

SITUATION ANALYSIS OF CHILDREN IN KATSINA

Ensuring equitable and sustainable realization of child rights in Katsina



Situation Analysis of Children in Katsina: Ensuring equitable and sustainable realization of child rights in Katsina

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DRAFT

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ABBREVIATIONS AND ACRONYMS

₦	naira
AIDS	acquired immune deficiency syndrome
COVID-19	coronavirus disease of 2019
CSO	civil society organization
ECD	early childhood development
FGM	female genital mutilation
FMBNP	Federal Ministry of Budget and National Planning
HIV	human immunodeficiency disease
KSG	Katsina State Government
LGA	local government area
MDAs	ministries, departments and agencies
MICS	Multiple Indicator Cluster Survey
MODA	multiple overlapping deprivation analysis
NBS	National Bureau of Statistics
NDHS	National Demographic and Household Survey
NGO	non-governmental organization
NPC	National Population Commission
OPHDI	Oxford Poverty and Human Development Initiative
SD	standard deviation(s)
SDGs	Sustainable Development Goals
SitAn	situation analysis
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Social and Cultural Organization
UNICEF	United Nations Children Fund
US$	United States dollar
WASH	water, sanitation and hygiene
WHO	World Health Organization


Acute Flaccid Paralysis (AFP)
How to Prevent Drug
KATSINA STATE PRIMARY HEALTH
CARE AGENCY
M.C.H.C. K/SAUKI
OUT PATIENT CARD

FOREWORD (DRAFT)

The overarching aim of Katsina State is to ensure the welfare and overall development of its citizens through the implementation of policies that engender opportunity, create equity and reward hard work and initiative. Over the years, the Katsina State Government has developed such policy plans, and tangible results have been recorded. Various assessments have been conducted by both state and non-state agencies and by the Federal Government of Nigeria to track progress in the development process. These assessments identified the inability to mainstream vulnerable groups, especially children aged 0–17 years, into the development process in Katsina as one of the most profound challenges to development in this state. Significant child-related development outcomes are unsatisfactory when compared with regional (North West) and national contexts; this has implications for future development outcomes.

Achieving robust and inclusive development in Katsina State will require the incorporation of child-related development policies into the overall development process. Appropriate incorporation of such policies, in turn, requires an accurate overview of the true condition of children in Katsina based on a holistic and comprehensive assessment. This has provided the motivation to invest in and undertake this situation analysis of Katsina's children.

Such a situation analysis is central to the United Nations Children's Fund's (UNICEF's) mandate, and is an output that strongly supports national efforts and institutions. It is part of the United Nation's overall effort to support national capacity for promoting human development and protecting and fulfilling human rights for Nigeria's citizens. This assessment and analysis highlights child-relevant dimensions of state-level development problems and points the way to possible solutions and priority actions. It offers extensive value added through the analysis of data and qualitative studies available from government, international cooperation partners in development and civil society.

Against the backdrop of the current economic recession and the multiple impacts of the coronavirus disease (COVID-19) pandemic on the economy, priority and effective targeting of interventions are crucial to development planning. It is hoped that this situation analysis will be a major tool for policy dialogue, childfocused policy advocacy and prioritizing interventions and investments. In this way and by involving state and government institutions as champions of this situation analysis, it is expected that success will be more achievable. This document will also allow more robust engagement of civil society and the donor community.

“On behalf of the government and the good and hospitable people of Katsina State, I congratulate the Ministry of Budget and Economic Planning and UNICEF Nigeria for their roles in successfully producing this situation analysis.”

On behalf of the government and the good and hospitable people of Katsina State, I congratulate the Ministry of Budget and Economic Planning and UNICEF Nigeria for their roles in successfully producing this situation analysis. I therefore present this *Situation Analysis of Children in Katsina* to the state. I believe that every child has the right to and a dream for a better future that guarantees a life of dignity. Based on this document, I believe that more work will be done to empower children and transform their futures towards a more prosperous and vibrant Katsina State.

Mallam Dikko Umaru Radda PhD.
Governor of Katsina State,

ACKNOWLEDGEMENTS

The *Situation Analysis of Children in Katsina* is intended to serve as a reference document to guide the government, partners and stakeholders in strategic planning; policy dialogue and formulation; and programme development and prioritization for the full realization of children's rights in Katsina State.

The success of this analysis derives from robust consultations with a wide variety of stakeholders: senior officers from several ministries, departments and agencies; professionals; non-governmental organizations; and traditional and religious leaders. The contributions of these stakeholders have been used extensively in formulating this report. Other professionals from academia and the private sector, and representatives from the Katsina State Children's Parliament, have contributed to the successful production of this situation analysis.

The analysis presents situations and trends on the four thematic issues under consideration, namely child poverty, child survival and development, education and child protection. Furthermore, it identifies gaps in access to social services which have led to multidimensional deprivations, high levels of child mortality, low quality of education, low levels of birth registration and high levels of child abuse and child labour. This clear picture of the state of child development in Katsina should provide a compelling reason for the state government to refocus and sustain efforts to ensure child development.

Gratitude is extended to all who worked hard to ensure that this process of analysis was successful. Appreciation is also extended to UNICEF for the support it rendered in making this situation analysis possible. It is hoped that it will facilitate decision making and programme planning to help children in Katsina State realize their full potential.

Abdullahi Abubakar, ACTI, FCNA
Permanent Secretary, Ministry of Budget and Economic Planning, Katsina State



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INTRODUCTION

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

The need for this SitAn arose because of the lack of a clear understanding of the situation of children in Katsina State and of the gender and equity issues that determine and sometimes hinder the realization of positive outcomes for children. Therefore, this situation analysis of children forms the basis for the development of country programmes between the Katsina State Government (KSG) and UNICEF.

There are 44 child-related indicators integrated within the 17 Sustainable Development Goals (SDGs; UNICEF, 2018d). These indicators can be arranged into five dimensions of children's rights: the first is about the need for every child to survive and develop (SDGs 2 and 3); the second is that every child should learn (SDG 4): the third is the need for every child to be protected from violence, exploitation and harmful practices (SDGs 5, 8 and 16); the fourth is that every child should live in a safe and clean environment (SDGs 1, 3, 6, 7 and 13); and the fifth is that every child should have a fair chance in life (SDG 1).

The attainment of the SDGs requires that development partners direct efforts and programmes towards vulnerable persons, such as children, whose disadvantages often manifest as nuanced inequities and could be difficult to assess by stakeholders. Therefore, it is necessary to systematically examine patterns of inequities in the realization of child's rights, and understand their immediate, underlying and structural causes. To this end, the SitAn is an invaluable tool in achieving the SDGs, as it focuses on equity.

Methodology

This SitAn was developed using a bottom-up approach, through state-wide consultations and with tangible insights and inputs from stakeholders and experts. The process is based on a globally accepted framework, which is depicted in Figure 1.

Thematic groups established for the SitAn comprised representatives of relevant ministries, departments and agencies (MDAs), civil society organizations (CSOs), development partners, nongovernmental organizations (NGOs), communities and private-sector organizations. Direction was provided by the State Ministry of Budget and Economic Planning, which chaired the thematic groups; the State Operation Coordinating Unit co-chaired the groups, with other relevant MDAs, CSOs and development partners participating. The purpose was to produce an empirical report on child poverty and its associated deprivations in Katsina State, which could be used for policy and programme interventions.

Secondary data were obtained from various sources, including the National Bureau of Statistics and its state counterpart, the National Population Commission, and UNICEF. In addition, stakeholder dialogues were conducted through workshops and in-depth interviews with key informants from relevant stakeholder MDAs, all of which provided useful data and information used in the preparation of this report.

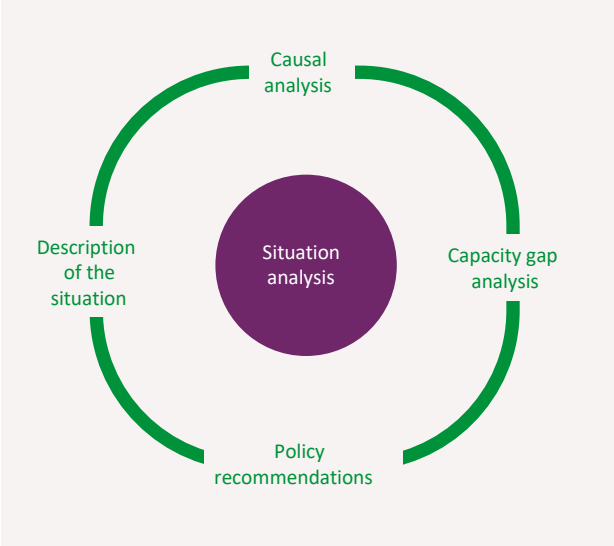


Figure 1: Framework used for the situation analysis of children in Katsina Source: (UNICEF [illegible] and 2019a)

> The framework made it possible to draw down the sequence of cause and effect by analysing several layers of causality: immediate, underlying and structural (systemic). The process began with a comprehensive desk study to review the existing research literature and data on children.

The framework (Figure 1) used for the assessment of child poverty, child survival, education and child protection enabled the generation of this evidence-based, analytical report about children in Katsina State. The framework made it possible to draw down the sequence of cause and effect by analysing several layers of causality: immediate, underlying and structural (systemic). The process began with a comprehensive desk study to review the existing research literature and data on children. This provided an accurate summary of current knowledge, facilitated in-depth understanding of key social, cultural and related economic issues and helped to identify additional data or analyses required to elevate discussions on the situation of children. Secondary information was identified to gather additional qualitative information on issues of relevance and was consulted through desk reviews of existing records and databases; through requests for inputs from partners (government, CSOs and NGOs); and through bilateral meetings and focus group discussions with CSOs and other stakeholders. Where and when necessary, in-depth interviews were conducted.

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

This SitAn was achieved by critically:

- Identifying trends, patterns, incidence and causes of key deprivations (e.g., child mortality, stunting, low levels of birth registration, low school enrolment and achievement, and violence against children), which were disaggregated by relevant segments of the population.
- Identifying and analysing barriers and bottlenecks, including the social, political and economic conditions that prevent the most vulnerable children and families from benefiting from interventions and services required to create an enabling environment for the realization of children's rights.
- Analysing the extent to which gender inequalities and the fulfilment (or not) of the rights of women affect overall inequalities and deprivations, including those affecting children, adolescents and young people.
- Assessing the current or potential presence and effect of emergency risks, including conflict, disaster risks and other potential shocks; the likelihood of their occurrence; the underlying vulnerabilities; the nature of the hazards; and the groups that are particularly vulnerable to them. The capacities and coping mechanisms of families, communities and



Proposed use of the SitAn within the context of Katsina State

This SitAn provides an evidence-based analytical report about children in Katsina State and serves as a reference document to improve the understanding of all stakeholders, including decision-makers and other partners, on the status of child's rights in the state and the causes of shortfalls and inequities. It will facilitate the development of effective and efficient policy and programmatic interventions and serve as a powerful tool

local, state and national institutions to mitigate these risks and deal with shocks were also assessed.

- Analysing the adequacy of the policy and legislative frameworks for child rights at the state level, and the extent to which the interventions and services needed to address deprivations are prioritized in national and state policies, laws, strategies, plans and budgets, and are supported by partners.
- Developing specific and actionable recommendations for the way in which the gaps and bottlenecks could be addressed to improve the situation of children in Katsina State.

Structure of the SitAn

to guide advocacy in ensuring the advancement of children's rights in Katsina State.

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

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

Chapter One provides a background to the context and overview of Katsina State in terms of its history, demography, governance, development vision, humanitarian and risk profile, economy, human development and SDG trends as they relate to children's rights, among others. Chapter Two presents the situation, trends, stakeholder analysis and policy recommendations

to tackle child poverty. Chapter Three deals with an overview of the situation, trends, causes and stakeholder responsibilities for child survival in Katsina State. Chapter Four discusses the situations, trends, policy recommendations and resources required to improve the state of children's education in Katsina State. Chapter Five presents the situation and trends, causes, stakeholder analysis and policy recommendations for child protection. Chapter Six discusses other rights relating to equity and peacebuilding, child participation, digital and cyber security and urbanization, among others. The report ends with a conclusion, the contents of which should provide guidelines and direction for policy and programme interventions towards improving the living conditions of children in Katsina State.

