



## Economic and Social Council

Distr.: Limited  
1 April 2013

Original: English

**For action**

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### United Nations Children's Fund

Executive Board

**Annual session 2013**

18-21 June 2013

Item 7 (a) of the provisional agenda\*

### **Draft country programme document\*\***

### **Nigeria**

#### *Summary*

The draft country programme document (CPD) for Nigeria is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$203,948,000 from regular resources, subject to the availability of funds, and \$304,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2014-2017.

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\* E/ICEF/2013/10.

\*\* In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2013 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2013.



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*Basic data*<sup>†</sup>  
(2011 unless otherwise stated)

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Child population (millions, under 18 years, male/female)	40.9/39.1
U5MR (per 1,000 live births)	124
Underweight (% , moderate & severe)	24
(% , male/female, urban/rural, poorest/richest)	24/24, 17/28, 38/10
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	630 <sup>a</sup>
Use of improved drinking water sources (% , 2010)	58
Use of improved sanitation facilities (% , 2010)	31
One-year-olds immunized with DPT3 (%)	47
One-year-olds immunized against measles (%)	71
Primary school enrolment/attendance (% net, male/female, 2008)	65/60
Survival rate to last primary grade (% , male/female, 2008)	98/98
Adult HIV prevalence rate (% , 15-49 years, male/female, 2008)	3.7
HIV prevalence among pregnant women (% , 2009)	3.6
Child labour (% , 5-14 years, male/female, 2007)	29/29
Birth registration (% , under 5 years of age, 2008)	30
(% , male/female, urban/rural, poorest/richest)	30/31, 49/22, 9/62
GNI per capita (US\$)	1 280

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<sup>†</sup> More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at [www.childinfo.org](http://www.childinfo.org).

<sup>a</sup> The figure is the adjusted maternal mortality ratio estimate prepared by the Maternal Mortality Estimation Inter-Agency Group. The reported estimate at the country level is 545 deaths per 100,000 live births (2008), as presented in the Demographic and Health Survey 2008.

## Summary of the situation of children and women

1. Nigeria has a population of 171 million, of whom 45 per cent are below 15 years, and its growth rate is 3.2 per cent. As a result, the country's population could double by 2035. The country consists of 36 states, a federal capital territory and 774 local government areas (LGAs), each with significant degrees of autonomy.

2. Nigeria has achieved high economic growth rates in the last five years (6.5 per cent annually), but the growth has not been equitable. An estimated 54 per cent of the population lives below the poverty line (43 per cent urban, 64 per cent rural), and 90 per cent of the poorest people live in the north. Households in the north and in the lowest income quintiles have substantially less access to services. Of the urban population, 27 per cent is food insecure, compared to 44 per cent of the rural population. Socio-cultural barriers still impede many healthy household practices; the rate of exclusive breastfeeding is just 15 per cent, and only 49 per cent of babies are delivered by skilled attendants.

3. The frequency and intensity of natural and human-induced disasters — such as droughts, floods, communal conflicts, sectarian violence and epidemics — have increased significantly in recent years, partially attributable to effects of climate change on Nigeria; over 20 per cent of Nigerians are at risk of flooding from climate change effects. Previous disasters have provided lessons about repositioning

emergency supplies, strengthening monitoring through local consultants, working with civil society and strengthening vulnerability-capacity assessments, but these lessons have not been systematically applied.

4. Nigeria has made improvements in the well-being of its children; the country is on track to achieve Millennium Development Goal 6. However, progress towards achieving the remaining Goals is limited. Under-five mortality fell from 201 deaths per 1,000 live births in 2003 to 124 per 1,000 in 2011, while infant mortality fell from 100 to 78 per 1,000. The maternal mortality ratio has improved, dropping from 800 per 100,000 live births in 2000 to 630 per 100,000 live births. The main causes of infant and child deaths are pneumonia, diarrhoea, malaria and neonatal causes, compounded by under-nutrition and vaccine-preventable diseases. The poorest population quintile has an under-five mortality rate of 220 per 1,000 births, compared to 90 per 1,000 among the richest quintile. Routine immunization levels increased from 18 per cent in 2006 to 53 per cent in 2010 (National Immunization Coverage Survey). Challenges remain in interrupting wild polio virus transmission.

