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Item 4 (a) of the provisional agenda*

Country programme document

Nigeria

Summary

The country programme document (CPD) for Nigeria is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$234,675,000 from regular resources, subject to the availability of funds, and \$843,775,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2023 to 2027.

* [E/ICEF/2022/22](#).

Note: The present document was processed in its entirety by UNICEF.



Programme rationale

1. Derived from the strategic priorities of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023–2027, the country programme will contribute to achieve the goals of the National Development Plan (2021–2025). The focus of the National Development Plan is to secure rapid inclusive growth, reduce poverty and support economic and social equity and human capital development, leading to the achievement of the Sustainable Development Goals and the African Union Agenda 2063.

2. For Nigeria to realize this ambition it will have to overcome economic challenges, rising levels of vulnerability as a result of conflict in the northeast of the country and growing insecurity in other areas. Key to programme success will be accelerated action to reduce gender inequalities. Nigeria ranked 139 out of 156 countries on the 2021 Gender Gap Index. The country's progress is too slow to meet most of the Sustainable Development Goal targets and, in some cases, indicators are worsening. While the direct effects of the coronavirus disease 2019 (COVID-19) pandemic have apparently been limited, with a confirmed death toll of 3,140 as of March 2022, the indirect effects on health and education systems, child protection, livelihoods and the economy have been significant.

3. Forty-three per cent of the estimated 206.1 million population of Nigeria in 2020 were below the age of 15 years, and 49 per cent were women.¹ The population of Nigeria is expected to reach 401 million by 2050, making it the third-most-populous country in the world. The continued population growth combined with a high dependency ratio increases the investments required to meet the Sustainable Development Goals. Nigeria is among the countries that rank highest on the Children's Climate Risk Index for risk of exposure to climate and environmental hazards, shocks and stresses.²

4. The economy, which had already been in a challenging situation before the COVID-19 pandemic, went into recession in 2020. Reports indicate that over 20 per cent of jobs were lost and millions of Nigerians dropped out of the labour force. Some 53.4 per cent of those aged between 15 and 24 years were unemployed at the end of 2020.³

5. The country's poverty rate of 40 per cent, estimated by the National Bureau of Statistics in 2019, is likely to have worsened. An estimated 70 per cent of households experienced income loss due to the pandemic. The poverty rate ranges from 4.5 to 88 per cent among the 36 states.⁴ These high levels of income poverty, combined with multidimensional poverty affecting 54 per cent of children,⁵ hinder the realization of child rights.

6. Despite gradual reductions over the past decade, the rates of infant and under-5 mortality in Nigeria are among the highest in the world, with large disparities across the country. Neonatal death rates have remained static over the past 10 years, and almost one-third of the daily average of 2,310 deaths of children under 5 years old are

¹ United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects 2019: Volume II: Demographic Profiles.

² United Nations Children's Fund. The Climate Crisis is a Child Rights Crisis. UNICEF, 2021

³ National Bureau of Statistics available at <http://nigerianstat.gov.ng/>.

⁴ National Bureau of Statistics. 2019 Poverty and Inequality in Nigeria, NBS, 2019

⁵ Ministry of Finance, Budget and National Planning, *Multidimensional Child Poverty Analysis in Nigeria 2021* (2022), www.unicef.org/nigeria/media/5851/file/Multidimensional%20Child%20Poverty%20in%20Nigeria%20Report%20.pdf.

within 28 days of birth.⁶ Maternal mortality ratios remain stubbornly high, having decreased only by an estimated 10 per cent in the 10 years to 2017.⁷

7. Immunization coverage has increased steadily, with 57 per cent of children between 12 and 23 months old receiving three doses of pentavalent vaccine in 2021.⁸ This is up from 50 per cent in 2018, according to the Nigeria Demographic and Health Survey. Although Nigeria attained the status of wild-polio-free in 2020, the country faces a circulating vaccine-derived poliovirus type 2 outbreak, as well as several other recurrent outbreaks, such as measles and yellow fever, all of which are preventable by high immunization coverage.