KATSINA STATE'S CHILDREN: SITUATION AT A GLANCE

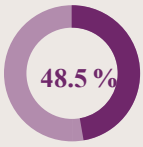
STATE CONTEXT

Population estimated at **9.64 million** with a population growth rate of **3.66%** per annum

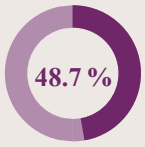


Land area: **24,192 km²**

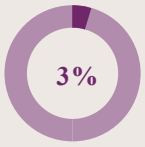
Population by age group



0–14



15–64



65 and older

34 local government areas

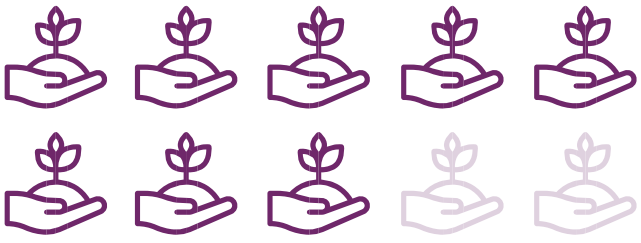
Human Development Index of **0.3031**

Life expectancy at birth:	**49.9 years** (male)	**50.1 years** (female)
Literacy rates:	**68.6%**	**26.6%**
Tertiary education:	**11.3%**	**1.8%**

Population density: **398 people per km²**

Fertility rate: **7.3**

ECONOMY AND LIVELIHOODS



80% of the population depend on farming for a living

Unemployment rate: **23.6%**

HEALTH



Deliveries by skilled attend
18.5%

MORTALITY
1,000 BIRTHSRATE PER 66

53.1%
of pregnant women received antenatal care

35.6%
of pregnant women protected from neonatal tetanus

82.7%
of mothers had no postnatal check-ups

Infant

188

Under-5

Immunization

21.2% Basic vaccination cover for 12–23 months

5.3% All age-appropriate vaccinations for 12–35 months

32.9% Children aged 12–35 months with no vaccinations at all

Malaria



Responsible for **30%** of hospitalizations of children under 5 years

Responsible for **11%** of maternal mortalities

Treated bednet use: **91.7 %**



Nutrition



60.5% Stunting 〉 **10.5%** Wasting 〉 **39.3 %** Underweight

Waterand sanitation

60.8% have access to improved water

92% of households are free of open defecation

POVERTY

61.2% of children live in monetary poverty

Gini coefficient:	Poverty incidence:	Poverty intensity:
0.2457	**77.5%**	**59.9%**

Poverty headcount
56.42%

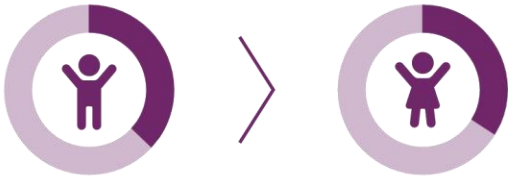
Multidimensional poverty:

65.4% of the population is defined as multidimensionally poor

12.6% of the population is considered vulnerable

Multidimensional Poverty Index:
0.52

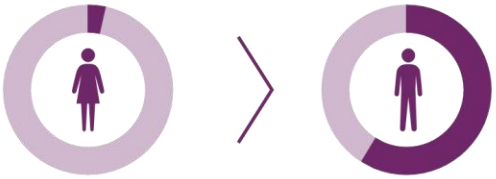
Not attending school:



34.3% boys

30.6% girls

Have used the Internet:



2.2% women

60.9% men

Children aged 0–4:



86.9% deprived in the **health** dimension



38.9% deprived in the **nutrition** dimension



82.9% deprived in the **housing** dimension

EDUCATION

72% net primary school enrolment rate

Pupil to qualified teacher ratio

72:1 primary school

66:1 junior secondary school

54:1 senior secondary school

93% Primary school completion rate

primary school

29.8 %

0.95 Gender Parity Index: primary school

47% Transition to junior secondary rate

CHILD PROTECTION

1.7% of children 15–19 years experienc

4.1% of women 15–49 years experienced sexual violence

Female genital mutilation of women aged 15–49:

0.1% in 2011

1.4% in 2018

Median age of women when first married:

15.5 years (for 20–49-year-olds)

15.3 years (for 25–49-year-olds)

EXECUTIVE SUMMARY

Of the estimated population of 9.64 million people in Katsina State, almost half (48.5 per cent; 4,674,943 children) are children aged 0–14 years; this is only just exceeded by the population group aged 15–64 years (48.7 per cent; 4,694,221 people). The underfive population accounts for 28 per cent of the total population; this is expected to increase given that the population growth rate is 3.66 per cent and the fertility rate is 7.3. These statistics highlight the importance of paying attention to the rights of children in Katsina State. The United Nations Convention on the Rights of the Child provides the framework for the rights of every person under the age of 18 and identifies duty-bearers responsible for the realization of these rights. As a signatory to this convention, Nigeria must periodically report on progress in upholding it both at national and subnational levels. As its mandate, the United Nations Children's Fund (UNICEF) must monitor and report progress in ensuring the rights of children. A way to do this is by conducting a comprehensive situation analysis (SitAn) of children and using the analysis to develop an evidence-based authoritative reference document to guide government, partners and stakeholders in policy dialogue and formulation,



strategic planning, prioritization and programme development for the full realization of children's rights. This analysis is therefore a valuable foundation and platform for the design of coherent public policies and effective public finance management to ensure equitable access to basic social services, attainment of child-related Sustainable Development Goals (SDGs) and the overall well-being of children in Katsina State.

This document has been developed using a bottom-up approach and through state-wide consultations with stakeholders drawn from both the public and private sectors, CSOs, experts and international donors and other partners. It was based on a globally accepted situation analysis framework (Figure 1, page 7). The process also included a comprehensive review of the existing literature on research and data on children in Katsina State. Qualitative and quantitative data collected through these processes were combined through triangulation to form the basis of information presented in this document.

> "For children aged 12–23 months and 24–35 months, only 10.8 per cent received all age-appropriate vaccinations, while 32.9 per cent of children of the same age groups received no vaccinations at all."

The findings of this analysis comprise five themes, which are summarized below with recommendations to address the challenges identified.



The under-five population accounts for **28 per cent of the total population**; this is expected to increase given that the **population growth rate is 3.66 per cent** and the **fertility rate is 7.3**.

Child poverty

The poverty headcount and Gini coefficient for Katsina State are 56.42 per cent and 24.57 per cent, respectively, (NBS, 2020c); these have adverse implications for children. Children are most affected by poverty because they are vulnerable and poverty has long-term impacts on their well-being, often into adulthood. Deprivations are acute and widespread. Basic vaccination coverage among children aged 12–23 months is very low (21.2 per cent) and falls short of the internationally recommended standard of 90 per cent. For children aged 12–23 months and 24–35 months, only 10.8 per cent received all age-appropriate vaccinations, while 32.9 per cent of children of the same age groups received no vaccinations at all. Of children aged 0–4 years, 86.9 per cent suffer deprivations in the health dimension (NPC and ICF, 2019). Only 0.4 per cent of infants aged

> "Deprivations in the housing dimension are

highlighted by the high proportion (82.9 per cent) of children aged 0–4 years living in houses that were neither constructed using improved building materials, nor had improved toilet facilities.

0–25 months had access to exclusive breastfeeding, while 0.7 per cent of children within the same age group were predominantly breastfed. More than a third (38.9 per cent) of children aged 0–4 years suffer deprivations in the nutrition dimension (NPC and ICF, 2019). Regarding education, 54.7 per cent of children aged 5–11 years and 69.3 per cent of children aged 12–17 years did not receive any form of secular education. Data also show that 34.3 per cent of boys and 30.6 per cent of girls were not attending school. The out-of-school children amounted to 36.9 per cent of boys and 32.6 per cent of girls (UNICEF, 2020). Deprivations in the housing dimension are highlighted by the high proportion (82.9 per cent) of children aged 0–4 years living in houses that were neither constructed using improved building materials, nor had improved toilet facilities. Less deprivation related to information was found: 22.7 per cent of children aged 0–4 years, 19.4 per cent of children aged 5–11 and 17.3 per cent of children aged 12–17 years were deprived of information devices (UNICEF, 2020). Katsina State has a multidimensional poverty incidence of 0.464. The poverty incidence is 77.5 per cent and the intensity of poverty is 59.9 per cent, with 12.6 per cent of the population is described as vulnerable. To end child poverty, Katsina State must urgently implement the recently domesticated Child Rights Act of 2003 to allow the enforcement of child-relevant laws and regulations. Katsina State also needs to harness demographic dividends through strategic investments in health, water, sanitation, education and livelihoods, especially for children.

Child survival

There was some improvement in the proportion of assisted deliveries of babies, with deliveries by skilled birth attendants up to 18.5 per cent in 2018 (NPC and ICF, 2019) from 5.1 per cent in 2008. However, antenatal attendance stood at 53.1 per cent (NPC and ICF, 2019) and immunization coverage was 6.0 per cent in 2017, and the unmet need for child spacing was 29.5 per cent. The child and under-five mortality rates recorded in Katsina State were high at 131 and 188 deaths per 1,000 births, respectively, both of which exceeded the national averages. Vaccination and immunization rates have generally improved over the past decade, yet almost a third (32.9 per cent) of children in Katsina State had not received any vaccination against childhood diseases. Only 46.4 per cent, 28.1 per cent and 33.3 per cent of children aged 12–23 months had received bacillus Calmette–Guérin (against tuberculosis), hepatitis B and inactivated polio vaccinations, respectively. Malaria prevalence in Katsina State is high with 55.4 per cent of children testing positive for malaria using the rapid diagnostic test during this survey. Poor access to improved water and sanitation in Katsina remains a major contributing factor to high morbidity and mortality rates among children under 5 years of age, and 13.7 per cent of children under 5 years of age having diarrhoea (NPC and ICF, 2019), with 64.8 per cent of these children seeking treatment. Only 53.1 per cent of pregnant women received antenatal care from a skilled birth attendant. Delivery services are low (7–25 per cent) and only 15.6 per cent of deliveries take place in a health facility. This rate is even lower than the North West average of 16.0 per cent. Stunting among children under 5 years of age in Katsina is 60.5 per cent, while 39.3 per cent of children are underweight and 10.5 per cent are wasted. Suboptimal infant and young-child feeding practices, including early initiation and exclusive breastfeeding, as well as poor quality of complementary foods, remain major contributing factors to the high malnutrition rate and associated morbidity and mortality rates among infants and young children.

Child education

Only 29.8 per cent of children of primary school age had enrolled in Grade 1 at age 6. The net enrolment in primary schools was 42.6 per cent; 84.3 per cent of children enrolled in primary school reached primary Grade 6 and the transition rate to secondary school was 33.9 per cent. The total number of children in junior secondary school was 318,141, of which 178,040 were male pupils and 140,101 female. About 7,000 male pupils drop out of junior secondary school before completing it, while 6,000 female pupils drop out before they reach Grade 3. The number of qualified primary teachers in 2019 was 21,733 (79 per cent); of these, 6,825 (27 per cent) were female teachers. There were 4,541 teaching

staff in junior secondary schools; of these 727 were female teachers and 3,814 male. The number of qualified teachers in senior secondary school was 3,648, of which 509 (14 per cent) were women. The pupil-to-qualified-teacher ratio was 81:1 for junior secondary education and 54:1 for senior secondary. The Gender Parity Index was 0.93 in primary and 1.1 in secondary schools (NBS and UNICEF, 2018). In 2017/18, there were 2,332 primary schools in Katsina State, but by 2019/20 that increased to 2,579 schools. As a result, primary school enrolment is improving in Katsina State. To further address child educational development, Katsina State should implement and enforce the Child Rights Act to ensure access to quality education and balanced psychological development for all children. This, in turn, will guarantee the protection and well-being of children.

Child protection

About 41.4 per cent of births in Katsina State went unregistered in 2018 and the number was projected to be as high as 56.6 per cent at the time of the analysis (NPC and ICF, 2019). Among women in Katsina State aged 20–49 and 25–49 years, 15.5 years and 15.3 years were reported as the median age of first marriage, respectively. The frequency of physical violence experienced by children aged 15 years and older in the state is increasing: 1.7 per cent of children reported that they experienced physical violence often, up from 1.2 per cent in 2011. Female genital mutilation practices decreased drastically from 53 per cent in 2011 to 1.4 per cent in 2018 (NPC and ICF, 2019). To further protect the child, the Katsina State Government must immediately implement and enforce the Child Rights Act.

Other relevant issues

Child participation, equity and peacebuilding, digital and cyber security, urbanization, gender mainstreaming and ameliorating the multiple effects of the COVID-19 pandemic are also relevant issues affecting child development in Katsina State. Resolving these issues will involve mainstreaming the private sector to help address national development issues by providing the innovation and capital and technological inputs required to address the areas of child grants and job creation.

Overall, three main recommendations stand out: (i) immediate implementation and enforcement of the Child Protection Law of 2020 in Katsina State; (ii) judicious and targeted investments in child-related services such as health, inclusive education, water, sanitation and hygiene; and (ii) ensure the continuation of education delivery through innovative adjustments that encourage regular handwashing and good hygiene through the COVID-19 pandemic.

Child participation, equity and peacebuilding, digital and cyber security, urbanization, gender mainstreaming and ameliorating the multiple effects of the COVID-19 pandemic are also relevant issues affecting child development in Katsina State.

CHAPTER ONE: STATE CONTEXT

1.1 History and geography

Katsina State was created when it split from the old Kaduna State, and declared on Wednesday, 23 September 1987 by the Federal Military

Government. Katsina State is in the Sahel savannah zone of northern Nigeria. It covers a land area of

24,192 square kilometres. The state comprises two ancient kingdoms: Katsina and Daura.



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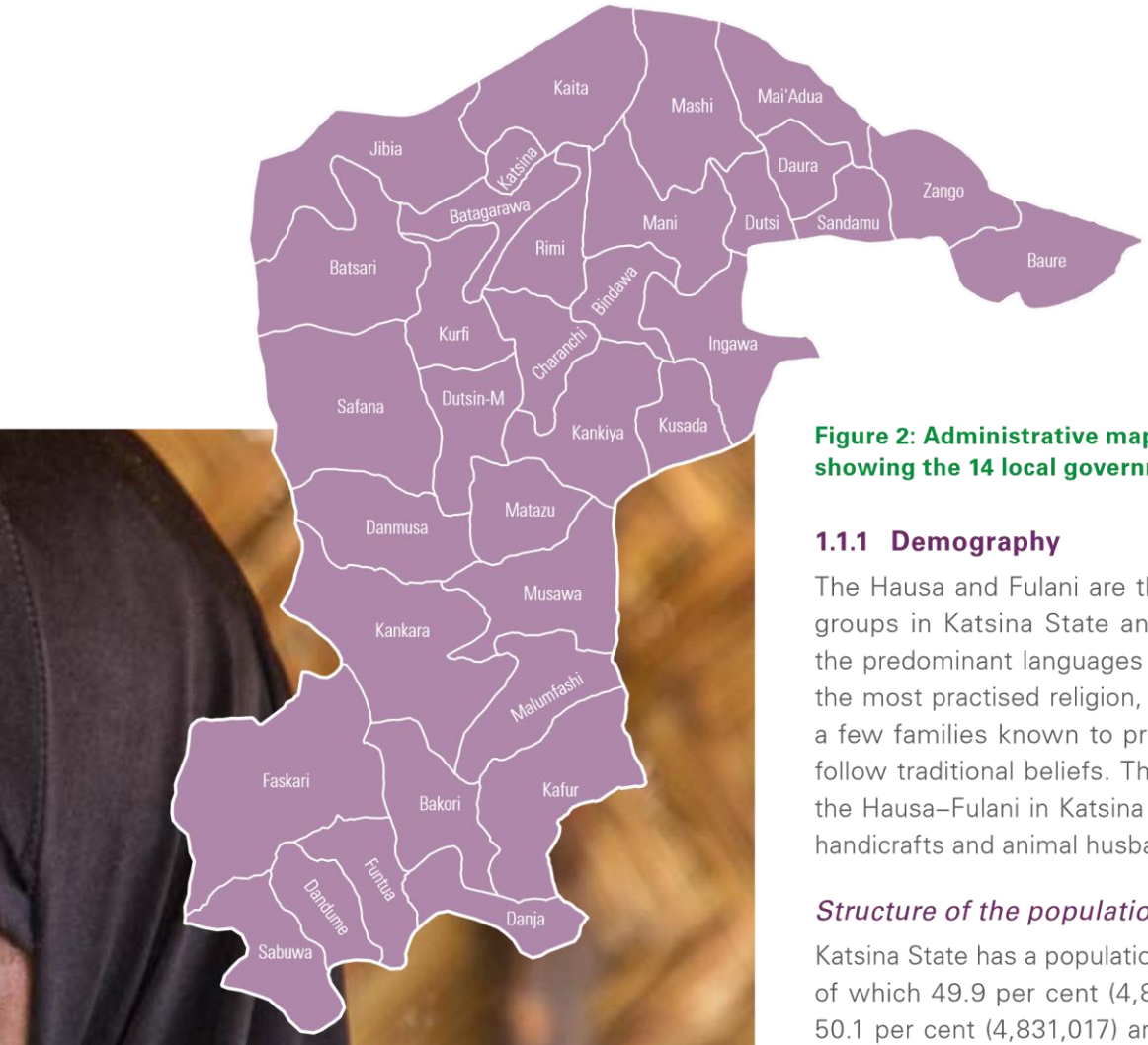


Figure 2: Administrative map of Katsina State showing the 14 local government areas

1.1.1 Demography

The Hausa and Fulani are the predominant ethnic groups in Katsina State and Hausa and Fula are the predominant languages spoken there. Islam is the most practised religion, although there are still a few families known to practise Christianity and follow traditional beliefs. The main occupations of the Hausa–Fulani in Katsina are farming, traditional handicrafts and animal husbandry (KSG, 2016).

