a geographic restriction from 66 to 29 LGAs – all located in the north-eastern part of the country. WPV1 is the dominant serotype. WPV3 was last reported in November 2012 and only one case of WPV3 has been reported in the past 12 months. In 2013, environmental surveillance detected three WPV1 (one in Kano, two in Sokoto) and 12 cVDPV2, (nine in Sokoto, one in Kano and two in Borno). The most recent cVDPV2 was reported in Borno in 2013.

The Yellow Fever campaign for children aged nine months to adults aged through 45 years is progressing smoothly in all 18 LGAs of Cross River State. During the first six days, a total of 1,892,402 persons benefited the vaccination campaign, of which 38,241 were aged 9-11 months, 387,868 from one-to-five years, 601,347 from six to 15 years, and 864,952 are from 16-45 years. The nationwide integrated measles campaign covered a total of 30,962,346 children aged 9-59 months, giving an estimated coverage of more than 90 per cent. A survey is planned in early 2014 to validate the data.

The MenA conjugate vaccine campaign covered eight states in the north central zone with a set target of at least 85 per cent coverage of population aged 1-29 years. On average, 102 per cent of the targeted population were immunised, ranging from 94 to 106 per cent.

**Met**

**IR 3210/A0/04/708/032** Effective Vaccine logistics and cold chain management systems for sustainable immunisation services in general and polio in particular

**Progress:**

In the area of vaccine security and logistics, UNICEF in 2013 contributed to supporting the cold chain assessment in 19 additional states. This enabled obtaining complete raw data for the whole country to identify wards without cold chain equipment. The completed cold chain assessment 2012-2013 enabled accessing accurate data on country readiness for the introduction of new vaccines (Penta, Pneumo and Rota vaccines). The installation and monitoring of temperature monitoring devices (TMD), including the multilogs, continued in the 15 states supported by UNICEF with three additional zonal cold stores. By December 2013, the Effective Vaccine Management Implementation plan was at 80 per cent implementation for national, 60 per cent for state and 40 per cent for LGAs implementation. Of the existing cold chain equipment more than 80 per cent is functional; however, there is a significant gap (70 per cent of PHC) of cold chain equipment availability at the primary health service level to ensure that every single health facility can provide immunisation services at any point in time.

The country’s procurement services for routine immunisation and supplemental immunisation activities for vaccines was fully successful: the Country Office supported the procurement of all routine immunisation vaccines, including the pentavalent vaccines for 22 states, the meningitis A conjugate vaccines (MenAfriVac) for six states and oral polio vaccines (OPV). UNICEF procured a total of 40 solar refrigerators, distributed in six high-burden UNICEF focus states, for 40 wards without cold chain equipment. The nationwide Vaccine Capacity building for 210 cold stores staff was completed through a national training (50 trainers and two zonal training of 160 states officers).

In 2013, vaccine supply adequacy was satisfactory at LGA and state levels. The national availability of all vaccines was above 80 per
cent. The bundling exercise of vaccines and devices was increased in 2013.

On-track

**IR 3210/A0/04/708/033** Effective communication for social behavioural change and demand creation for immunisation services in general and polio in particular

**Progress:**

Although Nigeria has yet to interrupt poliovirus transmission, there has been a steady decline in polio cases, particularly in 2013. As of December 10, 2013 there were 50 confirmed cases of WPV in nine States, compared to 119 cases in 11 States for the same period in 2012. In 2013, there was geographical restriction and a shift of poliovirus transmission to the north-eastern States, with the majority of cases (84 per cent) occurring in four states: Borno (16 cases), Kano (14 cases), Yobe (7 cases), and Bauchi (6 cases). The number of infected LGAs reporting cases in 2013 compared to 2012 dropped from 58 to 29 per cent. In terms of population immunity for WPV cases, there was a decline in zero dose cases from 23 per cent in 2012 to 10 per cent in 2013.

The proportion of children missed during the campaigns also decreased over the five year period of the 2009-2013 Country Programme. There were significant improvements in campaign coverage and quality, and the proportion of missed children averaged 4.0 per cent from February to November 2013.

The focus on community and household engagement contributed to a reduction in non-compliance over time.

UNICEF supported the Government of Nigeria to sharpen the national communications strategy, placing emphasis on household and community approaches. UNICEF, in collaboration with NPHICDA, expanded the volunteer community mobiliser network in 10 high-risk states, with the aim of reducing the number of missed children and non-compliance. Some 8,366 volunteers were deployed to support household and community engagement in high-risk settlements. UNICEF continues to build capacity of the community volunteers and health workers on interpersonal communication and social mobilisation.

Monitoring and evaluation was strengthened to better understand the programme and track its progress. UNICEF provided technical and financial support to all high-risk states in planning, implementation and monitoring of communication interventions. Fifty state consultants and 168 LGA consultants were deployed in the high-risk states. Religious focal persons and polio survivors were also engaged in highest risk areas of high risk states. The number of missed children due to non-compliance across was reduced by 63 per cent.

**Risks identified:**

- Some high-risk areas (for example in Kano) experienced stagnating or declining polio campaign quality in 2013
- In some areas the programme was not able to implement polio Special Immunisation Activities due to operational and security challenges. For example, in July 39 per cent of targeted <5 year old children in Borno were missed due to inaccessibility
- Gaps in vaccine supply management and cold chain, and understanding of the importance of addressing these and their implications for both polio SIAs and strengthening routine immunisation
- Nigeria continued to pose serious outbreak risk to neighbouring countries. In 2013, the Nigerian virus led to major outbreaks in the Horn of Africa (Somalia, Kenya, and Ethiopia) and Cameroon (both types of polio -WPV and cVDPV). Almost 70 per cent of global WPV cases reported in 2013 are of Nigerian origin.
- Plans for significant expansion of the social mobilisation network will be critical for management and monitoring mechanisms to ensure high quality of activities.

On-track

**IR 3210/A0/04/708/034** National government and states have improved capacity to plan, prepare and respond to vaccine preventable outbreaks and other diseases in epidemic prone states

**Progress:**

**Cholera.** Cumulatively from weeks 1-52 of 2013, 6,600 suspected cholera cases with 146 laboratory-confirmed and 229 deaths (case fatality rate, 3.47 per cent) were reported from 94 LGAs in 20 States, compared with 597 suspected cholera cases including 18 deaths with a case fatality rate (CFR) of 3.02 per cent from 29 LGAs in 11 States, within the same period in 2012.

**Lassa Fever.** Between weeks 1 & 52 of 2013, there were 1,192 suspected Lassa fever cases with 161 lab confirmed and 36 deaths (CFR, 3.02 per cent) reported in 27 LGAs across 14 states, compared with 1,723 cases with 197 lab-confirmed 112 deaths (CFR, 6.50 per cent) in 42 LGAs (23 States) during the same period in 2012.

**CSM:** Between weeks 1 & 49 of 2013, there were 871 suspected CSM cases, with 31 lab-confirmed and 47 deaths (CFR, 5.40 per cent) from 132 LGAs in 28 states, compared with 1,206 cases and 74 deaths (CFR, 6.14 per cent) from 199 LGAs in 30 states during the same period 2012. Aliero and Gwandu in Kebbi State, Shagari and Tambuwal LGAs (Sokoto State) reached alert / epidemic threshold between weeks seven and 15.

**Measles:** Throughout 2013, there were 57,892 suspected measles cases with 348 deaths (CFR, 0.60 per cent) reported from 36 states and the FCT, about a six-fold increase from the 11,061 cases with 126 deaths (CFR, 1.14 per cent) from 36 states and FCT during the same period in 2012.

In all four domains, UNICEF contributed through case management support, continued national capacity development in epidemic...
preparedness and response, and prepositioning stockpiles of medicines to give rapid support to affected populations.

PC 202 - Basic Education and Gender Equality

- On-track

**PCR 3210/A0/04/202 PCR4 - YE202** - School aged girls and boys including those deprived have access to basic education by end of 2013 in 13 HB and UNDAF (DaO) States,

**Progress:**

UNICEF in its collaborative work with other multi-lateral and bi-lateral development partners, (UNESCO, World Bank, DFID, USAID), international NGOs (Action Aid) and the government of Japan, supported the Government of Nigeria, contributing to the overall increase in access and retention of children in schools in view of the MDG on universal primary education and gender equality, particularly with a focus on girls and children in vulnerable communities. At the end of the reporting period, Net Attendance Ratio (NAR) for pre-primary, primary and junior secondary, had increased from its 2007 figures of 32.1 per cent, 66.1 per cent and 49.1 per cent, respectively (NDHS, MICS 2007, 2008) to 42.6 per cent, 70 per cent, and 71 per cent. These increases were strongly impacted by UNICEF’s advocacy and support to the Universal Basic Education Programme (UBE) of Government, particularly through the Girls’ Education Project (GEP) being implemented in Katsina, Niger, Samfara, Sokoto and Bauchi, with substantial funding from DFID.

The various strategies deployed have targeted increased enrolment, retention, quality, equity and transition from non-formal to formal schools and to Junior Secondary Schools. The strategies include: giving special attention to early childhood care and development education, especially to increase access to organised learning and early stimulation for children from the lowest quintiles resident in hard-to-reach rural and urban poor communities through the establishment of Community Based Child Care Centres (CBCC); household listing and enrolment drives targeting areas with large numbers of out-of-school children (OOSC), establishment and support to highly mobile Nomadic groups with mobile schools, second chance education and support to quality non-formal education systems via integration of core components of formal education curricular into traditional Qur’anic schools. These strategies are promoting significant increases in enrolment in schools, especially for girls and other vulnerable children and in the five GEP states. At community levels, cash transfers were provided in Bauchi, Katsina, Niger and Sokoto states, resulting in increased parental demand for education. At systems level, UNICEF supported the development of gender-responsive sector education plans and budgeting that have been used to leverage additional resources for critical areas like girls’ education.

However, some challenges still remain, as access to early childhood care development education is still uneven. At primary level, teacher quality is still a challenge, and this impacts on the quality of learning. Patriarchal systems enforced by socio-cultural beliefs and practices still affect the behaviours and attitudes towards girls’ education in Northern Nigeria.

- Constrained

**IR 3210/A0/04/202/005 4.1** - Girls, including those marginalised have access to basic education.

**Progress:**

Five states (Bauchi, Niger, Sokoto, Samfara and Katsina) that are implementing activities to promote girls’ education, have demonstrated sustained commitment to Girls’ Education through signing of MOUs with UNICEF/DFID on phase 3 of the Girls Education Project. This action has great potential for increasing equity while increasing overall access to basic education. In pursuit of these results, they have deployed Conditional Cash Transfer (CCT) and Female Teacher Trainee Scholarship (FTTSS) Schemes in their newly developed and up-dated SESSPs and SESOPs as social protection measures. These pro-poor measures have engendered easy access to primary schools for an additional 9,059 girls and increased enrolment of females into five colleges of education by 2,506. Of these, 487 have graduated and 117 were deployed to rural schools where they serve as role models and motivate more parents to send their daughters to schools.

Data on 134,448 out-of-school children drawn from selected households in selected LGAs across 13 selected states (5 GEP states inclusive) were collected during the first phase of an on-going household mapping and listing exercise. When completed in 2014, it is envisaged that more comprehensive data will be available to enhance more effective and efficient programming for OOSC. For example, we now know that inadequate classroom seating aggravates lack of access to schools in the south-eastern states of Nigeria.

Technical Working Groups on transition are functional and using technical briefs on transition rates and patterns at state and LGEA in five states in to influence Government commitment in the state budget for Junior Secondary school expansion in these predominantly Muslim states in northern Nigeria.

Guidelines for the establishment of girls’ and women’s spaces were developed to enhance the quality of female participation in the promotion of girls’ enrolment, retention and improved learning outcomes.

- On-track

**IR 3210/A0/04/202/006 4.2** - Children from specific disadvantaged groups have access to basic education.

**Progress:**
There was a sustained increase in access to basic education for disadvantaged and out-of-school children due to application of innovative, learning-enriching and access-expanding strategies like integration of core components of basic education curriculum into traditional Qur’anic schools/centres, mobile schools/multi-grade teaching for nomadic children and second chance programme for out-of-school boys and girls. Wide dissemination of the Global OOSC Study Report for Nigeria has increased awareness on the OOSC situation and impacted on federal and many states Governments’ new education policies and development plans. A total of 5,760 Qur’anic schools/centres spread across 11 northern states have integrated core curriculum in their system, while another 950 have accepted integration. Girls’ enrolment into IQTE increased by 19,073 due to the application of newly developed, evidence-based IQTE Communication Strategy, IQTE quality education benchmarks, new training manuals, strategy and development plan for IQTE facilitators/instructors and members of IQTE Centre-Based Management Committees (CBMC). Consequently, about 520 IQTE schools/centres proprietors/facilitators now have improved knowledge and skills on integration and use of the recently harmonised curriculum.

In five GEP3 states, 118 nomadic schools were mapped, helping to establish the factors inhibiting nomadic girls’ access to education and movement patterns of highly mobile nomadic groups. The findings are now informing interventions on mobile schooling and multi-grade teaching methodology. Enrolment undertaken in 50 nomadic communities resulted in enrolment by 2,095 nomadic girls.

AFLATOUN, a strategy for social and financial education programme targeting out-of-school boys was institutionalised in Ebonyi and Anambra states, and has increased parental demand for education, resulting in enrolment of an additional 785 pupils. Empowerment of 30 AFLATOUN clubs in Anambra State also resulted in enrolment of an additional 385 NFE learners. Some 139 Second Chance Education centres/schools mapped in five GEP3 states provided evidence used in developing state-specific Action Plans.

**On-track**

**IR 3210/AO/04/202/007 4.3 - 5**  Five year old boys and girls have access to and early learning and stimulation.

**Progress:**

The newly introduced one-year compulsory pre-primary education is transforming the Nigerian education system from 6-3-3-4 to 1-6-3-3-4. This demonstrates increased commitment to ECCDE, increasing shift to pro-poor/equity-focused policy and planning, and will enhance Community-Based Early Child Care (CBECC) in increasing access to ECCE for the more than 2 million children presently excluded. The concept note to guide development of a new curriculum for the one-year pre-primary education was developed and ready for application by the end of 2013. Early Learning Development Standards developed for school readiness monitoring and assessment of achievements were validated and undergoing Government processes for approval.

The CBECC intervention, successfully piloted in 25 communities across 10 states is now ready for roll-out. Currently, 32 CBECCs have been established across the country, providing access to stimulation and early learning for more than 9,000 children. Findings from the CBECC community mapping are positively impacting on states and other stakeholders’ commitments to improve infrastructure and teacher supply for ECCE in rural and difficult-to-reach areas. For examples, CBECC/Pre-school learning environment was enhanced with 10,000 boxes of LEGO toys donated by ArcLight Ltd; procurement and distribution of stimulation materials in Niger, Katsina, Sokoto and Anambra States and furniture/play equipment in Sokoto and Katsina. Also, 870 caregivers and mothers’ association members from Niger, Katsina, Bauchi, Gombe, Taraba and Sokoto States now have and use new skills on key care practices, toy production and complementary feeding to promote school readiness. Similarly, 500 lecturers from 10 CoEs and 1,293 caregivers in 10 states in the south-east of Nigeria have now acquired and use new skills for developing and utilising stimulation/learning materials for very young children. The National IECD Consultative Committee has developed a 2014 Action Plan to enhance effective and efficient implementation and coordination of ECD interventions across the country.

**On-track**

**IR 3210/AO/04/202/008 4.4 - 7**  Sufficient resources are available for staff salaries capacity development and learning, and travels for field visits and programme monitoring.

**Progress:** The staff planned for the programme and the year were in office throughout the year and all salaries were paid.

**On-track**

**PCR 3210/AO/04/203 PCR5 - YE202 - 25**  Federal and 24 states have and apply capacities for developing and implementing SESP/SESOP that promote Child/Girl-Friendly Schooling.