5. Child nutrition has improved. In 2011, 36 per cent of children under 5 were stunted, compared to 41 per cent in 2008, and 10 per cent were wasted, compared to 14 per cent in 2008. However, national averages conceal high regional disparities. The highest levels of stunting are in the North-West (54 per cent) and North-East (53 per cent). Children in the poorest quintile are three times more likely to be stunted than those in the richest. Iodized salt use averages 80 per cent nationwide; however, in the North, it is lower, at around 60 per cent.

6. The proportion of the population with access to safe drinking water increased to 58 per cent in 2010 (75 per cent urban, 43 per cent rural). While this shows progress, compared to the national average of 47 per cent in 1990, the number of people without access was higher in 2010 compared to 1990 — 66 million against 51 million. Only 31 per cent of the people use improved sanitation facilities, while 22 per cent practise open defecation. Wide regional variations exist: the South-East zone has the highest access to water (69 per cent) but the lowest access to improved sanitation (18 per cent).

7. Nigeria has the second highest HIV burden in the world. The prevalence is 3.6 per cent among the general population (4 per cent females, 3.2 per cent males)<sup>1</sup> and 4.1 per cent among pregnant first-time antenatal care attendees.<sup>2</sup> Around 3.1 million Nigerians are HIV positive (58 per cent women; around 229,000 pregnant women). Coverage for services for prevention of mother-to-child transmission of HIV (PMTCT) is 16 per cent. As a result, paediatric infections in Nigeria account for 29 per cent of the global burden and 12 per cent of HIV-associated maternal deaths. Over 17.5 million children could be categorized as orphaned and vulnerable. Of these, 2.23 million were orphaned by AIDS-related causes, and 260,000 children are living with HIV.

8. Primary school enrolment has increased from 81.1 per cent in 2004 to 88.8 per cent in 2008. Net attendance rose from 64.4 per cent to 70.1 per cent between 2007 and 2011, according to the multiple indicator cluster survey (MICS). There are wide disparities: attendance is lowest in the North, in rural areas and among the poorest quintiles, and dropout rates are higher for girls towards the end of primary school. The net attendance ratio is higher for boys, at 63.5 per cent, than for girls, at

<sup>1</sup> FMoH.2007. National AIDS and Reproductive Health Survey (NARHS+).

<sup>2</sup> FMoH. 2010. National HIV Sero-prevalence Sentinel Survey.

58.4 per cent. The gender parity index is 0.94 for primary school and 1.00 for secondary school. Learning outcomes are below expected international and national standards, with wide variations between states.

9. The Government submitted its most recent report to the Committee on the Rights of the Child in 2008, and it was considered in 2010. The main recommendations were to ensure adoption of the Child Rights Acts in all states and undertake institutional strengthening of the Federal Ministry of Women Affairs and Social Development and the Special Rapporteur on Child Rights in the Nigerian Human Rights Commission.

10. Millions of children attempt to combine learning and earning; as many as 47.3 per cent of child-labourers aged 5-14 years are not attending school. Household poverty pushes girls into marriage — median age at first marriage increases from 15.4 years among girls in the lowest wealth quintile to 23.1 among girls in the highest. It ranges from 15.2 years in the North-West, closely followed by the North-East, to 22.8 years in the South-East. Steps have been taken to reduce under-age marriage, particularly by promoting girls' education. Some Northern states have enacted laws requiring education for girls and prohibiting their withdrawal from school.

## **Key results and lessons learned from previous cooperation, 2009-2013**

### **Key results achieved**

11. The 2009-2013 country programme was aligned to the seven-point Presidential agenda<sup>3</sup> and the National Economic Empowerment Development Strategy. After the midterm review, the programme was aligned to the national development plan, Nigerian Vision 20:2020. The country programme contributed to achievement of key national development results through advocacy, expanded partnerships and provision of high-quality technical and material assistance.