Structure of the population

Katsina State has a population of 9,639,059 people, of which 49.9 per cent (4,808,042) are male and 50.1 per cent (4,831,017) are female (NPC, 2020). Children aged 0–14 years constitute almost half of the population (48.5 per cent; 4,674,943 children), just slightly fewer than the adult age group of 15–64 years (48.7 per cent; 4,694,221 adults). Children under 5 years of age account for 28 per cent of the total population. The population density is 398.44 people per square kilometre.



Population growth and fertility

The population growth rate in Katsina State is 3.66 per cent (World Population Review, 2021) and, at 7.3 children per woman, Katsina State has the highest fertility rate in Nigeria (NPC and ICF, 2019). Both factors combine to make Katsina the fifth most populated state in Nigeria, and it is expected to keep growing. The age distribution of people here shows that more than 97 per cent of the population is younger than 65 years of age. This confirms a high fertility rate and implies a high dependency rate, as almost half of the population is younger than 15 years of age. In 2016/17, life expectancy at birth for

“The development vision of Katsina State aligns with national policy on the most pressing development issues. In particular, the state’s development vision is, by 2030, to have improved governance and have a competitive economy within a sustainable environment that will enhance the wellbeing of its people.”

people in Katsina State was 47 years for males, 51 years for females and 49 years overall (NBS and UNICEF, 2018).

1.2 Development vision

The development vision of Katsina State aligns with national policy on the most pressing development issues. In particular, the state’s development vision is, by 2030, to have improved governance and have a competitive economy within a sustainable environment that will enhance the well-being of its people.

This vision is anchored on four strategic orientations with key results as follows:

1.2.1 Strategic Orientation 1: Improving governance by focusing on the quality of institutions and participation

Key results for this are:

- The roll out of a statistical information system in the state has been facilitated.
- Local government service delivery is improved.
- Accountability and transparency are enhanced through the participation of non-state actors in planning, budgeting and implementing the Bureau of Public Procurement Act and the Fiscal Responsibility Act.
- Equitable gender participation and representation in governance has been promoted.
- Human resource development has been improved.

1.2.2 Strategic Orientation 2: Accelerating the structural transformation of the economy

Key results for this are:

- The productivity of primary economic activities has been improved, e.g., by embracing modern techniques of production and optimal utilization of resources such as waterbodies.
- Primary products are processed locally by creating an enabling environment through, e.g., land allocation, tax incentives and providing key supporting infrastructure, especially electricity and roads.
- Access to market, finance and skills is enhanced.
- Participation in the economy of women and other groups, which are socially excluded, is ensured.
- Mineral resource potential in the state is harnessed and developed.

1.2.3 Strategic Orientation 3: Improving sustainable management of the environment, regional planning and use of natural resources

Key results for this are:

- A state geographic information system centre is established to develop databases to manage environmental planning and real-time monitoring of the environment.
- Environmental legislation is reviewed and new acts are developed to address current environmental realities.
- Stakeholders (traditional, religious and women’s groups, students’ associations, etc.) are involved to ensure sustainable afforestation and rigorous and sustained media campaigns on environmental issues.
- Rural women and other vulnerable groups are engaged in raising indigenous tree seedlings and mass planting of both commercial and noncommercial varieties of trees.

- Open-defection-free status attained and sustained through the development of new strategies for all communities in Katsina State.

1.2.4 Strategic Orientation 4: Accelerating human capital development

Key results for this are:

- Mortality rate reduced.
- Literacy rate improved.
- Social well-being improved.

1.2.5 In summary

To meet these developmental challenges, the Katsina State Government rolled out the Restoration Development Plan, 2018–2020 (KSG, 2017a). Although laudable, the plan did not incorporate a global vision and its implementation did not receive the full support of all stakeholders. For this reason, a new development plan has recently been finalized and will be rolled out in the coming year. The new plan will be focused on establishing and nurturing a dynamic, diversified and competitive economy that will transform Katsina State to a prosperous society where each citizen can aspire and realize his/her full potential in a secure and decent environment.

The plan's mission is to transform the state to a knowledge-based, agriculturally industrialized and commerce-friendly society with sustainable growth and an appreciable standard of living for all of its citizens. At present, human capital development is low, with Katsina having a Human Development Index of 0.3031 (NBS, 2018b).

As with other states of the federation, development indicators are constrained by poor and uneven energy supplies, deficient transport infrastructure, inefficient judiciary systems, widespread corruption and high inflation. Other major concerns include mainstreaming gender into the development process, closing the inequality gap and reducing widespread insecurity.
These issues must be properly integrated into development planning.

1.3 Governance

Katsina State comprises 34 local government areas (LGAs) which are represented by 34 state constituencies, 15 federal constituencies and three senatorial districts. As stipulated in the 1999 Constitution of the Federal Republic of Nigeria, the governance structure comprises three arms, the executive, the legislature and the judiciary. The state governor is vested with executive powers and is assisted by an executive council which he/she chairs. Members of the council include the deputy governor, the secretary to the state government, the head of the civil service of the state and commissioners. This executive council is responsible for governance and daily public administration. The incumbent Governor of Katsina State, Rt. Hon. Aminu Bello Masari, Commander of the Federal Republic of Nigeria, was first sworn in as governor on 29 May 2015 and re-elected four years later and sworn in again on 29 May 2019.

The legislature is constituted as the State House of Assembly and is headed by the Speaker of the House of Assembly while the judiciary is headed by the Chief Judge of Katsina State.

"The state governor is vested with executive powers and is assisted by an executive council which he/ she chairs. Members of the council include the deputy governor, the secretary to the state government, the head of the civil service of the state and commissioners."

"Rising insecurity is a major concern in Katsina State with reported increases in kidnappings, banditry and cattle rustling. These have direct implications on the lives,

livelihoods and well-being of the state's residents.

Governance is still hampered by the challenges created by insufficient information-gathering and reporting, weak institutional arrangements, weak coordination within and among various institutions, weak management capacity, insufficient accountability and transparency mechanisms, among others. These impede the smooth delivery of governance outcomes to the residents of Katsina State.

1.4 Humanitarian risk profile and resilience

Emergency and risk assessment functions in Katsina State reside within the Katsina State Emergency Management Agency. The response of this agency is guided by The National Contingency Plan on Disaster (National Emergency Agency, 2014); it is expected that the agency will domesticate this plan for Katsina State.

Insecurity

Rising insecurity is a major concern in Katsina State with reported increases in kidnappings, banditry and cattle rustling. These have direct implications on the lives, livelihoods and well-being of the state's residents.

Climate change

Adverse manifestations of climate change, such as increased frequency of droughts and floods, pest infestations and diseases, and desertification pose a considerable risk for the agrarian population of Katsina State.

1.5 Economy

The economy of Katsina State is largely informal and related to primary production. The gross domestic product of the state stands at US$6.02 billion, which per capita translates to US$1,017 (KSG, 2016). The economy is mostly agrarian with a cultivable land area of about 2.4 million hectares, of which 1.6 million hectares is under cultivation by smallholders. Farming and animal rearing form the livelihoods of about 80 per cent of the population here. The state is a major collection centre for cash crops such as cotton, groundnuts, maize, guinea corn, millet and vegetables. The range of livestock in Katsina State includes cattle, sheep, goats and poultry.

The challenges in the agriculture sector weaken prospects for the rural poor, while high inflation of food prices adversely impacts the livelihoods of the urban poor. Despite expansion in some sectors, employment creation remains weak and insufficient to absorb the fast-growing labour force of the country. Unemployment stands at 23.6 per cent (NBS, 2020a). Insecurity and instability pose significant challenges to economic growth and development in Katsina State, as in many other states in northern Nigeria, as it results in the displacement of people, disruption

of livelihoods, deepening poverty and even loss of lives. Overdependence on federal allocations and a weak macroeconomic framework further constrain the potential for economic growth and expansion.

1.6 Human development, equity, poverty and main SDG trends

The principal measure of human development is the Human Development Index. In 2018, Katsina State's index was 0.303, well below the national index of 0.534 (UNDP, 2018b). The average life expectancy of 49 years is lower than the national life expectancy of 55 years (World Bank, n.d.). Birth registration, which establishes the existence of a child in the eyes of the law and serves as an entry point for several public services, is notably low in Katsina State. The births of only 48 per cent of children under 5 years of age were registered with civil authorities (NPC and ICF, 2019).

Many international laws and charters on the rights of the child have been domesticated and agencies charged with the responsibilities of easing the plight of children have been created, yet the role of government policies on social and economic factors in the lives of children still leaves much to be desired. UNICEF's 2017 annual report (UNICEF, 2018a) identifies key development priorities in emerging areas of importance to accelerate development expectations in Nigeria; these also apply to Katsina State. Areas of importance which require focus include climate change and children, early childhood development (ECD), refugee and migrant children, urbanization and children and the second decade of life.

1.6.1 Gender

Gender inequality is a persistent monster afflicting the girl child in Nigeria. The gender gap, or gender inequality, in Nigeria is relatively high when compared with countries at similar levels of development. Most distinctions based on the gender of the child are not statistically significant for the youngest children. However, a statistically significant difference between boys and girls is observed in the health dimension (UNICEF, 2020). Various indices provide a glimpse into the state and extent of gender inequality in Katsina State. The literacy rate among women is 26.6 per cent, but 68.6 per cent for men in Katsina State; only 1.8 per cent of women attained education higher than secondary school, compared with 11.3 per cent of men (NPC and ICF, 2019). Only 2.2 per cent of women have ever used the Internet in Katsina State, compared with 60.9 per cent of men (NPC and ICF, 2019). Gender inequalities are manifested in many forms, ranging from non-enrolment in school, child labour and child marriage to acts of sexual violence, including rape and female genital mutilation (FGM).

1.6.2 Poverty

Poverty is widespread and with a poverty headcount rate of 56.42 per cent constitutes a major challenge to development in Katsina State (NBS, 2020a). The Gini coefficient for Katsina is high at 24.57, but is lower than the national average of 35.1 per cent (NBS, 2020c). Multidimensional poverty in Katsina State is high with a Multidimensional Poverty Index of 0.464 (OPHDI, 2018), which is noticeably higher than the national index of 0.294 (OPHDI, 2018). As for other states in Nigeria, multidimensional poverty significantly exceeds monetary poverty in Katsina.


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> “At the time that this SitAn was prepared, partnerships were being forged and synergies were being built to galvanize stakeholders into mobilizing the resources required to implement the SDGs. A strong collaborative partnership between Nigeria and

international donor agencies exists with a common vision to smooth implementation of the SDGs.

The multidimensional deprivation headcount in Katsina State is 65.4 per cent (UNICEF, 2020).

The intensity of poverty measure, which is the percentage of dimensions in which poor people are deprived, is highest in northern Nigeria with the North West geopolitical region (within which Katsina State falls) at 64.84 per cent, the North East at 71.86 per cent and the North Central region at 42.7 per cent (NBS, 2020d). It is therefore fitting that poverty eradication is the first goal in the SDGs and the focal point of Katsina State's development vision. Closely linked to poverty are hunger and other conditions that cause routine denial of the rights of the child. It is a major challenge for Nigeria to be able to fully achieve the SDGs. Further challenges arise because half of the inhabitants live below the poverty line; pandemics are rampant (COVID-19, HIV and tuberculosis); infant mortality is high; and the country is struggling with significant levels of inequality.

1.6.3 Main SDG trends

The 17 SDGs adopted by governments at the United Nations General Assembly in September 2015 include 44 child-related indicators (UNICEF, 2018). These indicators can be arranged into five dimensions of children's rights: the first dimension is about the need for every child to survive and develop, which relates to SDGs 1, 2 and 3; the second is that every child should learn, which is addressed by SDG 4; the third dimension is the need for every child to be protected from violence, exploitation and harmful practices, addressed by SDGs 5, 8 and 16; the fourth dimension is that every child should live in a safe and clean environment, addressed by SDGs 1, 3, 6, 7 and 13; and the fifth dimension is that every child should have a fair chance in life, encapsulated in SDGs 1 and 5.

