STATE OF THE NIGERIAN CHILDREN 2015:
Children left behind in Nigeria

UNITY AND FAITH, PEACE AND PROGRESS

Save the Children

STATE OF NIGERIAN CHILDREN 2015: Children Left Behind in Nigeria

FOREWORD

As the Millennium Development Goals (MDGs) end without achieving all of its goals, Nigeria is looking forward to making giant strides towards meeting the Sustainable Development Goals (SDGs). Achieving this task may not be without taking stock of how the country has fared in the wellbeing of her citizens, particularly the children in the past couple of years. The areas of focus have largely been on the educational development, health services provision and realization of rights accruable to children.

Save the Children, in undertaking to package this annual Report of Children left behind encourages State Governments to do more as well as challenges States lagging behind to brace up and mobilize the contribution of the generality of Stakeholders in bettering the lots of the Nigerian child.

The outcome of the critical review and stakeholders' contribution culminated in the packaging of the Report which hinges on secondary data analysis of existing Reports from sources like MICS and NDHS etc. The consultant who handled this Report is also a household name in research in Nigeria and from a reputable institution in the country. The consiultant observed all known standards to meet the expectation in the Report.

'Children left behind in Nigeria' provides a new framework and approach for Nigeria to begin to understand the challenges faced by children and be able to adequately mobilize resources and design interventions to ameliorate their plight. This flagship document will herald the country's quest to adequately make available information and statistical data, especially on States basis to the public as Save the Children who is supporting the Government in this regard will publish the report for the next three years, after which the Ministry is to continue from where they stop.

The contribution and participation of the National Bureau of Statistics in the process of packaging this Report is acknowledged. The Federal Ministry of Women Affairs and Social Development is grateful to Save the Children, Nigeria Office, for undertaking this task.

The Children Let Behind Report should be seen as a guide and inspiration to spur both Government and Stakeholders, especially at State level, to redouble their efforts in interventions for vulnerable children in Nigeria.

Binta Bello (Mrs.)
Permanent Secretary
Federal Ministry of Women Affairs and
Social Development, Abuja

WORKING TOGETHER FOR THE REPORT

The National Bureau of Statistics oversees and publishes statistics for Nigeria. The Bureau provides data to assist and encourage informed decision making, research and discussions within government and the community, by leading a high quality, objective and responsive National Statistical System.

The Nigerian Ministry of Women Affairs and Social Development promotes the development of women and children with equal rights and responsibilities. The broad mandate of the Ministry is to advise Government on gender and children issues, on issues affecting persons with disabilities and the aged, initiate policy guidelines and lead the process of gender equality and mainstreaming at both the national and international levels.

Save the Children works in more than 120 countries. Saving the lives of children and fighting for their rights, the Organization helps children fulfil their potential. Save the Children has launched a new global campaign to ensure every child has an equal opportunity to survive and benefit from access to healthcare, education and adequate food, regardless of who they are or where they live.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CFSHIP	Children under-Five Social Health Insurance Programme
CLB	Children Left Behind
CRA	Child's Right Act
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
FCT	Federal Capital Territory
HGSFHP	Home Grown School Feeding Health Programme
HIV	Human Immuno–Deficiency Virus
ICSDS	Integrated Child Survival and Development Strategy
LGA	Local Government
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
NCP	National Child Policy
NEEDS	National Economic Empowerment and Development Strategy
NGO	Non-Governmental Organization
NGOs	Non-Governmental Organizations
NHIS	National Health Insurance Scheme
NIDs	National Immunisation Days
NPA	National Health Policy
NPHCDA	National Primary Health Care Development Agency
NPI	National Programme on Immunisation
SDGs	Sustainable Development Goals
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SNIDs	Sub-National Immunisation Days
SUBEB	State Universal Basic Education
TA	Transformation Agenda
UBE	Universal Basic Education
UBEC	Universal Basic Education Commission
VAD	Vitamin A deficiency
WRA	Women of Reproductive Age

EXECUTIVE SUMMARY

Introduction

This report on "Children Left Behind" in Nigeria flags areas where children are being left behind and Identifies the profile of children left behind in terms of location and current efforts in place or on-going to mitigate the deprivation. In doing this, deprivation measures adopted focus broadly on child survival, learning, and protection. The report draws from rich survey data on multidimensional aspects of deprivation that have been done in recent times in Nigeria. The evidence and insights gathered have influenced the suggested strategy for making Nigeria's development more responsive to the disparities to which children are exposed.

Globally, the Millennium Development Goals (MDGs) period brought significant progress in human welfare in general and children's well-being in particular. For example, the number of people in extreme poverty (that is those that lived on less than $1.25 per person per day) declined from 1.9 billion in 1990 to about 836 million in 2015. The proportion of those in extreme poverty in developing countries declined from about 47% in 1990 to 14% in 2015. The global under 5 mortality rate dropped from 90 to 43 deaths per 1,000 live births between 1990 and 2015. The global malaria incidence rate declined by 37% and the mortality rate by 58%.

Although, substantial progress has been made globally, there is no doubt that the level of progress varies across regions, countries and even within countries. In Nigeria, appreciable progress was made in meeting MDGs target of primary school enrolment. However, the country did not meet the target of eradicating hunger and poverty, two-thirds reduction in child mortality and protection from HIV/AIDs, malaria, access to sustained sources of water and sanitation. The greatest challenge of development in the country is how to bridge the gap between the North and the South.

Children and Disparities

Defining children "as every human being below the age of eighteen years," the Convention on the Rights of the Child sets standards that all children have the inalienable right to a core minimum level of wellbeing, including the right to nutrition, basic education, survival, protection, and the right to grow up in a family. Infringement of this right is considered as poverty.

The UN General Assembly (cited in Gordon and Nandy, 2008) defines child poverty more comprehensively:

> *"Children living in poverty are deprived of nutrition, water and sanitation facilities, access to basic health-care services, shelter, education, participation and protection, and that while a severe lack of goods and services hurts every human being, it is most threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential and to participate as full members of the society."*

The World Development Report (World Bank 2001) identifies several dimensions of deprivation such as material deprivation measured by income or consumption, low achievements in education and health, vulnerability and exposure to risk, voicelessness and powerlessness. UNICEF Global Study on Child Poverty and Disparities defines absolute poverty as "a condition characterised by severe deprivation of basic human needs." Threshold levels were identified for each of seven 'basic human needs': food, safe drinking water, sanitation facilities, health, shelter, education, and information.

The use of a 'needs' threshold to define poverty aims to denote circumstances in which children are so severely deprived as to endanger their health, well-being and long-term development.

The threshold measures adopted in this report uses a stricter baseline for poor living conditions than is usually adopted by UN agencies. For instance, the report uses 'no schooling' instead of 'non-completion of primary school' for education, 'no sanitation facilities in or near dwelling' instead of 'unimproved sanitation facilities' for sanitation, and 'no Immunisations of any kind' instead of 'incomplete Immunisation against common diseases' for health, among its indicators to measure severe deprivation.

It is possible to approach child deprivation within the definitions given above from three perspectives

- Child deprivation as a household event defined by household outcomes and characteristics; the latter are deprivations and disadvantages suffered by the households and families based on limitations, denial or curtailment of family and/or socio-economic facilities like water, shelter, and household exposure to risks and threats. A child's well-being thus depends both on how many resources are available to his or her household and on how the adults in the family allocate those resources among household members.

- Child deprivation may also be expressed as a matter of child outcomes, situations and conditions like deprivations in education, health, nutrition, and foods. The focus here is on the child and those deprivations suffered by the child without recourse to the household where the child resides.

- Thirdly, child deprivation may very well integrate the two preceding approaches in which the phenomenon is expressed more comprehensively in terms of household, family and child outcomes. It considers the household or family environment of the child as well as the conditions that afflict the child.

This report adopts deprivation measures which focused more on improving children's access to nutrition, health, education, and protection of children from child labour, female genital mutilation/cutting, child marriage and loss of identity due to no birth registration.

METHODOLOGY

The report describes children left behind based on the three focus areas of Survival, Learning and Protection. It focuses on children related nutrition, health, education and protection variables/indicators in the existing data from the Multiple Indicator Cluster Survey (MICS 2011), Demographic and Health Survey (DHS 2013), and National Nutrition and Health Survey conducted using Standardized Monitoring and Assessment of Relief and transitions methods (SMART 2014). Selected deprivation based indicators in nutrition, health, education and protection/shelter were computed and analysed. We used the computed indicators to generate profile of children left behind by location (National, and States), and gender. Selected indicators were used to generate League Table of States with respect to the best place to be a child in Nigeria.

Where data quality allowed, deprivation based on these indicators were measured at two levels: severe and less severe. However, in most cases, and at the State level, the extent of deviation from the mean or national average served as a proxy for severe or less severe deprivation. Some of the indicators are child based (immunisation, nutrition, child education, etc.) and others are household based (drinking water, sanitation, electricity).

Nutrition: Three internationally accepted measures of undernourishment: - underweight (weight for age), stunting (height for age), and wasting (weight for height) were adopted. Children who are more than two standard deviations below the international reference population for stunting wasting or underweight were classified as less severely deprived; and those who are more than three standard deviations below the reference population for stunting wasting or underweight as severe deprived.

Health: Children severely deprived are those who were not immunised against any disease; and those who did not receive all basic immunisation (BCG, DPT1, DPT2, DPT3, Polio0, Polio1 Polio2, Polio3 and measles). The extent of the health system to provide care for children was also measured through the dropout rates between vaccines that require repeat doses.

Education indicators considered were in terms of Early Childhood and Primary Education.

Protection indicators considered include birth registration, child labour, child marriage, and female genital mutilation or cutting.

Access to basic amenities such as water, sanitation and electricity were also discussed.

Nutrition

Children's nutritional status is a reflection of their overall wellbeing in health. When children have access to adequate food supply, when they are not exposed to repeated illness, and are well cared for, they not only survive but reach their growth potentials and are considered well nourished. Adequate nutrition plays a major role in children's overall development and future prospects.

Undernourished children are more likely to die from common childhood ailments, and those who survive have recurring sicknesses and faltering growth. One of the MDG targets was to reduce by half the proportion of people who suffer from hunger. The Sustainable Development Goals (SDGs) have a target to end by 2030 all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under-5 years of age. Malnutrition in a child is a consequence of inappropriate nutrition and is indexed by three measures namely underweight, stunting and wasting. The SDGs aim at complete elimination of severe undernourishment to improve the quality of child life.

Nutrition Profile of Children in States in Nigeria

In Nigeria, prevalence of undernourishment increased between 2011 and 2013, but declined thereafter in 2014. More children were stunted than underweight or wasted.

Undernourishment is higher in the northern than in the southern states. It ranged from about 22% in Kaduna to 41% in Jigawa.

Stunting above the national average of 32.2% was also a northern trend and ranged from 34.4% in Nasarawa State to 59.7% in Katsina State. Similarly, prevalence of wasting above national average of 8.7% was mainly a northern trend except Osun State in the south which had 9% (see Figure 2.1C).

The incidence of children left behind relative to the national average in all the three indicators of undernourishment was largely a northern phenomenon. The States which lagged behind most have incidence of undernourishment about twice that of the national average. In particular, Jigawa, Yobe, Kano, Borno, Bauchi States featured at least twice among the last five States in each of indicators of underweight, stunting and wasting (see, Figures 2.1A, 2.1B, and 2.1C).

The prevalence of severe underweight, stunting and wasting above the national average exhibits a northern trend. Adamawa, Bayelsa, Enugu, Imo, Kaduna, Kogi, and Plateau States did not have cases of severely stunted children. Although, the disparity among the States which fall below the national average narrows from underweight through wasting, stunting which occurs as a result of inadequate nutrition over a longer period of time is more wide spread and concentrated in the North.

Further, stunting increases more with age among children under 5 years and may be due to lack of food security for children especially as it affects food availability, quality and intra-household distribution of food. The prevalence of both moderate and severe underweight, stunting and wasting was more among female children than male.

Nutrition Policies and Programmes

Several policies and programmes have been put in place by the government to address the issue of child nutrition. However, the implementation of these programmes and the enforcement of the legislations remain ineffective. This may account for the disparity in the nutritional status of children among States. Moreover, the trend of malnutrition among States and between 2011 and 2014 showed that while the situation improved in some States it worsened in some others. This may require further investigation on the implementation at the State level as well as complementary policies/programmes.

The goal of improving the nutritional status of all Nigerians, and children in particular, needs effective coordination of interventions by relevant stakeholders at both Federal and State level. This is necessary to ensure sustained effort and realisation of SDGs targets.

Health

Immunisation against the major childhood diseases (diphtheria, pertussis, tetanus, tuberculosis, whooping cough, and measles) should guarantee low child morbidity and reduced child mortality. National Immunisation Programme showed wide differential coverage across the States. Immunisation coverage of three vaccinations (DPT1/Penta1, DPT2/Penta2, and DPT3/Penta3) and in terms of children left behind, exhibit similar trends and remains largely a northern phenomenon with the exception of Bayelsa State in the South which dropped below the national average in DPT3/Pent3 (see, Figure 3.1, 3.2, and 3.3).

The national average dropout rate of 22 percent between those who received the first dose of DPT/Penta vaccine and the third dose is rather very high as it is above the acceptable level of 10 percent. At the State level, the dropout rate is even very alarming with 19 States having dropout rates above the national average of 22 percent. For example, 3 States (Sokoto, Jigawa and Zamfara) had 83, 79, and 60 percent dropout rates respectively while Kebbi, Taraba, Kano, Yobe, Katsina, Gombe, Bauchi, Niger, Nasarawa, Adamawa, Kaduna, and Bayelsa States have dropout rates between 34 and 54 percent. Even among the 17 States and FCT with dropout rates below the national average of 22 percent only 8 States and FCT (Ekiti, Osun, FCT, Lagos, Edo, Oyo, Cross River, Imo, and Ebonyi) have dropout rates below the acceptable level of 10 percent (see Figure 3.3a).

Therefore, the high dropout rate at the national level and for most of the States, is a reflection of low full immunisation and can be a very useful measure of the effectiveness of the health system to deliver the required services. Although micro studies at State level have advanced some factors as being responsible for this trend, there is a need for a macro study at national level to investigate the very high dropout rates in the country in general and the North in particular. This will help in addressing the problem and thereby ensure effective delivery of immunisation to children in the country.

The trend of the percentage of children vaccinated against measles shows huge variation across the states. Sokoto has the least proportion of children vaccinated against measles while Lagos has the highest. Relative to the national average of about 64%, there are twenty (20) states and FCT with more vaccinated children against measles than the national average. Sixteen of the remaining States have children vaccinated against measles below the national average. Hence, children left behind in terms of vaccination against measles are located mainly in Sokoto, Zamfara, Yobe, Borno, Jigawa, Bauchi, Katsina, Kano, Kebbi. Gombe and Niger.

Immunisation coverage among children 12 - 23 months was measured among those who received all basic immunisation and those who did not receive as at 2013. The national average for those who received was 25%, which is very low given that A World Fit for Children goal is to ensure full immunisation of infants at 90% nationally, with at least 80% coverage in each state. Even among states that had coverage above the national average, none was able to reach this target of 80% coverage in all basic immunisation. For example, the best performing State, Imo, had 62.4% coverage. All the states whose coverage of all basic Immunisation falls below the national average are in the North except Ogun state which is in the South. Adamawa, Kogi and Kaduna States in the North have all basic immunisation coverage above the national average. Children (12-23 months) who were severely deprived of basic immunisation were located mainly in the northern part of the country. The conflict in the North East may partly be responsible for the very low coverage in that zone (see, Figures 2.5 and 2.6).

Health Policies and Programmes

Health is on the concurrent list in the Nigerian constitution. Currently, there are plethora of health laws, policies and programmes.

Education

Universal access to basic education and the achievement of primary education by the world's children was one of the most important deliverables of the Millennium Development Goals (MDGs), Sustainable Development Goals (SDGs) and A World Fit for Children. Education is a vital prerequisite for protecting children from hazardous, exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment as well as influencing population growth. Education makes a lot of difference to the survival, growth and development of children.

The trend of children left behind in education was measured through Early Childhood and Primary Education.

Early Childhood Education

Early childhood education or pre-school education in an organized learning environment is important for the readiness of children for school. In fact, early childhood education or nursery school gives children a head start. As at 2011, 62% of children aged 36 -59 months were deprived of early childhood education nationwide. The prevalence among the States varies from 93% in Borno State to 6% in Lagos State. All the 15 States with prevalence of no early childhood education above the national average are located in the North. While five of the States with lowest rates (Lagos, Osun, Ekiti, Anambra and Imo) are in the South. Therefore, children severely deprived of Early Childhood Education in Nigeria are largely, a northern phenomenon. The prevalence of children with no Early Childhood Education, by male and female distribution, shows that the distribution of male children mirrors the national pattern in terms of proportion of children left behind and number of States that falls below the national average. However, the prevalence of female children is slightly different from either the male or national patterns. (See Figures 4.1, 4.2 and 4.3; Map 4.1 and 4.2).

Primary Education

Nationally, 17% of school age children (6 years and above) were not currently in school during the school year of 2010-2011. The variation across the states ranges from 9% in Niger State to 23% in Yobe State. In all, 18 States exhibited prevalence rates above the national average. Unlike previous indicators, the States above the national prevalence of 17% cut across both the northern and southern parts of the country. In fact, 10 of these States are in the South and 8 in the North. (See Figure 4.4 and Map 4.3). These States include Yobe, Katsina, Borno, Zamfara, Bauchi, Nasarawa, Plateau and Sokoto in the North; and Lagos, Rivers, Akwa Ibom, Cross River, Abia, Bayelsa, Imo, Enugu, Ebonyi and Delta in the South. It is interesting to note that Niger, Kwara, and Taraba States are among the five States with the lowest prevalence of children not in primary school. However, the variation among States in the prevalence of children not in primary school is not wide even among those States which had below the national average. There is a lot of clustering around the national average as prevalence of not being in primary school in 12 of the States differed by just 1 to 2 percentage points from the national average.

The prevalence rate of male children and female children 6 years and above not attending primary school by State showed that male children pattern is similar to that exhibited by both gender, except that national average is lower at about 15%, and 16 States instead of 18 had incidence of children not in primary school above the national male children average; and 9 of the States are in the North and 7 in the South.

The prevalence of female children aged 6 years and above not in primary school is slightly different from both the aggregate and the male children patterns. The national female children average not in primary school is 19.9%with 21 States having prevalence above the national female average; and 11 of the States are in the North and 10 in the South (see, Figures 4.5, 4.6 and Map 4.4 and 4.5). There is need for more targeted effort on girl-child education in the States lagging behind.

Policies and Programmes

The Universal Basic Education policy is the major policy on children education. The three tiers of Government in Nigeria (Federal, State and Local) have primary responsibility to fund and manage basic education. There are adequate institutional frameworks for achieving the goals of basic education for every child. However, funding and effective coordination of implementation, monitoring and evaluation of education expenditure and outcomes remain a major challenge.

Protection

The Child's Rights Act (2003) provides for the protection of the rights of the child through birth registration, prohibition of childhood marriage, protection from exploitation or child labour, sexual abuse and other forms of abuse.

In Nigeria, the prevalence of birth registration among children under5 is very low at 30% with wide variation across the states- 66% in Osun state and 3% in Zamfara state. There is definite north - south variation in birth registration (see, Figure 5.1). Majority of the states with levels of birth registration above the national average are located in the South, while those with levels below the national average are mainly in the North. Yet, both the Convention on the Rights of the Child and A World Fit for Children emphasize the need to ensure the registration of every child at or shortly after birth. There is need to ensure that birth registration law is enforced as a way of providing protection for children. Government should collaborate more with Non-governmental agencies including religious organisations to educate parents to register a child's birth and safeguard the birth certificate.

Child labour: Children left behind in terms of child labour are located mainly in the Southern part of the country (see, Figure 5.4 and Maps 5.2a and 5.2b). Therefore targeting efforts at States with high incidence of child labour will help to ameliorate the situation in Nigeria.

Child Marriage: In Nigeria, 25 percent of Women of Reproductive Age (15 – 49 years of age) married before age 15 while about 40 percent married before age 18 in 2011. The prevalence of child marriage increases as one moves from South to North. The prevalence of child marriage above the national average is very common in the North as 1 in 3 Women of Reproductive Age marries before age 15 in Borno, Kaduna, Kebbi and Gombe States; 2 in every 5 marry in Jigawa, Kano, Yobe, Bauchi and Sokoto States. 1 in every 2 marries in Katsina and Zamfara States before age 15. In almost all the States in the South, less than 20 percent (that is 1 in every 5) marry before age 15 (see, Figures 5.5, 5.6 and Maps 5.3 and 5.4).

The League Table of States

The League provides the ranking of States with Children left behind in two or more of the following 13 indicators: malnutrition (underweight, stunting and wasting), registered births, child labour, child marriage, immunisation (BCG, DPT3, Polio3 and Measles), with no early childhood education (all, male and female). In this context, "left behind" was defined relative to the national average performance of each of the indicators. Thus based on the above ranking, the best ten states where children are least deprived are located in the South. Whereas the last ten states where children are most deprived are in the North (see Figure 6.1).

A modified ranking of states based on 19 indicators: Nutrition (percentage of children who are underweight, stunting and wasting); Health (children who received DPT3, Polio3, and Measles immunisation; and percentage of under 5 children who were treated with appropriate malaria drug during an episode of malaria attack); Education (percentage of children 36 - 59 months with Early Childhood Education; percentage of children 6 years and above in primary school); Protection (birth registration, child labour, female genital mutilation and child marriage). Shelter (access to improved water sources; access to improved toilet facility; and access to electricity), produced similar results. Figure 6.2 shows that Lagos tops the list and thus the best place to be a child in Nigeria. Eight other states plus FCT that came among the first ten are Anambra, Imo, Ekiti, FCT, Osun, Edo, Abia, Rivers, and Akwa Ibom. The last ten states in this ranking were almost similar to the last ten states in the League table of children left behind, except, Kaduna state which is a new entrant in the second set of ranking and the change in the relative position of states. These are Zamfara, Yobe, Bauchi, Katsina, Jigawa, Sokoto, Kebbi, Borno, Kaduna and Kano (see, Table 6.1 in the Appendix).

Conclusion

Children Left Behind suffers from deprivation in respect to survival, learning and protection indicators considered in this report. Disparities exist across states and prevalence of severe deprivation increases from South to North for most of the indicators.

There is need to prioritise and rationalise government expenditure to focus on areas that are critical to the achievement of the SDGs in general and elimination of child poverty and disparities in particular. Pre-primary schooling, birth registration, facility-based treatment of severe malnutrition, targeted food subsidy/aid as well as child and family allowances are areas our annual budgets should focused on and effectively address to enhance the welfare of children left behind.

This report shows the wide variation in child outcomes in key areas of child health, nutrition, education and child protection, and no doubt widens the scope for specific and sustained interventions by Governments, Development Partners, as well as Civil Society Organisations (CSOs) which ultimately will positively impact on achieving the sustainable development goals and targets in Nigeria.

In Nigeria, the prevalence of birth registration among children under5 is very low at 30% with wide variation across the states- 66% in Osun state and 3% in Zamfara state.

Save the Children

WE'RE CAMPAIGNING FOR:

Girls forced into early marriage

39% of girls are married, **before they are 18 years old and...**

16% are married before they turn 15

In many parts of Nigeria, **young mothers are exposed to violence,** and lack access to healthcare, nutrition and education

So we are taking action...

we ask every state to pass the Child Rights Act immediately and start implementing the minimum age of marriage

we want National and State Governments to ensure the effective implementation of the Universal Basic Education Act 2004 that gives free and compulsory to children

NIGERIA

For every one girl married before the age of 18 in urban Nigeria, **there are two in the rural areas**

82% of women aged 20-24 with no education **were married by the age of 18**

IN EVERY COUNTRY, WE'RE CALLING FOR THESE GUARANTEES FOR EVERY LAST CHILD:

FAIR FINANCE

Create global rules and national systems that enable money to be raised and spent in ways that get every child the essential services they need to survive, learn and be protected.

EQUAL TREATMENT

Challenge and change laws and behaviours that discriminate against children, in ways that stop them from surviving, learning and being protected.

ACCOUNTABILITY TO CHILDREN

Give excluded children and their communities a voice in the decisions that affect them, and ensure that every last child is registered and counted.

INTRODUCTION

1.1 Background to the Study

As the Millennium Development Goals (MDGs) period has come to an end and replaced by the Sustainable development Goals (SDGs), significant progress has been made globally to enhance human welfare in general and children's well-being in particular. For example, globally, the number of people in extreme poverty (that is those that lived on less than $1.25 a day) declined from 1.9 billion in 1990 to about 836 million in 2015. The proportion of those in extreme poverty in the developing countries declined from about 47percent in 1990 to 14percent in 2015. The global under five mortality rate dropped from 90 to 43 deaths per 1,000 live births between 1990 and 2015. The global malaria incidence rate has fallen by 37percent and the mortality rate by 58 percent. Over 6.2 million malaria deaths have been averted between 2000 and 2015, primarily of children under-five years of age in Sub-Saharan Africa.

Although, substantial progress has been made, there is no doubt that the level of progress varies across regions, countries and even within countries. Therefore, in line with the goals of "A world fit for children," [1] there is need to ensure that, in meeting children well-being, no child is left behind.

Children constitute nearly half of the population of Nigeria, about 88 million [2] out of estimated population of about 183 million as at 2015.

Evidences on Children and MDGs show that Nigeria made appreciable progress in meeting MDGs target of primary education enrolment and gender parity in education. However, it did not meet the target of eradicating hunger and poverty, reduction in child mortality and protection from HIV/AIDs, malaria etc., and access to sustained sources of water and sanitation. [3]

Public expenditure on the social sector has been generally lower than those in other sectors. In fact, the budget does not pay adequate attention to child related issues as nutrition and child protection issues were less visible in the budget. The greatest challenge of development in the country is how to bridge the gap between urban and rural areas and between the North and the South.

The purpose this national report is to flag those areas where children are being left behind in Nigeria; identify the profile of children left behind in terms of location; in what aspects of life (rights) have they been left behind; the population of children left behind as a proportion or percentage of children in the locality as well as identify current efforts in place or on-going to mitigate the deprivation. In doing this, deprivation measures adopted focus more on improving children's access to nutrition, health, education, shelter, information, water and sanitation, birth registration, child labour, female genital mutilation and early marriage in line with the three pillars of survival, development and protection. In doing this, the study draws from rich survey data on multidimensional aspects of deprivation that have been done in recent times on Nigeria.

The report looks, in details, at how public policies could more effectively reduce child deprivations by providing better services and protection for all children and especially those left behind. The evidence and insights gathered are expected to result in a comprehensive strategy for making Nigeria's development, social protection and sector strategies more responsive to the disparities to which children are exposed.

CHILDREN AND DISPARITIES

1.2.1 Conceptual Framework

There are several dimensions of deprivations such as material deprivation measured by income and consumption; non-material deprivation such as lack of health care when one is sick; deprivation of education as well as deprivation of human rights including the "capabilities that a person has, that is the substantive freedoms he or she enjoys to lead the kind of life he or she values" [4].

Defining children "as every human being below the age of eighteen years," the Convention on the Rights of the Child (CRC) sets standards that all children have the inalienable right to a core minimum level of wellbeing, including the right to nutrition, basic education, survival, protection, and the right to grow up in a family. Deprivation or a curtailment of this right is considered as poverty.

A working definition of child poverty, inspired by the principles of the Convention on the Rights of the Child and that focuses on the resources children need to survive and grow explain poverty thus:

> *"Children living in poverty experience deprivation of the material, spiritual, and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society."* [5]

A broader definition that seems to capture child poverty more comprehensively offered by the UN General Assembly in January 2007 states thus:

> *"Children living in poverty are deprived of nutrition, water and sanitation facilities, access to basic health-care services, shelter, education, participation and protection, and that while a severe lack of goods and services hurts every human being, it is most threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential and to participate as full members of the society."*

Another approach advocated in the World Development Report by the World Bank (2001) is to define as poor any person who is poor in at least any one of the following dimensions of deprivation: material deprivation measured by income or consumption, low achievements in education and health, vulnerability and exposure to risk, voicelessness and powerlessness. As an alternative to standard money-metric measures, a UNICEF study defines absolute poverty as "a condition characterised by severe deprivation of basic human needs."

Threshold levels are identified for each of seven 'basic human needs': food, safe drinking water, sanitation facilities, health, shelter, education, and information. The study assumes that a child is living in absolute poverty only if he or she suffers from multiple deprivations — two or more severe deprivations of basic human needs.

The use of a 'needs' threshold to define poverty aims to denote circumstances in which children are so severely deprived as to endanger their health, well-being and long-term development.

The deprivation in basic human needs threshold measures use a more extreme baseline for poor living conditions than is usually adopted by UN agencies. For instance, this report uses 'no schooling' instead of 'non-completion of primary school' for education, 'no sanitation facilities in or near dwelling' instead of 'unimproved sanitation facilities' for sanitation, and 'no Immunisations of any kind' instead of 'incomplete Immunisation against common diseases' for health, among its indicators to measure severe deprivation (see Box 1).

While this approach may be relevant in a study focused on children left behind, its adoption in this report would be dictated by data availability in view of the fact that we used existing secondary data.

1.2.2 Child Deprivation Approaches

It is possible to approach child deprivation within the definitions given above from three perspectives

- Child deprivation as a household event defined by household outcomes and characteristics; the latter are deprivations and disadvantages suffered by the households and families based on limitations, denial or curtailment of family and/or socio-economic facilities like water, shelter, etc., and household exposure to life threatening risks and threats. A child's well-being thus depends both on how many resources are available to his or her household and on how the adults in the family allocate those resources among household members.

- Child deprivation may also be expressed as a matter of child outcomes, situations and conditions like deprivations in education, health, nutrition, and foods. The focus here is on the child and those deprivations suffered by the child without recourse to the household where the child resides.

- Thirdly, child deprivation may very well integrate the two preceding approaches in which the phenomenon is expressed more comprehensively in terms of household, family and child outcomes. It considers the household or family environment of the child as well as the conditions that afflict the child.

BOX 1: DEPRIVATION BASED INDICATORS

Forms of Severe Deprivation	Indicator
Severe Nutrition Deprivation	Children under five years of age whose heights and weights for age are more than -2 and -3 standard derivations below the median of the international reference population, i.e. moderate and severe anthropometric failure.
Severe Water Deprivation	Children in households who only have access to unimproved sources of water for drinking.
Severe Sanitation Deprivation	Children in households who have no access to a toilet of any kind in the vicinity of their dwelling.
Severe Health Deprivation	Children under two years of age that have never been immunized or those that have suffered from a severe episode of Malaria, Diarrhoea or ARI that was not treated.
Severe Education Deprivation	Children aged 6 and above who are not currently attending primary school. Children aged 36-59 months with no early childhood education.
Severe Information Deprivation	Children aged 6 and above with no possession of and access to radio, television, telephone or newspapers at home.
Severe Protection Deprivation	Children without birth registration or those who were forced into early marriage or child labour.

1.2.3 Methodology

The report describes children left behind based on the international Child's Rights Act in Nigeria: Survival, Learning, Protection and Participation. It focuses on children related nutrition, health, education and protection variables/indicators in the existing data from the Multiple Indicator Cluster Survey (MICS 2011), Demographic and Health Survey (DHS 2013), and National Nutrition and Health Survey conducted using Standardized Monitoring and Assessment of Relief and transitions methods (SMART 2014). We appraised data from these sources and reconciled any observed differences based on national perspective on MDGs and the Sustainable Development Goals (SDGs) and targets. We computed and analysed deprivation based on the relevant nutrition, health, education and protection/shelter indicators. Children left behind were profiled by the indicators computed by location (National, and States), and sex (Male/Female). We then developed the criteria for ranking the States based on the selected indicators and finally generated League table of States with respect to the best place to a child.

In addition to these four main areas (nutrition, health, education and protection) considered as very basic for child survival, growth and development; we included access to water, sanitation, and electricity. Deprivation in each of these areas could be measured at two levels namely severe and less severe; depending on the nature of the indicators and data quality. In most cases, and at the Statelevel, the extent of deviation from the mean or national average will serve as a proxy for severe or less severe deprivation. It is important to note that some of the indicators are child based and others are household based (example, drinking water, sanitation, electricity are household based indicators, whereas Immunisation, nutrition, child education, etc. are child based).

Nutrition: Children left behind were determined based on the three internationally accepted measures of undernourishment: underweight (weight for age), stunting (height for age), and wasting (weight for height). Children who are more than two standard deviations below the international reference population for stunting wasting or underweight were categorized as less severely deprived nutrition-wise. Children who are more than three standard deviations below the international reference population for stunting, wasting or underweight were categorized as severely deprived.

Health: Children left behind between 0-5 years of age who did not receive Immunisation against any disease or those under 18 years who did not receive any treatment against any recent episode of malaria or acute respiratory infection (ARI) or diarrhoea. Also, those who did not receive all basic Immunisation (BCG, DPT1, DPT2, DPT3, Polio, Polio1 Polio2, Polio3 and measles. The extent of the health system to provide care for these children was also measured through the dropout rates between first and last doses of vaccines that require multiple vaccination.

Education: Children left behind in education were measured in terms of early childhood education, and primary school.

Protection: Protection indicators considered include birth registration, child labour, child marriage and female genital mutilation.

Access to Basic Amenities: We considered access to water, sanitation and electricity.

Underweight, stunting and wasting which are problems of the under-5 are all manifestation of malnutrition, vitamin deficiency and nutrient intake inadequacy; each of these in any form exposes the child to health risks and in its severe form constitutes real serious threat to the child's survival.

NUTRITION

This section and subsequent ones examine Children Left behind (CLB) in nutrition, health, education and protection. In doing this, we present a situation analysis of the profile of selected indicators with their children outcome. We attempt a situation analysis of the policy environment, and strategies put in place as well as the mechanisms of implementing the policies and programmes and how the strategies have impacted on the survival, education and protection of children. Data derived from any of the following surveys (Multiple Indicator Cluster Survey [MICS 2011], Demographic and Health Survey [DHS 2013], and the National Nutrition and Health Survey using Standardized Monitoring and Assessment of Relief and Transitions methods [SMART 2014]) were utilized for the analysis.

2.1 Nutrition

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, when they are not exposed to repeated illness and are well cared for, they not only survive but reach their growth potentials and are considered well nourished.

Undernourished children are more likely to die from common childhood ailments, and those who survive have recurring sicknesses and faltering growth. Three-quarters of the children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward sign of their vulnerability.[6] The Millennium Development Goals target was to reduce by half the proportion of people who suffered from hunger between 1990 and 2015.

One of the goals of A World fit for Children [7] was to reduce the prevalence of malnutrition among children under 5 by at least one-third (between 2000 and 2010), with special attention to children under 2 years of age. The Sustainable Development Goals target is to end by 2030 all forms of malnutrition and achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age.

2.2.1 Nutrition Profile of Children in States in Nigeria

Malnutrition in a child is a consequence of inappropriate nourishment and is indexed by three measurements namely underweight, stunting and wasting (over-nutrition is emerging but not part of criteria considered for this report). They express inadequacies in anthropometric measurements of weight-for-age (underweight), height-for-age (stunting), and weight-for-height (wasting) relationships.