**Progress:**

During the reporting period, UNICEF supported Nigeria’s efforts to improve development of its education sector, especially in the areas of access, equity, quality learning outcomes for children, through technical support to 26 states developing their education sector strategic and operational plans. This has engendered the emergence of a critical mass now capable of developing and implementing evidence-, rights- and results-based education sector plans in each of the states. The states supported include the 13 high-burden states (Bauchi, Jigawa, Niger, Samfara, Sokoto, Adamawa, Gombe, Katsina, Yobe, Nasarawa, Plateau, Bayelsa and Benue), as well as: Kogi, Anambra, Ebonyi, Imo, Akwa Ibom, Enugu, Cross River, Osun, Ondo, Oyo, Ekiti, Enugu, and the FCT. Twenty-seven selected LGAs located in five GEP states (Bauchi, Niger, Sokoto, Katsina and Samfara) also received similar support.

States and LGAs receiving support have witnessed improvement in their EMIS infrastructure, increased ability to adapt and the use SWOT and bottleneck analytical tools to generate data suitable for monitoring results for equity in education access and children’s learning outcomes. Thus by 2013, there was evidence that education budgets in supported states are now more gender-responsive and...
In 2013 two new states, Borno and Rivers, joined those receiving support in sector planning. Five states (Katsina, Sokoto, Bauchi, Niger and Samfara) up-dated their SESOPs to better align them with new realities on ground. Some of the immediate results are that education development plans are now better prioritised and targeted.

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

### On-track

**IR 3210/A0/04/203/001 5.1** - 24 states develop and operate gender-sensitive, evidence and rights-based education sector plans that make BE schools Child/Girls Friendly by end of 2013.

**Progress:**

In the continuing effort to improve education sector planning, management and evaluation to engender increased access, equity and improved quality, 26 states and the FCT have, and implement, education sector Strategic and Operational plans informed by data produced by trained staff using improved EMIS infrastructures that are yielding databases suitable for Monitoring of Results for Equity System – MoRES. In 17 of these states and the FCT, the process of developing education budgets has become analytical, and funding allocation is now evidence-based, as espoused by state's SESP-SESOP. Because the roles and responsibilities of actors involved and budget performance indicators are now more clearly defined, tracking of budget implementation and performance evaluation are now more feasible and more professionally done.

Five states (Niger, Katsina, Sokoto, Bauchi and Samfara) reviewed and up-dated their SESP-SESOP to make them more strategic and coherent to address quality basic education, sector-wide, and more sharply focused on areas of evidence-based priority. This has enabled Katsina and Sokoto to join three other states (Kano, Kaduna and Jigawa) in seeking for access to funding support from the Global Partnership for Education (GPE).

In two additional states (Borno and Rivers) the critical mass of officials of their SMoEs and education parastatals who have been capacitated in situation analysis, EMIS development and management, educational SWOT and bottleneck analysis are taking leadership of the development of their SESP-SESOP. This development is enhancing the prospect of completing and installing evidence-based education sector plans despite the current security challenges in both states.

Efforts are also being made to support LGEAs to develop their education sector plans. This will ensure that actual schools’ needs and envisaged results are aggregated into these plans and constitute the components/indicators to be monitored. Currently 27 LGAs in five GEP states have drafted their LESOPs, which are ready for quality checks/reviews in 2014.

### On-track

**IR 3210/A0/04/203/002 5.2** - School managers and teachers in 8 HB states applying C/G friendly principles and practices in performance of their roles and responsibilities by end of 2013.

**Progress:**

Roll-out of the Child-Friendly Schools (CFS) Initiative continues. The emphasis in 2013 was on improved learning achievement; hence the focus on teacher training, head teachers’ improved skills in school management and the development and implementation of a reading/learning strategy for the early learners with a continuous review on progress using monitoring of learning assessment methods. In this regard, a teacher development needs assessment was undertaken to lay the baseline of teacher’s needs, and competencies, and follow-up after training in the competencies. Currently, one state’s data is being analysed to lay the basis for analysis of all five states where this has been undertaken. Additionally, teacher development training (SbTD/STUMEC) manuals were developed and two more Colleges of Education are using child-centred participatory methods. A head teacher's manual was also developed and about 2,000 head teachers trained. Also, 100 master trainers (20 from each of the 5 GEP states) were trained to roll out the head and teachers training further, and inclusive sports teaching materials were developed. All these efforts were made to improve learning achievement of children through substantive DFID support linked to improving systems for girls’ education.

### On-track

**IR 3210/A0/04/203/003 5.3** - 13 HB states have and implement Emergency Preparedness and Response Plans (EPRP) by end of 2013.

**Progress:**

UNICEF continued to provide support to Government in ensuring preparedness and readiness to respond to disasters both natural and human; emergencies that affect and disrupt continuity of learning for all children at basic education levels. To this end, an EPRP Training manual was developed in consultation with Federal and State level stakeholders and is now being used to train education officers in EPRP. As a result, 196 education personnel in 21 emergency-prone states have been trained in EPRP. Zonal and state-level contingency plans were also developed. These plans have informed the pre-positioning of supplies in readiness for response during emergencies to
ensure the continuity of learning.

**Progress:**

UNICEF in partnership with Government at the federal, state and LGEA levels continued to provide technical support for empowering communities to actively engage and support education of all children. To this end, community led systems have been set up at community and school levels to ensure that the schools are being run efficiently and contributing to these efforts. UNICEF, in consultation with the Federal Ministry, has supported state and local Governments to establish functional school-based management committees (SBMCs). These committees are envisaged to empower stakeholders at school/community levels to engage in the planning and decision-making processes. The members of these committees are actively engaged in supporting school planning, management in school supervision, and mobilisation of resources that contribute towards monitoring and improving the learning outcomes. At the end of the reporting period, SBMCs had been established in an additional 3,550 schools (primary, JSS and IJTEs). The establishment of these SBMCs ensure that they are actively engaged in school-level activities, while also nurturing partnerships with CSOs/NGOs to promote education of all children, especially the disadvantaged, as well as to monitor improvements in school-level accountability. The involvement of SBMCs in whole school development planning has been sustained and strongly improved, with over 21,262 communitiess highly involved in conducting community-based enrolment drives and monitoring teacher and pupil attendance.

**IR 3210/A0/04/204/001 6.1** - Communities have capacities to participate in planning, implementing and of whole school development plans.

**Progress:**

UNICEF continued in its efforts to improve school level planning and governance to support states and LGEA in establishing functional School-Based Management Committees and empowering them to participate in planning and managing school development plans through training their members on how to use the skills and knowledge acquired in mobilising resources to fulfil school improvement plans, manage schools’ resources effectively and undertake enrolment campaigns at the community level in all states. To this end, 3,550 new schools in five states were supported to establish SBMCs, and are now engaged in school level planning and development within the context of the whole school development planning. This is geared towards enhancing transparency and accountability at the school level and improving governance, and also contributing to school-level outcomes. Communities were strengthened to “own” development initiatives at schools. For instance, SBMCs were equipped to conduct community-level enrolment drives, which have increased the number of children enrolled. In the five Northern States (Bauchi, Sokoto, Katsina, Niger and Zamfara) at least 80,000 children, 46 per cent girls, were enrolled during the reporting period. In addition, SBMCs have been elevated to engage in monitoring school-level outcomes, including pupil and teacher attendance, management of resources and monitoring whether children are learning. Six additional CSO/NGOs at the state levels, including Action Aid, the Civil Society Action Coalition for Education for All and Stepping Stones at the national level, were engaged to work closely with state governments in planning and monitoring of basic education programmes. Finally, the national guidelines on SBMCs were adopted particularly in the five GEP states as a better framework for managing school-level outcomes.

**IR 3210/A0/04/204/002 6.2** - Communities have positive attitudes and support education of girls and other marginalised children

**Progress:**

Efforts to promote and sustain communities' behavioural change in support of education programmes, particularly girls education and in the northern states, continued in 2013. In consultation with the C4D section, Girls Education Steering Committees (GESCs) were established and strengthened in all five GEP states to create a forum for discussion of issues affecting education of girls and other vulnerable groups, with a view to proffering suggested solutions and improving opportunities for girl children to access education. Mothers associations, an avenue used to engage women and mothers in the community on topical issues, particularly on issues affecting education for girls, were set up, and 1,881 additional members of Mothers Associations were made aware of their role in advocating and supporting education for girls. UNICEF’s continued advocacy at all levels also ensured the active support and commitment of key traditional and religious leaders to girls’ education, particularly in the five GEP3 states where 3,528 communities had their awareness on girls’ education issues strengthened, leading to increased attendance and transition of girls in selected LGEAs.

### PC 303 - Water, Sanitation and Hygiene

**On-track**

**PCR 3210/A0/04/303 PCR7 - YW303** - Five per cent increase in the population including those in lowest wealth quintile use improved water sources

**Progress:**

Over 1.94 million people gained access to and use of 3,618 newly installed improved drinking water sources in 2013, which represents 242 per cent of the planned target for the year. Through direct UNICEF support, over 4.5 million people gained access to improved water sources during the current programme cycle (2009-2013) contributing significantly to the increase in access from 49.1 per cent in 2009.
Towards ensuring effective programme implementation, WASH policies were drafted in three additional states (Katsina, Kaduna and Borno) and were at various stages of approval by end-2013, while 18 LGAs in nine States have local investment plans. Seventeen of the 36 States in the country have approved WASH policies. Additional 21 LGAs in five states have WASH Units established and Cross River State has successfully launched a Sector Wide Approach (SWAp) for WASH. The Village Level Operation and Management (VLOM) system was adopted in six states to improve sustainability of services. UNICEF contributed to the successful conducting of the Presidential summit on “Innovative Funding for the Water Sector”.

Capacity of state agencies was strengthened in borehole contract procurement and 933 Sector professionals had their skills enhanced on various aspects of programme delivery, leading to improved quality and timely completion of construction works as well as effective service delivery. A total of 2,768 WASHCOMs were established and made functional for effective management of WASH interventions at the community level.

Nigeria maintained zero case status for Guinea worm during the year and an additional 38,750 people in previously Guinea worm-endemic communities regained access to improved water sources. Based on an assessment of the country’s Guinea worm eradication programme conducted by WHO International Certification mission, Nigeria was certified Guinea worm free in 2013.

A total of 69,468 people benefitted from direct humanitarian emergency response by UNICEF programme conducted by WHO International Certification mission, Nigeria.

Seven states have adopted the National M&E systems for WASH programme monitoring and reporting. The use of SMS technology for water functionality tracking is being piloted in Cross River, Osun and Katsina states as part of the efforts to strengthen WASH sector M&E systems and to support Level-3 monitoring.

Over Naira505 million (US$3.18 million) was leveraged from governments and existing partnerships with IDPs. Over Naira505 million (US$3.18 million) was leveraged from governments and existing partnerships with IDPs.

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Over Naira505 million (US$3.18 million) was leveraged from governments and existing partnerships with DFID, the EU and civil society were strengthened. The DFID-funded SHAWN Project Closure review was rated as A+ (exceeded expectations) and A (met expectations) on sanitation and water respectively, and compared very well on value for money across DFID’s WASH projects globally.

### Progress:

WASH policies were drafted in three additional states (Katsina, Kaduna and Borno) and 18 LGAs in nine states (Anamba, Cross River, Akwa Ibom, Bayelsa, Osun, Delta, Edo, Jigawa and Yobe) are developing local investment plans. Seventeen of the 36 states in the country presently have approved WASH policies. Additional 21 LGAs in Rivers, Bayelsa, Akwa Ibom, Edo and Delta states have WASH Units established, and Cross River State successfully launched a SWAp for WASH, while Osun State is about to commence the process of developing a state-wide investment plan. A total of 2,768 Water, Sanitation and Hygiene Committees were established and activated for effective management of WASH interventions at the community level. Twenty-eight of the 36 states presently have Rural Water Supply and Sanitation Agencies (RUWASSA) established by law for effective and coordinated service delivery, while the remaining states will be encouraged to establish similar structures for effective WASH service delivery.

UNICEF actively supported the Presidential Summit on Water in February 2013 by preparing background papers and participating in the panel discussion. UNICEF co-led the post-MDG Development Agenda thematic discussions on water. Seven States have adopted the National WASH Sector Monitoring and Evaluation (M&E) framework and are operating M&E systems. The use of SMS technology for water functionality tracking is being implemented with good success in Cross River, Osun and Katsina states.

Low political will and inadequate prioritisation of WASH programmes by governments at the national and sub-national levels are the major challenges affecting the achievement of the planned target. The need to deliver huge results under the DFID-funded SHAWN project in four states in 2013 meant that staff did not have sufficient time for policy advocacy activities, which usually require considerable follow-up, in non-donor funded states. Delivering quality results in donor-funded states is important to influence policies and approaches for scaling-up coverage across the country.

### Met

**IR 3210/A0/04/303/001 7.1** - Federal and 18 states formulate evidence based WASH policies, sector investment plans, and appropriate institutions for delivery of services.

**Progress:**

WASH policies were drafted in three additional states (Katsina, Kaduna and Borno) and 18 LGAs in nine states (Anamba, Cross River, Akwa Ibom, Bayelsa, Osun, Delta, Edo, Jigawa and Yobe) are developing local investment plans. Seventeen of the 36 states in the country presently have approved WASH policies. Additional 21 LGAs in Rivers, Bayelsa, Akwa Ibom, Edo and Delta states have WASH Units established, and Cross River State successfully launched a SWAp for WASH, while Osun State is about to commence the process of developing a state-wide investment plan. A total of 2,768 Water, Sanitation and Hygiene Committees were established and activated for effective management of WASH interventions at the community level. Twenty-eight of the 36 states presently have Rural Water Supply and Sanitation Agencies (RUWASSA) established by law for effective and coordinated service delivery, while the remaining states will be encouraged to establish similar structures for effective WASH service delivery.

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**IR 3210/A0/04/303/003 7.3** - 1.25 million people including those in the lowest quintile have access to and use improved water sources.

**Progress:** Over 1.94 million people gained access to and use of 3,618 newly installed improved drinking water sources in 2013, which represents 242 per cent of the planned target for the year. Through direct UNICEF support, over 4.5 million people gained access to improved water sources during the current programme cycle (2009-2013). These interventions were mainly in rural areas and targeted people in the lowest wealth quintiles. Village Level Operation and Management (VLOM) is functional in five States (Kaduna, Kogi, Kwara, Sokoto and Samfara) and in the Federal Capital territory to improve sustainability of water services.

The Federal Ministry of Water Resources initiated the process for the review of the Nigeria Standard for Drinking Water Quality (NIS:554) and planned to scale up the Household Water Treatment and Storage (HWTS) project to an additional 12 States from the current six. The community-based water quality surveillance, household water treatment, and safe storage (HWTS) project activities monitored in Cross River, Taraba, and Samfara States revealed the need to strengthen state institutions, replenish materials and
streamline implementation strategy with other actors. Based on the success of the on-going pilot in six states, there are plans to scale up the HWTS project to 12 more states.

The bulk of the results were achieved in donor-funded states, mainly due to good planning, close interaction and follow-up and good understanding between UNICEF and the Government partners; strong political will that translated into resources; and capable Government partners in these states.

**On-track**

**IR 3210/A0/04/303/004 7.6 -** Sufficient resources are available for staff salaries, capacity development & learning, travels for field visits and programme monitoring.

**Progress:**

The WASH programme is effectively managed for results by adequately skilled and trained staff. Despite being understaffed, it managed to deliver significant results (exceeded planned targets) in the area of sanitation and water, which to a large extent is due to experienced and dedicated WASH staff in the Country Office. Two L4 positions remained vacant for a substantial period in 2013 (one throughout the year, while the other since October).

**On-track**

**IR 3210/A0/04/303/026 7.2 -** Capacity dev. for improved service capacities for applying WASH approaches in the delivery of WASH services.

**Progress:**

Institutional capacity was built at both the national and sub-national levels to ensure appropriate skills for implementation of various components of WASH programme. Specifically, 933 sector professionals had their skills enhanced on borehole contract management and this has led to improved quality and timely completion of construction work as well as effective service delivery, especially in DFID- and EU-supported project states. The capacities of sector professionals were specifically enhanced on operation and maintenance of water facilities, supervision and maintenance of solar-powered water points, water quality, household water treatment options and water supply services management. A total of 2,768 WASHCOMs had their skills enhanced, and are supporting operation and management of WASH facilities in their communities.