8. An estimated 130,000 children aged 0–14 years are living with HIV in Nigeria, with 21,000 new infections in 2020, mainly from mother-to-child transmission. However, only 44 per cent of HIV-positive pregnant women received antiretroviral therapy. Young women aged 20–24 years are three times more likely to be living with HIV than young men of the same age group.⁹

9. Maternal, neonatal and child health structures, particularly in remote and poor urban areas, face challenges due to considerable structural bottlenecks, including underfunding. They lack essential equipment and skilled and motivated staff; access to health care is a problem in remote areas; the cost and perceived poor quality of services are also barriers to access, as is a lack of awareness that services are available. Gender-related barriers include the limited participation of women in household decisions, lack of female health-care providers and harmful social norms, which together limit women's access to health-care services.

10. While stunting among children under 5 years old has decreased from 42 per cent to 37 per cent in the past 20 years, Nigeria still has an estimated 14 million stunted children, the second highest number in the world, and the northern states experience the highest rates. Three million children under the age of 5 years are wasted.¹⁰ Only one in five children aged 6 to 23 months is fed a minimally diverse diet and only one in three children aged under 6 months is exclusively breastfed. Almost one in five girls aged 15 to 19 years suffers from acute malnutrition, and anaemia affects over two-thirds of children under the age of 5 years and more than half of women under 50 years of age. Inadequate dietary intake is influenced by household food insecurity, insufficient nutrition knowledge, women's limited decision-making power, and the low quality of nutrition services in the health system.

11. Only about one in five people in Nigeria have access to safely managed drinking water. Only 56 per cent have access to basic water services. Many water systems are poorly constructed or maintained, or wrongly sited without sufficient care about underground water quality, and this explains in part why 60 per cent of supply points experience some form of contamination.

12. Only 43 per cent of the population has access to the most basic level of sanitation. Some 18.7 per cent of people in Nigeria practice open defecation (29.7 per cent rural, 8.5 per cent urban). Safe use of sanitation services is a challenge for women and girls, particularly in conflict settings. While there is generally a high level of knowledge of good hand-washing practices, data from the 2021 WHO/UNICEF Joint Monitoring

⁶ United Nations Inter-Agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality Report 2021, <https://childmortality.org/wp-content/uploads/2021/12/UNICEF-2021-Child-Mortality-Report.pdf>.

⁷ Maternal Mortality Estimation Inter-agency Group. 2019 Trends in maternal mortality 2000-2017 www.unfpa.org/featured-publication/trends-maternal-mortality-2000-2017.

⁸ MICS/National Immunization Coverage Survey data, 2021.

⁹ All data in paragraph 8 are from the UNAIDS 2021 Data Book.

¹⁰ All data in paragraph 10 are from the Nigeria Demographic and Health Survey (NDHS) 2018.

Programme suggest only 33.2 per cent of people have access to basic hand-washing facilities.

13. Nigeria has the world's highest number of out-of-school children. An estimated 25.6 per cent of primary-school-age children (10.1 million) are not in formal schooling and 60 per cent are girls.¹¹ Learning deficits are evident, with 70 per cent of primary schoolchildren unable to read with understanding or solve simple mathematics problems.¹² Of those children who are not in formal school, a large proportion live within the almajiri system where poor families who cannot afford formal schooling send their children – mostly boys – to distant locations to acquire religious education, which does not include foundational literacy and numeracy. Safety and security concerns have also constrained school enrolment, attendance and completion, particularly for girls in the north where schools are regularly attacked by non-State armed groups and children are often kidnapped.

14. Factors contributing to underperformance in education include: inadequate teaching quality; limited early learning leading to poor school readiness; insufficient quality and quantity of school infrastructure and learning materials; and inadequate management and deployment of teachers. Other factors that hinder the transition of adolescent girls into secondary education include a lack of water, sanitation and hygiene (WASH) facilities, gender norms, violence in schools, early pregnancies and child marriage.