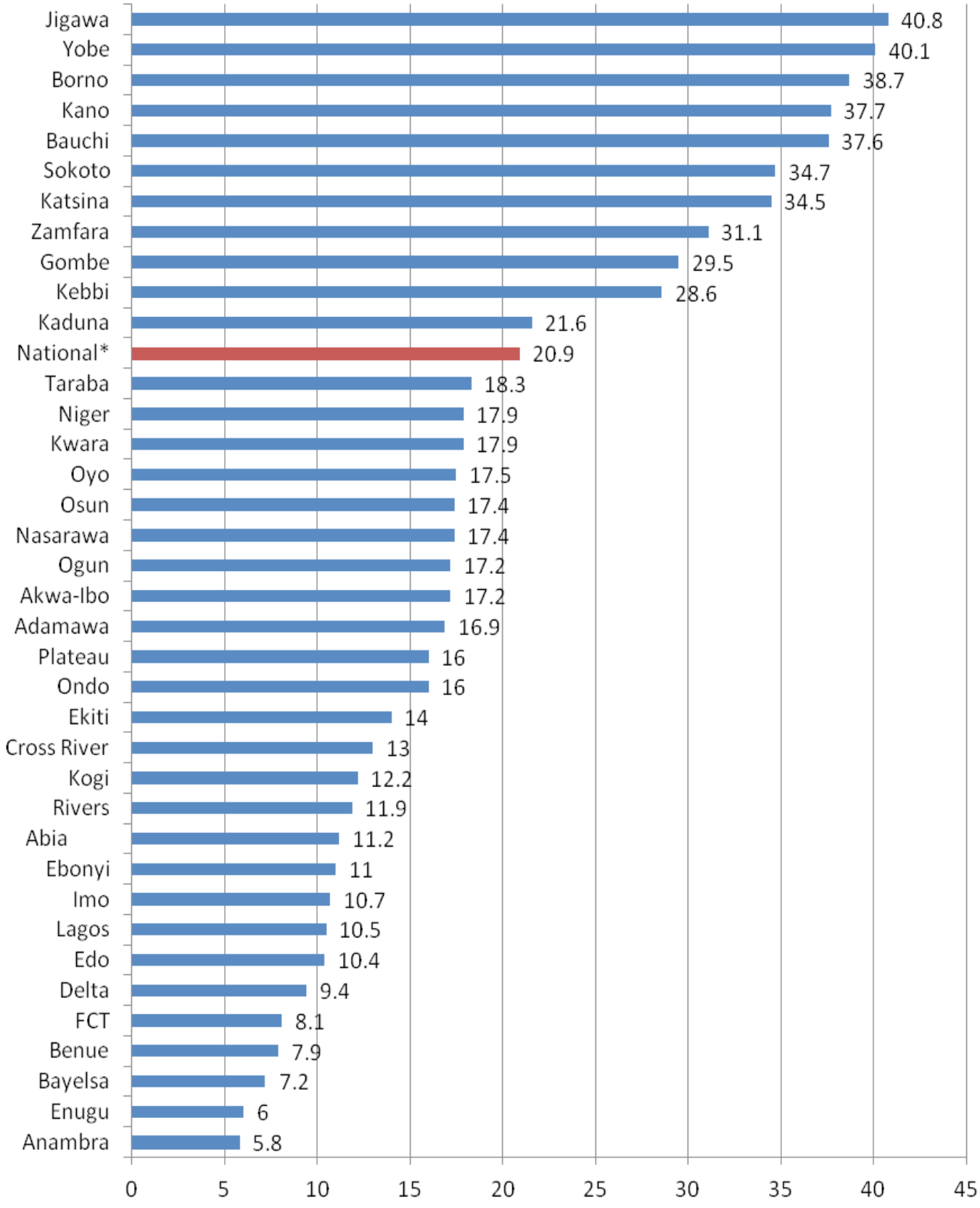
Underweight, stunting and wasting which are problems of children especially the under-5 are all manifestation of malnutrition, vitamin deficiency and nutrient intake inadequacy; each of these, in any form, exposes the child to health risks and, in its severe form, constitutes serious threat to the child's survival. Hence, the MDGs and now the SDGs (#2) aim at complete elimination of severe undernourishment to improve the quality of a child's life.

Table 2.1 shows data on prevalence of moderate and severe undernourishment (underweight stunting and wasting) respectively by States in Nigeria and at national levels in 2011, 2013 and 2014. Generally, prevalence of undernourishment increased between 2011 and 2013, but declined thereafter in 2014. More children were stunted than underweight or wasted.

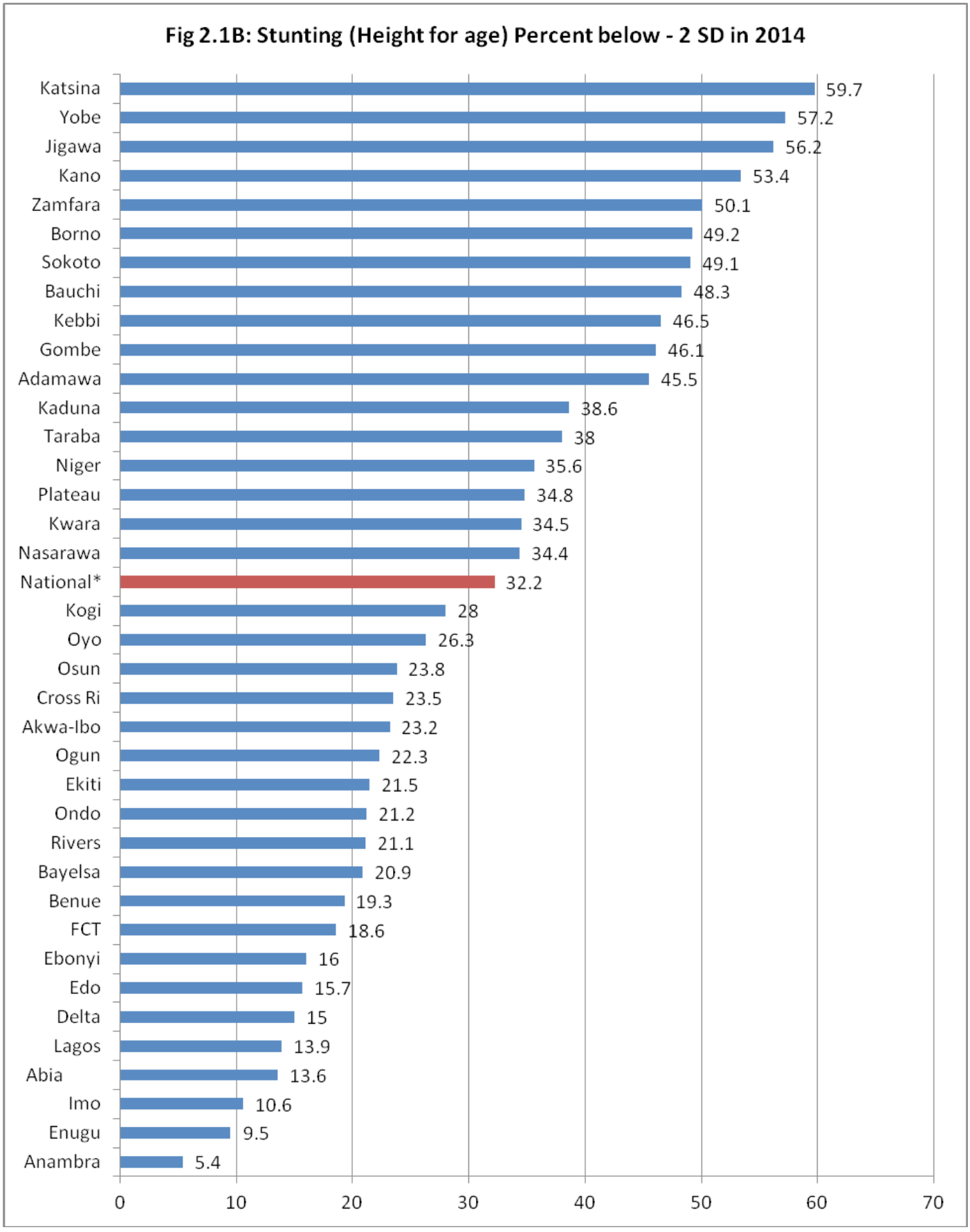
Disparities exist across States. Undernourishment is higher in the northern than in the southern states. Children left behind in terms of undernourishment were found mainly in the States in the North namely Jigawa, Yobe, Borno, Kano, Bauchi, Sokoto, Katsina, Zamfara, Gombe, Kebbi, Kaduna, Adamawa, Taraba, Niger, Plateau, and Nasarawa.

Figure 2.1A shows that prevalence of moderate underweight (weight-for-age) in 2014 above the national average of 20.9 percent ranged from 21.6 percent in Kaduna to 40.8 percent in Jigawa with all the affected 11 States in the northern part of the country. The same trend was observed with respect to stunting (above national average of 32.2 percent ranged from 34.4 percent in Nasarawa to 59.7 percent in Katsina; and wasting above national average of 8.7percent ranged from Osun 9percent in the South to 17.7percent in Jigawa (see, Figures 2.1B and 2.1C). However, the number of States below the national average increased to 17 for stunting, but declined to 9 with respect to wasting. The incidence of children left behind relative to the national average in under nutrition was largely a northern phenomenon. In all the three indicators of undernourishment, the State which lagged behind most had incidence of undernourishment about twice that of the national average. In particular, Jigawa, Yobe, Kano, Borno and Bauchi States featured at least twice among the last five states in each of indicators of underweight, stunting and wasting.

Fig 2.1A: Weight for age (Underweight) Percent below - 2 SD in 2014

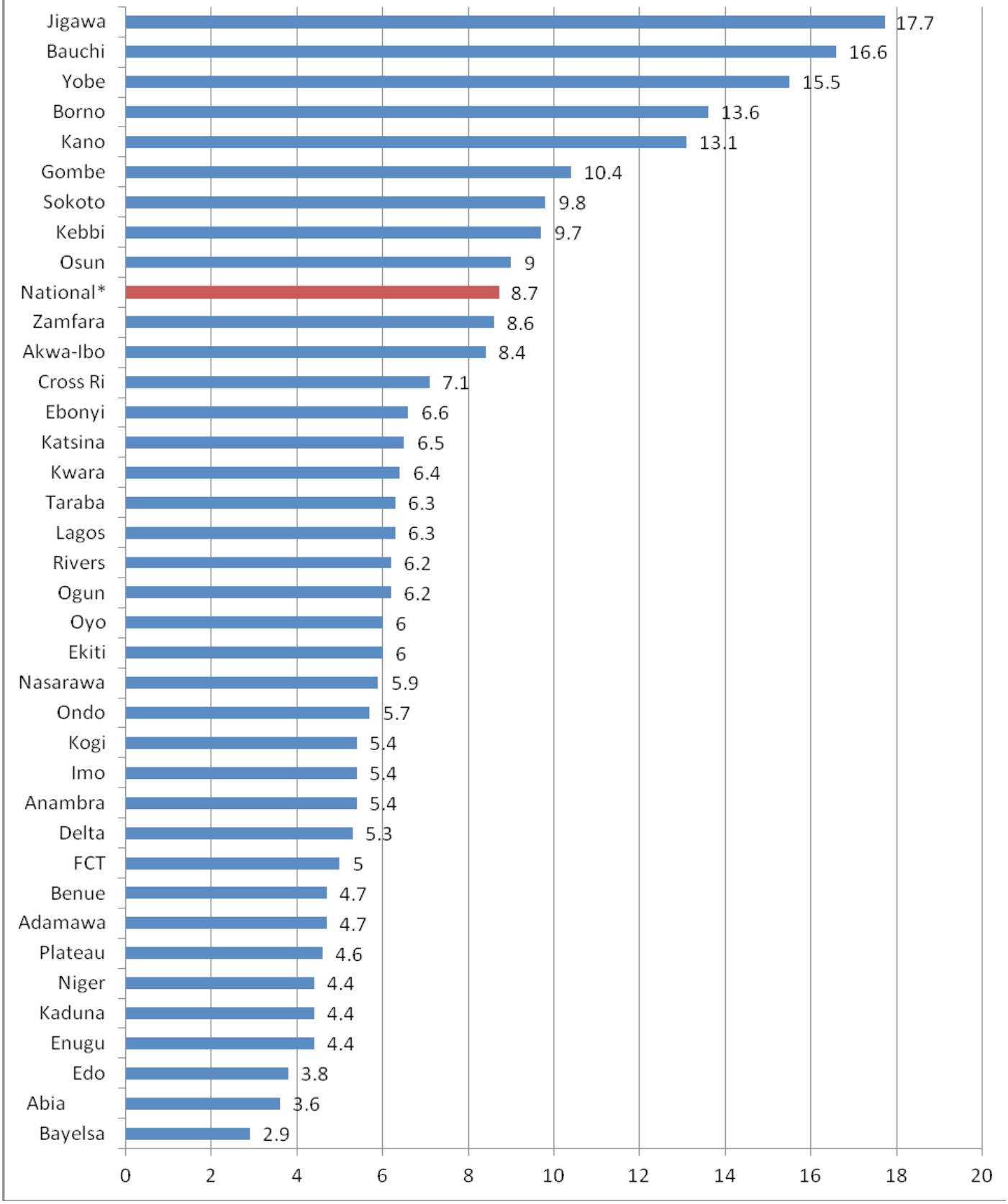


Source: Computed from SMART, 2014



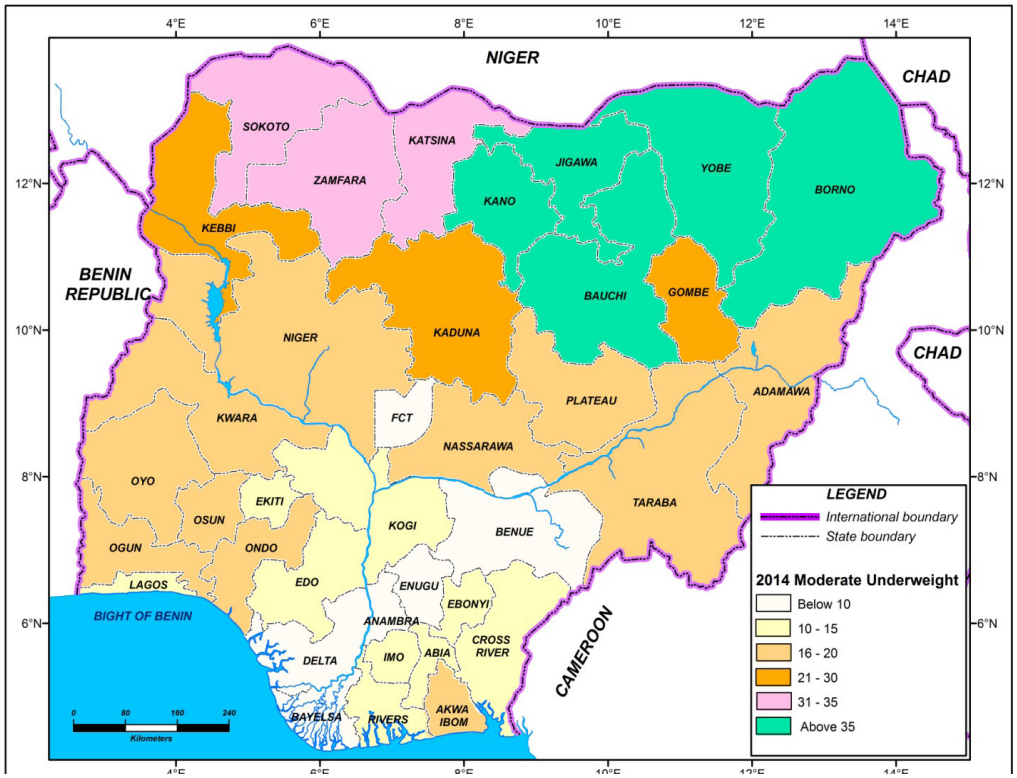
Source: Computed from SMART, 2014

Fig 2.1C: Wasting (Weight for height) Percent below - 2 SD in 2014

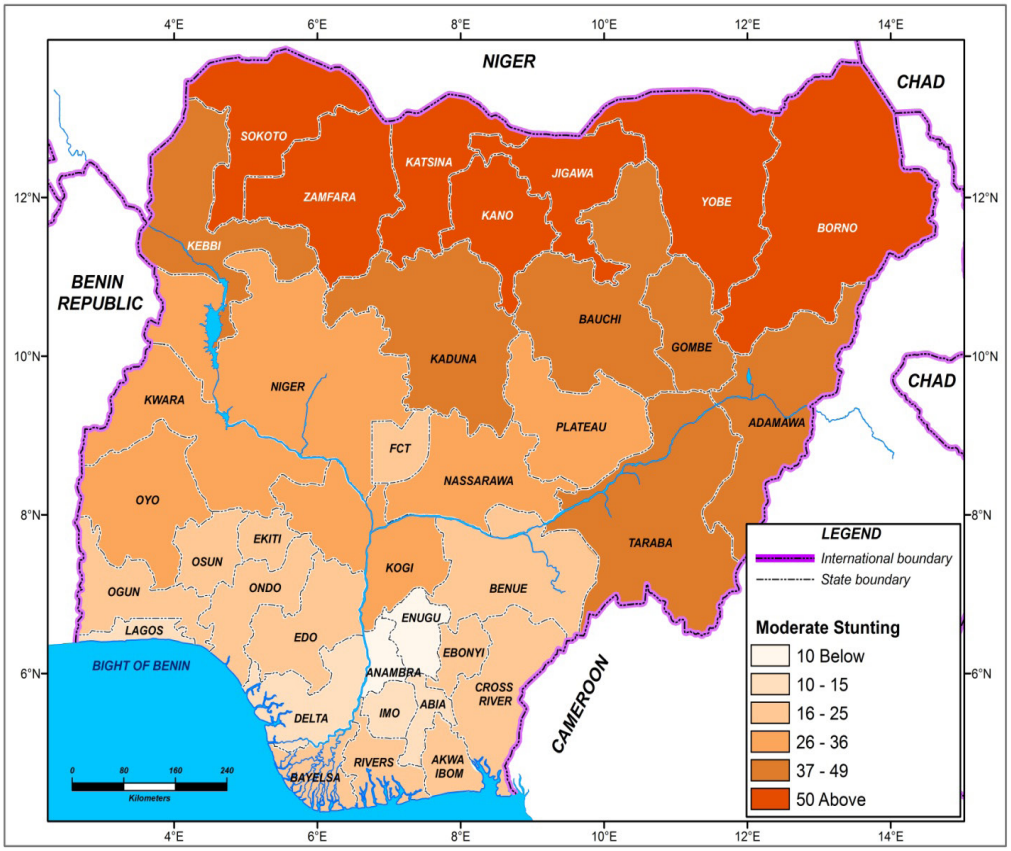


Source: Computed from SMART, 2014

Map 2.1a: Percentage of Children with Moderate Underweight, 2014

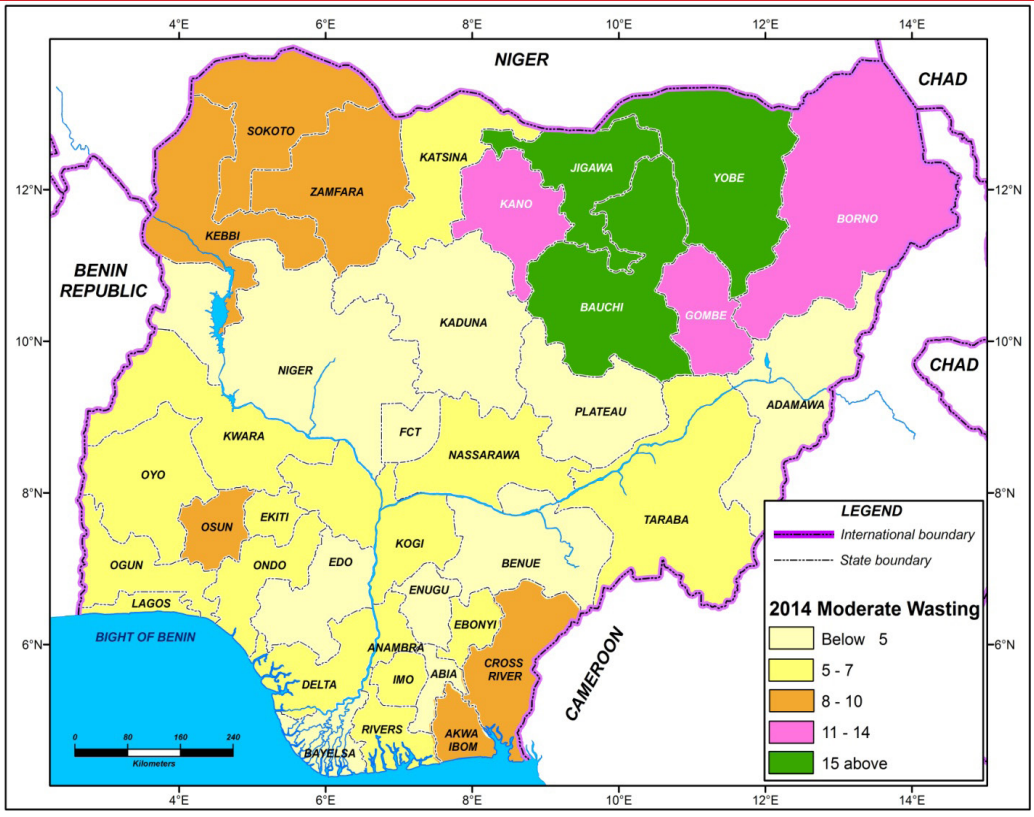


Map 2.1b: Percentage of Children with Moderate Stunting, 2014



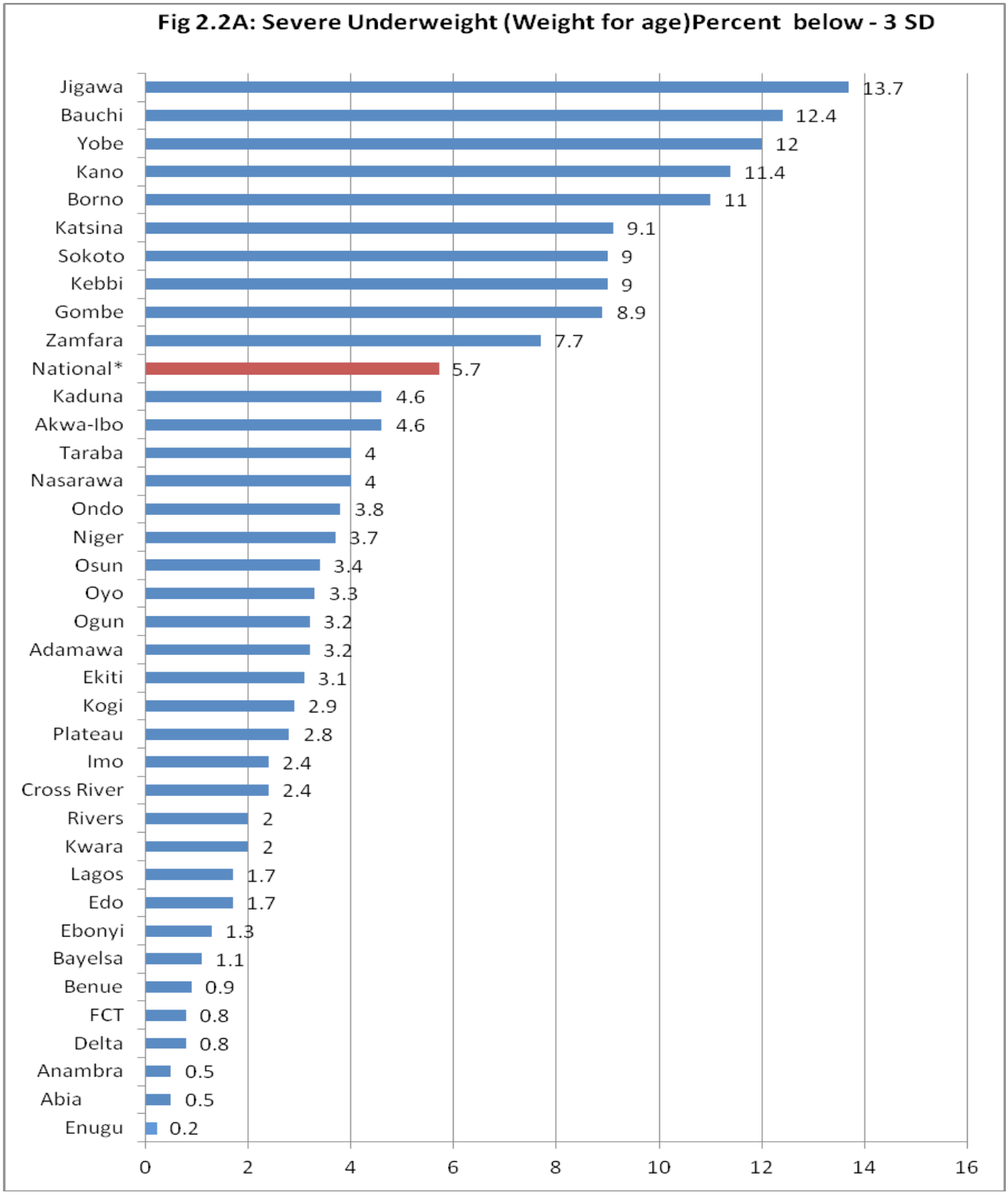
Source: SMART, 2014

Map 2.1c: Percentage of Children with Moderate Wasting, 2014



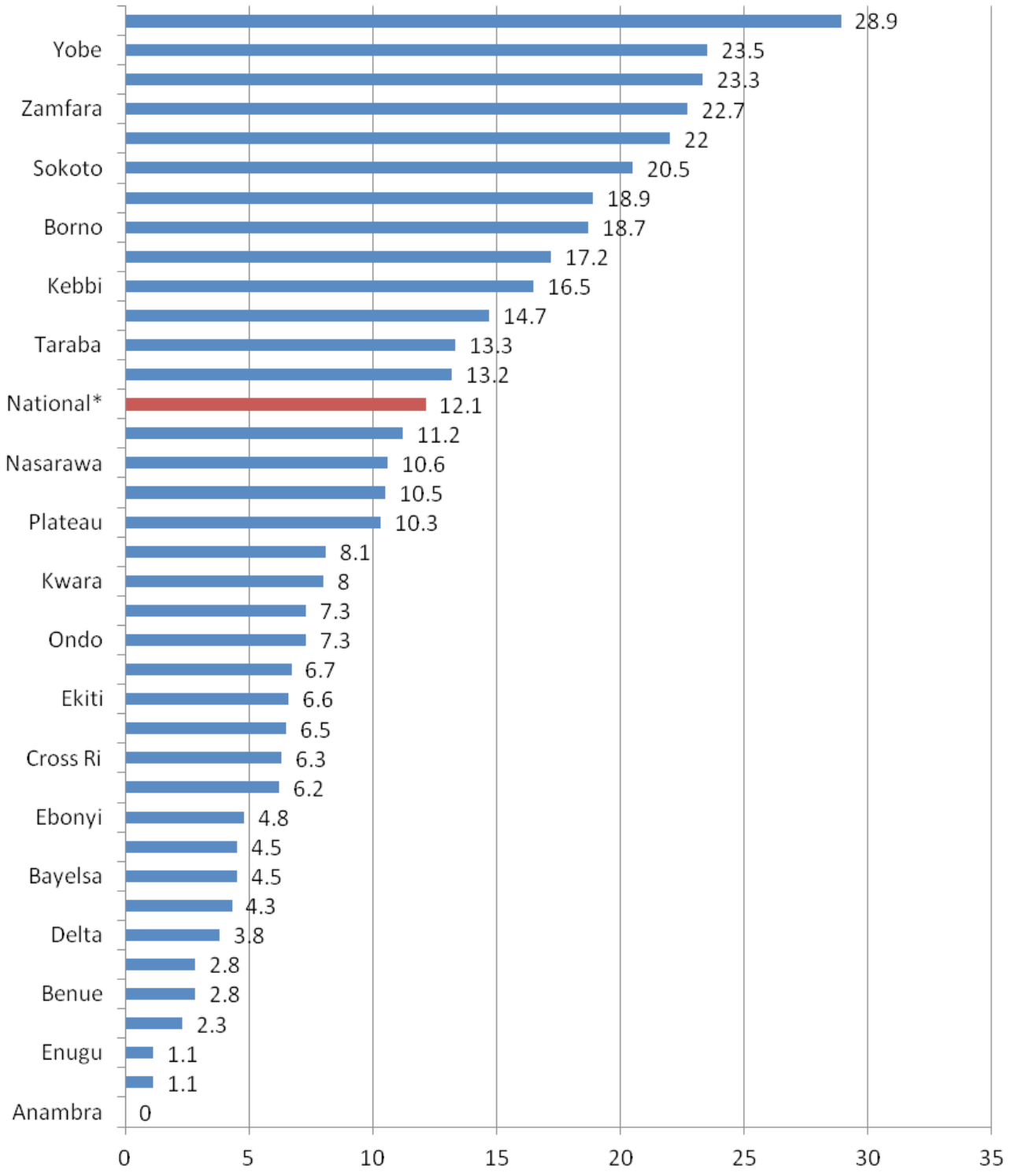
Source: SMART, 2014

Figure 2.2A shows that prevalence of severe child severe underweight above the national average of 5.7 percent increases from 7.7 percent in Zamfara to 13.7 percent in Jigawa. Prevalence of severe stunting and wasting among children under 5 exhibits similar trend as shown in Figures 2.2B and 2.2C. Adamawa, Bayelsa, Enugu, Imo, Kaduna, Kogi, and Plateau States did not have cases of severe stunted children. All the 10, 13 and 4 States with prevalence of severe underweight, stunting and wasting above the national average respectively are in the northern part of the country. Although, the disparity among the States which fall below the national average narrows from underweight through wasting, stunting which occurs as a result of inadequate nutrition over a longer period of time is more wide spread and concentrated in the North. Further, stunting increases more with age among children under 5 years and could be due to persistent food insecurity for children especially as it affects food quality and intra-household distribution of food. The prevalence of both moderate and severe underweight, stunting and wasting was more among female children than male in 2014.

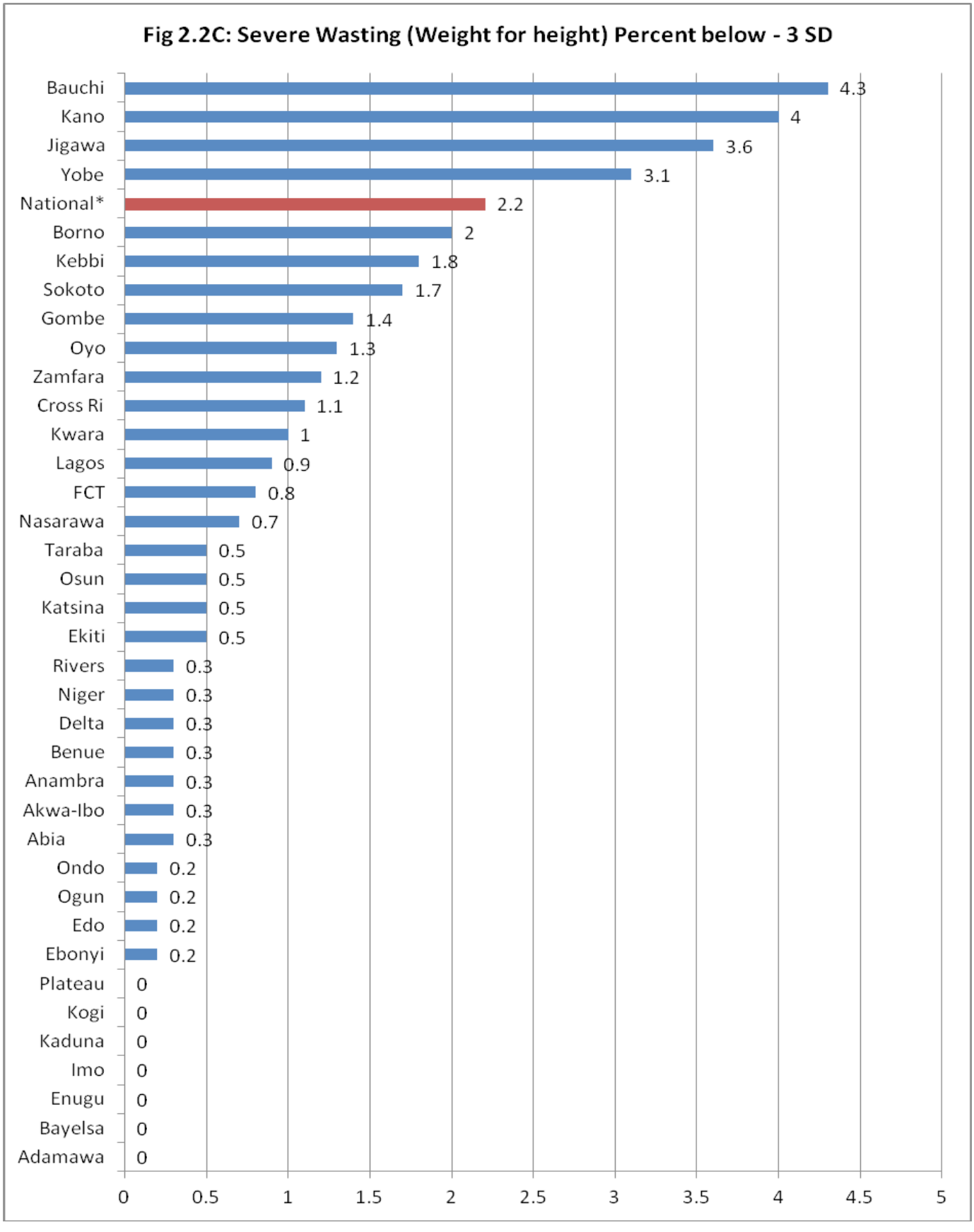


Source: Computed from SMART, 2014

Fig 2.2B: Severe Stunting (Height for age) Percent below - 3 SD



Source: Computed from SMART, 2014

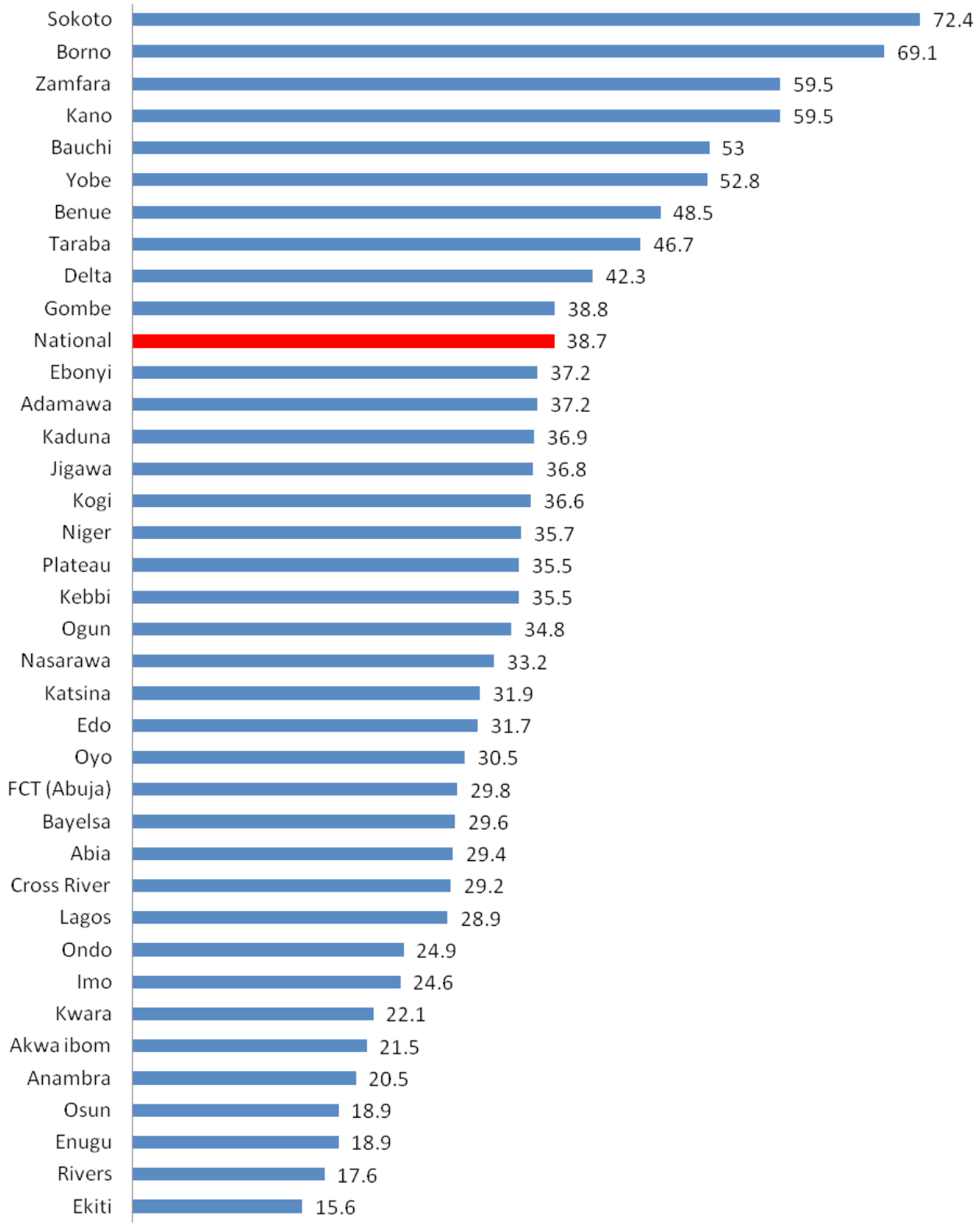


Source: Computed from SMART, 2014

The national Infant and Young Child Feeding (IYCF) initiatives, the iodization initiative, the vitamin A supplementation (through the Maternal Nutrition and Child Health Week), if effective, should reduce nutrient deficiencies in children. Figure 2.3 provides information on vitamin A supplement. About 39 percent of children nationally were left behind in terms of vitamin A supplement in 2011. The prevalence of children left behind increases from South to North with the northern states dominating those with prevalence above the national average. Sokoto State (72 percent) topped the list and Ekiti State had the least (16 percent) incidence of children not given vitamin A supplements in the reference period. Only Delta State (42 percent) which is in the South had prevalence of children left behind in vitamin A supplement above the national average. Hence, Vitamin A deficiency (VAD) is more common in the northern part of the country. However, in 2014 as reported in the National Nutrition and Health survey, the percentage of children who did not receive vitamin A supplement increased to about 50 percent at the national level; and to 89 percent and 93 percent in some states in the South such as Ebonyi and Benue. This may be an indication that many states are not giving adequate emphasis including resources directed at the vitamin A supplementation programme. Yet, lack of vitamin A may reduce the immunity of children and predispose them to other serious health problems such as childhood blindness and nutritional anaemia. However, there is need for monitoring and evaluation as well as increased coordination to sustain efforts aimed at enhancing child nutrition in the country.