Three Government partners participated in the West Africa Regional UNICEF/WHO/UNC Household Water Treatment and Storage workshop held in Ghana, gaining increased knowledge on water quality issues. Four national, two Zonal and 15 state-level consultants engaged by UNICEF provided additional technical support in building capacity of Government partners in WASH programme service delivery, monitoring and follow-up, to achieve planned results.

The National Climate Change Adaptation Training manual was finalised and a draft training package for WASHCOMs, including crosscutting issues, was developed to assist WASHCOMs with effective management of WASH programme and community-level interventions.

**Met**

**IR 3210/A0/04/303/027 7.4 -** Nigeria is Certified Guinea worm Free

**Progress:** Nigeria continued to maintain zero case status for Guinea worm during the year and 38,750 people in previously Guinea worm-endemic communities’ regained access to improved water supply through rehabilitation of water sources. A total of 125 Water, Sanitation and Hygiene Committees were empowered and provided orientation on community management of water sources to ensure ownership, sustainable access to improved water sources and prevention of the transmission of Guinea worm diseases. Also effective surveillance, case-reward campaign, documentation and reporting were supported.

The National Certification Committee for Guinea Worm Disease Eradication supported Nigeria’s preparation for international certification by WHO, and based on the assessment of Guinea worm Eradication Programme by the WHO International certification mission, Nigeria was certified Guinea worm-free in 2013. UNICEF has consistently supported the country’s Guinea worm Eradication programme since its inception, and will continue to support Government efforts to sustain zero case status, including effective monitoring and co-ordination between government partners at the state/national levels and support for water provision in some previously endemic communities.

**On-track**

**IR 3210/A0/04/303/028 7.5 -** Emergency response capacity for up to 10,000 people is available.

**Progress:** In 2013, the WASH programme continued to respond to a number of emergencies, including ethno-religious riots, a malnutrition crisis in the Sahel states, flooding and an outbreak of cholera/gastroenteritis in several parts of the country, covering a total of 69,468 people. The country particularly witnessed an upsurge in cholera cases. A total of 4,576 cases of cholera with 156 deaths were reported in 61 LGAs of 19 states as of December 13, 2013 (compared to just 597 cases and 18 deaths at the end of 2012). Additional support was received from CERF and the Bill and Melinda Gates Foundation for emergency response during the year for flood-affected communities in Adamawa, Anambra, Cross River and Bayelsa States. These interventions involved provision of 50 new improved water points and rehabilitation of one water source, resulting in 20,100 people gaining access and using improved water
sources. In addition, 25,700 people in Quan-Pan LGA of Plateau State had continued access to safe drinking water through disinfection of water points and use of water purification tablets as part of the response to cholera outbreak in the area.

A total of 15,753 IDPs were provided with improved access to safe means of excreta disposal through construction of 20 blocks of latrines in camps located in Demsa and Numan LGAs of Adamawa State. In addition, 7,915 caregivers in 127 CMAM Centres in Katsina, Kebbi, Sokoto and Samfara states utilised WASH minimum packages to control transmission of diarrhoeal diseases and malnutrition.

Nineteen states developed Early Warning/Early Action (EW/EA) plans for emergency response, including provision of WASH supplies and hygiene awareness campaigns. UNICEF will continue to strengthen the capacity for emergency response at the federal and state levels and help the remaining states develop EW/EA plans in 2014.

The National Emergency WASH Sector group was further strengthened for proper coordination of emergency preparedness and response. As part of strengthening efforts, the working group reviewed the emergency preparedness plans for 12 states and provided guidance. IEC materials for WASH in Emergency were developed and 254 government and NGO officials received orientation on emergency preparedness activities.

**PCR 3210/A0/04/304 PCR8 - YW303 -** 3.5 per cent increase in the population including those in lowest wealth quintile use improved sanitation facilities.

**Progress:**

An additional 2.1 million people now use latrines for defecation, which represents more than twice the planned target for 2013, and over 3,195 communities achieved Open Defecation Free (ODF) status during the year. Over 5 million people gained access to latrines from 2009 to 2013. Although there was a decline in access to improved sanitation in the country, UNICEF's support has contributed to a 2.5 per cent increase in the number of people using improved sanitation facilities and, with the LGAs-wide approach adopted for promoting Community-Led Total Sanitation (CLTS), all communities within an LGA – irrespective of socio-economic status – are reached with interventions, including those in the lowest wealth quintile. The decline in the rate of access to improved sanitation can be attributed to a low rate of scaling-up compared to the population growth rate.

About 11.7 million people were reached with sanitation and hygiene messages, mainly during the commemoration of Maternal and New Born Child Health (MNCH) weeks, National Environmental Sanitation Day, Global Hand-washing Day, and World Toilet Day, as well as during hygiene improvement interventions in communities. In addition, hand-washing messages were promoted in 1,748 health centres in a number of states.

More than 1,000 officials from the national level and 26 states (1,191) had their capacity enhanced for implementation of sanitation and hygiene approaches, and 158,075 women acquired skills for effective menstrual management. Four NTGS (National Task Group on Sanitation) members and six state sanitation officers are using the skills acquired from West Africa Regional Sanitation workshops to support the scaling-up of CLTS in the country. Over 12 case studies/human interest stories and a video documentary featuring CLTS interventions were produced as part of knowledge management for effective CLTS implementation. Two papers by WASH staff documenting CLTS experiences in Nigeria were accepted at international conferences.

A total of 8,395,783 persons (of a total 17,880,679 persons) in 7,317 endemic communities have so far been treated for Onchocerciasis Disease in 10 states, representing a therapeutic coverage of 47 per cent and geographic coverage of 51 per cent.

To ensure quality control and transparency in the certification process, the Society for Water and Sanitation (NEWSAN), with support from UNICEF, conducted third-party certification of ODF communities in Jigawa, Benue and Bauchi States, and the National Task Group on Sanitation conducted monitoring visits to 14 states during the year.

Adopting the LGA-wide approach to CLTS promotion has contributed significantly to generating evidence for advocacy and mobilisation of resources for sanitation development. Increased political and financial supports were achieved, especially in Katsina and Osun States where the wives of the State Governor are championing CLTS promotion. A total amount of US$491,029 was released by the Katsina State Government to scale-up CLTS to all the LGAs in the state in 2013.

**IR 3210/A0/04/304/001 8.1 -** 1.375 million people including those in the lowest quintile have access to and use improved sanitation facilities.

**Progress:**

In 2013, over 2.1 million additional people use latrines for defecation, representing more than twice the planned target, and over 3,195 communities have achieved ODF status. Over 5 million people gained access to latrines between 2009 and 2013, attributed largely to wide adoption of the Community Led Total Sanitation approach for scaling up sanitation development in the country. About 11.7 million people were reached with sanitation and hygiene messages, mainly during the commemoration of Maternal and New Born Child Health (MNCH) weeks, National Environmental Sanitation Day, Global Hand-washing Day, and World Toilet Day, as well as during hygiene improvement interventions in communities. In addition, hand-washing messages were promoted in 1,748 health centres.

Through the support of UNICEF, NEWSAN conducted third-party certification of ODF communities in Jigawa, Benue and Bauchi States; and NTGS conducted monitoring visits to 14 States implementing CLTS in the country, as part of efforts to ensure quality control and transparency in ODF verification and certification processes. CLTS case studies and publications were produced and disseminated for
learning and experience sharing. In addition, four National Task Group on Sanitation members and six state sanitation officers acquired more experience and skills from West Africa Regional workshops on Sanitation and are using the skills acquired to support the ongoing efforts of scaling up CLTS in the country. The national CLTS database is being maintained by NTGS; 25 states now submit regular monthly reports.

High-profile CLTS Champions are emerging in support of on-going scale-up efforts. Increased political and financial support was achieved especially in Katsina and Osun States where the wives of the state governors are championing CLTS promotion. The involvement of Katsina State Governor’s wife resulted in the release of US$491,029 by the government for scaling up CLTS in the state in 2013.

On-track

**IR 3210/A0/04/304/007 8.2** - Federal and 31 States have improved capacities for applying sanitation and hygiene approaches in the delivery of services.

**Progress:**

Over 1,190 officials had their capacity enhanced and are supporting the implementation of sanitation and hygiene approaches in 26 States. In addition, 158,075 women acquired skills on effective menstrual hygiene through training and sensitisation activities. Traditional leaders and 23 LGA Chairmen in Benue State had increased knowledge on the LGA-wide approach to Community Led Total Sanitation for development of the state-wide ODF plan. Over 12 case studies/human interest stories and video documentary featuring CLTS interventions were produced as part of knowledge management for effective CLTS implementation. Two papers by WASH staff documenting CLTS experience in Nigeria were accepted at international conferences. A total of 8,395,783 persons (out of 17,880,679 persons) in 7,317 endemic communities have so far been treated for Onchocerciasis Disease in 10 UNICEF-assisted States (Cross River, Benue, Oyo, Osun, Ogun, Ondo, Ekiti, Niger, Bauchi and Gomber0, representing a therapeutic coverage of 47 per cent and geographic coverage of 51 per cent as against the planned targets of 84 per cent and 100 per cent respectively. Some 5,610 health workers and 51,599 community-directed distributors applied the skills acquired during several training conducted in support of effective implementation of the Onchocerciasis Control Programme in the assisted states. UNICEF facilitated the clearance of over 150 million Mectisan tablets for mass treatment of Onchocerciasis Disease in the 10 assisted states.

Poor funding and weak human resources at the LGA level affect rapid scaling-up of sanitation and hygiene approaches, and efforts at building capacity to have an adequate pool of skilled personnel were marred by frequent staff turnover and political instability at the LGA level. Addressing these challenges through sustained advocacy and engagements with key ministries, including state Governors, will continue to ensure adequate resources for scaling-up sanitation coverage.

On-track

**PCR 3210/A0/04/305 PCR9 - YW303** - 350,000 pupils in 800 schools use improved water sources and sanitation facilities.

**Progress:**

An additional 51,055 school girls and boys gained access to improved WASH facilities in 120 schools, representing four times the planned target for 2013. From 2009 to 2013, the programme has been able to provide child-friendly and gender-responsive WASH facilities in schools enabling about 1.2 million girls and boys to gain access. Sustained advocacy during the year resulted in US$1.45 million Government allocations for provision of WASH facilities in communities and schools in Sokoto, Katsina, Niger and Kogi States and Federal Capital Territory.

Monitoring and reporting mechanisms for school sanitation and hygiene education in Katsina State was strengthened through a workshop organised for all relevant stakeholders, and monitoring visits were conducted at selected primary schools in the state by Federal Ministry of Education. The skills of 72 participants drawn from the Federal Ministry of Education, State Rural Water Supply and Sanitation Agency, State Universal Basic Education Board, Local Government Education Authority and LGA WASH Departments of MaiAdua, Bakori and Kaita were strengthened. Katsina State now has a mechanism for monitoring and reporting on School Sanitation and Hygiene Education in the three LGAs.

To ensure quality WASH in School service delivery, a rapid assessment on status and functionality of school WASH facilities was conducted with the aim of using the outcome of the assessment for fine-tuning strategies for effective scaling-up of the interventions. Major findings of the assessment indicated that WASH in School interventions are contributing significantly to school attendance and retention, reduction in WASH-related diseases, increases in safe hygiene practices and a reduction in open defecation in schools. There is however a need to improve the quality of construction of School WASH facilities to achieve the desired objectives. The findings of the assessment will be useful in designing appropriate WASH interventions in schools.

With UNICEF support, 585 Schools have Environmental Health Clubs for hygiene and sanitation promotion and management of School WASH facilities.

Met

**IR 3210/A0/04/305/002 9.2** - 307 schools establish health clubs for promoting key hygiene practices

**Progress:**
In 2013 an additional 585 School Environmental Health Clubs were established and strengthened for promotion of key hygiene messages in schools and within communities. A total of 2,615 School Environmental Health Clubs were established from 2009 to 2013. This is a major component of the School WASH intervention, aimed at empowering school children to manage WASH facilities provided in the schools to ensure their sustainability. Significant achievements have been made in this regard due to increased support from donors such as DFID and the EU. The Environmental Health Club in each school comprises about 30 pupils, with provision for promoting gender equality in club membership. The Environmental Health Clubs promote key hygiene practices amongst school pupils and serve as change agents in their communities for sustained improvement in hygiene practices. The clubs are also involved in coordinating management and operation of school WASH facilities.

**Progress:**

In 2013 an additional 51,055 school boys and girls gained access to improved WASH facilities at 120 schools. More than 1.2 million boys and girls gained access to improved child-friendly and gender-responsive WASH facilities from 2009 to 2013, mainly in EU and DFID-funded states. The achievements recorded in School WASH activities can be attributed to increased subscriptions by donors such as EU and DFID. All the donor-assisted projects in Cross River, Anambra, Osun, Jigawa, Yobe, Kano, Benue, Bauchi and Katsina include a significant WASH in School component.

A total of US$1.45 million was leveraged from governments for provision of WASH facilities in communities and schools in Sokoto, Katsina, Niger and Kogi States and Federal Capital Territory as a result of sustained UNICEF advocacy.

Skills of 72 participants drawn from the Federal Ministry of Education, Katsina State’s Rural Water Supply Agency, SUBEB and the LGEAs of Bakori, Kaita and Ma'adua were enhanced for monitoring and reporting on school sanitation and hygiene education in three LGAs of Katsina State (Bakori, Kaita and Ma’adua). The establishment of monitoring and reporting mechanism in the three LGAs is being implemented as a pilot; based on lessons learnt, this initiative is to be replicated in other LGAs within Katsina State and throughout the country.

A rapid assessment of status and functionality of school WASH facilities was conducted with the aim of using the outcome for fine-tuning strategies for effective service delivery. The assessment was conducted in 120 schools in 12 states (Sokoto, Samfara, Katsina, Bauchi, Jigawa, Kano, Anambra, Cross River, Benue, Osun, Ekiti and Ondo). Some of the findings highlighted the positive impact of School WASH on school attendance and retention, reduction of WASH related diseases, and general improvement of school environment.

**PC 404 - Children and HIV/AIDS**

**On-track**

**PCR 3210/A0/04/404** By the end of 2013, at least 50 per cent of HIV positive pregnant women receive ARVs (prophylaxis or treatment) for PMTCT in 11 states and the FCT

**Progress:**

At the end of 2012, 17 per cent of HIV-positive pregnant women were receiving anti-retrovirals (ARVs) for PMTCT nationally. Quality state level data is scanty. 2013 saw the emergence of some state-level PMTCT coverage data: in Kaduna State, 80 per cent of pregnant women were registered newly in antenatal care by the end of September 2013, 41 per cent of these women were tested. Of those, 0.9 per cent were HIV-positive of whom 11.6 per cent received ARVs. Of the pregnant women in Anambra, Akwa Ibom, Benue, Cross River and Imo, only 13.8 per cent were enrolled in PMTCT by end of September 2013. Of those tested, 4.3 per cent were HIV-positive and 7.9 per cent of the estimated number of HIV-positive pregnant women received ARVs. In July 2013 the President’s comprehensive Response plan for HIV/AIDS in Nigeria was launched with PMTCT as one of the four priority programming areas. It is hoped that the Plan will strengthen Government leadership and ownership and increase Federal and State level funding for PMTCT services.

In 2013 UNICEF focussed its support on up-stream work to make Government and donor HIV funding work better for children. UNICEF supported the Government to improve strategic planning capacities, coordination and continued advocacy. UNICEF, in collaboration with state partners in four PMTCT priority states, conducted PMTCT Bottleneck analysis and strategic planning. This process systematically gathered and analysed information on performance and progress in the delivery of PMTCT services, and analysis of the local context, capacities and needs to accelerate PMTCT service delivery and uptake. Supported by the BNA process the four States and their LGAs prioritised PMTCT work plans. Many local government authorities now have PMTCT focal points and partner coordination mechanisms. National and state level PMTCT technical working groups were supported and held their meetings to improve coordination and joint implementation. As the roll-out of PMTCT was accelerated with significantly increased donor support (especially PEPFAR and Global Fund) Government ownership and leadership required continued attention to ensure the response is based in MNCH health systems (not a fully vertical PMTCT system) and (financially) sustainable.