15. Children in Nigeria continue to experience high levels of violence and abuse, including recruitment by non-State armed groups. One in four girls and 1 in 10 boys experience sexual violence.¹³ Over 60 per cent of young people report having witnessed violence in their homes and 30 per cent of women report having suffered physical violence. Although some progress has been made, harmful practices affecting girls remain widespread, though geographically disparate. Female genital mutilation is more common in the south, affecting one in four girls. While 44 per cent of women aged 20 to 24 years nationally report having been married or in union before the age of 18 years, this is more prevalent in the north. The birth registration rate for children under the age of 5 years is 57.3 per cent, with a large rural/urban divide.

16. The coverage of the government-funded social protection system is limited, reaching only a fraction of the poor and vulnerable, an estimated 10.4 per cent of the population.¹⁴

17. The new country programme is informed by evidence from programme evaluations and the United Nations Common Country Analysis that identifies three critical barriers that must be overcome to bring about sustainable, universal access to child-centred social services and practices. These barriers are: (a) persistent and entrenched gender inequalities that cause girls to experience worse outcomes than boys; (b) insufficient government investment, leading to basic social services being predominantly financed by out-of-pocket expenditure and therefore excluding millions of the most poor and vulnerable; and (c) limitations in the skilled human resource capacities of state and local governments that are responsible for service delivery.

¹¹ Universal Basic Education Commission Annual Report (UBEC), 2018.

¹² 2015 Nigeria National Education Data Survey (NEDS).

¹³ All data in paragraph 15 from National Population Commission of Nigeria, UNICEF Nigeria and the US Centers for Disease Control and Prevention. Violence Against Children in Nigeria, Findings from a national survey, 2014. Abuja, Nigeria: UNICEF, 2016.

¹⁴ Nigeria National Bureau of Statistics. 2019 General Household Survey, Panel 2018-2019. <https://microdata.worldbank.org/index.php/catalog/3557/download/47679>

Programme priorities and partnerships

18. The vision of the country programme is that every child in Nigeria, especially the most excluded, survives, thrives, learns, is protected and develops to her or his full potential, free from poverty, in a safe and sustainable climate and environment. The programme will contribute to the United Nations integrated strategy for the Sahel, and work with other United Nations agencies supporting 11 outcomes of the UNSDCF, focusing on the states and local government areas where children face the greatest deprivations. The focus will be particularly on areas vulnerable to climate-related shocks and remote rural and urban areas where poverty is highest and the hardest-to-reach children live. UNICEF will seek to use joint programming approaches with other United Nations agencies where appropriate, including through the Joint Sustainable Development Goals Fund. Child-sensitive programming will address climate change, disaster risks and environmental degradation in partnership with other United Nations agencies.

19. UNICEF will advocate for those states that have not yet adopted and implemented the Child Rights Act to do so, in line with the recommendations from the 2018 universal periodic review.

20. Core strategies across development and humanitarian settings will include: (a) generating and promoting the use of gender-disaggregated and local-level evidence and data on children, including the multiple indicator cluster survey in 2024 and 2027; (b) advocating for strategically balanced investments in service delivery and sustainable systems, focusing on enhanced public finance management and human resource capacity, efficiency and integration of services; (c) leveraging innovation and technology for effective social service delivery, for example, in birth registration and digital learning, and to amplify the voices of young people, especially girls; (d) modelling integrated approaches that focus on up to 20 states covering all six geopolitical zones, which will be evaluated and the findings used to advocate for the scaling up of successful initiatives nationwide; and (e) aligning interventions within the humanitarian, development and peace “triple nexus” agenda, including resilience-building measures, sustainable solutions and humanitarian prevention and exit strategies. This last strategy will include, for example, moving away from outpatient nutrition treatment centres towards integrated management of severe acute malnutrition within primary health-care systems; away from temporary learning spaces to permanent structures; and from traditional classroom teaching to a blended learning approach.

21. An additional core strategy will be to engage the private sector, beyond fundraising, as a supplier of goods and services, an employer, an innovator and investor, and as an advocate for the well-being of children and women. One of the principal initiatives will be Generation Unlimited Nigeria, a partnership between the private sector, young people and the Government. By 2030, this initiative is expected to provide 20 million young people with opportunities in digital learning, workforce readiness and youth participation, using the U-Report platform as a key youth communication tool.