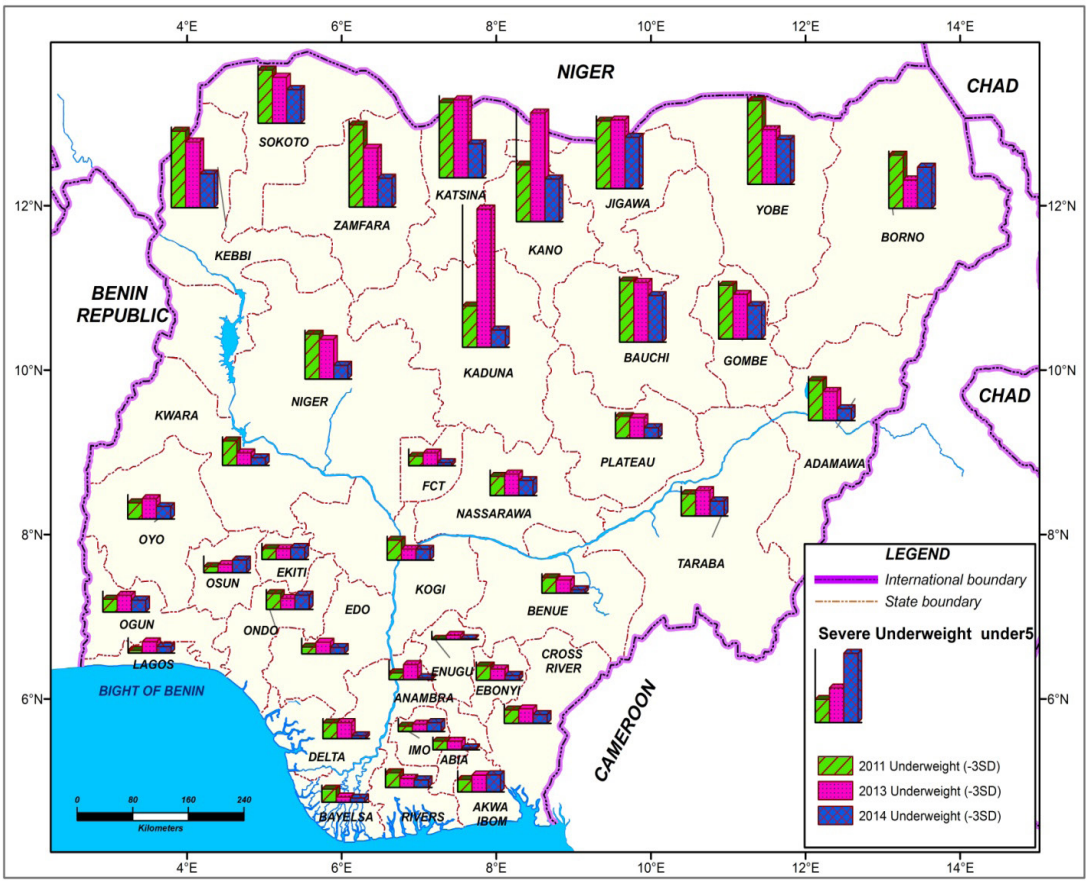
In all, children in the northern states are more underweight, stunted and wasted than children in the southern states. Jigawa, Katsina, Bauchi, Yobe and Kano states have the worst figures. Children left behind in some of these states are nearly twice more stunted, underweight, and wasted relative to the national average figures. Given the rising proportion of Nigerians that are food insecure and the high incidence of poverty, under nutrition is widespread and its prevalence is high. Since nutrition is a cross-cutting issue involving agriculture, health, education, industry and so on, a multi-pronged approach should be used in ensuring that more cross-cutting programmes are directed to all State in Nigeria but particularly to states in the northern part of the country.

Figure 2.3: Children not given Vitamin A (percent) by state, 2011



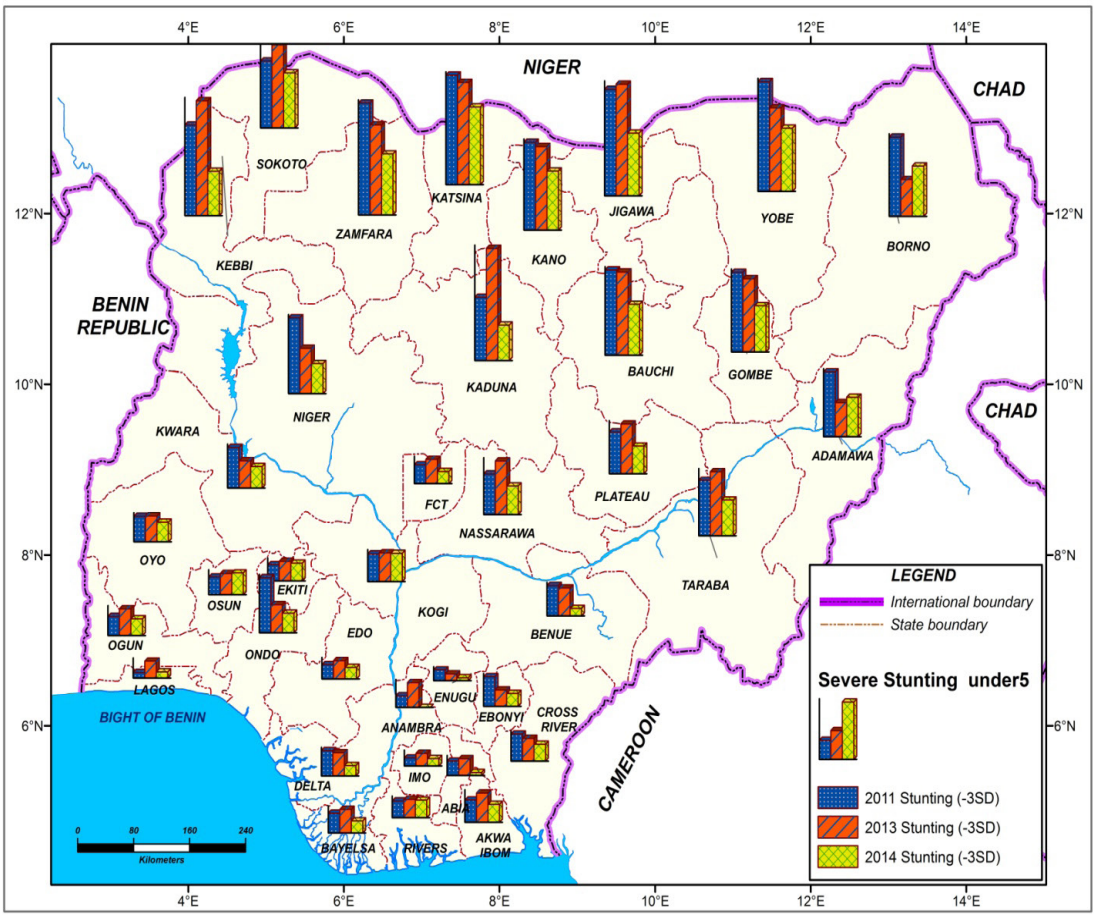
Source: Computed from MICS, 2011

Map 2.2a: Percentage of Children Under5 with Severe Underweight, 2011- 2014



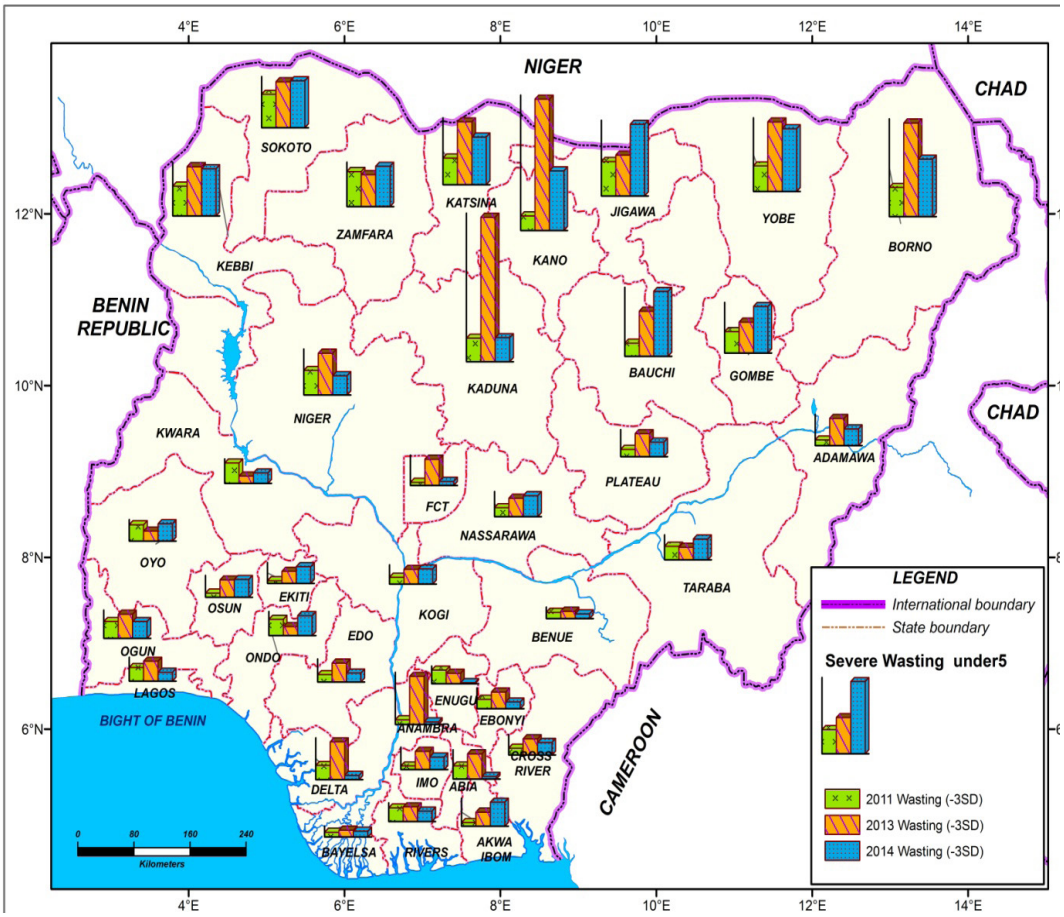
Sources: MICS, 2011, DHS, 2013 and SMART, 2014

Map 2.2b: Percentage of Children Under5 with Severe Stunting, 2011 - 2014



Sources: MICS, 2011, DHS, 2013 and SMART, 2014

Map 2.2c: Percentage of Children Under5 with Severe Wasting, 2011 - 2014



Sources: MICS, 2011, DHS, 2013 and SMART, 2014

2.2.2 Policies and Programmes

Several policies [8] /programmes have been put in place by the government to address the issue of child nutrition. These include: micronutrient control programme such as the National Infant and Young Child Feeding (IYCF) initiatives, the iodization initiative, the vitamin A Supplementation through the Maternal Nutrition and Child Health Week (MNCHWs), Community Management of Acute malnutrition, Breast Milk Substitute Code (BMS), Baby-Friendly-Hospital Initiative, and School Feeding Programme. Micronutrient control programme focuses on Iodization of salt, Vitamin A supplementation for children and breastfeeding mothers in the first 6 weeks including Iron supplementation and de-worming of school children. In addition, Government has enacted legislations requiring the fortification of mass consumed foods with Vitamin A, and the linking of supplementation with the National Immunisation days for polio eradication. Also, Government has taken measures to ensure that high rate of achievement in salt iodization is sustained by directing producers of salt to package it in small quantities for household use, as the exposure of salt by market women, who retail it, lead to loss of some of the iodine content.

However, the implementation of these programmes and the enforcement of the legislations remain a problem. This may account for the disparity in the nutritional status of children among States (see, Tables 2.1 - 2.6 in the Appendix). Moreover, the trend of undernourishment among states and between 2011 and 2014 showed that while the situation improved in some states it worsened in some others. This will require further investigation on the implementation at the Statelevel as well as complementary policies/programmes [9].

In all, children in the northern states are more underweight, stunted and wasted than children in the southern states

HEALTH

3.1 Immunisation

Immunisation against six childhood diseases (diphtheria, pertussis, tetanus, tuberculosis whooping cough, and measles) should guarantee low child morbidity and reduced child mortality against these diseases. National Immunisation Programme showed wide differential coverage across the States.

Figure 3.1 shows the percentage of children who received DPT1/Penta1 in 2014. While twenty-two (22) States and FCT had children who were vaccinated above the national average of 67 percent, fourteen (14) States had children who were vaccinated below the national average. Hence, it can be concluded that children left behind in terms of DPT1/ Penta1 vaccination were located mainly in Sokoto, Zamfara, Kebbi, Yobe, Borno, Jigawa, Bauchi, Katsina, Niger, Kano, Gombe, Kaduna, Nasarawa and Kwara.

The figure reveals that Lagos had the highest percentage (98 percent) of children who received DPT1/Penta1 in Nigeria while Sokoto had the least. Relative to the national average of 67 percent , Lagos had about 31percent of vaccinated children above the national average while Sokoto State had one-sixth of the national average.

Figure 3.2 depicts the same trend with respect to DPT2/Penta2, twenty-one (21) States and FCT had children that were vaccinated above the national average of about 62 percent, while fifteen (15) States were below the national average. Again, children left behind in terms of vaccination of DPT2/Penta2 was a northern phenomenon as they were located mainly in Sokoto, Zamfara, Kebbi, Jigawa, Yobe, Borno, Bauchi, Katsina, Kano, Niger, Gombe, Kaduna, Nasarawa, Taraba and Kwara.

Figures 3.1 and 3.2 show no variation in the States that had the least (Sokoto) and highest (Lagos) percentage of children who received both DPT1/Penta1 and DPT2/Penta2. Further, Lagos Statehad about 31 percent and 34 percent of vaccinated children relative to the national average in the two Immunisations respectively whereas Sokoto State had about 55 percent and 57 percent less than the national average in DPT1/Penta1 and DPT2/Penta2 vaccination respectively. However, Lagos dropped to the second position in the DPT3/ Penta3 coverage with 40 percent of immunized children above the national average, while Sokoto retained the last position with 50 percent less than the national average of children vaccinated with DPT3/Penta3 in 2014.

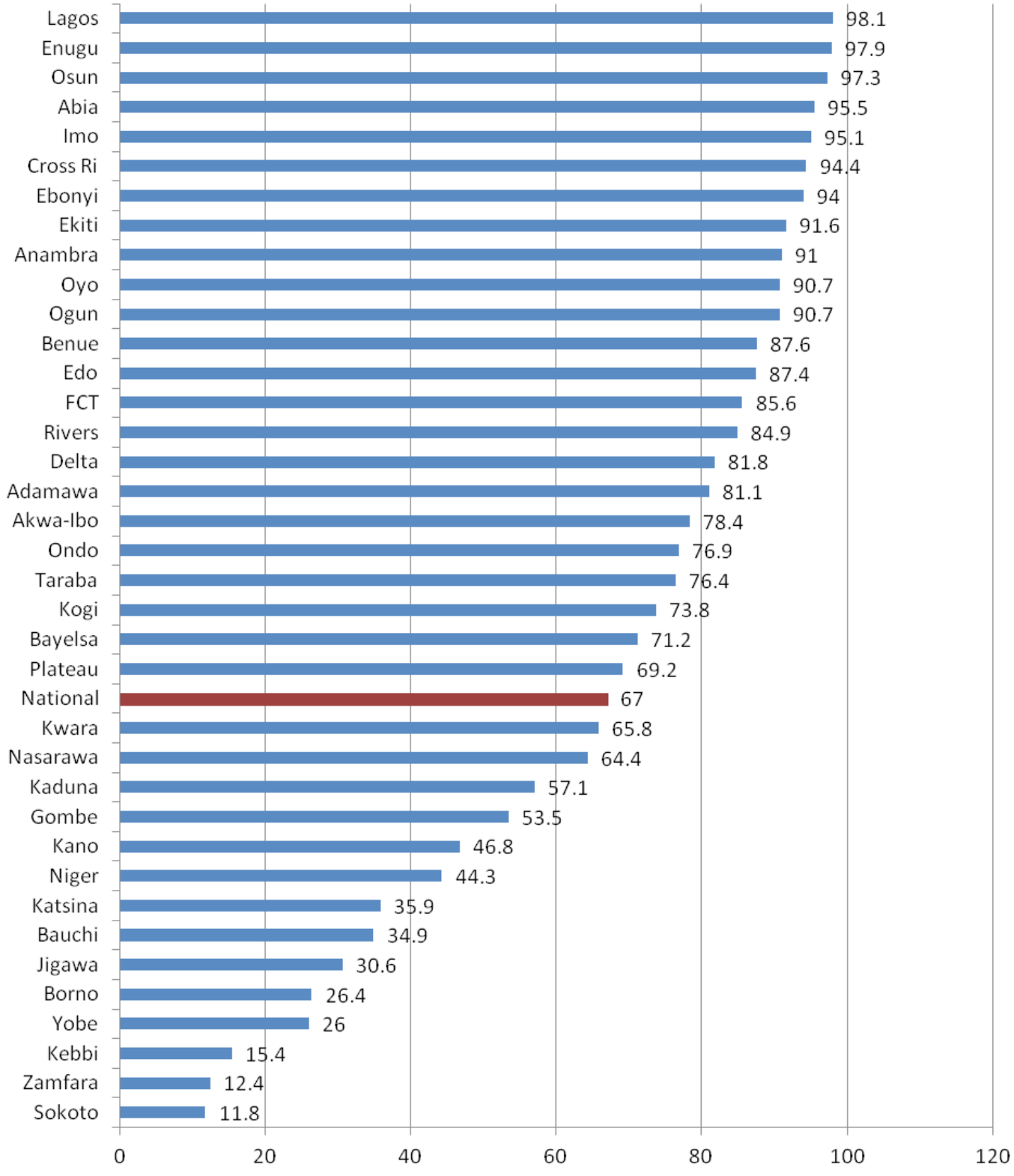
Figure 3.3 shows the percentage of children who received DPT3/Penta3. Twenty (20) states and FCT had children who received DPT3/Penta3 above the national average of about 52 percent. The remaining sixteen (16) states of the Federation amongst which were Sokoto, Zamfara, Jigawa, Kebbi, Yobe, Borno, Katsina, Bauchi, Kano, Niger, Gombe, Taraba, Kaduna, Nasarawa, Bayelsa and Adamawa had significant number of children left behind in terms of vaccination of DPT3/Penta3. Bayelsa was the only southern State that fell below the national average for DPT3/Penta3.

The national average dropout rate of 22 percent between those who received the first dose of DPT/Penta vaccine and the third dose was very high as it was above the acceptable level of 10 percent. At the State level, the dropout rate was alarming with 19 States having dropout rates above the national average of 22 percent.

For example, 3 States (Sokoto, Jigawa and Zamfara) had 83, 79, and 60 percent dropout rates respectively. The remaining 12 States (Kebbi, Taraba, Kano, Yobe, Katsina, Gombe, Bauchi, Niger, Nasarawa, Adamawa, Kaduna, and Bayelsa) had between 34 and 54 percent dropout rates while Benue, Borno, Akwa Ibom and Rivers states recorded dropout rates of between 23 percent and 29 percent. The rest 17 States and FCT had dropout rates below the national average of 22 percent (see Figure3.3a). Only 8 States and FCT (Ekiti, Osun, FCT, Lagos, Edo, Oyo, Cross River, Imo, and Ebonyi) had dropout below 10 percent.

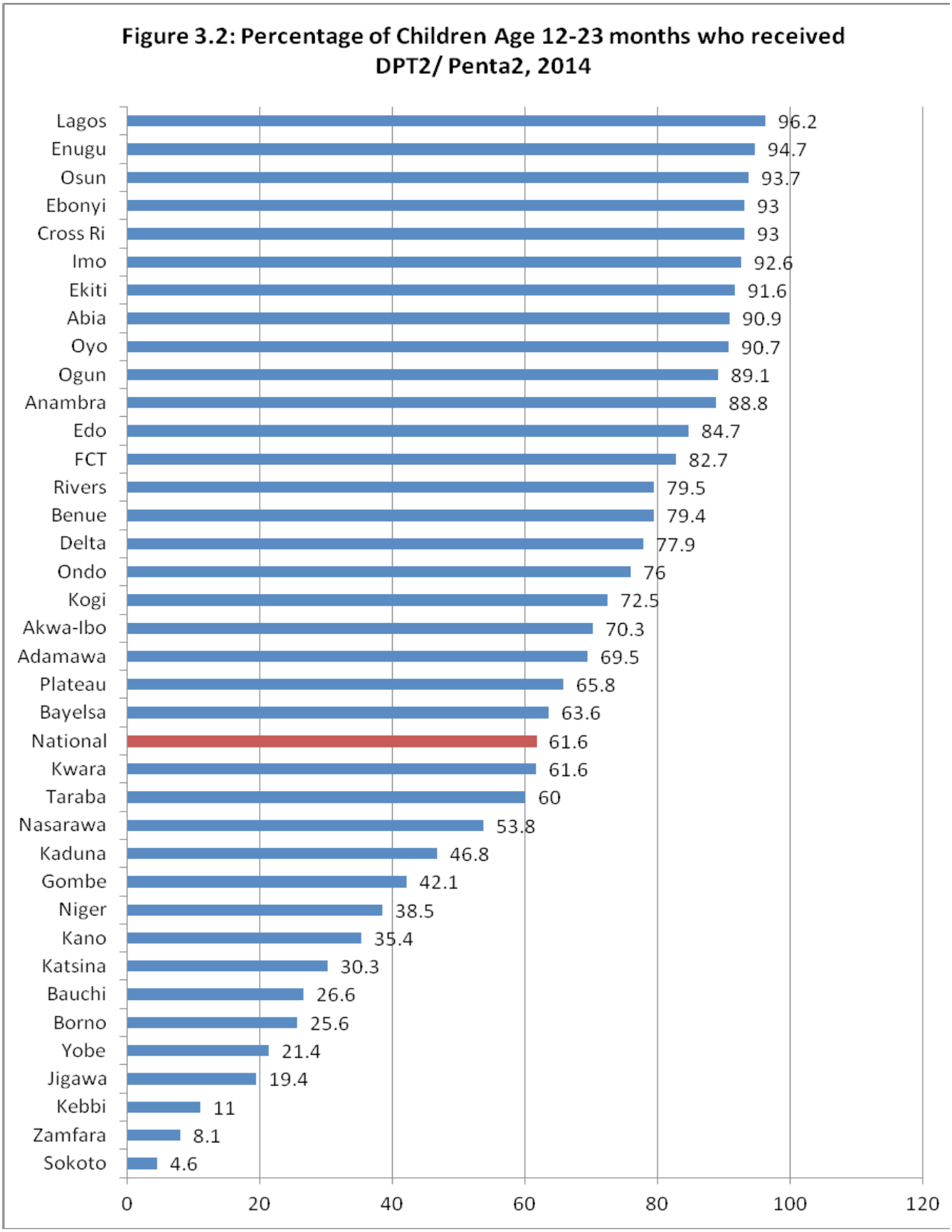
The dropout rate at the national level and for most of the States, therefore, was a reflection of low full immunisation and can be a very useful measure of the effectiveness of the health system to deliver the required services. As shown in a study by Adedire et al [10] (2013), several reasons could account for this low level of full immunisation in Nigeria: - vaccine stock-out; inconvenient timing of immunisation services; mothers did not remember date of next immunisation; adverse effect of previous immunisation on the child; mothers unaware of the need to return for further immunisation and child sickness among others. There is need to investigate the very high dropout rates in the North in general and North West in particular. This will help in addressing the problem and thereby ensure effective delivery of iImmunisation to children in the country.

Figure 3.1: Percentage of Children Age 12-23 months who received DPT1/ Penta1, 2014



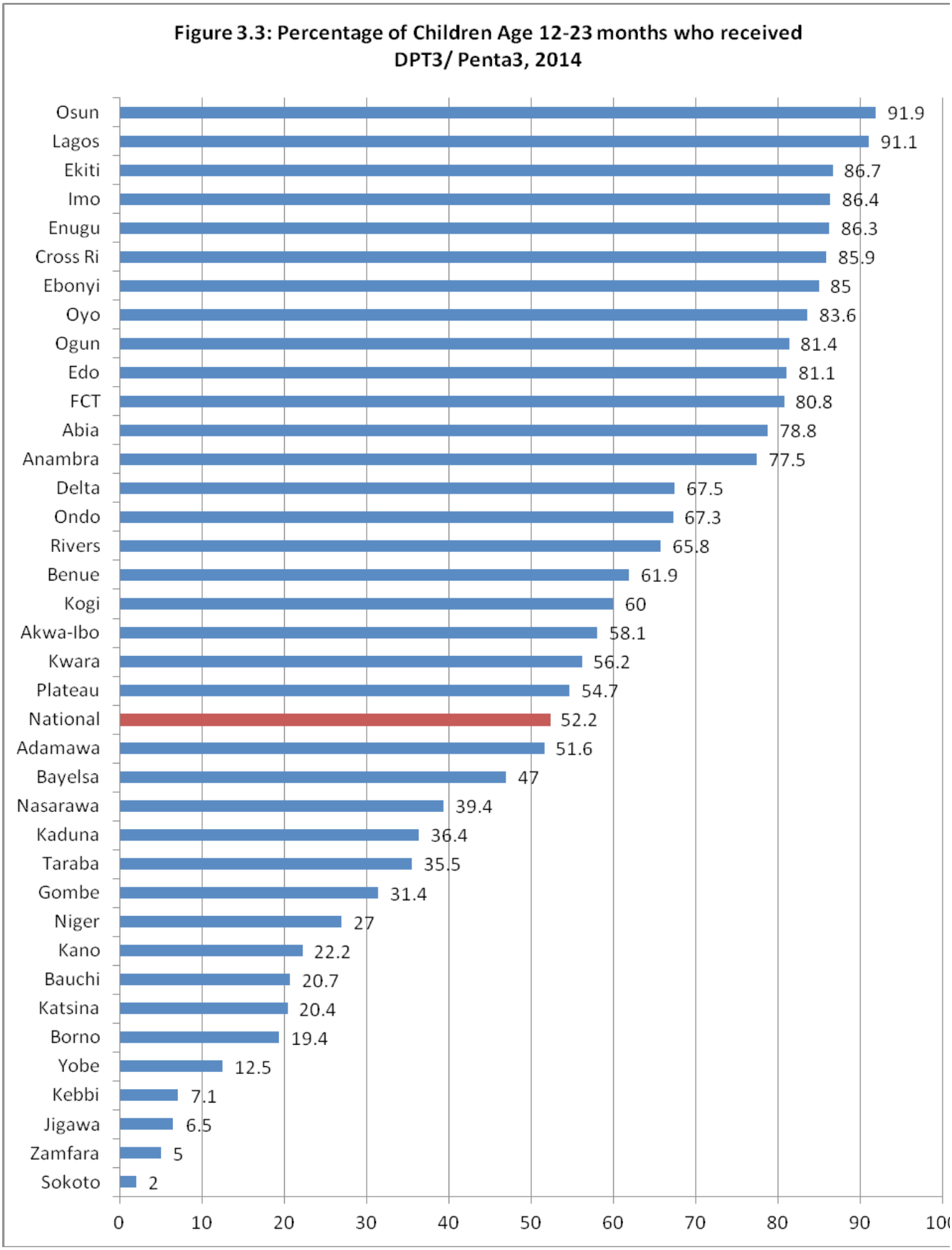
Source: Computed from SMART, 2014

Figure 3.2: Percentage of Children Age 12-23 months who received DPT2/ Penta2, 2014



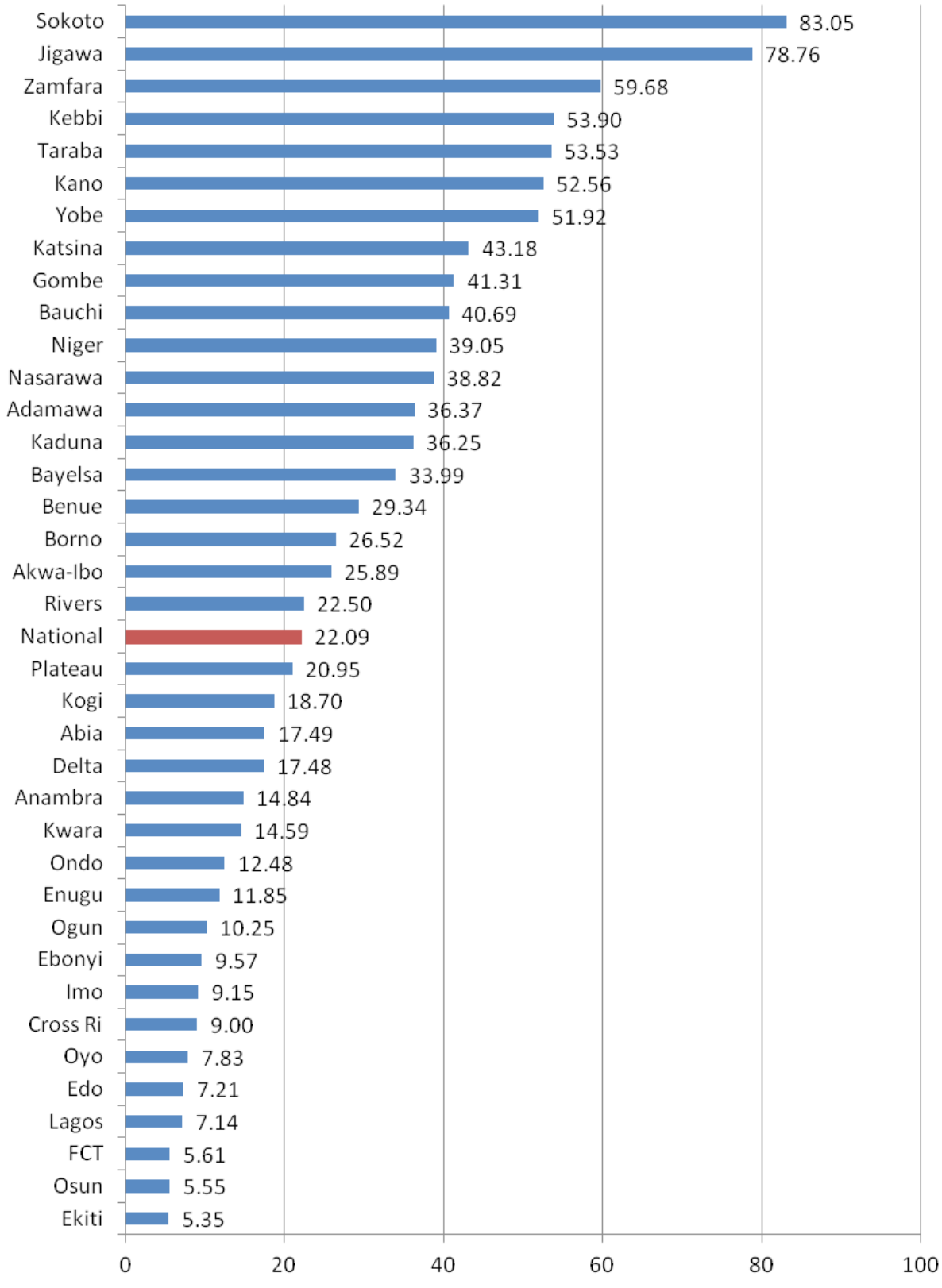
Source: Computed from SMART, 2014

Figure 3.3: Percentage of Children Age 12-23 months who received DPT3/ Penta3, 2014



Source: Computed from SMART, 2014

Figure 3.3a: Dropout Rate Between DPT/penta1 and DPT/penta3 Vaccine Doses by States, 2014



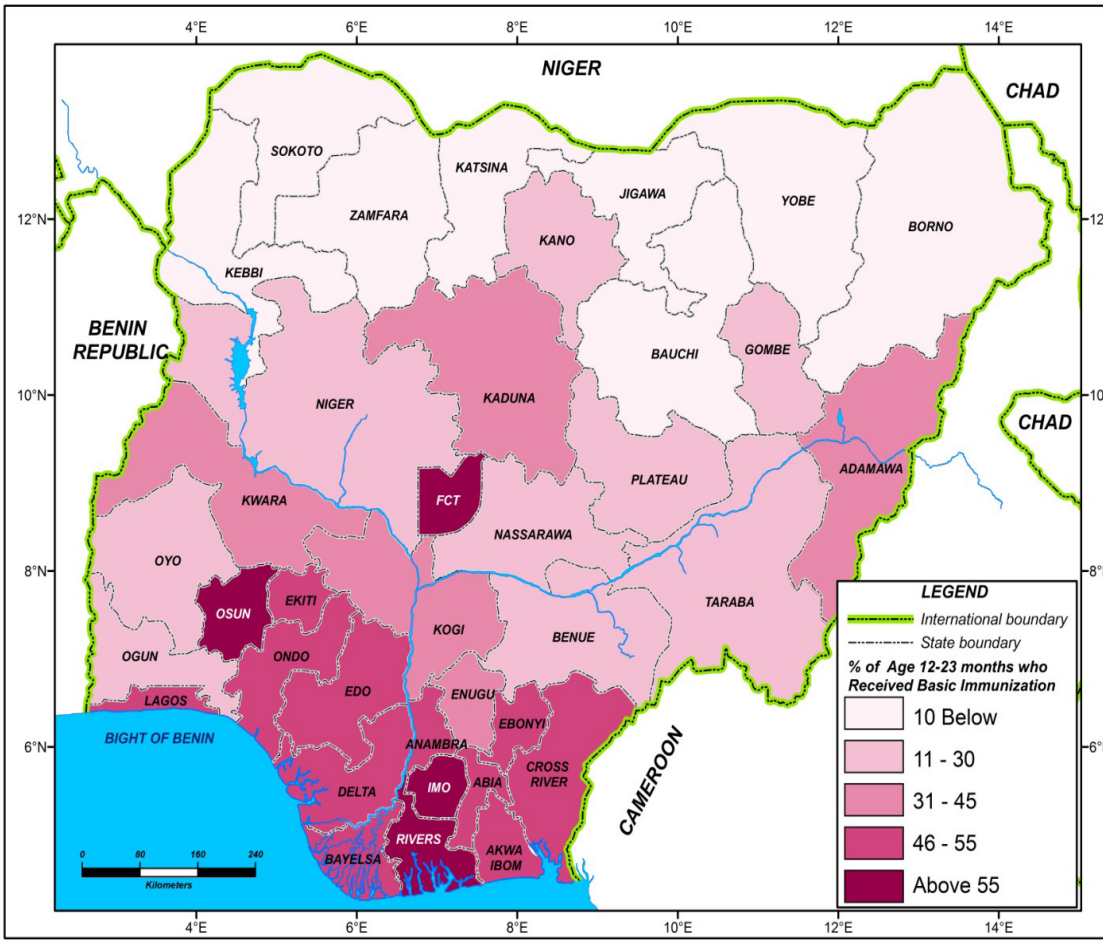
Source: Computed from SMART, 2014

Figure 3.4 shows the percentage of children who were vaccinated against measles. There was huge variation across the states. Sokoto with 16.4 percent had the least proportion of Children vaccinated against measles while Lagos with 90.5 percent had the highest. Relative to the national average of about 64 percent, there were twenty (20) states and FCT with more vaccinated children against measles. Sixteen (16) of the remaining states had children vaccinated against measles below the national average of 64 percent. Hence, children left behind in terms of vaccination against measles were located mainly in Sokoto, Zamfara, Yobe, Borno, Jigawa, Bauchi, Katsina, Kano, Kebbi, Gombe, Niger, Bayelsa, Kaduna, Kwara, Adamawa and Akwa Ibom states. It is important to note that all these states, with the exception of Akwa Ibom and Bayelsa, are in the North. Akwa Ibom with 63.5 percent measles vaccination level was almost same as national average (about 64 percent) and Bayelsa with (59.1 percent) coverage was only 5 percent below the national average. Hence, relative to the national average of 64 percent, children left behind in terms of vaccination against measles were located mainly in the North. Sokoto had about 48 percent coverage below the national average, while Lagos had about 27 percent coverage above the national average.