As UNICEF Nigeria started drafting its 2014-17 strategy it was recognised that in relation to PMTCT, UNICEF needs to continue focussing its support on strategic, evidence-based planning, convening/coordinating and support for demand creation. However for UNICEF to be able to make a meaningful contribution further geographical focus will be required.

**IR 3210/A0/04/404/001 1.1.1** Develop institutional capacity of FMOH/NASCP for planning, budgeting and expenditure tracking for PMTCT (30102, 61)
Another challenge is lack of funds to expand demand-creation activities. While in Kaduna State 80 per cent of the expected pregnant women were registered in ANC by the end of September, only 41 per cent received HIV testing. There is no data from previous years to compare this with and there are many other factors (including the roll-out of PMTCT services to additional facilities) that affect uptake. Other states are looking with interest at the demand-creation activities in Kaduna for possible replication in 2014. Another challenge is lack of funds to expand demand-creation activities. Also poor quality services affect update of services, but are beyond the influence of social and behaviour-change communication initiatives.

National and state PMTCT reviews, situational assessment and analyses have equity and child-friendly focus by the end of 2013.
UNICEF and the World Bank have indicated interest raise the profile Management of Acute Malnutrition, Expanded Programme on Immunisation Maternal and New increasing increasingly taken up the role of advocacy and technical lead in EID and Loss to follow up: retention of infants to care in PART services; difficulty in identifying infected infants and older children.

The challenges that contributed to this are various and include:

- Paediatric HIV does not receive the political, programmatic and resources commitment required. For instance a reduction of the President's Emergency Plan for AIDS Relief (PEPFAR) funding for test kits has created a gap that the Government is still currently struggling to address.
- Financial, organisational, programmatic and technical investment in PMTCT and adult ART roll out do not automatically also include paediatric HIV. For example, many PMTCT facilities don't also offer Early Infant Diagnosis.
- Capacity and systems gaps, including knowledge gaps among HIV clinicians, nurses and pharmacists in relation to PART.
- Long turnaround time for EID results.

Loss to follow up: retention of infants to care in PART services; difficulty in identifying infected infants and older children amongst others. The exit of partners who used to lead some paediatric HIV work have left that area (e.g. Clinton Foundation) has left a gap. UNICEF has increasingly taken up the role of advocacy and technical lead in EID and care for paediatric HIV. For instance, through convergence with Maternal and New-born Child Health efforts, UNICEF will promote and support the integration of EID/PEADS into services like Community Management of Acute Malnutrition, Expanded Programme on Immunisation, and other programmes. As the Chair of the PART sub-committee, UNICEF is facilitating the committee to address some of these challenges. Also, through advocacy efforts, UNICEF sought to raise the profile of paediatric HIV on the agenda of the HIV Development Partners group; as a consequence PEPFAR, the European Union and the World Bank have indicated interest in partnering with UNICEF and strengthening efforts in this area. 2014 will be a crucial year for promoting and strengthening paediatric HIV services.

Progress:

UNICEF provided financial and technical support for the data gathering, data analysis and completion of the on-line template of the 2012 Global AIDS Response Progress Reporting (GARPR). In addition, fact sheets/report cards were produced in Kaduna, Benue and Cross River States that will be utilised as tools to monitor progress and advocate for resources from policy makers. In collaboration with UNAIDS and other partners, the capacity of national actors was strengthened at a regional meeting with step-down training in-country to develop the national HIV and AIDS baseline estimates using the Estimation and Projection Package (EPP) spectrum for the 12 priority states and FCT.

To ensure that issues of women and children are adequately addressed, UNICEF as a member of the National AIDS Spending Assessment (NASA) steering committee, participated and provided technical support in the development of the concept paper, terms of reference and tools for the 2013 integrated NASA/National Joint Annual Review/National Strategic Plan Mid-Term Review. In addition, technical support was provided in the development of the NSP MTR M&E framework and data collection tools and the recruitment of PMTCT thematic consultants. Findings included the absence of ready and easily accessible data, weak coordination and management, PMTCT service delivery is mainly donor-dependent, lack of ownership of the HIV and AIDS programme, significant number of missed opportunities (as only 30 per cent of ANC attendees are tested); and non-involvement of the private sector in PMTCT service provision among others. The PMTCT MTR Review report includes a wealth of information and analysis on the status of the PMTCT response and provides useful guidance for further strengthening the response. The PMTCT components in the new UNICEF Country Programme will attempt to address some of the issues identified.

On-track

IR 3210/A0/04/404/021 Sufficient resources are available for staff salaries, capacity development & learning, and travels for field visits and programme monitoring (M)

Progress:

On track and resources are available and support being provided as planned

On-track

PCR 3210/A0/04/405 PCR 11-YJ404 - By the end of 2013, at least 30 per cent of children in need receive ARVs in 11 states and FCT

Progress:

While PMTCT and ART programmes are being rolled out, it seems that paediatric HIV is increasingly left behind. There has been no significant increase in Paediatric Antiretroviral Therapy coverage during the last few years. Of the about 260,000 children aged 0-14 years who needed ART at the end of 2012, only about 32,000 (12 per cent) were receiving it. Even where there are clear opportunities to link infected children to care there are often many lost opportunities, for instance only about 5,100 infants of the more than 12,000 HIV-positive pregnant women that received PMTCT services in 2012 received antiretroviral prophylaxis, and only 70 per cent (8,276) of about 12,000 exposed infants received a virologic test for HIV within 12 months.

The challenges that contributed to this are various and include:

- Paediatric HIV does not receive the political, programmatic and resources commitment required. For instance a reduction of the President's Emergency Plan for AIDS Relief (PEPFAR) funding for test kits has created a gap that the Government is still currently struggling to address.
- Financial, organisational, programmatic and technical investment in PMTCT and adult ART roll out do not automatically also include paediatric HIV. For example, many PMTCT facilities don't also offer Early Infant Diagnosis.
- Capacity and systems gaps, including knowledge gaps among HIV clinicians, nurses and pharmacists in relation to PART.
- Long turnaround time for EID results.

Loss to follow up: retention of infants to care in PART services; difficulty in identifying infected infants and older children amongst others.

The exit of partners who used to lead some paediatric HIV work have left that area (e.g. Clinton Foundation) has left a gap. UNICEF has increasingly taken up the role of advocacy and technical lead in EID and care for paediatric HIV. For instance, through convergence with Maternal and New-born Child Health efforts, UNICEF will promote and support the integration of EID/PEADS into services like Community Management of Acute Malnutrition, Expanded Programme on Immunisation, and other programmes. As the Chair of the PART sub-committee, UNICEF is facilitating the committee to address some of these challenges. Also, through advocacy efforts, UNICEF sought to raise the profile of paediatric HIV on the agenda of the HIV Development Partners group; as a consequence PEPFAR, the European Union and the World Bank have indicated interest in partnering with UNICEF and strengthening efforts in this area. 2014 will be a crucial year for promoting and strengthening paediatric HIV services.

On-track

IR 3210/A0/04/405/001 11.1 - Institutional Capacity Development capacity exists to deliver standardised services at scale to bridge the adult-child gap including at decentralised levels.

Progress:

A PART and EID audit and assessment of in-service nurse/midwifery skills in HIV and AIDS service delivery identified lack of skills by the health care providers to manage Paediatric HIV and AIDS as a major gap. To improve service coverage and quality, 30 trainers and 159 service providers in Kaduna, Lagos, Ondo, Benue and Edo States were trained on PART service delivery and 115 health care workers on Early Infant Diagnosis. The UNICEF/Clinton Health Access Initiative partnership to improve the quality of PART services and retention in Akwa Ibom state has
strengthened the capacity of that state’s Ministry of Health (AKSMOH) in project and financial management for paediatric-related HIV and AIDS programmes. Thirty-two health care workers were trained in the provision of high-quality HIV diagnosis, care and treatment, with a resultant increase in the number of HIV-positive children identified and placed on treatment. As of May 2013, some 2,038 children had been tested, of whom 235 tested positive and were placed on treatment; 955 exposed infants were tested using the Dried Blood spot test; 129 (13.5 per cent) tested positive and 113 (87.6 per cent) were placed on treatment. The partnership, in collaboration with AKSMOH, also provided training and mentoring sessions for 57 “expert clients” (persons living with HIV) who facilitated the retention of loss to follow-up (LTFU) and missed appointments and returned those people to the treatment and care continuum through use of a well-articulated tracking system. Of the 544 LTFU/missed appointments identified, 497 (91.4 per cent) were successfully tracked. Of these, 412 (82.9 per cent) of those treated were returned to treatment and the care continuum. A Proof of Concept Document was developed for best practices and future replication in the country. Aspects of this initiative will be replicated in 2014.

**On-track**

**IR 3210/A0/04/405/004** By the end of 2013, systems strengthened (coordination, quality assurance, M & E and LMIS) to deliver standardised services to scale.

**Progress:**

Institutional strengthening efforts in 12 states and the FCT in support of PMTCT included reinvigorated state coordination systems and accountability structures to establish functional M & E and PMTCT/PART Technical Working Groups with clearly defined roles and responsibilities. Paediatric ART Technical Working Groups were improved through regular support to meetings and capacity development in programme management and proposal writing skills, with the focus on decentralised planning, implementation and monitoring. LGA and State and Local Action Committee on AIDS M & E officers had their skills built on the web-based electronic Nigerian National Response Information Management System and District Health Information Management System (DHIS) 2.0 to enhance reporting and data transmission from their respective LGAs. The reporting rate increased from 66 per cent to almost 90 per cent in Cross River state and from 37 per cent to almost 60 per cent in Benue state. UNICEF supported a PMTCT bottleneck analysis approach in four States, which led to better evidence-based strategic planning, including for EID. In 2014 further efforts should be undertaken within the BNA process to ensure adequate linkages between PMTCT and paediatric care, support and treatment. Special efforts were made in 40 selected CMAM outpatient therapeutic sites in eight high-HIV-burden LGAs in the four Sahelian States of Borno, Jigawa, Kano and Yobe, and 30 sites from Adamawa and Gombe States, to include HIV testing as part of the routine management of severe acute malnutrition. Due to inadequate referral systems, many children identified through CMAM as having HIV are not referred for ART services. Further efforts need to be made to standardise HIV testing within the management of acute malnutrition and ensure adequately functioning referral systems.

**On-track**

**PCR 3210/A0/04/406 PCR12 - YJ404-** By the end of 2013, at least 40 per cent of children and young people aged 10-24 years in and out-of-school accessing comprehensive knowledge, skills and services to reduce their risk and vulnerability to HIV

**Progress:**

UNICEF used a three-prong approach in its work with Adolescents and Young People (AYP) and HIV: Support to increasing access to services; strengthening systems for delivery of effective services; evidence generation for evidence-informed programming.

1. Direct Support to HIV-prevention services included support to national Youth Service Corps (NYSC) and Family Life and HIV Education (FLHE), contributing to school-based HIV prevention interventions. Technical support was provided for the development of the radio drama component of the ‘Shuga’ multi-media campaign.

2. UNICEF supported the Prevention Technical Working Group (TWG) quarterly meetings at the national and State level. The national and all 11+1 States Prevention TWGs met regularly, coordinated actors in HIV prevention and utilised national monitoring tools. UNICEF’s support on HIV emergency programming (including e.g., training of stakeholders on HIV in emergency preparedness) contributed to ensuring that the gains of routine developmental HIV-programming were not reversed during emergency situations and critical services on HIV prevention, care and treatment were available. Partnerships, systems and services for HIV emergency response are now in place in all 11+ 1 UNICEF-focus States.

3. UNICEF supported a comprehensive analysis of HIV epidemiology and information on responses amongst AYP, resulting in a unique analytical overview of the HIV epidemic and response among AYP in Nigeria. The national Joint Annual Review and Mid-Term Review of the National Strategic Plan provided good opportunities at the national and state level in 2013 to share key data and information on AYP and advocate for accelerated roll-out of improved responses. In 2014, UNICEF’s programme responses for adolescents will continue to build on strengthened evidence-based strategic planning. UNICEF’s work will support the national and State levels to gather and report better-disaggregated data for adolescents.

A major challenge in HIV prevention among AYP has been very low domestic investment by the national government and weak systems, due to limited ownership and leadership. It is expected that the 2013 Presidential Comprehensive Response Plan will strengthen investment in HIV prevention among adolescents and most at risk populations by the Government and in its four programme priorities. However, it was recognised that investments in HIV prevention will continue to compete with the need for additional investment in treatment. Therefore in 2014, opportunities will be sought for stronger linkages between treatment and prevention, for instance using the four-pronged approaches within the PMTCT platform.

**On-track**

**IR 3210/A0/04/406/001** At least 40 per cent of children and young people (10-24 years) in and out of school have access to
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comprehensive knowledge, skills and referral services by the end of 2013

Progress:

UNICEF worked with Government and other partners on the integration of adolescents in existing prevention services and resource mobilisation. The NYSC peer education project has been a major flagship effort, reaching at least 3 million AYP annually over the last 11 years. UNICEF and the Society for Family Health supported the training of 2,156 teachers (a 2.5-fold increase from last year). These teachers will reach 215,600 adolescents in school annually. A major advocacy and resource mobilisation achievement in 2013 was the inclusion of the NYSC and FLHE programs in the Presidential Comprehensive Response Plan. This is expected to lead to the securing of a predictable source of funding for HIV prevention services for school-based adolescents.

Programming for Adolescents Out of School (AOS) at scale continues to be a challenge. With UNICEF’s support, about 88,509 AOS were reached with comprehensive prevention services across seven States; this is far too low considering that 26.0 per cent or 2.8 million of adolescents (12-14 years) are out of school. This is in addition to the fact that most interventions targeting AOS end up reaching older male AYP between 18 and 25 years. Younger adolescents, especially girls, are thus hard to reach. Partnership with Save the Children through the National Adolescent Health and Development Technical Working Group is strengthening the focus on very young adolescents. The challenge however, remains achieving adequate coverage of services.

Considering the limited financial and human resources available, it is increasingly challenging for UNICEF to provide direct support to HIV prevention interventions; therefore UNICEF’s focus is increasingly moving to more upstream work. Support to state-level implementation of the prevention components PCRP and support for the development of a new national prevention plan and strategy for AYP present opportunities which UNICEF will be working on in 2014.

On-track

**IR 3210/A0/04/406/002** Effective systems (coordination, quality assurance, reporting and monitoring) exist for delivery of standardised HIV prevention services for young people at scale including during emergencies by the end of 2013

**Progress:**

A functional Prevention Working Group is in place at the national level and in 12 focal states. UNICEF provided support to quarterly TWGs meetings, ensuring that State AIDS Coordinating Agencies (SACA) and other partners are coordinating their efforts and using national monitoring tools. SACA and other officers in Adamawa, Gombe and Taraba states (including 30 NYSC key officers in Adamawa state) acquired skills on Devinfo software application, leading to improved data capturing, reporting and use of data across these states. National reporting tools do not adequately disaggregate data for adolescent age groups and additional advocacy is needed to address this. Advocacy on AYP issues led to the establishment of a specific World AIDS Day working group on HIV testing among adolescents, which promotes counselling and testing among AYP.

UNICEF supported the review and standardisation of the FLHE training curriculum. Following this, thousands of teachers have been trained by various national partners using the revised curriculum. At the state level, technical support was provided for the inauguration of the Lagos State FLHE Project Advisory Committee; advocacy for resource mobilisation for FLHE with the first lady in Kaduna State resulted in the scale-up of FLHE implementation in both states.

Systems for strengthening of adolescents living with HIV (ALHIV) programming has significantly improved in three States. Training of 38 PLHIV (18-30 years) from support groups in Taraba and Gombe States on communications and dialogue skills resulted in expanded provision of peer support for ALHIV.

