



# SITUATION ANALYSIS OF CHILDREN IN NIGERIA

Ensuring equitable and sustainable realization of child rights in Nigeria







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*Situation Analysis of Children in Nigeria: Ensuring equitable and sustainable realization of child rights in Nigeria*  
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The data collation process for this analysis commenced in 2020 and was constrained by the COVID-19 pandemic; the analysis was reviewed in 2021 and concluded in the first quarter of 2022.

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# FOREWORD

There has been significant progress in recent years in improving the life and well-being of Nigerians. Much of the focus has been on women and children, who historically, and in our estimation, facilitate the long-term stability and development of any nation.

Our resolve to fast track the country's development and decidedly create an environment that allows the infinite potential of our women and children to safely thrive comes against the backdrop of a global consensus to safeguard the rights of women and children. The 2000 Millennium Declaration and the subsequent Sustainable Development Goals all converge on the Convention of the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against women. These are justifiably urgent measures needed to correct age-old prejudices that have kept the interests of women, and consequently of children, on the margins of society. The world has indeed come a long way since the women's liberation movements of the 60s and 80s, yet we still have gulfs to cover, more so in Africa.

The challenges we have inherited with regard to the well-being of women and children in our societies are at once cultural and economic. Indices like child mortality and access to education, which have been persistently low across the continent in comparison to the rest of the world, cannot be divorced from poverty and a cultural conditioning that forces children into economic activity prematurely, thereby stunting their self-development and limiting the contributions they are able to make to society in the long term.

The responsibilities for reversing this trend are spread out, but political responses are extremely significant. And this is why within the ever-expanding scope of our work to better the conditions of women and children, we throw our weight behind the Federal Ministry of Finance, Budget and Planning's Situation Analysis of Children in Nigeria (SitAn), a comprehensive assessment and analysis showing child-relevant dimensions of national development problems and pointing the way to

“ The challenges we have inherited with regard to the well-being of women and children in our societies are at once cultural and economic. ”

possible solutions and priority actions. Never has this been more urgent.

Country-generated data, which take into account the local nuances of Nigeria and come as close to the truth of the issues as possible, allow us enact sharper policies and take more effective actions. There has been a dearth of contemporary scholarship and analysis focusing comprehensively, and primarily, on children and childhood development, with the preponderance of literature on conflict and its effect on children eclipsing much broader concerns. This is why the production of knowledge by the SitAn is so significant.

By 2030, Africa's workforce will be the largest in the world. Currently, about 60 per cent of the continent's population is younger than 25 years, constituting 22.7 per cent of the world's youth population. Estimates show that by 2100 Africa will still have the youngest population in the world with an average age of 35. Between 2020 and 2100, Africa's youth population is expected to grow by 181.4 per cent, while Europe's will shrink by -21.4 per cent and Asia's by -27.7 per cent. By 2100, Africa's youth will be equivalent to twice Europe's entire population and almost one half of the world's youth will be from Africa. Concomitant to this are governments making unprecedented investments in inclusive education for children everywhere, and children everywhere being



more educated, more skilled, and more enthusiastic to take their place in the world than their predecessors. And so the conditions for securing the future of African and Nigerian children are brighter than ever.

The development of a situation analysis of children is a central function of the mandate of the United Nations Children's Fund (UNICEF). It is a programme output that strongly supports national efforts and institutions and is part of the United Nations' overall effort to support national capacity for promoting human development and fulfilling human rights. It promotes extensive added value in the analytical use of available data and qualitative studies from government, international development partners and civil society organizations.

We are confident that this situation analysis will be a major tool for policymaking and child-focused policy advocacy and provide a framework for translating them into sustainable action. It has the federal government as its

champion. There is no better legacy than policies and actions that spread hope and deliver prosperity to the economically disadvantaged and most vulnerable in society. We acknowledge the support provided by all relevant ministries, departments and agencies, UNICEF, Save the Children and other development partners in the framing of this document.

I am therefore delighted to present the Situation Analysis of Children in Nigeria to the Nigerian people. It encompasses our hope, our belief and our commitment to the future of Nigeria, which our children represent, our resolve to the quality of individual lives and families we are working to build, and the vast contributions to the wider world we are sure our children are destined to make.

**Prof Yemi Osinbajo (SAN)**

*Vice President*

*Federal Republic of Nigeria*

*16 May 2022*



# PREFACE

This Situation Analysis of Children (SitAn) is a policy document prepared through a systematic collection and study of child and demographic data, study findings and other contextual information in order to identify and understand the specific child issues to be addressed. It examines the current status of child issues as well as the social, economic, political and health context in which these issues exist and establishes the vision of what to do to remedy the situation.

The rights of children are clearly stated in and ratified by the Federal Republic of Nigeria in the Convention on the Rights of the Child. Much work has been done by the subnational governments to domesticate these rights in varying degrees, but there is yet more work to be done. It is within this context that the Ministry of Finance, Budget and National Planning, the coordinating organ of projects, programmes and policies of government, was given the mandate to undertake and develop a situation analysis of children with the active participation and contribution of all stakeholders in both public and private sectors at national and subnational levels.

This document is therefore derived from national consultation and consensus. It was enriched by input from an array of professionals, technocrats and institutions under the guidance of the top management of the Ministry of Finance, Budget and National Planning. The SitAn guides the identification

of priorities for social and behavioural change intervention and informs all the subsequent steps in the social and behavioural change processes. It establishes a clear, detailed and realistic picture of the opportunities, resources, challenges and barriers regarding child-related issues or behaviours. The quality of the SitAn will affect the success of development processes, including influencing policies, strategies, budgets and national laws to contribute towards an enabling environment for children that adhere to human rights principles, particularly with regard to universality, non-discrimination, participation and accountability. This document builds on current institutional and policy frameworks and it is hoped that it will help to consolidate ongoing approaches and strategy-oriented interventions. The document will be of great value to all tiers of government, the private sector, international donor agencies and civil society organizations, among others.

The production of this SitAn benefited significantly from the support of the United Nations Children's Fund (UNICEF). The contributions of ministries, departments and agencies, academia, civil society organizations, the organized private sector and the international community are also acknowledged.

**Prince Clem Ikanade Agba**

*Honourable Minister of State, Budget  
National Planning*



## ACKNOWLEDGEMENTS

The Situation Analysis of Children in Nigeria (SitAn) is a study specifically conducted to support the efforts by the government in identifying issues affecting the well-being of children in Nigeria. It is produced as a source document for effective planning for children and women in Nigeria. The SitAn is a product of multisectoral data collection, analysis, review and validation that eventually resulted in a robust document that can stand the test of time as well as compete with international best practices. It is in this light that I acknowledge the cooperation and collaboration of all the ministries, departments and agencies (MDAs) that worked dedicatedly with the national planning arm of the Federal Ministry of Finance, Budget and National Planning. Some of the MDAs include the ministries of women affairs, health, education, youth and sports, humanitarian affairs, labour and productivity, as well as other relevant agencies, including the National Bureau of Statistics, National Population Commission, National Agency for Prohibition of Trafficking in Persons and Nigeria Institute of Social and Economic Research.

Let me specifically acknowledge the commitment, technical and financial support of the United Nations Children's Fund (UNICEF) led by Mr. Peter Hawkins, UNICEF Representative in Nigeria. We appreciate the technical guidance of Dr. Hamidou Poufon, UNICEF Chief of Social Policy, Ms. Temi Esteri Fet'era, UNICEF Social Policy Specialist and Dr. Annie Maurice Ekanem, UNICEF Social Policy Officer. It is not an overstatement to recognize the passion demonstrated by UNICEF in producing this report, from the beginning of the process to the launch of the document. In like manner, I wish to acknowledge the contribution of Save the Children to the technical review and validation of this report, which has no doubt added value to the quality of the SitAn document.

It is with great honour that I express my profound appreciation to the Vice President of Nigeria, H.E.

Professor Yemi Osinbajo SAN, GCON, for his dedication to the finalization of this report, which is evident in appending a robust foreword that attests to the potential of the SitAn report as a useful document for planning by all relevant MDAs.

I also seize this opportunity to express appreciation for the unwavering support of the Honourable Minister of Finance, Budget and National Planning, Mrs. (Dr.) Zainab Shamshunna Ahmed, for the overall coordination of the entire process, which is a reflection of her passion for the welfare of children in Nigeria.

Similarly, my profound appreciation goes to the Honourable Minister of State Budget and National Planning, Prince Clem Ikanade Agba, for close supervision, regular advice and aggressive pursuit of the completion of the SitAn report, as well as granting permission for the use of relevant information in the document by the relevant Technical Working Group when the National Development Plan 2021–2025 was being developed as a demonstration of his passion for the plight of children in Nigeria.

Finally, I commend the proactive efforts of the Director of the Social Development Department, Dr. Sanjo Faniran, for effective coordination of all relevant MDAs under my supervision and the commitment of all the staff of the Human Capital Division in the department for making this report a reality. The smooth relationship maintained by the department with UNICEF, Save the Children and other development partners is one of the ingredients that produced this important report that will serve as source of data for sectoral planning across all relevant sectors.

**Olusola O. Idowu (Mrs.)**

*Permanent Secretary  
Budget and National Planning*



# INTRODUCTION

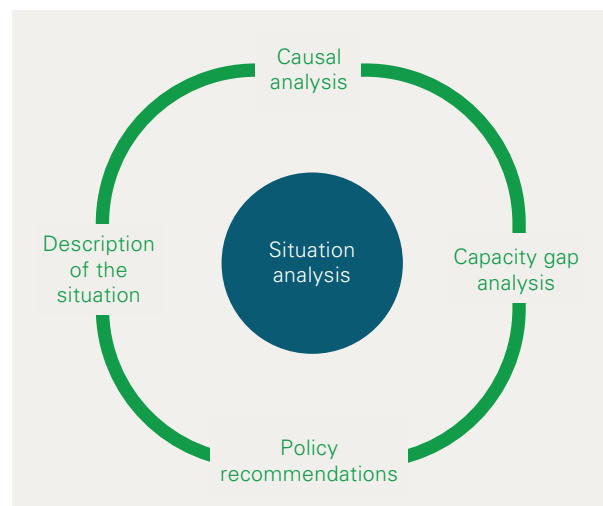
This Situation Analysis of Children (SitAn) shows child-relevant dimensions of national development problems and points out solutions and priority actions required to improve the condition of children in Nigeria. The process reveals the causes and linkages between problems affecting children and how a state's human, social, economic and organizational resources and structures (including laws, policies and institutions) can contribute to solving these problems. The SitAn flags disparities (geographic, ethnic, gender, etc.) that may be the cause of inequities in child outcomes. As such, it is a prerequisite for evidence-based policy analysis and advocacy and is critical for increased effectiveness in country-level programming. The SitAn also serves as a vehicle for the creation of partnerships that mobilize energy, policies and resources towards the realization of the rights of children.

The need for the SitAn arises from the lack of a clear understanding of the situation of children in Nigeria and an analysis of the gender and equity issues that determine and sometimes hinder the realization of positive outcomes for children. Therefore, the SitAn forms the basis for the development of country programmes between the Federal Republic of Nigeria and the United Nations Children's Fund.

The attainment of the SDGs requires that development partners direct efforts and programmes towards the most disadvantaged persons. These disadvantages often manifest as nuanced inequities and could be difficult to assess by stakeholders. There is therefore the need to systematically examine patterns of inequities in the realization of children's rights, including understanding the immediate, underlying and structural causes. In this regard, the SitAn becomes an invaluable tool in the quest to achieve the SDGs by refocusing on equity.

## Methodology

This SitAn was developed using a bottom-up approach and through national consultations and tangible insights and inputs from stakeholders and experts. It involved the use of a globally-accepted situation analysis framework, depicted in Figure 1. The situation analysis framework used for the assessment



**Figure 1: Framework for Situation Analysis of Child Rights in Nigeria**

Source: Stakeholder Analysis Workshop (2020)

of child poverty, child survival, education and child protection enabled the generation of evidence-based analytical reporting on the situation of children in Nigeria. This framework made it possible to draw down the sequence of cause and effect by analysing several layers of causality: immediate, underlying and structural/systemic. The process began with a comprehensive review of existing literature on research and data on children. This afforded an accurate summary of current knowledge; facilitated in-depth understanding of key social, cultural and related economic issues; and helped to identify additional data or analysis required to elevate discussions on the situation of children. Secondary information was identified and consulted through desk reviews of existing records and databases; requests for inputs from partners (government, bilateral, civil society organizations [CSOs] and non-governmental organizations); and bilateral meetings/focus group discussions with CSOs and other stakeholders to gather additional qualitative information on issues of relevance. In-depth interviews were conducted when and where necessary.

In conducting this SitAn, the perspective of children as stakeholders was considered. This was achieved through in-depth interviews with the Speaker of the Children's Parliament in Nigeria. Special emphasis was placed on factors that drive,

sustain and in some cases worsen deprivation of the rights of children and young people, as well as which actors and structures enable progressive, sustainable realization of rights for all children, adolescents and young people across the country.

Qualitative and quantitative data collected through these processes were combined through triangulation and form the basis of information presented in this SitAn. This information provides an understanding of the causes and linkages between problems affecting children and how the country's human, social, economic and organizational resources and structures (including its laws, policies and institutions) can contribute to solving these problems.

This SitAn was achieved by critically:

- ▶ identifying trends, patterns, incidence and causes of key deprivations (e.g., child mortality, stunting, low levels of birth registration, low school enrolment and achievement, violence against children), all disaggregated by relevant segments of the population;
- ▶ identifying and analysing barriers and bottlenecks that prevent the most vulnerable children and families from benefiting from

required interventions and services, including the social, political and economic conditions that result in shortfalls in the creation of an enabling environment for the realization of children's rights;

- ▶ analysing the extent to which gender inequalities and the fulfilment/non-fulfilment of the rights of women affect overall inequalities and deprivations, including those affecting children, adolescents and young people;
- ▶ assessing the current or potential presence of emergency risks, including conflict, disaster risks and other potential shocks, as well as the likelihood of their occurrence, the underlying vulnerabilities, the nature of the hazard and the particularly vulnerable groups that will be affected. (The capacity and coping mechanisms of families, communities, local and national institutions to mitigate these risks and deal with shocks was also assessed);
- ▶ analysing the adequacy of the policy and legislative frameworks for child rights at state level and the extent to which the interventions and services needed to address deprivations are





prioritized in national and state policies, laws, strategies, plans and budgets, and the degree to which they are supported by partners; and

- ▶ developing specific and actionable recommendations for the way in which the gaps and bottlenecks can be addressed to improve the situation of children in the country.

### Proposed use of the SitAn within the national context

The SitAn provides an evidence-based analytical report on the situation of children in the country and serves as a reference document to improve the understanding of all stakeholders, including decision makers and other partners, on the current status of children's rights in the country and the causes of shortfalls and inequities. It will facilitate the development of effective and efficient policy and programmatic interventions and will serve as a powerful tool to guide advocacy, thus ensuring the advancement of children's rights in the country.

This will improve the understanding of all stakeholders, including decision makers and other partners, of the current status of children's rights in the country and the causes of its shortfalls and inequities.

Information was collected from representatives of ministries, departments and agencies, CSOs, development partners, communities and the private sector through various means. This will support the development of effective and efficient policy and programmatic interventions and serve as a powerful tool to guide advocacy, ensuring the advancement of children's rights in the country through advocacy, policy and programme design in the overall national planning process.

A SitAn conducted with respect to children's rights or critical issues affecting their realization serves to increase understanding and to identify necessary remedial actions. A comprehensive SitAn is an effective foundation of and platform for design for coherent public policy and effective public finance management, ensuring equitable access to basic social services and child-friendly cities. The SitAn will also provide useful input into the long-term development plan for Nigeria, soon to be developed.

“ A comprehensive SitAn is an effective foundation and platform of design for coherent public policy and effective public finance management ensuring equitable access to basic social services and child-friendly cities. ”

It is hoped that this SitAn will influence governments to finance children's rights, support child grants and strengthen capacity and systems across the concerned sectors.

### Structure of the SitAn

Chapter one explains the country context in terms of its history, demography, governance, development vision, humanitarian and risk profile, economy, human development and SDG trends as they relate to children's rights, among others. Chapter two presents the situation, trends, stakeholder analysis and policy recommendations to tackle child poverty. Chapter three provides an overview of the situation, trends, causes and stakeholder responsibilities for child survival in Nigeria. Chapter four discusses major situations, trends, policy recommendations and resources required to improve the state of child education in Nigeria. Chapter five presents the situation and trends, causes, stakeholder analysis and policy recommendations for child protection. Chapter six details other children's rights relating to equity and peacebuilding, participation, digital and cyber security, and urbanization, among others. The report ends with a conclusion which should provide guidelines and directions for policy and programme interventions towards the improvement of the living conditions of children and young persons in Nigeria.

# ACRONYMS

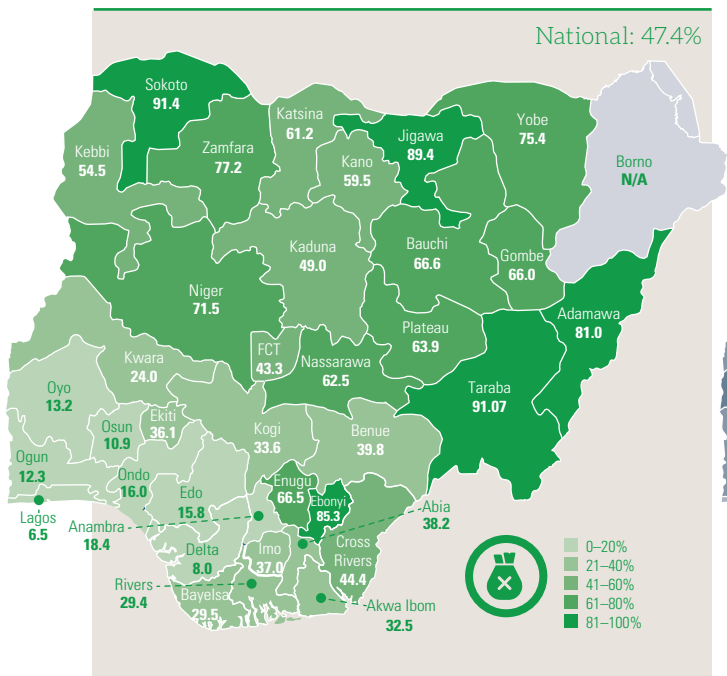
<b>₦</b>	naira, the Nigerian currency
<b>AIDS</b>	acquired immune deficiency syndrome
<b>ART</b>	antiretroviral treatment
<b>BCG</b>	Bacillus Calmette-Guérin, a vaccine primarily used against tuberculosis
<b>BOF</b>	Budget Office of the Federation
<b>CRA</b>	Child Rights Act
<b>CRC</b>	Convention on the Rights of the Child
<b>CSO</b>	civil society organization
<b>DPT</b>	diphtheria, pertussis (whooping cough) and tetanus
<b>DPT-HepB-Hib</b>	diphtheria, pertussis, tetanus, hepatitis B and haemophilus influenzae B (vaccine)
<b>ERGP</b>	Economic Recovery and Growth Plan
<b>FGM</b>	female genital mutilation
<b>FMOH</b>	Federal Ministry of Health
<b>GDP</b>	gross domestic product
<b>HDI</b>	Human Development Index
<b>HIV</b>	human immunodeficiency virus
<b>ILO</b>	International Labour Organization
<b>IMF</b>	International Monetary Fund
<b>IOM</b>	International Organization for Migration
<b>ITF</b>	Industrial Training Fund
<b>ITN</b>	insecticide-treated net
<b>JSS</b>	junior secondary school
<b>MDAs</b>	ministries, departments and agencies
<b>MDGs</b>	Millennium Development Goals
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MODA</b>	Multiple Overlapping Deprivation Analysis
<b>MPI</b>	Multidimensional Poverty Index
<b>NAPTIP</b>	National Agency for the Prohibition of Trafficking in Persons
<b>NBS</b>	National Bureau of Statistics
<b>NDHS</b>	Nigeria Demographic and Health Survey
<b>NEMA</b>	Nigerian Emergency Management Agency
<b>NORM</b>	National Outcome Routine Mapping
<b>NPC</b>	National Population Commission
<b>NSIO</b>	National Social Investment Office
<b>NSIP</b>	National Social Investment Programme
<b>PMTCT</b>	prevention of mother-to-child transmission
<b>SDGs</b>	Sustainable Development Goals
<b>SitAn</b>	Situation Analysis of Children in Nigeria
<b>TB</b>	tuberculosis
<b>UBEC</b>	Universal Basic Education Commission
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational Social and Cultural Organization
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>WASH</b>	water, sanitation and hygiene
<b>WHO</b>	World Health Organization



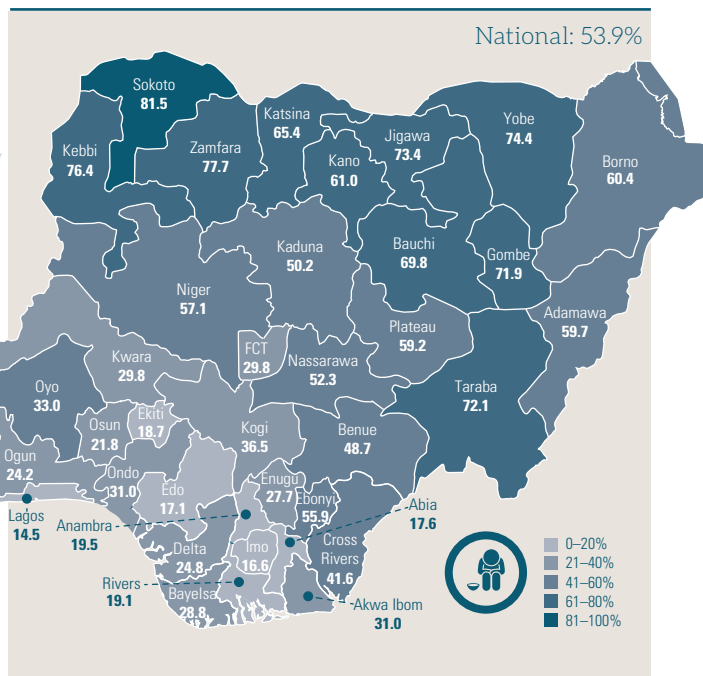


# CHILD POVERTY IN NIGERIA: SITUATION AT A GLANCE

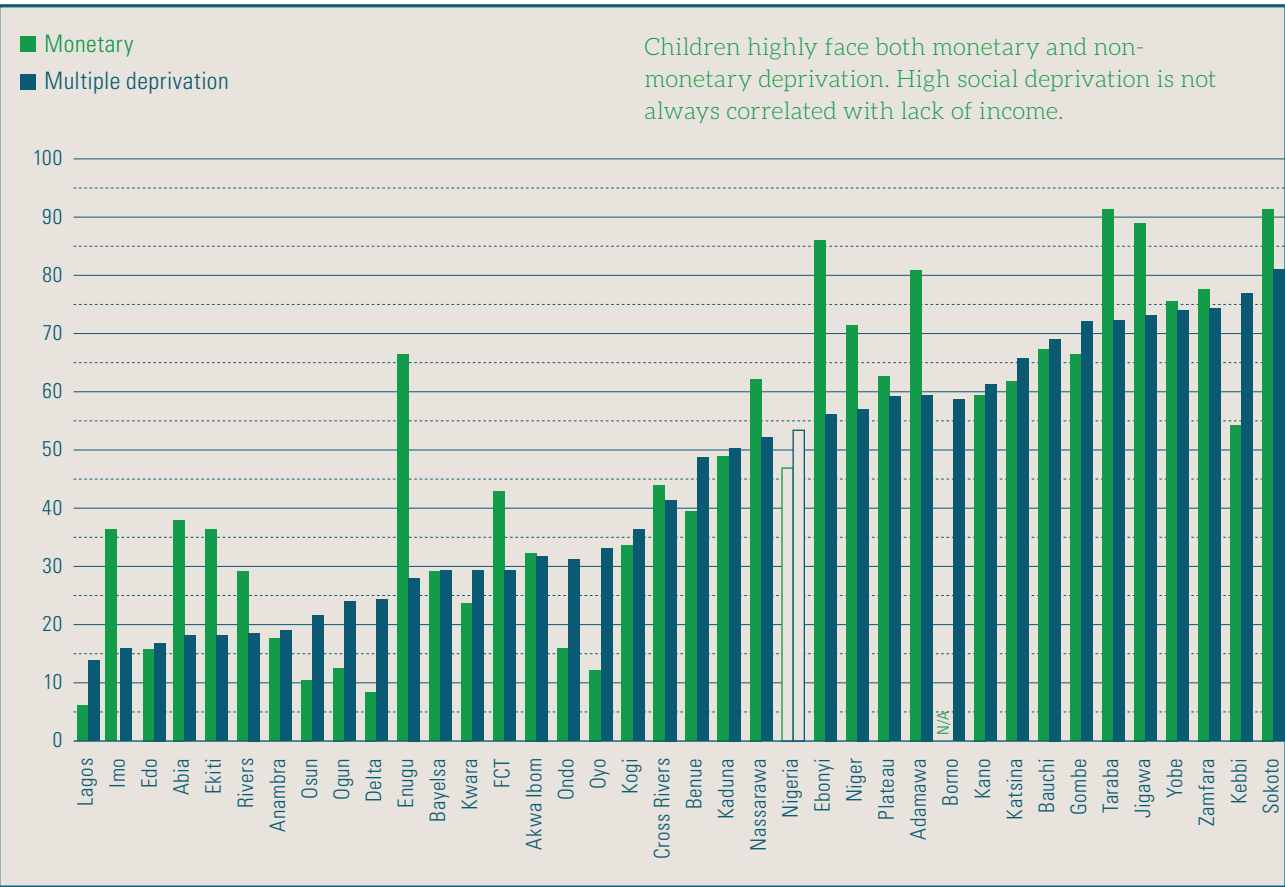
## INCOME (MONETARY) POVERTY



## MULTIDIMENSIONAL CHILD POVERTY



## CHILD POVERTY AND DEPRIVATION IN NIGERIA





# NIGERIA AND ITS CHILDREN: SITUATION AT A GLANCE

## COUNTRY CONTEXT



Population:  
**206.7 million**,  
**52%** are  
children (aged 0-17)



Land area:  
**910,770 km<sup>2</sup>**

**36** **autonomous states** plus  
Federal Capital Territory Abuja



Abundance of  
**natural resources**



Largest **natural gas**  
**reserves** in Africa

## ECONOMY AND LIVING STANDARDS



**98 million** in  
multi-dimensional  
poverty



Economic  
**growth**  
**rate**



**Income**  
**inequality**  
score



Africa's biggest  
**oil exporter**

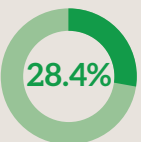


Per capita  
GNI of  
**US\$2,000** (in 2020)



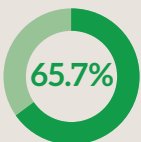
Average life  
expectancy  
**55 years**

## CHILD POVERTY



**urban**

**VS**



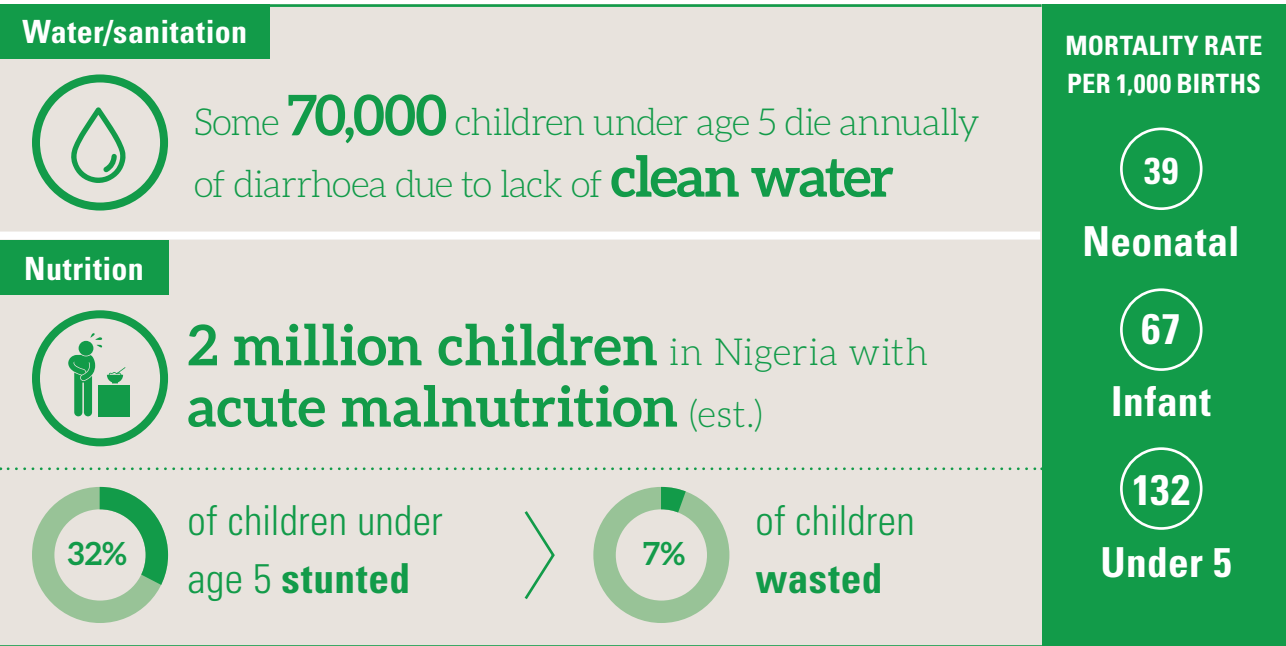
**rural**



**children** in  
multidimensional  
poverty



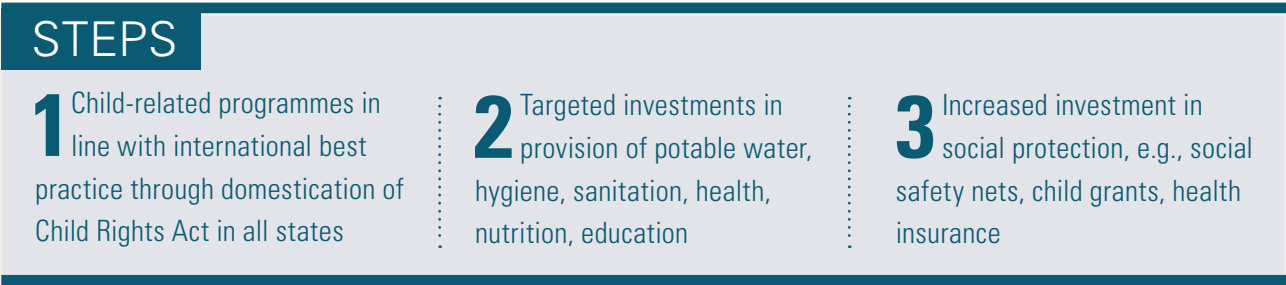
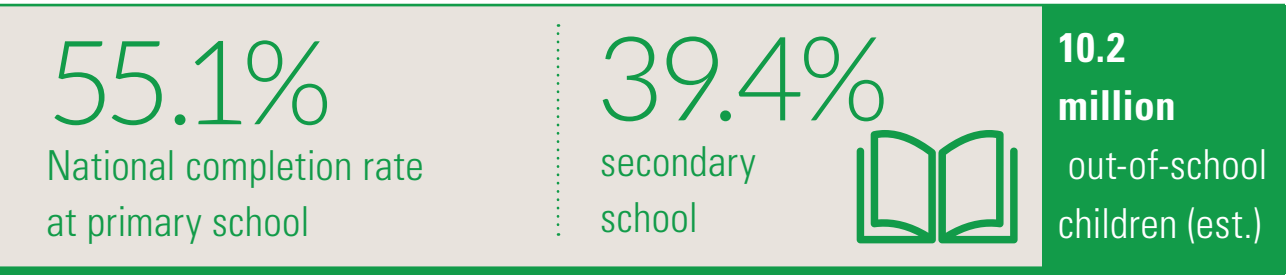
CHILD SURVIVAL



CHILD PROTECTION



EDUCATION



## EXECUTIVE SUMMARY

Based on data gathered and collated in 2020, Nigeria has a population of 206,739,928, of which 52 per cent are children aged 0–17 years. The country ratified the Convention on the Rights of the Child (CRC) on March 21, 1991. The convention articulates the rights of every person under the age of 18 and identifies duty-bearers responsible for the realization of these rights. As a signatory to the CRC, Nigeria has to periodically report on progress in upholding this convention. The mandate of the United Nations Children’s Fund is to monitor this progress. One major way to achieve this is by conducting a comprehensive situation analysis of children to show child-relevant dimensions of national development problems, assess actions and policies, and point out solutions and priority actions required to improve the condition of children in Nigeria. This Situation Analysis of Children (SitAn) will serve as a vehicle for the creation of partnerships that mobilize synergies, policies and resources toward the realization of the rights of children. The SitAn is thus an effective foundation of and platform for the design of coherent public policy and effective public finance management, ensuring equitable access to basic social services, attainment of child-related SDGs and the overall well-being of the Nigerian child.