At the time that this SitAn was prepared, partnerships were being forged and synergies were being built to galvanize stakeholders into mobilizing the resources required to implement the SDGs. A strong collaborative partnership between Nigeria and international donor agencies exists with a common vision to smooth implementation of the SDGs. However, there is no specific legislation in place for the purpose of implementing the SDGs in Nigeria. A voluntary national review (Federal Republic of Nigeria, 2017) conducted by the Office of the Senior Special Assistant to the President on SDGs reports that thus far, the SDG implementation process in Nigeria has achieved four important milestones:

- The establishment of multilayer and multicluster institutional frameworks for enhanced coordination and SDG mainstreaming processes through the creation of the Office of the Senior Special Assistant to the President on SDGs, which is responsible for ensuring both horizontal and vertical coherence between development policies, plans and strategies.
- The existence of a good policy and planning framework, the Nigeria Economic Recovery and Growth Plan, which is also the basis of the current medium- and short-term budgeting frameworks, and is aligned to the SDGs to a large extent. Another major achievement is the buy-in by states across the federation into SDG-aligned development plans; Benue, Taraba,

  Yobe, Kaduna, Ebonyi, Kano, Jigawa, Anambra and Delta states, among others, have SDGaligned state development plans.
- The Conditional Grants Scheme, a counterpart contributory mechanism that incentivizes subnational governments to mobilize resources to accelerate progress in the SDGs core areas, has been scaled up.
- A process to identify and target poor and vulnerable groups culminated in the production of a national social register of poor and vulnerable households. There is a monthly conditional cash transfer of five thousand naira (₦5,000) to these households as part of a national social safety-net programme towards eradicating extreme poverty. These processes are handled by the National Social Investment Office within the Vice-President's Office (Federal Republic of Nigeria, 2020).

Major challenges to national implementation are:

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

Financing is critical to the successful implementation of the SDGs. The federal government is doing its part in making funds available. However, more needs to be done. Overall, human development efforts in terms of training and capacity-building for the implementation of the SDGs have not been encouraging at either the federal or state level. In addition, operational and implementation strategies adopted by SDG offices in some states can potentially derail SDG achievements because stakeholder MDAs are often alienated from the implementation process.

SDG progress in Katsina State

Progress was recorded in the annual release of funds from the budgetary provision for the implementation of SDG projects (without the counterpart funds from the Office of the Senior Special Assistant to the President on SDGs) across the state during 2015– 2019. This made it possible for the SDG office to implement projects in education, health, water and sanitation, and empowerment programmes for youth and women in Katsina State.

Challenges to SDG implementation in Katsina State

The following challenges are impeding progress on achieving the SDGs in Katsina:

- Lack of release of counterpart funds for the implementation of SDG projects and programmes by the Office of the Senior Special Assistant to the President on SDGs.
- Non-inclusion of funds for essential SDGrelated activities such as sensitization, training, workshops, advocacy visits, and community mobilization and engagement.
- Insecurity due to banditry, cattle rustling and kidnapping makes accessibility difficult and has negative consequences on project identification.

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

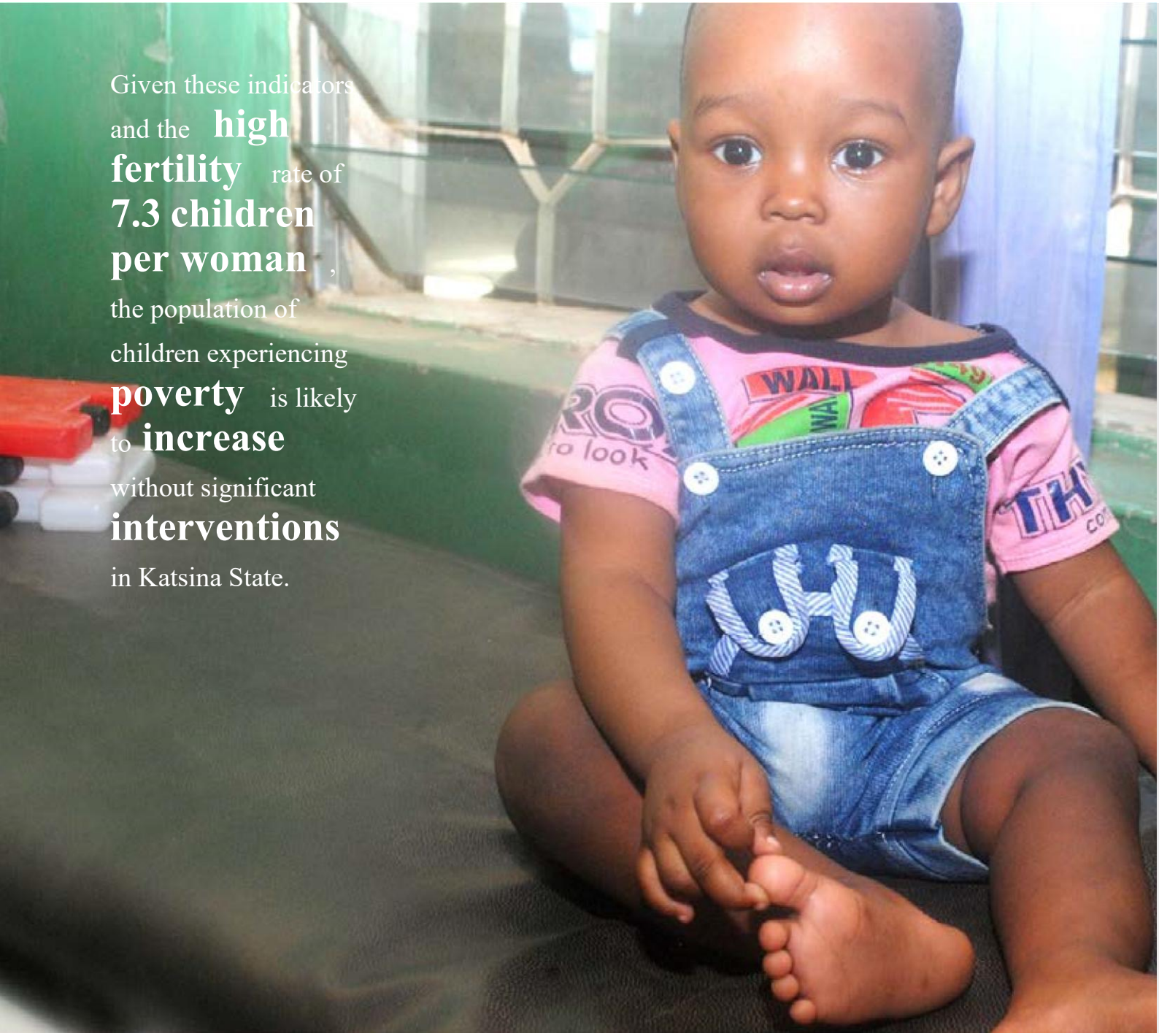
> “Financing is critical to the successful implementation of the SDGs. The federal government is doing its part in making funds available.”

CHAPTER TWO: CHILD POVERTY

Poverty is defined as pronounced deprivation in general well-being characterized by low income and the inability to acquire the basic goods and services necessary for survival with dignity. Poverty also refers

to low levels of health and education, poor access to clean water and sanitation, inadequate physical security, lack of voice and insufficient capacity and opportunity to better one’s life (World Bank, 2011).

Child poverty refers to a situation where children experience deprivation of the material, spiritual and



emotional resources needed to stay alive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential and participate as full and equal members of society (UNICEF, 2011).

This analysis uses the cross-country multi dimensional overlapping deprivation analysis (CC-MODA) methodology to define and measure child poverty at a national level, taking into consideration the complex, multifaceted realities of poverty that children experience at different stages



> “Monetary child poverty refers to the situation of those children living in households in extreme poverty, with members living on less than US$1.90 per person per day.”

of their lives. The multiple overlapping deprivation analysis (MODA) methodology is based on two concepts: monetary poverty and multidimensional deprivation. Monetary child poverty refers to the situation of those children living in households in extreme poverty, with members living on less than US$1.90 per person per day. Multidimensional child deprivation is defined as the non-fulfilment of children’s rights in the main dimensions of survival, development, education, protection and participation (UNICEF, 2014).

2.1 Situation and trends

2.1.1 Monetary child poverty

Monetary child poverty refers to a situation where the child lacks income that is sufficient to provide basic physiological and social needs such as food, clothing, shelter, education and medical services. The World Bank defines US$1.90 as the minimum daily income required to cater to these needs; when the individual or household is unable to earn this income, the individual or household is described as poor.

Specific data on Katsina State are sparse, but the poverty headcount and Gini coefficient for the state are 56.42 per cent and 24.57, respectively (NBS, 2020c) . The unemployment rate is also high at 23.6 per cent (NBS, 2020a). Given these indicators and the high fertility rate of 7.3 children per woman (NBS, 2018a), the population of children experiencing poverty is likely to increase without significant interventions

“Non-monetary child poverty refers to the various deprivations that poor children experience in their daily lives, including hunger, poor health, lack of education, inadequate living standards, disempowerment, hopelessness, the threat of violence and living in environmentally hazardous areas.”

in Katsina State. The large population of children and other dependents constitutes a risk factor for child poverty here. Children from poor homes are vulnerable as their parents or guardians cannot provide the basic necessities that would allow them to compete favourably and actively in the future. In addition to children from poor homes who are vulnerable because they were born into poverty, some children in more affluent homes also lack some basic necessities.

2.1.2 Non-monetary child poverty

Non-monetary child poverty refers to the various deprivations that poor children experience in their daily lives, including hunger, poor health, lack of education, inadequate living standards, disempowerment, hopelessness, the threat of violence and living in environmentally hazardous areas.

Single deprivation analysis

There are seven areas of child deprivation arising from child poverty: access to health, water, sanitation, nutrition, shelter, education and information devices.

Single deprivation analysis has a one-dimensional approach that examines deprivation rates per indicator, dimension and age group, and highlights disparities between states across Nigeria. Child deprivation in Katsina State in each of the seven areas is discussed below:

- **Health:** Basic vaccination coverage among children aged 12–23 months is very low (21.2 per cent) and falls well below the internationally recommended standard of 90 per cent (NPC and ICF, 2019). For children aged 12–23 months and 24–35 months, only 10.8 per cent received all age-appropriate vaccinations, while 32.9 per cent of children the same age groups received no vaccinations at all (NPC and ICF, 2019). In Katsina State, 86.9 per cent of children aged 0–4 years suffer deprivations in the health dimension (UNICEF, 2020).
- **Nutrition:** Only 2.4 per cent of children aged 0–25 months were never breastfed in Katsina (NPC and ICF, 2019). However, 38.9 per cent of children aged 0–4 years suffer deprivations in the nutrition dimension (UNICEF, 2020). Furthermore, only 15.8 per cent of children aged 6–23 months received a minimum required diet (NPC and ICF, 2019). Nutritional indices of height for age, weight for height and weight for age for children under 5 years showed that 60.5 per cent, 10.5 per cent and 39.3 per cent, respectively, were malnourished (NPC and ICF, 2019).
- **Education:** Of children aged 5–11 years, 54.7 per cent did not receive education and, of those aged 12–17 years, 69.3 per cent did not receive it (UNICEF, 2020). Nearly half (45.7 per cent) of the female population attained no education at all; the median duration of education completed by females was 0.6 years (NPC and ICF, 2019), whereas 31.8 per cent of the male population attained no education at all and the median period of education completed was 3.5 years (NPC and ICF, 2019). These statistics imply challenges in educational development in Katsina State.
- **Housing:** Of children aged 0–4 years, 82.9 per cent suffer deprivations in the housing dimension; this means they live in houses which are constructed without improved building materials or improved toilet facilities (UNICEF, 2020). Similarly, 83.0 per cent and 81.9 per cent of children aged 5–

11 and 12–27 years, respectively, are deprived in the housing dimension (UNICEF, 2020). Almost three quarters (72 per cent) of households in Katsina use firewood for cooking (UNICEF, 2020). These deprivations constitute a threat for children in Katsina State.

- **Water:** Water deprivation rates in Katsina State for children aged 0–4, 5–11 and 12–17 years are high at 47.0 per cent, 43.8 per cent and 41.7 per cent, respectively. More than a third (36.4 per cent) of households in Katsina do not have access to improved sources of drinking water, which has direct implications on access to improved drinking water for children (UNICEF, 2020).
- **Sanitation:** The majority of children in Katsina experience deprivations in the sanitation dimension: 77.7 per cent of 0–4-year-olds, 75.2 per cent of 5–1-year-olds and 73.8 per cent of 12–17-year-olds (UNICEF, 2020).
- **Information devices:** Regarding access to information devices, 22.7 per cent of children aged 0–4 years, 19.4 per cent of children aged 5–11 years and 17.3 per cent of children aged 12–17 years are deprived of access to information (UNICEF, 2020).

Multiple deprivation analysis

Katsina State has a multidimensional poverty incidence of 0.464; this was derived as the product of poverty incidence (77.5 per cent) and intensity of poverty (59.9 per cent) by the Oxford Poverty and Human Development Initiative (OPHDI, 2018). Furthermore, 12.6 per cent of the population is described as vulnerable (OPHDI, 2018). In Katsina State, multidimensional poverty significantly exceeds monetary poverty, as it does in other states in the country.

The multidimensional deprivation headcount – that is, the proportion of people in the population who experience multiple deprivations – is 65.4 per cent in Katsina State (UNICEF, 2020). General trends in Nigeria show that more than twice as many rural children aged 5–11 years face deprivation in education as urban children in this age group (54.2 per cent versus 25.2 per cent). The distinction between children living in rural and urban areas is greatest in the housing dimension: 25.7 percentage points for children aged 0–4 years, 25.4 percentage points for children aged 5–11 years and 26.7 percentage points for children aged 12–17 years. About 8 out of 10 children (79.3 per cent) aged 0–4 years living in rural areas experience deprivation in the health dimension, whereas the deprivation rate stands at 58.5 per cent for children living in urban areas. All discrepancies found between urban and rural children are statistically significant, except for the difference in nutrition for children aged 0–4 years (UNICEF, 2020).

2.2 Causes, including determinant analysis

2.2.1 Immediate causes

Six immediate causes of child poverty in Katsina State have been identified and are discussed below.

