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FEDERAL GOVERNMENT OF NIGERIA
AND
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*Master Plan
of Operations*

COUNTRY PROGRAMME OF
COOPERATION

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CHAPTER I

COUNTRY OVERVIEW REVIEW OF PAST COOPERATION NEW PROGRAMME THRUST



PART II: CHAPTER I

OVERVIEW

NATIONAL CONTEXT - COUNTRY SITUATION

Land, People and Social Structure

1. Nigeria lies on the coast of the Gulf of Guinea and is bordered by the Republic of Benin on the west, Niger to the north, Chad to the northeast and Cameroun to the east. It lies between latitudes 4° and 14° north and longitudes 3° and 15° east. The country occupies a vast land area (923,768 sq. km or 356,669 sq. miles), and has the largest population in Africa. It is estimated that one in every five Africans is a Nigerian. At present, the population, extrapolated from the 1991 census (88.5 million), is 108 million. At the current growth rate of 2.8% p.a., the population is projected to double in 25 years.
2. The population is predominantly young, with approximately 45% under 15 years of age and 17% under 5. Women of childbearing age (15-49) account for 24% of the total population. The fertility rate, which is one of the highest in Africa, ranges between 5.5 in the south and 6.5 in the north. There are approximately 250 ethnic groups and more than 500 languages and dialects. The three largest ethnic groups which represent almost 60% of the population are Hausa-Fulani, Yoruba and Igbo. Other major ethnic groups which account for another 20% of the total population include the Kanuri, Tiv, Ijaw, Ibibio, Edo, Urhobo and Nupe. Some of the smaller ethnic groups, like the Ogoni, number no more than a few hundred thousand. The population is divided almost evenly between Moslems and Christians. While the north is predominantly Moslem, the south-east is

mainly Christian. The southwest is part Christian and part Moslem. Throughout the country, popular indigenous religious beliefs and practices still flourish.

3. Nearly 67% of the population live in rural areas, some of them in villages or hamlets with less than 2,000 inhabitants at any given time. Over the years, Nigeria has witnessed several rapid spurts in urbanization, particularly during the oil boom in the 1970s. On average, urbanization has increased from only 19% in 1963 to over 40% in 1995. The heaviest population concentrations are in the southwest. Lagos, formerly the capital of the Federation, and now the commercial capital, is home to a population variously estimated at 6-10 million people. Kano, Ilorin, Kaduna, Maiduguri, Port Harcourt and Enugu are among the other cities which have had a rapid and sustained growth over a thirty year period, as are Ibadan, Aba and Onitsha. Some old cities such as Ile-Ife, Benin, Zaria and Kano have historical significance dating back to the Middle Ages. Relics of this distant past persist in the cultural patterns of these cities and continue to exert influence on programme outcomes.
4. The climate is tropical and temperatures are generally high. Average maximum annual temperatures vary between 35°C in the north and 31°C in the south while average annual minimums range between 23°C in the south and 18°C in the north. Temperatures are more moderate in the Jos Plateau where they range between an average maximum of 28°C and an average low of 14°C. Distribution of rainfall is also uneven. Total annual rainfall decreases from a high of 3,800 mm in coastal towns such as Forcados to less than 650 mm at Maiduguri in the relatively drier north-east. In the south, there are two rainy seasons, starting as early as January in some areas. Rainfall is heaviest in the south between June and September, with a two to three week break - the short dry season - between late July and early August. In the middle belt there is a transition climate while in the north, there is a long dry season from 6-9 months with a single rainy season. However, these rains are often irregular within the rainy season and from one year to the next. Particularly in the Sahel Belt, one year out of five, on average, has poor rainfall. When this occurs, harvests are poor, resulting in food insecurity at the household level. In periods of lean harvests, children suffer more from measles than in normal periods. In lean years, malnutrition-related diseases exact a high toll on child life. There is also strong seasonality in the incidence of diseases. While ARI is, for instance, more common in the dry, windy season, malaria and diarrhoea are more prevalent in the rainy season. In both seasons, reduced food availability is a marked disadvantage to the survival of the child.
5. This tropical climate supports varying vegetation types across the country, depending also on soil types. Broadly, the vegetation ranges from the forest of the south (20%), including the mangrove swamps in the creeks of the Niger Delta to the extensive savannah woodland and grasslands of the north, moving towards the Sahel (80%). There are four belts of grassland: a derived savannah belt, close to the forest zone, followed by the Guinea, Sudan and Sahel savannah northwards. Nearly 180,000 sq. km of Nigeria is forest; 13% of this accounts for the timber resources found mainly in Ondo, Edo, Delta and Cross River states. There are 81.2 million hectares of arable land, nearly half of which is under cultivation.

- Cassava, yams, plantain and maize are produced in the south and middle belt. Palm oil is produced in the south-east and parts of the south-west (around the delta), while cocoa is produced in large quantities in the southwest. Rubber, which was once a major export crop produced in the southwest, is now an insignificant export item. In the north, sorghum, millet, maize, groundnuts and cotton are grown. The north also produces the bulk of the country's livestock.
6. The country is rich in minerals and hydrocarbons. Of these, crude oil and natural gas are by far the most well known, with crude oil being the most widely exploited. There are on-going negotiations to harness natural gas, which was previously flared, for commercial purposes. Other mineral resources exploited to varying degrees include tin, columbite, uranium, gold, limestone, marble, coal and iron ore. Since the late 1960s, but most dramatically from the oil boom in the 1970s, Nigeria has depended almost solely on this finite resource as its main engine of growth.
 7. Nigeria is still predominantly a society of rural dwellers. Smallholder agriculture dominates as farm practice. Average farm holding is 2.5 hectares, and varies from 2 hectares in the more densely populated south to 3 hectares in the north which has a relatively lower population density per square kilometre. In the rural areas, low farm technology is used, consisting mainly of the hoe and cutlass. Operating without fertiliser and tractor, farmers adopt slash and burn techniques to clear the land. When returns from land diminish, they shift cultivation to another plot and allow the previous parcel to lie fallow for years to regain fertility. While the smallholder farmer faces growing competition from the emerging large-scale farmer, current evidence suggests that rain-fed, smallholder agriculture remains the bedrock in meeting over 90% of current food needs in Nigeria.
 8. Women are an important force in agriculture. While they lack access to and control over land, women play a critical role, particularly in food production and processing. In the late 1980s, women for instance accounted for 86% of the agricultural labour force in Anambra state, 84% in Benue, 81% in Imo, 58% in Borno and 55% in Ondo. Women are less prominent in cocoa and other export crop production, which are increasingly being recognised as "male" crops. Whatever benefits of currency devaluation during structural adjustment that reached the farmer were therefore reaped mostly by male farmers, although most benefits accrued to traders, transporters and other service providers. By contrast, since women dominate in food production, expectations are that they make windfall gains when food prices increase. Unfortunately, weaknesses in the meso-economy hamper direct delivery of produce from farm to market by farmers. Women farmers are often forced to sell at distress prices at farm gate, leaving the middleman, as with cash crops, to reap the price differential between farmgate and market.
 9. Another important feature of Nigerian society is that of son preference and daughter neglect. Gender roles constructed over long periods continue to influence sexual division of labour in Nigerian society. Besides this heavy agricultural workload, trading and food processing, women also fetch water and firewood and

keep the house. Although constitutional guarantees urge women to play an active role in politics, few women are active in politics or trades unions, or obtain appointive posts. In general, the laws and customs surrounding marriage, divorce, death and inheritance rights are heavily biased against women, although the degree of deprivation varies from ethnic group to group. While inter-ethnic marriages are encouraged and have been known to break ethnic barriers down in recent years, there is still considerable intra-ethnic group breeding which reinforces existing negative as well as positive cultural practices. In spite of Nigeria's commitment to the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW), a high proportion of Nigerian women are still subjected to harmful traditional practices such as female genital mutilation (FGM).

10. Most women marry early; a large number have children too soon, too often and too close together, thereby increasing maternal depletion and the risk of mortality from pregnancy-related causes. It is estimated that on average over half of all marriages occur among girls under the age of 15; nearly 80% of women marry before they are 18. Men marry much later than their women counterparts, particularly in the urban areas. Monogamy and divorce are on the increase, but in rural areas and also among the Moslem population, polygamy is a prevalent practice. It is estimated that nearly 45% of ever-married women live in polygamous homes. Nigerian society is for the most part patrilineal, conferring inheritance and kinship rights on the male heir and disinherit the female line. In some societies, however, inheritance rights are enjoyed about equally between the sexes.
11. In recent years, the extended family system which provides support to distant relatives appears to be breaking down. Few coping mechanisms have developed to take its place, except in urban areas where church organisations, informal credit lines and mutual assistance systems are springing up to support members in need. Government's Family Support Programme, which replaced the Better Life Programme, and the People's Bank were founded on this broad principle, as were the Community Banks. While Government has not yet designed a formal social security policy, it continues to lend official support to NGOs, Community-based organisations, age-grade societies and alumni clubs which provide cushion to community members in dire need of assistance. In a number of communities, these frameworks help to identify the most needy sections of society. They also provide a useful framework for geographic targeting of poverty alleviation programmes, and for designing the kind of exemption schemes suggested in the Bamako Initiative.

Economy: Growth, Structural Adjustment and Poverty

12. Nigeria is one of Africa's most richly endowed countries and potentially one of the richest. Prospects for realising this potential were bright during the oil boom in the 1970s. Following the slump in oil prices, Nigeria experienced either

sluggish growth in Gross Domestic Product (GDP), or negative rates (0-4% per annum) for long periods. Real GDP growth has since revived, but remains low, ranging from 3% in 1992 to only 1.3% in 1994 and to around 2.2% in 1995. Consequently, Nigeria has plummeted from middle income status in the late 1970s, with a per capita income of \$1000 to low income status in the 1990s. Current annual per capita income is barely \$280. In real terms, the population is poorer than before the oil boom.

13. Economic growth and development is driven mainly by the oil sector. While contributing only 12% to GDP, the oil sector nevertheless accounts for nearly 80% of total government revenue and 90 per cent of export earnings. It has virtually eclipsed the role of agriculture whose contribution to GDP dropped to an all-time low (18%) at the height of the oil boom in the mid-1970s, before reviving to slightly above 30% in 1995. On the other hand, manufacturing accounts for an impressive 7% of GDP and constitutes the fifth most important sector of the economy. Unfortunately, current average capacity utilisation has slumped to only 27.1%, from 30.4% in 1994. Renewed efforts are being made to develop export processing zones in the country. It is envisaged that this project will come on stream in the late 1990s and put the economy on a more diversified footing.
14. Over the years, increased dependence on the oil sector has exposed the economy to the vagaries of the world oil market. Shortfalls in oil revenue translate directly into lower national budgets and to reduced capacity to support development initiatives, especially in the social sector. This directly impacts the welfare of children and women. In the late 1980s, shortfalls contributed greatly to the breakdown of social infrastructure, widespread unemployment and a huge debt burden. In addition, growing disparities between regions and socio-economic groups led to increased social tensions and to greater insecurity to life and property. Growing austerity forced a large number of children onto the streets to eke out a precarious existence, frequently as a means of helping to support family survival. Juvenile delinquency increased, as did the number of street beggars. Child labour and the number of cases of child abuse multiplied. For many such vulnerable children, the risk of contracting STD/HIV increased manifold in this austere period.
15. The situation worsened due to, among others, the growing debt burden. With the debt/GDP ratio increasing from 138.3% in 1991 to 157% in 1993; debt service ratio at 19% in 1995 and domestic debt standing at N341.8 billion in 1994, the total budget left for discretionary spending fell steeply. As one of the most vulnerable sectors to expenditure cuts, social spending was severely eroded by the heavy debt burden and declining oil revenue. On average, real spending in the social sector fell below expectation throughout the 1990s, particularly in the social priority areas of PHC, nutrition, basic education, water and sanitation.
16. Overall, while structural adjustment improved the incentives framework, especially for rural producers and entrepreneurs, it has also produced a large number of unanticipated side-effects, particularly for vulnerable sections of society. For

instance, downsizing of government contributed to high unemployment, while lower annual budgets led to reduced real spending on infrastructure maintenance. Another significant effect was the weakening of the currency, following the steep devaluation, which brought the official exchange rate down from N9/\$ in 1991 to N82/\$ in 1995. Among other things, the devaluation has led to rapid inflation, currently, according to official estimates, running above 70%. Wage workers, pensioners, and the unemployed in the urban economy have been the worst hit by the impact of the devaluation. Children in these families experienced considerable reduction in welfare.

17. Consequently, poverty is widespread, involving some 34 million Nigerians below the assumed poverty line. In the late 1980s, the total number of poor decreased slightly but in recent years, not only has poverty deepened, but income inequality has worsened between and within regions. Within the urban areas, inequalities are sharp. A recent study found that 65% in the sample population were food-poor. The number of meals and the quantity of food intake per day have been reduced drastically in most poor families, from 3 to 2 times in the case of the moderate poor, and, at times, to once daily or none at all for the hard-core poor. More and more families are cramped into one-room apartments (6-8 persons per room). In general, more and more starchy food is consumed in place of high nutrient foods, thereby increasing incidence of protein-energy malnutrition. About 58% of boys and 44% of girls are chronically undernourished, depicting an unusual case of inverse gender disparity; about 55% of children aged 3 to 4 years are chronically undernourished, compared to 12% among children below 6 months. Similarly, second-hand clothes are purchased more frequently than before. Lack of resources has also forced a large number of families to give up child education, sacrificing in most cases girl-child education. In the East, boys are dropping out of school in large numbers to earn a living, mainly through apprenticeship.
18. Access to health care is also reduced, particularly for the poor. Limited research reveals that while 37% of the total population have access to health services, only a small percentage of the moderate or hard-core poor enjoy similar access. Rising transport fares and increasing drug costs have further curtailed access, particularly of the rural population to good quality healthcare. For instance, while 57% of urban mothers have access to Maternal and Child Care services, only 27% of rural mothers had access in 1990.

Transport and Communications

19. As a result of heavy investment during the oil boom, Nigeria has one of the most developed transport and communications infrastructure in Africa. It has a good network of roads and highways linking all urban centres. Over half of the roads are surfaced; but a good many are earth roads which become inaccessible during the rains. Mountain, desert and riverine areas are difficult to reach by programmes and remain largely outside regular programme focus. There are 15 airports. The railways system has about 3,500 km of track, which is being

currently rehabilitated to make it usable and an attractive alternative means of travel and to bring it up to optimal level.

20. Nigeria's mass media is among the best in Africa. During both military and civilian administrations, the press takes a critical view of government lapses. Broadcast coverage is wide, involving 85 or more local languages and reaching nearly 80 million listeners by radio and 40 million by television. Newspaper circulation is also wide, particularly in the urban areas, but is shrinking fast because of the rising cost of print. Progress on the telecommunications front is by comparison less impressive. Although significant strides have been made in improving telephone, telex and facsimile infrastructure, service remains erratic, partly as a result of frequent power outages. These difficulties have greatly hampered the growth of the industry and tertiary activities. They also exert negative impact on systematic programme delivery.

Political Administration and Transition Programme

21. Nigeria gained independence from Britain on October 1, 1960, became a Republic in 1963 and adopted a new federal structure with 12 states in 1968. Seven more states were created in 1976. Further state creation brought the number to 21 in 1987 and 30 plus one Federal Capital Territory in Abuja in 1991. Recently six more States and 183 LGAs have been created increasing the number of States (including FCT Abuja) to 37 and LGAs to 774. The LGAs are the smallest administrative units of government. The Federal Capital Territory is made up of four area councils.
22. Legislative responsibility is shared among the various tiers of government. The Federal Government exercises exclusive responsibility in issues of overriding national interest such as defense, external relations and immigration. While edicts are enacted mostly at the federal level, there is provision for State edicts on the concurrent list. In case of conflict, Federal edicts take precedence. Social sector concerns such as health, education and water and environmental sanitation fall within the shared concurrent list.
23. Many changes have occurred since independence. In the 36 years of its existence as a nation, Nigeria has experienced six military coups, four of them unsuccessful. Between the first coup in 1966 and the present administration, there has been only one democratically elected government, which ran from 1979 to early 1983. At present the country is ruled by a military regime, which directs the affairs of state under the auspices of the Provisional Ruling Council (PRC), that succeeded the Armed Forces Ruling Council (AFRC) in November, 1994. A military President exercises executive authority in consultation with a 25-member PRC comprising senior military officials and principal members of the Federal Executive Council (FEC). The latter is made up of the 36 State Military Administrators and the Federal Ministers. Although the Federal Government has power to exert direct influence on LG affairs and management, its directives are often passed through

the respective state governments, namely, via the State Military Administrator and Department of Local Government Affairs which make recommendations regarding appointment of LGA chairmen and LGA council membership. Following a recent restructuring, the Local Government structure comprises four line departments: Works, Education, Agriculture and Health; and two staff departments: Personnel and Finance and Planning. The Office of Local Government Auditor was also created to implement the new autonomy given to the local government.