Supported by UNICEF, over 40 stakeholders from nine emergency-prone states now have skills on planning and coordination of HIV response during emergencies. In addition, a national data base of all HIV emergency actors, tools and capacity building guidelines is now in place. Emergency implementation teams were established and emergency preparedness in all 12 UNICEF focus states is in place.

On-track

**IR 3210/A0/04/406/009** National and state reviews, evidence generation, situational assessment and analyses have HIV prevention related equity and child/youth friendly focus by the end of 2013.

**Progress:**

UNICEF championed and coordinated various evidence generation and knowledge management initiatives to continue to sharpen Nigeria’s HIV prevention-related equity- and adolescent- friendly focus.

UNICEF supported a comprehensive analysis of data, literature and case studies as well as using focus groups discussions, to assess HIV vulnerabilities of various groups of AYP in Nigeria and to assess the strengths, weaknesses and opportunities to strengthen AYP HIV programming. The final draft report is already shaping discussions for the development of the national strategy for young people. Data disaggregation for adolescent age groups 10–14 and 15–19 is a major global gap for HIV and other reproductive health programmes. UNICEF has already engaged NACA and other stakeholders on the need for disaggregation of data coverage of services (e.g., on HCT and ART coverage). Following a national dialogue on ALHIV, UNICEF is supporting data disaggregation of 10 high-yield HCT and ART service provision sites in Lagos to generate evidence on the current access and service provision opportunities for adolescents within existing structures. This shall provide lessons on the “how” of service provision, using existing structures and data disaggregation for adolescents in Nigeria.

Nigeria participated in the global technical consultation on ‘Operationalising an Investment Approach for Improved Results for HIV’ programming for adolescents, together with the presentation of UNICEF Nigeria, supported abstracts and participation of UNICEF-supported key stakeholders at the International Conference on AIDS and STIs in Africa (ICASA). The meeting provided an added impetus for focussing on adolescents in Nigeria, as well as strengthening capacity and skills of key programme managers among Government and other partner organisations.
**PC 505 - Child Protection**

- **PCR 3210/A0/04/505** Children benefitting from child protection systems at national and state levels.

**Progress:**

During 2009-2013, UNICEF successfully led Government and non-government partners to adopt a systems approach in social welfare, justice and criminal registration sub-sectors of the national child protection system. The successful effort to align national OVC response, led by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)/U.S. government (USG), with child protection systems strengthening efforts at both the federal and state levels continued in 2013. UNICEF and PEPFAR/USG were instrumental in guiding the Federal Ministry of Women Affairs & Social Development (FMWASD) and National Planning Commission (NPC) to develop and finalise a 2013–2020 National Priority Agenda (NPA) for vulnerable children that aims to move away from a service-delivery focused approach, to a comprehensive response that focuses on building and strengthening integrated and linked systems. On a pilot basis, and with UNICEF support, Lagos and Bauchi started to develop State Plans of Action (SPA) to operationalise the NPA at state level.

With UNICEF-USG joint support, child protection systems-mapping at state level was completed in Lagos and was in progress in six other states. The Lagos mapping clearly indicated systemic gaps in the social welfare sector in the areas of workforce, finance, service delivery, information management and coordination. Significant discrepancies exist between demand and supply of state interventions in the social welfare sector, suggesting the need to re-define the vision and role of social welfare in targeting and addressing the well-being of people. It also revealed that child-/family-welfare services are neither clearly defined nor costed in the budget. In 2013 UNICEF and USAID started to discuss the development of a Social Welfare policy and sector strategy with FMWASD. UNICEF’s 2013 technical assistance to FMWASD to strengthen its capacity in public finance management will continue in 2014 in selected states.

An EU-funded five-year Justice Sector Reform joint programme agreement with United Nations Office on Drugs and Crime (UNODC) was signed in 2013. The agreement allowed UNICEF and UNODC to jointly engage with federal/state key stakeholders, and emphasises the importance of creating models in 10 states (including child justice-related models) with institutionalisation of those successful models in mind. “Mainstreaming” child justice was advocated throughout the inception negotiations. For instance, the Law Reform Commission agreed to set up a separate working group on child justice matters – starting from the current work on "Sentencing Guidelines".

A total 4,360,743 children were registered by National Population Commission in 2013. Over US$1.5 million was leveraged from federal/state governments.

- **IR 3210/A0/04/505/001** Child justice administration is a component of justice sector reform

**Progress:**

UNICEF secured its involvement in the Federal Justice Sector Reform Committee and consistently raised child-specific concerns to be addressed in all three pillars of sector reform. UNICEF also managed to secure substantial involvement of social welfare actors (FMWASD and CSOs) in Justice sector reform; initially it was dominated by judiciary/legal professionals. During the EU justice project retreat in December 2013, a stronger role for the social welfare sector in victim support, rehabilitation/probation services, and some prevention measures was called for. A revised sector reform work plan for 2014 shows consistent involvement of FMWASD/SMWASD as a key stakeholder/responsible party.

United Nations Office on Drugs and Crime (UNODC), as the lead agency for sector reform, introduced several initiatives in criminal justice targeting the general population. UNICEF ensured there were age-specific considerations in all the initiatives that UNODC was introducing in the sector reform.

UNICEF supported development of a Human Rights curriculum for the Police; the work initiated as part of the annual human rights dialogue between the Government of Nigeria and Switzerland. UNICEF provided child rights experts to work as part of the curriculum development team led by Police. A three-week long joint needs assessment was carried out with representatives from Police (training unit and Anti-trafficking/Juvenile Welfare centres). In 2013, Police streamlined the existing two units (Anti-trafficking Unit and Juvenile Welfare Centres) to set up a new “Anti-trafficking, Women and Child Protection Unit” with a mandate of child protection. UNICEF will work with Police to develop a specialised training programme for this new unit.

Integration of child justice into the ongoing Justice sector reform created a great entry point for building a child protection system. The challenge is to ensure the right strategy and action to build on this joint programme and created an opportunity to influence states beyond the 10 focus states.

- **IR 3210/A0/04/505/002** Social welfare workforce capacitated to operate standards for social services

**Progress:**

Significant progress was made in the development of a Bill to professionalise social work in Nigeria. With the technical support of
UNICEF, the draft Bill was in the final stage at year’s end, and will be presented for the final public hearing and to the Parliament in July 2014. The Bill stipulates that the Institute will be the sole authority to license (and de-license as well) professional social workers in Nigeria, and that it will regulate social workers deployed to child-care institutions (i.e. orphanages, rehabilitation centres, etc.). Also, the Institute will coordinate with national accreditation bodies to ensure that the Social Work curricula in academic institutions adequately meet international standards. This development marks a significant step towards strengthening child protection systems and the important role played by social workers in strengthening the protective and response services for child protection and family welfare in Nigeria.

The findings of the mapping and assessment of the child protection system in Lagos revealed critical gaps between what the state offers and what communities expect in the field of Social Welfare: the former predominantly focus on services of "crisis-intervention", whereas the latter wishes to see State to have “early intervention for family-strengthening to prevent crisis”. Stakeholders noted that prevention is not explicitly articulated the Child Rights Law, compared to that of prosecution and investigation. They also pointed out fundamental institutional bottlenecks, such as blurred accountability amongst state social welfare authorities, duplication of responsibilities and lack of coordination mechanisms. All of the above point to the need for reform in Social Welfare sector.

Challenges remain in regard to how best to reconcile the informal and formal workforce and create a more inclusive regulatory mechanism; as the Lagos mapping revealed, a state child protection system often depends on the effectiveness of informal workforce and their interventions.

**On-track**

**IR 3210/A0/04/505/003** Children under-5 are registered to enjoy their right to name and identity.

**Progress:**

UNICEF supported National Population Commission in the use of RapidSMS data to track performance of birth registration service delivery at over 4,000 service points. The proportion of children whose births are registered within 12 months increased notably, from 10 per cent in 2011 to 30 per cent (1,757,078 children) in 2013.

In early 2013 state monitoring teams were set up involving 174 state and federal monitors across the country to track follow-up actions against several bottlenecks identified in the 2012 Bottleneck Analysis. UNICEF supported NPopC to conduct training for monitors in June to build their capacity in the use of the protocol developed to aid and improve the fidelity of RapidSMS reporting and reduce obstacles to achieving complete registration of births. State monitoring teams started to analyse the RapidSMS data and “Scorecard”, indicating information from LGAs’ interventions to showcase the real gains for children, especially in under-performing states in northern Nigeria.

UNICEF continues to strengthen partnerships between NPopC and health service providers. Following a 2012 decision by the National Council of Health to officially integrate birth registration into health services, MOUs/plans of action were developed and signed between state ministries of health and NPopC in 12 states. The plans provide specific direction to ensure compliance with existing laws; maximisation of available resources; efforts to improve coverage, create awareness amongst stakeholders and influence behaviour change; and effective attainment of birth registration integration objectives.

UNICEF brought the National ID Management Commission (NIMC) and NPopC together to agree on an institutional framework for operational compatibility and inter-agency collaboration. NPopC and NIMC will adopt a practical approach to harmonising civil registration and national ID management.

**On-track**

**IR 3210/A0/04/505/004** Sufficient resources are available for staff salaries, capacity development & learning, and travels for field visits and programme monitoring

**Progress:** Resources are available for staff salaries, capacity development and learning and travels and field monitoring

**On-track**

**PCR 3210/A0/04/707 PCR 14 - YS505** Social Norms – reduction in major harmful practices, abuse and exploitation

**Progress:**

During 2009-2013, with the establishment of Child Protection Networks in 33 States and the FCT, prevention of and response to rights violation, abuse and exploitation of children have improved. The total number of cases responded to by CPNs more than doubled, increasing in 2013 to 2,971, compared to 1,051 cases in 2012. Although the number of reported cases saw an increase in 2013, regular reporting across 33 states and standardisation of reporting remain a challenge. This led to difficulty in trend analysis or in-depth analysis and comparison of protection situation between states. UNICEF will focus on improving CPN information management system in 2014, including a review of existing case reporting forms and CPN database development.

With UNICEF’s technical assistance CPNs have acquired skills/knowledge on case management. Yet, the evaluation reveals that the competency level of CPN case workers (including Government social workers) remains underdeveloped, and many case workers are left without technical support when conducting assessments and determining 'the best interest of the child' in a given situation. Further support will be necessary in 2014 to ensure that the guiding principles of case management, such as confidentiality and duty of care, are implemented and that appropriate case forms are used.

Without a proper regulatory mechanism to regulate the quality of social workers/case workers or an institutional framework for case
management, systemic capacity development and application of case management will be difficult, resulting in discrepancies in the quality/standards of child protection services. On-going child protection system mapping and social welfare workforce strengthening (such as professionalization of social workers and social work education curriculum reviews) will guide the development of a framework for a case management system for child protection services.

The deteriorating security situation and the declaration of State of Emergency in Borno, Yobe and Adamawa in May had a significant impact on child protection. Frequent armed clashes between the Joint Task Force (JTF) and insurgents often resulted in the death of bystanders, including children. Children were also among those arrested and detained as a result of the JTF counter-terrorism operations. CPNs and the National Human Rights Commission in Borno reported that access to affected population/communities has become increasingly difficult, and they were able to assist only a few children. Considering the security situation and rights violations in the three affected states, UNICEF will focus on strengthening a monitoring and reporting mechanism to more closely and regularly examine patterns/scope of violations and extent of impact on children.

![Image](image_url)

**IR 3210/A0/04/707/001 14.1 - CPN – Reduction in Exploitation and harmful practices against children in 20 states.**

**Progress:**
UNICEF continued capacity building of Child Protection Networks. In partnership with Bar Human Rights Committee England and Wales, CPNs have benefited from systematic and thorough capacity building in human rights monitoring and documentation, including in humanitarian situations. Training materials, toolkits and mentors who have capacity for ToT are available.

Many of the cases that CPN responded to are complex and require the expertise of qualified social workers. However, due to the limited number and capacity of social workers in many areas, CPNs have to fill this gap. Hence case management was identified as an area of focus in 2013; and subsequently 18 CPNs received training, including case management administration, child development and skills required by case workers. A further 25 individuals were trained as master trainers to continue to support further roll-out of case management training at state level. The impact of this training will be reviewed in 2014.

UNICEF partnered with Keeping Children Safe (KCS) to introduce child safeguarding concept and measures to CPNs. KCS worked with key stakeholders (including Ministry of Women’s Affairs and Social Development (MWASD), National Agency for Prevention of Trafficking In Persons, justice actors and CPNs) to increase their awareness of child safeguarding and its role in preventing abuse of children. Following workshops on child safeguarding policy, 18 institutions have now incorporated child safeguarding policies into their work. As a result, MWASD in Edo and Plateau states now require all orphanages and care homes to sign up to the Ministries safeguarding policy in order to legally operate in the state. Further work will be needed in 2014 to ensure appropriate monitoring framework is set up to monitor implementation.

![Image](image_url)

**IR 3210/A0/04/707/002 14.2 - CPIE are able to prevent protection abuses and respond to children's protection needs in emergencies by 2013.**

**Progress:**
Throughout 2013 UNICEF continued to support capacity building of Child Protection Networks, national and state emergency agencies (NEMA/SEMA) and the Red Cross on child protection in emergencies, including assessments and response. 17 CPNs (Akwa Ibom, Anambra, Bayelsa, Borno, Benue, Cross River, Delta, Edo, Gombe, Kaduna, Kano, Kwara, Lagos, Nasarawa, Plateau, Rivers, Sokoto) are now prepared for assessment and response.

The past year saw no major natural disaster, however, in Northern states especially the three states under State of Emergency, the complex emergency situation further deteriorated. In Borno, CPNs have been active despite, numerous security and related challenges. They have confirmed a number of child protection concerns associated with the insurgency, including attacks on schools and pupils, abduction and detention of children and children associated with armed groups. This is a worrying new development, which will demand further attention in 2014. CPN Yobe is still to be inaugurated, so information about the situation for children in Yobe is scarce. However, media reports indicate that children in Yobe are facing similar challenges as in Borno, such as school attacks.

Formalising the cooperation between CPNs and National Emergency Management Agency (NEMA) and State Emergency Management Agency (SEMA) continues to be challenging. Some states have seen the development of informal cooperation including NEMA/SEMA becoming a member of CPN (in Delta, Edo, Kaduna, Lagos, Ogun). Other states have been acknowledged as emergency actors by being invited to emergency training (Bayelsa) or through an informal agreement to collaborate in case of emergency (Anambra and Rivers). CPNs are also working with the Red Cross to incorporate child protection in their crisis intervention work. In Borno and Kano, the Red Cross is a member of the CPN and in Bayelsa, Cross River and Edo there is an informal agreement to work together during emergencies.

**PC 606 - Social Policy, Advocacy and Communication**

**On-track**

**PCR 3210/A0/04/606 Policies and resources are leveraged for improved behaviour and social change towards ensuring equity in the**
fulfilment of children's rights at the national level, as well as in the UNDAF DaO and HB states

Progress:
2013 was riddled with incessant conflict insecurity and backlash from the natural disaster of 2012. The amended 2013 budget is yet to be passed in the two houses amidst controversy over Naira152 billion increase, which has grave implications for programming with Government, as the Minister of Finance has raised concerns about the consequences of these delays in meeting the responsibilities to civil servants. On-going social protection policy framework discussions with stakeholders at the state and national level is yielding results, with high-level commitment from the secretary of the Commission evident in his pledge to make a presentation on the policy at the National Economic Council meeting when the policy is ready. MICS, OBS and SMART surveys are serving as credible sources of data for stakeholder decisions. This has created more strain on the already limited funding for health service delivery in Nigeria. Several initiatives were undertaken by the Government, from the funding of the gains from the partial removal of oil subsidy removal as well as Presidential commitments to improving maternal health and infant mortality and youth unemployment, including the Save One Million Lives projects launched recently. These commitments have resulted in a refocus of budget and programming by all stakeholders under a committee and promises to accrue gains for improved performance on MDGs.