12. UNICEF, the World Health Organization and the GAVI Alliance supported the introduction of new vaccines. Technical support and commodities — vaccines, vitamin A, long-lasting insecticide-treated nets and deworming drugs — were provided for the initiation of maternal, neonatal and child health weeks in all LGAs. Coverage of vitamin A was 75 per cent for children and women during each round. The United Nations Health 4+ initiative — which involves UNICEF, the World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS and the World Bank — was operationalized, scaling up maternal, neonatal and child health services in 16 northern states. Supported by the Canadian International Development Agency, it reached over 32 million children and women. UNICEF supported the costing of the National Health Strategic and Development Plan (2010-2015), using marginal budgeting for bottlenecks. The Saving One Million Lives initiative, launched in 2012, is a national response to A Promise Renewed. It also incorporates access to essential commodities, an initiative of the United Nations Commission on Life-Saving Commodities for Women and Children, co-chaired by the Nigerian President.

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<sup>3</sup> The 7-Point Agenda contains key issues of the 2007 administration towards transformation of the economy in sectors such as energy, agriculture, employment, transport, land reform and education.

13. Community management of acute malnutrition was introduced in 2009 in 30 outpatient sites in two states. The Government scaled it up to 468 sites in 11 states, treating 213,944 children with severe acute malnutrition in 2012. Scaling up community management of acute malnutrition from 6 to 71 LGAs provided the opportunity to integrate polio eradication, routine immunization, health, education, birth registration and water, sanitation and hygiene (WASH).

14. UNICEF contributed to an additional 4.8 million people gaining access to improved water sources; 0.9 million people gaining access to sanitation, mostly in underserved rural areas; 1.1 million pupils gaining access to WASH facilities in over 1,150 schools; and to hygiene awareness campaigns reaching over 60 million people. Nigeria was certified free of dracunculiasis in 2012. UNICEF effectively promoted community-led total sanitation as a strategy to accelerate sanitation coverage. It has expanded to over 2,500 communities, against a target of 2,000.

15. In collaboration with the World Bank, UNICEF supported integration of early childhood care and education into education sector policies and plans. Over half of primary schools in 13 high-burden states established mandatory classroom spaces for children aged 3 to 5 years. This contributed to an increase in enrolment from 327,273 children in 2007/2008 to 535,545 in 2009/2010, 47 per cent of them girls. Enrolment increased by 15 per cent in primary schools and 32 per cent in junior secondary schools. With support from the United Kingdom Department for International Development, progress was made in reducing the gender gap in basic education in high-burden states, from 17.6 per cent to 14.4 per cent in primary schools and from 25.7 per cent to 23.1 per cent in junior secondary schools. Other interventions included support for scholarships to encourage female teachers to work in remote rural areas and for integration of key basic education components into Quranic education.

16. UNICEF supported the National Population Commission to strengthen the civil registration system, including introducing an innovative decentralized reporting system based on RapidSMS at LGA level and integration of birth registration into health facilities. Currently 10 per cent of health facilities offer birth registration, which the Government aims to expand to nationwide coverage. Twenty-four of the country's 36 states have adopted the Child Rights Act.

17. In collaboration with the United States Agency for International Development, UNICEF supported the Federal Government, through the Federal Ministry of Women Affairs and Social Development and the National Planning Commission, to develop a multi-sectoral National Priority Agenda for Vulnerable Children 2013-2020, derived from Vision 20:2020 and sectoral plans. Ongoing support is being provided at state level to develop operational plans aligned to the National Priority Agenda.

### **Lessons learned**

18. The potential of undertaking bottleneck analyses with sectoral partners to improve results for children was a significant lesson learned, and monitoring systems at national, state and LGA levels are being strengthened. Such analyses were undertaken in birth registration, PMTCT, child health and basic education. The basic education national and state analyses identified important constraints to access, completion and achievement of learning outcomes. They also outlined key strategies for intervention, which were incorporated into education sector plans in 15 states. The aim is to incorporate bottleneck analyses into LGA-level sector plans.