24. The States are made up of local government areas with an average population under 300,000. Each LGA is administered by elected Chairmen and Supervisory Councillors. Their responsibility is to formulate economic development schemes at the local level, collect rates, and carry out licensing, construction and maintenance functions. They also provide and maintain, in close collaboration with the State governments, primary, adult and vocational education; primary and secondary health services and develop agriculture and natural resources. LGAs have legislative power to make laws on any matter allowed under the constitution, or as may be conferred on them by the House of Assembly of the State.
25. The relative autonomy of subnational tiers is backed by the revenue formula. At the beginning of the last country programme, revenue from the Federation account was shared as follows: 50% to Federal Government, 30% State and 15% LGA. At present the proportions for the subnational levels are 25% for States and 20% LGAs. LGAs have therefore made a significant gain, from only 10% in 1989 to 20% in 1993. On average, during the earlier part of the last country programme, States raised 30% of their total revenue from local sources (licenses, rates and fees and dues), compared to 50% or so in the case of LGAs. Recent data suggest that internally-generated revenue from local rates, fines, fees, earnings and sales, rents on government property, interest repayments, dividends, licenses and taxes represented only 9.2% and 21.4% of the total revenue in the north-east and south-west governments respectively. Overall average contribution declined from 16.3% in 1992 to 13.5% in 1993. In the south-west, there was no decline, although in the north-east zone internal revenue fell by 50%, to a mere 6.6% of total revenue.
26. The Government is currently implementing the transition to civil rule programme that was initiated in 1980. An elaborate programme was put in place at the beginning with the aim of achieving smooth transition. These measures included, among several others, the establishment of a National Electoral Commission, a Directorate of Social Mobilisation (MAMSER) and a National Population Commission. A political bureau was also set up to advise on the best possible political arrangement for the Third Republic. Although the recommendation of the bureau for adoption of a socialist programme was rejected, the AFRC forged a two-party system to inspire party politics along ideological rather than ethnic lines. Within this framework, a number of elections were held at the local government level, as a run-up to state and presidential elections. In spite of the huge investment, the December 12, 1987 local government elections, contested by some 15,000 non-party candidates in 301 electoral areas were annulled in 312 local government

wards and subsequently repeated on 26 March, 1988. The transition programme experienced a further delay when the June 12, 1992 elections were annulled. The new government led by the PRC has attempted to resolve the issue by convening a Constitutional Conference to develop a multi-party political programme for the next Republic. A draft Constitution is out. The transition date was extended for three more years on October 1, 1995. Towards realisation of this goal, local government elections, the first major step in this direction, were held in March, 1996 followed by registration of the political parties a few months later. In case of misconduct by a council or chairman, a Federal ordinance provides for the appointment of an administrator.

27. As a complementary part of the transition programme, the economic adjustment process remains on course. Some of the mechanisms put in place during SAP are beginning to show expected results. Others, such as the exchange rate mechanism, deregulation of interest rates, removal of petroleum subsidies and downsizing of government have had to be reviewed periodically in light of unforeseen side-effects. A dual exchange rate regime remains in place and the parallel rate has virtually stabilised between N80 and N83 per \$. Critics have called for a review of the dual exchange regime on grounds that it promotes inequity and inefficiency.
28. It should be noted that the political transition process has introduced a number of uncertainties and rendered forward planning and programme development difficult. Citizen reaction to the political impasse has often resulted in sporadic social unrest, culminating in the case of 1994, in a nation-wide extended work stoppage. This put programme delivery in great jeopardy. In several States, vaccine supply virtually dried up; food distribution networks were disrupted and cold chains became non-functional due to frequent power outage and fuel shortage. Teacher strikes and school closures were frequent, causing the child to stay out of school for much of the school term. The current state of unease breeds similar uncertainties and makes contingency planning imperative. In addition, unfavourable external response to the transition programme has reduced the scope for negotiating external assistance and achieving debt-swap-for-child goals. An increasing body of donor opinion places high premium on restoration of democracy and imposes this as conditionality for donor support. In this constrained atmosphere, the scope for mobilising supplementary funding of the programme is much reduced.

Policy Environment, National Planning and Database

29. While the policy environment remains unstable, a number of institutions exist to implement child goals. Nigeria was, for instance, one of the first countries to ratify the Convention on the Rights of the Child (CRC) and the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW). Nigeria was also one of the first African countries to draw up its own National Programme of Action and social agenda for children, and is determined to develop subnational

programmes of action to take the process to the grassroots. The Government has also developed a Country Strategy Note that provides a framework for a co-ordinated U.N./donor response to agreed national development priorities. There remains however serious policy gaps in many areas, mainly due to lack of practical implementation measures coupled with the lack of application of policy decisions in the day-to-day working of government activities. In this regard, it is worth noting that in spite of the perceived social effects of SAP, few systematic policy measures were put in place to cushion vulnerable groups. A policy on poverty alleviation is only recently being articulated. Similar policy gaps exist in the area of children in especially difficult circumstances and urban basic services.

30. Planning is supposed to be carried out at all three levels of government. The constitution empowers Federal, State and LGAs to draw up their separate development plans and budgets. Five-year or medium-term plans were prepared during 1960-85, and implemented yearly through the framework of the annual budget or plan. In this period, four national development plans were developed. Until 1979, LGAs were treated as an integral part of the State structure; they were however subsequently recognised as planning units, and given full budget autonomy. Planning in this period was done on a project basis. In this process projects were not fully thought through in terms of depth of analysis of the need and cost-efficiency/effectiveness of each project. Consequently, for most projects, expected outputs were often not realised in the 5-year period. Some took 5 to 15 years to yield minimal output.
31. Since 1986, planning has taken a different shape, comprising a 15-year perspective plan; a 3-year rolling plan and annual budgets or yearly plans. The 15-year perspective plan sets the frame for the 3-year rolling plan. The latter is reviewed on a continuous annual basis, thereby introducing flexibility and adaptability into the planning system. At the sector and subnational levels, the planning and budgeting process was reformed during the 1988 civil service reforms to include a Department of Planning, Research and Statistics [DPRS] at all three levels of government.
32. Planning and budgeting at the subnational level is still largely based on the annual incremental approach, proposed in the 1984 Federal guidelines to States. New year estimates are based on the preceding year's expenditure pattern. This approach takes little account of emerging needs; nor does it justify elements in the budget proposal aside from trends established in the previous year's expenditure. The process starts every October at the LGA level by responding to circular letters issued in turn by the Federal and State governments. These guidelines require details on expected priorities, revenue expectations from federation and state governments, the basis for projecting internally-generated revenue and percentage allocations of expenditure to the various components of the budget. Various LGA departments then prepare draft proposals for consideration by the Finance and Planning Department which checks their correspondence with the guidelines and submits to the LGA chairperson. The budget is announced only after the elected representatives and councillors ratify

it after the chairperson's formal approval. Finally, budgets at the LGA level are implemented and monitored by a committee of that name, usually comprising the chairperson, the directors of the two staff departments and any other members coopted for that purpose.

33. The entire planning process is overseen by the National Planning Commission, established under the Presidency in 1992. Every budget and draft plan is considered by the Joint Planning Board (JPB) comprising state ministries of planning and budget, the Federal Ministry of Finance (FMF), the National Planning Commission (NPC) and the National Economic Advisory Council (NEC) which in turn comprises the Ministers, Council of States made up of State Governors. The process is finally cleared by the PRC before it is accepted as the 3-year rolling plan. In budget implementation, each Federal ministry or agency is required to prepare quarterly returns on each project for consideration by the NPC which makes recommendations to the FMF before budget funds can be released.
34. NPC is the umbrella government agency which also coordinates FGN-UNICEF Programme of Cooperation. It is worth noting that the National Programme of Action was prepared under its leadership. Subnational programmes of action are similarly being coordinated from this centre. Efforts are made to ensure that CSPD concerns articulated in the NPA are integrated into the Rolling Plan. NPC is also advocating for increased budgets to the social sector, as part of the 20/20 initiative. It also coordinates the inter-ministerial committee which meets periodically to track country programme performance and charts the course for the coming months in line with the framework established in the MPO and PPAs for that year. Important themes on IMC agenda are the roles and responsibilities of the cooperating partners, including most especially their relative financial shares in programme implementation.
35. In Nigeria, as elsewhere in other developing countries, social statistics are weak, partly because past efforts were concentrated on economic categories such as GDP. Data processing capacity is also weak, resulting in the production of generally out-dated data. In addition, disaggregation by gender, age, region and socio-economic groups is poor, and in some cases non-existent. In particular, lack of poverty data and gender-disaggregated information curtails meaningful analysis on the basis of which disparity reduction programmes can be designed.
36. Nevertheless, sustained efforts are made at Federal, State and LGA levels not only to generate routine data, but also to conduct focused surveys. During the last country programme, for instance, the Federal Office of Statistics, with considerable technical and logistics support from UNICEF, embarked on a number of initiatives to remedy the data gap. Among other measures, FOS has completed work on the first Multi-Indicator Cluster Survey (MICS). Work is also in progress to integrate the MICS into the National Integrated Survey of Households (NISH) instruments. The latter is also being reviewed to ensure greater gender sensitivity in data collection at all levels. Both instruments are at present being integrated into the National Demographic and Health Survey (NDHS)

which will be jointly undertaken by FOS and various donor agencies, including UNICEF and UNDP.

The Situation of Women and Children

37. The preceding analysis shows that the situation of children and women in Nigeria is more than ever a victim of economic and political stagnation. Living standards have deteriorated, especially so in urban areas when compared to the country side. Consequently, over one third of Nigeria's children live in poverty stricken families, mostly in poor communities. The stressful environment in which child and mother live explains the major underlying and basic causes of deteriorating mortality and morbidity trends, as well as reasons for low access to basic social needs. The trends outlined below put these influencing factors in perspective.
38. Nigerian mothers usually give birth at home; only a small percentage of deliveries take place in hospitals or clinics. A 1990 National Demographic Health Survey (NDHS) indicated 60% of mothers delivered at home; in the north, where many health and education indicators lag, it is nearly 90%. Most home deliveries are without trained attendants. In the southwest 86% received some antenatal care, while less than 50% did in the northwest and northeast.
39. Infant mortality, which had declined from 200 per 1000 live births in 1960 to 87/1000 in 1990, currently stands at 114/1000. Nigerian children are frequently born already suffering from significant health risks. An estimated 20% of Nigerian children weigh less than 2,500 grams at birth, a considerable handicap for a new-born child. They are breastfed by undernourished mothers. Poor health and nutritional status of mothers during pregnancy, maternal infections, maternal malnutrition, and poor dietary practices contribute to this. Sixty to eighty thousand children die from neonatal tetanus each year, more in the north than in the south. Most Nigerian children are breastfed, but only about 2% are exclusively breastfed. Half of all infants receive some plain water, and 38% receive supplements.
40. The post-natal period is characterized by respiratory and gastrointestinal infections and later by malaria and vaccine-preventable diseases. Malaria is the number one killer of infants, accounting for 25% of deaths before one year. Mosquito nets or prophylaxis treatment are uncommon. A 1993 study found that the incidence of diarrhoeal disease is rising; yet a policy of using ORS at household level has only recently been introduced.
41. DPT3 coverage, at 65% in 1990, has dropped to below 40% in 1995, although part of this can be explained by the lack of more accurate monitoring. Child mortality has actually risen since 1960, and, unusually, is higher than the IMR. Nigeria appears to have experienced a "mortality replacement": infants who were 'saved' from specific early causes of death such as neonatal tetanus are now at risk from other, unaddressed problems such as malaria and sickle-cell anaemia.
42. The decline in immunization and the rise in mortality is the result of the demise of the health care delivery system, caused by on-going crisis which has limited

the financial support available and even meant that the political agenda had to deal with problems which appeared to be more urgent. Even though the PHC services were to be given a "shot in the arm" by applying the BI principles, is still in short supply and sales in private stores may often be of dubious quality. Health centres do not provide adequate services, are often poorly equipped and poorly managed; health staff are less motivated and less committed to their jobs and their supervision leaves much to be desired. All this suggests that insufficient attention is being paid to the underlying causes of mortality and morbidity. Nationally, 47% of urban households, and 64% of rural ones, are without any safe sources of water. The numbers without sanitation coverage are even worse. Over two-thirds of the diseases affecting the under-five population are related to poor water and sanitary conditions. Even where latrines and water sources exist their importance is only poorly understood, and there is little understanding of good hygiene. There were an estimated 35,000 cases of Guinea Worm in 1995; Onchocerciasis (river blindness) affects over 40% of children in some states. Women and children are particularly susceptible to water-borne contaminants.

43. All studies indicate that malnutrition is on the rise in Nigeria. Stunting afflicts 45% of girls and 58% of boys, an unusual inverse gender disparity. Wasting affects 11% of each gender. Malnutrition seems to increase between the ages of 6-23 months, and then to decrease after age 2, suggesting that inappropriate feeding practices by caregivers is a major concern, probably stemming from cultural practices. A 1993 study found that the average Nigerian household spends 67% of its monthly budget on food, whereas the poor spend almost 80%, which coupled with food insecurity in both urban and rural areas leads to hunger and high levels of malnutrition. This is especially worrying given the present increase in infectious diseases in Nigeria.
44. The maternal mortality rate in Nigeria, 1000/100,000 live births, is among the highest in the world. Up to half of maternal deaths result from unsafe abortions. 20% of maternal deaths are caused by hemorrhage, often resulting from anaemia. Sepsis, toxemia/eclampsia, and vesico-vaginal fistula (VVF) cause 35% between them; all are particular dangers to poorly nourished, adolescent mothers. Girls are often not sent to school, or are removed early so they can help with domestic chores, raise younger siblings, or enter into child marriages. Uneducated Nigerian women have at least two more children than those with secondary or higher education, and many are unaware of safe birth practices. As they grow, women continue to hold low status and to assume the bulk of domestic labour. Mothers work hard for their living. In urban areas, they are frequently traders. In rural areas they are usually farmers, crafts women or traders. In addition, they are responsible for small livestock in the compound, food processing, drawing of water, firewood supply, child care, preparing meals and all domestic chores. In an average rural setting, women may have to travel between 2 and 5 kilometres to collect 20 litres of water, repeated several times a day; this takes a terrible physical toll, leaving women more susceptible to disease.
45. Women are more often illiterate than men (39% as compared to 62%). In traditional settings, they do not assume leadership positions and do not take part

in decision making. However, they are expected to assume responsibility for their children's health, nutrition and upbringing, as well as the education of young girls. But social pressures, diminish their own chances of education both as a girl-child and as an adult woman: girls have low enrolment and high drop-out rates in primary school; adult women also frequently drop out of literacy classes.