Information in the 2006/2009 National Health Account (NHA) would serve as a baseline for analysis of improvement against the 2010/2012 NHA, which is under discussions with the Ministry of Health. Mainstreaming gender into donor-supported maternal and neonatal health care programmes has ensured gender considerations in programming, implementation and policy. The recent passing of the VAPP bill by the house engendered further discussions on adoption and domestication of the bill at the state levels. The current Multi-Year Annual Work Plan has engaged CSOs and built capacity of Government on social budgeting, gender, social protection and health financing as a result some states has begun work in institutionalising social protection mechanisms like the community based health insurance scheme, legislating on the free MNCH in Ondo, urban social protection programming in Lagos and school feeding programme in Osun. There are however challenges in coordination and monitoring of these initiatives at the national level. To address this UNICEF taking a lead is supporting the National Planning Commission to coordinate the process of developing an age-appropriate, gender-sensitive Social Protection framework and policies for Nigeria.

IR 3210/A0/04/606/001 15.1 Child sensitive social protection I protection policy articulated at the Federal and state level (NCO)

Progress:
The national strategy, Vision 20:2020 of the current administration agrees that an effective social protection environment is a political and social imperative for sustainable economic growth and development. To contribute to enhancing evidence-based, child sensitive, age-appropriate articulation of a social protection policy at the federal and state levels numerous measures were put in place, including: validation and dissemination of the policy briefs and reports from research conducted in 2011 on the impact of Triple F on women and children and social protection diagnostic, as well as holding national a consultative workshop on developing a road map to social protection in Nigeria. A follow up on these activities, the coordination of stakeholder processes at the state level led by Government, with support of the consultant and NISER, is designing a comprehensive, inclusive, age-appropriate and gender-sensitive social protection policy framework. State level consultations are on-going to generate evidence from states to feed into the national policy. This provides the needed opportunity for UNICEF and other donors to engage further on social protection. The reports from the MICS and poverty data collected by NBS with the support of UNICEF and the World Bank are currently supporting Government to understand poverty issues.

IR 3210/A0/04/606/002 Evidence based and equity sensitive budget and development outcome analysis influencing child friendly policy and programming at the federal and state levels

Progress:
Addressing evidence-based and equity-sensitive budget and development outcomes to influence child-friendly policies and programming at the federal and state levels, UNICEF supported initiatives such as the training of about 30 CSOs on social budgeting and budget tracking. On gender and social protection capacity building, over 100 directors and permanent secretaries from the nine states in northern Nigeria were enlightened on social protection and their role in policy-making processes. Furthermore high-level Government officials from the ministries of women affairs, planning, and finance had their capacities built to articulate better girl-child education social protection issues and initiatives. The report of the National Health Account 2006/2009 was released and out of pocket expenditure is still on the increase, however this report will not be disseminated but serve as the baselines for the next NHA 2010/2012, which is starting soon. Nevertheless the result of the NHA will serve as an advocacy tool to influence budgetary allocations for children’s health and women’s reproductive and sexual health.

DFID agreed to support the implementation of the OBS in all states, for the 2014 budget year analysis to ensure that it was not seen as an election tool. This initiative is expected to further contribute evidence to make a case for investing more in the Social Protection framework. The current reports of the OBS in the 15 states are being used to influence and advocate for increased accountability and openness of the budgetary processes at the state level; states with recorded success include Cross River, Kano and Samfara.

IR 3210/A0/04/606/003 FMWASD supported to coordinate implementation of the National Gender Policy & the Strategic Implementation Framework

Progress:
UNICEF provided support for advocacy for the passage of the Violence Against Persons Prohibition bill in the country. The Bill has now been passed by the House of Representatives. By implication, it allows for legislation and punitive actions on perpetrators of violence against women, children and other persons. Its passage by the House of Assembly and assent by the President is being awaited. So far Imo state has domesticated and passed the VAPP bill and UNICEF is supporting implementation of the Bill by coordinating with stakeholders to explain the policy implications of the bill and its provisions. Advocacy for a campaign on violence against women and
passage of the bill continues, with exploration of corporate organisations’ engagement in the campaign
UNICEF is supporting the Federal MWASD to review the National Gender Policy developed in 2006 to assess its continued relevance to
the gender equality situation in the country. The policy has a Strategic Implementation Framework, which is also being reviewed. The
recommendations from the review are expected to enhance gender-responsiveness in Government policy and budgetary processes. A
gendered review of health policies related to maternal and child mortality has been completed. The review indicated that most of the
policies are not gender-responsive; hence recommendations were made for improving them. Dissemination of the findings will be
completed by end of the year.

On-track

IR 3210/A0/04/606/014 15.4 SPAC Programme management support provided to implement SPAC programme

**Progress:** International, consultants and national staff salaries paid as at when due

On-track

**PCR 3210/A0/04/607** By end 2013, At least, UNDAF and high burden states, FCT and the federal government have evidence based child
friendly policies and systems for planning and emergency management.

**Progress:**

Sustained advocacy by UNICEF and partners’ contributed to the passage of the bill for the establishment of the State Bureau of Statistics
(SBS). Twenty-two of 36 states, plus the FCT, have developed statistical master plans and 14 states have established SBS. These
bureaus are mandated to ensure evidence-based planning and implementation. It is expected that they will strengthen data collection,
collation and analysis at the state level and provide up-to-date information for planning and decision-making.

Five states and the FCT (Kwara, Kogi, Sokoto, Katsina and Niger states) have so far finalised State Monitoring and Evaluation (M&E)
policy documents and presented them to state governments for approval. Other states (such as Kebbi, Ekiti, Ondo and Oyo) have taken
concrete steps toward developing these frameworks/policies, which seek to define the institutional framework for robust M&E systems
and set standards for M&E practices.

UNICEF-supported M&E capacity development for states as well as advocacy with over 200 state policymakers through the Zonal
Network for Children provided a platform for discussions, data and bottleneck analysis on progress made towards the MDGs with
policymakers on critical child survival and development indicators using state data.

UNICEF was the lead UN agency for the UNDAF II Delivering as One process for Benue. It continues to be the model state because of
sustained and strengthened partnerships and engagement of state government in implementation of DaO work plans. In non-DaO
States, Programme Implementation Agreements (PIAs) were signed to as part of efforts to strengthen the coordination systems in the
states. The PIAs (developed based on evidence from surveys and programme data) signed have provided platforms for continued
advocacy, funding with State Governors and policymakers on child-friendly policies.

Enabling factors have been support from the State government through, provision and release of Government counterpart cash
contributions and replication of UNICEF-supported activities at local government level. A key lesson learnt is that by supporting
governments to develop planning documents, UNICEF creates an entry point for M&E to be able to demonstrate progress. Increasing
Government and donor interest/support for M&E presents an opportunity to strengthen state-level M&E systems. A key priority is to
strengthen routine State/LGA data collection by strengthening the operationalisation of MoRES.

Nigeria experienced unprecedented humanitarian challenges during the 2009-2013 programme cycle. Security challenges led to
difficulties in regular programming. These challenges were further heightened by a bomb attack on the United Nations Building in Abuja,
and massive floods in the country and several localised conflicts. The floods and conflicts resulted in internal displacements of persons.
The country security situation deteriorated further toward the end of the Programme cycle due to sectarian insurgencies, leading to a
declaration of a state of emergency in north-eastern Nigeria.

With only 11 states out of 36 and the Federal Capital Territory targeted at the beginning of the cycle in 2009, a total of 27 States and
the FCT had legislated and established State Emergency Management Agencies, with states like Lagos, Osun, Anambra, Oyo and Niger
also establishing Local Emergency Management Committees (LEMCs) and Community Emergency Preparedness Teams (CEPT). Although
funding and technical competences are still a major challenge, UNICEF and partners supported states to develop annual contingency
plans and initiated trial Disaster Risk Reduction (DRR) programming in six states and the FCT, and successfully carried out vulnerability
and capacity analysis pilot studies. UNICEF supported NEMA to develop and activate the National Disaster Management Framework
(NDMF) and the National Influenza Preparedness Plan. Standby partnership arrangements for emergency response, staffing and surge
capacity were fully explored. MoUs with the Nigerian Red Cross Society, and partnership with The Save the Children Alliance (STC UK)
and Medecins sans Frontieres (France) contributed significantly to the above results.

On-track

**IR 3210/A0/04/607/001** Governments at the Federal level and in the six UNDAF, HB states and the FCT increasingly use credible and
up-to-date gender-sensitive data for advocacy, planning, monitoring and evaluation.

**Progress:**
UNICEF has advocated for adoption of and capacity development in DevInfo as a carrier of national and state databases through provision of technical assistance and leveraging resources for replication of DevInfo at the state and federal levels. At the State level, DevInfo has become a platform on which key Ministries, Departments and Agencies (MDAs) in the states are able to store, retrieve and present data. So far, in addition to the National Socio-Economic Database (NISER) that has been updated with MICS findings and other existing data housed at the National Bureau of Statistics (NBS) 30 states have also developed databases and have regularly updated these databases using customised DevInfo templates.

In collaboration with, UNICEF, DFID, and UNFPA, NBS supported the conducting of MICS 2011 with technical, operational and financial support to ensure quality. The summary, final report and other dissemination materials are available on and offline. So far, an estimated 5,000 copies were distributed to stakeholders. Data demand is increasing and available data are already being utilised by Government as well as within UNICEF, UNDAF III development, country programme document, country programme management plan, and by the donor community. Within UNICEF it has stimulated multiple deprivation and bottleneck analyses and led to development of action plans to address identified gaps. Media partners are already using the published MICS 4 data to understand disparities in indicators between States and zones and write stories to advocate for child-friendly budgeting. These findings are currently being utilised to update state government profiles for advocacy, evidence-based planning for medium-term expenditure in Niger and Kaduna states, as well as for budget monitoring.

Besides funding, the greatest constraint remains the lack of regular data generation by the states themselves; utilisation of data also remains weak especially at the local government level. Although many states have databases, state and LGA data-generation and utilisation are still very weak. It is therefore recommended that states be supported in the next Country Programme to institutionalise LGA data collection and collation at the State level (in line with MoRES) to support advocacy, planning and improving programming efficiency.

**On-track**

**IR 3210/A0/04/607/003** MDAs at federal and state levels have enhanced country led M-E systems (CLES) for results based programming focusing on children and women

**Progress:** Partnership and collaboration was strengthened with national and state planning commissions (NPC and SPCs) on strengthening national evaluation and results based management capacity. Plans for establishing a national evaluation association are advanced: discussions with stakeholders were held in various forums, and a constitution, e-platform for discussions about theory and practice have been established. The NPC is advocating for M&E policy at the national level and a draft framework has been developed.

At the state level, intensive advocacy was conducted in relation to evaluation, monitoring, evidence-based policies and the need for states to develop and integrate M&E into central planning and resource allocation. As a result, some states were supported to finalise state-wide M&E policy documents. Six states have so far finalised their policy document and presented it to their state governments for approval (FCT, Kwara, Kogi, Sokoto, Katsina and Niger states). The M&E policy is aimed at defining the institutional framework for a robust M&E system, setting standards for M&E practices in the states. Other states (Kebbi, Ekiti, Ondo and Oyo) have taken concrete steps towards establishment of these frameworks/policies.

In collaboration with state and local governments, UNICEF supported states (Oyo, Edo, Ekiti, Lagos, Ondo, Kano, Jigawa, Adamawa, Gombe, Taraba and Bauchi) to establish central M&E departments. State Bureaus of Statistics/State statistical agencies were established by law in 13 states; other states have presented the bill to their State Assemblies and are at different stages of hearing. In addition, 22 states now have Statistical Master Plans. In addition, Monitoring and Evaluation Desk Offices were established across all the Local Government Areas in Oyo State. Meanwhile capacities of M&E focal points in over 50 LGAs in Osun, Lagos, Oyo, Ondo and Benue states have been built for monitoring, reporting, evaluation, RBM and data-collection techniques.

Establishment of these structures represent important steps, as they is expected to support evidenced-based resource allocation and implementation of programmes. Although coordination has improved but still needs improvement. UNDAF III presents opportunity for coordination in the next CP. Many donors (including the World Bank and DFID,) are interested in national and state level M&E systems development. This presents opportunities for partnership, coordination and advocacy for evaluation polices.

Internal processes of quality assurance, overall technical leadership on integrated monitoring and evaluation plans (IMEPs), capacity development for utilisation of M&E strategies and data management were supported. The Office supported evaluations managed by a mixed team of international and national consultants. These evaluations have generated knowledge that has been utilised for programming purposes. The Office has put in place internal structures such as an M&E strategy, M&E committee responsible for quality assurance of the studies and research are included in the Country Office IMEP. Although implementation of the IMEP for the CP was low, several important monitoring and evaluation activities were conducted throughout 2009-2013. Other support included guidance on planning, development of tools for evidence-generation, technical guidance of PME, field coordination and RBM.

**On-track**

**IR 3210/A0/04/607/004** Federal and States have capacity for effective emergency preparedness and response for the protection of women and children

**Progress:**

The strategic anchor for Emergency Preparedness and Response (EPR) for the cycle was the mainstreaming of preparedness activities into regular programming with capacity development of staff and partners in order to ensure that development programming is carried out with emergency lenses so as to build community resilience. A critical element was prepositioning of supplies for a minimum level of displaced population of at least 15,000 people per field office location, and a buffer of equal volume to support field offices during crises,
making a total caseload of 10,000. However, very few State Emergency Management Agencies were able to preposition significant stock for potential population displacements in their states and during the crises, ad-hoc emergency committees were set up, making coordination and delivery inefficient. The early warning/early action website was regularly reviewed to improve UNICEF and partner readiness for disasters. Capacity development activities were systematically carried out with special focus on all “at risk states”. The Education sector was supported with funding from the African Adaptation Programme (AAP) of the Government of Japan and successfully implemented pilot DRR projects in schools, including the introduction of DRR studies to the primary and secondary school curriculum, in line with the Hyogo Framework of Action provisions. In addition, the education sector was supported annually to train over 400 teachers in Education in Emergency while the Health sector, focused on child-centred Health-in-Emergency training for community health extension workers and others. Orientation and training on Programme Criticality and remote programming was conducted for UNICEF staff as well as some UN agencies and DFID. The strategic partnerships with the Nigerian Red Cross Society and some pilot projects with local and international NGOs produced significant results in 2012 and 2013[NA1], and will therefore form one of the pillars for the next programme cycle where community resilience is built through stronger partnerships with community-based organisations and CSOs to achieve the Core Commitment for Children (CCCs) in Nigeria. In 2014-2017, greater efforts will be made to systematically work with other UN Agencies and other development partners to build capacity in disaster risk reduction. Greater recognition will be given to the gender dimension and empowerment of girls and women in order to minimise violence.

On-track

IR 3210/A0/04/607/019 16.4 - PME & Emergency Programme Management Support

Progress: Internationally and nationally UNICEF recruited staff fully supported the implementation of PME and emergency coordination.

On-track

PCR 3210/A0/04/608 Policies and resources are leveraged for improved behaviour and social change towards ensuring equity in the fulfilment of children's rights at the national level, as well as in the UNDAF and HB states, by the end of 2013

Progress: Within the Country Programme Cycle 2009 to 2013, the Communication for Development (C4D) programme partnered with Ministries, Departments and Agencies, Civil Society and the Academia to review new child-friendly versions of the National Communication Policy and Community Radio Policy and successfully advocated with the National Council on Information to adopt the new versions. The programme also partnered with the Nigeria Community Radio Coalition and the National Broadcasting Commission to secure Presidential approval for community radio licenses. The President granted NBC powers to issue licences in 2010. However, heightened insecurity raised fears of community radios being hijacked by sectarian and ethnic interests. This has delayed implementation of the Community Radio Policy since 2010.

Through the Communication for Development Programme, UNICEF and WHO provided behaviour and social change components to the Maternal, New-born and Child Health Strategy and the National Child Health Policy. With the support of the programme, 11 local public health universities and institutions are pooling graduate studies and data on knowledge, attitude and practice related to child survival. This body of knowledge is expected to support informed planning and implementation of behaviour and social change communication at levels closer to communities.