22. The UNICEF Gender Action Plan, 2022–2025 will inform all aspects of the programme, emphasizing structural and normative changes to address the underlying drivers of gender inequality. The voice and agency of women and girls will be integral to programme planning and implementation.

23. UNICEF will support emergency prevention, preparedness and response at the national and subnational levels. The programme will pursue risk-informed humanitarian and development nexus programming, and strengthen the resilience of systems, households and communities in line with UNICEF Core Commitments for

Children in Humanitarian Action and the Inter-Agency Standing Committee's Transformative Agenda and Grand Bargain 2.0. In areas affected by emergencies, UNICEF will support the delivery of timely humanitarian assistance, including as a provider of last resort in nutrition, child protection, education and WASH, and in line with the principles of accountability to affected populations.

Health

24. Contributing to UNSDCF outcomes 1.4, 3.1 and 4.3, the programme will support improved maternal, neonatal and child health by addressing access by women and children to quality health services, with a focus on pregnant women, adolescents and children under 5 years of age.

25. UNICEF will align to and strengthen the Government's 'one primary health care centre (PHC) per ward' strategy to deliver minimum universal health-care coverage that offers integrated delivery of maternal, newborn and child health services. The PHC integrated services include nutrition, WASH, prevention of mother-to-child transmission of HIV and paediatric HIV, and HIV prevention among adolescents. UNICEF will support scalable PHC models, performance-based financing through the nationwide PHC challenge fund, and other evidence-based policy advocacy, financial and accountability mechanisms. The results will be used to build the case for investment in further scale-up.

26. UNICEF will address the barriers to delivery of routine immunization services nationwide. Strategies will include leveraging polio elimination structures and assets of the COVID-19 vaccination supply chain at all levels, including using social and behaviour change methods and community engagement. In collaboration with the World Health Organization, Gavi, the Vaccine Alliance and the World Bank, UNICEF will also invest in an improved immunization supply system that includes vaccine cold chain capacity for the next 20 years.

27. UNICEF will support the Ministry of Health to implement a sustainable and integrated strategy for community health workers.

Nutrition

28. Contributing to UNSDCF outcomes 1.4, 2.1 and 4.3, the programme is aimed at strengthening the capacity of the Government and engagement with the private sector to scale up a set of proven high-impact and multisectoral nutrition interventions.

29. UNICEF, along with the Food and Agriculture Organization of the United Nations and the World Food Programme, will support the Government to achieve the targets of the National Policy on Food and Nutrition in Nigeria. The primary focus of the previous programme was on preventing severe acute malnutrition, and this programme will expand on that to support efforts to accelerate the reduction of stunting. UNICEF will advocate for prevention at the centre of government programmes with provision for targeted treatment when prevention fails. Emphasis will be placed on the first 1,000 days of life, including enhanced support for first pregnancies and the expansion of nutritional programmes for adolescent girls.

30. UNICEF will strengthen multisectoral nutrition service delivery with a particular focus on PHC centres and other health-delivery mechanisms. To reach those most at risk as a result of poor nutrition and food insecurity, cash transfer programmes for women and children will be designed within the social protection system. UNICEF will support nutritional surveillance and use of data, and advocate for investment in a more robust supply chain. Evidence-informed and gender-responsive social and behaviour change strategies will be developed to help adolescents, parents and caregivers to improve their knowledge of nutrition and skills in optimal food preparation.

31. UNICEF will continue its role as a nutrition sector lead, working alongside the World Food Programme on nexus programming in the north-eastern states, with a focus on resilience-building and integration of gender analysis.

Education

32. Contributing to UNSDCF outcomes 1.2, 1.4, 3.2 and 4.3, the programme aims to support efforts to strengthen education systems at national and subnational levels, and in emergency and fragile contexts.

33. UNICEF will focus on efficient use of existing resources and advocate for additional domestic financing of education, including early childhood education, formal primary education and alternative education pathways. The goal of delivering quality learning will be addressed through support for teachers' continuous professional development using digital platforms, supportive supervision and curriculum and assessment reforms. UNICEF will promote more efficient management of education-focused cash transfers, particularly for adolescent girls.