The lack of a clear understanding of the situation of children in Nigeria and the gender and equity issues that determine and sometimes hinder the realization of positive outcomes for children necessitate a systematic examination of patterns of inequities in the realization of children’s rights, and their causes. This SitAn was developed using a bottom-up approach and through national consultations with stakeholders drawn from the public and private sector, civil society organizations, experts and international donor partners. It involved the use of a globally accepted situation analysis framework as well as a comprehensive review of the existing literature on research and data on children. Qualitative and quantitative data collected through these processes were combined through triangulation and form the basis of information presented in this SitAn. Its findings and recommendations are given below.

The SitAn indicates that children are most affected by poverty because they are vulnerable,

and that poverty has long-term impacts on the well-being of children, even into adulthood. The child poverty rate is highest among children aged 16–17 years and least among children aged 0–5 years. Child poverty and child deprivations are more pronounced in northern Nigeria and rural areas. Multidimensional poverty is manifested in varying degrees with 28.4 per cent of urban children being multidimensionally poor compared with 65.7 per cent of rural children experiencing multidimensional poverty. The outbreak of COVID-19 and its economic impacts has the potential to increase the proportion of Nigerians in poverty and this will include children. Differentials exist in poverty incidence, ranging from the lowest at 17.5 per cent in Osun State to the highest at 89.9 per cent in Sokoto. The worst forms of poverty are observed in the case of Almajiri children in northern Nigeria. In order to end child poverty, Nigeria needs to harness its huge demographic dividends through judicious investments in health, nutrition, social protection, education and livelihoods – especially for young people. Government needs to critically analyse and design systems to include the Almajiris in the process of ensuring child rights.

With regard to child survival, while there has been notable progress in the reduction of neonatal, infant and under-five mortality rates across the country, the figures are still unacceptably high (39, 67 and 132 per 1,000 births, respectively). Disparities in survival rates exist according to geographical location and socioeconomic characteristics of children. Under-five mortality rates are highest in Kebbi in the North West (252 deaths per 1,000 live births) and lowest in Ogun in the South West (30 deaths per 1,000 live births). Meanwhile, neonatal mortality is highest in Kaduna (63 deaths per 1,000 live births) and lowest in Bayelsa (13 deaths per 1,000 live births). About 32 per cent of children under 5 years in Nigeria are stunted, or too short for their age. Seven per cent are wasted (too thin for their height). Rural children have higher levels of stunting at 45 per cent, wasting at 8 per cent, and underweight at 28 per cent, compared to urban children with 27 per cent, 5 per cent and 15 per cent, respectively. Apart from mortality,

children in Nigeria suffer from disabilities which result from denial of the right of the child to survive. Government is the primary duty-bearer in ensuring the attainment of child survival. There is the need to channel planning and implementation of child-related programmes in line with international best practices by ensuring the universal domestication of the Child Rights Act (CRA) in all states of the federation. Focused and specific attention must be directed towards resolving socioeconomic factors that threaten the survival of the child through targeted investments in the provision of potable water, hygiene and sanitation.

In terms of education, there are an estimated 10.5 million out-of-school children in Nigeria (UNICEF, 2020). In 2017, the national completion rate at primary school level was 55.12 per cent with male and female rates being 59.12 per cent and 51.24 per cent, respectively (Nigeria Digest of Education Statistics, Federal Ministry of Education 2019b). At secondary school level, the national rate was 39.41 per cent with male and female rates being 42.63 per cent and 36.18 per cent, respectively. There has been a progressive decline in completion rates from primary to secondary schools, and senior school enrolment declined from 4,475,309 in 2016 to 4,323,347 in 2017 (ibid.). The total number of special needs children in pre-primary school in the 2017/18 period was 73,369, while for the junior secondary school category the number of children requiring special attention was 415,827. The government has the duty to provide inclusive and quality education to all through investments in education infrastructure and amenities as well as the provision of disability-friendly amenities. Government efforts must be intensified to ensure inclusive and quality education in the North East and other conflict-engulfed regions.

The situation of child protection indicates that child registration has improved over the years but is lower than expected (30 per cent), with wide variations across states – 66 per cent in Osun State and 3 per cent in Zamfara State. Some 1.39 million children are currently displaced by the Boko Haram crisis, exposing them to all forms of abuse. About 14 million children aged 5–14 years are engaged in child labour. Child marriages are more prevalent in the north than in the southern parts of Nigeria. About 60 per cent of children under the age of

“The government has the duty to provide inclusive and quality education to all through investments in education infrastructure and amenities, as well as the provision of disability-friendly amenities.”

18 have experienced some form of violence, with female children 87 per cent more likely to be victims of abuse than male children. The majority of street children in the northern parts of the country are Almajiri children.

Increased advocacy and political will must be galvanized to make sure that the 11 states yet to domesticate the CRA do so. It is also necessary to set up child rights implementation committees at all levels of government to track and monitor progress.

Several other issues in the development of the Nigerian child also deserve attention: the relatively low level of child participation in the development of legislation and national action plans; a reported increase in the number of children facing online bullying and harassment; and Nigeria's high income inequality score (35.1), with serious poverty implications and a Gender Gap Index of 62.1 per cent, implying obvious inequities for female children. Tackling these issues will involve mainstreaming the private sector into national development issues as they can provide needed innovation, capital and technological inputs in the areas of child grants and job creation.

The overarching recommendation is that government should invest more in social protection with a focus on social safety nets, child grants and health insurance.



# CHAPTER ONE: COUNTRY CONTEXT

## 1.1 History

Nigeria gained her independence on 1 October, 1960 and became a republic in 1963. After three decades of intermittent military rule, the country returned to democracy in 1999. This opened up Nigeria to the rest of the world through globalization and admittance to the global community of nations. Nigeria accounts for roughly half of West Africa's population with more than 200 million people. It also has one of the largest youth populations in the world, with a national median age of 18.1 years and

The average life expectancy in Nigeria is **55.02 years**, and infant mortality averages **67 deaths** per 1,000 live births.



about 43 per cent aged 0–14. Forty-five per cent of the population are aged 15 and under. The average life expectancy is 55.02 years, and infant mortality averages 67 deaths per 1,000 live births.

Nigeria is a multi-ethnic and culturally diverse federation consisting of 36 autonomous states and the Federal Capital Territory Abuja. With an abundance of natural resources, it is Africa's biggest oil exporter, and has the largest natural gas reserves on the continent (World Bank, 2019b). Nigeria has

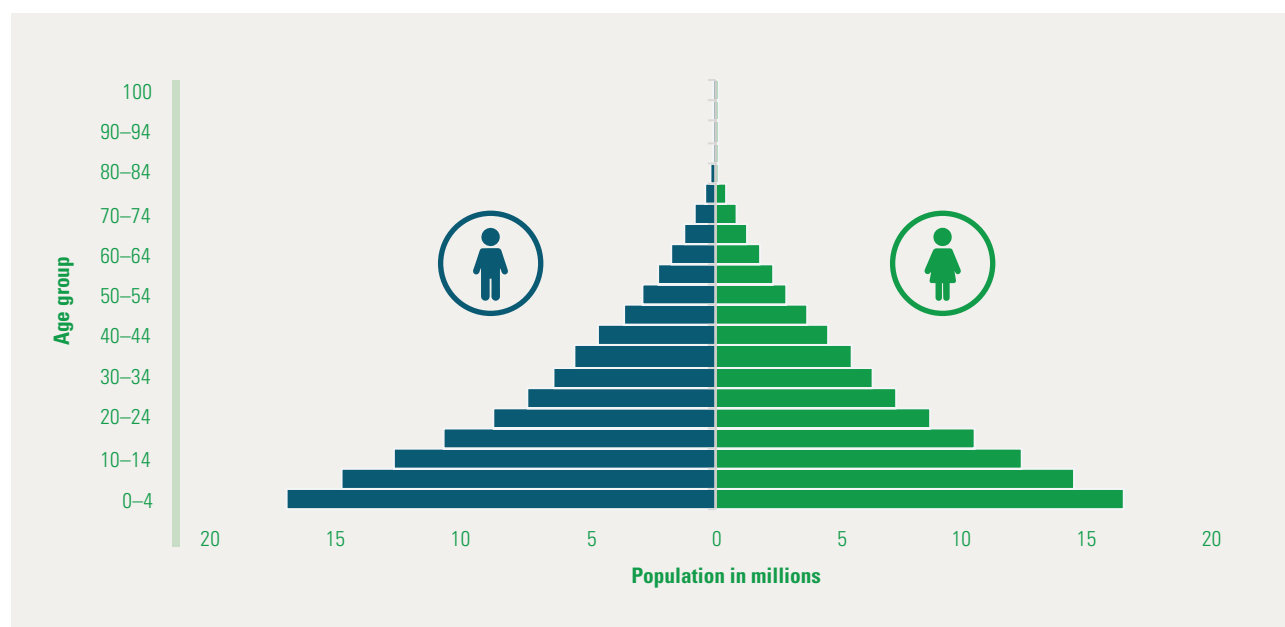
a land area of 910,770 km<sup>2</sup> and 52 per cent of the population live in urban areas. The country's gross domestic product (GDP) on a per capita basis is US\$2,028 (ibid.).

Of Nigeria's more than 200 million people, 98 million experience multidimensional poverty, according to the United Nations Development Programme (UNDP, 2019). With its predominantly youthful population, there is a very high dependency ratio of 88.2 dependants per 100 non-dependants. The economic growth rate is 1.5 per cent, with children bearing the brunt of the harsh economic realities. An estimated 19.9 million Nigerian girls and women have undergone female genital mutilation (FGM). Nigeria also has the highest number of child brides in Africa, with 23 million girls and women who were married as children.

Only 30 per cent of children under the age of 5 have been registered at birth. An estimated 2 million children in Nigeria suffer from severe acute malnutrition, with 37 per cent under the age of 5 suffering from stunted growth (Nigeria Demographic and Health Survey [NDHS], 2018). Around 70,000 children under the age of 5 die annually of diarrhoea due to a lack of access to clean water. About 12.7 million children aged 5–14 years are not in school (Federal Republic of Nigeria, 2019), with one in every five children out of school in the world being a Nigerian. More persons aged 6–15 years than any other age group were victims of trafficking in Nigeria during 2013–2015. A 2018 report from the United Kingdom states that of 208 potential trafficking victims reported, 49 were children (United Kingdom Home Office, 2019). The International Organization for Migration (IOM) reports that 18 per cent of trafficking victims in Nigeria are girls under the age of 18 (IOM, 2019). The latest Global Slavery Index report (2018) ranks Nigeria 32nd of the 167 countries with the highest number of slaves, at 1,386,000; and the National Agency for the Prohibition of Trafficking in Persons (NAPTIP) reports that the average age of trafficked children in Nigeria, now upgraded to a Tier 2 country on the United States State Department's Trafficking In Persons Report (2019), is 15. Thousands of children from poor homes, mostly aged 15–17, are involved in domestic labour.







**Figure 2: Age pyramid**

Source: Index Mundi (2019)

## 1.2 Demography

- **Structure of the population:** Nigeria has a population of 206,739,928 (Population Stat, 2020) and this could reach 730 million inhabitants in 2100 (United Nations, 2019). The population density in Nigeria is 226 per square kilometre (586 people per square mile). Fifty-two per cent of the population is urban (107,112,526 people in 2020). The median age in Nigeria is 18.1 years. Children aged 0–17 years comprise 52 per cent of the population (NDHS, 2018). The sex ratio of the population is 1.03 with 49.4 per cent (102,060,755) being women. In terms of religious affiliation, there are Muslims and Christians, as well as other religions.
- **Population growth and fertility:** The population growth rate is 2.67 per cent. Natural increase was 5,398,743 in 2020 and net migration was 69,932. Total life expectancy at birth for both sexes is 55.02 years: 54.10 for males and 55.97 for females (Population Stat, 2020). The fertility rate in Nigeria is 5.38 per cent (United Nations, 2019; National Population Commission [NPC], 2019; NDHS, 2018).

The Nigeria age pyramid shows that the majority of the population is aged 0–14. This is indicative of high fertility and dependency rates. It also implies

that a large proportion of the population will soon be entering the working age group.

## 1.3 Development vision

Nigeria's development indicators are constrained by factors that include unappropriated energy supply, deficient transport infrastructure, an inefficient judiciary system, widespread corruption and high inflation. Other major concerns include mainstreaming gender issues into the development process, closing the inequality gap and reducing widespread insecurity.

The Nigerian economy entered a recession in 2020, reversing three years of recovery, due to a fall in crude oil prices on account of a reduction of global demand and containment measures to fight COVID-19. The recession is projected to increase the number of Nigerians living below the international poverty line.

In terms of development challenges, while the country has made some socioeconomic progress in recent years, its human capital development remains weak due to underinvestment, with Nigeria ranking 152 out of 157 countries on the World Bank's 2018 Human Capital Index. Nigeria faces massive developmental challenges, including the need to reduce dependency on oil and diversify the economy,



address insufficient infrastructure, build strong and effective institutions, and tackle governance issues and public financial management systems.

Inequality of income and opportunity has been growing rapidly and has adversely affected poverty reduction. The north–south divide has widened in recent years due to the Boko Haram insurgency and a lack of economic development in the northern part of the country. Large pockets of Nigeria’s population still live in poverty without adequate access to basic services and could benefit from more inclusive development policies. A lack of job opportunities is at the core of high poverty levels, regional inequality, and social and political unrest in the country. This has had an impact on the realization of children’s rights in the country.

The COVID-19 pandemic creates added socioeconomic dimensions to the development challenge of Nigeria. The economic impacts of the pandemic, such as reduced demand for and reduced revenue from crude oil, have implications for the ability of the federal government to meet its development commitments. The response to and amelioration measures for the outbreak and spread of COVID-19 revealed frailties in livelihood and food systems across the country, with damaging effects for the majority poor in the informal sector. They also highlighted inadequacies in social protection mechanisms with inevitable poverty-deepening effects. The disruption of routine health care services caused by the diversion of resources to the pandemic is expected to have serious impacts on infant mortalities and other health indicators. These constitute germane development challenges.

Since independence in 1960, Nigeria has explored four five-year development plans, one structural adjustment programme, two three-year rolling plans, four visions, and strategies, including the recently launched Economic Recovery and Growth Plan (ERGP), which encapsulates the development aspirations of the federal government. Similarly, as a signatory to the implementation of the SDGs, the country has domesticated the goals with an institutional framework for implementation at federal and state government levels.

Nigeria is on the verge of developing a long-term national development plan, which is expected to enhance the attainment of national development goals, including children’s rights issues.

## 1.4 Governance

Nigeria is divided into six geopolitical zones: North West, North East, North Central, South West, South East and South South. The zones comprise states with similar ethnic groups and common political history. Economic, political and educational resources are often shared across the zones.

Nigeria has a decentralized political system with a three-tiered government structure. The structure is made up of a central federal government, 36 federating states and 774 local governments.

The federal government has three arms:

- ▶ **Executive:** headed by the elected president and joined by elected governors and local government chairmen.
- ▶ **Legislature:** headed by the Senate president in the Senate, the Speaker in the House of Representatives and speakers of the state houses of assembly.
- ▶ **Judiciary:** headed by the Chief Justice of the Federation and chief judges of states in the federation.

Nigeria’s federated structure gives significant autonomy to the 36 states and the Federal Capital Territory Abuja. The federal government makes up the national government, while the states and

“The response to and amelioration measures for the outbreak and spread of COVID-19 revealed frailties in livelihood and food systems across the country, with damaging effects for the majority poor in the informal sector.”

local governments are subnational governments and largely independent. Each has an executive and legislative branch with the powers to interpret economic and social policies, set up their own budget and expenditure patterns and decide whether to key into national social and economic policies. Additionally, the federal government is largely responsible for designing social and economic policies. The implication of this function is that it cannot force the state and local governments to key into these policies. The most it can do is create incentives in the form of concessions and grants that would be hinged on the participation of the subnational governments. Closely related to this is the constitution of the states and local governments. They differ considerably in size,

population and human and material resources, and these differences determine allocations from the centre and influence state policy and governance.

1.5 Humanitarian and risk profile and resilience

National emergency response is coordinated and handled by the National Emergency Management Agency (NEMA). The framework for this response is the infrastructural resuscitation contingency plan called the National Contingency Plan (NEMA, 2013). The plan is structured into seven thematic areas: medical and health infrastructure, communication, airports infrastructure, roads and bridges infrastructure,

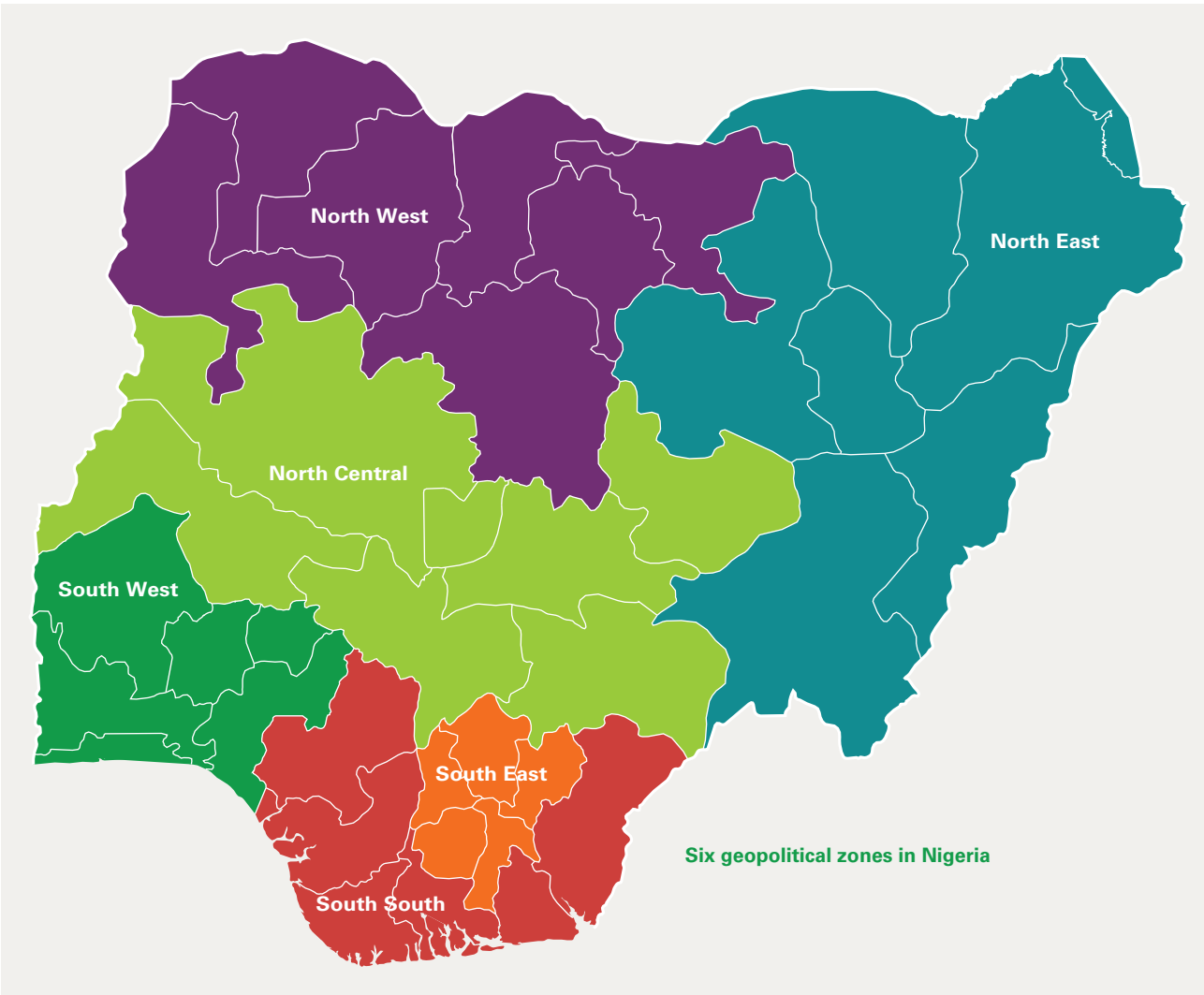


Figure 3: Map showing geopolitical zones in Nigeria

Source: Geospatial solutions expert (2019)

electricity infrastructure, water infrastructure and solid/liquid management. Each theme consists of the strategic objectives, list of relevant stakeholders, lines of authority, alerting system, priorities, resource need and capacities and a detailed tasking of each stakeholder (NEMA, 2013). State emergency management agencies are expected to domesticate the National Contingency Plan.

### 1.5.1 Insecurity and the Boko Haram crisis

Insecurity is a major development concern in the Boko Haram insurgency-affected parts of North East Nigeria. According to the United Nations High Commission for Refugees, children and women constitute 58.3 per cent and 54 per cent, respectively, of the 2.4 million people displaced as a result of the Boko Haram crisis (United Nations, 2020). An estimated 413,000 people are in severe humanitarian conditions as a result of the insurgency, while 245,499 people are affected by banditry and farmer–herder-related conflicts, with the figure expected to increase (ACAPS, 2020). The crisis has spilled over into the neighbouring countries of Chad, Niger and Cameroon, making it a subregional issue. There has also been an increase in banditry and kidnappings in the south in recent years, while the Middle Belt region has been rocked with disputes between cattle herders and farmers. These conditions generally work against the progress of development.

## 1.6 Economy

Nigeria is Africa's leading economy and the world's 26th largest with an average GDP of \$442,976 billion (International Monetary Fund [IMF], 2020). The country is one of the leading exporters of liquefied natural gas, which accounts for 15.5 per cent of exports. Nigeria also extracts tin ore and coal for domestic use. Other natural resources include iron ore, limestone, niobium, lead, zinc and arable land. The country is the biggest oil exporter in Africa (Oshikoya, 2008), and therefore its growth depends largely on oil prices. Between 2000 and 2014, GDP increased at an average rate of 7 per cent. However, after the oil crisis of 2014–2016, GDP growth fell to 2.7 per cent in 2015 and has since been low, ranging from a contraction of 1.6 per cent in 2016 to growth of 2.2 per cent in 2019 (IMF, 2019).

The main sectors of the economy are: crude oil, which accounts for 70 per cent of government revenue; the industrial sector, which makes up 25.7 per cent of GDP and employs 12 per cent of the workforce; services, which represents 52 per cent of GDP and employs 52 per cent of the population; and agriculture, which employs 36.4 per cent of the population and contributes 21 per cent of GDP.

Growth is too low to lift the bottom half of the population out of poverty; the weakness of the agriculture sector reduces prospects for the rural poor, while high food inflation adversely impacts the livelihoods of the urban poor. Despite expansion in some sectors, employment creation remains weak and insufficient to absorb the fast-growing labour force of the country. This has resulted in a high unemployment rate of 23.1 per cent and an underemployment rate of 20 per cent (World Bank, 2019b). In the northern part of the country, instability challenges resulting in the mass displacement of people have only served to compound the problem of poverty.

Without significant structural policy reforms, Nigeria's medium-term growth is projected to remain stable at around 2 per cent. Given that the economy is expected to grow more slowly than the population, living standards are not expected to improve. Growth is constrained by a weak macroeconomic framework with high persistent inflation, multiple exchange rate windows and foreign exchange restrictions, distortionary activities by the central bank, and a lack of revenue-driven fiscal consolidation results. Rising public debt and increasingly complex policy interventions by the central bank constrain private sector credit growth. External balances are fragile and fiscal buffers are exhausted, making Nigeria's economy vulnerable to external risks.

There are various government policies and intervention programmes targeted at ensuring the realization of children's rights in the country. One is the National Social Protection Policy which was approved by the Federal Executive Council in 2017. The policy document contains eight domains or sectors with 16 policy measures, with many of the policy measures directly addressing issues relating to children living a life of dignity and well-being. The current economic blueprint of the government's



ERGP was also designed to address issues mitigating against the realization of children's rights in Nigeria.

## 1.7 Human development, equity, poverty and main SDG trends

The principal measure of human development is the Human Development Index (HDI). Nigeria scored 0.534 in 2018 (UNDP, 2018) which puts the country in the low human development category and ranks it 158 out of 189 countries and territories. Between 2005 and 2018, Nigeria's HDI value increased by 14.4 per cent. All the North East states have HDI scores below the national average, ranging from a high of 0.4286 in Taraba to a low of 0.3238 in Bauchi, a figure less than half that of the highest-scoring state, Lagos, at 0.6515. In Nigeria, life expectancy at birth is 52.2 years, which ranks the country 178th in the world (NPC, 2019; World Health Organization [WHO], 2018). The third pillar of the ERGP, which is about investing in people, was designed to address human development and equity issues affecting children. There is domestication of many international laws and charters on the rights of children, as well as agencies charged with the responsibility of easing the plight of children, yet the role of government policies in the social and economic lives of children still leaves much to be desired. Government policies have not significantly raised the quality of life of the Nigerian child because of the interference of corruption, weak institutions, poor funding and lack of will (Nwokoro and Burchi, 2011).

Human capital development remains weak due to underinvestment, as the country was ranked 152 of 157 in the World Bank Development Index (World Bank, 2018a). According to the 2017 Annual Report of the United Nation's Children's Fund (UNICEF), key development priorities recognized as emerging areas of importance to accelerate development expectations in the country include climate change and children, early childhood development, refugee and migrant children, urbanization and children, and greater focus on the second decade of life.

### 1.7.1 Climate change and children

There are two main areas of focus: the use of climate-informed and adaptable technology in the deployment of services, and teaching disaster

preparedness to children and adolescents, especially in communities at risk. Emphasis should be placed on using clean energy options.

### 1.7.2 Greater focus on the second decade of life

There are an estimated 10 million adolescents in Nigeria. Studies are presently being conducted to better understand their situation. Emphasis is being placed on harnessing the demographic dividend of the vast resource inherent in the country's young population.

### 1.7.3 Inequality

Inequality in Nigeria worsened between 2004 and 2013 but improved in 2016 according to both the Gini Coefficient and Theil Index. Inequality as measured by the Gini Coefficient worsened from 0.36 in 2004 to 0.41 in 2013 but improved slightly to 0.39 in 2016 (National Bureau of Statistics [NBS], 2018a). According to 2019 data, rural poverty is more pronounced (52.0 per cent) than urban poverty (18.1 per cent) and wide disparities in poverty rates exist across regions of the country. Sokoto in the North West has the highest poverty headcount at 87.7 per cent while Lagos in the South West has the lowest poverty headcount at 4.5 per cent (NBS, 2019).

The National Social Protection Policy goal to mitigate poverty through various intervention streams has not yielded desired results. According to ActionAid Nigeria (2018), "If the entire money voted in the budget was released to the programme instead of nearly 35 per cent approved, so many Nigerians would have been lifted out of poverty in the last few years. Inadequate funding of the Social Protection Programme in Nigeria has denied the programme the maximum impact it would have made."

### 1.7.4 Gender

Gender inequality is a persistent threat to girls in Nigeria. The gender gap in Nigeria is relatively wide when compared with countries at similar levels of development. Most distinctions based on child gender are not statistically significant for the youngest children, but a significant difference between boys and girls emerges in the health dimension (Boon and Neubourg, 2020). Gender inequality is evident in access to economic opportunities, as 45.5 per cent of the Nigerian labour force is female (World Bank, 2019b). However, women's participation in

formal and informal labour markets is on a positive trajectory. Health outcomes of gender equality for females vary. Life expectancy at birth for females is 55.97 compared with 54.10 for males (Population Stat, 2019). However, the gender breakdown of people living with the human immunodeficiency virus (HIV) is unfavourable for women at 56.5 per cent, and adolescent girls aged 15–19 are four times more likely to be infected with HIV than their male counterparts. In education, inequalities are reflected across the three income groups. For high income families, junior secondary school completion rates are the highest at 96 per cent for both genders. In middle income families, the school completion rate for females is about 2 per cent lower than for males. The biggest inequality occurs in low income families, with completion rates for females being 6 per cent lower than for males. The literacy rate for female youth (15–24 years) is 68.1 per cent against 86.3 per cent for the equivalent male group. Also, over two-thirds of girls in the north aged 15–19 are unable to read, compared with less than 10 per cent in the south. In the north, only 3 per cent of girls complete secondary school, and 76 per cent are married by age 18 in the North West (World Bank, 2018a). Gender inequalities are also manifested in many forms ranging from non-enrolment in school, child labour and child marriage, to acts of sexual violence like rape and FGM.

Much progress in gender development can be achieved through a review of the Constitution of the Federal Republic of Nigeria to make it more gender sensitive and to provide holistic care for the needs of female children.

### 1.7.5 Poverty

Poverty stands out as the most basic of all deprivations and arguably the worst reducer of human dignity. It is also the root cause of most denial of child protection rights. The Multidimensional Poverty Index (MPI) in Nigeria is high at 0.303 (Oxford Poverty and Human Development Initiative, 2017). The MPI across domains varies widely with the most deprived state being Yobe with an MPI of 0.635, followed closely by Zamfara State at 0.605. This is in stark contrast to the situation in South West Nigeria, which has two of the least deprived states – Lagos and Osun, with MPIs of 0.035 and 0.043, respectively (ibid.).

All regions of Nigeria, except for the North East, recorded a decline in poverty incidence during the period 2013–2016. The South West region performed particularly well and managed to cut its poverty rate by more than half during this period, while poverty levels remained particularly high in the North East and North West regions at 47.6 per cent and 59.0 per cent, respectively. Importantly, the North East was the only region to have registered an increase in the incidence of poverty, from 45.56 per cent to 47.56 per cent, over this period. This accounted for the region’s shrinking middle class and the largest increase in income inequality, as measured by the Gini Coefficient, over this period (UNDP, 2018).

The intensity of poverty, which measures the percentage of dimensions in which poor people are deprived, is highest in northern Nigeria with the North East region at 44 per cent, and the North West at 45 per cent, slightly above North Central where the intensity of poverty is 41 per cent (NBS and UNDP, 2018).