Relative to previous surveys, DPT1 coverage at national level increased from about 53 percent in 2011 to 67 percent in 2014. DPT2 and DPT3 increased from about 48 percent and 37 percent in 2011 to 62 percent and 52 percent in 2014 respectively. Vaccination against measles also increased from about 50 percent in 2011 to about 64 percent in 2014. Table 3.1 in the Appendix shows variations across states.

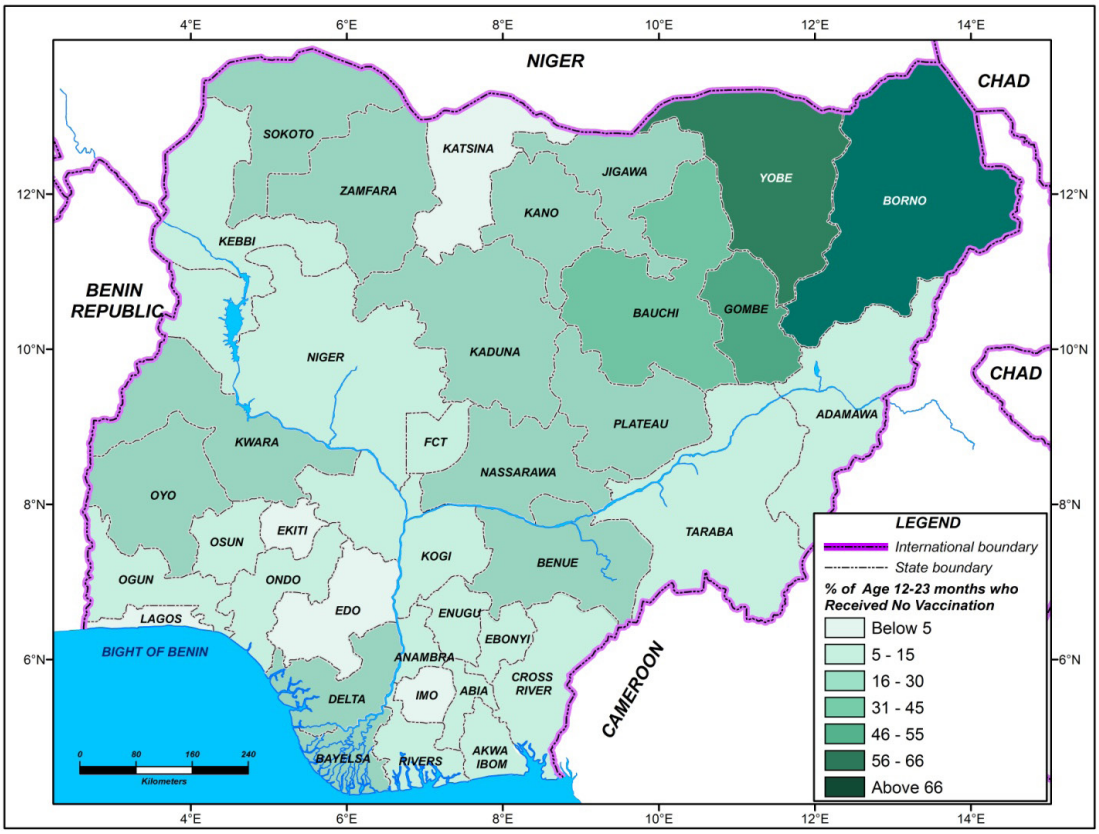
High immunisation prevalence are depicted in Figures 3.5 and 3.6; and Map3.1 and Map3.2 which show the distribution of children between 12 - 23 months who received all basic immunisation and those who did not receive as at 2013. The national average for those who received was basic immunization was 25 percent which was very low given that A World Fit for Children goal is to ensure full Immunisation of children less than one year of age at 90 percent nationally, with at least 80 percent coverage in each state. [11] Even among states that had coverage above the national average, none was able to reach this target of 80 percent coverage in all basic immunisation.

Map 3.1: Percentage of Children 12-23 months who received All Basic Immunisation, 2013



Source: DHS, 2013

Map 3.2: Percentage of Children 12-23 months who Received No Vaccination, 2013

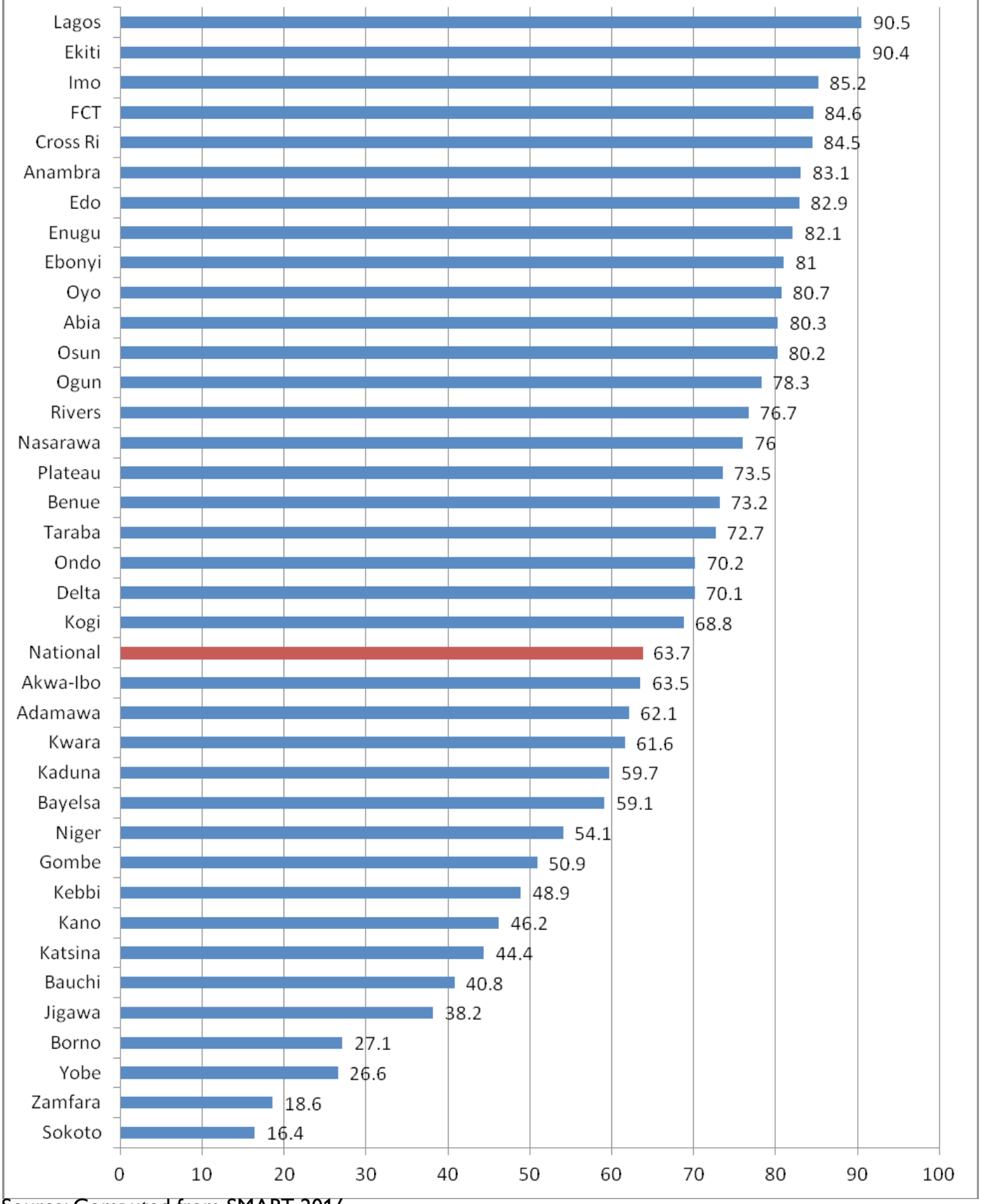


Source: DHS, 2013

For example, the best performing state, Imo State (62.4 percent) was about 18 percent points below the minimum target for poorly performing states and nearly 28 percent points below the national target of 90 percent. The states whose coverage of all basic vaccinations fell below the national average are in the North except Ogun State which is in the South. The states that had all basic Immunisation coverage above the national average are in the South with the exception of Adamawa, Kogi and Kaduna States in the North. The case of Ogun State is surprising in view of the fact that South West zone, where the State belongs, had always been among the front runners in immunisation coverage in the past. Thus, intervention with respect to provision of all basic vaccinations should be targeted mainly at northern states.

On the percentage of children that were between 12-23 months who received no vaccination, the southern states performed better than the northern states. Children who were severely deprived with respect to Immunisation (did not receive at all) were predominantly located in Sokoto, Zamfara, Jigawa, Bauchi, Yobe, Borno, Kano, Nasarawa, Gombe and Plateau states. The conflict in the North East may be partially responsible for the very low coverage in that zone.

Figure 3.4: Percentage of Children Age 12-23 Months Vaccinated against Measles



Source: Computed from SMART, 2014

Figure 3.5:Percentage of Children Age 12-23 Months who Received all Basic Vaccinations, by States 2013

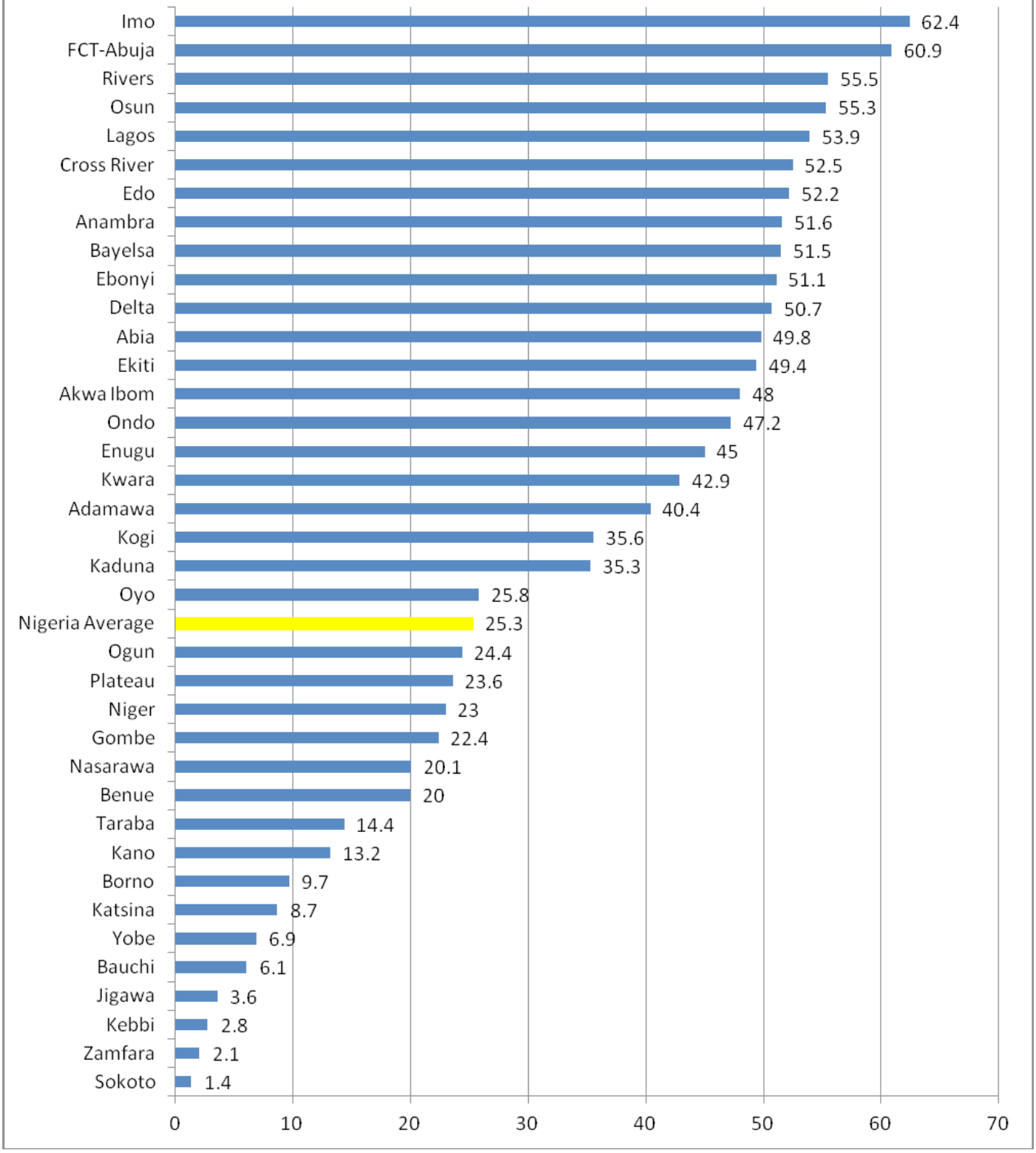
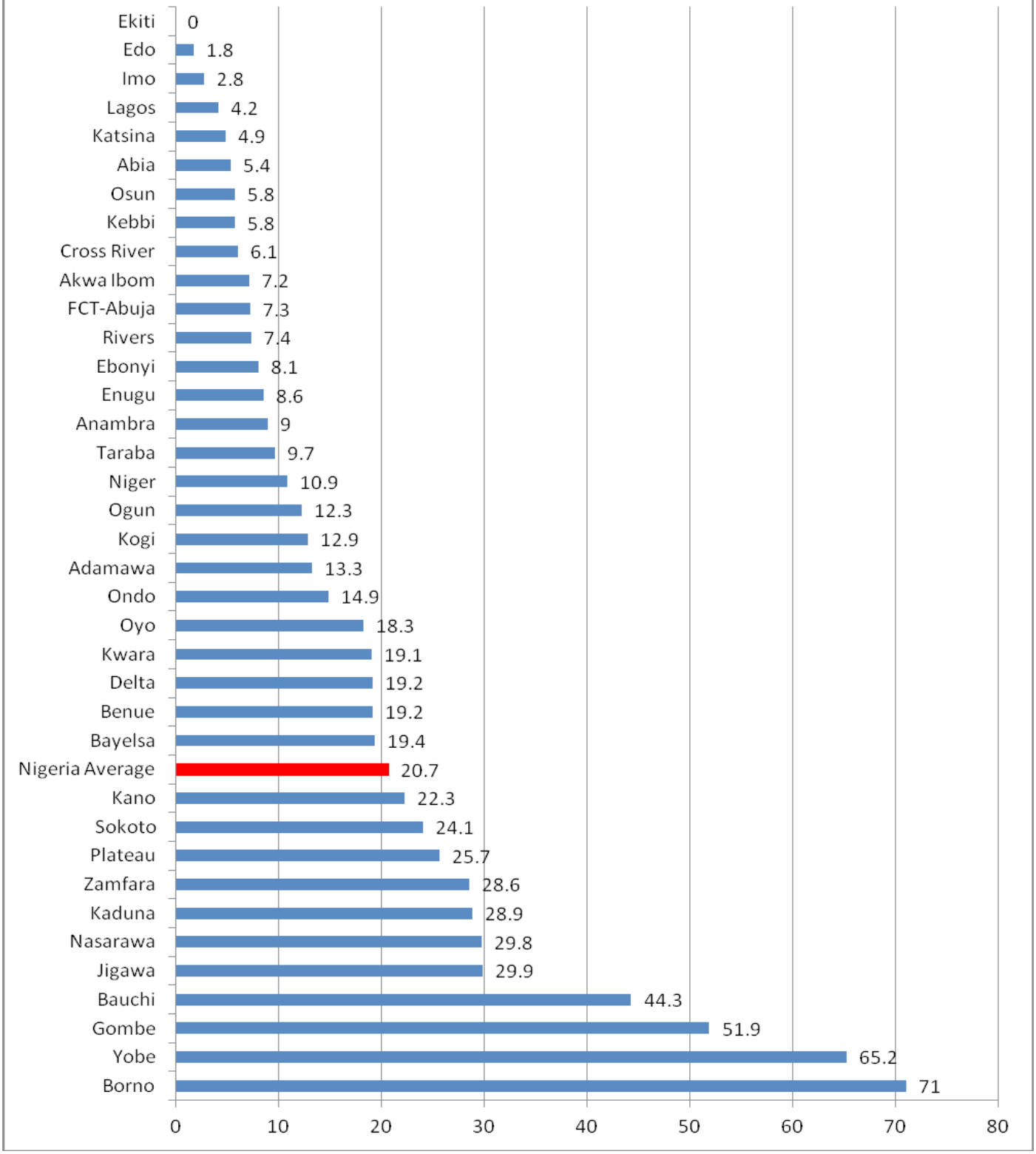


Figure 3.6: Percentage of Children Age 12-23 Months who Received No Vaccination, by States in 2013



3.2 Policies and Programmes

Health is on the concurrent list of government at all levels - Federal, State and LGAs have responsibility for the health of the population. Currently, there is a plethora of health policies and programmes which include Revised National Health Policy, (Sept. 2004); National Health Act; National Strategic Health Development Plan; National Health Promotion Policy (2006); Ward Minimum Healthcare Package (August, 2007); National Policy on Immunisation (NPI); Integrated Child Survival and Development Strategy (ICSDS); National Policy on HIV/AIDS; National Policy on Roll Back Malaria; National Policy on Immunisation; National Policy on Onchocerciasis Control; National Policy on Tuberculosis and Leprosy Control; National Policy on Elimination of Female Genital Mutilation; National Policy on Reproductive Health; National Policy on Child Health; National Policy on Adolescent Health; National Policy on Drug; National Food Hygiene and Safety Policy; National Health Management Information System Policy and others.

The objective of most of the policies is to strengthen the National Health System such that it will be able to provide effective, efficient, quality, accessible and affordable health services that will improve the health status of Nigerians. In particular, they aim to ensure the provision of health care services to all children with emphasis on the development of primary health care. Thus the National Health policy (2004) aims at building up a level of health that will enable all Nigerians, including children, to survive.

The National Primary Health Care Development Agency (NPHCDA) is an important agency close to the grassroots in terms of implementation of policies and programmes on health. The major objective of the agency is the promotion of safe motherhood through the improvement of maternal and child health care facilities. The main mechanism utilized by the agency is through preventive, curative and promotional health care services. Services include health education, adequate nutrition, safe water and sanitation, reproductive health including family planning, Immunisation and supply of essential drugs.

The coverage of the programmes of the agency is nationwide, though disparities exist among states in terms of service delivery and resource availability. Other programmes in the health sector aimed at enhancing positive health outcome for children include the National Programme on Immunisation, National Policy on Roll Back Malaria, and National Health Insurance Scheme.

Substantial progress has been made as shown in the coverage of Immunisation between 2011 and 2014. However, the low coverage of all basic immunisation even among states in the South such as Ogun State in 2013 requires further investigation.

The National Health Insurance Scheme (NHIS) has as its primary objectives to ensure that every Nigerian has access to good health care services, protect families from financial hardship of huge medical bills, and ensure equitable distribution of health care costs among different income groups. One of the sub-programmes directed at children is the Children under-5 Social Health Insurance Programme (CFSHIP).

The coverage of the NHIS is still very low (about 5 million or less than 3 percent of the population in 2014) [12] given the large segment of the population outside the public sector and the organised private sector.

However, the implementation of this and other programmes in the health sector is faced with a lot of challenges. For example, the National Primary Health Care Programme which is close to the people is plagued with the problem of low level of staffing, inadequate health facilities due largely to inadequate funding, low level of access and utilisation of health care services, and lack of adequate management and accountability. Although, high oil prices and revenue including gains from the debt relief provided resources for investment in the social sector including health, the problem remains that of substantial amount of resources going into personnel and overhead costs with low investment in health facilities and equipment to deliver quality health care.

For example, in the 2013 Federal budget, N279 billion was allocated to the health sector. On per capita basis, that amounted to N1, 680 as against WHO recommendation that government spends a minimum of N6, 908 per capita in providing health care services to its citizens. This gap of N5, 224 per capita is too wide to be filled by States and Local governments. [13] There is urgent need for allocative efficiency of resources in health, at all levels of government, in other to take care of children left behind in this sector.

Substantial progress has been made as shown in the coverage of Immunisation between 2011 and 2014. However, the low coverage of all basic Immunisation even among states in the South such as Ogun State in 2013 requires further investigation.

EDUCATION

Universal access to basic education and the achievement of primary education by the world's children are some of the most important targets of the Millennium Development Goals, Sustainable Development Goals and A World Fit for Children. Education is a vital prerequisite for protecting children from hazardous and exploitative labour, sexual exploitation, promoting human rights and democracy, protecting the environment and influencing population growth. Education makes a lot of difference to the survival, growth and development of children.

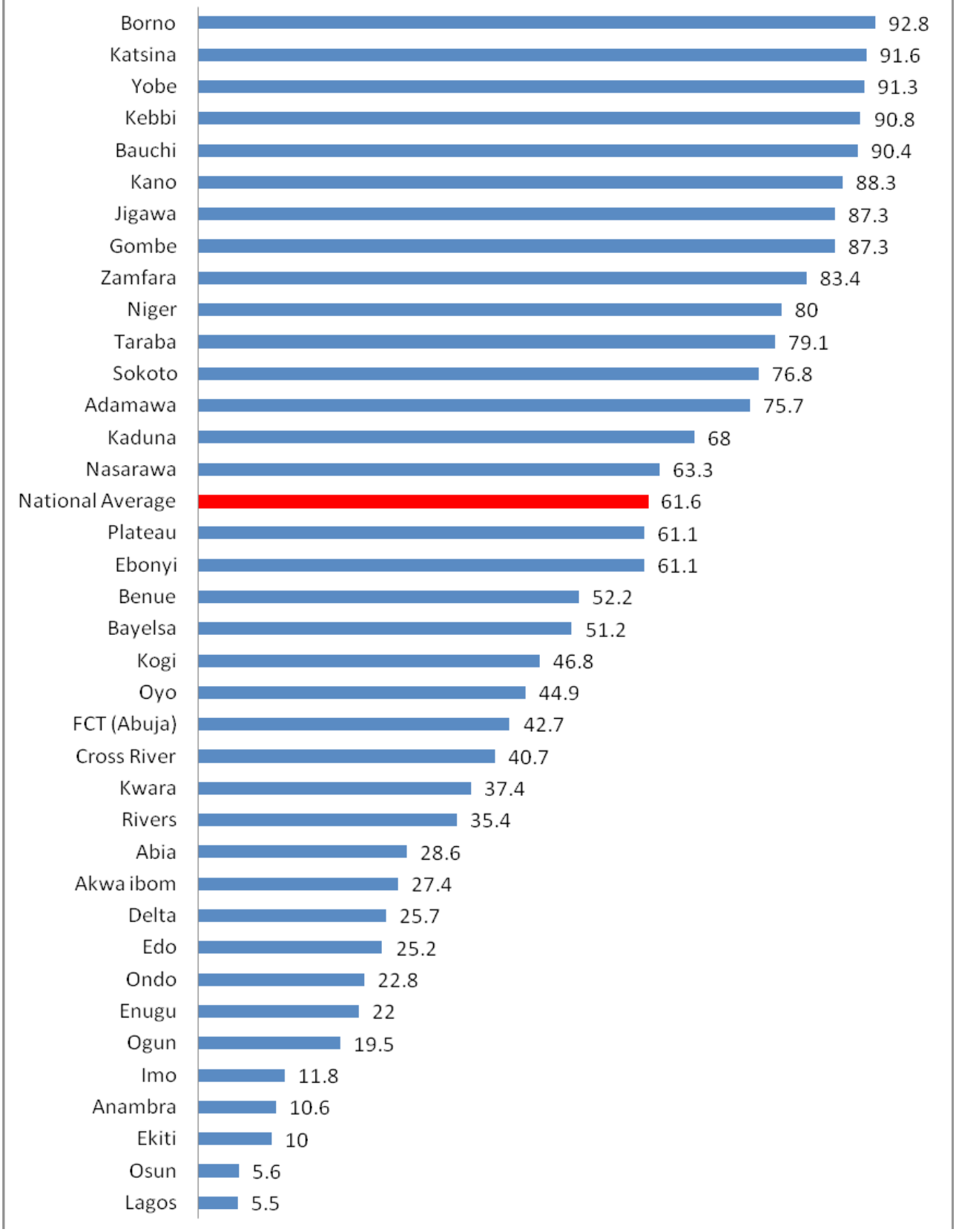
Education of the child in Nigeria has economic, socio-cultural and geographic dimensions which have significant impact on child development. However, in this section, we looked at indicators of child education and prevalence of children left behind among the states in the federation.

4.1 Early Childhood Education

Early Childhood Education or pre-school education in an organized learning environment is important for the readiness of children for school. In fact, Early Childhood Education or nursery school gives children a head start. One of the 'World Fit for Children' goals is the promotion of Early Childhood Education. Figure 4.1 and Map 4.1 show the prevalence of deprivation of Early Childhood Education among children aged 36-59 months by States. Nationally, about 62 percent of children aged 36-59 months did not have access to Early Childhood Education at the time of the survey in 2011. The prevalence among the States varied from about 93 percent in Borno Stateto about 6 percent in Lagos State. All the 15 states with prevalence of 'no Early Childhood Education' above the national average were located in the northern part of the country. The prevalence rate in Borno State was about 15 times that of Lagos State. Huge number of children in the northern States did not benefit from Early Childhood Education. About four States (Plateau, Ebonyi, Benue and Bayelsa) with prevalence rate below the national average had 51 percent to 61percent of children with no Early Childhood Education. However, five of the States with lowest prevalence rate of no Early Childhood Education such as Lagos, Osun, Ekiti, Anambra and Imo had 6percent to 12 percent of children aged 36-59 months without Early Childhood Education. Children left behind with respect to Early Childhood Education are thus largely a northern phenomenon.

Figures 4.2 and 4.3; and Map 4.2 show the prevalence of children with no Early Childhood Education by male and female. The distribution of male children with no Early Childhood Education mirrors the national pattern in terms of number of children left behind and number of States that fall below the national average. However, the relative positions of some of the States especially the best and worst States changed. Most male children were deprived of Early Childhood Education in Kebbi and Katsina States (about 94percent) and the least deprived male children were located in Osun State (about 4 percent).

Figure 4.1: Percentage of Children with no early childhood education by State



Source: MICS, 2011

Map 4.1: Percentage of Children Aged 36-59 months with No Early childhood Education

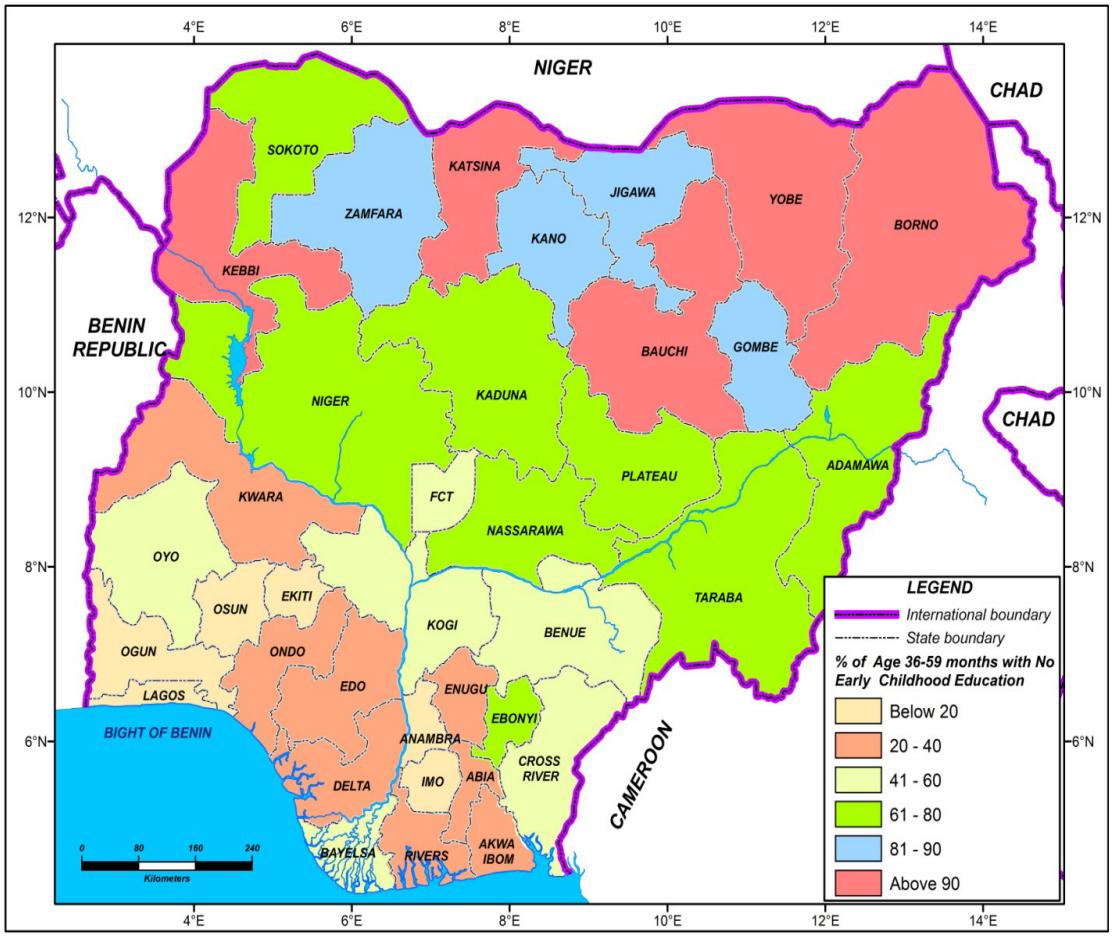


Fig 4.2: Percentage of Male children aged 36-59 months with no early childhood education by state