Corruption

Katsina State is one of Nigeria's 26 states that still have to become signatories to the Open Governance Partnership, a partnership which increases the role of CSOs from mere advocacy to influencing decisionmaking in governance, thereby improving transparency and reducing corruption (OpenAlliance, 2019). One of the causes of child poverty in the state is corruption. The North West geopolitical region has experienced a considerable (and statistically significant) decline of bribery from 36.2 per cent in 2016 to 25.2 per cent in 2019 (NBS and the United Nations Office on Drugs and Crime, 2019). Even so, the current prevalence of bribery and other forms of corruption in the region potentially interfere negatively with child poverty reduction and

"The multidimensional deprivation headcount – that is, the proportion of people in the population who experience multiple deprivations – is 65.4 per cent in Katsina State."

development efforts, as resources allocated for beneficial projects necessary in providing basic amenities is diverted into private pockets. This includes resources meant to provide good health facilities, education, food security, housing and other amenities that can help a child develop mentally, physically and psychologically.

Unemployment

Unemployment is another cause of child poverty. Unemployed or underemployed parents cannot provide basic needs to a child because they cannot afford the items needed for a child to grow properly, or have savings for emergencies or luxuries.

Inadequate political will

Several international conventions to which Nigeria is a signatory, and national policies and frameworks listed in this report, could go a long way towards reducing child poverty and the associated deprivations. But governments, particularly at the subnational level, have shied away from promulgating legislation for freedom are closed.

Inadequate investment in education

“Cases of cattle rustling, banditry and kidnapping, which lead to forced migration and displacement of people, including children, have been reported in Katsina State recently. This, in turn, leads to child poverty as resources have to be shared among an increased population.”

experience child poverty than those born in southern Nigeria (Ogwumike and Ozughalu, 2017).

implementing and enforcing these policies. The policies against child marriage, non-enrolment in school, etc., are points of reference. Katsina State recently domesticated the Child Rights Act, but much of the gains from that depend on prompt implementation of the ‘Child Protection Law’, as it is called in the state.

Violence

Cases of cattle rustling, banditry and kidnapping, which lead to forced migration and displacement of people, including children, have been reported in Katsina State recently. This, in turn, leads to child poverty as resources have to be shared among an increased population.

Poor access to education

Education opens doors of opportunity and allows a child to become eligible to participate in society. Sadly, 41.1 per cent of all school-age children in Katsina State are out of school (NBS and UNICEF, 2018). Due to poor access to education, these doors of opportunity allowing children to step up the ladder to financial

Education in Katsina is constrained by several factors, among which is funding. Inadequate funding is manifested in inadequate educational infrastructure, classrooms, teaching aids (projectors, computers, laboratories and libraries); a paucity of quality teachers; and an unconducive learning environment. In 2018/19, 15.7 per cent of the state’s total budget was allocated to education. While this is commendable, a higher, sustained, budgetary allocation and effective implementation will be needed to bridge the huge educational deficit.

2.2.2 Underlying causes of child poverty

Structural factors causing the high poverty rate include the vicious cycle of poverty; the electoral process; the structure of the economy; and gender discrimination.

Geographic location also plays a role. Children born in rural areas are more likely to be born into poverty than those born in urban areas. Similarly, children born in the northern parts of Nigeria are more likely to

“Efforts to end child

2.3 Stakeholders' roles and capacity

gap analysis poverty in Katsina State are

The capacity gap analysis assesses the current seriously hampered by the situation in terms of stakeholders' roles and perceived

gaps in the dispensation of their duties. paucity of funds; this trend A child has a duty to position herself/himself is likely to continue, given and to interact with the environment in such a

way that she/he can cope in some way, which the interplay of internal and might be successful or not,

given her/his age and circumstances. Furthermore, a child has a duty to external factors. attend school and ensure that he/she learns well. Parents and caregivers have a duty to provide a stable home environment for the child, and provide adequate nutrition, qualitative education, a hygienic external factors. Funding for child-relevant sectors environment and qualitative health care (including in Katsina State has been increasing in recent years, all age-appropriate vaccinations). The Katsina State but still falls below international standards (Table 1). Government and the respective local governments These public spending deficiencies have negative have a duty to ensure there is funding and provision implications for the well-being of the child.

of quality public services, such as education and

health services. The community must organize itself **2.3.2 Policy and legislation**

in such a way that allows resources to be shared, The principal legislative instrument that protects especially resources that are crucial to the well-being children in Nigeria is the 1999 Constitution, as of children. Non-governmental organizations (NGOs) amended. The 2020 Agenda for Sustainable and international agencies have a duty to advocate to Development adopted in 2015 by the United Nations government and draw its attention to the problems of General Assembly, describes a 15-year plan with child poverty and increase pressure on government the basic pledge of ending poverty, everywhere and to prioritize spending on child education, health and permanently; the call was ratified by Nigeria in the protection. same year and domesticated.

In addition, Nigeria is a signatory to and adopted

2.3.1 Resources the United Nations Convention on the Rights of

Efforts to end child poverty in Katsina State are the Child in 1991, and the Convention on the seriously hampered by the paucity of funds; this trend Elimination of all Forms of Discrimination Against is likely to continue, given the interplay of internal and Women in 1985. Nigeria has also adopted the African Charter on the Rights and Welfare of the Child. The domestication of these international conventions into Katsina State's legislation, such as the domestication of Nigeria's Child Rights Act in Katsina, serves as a veritable pathway to promoting the rights of children in the state.

In 2003, the National Assembly adopted the Child Rights Act, and it was gazetted in Lagos on 23 December 2003. The Child Rights Act of 2003 was created to serve as a legal document to protect children's rights and responsibilities in Nigeria. The Act was recently domesticated in Katsina State, but prompt implementation is required.

The law has three primary purposes: to incorporate the Convention on the Rights of the Child and the African

Table 1: Public spending on child-relevant sectors in Katsina State

Year	Education		Water		Health	
	Billion ₦	% of budget	Billion ₦	% of budget	Billion ₦	% of budget
2017	16.05	13.31	14.53	12.10	6.53	5.42
2018	n/a	n/a	n/a	n/a	n/a	n/a
2019	31.72	15.80	10.79	5.37	28.10	14.10
2020	21.00	8.57	16.00	6.53	32.00	13.07

Source: BudgIT (2017–2020)

Charter on the Rights and Welfare of the Child into the national law; to provide the responsibilities of government agencies associated with the law; and to integrate child-focused legislation into one comprehensive law. It also provides legislation against human trafficking since it forbids children from being "separated from their parents against their will, except where it is in the best interests of the child".

Katsina State is also positioned to benefit from a host of national policies and frameworks that should impact positively on various aspects of povertyinduced child deprivations. These include:

- National Food and Nutrition Policy (domesticated)
- National Child Health Policy, 2013 (not yet domesticated)
- National Policy on Infant and Young Child Feeding in Nigeria, 2010 (not yet domesticated)
- Task-Shifting and Task-Sharing Policy for Essential Health-Care Services in Nigeria, 2014 (not yet domesticated)
- Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health Plus Nutrition Strategy for Nigeria, 2018–2022 draft (not yet domesticated)
- National Water Supply and Sanitation Policy, 2000 (domesticated)
- National HIV and AIDS Strategic Plan, 2017– 2021 (domesticated)
- Nigerian National Policy on HIV/AIDS, 2003 (domesticated)
- National Workplace Policy on HIV/AIDS, 2013 (domesticated)
- National Anti-Malaria Treatment Policy, 2005 (not yet domesticated)
- Agriculture Promotion Policy, 2016–2020 (domesticated)
- National Gender Policy, 2008 (domesticated)
- Nigerian National Immunization Strategic Plan, 2013–2015 (not yet domesticated)
- National Employment Policy, 2005 (not yet domesticated).

Katsina State is also actively participating in national social investment programmes towards reducing poverty. These programmes are:

- **National Home-Grown School Feeding Programme:** Aimed at providing food to children in primary school classes 1–3, it has 843,457 beneficiaries in Katsina State. The programme motivates children and encourages school attendance and enrolment.
- **Conditional cash transfers:** This programme targets poor households and is aimed at reducing poverty. Currently, there are 143,417 beneficiaries in Katsina State.
- **Youth empowerment programmes:** 14,218 youth exited from the N-Power (Batch A and B) Programme in 2020.

In addition, there is a social health insurance scheme, the Katsina State Contributory Healthcare Management Agency, which was established by Law No. 10 of 2018 as an institutional framework for improving health-care financing through contributions, premiums or taxes paid into a common pool to make health-care services accessible to all residents of the state, as specified by the law. The agency has two programmes: (i) for the formal sector (designed for employees of, and all elected and political appointees to, state and local governments, organized privatesector organizations with a minimum of five staff members, tertiary students and retirees); and (ii) for the informal sector (community-based, voluntary and self-employed urban contributors).

2.3.3 Katsina State Social Protection Policy

The Katsina State Social Protection Policy is being designed to address adult and child poverty, including issues around exclusion, risks, vulnerabilities and deprivations, while ensuring a minimum standard of livelihood and well-being for all citizens as their right and entitlement. The proposed policy has four main objectives, each with measures as described below.

Policy Objective 1: Social assistance

Objective 1 is to provide social assistance to the poorest and most vulnerable groups, including women, children, young persons, persons with disabilities, the unemployed and the elderly. In doing this, government hopes to sustain an improved standard of living of the beneficiaries in such a way that those with labour capacity are enabled

to graduate from extreme poverty. In pursuance of this objective, the government will implement the following measures.

- **Measure 1: Provide regular social transfers (cash and in-kind) to poor individuals and households to ensure that they have**

  minimum-income security. The government will explore the feasibility of alternative instruments and targeting options that will effectively and equitably target the poorest and most vulnerable groups. This will include long-term benefits and disability grants for children, women, young people and the elderly through social cash transfer as soon as capacity and systems permit. The government is aware of the difficulties associated with cash disbursements, especially with respect to regular, predictable and complete payments to the right beneficiaries. Therefore, steps will be taken to put appropriate technologies in place to ensure a robust mechanism for transparent and correct targeting, and cash disbursement.

- **Measure 2: Run public works programmes as a way of enabling poor individuals and households with labour capacity to enter the productive workforce while building assets that are useful to communities.** This plays a critical role in enabling participating individuals and households to exit from poverty as they receive cash wages to boost their income in the short term. The participating individuals can invest their cash in productive assets and enterprises that will help them graduate from poverty. The assets built by the programme will also help generate economic growth in communities. In recognition of the capability of this intervention to serve as a recruiting ground for young people to enter the workforce, government will introduce a strong element of structured capacity-building into the intervention so that the youth can gain skills that will help them enter the job market. Accordingly, government will put appropriate strategies in place to ensure that the skills development provided is incorporated into employment programmes of both public and private sectors of the state economy.

- **Measure 3: Extend school feeding to all pupils in public primary schools across the state.** This measure complements the federal government's home-grown school feeding programmes which only cover pupils in classes 1–3. The programme has improved school enrolment and attendance while boosting the nutrition of children from low-income households

> "The Katsina State Social Protection Policy is being designed to address adult and child poverty, including issues around exclusion, risks, vulnerabilities and deprivations, while ensuring a minimum standard of livelihood and well-being for all citizens as their right and entitlement."


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across Katsina State. The government will ensure that sufficient budget allocation is made for this programme, as the state can afford.

- **Measure 4: Continue to fund fee waivers for selected basic social services in education, health care and access to justice specifically in support of children, pregnant and lactating women, and young people.** The government will continue to pay the final examination fees of all pupils in secondary schools and provide free education and medical services. All existing scholarships in the education sector will be sustained and expanded to support more young people, especially those with disabilities, to pursue their dreams for higher education without financial hindrances.

Policy Objective 2: Social insurance

The second objective is to provide social insurance to support the poorest and most vulnerable groups from the effects of risks, shocks, involuntary job loss, old age or impairments that can force them into extreme poverty. In pursuance of this objective, the government will implement the following measures:

- **Measure 1: Extend the state's contributory health insurance scheme to the informal sector to secure improved, more accessible, affordable and sustainable healthcare services for the poorest and most vulnerable citizens of the state.** In doing this, the government intends to safeguard targets from risks and shocks that could push them into extreme poverty. Already, the state healthcare insurance scheme incorporates a plan to establish the 'Basic Healthcare Fund' derived largely from consolidated federal revenue (1 per cent) accruable to the state,

as well as from government officers on consolidated salaries (2.5 per cent). Initially, the fund is dedicated to ensuring that at least 146 vulnerable persons from the informal sector are enrolled into the scheme from each of the 361 wards of the state. In the same way, the 'CommunityBased Contributory Healthcare Scheme' is a sub-scheme within the contributory scheme targeting individuals and households at the community level (Federal Ministry of Health, 2020). Government will leverage these existing arrangements to establish and sustain the extension of benefits of health insurance to the informal sector in the state.

- **Measure 2: Establish an equity fund to provide 'lean season' safety nets in mitigating the impacts of seasonal shortages and losses due to crop failure, drought, flooding and other seasonal volatility faced by farmers, herders and citizens who lose their jobs involuntarily.** To ensure swift and effective implementation of this measure, the government will work with relevant MDAs in the financial sector of the state, and with financial institutions with proven experience in the management of social equity.
- **Measure 3: Establish a contributory pension scheme for the informal sector.** Steps to be taken in this direction include expanding the mandate of the State Pension Board to provide social insurance schemes specifically for workers in the informal sector; widening the space for private-sector involvement in the provision of informal-sector insurance; and increasing the coverage of the scheme to selfemployed agriculturalists, artisans and other tradespeople working outside the formal sector.

Policy Objective 3: Market intervention

The third objective is to support poor and vulnerable citizens, who can work, to become engaged in gainful and productive economic activities. This objective aims at promoting efficient labour markets that enhance the capacity of poor and vulnerable citizens and protect them against a lack or the loss of adequate income, and offering basic social services, despite the realities of their low-income status. It is the intention of the government to help poor and vulnerable citizens acquire skills commensurate with their abilities and connect them to labour markets where such skills can be gainfully applied in sustainable economic activities. In addition, the government will take steps to protect poor residents of Katsina State from loss of income arising from unemployment, underemployment and informal employment prevalent in the state.

- **Measure 1: Expand the operations of existing market intervention schemes by the Central Bank of Nigeria, Bank of Industry,**

  Bank of Agriculture, the Small and Medium Enterprises Development Agency and others to ensure that the poor and vulnerable, unemployed youth, women and people with disabilities can access such services. It is evident that most farmers and herders are not able to access credit facilities from most, if not all, of these agencies due largely to a lack of recognized collateral or guarantors. The government will enter discussion with these agencies with a view of supporting farmers, herders and young people to benefit maximally from services rendered by agencies in providing soft credit facilities. This is in addition to several other steps that will be taken to ensure that an enabling environment is created in Katsina State for small and medium enterprises to thrive.