It is little wonder that poverty eradication is the first goal in the SDGs. Closely linked to poverty is hunger and other conditions that cause routine denial of the rights of children. It is a major concern for Nigeria to be able to fully achieve the SDGs. Further concern arises from the fact that half of Nigerians currently live below the poverty line, while pandemics are rampant (COVID-19, HIV, tuberculosis [TB]),

“Poverty stands out as the most basic of all deprivations and arguably the worst reducer of human dignity. It is also the root cause of most denial of child protection rights.”

“ At present, partnerships are being forged and synergies are being developed to galvanize stakeholders to mobilize the required resources for the implementation of the SDGs, and a strong collaborative partnership between Nigeria and international donor agencies exists with respect to their smooth implementation.”

infant mortality is high, and the country is struggling with significant levels of inequalities.

#### 1.7.6 Main SDG trends

The 17 SDGs were adopted by governments at the United Nations General Assembly in September 2015, with 44 child-related indicators integrated in those goals (UNICEF, 2018c). These indicators can be arranged into five dimensions of rights for children. The first dimension is about the need for every child to survive and thrive, and this is dealt with by SDGs 1, 2 and 3. The second dimension is that every child should learn, and SDG 4 addresses this. The third dimension is the need for every child to be protected from violence, exploitation and harmful practices, and SDGs 5, 8, and 16 tackle this. The fourth dimension is that every child should live in a safe and clean environment, the focus of SDGs 1, 3, 6, 7, and 13. Finally, the fifth dimension is that every child should have a fair chance in life, which is encapsulated by SDGs 1 and 5. (See Annex 1.)

At present, partnerships are being forged and synergies are being developed to galvanize stakeholders to mobilize the required resources for the implementation of the SDGs, and a strong collaborative partnership between Nigeria and international donor agencies exists with respect to their smooth implementation. However, there is no specific legislation in place for the purpose of SDG implementation in Nigeria (Nigerian Institute of Social and Economic Research, 2018). The Voluntary National Review (2017) conducted by the Office of the Senior Special Assistant to the President on SDGs reports that thus far, the SDG implementation process in Nigeria has achieved four important milestones:

- ▶ The establishment of multilayer and multicluster institutional frameworks for enhanced coordination and SDG mainstreaming processes through the creation of the Office of the Senior Special Assistant to the President on SDGs with responsibility for ensuring both horizontal and vertical coherence between development policies, plans and strategies.
- ▶ The existence of a good policy and planning framework. The ERGP, which is also the basis of the current medium- and short-term budgeting frameworks is, to a large extent, aligned with the SDGs. Another major achievement is the buy-in by states across the federation into SDG-aligned development plans; Benue, Taraba, Yobe, Kaduna, Ebonyi, Kano, Jigawa, Anambra and Delta States, among others, have SDG-aligned state development plans.
- ▶ Upscaling the Conditional Grants Scheme. The Conditional Grants Scheme is a counterpart contributory mechanism which incentivizes subnational governments to mobilize resources in order to accelerate progress in the SDG core areas.
- ▶ Identifying and targeting poor and vulnerable groups. This process culminated in the production of a national social register for poor and vulnerable households. There is a monthly conditional cash transfer of five thousand naira (₦5,000) to such households as part of a national social safety net programme towards eradicating extreme poverty. These



processes are handled by the National Social Investment Office (NSIO) located within the Vice President's office (Federal Republic of Nigeria, 2020).

Other progress trends include:

- ▶ SDG 3 – Health and well-being: There have been improvements in under-five mortality rates (down to 132 from 157 per 1,000 live births). More investment in public health is required to ensure that the most vulnerable are reached through universal access to essential services (Federal Republic of Nigeria, 2020).
- ▶ The launch of the Home-Grown School Feeding Programme, which targeted 5.5 million primary school pupils for three years, is ensuring increased access to primary and secondary schools.
- ▶ The three-year Government Enterprise and Empowerment Programme was created with the aim of providing financial services access to traders, market women and women cooperatives; artisans and medium, small and micro enterprises (MSMEs); enterprising clusters/youth; and farmers and agricultural workers. The programme targeted 1 million traders, women cooperatives and market women; 200,000 MSMEs; 260,000 enterprising youth; and 200,000 farmers and agricultural workers.
- ▶ N-Power Programme, designed to help young Nigerians acquire and develop life-long skills to become solution providers in their communities and players in the domestic and global market. It is created for graduate youths aged 18–35 and is expected to last for two years, with a targeted reach of 500,000 youths in three years. The programme pays a ₦30,000 stipend to participating graduates, and payment is made through mobile banking, and is thus able to reach those in remote areas.
- ▶ Anchor Borrowers' Programme: This programme is a Central Bank of Nigeria initiative designed to lift thousands of small farmers out of poverty and generate millions of jobs for unemployed Nigerians. It aims to complement

the Growth Enhancement Support scheme of the Federal Ministry of Agriculture by graduating farmers from subsistence farming to commercial production.

- ▶ Enhanced Digital Skills for Youths: The Office of the Senior Special Assistant to the President on SDGs worked with the technology giant Google, through its Digital Skills for Africa programme, to train 125,000 youths across the country. The purpose of the training is to improve young Nigerians' digital skills, which are essential for the jobs of the future.

Major challenges in the way of implementation are:

- ▶ Overdependence on oil and gas sectors for revenue and dwindling agricultural production, resulting in economic recession.
- ▶ Infrastructural deficits and technological gaps as impediments to the proper implementation of the SDGs.
- ▶ Humanitarian crises such as the phenomenon of internally displaced persons and extreme weather events disrupting and sometimes reversing development progress.

Financing is critical to the successful implementation of the SDGs. The federal government is doing its part to make funding available, but more needs to be done. Overall, human development efforts in terms of training and capacity-building for the implementation of the SDGs have not been encouraging at either federal or state level. Also, operational and implementation strategies adopted by SDG offices in some states can derail the achievement of the SDGs as stakeholder ministries, departments and agencies (MDAs) are completely alienated from the implementation process. In terms of SDG performance, Nigeria ranked 141 out of 149 countries (United Nations, 2019). (See Annex 2.)

Effective tracking, monitoring and evaluation of the progress of development are crucial for the overall success of development efforts. Also key is the information-sharing process between monitoring and evaluation systems across stakeholders, which facilitates decision-making and planning processes. More effort is required to create and foster such synergies.

## CHAPTER TWO: CHILD POVERTY

### **Definition of concepts of poverty, child poverty, monetary and non-monetary child poverty**

Poverty is defined as a pronounced deprivation in general well-being characterized by low income and the inability to acquire the basic goods and services necessary for survival with dignity. Poverty is also related to low levels of health and education, poor access to clean water and sanitation, inadequate physical security, lack of voice, and insufficient capacity and opportunity to better one's life (World Bank, 2011). Child poverty refers to a situation where children experience deprivation of the material, spiritual and emotional resources needed to stay alive, develop and thrive, thus leaving them unable to enjoy their rights, achieve their full potential and participate as full and equal members of society (UNICEF, 2005).



This SitAn uses the Cross-Country Multiple Overlapping Deprivation Analysis (CC-MODA) methodology to define and measure child poverty at a national level, taking into consideration the complex, multifaceted realities of poverty children experience at different stages of their lives. (See Annex 5 for MODA definition table.) The MODA methodology is based on two concepts: monetary poverty and multidimensional deprivation. Monetary child poverty is defined as children living in households where members experience extreme poverty, living on less than \$1.90 a day, where the international poverty line is currently set (2021). Multidimensional child deprivation is defined as the non-fulfilment of children’s rights in the main dimensions of survival, development, protection and participation (UNICEF, 2014).



**Monetary child poverty** is defined as children living in **households** where members live on less than **\$1.90 a day**.

2.1 Situation and trends

2.1.1 Monetary child poverty

*Monetary child poverty and the international poverty line (extreme poverty)*

A report by Boon and Neubourg (2020) on monetary child poverty in Nigeria showed that 24.36 per cent of children are living on less than \$1.90 (purchasing power parity [PPP])<sup>1</sup> a day. Monetary child poverty rates varied across age groups: 25.27 per cent for children aged 5–9 years, 26.05 per cent for children aged 0–4 years, 23.47 per cent for children aged 10–14 years and 20.08 per cent for children aged 15–17 years. The incidence of monetary child poverty for male and female children in Nigeria was 24.63 per cent and 24.08 per cent, respectively. Wide differences were observed in monetary child poverty across geographical locations, as 32.13 per cent of children in rural areas were experiencing monetary child poverty while 8.15 per cent of children from urban areas were living on less than \$1.90 a day. These realities indicate that much needs to be done to bring Nigerian children above the international poverty line and to secure a better future for them.

The report showed a high incidence of extreme monetary child poverty (living on less than \$1.90 a day) in many states. Four states exhibited a figure above 65 per cent: Ebonyi (67.75 per cent), Jigawa (67.89 per cent), Sokoto (70.65 per cent) and Taraba (73.66 per cent). Lagos (0.94 per cent) and Delta (0.70 per cent) showed the lowest incidence, with less than 1 per cent of children living on less than \$1.90 a day.

*Monetary child poverty and the national poverty line*

Almost half of Nigerian children, 47.4 per cent, are living below the national poverty line, defined as less than ₦137,430 per year. Boon and Neubourg (2020) further showed that more children (49.7 per cent) experience poverty in the 4–9 year age group than children in other age groups. This is followed by 48.68 per cent of children aged 0–4 years, 46.33 per cent of children in the 10–14 age group, and 41.15 per cent of children aged 15–17 years. Broken down by gender, the results were 47.98 per cent and 46.8 per cent for male and female children, respectively.

<sup>1</sup> This would mean  $1.9 \times 135.5 = ₦257.45$  a day or roughly ₦94,000 per annum as  $\$1 \text{ PPP} = ₦135.5$ .



More than half (59.15 per cent) of children living in rural geographical locations were living below the national poverty line, compared with almost a quarter (22.86 per cent) of children from urban areas.

Sixteen out of the 36 states of the federation have more than half the child population living below the national poverty line. Sokoto, Taraba and Jigawa states recorded the worst situations with 91.43 per cent, 90.07 per cent and 89.38 per cent, respectively, of children living below the national poverty line. On the other end of the spectrum, Lagos State had 6.52 per cent, Delta State had 7.99 per cent and Osun State had 10.85 per cent of children living below the national poverty line, making them the states with the lowest rates. However, all states of the federation need to help their children living below the national poverty line to live a life of dignity and well-being, thereby preparing them for a brighter tomorrow.

#### *Child Poverty Gap Index in Nigeria by state*

In relation to the Poverty Gap Index, Boon and Neubourg (2020) showed that children in Taraba, Sokoto and Jigawa states measured 45.87 per cent, 41.71 per cent and 40.5 per cent, respectively. However, children in Lagos, Delta and Osun states had Poverty Gap Index readings of 1.03 per cent, 1.34 per cent and 1.83 per cent, respectively, well below the national poverty line. This implies that the extent to which children on average fall below the national poverty line differs across the states. Since a higher Poverty Gap Index means that poverty is more severe, states with higher Poverty Gap Index scores need to plan very well to greatly eradicate or reduce their poverty gap.

By August 2020, the number of Nigerians living in extreme poverty had increased to 48 per cent, or about 95 million people (Oxfam, 2020; U.S. Agency for International Development, 2020). The outbreak of COVID-19 and its economic impacts has the potential to increase this number by 5 million in 2020 alone, and this will include children (World Bank, 2020). To reverse this trend, Nigeria's government under President Buhari launched social intervention programmes, including cash transfers to its poorest people. It is hoped that the ripple effect of more households escaping poverty will impact children positively.

### **2.1.2 Non-monetary child poverty (child deprivation)**

#### *Single deprivation analysis*

There are seven areas of child deprivation arising from child poverty. These are health, water, sanitation, nutrition, shelter, education and information. (See Annex 3 for discussion of indicators.) The single deprivation analysis shows deprivation rates per indicator, dimension and age group and state disparities across Nigeria. It is also called a one-dimensional approach, focusing on deprivation in a single dimension and the factors associated with the probability of being deprived in the selected dimension.

- ▶ **Health:** According to the NDHS 2018, 19 per cent of children in the country aged 12–23 months did not receive any basic vaccinations. Although this was an improvement from 2008 (21 per cent), it was still short of the SDG requirement of 90 per cent coverage for all basic vaccinations. Children from households with a higher wealth quintile were more likely to be vaccinated compared to those from a lower wealth quintile (59 per cent and 15 per cent, respectively). Likewise, urban children were more likely to receive all basic vaccinations compared to those living in rural areas (44 per cent versus 23 per cent). At state level, basic vaccination coverage was very low in the North West states of Zamfara (7.4 per cent), Katsina (21.2 per cent), Kebbi (6.3 per cent) and Sokoto (4.6 per cent). Highest coverage was recorded in Lagos (62.4 per cent) (NDHS, 2018).
- ▶ **Nutrition:** 72.8 per cent of children aged 0–5 months did not have access to exclusive breastfeeding. Of children aged 6–23 months, 65.5 per cent did not attain the recommended meal frequency and diversity standards and 19.9 per cent of children 0–5 years of age were suffering from wasting (NBS, 2018b). The states in northern Nigeria were the most affected by the two forms of malnutrition – stunting and wasting (UNICEF, 2019).
- ▶ **Education:** 35.8 per cent of children aged 5–11 years did not attend school while 26.3 per cent of children aged 8–11 years old were at

least two years behind in schooling for their age. For the age range 12–17, 39.9 per cent of children were at least two years behind in schooling for to their age while 36.4 per cent did not attend school at all. Around 7.8 per cent of children aged 15–17 years did not finish primary education (Boon and Neubourg, 2020).

- ▶ **Housing:** 71.2 per cent of children aged 0–4 years experienced deprivation in housing conditions, with 51 per cent of these living in households with neither improved toilet facilities nor improved building materials. For children aged 5–11 years, 31.6 per cent lived in overcrowded housing while 51.9 per cent lived in houses not built with improved materials. Of children aged 12–17, 26.2 per cent lived in overcrowded housing and 48.3 per cent lived in houses made with unimproved materials (Boon and Neubourg, 2020).
- ▶ **Water:** Deprivation rates in the water dimension ranged from 37.6 per cent to 40.6 per cent across all age groups when measured by the indices of ‘drinking water source’ and ‘distance to drinking water source’. Of children aged 0–4 years, 40.5 per cent experienced water deprivation. Of children aged 5–11, 36.5 per cent obtained their drinking water from unclean water sources, while 9.2 per cent suffered deprivations in terms of distance to water sources. Of children aged 12–17 years, the deprivation rates for source of drinking water and distance from source of drinking water were 33.3 per cent and 8.8 per cent, respectively (Boon and Neubourg, 2020).
- ▶ **Sanitation:** Nearly four out of five children aged 0–11 years were deprived in at least one of the following indicators: ‘toilet type’, ‘shared toilet facilities’ and/or ‘handwashing’ (79.2 per cent of children aged 0–4 years and 78.8 per cent of children aged 5–11 years, respectively), while three out of four (76.3 per cent) children aged 12–17 years experienced deprivation in the sanitation dimension (Boon and Neubourg, 2020). Specific handwashing and cleaning agents were available and prevalent (49 per cent) in the South South and South West regions of the country, while they were less

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prevalent in the North East and North West (35 per cent and 38 per cent, respectively).

- ▶ **Information devices:** Among 5–11-year-olds, deprivation rates in access to information devices was 12.6 per cent. For children aged 12–17 years, deprivation in access to information devices was 10.8 per cent (Boon and Neubourg, 2020).

### *Multideprivation analysis*

#### **Multidimensional Poverty Index analysis**

Across the 36 states of the federation and the Federal Capital Territory, disparities exist in the multidimensional poverty of children. In Osun State, the incidence of poverty was lowest at 17.5 per cent, incidence of deprivation was 35.5 per cent and the HDI ranking was 14th in Nigeria. For Sokoto State, the incidence of poverty was very high at 89.9 per cent, incidence of deprivation was 50.4 per cent and the HDI ranking was 37. In Lagos, poverty incidence was 27.8 per cent, incidence of deprivation was 36.8 while the HDI ranking was 1 (UNDP, 2018). (See Annex 6 for a state by state analysis of incidence of poverty, incidence of deprivation and HDI.)

#### **Multidimensional overlapping deprivation analysis**

In Nigeria, 53.9 per cent of children are multidimensionally poor. When disaggregated by rural and urban, 29.7 per cent of urban children

were multidimensionally poor against 65.7 per cent of rural children. Children living in Sokoto, Kebbi and Zamfara were worst off, experiencing the highest multidimensional deprivation rate (80.4 per cent, 74.9 per cent and 74.0 per cent, respectively). On the other hand, less than 20 per cent of children living in Edo and Lagos were multidimensionally poor (19 per cent and 17.3 per cent, respectively). Multidimensionally poor children living in Sokoto were deprived in 74.1 per cent of the total number of deprivations compared to 57.7 per cent of children living in Lagos (Boon and Neubourg, 2020).

Households with a higher number of members and/or children show higher multidimensional deprivation rates than smaller households. Children in homes with uneducated household heads and/or mothers are more likely to be multidimensionally poor compared with children whose household heads attained secondary or higher education

“Households with a higher number of members and/or children show higher multidimensional deprivation rates than smaller households; children in homes with uneducated household heads and/or mothers are more likely to be multidimensionally poor compared with children whose household heads attained secondary or higher education levels.”

levels. A larger proportion of children with illiterate mothers are multidimensionally poor than children with literate mothers.

Of children aged 0–4 years, 74.6 per cent were without birth certificates and thus likely to be multidimensionally poor. Stunted and underweight children (0–4 years) presented higher multidimensional deprivation rates than children who were not stunted or underweight (69.5 per cent versus 53.2 per cent for stunting and 73.9 per cent versus 54.1 per cent for underweight).

Gender is not a particularly significant factor in child poverty for younger children. However, a larger proportion of boys aged 12–17 years experienced at least three deprivations at the same time than girls this age (53.8 per cent versus 51.4 per cent), and a larger proportion of children involved in economic labour (5–17 years) was multidimensionally poor compared with children not involved in economic labour (Boon and Neubourg, 2020). Additionally, girls who were married at the time or previously, or pregnant (15–17 years) suffered higher multidimensional poverty rates than girls who were never married or pregnant (79.3 per cent versus 45.4 per cent for early marriage and 78 per cent versus 46.9 per cent for early pregnancy) (ibid.).

A striking case of multiple deprivations among children can be observed in the case of Almajiri children. These children are always on the move and are deprived of decent living conditions, good food and nutrition, water and basic sanitation, access to health care facilities, access to education, parental care, protection from violence and abuse, and participation in decisions affecting their lives, and they are often subjected to child labour and abuse. They are also taken advantage of during times of conflict and often obliged to carry arms. The situation of Almajiri children was recently made worse by the COVID-19 pandemic and the resultant lockdown imposed on different states in Nigeria, as many Almajiri children were deported by different state governments in Nigeria. The Almajiri children in Nigeria are vulnerable to abuse and many live in deplorable conditions. These conditions clearly demonstrate multiple deprivations suffered by this set of children.



## 2.2. Causes and determinant analysis: immediate and underlying causes

The immediate and underlying causes of child poverty include the following:

### ► **Corruption**

One of the underlying causes of child poverty in Nigeria is corruption. According to the World Bank in its Combating Corruption series, corruption has a disproportionate impact on the poor and the most vulnerable, increasing costs and reducing access to services such as health, education and justice (World Bank, 2018b). In 2018, Transparency International ranked Nigeria the 144th least-corrupt nation out of 175 countries (Transparency International, 2018), meaning it considered Nigeria to be one of the most corrupt. Also, a 2017 report from Open Budget Survey (OBS) ranked Nigeria 90th in the world on budget transparency out of 115 countries and 23rd out of 38 African countries. According to the survey, Nigeria provides scant budget information to the public (Nigeria scored 17 out of 100 on transparency) and few opportunities for the public to engage in the budget process (Nigeria scored 13 out of 100 on public participation). Suffice to say that public sector performance is particularly important to the most vulnerable, who are often marginalized in society and rely disproportionately on public goods and services to escape poverty. Good governance thus entails openness, social accountability, transparency and participation for greater inclusiveness of the most vulnerable in society, including children.

### ► **Unemployment**

Unemployment is another underlying cause of child poverty, as unemployed or underemployed parents cannot provide for the basic needs of a child. An estimated 20.9 million Nigerians within the active labour group aged 15–64 years were unemployed in 2018 (NBS, 2018a). As of the third quarter of 2018, 55.4 per cent of young people aged 15–34 were either underemployed or unemployed compared to 52.6 per cent in 2017. The unemployment rate rose from

“ According to an Open Budget Survey report, Nigeria provides scant budget information to the public and few opportunities for the public to engage in the budget process. ”

18.8 per cent in the third quarter of 2017 to 23.1 per cent in the third quarter of 2018, and was projected to reach 33.5 per cent in 2020 (NBS, 2018a). Children living in households where unemployment is rife suffer multiple dimensions of poverty. The risk of child poverty is substantially higher in countries with higher rates of working-age unemployment. However, there is evidence that social protection spending cushions the blow of the crisis, at least to some extent (Chzhen, 2016).

### ► **Lack of political will**

Several international conventions to which Nigeria is a signatory, as well as national policies and frameworks listed in this report, could go a long way towards reducing child poverty and associated deprivations. Bolaji, et al. (2015) refer to the lack of political will as the bane of effective policy implementation in Nigeria. The lack of enforcement by the relevant tiers of government impacts on expected outcomes, especially for children.

### ► **Violence and insurgency**

Incessant attacks by insurgents, kidnappers, robbers and bandits have led to displacement of people. Insurgency and violence lead to destruction of lives and property, loss of access to crops and livestock assets, increased prices of inputs and products, destruction and disruption of markets and transport infrastructure, decreased demand for goods and

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loss of employment (UNDP, 2017). Results from a UNDP study showed a correlation between insurgency and unemployment, particularly in Yobe State (UNDP, 2018).

Displacement and resettlement place additional pressure on existing resources. Scarce resources meant for a particular people have to be shared among a larger, unanticipated population. In the struggle for resources, the interplay between social and economic constraints is such that women and children often lose out and suffer various forms of deprivation (UNDP, 2017). About 80 per cent of the 2.4 million persons that were displaced in the North East insurgency were women and children (UNDP, 2019). This further exacerbates child poverty in Nigeria.

► **Inadequate investment in social sectors**

The growth and development of the Nigerian child is strongly linked to the development of child-focused social sector planning and investment (UNICEF, 2020). Social sector development (through public and private sector policy actions) in education, health, food security, digital connectivity and social protection impact a country's human capital.

Some social protection programmes, such as the Government Enterprise and Empowerment Programme, Home-Grown School Feeding Programme, conditional cash transfer, and the N'Power programme, are coordinated by the

NSIO through its National Social Investment Programmes (NSIPs). Other social protection programmes are coordinated by different sectors. By 2019, ₦470 billion out of a projected ₦1.5 trillion had been invested by the NSIO (Akeregha, 2019). The deficit is a result of limited fiscal resources devoted to social protection and social assistance programmes in the Nigerian budget. Nigeria spends less on social protection than any other lower-middle income country and most of its regional peers. Its fiscal space is taken up by subsidies (World Bank, 2019a). Nigeria spends some 2.6 per cent of its GDP on the three social sectors combined: education, health care and social protection. This investment gap leaves millions of poor Nigerians, including children, behind.

In Nigeria, the education sector faces multiple problems, chief among them funding. Inadequate funding exacerbates deprivations in education and is reflected in poor educational infrastructures, inadequate classrooms and teaching aids (projectors, computers, laboratories and libraries), a paucity of quality teachers and a poor/polluted learning environment. In 2015, Nigeria's education budget was far below the 2015 Incheon Declaration recommendation of 4–6 per cent of GDP or at least 15–20 per cent of total public expenditure to education, with a focus on basic education (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2015b). The share of Nigeria's 2020 budget allotted for education was 6.7 per cent, and that number changed with the emergence of COVID-19, which saw allocation to the education sector reduced by an estimated 55 per cent. This huge funding gap deprives children of quality education needed to help them grow and thrive, especially against the backdrop of 10.5 million children who are out of school.

The situation has been particularly dire in Borno State where, due to insurgency, the UNDP (2018) posited that the situation of access to education in the state capital of Maiduguri at the height of the crisis was particularly troubling and illustrates the impact of the educational crisis on internally displaced persons in the North East.

### 2.2.1 Structural causes of child poverty

Some structural factors responsible for the high rate of poverty include macroeconomic policies, the vicious circle of poverty, geographic location, the structure of the economy and institutionalized gender discrimination.

### 2.2.2 Macroeconomic policies

The inability to establish a track record of prudent macroeconomic policy implementation undermines private sector confidence. This has an impact on investment and economic growth, as well as poverty outcomes.

Policies such as devaluation of the naira weaken the power of the currency and effectively reduce its purchasing power. Household incomes become insufficient to meet basic needs and this leads to other forms of deprivation which disproportionately affect children. With a 12.2 per cent inflation rate for Nigeria (NBS, 2020) the real wages and assets (usually in cash) of the poor are eroded, leading to damaging poverty outcomes for their households. Also, high levels of external debt unduly squeeze non-debt spending with the implication that very little is left to service social sector programmes. For low income households, an increase in consumption tax such as value-added tax, which has been increased to 7.5 per cent (Federal Inland Revenue Service, 2020), has adverse consequences on livelihoods. Such taxes also mean that households resting on or just above the poverty line can fall below it, consequently increasing the proportion of people living below the poverty line (Sekwati and Malema, 2011). By building and maintaining an adequate level of net international reserves, a country can weather a temporary shock without having to reduce essential pro-poor spending (Ames et al., 2001). Nigeria's foreign reserves are continually declining, as reported by the Central Bank of Nigeria (2019), and are currently at \$36.22 billion. If this continues, the country's ability to weather a recession or other shocks will be in doubt, with devastating outcomes for the poor, including children.

### 2.2.3 Vicious cycle of poverty

This arises from the cumulative and cyclical interdependencies theory of poverty, which stipulates that individuals and their communities are caught in

a spiral of problems and opportunities and that when problems dominate, they remove other opportunities, and therefore create a cumulative set of problems that make any effective response nearly impossible. When this happens, there is the high probability that poverty will continue from one generation to the next.

### 2.2.4 Geographic location

Children born in rural areas are more likely to be born into poverty than those born in urban areas. Similarly, children born in the northern parts of Nigeria are more likely to experience child poverty than those born in the southern parts (Ogwumike and Ozughalu, 2017).

## 2.3 Stakeholder roles and capacity gap analysis

The capacity gap analysis is designed to assess what currently is needed regarding stakeholders' roles and perceived gaps in the dispensation of their duties.

Children must be able to position themselves and interact with the environment in such a way that they can cope in some way, given their age and circumstances (Schweiger and Graf, 2015). Family and close caregivers should play a crucial role in alleviating child poverty and securing protection for children. The importance of some form of family relationship for a

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child's well-being and 'well-becoming' is recognized across different cultures and time frames (Schweiger and Graf, 2015). Community-based associations refer broadly to the different agents with which, besides the core family, children in poverty interact in a nonprofessional way. These have a responsibility to cushion children from the stress, exclusion, stigmatization and denigration associated with being poor through inclusive and child-friendly activities. Children in poverty depend greatly on the existence of public health care, education and social services to develop capabilities and learn to function. These institutions and their programmes therefore must be inclusive and structured in a way that is affordable, accessible and used by the children who need them. Effective governance at all levels will ensure sound policy, equitable spread and judicious use of resources for investments that enhance household livelihoods, reduce poverty and foster the rights of children.

### 2.3.1 Resources

While human resources are said to be available in the country, the same cannot be said about funds

needed to execute policies, programmes and projects that affect the lives of children. The capital and recurrent expenditures over time in these areas clearly show that available funds have not been adequate in meeting the needs of children.

#### *Public spending in the social sector*

Public, or government, spending is a major component of GDP. Fiscal policies determine how governments raise revenues and influence macroeconomic conditions through parameters such as budget allocations, adjustment of tax rates and the accumulation of debt. In successive development plans, Nigerian governments at all levels have placed priority on improving the social sectors. In addition, Nigeria is signatory to several international commitments which set targets on budget spending in the social sectors. These include the 2001 Abuja Declaration, which sets a 15 per cent target on health spending as a proportion of the total budget, and the 2000 Education for All initiative, which sets a target of 15–20 per cent of education spending as a share of total government spending.

**Table 1: Child-relevant sector allocations in annual federal budgets (2016–2020)**

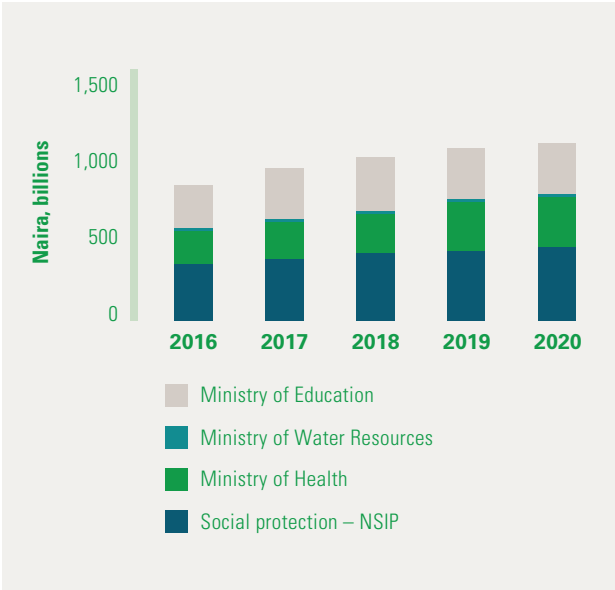
Sector	2016		2017		2018		2019		2020*	
	₦ billion	Share of budget (%)	₦ billion	Share of budget (%)	₦ billion	Share of budget (%)	₦ billion	Share of budget (%)	₦ billion	Share of budget (%)
Ministry of Education	403.2	6.7	455.4	6.1	651.2	7.1	634.6	7.1	706	6.5
Ministry of Health	250.1	4.1	308.5	4.1	356.5	3.9	372.7	4.2	464	4.3
Ministry of Water Resources	53.3	0.9	111.5	1.5	155.1	1.7	100.5	1.1	100	0.9
Ministry of Justice	18.3	0.3	16.9	0.2	28.8	0.3	24.4	0.3	29	0.3
Ministry of Women Affairs	9.3	0.2	3.6	0	7.4	0.1	5.6	0.1	8.1	0.1
Ministry of Humanitarian Affairs	—	—	—	—	—	—	—	—	445	4.1
National Population Commission	9.3	0.2	9.5	0.1	10.8	0.1	9.3	0.1	8.3	0.1
Social protection – NSIP	500	8.2	500	6.7	500	5.5	500	5.6	370	3.4
<b>Total budget</b>	<b>6,060.7</b>	<b>100.0</b>	<b>7,441.2</b>	<b>100.0</b>	<b>9,120.3</b>	<b>100.0</b>	<b>8,916.9</b>	<b>100.0</b>	<b>10,810.8</b>	<b>100.0</b>

Source: Budget Office of the Federation (BOF) (2016–2020)

\*The 2020 Budget was amended in 2020 due to the sharp decline in oil prices because of the COVID-19 pandemic.