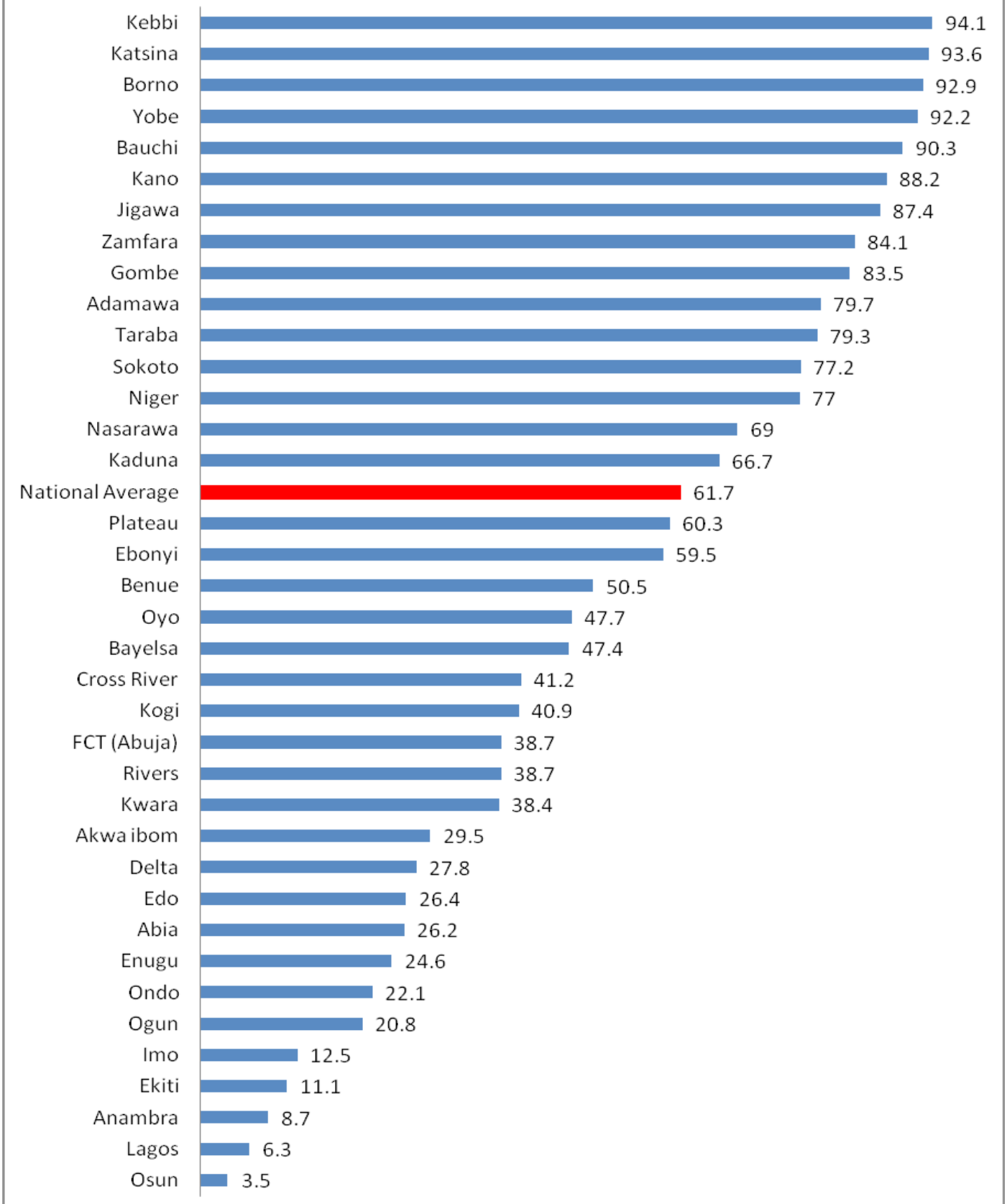
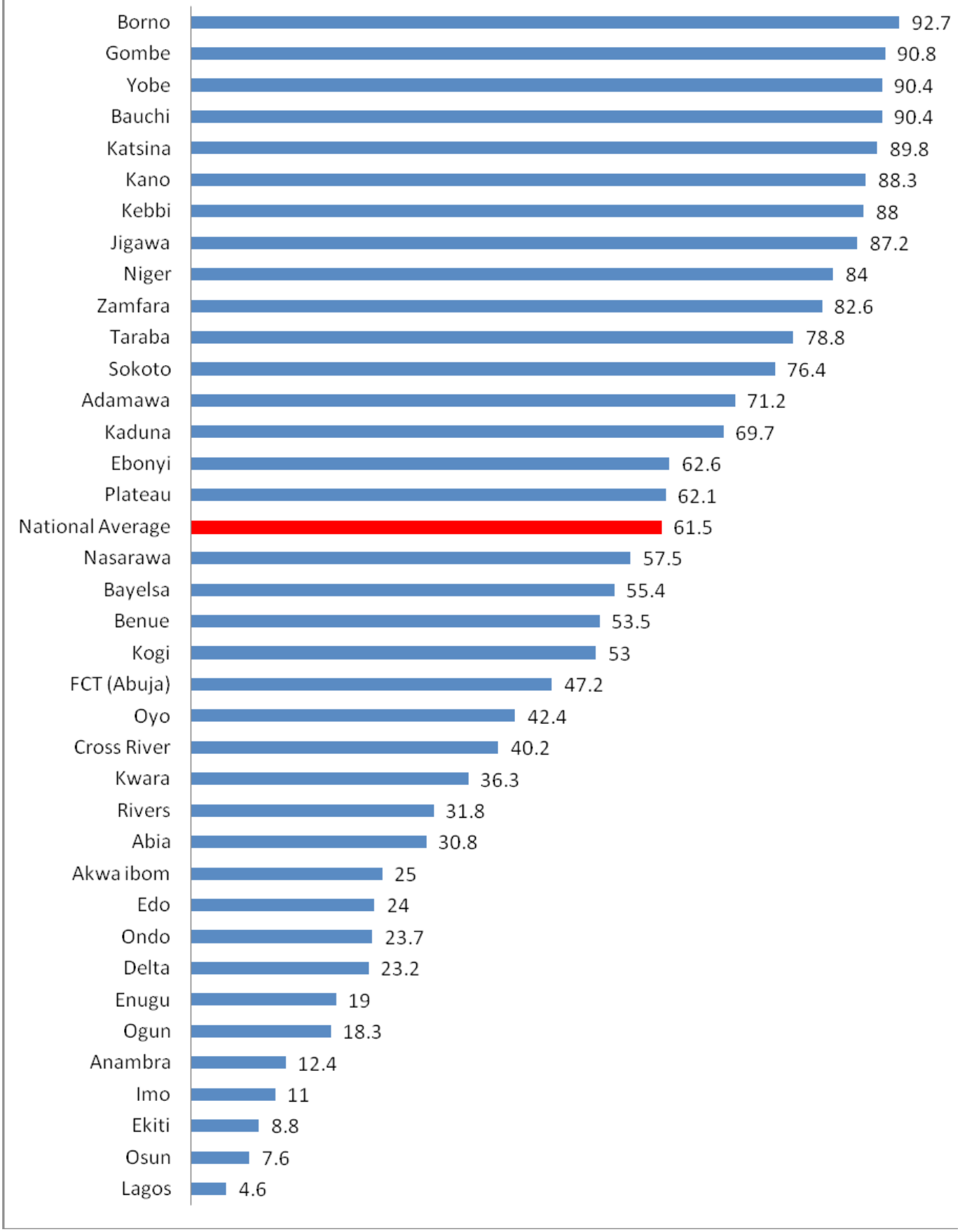
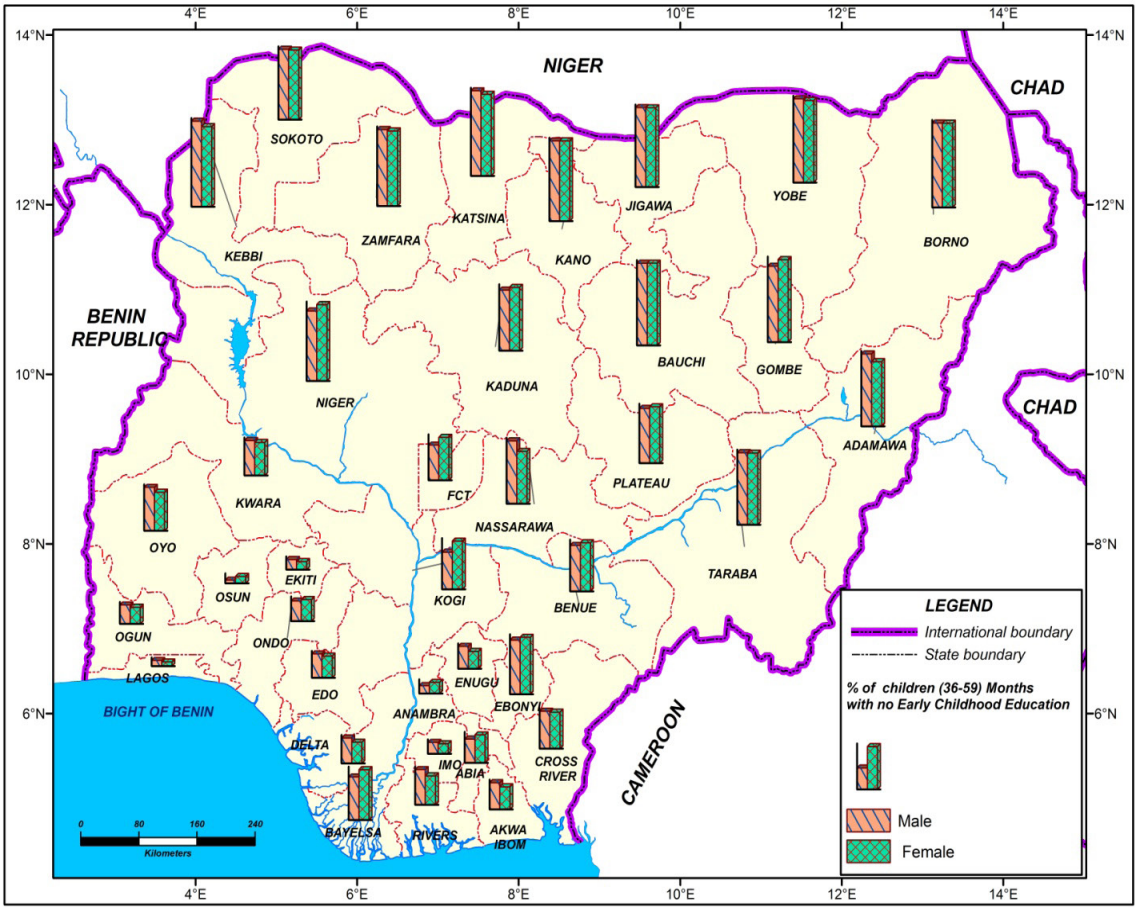


Fig 4.3: Percentage of Female children with no early childhood education by state



Map 4.2: Percentage of Children (male/Female) Aged 36-59 months with No Early childhood Education



Source: MICS, 2011

Prevalence of female children aged 36-59 months with no Early Childhood Education as depicted in Figure 4.3 was slightly different from either the male or male/female combined patterns. Sixteen (16) states had female children deprived of Early Childhood Education instead of 15 in the case of male and both gender pattern. It is striking to note that Gombe State (90.8 percent) ranks very high after Borno State (92.7 percent) in the percentage of female children deprived of Early Childhood Education relative to male children (Gombe 83.5 percent and Borno 92.9 percent). Gombe State moved from the ninth position among the states with prevalence of male children without early childhood education above the national level to the first position among female children deprived of Early Childhood Education (see, figures 4.2 and 4.3 as well as Map 4.2). Both Plateau and Ebonyi States had more female children deprived of Early Childhood Education relative to male children and the national average. In fact, both states recorded less of either all children or male-children than the national average. Nasarawa State had less deprived female-children than the national average unlike in the deprived male-children and all children distribution patterns (see, Table 4.1 in the Appendix).

4.2 Primary Education

Figure 4.4 shows the prevalence of children 6 years and above who were not in primary school during the school year of 2010 -2011. Nationally, 17percent of children of school age were not currently in school as at the time of the survey. The variation across the States ranged from about 9 percent in Niger State to about 23 percent in Yobe State. In all, 18 States exhibited prevalence of school age children not in primary school above the national average. Unlike previous indicators, the States above the national prevalence of 17 percent cut across both the northern and southern parts of the country. In fact, 10 of these States were in the southern part of the country and the rest 8 States were in the North. The States included Yobe, Katsina, Borno, Zamfara, Bauchi, Nasarawa, Plateau and Sokoto in the North; and Lagos, Rivers, Akwa Ibom, Cross River, Abia, Bayelsa, Imo, Enugu, Ebonyi and Delta in the South. It is interesting to note that Niger, Kwara, and Taraba States were among the five States with the least prevalence of children not in primary school. This implies that these States were making effort to get children into school. It will be interesting to find out what policies and programmes are in place in those States to encourage primary school enrolment and attendance. However, the differences among States in this indicator is not wide even among those States which had below the national average, there was a lot clustering around the national average as prevalence of not being in primary school in 12 of the States differed by just 1 to 2 percentage points from the national average.

Figures 4.5 and 4.6 show the variation across States between male children and female children 6 years and above not attending primary school as at the time of the survey. The male children pattern is similar to that exhibited in Figure 4.4 for both males and females, except that national average was lower at about 15percent and 16 States instead of 18 had prevalence of children not in primary school above the national male children average. Yobe State had the highest incidence of about 22percent and Niger State the lowest prevalence of about 8 percent. Also, 9 of the States with incidence above male children average were in the North and the rest 7 States in the South. Three States, Benue, Kogi and Oyo, not in the aggregate pattern shown in Figure 4.4 were among States with prevalence of male children not in primary school above the national male children average.

Figure 4.6 shows the prevalence of "not in primary school" among female children aged 6 years and above. The pattern was slightly different from both the aggregate and the male children patterns. The national average for female children was higher at about 27 percent with 21 States having prevalence above the national female children average. Like the male children pattern, 11 states were in the North (Borno, Katsina, Yobe, Zamfara, Jigawa, Bauchi, Nasarawa, Kano, Sokoto, Plateau and Kebbi) and 10 in the South (Bayelsa, Rivers, Lagos, Cross Rivers, Akwa Ibom, Enugu, Abia, Delta, Imo and Ebonyi). Three of the States in the North were not in the aggregate pattern shown in Figure 4.4; and these are Kebbi, Kano and Jigawa States. All the States in the South with prevalence above the female children average were either in the aggregate pattern shown in Figure 4.4 or in the male children pattern shown in Figure 4.5. The State with the highest incidence (Borno State) had 27percent relative to either Yobe State prevalence of 23 percent in the aggregate or 22 percent in the male children not in primary school distribution. Hence, more attention needs to be focused on female children in Borno, Katsina, Bayelsa, Yobe, Rivers and Lagos States to minimize incidence of female children left behind and ensure that they acquire basic education.

Figure 4.4: Percentage of Children 6 years and above not in Primary School

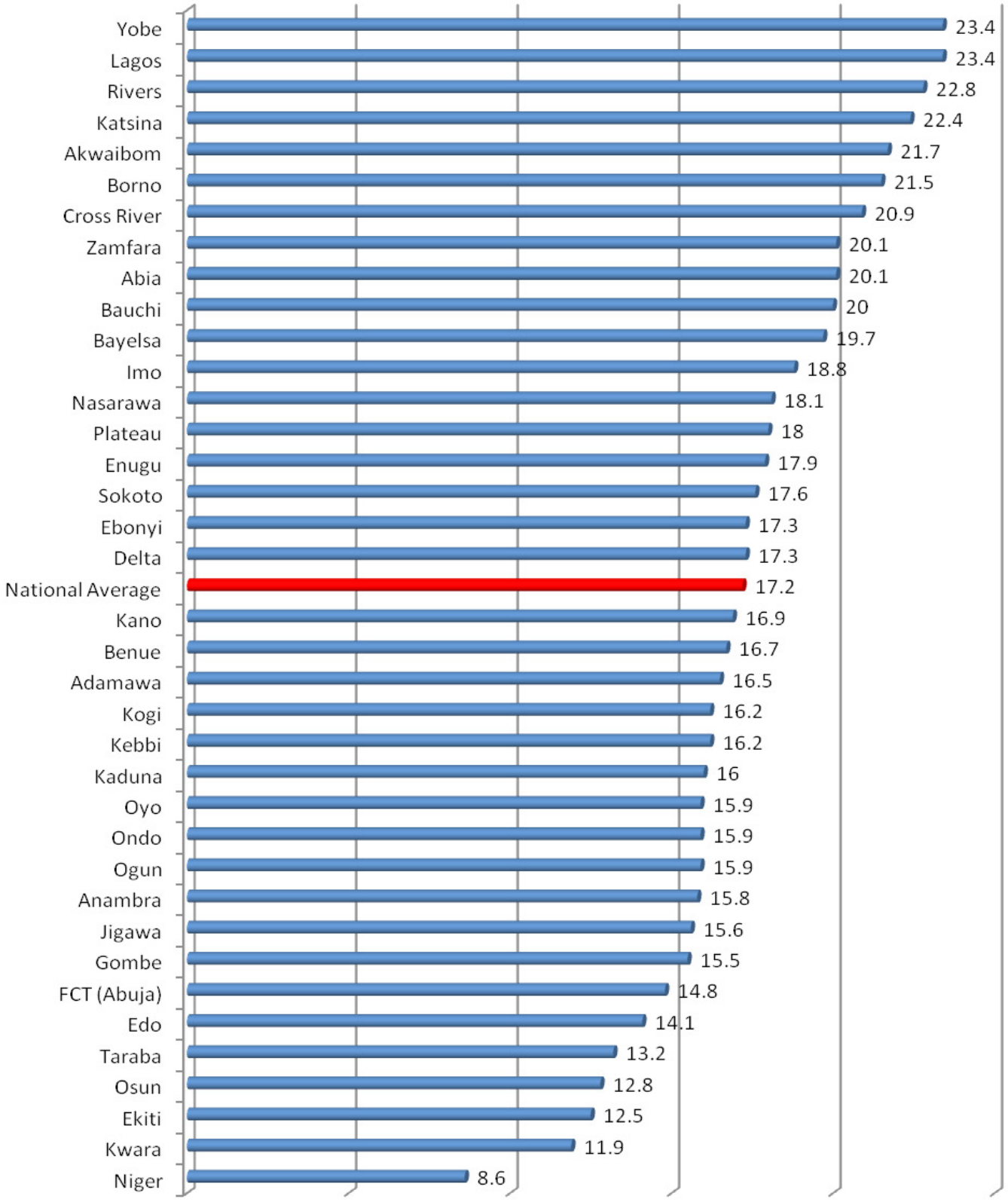


Figure 4.5: Percentage of Male Children 6 years and above not in Primary School

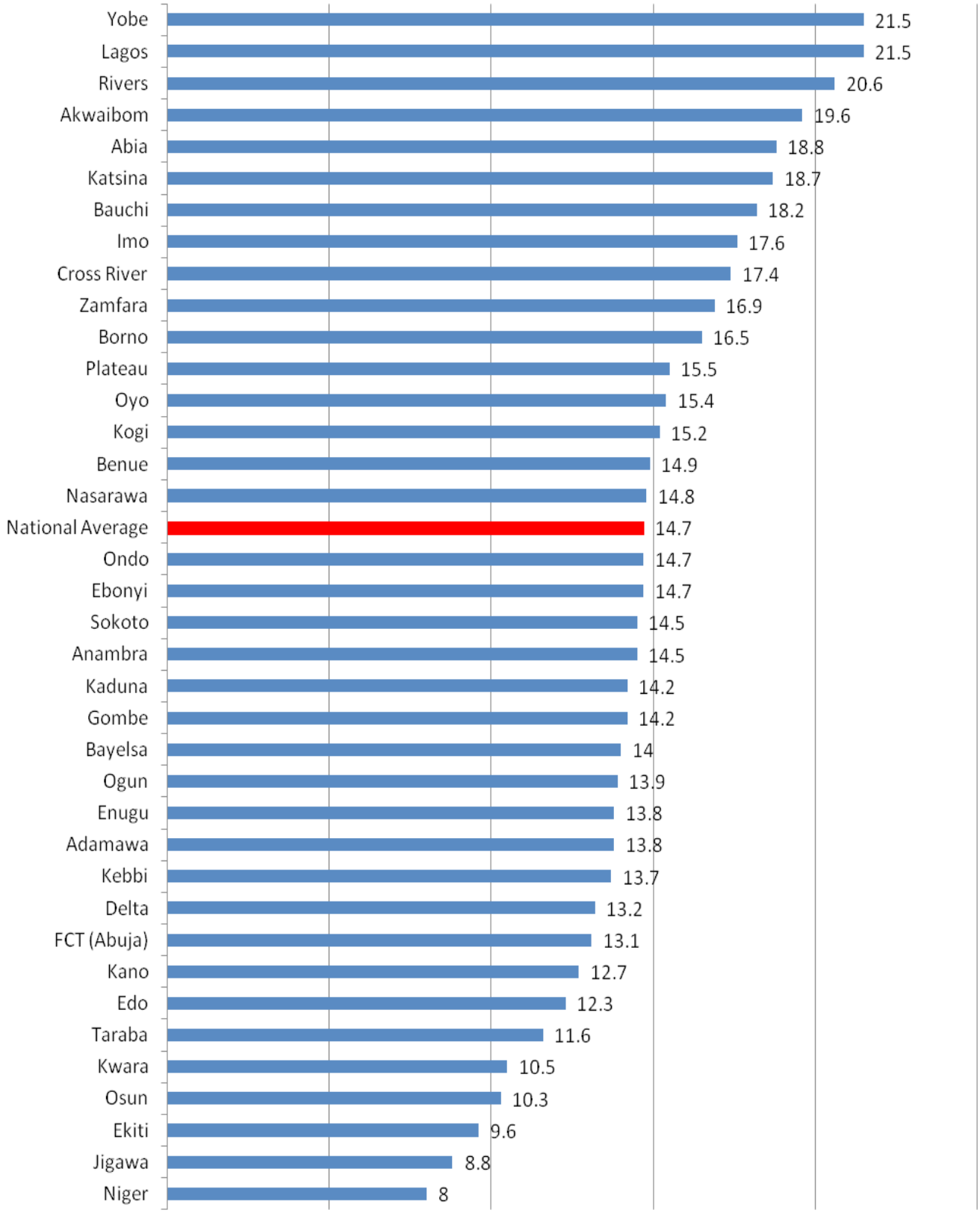
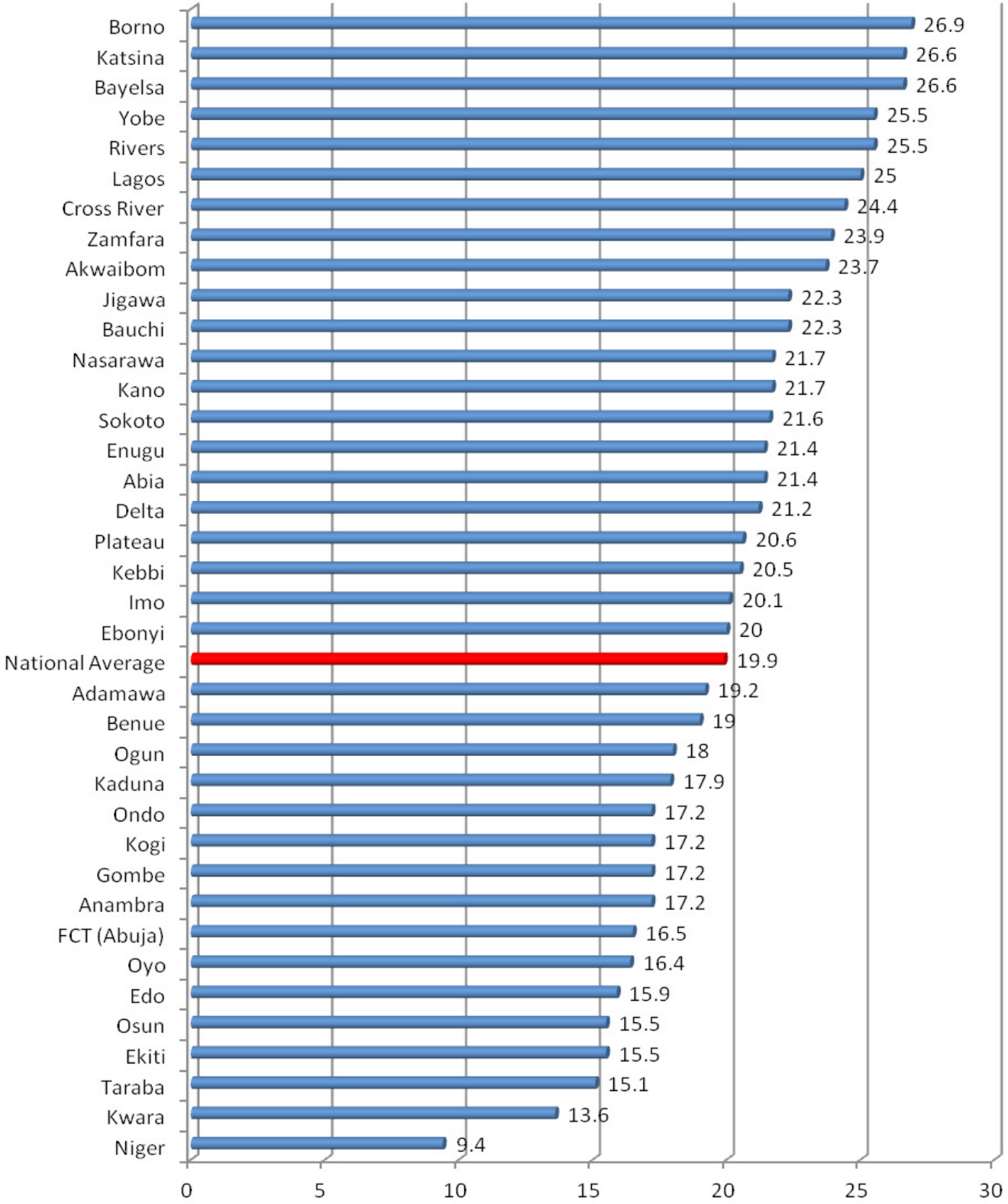
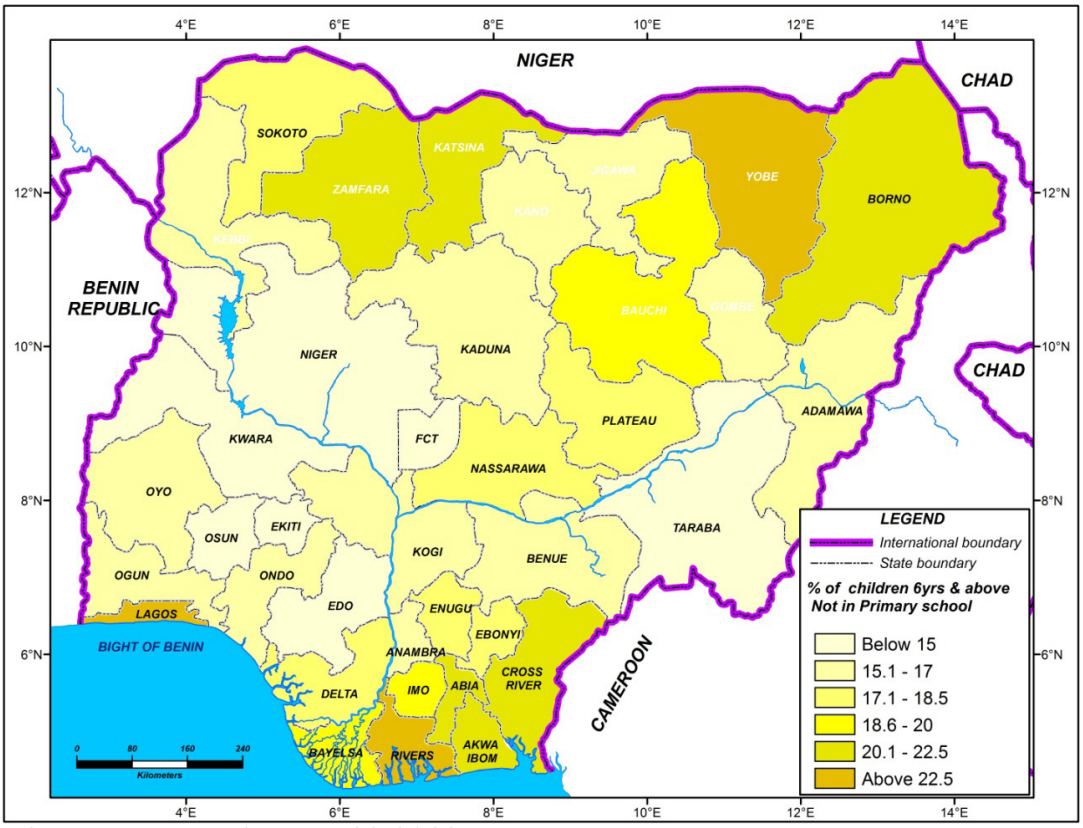


Figure 4.6: Percentage of Female Children 6 years and above not in Primary School

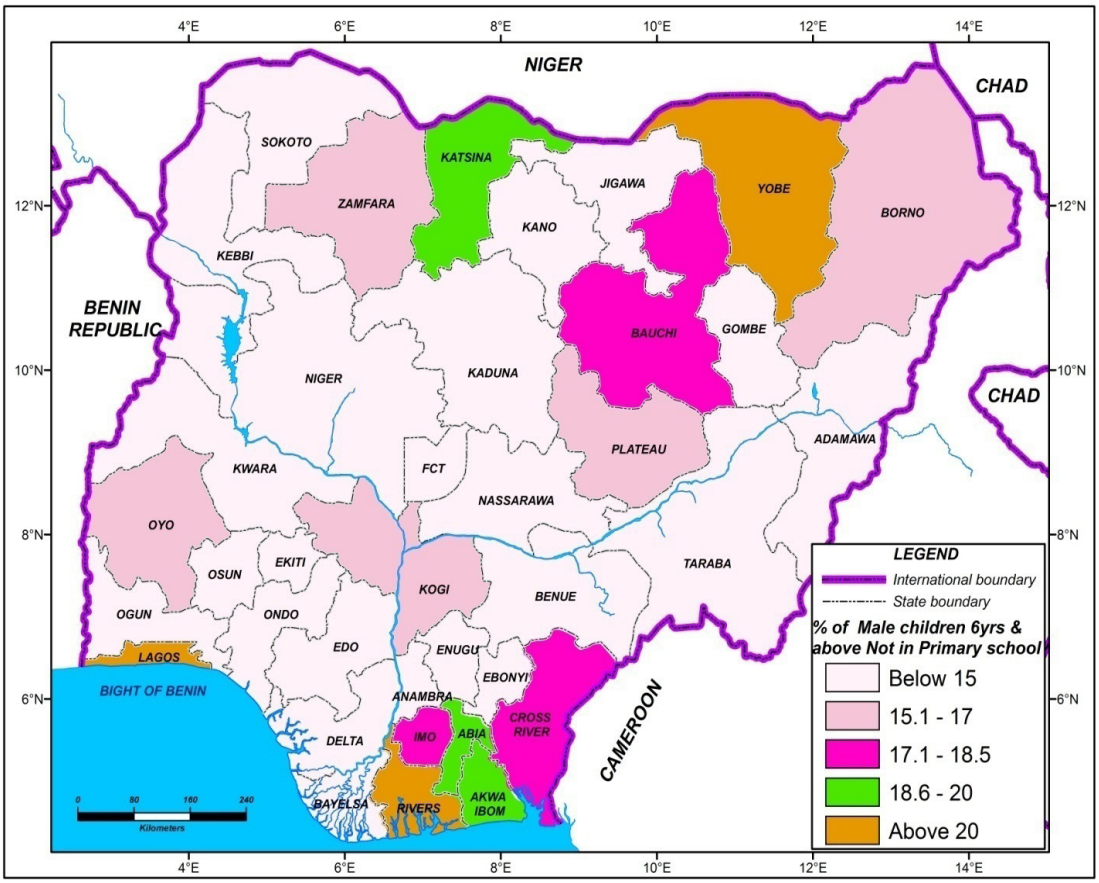


Map 4.3: Percentage of Children (6 years and above) not in Primary School



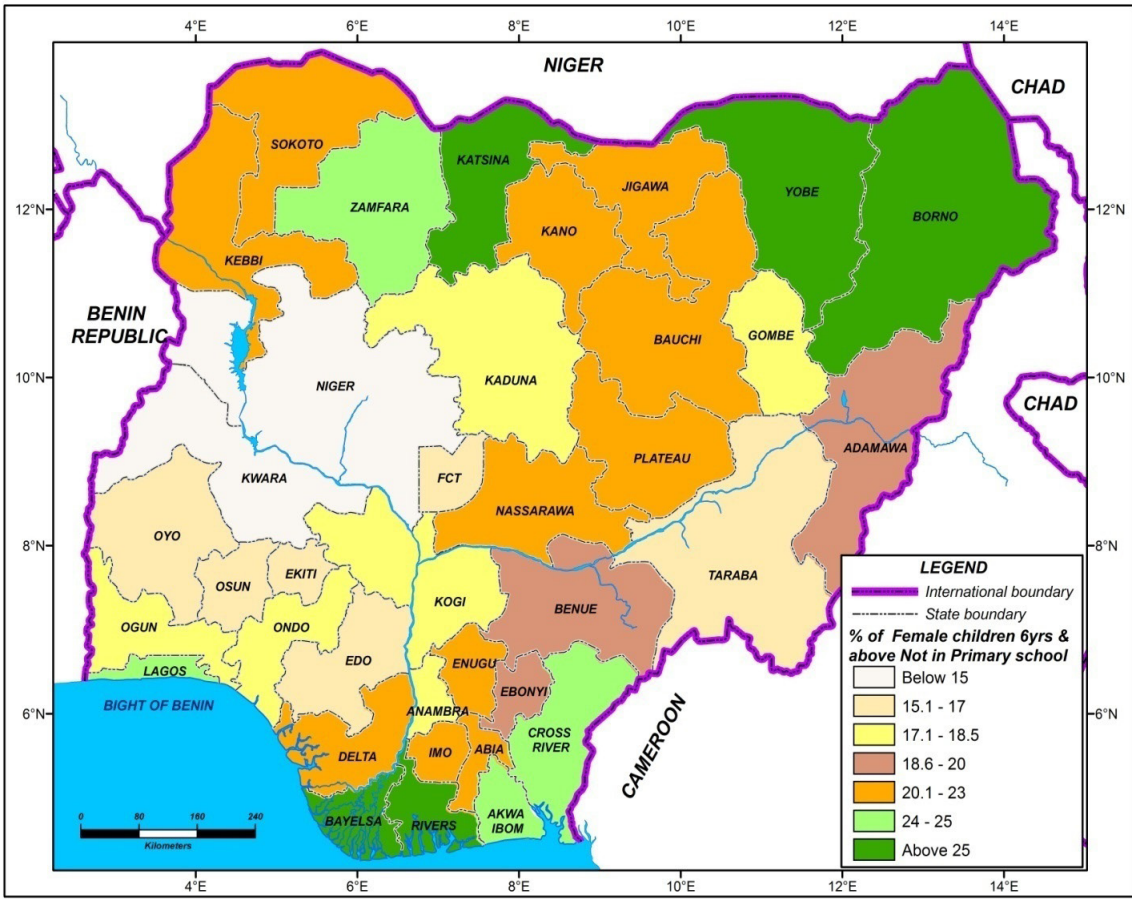
Source: Derived from MICS, 2011

Map 4.4: Percentage of Male Children (6 years and above) not in Primary School



Source: Derived from MICS, 2011

Map 4.5: Percentage of Female Children (6 years and above) not in Primary School



Source: Derived from MICS, 2011

4.3 Policies and Programmes

The following are the main national policies and key programmes in the education sector: The 1999 Constitution; Universal Basic Education (UBE) Act 2004; Child's Right Act 2003; National Economic Empowerment Development Strategy (NEEDS); National Child Policy 2007; National Policy for Integrated Early Childhood Development in Nigeria (2007); National Minimum Standard for Early Child Care Centres in Nigeria; Seven Point Agenda; Transformation Agenda.

The UBE policy provides free, compulsory and universal basic education for every child of primary and junior secondary school age. This policy objective of free and compulsory education including skills acquisition fits well into employment and job creation objectives of the present Government at the Federal level. Also, the proposed free mid-day meal for school children will, no doubt, impact positively on the health and nutrition objectives in the overall national development strategy. The three tiers of Government in Nigeria (Federal, State and Local) have primary responsibility to fund and manage basic education; with Federal Government playing the intervention/assisting role. The agencies involved include the Universal Basic Education Commission (UBEC), State Universal Basic Education (SUBEB), Local Government Education Authority (LGEA), Private sectors and Development Partners.

The UBE prescribes minimum standard of basic education throughout the country and UBEC is expected to monitor, supervise and coordinate the implementation of specific programme for the attainment of compulsory, free and universal basic education. Relative to health and nutrition, education has the highest budget (average of 7.4 percent for education, 4.3 percent for health and 3 percent for agriculture for the period 2000 to 2011) [14] and is most essential in child development and protection. Even at that, primary education is still grossly underfunded particularly at subnational levels.

Funding and effective coordination of implementation (including monitoring and evaluation) of education expenditure and outcomes remain a major challenge in the country. Requisite administrative data which can enhance planning and budgeting for education investment by three tiers of Government are generally lacking. Disparities in education outcome among States in the federation is an indication that different policies, programmes and implementation frameworks may account for the observed differentials. More studies will be required to assess policies which may have impacted positively in some States and what lessons others can learn from them.