46. Although prevention of HIV/AIDS in Nigeria has so far not received priority policy attention, the World Health Organization estimates that by 1996, 1.5 million people will be HIV positive, and there will be 150,000 cases of "full-blown" AIDS. Sexual promiscuity and low condom usage mean the potential exists for a tremendous increase in the infection rate.
47. Primary school completion is 61%. An estimated 16% of primary school-age children are not in school. The boy:girl enrolment ratio is 94:75. In the north, where formal female education is accorded less value, there are almost twice as many boys as girls enrolled. Girls enrollment and completion rates are particularly low in 8 states in the North. In some states in the southeast, there is a tendency to remove boys from school so that they can begin earning their living early and acquire experience in trading. The quality of education is rapidly falling, directly contributing to the rising drop out rate. School buildings are usually dilapidated and lack even the most basic materials. Teachers are poorly paid, morale is low, and strikes are common. Nationally, one fifth of primary school teachers lack qualifications, and in the north it is over 40%. All teachers are stuck with cumbersome curricula which has little relevance to present-day pupils. At the same time parents take little interest in the running of local schools, and allow low quality and poor management to continue. Future parents fail to gain basic knowledge which would allow them to care for themselves and their children later on.
48. The northern regions of the country fare very poorly in all child-related indicators, and will require greater attention. The U5MR per 1000 live births in the southeast and southwest are 143 and 167 respectively; in the north-east and northwest they are 214 and 244 respectively. Vitamin A deficiency in the south-west is 2% where much Vitamin A-rich food (palm oil) is produced. Anaemia is frequent, affecting both mothers (35%) and children (29%). The major underlying causes are increasing poverty, and a fall in household food security coupled with inadequate mother and child care, partly due to failing health services. In the southern regions, the MMR is about 500/100,000 live births; in the north this rate is well over the national average which compares unfavourably even with the neighbouring Sahelian countries. A poor source base, ethnic/cultural and economic variations cause the north to lag behind in progress; a tendency to devalue education, particularly girls education, is a central issue. Yet in the north, as in other parts of the country, the most important underlying cause of morbidity and mortality is the ever-present burden of poverty.
49. Nigeria also contends with the negative legacies of the oil-boom years. Many Nigerians have become accustomed to having government services provided for them. This has stifled initiative and undermined community organization; too

many people wait for services to be delivered, rather than providing for themselves. Political instability means that government officials are frequently replaced, making consistent policy rare. UNICEF often reaches painstaking agreements with State and LGA officials, only to have them replaced and then to start all over again.

50. Urban poverty and increasing dissatisfaction with the public educational system together with the difficult living conditions and broken families has also led to a growing problem of working children and street-children. Different categories of children in especially difficult circumstances can be identified, some of whom maintain family links while undertaking apprenticeship or street hawking to help their family survive, while others are completely cut off from their family. Urban poverty, and the uncertainties of the overall social and political situation also have aggravated the crime rate and the dangers of delinquency, petty criminality and drug taking for younger people.
51. It is clear that progress is not only stalled, but has been reversed in many sectors. Barring a dramatic economic turnaround, the country will need to demonstrate special political will and commitment to provide the resources needed to tackle all CSPD-related problems. Nigeria has signed the CRC, and its NPA pledges it to attain the year-2000 WSC goals. The chances of achieving all the mid-decade goals, however, are slim. The only ones likely to be achieved on time are in Guinea Worm, IDD, the Baby Friendly Hospital Initiative (BFHI) and ORT.

REVIEW OF PAST COOPERATION

The Evolution of FGN and UNICEF Cooperation

Background

52. Past cooperation has gone through several stages over a more than 20 year period. Earlier work consisted of a series of projects mainly in the field of health, largely oriented towards supplying equipment and providing cash grants for service delivery.
53. From 1981 onwards, cooperation on a rural water and sanitation project led to collaboration with federal, state and local governments for project planning and implementation.
54. In the 1983-1985 programme, an LGA-based project in health education, and water and sanitation were introduced in addition to programmes on nutrition, curriculum development, the training of TBAs and extension workers, and assistance to day-care centres. General programmes covered communication support and social and community development. By the end of that programme,

there were four main elements in the programme: EPI, ORT, WATSAN and social mobilization.

55. The 1986-1990 programme focused on PHC and allocated most resources to setting up two national programmes: EPI and ORT. Area-based interventions were also included on water supply and sanitation, community health and on household food security and nutrition. All programmes and projects included advocacy, social mobilisation, monitoring and evaluation.
56. By the time the 1991-1995 programme started, extended later up to end 1996 through a bridging mechanism, LGAs had been given jurisdiction over PHC and the Federal Ministry of Health had enlarged and reorganised its PHC activities. The programme therefore put a greater emphasis on PHC, mainly through EPI and ORT. Other sector programmes covered Household Food Security and Nutrition, WATSAN and Basic Education while cross-cutting programmes were Advocacy and Social Mobilization and Planning, Monitoring and Evaluation.
57. While EPI and ORT were national activities, UNICEF-assisted programmes were originally concentrated in 8 focus States, consequently increased to 10 States. A 1993 mid-term review gave a new orientation to the Nutrition programme, emphasising community activities in growth monitoring and related areas, and introducing projects for the control of micro-nutrient deficiency disorders.
58. In Health, the main change was to increase onchocerciasis control and to emphasize the linkages needed between Health, WATSAN and Nutrition. The WATSAN programme subsequently expanded to cover 18 States, most of which have set up Rural Water Supply and Sanitation Agencies.
59. The general trend has been to move from service provision towards greater emphasis on advocacy, capacity building and social mobilization at community level.

1991-1996 Programme of Cooperation

60. The 1991-1995 Programme of Cooperation and the 1996 Bridging Programme took place against the background of a deepening economic crisis resulting in a reduction of resources available for social development. The programme included six major components. Health was the main priority, concentrating on EPI and ORT, as well as the Bamako Initiative. Other programmes included: household food security and nutrition, water supply and sanitation and basic education, together with two support programmes on advocacy and social mobilization and on planning, monitoring and evaluation.
61. Some changes followed the 1993 Mid-Term Review. These included a revised approach to nutrition, putting the emphasis on community-based programmes and new activities to reduce micronutrient deficiencies (iodine, Vitamin A). They also increased emphasis on Onchocerciasis control in the health programme. The programme was carried out through the four UNICEF zonal offices in 10 focus

states containing 155 out of the 593 LGAs in the country, with the objective of developing models for integrated basic service delivery, including PHC.

Health

62. The Health sector plays a major role in all programmes. EPI and ORT, the lead elements by 1985 and in 1986-1990, were the "twin engines" of the PHC focused, child survival strategy. In addition, an area-based, Integrated Child Health Development programme combined community health, water supply and sanitation, household food security and nutrition in a few LGAs. In 1991-96 cycle, the main aim was to support national PHC policy formulation, simultaneously strengthening PHC through the BI. While EPI and CDD were supported on a national scale, community-based PHC/BI activities took place in focus LGAs. Support to onchocerciasis control was considerably increased after the 1993 Mid-Term Review. Other major health problems such as ARI, poor maternal/reproductive health and malaria received less attention.
63. In contrast with earlier programmes, increasing attention was given to capacity building, communication, collaboration with NGOs, and advocacy for policy promotion and review, notably through the media. Working with the NPHCDA and other donors, national policies, plans and guidelines were developed for EPI, CDD, ORT, ARI and onchocerciasis control; draft policies on malaria and maternal and child health are under review. Cooperation with the States and LGAs was through four zonal offices and with major NGOs and their networks to improve implementation and create greater awareness.
64. Support for EPI, ORT and other essential drugs was provided through the BI in all 593 LGAs, including vaccines and cold stores at three tiers. To improve client services, case management and treatment regimen were standardized with the Government and other partners, all State and LGA managers, as well as university focal persons received training in this area. Other training was for managers of BI/focus States and LGAs, several levels of health workers in PHC/EPI, including microplanning, cold chain management, monitoring and evaluation and supervisory skills, as well as health workers in Onchocerciasis. Trainers of community health workers country-wide were equipped to promote safe motherhood practices, community mobilisation for EPI and ORT and to treat minor ailments. Earlier training of CHWs was in malaria prevention and diagnosis. Training modules for EPI were developed with WHO and other partners. Institutional capacity building included the setting up of 3 zonal and 15 University DTUs to serve as training facilities for doctors and health workers.
65. UNICEF support to the 39 PHC/BI focus LGAs in 10 States included capacity building, supplies, and the strengthening of the monitoring and evaluation system as well as, in varying degrees, ARI, malaria control and management of malnutrition. Cost recovery was practiced. A four-site outreach strategy to increase

access to PHC components was promoted towards the end of the programme cycle.

66. Major constraints have been identified at four different levels. These include poor working methods, lack of resources and low morale of health workers at operational level; a conflict of roles at planning level between the Federal Ministry of Health and the NPHCDA, given the latter's limited capacity; grossly inadequate Government funding; a major gap between policies adopted and their implementation, mainly because of poor enabling mechanisms as well as poor information and dialogue within the health services.
67. The first major lesson is the need to close the gap between policy and practice. Secondly, the recent rise in child morbidity and mortality underlined the lack of sustained improvement in health services, due to over-reliance on Government and weakness in institutional capacity and system building, especially at District level as the LGAs are apparently too large for effective control and management. Vertical programmes with narrowly focused targets have not improved sustainability. PHC could be improved by using the BI principles, harnessing community efforts through co-management, based on the organized traditional community structures. Services would be more convenient for mothers if there was integration at health facility level and effective outreach services. Intersectoral linkages would also help to control CDD/ARI. Other lessons learned are that safe motherhood also requires an integrated and multi-disciplinary approach in planning and implementation, encompassing the life cycle of the woman. This includes immunization and adequate nutrition of the girl-child, girls' education and improved female literacy, access to information on child spacing and to prenatal, natal and postnatal care, access to safe water and sanitation to reduce women's workload. Adolescent health education and early marriage also require attention, given the high maternal mortality rates for under 19 year-olds. Finally, the definition of life-saving skills necessary at various levels of the health system, starting from the community, and access to emergency obstetric care, would improve efforts to reduce maternal mortality.

Nutrition

68. Earlier nutrition work concentrated on household food security by promoting women's contribution to food production, processing and storage. After the mid-term review in 1993 more emphasis was given to networking with partners and support for the development of a national nutrition policy. Micro-nutrient deficiencies, including iodine and vitamin A, were on the agenda. Baby friendly hospitals and community-based growth monitoring were also components of the programme. They were phased in one after the other. Major achievements cover three main areas of concern.
69. Iodine deficiency disorders were tackled by universal salt iodisation through negotiations with the main importers and new legislation for compulsory iodisation of all locally produced or imported edible salt. Vitamin A supplementation

has been promoted and around 50% of all children aged 6-24 months were given high potency dose of Vitamin A in 1995/96. Contacts have also been made with the private sector to promote food fortification and with various State and LGA-level partners for food diversification.

70. Community-based nutrition activities have been promoted, emphasizing community-based growth monitoring, nutritional education and breast feeding. Growing awareness among women about the positive aspects of exclusive breastfeeding is being achieved through intense mobilization and promotional activities and legislative back-up (Decree on marketing breastmilk substitutes and National breast-feeding policy). In addition, under the Baby Friendly Hospital Initiative, close to 500 hospitals and health facilities are either ready for designation or already designated baby-friendly, including private health facilities, while training of trainers in this field benefited public, private, religious and NGO programmes.
71. On the level of overall approaches and policy, there is a growing consensus about the multi-sectoral nature of nutrition at Federal, State and LGA levels. Malnutrition is increasingly being less perceived as either a purely 'health' or a purely 'agriculture' matter and a draft National Nutrition Policy has been drawn up with the principal coordinating body, the NCFN, located directly under the Presidency/National Planning Commission.
72. Major constraints have been fourfold: the difficulty in obtaining consensus over the complex and intersectoral nature of nutrition, still seen in many cases as a 'food' problem, and in articulating tasks and responsibilities of the numerous partners from different sectors, and at the Federal, State and LGA levels; secondly, the very low level of resource allocation for the BFHI from the Federal Ministry of Health and the various State Ministries of Health, in spite of their cooperation with UNICEF. At the LGA level, the resource allocation was higher but still inadequate to meet the full needs of the initiative; thirdly, widespread dissemination of the current nutrition strategy was seriously limited, as nutrition activities were initially only carried out in selected LGAs/communities in 10 States. Finally, the supervision and monitoring of VADC/IDCC activities, initially to have been carried out by the National Primary Health Care Development Agency (NPHCDA) was weak and inadvertently had to be borne by UNICEF.
73. Three major lessons can be identified. The multi-dimensional nature of the problems of household food security and of malnutrition in the country has to be seized, if piecemeal interventions are to be avoided. In order to do this, the comparative advantages of sister agencies (FAO, ILO, UNIDO, UNDP, World Bank, IFAD) have to be explored. Efficiency in project design, implementation and impact can be achieved through an evolutionary and participatory approach using the conceptual framework and triple-A process; phased programming focusing on fewer projects at a time; decentralization of activities to the sub-national levels; promotion and dissemination of programme concepts by media; involvement of the private sector, which also serves as a buffer during periods of

uncertainty; wider involvement of NGOs. As for the BFHI, simultaneous expansion of the concept from health facilities to households would give more opportunities for a wider coverage of mothers and infants, who could have benefited from practicing exclusive breastfeeding.

Water and Environmental Sanitation

74. Water supply and sanitation (WATSAN) pilot projects began in the old Imo State in the early 1980's. In the early 1990's, working relations shifted from the counterpart ministry (Ministry of Health) to the line ministry, the Federal Ministry of Water Resources and Rural Development. Collaboration involved among other things: capacity building/training, national programme development, improving the national data base, hand pump manufacturing and establishing minimum quality standards. Originally planned to be in "focused" LGAs in 10 States, the 1991-1996 programme followed the same project approach and activities, eventually covering 18 States. Major thrusts were to promote community participation and State responsibility for project implementation with the setting up of State agencies for water supply and sanitation. The relative success of the programme in terms of output, quality and credibility led to a request from the Federal Ministry in December 1995 to provide assistance for expanding the programme to all States of the Federation and the Federal Capital Territory.
75. During the early years of cooperation, village steering committees involving women were initiated. They supplied the first village-based workers in the country, who were trained in household food security but also in nutrition, sanitation and hygiene education and were the core of village based health workers whose numbers grew over the years to well over 5,000 and providing invaluable inputs in the Guinea Worm eradication programme. During the second half of the 1991-1996 programme, significant progress was made in providing a better balance in the programme between sanitation, hygiene education and water supply. Progress was also made in establishing a wide range of low cost alternatives for all interventions, in community mobilisation and in identifying and strengthening linkages with other programmes. The problem of ensuring permanent working of new installations was addressed by the promotion of a long term programme to establish community management and maintenance through the development of training programmes and materials.
76. When compared to the 1991-1994 period, the programme recorded a significant increase in output in 1995 and 1996. The programme also successfully worked in collaboration with the National Integrated Guinea worm Eradication Programme (NIGEP) in the Federal Ministry of Health and the Global 2000 organisation in dracunculiasis eradication. By end 1995, a total reduction in the number of cases of approximately 97.5% was achieved. In the latter half of the 1991-1996 period work also began to involve and train the village based workers (VBWs) employed in Guinea Worm eradication to take on a multi-sectoral role. In the UNICEF south east Zone, a number of VBWs were trained in handpump

maintenance and a list of VBWs established in order to focus training and avoid duplication.

77. By the end of 1995, significant progress had been achieved in advocating State responsibility for the implementation of the projects. An "Aide Memoire" was developed with the Federal Ministry of Water Resources and Rural Development, defining the principles of programme implementation and the respective areas of responsibility between the Federal Ministry, the State, the LGA and the Community. State Rural Water Supply and Sanitation Agencies (RWSSA) were to be the sole coordinating body for the rural sector within the State: in December 1995, 7 agencies had been established and 5 others were being set up out of the 18 States covered by the programme.
78. Up until the latter part of the previous programme, major constraints were the unstable economic and political climate and weak national policy; poor State sector development with a low skills level, inadequate technical capacity, a weak data base and lack of attention being paid to community empowerment. In addition, there was negligible support from the industrial private sector and although earlier high-cost schemes were unsustainable, the low cost approach is still not completely accepted by all actors. These constraints point to the lessons learned: UNICEF should be an enabler and not the operating agency; support to capacity building and technical skills transfer is needed to ensure optimal output from equipment supplied, as well as guidelines for alternative, low cost options; local manufacturing capacity for pumps and spares and community involvement in management are essential for sustainable management of water points while community knowledge of traditional excreta disposal could be improved upon; finally, lack of data and assessment of programme performance has been a factor of low project performance.

Basic Education

79. The 1991-96 programme in Basic Education consisted of three projects: the Situation and Policy Analysis (SAPA) project, Early Child Care Development and Education (ECCDE) and Women's Education.
80. The results of the SAPA study led to the development of a community-based primary education project in 1993 based on advocacy and social mobilization to promote primary school access, especially for girls; training of teachers, supervisors and inspectors; and more recently development of competency-based learning achievement tests and the creation of local area planning, management and monitoring of basic education. The project also resulted in an expanded network of government implementing agencies (NPEC, NTI, NETC, NERDC). In addition, linkages with on-going government programmes and activities served to enhance programme outputs.
81. As a new initiative, national, zonal and state task forces on the girl-child have been established, fostered by UNICEF. The process of initiating new ideas and making them work has significantly contributed to building capacity at Federal,

State and Local levels, and many of these task-forces have been successful in implementing policies in favour of girl's education; revising women's education curriculum along the lines of *Facts for Life* and introducing a component on women's rights; creating an ECCDE unit in the NERDC and establishing an ECCDE NGO network; experimenting in integrating basic education elements into koranic teaching.