34. Building on lessons learned from the closure of schools due to the COVID-19 pandemic, UNICEF will invest in blended learning through both in-person and digital teaching. Flexible and alternative learning pathways will be scaled up to improve inclusion for all students such as those with disabilities, married and pregnant girls, and children in informal religious institutions. Private sector technical expertise and investment in school connectivity will be leveraged to expand access to digital and alternative learning.

35. In partnership with the World Bank, and with a focus on adolescent girls, a strong emphasis will be placed on meeting children's learning needs through curricula content, mother-tongue instruction, a focus on digital, vocational, employable and transferable skills, and appropriate teaching style. UNICEF will also promote more active engagement of parents and communities in school management and monitoring.

36. In response to the negative impact of insecurity and conflict on girls' education, UNICEF will continue to be a key partner helping the Government to meet its commitments under the multisectoral Safe Schools Declaration.

37. UNICEF will continue its role as education sector lead in the north-eastern states.

Child protection

38. Contributing to UNSDCF outcomes 1.4, 4.1, 4.2 and 4.3, the programme will support Nigeria to continue to build a strong protective environment that prevents and responds to abuse of and violence against children and family separation. It will support birth registration through a child-focused social welfare system, a child-friendly justice system and family and community structures, all supported by an enabling legal and policy framework and with a particular focus on girls.

39. UNICEF will invest in a strengthened, coordinated oversight system of both formal and community-based child protection structures. This will be integrated with mechanisms aimed at reducing violence against women. UNICEF will support community-based structures to deliver a package of child protection services at the local level. In humanitarian settings, the package will include reintegration services for children and women exiting armed groups. UNICEF will support the professional development of social workers and continue to collaborate with the tertiary education sector to enhance social work qualifications. With support from UNICEF and the United Nations Population Fund, information management systems on child protection and gender-based violence will be strengthened.

40. UNICEF will contribute to strengthening the national justice system through assistance to law and policy reforms, promoting restorative justice approaches and

the use of diversion and non-custodial measures, and improving the quality of support for child victims and witnesses of crime.

41. Together with other United Nations agencies, UNICEF will address harmful social norms affecting girls and women, particularly those related to female genital mutilation, child marriage and the stigma associated with sexual violence. UNICEF will continue to engage in the Spotlight Initiative on gender-based violence.

42. UNICEF will continue to co-chair the Country Task Force on Monitoring and Reporting and report on and respond to grave child rights violations. UNICEF will also support the plan signed between the United Nations and the Civilian Joint Task Force that mandates the creation of child protection units, accountability mechanisms and enforcement of zero-tolerance of child recruitment and use.

43. Progress towards universal birth registration will be accelerated through a digital birth registration system that is interoperable with the health system.

44. UNICEF will continue its role as a child protection sector lead in the north-eastern states.

Water, sanitation and hygiene

45. Contributing to UNSDCF outcomes 1.4, 2.3, 3.3 and 4.3, the programme is aimed at leading a transformative agenda of increased investments in use of data and evidence and development of low-cost WASH products through market shaping.

46. UNICEF will demonstrate strategies for improved functionality of water facilities through supporting their design, operation and maintenance, supply chains, capacity of local area mechanics, and the development of improved facility management models. Priority will be given to climate-resilient and sustainable WASH systems that will include integrated water resource management and monitoring of groundwater quality and levels.

47. UNICEF will champion investments in WASH facilities and improved behaviours in health facilities, public spaces and schools, including those related to menstrual hygiene. UNICEF will demonstrate the effectiveness of low-cost, innovative and sustainable water and sanitation models through private sector partnerships and will aim to shape the market for products that reach the most vulnerable. These economic models will respond specifically to the vulnerabilities of girls and women.

48. Support will continue for sustainable hygiene behaviour change within the framework of the Clean Nigeria Campaign, which aims to eliminate open defecation by 2025. UNICEF will promote scaled-up access for households to safely managed sanitation and hand-washing facilities and the construction of sanitation facilities in public places through public-private partnerships.