PROTECTION

The Child's Rights Act (2003) provides for the protection of the rights of the child through birth registration, prohibition of childhood marriage, protection from forced, exploitative or child labour, unlawful intercourse and other forms of abuse. In this section, we examine indicators of child protection and the prevalence among States in the country.

5.1 Birth Registration

The Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The World Fit for Children has the goal of developing systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments.

Registration of a child's birth confers identity on the child; it identifies the parents, the nationality and confers rights and protection on the child. Hence non-registration of the child's birth infringes on his/her right to protection and many other benefits.

Figure 5.1 shows the percentage of children under 5 years of age whose birth was registered. The national average was about 30percent while the highest was about 66 percent (Osun state) and the least was 3 percent (Zamfara State). There was definite north-south variation in birth registration. Majority of the states with level of birth registration above the national average were located in the south while those with level of birth registration below the national average were mainly in the north. Out of the 19 states and FCT (Abuja) that scored above national average, only Kwara, Kogi, Adamawa, Katsina and FCT (Abuja) are in the north. Whereas, out of the 17 states which scored below the national average all except Bayelsa and Cross River states are in the north. While the disparity is noted, efforts should be targeted to all States in Nigeria to reach 100 percent by 2030. There are many factors responsible for the wide gaps. Non-facility based delivery accounts for a large percentage of deliveries not being registered, lack of awareness is another issue. Further, National Population Commission needs to review the birth registration process and remove all obstacles to registration of child birth. Efforts should be made to engage village heads and religious leaders to be actively involved in registration of all births and safeguard the birth certificate.

Figure 5.2 shows the percentage of children without birth certificates. Twenty-three (23) states and FCT had children without birth certificate below the national average of about 3 percent while the remaining thirteen (13) states of the federation had above the national average. Hence, children left behind in terms of no birth certificate were largely located in Sokoto, Rivers, Ekiti, Kogi, Bayelsa, Delta, Nasarawa, Imo, FCT, Kaduna, Ogun, Lagos and Ondo states.

In the MICS 2011 questionnaire, the question on whether a child had birth certificate had three options: (1) Yes, seen; (2) Yes, not seen; and (3) No. Those with the first option (1) are those referred to here as those whose birth were registered and had birth certificate.

This is quite different from those reported in Figure 5.1 which refers to the proportion of children whose births are reported registered.

Figure 5.3 shows that the proportion of children under-five years whose births were registered and had birth certificate declined to about half the number of children whose births were reported registered. At the national level only 14 percent of children under age 5 whose births were registered had birth certificate. Sokoto State had the lowest at 1.6 percent while Lagos State had the highest at 33 percent of birth registration with birth certificate. Out of the 19 states below the national average, 15 are in the North and only Ondo, Rivers, Cross River and Bayelsa States are in the South. Thus the rate of birth registration with birth certificate increased as one moved from the north to the south (see, Map 5.1)

Efforts aimed at improving birth registration and safe keeping of certificate of birth should address issues such as mother's education, father's education, cost of registration, and urban-rural gap among others since past studies have pointed to some of these factors as correlates of birth registration.

Percentage of Children Under5 years Whose Births are Registered and Had Birth Certificate

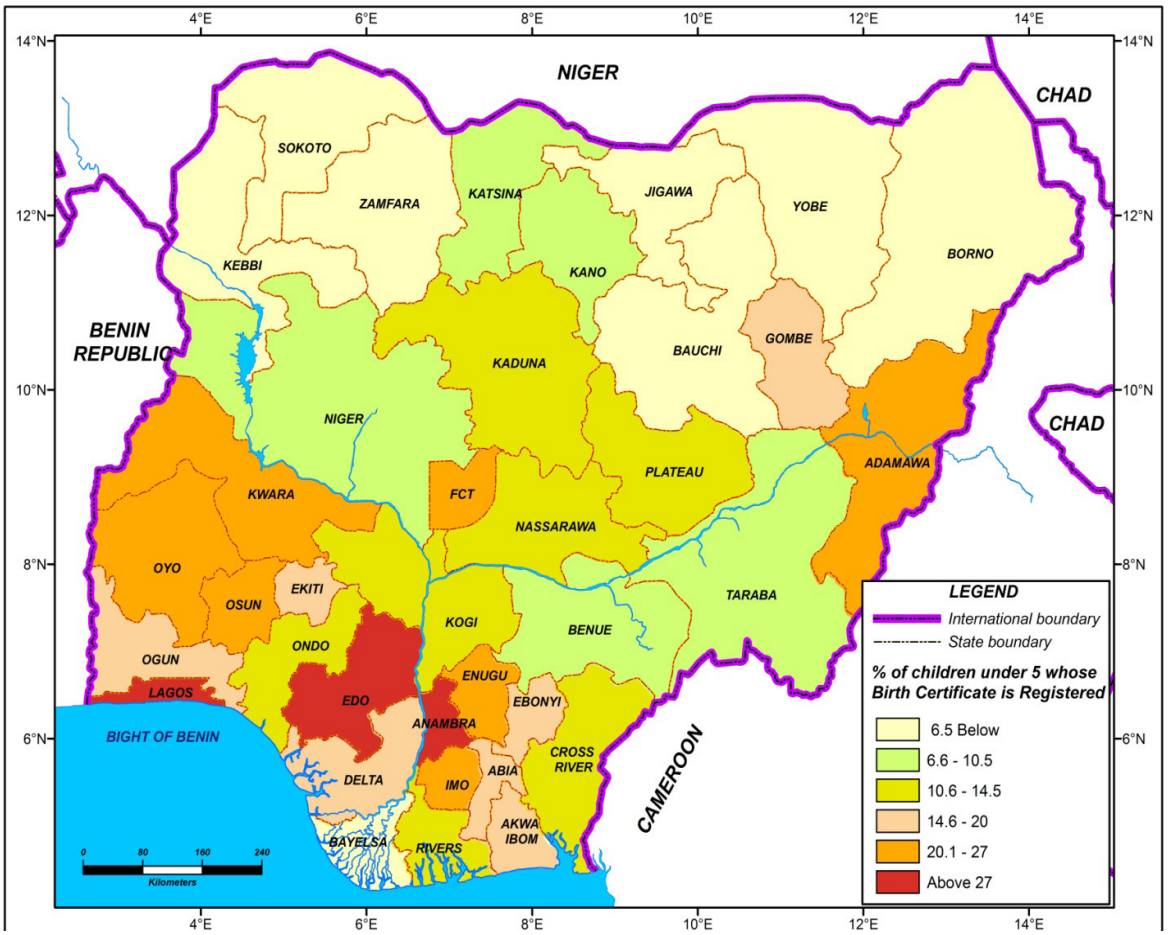


Figure 5.1: Percentage of Children whose Births are Registered

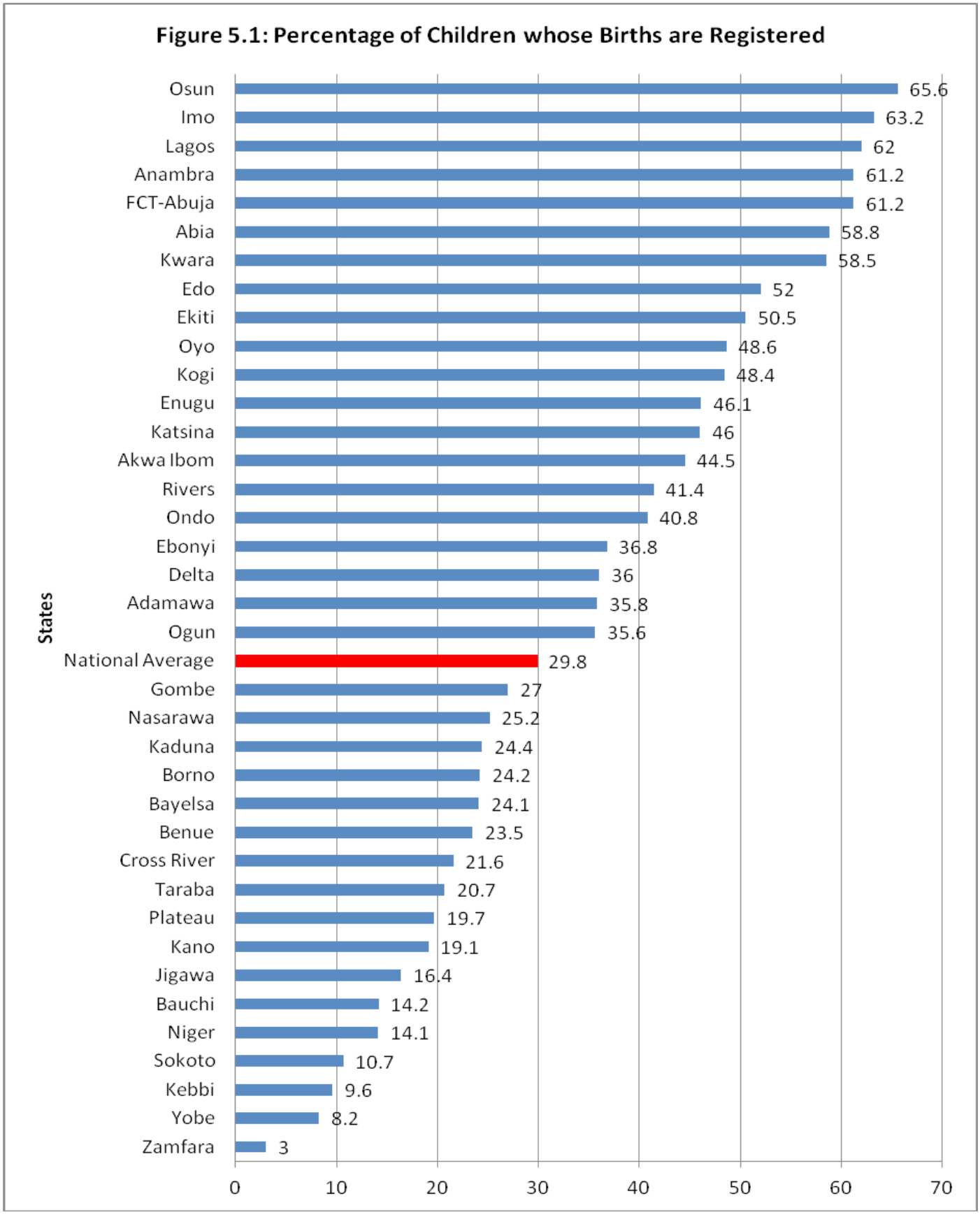


Figure 5.2: Percentage of Children Under age 5 by No Birth Certificate, Nigeria, 2011

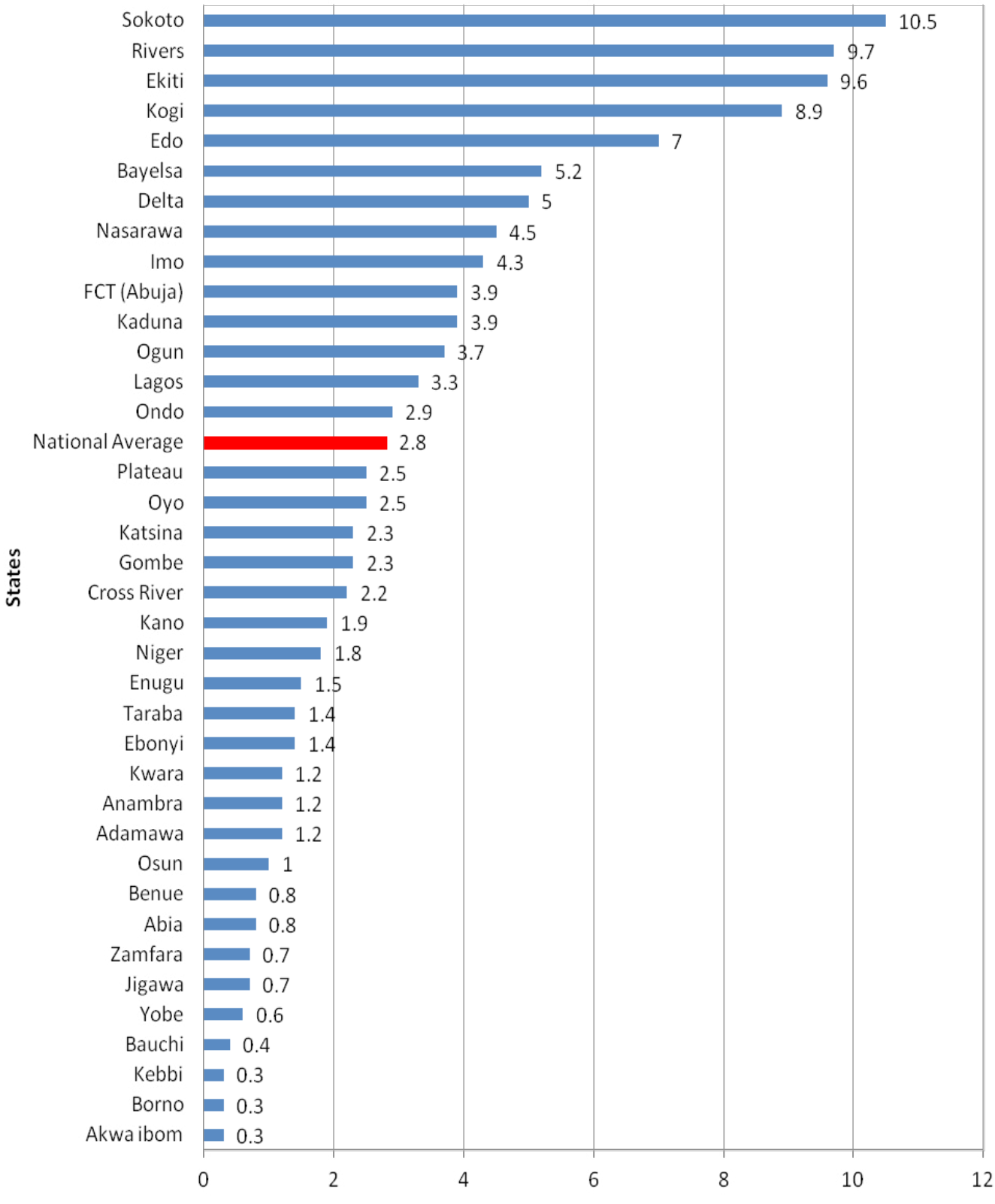
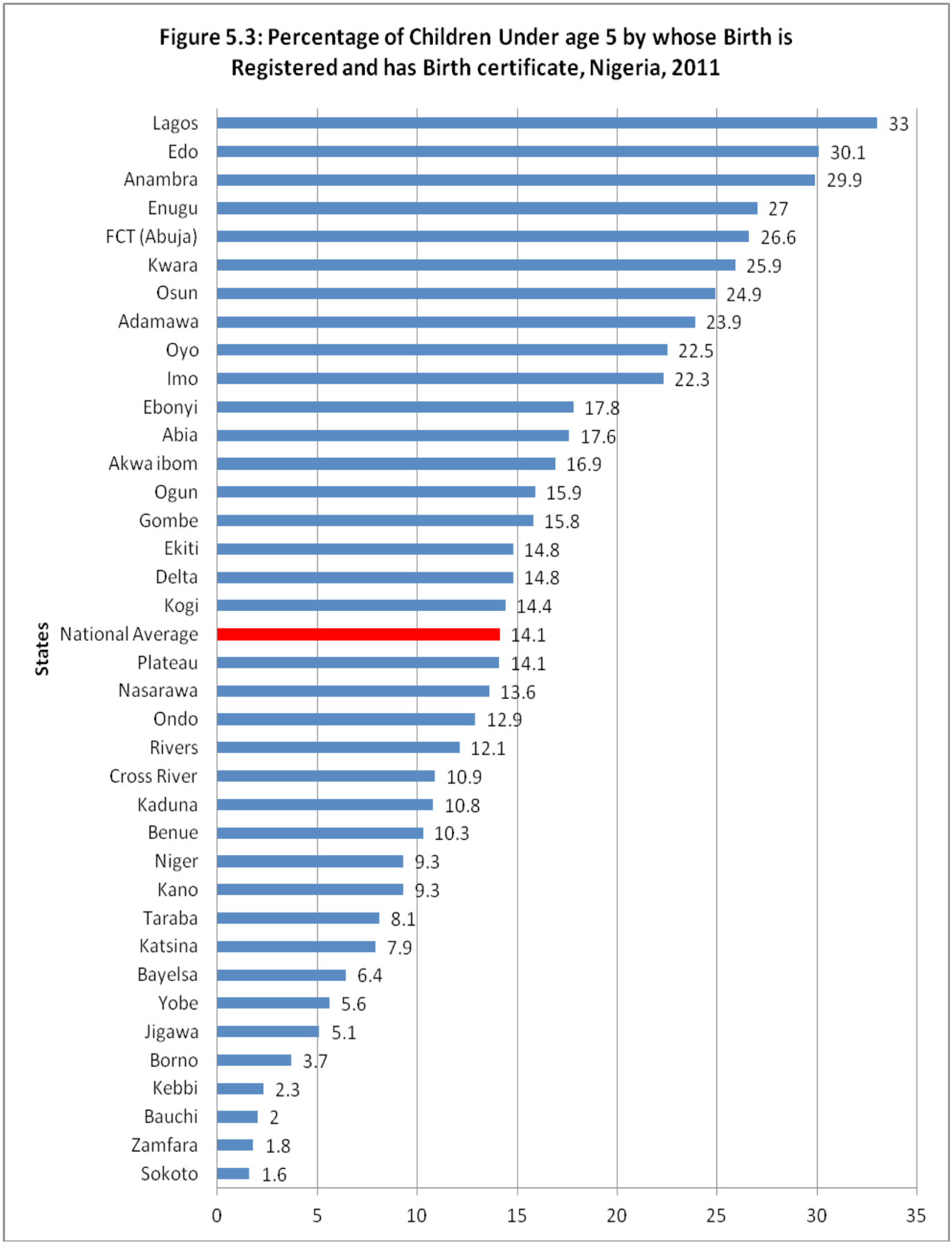


Figure 5.3: Percentage of Children Under age 5 by whose Birth is Registered and has Birth certificate, Nigeria, 2011



5.2 Child Labour

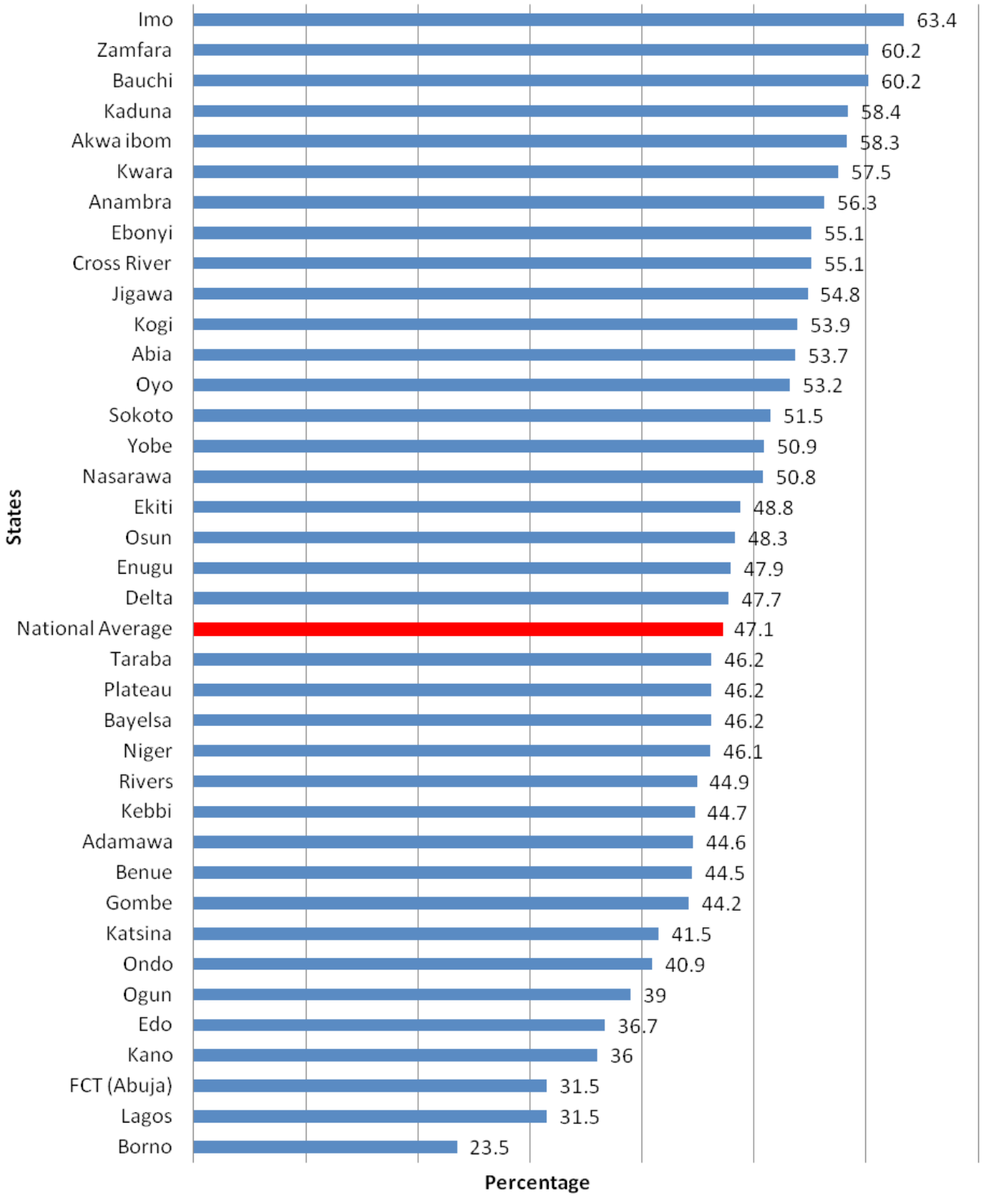
According to Article 32 of the Convention on the Rights of the Child, "States Parties recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development..." A World Fit for Children stresses the need to combat child labour and call for the protection of children against exploitation.

Figure 5.4 shows that 47 percent of children aged 5 - 14 years were involved in child labour in Nigeria. Sixteen (16) states and FCT had children involved in child labour below the national average. The remaining twenty (20) states had figures above the national average. These states are Imo, Zamfara, Bauchi, Kaduna, Akwa Ibom, Kwara, Anambra, Ebonyi, Cross River, Jigawa, Kogi, Abia, Oyo, Sokoto, Yobe, Nasarawa, Ekiti, Osun, Enugu and Delta. Thus, children left behind in terms of child labour were mainly located in these states (see, Map5.2).

Further, the Figure reveals that while Imo State (63 percent) had the highest percentage of children who were involved in child labour, Borno State (24 percent) had the least. Relative to the national average of about 47percent, Imo State had about 16 percent more of children who engaged in child labour.

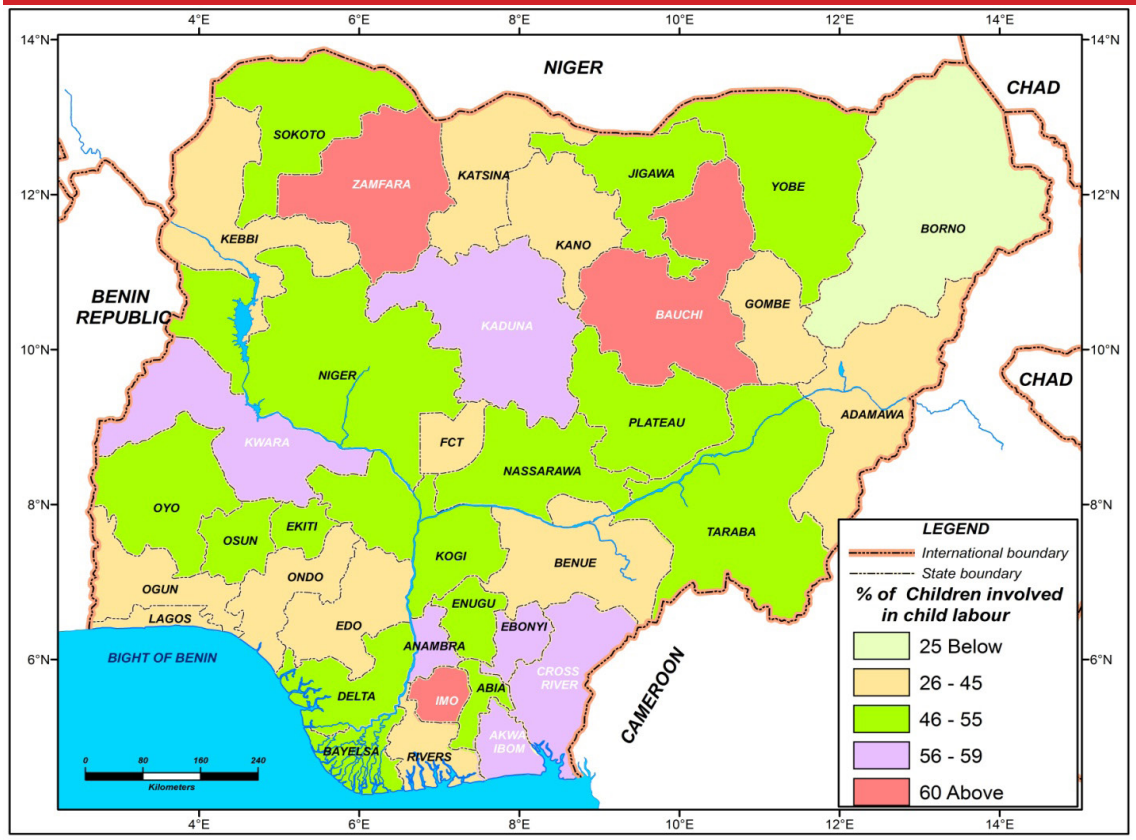
Several factors affect or encourage child labour such as poverty, orphan hood, loss of job by parents, spirit of independence/self-reliance, homelessness and culture which promote street hawking by children, street begging, use of children as transport conductors, and child street urchins. The major problem with child labour has to do with the effectiveness of the existing laws and bye-laws prohibiting child labour activities and their implementation. Notwithstanding the above factors/ problems, in all, children left behind in terms of child labour are located mainly in southern States of Nigeria; and therefore targeting efforts at these States with high prevalence of child labour will help to ameliorate the situation in Nigeria.

Figure 5.4: Percentage of Children involved in Child Labour, Nigeria



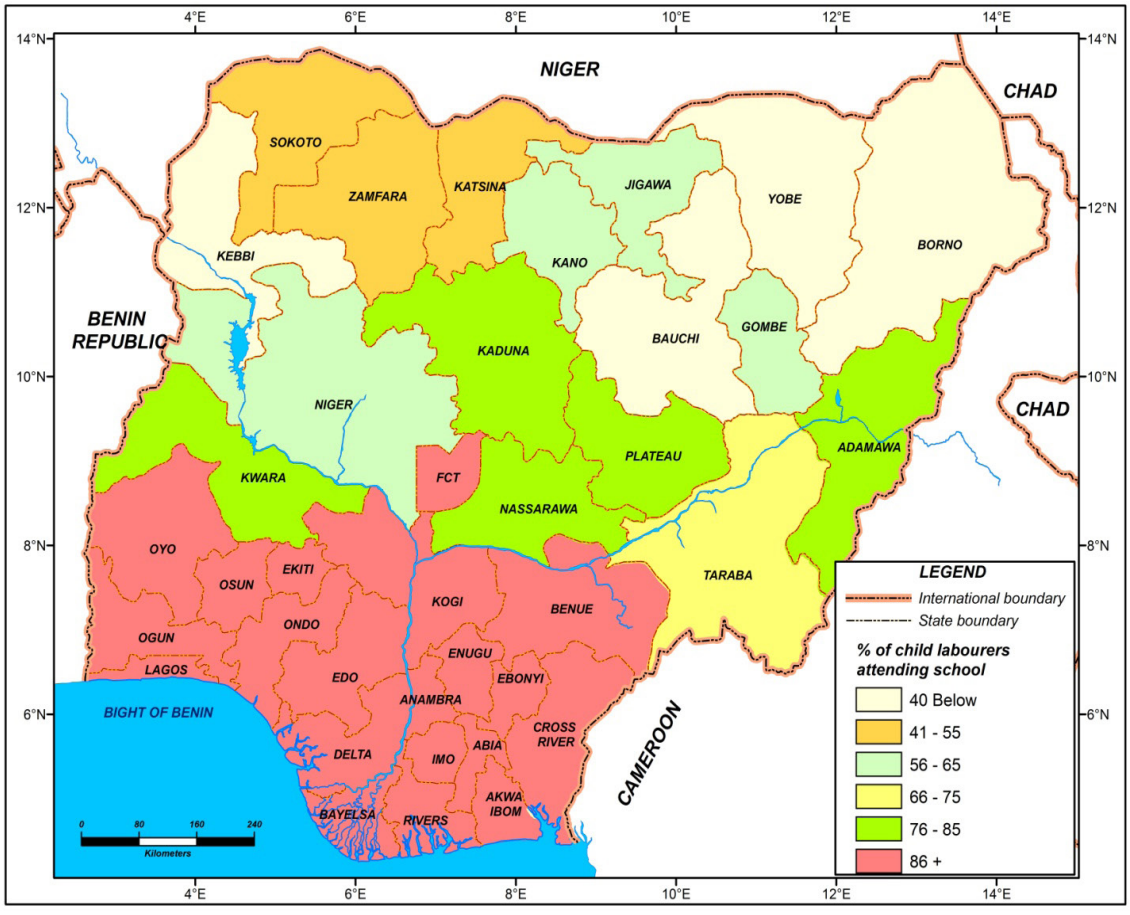
Source: MICS, 2011

Map 5.2a: Percentage of Children Involved in Child labour



Source: MICS, 2011

Map 5.2b; percentage of Child labourer Attending School, 2011



Source: MICS, 2011

Table 5.1 in the Appendix and Map 5.2a show the percentage of children who were engaged in child labour but attending school in Nigeria. Expectedly, Lagos state, being the commercial hub of the country had the highest percentage of children who were actively engaged in child labour in spite of the fact that they were engaged in schooling. In contrast, Kebbi State had the least. Relative to the national average of about 76 percent, the Figure reveals that Kebbi had about 45percent lower of these children while Lagos had about 24percent higher.

Given the socio-economic situation of the country, it is not surprising to see that of thirty-six (36) states, twenty-four (24) and FCT accommodated high prevalence of children who were in school, and at the same time, in active labour. This conclusion is arrived at given that these states have these children above the national average of about 76 percent. Hence, children left behind in terms of active labour but attending school were located in Lagos, Ondo, Ekiti, Bayelsa, Osun, Edo, Rivers, Akwa Ibom, Imo, Enugu, Ogun, Delta, Abia, Cross River, Anambra, Kogi, Benue, FCT, Ebonyi, Oyo, Plateau, Kwara, Kaduna, Adamawa and Nasarawa states. Despite the fact that most of these States have domesticated Child 's Rights Act, it is evident that implementation is not effective.

It is important to point out that all the states in the southern part of the country have very high proportion of children who are in active labour even while they are attending school. This is not surprising if one should look at the desire of Nigerians from these areas to raise their economic fortune and their greater struggle to live above the minimum.

There have been conscious efforts by governments towards eradicating child labour. The National Agency for Prohibition of Trafficking in Persons (NAPTIP) has been established to stem child trafficking and child employment whereby children work for pay as wards. There is also a proliferation of NGOs working against child labour; the Ministries of Women Affairs and Social Development at State and federal government levels have units handling child labour among other child protection issues. Street hawking by children, street begging and children as transport conductors are common features in Nigeria. They are mostly illegal but the laws and bye-laws are not effective and they are not obeyed. Offenders are not prosecuted. Implementation of anti-child labour laws is very much a State government responsibility with the support of LGAs. For the Child Rights Act to be effective, the Ministries of Women Affairs and Social Development must take leadership role in domesticating (where that has not happened) and implementation of the Act.

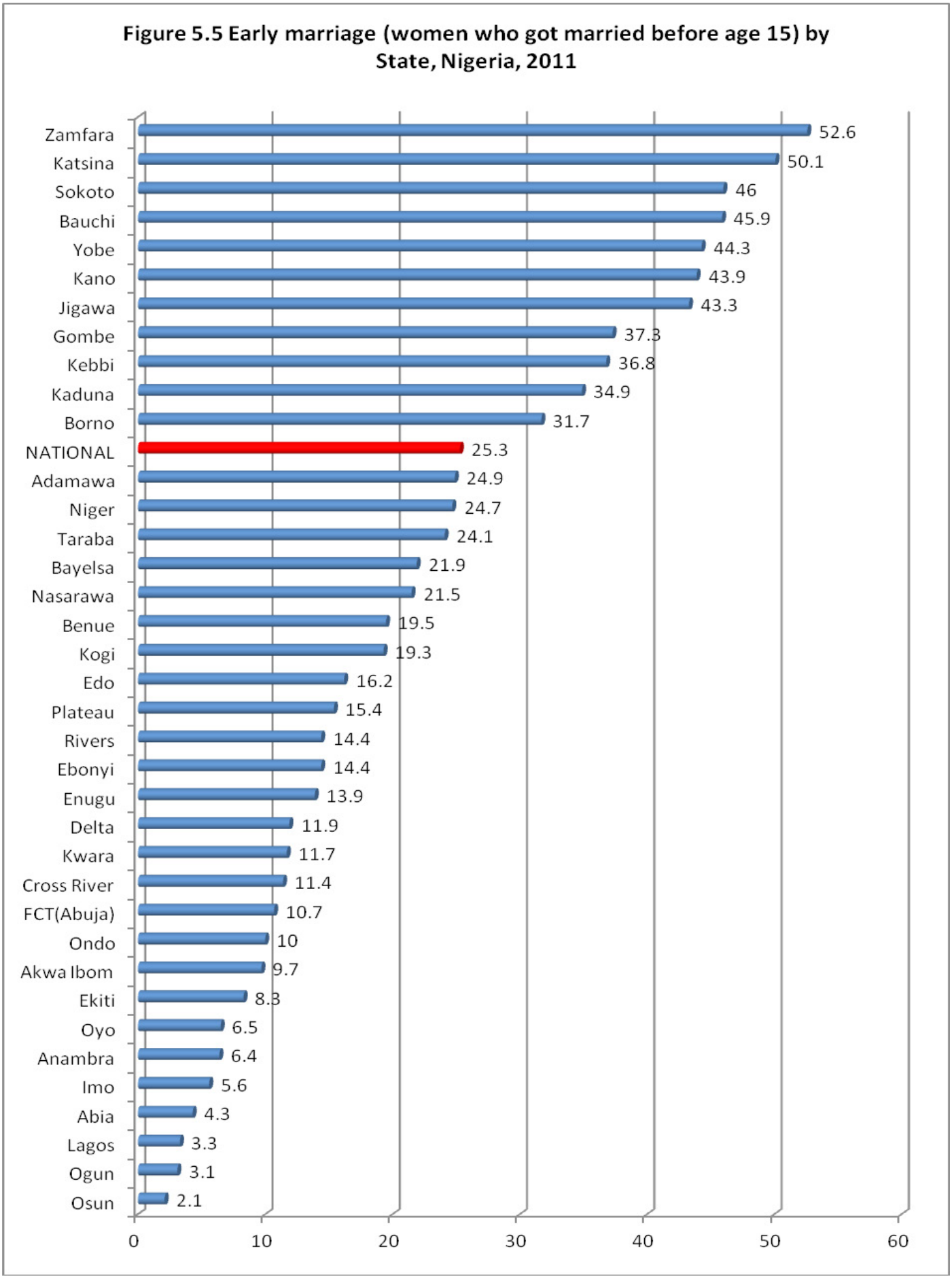
5.3 Child Marriage

The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of all Forms of Discrimination against Women mentions the right to protection from child marriage in Article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage..."