82. Linkages have been established with UN and other development agencies in crucial areas such as curriculum development, teacher training, monitoring learning achievements, girl-child education, early child care innovations, etc.
83. Various factors mitigated against smooth and effective programme implementation of the Basic Education programme, such as the split responsibility and poor coordination between two departments of the same ministry (Educational Support Services; Planning, Research and Statistics). There was also a lack of coordination of project activities and poor communication and information of State Ministries of Education, as well as poor communication between the ministries, UNICEF and the State Colleges of Education. Abrupt deployment of trained project staff slowed down the pace of programme implementation, as did delayed release of counterpart funding and lack of budgetary provisions. In addition, the end result of project activities was not properly documented, the information arm of the FME not being fully involved.
84. Early commitment to the new programme is needed by the Nigerian Government, if a real sense of ownership is to be achieved and equipment and facilities are to be properly maintained; this means joint programme elaboration and planning as well as the necessary political will. Programme design must give due weight to capacity building efforts and support to basic education programmes in the most disadvantaged and underserved areas. Clearer spatial and social targeting is therefore necessary if the priority social groups are to benefit fully from the Basic Education programme, such as "drop-out" boys in the south-eastern States or non-enrolled and drop-out girls in the north. The results of the SAPA study show the need to intervene in four key areas: providing support to key institutions to strengthen their capacity in planning and management of basic education programmes, undertaking combined advocacy drives with UNESCO and the World Bank to support girl-child education; enrolling NGOs to come forward and set up non-formal education centres catering for "drop-outs" and non-enrolled children; providing support for an improved data base.

Gender and Development

85. Women's development is still a new concept in Nigeria. The most important activity of the GAD programme was carrying out a comprehensive situation analysis of the status of women. This contributed to another important success, the creation of a Women's Affairs and Social Welfare Ministry and a draft

National Policy on Women. The GAD programme worked with government to introduce gender sensitivity training to civil servants.

86. In Basic Education, UNICEF has established two pilot classes of informal primary school for girls; 292 community-based day care centres, and 517 women education centres. The Health Programme provided small-scale Safe Motherhood supplies, encouraged women's participation through BI, and provided TT immunization for women and girls. The major Nutrition intervention was in providing training in food production/processing techniques and other nutrition-oriented education. Women and girls, who are the primary water collectors, benefitted from efforts to bring safe water supplies to convenient reach of rural and urban households. Advocacy activities promoted the concerns of girls and women. The final draft of the Children's Decree of 1993, which has substantial provisions for the protection of the rights of the girl-child has been completed and awaits enactment by the FGN. UNICEF has advocated strongly for elimination of harmful practices and the enactment of laws to this effect.
87. The current programme did not clearly address the critical areas of women and girls' health concerns, such as maternal morbidity/mortality. The women's education project was affected by high drop-out rates, mainly due to demands on women's time and lack of resources by individual women.

Information and Communication

88. Through the media infrastructure nationwide and the numerous community networks the programme provided support to government initiatives that addressed the problems of women and children. During the 1986-90 period, programme focus was on capacity building among radio and television networks for social mobilization programmes, particularly in favour of Universal Child Immunization in 1990. In 1991-96, the programme promoted sustained political commitment to children and women's issues, especially through policy formulation, development of a National Programme of Action and budget allocations for social sectors affecting the child.
89. The result was some increase in awareness among targeted beneficiaries of information through the production of over 20 EPI and ORT communication packages with the Health Education unit of the Federal MOH and the co-production of the *Let Them Live* series on radio (950 episodes) and television (800 episodes), provision of media hardware and skills upgrading for media practitioners and service providers in local communities. Media capacities were also enhanced through briefings and meetings between media workers and government partners and programme staff in UNICEF central and zonal offices, thus providing support to the various programme components.
90. The Community Participation and Empowerment project supported 46 LGAs through participatory development workshops, the training of LGA mobile drama groups and the distribution to community leaders and development staff of 200,000 copies of *Facts for Life* translated into four national languages. Besides

advocacy at community level, the programme undertook high profile media and inter-personal advocacy activities at the highest levels (President, First Lady, State Governors and their Wives) and promoted the Convention on the Rights of the Child, leading to the establishment of a CRC Implementation Steering Committee on Child Rights.

91. Operational constraints were varied. One was the ineffective linkage between the sectoral programmes on the one hand and the strategies and interventions of the Information and Communication component on the other, which failed to provide appropriately targeted and qualitative communication support to sectoral programme needs. Another constraint is inherent to the media structures themselves, with the lack of co-ordination between ministries involved, lack of equipment and power supply in some areas and above all the limited reach and impact of the conventional media. Linked to this was the approach to communication itself which relied mostly on conventional media but tended to forget traditional means of communication through social, religious and community networks and popular communication channels. Finally the unstable political climate meant discontinuity among government personnel, worker apathy and demotivation and the lack of accountability.
92. The lessons learned are derived from the various constraints. Vertical programme led to poor inter-sectoral linkages and more has to be done to link the sector programmes and the information and communication activities. Communications materials and packages have to be properly targeted and steps taken to ensure that appropriate information reaches beneficiaries and service providers at community level. Over-reliance on print and air waves leaves a large portion of the intended rural beneficiaries with little reliable health information and more effort has to be made to plug into existing popular communication networks. Finally, it has been realised that social mobilization efforts must be backed up by more systematic research information, understanding of popular communications channels and audience analysis and segmentation.

Planning, Monitoring and Evaluation

93. During the 1991-1996 programme cycle, several initiatives were taken to strengthen national capacity to plan, monitor and evaluate programmes. This included setting up and/or support to various Federal structures such as the National Planning Commission, the National Commission for Women and the Inter-Ministerial Committee; undertaking or providing support for base line-data surveys, qualitative studies and strengthening data processing and analysis capability, publications in support of child survival programmes. Support was also provided to the planning process for the NPA, State Programme of Action and Local PAs and to strategic planning, elaboration of general programmes and negotiation with partners in preparation for the present country programme. Support was also provided to monitoring of programmes, especially through the

IMC at Federal level. Evaluation received some support, but not in so systematic a manner.

94. Practical achievements of the previous programme are important, especially coordination of line ministries, universities, NGOs, private sector and other development partners by the National Planning Commission in drawing up the NPA and the setting up of the Inter-Ministerial Committee which has a primary role in monitoring the NPA implementation and the FGN/UNICEF programme. Both the NPC and the IMC were active in coordinating preparation of the 1997-2001 country programme and in organising and steering strategy meetings and consultations as part of the preparatory process.
95. The National Planning Commission developed and published a Social Statistics (SS) card with UNICEF support and also received assistance in carrying out several surveys and studies, including a multi-indicator cluster survey and the gender programme studies. Other surveys and studies included focused KAP studies on social issues affecting children and women, a participatory information collection on nutrition, an NGO directory, the first-ever *Progress of Nigerian Children* report, a detailed situation analysis of women's situation, the social dimensions of adjustment, the scope for budget restructuring in Nigerian States, and factors limiting access of the poor to basic services.
96. Institutional strengthening of the FOS was also undertaken with computer equipment and training, in particular to process data generated by the MICS. Less systematically, but as part of an on-going process, many government organizations were strengthened by being closely linked into the country programme preparation process especially in elaboration of PPO components.
97. However, among the constraints, data production and data analysis capability and the skills needed in planning, monitoring and evaluation remain scarce at all levels of government particularly at State level and even more so at LGA level. There are few computers (and few trained staff to operate them). Capacities for social planning are also weak and that means that many policy decisions which would have a positive effect on children are not integrated into specific programmes or used to design innovative activities. Institutional capacity to implement, monitor and evaluate programmes also remains weak, especially at State and LGA levels where counterpart structures to the IMC at Federal level remain non-functional.
98. Lessons learned are that high level policy support is crucial to programme success and must be mobilized and monitored, and appropriate institutional mechanisms developed to ensure sustainability. Coherent strategies are also needed, as well as the planning and programming of practical measures to reach agreed goals. Inter-agency coordination is important to avoid duplication and waste of effort, as well as the establishment of effective linkages between the various levels of NPA implementation, which are still quite weak. There is also a need to develop an integrated monitoring and evaluation framework to provide guidance for all M&E activities.
99. Finally, poverty is an over-riding structural cause of infant, child and maternal suffering and mortality and must be addressed squarely in the new programme.

This means reaching a better understanding of a complex phenomenon, getting down to the root causes, elaborating a suitable and effective strategy to reduce poverty, particularly as it affects children and women and then, putting the strategies into action and monitoring their impact, whatever the difficulties may be.

Overall Lessons Learned from Past Cooperation

100. Ratification of the CRC established an ethical framework that supports government's advocacy for the child and enhances its efforts to express its commitment through policies and programmes. Prior to the signing of this instrument, efforts to intensify the commitment of Nigerian policy makers to the rights of children were marginally successful.
101. CSPD objectives must be addressed as mainstream national planning and budgeting concerns. Previous programmes were constrained by their linkages to sectoral ministries that were committed but lacked the capacity to substantially influence national policies or priorities. Mainstreaming is essential in ensuring policy commitment, adequate funding, operational efficiency, complementarity and maximizing the potential for impact.
102. Strategic sequencing of programme implementation can be effective in the Nigerian context. The advent of mid-decade goals required the introduction of several new initiatives into an already overburdened health system. This was successfully accommodated, with minimal disruptions, by phasing in programme components over time.
103. It is important to target the areas of greatest need. Initially, the programme failed to identify objectively the areas of greatest need in terms of poverty -- in its gender, regional and rural/urban dimensions. In fact, the selection of the 10 focus states and 155 Local Government Areas (LGAs) in the programme was often influenced by political factors. As a consequence, resources were not optimally used and significant disparity reductions were not shown between "focus" and "non-focus" states or LGAs.
104. Stable leadership is a prerequisite to successful programme delivery. The FGN/UNICEF cooperation experienced numerous setbacks as a result of continued structural (political) and social instability and the resultant administrative and policy shifts. Much time and resource has been expended orienting new officials and replacing those already well briefed.
105. Participation and capacity building are key to programme sustainability. In previous programmes, the results-driven large budgets allocated to focus states and LGAs encouraged dependency and service delivery at the expense of participatory processes and the development of community level institutions.
106. If effectively operationalised, the Bamako Initiative principles have the potential to foster ownership of programmes by families and communities - a necessary requirement for programme sustainability. The lack of cost-sharing mechanisms,

- the adoption of campaign and vertical approaches undermined community involvement and ownership.
107. Collaborative partnerships minimize duplication of effort, reduce wastage, prevent confusion among beneficiaries and promote complementarity. UNICEF's past efforts were characterized by weak coordination with other development partners. There was also limited intersectoral collaboration between line ministries and UNICEF-assisted sectoral programmes occasionally leading to fragmented, disjointed and sometimes incoherent programmes.
 108. Disaster/emergency preparedness should be incorporated into programme planning at every level. Experience in Nigeria has shown, with increasing frequency, that natural disasters (i.e. epidemics of infectious diseases, floods, etc.) and unanticipated administrative shifts (i.e. the creation of new states and LGAs or administrative restructuring) have major negative implications for programme implementation.

NEW PROGRAMME THRUST

Programming Formulation Process

109. The 1997-2001 Country Programme follows the 1996 one year bridging programme, used to synchronise development programmes in Nigeria. It also builds on the gains, and corrects the lapses, of the 1991-95 Country Programme of Cooperation. To oversee the country programme preparation process, the FGN organized an Inter-Ministerial Steering Committee in November 1992, under the aegis of the National Planning Commission, with participation from sectoral ministries and agencies. The Committee mobilized cooperating ministries, with technical support from UNICEF, to prepare their sectoral position papers. In June 1993, a Mid-Term Review was held on the FGN/UNICEF 1991-1995 programme. Recommendations made at the Review provided the basis for course correction in the outgoing programme and indicated the broad direction the new programme was to take.
110. Various workshops and meetings in 1994 reviewed Situation Updates and Strategy Papers. In May 1994, all cooperating ministries and agencies formally presented their respective Strategy Papers at an Inter-Ministerial Committee meeting, to ensure programme consistency and appropriate linkages. In April 1995 a strategy meeting reviewed sectoral strategies, and recommended adjustments to address newly emerging problems and issues. This step was followed by preparation of the Country Note through a wide consultative process. Following Executive Board approval of the Country Note, the same participatory process followed in achieving earlier milestones was adopted with Government in finalising the Programme Plans of Operation[PPOs], which were comprehensively

reviewed with Government, NGOs, Donors and the UN System in March, 1996. Contextual issues raised at these fora were integrated into the revised PPOs and developed into the MPO. The Country Programme Recommendation (CPR), which concludes the process, reflects the programme priorities and strategies within the overall framework of the FGN's Country Strategy Note.

Departure from the Past and Rationale

111. The 1997-2001 Country Programme will consolidate the cumulative gains made in previous Programmes of Cooperation in various fields and strive to improve the situation especially in the field of PHC, Basic Education, Nutrition, and Water Supply and Environmental Sanitation. Major emphasis is put on the Health Sector programme and secondly on the Basic Education Programme.
112. At the same time however some departure from the past is introduced in the light of the analysis of the constraints encountered and the lessons learned. UNICEF will focus on supporting the most basic rights as enumerated by the Convention on the Rights of the Child and the Convention on Elimination of All Forms of Discrimination Against Women, both of which have been ratified by the Federal Government. Overall, the Programme will contribute to achievement of the year 2000 goals enunciated in the National Programme of Action and ensure mainstreaming of the NPA philosophy into the national planning process. Sector programmes which will converge in the NPA decentralisation effort will be geared towards contributing to their sector-specific NPA goals. Other major departures from the past cover five specific areas.
113. First and foremost, given limited resources, less emphasis will be put in this Country Programme on direct service delivery. Considerably more attention will be given to promoting sustainable outcomes through institutional strengthening and skills upgrading, including training, hands-on management support and counseling.
114. Secondly, particular attention will be given to advocacy and programme communication in order to strengthen both the various sector programmes and the overall commitment to children and women's welfare at various levels of society. Communications will be targeted towards specific social groups with the aim of inducing behavioural change. Advocacy will promote better policies and above all, practical measures to ensure effective policy implementation, especially at State and LGA levels.
115. Thirdly, more attention will be given to the planning, monitoring and evaluation processes in order to achieve better impact, more coherence within programmes and better integration between them. It will also aim at ensuring that programme

orientation will provide some of the practical measures needed to further policy implementation.

116. Fourthly, a new integrated sector programme is introduced as Urban Basic Services and Children in Especially Difficulty Circumstances in response to growing concern with increasing levels of urban poverty in Nigeria.
117. Finally, in contrast to the past Country Programme, the concept of focus/non-focus states is abandoned. Instead, primary targeting of programme intervention will be towards the most deprived 250 LGAs. While doing this however attention will be paid to vertical linkages from LGAs through state government structures to federal level. At the same time, increased efforts will be made to work directly with NGOs and NGO networks as well as with the more dynamic elements of the private sector.
118. Several minor changes have also been introduced into the current programme. In view of the uncertainties prevailing in the programme environment, the Programme will provide support to contingency planning, including vulnerability planning and early warning systems development. More emphasis will be placed on inter-sectoral linkages and integration of programmes at local level. Gender concerns will be mainstreamed into all seven programmes. Effort will be made to strengthen the data base and cost analysis and an Integrated Monitoring and Evaluation will be introduced to facilitate comprehensive monitoring of the total programme.
119. In the specific sector programmes, the Health programme will emphasise revitalisation of PHC through the BI; the Education programme will pay particular attention to girls enrolment and retention and boys drop-out through formal and non-formal education while the Nutrition programme will focus on the community empowerment. The Water and Environmental Sanitation programme will be specifically targeted to areas of high incidence of water-related diseases.
120. These various changes have been made for three reasons: to accelerate the pace towards achievement of the end decade goals through systems development and capacity building; to respond to new challenges identified in the situation analysis and various steps in the programming process; to achieve more sustainability through behavioural change and empowerment of target social groups, communities and local authorities seizing the opportunities for enhanced collaboration with various development partners in ensuring more efficient and cost-effective programme delivery.