49. UNICEF will continue its role as a WASH sector lead, managing the supply pipeline and identifying sustainable water supplies and working closely with over 20 partners, including the International Organization for Migration, in the north-eastern states.

Social policy

50. Contributing to UNSDCF outcomes 1.3, 1.4, 4.2 and 4.3, the programme will support national systems to reduce the proportion of children living in income and multidimensional poverty and improve the resilience of households to shocks and stresses.

51. UNICEF will support evidence generation, including on monetary and multidimensional child poverty, to inform national and state development plans and

social sector budgets. In addition, UNICEF will work with state governments to deliver child-focused budgets through clear operational guidelines and multisectoral expenditure assessments and by fostering the replication of state-level best practices. UNICEF will continue to advocate and strengthen mechanisms for public participation in social sector budgeting and will promote social accountability, including through the use of publicly available scorecards.

52. Together with the World Bank, UNICEF will continue to support the Government to increase the number of women and children who receive cash transfers and to integrate cash transfers into sector policies, thereby making the system more shock-responsive.

Programme effectiveness

53. The component will contribute to multiple UNSDCF outcomes by ensuring that the country programme is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children, including the coordination of multisectoral approaches, gender-responsive programming and efficient operational support and field office management.

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>
Health	52 000	310 000	362 000
Nutrition	21 000	105 000	126 000
Education	18 000	210 000	228 000
Child protection	21 000	84 000	105 000
Water, sanitation and hygiene	20 000	67 000	87 000
Social policy	14 000	10 000	24 000
Programme effectiveness	88 675	57 775	146 450
Total	234 675	843 775	1 078 450

* Other resources (emergency) may be mobilized, as required, through humanitarian appeals processes.

Programme and risk management

54. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels to country programmes are prescribed in the organization's programme and operations policies and procedures.

55. The programme will be coordinated as part of the UNSDCF and implemented and monitored in cooperation with the Government of Nigeria under the leadership of the Ministry of Finance, Budget and National Planning.

56. The programme was prepared in the context of recovery from the COVID-19 pandemic and with consideration of the risks of high-impact natural disasters, health emergencies and climate change, along with local and regional insecurity. Economic turbulence and the reinforcing nature of increased poverty and local and regional insecurity may also affect results achievement. In mitigation, UNICEF will systematically apply risk-informed approaches across all programming to reassess planning assumptions and adjust strategies accordingly.

57. UNICEF will hold regular reviews with partners to assess strategic, programmatic, operational and financial risks, defining appropriate control and mitigation measures and monitoring the effectiveness of governance and management systems, with a particular focus on the prevention of sexual exploitation and abuse. Management of the harmonized approach to cash transfers will be strengthened to mitigate implementation risks.

Monitoring, learning and evaluation

58. The results and resources framework forms the basis for programme monitoring. Under the UNSDCF, annual reviews of the country programme with the Government and implementing partners will assess progress and identify risks and opportunities to inform workplanning. Feedback from targeted populations will be captured through focus group discussions and mainstreaming of accountability to affected populations.

59. As an UNSDCF priority, UNICEF will continue to support the federal and state bureaux of statistics to strengthen evidence generation on the situation of women and children and to monitor progress towards the Sustainable Development Goals. Weaknesses in real-time monitoring mechanisms and systems interoperability will be addressed by the expanded use of digital technologies.

60. Evaluations, including gender analysis, will be used to position UNICEF as a strategic thought partner of the Government on sector-wide approaches beyond the country programme, in addition to being used to analyse programme relevance, effectiveness, efficiency and impact.

Annex

Results and resources framework

Nigeria – UNICEF country programme of cooperation, 2023–2027

Convention on the Rights of the Child: Articles 2–40, 45

National priorities: National Development Plan 2021–2025

United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:

By 2027:

1.2: All people living in Nigeria, especially women, youth, persons with disabilities, and other vulnerable groups, have improved access to decent job opportunities driven by digitization, skills development, [and] entrepreneurship to harness the demographic dividend.