While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights - such as the right to express their views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices is frequently addressed by the Committee on the Rights of the Child. Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages. Others include the African Charter on the Rights and Welfare of the Child, the Protocol to the African Charter on Human and People's Rights as well as the Rights of Women in Africa. Child marriage was also identified by the Pan-African Forum against the Sexual Exploitation of Children as a type of commercial sexual exploitation of children.

Figures 5.5 and 5.6 show the percentage of women married before 15 years of age and percentage married before 18 years of age. In Nigeria, 25 percent of women of reproductive age (15 – 49 years of age) married before age 15 while about 40 percent married before age 18 in 2011.

Figure 5.5 Early marriage (women who got married before age 15) by State, Nigeria, 2011



Map 5.3: Percentage of Women (15-49 years) Who Got Married before Age 15

Source: Derived from MICS, 2011

Map 5.4: Percentage of Women (15-49 years) Who Got Married before Age 18

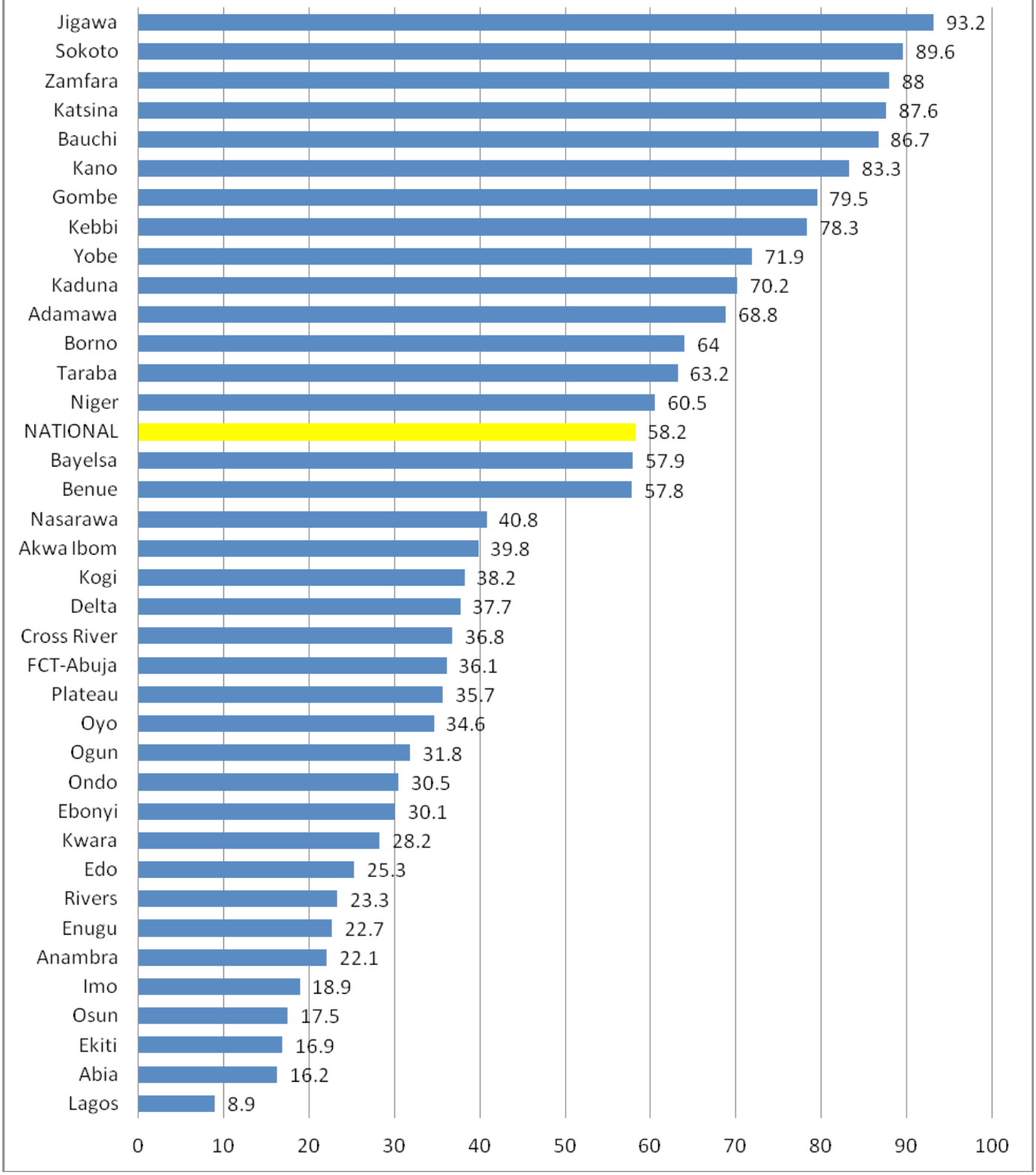
Source: Derived from MICS, 2011

The prevalence of child marriage increases as one moves from South to North. The prevalence of child marriage above the national average is virtually the norm in the northern part as 1 in 3 women of reproductive age (WRA) married before the age 15 in Borno, Kaduna, Kebbi and Gombe States; 2 in every 5 marry in Jigawa, Kano, Yobe, Bauchi and Sokoto States; and 1 in every 2 marries in Katsina and Zamfara States. In almost all the States in the southern part of the country less than 20 percent (that is 1 in every 5) married before age 15.

Figure 5.6 shows that the prevalence of child marriage before age 18 among WRA exhibited the same pattern as those that got married before age 15. The States in the North had prevalence above the national average. About 4 in every 5 women married before age 18 in Jigawa, Bauchi, Yobe, Sokoto, Katsina and Zamfara States while less than 1 in every 5 women married before age 18 in Abia, Lagos, Ogun, Osun, Imo, Oyo and Anambra States. Therefore, extant laws and policies against child marriage should be effectively implemented.

Figure 5.7 shows child marriage among women 15-49 years who got married before the age 18 in 2013. The national prevalence level at 58 percent was high. Between 2011 and 2013, the problem of child marriage increased.

Figure 5.7 Early Marriage (Women who got married before age 18) by State, Nigeria, 2013



5.4 National policies and programmes

Several Federal Government documents acknowledge the importance of child protection in the development of the nation. The key national policy, law, ministerial decree or directives in this area include: Child's Rights Act (2003); Trafficking in Persons (prohibition) law enforcement and administration Act 2003 (amended 2015); National Gender Policy 2006; Orphans and Vulnerable Children National Plan of Action 2006-2010; National Child Policy 2007; National Priority Agenda for Vulnerable Children in Nigeria 2013 - 2020; and National HIV/AIDS Strategic Plan 2010 – 2015.

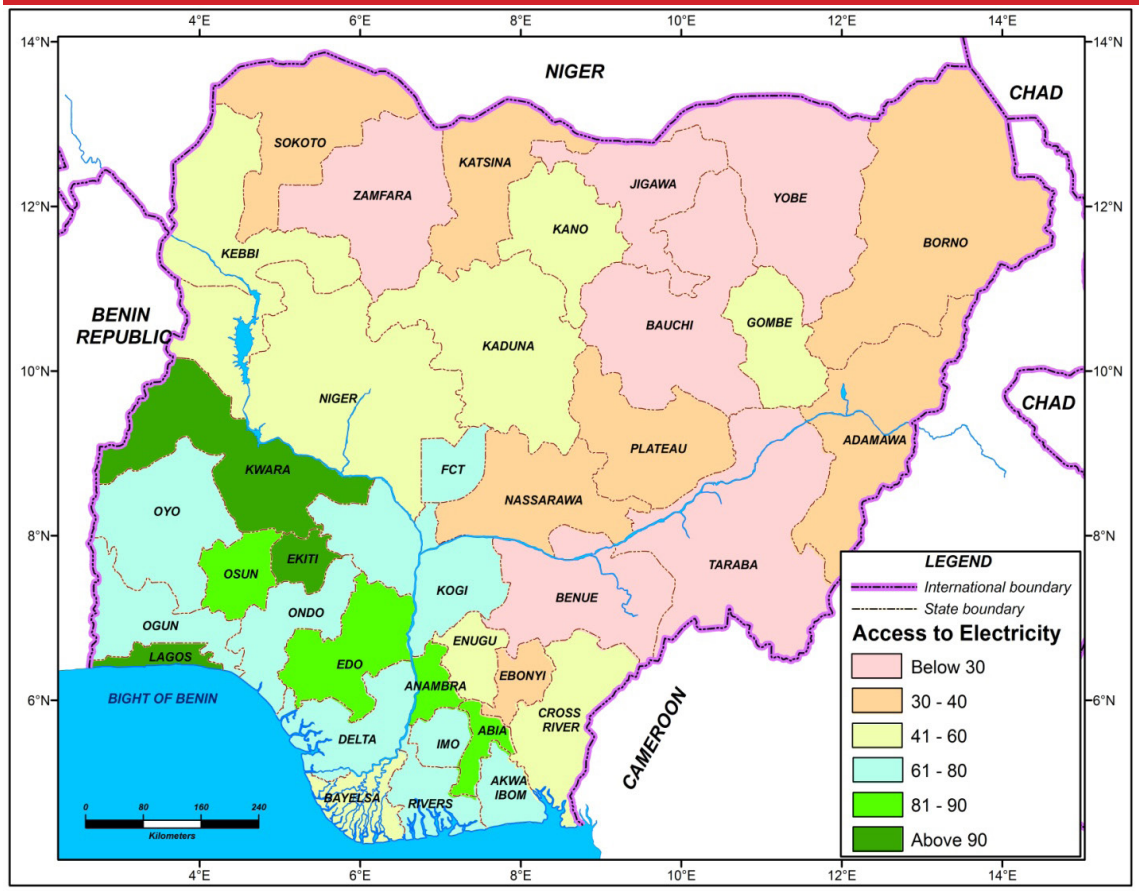
The major objective of legislation in this area is strengthening the existing institutional mechanisms and efforts for full protection of children from child labour, child trafficking, sexual abuse and other forms of abuse and exploitation. Organizations involved in child protection include the Federal and State Ministries of Women Affairs (Child Development Department), Local Government Social Welfare and Child Rights Implementation Committees at all levels, Law enforcement agencies, Communities, Civil Society Organisations, Religious organizations, private sector entities and development partners.

The National Priority Agenda (NPA) for Vulnerable Children 2013-2020 is aimed at strengthening child protection systems to protect and care for children at all levels (communities, local, State and federal). The NPA ensures increased access to essential services including health, education, nutrition and protection services for vulnerable children as well as households economic strengthening. The services are expected to accelerate the national response to vulnerable children.

5.5 Access to Basic Amenities

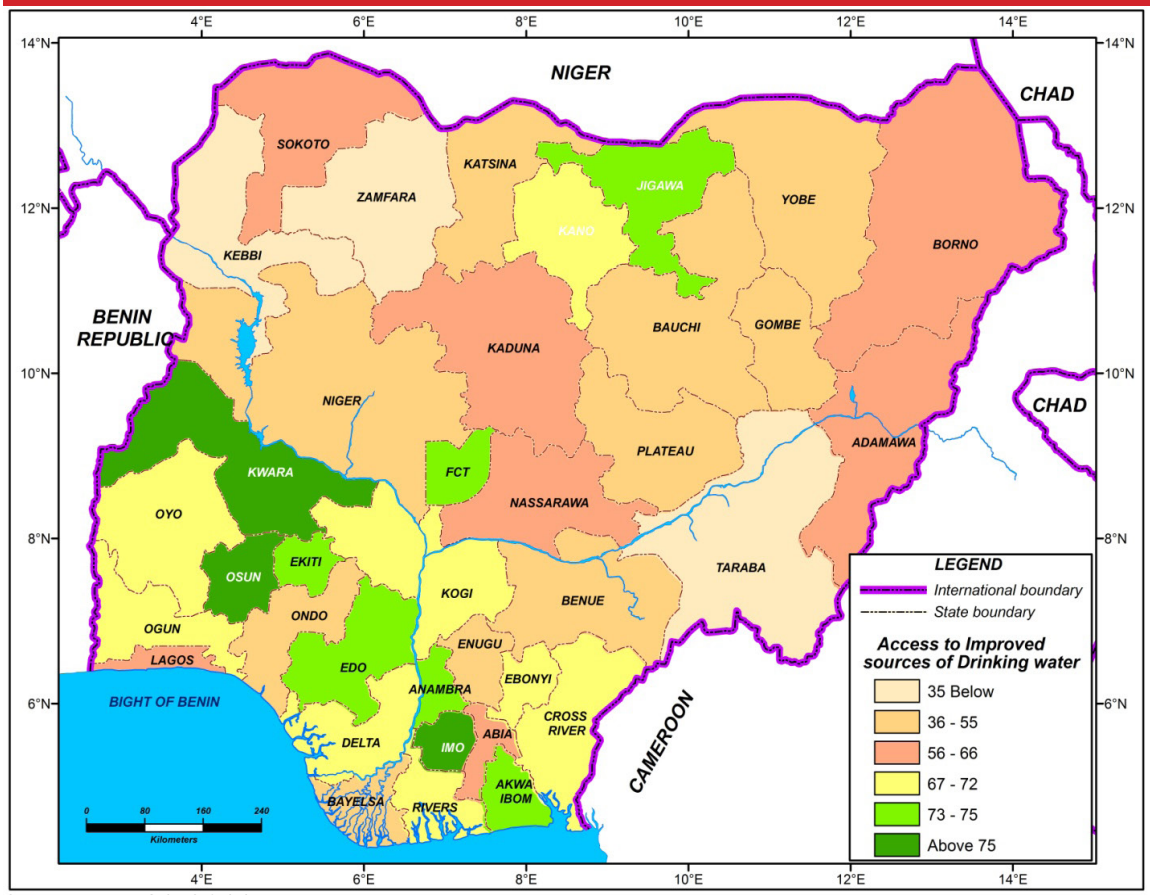
Access to electricity, improved water and sanitation such as toilet facilities, are depicted in the Maps and Figures as shown. Access to these basic amenities varies across the states.

Map.5.5: Percentage of households with Access to Electricity, 2011



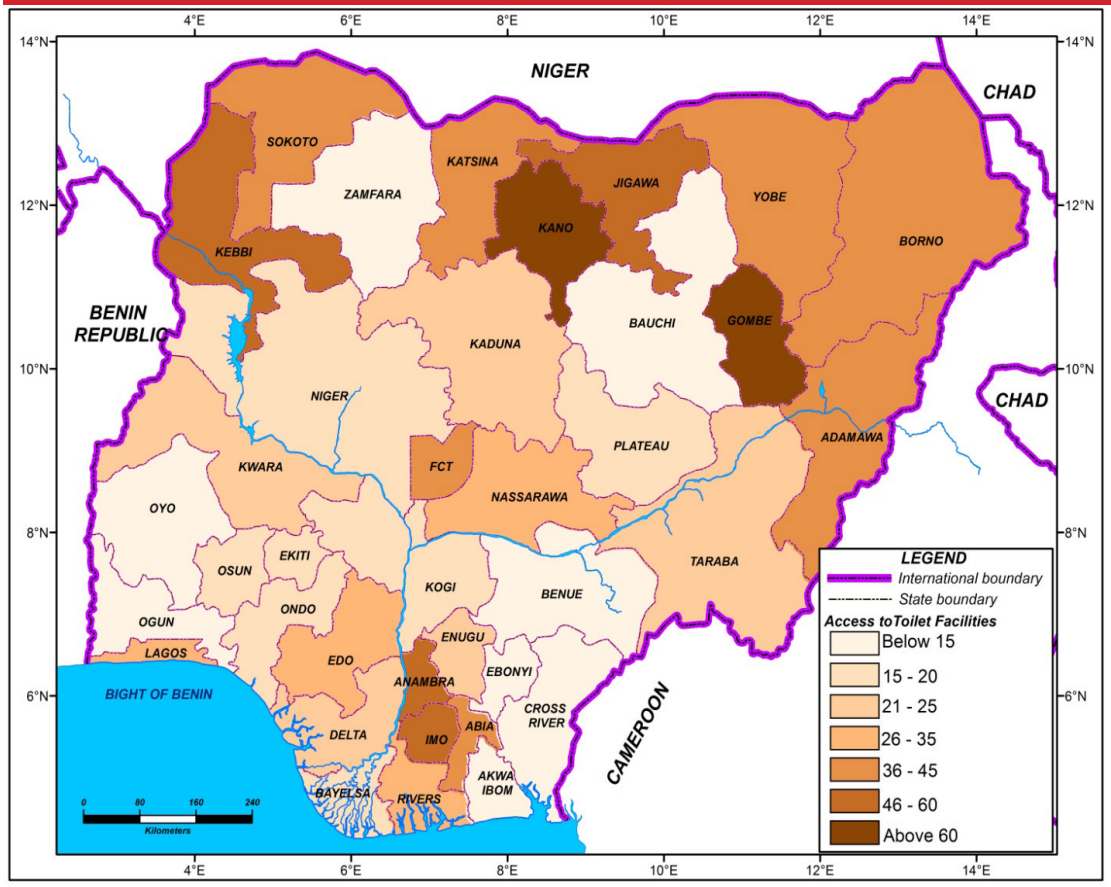
Source: MICS, 2011

Map 5.6: Percentage of Household with Improved Access to Water Sources, 2011



Source: MICS, 2011

Map 5.7: Percentage of Household with Improved Access to Toilet Facilities, 2011



Note: Improved toilet facilities excludes toilet shared by two or more households
Source: MICS, 2011

The Orphans and Vulnerable Children National Plan of Action is aimed at strengthening the capacity of families including children, to protect and care for themselves and support other orphans and vulnerable children.

LEAGUE TABLE

The League provides the ranking of States with Children left behind in two or more of the following 13 indicators: malnutrition (severe underweight, stunting and wasting), registered births, child labour, early marriage, immunisation (BCG, DPT3, Polio3 and Measles); Children without early childhood education (all, male and female). In this context, being left behind was defined relative to the national average performance of each of the indicators. In Figure 6.1, states from Adamawa to Zamfara represent those States which had children left behind in two or more of the indicators. While states from Lagos to Benue represent those States that did not have children left behind in 2 or more of the 13 indicators. The percentages indicated therein represent their relative positions with respect to the 13 indicators. In all, 21 States and the FCT Abuja did not have children left behind in 2 or more of the 13 indicators listed above. All these States except Benue, Kogi, Plateau and Kwara are located in the southern part of the country. Whereas, the 15 States that had children left behind in two or more of the 13 indicators are all northern States. Thus based on the above ranking, Lagos, Osun, Ekiti, Anambra, Imo, Enugu, FCT, Edo, Abia, and Ondo are the states including FCT where children are least deprived or where it is best for a child to live in Nigeria. While Zamfara, Jigawa, Yobe, Kebbi, Sokoto, Katsina, Bauchi, Borno, Kano, and Niger are the states where children are deprived most. Table 6.2 gives a snapshot of States' performance per the listed indicators compared to the national average.

Further, we modified the above indicators and included more indicators and came up with a list of 19 indicators: Nutrition (percentage of children who are moderate underweight, stunting and wasting; and sever underweight, stunting and wasting); Health (children who received -DPT3, Polio3, and Measles Immunisation; and percentage of under5 children who were treated with appropriate malaria drug during an episode of malaria attack); Education (percentage of children 36 - 59 months with early childhood education; percentage of children 6 years and above in primary school); Protection (birth registration, child labour, female genital mutilation and early marriage). Shelter (Access to improved water sources; access to improved toilet facility; and access to electricity). We ranked the states based on the above indicators and determined the best states where it is best to be a child in Nigeria. Figure 6.2 shows that Lagos still tops the list and thus the best place to be a child in Nigeria. Eight other states and the FCT that came among the first ten are Anambra, Imo, Ekiti, FCT, Osun, Edo, Abia, Rivers, and Akwa Ibom. The last ten states in this ranking were almost similar to the last ten states in the League Table of children left behind, except, Kaduna State which a new entrant in the second set of ranking and the change in the relative position of states. These are Zamfara, Yobe, Bauchi, Katsina, Jigawa, Sokoto, Kebbi, Borno, Kaduna and Kano (see, Table 6.1 in the Appendix).

Figure 6.3 shows the best place to be a child by geopolitical zone. This is based on the zones' average score, which ranks South East as the highest and thus the best zone to be a child in Nigeria. This is followed by South West, South South, North Central, North East and North West.

Fig. 6.1: League Table of Children Left Behind in Nigeria

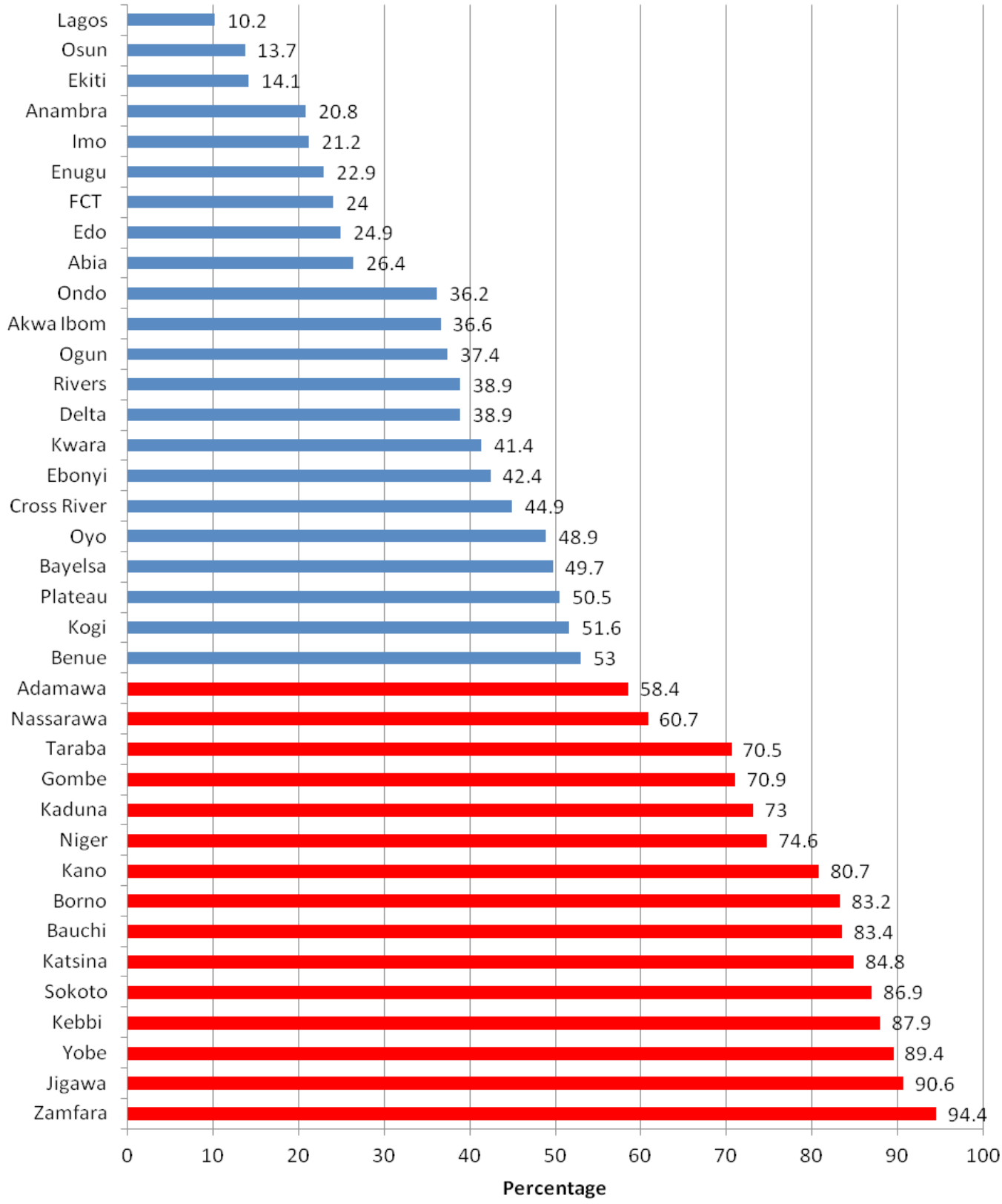
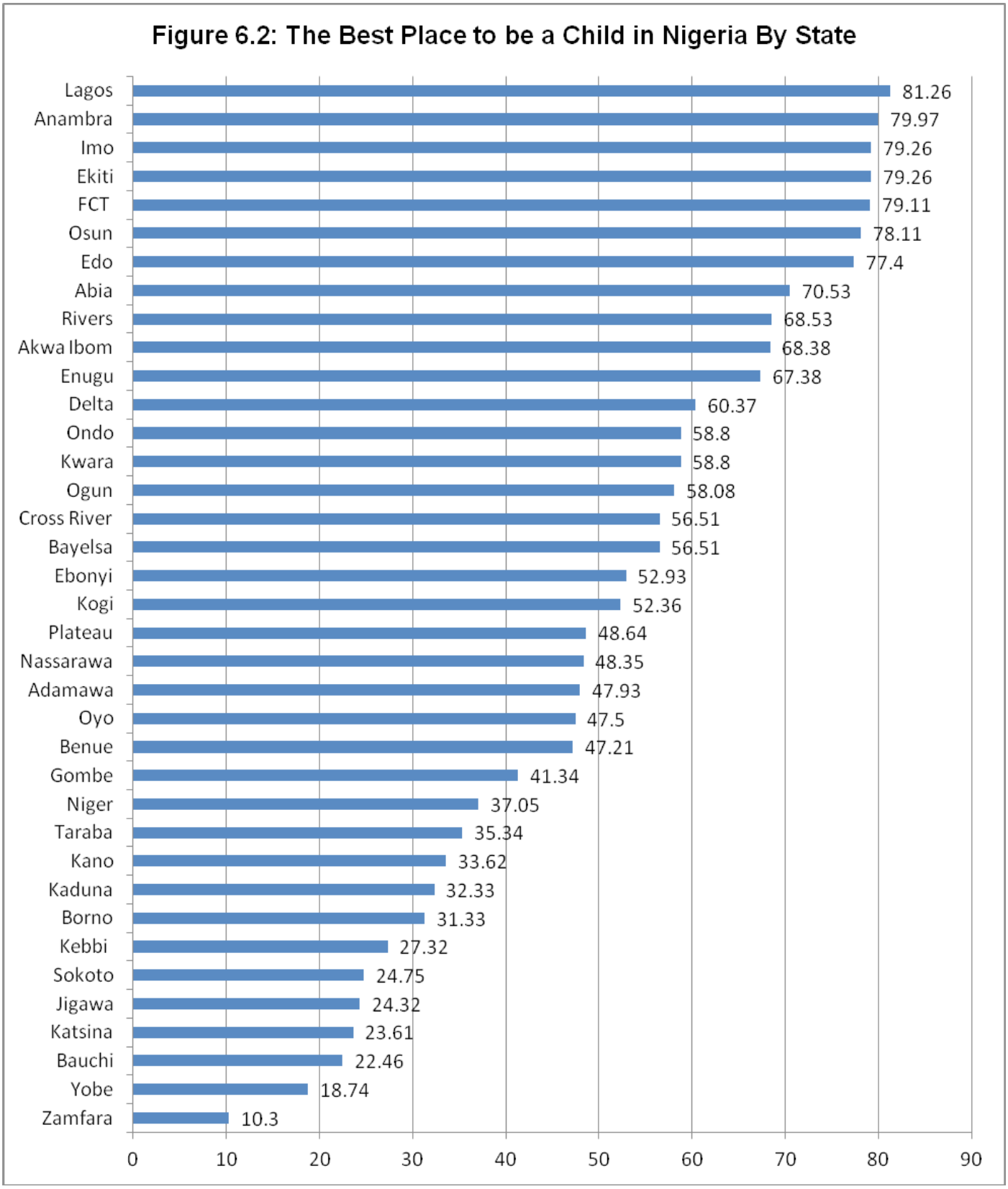


Figure 6.2: The Best Place to be a Child in Nigeria By State



Source: MICS, 2011; NDHS, 2013

Note: Data for access to improved water source, access to toilet facility, access to electricity, receipt of malaria drugs and female child genital mutilation are obtained from 2013. The best performing state relative to the chosen indicators is scored highest while the worst state scores the lowest.

Figure 6.3: The Best Place to be a Child by Geopolitical Zones

Zone	State	Average Score (%)	Relative position	Zonal Average (%)
	Jigawa	24	33	
	Kaduna	32	29	
	Kano	34	28	
	Katsina	24	34	
	Kebbi	27	31	
	Sokoto	25	32	
	Zamfara	10	37	
North West				25
	Adamawa	48	22	
	Bauchi	22	35	
	Borno	31	30	
	Gombe	41	25	
	Taraba	35	27	
	Yobe	19	36	
	Adamawa	48	22	
North East				33
	Benue	47	24	
	FCT	79	5	
	Kogi	52	19	
	Kwara	59	13	
	Nassarawa	48	21	
	Niger	37	26	
	Plateau	49	20	
North central				53
	Ekiti	79	3	
	Lagos	81	1	
	Ogun	58	15	
	Ondo	59	14	
	Osun	78	6	
	Oyo	48	23	
South West				67
	Akwa Ibom	68	10	
	Bayelsa	57	16	
	Cross River	57	17	
	Delta	60	12	
	Edo	77	7	
	Rivers	69	9	
South South				65
	Abia	71	8	
	Anambra	80	2	
	Ebonyi	53	18	
	Enugu	67	11	
	Imo	79	4	
South East				70

REFOCUSING STRATEGY FOR ADDRESSING CHILDREN LEFT BEHIND

Children Left Behind suffer from both moderate and severe deprivation in respect of learn, survive, and protection indicators considered in this study. Disparities exist across states and prevalence of severe deprivation increases from southern to northern parts of the country for most of the indicators.

The strategy for child welfare and development has to be viewed from the national perspective. The three tiers of Government have indulged in governance that involves very high personnel and administrative costs at the expense of other development areas/needs. Currently most State governments are unable to pay staff salaries as at when due; and some are owing for several months. Fiscal operations of government leave little resources for the development of education, health and provision of other services that are vital for child development. Access of children to most of these services remains below international benchmark. Significant reduction in wasteful spending on personnel and administration and corrupt practices associated with government expenditure in general and capital budgets in particular will free fund for child related expenditure.

> There is need to prioritize and rationalize government expenditure to focus on areas that are critical to the achievement of SDGs in general and elimination of child poverty and disparities in particular. Pre-primary schooling, birth registration, facility-based treatment of severe malnutrition, targeted food subsidy/aid as well as child and family allowances are areas our annual budgets should refocus on and effectively addressed to enhance the welfare of children left behind.

The present government at the national level is poised to bring about this change. Therefore, all relevant stakeholders especially State and local governments should brace up for this change which should put the country on a high pedestal to achieve the SDGs.

There are plethora of policies in each of the sub-sectors considered in this report. What is lacking is effective commitment to implementation of such policies and monitoring and evaluation of policies and programmes. For example, the high dropout rates in DPT/Penta1 and DPT3/Penta3 vaccine doses across states calls for close monitoring of immunisation along with evaluation of any abnormal trends to check lapses and ensure effective delivery of services. Further, monitoring and evaluation of policies and programmes in all areas of child welfare should be done regularly so as to provide evidence based feedback for result-oriented policy or programme retention and or modification.

The incidence of child labour is too high and should attract urgent attention of government at all levels and other stakeholders to the problem. In particular, there will be need to re-examine the concept, measurement and causes of the problem and provide lasting solution to this menace and ensure effective development of children so as to enhance their present and future role in national growth and development.

In other areas such as education, nutrition, health, child protection and access to basic amenities, targeted efforts will be needed to bridge the gap between states where children are left behind and those doing very well. Such intervention may require conditional grants from the Federal government and other stakeholders such as international development partners to the affected states. However, such efforts should be coordinated to ensure optimal resources use and benefit to children.

CONCLUSION

On the average, the country has made progress on the various areas of child welfare discussed in this report between 2011 and 2014. However, child outcomes show significant variation across the states. In general, the distribution of children left behind in nutrition, health, education, child protection and access to basic amenities shows a wide gap between the North and South and even significant variations within the regions.

The high incidence of malnutrition (moderate and severe) among children under age five requires holistic approach to the problem. In addition to inadequate food intake by children, malnutrition has remote causes traceable to mothers especially when they are pregnant. There is therefore, the need to take a holistic approach to the issue of malnutrition by ensuring that pregnant women are well feed to minimize the incidence of low birth weight which affects child nutritional status. Access of children to micronutrients like iodine, iron and Vitamin A supplements should be enhanced to reduce drastically protein-energy malnutrition. The increase in the percentage of children who did not receive Vitamin A supplement to 50 percent in 2014 at the national level; and to 89 percent and 93 percent in some states in the South such as Ebonyi and Benue may be an indication that many states are not giving adequate emphasis including resources directed at this Vitamin A supplementation programme. Yet, lack of Vitamin A may reduce the immunity of children and predispose them to other serious health problems such as childhood blindness and nutritional anaemia. There is need for monitoring and evaluation as well as increased coordination to sustain efforts aimed at enhancing child nutrition in the country.

Food security cannot be achieved without ensuring children's access to quality food. The present government is well disposed to provide at least one quality meal a day to primary school children. It will be greatly beneficial to extend this laudable gesture to children 36-59 months of age as well as those below that age who are moderately or severely malnourished through targeting including institution based approach such as health centres.

Even protection of girl-child from early marriage and ensuring her education can go a long way to enhance both her physiological and mental dispositions to deal with her own and children's health, food, water and other basic needs which can help to reduce malnutrition. Her education will equip her to provide quality food for her family as well as take care of their health and minimize the incidence of malnutrition due to consequences of disease and inadequate dietary intake.

In Nigeria, 76 percent of children who are left behind in terms of child labourers who are attending school are located mainly in the southern part of the country. The northern states have lower incidence of child labour. This pattern exhibited in MICS data needs to be further investigated. The figures are not only plausible for the States, but the issues surrounding child labour in the country needs further investigation.

Moreover, there have been conscious efforts by governments towards eradicating child labour. Child protection laws and several programmes embarked on by government and other stakeholders notwithstanding, street hawking by children, street begging, and children as transport conductors are common features in Nigeria. They are mostly illegal but the laws and bye-laws are not effective; and they are not obeyed and offenders are not prosecuted. Programmes aimed at either curbing the problem or increasing awareness and enforcement of existing laws would be required to tackle this problem especially in the southern part of the country.

This report which shows the wide variation in child outcomes in key areas of child health nutrition, education and child protection, no doubt widens the scope for specific and sustained interventions by governments, development partners, international and national NGOs as well as Community Based Organisations (CBOs) which ultimately will positively impact on the Sustainable Development Goals and targets.