The Federal Ministry of Health recognized the analyses as a tool for strengthening primary health care reviews at state and local levels.

19. Sector reviews showed that national policies and plans are usually well developed but not translated into action at state or LGA levels. Lessons were learned from the PMTCT programme, which focused on building local capacity in data analysis to identify major bottlenecks and prioritize action for their removal. The purpose was to inform decision-making, resulting in significant local commitment to action and, ultimately, increasing coverage.

20. Another lesson learned was the importance of geographic scale and coverage. Initial sanitation programming in scattered communities did not result in measurable impact, so the LGA was made the geographic unit for community-led total sanitation interventions. In Cross River State, for example, this resulted in 40 times more communities obtaining official development finance to construct sanitation facilities. Due to its quick, visible impact on public health and surroundings, the LGA-wide approach gained support at the highest level and provided a platform for positive competition between LGAs.

21. An assessment of the 2006-2010 National Plan of Action for orphaned and vulnerable children determined that it should cover all vulnerable children, including those suffering from poverty and disability, not just those affected by HIV and AIDS.

22. The National Plan of Action for orphaned and vulnerable children did not specify links to national planning instruments, constraining coordination and multi-sectoral prioritization. These lessons were addressed in the National Priority Agenda with establishment of an intersectoral framework for state and LGA operational plans.

## The country programme, 2014-2017

### Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival	88 800	196 000	284 800
Quality basic education	16 000	76 000	92 000
Child protection	14 000	14 000	28 000
Social policy, analysis, research and communication	29 200	8 000	37 200
Emergency and disaster risk reduction	2 000	4 000	6 000
Cross-sectoral	53 948	6 000	59 948
<b>Total</b>	<b>203 948</b>	<b>304 000</b>	<b>507 948</b>

*Note:* The figures are indicative estimates; actual allocations will depend on receipt of total global regular resources and specific-purpose other resources contributions. In addition, the Country Office may receive other resources — emergency for humanitarian emergencies.

### **Preparation process**

23. The country programme was developed through close collaboration with the Federal Government of Nigeria, led by the National Planning Commission. Its preparation was synchronized with the United Nations Development Assistance Framework (UNDAF-III) 2014-2017, for which the United Nations country team chose the One Programme modality. The preparation was guided by Vision 20:2020. The programme will be aligned with the second National Implementation Plan, multi-year sectoral plans, the UNICEF medium-term strategic plan 2014-2017 and the findings of the midterm review of the 2010 UNDAF and the 2009-2013 country programme cycle. Preparation was further informed by a simplified United Nations Common Country Assessment, an updated equity-focused situation analysis, thematic reviews of Vision 20:2020 implementation, an internal Strategic Moment of Reflection and a joint United Nations strategy meeting with the Government.

### **Programme components, results and strategies**

24. The overall goal of the new country programme is to accelerate the realization of the rights of all children and women to survival, development, protection and participation. It will promote efforts to reduce infant, child and maternal mortality; expand access to quality basic education; and strengthen social and child protection systems. The country programme will adopt a rights-based approach and a gender lens and will address capacity gaps. UNICEF will play a catalytic role in supporting federal, state and local governments to identify key bottlenecks that hinder realization of the rights of disadvantaged children, supported by equity-focused, inclusive advocacy, planning, action and monitoring at all levels. The programme will also support adolescent development.

25. Reflecting the dynamic context of Nigeria, the country programme will respond to diverse needs of states and LGAs based on innovations that will enable continuing critical and live-saving activities. It will broaden partnerships with non-governmental and community-based organizations, youth and women's groups, and faith-based organizations. UNICEF and partners will strengthen the use of a risk management approach to adapt to the unpredictable changes in access in areas affected by insecurity.