The programme developed the capacity of media partners to give voice to children, the marginalised and the excluded communities. The programme also mainstreamed child rights issues in the curriculum of journalism training institutions. The media partners were also supported in strategic networking and exchange of information with both national and international media. Working with the UN communication group, the programme leveraged commitments and resources from key opinion leaders, the media and the private sector. Partnerships developed with the private sector (LG Electronics, Access bank/Fifth Chukker, Zenith Bank, Dangote Foundation) raised approximately US$1.4 million for interventions in Children and AIDS, measles, child witches syndrome and basic education. However, funding remained a major constraint to scaling-up programming.

The partners faced challenges in effective participation throughout planning, implementation and evaluation of C4D strategies, allocation of financial resources commensurate with the scope of desired changes, and accountability of results. In the 2014–2017 period, it will be important to: maintain a stronger focus on social norms/sociocultural factors as key bottlenecks to be addressed; assess how C4D can more effectively support achievement of sectoral results, both through its management structure and strategy development; examine the role of C4D in supporting cross-sectoral and convergent strategies, including MoRES; work more closely with and support programme sectors; strengthen capacity of local networks as entry points for large-scale outreach; expand community dialogues for community engagement; prioritise field activities; seek greater alignment of cross-cutting C4D activities with sectoral results; and promote a package of key behaviours.

On-track

IR 3210/A0/04/608/001 By the end of 2013, MDAs civil society partners and children in UNDAF states implement behaviour and social change development plans which reduce disparities and engender equity

Progress: Increased capacity-building is yielding results as key MDAs design and implement communication work-plans to create demand for routine immunisation and non-polio special immunisation activities, infant and young child feeding, roll back malaria and water and sanitation programmes. The National Primary Health Care Development Agency developed a Communication Strategy for Routine Immunisation with the Federal Ministry of Health, National Orientation Agency, National Youth Service Corps and Federal Ministry of Information. Thereafter they supported 15 EPI states ( Sokoto, Katsina, Kaduna, and Federal Capital Territory, Yobe, Gombe
and Adamawa; Benue, Enugu, Ebonyi, Akwa Ibom, Rivers; Edo, Lagos and Oyo) to develop comprehensive work-plans reaching down to community levels. The NPHCDA also developed and implemented an integrated national communication work-plan for non-polio SIAs, including integrated measles campaigns in all 36 states and the FCT; MenAfriVac in Adamawa, Kaduna, Kebbi, Niger, Plateau, Taraba, Nasarawa, and the FCT; and Yellow Fever in Akwa Ibom, Cross River and Nasarawa states.

The Federal Ministry of Information with NOA, state health educators, and radio stations undertook Community Dialogues and interactive radio programming, promoting Maternal New-born and Child Health and Behaviour Change Communication for Emergency Preparedness and Response in states most affected by the 2012 flood disaster, seven of which experienced cholera epidemics in 2013. Thus, 42.5 million acquired more knowledge on preventing and responding to emergencies.

The National Commission for Mass Literacy, Adult and Non-formal Education, in collaboration with NOA, Federal Ministry of Education and the Federation of Muslim Women’s Associations of Nigeria, was supported to develop a national communication strategy on Integrated Quranic and Tsangaya Education for the five Girls Education Programme states of Samfara, Katsina, Sokoto, Bauchi and Niger. Work-plans developed are being implemented, and helped to achieve a record increase in enrolment of girls in IQTE schools.

**On-track**

**IR 3210/A0/04/608/002** Key academic institutions and select MDAs, CSOs and other partners establish databases for sentinel sites and regularly monitor, document and report on C4D initiatives

**Progress:** The C4D programme increased its partnership with other programme sectors, within and outside UNICEF, to promote the generation of data, especially on knowledge, attitudes and practices on child survival and maternal health, working with low budget frameworks. Partnership with top Nigerian universities on the harvesting of high-quality data from graduate students’ research and from resident doctors has produced more than 12 research reports and another 11 interim reports, all focusing on issues such as hand-washing, exclusive breastfeeding, malaria prevention, PMTCT, prevention and management of diarrhoeal diseases and other core areas of focus in the Country Programme. The Federal Ministry of Health is providing leadership on this and is facilitating an expansion of the partnership to include other key development organisations. Key findings from the research reports are providing guidance on programming thrust and creating a strategic perspective for interventions, including behaviour analysis and tracking. It is hoped that this will support the on-going process of tracking behavioural results through Sentinel Sites, links with qualitative and quantitative assessments (L3 Monitoring) of progress towards achievement of results and provide a platform for inter-sectoral programme convergence.

**On-track**

**IR 3210/A0/04/608/003** Decision makers, media, donors and change agents have greater access to quality information; acquire knowledge and skills for agenda setting; policy formulation and implementation; for mobilisation and allocation of resources in favour of children by the end of 2013

**Progress:** During the country programme cycle 2009-2013, the media and partnerships unit created an appropriate information environment for key stakeholders such as the media, training institutions, child rights advocates, donors and civil society organisations to advocate for the realisation of children’s rights in Nigeria. An estimated 3,000 photojournalists, editors, features editors, radio producers, journalists and journalism trainers gained knowledge and skills in photography, ethical reporting, child rights, CRC, programme areas of WASH, health and nutrition, basic education, protection, children and AIDS, the Child Rights Act and reporting on epidemics. This increased media reportage about children and child rights; in all a monthly average of 195 stories in UNICEF Programme areas and 38 UNICEF mentions was achieved throughout the cycle in the Nigeria’s 13 national daily newspapers.

The private sector fundraising unit continued its engagement with corporate Nigeria, with a view to raising funds for programme interventions. However, by 2011 there was a transition from a fundraising approach to a broader and more strategic engagement approach with private companies. The launch of ‘Children’s Rights and Business Principles’ in 2012 brought UNICEF in close contact with the Nigeria chapter of the UN Global Compact as well as the Lagos Business school, opening up the opportunity for occasional dialogues with CEOs, combined with institutional anchors for developing and documenting investment cases for children and best corporate social responsibility (CSR) practices for children within an academic institution. To this end, a new advocacy platform for child-focused CSR was established in partnership with the Lagos Business School and the Nigerian Economic Summit. This covers engendering child-friendly business principles as well as fundraising. In this Country Programme cycle partnerships developed with LG Electronics, Access bank/Fifth Chukker, Zenith Bank, Dangote Foundation raised approximately US$1.4 million for interventions in Children and AIDS, measles, child witches syndrome and basic education.

**On-track**

**IR 3210/A0/04/608/004** By the end of 2013, civil society partners, media, religious and traditional rulers in focused communities are advocating for child rights and children are actively participating in the promotion of their rights

**Progress:** Visibility of the impact of the Child Rights Act on the situation of children in Nigeria was achieved through a series of communication-related activities, including human interest stories, thematic factsheets and maintaining an active website as a knowledge management tool. Partnership with 12 celebrities helped raise the profile of child rights issues and funding for UNICEF Nigeria’s programmes. We leveraged 15 per cent of broadcast airtime from radio and television stations in 17 states of northern Nigeria (Sokoto, Kebbi, Niger, Katsina, Yobe, Kaduna, Jigawa Samfara, Borno, Yobe, Adamawa, Taraba, Plateau, Bauchi, Gombe, Kano, Kogi and Nasarawa) for children’s right programming. Advocacy support given at the field office level led to signing of programme implementation agreements in many states and the release of counterpart funding for programmes and performance contracts by Kebbi and Sokoto states. Although there is no definitive evidence, media advocacy and engagement with children contributed to policy changes and leveraging of resources for children’s rights, such as Child Rights laws in states.

In the cycle under review about 2,000 children, including children with disabilities, gained new skills on advocating and demanding for
their rights. This led to the establishment of the Nigerian Children’s Parliament, and the core of its leadership and members were involved with the International Children’s Day of Broadcasting. The unit increased the visibility of Country Programme at the national and global level. During this reporting period, stories were published on UNICEF global communication platforms such as ICON; social media such as YouTube and Facebook (UNICEF Nigeria); as well as on national media platforms. All this was achieved through dissemination of topical press releases on key commemoration days like World Water Day and World Malaria Day, Children’s Day, Day of African Child and other special events; the organisation of media appearances for management and programme staff; and supporting field visits for journalists to UNICEF-supported projects.

**IR 3210/A0/04/608/024 17.5 C4D and MER Prog. Mgt Support (NEW)**

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**PCR 3210/A0/04/801 PCR 18 - Technical and logistical support is provided for the programme implementation throughout the programme cycle**

**Progress:**

Costs related to most cross-sectoral staff are charged against non-grant funds and were paid accordingly. Some vacant positions still remain to be filled in due to lack of ORR. Implementation of the LSDC-approved training plan for cross-sectoral staff is on track. Security measures related to staff and premises were taken to strengthen security at all field offices, in accordance with UNDSS recommendations.

**IR 3210/A0/04/801/001 Operational support provided for the implementation of the Country Programme**

**Progress:** Effective and efficient operational support was provided for programme implementation. Efforts were made to reduce cross-sectoral operational costs resulting in savings of over US$200,000 during the year. In spite of the deteriorating security challenges in the country and the lack of adequate office space at the Country Office, measures were put in place to ensure the security and safety of staff, including the provision of reasonable accommodation for staff in the office.

**IR 3210/A0/04/801/002 Logistic support and capacitated human resources are provided for the implementation of the country programme**

**Progress:** Technical cross-sectoral expertise at NCO and field office level was provided according to available resources. All OR-funded cross-sectoral positions but one charged against this IR were not filled due to lack of funds. Some non-grant-funded positions remained vacant, especially at field level in the two northern field offices. Logistical support was adequately provided. However, due to some movement restrictions linked to insecurity and the declaration of state of emergency in three north-eastern states in May 2013, proper monitoring of programmes could not occur, delaying implementation of activities in the affected zones.
Effective Governance Structure

The 2013 Annual Management Plan (AMP), the last year for the extension of the Country Programme 2009-2012 (extended to cover 2013) clearly defines the Office priorities as formulated and agreed by the Country Management Team. These priorities were an outcome of the Country Office's risk mapping, and in line with NCO work plans. As per the AMP, NCO has a governance structure with the Representative as the most senior officer, supported by a Deputy Representative, Chief of Planning, Monitoring and Evaluation, who also coordinates the field offices, chief of sections, chief of operation, chief of field offices and other line managers. During the first CMT of the year NCO developed an internal control framework, with the purpose of enforcing accountability in line with UNICEF’s internal control policy and segregation of duties. The AMP provides guidance and oversight mechanisms, which are enhanced through reporting and monitoring of key activities based on key performance indicators. In 2013, the Office updated key work processes through a participatory process.

The AMP, governance and oversight structures were shared with all staff at the beginning of the year to facilitate effective and efficient utilisation of resources. Performance of programme and operations management was monitored and checked against established management indicators in CMT, as well as programme and operations management team meetings. Measures were taken to address identifies areas of improvement.

As key management priorities, the Office continued to promote core values of participation, inclusiveness, creativity, mutual respect, openness, better work-life balance and stress management. Other management priorities included:
- Advocacy: (1) Engagement of stakeholders for promotion of child rights in Nigeria; (2) Increase state response to malnutrition; (3) Increase child-friendly budgets at federal and state levels; (4) Humanitarian responses and emergencies; (5) Improving studies and evidence for lowest two quintiles; (6) Ground Work Landscape mapping and training with clear targets.

Operations: (1) Operationalisation of the accountability framework and its refinement; (2) Business Simplification process; (3) Staff security (MOSS and MORS); (4) Retention and Recruitment – Improve recruitment; (5) Fiduciary risk management; (6) Measures to enhance efficiency and save cost; (7) Development of the CPMP.

In 2013 the CMT met four times. Throughout 2013, Senior management examined and addressed key management issues, reviewed progress against the AMP and developed the principles that will guide the development of the CPMP. The CMT also established a CPMP Task Force with the objective of proposing strategic shifts and efficiency gains and adjustments in accordance with programme priorities, results, office structure, field presence and staffing for NCO. The recommendations were discussed at length within the CMT and were the basis for development of the 2014-2017 CPMP.

An Internal Audit was carried in the last quarter of 2012, of the 17 recommendations, 11 have been closed by the OIAI, four more were submitted for closure the remaining two (2) are on-going and should be completed by the first quarter of 2014.

Strategic Risk Management

The office conducted a risk assessment and updated the risk profile following the February 2013 CMT. During the preparatory phase of the CPMP, another self-risk assessment exercise was conducted. The areas of highest risk were result-based management, quality of donor reports, work planning and reporting, budget and cash management, and safety and security. Additional guidance was issued on donor reporting and annual report preparation, strengthening of HACT and assurance plans, and training on first aid. The Office is repositioning its zonal footprint in order to get closer to the people. This includes reviews of zonal office size and structure.

The Office also builds on the active CMT, Joint Consultative Committee, and Staff Association mechanisms.
that support the Representative in identifying weakness and measures to address them in a participatory and consultative manner. The diverse mechanisms also act as a means to review effectiveness of controls on a routine basis.

In 2013, key programmatic risks were primarily related to cash transfers, including compliance with the Harmonised Approach to Cash Transfers (HACT). These risks were managed through multiple initiatives, such as capacity building of counterparts and staff members; strengthened oversight mechanisms; enhanced spot-checks; and preparation for implementation of scheduled audits and updated work processes, such as using direct payment modality for contractors for the WASH programme. Given the amounts of cash transfers (in money value), the Office will continue to review these risks in 2014 with a view to continuing to improve the mitigation measures.

The Office also uses the risk control profile (Enterprise Risk Management) to continuously manage risk, and enforced measures to manage financial resources as per the organisational standards. A review of the work process for Direct Cash Transfers management will be done in early 2014.

In addition, the predictability of the other resources (OR) funding for Child Protection, HIV/AIDS and for all programmes in southern Nigeria (Lagos and Enugu sub-offices) continues to pose a significant risk. NCO will address this issue in 2014 with realistic measures, such as enhancing local public-private partnership where possible. The Office will also embark upon efforts to leverage and advocate for continued and increase allocation of resources for programmes for children, including but not limited to, through UNICEF.

Despite the efforts to strengthen its human resources capacity, UNICEF Nigeria continued to face serious challenges in attracting the right staff profile for the programme which could be a major risk in the achievement of results for children and reputational risk to UNICEF.

The NCO Business Continuity Plan (BCP) is continuously reviewed and updated. The Abuja BC site in the residence of the Representative is equipped with furniture to host 20 critical staff. All field offices reviewed their BCPs and areas that require attention were addressed with relevant mitigation measures. All five BCPs were uploaded to the internet site. None of the BCPs were activated in 2013.

**Evaluation**

With respect to evaluation capacity development, the Office supported the National Population Commission in developing a National Monitoring and Evaluation Policy. Advocacy efforts by UNICEF resulted in the incorporation of key evaluation and monitoring methods with a focus on equity.

Using a regularly updated IMEP to manage coherence with research, survey and evaluation studies, the Office had 22 scheduled activities within the IMEP: two surveys, 17 research activities and four evaluations, 11 were completed.

The Office worked to expand the conditional cash transfer programme with the states and as soon as agreed with partners the evaluation team will be able to devise a baseline measurement strategy that is aligned with the 2012 baseline study done for the multiyear impact evaluation of CCT.

The Office also commissioned an impact evaluation of the WASH programme. This ongoing evaluation will look at the sanitation, water and hygiene strategies implemented in selected states/LGAs in Nigeria over the last four years and assess its impact. The evaluation is being managed by PME and funded by the WASH programme in an independent manner.

With respect to surveys published, MICS 4 was disseminated this year, with over 5,000 copies (excluding soft copies available on NBS web site and Childinfo.org.)


The Nutrition SMART survey was conducted and is available for upload on the NBS web site.
The ICT section was operating under difficult conditions during the year, notably unstable power supply and poor remote connectivity. Notwithstanding improvements to power supply in 2013, there are still long outages, with servers abruptly shutting down, disrupting late-hour operations such as backups and data synchronisation. In spite of these difficulties, ICT was able to provide a fairly sustained ICT environment for users to carry out VISION-related activities and information management.