In nominal terms, government spending increased over the 2016–2020 period, except for 2019 when it declined by 20 per cent from ₦9.1 trillion to ₦8.9 trillion. It is difficult to determine total allocations to social sectors at the consolidated government level (federal, state and local) or at the federal level alone given the budget classification framework. For this reason, allocations to social sector MDAs will be utilized as proxies for this analysis. Table 1 indicates a decline in the budget share of social sector MDAs over the period of analysis.

It is doubtful that budgets allocated to education and health, even with the inclusion of subnational government budgets, adhere to the global spending targets of 15–20 per cent and 15 per cent, respectively. The share of the total budget allocated to each social sector ministry either remained flat or declined between 2019 and 2020. The allocation to the NSIP was reduced by 26 per cent between 2019 and 2020; however, this was counterbalanced by the creation of a ₦500 billion COVID-19 Intervention Fund to support NSIP interventions. The diminishing share of the budget allocation to the social sector is even more problematic when we consider that actual releases to spending agencies and fund utilization, especially for capital projects, perennially fall short of the budget. These public spending deficiencies have negative implications for the well-being of children.



**Figure 4: Non-debt recurrent federal budgets (2016–2020)**  
Source: BOF (2016–2020)

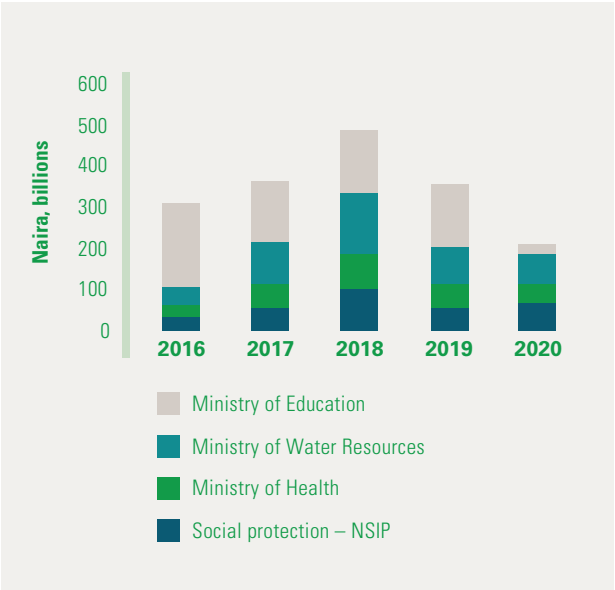
**Recurrent expenditure**

Recurrent (non-debt) spending for the 2020 fiscal year is expected to total ₦4.93 trillion (BOF, 2020). This reflects increases in salaries and pensions, including provisions for implementation of the new minimum wage, as well as additional spending on programmes to address interventions for the COVID-19 pandemic.

These increases have, however, not been in areas that require increased attention to social services on a long-term basis, such as health and education. The share of recurrent expenditure in the budget for each of these sectors has declined over the period while recurrent expenditure allocations have been highest in administrative spending.

**Capital expenditure**

The budget allocations to social sectors were inconsistent over the 2016–2020 period and fell sharply in 2020. This volatility in spending mirrors the volatility in international oil markets as oil and gas revenues remain Nigeria’s main revenue source. The reduction in capital budget allocations in 2020 was replicated across all sectors due to budget amendments spurred by declining oil prices. Historically, greater emphasis has been placed on recurrent spending in the social sectors, particularly in health and education, to the detriment of crucial



**Figure 5: Capital federal budgets (2016–2020)**  
Source: BOF (2016–2020)

“ The United Nations 17 global SDGs were introduced in 2015 with the basic pledge of ending poverty in all of its forms everywhere. It was promptly ratified by Nigeria and domesticated with the mapping of the SDGs. ”

capital investment in these sectors. This has severe implications for the education and physical well-being of children as a continued trend of low capital allocation to the social sector portends challenges for child poverty reduction.

Implementation of capital projects across all sectors have been stalled by the lockdowns instituted in response to the COVID-19 pandemic as well as revenue shortfalls, which have limited the release of funds to MDAs. As budgets across all government levels are rationalized, it is important that social sector spending is prioritized to ensure social services to the vulnerable, especially children.

### 2.3.2 Policy and legislation

The principal legislative instrument that protects children in Nigeria is the amended 1999 Constitution. Nigeria is a signatory to and has adopted the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child. Additionally, the Convention on the Elimination of all Forms of Discrimination against Women was adopted in 1985.

In 2003, the National Assembly adopted the Child Rights Act (CRA). Eleven northern states are yet to domesticate this act, namely: Sokoto, Kano, Zamfara, Kaduna, Jigawa, Katsina, Bauchi, Yobe, Borno, Adawama and Gombe. The CRA was created to serve as legal documentation and protection of children's rights in Nigeria.

In 2015, the Violence against Persons Prohibition Act was enacted by the National Assembly. It aims to: eliminate violence in private and public life; prohibit all forms of violence, including physical, sexual, psychological and domestic violence, as well as harmful traditional practices; end discrimination against persons; and provide maximum protection and effective remedies for victims and punishment of offenders.

The United Nations 17 global SDGs were introduced in 2015 with the basic pledge of ending poverty in all of its forms everywhere. They were promptly ratified by Nigeria and domesticated with the mapping of the SDGs.

A major policy of government is the Social Protection Policy for Nigeria. The policy document stipulates that government shall ensure that no citizen falls below the minimum level of social and economic well-being, security and dignity enshrined in a social protection floor. The policy document contains eight domains or sectors with 16 policy measures, with many of the policy measures directly addressing issues relating to children living a life of dignity and well-being. Furthermore, in addressing both child and adult poverty, the Social Protection Policy addresses issues of exclusion, risks, vulnerabilities and deprivations while ensuring a minimum standard of living and well-being for all citizens as a right and entitlement. The policy is based on the principles of political economy with emphasis on universal basic needs, citizenship, human rights, social control, redistribution and social inclusiveness. The policy considers both economic and social forms of vulnerabilities.

## 2.4 Proposed response and potential role of the private sector

### 2.4.1 Role of government

In order to end child poverty, Nigeria needs to harness its huge demographic dividends through judicious investments in health, nutrition, social protection, education and livelihoods – especially for young people. Such investments should be channelled towards the provision of potable water, hygiene and sanitation in homes and schools. Federal, state and local governments of Nigeria should create special allocations for children with budget measures that



can be tracked and progressively increased to address and reduce child poverty. Evidence discussed earlier shows that current allocations to key social sectors are below recommended funding limits. For example, the health sector allocation of the 2020 budget should have been some ₦1.5 trillion (15 per cent of the total budget as stipulated by the 2001 African Union Abuja Declaration) compared with the ₦440.30 billion allocated to the sector. Legislation and a well-monitored policy framework can facilitate this process.

Government needs to support families and households by providing minimum income that is sustainable to ensure that financial barriers do not prevent children from reaching their potential. A good way to achieve this will be through social safety nets and child grants to support families with children. Government efforts to improve and expand access to universal health care should be sustained while improving national and state health insurance schemes. There is an urgent need to focus more attention on reducing neonatal mortality, and states with the highest neonatal mortalities should be prioritized. There is also the need to sustain routine vaccinations across all parts of the country.

The lessons learned from social protection responses to the COVID-19 pandemic in Nigeria point to the need to improve upon mechanisms and modalities of social protection programmes. The social security identification process needs to be digitized for faster and efficient processing and the national single register needs to be updated to truly include the core poor.

As a major stakeholder in child poverty reduction, government must ensure proper monitoring and evaluation of child-targeted programmes for the attainment of pre-set objectives.

#### 2.4.2 Role of private sector

SDG 17 recognizes multisector collaboration between government, the private sector (with emphasis on the private profit sector), and academic and civil society organizations (CSOs) as the one of the most sustainable approaches for achieving the ambitious targets of the SDGs. To deliver on the promise of a prosperous and peaceful future for children, the government of Nigeria will have to find new ways of working together and leveraging genuine partnerships with the private sector to make the most of expertise, technology and resources for sustainable and inclusive

growth. Some specific areas of collaboration which could be explored include:

- ▶ developing and maintaining infrastructure and services (e.g., construction of health care facilities, schools and borehole water points);
- ▶ supporting government through innovative financing to implement policies aimed at reducing child poverty;
- ▶ using platforms and networks to amplify and advocate for child rights issues through the implementation of policies and practices that support children's rights, including in the production of goods and services and in supply chains;
- ▶ promoting human capital development, thus helping vulnerable groups, including the disabled, to participate in the labour market;
- ▶ addressing inefficiencies in the local economy;
- ▶ encouraging community development by promoting community businesses and co-operatives, local exchange systems and informal credit to enhance inclusiveness; and
- ▶ increasing government spending on the implementation of social protection programmes, and especially child-focused intervention programmes, to reduce the high rate of child poverty in the country.

“As a major stakeholder in child poverty reduction, government must ensure proper monitoring and evaluation of child-targeted programmes for the attainment of pre-set objectives.”

## CHAPTER THREE: CHILD SURVIVAL AND DEVELOPMENT

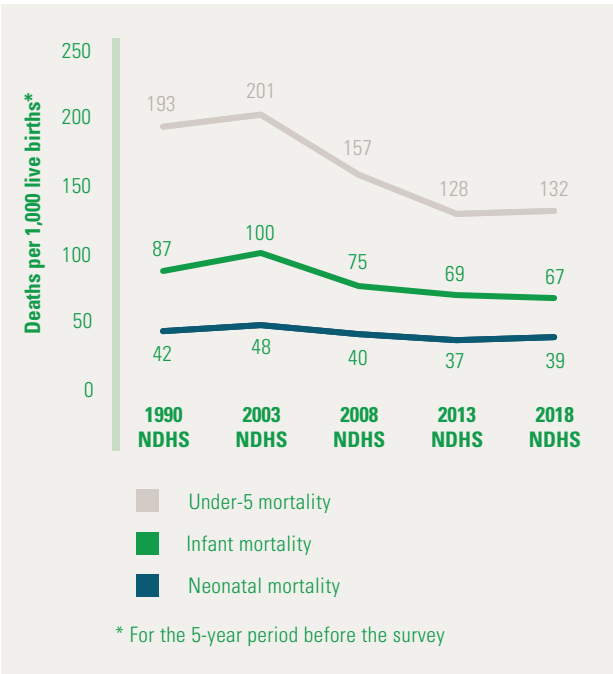
### 3.1 Situation and trends

In 2018, the neonatal, infant and under-five mortality rates stood at 39, 67 and 132 deaths per 1,000 live births, respectively (NDHS, 2018). This was down from 52 (neonatal mortality rate), 71 (infant mortality rate) and 140 (under-five mortality rate) in 1999. At these mortality levels, about 250,000 newborns die within the first month of life, one third of them on the day of birth (Federal Ministry of Health [FMOH], 2016b). Critical factors affecting mortality include illness/disease, health status, nutritional status and poor water, sanitation and hygiene. Available evidence shows that acute respiratory infections, diarrhoea, malaria and chronic malnutrition contribute largely





to disease morbidity and mortality among children (Morakinyo and Fagbamigbe, 2017). Analysis of data over the five-year periods before 2003, 2008 and 2013 reveal that the neonatal, infant and under-five mortality rates were consistently lower among children whose mothers were younger, living in urban areas and from richer households (Morakinyo and Fagbamigbe, 2017). Under-five mortality of children in the poorest households (173 deaths per 1,000 live births) was more than three times higher than of children in the wealthiest households (53 deaths per 1,000 live births). Disparities in child survival results, primarily from the ability of households to access health care, are rooted in structural issues such as poverty and inequality in income.



**Figure 6: Trends in childhood mortality (1990–2018)**  
Source: NDHS (1990, 2003, 2006, 2013, 2018)

Generally, childhood mortality rates have declined since 1999. Infant mortality decreased from 71 deaths per 1,000 live births in 1990 to 67 in 2018. During the same time period, under-five mortality declined from 140 to 132 deaths per 1,000 live births. Although these indices show a trend of improvement over the years analysed, the prevalence is still worrisome. The progress is not in alignment with SDG targets for the different indicators, which are 12 deaths for neonatals and 25 deaths for under-fives per 1,000 live births by 2030. The influence of female literacy on child survival is evident from the analysis of deaths of children whose mothers have no education (170 deaths per 1,000 live births) and children whose mothers have more than secondary education (56 deaths per 1,000 live births) (NDHS, 2018). Suffice to say that the education of a woman is an important determinant of neonatal mortality as she is more likely to recognize danger signs in herself and the newborn (FMOH, Save the Children and Jhpiego, 2011). This situation also suggests that more action is required to promote the education of female children as a key factor for reducing or eliminating child mortality in the long run.



Infant mortality decreased from **71 deaths** per **1,000 live births** in 1990 to **67** in 2018.

The disparities according to geography and socioeconomic characteristics that exist between states in Nigeria are reflected in the wide variations in child survival trends. In 2018, the under-five mortality rate was highest in Kebbi in the North West (252 deaths per 1,000 live births) and lowest in Ogun in the South West (30 deaths per 1,000 live births). Meanwhile, neonatal mortality was highest in Kaduna (63 deaths per 1,000 live births) and lowest in Bayelsa (13 deaths per 1,000 live births) (NDHS, 2018). The low rate of child survival in the northern parts of the country is complicated by the situation of Almajiri children. These children lack access to basic amenities such as water, sanitation and good nutrition. They also lack access to health care services, even at a very tender age. Causative factors of geographical disparities include religion, culture, literacy and socioeconomic factors which are vital to articulation of informed intervention designs and implementation.

While there have been significant achievements in the reduction of all forms of child mortality and maternal mortality, the rates of reduction are not consistent with expectations of global and national set targets. There is a need for an enabling environment through well-articulated policies, projects and programmes to ensure the survival of mother and child. These include pre- and postnatal care, access to improved water and sanitation, good hygiene and nutrition, to mention a few.

Apart from mortality, children in Nigeria suffer from disabilities which result from denial of the rights of the child to survival. Children who do not enjoy quality health care in their earliest years are likely to have missed out on routine vaccination against polio, which can lead to life-long disabilities that combine with socioeconomic factors to deprive the child of the chance to thrive. Lack of care also leads to learning difficulties in school, which can reduce a child’s future earnings and impact the well-being and prosperity of their family and community. In some cases, children are born with disabilities and developmental difficulties, which can require additional care. Official data on the number of disabled children in Nigeria is sparse, but disabled children are severely excluded from child development policies and lag far behind their peers (Devex, 2018).

3.1.1 Health and HIV

Vaccination/immunization coverage

In 2018, 67 per cent of children aged 12–23 months in Nigeria received the BCG vaccine (against TB), 50 per cent received the third dose of pentavalent/ DPT-HepB-Hib vaccine (containing five antigens – diphtheria, pertussis, tetanus, hepatitis B and haemophilus influenzae B), and 31.3 per cent received all basic vaccinations: one dose each of the BCG and measles vaccines, three doses each of the DPT-HepB-Hib, pneumococcal conjugate and polio vaccines. However, nearly one in five children received no basic vaccinations. Basic vaccination coverage of children aged 12–23 months increased with a mother’s level of education, from 15 per cent of children of mothers with no education, to 62 per cent of children of mothers with more than secondary education. Basic vaccination coverage also increased with household wealth, from 15 per cent of children aged 12–23 months in the poorest households to 59 per cent of children aged 12–23 months in the wealthiest households (NDHS, 2018).

Basic vaccination coverage gradually increased from 2003, when only 13 per cent of children received all basic vaccinations, to the coverage of 31.3 per cent in 2018. While basic vaccination coverage improved, the proportion of children who

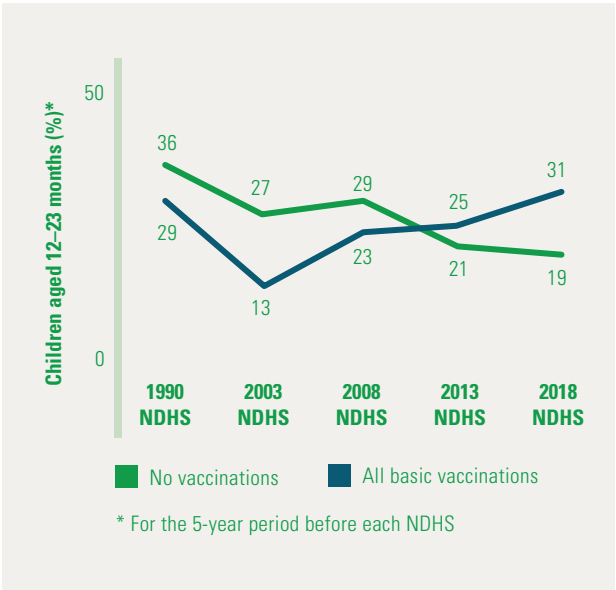


Figure 7: Trends in basic vaccination coverage (1990–2018)

Source: NDHS (1990, 2003, 2006, 2013, 2018)



received no vaccinations only slightly reduced from 21 per cent in 2013 to 19 per cent in 2018.

Basic vaccination coverage varies by state; in 2018 it was very low in Zamfara (7 per cent), Kebbi (6 per cent) and Sokoto (5 per cent) states and highest in Anambra (76 per cent). The percentage of children who had never possessed a vaccination card was 67.7 per cent and 68.7 per cent for male and female children, respectively.

The FMOH, through its National Primary Health Care Development Agency and development partners, have invested effort in strengthening the primary health care system, including immunization services. As a result of low immunization coverage documented in the 2016 Multiple Indicator Cluster Survey (MICS), the country declared a routine immunization emergency, identified 18 priority states with low coverage and implemented the Optimized Integrated Routine Immunization Sessions to provide enhanced services at fixed and outreach sites and with mobile teams for nomadic populations. The agency also established the Lot Quality Assurance Sampling Survey to monitor performance. This survey, conducted during the second quarter of 2019, documented that 78 per cent of children were appropriately immunized for their age. In 2020, as a result of the impact of COVID-19 on the health sector, the provision of basic health services, including immunization services, was interrupted. This has negatively affected immunization coverage. So far, the National Primary Health Care Development Agency and partners are supporting the states to revitalize essential services, and some states have since shown some level of improvement.

#### *Childhood illness and treatment*

Malaria is by far the most important cause of morbidity and mortality in infants. Nigeria had the highest number of global malaria cases (27 per cent) in 2019 and accounted for the highest number of deaths (23 per cent) (WHO, 2019).

The first 28 days of life, the neonatal period, is a critical time for survival of the child. Of the 7 million newborns delivered annually in Nigeria, 250,000 die within the neonatal period while one third die within the first day of life (FMOH, 2016b). However, care of the newborn has not received as much attention as other thematic areas. This is evidenced by the stagnant trend in the neonatal

“ In 2018, the percentage of children who had never possessed a vaccination card was 67.7 per cent and 68.7 per cent for male and female children, respectively. ”

mortality rate in the last decade and persistence in the preventable causes of neonatal mortality, which include pneumonia, sepsis, intrapartum-related complications (such as birth asphyxia), complications of prematurity and congenital abnormalities (FMOH, 2016b). The 2018 NDHS revealed that 3 per cent of children under 5 years were ill with symptoms of acute respiratory infection such as chest-related short, rapid breathing and/or difficulty breathing. Among these children, treatment or advice was not sought for 25 per cent. Thirteen per cent of children under 5 years had diarrhoea in the two weeks before the survey. Thirty-five per cent of children under 5 with diarrhoea had no treatment and nor was advice sought for them. Accurate, early diagnosis and treatment with appropriate antibiotics can prevent a large proportion of deaths caused by pneumonia.

Poor access to improved water and sanitation in Nigeria remains a major contributing factor to high morbidity and mortality rates among children under 5 years. The use of contaminated drinking water and poor sanitary conditions results in increased vulnerability to waterborne diseases, including diarrhoea, which leads to deaths of more than 70,000 children under 5 annually. According to the National Nutrition and Health Survey (NBS, 2018b), diarrhoea was most common among children aged 6–11 months and 12–23 months (both 20 per cent). These age groups correspond to the critical period of complementary feeding when infants and young children are exposed to diverse health risks relating to

“ Seventy-three per cent of the diarrhoeal and enteric disease burden is associated with poor access to adequate potable water, sanitation and hygiene, and is disproportionately borne by poorer children. ”

sanitation and hygiene. Infant and young child feeding practices are to be prioritized to prevent diarrhoea and eliminate child mortality due to diarrhoea.

Seventy-three per cent of the diarrhoeal and enteric disease burden is associated with poor access to adequate potable water, sanitation and hygiene (WASH), and is disproportionately borne by poorer children. Frequent episodes of WASH-related ill health in children contribute to absenteeism in school and malnutrition. Only 26.5 per cent of the population use improved drinking water sources and sanitation facilities, and 23.5 per cent of the population defecate in the open.

It is recommended that children with diarrhoea should drink more fluids, particularly through oral rehydration therapy which includes oral rehydration salts, recommended home fluids and zinc. Nearly a quarter of children under 5 years with diarrhoea received both oral rehydration salts and zinc (23 per cent). While half of children under 5 with diarrhoea received oral rehydration therapy, 17 per cent received no treatment.

Poor education of mothers and caregivers and wealth status are key factors in the ability to adhere to recommended treatment management, including appropriate health-seeking behaviour, as:

- ▶ sixty-nine per cent of children aged 12–23 months did not receive all basic vaccinations;

- ▶ among children with acute respiratory infection, 25 per cent had no treatment or advice sought for them;
- ▶ among children with diarrhoea, 35 per cent had no treatment or advice sought for them; and
- ▶ fifty per cent of children with diarrhoea were not give oral rehydration therapy.

In 2018, 2.7 per cent (male) and 2.6 per cent (female) children under 5 had acute respiratory tract infection; 12.7 per cent and 12.9 per cent of under-five male and female children, respectively, had diarrhoea; however, there was little variation in fever prevalence by sex of the child (NDHS, 2018).

Despite the formidable newborn and child health indices, there have been achievements in the reduction of child mortality either directly or through reduction in maternal mortality. The current FMOH-led Reproductive, Maternal, Newborn, Child and Adolescent Health + Nutrition (formerly Integrated Maternal, Newborn and Child Health) Strategy is built on the framework of an effective continuum of care which connects maternal, newborn and child health packages, highlighting natural linkages of care for both mother and baby. These packages feature evidence-based lifesaving interventions such as focused antenatal care, basic emergency obstetric care and the Essential Newborn Care package, now integrated with management of possible serious bacterial infection, community-based newborn care, kangaroo mother care, integrated community case management of childhood illnesses, immunization, and malaria prevention and management, among others. Quality of care is a cross-cutting thematic area encompassing quality of antenatal care, childbirth and postnatal care services, including health system functions that underpin quality care (including commodities, human resources and information and referral systems). The FMOH was supported by partners such as the Maternal and Child Survival Programme to create a national maternal, newborn and child health quality improvement technical working group in 2014 that initiated the development of a first-ever national quality strategy for reproductive, maternal, newborn and child health. This strategy is based on the WHO Quality of Care for Maternal and Newborn Health Framework and the group has applied to join the WHO multinational

Network for Improving Quality of Care for Maternal, Newborn and Child Health that was launched in 2016.

Maternal health care

In 2018, two-thirds of women aged 15–49 received antenatal care from a skilled health care provider (doctor, nurse, midwife or auxiliary nurse/midwife), most commonly from a nurse/midwife (48 per cent). Fifty per cent of pregnancies in Nigeria were attended to by nurses, midwives or an auxiliary nurse/midwife and 17 per cent by doctors, while 24 per cent had no antenatal care and 9 per cent were attended by unskilled persons (NDHS, 2018).

The timing and number of antenatal care visits are also important. Eighteen per cent of women had their first antenatal care visit in the first trimester, as recommended. More than half of women (57 per cent) made four or more antenatal care visits. Urban women were more likely than rural women to have at least four antenatal care visits or an antenatal care visit within the first trimester.

More women attend antenatal care with a skilled health care provider. The number of women with at least four antenatal care visits increased slightly, from 51 per cent in 2013 to 57 per cent in 2018 (NDHS, 2018). Antenatal care visits within the first trimester stagnated, which could mean that most women do not understand the significance of the first trimester to child cognitive development and survival. Sixty-nine per cent of women took iron tablets or syrup during pregnancy. Among women who received antenatal care for their most recent birth, 94 per cent had their blood pressure measured, 88 per cent had a blood sample taken and 86 per cent had a urine sample taken.

More than 6 in 10 births (61 per cent) were delivered outside a health facility, and 59 per cent were delivered at home. In rural areas, 73 per cent of births were delivered at home, compared with 36 per cent in urban areas. Overall, 43 per cent of births were assisted by a skilled provider (NDHS, 2018). The majority of these assisted births were delivered by a nurse/midwife (32 per cent of total deliveries), while 34 per cent were assisted by a nurse, midwife or auxiliary nurse/midwife. Nine per cent were delivered by doctors, 11 per cent were self-deliveries and 45 per cent were assisted by an unskilled person. A major barrier to rural women accessing health services is the lack of access to the

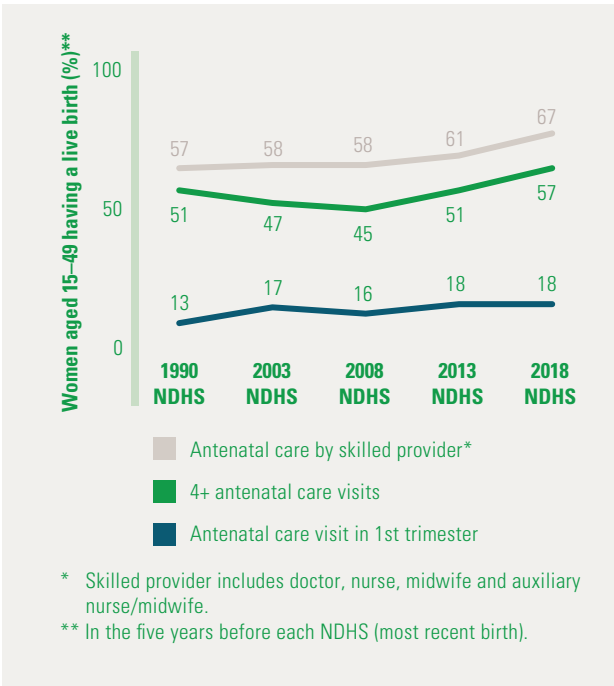


Figure 8: Trends in antenatal care coverage (1990–2018)

Source: NDHS (1990, 2003, 2006, 2013, 2018)

health insurance scheme. It is important, therefore, for the health insurance programme to be expanded to cover the informal sector. This is in the context of a country where health expenditure was 75.2 per cent out-of-pocket, with less than 5 per cent covered in the formal sector and only 3 per cent of people covered in the informal sector by voluntary private health insurance (FMOH, 2016a).

There has been a slow increase in health facility deliveries from 32 per cent in 1990 to 39 per cent in 2018 (NDHS, 2018). Skilled assistance during delivery also increased slightly from 32 per cent in 1990 to 43 per cent in 2018.

Postnatal care helps prevent complications after childbirth. In 2018, 42 per cent of women aged 15–49 received a postnatal check within two days of delivery, while 56 per cent did not have a postnatal check within 41 days of delivery. Thirty-eight per cent of newborns received a postnatal check within two days of birth, compared with 60 per cent who did not have a postnatal check. The significant number of neonates not having a postnatal care is a high risk factor and contributes to the neonatal mortality rate.

More than half of women (52 per cent) in Nigeria reported at least one problem associated

with accessing health care for themselves. The least and most common problems women faced in accessing health care were getting permission to go for treatment (11 per cent) and getting money for treatment (46 per cent). This further necessitates the urgency of expanding the health insurance scheme to cover the informal sector.

### ***Malaria prevalence and management***

According to the National Nutrition and Health Survey, malaria prevalence ranged from 2 per cent in Lagos to 52 per cent in Kebbi, and was higher among children from the poorest households (38 per cent). Malaria prevalence was almost three times higher among rural children than urban children (31 per cent versus 13 per cent) (NBS, 2018b). When measured by rapid diagnostic test, malaria prevalence was 36 per cent, compared to 23 per cent by microscopy. According to both test types, malaria prevalence increased with age, and was highest among children aged 36–59 months.

Ownership of mosquito nets is one of the management protocols to control malaria. Among all households in Nigeria, 39 per cent did not own at least one insecticide-treated net (ITN). Thirty-two per cent of rural households did not own at least one ITN, compared to 37 per cent of urban households. ITN ownership decreased with higher household

wealth, from 73 per cent in the poorest households to 48 per cent in the wealthiest households. This disparity in ITN ownership between the poor and wealthy could be associated with the environment and other precautionary measures taken by the wealthy to prevent mosquito bites in their homes.

ITN ownership increased from 8 per cent in 2008 to 69 per cent in 2015 and subsequently declined to 61 per cent in 2018. Universal household coverage (at least one ITN for every two people) declined slightly from 35 per cent in 2015 to 30 per cent in 2018. More than half (52 per cent) of children under 5 years slept under an ITN the night before the survey (NDHS, 2018), as did more than half (58 per cent) of pregnant women. Among households that owned at least one ITN, 65 per cent of household members, 74 per cent of children under 5 years and 82 per cent of pregnant women slept under an ITN. By state, ITN use among children ranged from a low of 21 per cent in Lagos to a high of 94 per cent in Kebbi.

Artemisinin combination therapy is the recommended drug for treating malaria in children in Nigeria. Among children under 5 with fever in the two weeks before the 2018 survey who received an antimalarial, 52 per cent received the recommended treatment. Chloroquine is the second most frequently given medication for children with malaria.

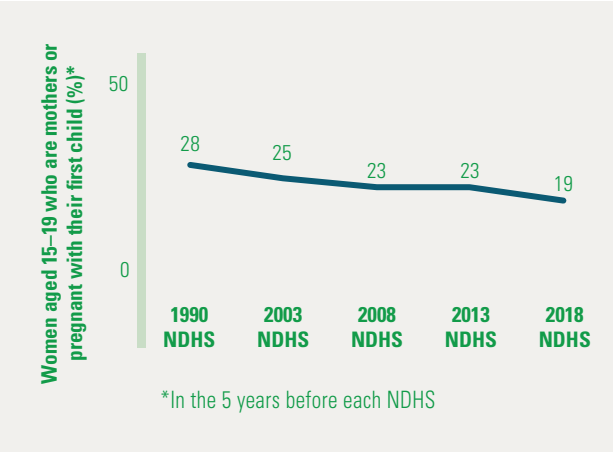
### ***Fertility in Nigeria***

In 2018, women in Nigeria had an average of 5.3 children, with an average of 5.9 children in rural areas compared with 4.5 children in urban settings. Fertility varies by education, with women with no education having twice as many children as women with more than secondary education (6.7 and 3.4, respectively). By state, fertility ranged from 3.4 children per woman in Lagos to 7.3 children per woman in Katsina. High fertility rates in northern Nigeria could be attributed to religion, culture and literacy levels. Fertility decreased from 6.0 children per woman in 1990 to 5.3 in 2018 (NDHS).

One in five Nigerian teenagers aged 15–19 were already mothers or pregnant with their first child. Rural teenage women were three times more likely to have begun childbearing than urban teenage women (27 per cent versus 8 per cent). Teenage pregnancy had slightly declined since 2013 when 23 per cent of teenage women were pregnant or already mothers.