26. Four interlinked strategies will reduce disparities and reach the most disadvantaged children:

(a) Generating and managing knowledge to support evidence-informed advocacy to influence formulation of child-sensitive national and state policies and investment in children;

(b) Strengthening systems to improve the coverage, quality, efficiency and effectiveness of social services;

(c) Developing technical capacities at state and LGA levels to coordinate the delivery of quality social services; and

(d) Improving use of and demand for quality services and adoption of safe and protective practices in families and communities, including through strengthened capacity for community monitoring and actions to promote the resilience of individuals, families, communities and systems.

27. The programme will operate countrywide but will focus on the states and LGAs with the highest disparities and worst child development indicators. LGAs will be the primary geographic unit of coverage, with community-focused work to strengthen systems and inform development of policies and strategies. With significant disparities affecting the half of all Nigerians living in urban or peri-urban areas, UNICEF will intensify its focus on urban areas.

28. Consisting of five components, the country programme will contribute to achievement of the following objectives:

(a) Improved access to and use of high-quality and high-impact health, WASH and nutrition interventions by children and women;

(b) Improved access to quality basic education by the most vulnerable boys and girls, and increased school retention, completion and achievement rates for all;

(c) Establishment of a national child protection system that effectively prevents and responds to violence, exploitation, abuse, neglect, stigma and discrimination, and ensures the rights of vulnerable children;

(d) Development of a comprehensive nationwide child-sensitive social protection framework and equity-sensitive policies, programmes and budget allocations, based on high-quality evidence and strengthened oversight, particularly at local levels;

(e) Strengthened state and community preparedness and response to natural and human-induced emergencies, with a focus on children and women.

### **Programme components**

29. **Child survival.** Considering the significant inequities in access to services and in morbidity and mortality rates between and within states, this component will support efforts in the poorest-performing areas to improve access to and quality of proven high-impact maternal, neonatal and child health and nutrition interventions, including WASH. It consists of four subcomponents: maternal, neonatal and child health; WASH; nutrition; and HIV/AIDS prevention and control.

30. *Maternal, neonatal and child health.* This subcomponent will continue to support implementation of the National Strategic Health Development Plan 2010-2015, focusing on systems strengthening to ensure that health, nutrition and WASH systems function more efficiently at subnational levels. Strengthening routine immunization will remain a major focus of UNICEF support, with emphasis on polio eradication and introduction of new vaccines. As part of the integrated community-based management approach, UNICEF will strengthen the capacity of community health workers and the availability of core commodities. Strategies will include health weeks and use of the social accounting matrix. High-impact maternal and neonatal services will be scaled up in high-burden LGAs. This will include capacity strengthening to provide essential newborn care in facilities and expand the midwifery service scheme. With the World Health Organization and United States Agency for International Development, UNICEF will support operationalization of the scale-up plan for child health essential medicines.

31. *WASH.* This subcomponent aims to increase access to and use of improved water sources, sanitation facilities and hygiene practices, particularly among vulnerable communities. UNICEF will support evidence-based advocacy to leverage

resources and strengthen institutional capacities and systems for integrated WASH programme management. The programme will promote low-cost community-based approaches including community-led total sanitation, climate change adaptation and village-level operation and maintenance of hand pumps, and greater engagement of women. Technologies and social media networks will be harnessed to improve accountability and accelerate coverage. UNICEF will foster greater intersectoral collaboration including mechanisms to ensure child-friendly and gender-friendly WASH in schools and primary health institutions.

32. *Nutrition.* This subcomponent will support accelerated action focusing on the first 1,000 days of life, including pregnancy, in the states and LGAs with the highest levels of wasting and stunting, as part of the Scaling Up Nutrition movement. This will include provision of supplies, technical assistance and community-centred communication for development. It will focus on iron folate supplementation and nutritional care of pregnant women as well as promotion, counselling and support for exclusive breastfeeding for six months and continuing breastfeeding with appropriate complementary food. Prevention of micronutrient deficiencies through supplementation, fortification and dietary diversification will continue to be pursued. UNICEF will continue to support policy development and quality delivery of community management of acute malnutrition, including capacity strengthening of nutrition management providers.