To control telecommunications cost, ICT re-activated the Voice over Internet Protocol (VoIP) that facilitated free phone calls over existing data network to and from most UNICEF offices worldwide. A direct-in-line dialling facility that allows outsiders to place calls to all five office locations in Nigeria over VoIP was enabled as well. Another area ICT is pursuing is the use of video conferencing and Skype. The use of a more robust facility is being explored and will continue in 2014.

During the last quarter of 2013, and in furtherance of the BCP, ICT developed a concept paper for extending our ISP internet link (iDirect) to the residences of key staff over a secured Metropolitan Area Network within Abuja, as a pilot. When completed, this will go a long way toward ensuring free, reliable and secured access (over Cisco Anyconnect) to the Office’s ICT resources by critical staff especially during an emergency.

Based on lessons learned during the implementation of the BCP in 2011 and an acute power failure in Old CBN, the disaster recovery site at the Representative’s house was strengthened with the installation of two cisco 1225 Aironet series WiFi Access points, a LAN printer, a provision for a digital sender and power backup system. This is being used and tested on a continuous basis by the Representative.

In terms of collaborating with other UN agencies, ICT effectively provided year-round internet service to UNDSS and the UN Clinic, both located at UN House, despite challenges relating to devices’ failures (had to replace one wireless bridge and one wireless router in 2013), and radio frequency interference from adjacent networks within close range. The ICT Manager also doubles as the Chair of the UN ICT team and worked in collaboration with the UN House rehabilitation committee to provide ICT-related specifications (data and voice cabling, power system, server rooms specification, PBX choice, HF/VHF radio positioning, VSAT and fibre optics link to the building, and others) as they related to the UN House reconstruction throughout 2013.

### Fund-raising and Donor Relations

Leveraging of resources and strengthening planning, budgeting, implementation, accounting and auditing is the cornerstone of the Country Programme, if the expected results are to be achieved through effective and strategic utilisation of Nigeria’s own financial resources. This highlights the strategic importance and advantage of technical assistance at all tiers of the Government, as opposed to financial assistance to implement programs.

UNICEF’s advocacy efforts led to the inclusion of the expansion of the school-based National Youth Service Corps and Family Life and HIV Education programmes in the President’s Comprehensive Response Plan for HIV/AIDS in Nigeria, likely resulting in additional resources and Government ownership of the roll-out of school-based HIV prevention. Other efforts included integration of vital registration activities into the health care system in Anambra, Bayelsa, Benue, Ebonyi and Enugu.

In Education, advocacy work led to the signing of MOUs with the five Girls’ Education Programme states to systematise mobilisation of additional funds from state resources, to scale-up interventions designed to improve access, completion and learning outcomes. UNICEF was able to use Government-led systems to ensure in-country ownership and sustainability to meet envisaged results.

UNICEF advocacy in 26 states and the FCT for state ownership of the processes for developing state plans and Management Information System infrastructures resulted in deployment of over 60 per cent of the funds used coming from government sources. This advocacy also ensured that the plans are pro-poor, gender-responsive and evidence- and results- based.

Efforts were made to leverage Government resources to support MNCH Weeks and community-based management of malnutrition programmes in several states, including Katsina, Sokoto, Samfara, Kaduna, Kwara and Kogi as well as the FCT.

In HIV/AIDS, Kaduna State allocated US$312,500 for test kits for distribution to all health facilities and the First Lady of Kaduna State and the wives of some LGA chairmen took leadership in promoting demand-creation for HIV/AIDS services throughout the state, including for PMTCT.
Federal-level policy calling for the integration of birth registration into primary health care service delivery issued by the National Council of Health in 2012 led to further UNICEF advocacy to urge state governments to take similar steps. This advocacy resulted in MoUs with 17 states. Also in 2013, over US$1.5 million was leveraged from federal and state governments to improve birth registration. Kebbi State allocated US$1 million for the procurement of RUTF to ensure suitability and ownership of the CMAM programme.

In addition, partnerships developed with LG Electronics, Access bank/Fifth Chukker, Zenith Bank, Dangote Foundation raised over US$1 million for interventions tied to Children and AIDS, measles, child witches syndrome and basic education.

NCO continue to strengthen working relations with existing donors such as DfID, EU, Japan, Government of Canada, ECHO, and Gates Foundation, through good programme implementation and timely and quality donor reports and quarterly progress updates. In addition, funding agreements were signed with CIFF and the Micronutrient Initiative, enlarging NCO’s funding base.

Management of Financial and Other Assets

In 2013, NCO initiated the process of strengthening internal controls by developing an accountability framework and a plan for HACT improvement, and in 2014 will conduct periodic peer review assessments in all field locations for both programme and operational areas. All risks identified during the peer review will be addressed and documented. The Office put in place adequate checks and controls to ensure that processes, procedures and governance of programme and operations are managed in accordance with stipulated policies. These were achieved through issuance of operational and financial procedures, holding of quarterly operational coordination review meetings, and in-house capacity building and support to staff.

In 2013, NCO continued to improve on its contributions management, budget control and financial procedures with strict monitoring of expenditure, grant expiry and donor conditionalities. As a result, NCO had a healthy financial implementation rate of US$166,890.00 (99.5 per cent) utilisation (RR, OR and ORE) and an RR implementation of US$54,404,727 (98.7 per cent).

During the last quarter of 2013 NCO developed a plan to strengthen HACT, which includes micro-assessments of partners that received more than US$100,000; as of the Dec. 31, 2013 all 131 IPs had been micro-assessed. Capacity building as well as spot-checks were carried out systematically and consistently by programme and operation staff; by end -December 137 spot checks were completed. Seventeen implementing partners received DCT of US$1 million or more, and audits are planned an audit in 2014. The importance of micro-assessment and assurance activities cannot be over emphasised in the HACT process. In a bid to achieve this, a finance officer was hired to consolidate this process and provide appropriate support across the four zonal offices. A DCT monitoring mechanism is in place, and as of December 2013 outstanding DCTs beyond a nine-month period represented 0.14 per cent (US$35,237.34). The Office informed DFAM and was awaiting the Comptroller’s approval for write-off.

The Office ensured that monthly accounting processes, including bank reconciliations, are strictly and consistently adhered to. NCO is globally amongst the biggest users of cash in view of its large programme size; following strict funds optimisation policy with good cash forecasting and close monitoring of bank closing balances contributed greatly to the global savings in treasury operations. For example due to stringent management of its cash requirements, the closing cash balance was on average 18 per cent of the total cash replenishment during the period, as compared to the standard of 25 per cent established by headquarters; thus the Office recorded average savings amounting to about US$760,000 to New York Treasury Section.

Electronic payment processing was introduced at the Country Office level for all payments in local currency. This was achieved by the introduction of wire transfers, thus minimising the issuance of cheques.

Supply Management

The Supply component constituted a critical component of the Country Programme, with a throughput value
of US$45.8 million in 2013 compared to US$21.4 million in 2012. Nearly 20 per cent of the total amount was service contracts, and 13.5 per cent was programme and office supplies procured locally by the office in Abuja and field offices in Enugu, Lagos, Kaduna and Bauchi.

Support from Supply Section helped to achieve MDG and MTSP goals, specifically through: (i) procurement of ready-to use therapeutic food (RUTF), water and sanitation equipment and materials, public awareness materials for Polio eradication programme (ii) important contribution to the integrated immunisation campaign, by procuring vaccines and injection devices, cold chain materials and pharmaceutical items, (iii) supplies and services for Girls’ Education programme, and (iv) in emergency response by providing emergency family kits, RUTF and water/sanitation supplies.

Procurement Services recorded a significant increase in 2013 (US$147.1 million) compared to 2012 (US$94.5 million) for essential supplies (mainly vaccines and devices) in the health sector, with funding from the Federal Government of Nigeria, GAVI and the World Bank. There is a likelihood of increased demand and use of procurement services from the partners in 2014 in support of the Government’s efforts to improve health/EPI and nutrition-related supplies.

A senior delegation from the National Primary Health Care Development Agency visited the Supply Division (SD), for an important workshop that addressed multiple issues in a collaborative forum and increased understanding for all parties: SD, the Government and the Country Office.

Additional efforts for institutional capacity development in supply chain management were made in 2013. A Supply and Logistics Specialist was recruited in continuation of CO support to NPHCDA in streamlining the procurement, contracting, logistics and warehousing processes. Following a needs assessment and analysis several training sessions were conducted on supply management and, as a result, the quality of vaccine forecast and stock reporting improved significantly. UNICEF also provided its logistics and distribution expertise to ensure that there was no serious interruption or stock-outs in the distribution of RUTF, vaccines or other supplies needed by the Country Programme.

Supply and Logistics Section held its annual retreat, where standardisation of procedures and practices was one of the key outcomes. Further, two staff members attended training in Warehouse Management (BFO/Lagos) and Project Management (NCO/Abuja) organised by the SD. Other initiatives including simplified planning mechanisms, establishment of local LTAs for regularly used supplies and services; better monitoring tools will be used to improve the supply function to ensure timely, effective delivery of programme supplies.

### Human Resources

The staff strength in 2013 increased due to the massive scale-up of immunisation, polio eradication activities, nutrition crisis management and the education GEP programme. Twenty four fixed-term positions were filled in 2013. To cope with the increasing programmatic activities, the Office had to recruit 14 staff on Temporary Appointments, 172 Individual Consultants, and six staff came on Mission appointment to support the NCO. Recruitment was affected by the heightened insecurity and attracting talented staff to Nigeria remains a challenge. Strong and continued commitment to compliance with the recruitment policy, gender parity and diversity, however, remained a priority in 2013.

Fifty six per cent of planned group learning events were organised, and the CO achieved 76 per cent completion rate of individual learning events. Five unplanned group events were held; the Office arranged sessions on stress management, flexible work options and HIV/AIDS. There was a visit from Van Breda to Nigeria to discuss MIP and insurance issues. CBI training resulted in 131 staff members trained. Leave balances were monitored on a monthly basis and staff members were regularly encouraged to take leave if due. All IP staff members have been oriented on the e-PAS process. A PER monitoring system is in place and as of the time of reporting, 99 per cent of staff had completed their 2012 PERs and 99 per cent completion of 2013 planning Phases I and II.

The good relationship between management and staff was maintained and information to staff continued to be shared through regular JCC and general staff meetings. The year focused on wellness in partnership with
staff association. A Staff Counsellor was recruited within HR to assist the Office, which was busy with CPMP preparation, increased work-load and donor proposals. In 2013, the Office also had to cope with some staff losses, colleagues who were also victims of crime and others who suffered personal adversity. Staff retreats, consistent tea/coffee meetings, birthday parties, HR visibility, management and staff partnership contributed immensely to ease the stress on staff and provided a congenial work environment. In 2013 the NCO hosted the Executive Director, DHR Colleagues, the Regional Director and many UN Staff and senior management from HQ and the Regional Office.

Efficiency Gains and Cost Savings

With the commencement of VISION/SAP in NCO, some challenges were noted, especially at the inception stage of the new system and due to the nature of the Country's Office decentralised set-up and transactions. The Office is planning to reap some efficiency gains in the first quarter of 2014 when all Abuja Programme transactions will be consolidated under the "Vision Transaction Hub". This will result in lower transaction costs, immediate response to issues and will also reduce the number of actors, enabling NCO to streamline a range of key work processes from contracting, cash transfers and finance to travel management. During 2013 the Office consolidated the following transactions: a) Payroll; b) DCT for polio and measles campaigns; c) hiring of consultants, for example in 2013 we on-boarded 157 consultants, with all requisitions and contracts issued in Abuja for all field locations; d) four offices were supported by two ops managers. Lagos and Enugu Ops Managers supported Kaduna and Bauchi remotely; e) in support of payment for polio campaign volunteers in hard-to-reach areas, payment through mobile services, also referred to as "firstmonie" was introduced.

The consolidation of payroll processing and management from the four field offices to the Country Office reduced the monthly processing turnaround time by 40 per cent.

For the period under review, NCO pursued written agreements with service providers such as Rockview Hotel. This brought significant savings in cost for functions held in that hotel. An agreement with the mobile services provider MTN Nigeria was also reached for UNICEF Nigeria to access the Closed User Group facility, whereby a fixed amount of Naira500 per line per month is charged for all calls made between UNICEF Nigeria staff members, regardless of the actual charges for these calls, reducing costs.

Changes in AMP & CPMP

In light of the discussions and agreements emanating from the CPMP 2014-2017 exercise, NCO plans to undertake some structural and staffing adjustments.

The new Country Programme will be in a “results acceleration mode.” It will seek to strategically align with partners to achieve synergistic outcomes – results that a programme cannot deliver single-handedly. It will avoid spreading too thinly; instead, its interventions will be made in selected states or communities that will have a ‘snowball’ effect on other areas. It will strengthen convergence strategically with Government and other partners to leverage their investments, in order to achieve synergistic results. Bottleneck analysis is at the core of the Country Office “push” for convergence.

To ensure that NCO is committed to reducing the financial risks to the programme and to reducing reputational risk for UNICEF, the following mitigation measures will be further strengthened:

1) Three new positions were created to provide oversight on financial transactions under the direct office of the Representative. 2) Establishment of three new Zonal Offices in the North, which will bring the total office in the North to five. This change will allow staff presence closer to the implementing partners and ensure better monitoring and supervision of activities, as well as greater accountability for activities and results. 3) Direct payment modality will be used for payments that do not need to go through Government structures (for instance currently payment to contractors, as under WASH, are through direct payment modality, similar arrangements exist for costs associated with venue/hotels for workshops and trainings; this will include oversight of the selection and certification process). This also reduces transaction costs and increases value
for money. 4) Ensure implementation of a Fiduciary Risk Plan.

Finally, the 2014 AMP will address how the Office plans to sustain the actions taken in response to audit recommendations, particularly in the planning, disbursement, liquidation and monitoring of cash assistance, and continue efforts to support the full implementation of VISION in an IPSAS-compliant environment.

**Summary Notes and Acronyms**

AFLATOUN – An NGO focusing on Child Social and Financial Education

AMP – Annual Management Plan

AOS – Adolescents out of school

ART – Anti-retroviral therapy

AWP – Annual Work Plan

BCP – Business Continuity Plan

BNA – Bottleneck analysis

CA – Country Analysis

CBNC – Community-based new-born care

CCA – Climate Change Adaptation

CEDAW – Convention on the Elimination of All Forms of Discrimination against Women

CMAM – Community-based management of acute malnutrition

CPN – Child Protection Network

CRC – Contract Review Committee

CMT – Country Management Team

CERF – Central Emergency Response Fund

CPAP – Country Programme Action Plan

CBECC – Community-based Early Child Care

C4D – Communication for Development

DaO – Delivering as One

DCT – Direct Cash Transfer

DRR – Disaster Risk Reduction,

EiE – WG Education in Emergency Working group

EPR – Emergency Preparedness & Response

FCT – Federal Capital Territory

FMoH – Federal Ministry of Health

GEP – Girls’ Education Project

ICCM – Integrated Community Case Management

IQTE – Integrated Qur’anic and Tsangaya Education

FMWASD – Federal Ministry of Women Affairs and Social Development

FMWR – Federal Ministry of Water Resources

LGA – Local Government Area

LTA – Letter of Agreement

MDAs – Ministries, Departments and Agencies

MNCH – Maternal, new-born and Child Health

NAR – Net attendance ratio

NEMA – National Emergency Management Agency

NFE – Non-formal education

NHRC – National Human Rights Commission

NPHCDA – National Primary Health Care Development Agency

NPopC – National Population Commission

MDGs – Millennium Development Goals

MoRES – Monitoring Results for Equity Systems

NPC – National Planning Commission

NBS – National Bureau of Statistic

OOSC – Out-of-school Children

PART – Paediatric anti-retroviral therapy

PCRP – President Comprehensive Response Plan for HIV/AIDS, PMTCT and PART

PDNA – Post-disaster needs assessment

PHC – Primary health care

PMTCT – Prevention of mother-to-child transmission (of HIV)

RBM – Results-based management

SBMC – School-based management committee
SEMA - State Emergency Management Agency
SPC - State Planning Commission
TWG-GT - Technical Working Group on Girls’ Transition
UNDAF - United Nation Development Accountability Framework
### Evaluation

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### Lessons Learned

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