APPENDIX

Table 2. 1: Moderate Underweight, among under5 children 2011 to 2014

State	2011	2013	2014
	Underweight (-2SD)	Underweight (-2SD)	Underweight (-2SD)
Abia	12.9	11	11.2
Adamawa	27.4	14.5	16.9
Akwa Ibom	13.6	10.5	17.2
Anambra	4.5	17.3	5.8
Bauchi	35.9	23.3	37.6
Bayelsa	12.9	5.2	7.2
Benue	12.4	7.8	7.9
Borno	35.5	28.2	38.7
Cross River	13	9.8	13
Delta	15.7	17	9.4
Ebonyi	16.6	10.5	11
Edo	7.9	10.5	10.4
Ekiti	8.7	8.3	14
Enugu	9.5	8.9	6
FCT (Abuja)	11	13.8	8.1
Gombe	37.1	14.2	29.5
Imo	11.6	11.8	10.7
Jigawa	43.8	17	40.8
Kaduna	27.2	41.7	37.7
Kano	37.4	39.7	37.7
Katsina	44.8	24.3	34.5
Kebbi	43.4	18.1	28.6
Kogi	14.7	9.5	12.2
Kwara	21.5	6.5	17.9
Lagos	11.5	11.3	10.5
Nasarawa	16.9	9.8	17.4
Niger	29.8	17.7	17.9
Ogun	13.8	10	17.2
Ondo	12.2	6.6	16
Osun	11	11.1	17.4
Oyo	20	10.1	17.5
Plateau	19.6	10.5	16
Rivers	9.4	10.5	11.9
Sokoto	31.8	19.3	34.7
Taraba	19.6	7.9	18.3
Yobe	48	23.6	40.1
Zamfara	47.5	16.2	31.1
National Average	24.2	18	20.9

Source: MICS, 2011; NDHS, 2013; SMART 2014.

APPENDIX

Table 2. 2: Moderate Stunting, among under5 children 2011 to 2014

States	2011 Stunting (-2SD)	2013 Stunting (-2SD)	2014 Stunting (-2SD)
Abia	14	17.3	13.6
Adamawa	47.3	34.3	45.5
Akwa Ibom	23.3	22.4	23.2
Anambra	11.1	18.4	5.4
Bauchi	56.4	50.8	48.3
Bayelsa	15.9	20.5	20.9
Benue	26	22.6	19.3
Borno	46.9	26.8	49.2
Cross River	28.1	21.7	23.5
Delta	21.9	14.9	15
Ebonyi	25.1	16.2	16
Edo	14.6	15.8	15.7
Ekiti	13.6	19.2	21.5
Enugu	10.8	11.7	9.5
FCT (Abuja)	19.6	20.6	18.6
Gombe	56.3	47.5	46.1
Imo	14.6	16.9	10.6
Jigawa	58.8	59	56.2
Kaduna	43	56.6	38.6
Kano	53.6	48.3	53.4
Katsina	61.9	58.5	59.7
Kebbi	53.9	60.6	46.5
Kogi	26.7	23.1	28
Kwara	29.5	27.1	34.5
Lagos	8.9	17	13.9
Nasarawa	33.2	34.5	34.4
Niger	46.6	34.2	35.6
Ogun	19.8	23.8	22.3
Ondo	43.2	24	21.2
Osun	22.2	20.5	23.8
Oyo	27.3	27.2	26.3
Plateau	33.9	35.8	34.8
Rivers	13.5	16.1	21.1
Sokoto	47.5	51.6	49.1
Taraba	40	43.4	38
Yobe	64.8	49.3	57.2
Zamfara	61.7	55.9	50.1
National Average	35.8	36.8	32.2

Source: MICS, 2011; NDHS, 2013; SMART 2014.

APPENDIX

Table 2. 3: Moderate Wasting, among under5 children 2011 to 2014

States	2011	2013	2014
	Wasting (-2SD)	Wasting (-2SD)	Wasting (-2SD)
Abia	11.3	11	11.2
Adamawa	6.4	14.5	16.9
Akwa Ibom	4.5	10.5	17.2
Anambra	4.4	17.3	5.8
Bauchi	9.1	23.3	37.6
Bayelsa	7.3	5.3	7.2
Benue	4.9	7.8	7.9
Borno	18.7	28.2	38.7
Cross River	5	9.8	13
Delta	10.3	17	9.4
Ebonyi	6.2	10.5	11
Edo	4.7	10.5	10.4
Ekiti	6.1	8.3	14
Enugu	7.1	8.9	6
FCT (Abuja)	3.4	13.8	8.1
Gombe	12.3	14.2	29.5
Imo	5.9	11.8	10.7
Jigawa	14.3	17	40.8
Kaduna	11.9	41.7	21.6
Kano	10.6	39.7	37.7
Katsina	14.7	24.3	34.5
Kebbi	18.2	18.1	28.6
Kogi	6.4	9.5	12.2
Kwara	11.5	6.5	17.9
Lagos	11.6	11.3	10.5
Nasarawa	6.2	9.8	17.4
Niger	14.5	17.7	17.9
Ogun	8.4	10	17.2
Ondo	5.7	6.6	16
Osun	6.6	11.1	17.4
Oyo	11.1	10.1	17.5
Plateau	6.3	10.5	16
Rivers	6.7	10.5	11.9
Sokoto	16.7	19.3	34.7
Taraba	6.2	7.9	18.3
Yobe	14.9	23.6	40.1
Zamfara	17.5	16.2	31.1
National Average	10.2	18	20.9

Source: MICS, 2011; NDHS, 2013; SMART 2014.

APPENDIX

Table 2. 4: Severe Underweight, among under5 children 2011 to 2014

State	2011	2013	2014
	Underweight (-3SD)	Underweight (-3SD)	Underweight (-3SD)
Abia	2.3	2.3	0.5
Adamawa	10.7	7.8	3.2
Akwa Ibom	2.3	4.5	4.6
Anambra	1.8	4	0.5
Bauchi	16.3	15.9	12.4
Bayelsa	3.5	1.4	1.1
Benue	4.1	3.5	0.9
Borno	14.2	7.6	11
Cross River	3.6	3.9	2.4
Delta	4.2	4.3	0.8
Ebonyi	3.8	3	1.3
Edo	1.8	3.1	1.7
Ekiti	2.9	2.9	3.2
Enugu	0	1.1	0.2
FCT (Abuja)	2.5	3.4	0.8
Gombe	14.3	11.9	8.9
Imo	1.4	2	2.4
Jigawa	18	18.3	13.7
Kaduna	11	36.9	4.6
Kano	15.1	29	11.4
Kacsina	20.1	20.8	9.1
Kebbi	20.4	17.5	9
Kogi	5.3	2.9	2.9
Kwara	6.5	3.3	2
Lagos	0.7	3	1.7
Nasarawa	5.1	5.7	4
Niger	12	10.6	3.7
Ogun	3.4	4.5	3.2
Ondo	4.2	2.9	3.8
Osun	1.6	2.2	3.4
Oyo	4.3	5.4	3.3
Plateau	5.8	5.5	2.8
Rivers	3.9	2.4	2
Sokoto	14.2	12.3	9
Taraba	5.9	6.8	4
Yobe	22.3	14.6	12
Zamfara	21.9	15.7	7.7
National Average	9	11.6	5.7

Source: MICS, 2011; NDHS, 2013; SMART 2014.

APPENDIX

Table 2. 5: Severe Stunting, among under5 children 2011 to 2014

States	2011	2013	2014
	Stunting (-3SD)	Stunting (-3SD)	Stunting (-3SD)
Abia	5.3	6.2	1.1
Adamawa	24.1	12.7	14.7
Akwa Ibom	8.3	10.9	6.7
Anambra	4.3	9.2	0
Bauchi	31.7	30.9	18.9
Bayelsa	7.4	8.8	4.5
Benue	11.3	10.4	2.8
Borno	29.5	13.7	18.7
Cross River	10.1	8.5	6.3
Delta	9.4	8.6	3.8
Ebonyi	11	6.1	4.8
Edo	5.3	6.8	4.3
Ekiti	6	7.3	6.6
Enugu	4	2.5	1.1
FCT (Abuja)	7	9	4.5
Gombe	29.6	27.2	17.2
Imo	3	4.7	2.8
Jigawa	39.6	41.5	23.3
Kaduna	23.5	41.7	13.2
Kano	32.7	31.1	22
Katsina	40.7	38	28.9
Kebbi	33.7	42.7	16.5
Kogi	10.3	10.7	10.5
Kwara	15.1	10.1	8
Lagos	2.1	6.3	2.3
Nasarawa	15.1	19.9	10.6
Niger	28.2	16.9	11.2
Ogun	7.1	9.9	6.2
Ondo	20.5	10.4	7.3
Osun	6.6	7.9	8.1
Oyo	9.5	9.6	7.3
Plateau	15.6	18.5	10.3
Rivers	6.2	6.8	6.5
Sokoto	24.9	30.8	20.5
Taraba	20.6	23.8	13.3
Yobe	40.8	31.1	23.5
Zamfara	41.6	33.5	22.7
National Average	19.3	21.1	12.1

Source: MICS, 2011; NDHS, 2013; SMART 2014.

APPENDIX

Table 2. 6: Severe Wasting, among under5 children 2011 to 2014

States	2011	2013	2014
	Wasting (-3SD)	Wasting (-3SD)	Wasting (-3SD)
Abia	2.5	4.8	0.5
Adamawa	1.1	5.2	3.2
Akwa Ibom	0.7	2.7	4.6
Anambra	0.9	9.2	0.5
Bauchi	2.5	8.6	12.4
Bayelsa	0.9	1.3	1.1
Benue	1.2	1.4	0.9
Borno	5.6	17.9	11
Cross River	1.3	3.1	2.4
Delta	2.7	7.2	0.8
Ebonyi	1.8	3.2	1.3
Edo	1.4	3.6	1.7
Ekiti	0.5	2.3	3.2
Enugu	2.6	2	0.2
FCT (Abuja)	0.6	5	0.8
Gombe	4.1	5.9	8.9
Imo	0.7	3.5	2.4
Jigawa	6.6	7.8	13.7
Kaduna	4.5	27.6	4.6
Kano	2.8	25.1	11.4
Katsina	5.1	12	9.1
Kebbi	5.7	9.4	9
Kogi	1.3	2.8	2.9
Kwara	3.9	1.4	2
Lagos	2.6	3.8	1.7
Nasarawa	1.7	3.5	4
Niger	4.7	8	3.7
Ogun	3.2	4.6	3.2
Ondo	3.1	1.7	3.8
Osun	0.8	3.3	3.4
Oyo	3.1	1.9	3.3
Plateau	1.4	4.4	2.8
Rivers	2.6	2.8	2
Sokoto	6.4	8.8	9
Taraba	2.6	2.4	4
Yobe	4.9	13.3	12
Zamfara	6.7	6.1	7.7
National Average	3.1	8.7	5.7

Source: MICS, 2011; NDHS, 2013; SMART 2014.

APPENDIX

Table 3. 1: Percentage of children who received specific vaccines, 2011, 2013, 2014

State	2011				2013				2014			
	DPT		Measles	No. of children	DPT		Measles	No. of children	DPT		Measles	No. of children
	1	3			1	3			1	3		
Abia	87.3	82.5	83.7	48	93.4	79.8	73.1	64	95.5	78.8	80.3	66
Adamawa	69.4	48.7	68.4	100	80.3	49.7	68.7	133	81.1	51.6	62.1	95
Akwa Ibom	84.2	67.0	77.0	126	89.5	65.3	75.2	102	78.4	58.1	63.5	74
Anambra	83.3	73.8	85.9	73	82.1	78.5	75.0	128	91	77.5	83.1	89
Bauchi	32.1	20.7	35.7	236	25.4	12.5	20.3	265	34.9	20.7	40.8	169
Bayelsa	73.9	38.3	64.7	40	79.1	67.7	73.0	49	71.2	47	59.1	66
Benue	69.1	41.5	52.6	120	55.6	29.0	42.7	187	87.6	61.9	73.2	97
Borno	25.5	14.8	23.5	225	19.5	12.4	17.3	226	26.4	19.4	27.1	129
Cross River	80.8	60.1	69.4	98	86.8	76.1	77.1	98	94.4	85.9	84.5	71
Delta	83.3	64.7	73.8	108	73.2	62.2	60.4	106	81.8	67.5	70.1	77
Ebonyi	94.1	74.8	85.6	86	88.7	80.3	61.7	137	94	85	81	100
Edo	89.2	61.5	80.6	43	91.5	79.6	76.5	89	87.4	81.1	82.9	111
Ekiti	97.1	93.4	90.9	35	97.6	79.0	85.7	33	91.6	86.7	90.4	83
Enugu	95.3	87.2	80.9	59	88.2	81.8	78.4	122	97.9	86.3	82.1	95
FCT	91.8	80.7	85.0	37	83.9	69.1	69.6	38	85.6	80.8	84.6	104
Gombe	49.7	36.6	52.7	108	44.4	36.0	36.1	98	53.5	31.4	50.9	159
Imo	86.1	75.7	85.9	59	91.8	83.1	75.1	98	95.1	86.4	85.2	81
Jigawa	20.7	7.2	22.3	164	20.9	7.0	10.9	314	30.6	6.5	38.2	170
Kaduna	60.5	29.1	56.1	347	60.5	43.7	56.4	219	57.1	36.4	59.7	154
Kano	25.7	14.7	28.1	381	26.2	18.9	25.3	530	46.8	22.2	46.2	158
Katsina	27.6	11.4	38	272	23.3	14.6	42.9	326	35.9	20.4	44.4	142
Kebbi	11.7	6.5	19.5	149	4.9	2.8	3.2	220	15.4	7.1	48.9	182
Kogi	78	50.2	68.6	58	87.1	75.9	75.2	83	73.8	60	68.8	80
Kwara	91.8	78.3	81.6	74	73.5	65.1	56.9	69	65.8	56.2	61.6	73
Lagos	89.4	81.7	88.9	251	90.2	77.4	75.8	252	98.1	91.1	90.5	158
Nasarawa	65.9	31.8	53.6	80	60.1	34.1	45.4	90	64.4	39.4	76	104
Niger	45.9	23.9	38	173	52.7	37.3	38.9	253	44.3	27	54.1	122
Ogun	76.6	47.9	62.2	113	77.5	56.9	51.0	149	90.7	81.4	78.3	129
Ondo	84.7	64.4	78.2	73	70.3	62.5	60.7	90	76.9	67.3	70.2	104
Osun	95.4	86.3	80.8	79	92.2	82.8	75.2	98	97.3	91.9	80.2	111
Oyo	76.3	55	59.6	127	70.6	47.7	45.2	201	90.7	83.6	80.7	140
Plateau	83.4	63.3	68.3	86	62.4	46.3	46.6	91	69.2	54.7	73.5	117
Rivers	80.4	64.1	74.3	98	85.1	69.2	79.7	148	84.9	65.8	76.7	73
Sokoto	10.5	6.9	6.6	242	3.3	2.6	3.6	204	11.8	2	16.4	152
Taraba	52.6	29.9	45.8	93	44.1	21.4	27.4	143	76.4	35.5	72.7	110
Yobe	27.6	13	31.2	191	18.8	11.0	10.0	158	26	12.5	26.6	192
Zamfara	15.1	3.7	11.4	228	12.2	5.6	7.9	289	12.4	5	18.6	161
National Average	53.1	37	49.6	4881					67	52.2	63.7	4298

Source: MICS, 2011; NHDS, 2013; SMART, 2014.

Table 4. 1: Children (36-59 months) with no early childhood education by states

APPENDIX

Table 4. 1: Children (36-59 months) with no early childhood education by states

State	Male children sampled in each state	Percentage	Female children sampled in each state	Percentage	Total Number of children	Total Percentage
Abia	84	26.2	91	30.8	175	28.6
Adamawa	182	79.7	156	71.2	338	75.7
Akwa Ibom	122	29.5	108	25	230	27.4
Anambra	103	8.7	113	12.4	216	10.6
Bauchi	207	90.3	187	90.4	394	90.4
Bayelsa	116	47.4	101	55.4	217	51.2
Benue	109	50.5	142	53.5	251	52.2
Borno	198	92.9	150	92.7	348	92.8
Cross River	114	41.2	112	40.2	226	40.7
Delta	115	27.8	99	23.2	214	25.7
Ebonyi	116	59.5	131	62.6	247	61.1
Edo	106	26.4	100	24	206	25.2
Ekiti	90	11.1	80	8.8	170	10
Enugu	69	24.6	63	19	132	22
Gombe	194	83.5	206	90.8	400	87.3
Imo	80	12.5	73	11	153	11.8
Jigawa	222	87.4	250	87.2	472	87.3
Kaduna	216	66.7	175	69.7	391	68
Kano	187	88.2	180	88.3	367	88.3
Katsina	204	93.6	215	89.8	419	91.6
Kebbi	169	94.1	200	88	369	90.8
Kogi	88	40.9	83	53	171	46.8
Kwara	112	38.4	102	36.3	214	37.4
Lagos	96	6.3	87	4.6	183	5.5
Nasarawa	158	69	153	57.5	311	63.3
Niger	235	77	175	84	410	80
Ogun	106	20.8	109	18.3	215	19.5
Ondo	86	22.1	76	23.7	162	22.8
Osun	86	3.5	92	7.6	178	5.6
Oyo	107	47.7	118	42.4	225	44.9
Plateau	141	60.3	124	62.1	265	61.1
Rivers	93	38.7	85	31.8	178	35.4
Sokoto	215	77.2	220	76.4	435	76.8
Taraba	150	79.3	156	78.8	306	79.1
Yobe	206	92.2	208	90.4	414	91.3
Zamfara	233	84.1	201	82.6	434	83.4
FCT (Abuja)	124	38.7	108	47.2	232	42.7
National Average	5239	61.7	5029	61.5	10268	61.6

Source: MICS, 2011

APPENDIX

Table 4. 2: Households with no Educational Material for Children (6 years and above) by States

State	Male Children Number	percentage	Female Children Number	percentage	Total Number of children	Total percentage
Abia	225	69.3	238	74.4	463	71.9
Adamawa	422	94.3	406	92.4	828	93.4
Akimbo	282	74.8	277	75.8	559	75.3
Anambra	270	70	291	74.6	561	72.4
Bauchi	493	99.6	458	98.9	951	99.3
Bayelsa	275	75.6	263	80.2	538	77.9
Benue	308	87	313	82.1	621	84.5
Borno	398	98.5	333	97	731	97.8
Cross River	297	85.2	289	86.9	586	86
Delta	285	77.9	257	73.9	542	76
Ebonyi	333	91.3	328	89.3	661	90.3
Edo	260	70	258	72.9	518	71.4
Ekiti	205	70.7	192	71.9	397	71.3
Enugu	171	82.5	178	85.4	349	84
Gombe	462	97.6	459	97.6	921	97.6
Imo	216	68.5	195	70.8	411	69.6
Jigwa	505	96.8	546	94	1051	95.3
Kaduna	492	91.9	445	94.4	937	93.1
Kano	448	97.3	465	98.7	913	98
Katsina	525	99.2	495	99	1020	99.1
Kebbi	455	98.2	450	97.6	905	97.9
Kogi	221	75.6	205	83.9	426	79.6
Kwara	297	81.1	250	74.8	547	78.2
Lagos	283	68.9	246	72	529	70.3
Nasarawa	392	93.1	410	92	802	92.5
Niger	486	93.4	441	92.1	927	92.2
Ogun	301	77.1	282	74.5	583	75.8
Ondo	313	74.2	300	77	613	75.5
Osun	223	65.5	231	70.1	454	67.8
Oyo	281	85.8	305	87.5	586	86.7
Plateau	352	88.4	301	91.4	653	89.7
Rivers	226	69.5	134	66.2	460	67.8
Sokoto	508	96.3	506	96.4	1014	96.4
Taraba	391	96.2	345	98.8	736	97.4
Yobe	498	99.4	470	99.6	968	99.5
Zamfara	525	98.5	488	98.8	1013	98.6
FCT (Abuja)	337	74.5	281	79.4	618	76.7
National Average	12861	87.8	12331	88.3	25192	88

Source: MICS, 2011

APPENDIX

Table 5. 1: Children aged 5-¬- 14 years involved in child labour by State, Nigeria, 2011

State	Total Number of children	Number of children involved in child labour	Children involved in child labour (percent)	Number of children age 5--14 years attending school	Percentage of child labourers who are attending (percent)
Abia	670	360	53.7	646	96.7
Adamawa	937	418	44.6	725	79.7
Akwa Ibom	1005	586	58.3	984	97.9
Anambra	1115	628	56.3	1066	95.6
Bauchi	1521	916	60.2	521	35.4
Bayelsa	461	213	46.2	444	99.4
Benue	1273	567	44.5	1120	93.1
Borno	1348	318	23.5	731	35.9
Cross River	773	425	55.1	739	96.3
Delta	1019	486	47.7	987	96.7
Ebonyi	632	348	55.1	547	89.2
Edo	845	310	36.7	825	98.4
Ekiti	598	292	48.8	595	99.4
Enugu	734	361	47.9	735	97.5
Gombe	785	347	44.2	451	59.6
Imo	908	576	63.4	892	97.8
Jigawa	1397	766	54.8	797	57.5
Kaduna	3019	1178	38.4	1685	82.2
Kano	3124	1124	36	1875	56.4
Katsina	1928	801	41.5	978	52.9
Kebbi	1109	496	44.7	373	31
Kogi	944	509	53.9	880	94
Kwara	668	384	57.5	567	83.6
Lagos	2068	652	31.5	2031	99.6
Nasarawa	548	277	50.8	437	78.8
Niger	1368	631	46.1	888	59.5
Ogun	947	369	39	911	96.7
Ondo	920	376	40.9	909	99.4
Osun	925	447	48.3	911	98.5
Oyo	1557	829	53.2	1347	88
Plateau	880	407	46.2	727	83.8
Rivers	1260	566	44.9	1208	97.9
Sokoto	1139	582	51.5	601	54.9
Taraba	707	327	46.2	494	72.9
Yobe	819	417	50.9	321	34.4
Zamfara	1069	644	60.2	589	47.7
FCT (Abuja)	394	124	31.5	358	90.4
Total	40421	19063	47.1	30814	76.1

Source: MICS, 2011.
Note: child labourers refers to children who are working and also attending school. There is some problem with this indicator as the percentages are too high.

APPENDIX

Table 6.1: Ranking of states according to where it is best to be a child based on selected indicators

	Nutrition						Protection and access to basic amenities							Education		Health						
State	Moderate underweight	Moderate stunting	Moderate wasted	Severe underweight	Severe stunting	Severe wasted	Child marriage aged below 15	Female child genital mutilation	Access to electricity	Children with access to improved sanitation	Children with access to improved water facility	Children involved in child labour	Registered births	Early child education	Primary school education	DPT 3	Polio 3	Measles	Children who received malaria drugs	total	Relative position (percent)	Position
Lagos	38	37	11	36	37	17	35	17	37	14	22	35	37	37	34	33	36	36	17	568	81.36	1
Anambra	37	35	36	32	34	31	32	19	33	30	36	7	36	34	30	28	32	34	5	559	79.97	2
Ekiti	35	33	29	29	31	37	30	1	36	34	8	17	31	35	33	37	37	37	24	554	79.26	3
Imo	29	30	30	35	36	34	33	6	27	37	32	1	34	33	35	30	28	35	29	554	79.26	4
FCT	31	28	37	30	28	36	27	32	29	30	30	36	24	22	25	32	29	32	15	553	79.11	5
Osun	31	25	22	34	29	33	37	5	34	35	9	18	29	36	37	35	35	28	34	546	78.11	6
Edo	36	30	34	32	32	25	19	13	32	29	24	33	35	29	32	22	31	27	26	541	77.4	7
Abia	25	32	13	31	32	21	34	15	31	17	29	12	32	26	31	34	33	31	14	493	70.53	8
Rivers	34	34	31	33	30	17	22	25	33	28	21	25	19	25	36	24	20	24	28	479	68.53	9
Akwa Ibom	23	24	35	28	25	34	29	30	36	32	25	5	30	27	29	27	31	25	3	478	68.38	10
Enugu	33	36	20	37	35	17	23	14	20	9	17	19	28	31	21	36	34	29	12	471	67.38	11
Delta	30	26	16	20	24	16	24	18	20	23	16	30	24	28	26	26	24	23	18	422	60.37	12
Kwara	14	18	12	14	17	11	25	7	35	36	19	6	33	24	23	31	26	30	30	411	58.8	13
Ondo	28	13	31	20	15	13	28	8	24	13	13	31	22	30	28	25	22	26	21	411	58.8	14
Ogun	22	27	10	27	27	12	36	28	28	27	2	32	20	32	27	17	7	17	N/A	406	58.08	15
Bayelsa	25	29	19	26	26	31	15	31	18	8	11	21	11	19	24	15	17	18	31	395	56.51	16
Cross River	24	19	32	25	33	27	26	26	21	24	3	8	31	33	19	31	19	33	13	395	56.51	17
Ebonyi	18	23	26	24	20	29	21	10	13	21	4	9	26	16	16	29	30	33	8	370	52.93	18
Kogi	21	21	24	17	21	27	18	22	22	25	11	11	23	20	22	19	10	21	N/A	366	52.36	19
Plateau	16	16	25	16	16	25	20	32	10	6	14	22	8	16	17	23	25	19	11	340	48.64	20
Nasarawa	18	17	27	18	17	24	16	21	9	15	23	14	14	15	14	13	15	14	22	338	48.35	21
Adamawa	12	10	23	13	12	30	13	36	11	18	26	27	27	13	12	18	14	20	1	335	47.93	22
Oyo	15	20	14	19	23	13	31	4	25	22	6	13	15	21	18	20	18	16	19	332	47.5	23
Benue	27	22	33	22	19	39	17	29	3	4	5	28	10	18	20	16	16	12	N/A	330	47.21	24
Gombe	7	6	9	8	8	10	8	34	15	12	37	29	17	7	8	14	27	13	20	289	41.34	25
Niger	11	12	7	11	10	8	13	27	16	10	10	24	13	10	15	10	9	10	33	259	37.05	26
Taraba	16	15	28	15	14	17	14	28	1	2	17	23	7	11	9	12	6	11	9	247	35.34	27
Kano	6	8	15	7	6	15	6	3	17	26	36	34	12	6	5	7	4	6	16	235	33.62	28

APPENDIX

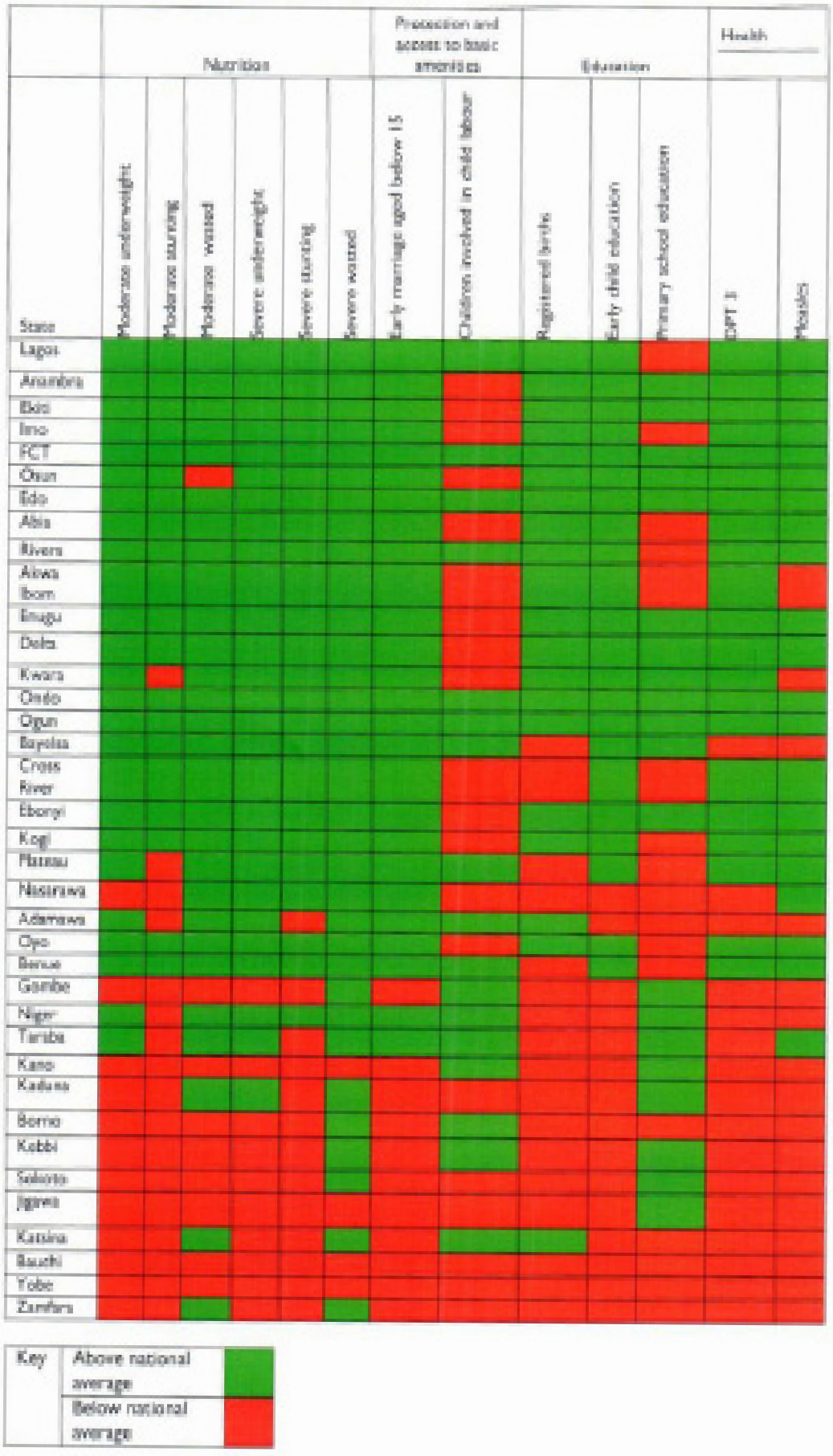
Table 6.1 (Continued) : Ranking of states according to where it is best to be a child based on selected indicators

Kaduna	13	14	10	12	13	9	10	9	19	20	15	4	18	14	13	11	5	15	2	226	32.33	29
Borno	9	11	1	9	9	5	11	24	8	16	26	27	6	1	7	8	3	5	23	219	31.33	30
Kebbi	5	7	2	3	5	4	9	23	14	1	24	26	5	4	6	2	13	3	25	191	27.33	31
Sokoto	10	9	4	9	11	3	3	12	12	19	31	14	3	12	10	3	1	1	6	173	24.75	32
Jigawa	4	4	8	5	4	2	7	2	4	33	33	10	9	7	11	4	2	4	17	170	24.32	33
Katsina	3	2	6	4	3	6	2	N/A	7	11	26	30	16	2	3	5	8	9	22	165	23.61	34
Bauchi	8	5	17	6	7	21	4	16	6	5	7	2	1	5	2	9	23	8	5	157	22.46	35
Yobe	1	1	5	1	2	7	6	22	2	7	20	15	4	3	1	6	12	7	10	131	18.74	36
Zamfara	2	3	3	2	1	1	1	11	5	3	1	3	2	9	4	1	11	2	7	72	10.3	37

Source: MICS, 2011; NDHS, 2013 Note: Data for access to improved water source, access to toilet facility, access to electricity, receipt of malaria drugs and female child genital mutilation are obtained from 2013. The best performing State relative to the chosen indicators is scored highest while the worst State scores the lowest.

APPENDIX

Table 6.2: Table showing States' performance above and below the national average



ENDNOTES

1. See Resolution S-27/2 A world fit for children document of United Nations General Assembly adopted in 6th Plenary meeting May 10, 2002 and included as an Annex to the Resolutions taken during the 27th Special Session Agenda Items 8 and 9, October 11, 2002
2. See www.worldbank.org/en/country/nigeria
The 2006 population census puts the proportion of children 0 - 17 years in the total population as 48.26%. Given World Bank population estimate of around 178 million in 2014 and a yearly growth rate of 3%, in 2015 the estimated population of Nigeria will be around 183 million; and 48.26% of it will be around 88.5million.
3. See Millennium Development Goals End-point Report NIGERIA, 2015
4. Sen Amartya (1999) Development as Freedom. New York: Knopf
5. See Gordon and Nandy (2008) UNICEF Global Study of Child Poverty and Disparities: Child Poverty Tables and Statistics. Slide Presentation made at the Regional workshop on Global Child Poverty and deprivation, Abidjan, February
6. See UNICEF The 1998 State of the World Children cited in www.share-international.org/archives/hunger_poverty/hp_stateofwrl.h
7. See A world fit for children document in the United Nations General Assembly resolution of 6th May 2002.
8. These include: National Policy on Food and Nutrition (2001); Child's Rights Act (2003); Revised National Health Policy (2004); National Policy on Infant and Young Child Feeding in Nigeria (2006); National Child Policy (2007); National Economic Empowerment and Development Strategy (NEEDS); 7 Points Agenda; Vision 20:2020; and Transformation Agenda
9. Even pilot programmes such as Home Grown School Feeding Health Programme (HGSFHP), September 2005 to July 2006; which covered 2.5 million pupils in 12 states and Federal Capital Territory (FCT), could account for observed differences over time
10. The Monitoring and Evaluation/Accountability Framework for the Global Vaccine Action Plan – The Monitoring Indicator s. 2012. [Accessed on April 24, 2016]. Available on http://www.who.int/Immunisation/.../1_MA_Framework_overview_final.pdf . see, Abhay M. Mane, "Immunisation Dropout Rates: Some Issues" Annals of Medical & Health Sciences Research, March-April, 2015 5(2) 153.
11. See Adedire, E. B, Ajayi, I, Fawole O, Ajumobi O, Nguku P, and Poggensee G (2013) Immunisation Coverage Assessment and Dropout Rates for Different vaccines and children 12-23 months in Rural Atakumosa Southwestern Nigeria. European Scientific Conference on Applied Infectious Diseases Epidemiology
12. See UNICEF publication on the United Nations Special Session on Children Item 37 no. 7 on these targets on Immunisation coverage. http://www.unicef.org/specialsession/docs_new/documents/wffc-en.pdf
13. See Lawumi Adekola (2015) Health Insurance in Nigeria" in Medical World and Nigeria posted on 19 February 2015; www.medicalworldnigeria/2015/02/health-insurance-in-nigeria-by-dr Lawumi
14. This health expenditure per capita amounted to $115 in 2013, but includes both public and private expenditure on health. Nigeria was 135 in the world ranking according to World Bank data on health expenditure. Accessed on http://www.factfish.com/statistic-country/nigeria/health-expenditure
15. See Abiola, A. G (2012) Analysis of Pro-poor components of Annual Budget of Federal Government of Nigeria, 2000 - 2011, National Institute for Legislative Studies (NILS)

REPORT VALIDATION

List of Participants

FULL NAME	REPRESENTING ZONE	DESIGNATION
Farida Abdulrazak Adamu	North West	OVC Desk Officer, Zamfara State
Bernadette Udoekwere	South-South	OVC Desk officer Ak-wa-Ibom
Keziah Likita	North Central	Child Welfare Chief Clerical Officer FCT
Kareem B. Akeem	NBS Abuja	Statistician PS
Imeh I. Udoabah	NBS Abuja	SNR. Statistician
Duru John	FMWASD	Chief Social Welfare Officer
Adamu Mamman Rima	North East	ACSWO/OVC Desk Officer, Gombe
Abimbola Uvo-Vincent	South -West	OVC Desk Officer, Lagos
Onwuanumkpe Meg	South- East	OVC Desk Officer, Imo State
Aminat Dosunmu	FMWASD	Social Welfare Officer II
Jolomi Ego	FMWASD	SDO II
James Bigila	SCI	Media Coordinator
George Akor	SCI	Advocacy & Policy Advisor
Oluseyi Abejide	SCI	Advocacy & Campaign Ad-viser
David Olayemi	SCI	Director of Advocacy and Campaigns
Anne Kpason	SCI	Head of Protection
Ifedilichukwu Ekene innocent	SCI	Nutrition Coordinator
Madubuko Benson C.	SCI	MEAL

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Maitama, Abuja
+234 9 782 2670

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It is time to confront issues that affect the development of children. Working together we can ensure that the children of Nigeria have the opportunity to survive and
thrive.

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