National Programme of Action Goals

121. The FGN has committed itself both to the CRC and to the WSC Goals, which are incorporated in the NPA.
122. The NPA goals are to reduce from current levels by the year 2000:
 - IMR from 91 per 1000 live births to 60 per 1000 live births;
 - U5MR from 191 per 1000 live births to 80 per 1000 live births;

- MMR from 1,500 per 100,000 live births to 750 per 100,000 live births;
- Chronic undernutrition from 52% to 12%;
- Acute undernutrition from 11% to 5%;
- Percentage of low-birth-weight (below 2,500g) live births from 16% to 10%;
- Adult illiteracy from 49% to 28%;

And by the year 2000, to achieve:

- Universal access to basic education and elimination of education gender gap;
- Universal access to safe drinking water and safe human waste disposal.

Country Programme Goals and Objectives

123. The overall goal of the Country Programme is:

In collaboration with other development partners, to support the FGN in its efforts to achieve the NPA goals.

124. Specific objectives of the Country Programme are to:

- Broaden and consolidate knowledge of the situation of children and women with respect to NPA goals at all levels by end of 1997;
- Improve awareness and implementation of the Convention on the Rights of the Child in support of achieving NPA goals;
- Strengthen State and LGA commitment and performance toward gender-responsive Local Plans of Action (LPAs) and support their implementation;
- Catalyze expansion of basic social services in a sustainable way to reach the least developed and most underserved States, LGAs, and communities; and
- Develop and promote implementation of Communication packages, to change behaviour in support of NPA goals.

125. The objectives of the component programmes are anchored to the country programme objectives: advocacy for child rights supports implementation of the Convention on the Rights of the Child; building of data bases for planning enhances knowledge about children's and women's issues; NPA decentralization in planning provides a framework for LPA formulation; interrelated sectoral programmes support expansion of basic social services and contribute to disparity reduction; and communication promotes behavioural change.

Guiding Principles

126. The UNICEF-assisted programme is designed to focus on the most deprived areas and to address disparities through a phased expansion of services. This is

necessitated by the inability of UNICEF and FGN to simultaneously work everywhere, due to funding constraint and the concern for more sharply focusing programme interventions in areas of higher priority to enhance impact. A simple composite index will be applied to determine the deprivation level of each LGA and to identify the most underserved communities. If general resources only are available to UNICEF, then programmes will be limited to those areas ranked lowest on the index. If supplementary funds become available, programmes will be expanded to the next tier. The strategy means a shift from the previous emphasis on focus states and LGAs, to a new focus based on the criteria of need. In this way, UNICEF will achieve the broadest coverage possible, while maintaining its overall strategy of helping the least served. Plans will be made in advance for such an expansion of coverage, should it become possible. All sectoral strategies will include enhanced monitoring capabilities so these areas can be identified, and their progress measured.

127. In all sectors, high-impact interventions will make the most of the resources available. UNICEF programmes will emphasize the most basic child survival and development issues, and build other programmes around them. The provision of PHC-based health care and basic education will be the central interventions, and will take the lions share of general resources. Nutrition, Water and Sanitation, Programme Communication, Urban Basic Services/CEDC, NPA decentralization and Monitoring and Evaluation will receive the balance.
128. Empowerment will be the central strategic principle, using Nigeria's decentralized governmental structure to reach the LGA level and below. The goal of LPA formulation and implementation is central to empowerment, as is community management of schools and health facilities. UNICEF's role must be as a mobilizer and facilitator, taking advantage of the existing infrastructure not only in health, but in all sectors. Bringing all programmes within the LPA framework is a top priority.
129. Education is central to empowerment, allowing communities to demand education, clean water, health care, etc., and to share in the costs involved. It also represents the most cost effective single intervention, teaching or reinforcing healthy habits in sanitation, child-care, and all other areas. All sectors will emphasize building important messages into both formal education, and into communication packages. Efforts will also be aimed at State and Federal government, for changing policies concerning the poor.
130. Capacity building will support empowerment, helping communities to provide what they need. Capacity building efforts will be directed mainly at the State and LGA level, assisting the formulation and implementation of LPAs. UNICEF-supported service provision will be highly selective, used to address disparities and provide short-term, high-impact assistance where no other options exist. The composite index will identify those LGAs most in need of such assistance.
131. All child survival and safe motherhood interventions will be brought within the framework of the Primary Health Care system, and a convergence of services at the household level will be promoted. In this way BI can direct community

mobilization efforts in all sectors, not just health care. Cross-sectoral strategies will be pursued wherever possible and useful. For example, by integrating WES activities into the PHC system, this sector is not only able to take advantage of the preexisting PHC infrastructure, but is able to enhance priority health interventions by demonstrating the link between proper sanitary practices and child survival. Similarly, the linkages between education and nutrition, and between education and sanitation, will be strengthened wherever possible.

132. Distance presents one of the most daunting challenges to service delivery in Nigeria. The remoteness of villages, and the distance to schools, health clinics, and the like, mean that many people remain unreached even by such basics as prenatal care and immunizations. Strategies to overcome this problem will include greater emphasis on outreach health workers; convergence of services, so that there is the maximum return from each contact; scheduling of interventions for when it is most convenient for women and children to attend, for example in towns on market days; and providing outreach workers with reliable, often two-wheel transportation. Community leaders and traditional rulers, who have more regular contact with villagers and who are respected as models, can be enlisted to increase contact with people in remote areas, and are vital to Programme Communication efforts in particular.
133. Convergence of services also means consolidation of UNICEF projects. The past tendency to create multiple projects will be reversed. For example, WES efforts are currently split between four separate project areas, and Nutrition between five. Recognizing the connection within and between sectors means reducing projects to a small number of high-impact, multisectoral efforts. Careful study and monitoring will also eliminate the tendency to create ad hoc programmes that waste resources because the needs of target groups are not properly understood. CEDC and Urban Basic Services are examples of areas where UNICEF will not take action on a larger scale until there has been careful testing of feasible approaches in selected areas and a more elaborate and comprehensive data gathering and analysis to develop a full scale programme to reach all the low-income urban areas.

Programme Strategies

134. Strategies for sustainable programmes to address the deteriorating situation of children and women in Nigeria must reduce regional and gender disparities and foster and empower personal and communal behavioural change if they are to respond to the challenges identified in the situation analysis and consultative programme preparation process. These and other studies have documented the systematic disadvantage and victimization of women, who too often bear alone the burden of responsibility for themselves and their children. Similarly, the plight of those born in the northern states extracts an unacceptably high toll in human suffering, and early death. More than any other cause, this waste of lives

and human potential constrains Nigeria's development. In the new programmes, specific strategic approaches include:

- Support the mainstreaming of a children's agenda addressing CRC into the National planning and budgeting process. By positioning CRC for decision-making at higher levels, UNICEF will assure a sustained national commitment to CRC and enhance the potential for an adequate financial and policy commitment.
- Targeting inputs to the 250 most disadvantaged communities selected by objective criteria. A range of criteria, jointly agreed upon with government, will assure the selective channeling of UNICEF assistance to communities with the greatest need. Strategic phasing-in of project components in each new LGAs will maximize inter and intrasectoral collaboration, enhance convergence and support local capacity building.
- Address the needs of the urban poor and CEDC. Nigeria, one of Africa's most rapidly urbanizing countries, must begin to grapple with the plight of the urban poor and children increasingly denied adequate care and education or forced into early labour, marriage and prostitution, in a deteriorating economy. Early efforts will seek to expand the knowledge base on the problems of the urban poor and the potential for work with NGOs with established links to these communities.
- Reduce gender disparities. Within the women's empowerment framework, specific gender-related strategies apply to girls education in the North, the introduction of a reproductive health and safe motherhood project and advocacy against practices and laws that discriminate against women and girls in Nigeria.
- Emphasize community co-management, capacity building and community participation to promote sustainability through systems development. The ultimate aim of capacity building will be sustainable behaviour change and empowerment. The establishment of LPAs through participatory processes will strengthen community organizations, promote co-management of facilities and services and involve the communities in decision-making. Communication and education in basic life skills will reinforce this process so that communities can make informed choices.
- Enhance partnerships. The programme will develop collaborative partnerships with the UN and bilateral agencies. Beyond this UNICEF will expand its links to potential partner NGOs, both voluntary and commercial. These organizations have established legitimate niches in their communities and are an important entry point for community programmes. They have expressed their desire for partnerships. These organizations have a demonstrated resilience that has carried them through periods of unrest and economic decline. Even when government programmes failed, they continued providing services. They are key to the development of sustainable community driven programmes.

- Support decentralization, programme integration and establish management review processes that assure accountability while enhancing the capacity of local partners to participate. The success of the shift of emphasis from service delivery to capacity building will require effective planning, management and monitoring of various processes related to decentralization, intersectoral linkages and the development of partnerships. The programmes strategic emphasis on the development of gender responsive, child focused LPAs will serve as a conceptual, institutional and operations framework for coordination, convergence and integration of various services. The recognition of decentralization in the Country Strategy Note will facilitate the mainstreaming of programmes and projects into national, state and LGA plans and budgets.
- Integrate contingency planning and emergency preparedness into the planning process at all levels. The programme will operate in an uncertain environment characterized by a fluid political and economic situation. It will therefore be necessary to ensure contingency planning which takes into consideration various scenarios for the future. Continuation of the status quo will bring a continued increase in malnutrition, and an enhanced risk of outbreaks of measles, meningitis, yellow fever, cholera, and other diseases. Political instability during the transition to democratic rule might amplify the current economic downturn and lead to the collapse of institutional structures and family coping strategies. In this case, UNICEF will be prepared to enter an emergency mode, focusing on essential child survival interventions.

Contingency Planning

135. UNICEF-Nigeria operates in an uncertain environment; information is often inaccurate, and the economic and political situation is often changing. Contingency planning must take into consideration various scenarios for the future, so that changes do not catch UNICEF unaware.
136. Current plans assume the continuation of the status quo. This means little significant improvement in child survival/health indicators, a continued high level of malnutrition, and the risk of outbreaks of measles, cholera, and other diseases.
137. It is possible that greater political instability, or very probably a chaotic return to democratic rule, will cause an economic downturn. This would lead to a further crumbling of institutional structures, diversion of resources, and even less assistance from overseas. Accelerating malnutrition and a breakdown of coping strategies would be the most serious results, leading to increased child disease and mortality. Were this to happen, UNICEF must be prepared to enter a "pre-emergency" mode. This would mean focusing almost exclusively on child survival with an emphasis on vertical service delivery, and also on emergency-oriented education. Mobilization of new partners, and discovering new resources, would be vital. UNICEF must also prepare an "early warning systems"

to identify crisis areas. Zonal offices will also have local action plans, using subnational capacity to more effectively plan targeted emergency assistance.

138. It is also possible that political stability or economic recovery will ease the current situation, that foreign donors will reverse the decline in assistance to Nigeria, and that government might make a greater commitment to social investment. In this case UNICEF will be able to further lessen its emphasis on service delivery, as other partners take over. Plans will be prepared to change UNICEF role to that of an advocate, enabler, catalyst and capacity-builder, channeling new resources to child-development areas. Here too the zonal presence is vital, as preparation of LPAs would become the central way of directing resources. LPAs currently pay insufficient attention to financing and resource mobilization; rectifying this would become a central priority.

Geographic Focus, Phasing and Criteria for Targeting

139. While the programme largely focuses on the most deprived communities, the Health and Nutrition Programmes comprise components (EPI, Integrated Case Management of Sick Child, Breastfeeding and CIDD programmes) that are to be implemented nationally.
140. Since the programme is focuses on disparity reduction and poverty alleviation, all the other components of Health and Nutrition will focus on 250 most deprived LGAs, most of which fall in the North and have highest Child and Maternal Mortality levels. The Health and Nutrition programmes will be closely integrated during implementation to maximize synergy and impact. The programme communication initiatives will give priority attention to the communities identified for health and nutrition interventions.
141. Variations in geographic coverage which exist in the other sectoral programmes are basically the result of the commitments and achievements made in the past programme of cooperation. UNICEF participation in the water and sanitation programme had contributed to the development of institutional and technical capacity in 18 out of the 37 States in the Federation. Despite the fact that a large number of these States are relatively well off, these have been included in the new programme of cooperation in order to fully use the capacity developed through UNICEF support for achieving a rapid expansion in water and sanitation coverage and also to fully eradicate guinea-worm which still remains a problem in some of these states.
142. The Basic Education programme gives priority to the eight states in the North reporting lowest enrolment and completion rates for girls and four south-eastern states where the phenomenon of boys drop-out is on the rise. Education and WATSAN programmes overlap in seven states and provide a good opportunity

for convergence and integration, and there is also overlap with the Health and Nutrition programmes.

143. The UBS/CEDC programme also targets the most deprived areas in the urban setting. NPA decentralization aimed at facilitating the efforts of states and LGAs for the formulation of Local Plans of Action, will be implemented in a phased manner giving priority to the states with largest number of most deprived LGAs. The general resources will be channeled towards the area ranked lowest according to the ranking criteria.
144. The two cross cutting programmes - Advocacy and Social Mobilization and Planning, Monitoring and Evaluation will have national level activities and support activities for sector programmes which will give priority to the 250 most deprived LGAs.

Cooperation with Development Partners

145. Assistance provided by UNICEF to Nigeria will be co-ordinated with programmes receiving support from other UN agencies and bi- and multi-lateral donors. Advocacy by UNICEF will also aim at mobilization of additional assistance to Nigeria in line with the objectives and strategies of the present programme, especially in areas where coverage is low and where these agencies have a comparative advantage.
146. The preparation of the Master Plan of Operations and its constituent Programme Plans was undertaken in collaboration with the National Planning Commission, which receives support for capacity building from the United Nations Development Programme. NPC also drew up a Country Strategy Note which forms an umbrella for UN and donor agencies' cooperation, noting priority areas and the main thrusts of social and economic development for the country. Work on poverty analysis undertaken by the World Bank provided basic information during the preparatory process, and also received support from UNICEF.
147. The UNDP and World Bank will be main partners in all seven programmes. Both WHO and UNFPA will be main partners in the Health, Nutrition and UBS/CEDC programmes. Other main partners in the Health sector are ODA, CHAN and NCCCCD. UNESCO, UNDP, and British Council will be main partners in the Education, the Planning, Monitoring and Evaluation, and Advocacy and Social Mobilization programmes.
148. In Nutrition, other main partners will be FAO, IFAD, ILO and UNIDO. Besides CIDA and the European Union, JAICA, Global 2000, WaterAid and UNIDO will be the other important partners in the WATSAN programme. UNIC will be the other main partner in the Advocacy and Social Mobilization programme, and UNHCR in the UBS/CEDC programme.
149. Cooperation with major non-governmental organizations and with the specialized NGO networks dealing with issues of child survival and women's advancement will be increased during the programme period, building in a more systematic

manner on networking undertaken during the previous programmes and more isolated cooperation, as well as new links set up during the preparatory period.

150. Implementation of the MPO and the achievement of adequate support to the NPA goals will depend on pursuit of efficient collaboration and synergy between partners. Their assistance will be channeled through appropriate mechanisms according to their agreements with the FGN, and co-ordinated in close cooperation with the NPC.

Critical Assumptions

151. The proposed FGN/UNICEF programme of collaboration is also based on a pragmatic and realistic assessment of the contextual realities that are Nigeria today. An effort has been made to propose objectives and activities that are feasible and that are most likely to impact positively on the lives and prospects of Nigeria's children and mothers.
152. An important component of the planning has been a consideration of key underlying assumptions on which ultimate success is predicated.

Political Stability

153. Nigeria is a young country that has been governed by Military leaders for 31 of its 36 years. It has already suffered one devastating civil war and has seen an escalation of civil unrest in recent years. The nation is struggling to resolve the ethnic, religious and regional differences that threaten to undermine its nation building efforts. Nigeria's current military regime has stated its commitment to restoring a democratically elected civilian government by 1998. Delays in the relation to the original transition programme have attracted attention and sanctions from the international community that expresses concern about the proposed pace of transition to democracy.
154. The proposed programme is based on the assumption that the overall situation will remain fluid with a high potential for instability over the medium terms. UNICEF assisted programmes must be prepared to operate in an environment with intermittent unrest, insecurity and occasionally less peaceful expressions of popular discontent. These conditions increase the vulnerability of Nigeria's women and children and make the necessity for UNICEF inputs all the more urgent. The potential for social instability is a contextual factor that will require flexibility and adaptability by UNICEF and its partners at all levels but should not preclude the implementation of the proposed programme of action.