“ Among children under 5 with fever in the two weeks before the 2018 survey who received an antimalarial, 52 per cent received the recommended treatment. Chloroquine is the second most frequently given medication for children with malaria. ”





**Figure 9: Trends in teenage childbearing (1990–2018)**  
Source: NDHS (1990, 2003, 2006, 2013, 2018)

The use of family planning services increased from 6 per cent in 1990 to 17 per cent in 2018. During the same time period, the use of modern contraceptive methods increased from 4 per cent in 1990 to 10 per cent in 2008 and to 12 per cent in 2018.

***HIV and AIDS situation of children and women in Nigeria***

Nigeria has the fourth-largest burden of HIV and acquired immune deficiency syndrome (AIDS) globally (Joint United Nations Programme on HIV and AIDS [UNAIDS], 2019) and one of the highest rates of new infections in sub-Saharan Africa. Although the national prevalence is low (1.4 per cent), the populous nature of the country makes it such that an estimated 1.9 million persons are living with HIV. About 100,000 are estimated to be children (0–9 years), 40,000 young adolescents (10–14 years) and 82,000 older adolescents (15–19 years). Approximately 24,000 and 19,000 new infections occurred in 2018 among children aged 0–14 years and 10–19 years, respectively, and there were an estimated 14,000 AIDS-related deaths in children aged 0–14 years (UNAIDS, 2020). Only about 36 per cent of children living with HIV were accessing antiretroviral treatment (ART), leaving the country with an unmet treatment burden of almost 64 per cent (FMOH, 2018).

There was modest progress in antiretroviral coverage for pregnant women living with HIV, from 21 per cent in 2015 to 44 per cent in 2018. However, vertical transmission remained a major contributor to the paediatric HIV burden with mother-to-child

“ Poor health care-seeking behaviour and the shortage of skilled health care providers for children and adolescents living with HIV further contribute to the high burden of HIV among these subgroups of people living with HIV. ”

transmission rates of 13 per cent and 24 per cent at 6 weeks and 18 months, respectively (UNAIDS, 2019). Also, national early infant diagnosis coverage remained low at 23 per cent.

Antenatal care by a skilled provider serves as an entry point for the prevention of mother-to-child transmission (PMTCT). This is important to improve pregnancy outcomes and reduce mother-to-child transmission. Despite an uptake of 67 per cent for the first antenatal care visit, only about 39 per cent of deliveries occurred in health facilities (NDHS, 2018). This implies PMTCT uptake and outcome, as the PMTCT ART coverage as of December 2018 was 44 per cent, while health facility-based delivery for HIV-positive pregnant women is 25 per cent. Poor health care-seeking behaviour and the shortage of skilled health care providers for children and adolescents living with HIV further contribute to the high burden of HIV among these subgroups of people living with HIV.

Since 2002, the government has worked closely with its partners to establish systems for the effective delivery of paediatric and adolescent ART services. Notable among the efforts is the creation of an enabling policy environment through the formulation and dissemination of policy documents that include the National Guidelines for HIV and AIDS Prevention Treatment and Care (2016/17), National HIV and

“All tertiary and a significant proportion of secondary health facilities offer a full range of paediatric HIV services, including clinical monitoring, CD4 count measuring, early infant diagnosis, viral load estimation and haematological and chemistry tests, as well as adherence counselling.”

AIDS Strategic Framework (2019), National HIV and AIDS Strategic Plan (2019) and National Acceleration Plan for Paediatric HIV Treatment and Care (2016–2018). Also worthy of note are the interventions and programmes rolled out to bring paediatric HIV services to scale all over the country. By the end of 2019, there were about 1,639 ART centres spread across the country.

Paediatric and adolescent HIV services currently available in the country as outlined in the harmonized national guidelines include: early identification of HIV-infected children and adolescents using the polymerase chain reaction method at 6 weeks of age and 6 weeks after cessation of breastfeeding; routine follow-up and monitoring of HIV-exposed infants using approved national patient management and monitoring forms; HIV rapid testing for children at 18 months and older; and early initiation of ART for confirmed HIV-positive infants, children and adolescents (test and treat) (National Agency for the Control of AIDS, 2019). Other services include laboratory monitoring of children on ART, TB screening and preventive therapy, post-exposure

prophylaxis, nutritional support, prevention and management of opportunistic infections and packages for orphans and vulnerable children.

Whereas paediatric HIV services are available at all levels of the health care system in the country, the scope of services delivered depends on the level of care. Services available in the primary health centres include HIV testing services, antiretroviral prophylaxis offered as part of PMTCT services, and referrals. With requisite training, the collection of dried blood spots for polymerase chain reaction tests is done at all levels of the health care system. All tertiary and a significant proportion of secondary health facilities offer a full range of paediatric HIV services, including clinical monitoring, CD4 count measuring, early infant diagnosis, viral load estimation and haematological and chemistry tests, as well as adherence counselling.

In 2018, the Minister of Health re-established the National Treatment and Prevention of Mother-to-Child Transmission Programme with the aim of strengthening the health sector response to effectively and efficiently deliver HIV services and increase ownership and sustainability, and to meet the 90-90-90 global targets. The vision of the programme is to have a government-driven response that can provide quality ART services to all people living with HIV with the majority of funding sourced from within the country’s public and private sectors at national and state levels. This will also ensure improved coordination and government ownership at all levels in order to achieve sustainability of the HIV response and consolidate the gains of previous initiatives within the HIV health sector response.

The 2018 Nigeria HIV/AIDS Indicator and Impact Survey (NAISS) suggested that there were about 180,000 adolescent and young people living with HIV in Nigeria, with HIV prevalence especially high among females aged 20–24 at 1.3 per cent (FMOH, 2019). An estimated 92,530 of adolescents and young people living with HIV were 10–19 years of age, representing about 5 per cent of the total number of people with HIV in Nigeria. HIV prevalence among this age group varied regionally, with the South South region generally having the highest number of adolescents living with HIV. Ten states in Nigeria accounted for about 70 per cent of adolescents living with HIV, including Abia, Akwa Ibom, Anambra, Benue, Delta, Enugu, Imo, Lagos, Rivers and Taraba. The survey

further also showed that the level of awareness of HIV status was lowest among adolescent and young people (only 29.4 per cent among 20–24-year-olds and 35.5 per cent among 15–19-year-olds compared to 47 per cent among older adults) reflecting the low rates of HIV testing. Levels of viral load suppression were also lowest among adolescent and young people compared to other age groups. However, comprehensive knowledge in young women increased appreciably from 24.2 per cent in 2013 to 42.6 per cent in 2018. Urban–rural comparisons of data from the NDHS 2018 showed that knowledge of HIV and AIDS was higher in urban young women and men (51 per cent and 42 per cent, respectively) than in rural young women and men in (36 per cent and 28 per cent, respectively).

Health outcomes for adolescents living with HIV in Nigeria are poor. Adolescent girls and young women have unique vulnerabilities to HIV in Nigeria that are strongly linked with gender inequalities and harmful practices. These vulnerabilities include low levels of comprehensive knowledge of HIV, HIV risk perception, and access to appropriate sexual and reproductive health services. Adolescent girls and young women are also more likely to engage in risky sexual behaviours than older women.

### 3.1.2 Nutrition

#### *Childhood malnutrition indices (stunting, wasting and underweight)*

Stunting is an indication of chronic undernutrition. According to the National Nutrition and Health Survey 2018 (NBS, 2018b), 32 per cent of children under age 5 in Nigeria were stunted or too short for their age. Seven per cent showed signs of wasting (too thin for their height) and 22 per cent of children were underweight. Rural children had higher levels of stunting, wasting and underweight at 45 per cent, 8 per cent and 28 per cent, respectively than urban children with 27 per cent, 5 per cent and 15 per cent, respectively.

The educational level of the mother has been identified to be a risk factor in child nutrition. According to the survey, children whose mothers have no education were most likely to be stunted (54 per cent). Similarly, the wealth level of a household is a risk factor for child nutrition, as children from the poorest households (55 per cent)

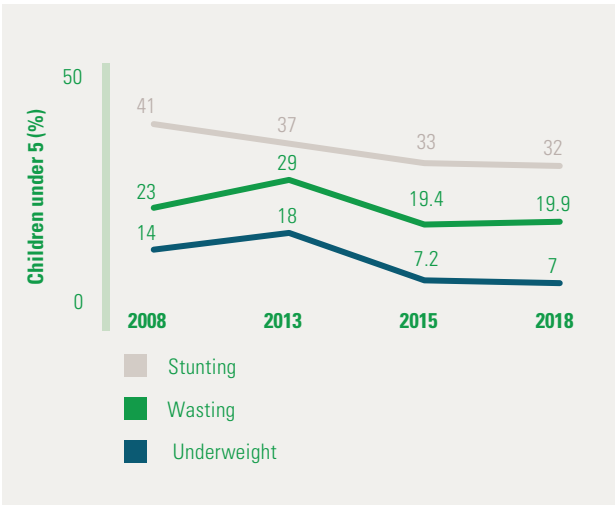
were most likely to be stunted, compared to 17 per cent of children in the wealthiest households.

Child stunting has consistently been higher in northern Nigeria than in southern Nigeria. In 2018, it was lowest in Anambra (14 per cent) and Enugu (15 per cent) and highest in Jigawa (64 per cent) and Kebbi (66 per cent). Incidentally, under-five mortality by state was also highest in Kebbi. Poor nutrition indices from the north were directly proportional to the high under-five mortality rates compared to the south. Efforts are being made by both government and development partners to ensure that this trend is reversed.

#### *Breastfeeding and infant and young child feeding*

About 97 per cent of Nigerian children were breastfed at some point. About three-fifths (58 per cent) of children were not breastfed within one hour of birth, and 82 per cent were breastfed within one day of birth. This has an implication for neonatal mortality. Exclusive breastfeeding declined with age, from 39 per cent among children aged 0–1 months to 29 per cent among those aged 2–3 months and 18 per cent among those aged 4–5 months. Seventy-one per cent of children under the age of 6 months were not exclusively breastfed. More than 18 per cent of both male and female children were breastfed. Exclusive breastfeeding is a foundation of child survival and its lack should be declared as a national emergency in the child survival sector. Distribution of breastfeeding status of children under 6 months revealed that 2 per cent were not breastfed at all, 48 per cent breastfed with other fluids, 22 per cent breastfed with other complementary foods and only 29 per cent were exclusively breastfed.

The NDHS 2018 report identified minimum dietary diversity, minimum meal frequency and appropriate milk feeds as constituting a child's minimum acceptable diet. Eighty-nine per cent of children aged 6–23 months living with their mother were not fed a minimum acceptable diet every 24 hours. This age is a critical window in which inadequate complementary feeding will lead to micronutrient deficiency and a compromised immune system. This can result in the onset of diverse childhood illnesses and ultimately, higher child mortality. The spectrum of breastfeeding from early initiation, exclusive breastfeeding and continued breastfeeding with adequate complementary foods are key to child survival.



**Figure 10: Under-five malnutrition trend in Nigeria (2008–2018)**

Source: WHO (2018)

**3.1.3 Water, hygiene and sanitation**

Access to WASH services is the foundation of development for health, nutrition, equity, gender equality and education. SDG 6 is the comprehensive goal that addresses the entire water cycle, from access to use and efficiency, and the integrated management of water resources and water-related ecosystems.

Within SDG 6, targets specifically addressing access to basic WASH services are SDGs 6.1 and 6.2, which call for the provision of universal, equitable, safe and affordable drinking water, as well as adequate and equitable sanitation and hygiene services for all, by 2030. Building on the WASH-related Millennium Development Goal (MDG) 7, SDGs 6.1 and 6.2 provide more ambitious targets and give more prominence to WASH services. They also shift the global focus from expansion of ‘improved’ water and sanitation systems only, to a broad service-based approach which considers key elements of quality, sustainability, equity and universality for all-round access to safely-managed WASH services for all.

Adopting global indicators used to monitor these targets, the 2019 WASH National Outcome Routine Mapping (NORM) report showed that only 14 per cent of the population had access to safely managed drinking water supply services, which means that up to 171 million people did not meet SDG target 6.1 (Federal Ministry of Water Resources, NBS and

UNICEF, 2020). Access to safely managed sanitation services was equally low as only 21 per cent of Nigerians had access, meaning that as many as 157 million Nigerians did not meet SDG target 6.2.

While the country made strong progress in meeting the MDGs by reaching 67 per cent (out of an MDG target of 77 per cent) of the population with access to basic water supply services in 2015, expansion of coverage has been slow in the post-MDG era, reaching only 70 per cent of the population in 2019. Access to potable water free from E. coli in households is critically low. The 2019 WASH NORM report revealed that at the national level, up to two-thirds of households (63 per cent) were ingesting contaminated water at the point of consumption within the household.

Improvements in access to sanitation have been sluggish for decades with only 44 per cent of the population having access to basic sanitation services in 2019. Meanwhile, the proportion of the population defecating in the open has remained almost the same with about a quarter of the population practising open defecation each year. Globally, Nigeria is ranked as having the second highest number of people practising open defecation, after India. However, with the remarkable progress India has made in this regard, many believe Nigeria is now the number one country.

Access to basic hygiene services is also very low nationwide. Only 16 per cent of the population was found to have handwashing facilities with soap and water within their household premises, while only 10 per cent of household heads could demonstrate proper handwashing techniques with soap under running water. Of concern is the fact that as little as 5 per cent of all households were likely to practise proper handwashing with water and soap at critical times, such as during the COVID-19 pandemic.

Since no WASH component can be effective in protecting and promoting the health and well-being of children on its own, a composite perspective of the WASH sector should always be adopted to address sectoral gaps. Statistics from the 2019 WASH NORM report showed that only 9 per cent of the population had access to all three services. Rural and low-income households were the worst affected as WASH deprivation was about three times greater in rural areas than in urban areas, and people in the poorest quintile were 10 times less likely to have access to basic WASH services than people in the



richest quintile. The North East suffered the most deprivation as only 5 per cent of the population had access to WASH services. There were also wide disparities in access to WASH services across states and hydrogeological areas. In institutions, WASH deprivation was in a critical state with only 14 per cent of schools and 7 per cent of health care facilities having access to basic WASH services.

In light of this unenviable WASH status, the government has engaged in key strategies to improve the WASH-enabling environment and close sector policy gaps. These include the launching of the Partnership for an Expanded WASH Framework and National Open Defecation-Free Roadmap in 2016; National WASH Sector Revitalization Action Plan; Presidential Declaration of the State of Emergency of the WASH sector in 2018; and the 'Clean Nigeria: Use the Toilet' open defecation-free communication campaign in 2019. The challenge remains to sustain these commitments and to efficiently and sustainably domesticate them at subnational levels and across critical ministries where WASH implementation takes place in order to ensure Nigeria achieves its WASH goals.

3.2 Causes and determinant analysis

The situation of women and children in Nigeria was identified as resulting from a variety of causes which are interrelated, as is diagrammatically presented in Figure 11. The factors depicted in the figure interact with socioeconomic factors such as place of residence, mother’s educational level and household wealth, and are strongly associated with risk factors of infant, child and maternal mortality such as access to health care, health behaviour and exposure to disease and injury.

The major areas identified as key to child survival are: promotion of breastfeeding (early initiation, exclusive breastfeeding and continued breastfeeding with adequate complementary foods); prevention and management of diarrhoea; access to ITNs for households with children aged 0–23 months; access to a flush, pit or ventilated improved pit toilet; use of safe drinking water with appropriate hygiene practices for households with children aged 0–23 months; and attendance of antenatal care and delivery by a skilled birth attendant.

3.2.1 Immediate and underlying causes of child mortality in Nigeria

More than half of under-five deaths occur during the first year of life while more than half of infant deaths occur in the first 28 days of life (NDHS, 2018). The top four causes of neonatal death in Nigeria are pre-term birth, intrapartum factors, congenital defects, and sepsis and hypothermia. In the post-neonatal period, pneumonia and diarrhoea are major causes. Undernutrition has been recognized as a major underlying cause and co-factor of both maternal and child mortality and morbidity, while immediate causes of poor nutrition are inadequate nutrient intake, care, illness and disease.

Causal factors of maternal, neonatal and child morbidity and mortality include insufficient coverage of high quality, high impact health and nutrition interventions due to inadequate financial and trained human resources, limited supply of essential commodities, low service uptake and knowledge gaps around appropriate health-seeking behaviour and care practices. Poor implementation of health, nutrition and WASH policies and guidelines also contribute to the challenge. In the case of WASH, infrastructural challenges and decay are also contributing factors.

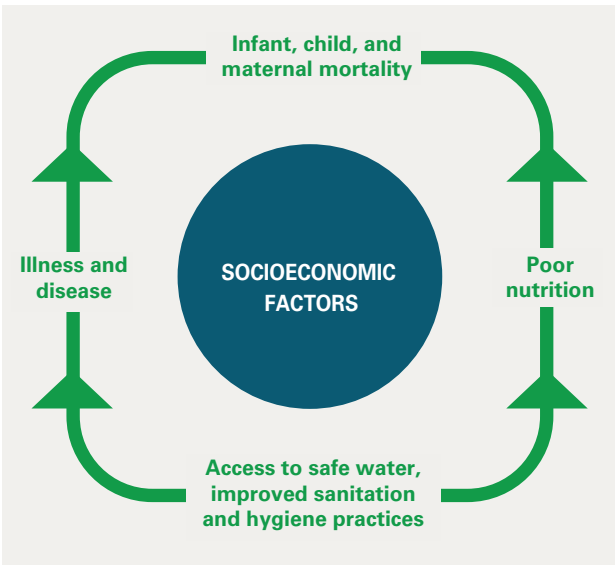
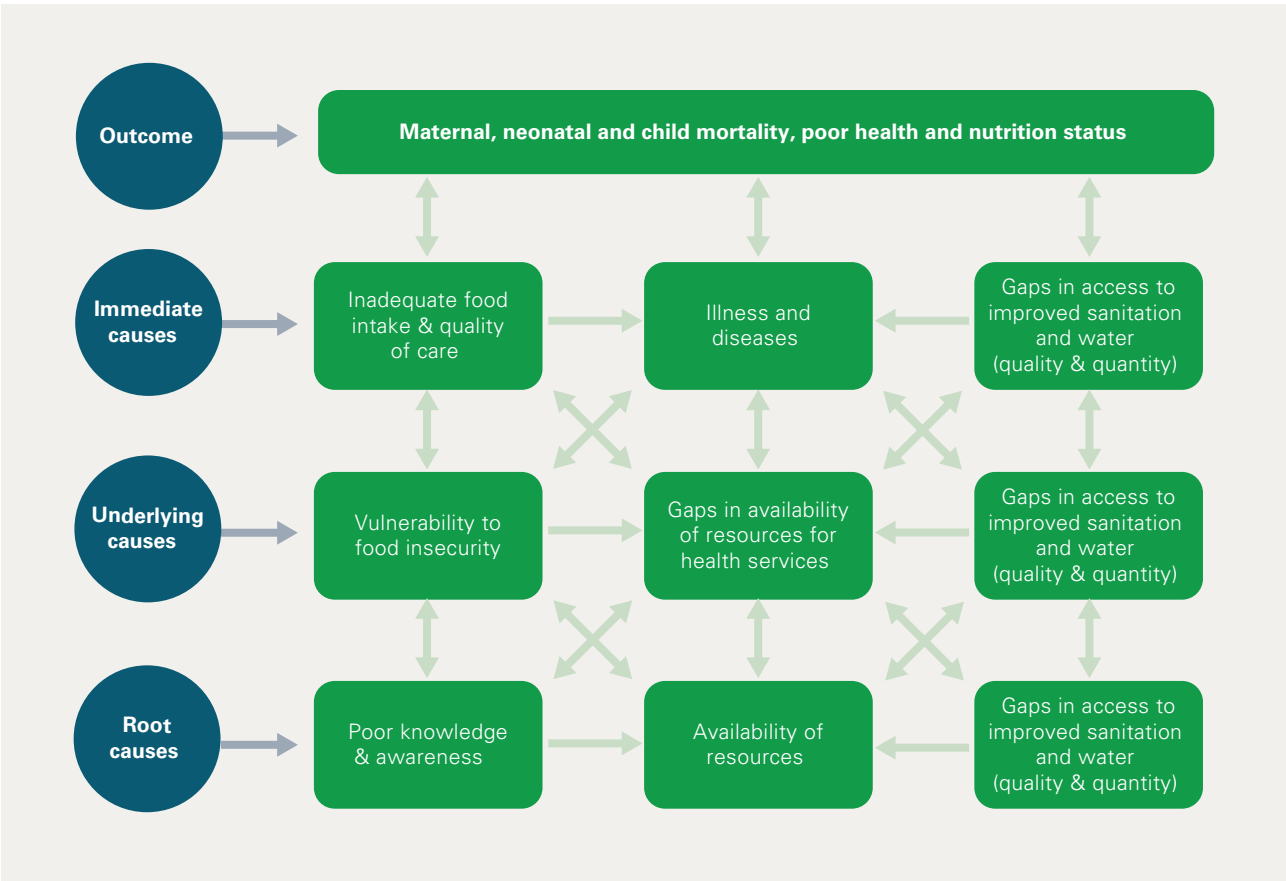


Figure 11: Risk factors and causes of infant, child and maternal mortality

Source: Stakeholder Analysis Workshop (2020)



**Figure 12: Conceptual framework of the immediate and underlying risk factors of child survival**

Source: Stakeholder Analysis Workshop (2020)

**3.3 Stakeholder roles and capacity gap analysis**

The right of a child to survival and development is recognized in Article 6 of the United Nations CRC. Duty-bearers such as government, parents and religious institutions have a role to play in ensuring an appropriate environment for the survival and development of the child. Article 6 of the CRC guarantees children the fundamental right to life upheld as a universal human rights principle in other instruments, and to survival and development to the maximum extent possible. Government therefore has a mandate to facilitate access for families to public goods and services to ensure the survival and development of the child. These include health care services, education, recreational facilities, adequate nutrition, shelter and information. Article 5 of the CRC describes parents and legal guardians as having the primary responsibility for the upbringing and development of the child and states that the best interests of the child will be their basic concern. It

further enjoins government to protect and assist families in fulfilling their essential roles as nurturers, as government remains the primary duty-bearer in the fulfilment of the rights of the child.

**3.3.1 Resources**

Human resources management and development pose a major challenge to the implementation of health sector reforms and achievement of the health-related SDGs in Nigeria. A human resources for health strategic plan has been developed to guide the implementation of human resources for health policy at all levels in Nigeria.

The Nigerian health system includes orthodox, alternative and traditional systems of health care delivery, all regulated by government. There are wide disparities in the health status, service delivery and distribution of resources between different regions of the country, including between rural and urban locations. A commonly adopted approach to benchmarking human resources for health care sufficiency is the workforce-to-population

ratio method. A health worker-to-population ratio estimates the workforce density or supply, such as physicians per 1,000 people or health professionals per 1,000 people. A 2006 World Health Report on human resources for health identified a minimum health worker density of 2.3 skilled health workers (physicians and nurses/midwives) per 1,000 people, which was considered generally necessary to attain high coverage (80 per cent) of skilled birth attendance. (WHO, 2006)

Ensuring availability and retention of competent human resources to provide health care in vulnerable regions is a major challenge. The Nigerian health system suffers from limited skilled personnel, as a large number of doctors, nurses, nutritionists and other qualified health personnel are required in the country, especially in the rural areas. The situation is compounded by a high rate of exit of health personnel from the country and limited workforce due to factors such as poor remuneration and working conditions, minimal opportunities for staff development, and a general lack of basic amenities like electricity, water, housing, roads, schools and security. There is also little replacement of the exited or retired health workforce. The human resources for health policy also identifies issues regarding global changes in health trends, shifts in health needs and demands, declining resources, and changes in global economic, political and technological situations.

Nigeria's population is expected to increase from 178.5 million in 2014 to 272.5 million by 2030. The number of doctors, nurses and midwives required for 2016–2030 is estimated to be between 422,018 and 621,205, with a mean of 515,668. The range for doctors is 101,803 to 149,862, with a mean of 124,394. The estimated number of nurses and midwives is between 320,216 and 471,353, with a mean of 391,274. Given these projected needs, the expected deficit of doctors is 31,413–50,120 while the deficit of nurses and midwives is estimated to be 83,548–137,859. This shows the need for Nigeria to improve its health workforce supply in order to reduce the heavy disease burden and meet the health-related SDGs by 2030.

The federal government's role is centred around providing a regulatory framework for the health sector to address underlying challenges, while government at the subnational level is involved in coordinating the

affairs of the teaching hospitals and federal medical centres which are the key institutions for the delivery of tertiary health care in Nigeria. As it stands, the 36 states and state-controlled local governments are directly responsible for the delivery of primary and secondary health care services through managing general hospitals and primary health care centres across the country. State governments' failure to address health issues and direct expenditure towards correcting existing challenges contributes to the significant dwindling of the health sector's performance. Between 1999 and 2016, Nigeria's 36 states and their local governments collectively spent ₦55.36 trillion. Despite this, the country has one of the highest mortality rates in Africa and performs worse than countries in the same bracket of middle-income countries.

In 2001, the government of Nigeria, along with other African Union countries, pledged to spend 15 per cent of its annual budget on health care; however, Nigeria has never come close to reaching that goal. Analysis of Nigeria's federal budget from 2016 to 2020 indicates that the budget allocation to health remained relatively flat, never rising above 5 per cent of the total federal budget. Actual spending, for which complete data is unavailable, was lower than that percentage given that the budget is never fully funded. The share of the budget allocation to health

“As it stands, the 36 states and state-controlled local governments are directly responsible for the delivery of primary and secondary health care services through managing general hospitals and primary health care centres across the country.”

dropped from 4.2 per cent of the budget in 2019 to 3.5 per cent in 2020 due to the worsening revenue situation. This does not bode well for such a critical sector, especially in view of the current pandemic and need for increased investment in health.

The budget allocation to health at the state level is also very worrying. The health budget as a share of the total state budget for states such as Oyo and Anambra was only 1.2 per cent for 2018, while Bauchi was the only state that surpassed the Abuja Declaration threshold with 15.9 per cent of the state budget for health. Other states that made significant allocations to the health budget included Kano (13 per cent), Kwara (12.5 per cent), Katsina (10.8 per cent), Borno (9.8 per cent), Sokoto (9.5 per cent) and Lagos (8.9 per cent), with Kogi, Kaduna, and Gombe all at 8 per cent.

The impact of poor funding of the health sector is that up to 70 per cent of medical spending in Nigeria is out of pocket. This forces many with unexpected health problems into debt or poverty and denies poor people access to health care services, especially in rural areas and communities.

3.3.2 Policy and legislation

There are relevant and updated policies and plans in the child survival sector, such as the National Strategic Development Health Plan II, 2019; National Policy on Food and Nutrition in Nigeria,

“Policymakers can promote and support increased consumption of fruits and vegetables and decreased consumption of overly processed foods that are often nutrition-poor and energy-dense (high in fat, sugar and salt).”

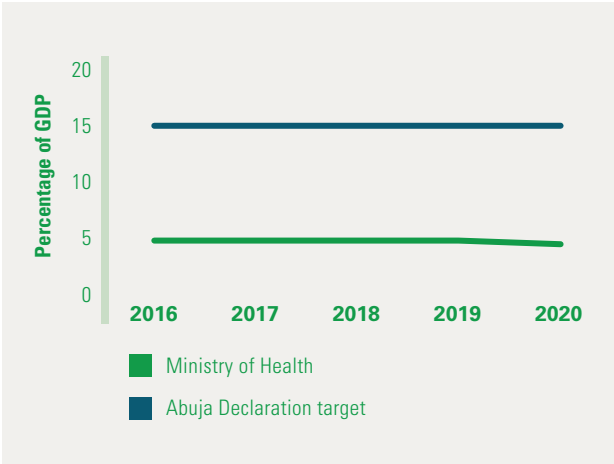


Figure 13: Federal Ministry of Health Budget (2016–2020)

Source: BOF (2020)

2016; and the National Water Policy, 2017. There are executive actions such as emergency declarations on issues like the elimination of open defecation, routine immunization, and reducing preventable maternal, newborn and child deaths. Low coverage of intervention activities, inadequate funding and poor policy implementation has generally been responsible for the poor performance of the sector.

Breastfeeding and infant and young child feeding strategies and policies are the right place to start. Policy and legislation to strengthen agriculture and smallholder farming need to be integrated with action to diminish food waste and loss and to ensure the safety of the system and dissemination of information to consumers. Policymakers can promote and support increased consumption of fruits and vegetables and decreased consumption of overly processed foods that are often nutrition-poor and energy-dense (high in fat, sugar and salt).

Rising consumer disposable income has a positive effect on consumption of adequate diets. Policy interventions to diminish poverty, enhance employment and strengthen social protection may therefore be effective. Investing in access to clean drinking water and sanitation will also have a strong impact on nutritional outcomes and increase access to primary health care with special attention given to the nutritional status of children, teenage girls and women of reproductive age. A focus on the first 1,000 days of life is crucial to a child’s cognitive and physical development, hence



the need to prioritize investments in key social sectors. Strengthening access to nutritious food for pregnant and breastfeeding women, promoting exclusive breastfeeding as opposed to infant formula and supporting adequate supplementary feeding of infants and small children after the first 6 months are also important measures to improve nutritional outcomes.

There are several policies and strategic plans of action that affect maternal and child survival in Nigeria. While some are drafts or under review, others have been adopted and are being implemented, such as the National Policy on Food and Nutrition, 2016 which reflects emerging issues such as the importance of the first 1,000 days of life and the upsurge in the prevalence of diet-related non-communicable diseases and micronutrient deficiencies. Likewise, the overall goal of the National Policy on Infant and Young Child Feeding in Nigeria is to ensure the optimal growth, protection and development of the Nigerian child from birth through the first 5 years. Other documents include: the Task Shifting and Task Sharing Policy for Essential Health Care Services in Nigeria (2014); Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition Strategy for Nigeria (2018–2022 draft); National Water Sanitation and Hygiene Policy (2000); National HIV and AIDS Strategic Plan (2017–2021); Nigerian National Policy on HIV and AIDS (2003); National Workplace Policy on HIV and AIDS (2013); National Anti-Malaria Treatment Policy (2005); and the Agriculture Promotion Policy (2016–2020). Additionally, the National Gender Policy (2008) replaced the erstwhile National Policy on Women and aims to eliminate gender discrimination and ensure equality and human dignity for all.

### 3.4 Proposed response and potential role of the private sector

#### 3.4.1 Role of government

Government is the primary duty-bearer in ensuring the attainment of child survival. There is a need to channel planning and implementation of child-related programmes in line with international best practices. One way to do so is to ensure the universal domestication of the CRA in all states of the federation. This will ensure uniformity and

guarantee the inclusion of children in the governance process. It is also important that existing policies relating to child survival be effectively implemented.

Focused and specific attention must be directed towards resolving socioeconomic factors that threaten the survival of the child through targeted investments in the provision of potable water, hygiene and sanitation, as well as orientation programmes and public enlightenment campaigns to sensitize and mobilize the public against risk factors in infant, neonatal and maternal mortality.

In view of the disruptions imposed by COVID-19, it is important to immediately resume and encourage routine immunizations. In this regard, primary health centres play a vital role and therefore should receive greater attention. It may be necessary in some cases to incentivize vaccinations.

It is also very important for government to allocate more resources to the health sector in order to at least meet the international recommendation by WHO. This will help to solve the problem of personnel and health infrastructure.

#### 3.4.2 Role of private sector

In Nigeria, the private sector can provide a mix of goods and services for child survival. These include:

- ▶ direct provision of health services, medicines, medical and financial products;
- ▶ training for the health workforce; and
- ▶ provision of information technology, infrastructure and support services such as health facility management.