1.3: All people living in Nigeria have improved social protection coverage that are inclusive, gender-responsive, and shock-responsive, including social assistance, social insurance, and labour-market interventions.

1.4: Nigeria has improved data for evidence-based and risk-informed planning and decision-making.

2.1: Nigeria benefits from improved food security and nutrition, and sustainable food systems and natural resource management.

2.3: Nigeria implements inclusive policies and practices for Resilience and Disaster Risk Management (DRM) for risk-informed development.

3.1: People in Nigeria enjoy equitable access to and use of integrated, comprehensive, high-quality, people-centered health services towards attaining Universal Health Coverage with a particular focus on AIDS, TB, Malaria and SRH.

3.2: People in Nigeria enjoy equitable access and use of [a] quality education system that delivers an inclusive education for learning and transferable skills.

3.3: People in Nigeria have equitable and affordable access to safely managed water and sanitation facilities, and practice safe hygiene behaviours.

4.1: People in Nigeria, especially the most vulnerable, benefit from peace and security, and protection from conflict, violence, and crime through strengthened capacity and infrastructures.

4.2: People in Nigeria have access to a more accountable, transparent, and gender-responsive, and inclusive governance and justice system for the realization of human rights for all especially the most vulnerable population.

4.3: Gender equality, and human rights of women, youth and other marginalized groups including PLWD [people living with disabilities] in Nigeria are enhanced.

Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
1.4 3.1 4.3	By 2027, more children, including adolescents, and women, particularly the most vulnerable, benefit from improved equitable access to and use of high-quality high-impact integrated health services, including in emergencies.	Percentage of live births attended by skilled health personnel*. B: 43 T: 70	Nigeria Demographic and Health Survey (NDHS)	Federal, state and local governments demonstrate strengthened institutional capacities for: (i) Evidence-informed decision-making, policy implementation, financing, and coordination of primary health care systems. (ii) Delivering quality maternal, newborn, child, and adolescent health services at scale. (iii) Delivering quality immunization services at scale.	National Primary Health Care Development Agency (NPHCDA); Federal/State Ministries of Health (F/SMoH); State Primary Health Care Development Boards (SPHCDB); National Agency for the Control of AIDS; Gavi, the Vaccine Alliance; World Bank; United Nations agencies	52 000	310 000	362 000
		Percentage of newborns receiving postnatal care within two days of birth. B: 39.1 T: 70	Multiple indicator cluster survey (MICS)					
		Percentage of children 12–23 months who received three doses of pentavalent (Diphtheria, tetanus, pertussis), hepatitis B and Haemophilus influenzae type b (Hib) vaccine*. B: 57 T: 65	MICS					
1.4 2.1 4.3	By 2027, more children, including adolescents, and women, particularly the most vulnerable, benefit from increased equitable access to and use of quality services and	Percentage of infants under six months of age who are exclusively breastfed. B: 28.8 T: 50	MICS	Federal, state and local governments demonstrate strengthened institutional capacities to scale up quality nutrition services and interventions. The health, food and social protection systems demonstrate	NPHCDA; F/SMoH; SPHCDB; United Nations agencies.	21 000	105 000	126 000
		Percentage of children aged 6–59 months who benefit from vitamin A supplements twice a year. B: 48.4	MICS					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	practices to prevent and treat malnutrition, including in emergencies.	T: 80 Percentage of pregnant women who received > 90 iron-folic acid tablets or multiple micronutrient supplements. B: 31 T: 50	NDHS	strengthened capacities to deliver high-impact nutrition services at scale. Parents and caregivers have strengthened knowledge and skills for optimal dietary practices for children.				
1.2 1.4 3.2 4.3	By 2027, more children, including adolescents, particularly the most vulnerable, participate in quality education, learn, and acquire skills for the future, including in emergencies.	Percentage of children achieving minimum proficiency levels in reading and mathematics*: B: Grade 3 and 5 – 30 T: Grade 3 and 5 – 60 Participation rate in organized learning (early childhood education) (per cent) B: 37.8 T: 41 Out-of-school rate* (per cent) Primary B: 25.6 (25.2 boys, 26.1 girls) T: 17 (boys and girls) Lower secondary B: 24.9 (24 boys and 25.8 girls) T: 20 (boys and girls)	National Assessment of Learning Achievement in Basic Education MICS MICS	Federal and state government education systems demonstrate strengthened capacities to plan, implement, and monitor the delivery of quality education. The Government, communities and their partners demonstrate increased capacity to expand access to quality education from pre-primary to secondary education. The education ecosystem demonstrates strengthened capacity to transform the delivery of quality	Federal/state Ministry of Education; Universal Basic Education Commission (UBEC); State Universal Boards of Education; United Nations agencies	18 000	210 000	228 000