Decentralization Process

155. The process of decentralizing government and establishing local, community based administration with a broad base of legal authority has been dynamic and evolutionary in Nigeria. From three administrative territories at independence, Nigeria's government has expanded to 37 state/territory administration's with

774 semi-autonomous local government authorities. It is probable that, during the 1997-2001 FGN-UNICEF Programme of Cooperation, additional state and local government authorities will be created. Historically, however, the creation of new geo-political entities has been disruptive. Resources, already strained to meet the needs of one area, are often inadequate to meet the needs of two. Dislocations of trained workers and the difficulties in assuring the equitable apportionment of resources can temporarily halt or cripple programme implementation. The proposed programme of cooperation is based on the assumption that future internal administrative divisions will not adversely affect UNICEF's operational choices of 250 least developed local government areas and 23 states (to be covered by Water and Sanitation and Basic Education programmes) for UNICEF assistance. UNICEF Nigeria has learned many lessons from previous exercises in state/LGA creation and has forged a closer working relationship with the Nigerian National Planning Commission -- factors that make it better prepared to cope with these shifts when they occur.

Economic Stability

156. Currently, Nigeria has a two tiered monetary exchange with official exchanges through the Central Bank of Nigeria (CBN) at N22 per \$1 and a second legal autonomous market at N83 to \$1. In the 1994 National Budget, Nigeria briefly mandated all exchanges at the official rate with serious short-term consequences for the business community. Government was quick to recognise the potential for negative consequences and reversed its position. Prior to this reversal, however, donor programmes confronted with a possible quadrupling of the cost of local activities and logistics were forced to scale back and reduce their programme targets. The new UNICEF-assisted programme is based on the assumption that the current arrangements for foreign exchange will remain stable or become more advantageous over the life of the programme. This assumption is reasonable given Nigeria's history and its stated commitment to encouraging foreign investment, that is equally dependent on a favorable rate of local currency exchange.

Political Commitment

157. Another important underlying assumption is that changes in the position of Nigerian government will not alter Nigeria's political will to comply with the international conventions to which it is signatory or its fundamental commitments to a "First Call for Children". An essential component of this commitment is the guarantee of appropriate budgetary allocations for basic needs at the Federal, State

and Local Governments levels, in the context of the increasing decentralization, detailed in the National Programme of Action.

Selective Programming

158. The proposed programme assumes that Nigeria's government will continue to appreciate and support selective programming to reach the least advantaged of its citizens. The UNICEF-assisted programme calls for the largest investment of resources to reach those with the greatest need through programmes that address health needs and of necessity, target poverty alleviation and gender equity. This will require the continued expression of political will and demonstrated commitment by Nigerian leadership at the national and community levels.

Communities Empowered

159. The Nigerian National Plan of Action and the UNICEF-assisted programme of cooperation are community centered. Both are based on the assumption that responsibility and ownership of local programmes can be absorbed by local authorities who understand the practical issues at stake and are closer to the communities they serve. Co-management with each community should increase levels of accountability, the potential for successful programming and the sustainability of activities and services. Underlying this consideration, however, is the second assumption that adequate resources will be made available.

Coordination of Donor Collaboration

160. The UNICEF-assisted programme of collaboration will depend on the collaboration of other multilateral agencies to facilitate the development of an enabling environment for programme implementation.
161. UNICEF looks to Nigeria's government for the development of effective mechanisms to facilitate collaboration between donor programmes, government agencies, and non-governmental organizations. This important coordination role is key to the efficient utilization of resources and will limit duplication of efforts, contradictions in programming and wastage. It is also key to assuring the equitable allocation of vital inputs and consistency with the Nigeria National Programme of Action. The UNICEF-assisted programme is build on the assumption that government leadership in the coordination of programmes will be increasingly effective. Government's recently developed "Country Strategy Note" provides a flexible framework for programming all donor operational activities. The National Planning Commission plays an important role in this field.

Natural Disasters

162. Nigeria has a climate and ecology that spare it from many of the causes of natural disasters besetting a number of developing countries. Nevertheless, the threats

of drought, flooding and soil erosion are serious and must be factored into programme plans. Explosive epidemics of infectious diseases long endemic to Nigeria, such as measles, cholera, malaria, yellow fever, meningitis, are becoming increasingly frequent and threaten larger segments of the population both within Nigeria and across its borders. As important is the potential for large outbreaks resulting from the introduction of new diseases or variants such as Ebola fever and resistant strains of malaria. Lastly, there is the potential for the accelerated transmission of social/life style/urban environment diseases such as HIV/AIDS, other STDs and tuberculosis, in numbers sufficiently high as to be regarded as a disaster.

163. The UNICEF-assisted programme assumes that such disasters could occur and must be planned for in contingency planning.

Urbanization

164. Nigeria, one of the fastest growing countries in the region is also one of the most rapidly urbanizing. The pressures of population, increasingly living in urban centers without the necessary water, sanitation, educational and health infrastructure place many lives at risk. Nigerian planners are only now beginning the complex tasks of urban development and there is the very real risk that population needs will continue to outstrip the nation's ability to respond with essential services. The programme is based on the assumption that urban development issues, especially as they affect the urban poor, will become increasingly important in determining living conditions for Nigerian children and women.

1997-2001 COUNTRY PROGRAMME COMPONENTS

165. The 1997-2001 Country Programme consists of seven components and 20 projects:

Health

- Policy and Systems Development
- Health Communication
- Integrated Case Management of Childhood Illnesses
- National Programme on Immunization
- Reproductive Health/Safe Motherhood
- Onchocerciasis

Basic Education

- Formal Education

- Non-Formal Education

Water and Environmental Sanitation

- Water Supply
- Environmental Sanitation and Hygiene Education

Nutrition

- Nutrition Networking, Advocacy and Co-ordination
- Adolescent Girl, Mother and Child Care
- Micro-Nutrients Deficiency Control

Urban Basic Services

- Urban Basic Services
- Children in Especially Difficult Circumstances

Planning, Monitoring and Evaluation

- Decentralization of National Programme of Action
- Monitoring and Evaluation
- Gender and Development

Advocacy and Programme Communication

- Programme Communication
- Women and Child Rights

166. The Health Programme is the lead sectoral programme, followed by the Basic Education Programme and the two other sectoral programmes and an area-based programme. The other two programmes are cross-cutting. The Advocacy and Social Mobilization programme is a pivotal programme which will promote an enabling environment and provide specific programme support. The Planning, Monitoring and Evaluation programme provides a sub-national planning frame-

work and a methodological and data-base foundation for the other programmes. It also provides specific programming support.

Salient Features

167. The new country programme has several salient features, first and foremost being related to the decentralization of NPA.
168. In planning, the NPA goals have been made the reference to be reflected in the State and LGA level Plans of Action. CSD initiatives will be the core of these plans. UNICEF and other donor support will be coordinated within the framework of the Country Strategy Note developed under the leadership of the National Planning Commission and UNDP. The implications of weak data-base and the lack of data utilisation for analysis in support of decision making at all levels has been recognised and given special focus.
169. In view of the strategic importance of attitudes, practices and behaviour for successful programme implementation and sustainability, programme communication takes a pivotal place in relation to the sector programmes, and spearheads communication initiatives to address programme-specific issues. Advocacy initiatives will focus on enactment of supportive legislation, policies and policy implementation measures. Gender is mainstreamed into the sectoral programmes.
170. There are common thrusts to all sectoral programmes. Whilst consolidating gains from past cooperation, especially in strengthening national and subnational institutions, the programmes are directed towards the most deprived areas and communities. This will involve collaboration with NGOs and the private sector as well as with the UN/Donor agencies. Collaboration as a cornerstone of the programme strategy will be supported by a search for comparative advantage among the various partners.

CHAPTER IV
WATER SUPPLY
AND
ENVIRONMENTAL
SANITATION PROGRAMME



PART II: CHAPTER IV

WATER SUPPLY & ENVIRONMENTAL SANITATION

OVERVIEW

Executive Summary

341. While U.N. data (1993) indicates coverage for water supply at: urban - 63%, rural - 26% and for sanitation: urban - 40%, rural - 30% more recent and on-going surveys indicate coverage rates of 52% for urban water supply and 39% in rural areas, 52% for urban sanitation and 30% for rural sanitation. However, only an estimated 50% of water points and other water supply systems are in operation at any one time. Communities are willing to help themselves in this matter. Even in areas where access to sanitary facilities is relatively high, sanitary conditions and personal hygiene practices still need attention. The choice of a simpler, cheaper latrine model (SanPlat) in the previous programme resulted in a 60-fold increase in latrine construction.
342. Referring to the Convention of the Rights of the Child (article 24 paragraphs C and E), to which Nigeria was the first signatory among African nations, the goal of the programme is to contribute to the reduction of child mortality from water borne diseases and the reduction of household drudgery in fetching water; to contribute to sustained programme output to given minimum quality standards and at reasonable cost.
343. The new programme will move away from WATSAN "Projects" to providing support to institutionalize state and national programmes through the creation of

state Rural Water Supply and Sanitation Agencies (RWSSA), concentrating on behavioral change and sustainable management structures through community participation. Intersectoral linkages will be operationalized and support provided to NGOs. The programme will benefit approximately 3 million people for water supply and 1.8 million for sanitation/hygiene education, targeted in areas where water borne diseases are most common.

344. The main counterparts for programme implementation will be the Federal Ministry of Water Resources and Rural Development and the state RWSSAs. Each LGA will maintain inventories of coverage and will support, train and empower communities in management and maintenance of facilities.
345. The programme has two projects: Water Supply (Cost: UNICEF - \$4.71 million; Govt./communities: \$11.17 million); Environmental Sanitation and Hygiene Education: (Cost: UNICEF - \$4.13 million; Govt./communities: \$2.75 million)

Programme/Code	:	YW505	
Project/Code	:	Water and Supply	: W01
		Environmental Sanitation and Hygiene Education	: W05

Background:

346. Over two-thirds of diseases affecting the population and, in particular, the under-five age group can be identified as being related to poor water and unsanitary conditions. Onchocerciasis, Dracunculiasis, Cholera, Typhoid and above all Diarrhoeal diseases, which alone account for over 200,000 deaths per annum in the under five age group with an average of almost five diarrhoeal episodes per child per year, are major problems.
347. According to KAP studies carried out in 1995 the most felt need of the communities was water supply. National average coverage levels for water supply were only 39% in rural areas and 52% in urban areas. For sanitation, coverage levels were 48% and 52% respectively. Nine States had less than 25% water coverage and 7 States had less than 25% sanitation coverage.
348. The accumulation of sullage waste water is an environmental hazard often providing breeding grounds for mosquitoes. Solid waste disposal is a major problem in both rural and urban areas; poor ventilation and overcrowding exacerbates the effects of kitchen smoke and animals living within the home and also accelerates the spread of diseases such as Meningitis, Cholera, Typhoid, Pertussis and other respiratory infections.
349. In rural areas water is usually fetched by the women of the household, often assisted by children and, most commonly, by the girl child. In many parts of the country, a journey to fetch water can mean a round trip of up to ten kilometers taking 4 - 6 hours daily. This burden on rural women and children often manifests in poor health, especially during pregnancy. In the riverine areas of the south,

fetching water will sometimes mean spending 8 hours in a canoe for 50 litres. In the northern zones nomadic groups often settle close to ponds which reduces distance and time but often pond water is below acceptable quality and there is a high risk of Guinea Worm disease.

350. While the physical burden is not so acute in peri-urban areas, the frustrations and economic burdens are indeed high for the whole family. With the task again falling mainly on the women and children, collection of water may mean waiting for many hours in queue at a standpost or broken mains for water of dubious quality.
351. Ground water is plentiful in most areas but at least half is classified as aggressive, having a PH below 6.5 which necessitates the use of non corrosive materials such as PVC or the more expensive stainless steel. Geology ranges through coastal plains, sedimentary compositions, clays, volcanics and intrusives to basement complexes. The geological formation of most of the States is made up of 50% basement complex which requires comprehensive geophysical investigations and mechanized equipment to install bores for water supply; either by handpump or to supply a piped scheme.
352. In spite of a culture of well digging by hand in the northern states, sub-soil conditions hinder progress on any large scale. In the south and particularly the south-west, northern well diggers will often be hired to construct wells at a cost of Naira 25-30,000 and pit latrines at a cost of Naira 10-15,000.
353. Estimated national functioning rate of water points is only 50% at any one time. States and LGAs have not been able to maintain and repair many state and federally built piped schemes or the diesel powered generators used to power the schemes. Many handpump installations failed because of poor quality pumps and too little attention being paid to community maintenance. Quality standards and the technical capacity of states and LGA personnel is generally very poor. Data collection, planning, monitoring and evaluation have been and remain very weak elements of the programme.

Major Challenges and Opportunities

Challenges

- Weak policy support for NPA implementation; weak national water policy, including lack of integration into state government programmes
- Lack of continuity in policies/practices, e.g. demise of DFRRI , WATSAN projects not accepted as state programmes
- Weak database/conflicting baseline figures
- Deteriorating social infrastructure, especially UBS

Opportunities

- Growing FGN support for NPA decentralization, including brighter prospects for integration into national rolling plans
- Increasing policy support - a growing number of States RWSSA indicate preparedness to support LGA water projects
- Growing community ownership and co-management of projects and cost-sharing
- A wider choice of technologies now available and gradually finding acceptance.
- Improved prospects for private sector participation in water programmes e.g.: developing low cost appropriate water technology, industrial support.

Goals and Objectives

354. The National Programme of Action quotes the "World Summit for Children" goals of universal access to safe water supply and sanitation and complete eradication of Dracunculiasis. The NPA then goes on to provide a national interpretation of these goals as being:

- the availability of at least 30 liters of safe drinking water per person per day, located within 500 meters of the users dwelling.
- the availability of a sanitary facility for human excreta disposal within a convenient distance from the users dwelling i.e.: not too far away to discourage its use.
- total eradication of Dracunculiasis.

355. If the output of the next country programme cycle is going to contribute to Nigeria meeting the decade goals, there is a clear need to address the issues of; national capacity building, community management and maintenance of facilities, sustainability and greatly improving data base monitoring and evaluation. Considering these needs, the major goal and impact objectives of the next country programme cycle will be:

Goals:

1. To contribute to a significant reduction in the death of young children from dehydration caused by diarrhoeal and other water borne and water related diseases and contributing to a significant reduction in drudgery and workload of women and children occasioned while fetching water, so as to create time for relaxation and educational and economic pursuits.

2. To contribute significantly to national programme development and capacity building so as to ensure increased and sustained programme output to given minimum quality standards and at reasonable cost.

Outcome Objectives:

356. The major outcome objectives for the country programme cycle will be, by the year 2001:

1. For a target population of 3,000,000, reduce the drudgery and workload of women and children by reducing time spent in fetching fresh water to 1 - 2 hours daily, making available safe water at a minimum of 30 liters per capita per day and contributing to a reduction in the overall incidence of diarrhoeal disease.
2. Eliminating by 100% the time of the community workers lost due to sickness and disability caused by Dracunculiasis and secondary infections so as to greatly improve the economic and social environment of the community, and greatly improve thereby the health and well-being of the people.
3. For a target population of 1,800,000 in the beneficiary communities, make available a means of safe excreta disposal close enough to the home so as to encourage its use, significantly contributing to the reduction in diseases caused by unsanitary conditions and in the improvement of the communal environment.
4. By support to sector institutionalization and national capacity building contribute to a 200% increase in water supply service delivery output nationally

Strategies:

357. The programme will move away from support only to a focused "project" approach, to that of supporting national and state level programme development, institutionalization, and community management and maintenance of facilities. Support will continue to the WATSAN projects, but these will be expected to be expanded at state level to take on a much broader role and area of responsibility for the state and LGA programmes.
358. The programme will use as base documents; the "National Programme of Action", the "National Action Plan for Water Supply and Sanitation" and the "Aide Memoir". The programme will be implemented so as to ensure a well balanced programme between the two components; an integrated programme with full community involvement and empowerment.
359. Greater support and co-ordination from the Federal Ministry of Water Resources and Rural Development to the states will be necessary. It would be expected that the Ministry will also provide financial support to state programmes, designed in

such a way as to influence greater output and at the same time ensure minimum quality standards for implementation.