- **Measure 2: Partner with the National Directorate of Employment, and other bodies with similar mandates in the state, to reach at least 500,000 young people in Katsina with their services.** This will involve deep psychological engagements with the target beneficiaries for the purpose of upgrading and adapting their skills in areas that are relevant to their life dreams and cognitive and

  affective peculiarities. It will also involve linking them to public works and other types of income support available in the state.

- **Measure 3: Establish a special scheme for young farmers, including women, that increases access to land, inputs, mechanization and extension services to scale up production, processing and uptake**

> "The government recognizes that implementing social protection is a crosscutting endeavour that

requires effective and ongoing coordination, dialogue and collaboration among several stakeholders and actors at all levels: federal, state, local, civil society, community, private sector, organized labour and individual.

of their produce. This is a special scheme targeting young people to encourage and support them to invest their various potentials in profitable agricultural ventures. Government will work with the Ministry of Agriculture to develop a market chain for their produce and for the inputs that they might require.

Policy Objective 4: Legislation, regulations and institutional rudiments

The fourth objective is to establish and strengthen institutional frameworks, legislation, regulations, and management arrangements for social protection in Katsina State. The government recognizes that implementing social protection is a cross-cutting endeavour that requires effective and ongoing coordination, dialogue and collaboration among several stakeholders and actors at all levels: federal, state, local, civil society, community, private sector, organized labour and individual. The objective is to firmly establish legal, regulatory and management mechanisms for social protection in the state to avoid unnecessary conflicts, delays, duplication and overlapping in the sector. In pursuance of this objective, the government will implement the following measures.

- **Measure 1: Establish in the State Ministry of Economic Planning and Budget a department to coordinate social protection and provide frameworks for engagement with actors for planning, implementing, monitoring, accounting and evaluating the provision of social protection services to the poorest and most vulnerable citizens of Katsina State.** The department will appropriate all coordination functions related to social protection in the state, including but not limited to:
  - establishing an inclusive and comprehensive social register for poor and vulnerable groups, individuals and households, including children;
  - establishing the Katsina State Social Protection Information Management System, which will be a centralized database for all categories of beneficiaries of social protection in Katsina to enhance proper management of programmes and interventions;
  - establishing coordination mechanisms for the delivery of social protection services to avoid unhelpful duplication of activities by various actors;
  - partnering with local government and community actors to strengthen structures for delivery of community-based social protection services at state, local government and ward levels across the state, in such a way that the poorest and most vulnerable citizens are easily reached by services and interventions where they live, work and recreate. This may require creating new structures where gaps exist in the delivery chain; and
  - stimulating government action to strengthen social infrastructure across the state, without which social protection cannot thrive.
- **Measure 2: Build institutional capacity to ensure timely, effective and efficient delivery of social protection services to the poorest and the most vulnerable individuals and households.** This will include deliberate efforts to recruit and train social workers in adequate numbers specifically for delivery of social protection services to beneficiaries.
- **Measure 3: Establish a social protection trust fund for the state.** The fund will generate and sustain, over time, off-budget funds needed to finance the provision of social protection services to target beneficiaries in Katsina State.

2.4 Proposed response and potential roles of private and business sectors

2.4.1 Role of government

To end child poverty, Katsina State has domesticated the national Child Rights Act of 2003, referred to as the Child Rights Law, to allow the enforcement of child-relevant laws and regulations; there is a need for full implementation and enforcement of the Child Rights Act. Katsina State can harness demographic dividends through strategic investments in health, water, sanitation, education and livelihoods – especially for our young people. Also, the state government should create a special allocation to children with a related budget code, which can be improved later, to address and reduce child poverty. The government needs to support families and households by providing a minimum income that is sustainable to ensure that financial barriers do not deprive children.

In addition, provision of a childcare subsidy will enable vulnerable children to afford high-quality childcare and access to all vaccinations necessary for the proper development of a child. The state should consider child grants as a long-term effort to address child poverty. Also, this will assist parents of vulnerable children to attend health-care facilities to ensure their children are healthy for future endeavours. The Supplemental Nutrition Assistance Programme, which provides meals for low-income families which often lack access to affordable nutrition, is important for child development in the state; it helps to combat hunger and thus, reduces child poverty. This is in part the reason for implementing the home-grown school feeding programme in Nigeria since 2015. The programme aims to address the poor nutrition and health status of many children due to poverty. Nutrition affects the learning outcomes of children.

2.4.2 Role of private sector

The private sector is a key stakeholder in child poverty and development, as major basic infrastructural facilities that enhance child development are owned by the sector. The private sector influences the development of inclusive and sustainable ways of life which promote poverty reduction and drivers of fragility and conflict such as unemployment, exclusion and instability. SDG 17 calls for multisectoral collaboration that mobilizes and shares knowledge, expertise, technology and financial resources to achieve results, with emphasis on building partnerships with the profitable private sector.

A common approach to engaging with the formal private sector is through public–private partnerships. These are contracts between a private enterprise and government, providing a public asset or service in which the private enterprise bears the risk and management responsibility, and remuneration is linked to performance. The role of the private sector in child poverty includes:

- developing and maintaining infrastructure and services (construction of health-care facilities and schools and drilling boreholes for water);
- supporting government in the implementation of policies aimed at reducing child poverty; and
- promoting the development of human capital, thus helping vulnerable groups to participate in the labour market.

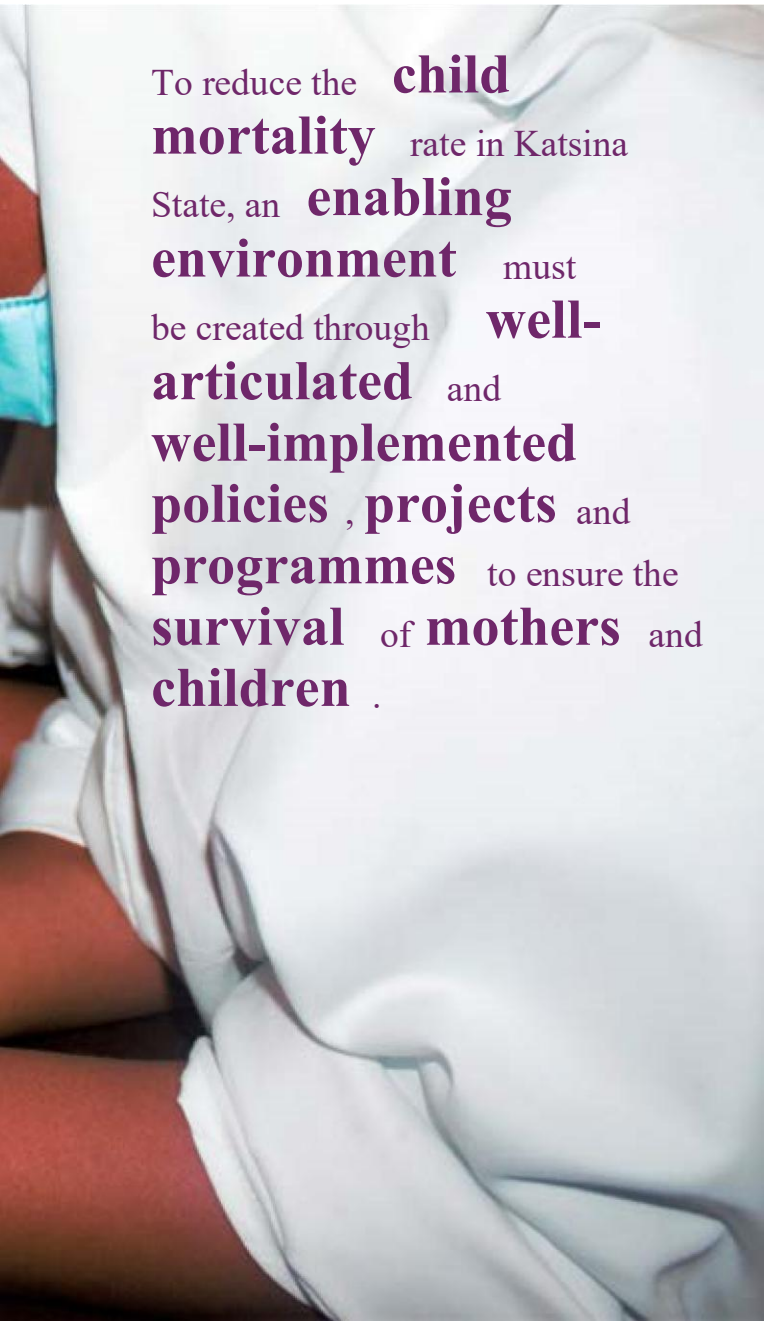
“A common approach to engaging with the formal private sector is through public–private partnerships.”

CHAPTER THREE: CHILD SURVIVAL AND DEVELOPMENT

3.1 Situation and trends

Katsina State has made considerable progress in revitalizing primary health-care centres across the LGAs, with a view to having at least one functional primary health-care centre per ward. There is also a marked improvement in assisted deliveries by a skilled birth attendant, from 5.1 per cent in 2008 to 18.5 per cent in 2018 (NPC and ICF, 2019). However, antenatal attendance stands at 53.1 per cent, the unmet need for child spacing is 29.5 per cent (NBS and UNICEF, 2018), and immunization coverage is 6 per cent. Only 16.5 per cent of deliveries take place in a health facility; most babies are still delivered at





home in Katsina State (83.5 per cent). Katsina State's 15.6 per cent rate of delivery in a health facility is lower than the average for the North West region (16.0 per cent) and much lower than the national average of 28.4 per cent (NPC and ICF, 2019). Only 18.5 per cent of births are assisted by a skilled provider while 0.5 per cent of births are by Caesarean section (NPC and ICF, 2019).

More than half (60.8 per cent) of the residents of Katsina State have access to improved sources of water. Open defecation is lowest in the country at just 8 per cent (NBS, 2019). However, child and under-five mortality rates are high at 131 and 188

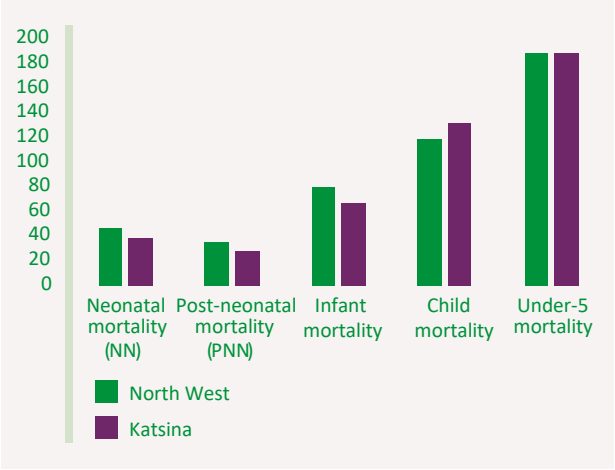


Figure 3: Comparison of childhood mortality in Katsina State and the North West region Source: NPC and ICF, 2019

deaths per 1,000 live births, respectively, both of which are higher than the national averages of 49.2 and 104.3 deaths per 1,000 live births, respectively (NPC and ICF, 2019). These statistics infer that a child born in Katsina State is almost three times more like to die between its first and fifth birthday than a child born elsewhere in the country. Child mortality rates for Katsina State and the regional averages are presented in Figure 3.

As shown in Figure 3, neonatal, post-neonatal and infant mortality rates in Katsina State are lower than the regional averages, but child mortality and underfive mortality rates are higher than regional averages; this implies that there are significant challenges in this regard. To reduce the child mortality rate in Katsina State, an enabling environment must be created through well-articulated and well-implemented policies, projects and programmes to ensure the survival of mothers and children. Such initiatives are necessary in the areas of prenatal and postnatal care, access to improved water and sanitation, hygiene, nutrition, etc.

In addition to mortality, children in Katsina State are afflicted by disabilities. In many cases, these are the result of deprivation of the rights of the child to survive. Children who are not nurtured and do not have access to quality health care in their earliest years are likely to have missed out on routine vaccinations against polio, which sometimes leads to lifelong disabilities; combined with socioeconomic factors, the child is deprived of the chance to thrive. Lack of care also leads to learning difficulties in school which, in turn, reduces a child's future earnings

Table 2: Childhood vaccination rates (%)

Region/state	All basic vaccinations	All ageappropriate vaccinations	No vaccinations
North West	19.9	11.3	30.8
Katsina	21.2	10.8	32.9

Source: NPC and ICF, 2019

and impacts the well-being and prosperity of their families and societies. Children born with disabilities or developmental difficulties usually require even more nurturing and care. Official data on the number of disabled children in Katsina are not available, but disabled children are excluded from child development policies and lag far behind their peers (Dark, 2018).

3.1.1 Health and HIV

Vaccination coverage

Vaccination (immunization) is recognized worldwide as a safe and inexpensive way of preventing children from catching killer diseases. Vaccination and immunization rates have generally improved over the past decade, yet almost a third (32.9 per cent) of children in Katsina State have not received vaccination against any childhood diseases. Of children aged 12–23 months, only 46.4 per cent, 28.1 per cent and 33.3 per cent received the bacillus Calmette–Guérin (against tuberculosis), hepatitis B and inactivated polio vaccinations, respectively (NPC and ICF, 2019). Children who miss out on vaccination and immunization are vulnerable and risk becoming disabled, which would condemn them to a lifetime of vulnerability. Table 2 presents the percentages of children aged 12–23 months and children aged 24–35 months who received specific vaccines.

As shown in Table 2, Katsina State has a greater proportion of children with no vaccination at all (32.9 per cent) than the North West regional average.

Efforts between the National Primary Health Care Development Agency and its partners to support states in revitalizing essential services are ongoing; some improvements have been observed.