“There is a need to channel planning and implementation of child-related programmes in line with international best practices.”

## CHAPTER FOUR: EDUCATION

### 4.1 Situation and trends

The Constitution of the Federal Republic of Nigeria recognizes the importance of education when it affirms in Section 18, subsection 3 that government shall strive to eradicate illiteracy (Federal Republic of Nigeria, 1999). To advance the premium placed on education, the nation's educational system is on the concurrent list in the Nigerian Constitution. This enables the 36 state governments and the Federal Capital Territory Authority to establish educational institutions and manage and fund them according to their capacities. Thus, efforts have been made by the federal and state governments to improve the standard of education in the areas of policy formulation, project and programme articulation, budgetary provision and legislation. The Federal Ministry of Education programme document,





*Education for Change: A Ministerial Strategic Plan, 2018–2022* (2019a) represents an overt effort by the federal government to define a strategic direction for education. Pivotal to this plan are access and quality built on the 10 pillars of education policy. In order to strengthen partnership within the three tiers of government for the purpose of achieving the SDGs, government intends to use the Ministerial Strategic Plan as a vehicle for social, economic, scientific and technological development. The Strategic Plan is aligned to SDG 4 to provide inclusive and qualitative education for Nigerian children. Accordingly, state governments have developed education sector operational plans and local governments have developed local education sector operational plans, all aligned with the Strategic Plan and with the three-tier concurrent responsibility in

education. Working collaboratively with development partners and the Universal Basic Education Commission (UBEC), the state and local education sector operational plans have all been aligned with the SDGs through the Ministerial Strategic Plan.

The national completion rate at the primary school level in 2017 was measured at 55.12 per cent with male and female rates being 59.12 per cent and 51.24 per cent, respectively. At the secondary school level, the national rate was 39.41 per cent with male and female rates being 42.63 per cent and 36.18 per cent, respectively. Completion rates were lower in secondary than in primary schools, and senior school enrolment declined from 4,475,309 in 2016 to 4,323,347 in 2017 (NBS, 2019).

Although the overall literacy rate has increased, it remains a focal issue, particularly among women in rural areas. The MICS 2016/17 showed the percentage of young women aged 15–24 years who were literate to be 59.3 per cent, with the urban rate at 84 per cent and the rural rate at 45.1 per cent. For young men, the rate was 70.9 per cent, with the urban rate at 88.9 per cent and the rural rate 60.7 per cent. This implies a greater proportion of literate males than females in the 15–24 age bracket. Geographical distribution favoured the south, as literacy among young women ranged from 92.6 per cent to 95.4 per cent in that region, while it ranged from 38 per cent to 62 per cent in the northern part of the country. The percentage of literacy among young men aged 15–24 years ranged from 93.7 per cent to 94.3 per cent in the southern parts and from 53.1 per cent to 76.4 per cent in the north (NBS and UNICEF, 2018).

The phenomenon of out-of-school children presents legitimate cause for concern. In 2019, there were 10,193,918 out-of-school children in Nigeria, with 62 per cent being male (UBEC, 2019). The majority of these children, especially in the north, are made up of Almajiri children who are denied the right to education. The proportion of out-of-school children at primary school level was 27.2 per cent, with male and female rates of 26.5 per cent and 27.9 per cent, respectively. The highest rate of 39.8 per cent was in the North East while the lowest, 11.3 per cent, was in the South East. At the secondary school level, 25.8 per cent of children were out of school (24.4 per cent male and 27.3 per cent female). The highest rate was in the



The national completion rate at the primary school level in 2017 was measured at **55.12 per cent** with male and female rates being **59.12 per cent** and **51.24 per cent**, respectively.

North East at 37.3 per cent, while the lowest was in the South East at 7.7 per cent. The insurgency in the North East heavily contributed to the high rates in that area.

The national primary school effective transition rate, which measures the number of students admitted to the first grade of a higher level of education in a given year, was 51.2 per cent (UBEC, 2018).

**Gender parity**

The Gender Parity Index is the ratio of female to male values of a given indicator. A Gender Parity Index of 1 indicates parity between the two sexes. According to the MICS 2016/17, gender parity at primary school level was 0.95, with the South East and South South having the highest levels at 1.01 each, while the lowest of 0.93 was in the North West. Urban parity was 0.99 and rural parity was 0.9. At the secondary school level, national parity was 0.97, confirming the obvious challenge of access to education by female children (NBS and UNICEF, 2018).

**4.1.1 Pre-primary education**

According to the MICS 2016/17, the highest enrolment in the northern part of the country was in North Central where the percentage of children aged 3–5 who attended early childhood education was 36.7 per cent, while the lowest was in the North East with 13.3 per cent. In the south, the highest was the South West with 82.2 per cent and the lowest was the South South region with 78 per cent. This shows that early childhood education is more saturated in the south than in the north.

**Access**

The 2017 data published by the Federal Ministry of Education showed total enrolment for pre-primary pupils of 5,908,618, with public enrolment being 3,147,712, or 53.3 per cent. Female representation stood at 3,006,552, or 50.9 per cent. The total enrolment figure more than doubled that of the 2013/14 school year, when just 2,607,122 were enrolled, and when total female enrolment was 49.1 per cent. In 2016/17, a positive female enrolment trajectory of 50.9 per cent was evident, surpassing the male enrolment figure of 49.1 per cent. The total number of public and private pre-primary, kindergarten level and nursery school enrolment increased from 2,607,122 in 2013/14 to 5,908,618 in 2016/17, representing a 42.3 per cent

annual increase for the period under review. This implies wide access to pre-primary education and even wider access at the nursery school level. There was a decline between 2014/15 and 2015/16 from 4,611,570 to 2,721,736, which was due, at least in part, to the recession and the insurgency that the country confronted during that period.

Out of a total of 5,908,618 public and private students, total public school enrolment was 3,147,712 in 2017. The south had 1,762,854 children in school, or 56 per cent, of which 50.3 per cent were female. In the north, total public school enrolment was 1,384,858, with a female proportion of 49 per cent. This implies that male enrolment was 51 per cent, which is an approximate reversal of the case in the south. The south had a greater proportion of pre-primary school enrolment and more female students in public schools than male students. At the state level, Abia in the South East had the highest figure nationally with 620,946 enrolled students, while Bayelsa State in South South had the least with 24,927. Akwa Ibom had the highest in the South South with 180,807, Lagos led the South West with 557,486, Kaduna and Kano in the North West had 358,331 and 359,339, respectively, and Bauchi in the North East had enrolment of 113,373. North Central had the highest female proportion (63.1 per cent), followed by South West (51.7 per cent) and South East (49.7 per cent). (See Table 2.)

In 2018, enrolment in pre-primary public schools peaked at 3,662,776, comprising 1,834,002 males and 1,828,774 females (UBEC, 2018).

**Table 2: Public pre-primary school enrolment by zone and gender (2017)**

Zone	Public			
	Schools	Pupils	Female	% female
South East	6,186	474,259	235,900	49.7%
South South	6,264	346,510	162,031	44.0%
South West	8,628	973,085	503,492	51.7%
North Central	8,645	482,272	304,374	63.1%
North East	3,224	184,922	88,760	48.2%
North West	4,389	608,743	279,629	45.9%
National	37,336	3,147,712	1,584,186	50.3%

Source: Federal Ministry of Education (2017)



**Table 3: Public and private primary school enrolment by gender, 2013/14–2017/18**

Year	Public			Private			Public & private
	M	F	M & F	M	F	M & F	M & F
2013/2014	11,496,946	10,827,559	22,324,505	1,758,843	1,717,849	3,476,692	25,801,197
2014/2015	9,735,881	8,466,714	18,202,595	2,075,468	2,058,168	4,133,636	22,336,231
2015/2016	11,519,269	10,548,159	22,067,428	1,600,511	1,607,082	3,207,593	25,275,021
2016/2017	11,219,283	10,015,771	21,235,054	1,667,044	1,641,624	3,308,668	24,543,722
2017/2018	11,618,213	10,766,542	22,384,755	2,775,439	2,729,193	5,504,632	27,889,387

Source: Nigeria Digest of Education Statistics (2017); UBEC (2018)

### Quality

There were 139,382 teachers in 2017/18 nationally with women teachers making up 69.22 per cent of the total. The total number of public qualified teachers was 85,143, representing 67 per cent of the teacher population, with female teachers constituting 71 per cent of qualified teachers (Federal Ministry of Education, 2018).

### 4.1.2 Primary education

The federal government introduced the National Home-Grown School Feeding Programme in 2016 to increase the enrolment rate in primary schools and try to attract the over 10.5 million children then out of school. In the 2020 budget, the government earmarked ₦111.79 billion towards universal basic education. This number has since been slashed to ₦51.12 billion due to the impact of the COVID-19 pandemic on the Nigerian economy, and it is clear that major cuts to education are set to impact access to quality education in the country.

### Access

Total primary school enrolment in 2018 was 27,889,387, with public enrolment accounting for 22,384,755 (80.2 per cent) while female representation was 48.4 per cent (13,495,735). Nigeria's net enrolment rate at the primary school level was 56.83 per cent and the completion rate was 87.17 per cent. Table 3 shows that there were more enrolments at public than at private schools. A few factors, including lack of financial capacity by poor households, are responsible for the perceived preference for public over private primary schools.

The trend in enrolment by gender depicted in the table shows that public enrolment is much higher than private enrolment. The total number of enrolments in public school declined from

22,324,505 in 2013/14 to 21,235,054 in 2016/17. The same trend was observable in private schools, where the total number of enrolments decreased from 3,476,692 to 3,308,668 during the same period. The proportion of male to female public schools in 2017 was 52.9 per cent to 47.1 per cent, while it was 50.4 per cent to 49.6 per cent in private schools in the same session. Nigeria's net enrolment rate was 56.83 per cent in 2017, comprising 88.13 per cent males and 11.73 per cent females.

The male population represented the lion's share of enrolment nationally. In 2016/17, there were 12,886,327 males (52.5 per cent) and 11,657,359 females enrolled. The north had 15,362,484 (62.6 per cent) male enrolment, with Kano having the biggest share at 2,999,999. The southern region had 9,181,238 (37.4 per cent) male enrolment, while the North West had the highest enrolment of 8,886,657, representing 36.2 per cent, and the South South had the least male enrolment at 2,133,461. In the south, Lagos State had the highest with 1,041,350, while South South had the least with 2,133,461. Lagos and Oyo were the two states where private enrolment was higher than public enrolment.

### Quality

The national pupil-to-qualified teacher ratio at the primary level is 1:71, and at the junior secondary school level it is 1:43. However, the education policy recommendation is 1:35 for each of the two levels. The number of qualified teachers in primary school declined from 414,448 in 2013/14 to 345,801 in 2016/17. At the primary education level, more male teachers were available than female teachers, but in terms of qualified teachers, there were more qualified female teachers in each year than male teachers. Female qualified teachers increased in proportion from 70.79 per cent in 2012–2013 to 78.84 per cent

**Table 4: Public and private junior secondary school enrolment by class and gender, 2013/2014–2016/2017**

Academic year	JSS 1 (9–11 years)		JSS 2 (10–12 years)		JSS 3 (12–15 years)		Total		Total
	M	F	M	F	M	F	M	F	
2013/2014	1,146,044	1,000,501	1,112,942	975,287	1,052,484	915,836	3,311,470	2,891,624	6,203,094
2014/2015	1,139,849	1,021,844	1,096,002	984,251	1,024,258	914,807	3,260,109	2,920,182	6,180,291
2015/2016	1,105,711	986,744	1,034,979	918,675	952,856	839,022	3,093,546	2,745,441	5,838,987
2016/2017	1,185,054	1,077,907	1,138,455	1,027,964	1,038,834	926,115	3,362,344	3,031,986	6,394,330

Source: Nigeria Digest of Education Statistics (2017)

in 2016/17. The teacher training workshops held by the Federal Ministry of Education in 2016 could be responsible for the upward trend in the number of qualified teachers, as there is ongoing effort to ensure that only qualified teachers are employed to enhance the quality of learning.

**Disability**

The total number of special needs children in early childhood care, development and education and pre-primary school in the 2017/18 period was 73,369 (UBEC, 2018). Hearing- and speech-impaired pupils constituted the highest number in each class while blind children constituted the least. The total figure decreased each year from the lower to higher classes, indicating the difficulty of continuation in education. The lack of special learning devices for the disabled and other institutional and structural challenges could be responsible for declining participation in learning by the disabled. The need for intervention by public and private sectors, including development partners, cannot be over-emphasized.

**4.1.3 Junior secondary education**

**Access**

At the junior secondary school (JSS) level, total enrolment was 6,841,953, with public enrolment of 5,189,093 (75.8 per cent) and female representation of 3,031,986 (47.4 per cent) (UBEC, 2018). While the number of private schools (19,413) was higher than the number of public schools (13,157), public enrolment was higher than private. A preference for public schools could be due to the financial capacity of parents. At the same time, the higher number of private schools implied a preference for private school education for parents who could afford it. The percentage of female enrolment in public schools was 46.5 per cent while in private schools it was 50.7 per cent (i.e., higher female proportion in private schools).

The total number of schools increased from 22,563 in 2014 to 32,413 in 2017, representing a 14.6 per cent annual increase. Public schools grew at 3.5 per cent while ownership of private schools grew at 26.84 per cent annually. Lagos State had the highest number of schools at 3,711 (11.4 per cent) and Yobe State had the least at 160 (0.49 per cent). The transition rate in junior secondary schools in 2017/18 was 67.7 per cent (UBEC, 2018).

There was a consistent geographical pattern corresponding to the trends of male to female enrolment in primary education. The South South had the highest female-to-male ratio in terms of enrolment (51.4 per cent) and the southern part of the country generally had higher female enrolment than schools in the north. However, the north had higher overall enrolment at 3,391,334 (53.3 per cent). The North West had the highest enrolment (24.9 per cent) followed by the South West and North Central. The South East also had a higher proportion of female students, which is in line with the narrative that boys from the South East prefer to engage in enterprising activities like business rather than go to school. Lagos State had the highest number of female enrollees with 513,296 (8.03 per cent) while Bayelsa State had the least with 49,466 (0.77 per cent).

**Quality**

National data shows the ratio of pupils to qualified teachers is 1:43, which is higher than the 1:35 recommended in the National Policy on Education. According to UBEC (2018), the total number of teachers in JSS was 382,346, with qualified teaching staff totalling 291,761 and non-qualified teaching staff numbering 90,585. In terms of gender breakdown, 46.6 per cent of qualified teachers were women, while 35.1 per cent of non-qualified teachers were women. The total number of teachers increased from 166,630 in 2013/14 to 375,672 in 2016/17,

representing a 41.8 per cent annual increase. Only in 2016/17 did the percentage of total qualified teachers fall below 50 per cent. The 2015/16 period had the highest number of qualified teachers at 86.69 per cent. The sudden rise in 2016/17 could be as a result of the skills upgrade training given to over 100,000 teachers by the Federal Ministry of Education.

The current capacity of public schools in terms of pupil-to-teacher ratio and pupil-to-classroom ratio brings to the fore the issue of quality of teaching (UBEC, 2018). The quality of education and by extension, learning outcomes, therefore remains a critical area of focus. It goes without saying that low quality of education in schools will play a negative role in dealing with low completion rates. The World Bank Group in its assessment of Nigerian schools posits that the availability and quality of teachers are important determinants of children's learning outcomes (World Bank Group, 2015). It asserts that the low competence level of teachers and poor classroom performance at the basic education level hampers learning outcomes for children. This, according to the group, is a direct consequence of a weak human resource management system which poses serious challenges in developing competence and motivating teachers. Among the main challenges to human resource management in Nigeria's educational system are inadequate funding by government; inadequate learning materials, including poor quality of classrooms; a weak or inadequate teachers' incentive scheme; a weak accountability system which creates challenges in holding teachers responsible for their performance; a lack of adequate teacher training and professional development system; the inadequacy of clear guidelines and criteria for teacher recruitment, deployment, promotion, remuneration and performance; a high pupil-to-teacher ratio; and most recently, the impact of natural disasters and insurgency, including the kidnapping of students. All these have placed a heavy burden on the educational system, undermining what is very critical – student learning.

### **Disability**

The total number of children requiring special attention in JSS was 415,827 for the period 2017/18 (UBEC, 2019). The enrolment of children with special needs declined progressively from JSS 1 to JSS 3 with children with hearing and speech impairments having higher enrolment levels than

other categories in each class, while children with intellectual disabilities had the lowest enrolment.

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## **4.2 Immediate and underlying causes**

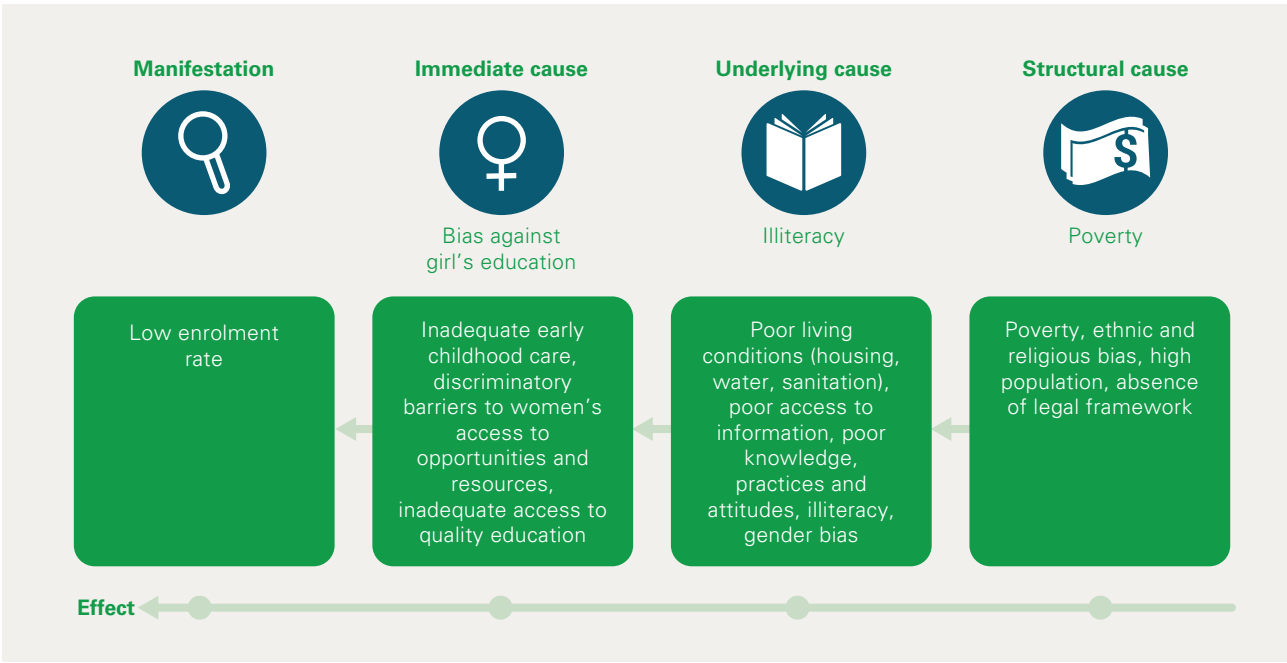
The causality analysis examined shortfalls and inequities in immediate, underlying and structural causes of non-realization of children's rights in education. Inclusive education can ensure protection and promotion of children's rights and children's participation in national development. The overall goal is to ensure equal treatment and active participation of all children.

According to the World Bank Nigeria's Prof. Adekola, "There is variation in basic and post-basic education in terms of access, equity and quality, including relevance across and within the region (north and south), zones, states and local government areas." He further adjudged that more than 75 per cent of out-of-school children live in the north and are mostly made up of girls from poor households, and that the emerging learning crisis in Nigeria is the result of the low quality of teaching and learning. The fundamental issues in education in the country are rooted in structural issues such as poverty; population growth that exceeds the country's GDP growth; bad cultural practices; ethnic and religious bias; and weak human capital that cannot transform national resources into national development. The existence of multiple barriers as outlined in Figure 14 will overwhelm the capacity of parents and guardians and result in poor living conditions. Under the pressure of poverty and poor resources, illiteracy will thrive, and if parents are illiterate, it will result in a lack of adequate capacity to send children to school. This will take a toll on girls in the family as a choice has to be made of which child to educate.

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## **4.3 Stakeholder roles and capacity gap analysis**

The gap analysis examines the framework for identifying, planning, implementing and monitoring policies, projects and programmes required for interventions. It involves raising the level of accountability and transparency by identifying



**Figure 14: Causal analysis of education and development**

Source: Stakeholder Analysis Workshop (2020)

rights-holders and their counterpart duty-bearers, and analysing the capacity of key individuals and institutions, such as pupils, parents, teachers, school, community, state and federal governments. (See Annex 8 for the capacity gap analysis.) The Nigerian government at both federal and state level has obligations to formulate educational policies and to provide legislative frameworks. Children, for their part, should study hard. Parents have a duty to pay tax to fund education and inculcate good study habits in their children. School management is obligated to partner with the communities they serve with the objective of increasing community participation. In response,

“The Nigerian government at both federal and state level has obligations to formulate educational policies and to provide legislative frameworks.”

the community will send their children to school. The gap analysis explains the role, motivation, authority, resources and knowledge required by stakeholders.

**4.3.1 Resources**

Resources in education include financial, human and material resources. The human resources in the education sector include everyone working in an educational institution, including teachers, students, administrators, and others.

**Financial resources**

UBEC is responsible for coordinating the disbursement of the federal allocation (2 per cent of the Consolidated Revenue Fund) to basic education. Currently, only 24 states have accessed the UBEC fund on a 50/50 counterpart basis in full. Apart from access and teacher quality challenges, funding in the sector is bedevilled by late, irregular and inadequate fund releases. The number of states that accessed the fund increased from 17 in 2016 to 23 in 2017. Table 5 shows that the education sector (including UBEC) received not more than 10.9 per cent of the total budget between 2013 and 2017. The education sector, including the allocation from the UBEC fund, received 7.4 per cent of total budget in 2017. However, in the 2020 budget the allocation (including the allocation from the UBEC fund) was only 5.5 per cent (₦598.5 billion of the total federal



**Table 5: Total budgetary allocation to education including UBEC fund (2013–2017)**

Budgetary allocation	2013	2014	2015	2016	2017
	Billion naira				
Recurrent	366.24	373.53	392.24	367.73	398.69
Capital	71.23	50.78	22.00	35.43	56.72
<b>Total education budget</b>	<b>437.47</b>	<b>424.31</b>	<b>414.24</b>	<b>403.16</b>	<b>455.41</b>
UBEC	76.28	70.47	67.30	77.11	95.19
<b>Total education budget (including UBEC)</b>	<b>513.75</b>	<b>494.78</b>	<b>481.54</b>	<b>480.27</b>	<b>550.60</b>
<b>Total federal budget</b>	<b>4,987.22</b>	<b>4,695.19</b>	<b>4,425.93</b>	<b>6,060.68</b>	<b>7,441.18</b>
Share in total federal budget (including UBEC) (%)	10.30	10.54	10.88	7.92	7.40
Share in total federal budget (excluding UBEC) (%)	8.77	9.04	9.36	6.65	6.12
<b>Nominal GDP</b>	<b>81,009.96</b>	<b>90,136.98</b>	<b>95,177.74</b>	<b>102,575.42</b>	<b>114,899.25</b>
Share in nominal GDP (%)	0.63	0.55	0.51	0.47	0.48

Source: BOF (2020)

budget). The contribution of education to nominal GDP ranged from 0.47 per cent to 0.63 per cent between 2013 and 2017.

#### *Human and material resources*

Overall, there are 1,450,142 basic education teachers in Nigeria. Of these, 650,856 (45 per cent) are male while 799,286 (55 per cent) are female, and they are distributed across both private and public schools (UBEC, 2019). There is a gender parity imbalance in favour of female teachers. For every male teacher, there are about 1.22 female teachers. Seven states, including Lagos (108,718), Kano (87,951), Oyo (63,831), Rivers (56,552), Ogun (52,286), Kaduna (51,527) and Niger (51,209) had more than 50,000 teachers, with Lagos State recording the highest number (UBEC, 2019).

Table 6 shows the increases in the schoolchild populations at pre-primary (0–5 years), primary (6–

11 years), JSS (12–14 years) and senior secondary school (15–17 years) levels between 2006 and 2017, according to the NPC.

Given that the number of out-of-school children in 2017 was 12.7 million (Federal Ministry of Education, 2019a), we can expect an astronomical increase in those numbers by 2030 if drastic measures are not taken now to curb this disturbing trend.

At the JSS level, the proportion of female students in public school relative to total students was 46.54 per cent, while it was 50.71 per cent in the private sector and averaged 47.42 per cent nationally. The trend of higher female participation in private versus public school was also observed at the primary school level. The national completion rate at the primary level was higher (87.17 per cent) than at the JSS level (55.12 per cent) but the survival rate<sup>2</sup> at the primary school level (65 per cent) was lower than at the JSS level (80.4 per cent). Interestingly,

**Table 6: Schoolchild population at pre-primary, primary, junior and secondary school, 2006 and 2017**

Year	Pre-primary (millions of children)	Primary (millions of children)	Junior secondary school (millions of children)	Senior secondary school (millions of children)	Total schoolchild population (millions)
2006	27.17	22.31	9.25	9.03	67.76
2017	38.95	31.98	13.26	12.95	97.14

Source: NPC (2018)

<sup>2</sup> Percentage of a cohort of students enrolled in the first grade of a given level or cycle of education in a given school year who are expected to reach a given grade, regardless of repetition.

the survival rate at the senior secondary school level (68.58 per cent) was higher than at the primary school level. Both the net enrolment rate (56.83 per cent) and completion rate (87.17 per cent) at the primary school level was higher than at the JSS level (23.93 per cent net enrolment rate and 55.12 per cent completion rate, respectively). This implies that pupils who enrol for primary school education complete at a higher rate than students who enrol at the entry point to JSS. The trend continued at the senior secondary school level, where the net enrolment rate was 17.55 per cent and the completion rate was 39.41 per cent. Generally, data for the three levels of education indicated low enrolment rates and completion rates, which might hamper effective attainment of the national objective for educational development. This is partly responsible for Nigeria's low HDI of 0.532 (UNDP, 2018).

### **Policy**

The extant policy on education is the National Policy on Education, formulated in 1977, which introduced the 6-3-3-4 system with the 6th edition in 2013, which administered a six-year primary school course followed by six years of secondary schooling, divided into three years of junior secondary and three years of senior secondary education, and a four-year university course. The purpose is to make education affordable and accessible to all based on the development of the individual into a "sound and effective citizen". There is a need for follow-up plans to reintegrate dropouts into the 6-3-3-4 system of education.

The federal government developed the National Policy for Integrated Early Childcare Development in 2007, with the goal to "expand, universalise and integrate interventions from various sectors in early childhood development for effective implementation and coordination of programmes that will optimise development for children aged 0–5 years in Nigeria".

To take care of people with disabilities, the Nigerian government formulated the National Policy on Special Needs in 2015. The policy's mission is to ensure inclusion of persons with special needs and provide equal opportunity, among other goals.

### **Legislation**

The foundation on which the education system in Nigeria stands is the 1999 Constitution. The Constitution placed education on the concurrent list thereby giving state and local governments the

right to establish educational institutions. In 2004, the government enacted the Compulsory, Free and Universal Basic Education Act to provide nine years of continuous education, comprising a six-year primary period without certification and a three-year period of junior secondary education.

### ***The lesson of COVID-19***

The sudden global disruption caused by the COVID-19 pandemic shook the world out of its complacency and emphasized the need for sincere inclusiveness in learning to avert a future of 'poverty learning' for children, including the disabled. The pandemic forced closure of schools, which led to home confinement of children globally and to a lack of access to education as a cost of averting a global catastrophe. The situation brought to the fore the need to integrate learning architecture by radio, remote learning, online learning and other technological measures to enable parents and guardians to plan for learning at home during the crisis. One should not, however, lose sight of the many challenges that beset the adoption of these options, including the financial capacity of parents to procure learning devices like computers or mobile phones. Other challenges included the lack of Internet connectivity and power supply issues that affected accessibility, particularly in the rural areas. Overall, the need to institute early-warning and preparedness measures for the education sector and to ensure uninterrupted learning for children during times of crisis cannot be over-emphasized.

## **4.4 Proposed response and potential role of the private sector**

Nigeria has made remarkable progress in the areas of policy, legislation, capacity building, institutional strengthening, programme development and devolution of authority to the subnational level in order to promote educational development in the country.

### **4.4.1 Role of government**

Government is a primary duty-bearer in achieving the right of the child to education. The government has the duty to provide inclusive and quality education to all. Efforts must be intensified to ensure inclusive and quality education in the North East region to bridge the literacy gap between the northern and

southern zones. Another area of inclusion in the delivery of education is the provision of education infrastructure and amenities in camps for internally displaced persons to enhance the education of children. Government should be working towards e-learning in areas beset by insurgency and banditry, and in areas affected by other forms of insecurity.

Government policy on education should be drafted in a way that allows for the introduction of science, technology, engineering and mathematics from the primary level and for emphasis be placed on quality education. More emphasis should also be placed on quality education vis-à-vis qualified teachers with equipment.

Government should prioritize inclusive education especially for people with disabilities through the provision of disability-friendly amenities. Government should also strengthen adult and non-formal education as a strategy to control dropout syndrome in society.

#### 4.4.2 Role of private sector

The role of the private sector in improving educational development includes increased investment for effective participation, particularly school ownership; encouragement of the current partnership between Nigeria and the United Nations Nigeria Humanitarian Fund–Private Sector Initiative involving Nigerian banks, and energy, legal and consumer service sectors; and lastly, promoting partnership among CSOs, parent–teacher associations, the Academic Staff Union of Universities, and community-based organizations, in the monitoring of school administration.

The private sector is best positioned to lead investments and innovations in e-learning. Efforts in this regard become increasingly necessary against the backdrop of disruptions to normal schooling imposed by the COVID-19 pandemic and other forms of insecurity, and their anticipated long-term effects.

#### 4.4.3 Challenges

Educational development challenges include disparities in access and quality of basic education across the states; inadequate up-to-date data for planning in the educational system; ineffective synergy between national educational development partners manifesting in inadequate staffing of

partner-assisted programmes at the MDA level; poor budget funding of the education sector; a weak monitoring and evaluation system for making policy and monitoring performance; and negative cultural and religious beliefs about formal education.

#### 4.4.4 Solutions

Possible solutions to these challenges include:

- ▶ enforcement of the Compulsory, Free and Universal Basic Education Act of 2004 using incentive mechanisms to enrol out-of-school children in Nigeria;
- ▶ supporting MDAs, particularly the Nigeria Education Management Information System and the NBS, to improve on regular and timely data production by applying artificial intelligence to improve outcomes, output and processes, and linking resources to results;
- ▶ ensuring UBEC intervention funds are defined within a results-oriented intervention framework and are policy-driven;
- ▶ establishing a strategic non-public school management system to promote public-private partnership;
- ▶ increased educational budgets to enable states to carry out necessary interventions to address basic education challenges;
- ▶ institutional strengthening and capacity-building for teachers;
- ▶ training of more MDA officials on UNICEF-assisted programmes to engender more successful programme implementation;
- ▶ effective monitoring and evaluation that supports international best practices;
- ▶ encouraging the private sector to be more visible for speedy educational development in Nigeria, e.g., by establishing a non-public school management system; and
- ▶ strengthening collaboration at inter-ministerial levels with development partners, particularly under the Global Partnership for Education Project/Nigeria Partnership for Education Project.