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				basic education that improves learning outcomes from pre-primary to secondary education.				
1.4 4.1 4.2 4.3	By 2027, children including adolescents, particularly girls, are better protected from violence, abuse, neglect, exploitation and harmful practices, including in emergencies	Proportion of children under age five whose births are registered with a civil authority B: 57.3 T: 80	MICS	The Government and other service providers in the social welfare and justice sectors at all levels demonstrate strengthened capacities to deliver quality and gender-responsive child protection prevention and response services. Children, their families and caregivers, and key child protection actors have strengthened capacities to promote positive social norms and adopt behaviours that protect children from violence and harmful practices. Government authorities demonstrate strengthened capacities to deliver decentralized birth	Federal/state Ministries of Women's Affairs and Social Development, Education, Health, Justice, Youth, Sports, Cultural Development; National Population Commission; United Nations agencies	21 000	84 000	105 000
Percentage of women aged 20–49 married before age 18 B: 33.7 T: 22		MICS						

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				registration services.				
1.4 2.3 3.3 4.3	By 2027, more children, including adolescents, and their families enjoy increased, equitable access to and use climate- resilient and safely managed water and sanitation facilities and practice safe hygiene behaviours, and their exposure to natural disasters, climate, and environmental risks is reduced, including in emergencies.	Percentage of the population using at least basic drinking water services*. B: 77.6 T: 83	WHO/UNICEF Joint Monitoring Programme (JMP)	Federal, state, and local governments demonstrate: (i) Strengthened institutional capacities for scaling up equitable WASH interventions. (ii) Strengthened capacities to expand access to safely managed, equitable, and climate-resilient drinking water services in rural and urban communities. (iii) Strengthened capacities to provide WASH services in schools, health centres and public places. Households have strengthened abilities to use safely managed sanitation services and apply safe hygiene and sanitation practices.	Federal/state Ministries of Water Resources, Environment, Health, Education; Rural Water Supply and Sanitation agencies; United Nations agencies.	20 000	67 000	87 000
Percentage of the population using at least basic sanitation services*. B: 42.7 T: 51		JMP						
Percentage of the population practising open defecation*. B: 18.7 T: 11		JMP						
1.3 1.4	By 2027, more children,	Percentage of targeted children covered by	National Social Register	Federal and state governments	MFBNP, Bureau of Statistics,	14 000	10 000	24 000

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
4.2 4.3	including adolescents, benefit from improved enabling policies and social protection to live free from poverty	social protection systems*. B: 47 T: 52 Percentage share of public spending on health and education*. B: Health 3.84 Education 5.68 T: Health 3.89 Education 5.73	Accountant General Annual Financial Reports	demonstrate strengthened capacities to: (i) Generate, analyse and use updated evidence on child poverty to design and implement social and economic development strategies. (ii) Develop social protection systems that respond to shocks and address the needs of the most disadvantaged children. (iii) Improve public spending towards universal access of children to quality basic social services.	World Bank; United Nations agencies			
	Programme effectiveness	Number of performance areas of the Performance Scorecard against which the country office earns a high-performance rating. B: 3/5 (2021) T: 5/5	Insight	Planning and monitoring Communication Social and Behaviour Change Climate change and disaster risk reduction	MFBNP, United Nations agencies	88 675	57 775	146 450
	Total resources					234 675	843 775	1 078 450

*Outcome indicator aligned with the United Nations Sustainable Development Cooperation Framework indicator.