33. *HIV and AIDS prevention and control.* This subcomponent will concentrate on elimination of mother-to-child transmission. It will support national efforts to improve the quality and coverage of PMTCT, including care and treatment of children, women and adolescents living with HIV, integrated into the maternal, neonatal and child health programme. UNICEF will prioritize support for adolescent HIV prevention, focusing on boys and girls who practise high-risk behaviours or live in situations of special vulnerability.

34. All subcomponents will emphasize integrated community-based systems development and will apply communication for development. UNICEF will aid efforts to build resilience in vulnerable communities and provide procurement services for commodities and emergency supplies.

35. **Quality basic education.** This component will support efforts to increase access to quality basic education and to improve learning achievements, with a particular focus on LGAs with low enrolment and poor learning achievements. Development of institutional capacities and sustainable operational practices will be supported down to LGA levels, prioritizing areas with greater inequities. This will include education sector planning, reviews and bottleneck analyses. UNICEF will support capacity development of education managers, teachers and local accountability mechanisms such as school board management committees. The country programme will also support the government's initiatives under the Strategic Education Sector Plan. This includes strategies targeting vulnerable children, including mainstreaming the *almajiri* (children who live or work on the street) and out-of-school children into formal school systems; expanding and harmonizing conditional cash transfer programmes; developing "second chance" education initiatives; and improving schools for children of nomadic families. UNICEF will continue support for formal early childhood development systems, focusing on vulnerable communities through establishment of community-based childcare centres. UNICEF will also build on systems development work to promote

and monitor children's transition to post-basic level after 9 years of schooling and will continue to strengthen education capacities to plan and respond to emergencies.

36. **Child protection.** In order to reduce and respond to exploitation, abuse and violence against children and adolescents, this component will accelerate child protection and systems-building at community, LGA and state levels. The goal is to ensure that vulnerable children have access to quality care, protection and support services. Assistance will be provided to enhance the monitoring and evaluation system, referral procedures and coordination mechanisms as well as the skills of the social welfare workforce, both formal and informal. UNICEF will continue its advocacy and technical support to ensure the Child Rights Act is operational in all states. To ensure that all children benefit from a child-sensitive legal and justice system, UNICEF will support the review and revision of child justice systems and standards for children in contact with the law. It will also support initiatives to ensure that personnel in the justice system are knowledgeable about child rights and to expand the competencies of child protection networks to facilitate appropriate preventive and remedial services for children in contact with the law.

37. UNICEF will continue support for strengthening the civil registration system. It will collaborate with other United Nations agencies to generate evidence and understanding of critical risks and opportunities facing adolescents and use this information to inform subsequent programme development. Early marriage and pregnancy will also be addressed through intersectoral approaches.

38. **Social policy, analysis, research and communication.** The *social protection* subcomponent will support efforts to strengthen safety nets by developing and implementing a harmonized and comprehensive social protection framework that is sensitive to age, disability and gender and is fiscally sustainable. UNICEF will provide technical support at federal level to coordinate the National Priority Agenda and at state level to strengthen monitoring and data collection systems for operational plans aligned to the Agenda.

39. *Evidence-based policy, analysis and research.* This subcomponent will support national institutions to strengthen their knowledge generation and management strategy through research, data collection and analysis. UNICEF will engage with a broad range of partners to extend open budgetary surveys to more states. The goal is to promote stronger citizen engagement and social accountability and to pilot initiatives aimed at improving equitable access to social services. UNICEF will support the monitoring and evaluation systems and capacities of planning institutions and sectoral ministries at all levels to improve the availability and use of disaggregated data on the situation of children and women, particularly those most vulnerable. It will also support systems for monitoring results across and between states and LGAs.

40. *Advocacy, partnerships and communication.* This subcomponent will support national and subnational institutions, the media, the private sector, faith-based organizations, civil society groups, children and families to engage more effectively in communication for development. The objective is to increase awareness and address behaviours, norms and social determinants of children's well-being to protect, promote and fulfil their rights through knowledge institutions, donors and private sector partners. UNICEF will collaborate with media and training institutions to strengthen ethical and responsible reporting of issues affecting children. Opportunities will be created for all media forms, including indigenous

platforms and social networks. Collaboration with the private sector will be leveraged, with a goal of unleashing the potential of the country's corporate sector to play a positive role in equitable human development and to support child-friendly corporate governance.