## CHAPTER FIVE: PROTECTION

### 5.1 Situation and trends

The United Nations SDG global indicator framework includes 17 goals and 247 indicators. Out of the 247 indicators, 44 are focused on children. The need for every child to be protected from violence, exploitation and harmful practices is clearly represented as a key dimension in the child-related SDG indicators. Nigeria is a signatory to the SDGs and the CRC. The CRC provides a framework within which child protection policies and actions can be designed and implemented. Much work has been done to domesticate this at state level, but it is yet to be domesticated in 11 states.





Of the 2.5 million persons displaced by the Boko Haram crisis, 58 per cent (1.39 million) were children, who are exposed to all forms of abuse (Council on Foreign Relations, 2020). Childbirth registration was lower than expected (30 per cent), with wide variations across states – 66 per cent in Osun State and 3 per cent in Zamfara State (NDHS, 2018). The majority of states with birth registration levels above the national average were in the southern parts of the country and those lower than the national average were in the north. However, there was an increase in registrations in the 2013–2018 period, from 30 per cent in 2013 to 43 per cent in 2018 (NDHS, 2018). With about 22 million child brides, Nigeria had the highest number in West and Central Africa with

about 40 per cent of all child brides in the region. Child marriages were more prevalent in the north than in the southern parts of Nigeria. About 60 per cent of children under the age of 18 had experienced some form of violence, and girl children had an 87 per cent likelihood of being victims of abuse (Save the Children, 2020).

With 20 per cent of the world's out-of-school children living in Nigeria, it is probable that Nigeria has a high number of street children who engage in child labour. A 2016 International Labour Organization (ILO) report indicated that about 31.5 per cent of children aged 5–14 years (about 14 million) in Nigeria were engaged in child labour. Baby factories, where women are encouraged or forced to become pregnant and give up their newborns for sale, constitute another form of abuse inflicted on children. Official estimates are not presently available, but media reports document raids by security and law enforcement officials on such factories. Even though the baby trade has been criminalized by the government, the practice continues.

### 5.1.1 Birth registration

Birth registration is the first legal acknowledgement and recognition of a child's existence. It is a fundamental first step in conferring legal rights on a child. Government and its agencies are statutory duty-bearers to the child in this regard and birth registration has been identified as the single most important step towards child protection. Despite its importance, about half (49 per cent) of the births of children in West and Central Africa are unregistered. Available data indicates that between 2007 and 2013, there was a significant increase in birth registration in Nigeria, and since 2013, birth registration has steadily but slowly risen. The data revealed no consistent pattern on which future increases can be accurately estimated. As of 2017, about 47 per cent of children under the age of 5 had their births registered under civil authority. There was no substantial difference in birth registration based on the sex of children, though it was higher in urban areas (69.5 per cent) than rural areas (37 per cent) (NBS and UNICEF, 2018). Across the states, registration of births under the NPC was highest in Delta (99 per cent) and lowest in Adamawa (20 per cent), while Adamawa had the highest percentage of births registered with a private clinic or hospital (65 per cent) (NDHS, 2018).



Of the **2.5 million** persons displaced by the Boko Haram crisis, **58 per cent (1.39 million)** were children, who are exposed to **all forms of abuse.**

**Table 7: Differentials in birth registration across ages and geopolitical zones, percentage**

Zone	Under 1 year	1–4 years	Above 5 years
South East	29.47	28.90	41.64
South South	32.60	28.16	39.23
South West	35.85	30.17	33.97
North Central	41.96	23.90	34.15
North East	33.65	31.11	35.23
North West	33.06	32.44	34.50

Source: NBS (2018a)

Nevertheless, if recent trends continue, birth registration in Nigeria should continue to increase annually at different incremental percentages. Table 7 shows the differences in birth registration across various age levels in the six geopolitical zones of Nigeria.

The zone with the highest percentage of registration under 1 year of age was North Central (41.96 per cent), while South East had the lowest (29.47 per cent). The South East zone had the highest percentage (41.64 per cent) of birth registration at 5 years and above, while the South West had the lowest percentage (33.97 per cent).

Kogi State recorded the highest level of registration under 1 year of age (54.89 per cent), while Anambra State recorded the lowest (19.83 per cent). However, Anambra State accounted for the highest proportion (58.24 per cent) of birth registrations for children aged 5 years and above. (See Annex 9). Generally, northern regions, including some states affected by crises, had better rates of birth registration than southern regions. It is important to examine and adopt lessons from the experience in the northern regions as the government works at better outcomes in the southern regions.

**5.1.2 Child marriage**

Child marriage refers to a marriage of a girl or boy before the age of 18 and refers to both formal and informal unions in which children live with a partner as if married. Nigeria has about 22 million child brides, accounting for 40 per cent of child brides in West and Central Africa. According to the NDHS 2013, the number of Nigerian girls married before their 18th birthday was as high as 58.2 per cent. In

2015, UNICEF also found that 48 per cent of women in Nigeria were married before the age of 18, while 18 per cent were married before the age of 15. The North West zone had the highest proportion of women who married before 15 years (32.5 per cent), and the South East recorded the lowest proportion of women who married before this age (4.1 per cent) (NBS and UNICEF, 2018). By 2018, the percentage of women marrying before 18 years had declined from 48 per cent to 43 per cent. Similarly, the percentage of women aged 15–19 marrying before age 15 declined from 12 per cent to 8 per cent (NDHS, 2018).

A comparison of data for the period 2013–2017 shows that child marriage in Nigeria is declining. However, the rate of decline is slow, and Nigeria ranks among countries with the slowest declining rate of child marriage in West and Central Africa.

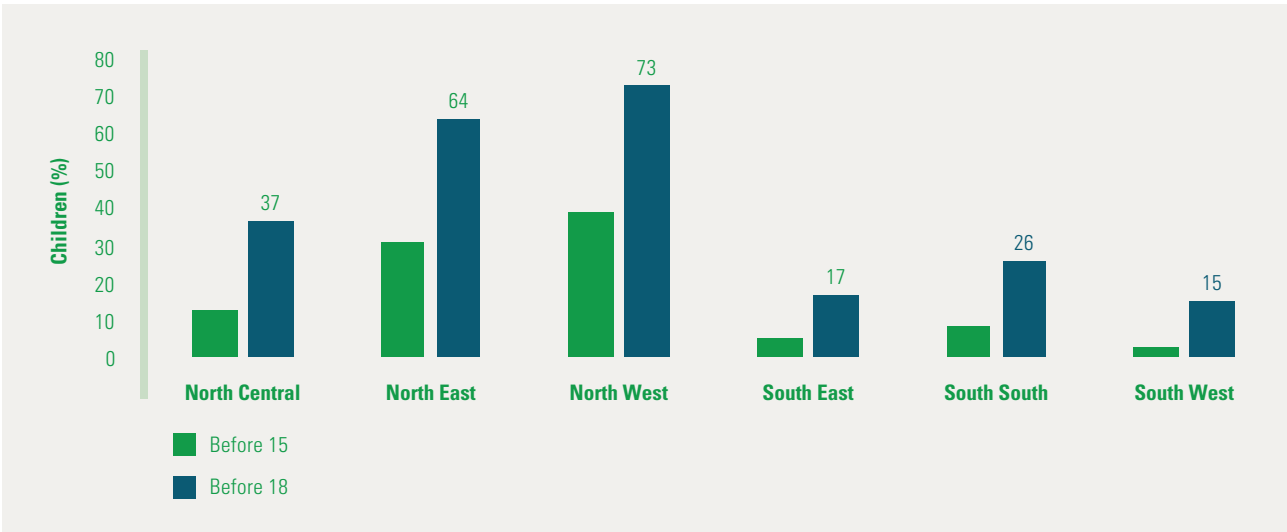
The rate of decline is also not enough to significantly reduce child marriage in Nigeria under current conditions. Even if efforts are redoubled, Nigeria will add about 7 million child brides by 2050. This is because the statistically observed decline will be upended by population growth and the prevalence of child marriage in some regions and cultures, erasing whatever little progress is made in reducing child marriage in Nigeria.

To effectively reduce child marriage in Nigeria, some challenges would need to be overcome. These include the lack of domestication of the CRA by many states in the federation (particularly in northern Nigeria) and failure of the federal government to legislate and enforce 18 years as the minimum age for individuals seeking or contracting any marriage recognized by the Constitution of the federation.

Figure 15 shows that child marriage is prevalent in the North West and North East regions where the level of illiteracy is also extremely high.

**5.1.3 Violence against children**

Available data indicates that millions of children in Nigeria are victims of violence in one or more forms each year. In 2016, one in six girls and one in five boys experienced emotional violence by a parent, caregiver or adult relative. It was estimated that 85 per cent of children aged 1–14 years were subjected to at least one form of violent discipline method (psychological aggression or physical punishment) by household members in the previous month (NBS and UNICEF, 2018). If the trend of



**Figure 15: Prevalence of child marriage before 15 and 18 years, by geopolitical zone**

Source: NBS and UNICEF (2017)

violence against children continues unabated, about 60 per cent of children under the age of 18 years will experience some form of violence. Half of all children will experience physical violence. One in four girls and one in 10 boys will experience sexual violence.

Violence against children is perpetuated in the three major forms described below:

- ▶ **Emotional violence:** Includes ridiculing a child, verbally rejecting a child, telling a child she/he is unloved, useless or better off dead. Seventy-six per cent of children experienced psychological aggression (NBS and UNICEF, 2018).
- ▶ **Physical violence:** Punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife or other weapon, regardless of whether or not it resulted in obvious physical or mental injury. Seventy-two per cent of children aged 5–17 experienced physical punishment. The most severe forms of physical punishment (hitting the child on the head, ears or face or hitting the child hard and repeatedly) were reported with about 30 per cent of children. Male children were subjected to physical discipline (74 per cent) more than female children (70 per cent). There was no difference in the violent method of child discipline by geopolitical zone, area of residence, age, education of household

head or household wealth index (NBS and UNICEF, 2018).

- ▶ **Sexual violence:** Describes all forms of sexual abuse and exploitation. This encompasses a range of acts, including unwanted completed sex acts (i.e., rape), attempted non-consensual sex acts, abusive sexual contact (i.e., unwanted touching) and pressured sex (such as through threats or tricks), by any person regardless of their relationship with the child. Twenty-five per cent of girls and 10 per cent of boys had been victims of sexual violence (UNICEF, 2019). Of the children who reported violence, fewer than five out of 100 received any form of support.

Violence and abuse are perpetrated on children in many ways; the major ones are discussed below.

**Female genital mutilation**

FGM is defined as any procedure that involves partial or total removal of the external genitalia and/or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons. According to the NDHS 2018, FGM was common in the southern part of Nigeria, with female circumcision higher among women of the Yoruba ethnic group than any other ethnic group. The report noted the prevalence of the different types of FGM practised in the country: “With respect to the type of circumcision, 6 per cent of women had cutting with no flesh removed, 63 per cent had cutting

with flesh removed, and 5 per cent had their genital area sewn closed after cutting (a process known as infibulation).” Infibulation was found to be more prevalent in the states of Nassarawa, Kaduna and Bayelsa than in any others (NDHS, 2018).

Data from the NDHS (2018) reveals that 19.2 per cent of girls aged 0–14 years of age had undergone FGM in Nigeria. Across geopolitical zones, disparities among states exist; an estimated 28.6 per cent of girls aged 0–14 years underwent FGM in the North West while only 5.5 per cent of girls of the same age underwent FGM in the South South (NDHS, 2018). Jigawa State had the highest (63.8 per cent) prevalence of FGM, while Cross River had the lowest (0.2 per cent) prevalence of FGM among girls aged 0–14 years (NDHS, 2018). However, the number of girl children subjected to FGM is on the decline (NDHS, 2018).

In the five-year period between the surveys of 2013 and 2018, Nigeria experienced a decline in FGM practices from 25 per cent to 20 per cent (NDHS, 2018). The percentage of decline is larger in urban than in rural areas. This trend suggests that Nigeria is on course to significantly reduce the practice of FGM.

Street children

UNICEF defines street children as boys and girls under the age of 18, for whom the street, including unoccupied dwellings and wastelands, has

become a home or source of livelihood and who are inadequately protected or supervised (UNICEF, 2019). As of 2020, about one in every five of the world’s out-of-school children are located in Nigeria, with many living on the streets. Currently, about 2.8 million children need education-in-emergencies support in the North East due to displacement caused by terrorism. Generally, the majority of street children in the northern parts of the country are Almajiri children. They are vulnerable to all forms of abuse. Street children often engage in economic activities in order to survive, and so they contribute substantially to the number of children who are engaged in child labour worldwide.

Factors contributing to children living on the street in Nigeria include:

- **Poverty:** The growth of the Nigerian economy is stunted while there is rapid population growth. As a result of this, many families in Nigeria are poor or experience great financial hardships. Many parents and guardians find it difficult to care for their wards with their limited income. Consequently, many children take to the street to support the family, or abandon the home to fend for themselves since they cannot depend on their parents to care for them.
- **Terrorism and death of parents or guardians:** As a result of terrorist activities in Nigeria, the number of displaced persons is on the increase. Many who are displaced are women and children. Terrorism leads to destruction of houses and properties, closure of schools, migration of survivors, crippling of economic activities and the kidnapping or death of many parents. These events in turn render many children homeless and without a source of parental care, forcing them to take to the streets.
- **Violence or abuse of children:** Many children who are abused or subjected to violent treatment seek protection outside the home or place of abuse. The absence of adequate facilities to care for children who are victims of abuse makes the street their only refuge. A lack of proper maintenance of the few facilities available may lead children who are sheltered in those facilities to instead choose a life on the streets.

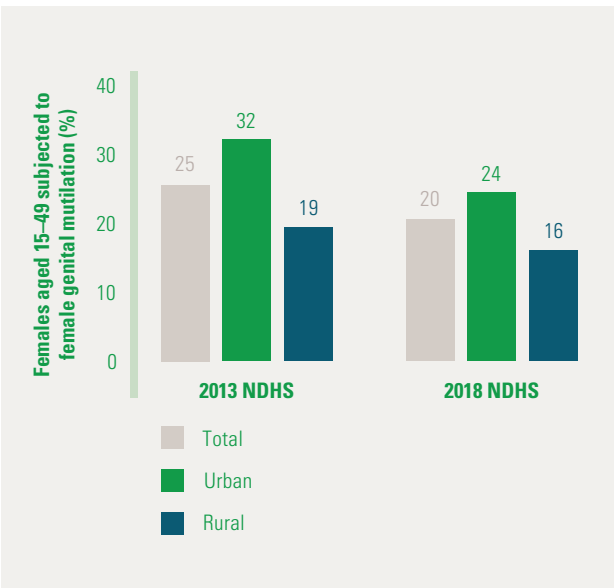


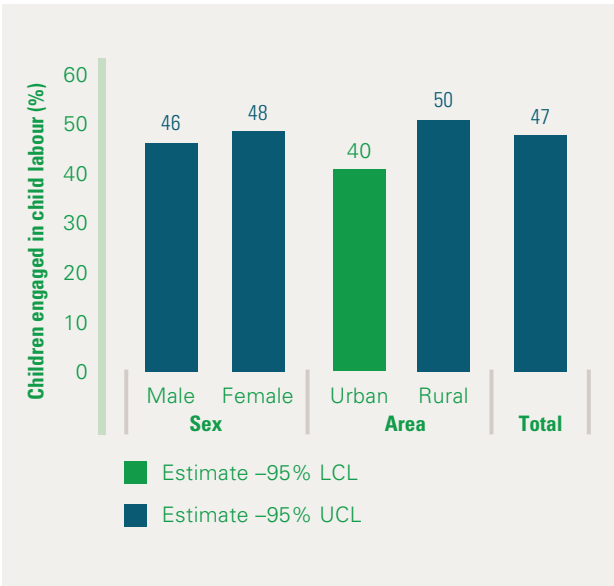
Figure 16: Number of female genital mutilations practised in Nigeria by residence (2013 and 2018)  
Source: NDHS (2018)



- ▶ **Child labour:** Child labour refers to work that deprives children (any person under 18) of their childhood, potential and dignity, and that is harmful to their physical and/or mental development. It refers to work that is mentally or morally dangerous and harmful to children and/or interferes with their schooling. With 20 per cent of the world’s out-of-school children living in Nigeria, there is a high possibility that many of them are engaged in child labour, either for themselves or others. According to the 2017 MICS, the proportion of children engaged in economic activities classified as child labour varied with age: 43.2 per cent of children aged 5–11 years, 10.9 per cent of children aged 12–14 years, and 1.6 per cent of children aged 15–17 years. The highest proportion of child labour (56.8 per cent) and children working under hazardous conditions (49.6 per cent) was in North Central. The South West had the lowest level of child labour (38 per cent) and work under hazardous conditions (25.4 per cent). Overall, about 32.8 per cent of children aged 5–17 years in Nigeria were engaged in some form of child labour (NBS and UNICEF, 2018).
- ▶ **Other factors:** Socio-cultural beliefs, an informal or weak existing legal framework, the lack of effective coordination among stakeholders, inadequacies in social protection mechanisms, a poor educational system and banditry and farmer–herder clashes also help perpetrate and perpetuate the phenomenon of street children.

**Sexual abuse**

This includes sexual harassment, unwanted sexual contact, coercion, rape, incest, commercial sex work and child-trafficking. Closely linked is early exposure to sex and marriage. Gender disparity has been observed in children’s exposure to sex and marriage. According to the NDHS 2013, the median age of first sexual intercourse was 17.6 years for females and 21.1 years for males aged 25–49. However, by 2018, the median age for first sex was 17.2 for females and 19.1 among males (NDHS, 2018).



**Figure 17: Children engaged in child labour in Nigeria, by gender and residence**

Source: UNICEF (2017)

**Drug use and abuse**

The use and abuse of drugs by children is on the increase in Nigeria. In 2017, the prevalence of drug use in Nigeria was estimated at 14.4 per cent, or roughly 14.3 million people aged 15–64 years who had used a psychoactive substance for non-medical purposes (United Nations Office on Drugs and Crime [UNODC], 2018b). Likewise, the use of tobacco, alcohol and illicit drugs among school-aged children was rampant, especially among 14–15-year-olds (UNODC, 2018a). The highest prevalence of drug use in the previous year was found in the southern political zones: South East, South West and South South (past year prevalence ranging between 13.8 and 22.4 per cent of the population) compared to the north (ranging between 10.0 and 14.9 per cent of the population). Drug use prevalence in Ondo State in South West was 22.4 per cent, 12.0 per cent in Zamfara (North West), 13.6 per cent in Gombe (North East) and 10 per cent in Niger State (North Central) (UNODC, 2018b).

**Child migration**

Child migration is a global issue. In 2017, about 65 million children were among those who migrated and were on the move globally (UNICEF, 2017). The most recent available data provided by the IOM put the proportion of migrants from Nigeria under

15 years at 44 per cent (IOM, 2019). In West and Central Africa, children accounted for half of the 12 million people who were on the move each year (UNICEF, 2017). In 2019, at least 1.3 million children were on the move within Nigeria, having been displaced by the Boko Haram insurgency in the North East (UNICEF, 2019). Hundreds of thousands of children were said to be unaccompanied, travelling without their families, making them highly vulnerable to abuse and exploitation.

Some reasons for such migration are poverty, climate change, urbanization, conflict, a lack of access to information, smuggling, a lack of educational opportunity and a desire to seek greener pastures. Some challenges faced by migrant and displaced children include inadequate access to quality education, inadequate access to basic amenities, ill-treatment and exploitation, inadequate parental care, family disintegration, poverty, moral decadence in society, lack of appropriate role models, unemployment and underemployment, religious and cult fanaticism, and political manipulation (UNICEF, 2017).

## 5.2 Causes and determinant analysis

### 5.2.1 Unregistered births

#### *Immediate causes*

The immediate causes of unregistered births include child delivery at home, the nomadic lifestyles of a notable portion of the population, non-availability and non-accessibility of registration centres, cultural beliefs, scepticism and a general distrust of government programmes.

#### *Underlying causes*

The immediate causes identified above are often triggered by underlying causes, which include absence of adequate awareness, ignorance, poverty, absence of a coordinated framework by the registering bodies and internal displacements or conflicts.

#### *Structural causes*

An overriding cause of the problem of lack of birth registration is the absence, non-performance or deliberate manipulation of the structures that should ensure that birth registration is compulsory, free and accessible.

### 5.2.2 Violence, abuse and harmful behaviour

#### *Immediate causes*

Abuse is often caused by an immediate situation involving cultural beliefs, religious beliefs, poverty, divided households, gender discrimination, anger, wrong concepts of discipline, wrong perception of the roles of children, disability, spiritistic practices (rituals), unplanned parenthood and vulnerability.

#### *Underlying causes*

The immediate causes are ignorance, lack of proper and basic education, economic depression, absence of social safety nets, mental stress, mental illnesses (sociopathy, psychopathy), substance abuse, the particular challenges of step families/foster-parenting, promotion of a culture of materialism, and armed conflicts or internal displacements. These causes are accompanied by the absence of structures that will prevent or check abuse of children or violence directed against them, including absence of compulsory basic education for citizens; poverty; a weak legal framework for criminalization of harmful practices; religious fanaticism; disintegration of the traditional family structure; absence of frameworks and facilities for the detection and treatment of mental illnesses; inadequate enforcement of penalties for abusers; and a culture of silence and stigmatization.

## 5.3 Stakeholder roles and capacity gap analysis

This section examines the framework for identifying, planning, implementing and monitoring policies, projects and programmes required for interventions. It involves raising the level of accountability and transparency by identifying the rights-holders and their counterpart duty-bearers and analysing the capacity of key individuals and institutions, such as pupils, parents, teachers, school, community, state and federal governments.

### 5.3.1 Capacity gap analysis regarding birth registration

It is the role of the parents to register the birth of a child, obtain a birth certificate and make sure that this is available for the use of the child in the future.

Inability to perform these roles arises because of ignorance. Not knowing the value and the advantages associated with registering a child is a major capacity gap on the part of parents in Nigeria. Further, a lack of access to registration centres where such births are to be registered, along with insufficient funds, inhibits the achievement of birth registration. Vital registration bodies have the role of registering births and issuing birth certificates. Capacity gaps in this area include lack of adequate manpower, inadequate training of staff with the responsibility to register births, and inadequate funding of the registration bodies by government, which has the responsibility of making birth registration free and compulsory for all births in the country. The absence of mass communication channels, inadequate registration points and inadequate funding impede birth registration bodies.

### **5.3.2 Capacity gap analysis regarding child exploitation, harmful practices, violence and abuse**

Parents have the major role in protecting children against exploitation, harmful practices, violence and abuse by providing a stable home environment. Major factors hindering them in performing this role include ignorance or illiteracy, as well as poverty. Communities and religious bodies must ensure that they do not become breeding grounds for child exploitation. Community members need to report anyone exploiting or engaging in harmful practices or violence against children. Within communities, major capacity gaps include fear of reprisal if such issues are reported and the inability to access vital information on how to go about dealing with issues of exploitation and harmful practices against children. This is where the role of security and enforcement agents is key to ensure the protection of the child, and where inadequate manpower and equipment constitute capacity gaps. The role of government in general in this regard is to ensure protection of the child. Capacity gaps on the part of the government include limited financial capacity, inability to provide vital information effectively, and competing demands for limited revenue.

### **5.3.3 Resources**

Nigeria is blessed with the human and material resources required to make the country great

“Parents have the major role in protecting children against exploitation, harmful practices, violence and abuse by providing a stable home environment. Major factors hindering them in performing this role include ignorance or illiteracy, as well as poverty.”

and take care of the needs of its children. There is no doubt that the country has enough human resources to implement policies and programmes that relate to child rights. However, most of Nigeria's earnings are spent on recurrent expenditures, and the gap in spending between recurrent and capital expenditures is growing wider. Overall, child protection expenditure in Nigeria is low relative to the child and overall population. Fiscal capacity is also low (UNICEF, 2018a). UNICEF's Financial Benchmark for Child Protection exercise found that expenditure is spread across education, social protection, public order and safety, health and general public service sectors. Social protection sector expenditure, which includes social welfare and child protection services, was estimated at 32 per cent of consolidated child protection expenditure. Education sector spending was also estimated at 32 per cent of consolidated child protection expenditure, and public order and safety sector expenditure was estimated at 24 per cent. Health sector spending was estimated at 6 per cent of total child protection expenditure (UNICEF, 2018a). While child-specific social sector spending data is not readily available, total social sector spending is increasing. In 2016, social and community services expenditure totalled ₦235.45 billion. In 2017, social

“There is an urgent need for a deliberate change in approach to government spending, especially in the social community capital expenditures sector, in order to care for child rights.”

sector spending was ₦282.53 billion and in 2018, social sector spending amounted to ₦321.99 billion (Central Bank of Nigeria, 2018).

There is an urgent need for a deliberate change in approach to government spending, especially in the social community capital expenditures sector, in order to care for child rights. The current social intervention initiative by the federal government is commendable. Such spending should be increased and sustained to provide social services through strengthened institutions, provision of amenities and the implementation of child protection policies.

### 5.3.4 Policy and legislation

The principal legislative instrument that protects children in Nigeria is the 1999 Constitution as amended. Specifically, the 1990 Labour Act of Nigeria provides for protection of children against child labour, forced labour and human trafficking, and promotes decent work. Additionally, the Trafficking in Persons Act 2015 established NAPTIP to fight the scourge of human trafficking. The National Child Policy and National Priority Agenda for Vulnerable Children (2013–2020) are also designed to protect children.

In 2003, Nigeria adopted the CRA to domesticate the CRC. The CRA was created to serve as legal documentation for and protection of children rights and responsibilities in Nigeria. Considerable progress has been made in domesticating the CRA at state level. To date, 24 out of 36 states in Nigeria have domesticated the CRA.

The National Social Protection Policy (2017) was developed to address issues of exclusion, risk, vulnerability and deprivation, while ensuring a minimum standard of living and well-being for all citizens as a right and entitlement.

In 2015, the Violence against Persons Prohibition Act was enacted by the National Assembly. The Act aims to eliminate violence in private and public life; prohibit all forms of violence, including physical, sexual, psychological and domestic, and harmful traditional practices; end discrimination against persons; and provide maximum protection and effective remedies for victims and punishment of offenders. So far, only 14 states have domesticated the Act. They are Kaduna, Plateau, Federal Capital Territory, Benue, Oyo, Osun, Ekiti, Ogun, Lagos, Edo, Anambra, Enugu, Ebonyi and Cross River.

Nigeria has ratified all key conventions on child labour. These conventions are the ILO Convention 182 on the Worst Forms of Child Labour, ILO Convention 138 on the Minimum Age for Admission to Employment and the ILO Convention 189 on Domestic Workers. Nigeria has also developed the National Policy on Child Labour (2013), National Action Plan for the Elimination of Child Labour in Nigeria (2013–2017) and the List of Hazardous Child Labour in Nigeria (2013). The latter was developed by the National Steering Committee for the Elimination of the Worst Forms of Child Labour; however, the government has not yet determined by law or regulation the types of hazardous work prohibited for children. This would require domestication by states and creation of state steering committees on the elimination of child labour.

Children are not excluded from the Terrorism Prevention Act's penalty of life imprisonment for assisting in acts of terrorism.

The National Action Plan for the Elimination of Child Labour in Nigeria provides the roadmap for implementation of the National Policy on Child Labour in Nigeria. In 2017, the ILO supported the Ministry of Labour and Employment to develop a reporting template and implementation guidelines for the plan.

Legislation designed to ensure the protection of the rights of children includes the Immigration Act Chapter 171 and NAPTIP Act 2015 as amended.

The National Migration Policy 2015 of Nigeria speaks to the heart of child protection for children on the move with these strategies:



- ▶ Protect the rights of migrant children through the CRA, the corresponding state laws, other national laws and relevant international instruments, particularly the CRC, the United Nations Convention against Transnational Organized Crime and its two protocols, the Palermo Trafficking Protocol and ILO Convention 182 on the Worst Forms of Child Labour.
- ▶ Collaborate with the Federal Ministry of Education and its state counterparts and relevant stakeholders to ensure that migrant children are guaranteed the same rights to education, health care and shelter as other children in Nigeria.

The Trafficking in Persons Prohibition and Enforcement Act 2015 prohibits trafficking in persons and provides the framework for the enforcement of the law in the case of a default.

## 5.4 Proposed response and potential role of the private sector

### 5.4.1 Low rate of birth registration

A myriad of factors is responsible for the problem of low birth registration in Nigeria, some of which have been discussed previously. However, the causes can be further distilled into three principal factors: poverty, ignorance and non-prioritization by government.

To combat the problem of low birth registration, the following responses are proposed:

- ▶ **Vigorous education campaign:** A campaign should be mounted by the government through the concerned ministries and agencies. There is a need for synergy between the various organs of government, international development partners, CSOs, media and especially the private sector. A well-coordinated partnership of this nature will drive awareness and education on the importance of birth registration. This will greatly lift the veil of ignorance presently covering a section of the population and drive birth registration.
- ▶ **Integrating birth registration with health care services:** Special days should be set

aside to take care of child health issues and register any previously unregistered births. As is practised in Senegal, a day should be declared as a national child health day, when children may access general health care such as immunization, and areas with low birth registration will be specifically targeted with birth registration services.

- ▶ **Adoption of UNICEF-developed tools:** UNICEF has developed tools to support administrative data systems, such as Rapid Pro, a data collection tool that operates with simple mobile phones to record the number of births and deaths, allowing the follow-up of system performance in real time.
- ▶ **Use of registration agents in remote villages:** These agents could be village chiefs or local government officers who are trained and given SIM cards mapped to their names, so as to be able to send USSD codes to register births occurring locally in remote areas and villages in real time. These registration agents would be enabled to communicate with the registration office, which would validate each birth and send back a certificate to be printed in the hospital or to the district office for distribution to the family.
- ▶ **Accessible registration centres:** Making birth registration centres accessible will significantly drive birth registration. A section of the population is cut off mainly because they are remote from centres. Another section of the population is also cut off due to the nomadic nature of their existence. Innovative solutions should be designed for reaching these hard-to-reach groups. Birth registration centres should be situated in every ward of the federation.
- ▶ **National database for birth registration:** A national database for the registration of births should be urgently developed. It is almost a point of shame that the registration of births is still manually inputted in Nigeria in the 21st century. A database that captures vital statistics is digitally is not only convenient, but necessary.
- ▶ **Issuance of unique number:** The government should issue a unique number attached to the registration of the birth of a child, much like the

practice of the social security number in the United States. Although the practice started for tax purposes, it has evolved to become a means of identification for Americans. The birth certificate should have a unique number that will serve as a form of identification for the child throughout her/his life. Government should then link birth registration with access to basic services. A parent should not be able to claim tax deductions unless a child has a number. A child should not have access to routine immunizations or be registered in school, admitted to institutions of higher learning, mobilized for national service or eligible for employment or political office without the unique number. If these are in place, parents will seek birth registration more than they seek voter's cards or bank verification numbers. The government will need to work with legislators to create a legal framework for the exercise. Collaboration will also be needed with international agencies, CSOs, media partners and the general populace to make it successful.