360. It will be crucial to continue the thrust to eradicate Dracunculiasis from Nigeria. A great deal has been achieved in the previous plan of operations, but as the number of cases are reduced to the low thousands and hundreds, the task becomes more difficult.
361. **Strategic choices:** Based on lessons learned from past programmes where not enough was done to ensure community ownership, not enough capacity building or skills development was carried out, noting that the programme was perceived generally as being UNICEF's and also based on information obtained from various KAP studies with regard to community perception of sanitation and personal and domestic hygiene, the following strategic choices have been made in order to develop a well balanced programme supporting institutionalization, systems development and capacity building, ensuring community involvement.

Advocacy

362. One of the major underlying reasons for poor coverage and sustain ability performance for the programme so far is identified as weak national policy at the political level and the absence of a cohesive programme thrust at state levels.
363. The recently established Aide Memoir and the sub sector national policy framework developed by the National Water Council will together provide a platform for policy and programme development. These documents will be utilized as instruments of advocacy to improve state and LGA funding to the sector.
364. At state level and as part of national programme development, governments will be guided and supported to form Rural Water Supply and Sanitation Agencies (where WATSAN projects exist these could become such agencies), to be the sole state authority for the sector, responsible to plan, co-ordinate and monitor programme performance to ensure a cohesive, sustainable and qualitative programme output.
365. Similar advocacy at LGA level will be carried out to urge the formation of decentralized water and sanitation teams, for improved planning, co-ordination, monitoring and evaluation and to ensure adequate support is provided to communities and priority attention is given to the provision of water supply and sanitation in schools.
366. In the process of national programme building, advocacy with UNICEF's sister agencies, NGOs and other government departments to all work together in a collaborative effort will be an important activity. In this the programme will fully support the process of establishing a Country Level Collaboration council.
367. While communities readily agree to form development committees, there is a need for advocacy to ensure a full involvement of the women in the community;

in planning and implementing development activities, and sustaining facilities provided.

Service Delivery

368. The collection of baseline data and an improved ability to monitor and evaluate as a continuing process at federal, state and LGA levels will be supported. This will then greatly improve and facilitate the planning functions at all levels, thereby systematizing service delivery.
369. UNICEF provided drilling equipment, operated by the State WATSAN Projects will be supported to maintain an optimum output, with target setting as a prime feature. Minimum standards for quality and cost will be established that all actors including the private sector will be asked to follow.
370. Following on from the success of utilization of all low cost options to provide safe water in the rural communities, the programme will strive to make available a broad range of low cost options, not only for water supply but also for sanitation and hygiene education. Activities will be developed to address the needs of the peri-urban and urban poor areas in terms of sanitation, hygiene environmental education.
371. Community management and maintenance of facilities will be fully supported, ensuring a full involvement of the women in the communities so as to ensure sustain ability of facilities provided, and in this; cost sharing between the community, state and LGA will be promoted. Support and encouragement to the private sector for maintenance and local manufacturing will be continued to better ensure sustain ability and improved functioning of facilities.

Capacity Building

372. Generally, technical capacity to implement the programme at state and LGA level is weak. Human resource development will be an important programme feature, in the areas of: Well construction, civil construction, equipment operation and maintenance, community maintenance of facilities, planning/ monitoring and evaluation - for which the Atlas GIS system will be fully utilized.
373. Support will be given for the institutionalization of water supply and sanitation at state and LGA to support, monitor and oversee all work being carried out and to further provide support to communities.
374. Continued development of the private sector in the local manufacturing of handpumps and spares will be a programme feature. In addition the private sector will be supported and encouraged to play a role in the distribution of handpump spares, and in maintenance of facilities (paid by the communities themselves). Innovations will be developed in this area for example; utilizing market women to sell spares and also to set up as handpump mechanics. A programme of

- development of youth groups to participate in the sector will be encouraged and supported.
375. To improve the national data base, collaboration will be supported and encouraged between the Federal Ministry Water Resources and Rural Development and the Federal Office of Statistics. In addition UNICEF - WHO Joint Monitoring Programme for water supply and sanitation will be strengthened.
376. The development of local cottage industries to manufacture items such as latrine SANPLAT slabs etc. will be supported. This will ensure that costs are minimized, products are readily available, community interest will be maintained and communities will have a chance to increase income generation. This will tie in with the activity of establishing community SANICENTRES. Artisans in the sanitation and water supply areas will not only be trained to develop the required skills, but will also be supported to "sell" their skills.
377. For all programme interventions, greater use of reliable and competent NGOs will be a feature of project implementation.

Empowerment

378. Programme focus will be on attitudinal change as a main priority; in sanitation to perceive the need for safe excreta disposal and improved hygienic practices; in water supply to ensure sustainable facilities and in the environment to reduce the incidence of diseases due to improper solid and liquid waste disposal and control of sullage waste water.
379. A main strategy will be to support and encourage community management and maintenance of facilities. The community will also contribute in cash or kind to the installation of facilities, and will set up development or water and sanitation committees. Existing committees will be used for this purpose where possible.
380. Communities and the private sector will be supported and encouraged to work together to establish a system for handpump spares distribution and repairs. Innovations such as the setting up of revolving funds and securing small loans for communities from institutions such as the Peoples and community Banks will be supported.
381. A rich resource exists in the form of many thousands of Village-Based Workers, mainly now concerned with the Dracunculiasis eradication programme. These "frontline workers" will be trained to perform in a multi sectoral role, on issue such as hygiene education, improved sanitation, maintenance of water supply facilities, and in monitoring a wide range of diseases and illnesses, adopting a polyvalent role.
382. In the early years of the WATSAN programme in Nigeria, "Mothers Clubs" were formed and supported. Over the years, support has not been adequate to fully develop these community groups. The programme will study the Mothers Clubs

with the intention of increasing support so as to ensure that they fully realise their potential in community, and in particular gender development.

383. The programme will address the issues of environmental degradation in both the rural and peri-urban areas by targeting; Village Based Workers, TBAs, the women in the community, schools and also youth groups. In addition the male members of the communities will be trained and sensitized to play a full role in the improvement and protection of the environment.

Emergency Preparedness

384. Experience shows that more often in Nigeria emergency situations are caused by natural calamities such as : floods, seasonal outbreaks of diseases e.g.; Cerebral Spinal meningitis, Diarrhoea, Cholera, Typhoid and Measles. These situations often become "emergency" due to poor infrastructural capacity to cope. The degree of the problem is often exacerbated by failure of fuel and electricity supplies which in turn leads to, for example, cuts in urban water supply. Civic amenities such as this are also at times affected by civil unrest.
385. On-going programme activities include systems development and infrastructural capacity building which strengthen government and communities to cope with and prevent emergency situations from occurring. In addition plans to enable short term relief by supplying for example ORS, are being developed and put into place.
386. The WES programme will strive to be ready to provide support when large numbers of people are displaced and forced to be relocated in temporary shelter, and will also strive to develop methods and practices that can be adopted to provide relief during short term and seasonal emergencies. Working closely with the 18 states that are currently being assisted in rural water supply and sanitation, and building on the good relationship the programme enjoys at federal level to influence the other 13 states and the FCT, emergency preparedness will include:
- Make available designs and instructions for low cost technology solutions such as slow sand filtration and the sanplat latrine.
 - List of suppliers of materials to be prepared and updated regularly.
 - Identify suitable large volume filtration equipment which could be air lifted into the country.
 - Ensure art works for standard hygiene education and other communication materials are in readiness for printing and distribution at short notice.
 - Agree with state governments operating UNICEF supplied drilling equipment, for this equipment to be deployed to service large camp situations; modalities, costs, who pays etc. to be agreed in advance as a standard operating procedure.

387. The above measure should ensure that a programme of preparedness for emergencies will be in readiness.

Programme Structure

388. The objectives of the water supply and environmental sanitation programme will be pursued through two project components:

- Water Supply
- Environmental Sanitation and Hygiene Education

389. The details of these projects are given below.

Geographic Coverage

390. The target population that would benefit directly from the programme interventions in terms of coverage for water supply would be approximately 3,000,000 (which will directly contribute to the national coverage statistics by approximately 8.6 per cent) and for sanitation/hygiene education would be approximately 1,800,000. In addition the programme will act as a catalyst to influence and support overall accelerated national programme development and implementation. Interventions will be targeted to the most needy areas in terms of:

- High incidence of Dracunculiasis
- High incidence of Diarrhoeal disease
- High incidence of Cholera/Typhoid
- Funds permitting, those areas having technical difficulty in installing facilities.

391. The major part of the programme's resources and efforts will be directed to those states that already have WATSAN projects supported by UNICEF, which as of 1995 numbered 17 and were: Abia, Imo, Anambra, Bauchi, Benue, Adamawa, Niger, Kaduna, Oyo, Ondo, Osun, Kogi, Kebbi, Enugu, Cross River, Kwara and Taraba. In addition technical support will be provided (funds permitting) to other states that establish an institutional framework, a Rural Water Supply and Sanitation Agency, to ensure a better co-ordinated, planned and monitored programme.

Intersectoral Linkages

392. Numerous opportunities for linkages between UNICEF programmes exist, and efforts will be made to link the WES programme interventions with education, nutrition and health activities. These linkages will be developed, consolidated and expanded during the plan of operations.

- Linkage with Education; Development of the child to child approach for sanitation, eradication of Dracunculiasis and personal hygiene. The provision of sanitary facilities in schools will assist in increasing the

retention rate of attendance for girls (primarily). Technical support to schools for the construction of facilities will also be made available.

- Linkage with Health; participation and support to the Bamako Initiative will be important, using the framework of the BI to accelerate coverage and to develop community maintenance and management of facilities. The provision of safe water supply and hygienic excreta disposal together with environmental and hygiene education will greatly aid in reducing the incidence of diarrhoeal and other water related diseases. Collaboration on the Guinea Worm eradication programme and the re-training of village based workers to a polyvalent role will also be important.
- Linkage with Nutrition; Many areas for linkage and collaboration exist that will be exploited. These include; development of kitchen gardens using waste water from hand pumps and other sources, de-worming and the reduction of diarrhoeal disease from provision of safe water and improved hygienic practices will greatly improve nutritional status. Combining household food security with the WES hygiene education household water security interventions will be an important contribution.
- Linkage with Information and Communication; Behavioural change is the prime concern in all areas of the programme for the next five year plan. In this, support from the ICS will be imperative in the areas of: community empowerment in water supply and sanitation, ensuring the most effective media and strategies, advocacy at all govt. levels, programme documentation, development of IEC materials for child to child activities, WES in schools jointly with Education, GW eradication and support for donor fund raising.

Programme Monitoring and Evaluation

393. Data will be generated by monthly reports from the state agencies for output and activities. A computerised system for monitoring and recording output from UNICEF provided drilling machines has already been developed and installed at state level. This will be expanded to include computerised systems for monitoring all outputs. In addition each LGA will be expected to provide monthly reports on work carried out for water supply and sanitation to the state agency and the state will then in turn send quarterly reports to the Federal Ministry Water Resources and Rural Development. Coverage of each LGA will be monitored by regular inventory and the Atlas-GIS programme will also be employed in this task.
394. Programme targets will be reviewed and adjusted as appropriate at mid term. National programme performance against targets set annually will be evaluated

at bi-annual review meetings held each year and presided over by the Federal Ministry.

Critical Assumptions:

395. While there was relatively good progress made in terms of policy making and increasing outputs during the latter part of the previous plan of operations (1991-1995) there is still a great deal left to do in order to meet the challenges of the decade goals and to ensure sustainability. There are several major critical assumptions that must be taken into cognizance:

- There is sustained political will and interest in the programme.
- There is no major deterioration in the economic climate.
- The programme is able to increase and sustain community interest.
- There is a stable geopolitical situation.
- The private sector rises to the challenge in a regulated manner.

Programme Management

Programme Management

Programme/Project	Focal Ministry/Agency	Other Collaborating Ministries/Agencies	Other Contributors/Donors
Water Supply	FMWR&RD	States Water Supply Agencies	LGA teams
Environmental Sanitation and Personal Hygiene	FMWR&RD	State/LGA Governments FMOH/SMOH, NIGEP	Global 2000

Funding

396. For the programme 1997-2001, funds will be provided from the following sources:

UNICEF	: US \$	11480.0
Government (estimated)	: US \$	10845.0
Communities (estimated)	: US \$	3085.0
Total	: US \$	25410.0

WATER SUPPLY

Project Title	:	Water Supply
Project number	:	01
Implementing agency	:	Federal Ministry of Water Resources and Rural Development
Cooperating institution	:	State governments
Funding organizations	:	
Budget (US \$'000)		
	GR	US\$ 3235.1
	SF	US\$ 1475.0
	Total	US\$ 4710.1

Overview:

397. In Nigeria, it is estimated that out of a total of approximately 58 million rural population, some 35 million people are without access to safe water supply. In addition, the national average for failure rate of facilities already provided is high. This relatively poor coverage and functioning rate imposes a great tax in terms of workload and drudgery and missed opportunities for the fetchers of water, generally the women and children, a tax which they can hardly afford to pay.
398. The previous WATSAN Project approach, while having some qualitative success, did not contribute significantly in physical terms to the national coverage status. Other major programmes such as the Directorate of Food Roads and Rural Infrastructure (DFRRI) and the UNDP-World Bank Rusafiya Project ended in the early 1990s. In the aftermath of the DFRRI programme particularly, there was an absence of a national programme thrust and direction.
399. Private contractors working in the sector are mostly unorganised and their output is generally not conforming to any given norms with regard to quality or costs. Projects by external support agencies have mostly been limited in scope and size, and sustainability has been a problem.
400. Up to this point, most of the supplies in terms of handpumps and ancillary equipment have been imported, greatly increasing programme costs and having a negative effect on sustainability.
401. The situation now is somewhat dire where service delivery mechanisms are unable to meet the demands, in terms of output, quality or sustainability. It is estimated that the country programme requirement for the rural sector to provide

universal access to safe water at a ratio of one source to 250 persons is approximately 140,000 sources (using a bore and handpump as a model).

402. The task for the water supply component of this plan of operations is to build on the established integrated WATSAN project approach and at the same time greatly expand and accelerate qualitative service delivery in a sustainable way, supporting institutionalisation and national programme development and aiming for maximum capacity building, community empowerment and mobilisation.
403. UNICEF support will be used to develop and demonstrate initiatives to act as a catalyst to support the achievement of National and State rural water supply programme objectives.

Objectives

404. As a contribution to the national programme the specific water supply component output objectives will be to:
1. Create 11,000 sources of safe water by the year 2001 to increase access to safe drinking water and to reduce the drudgery and workload of the woman and girl child.
 2. Enhanced capacity and community participation for maintenance and management to ensure 80 per cent water facilities are functional in target areas by 1998.
405. Geographic coverage: The water supply component will be implemented across all project states and will benefit approximately 3,000,000 people.

Strategies

406. The major strategies for the water supply component are as follows:
- Capacity building and empowerment at community level, to promote community managed and maintained facilities for sustainability.
 - Support a broad range of low cost technical options.
 - Initiate clear target setting for output.
 - Develop and encourage the private sector in manufacturing programme needs and in maintaining facilities.
 - Develop linkages and co-ordination with other development agencies.
 - Utilise NGOs to develop community mobilisation.
 - Provide support for an improved data base, monitoring and evaluation.
 - Provide support for sector standardisation and clear specifications.
 - Support and encourage community based organisations for handpump maintenance.
 - Encourage cost sharing between State, LGA and Community.

Activities

407. To achieve the project objectives, the following activities will be implemented;

Increase Access/Reduce Workload:

408. The Federal Ministry of Water Resources and Rural Development will, within a national framework; monitor, guide and support programme implementation. Each State will be supported and encouraged to designate a Rural Water Supply and Sanitation Agency (RWSSA), either from an existing body (such as the UNICEF- assisted WATSAN projects) or by establishing a new agency. The RWSSAs will be fully funded & staffed by the State government.