41. **Emergency and disaster risk reduction.** UNICEF will collaborate with other United Nations agencies to support strengthening of disaster risk reduction and response and to build resilience among individuals, families and communities. Considering the scale and scope of potential emergencies in Nigeria, UNICEF will strengthen state and LGA capacities and systems to ensure implementation of the Core Commitments for Children in Humanitarian Action. In building resilience, efforts will be directed towards assessing community vulnerabilities and capacities and developing community-based initiatives in risk reduction.

42. **Cross-sectoral.** This component will cover the expenses of programme and support staff and technical assistance covering more than one programme, as well as office costs, including logistics and staff security.

#### **Relationship to national priorities and the UNDAF**

43. The country programme will directly contribute to 7 of the 18 UNDAF-III outcomes and 20 of the 52 UNDAF-III outputs. It is fully aligned with national priorities as laid out in Vision 20:2020 and national sectoral policies and plans. These include the National Strategic Health Development Plan 2010-2015, National HIV/AIDS Strategic Plan 2010-2015, National Strategic Plan for the Education Sector (2012-2016) and the National Priority Agenda for Vulnerable Children 2013-2020.

#### **Relationship to international priorities**

44. The country programme design was guided by the Millennium Development Goals, Millennium Declaration, Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, African Charter on the Rights and Welfare of the Child, and post-2015 global discussions. Noting the importance of progress in Nigeria to achievement of global objectives, the programme has been designed to contribute to international commitments, including global pledges around eliminating mother-to-child transmission of HIV and AIDS; the Scaling Up Nutrition Movement; Committing to Child Survival: A Promise Renewed; the Global Partnership for Education; Together for Girls; and Sanitation and Water for All.

#### **Major partnerships**

45. UNICEF will continue to build on its longstanding collaboration with the Government at federal, state and LGA levels. The strong private sector in Nigeria will also be a partner. UNICEF will also work closely with multilateral partners including the European Union, European Commission Humanitarian Office and the World Bank, and with bilateral partners such as the Canadian International Development Agency, United Kingdom Department for International Development, the Government of Japan and the United States Government, including the United States Agency for International Development and Centers for Disease Control and Prevention. Global partners will include the Global Alliance for Improved Nutrition; GAVI Alliance; Global Fund to Fight AIDS, Tuberculosis and Malaria; and

Micronutrient Initiative. Foundation partners will include the Bill and Melinda Gates Foundation and Rotary International.

46. United Nations partners will include the United Nations Development Programme; agencies of the United Nations Health 4+ initiative; United Nations Educational, Scientific and Cultural Organization; United Nations Office on Drugs and Crime; and United Nations Entity for Gender Equality and the Empowerment of Women. Strategic partnerships will be continued with national and international non-governmental organizations, including the Clinton Health Access Initiative, Children's Investment Fund Foundation, Red Cross, Save the Children UK, academic/research institutions and the media.

#### **Monitoring, evaluation and programme management**

47. The National Planning Commission oversees implementation of the country programme. The National Bureau of Statistics maintains the National Socio-Economic Database and tracks progress towards achievement of the Vision 20:2020 targets and Millennium Development Goals through a variety of surveys. The UNDAF monitoring and evaluation matrices provide the framework for implementation of the UNICEF integrated monitoring and evaluation plan. Key indicators for monitoring progress towards component results are detailed in the summary results matrix. Progress towards intermediate results will be monitored at national and subnational levels during annual UNDAF and UNICEF reviews with the Government and partners. The country programme will reinforce Level 3 monitoring. The midterm review will be synchronized with the UNDAF midterm review planned for 2016. Core national data collection exercises include a Demographic and Health survey (2013), MICS (2015) and population census (2016).

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