#### 5.4.2 Child exploitation, abuse and violence

To tackle the complicated problem of child abuse and violence against children, the following recommendations are suggested:

- ▶ **Domestication of the Child Rights Act in the remaining 11 states:** Increased advocacy and political will must be galvanized to make sure the 11 states that have not yet domesticated the CRA do so, to grant the Nigerian child universal coverage. It is also necessary to set up child rights implementation committees at all levels of government to track and monitor progress.
- ▶ **Elevation of the minimum standard of living:** The government must take urgent actions to lift most Nigerians out of poverty, as there is a disparity between the children of the poor and those of the rich and middle class. The government should develop a framework for creating strong middle-class families, and should concentrate on combating poverty.
- ▶ **Formation of child protection committees in communities, schools and churches:**

Also called 'child panels', these are made up of representatives from both government and traditional institutions to deal with cases that are not serious enough to go to the magistrate or high courts. Family tribunals and juvenile court panels should be set up in a similar way and all states should be encouraged to adopt this solution. At the community level, local protection systems should ideally be fully owned and led by community members elected through representative processes. It should be noted that the vast majority of services which exist in communities to deal with child protection cases (e.g., religious, educational, administrative, health and police bodies) are general community structures rather than specialized services for children who have been harmed (UNICEF, 2014). Community-based child protection bodies can encourage open discussion about violence against children in communities and can identify services and persons in schools, institutions, villages and police stations who they can safely and confidentially report to and talk with.

- ▶ **Implementation of media-driven child abuse prevention strategies:** Coordinated efforts must be put in place to provide information that sheds light on child abuse issues, either in an organized manner through well-researched and planned mass media education and prevention campaigns or through press releases, opinion pieces and letters to newspapers focusing on current cases or significant issues or events.
- ▶ **Enforcement of applicable laws:** It is important to strengthen the capacity of law enforcement agencies on the handling of children's cases. For child sexual abuse offenders, government must ensure a swift response and stiffer penalties. It is untenable that those who sexually assault children get a few years in jail; they must face a lengthy term. There should be a national register for sexual offenders, as in other countries. Sexual offenders, who are often repeat offenders, would find it hard to find employment in the

United States. If this register were available to employers, it would serve as a strong deterrent. Government agencies should also warn parents when a sexual offender moves into their neighbourhood, as is the case in other countries, so that they can protect their children.

- ▶ **Greater advocacy for cooperation:** There should be more citizen education to address the problem of overpopulation. Cultural and religious beliefs still stand in the way of organizations like Planned Parenthood in Nigeria. Communities and religious bodies should be partnered with to educate their members about the benefits of birth control. Incentives such as tax breaks for couples who have fewer children should also be created. This will reduce the burden the country presently carries caring for dependants.
- ▶ **Collaboration on data:** There is a need for multisectoral collaboration to solve the challenge of data accuracy and availability. Successful interventions depend on the availability of accurate and reliable data. In most cases, data on abuse and violence against children is not available and this hampers progress on the rights of the child. NAPTIP has a database which houses a register of serial offenders. It is important to share this register with all relevant MDAs for easy tracking and investigation.
- ▶ **Inter-religious cooperation:** There is a need for inter-religious cooperation in a diverse society like Nigeria. Appropriate committees should be created and strengthened to monitor, collect data on and initiate legal action against offenders.
- ▶ **Better information:** There is a need for clear and continual public information on the state of child protection in the country. Duty-bearers need to be trained to provide support for victims of such violence and abuse.

#### 5.4.3 Substance abuse

Public and private sector drug abuse prevention programmes should be undertaken regularly. These should be guided by the following principles:

- ▶ To enhance protective factors and reverse or reduce risk factors such as deviant attitudes and behaviours, and lack of parental support.
- ▶ To address all forms of drug abuse, alone or in combination, including underage use of legal drugs such as tobacco and inappropriate use of legally obtained substances such as over-the-counter drugs (e.g., Tramadol).
- ▶ To address the type of drug abuse problems occurring in the local community, target modifiable risk factors and strengthen identified protective factors.
- ▶ To operate long term with repeated interventions.

It is important that prevention programmes be targeted towards helping parents prevent exposure of children to drugs. There is also an urgent need to institutionalize rehabilitation centres and reintegrate child drug addicts into the community.

“There is a need for clear and continual public information on the state of child protection in the country. Duty-bearers need to be trained to provide support for victims of such violence and abuse.”



## CHAPTER SIX: OTHER CHILD RIGHTS ISSUES AND KEY POLICY REFORM FOR COMPREHENSIVE REALIZATION OF CHILD RIGHTS

### 6.1 Child participation

Article 12 of the CRC recognizes that children have a right to be heard. The application of this right is broadly described as participation. Nigeria has a relatively low level of child and youth participation in the development of its legislation and national action plans. For example, in the CRA and the national action plans concerning child welfare, child participation is not listed as a goal or requirement, even though the CRC mandates states to guarantee rights of expression and participation to children under Article 12. The CRA only mentions child participation in regard to children going through court proceedings, stating that children must be allowed to participate and express themselves freely in this context (Ecpat International, 2014). Moreover, the impact of the child parliament created by the government in 2003 has not been felt, as most parliamentarians are children

Children should not be perceived as **passive recipients** of care and protection, or **accidental beneficiaries** of policy decision; they also should not be envisaged as **not yet persons** or as adults in the making.





of elites and do not accurately represent the Nigerian population (Ecpat International, 2014). Children should not be perceived as passive recipients of care and protection, or accidental beneficiaries of policy decision; they also should not be envisaged as not yet persons or as adults in the making. Attention must be paid to their inner feelings, thoughts and views.

These can be achieved through:

- ▶ recognizing and analysing children as an independent target group;
- ▶ considering their opinions as part of the conception, realization and evaluation of measures; and
- ▶ developing measures which strengthen the participation of children in all matters which affect children.



## 6.2 Digital and cyber security

Children are increasingly faced with online bullying and harassment, undesirable contact with adults posing as children, disclosure of personal information leading to risk of physical harm and targeting through spam. They also have to deal with advertisements promoting age-related content, self-harm and destructive behaviour, as well as defamation and damage to reputation, the risk of hacking, sexting, grooming and solicitation, fraud, identity theft and exposure to inappropriate content.

To protect children from digital and cyber abuse and exploitation, legislation is needed for an online protection law that protects the personal information of a child on websites, online services and applications. Internet service providers and electronic service providers also need to ensure their platforms are secure and do not expose children to risk. There is also a need for increased digital education of children and their parents or guardians.

## 6.3 Equity and peacebuilding

Equity implies the creation of the environment and circumstances to provide every child with a fair chance to survive, develop, thrive and reach their full potential. Peacebuilding refers to the processes associated with reducing direct and indirect violence. Equity and peacebuilding are germane to child protection. Current trends in Nigeria show that not every child in Nigeria has a fair chance to survive and reach their full potential. Children growing up in urban areas have greater potential to thrive and reach their full potential than children in rural areas or children in poor or isolated communities where there is an increased risk of violence, exploitation, abuse and abandonment (UNICEF, 2017). Among the major areas of concern is birth registration as this makes it possible to include every child in the planning process. Therefore, governments at all levels should create legislation that makes birth registration compulsory and utilizes birth registration records in national planning.

The Gini Index is used as a gauge of economic inequality to measure income distribution. The index ranges from 0 to 100, with 0 representing perfect equality and 100 representing perfect inequality. Inequality in Nigeria is still very high, with a Gini

score of 35.13, with rural and urban inequality measures of 32.77 and 31.94, respectively (NBS, 2019). Inequality is reflected in the proportion of the population in lower, middle and upper consumption classes. Using consumption share indices, the NBS reported slight decreases in consumption among the lower class of the population from 11.43 per cent in 2013 to 11.35 per cent in 2016. The middle class increased consumption slightly from 29.14 per cent in 2013 to 30.26 per cent in 2016 while the upper class decreased consumption from 59.42 per cent in 2013 to 58.39 per cent in 2016 (NBS, 2019).

Inequalities are reflected in many dimensions that have direct bearing on children such as poor housing, education, nutrition and little or no protection. These reduce the likelihood of children growing and thriving and can precipitate conflicts. Corruption and bad governance continue to deepen inequality in the country. To reverse the trend, attention must be given to education, law enforcement and fighting corruption. Greater collaboration is required between local and international development partners, CSOs and government MDAs at all tiers of government to yield better outcomes in the actualization of child rights.

Government should design and adopt strategies to reverse the trends observed. In doing so, it would be more effective to design such strategies in line with the peculiarities of regions instead of applying a one-size-fits-all approach.

## 6.4 Children in armed conflicts

A United Nations Security Council report (2020) shows that from January 2017 to December 2019, there were 5,741 verified grave violations against children in North East Nigeria. The Boko Haram factions were responsible for 3,179 violations, followed by the Nigerian Security Forces (329), Civilian Joint Task Force (51), the Nigerian Security Forces (1) and unidentified armed elements (19).

There is an urgent need to address the security situation in the North East and to bring a quick end to the threats of insurgency. Nigeria also needs to invest purposefully in the education of children in conflict zones. Child rights should be respected by all parties in any conflict, with government military forces and community civilian forces

setting a good example in according children the protection they deserve.

## 6.5 Urbanization

Urbanization is on the increase in Nigeria. In 2008, only about 41.7 per cent of the more than 150 million people who lived in Nigeria were urban dwellers. However, by 2018, more than half the population was living in urban areas. While posing serious risks for children, urbanization can also have multiple benefits. Harnessing these benefits while maintaining child protection requires strong and purposeful development of policy, along with effective and well-rounded implementation.

In promoting children's rights amid growing urbanization around the world, UNICEF (2018a) advocates 10 urban planning principles. These principles are:

- ▶ investment in a safe and clean environment for children
- ▶ provision of affordable and safe housing for children and the community, as well as safe land tenure
- ▶ infrastructural development, as well as health, education and social services for children
- ▶ provision of safe and inclusive public green spaces
- ▶ effective transportation systems with independent and good mobility for children
- ▶ provision of safe water and good sanitation systems
- ▶ good food systems for access to healthy, affordable and nutritious food, including fruit
- ▶ a zero waste system and sustainable resource management
- ▶ clean energy networks and reliable access to power
- ▶ integrated data and information and communications technology networks to ensure digital connectivity for children

## 6.6 Gender

In 2018, the Global Gender Gap Index for Nigeria was 62.1 per cent, meaning that Nigeria has a significant gender gap to fill. Nigeria ranked 133 out of 200 countries on the Global Gender Gap Index rankings (World Economic Forum, 2018). This gender gap is illustrated by the fact that, in 2017, women represented between 60 and 79 per cent of Nigeria's rural labour force but were five times less likely to own their own land than men. Women were also less likely to have had a decent education. Seventy-five per cent of the poorest women in Nigeria had never been to school and 94 per cent of them were illiterate (Oxfam, 2019).

Gender is a central organizing principle of societies and often governs the processes of security. Women represent over 70 per cent of the world's poor due to unequal access to economic opportunities. Increasing female participation in the workforce and the development of female human capital will not only help to reduce poverty at the household level, it will also radically enhance national security (Asian Development Bank, 2012). The welfare of children is inextricably linked to the welfare of women. Therefore, any policies that foster the condition of women will foster the condition of children. Increased female participation in governance and decision-making processes is recommended for the achievement of the rights of the child. Though much work has been done, more needs to be done to fully implement the National Gender Policy (2006) of the Federal Republic of Nigeria and the Convention on the Elimination of all Forms of Discrimination against Women.

## 6.7 Abandoned children

Data on the state of abandoned children in Nigeria is scant and mostly obtained from news reports by the media, with some documentation by individual states. However, reported cases in some states in Nigeria show that this abuse of children's rights is on the increase. Abandoned children may be scarred for life, and many may have to deal with long-term social, psychological and health issues. Factors responsible for the abandonment of children in Nigeria include poverty and difficult economic circumstances, harmful traditional practices, harmful religious practices and witchcraft, family crisis, insurgency and armed conflicts.

Efforts should be made to improve the socioeconomic well-being of the Nigerian population in a bid to reduce poverty, which is one of the many causes of child abandonment. Also, children and adults should be provided with adequate education on sex and birth control practices in order to prevent unwanted pregnancies. There is also a need to strengthen and promote family values.

## 6.8 National development planning

There have been several development plans in Nigeria over the years. One such plan is the Vision 20:2020 which recognizes the importance of attaining the 2015 MDGs and improving the well-being of children by enforcing the completion of the mandatory nine-year universal basic education programme in order to provide basic education to children, and to expand and enhance the primary health care system to improve access to health.

The current ERGP seeks to fill some child protection gaps. In reaching its set goals in this regard, the ERGP adopts a new approach by investing in the Nigerian people, including children. While progress has been made in some areas of child protection, the goals set out in the ERGP have not been fully realized.

Nigeria is on the verge of developing a new national development plan. In doing so, specific child-relevant issues must be integrated into the policy document and this must be followed through during the period of implementation. There is also the need to use adequate data for planning child protection-related issues. Such data will include the actual number of children in Nigeria, registration of births and all forms of social identification.

Government at all levels should strengthen technical education for children who cannot access conventional secondary school education as a means of fostering the rights of the child to education.

While some progress has been made in the national development process, it is worth noting that government should be proactive rather than reactive in its strategies to mainstream gender in employment, roles, and other spheres of the economy. It is also important to mainstream the private sector into national development issues as they can provide required capital and technological inputs in the areas of child grants and job creation for parents.

# ANNEXES

## Annex 1: SDG child-related indicators

SDG targets	SDG indicators						Targeted age group
	Statement	2015	2016	2017	2018	2019	
Goal 1: End poverty in all its forms everywhere							
Target 1.1: By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day	1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)		62.6% <sup>5</sup>	50% <sup>4</sup>	49.5% <sup>4</sup>		1–17 years
Target 1.2: By 2030, reduce by at least half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	1.2.1 Proportion of population living below the national poverty line, by sex and age		62.6% <sup>5</sup>				
	1.2.2 Proportion of men, woman and children of all ages living in poverty in all its dimensions according to national definitions		42.2% <sup>5</sup>				
Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and vulnerable	1.3.1 Proportion of population covered by social protection floors/systems by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable						
Target 1.4: By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	1.4.1 Proportion of population living in households with access to basic services		60.3% (sanitation) <sup>5</sup> 69.6% (improved water source)				No age limit
Target 1.a: Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions	1.a.2 Proportion of total government spending on essential services (education, health and social protection)		21.5% <sup>5</sup>				
Goal 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture							
Target 2.2: By 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons	2.2.1 Prevalence of stunting (height for age < –2 standard deviations from the median of the WHO Child Growth Standards) among children under 5 years of age		37.4% <sup>1</sup>		73.6% <sup>2</sup>		0–4 years
	2.2.2 Prevalence of malnutrition (weight for height > +2 or < –2 standard deviations from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)		16.2% <sup>1</sup>		86.7% <sup>2</sup>		0–4 years



SDG targets	SDG indicators						Targeted age group
	Statement	2015	2016	2017	2018	2019	
Goal 3: Ensure healthy lives and promote well-being for all at all ages							
Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio	931.0 <sup>3</sup>	243 <sup>5</sup>	917.0 <sup>3</sup>			0–4 years
	3.1.2 Proportion of births attended by skilled health personnel	37 <sup>3</sup>	58.6 <sup>5</sup>	40 <sup>1</sup>	43 <sup>2</sup>		
Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-five mortality rate	123.9 <sup>4</sup>	122.1 <sup>4</sup>	120 <sup>1</sup>	132 <sup>2</sup>		0–4 years
	3.2.2 Neonatal mortality rate		37 <sup>6</sup>	39 <sup>1</sup>	39 <sup>2</sup>		
Target 3.3: By 2030, end the epidemics of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, waterborne disease and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations		264.5/1,000 <sup>5</sup>		130/1,000 <sup>5</sup>		1–17 years
Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and most disadvantaged population)		Male: 443 <sup>5</sup> Female: 59 <sup>1</sup>				
	3.8.2 Proportion of population with large household expenditure or income						
Target 3.b: Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and Public Health, which affirms the right of developing countries to use to the full the provisions in the TRIPS Agreement regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.b.1 Proportion of the target population covered by all vaccines included in their national programme						1–17 years
	3.b.2 Total net official development assistance to medical research and basic health sectors						
	3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis						
Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all							
Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning	4.1.1 Proportion of children and young people (a) in Grades 2/3; (b) at the end of primary; (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading (ii) mathematics, by sex						6–14 years

SDG targets	SDG indicators						Targeted age group
	Statement	2015	2016	2017	2018	2019	
Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (cont.)							
Target 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex		Health <sup>5</sup> Male: 93.5 Female: 93.1 Learning Male: 77.4 Female: 79.1 Psychosocial Male: 63.8 Female: 66.1				0–4 years
	4.2.2 Participation rate in organized learning (one year before the official primary entry age), by sex		Public schools <sup>5</sup> Male: 169,130 Female: 186,904 Private schools Male: 432,807 Female: 424,759				0–23 months
Target 4.a Build and upgrade education facilities that are child-, disability- and gender-sensitive and provide safe, non-violent, inclusive and effective learning environments for all	4.a.1 Proportion of schools with access to (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)						1–17 years
Goal 5: Achieve gender equality and empower all women and girls							
Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age		33.5% <sup>5</sup>		29.5% <sup>2</sup>		1–17 years
	5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence		34.9% <sup>5</sup>				1–17 years
Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage and FGM	5.3.1 Proportion of women aged 20–24 years who were first married or in union before age 15 and before age 18		17.6% and 39.9%, respectively <sup>5</sup>		15.7% and 43.4%, respectively <sup>2</sup>		1–17 years
	5.3.2 Proportion of girls and women aged 15–49 years who have undergone FGM, by age		24.8% <sup>5</sup>		20% <sup>2</sup>		1–17 years

SDG targets	SDG indicators						Targeted age group
	Statement	2015	2016	2017	2018	2019	
Goal 6: Ensure availability and sustainable management of water and sanitation for all							
Target 6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all	6.1.1 Proportion of population using safely managed drinking water services		69.3% <sup>5</sup>		66% <sup>2</sup>		1–17 years
Target 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	6.2.1a Proportion of population using safely managed sanitation services		60.6% <sup>5</sup>				1–17 years
	6.2.1b Proportion of population with a basic handwashing facility on premises		48.0% <sup>5</sup>				1–17 years
Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all							
Target 8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms	8.7.1 Proportion and number of children aged 5–17 years engaged in child labour, by sex and age		47.1% <sup>5</sup>	55.7% <sup>1</sup>			5–17
Goal 10: Reduce inequality within and among countries							
Target 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	10.2.1 Proportion of people living below 50% of median income, by sex, age and disability status						1–17 years
Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable							
Target 11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities	11.7.1 Average share of the built-up area of cities that is open space for public use for all, by sex, age and disability status						1–17 years
	11.7.2 Proportion of persons who were victims of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months						1–17 years
Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels							
Target 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children	16.2.1 Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month						1–17 years
	16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation						1–17 years
	16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18						1–17 years
Target 16.9 By 2030, provide legal identity for all, including birth registration	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age		16.0% <sup>5</sup>		42.6% <sup>6</sup>		0–4 years

Source:

1. NBS and UNICEF (2018)

2. NDHS (2018)

3. Index Mundi (2019)

4. World Bank (2019b)

5. Federal Republic of Nigeria (2017c)

6. UNAIDS Nigeria Country Data (2018)

Annex 2: SDGs Performance Index

High-ranking countries			Low-ranking countries		
Rank	Country	Score	Rank	Country	Score
1	Sweden	84.5	130	Benin	40.0
2	Denmark	83.9	131	Malawi	39.8
3	Norway	82.3	132	Mauritania	39.6
4	Finland	81.0	133	Mozambique	39.5
5	Switzerland	80.9	134	Zambia	38.4
6	Germany	80.5	135	Mali	38.4
7	Austria	79.9	136	Gambia	37.8
8	Netherlands	78.4	137	Republic of Yemen	37.3
9	Iceland	78.4	138	Sierra Leone	36.9
10	United Kingdom	78.1	139	Afghanistan	36.5
11	France	77.9	140	Madagascar	36.2
12	Belgium	77.4	141	Nigeria	36.1
13	Canada	76.8	142	Guinea	35.9
14	Ireland	76.7	143	Burkina Faso	35.6
15	Czechia	76.7	144	Haiti	34.4
16	Luxembourg	76.7	145	Chad	31.8
17	Slovenia	76.6	146	Niger	31.4
18	Japan	75.0	147	Democratic Republic of the Congo	31.3
19	Singapore	74.6	148	Liberia	30.5
20	Australia	74.5	149	Central African Republic	26.1

Source: Financial and Economic Times, First Quarter (2017)

Annex 3: Areas of child deprivation attributable to poverty

Form of severe deprivation		Indicator
1	Nutrition	Children under 5 years of age whose heights and weights for age are more than 3 standard deviations below the median of the international reference population, i.e. severe anthropometric failure
2	Water	Children under 18 years of age who only have access to surface water (e.g., rivers) for drinking or who live in households where the nearest source of water is more than 30 minutes away
3	Sanitation	Children under 18 years of age who have no access to a toilet of any kind in the vicinity of their dwelling, including communal toilets or latrines
4	Health	Children under 5 years of age that have never been immunized or those that have suffered from an episode of acute respiratory infection that was not treated
5	Shelter	Children under 18 years of age living in dwellings with more than 5 people per room (severe overcrowding)
6	Education	Children aged between 7 and 18 who have never been to school and are not currently attending school
7	Information	Children aged between 7 and 18 with no possession of and access to radio, television, telephone or newspaper at home

Source: Adapted from UNICEF (2018b)



















Annex 4: Dimensions, indicators, deprivation cut-offs and weights

Dimensions of poverty	Indicator	Deprived if living in the household where...	Weight
Health	Nutrition	An adult under 70 years of age or a child is undernourished.	1/6
	Child mortality	Any child has died in the family in the five-year period preceding the survey.	1/6
Education	Years of schooling	No household member aged 10 years or older has completed six years of schooling.	1/6
	School attendance	Any school-aged child is not attending school up to the age at which he/she would complete class 8.	1/6
Standard of living	Cooking fuel	The household cooks with dung, wood, charcoal or coal.	1/18
	Sanitation	The household's sanitation facility is not improved (according to SDG guidelines) or it is improved but shared with other households.	1/18
	Drinking water	The household does not have access to improved drinking water (according to SDG guidelines) or safe drinking water is at least a 30-minute walk from home, round trip.	1/18
	Electricity	The household has no electricity.	1/18
	Housing	Housing materials for at least one of roof, walls and floor are inadequate: the floor is of natural materials and/or the roof and/or walls are of natural or rudimentary materials.	1/18
	Assets	The household does not own more than one of these assets: radio, TV, telephone, computer, animal cart, bicycle, motorbike or refrigerator, and does not own a car or truck.	1/18

Source: UNICEF (2018b)

Annex 5: MODA dimensions, indicators and age groups

0-4 YEARS	5-11 YEARS	12-17 YEARS
<div><b>Nutrition</b><ul style="list-style-type: none"><li>• Exclusive breastfeeding</li><li>• Infant &amp; young child feeding</li><li>• Wasting</li></ul></div>	<div><b>Education</b><ul style="list-style-type: none"><li>• School attendance</li><li>• Grade for age</li></ul></div>	<div><b>Education</b><ul style="list-style-type: none"><li>• School attendance</li><li>• Grade for age</li><li>• School attainment</li></ul></div>
<div><b>Health</b><ul style="list-style-type: none"><li>• Full immunization</li><li>• Skilled birth attendant</li></ul></div>	<div><b>Water</b><ul style="list-style-type: none"><li>• Drinking water source</li><li>• Distance to water source</li></ul></div>	<div><b>Water</b><ul style="list-style-type: none"><li>• Drinking water source</li><li>• Distance to water source</li></ul></div>
<div><b>Water</b><ul style="list-style-type: none"><li>• Drinking water source</li><li>• Distance to water source</li></ul></div>	<div><b>Sanitation</b><ul style="list-style-type: none"><li>• Improved toilet facility</li><li>• Shared toilet facility</li><li>• Handwashing</li></ul></div>	<div><b>Sanitation</b><ul style="list-style-type: none"><li>• Improved toilet facility</li><li>• Shared toilet facility</li><li>• Handwashing</li></ul></div>
<div><b>Sanitation</b><ul style="list-style-type: none"><li>• Improved toilet facility</li><li>• Shared toilet facility</li><li>• Handwashing</li></ul></div>	<div><b>Housing</b><ul style="list-style-type: none"><li>• Overcrowding</li><li>• Housing materials</li><li>• Cooking fuel</li></ul></div>	<div><b>Housing</b><ul style="list-style-type: none"><li>• Overcrowding</li><li>• Housing materials</li><li>• Cooking fuel</li></ul></div>
<div><b>Housing</b><ul style="list-style-type: none"><li>• Overcrowding</li><li>• Housing materials</li><li>• Cooking fuel</li></ul></div>	<div><b>Information</b><ul style="list-style-type: none"><li>• Information device</li></ul></div>	<div><b>Information</b><ul style="list-style-type: none"><li>• Information device</li></ul></div>
<div><b>Information</b><ul style="list-style-type: none"><li>• Information device</li></ul></div>		

Source: UNICEF (2018b)

Annex 6: Dimensions, indicators and life-stages used for the MODA analysis for Nigeria

Dimension	Indicator (%)	Age (in years)			
		0–5	6–10	11–15	16–17
Development (wasting)	Wasting: weight-for-height	10.8			
Health	Vaccinations: children who did not receive all vaccinations	67.0	56.0		
	Birth attendance: unskilled birth attendance	43.6	21.7		
Nutrition	Breastfeeding: under 2 years and breastfed	97.0			
Health-related knowledge	Knowledge about HIV/AIDS: child aged 5–14 lives in a household where no members know about HIV/AIDS prevention and transmission				55.0
Access to information	Information devices: children who access no media in a week				58.5
Water	Water source: household members who use unimproved drinking water source			34.0	
Sanitation	Toilet facility: household members who use an unimproved toilet facility			30.0	
Housing	Dwelling material: floor and exterior walls of dwelling are made of natural material			26.6	

Source: NDHS (2018)

Annex 7: Multidimensional Poverty Index and some of its components

Rank	State	Unemployed	Incidence of poverty	Intensity of deprivation	HDI
1	Osun	6.7	17.5	35.5	14
2	Anambra	20.5	25.4	36.1	18
3	Lagos	24.3	27.8	36.8	1
4	Ogun	13.0	29.7	38.7	8
5	Ekiti	18.6	30.6	37.7	5
6	Delta	20.8	30.6	38.2	6
7	Ondo	16.6	32.4	37.1	17
8	Edo	26.4	37.6	38.3	12
9	Oyo	10.5	38.3	39.7	23
10	Enugu	29.1	39.7	38.2	11
11	Cross River	25.9	41.4	38.6	7
12	Kwara	16.0	40.8	39.5	15
13	Abia	39.6	44.4	37.1	10
14	Imo	41.4	45.4	36.3	13
15	Benue	14.4	44.0	37.6	20
16	Federal Capital Territory	22.7	43.5	40.1	2
17	Kogi	31.4	47.3	39.9	22
18	Adamawa	8.1	50.0	40.5	25
19	Kaduna	23.4	50.4	41.3	26
20	Rivers	56.8	58.9	37.9	9

Rank	State	Unemployed	Incidence of poverty	Intensity of deprivation	HDI
21	Bayelsa	44.3	53.7	42.3	3
22	Nasarawa	35.0	56.4	42.1	16
23	Akwa-Ibom	52.2	59.7	41.0	4
24	Ebonyi	25.7	58.9	42.2	24
25	Niger	12.5	64.4	41.4	28
26	Taraba	9.5	73.8	38.2	21
27	Plateau	34.6	66.7	43.8	19
28	Kastina	3.3	76.2	41.1	36
29	Borno	35.5	71.6	43.9	33
30	Bauchi	9.2	71.9	43.7	35
31	Kano	23.3	71.1	46.6	31
32	Zamfara	7.9	79.3	42.5	32
33	Gombe	10.8	77.6	45.6	27
34	Kebbi	11.6	82.3	43.0	29
35	Yobe	20.9	79.2	48.6	34
36	Jigawa	19.8	86.1	46.4	30
37	Sokoto	23.6	89.9	50.4	37
	National	22.4	53.7	41.9	

Source: UNDP (2018)

Annex 8: Capacity gap analysis on education sector

Duty-bearers	Role	Capacity gap analysis			
		Motivation	Authority	Resources (human, material and financial)	Knowledge and information
Parents	Send girls to school	School uniform not provided		Insufficient financial resources	Poor awareness of the value of education
	Allow study time	Insufficient income (street trading)			
Teachers and schools	Deliver quality education	Lack of teaching materials	Lack of capacity to discipline students	Lack of qualifications/ training	
State government	Legislate on free and compulsory education	Inability to pay regular salaries	Poor enforcement of legislation	Insufficient teachers	Poor communication system
	Allocate resources				
Federal government	Legislate on free and compulsory education	Lack of code of ethics		Insufficient resources	
	Define norms and standards				

Source: UNICEF (2019)

**Annex 9: Percentage of birth registration by state and age, 2018**

State	Birth registrations by age (%)			
	Under 1 year	1–4 years	Above 5 years	Total no. of birth registrations
Abia	27.12	32.87	40.01	204,847
Adamawa	24.98	42.88	32.13	849,702
Akwa-Ibom	27.36	29.64	43.00	157,121
Anambra	19.83	21.94	58.24	380,966
Bauchi	33.36	30.74	35.89	159,733
Bayelsa	22.37	30.67	46.96	76,443
Benue	39.73	26.50	33.77	99,765
Borno	29.00	26.28	44.72	140,421
Cross River	27.51	29.96	42.52	104,205
Delta	40.45	28.81	30.74	143,058
Ebonyi	34.72	36.41	28.87	117,529
Edo	40.52	22.37	37.11	139,775
Ekiti	34.71	28.44	36.85	92,657
Enugu	34.26	28.48	37.26	166,738
Federal Capital Territory	46.21	20.76	33.03	146,668
Gombe	40.90	26.89	32.21	100,098
Imo	31.41	24.78	43.81	154,641
Jigawa	37.28	29.17	33.54	87,263
Kaduna	30.33	28.57	41.11	232,649
Kano	38.70	27.58	33.73	416,294
Katsina	34.91	27.62	37.46	355,298
Kebbi	25.70	45.27	29.03	595,273
Kogi	54.89	19.98	25.13	114,318
Kwara	48.08	26.40	25.52	146,222
Lagos	41.39	25.82	32.79	477,912
Nassarawa	32.53	25.05	42.42	108,064
Niger	34.61	25.61	39.78	127,809
Ogun	37.75	30.86	31.39	271,830
Ondo	31.68	28.44	39.88	152,045
Osun	32.17	39.90	27.92	227,270
Oyo	37.41	27.57	35.01	377,669
Plateau	37.64	22.98	39.38	111,752
Rivers	37.39	27.53	35.08	134,238
Sokoto	28.70	34.97	36.33	109,179
Taraba	45.80	19.95	34.25	100,452
Yobe	27.89	39.91	32.20	277,737
Zamfara	35.79	33.90	30.32	84,847
National	33.09	31.19	35.72	7,742,488

Source: NBS (2018a)



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## About UNICEF

UNICEF promotes the rights and well-being of every child, in everything we do. Together with our partners, we work in 190 countries and territories to translate that commitment into practical action, focusing special effort on reaching the most vulnerable and excluded children, to the benefit of all children, everywhere. For more information about UNICEF and its work for children in Nigeria, visit [www.unicef.org/nigeria](http://www.unicef.org/nigeria). Follow UNICEF Nigeria on Twitter and Facebook.