Childhood illness and treatment

Malaria is preventable, treatable and curable, but it remains the most common cause of morbidity and mortality in infants. Malaria is the cause of 11 per cent of maternal mortalities and is responsible for about 30 per cent of hospitalizations of children under 5 years of age (Ojekunle, 2020). Malaria prevalence in Katsina State is high with 55.4 per cent of children testing positive for malaria using the rapid diagnostic test; this is higher than the regional average of 49.5 per cent (NPC and ICF, 2019). The use of insecticide-treated nets protects children from malaria, and in Katsina State, 91.7 per cent of the population has access to insecticide-treated nets (NPC and ICF, 2019). Intermittent preventive treatment of malaria in pregnancy is a full therapeutic course of antimalarial medicine given to pregnant women during routine antenatal care visits to prevent malaria. However, Katsina State does not perform as well as the North West region in rolling out this treatment to pregnant women. The number of women who received sulphadoxine and pyrimethamine (Fansidar) as a preventative gradually decreased as the doses increased (NPC and ICF, 2019). This is a worrying trend as the prevention of malaria during pregnancy is important for the health and survival of the unborn child.

Poor access to improved water and sanitation in Nigeria remains a major contributing factor to high under-five morbidity and mortality rates. In Katsina State, 60.8 per cent of the residents have access to an improved source of water. This is commendable and markedly higher than the North West average of 58.6 per cent, but is still below the national average of 64.1 per cent (NBS and UNICEF, 2018).

Katsina State has done a lot to eradicate open defecation as a vital step in preventing some waterborne and airborne diseases. The percentage of residents engaging in open defecation is just 8 per cent, the lowest in the country. The North West and national averages are higher at 9 per cent and 23 per cent, respectively (Federal Ministry of Water Resources, NBS and UNICEF, 2020).

Maternal health

Only 53.1 per cent of pregnant women received antenatal care from a skilled birth attendant, whereas 78.6 per cent and 96.0 per cent of pregnant women received such care in Jigawa and Osun states, respectively (NPC and ICF, 2019).

On average, 35.6 per cent of pregnant mothers aged 15–49 in Katsina received injections against neonatal tetanus. This average is lower than the North West (42.2

per cent) and national (55.3 per cent) averages (NBS and UNICEF, 2018). Again, the

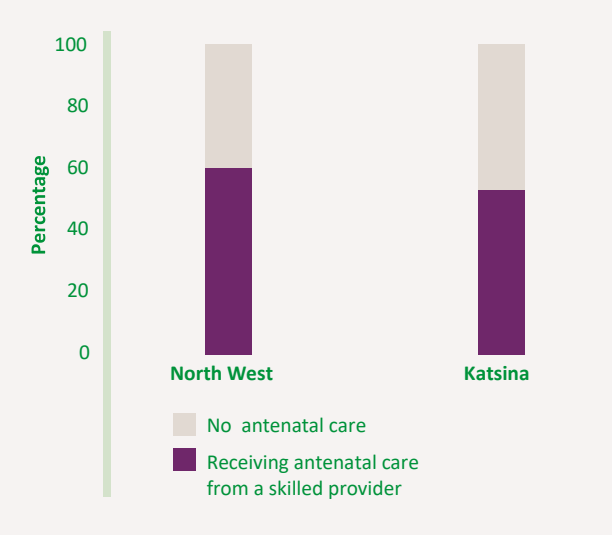


Figure 4: Comparison of access to antenatal care in Katsina and the North West Source: NPC and ICF, 2019

percentage of women in Katsina whose most recent live birth was protected against neonatal tetanus (42.5 per cent) was lower than the North West average (45.7 per cent) and far below the national average (54.9 per cent).

As previously indicated, delivery services are low in Katsina State with 18.5 per cent assisted by a skilled provider, and lag behind the national average (28.4 per cent). Most babies are still delivered at home (83.5 per cent) rather than at a health facility (16.5 per cent). This poses a great risk for the mother and baby should complications and emergencies arise during delivery. The child might also not be exposed to potentially life-saving practices and medications.

Postnatal care helps prevent complications after childbirth. Only 16.5 per cent of new mothers in Katsina State had a postnatal check two days after delivery, compared with 21.0 per cent in the North West region and 39.35 per cent nationally. Furthermore, 82.7 per cent had no postnatal check-up at all, compared with 76.8 per cent in the North West (NPC and ICF, 2019). This indicates that much more effort is required to ensure that mothers have access to health services in Katsina State.

Fertility in Katsina State

The number of children that a woman bears depends on many factors, including the age she begins childbearing, how long she waits between births and her fecundity. Postponing first births and extending the interval between births have played a role in reducing fertility rates in many countries; these factors also have positive health consequences. The fertility rate in Katsina is 7.3 children, higher than the regional average of 6.6 children and the national average of 5.3 children. The fertility rate of women aged 40–49 is 9.2, which is higher than the zonal average of 8.3 children but indicates that fertility rates are decreasing (NPC and ICF, 2019). Nevertheless, the implication of these fertility rates is that childbirth tends to be uncontrolled, and the resultant population boom will put additional strain on already scarce resources.

The unmet need for contraception of women aged 15–49 years currently married or in union in Katsina State is 15.7 per cent (NPC and ICF, 2019). This means that for several reasons, women of reproductive age who would like to plan childbirth are being denied the opportunity. Unwanted or unplanned pregnancies and, by extension, babies, puts child survival in serious jeopardy.

3.1.2 Nutrition

Childhood malnutrition

The reference population used in this report is based on the World Health Organization's (WHO's) 2006 growth standards. Each of the three nutritional status indicators – height for age, weight for height and weight for age – can be expressed in standard deviation units (z-scores) from the median of the reference population.

Stunting, or short height for age, is a sign of chronic undernutrition that reflects failure to receive adequate nutrition over a long period of time. The most direct causes of stunting are inadequate nutrition (not eating enough or eating foods that lack growth-promoting nutrients) and recurrent infections or chronic diseases that cause poor nutrient intake and absorption.

Wasting, or low weight for height, is a measure of acute undernutrition and represents the failure to receive adequate nutrition in the period immediately before the survey. Wasting may result from inadequate food intake or from a recent episode of illness or infection causing weight loss.

Overweight, or high weight for height, is a measure of overnutrition and results from an imbalance between energy consumed (too much) and energy expended (too little).

Underweight, or low weight for age, is a composite index of weight for height and height for

Table 3: Nutritional status of children: Underweight (low weight for age)

Region/state	Percentage of children		Number of under-five children surveyed
	Moderately underweight (2 SD below average)	Severely underweight (3 SD below average)	
North West	34.7	13.8	3,630
Katsina	39.3	16.7	772

Source: NPC and ICF, 2019

Table 4: Nutritional status of children: Stunted (short height for age)

Region/state	Percentag e of children		Number of under-five children surveyed
	Moderately stunted (2 SD below average)	Severely stunted (3 SD below average)	
North West	56.8	30.7	3,570
Katsina	60.5	35.9	748

Source: NPC and ICF, 2019

Table 5: Nutritional status of children: Wasted (low weight for height) or overweight (high weight for height)

Region/state	Percentage of children			Number of under-five children surveyed
	Moderately wasted (2 SD below average)	Severely wasted (3 SD below average)	Overweight (2 SD above average)	
North West	9.0	2.4	0.3	3,608
Katsina	10.5	1.7	0.4	770

Source: NPC and ICF, 2019

age and reflects both acute (wasting) and chronic (stunting) undernutrition.

As presented in Table 3, the prevalence of underweight children in Katsina State is 39.3 per cent; this is higher than the regional average of 34.7 per cent. The proportion of stunted children in Katsina is 60.5 per cent, which is higher than the regional average of 56.8 per cent (Table 4). The proportion of children wasted in Katsina State is 10.5 per cent, which is higher than the regional average of 9.0 per cent (Table 5). The proportion of overweight children in Katsina is low (0.4 per cent), but slightly higher than the regional average.

The prevalence of anaemia in children in Katsina State is 64.8 per cent, which is lower than the regional (69.9 per cent) and the national (68.0 per cent) averages.

Breastfeeding and infant and young-child feeding

Breastfeeding for the first few years of life is an ideal, safe and economical source of nutrients and protects children from infection. WHO and UNICEF recommend initiating breastfeeding for newborns within one hour of birth; exclusive breastfeeding for 6 months; continued breastfeeding for 2 years or more; introduction of safe and age-appropriate complementary foods at 6 months; and introducing semi-solid, soft and solid foods from 6 to 23 months.

Among children born in the two years preceding the SitAn, 97.6 per cent of children born in Katsina State were breastfed. This is consistent with the proportion of children breastfed in the North West region. Within the North West, the average duration of breastfeeding was observed to be 21 months (NPC and ICF, 2019). Among breastfed children aged 6–23 months, about 85 per cent were not fed a minimum acceptable diet (complementary food) every 24 hours (NPC and ICF, 2019). This age is a critical time at which inadequate complementary feeding will lead to nutrient deficiencies, including micronutrient deficiencies which compromise the immune system and lead to the onset of diverse childhood illnesses, resulting in increased child mortality. The spectrum of breastfeeding from early initiation, exclusive

breastfeeding and continued breastfeeding with adequate complementary foods is key to child survival.

3.2 Causes, including determinant analysis

Maternal and child survival is dependent on a mix of interrelated socioeconomic factors. Figure 5 attempts to show the relationship between these factors.

Factors critical to child survival include breastfeeding (early initiation, exclusive breastfeeding and continued breastfeeding with adequate complementary foods until 24 months and beyond); prevention and management of diarrhoea; high immunization rates; households with children aged 0–23 months use insecticide-treated bednets; households with children aged 0–23 months use a flush toilet, a pit latrine or a ventilated improved pit latrine; households use safe drinking water (mother boils, filters or chlorinates their drinking water); household members use appropriate hygiene practices; mother's attendance of antenatal care during pregnancy; and baby delivered by a skilled birth attendant.

3.2.1 Immediate and underlying causes of child mortality

More than half of under-five deaths occur during the first year of life and more than half of infant deaths occur in the first 28 days of life. The top four causes of neonatal death in Nigeria are preterm birth; intrapartum factors; congenital defects; and sepsis and hyperthermia. In the post-neonatal period, pneumonia and diarrhoea are also major contributors to infant deaths. Undernutrition has been recognized as a major underlying cause and cofactor of both maternal and child morbidity and mortality. Immediate causes of poor nutrition are inadequate nutrient intake, inadequate care, illness and disease. These causes are mutually reinforcing.

The causal factors for maternal, neonatal and child morbidity and mortality include insufficient coverage of high-quality, high-impact health and nutrition interventions due to inadequate financial and (trained) human resources; limited supply of essential commodities; low service uptake; and knowledge gaps around appropriate health-seeking behaviours and care practices. Poor implementation of health, nutrition and water, sanitation and hygiene (WASH)

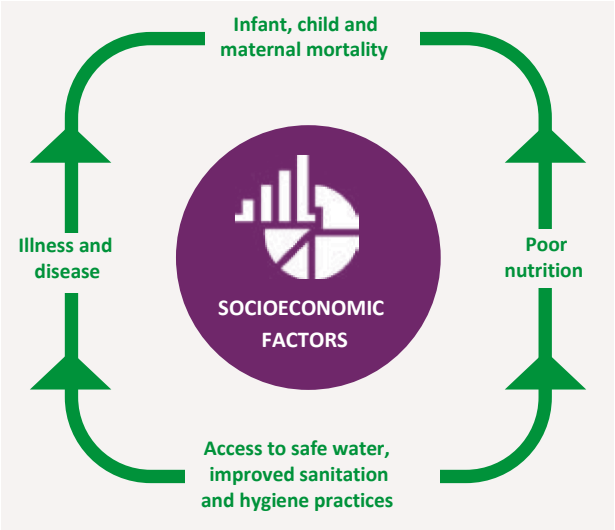


Figure 5: Interrelated socioeconomic factors determining infant, child and maternal mortality

policies and guidelines also contribute to the challenge. In the case of WASH, infrastructural challenges and decay in previously provided infrastructure are contributing factors.

3.2.2 Determinant analysis of the causes of child mortality in Katsina State

The above-mentioned immediate and underlying causes of child morbidity and mortality have various underlying factors and linkages as listed below and illustrated in Figure 6:

- Food is unavailable due to insecurity, religious or ethnic clashes, bad governance, etc.
- Food is expensive where it is available due to market monopolies, low income, high rate of inflation, etc.
- Food production is reduced due to poor access to farmlands, clashes between farmers and/or herders, and insecurity.
- Displacement and insecurity cause poor livelihoods for mothers, poor access to arable land, unemployment and poor engagement in income-generating activities for women, gender bias, etc.
- Nutrition knowledge among mothers is poor due to poor nutrition knowledge among health workers and inadequate nutrition awareness.
- Poor infant and young child feeding practices caused by inadequate campaigning for exclusive breastfeeding, poor recognition of traditional birth

attendants as agents of change in hardto-reach communities, poor campaigning on adequate complementary feeding practices, inadequate demonstration of the uses of locally available food materials and poor maternal health.

- Nutrition education is not included in the school curriculum, and there is inadequate involvement of educational authorities and platforms for nutrition intervention programmes.
- Adolescent nutrition education is poor due to inadequate inclusion of adolescents in nutrition intervention programmes, low linkage of adolescent nutrition to maternal and child mortality, and the near absence of adolescent nutrition strategies.
- Management of childhood diseases is inadequate due to poor knowledge of mothers on first aid in handling childhood diseases, including diarrhoea and fever; poor delivery of health-care services; poor access to adequate health-care services; and high cost of available health-care services.
- Poor accountability in the health sector has led to inadequate implementation of health policies addressing child survival in Nigeria.
- Disease outbreaks are caused by poor sanitation facilities, poor access to clean drinking water, poor distribution of clean water sources, inadequate disposal of faeces creating an unhygienic environment, poor hygiene practices (handwashing), inadequate immunization services, inadequate medicines, etc.
- Low budget allocations to nutrition intervention projects, which are a result of poor advocacy by the relevant authorities.
- There is a low rate of deliveries in health facilities; there is poor access to health facilities and many are dilapidated; health workers generally have a poor attitude and there is a lack of inclusion and training of traditional birth attendants.
- Mother-to-child transmission of HIV occurs due to a lack of knowledge in ways to prevent infection and on prevention of transmission to children as a result of poor access to counselling; many women do not know their HIV status.