- 1.1: Adv: Support will be provided to establish Rural Water Supply and Sanitation Agencies in 18 states that will monitor and evaluate programme output as single state wide programme. The state Rural Water Supply and Sanitation Agency structure will be geared to providing support to the LGAs/communities, in planning, management and monitoring of service delivery, rehabilitation, training, mobilisation and maintenance activities.
- 1.2: CB: As an initial task 540 government officers will be trained and supported to establish systems for ; 1) systematically inventorying existing water supply systems by state and by LGA, allocating serial numbers to all sources, 2) use this data to plan additional requirements, 3) plan for best method of implementation ensuring fullest community involvement at all stages, and 4) establish a cost sharing formula for funding programme implementation and provision of adequate financial allocations by State/LGA administration and contributions from communities.
- 1.3: CB: Optimum performance will be achieved by: training 175 field level managers in field operations: setting achievable but demanding targets: providing training for field personnel: establishing systems for monitoring and evaluation: provide support to the equipment in the form of training in service and repairs and imported spares by reimbursable procurement: closely and effectively monitoring performance.
- 1.4: CB: Train and sensitise 255 government officers to adopt and support a broad range of low cost technological options for providing safe water supply. In addition to bores with handpumps, designs for systems such as rainwater harvesting, slow sand filtration, dug wells and new innovations such as solar pumping systems will be improved and widely demonstrated.
- 1.5: CB: A programme of R&D for appropriate low cost technologies will be implemented and would also provide systems for scaling up the water

supply programme implementation through training of 140 government officers and submission of weekly performance reports.

- 1.6: CB: Local manufacture of 500 complete handpumps & spares will be supported as trial orders. New handpump manufacturers will be approved via an "approved list" for quality and capacity.
- 1.7: CB: Quality of output will be improved by setting minimum quality standards and specifications for all work carried out by the govt. and private sector. Qualifying & approving industry & contractors by an approved list will support this process. To facilitate a unified approach and better logistics, 100 government and industry personnel will be trained and 3 sets of specifications will be published as national standards for village level operation and maintenance (VLOM) type of hand pump.
- 1.8: ADV: In 18 WATSAN states 100 government policymakers will be sensitised on the provision of water to be needs based and targeted to areas of high incidence of diseases i.e. Diarrhoea, Cholera, Typhoid & Dracunculiasis and areas of technical difficulty. Health centers and schools will also be areas of priority. Specific interventions to address the needs of the peri-urban and urban poor sectors, utilising low-cost options will be implemented. Similarly, the Bamako Initiative areas will receive priority attention to ensure that safe water facilities are provided at each BI centers.
- 1.9: SD: Provision of safe water sources will be supported through supply of equipment and materials and training to develop/install 5600 bores/handpumps; 1200 dugwells with handpumps; 350 rainwater harvesting systems; 50 spring development/gravity flow schemes and 400 community slow sand filtration systems and 3400 existing non-functional sources will be rehabilitated.
- 1.10: CB: A computerised system to improve data base for monitoring & recording output from UNICEF provided drilling machines currently in use will be established in 18 states and will be further expanded for monitoring all water supply outputs. Annual progress reports will be provided by each State to the Federal Ministry of Water Resources and Rural Development. Coverage of each LGA will be monitored through inventories. Atlas GIS will be used for this task.

Build Capacity for Water Systems Maintenance:

- 2.1: CB: Build capacity for implementors & community action through training of 1,500 technicians, 1,000 community leaders/women, 2,500 village artisans (women) and 10,000 community caretakers on handpump/systems maintenance & repair. NGOs and other self-help groups will be identified and will be encouraged and supported to par-

participate in the RWSS programme. The State RWSS Agencies and the LGAs will facilitate the networking of NGOs & other Groups.

- 2.2: EMP: Communities will be required to manage facilities provided by forming 2,500 WATSAN committees with at least 50 per cent women as members. These committees may be a part of existing village development committees. Systems will be developed to ensure that the village WATSAN committees are fully supported through skills development and spare parts logistics. Efforts will be made to enlist women as skilled workers for repair and maintenance of facilities.
- 2.3: EMP: Community level mobilisation will be achieved in the urban & peri-urban areas through training of approximately 2,000 urban youth in 20 areas who will be enlisted and encouraged to participate in this task. NGOs will be the main vehicle for programme implementation.
- 2.4: EMP: Training and retraining of approximately 5,000 village based workers that have been engaged on the Dracunculiasis eradication programme to act in a broader polyvalent role, on hygiene education, maintenance and management of water supply facilities and household water security. Linkage with other sectoral programmes, especially the Health programme, will be an important feature.
- 2.5: EMP: Link safe water interventions in 50 Bamako Initiative LGAs through development of community management and maintenance of facilities, training of approximately 6,000 community based artisans, linkage of WATSAN committees with existing B.I. and other village development committees. Interventions will strengthen efforts at disease prevention and will provide a vehicle for inter and intra sectoral linkages.

Monitoring and Evaluation

Monitoring Indicators

KEY INDICATORS	FREQUENCY	SOURCE
* Number of safe water sources established	Bi-annually	Review meetings, Project records, routine reports
* Number of handpump mechanics trained	Bi-annually	Review meetings, Project records, routine reports
* % of functioning water sources/facilities	Annually	Survey/field visit routine reports

ENVIRONMENTAL SANITATION & HYGIENE EDUCATION

Project Title	:	Environmental Sanitation and Hygiene Education
Project number	:	02
Implementing agency	:	Federal Ministry of Water Resources and Rural Development
Cooperating institution	:	State governments
Funding organizations	:	
Budget (US \$'000)		
	GR	US\$ 2633.5
	SF	US\$ 1500.0
	Total	US\$ 4133.5

Overview:

409. At this juncture, it is estimated by a Federal Office of Statistics - Multi- Indicator Cluster Survey that 48.2% of the rural population have access to a means of safe excreta disposal. This is a relatively high coverage figure compared to other countries, but with many of the available latrines being of the open pit traditional type, the general sanitary condition is below acceptable levels.
410. It has been shown that hygienic behaviours such as the use of a latrine and the frequent washing of hands together with the provision of safe water supply significantly reduces transmission of water and sanitation related diseases which include various types of diarrhoea, worm infestations, skin and eye infections, vector-borne diseases and Dracunculiasis.
411. Human attitude and behaviour are critical factors, not only in the transmission of diseases but also in the prevention of transmission. For example, KAP studies carried out in 12 states in 1995 indicated that the general perception was that while adult fecal matter is considered to be harmful, children's fecal matter is believed to be harmless. In addition, while handwashing is understood it is not seen as a critical factor in breaking disease transmission.
412. Studies indicate that in Nigerian households without a latrine, where feces would be left where first deposited, whether among the bushes in the case of adults or in the compound in the case of children; infant mortality was 2.76 times higher than in households where a latrine was properly used. Whereas the type of latrine

seems to be of less importance, its cleanliness has been shown to be a key factor in reducing disease transmission.

413. Statistics on health and other problems of the Nigerian community, in particular the woman, and related to a poor environment are manifold. In the rural situation while cooking the family meal with poor ventilation and lack of efficient cooking stoves exposes the woman to breathing in large quantities of smoke daily. In many cases this leads to severe eye and respiratory infections.
414. Indiscriminate disposal of community household waste and excreta is a direct cause of diseases such as diarrhoea/dysentery, skin infections, typhoid, cholera and worm infestations which would be prevented or reduced simply by adopting organised safe waste disposal. Poorly planned or implemented water supply schemes often lead to large areas of waterlogged ground which then become stagnant and a breeding ground for diseases and mosquitoes - sources of Malaria (even in the dry non-breeding seasons).
415. Population growth rates in Nigeria's peri-urban and urban areas are much higher than for the rural areas, due to rural-urban migration. In the peri-urban and urban setting solid and liquid waste disposal are major concerns and in many cities the systematic disposal of waste has failed. Pollution from industrial waste also presents a major environmental health problem.
416. Lack of sanitary facilities and inadequate housing leading to overcrowding is another major problem and recent studies have indicated that in some areas a toilet and kitchen facility may be shared by up to 6 families. Inadequate planning, poor drainage systems, poor utilisation of funds and weak community spirit and civic sense all contribute to exacerbating a situation that is leading the woman, child and community further still into a downward spiraling cul-de-sac of poverty and deprivation.
417. The experiences and the lessons learned from the International Water Supply and Sanitation Decade have helped to determine the need for a fundamental shift in strategy from that of service provision to service promotion and facilitation through action aimed at creating behavioural change. This component will respond to the call of Agenda 21 by addressing the issue of Primary Environmental Care in both the rural and peri urban setting.

Objectives

418. The specific objectives for the sanitation and hygiene education component will be to:
 1. Increase sanitation coverage in the project states through installation of at least 150,000 new low cost and community sustainable latrines and improvement of 80,000 traditional latrines.
 2. Increased hygiene awareness and education in at least 160 LGAs and at least 150 communities in each LGA.

3. Improve sanitary conditions in 700 primary schools located in Sokoto, Kebbi, Bauchi, Taraba, Enugu and Anambra states.
 4. Improved communal waste systems in 3,000 village communities and 20 peri-urban areas.
 5. Enhanced environmental awareness in at least 1,000 community mothers clubs/women's groups.
 6. Elimination of common factors of contamination resulting from sullage waste water around at least 5,000 handpumps and standposts.
419. Geographic coverage: The environmental sanitation and hygiene education component will benefit a population of approximately 1,800,000 and will be implemented across all project states.

Strategies

420. The major strategies for the Environmental Sanitation project are as follows:

- Adoption of community affordable and acceptable latrine styles such as the sanplat.
- Concentrate on behavioural change as a priority.
- Encourage linkages with other development agencies and between government departments.
- Utilise NGOs for community mobilisation.
- Develop innovations such as Sanicentres, and "Waste to Wealth" schemes.
- Encourage, support and develop youth groups, mothers clubs and women's organisations.
- Develop linkages with the Education programme to improve school facilities and to develop the child to child approach.
- Develop linkages with the Health programme on CDD, control of Cholera / Typhoid and the Guinea Worm eradication programme.

Activities

421. To achieve the project objectives, the following activities will be implemented;

Increasing Coverage:

- 1.1: CB: Provide support by training 1,530 officers and 3,000 village based workers for improved planning at State, LGA and community levels for appropriate site selection, maintaining coverage inventory, planning community outreach education.

- 1.2: SD: Provide support for construction of 150,000 new latrines and the improvement of 80,000 traditional style of latrines by establishment of revolving loans, subsidy, development of cottage industry, provision of moulds, training, provision of construction material, specifications and designs and utilisation of NGOs.
- 1.3: CB: Training of 3,000 community latrine artisans in the design and construction of low cost latrines and in marketing their skills. Artisans will be linked to Sanicentres and slab manufacturing centres, and "contact" lists will be established giving names and rates of work for communities to utilise.
- 1.4: CB: Training of 1,400 state and LGA WATSAN teams in community resource mobilisation skills. While state agencies will support LGAs, each LGA will set up a dedicated team to handle community mobilisation in a decentralised manner.
- 1.5: CB: The Federal Ministry of Water Resources and Rural Development will monitor national achievement, and will include sanitation as an agenda item for review on the various committees established in order to monitor and guide the programme.

Hygiene Education:

- 2.1: Adv: State and LGA institutions will be mobilised to allocate sufficient funds and resources so that the sanitation/hygiene education programme is adequately supported. Funds will be used for support to construction of facilities and to ensure functioning of mobilization teams.
- 2.2: Emp: Mobilisation of religious and traditional leaders in funding, construction, education, behavioural change. Community leaders will play an important role in the mobilisation of communities and in ensuring sustainability of facilities provided. In particular these leaders will be important in encouraging more involvement of women.
- 2.3: EMP: Establish and equip at least 2,750 community-managed "Sanicentres" which will be promoted and supported at each LGA headquarters and in communities. This would be an information display, a shop or stall where sanitation articles and information will be provided and sold and training with regard to financial management will be conducted. This activity will also link with mothers clubs and other women's groups and will build on the presence of VBWs.
- 2.4: CB/Emp: Training of at least 4,000 village based workers presently engaged on the Guinea Worm eradication programme in personal and household hygiene aiming to greatly improve household water and food security. The VBWs are respected members of the communities

they serve, and so will be important community based agents in the promotion of behavioural change.

- 2.5: CB/Emp: Provide training and material support to at least 1,000 community based organisations, including youth groups and women's organisations, to carry out social mobilisation and hygiene education and to develop linkages between the water supply/environmental sanitation/hygiene education programme components.

Sanitation in Schools:

- 3.1: Adv: Advocacy and linkages with the education sector to provide support for the construction of latrines and urinals, using the activity to increase awareness and develop the children's knowledge of environmental sanitation. Part of the costs of improved facilities will be borne by the Education programme. Advocacy with 1,000 policy makers for inclusion of schools in state and LGA planned output for latrine construction. In the target states it will be important for schools to be recognised as a need to be addressed by state RWSSAs and LGAs.
- 3.2: SD: Provide financial and planning support for the construction of latrines by the state agency and LGA teams in at least 700 primary schools. Both Sanplat and VIP latrine designs will be used as appropriate and feasible. The school administration, parents and children will all participate in cash or kind so as to ensure sustainability of facilities and proper use.
- 3.3: Emp: In collaboration with the education sector support training in environmental sanitation and hygiene education including the development of training packages for at least 700 primary schools selected on the basis of low enrolment of the girl child and linkage with parent teacher associations.

Communal Waste Systems:

- 4.1: CB/Emp: Community waste management systems for composting and waste disposal will be introduced. Initially during the first year demonstration sites will be established in 4 peri urban areas and 40 villages, leading to a total of 3,000 villages and 20 peri urban areas. Community workers, mothers clubs/women's groups and youth will be trained in the planning and management of the systems.
- 4.2: CB/Emp: Training and support to youth groups will be provided using NGOs to develop systems for income generation from waste disposal. Linkage with the National Department of Employment will be established, and national Youth Service Corpsers will also be included. Pilot "waste to wealth" projects in 4 peri urban centres and 10 villages will

be introduced. Innovations such as this will be developed and implemented to accelerate increased awareness and behavioural change.

Enhanced Environmental Awareness:

- 5.1: Adv/Emp: Traditional and Religious leaders will be trained and sensitised to support enhanced environmental awareness of communities and school children
- 5.2: Emp/CB: Train and mobilise 1,000 mothers clubs (at least 10,000 people) to develop and implement environmentally friendly activities and natural resource management and protection and to use skills learned to mobilise other community members.
- 5.3: Emp: Provide environmental education for 5,000 rural and peri urban women (1,250 per zone) in the subjects of improved cooking methods, improved household environment, solid and liquid waste management and disposal.

Contamination Around Water Points:

- 6.1: Emp: Support will be provided for training of 500 community workers and 100 LGA teams to identify problem areas and to train community members in the prevention of sullage waste water pollution.
- 6.2: CB: Support for research and development will be provided to state and LGA teams to find solutions for the problem of sullage waste water and to develop improved construction designs.
- 6.3: Emp: Support will be provided, via NGOs, to empower communities to solve or contain the problem of sullage waste water by planting crops such as: banana, cow pea, sugar beet, fruit tree, soya bean etc. all of which will absorb excess waste water. In addition training will be provided to communities to construct soakaways and drainage systems.

Monitoring and Evaluation:

Monitoring Indicators

KEY INDICATORS	FREQUENCY	SOURCE
* Number of latrines constructed	Bi-annually	Review meetings
* Number of latrines improved	Bi-annually	Review meetings
* Number of sanicentres established	Bi-annually	Review meetings
* Number of schools receiving regular hygiene education	Bi-annually	Review meetings
* Number of women trained in environmental sanitation and personal hygiene	Bi-annually	Review meetings
* Number of communities trained in maintenance	Bi-annually	Review meetings

Programme Budget

Programme Budget, 1997 - 2001 (US\$'000)

Project	Source	1997	1998	1999	2000	2001	Total
Water Supply	GR	597.0	672.0	782.0	608.0	576.1	3,235.1
	SF	295.0	295.0	295.0	295.0	295.0	1,235.1
Environmental Sanitation & Hygiene Education	GR	444.3	440.1	537.0	600.1	612.0	2,633.5
	SF	300.0	300.0	300.0	300.0	300.0	1,500.0
Total GR & SF	GR	1,041.3	1,112.1	1,319.0	1,208.1	1,188.1	5,868.6
	SF	595.0	595.0	595.0	595.0	595.0	2,975.0
Project Support		1,636.3	1,707.1	1,914.0	1,803.1	1,783.1	8,843.6
Programme Support							2,636.4
Total UNICEF Input		1,636.3	1,707.1	1,914.0	1,803.1	1,783.1	11,480.0
Government Contributions		2,169.0	2,169.0	2,169.0	2,169.0	2,169.0	10,845.0
Community Contributions		617.0	617.0	617.0	617.0	617.0	3,085.0
Total Programme Budget		4,421.3	4,492.1	4,699.0	4,588.1	4,568.1	25,410.0