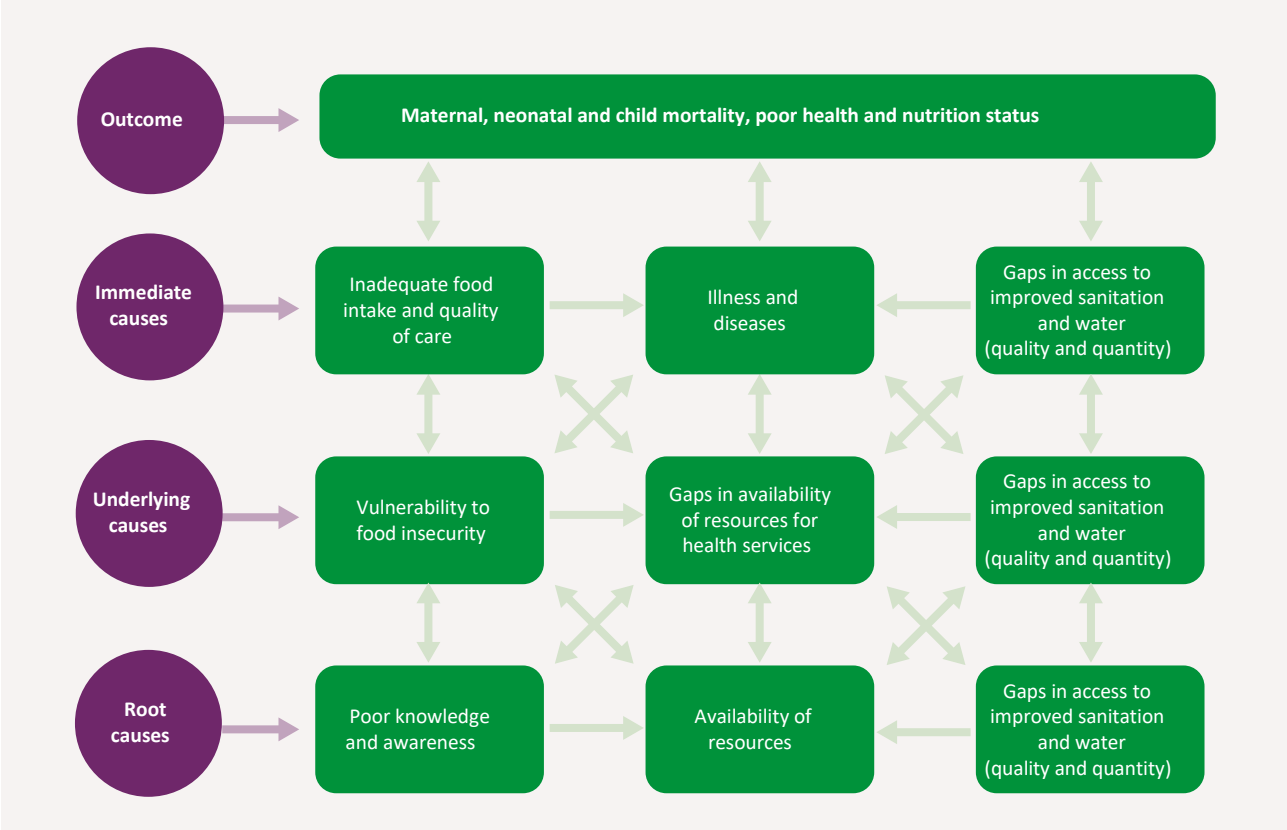


Figure 6: Conceptual framework of the immediate and underlying risk factors of maternal and child survival

- Other factors include harmful traditional beliefs, lack of awareness and inadequate inclusion of community gatekeepers in project design.

3.3 Roles and capacity gap analysis

The child is the primary rights holder and beneficiary of all gains achieved in the provision of all necessary conditions needed for the child to survive and develop – health, nutrition, education, water, sanitation and hygiene, as dictated by the Convention on the Rights of the Child and national and state legislation that affect children. The duty of the child therefore is to position himself/herself such that he/she can demand that these rights be enforced.

The state is responsible for the necessary provisions by funding and delivering social services and amenities. The first sign of commitment by the Katsina State Government to the survival and development of children is the implementation of its Child Rights Law. Based on the domestication, the state government must strategically plan for the development of children and provide sufficient allocation from the budget to implement the plan. It should also provide nutritious food for children; construct adequate hospitals; supply necessary furnishings and equipment; employ adequate doctors, nurses and other staff; and make sufficient provision for drugs and other medical supplies.

The family has the responsibility of ensuring that their children can access the provisions necessary for survival. The community can aid the development process by providing enough support to complement the efforts of the state government, e.g., through the provision of communal land for the construction of primary health-care centres.

3.3.1 Resources

There is a monumental funding challenge to be overcome in the delivery of services and amenities that can contribute to and greatly improve the ability of the child to survive and develop. Even though funding to child-relevant social sectors has increased since 2017, peaking at ₦32 billion (about 6.3 per cent of the annual budget) in 2020, more needs to be done to meet the international standard of at least 15 per cent of annual budget (BudgIT, 2020). The impact of poor funding of the health sector is that up to 70 per cent of medical spending in Nigeria is out of pocket, forcing many with unexpected health problems into debt or poverty and denying poor people access to health care, especially in the rural areas and communities. Strategic investments in the provision and staffing of functional and equipped primary health-care centres are necessary.

> Besides funding, the human resources capital required to deliver essential and life-sustaining services is weak in Katsina State. The doctor-to-patient ratio in Katsina State is 1:67,415, a far cry from the World Bank's recommended ratio of 1:1,000.

Besides funding, the human resources capital required to deliver essential and life-sustaining services is weak in Katsina State. The doctor-topatient ratio in Katsina State is 1:67,415 (Abdurrahman, 2018), a far cry from the World Bank's recommended ratio of 1:1,000. Ensuring availability and retention of competent human resources to provide health care in vulnerable regions is a major challenge and constraint. The health system suffers from limited available skilled personnel, and large numbers of skilled personnel (doctors, nurses, nutritionists and other qualified health professionals) are required in Katsina State, especially in the rural areas. The situation is compounded by a high population growth

> "Investing in access to clean drinking water and sanitation will also have a big impact on nutritional outcomes, as would increasing access to primary health care with special attention to the nutritional status of children,

teenage girls and women of reproductive age.

rate, a high rate of exit of skilled workers from health services and a limited employed workforce due to poor remuneration and service conditions, minimal opportunities for staff development and a general lack of basic amenities such as electricity, water, housing, roads, schools and security.

3.3.2 Policy and legislation

There are relevant and updated policies and plans in the sector for child survival, such as the recently launched Second National Strategic Health Development Plan, 2018–2022 (Federal Republic of Nigeria, 2019), the National Policy on Food and Nutrition in Nigeria (FMBNP, 2016) and the National Water Resources Policy (Federal Ministry of Water Resources, 2016). There are also a number of executive declarations, such as the Emergency Declaration on the Elimination of Open Defecation, the Emergency Declaration for Routine Immunization for reducing Preventable Maternal, Newborn and Child Deaths, etc. However, low coverage of intervention activities, inadequate funding of the sectors and poor policy implementation has generally been responsible for the poor performance of the sector.

The breastfeeding policy and infant and youngchild feeding strategies and policy provide the right place to start. Policies and legislation to strengthen agriculture and smallholder farming need to be integrated with action to diminish food waste and loss, ensure the safety of the system and provide information to consumers. Policymakers could promote and support an increase in the consumption of fruits and vegetables, and a decrease in the consumption of overly processed foods that are often poor in nutrition and high in energy, being high in fats, sugars and salt.

Improving the disposable income of consumers has a positive effect on the consumption of adequate diets. Policy interventions to diminish poverty, enhance employment and strengthen social protection may therefore be effective. Investing in access to clean drinking water and sanitation will also have a big impact on nutritional outcomes, as would increasing access to primary health care with special attention to the nutritional status of children, teenage girls and women of reproductive age. Focus on the first 1,000 days of life is crucial to a child's cognitive and physical development, hence the need to prioritize investments in key social sectors. Strengthening access to nutritious food for pregnant and breastfeeding women; promoting, protecting and supporting exclusive breastfeeding during the first six months; and introduction of adequate, ageappropriate complementary feeding along with continued breastfeeding of infants and children after the first six months are also critical measures to improve nutritional outcomes.

There are several policies and strategic plans of action that affect maternal and child survival in Nigeria. Whereas some have been adopted and are being implemented, others are drafts or under review. Such documents include the National Policy on Food and Nutrition (FMBNP, 2016) which reflects emerging issues, such as the importance of the first 1,000 days, the upsurge in the prevalence of diet-related non-communicable diseases and micronutrient deficiencies. The overall goal of the National Policy on Infant and Young Child Feeding in Nigeria (Federal Ministry of Health, 2010) is to ensure the optimal growth, protection and development of the Nigerian child from birth for the first five years of life. Other important policies pertinent to child survival and development are listed in section 2.3.2 (page 31).

3.4 Proposed response and potential roles of the private and business sectors

3.4.1 Role of government

The government is the primary duty-bearer in ensuring a high rate of child survival. There is a need to align planning and implementation of child-related programmes with international best practices. One way to do this is by ensuring prompt and effective implementation of the domesticated Child Rights Act (the Child Rights Law) in Katina State. This will ensure uniformity and guarantee the inclusion of children in the governance process. It is also important that existing policies relating to child survival be effectively implemented.

Focused and specific attention must be directed towards resolving socioeconomic factors that threaten the survival of children through targeted investments in nutrition programmes; the provision of potable water, hygiene and sanitation; and through orientation

programmes and public enlightenment campaigns to sensitize and mobilize the public against factors that increase the risk of infant, neonatal, child and maternal mortality.

It is also very important for the government to allocate more resources to the health sector, at least, to meet up with the international standard recommended by WHO. This will help solve problems such as inadequate personnel and health infrastructure.

3.4.2 Role of private sector

In Katsina State, the private sector can provide a mix of goods and services that will contribute towards improving child survival. These include:

- direct provision of health services, medicines and medical and financial products;
- training for the health sector's workforce;
- institutionalization of a community-based health-management information system; and
- provision of information technology, infrastructure and support services to, e.g., manage health facilities.

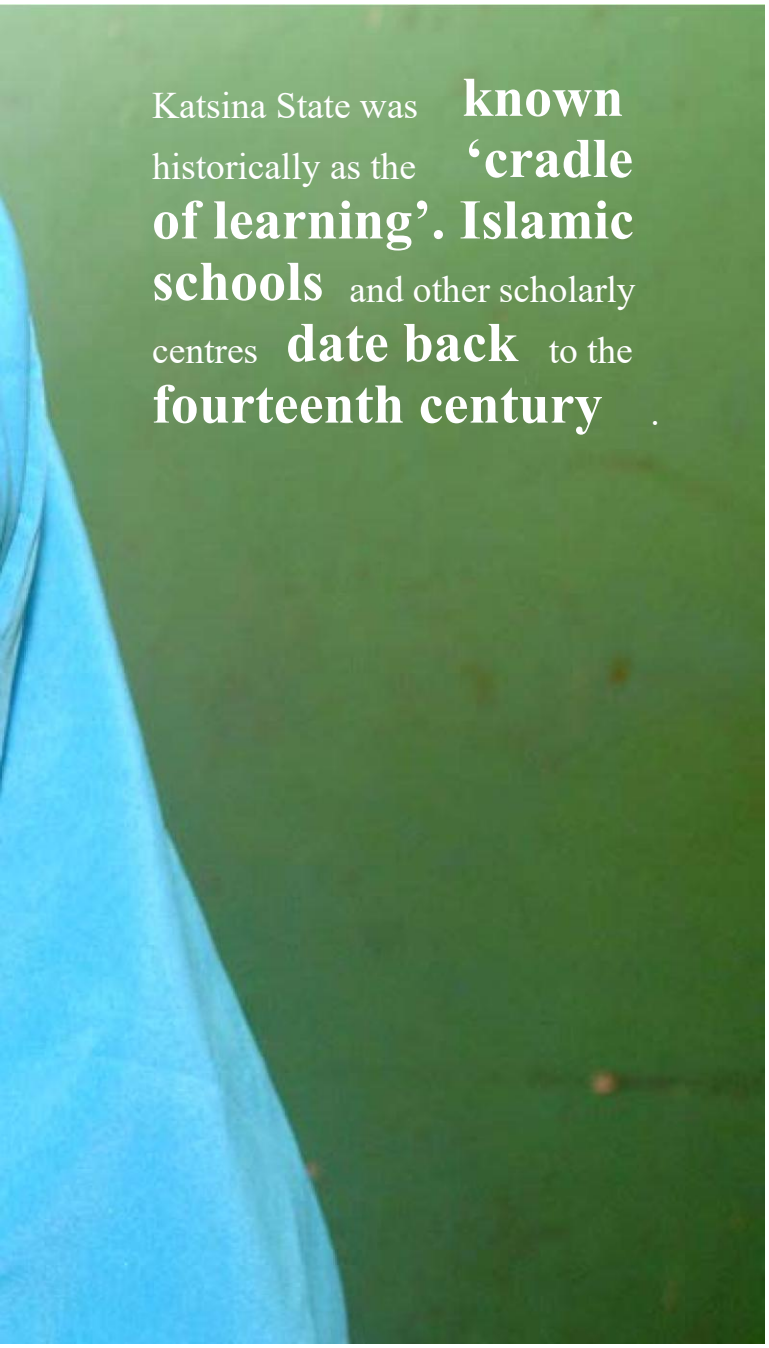


CHAPTER FOUR: EDUCATION

4.1 Situation and trends

The United Nations, Educational, Scientific and Cultural Organization (UNESCO) defines inclusive education as a process of addressing and responding to the diverse needs of all learners by increasing participation in learning and reducing exclusion within and from the education system. The objective of inclusive education is to support education for all, with special emphasis on tackling obstacles that could hinder participation and learning for girls and women, children with disabilities, other disadvantaged groups and out-of-school children. The overall goal is





to ensure equal treatment and active participation of all children. Education is a human right for all throughout life, and that access to education must be matched by quality.

Katsina State was known historically as the 'cradle of learning' (Katsina State Ministry of Education, n.d.). Islamic schools and other scholarly centres date back to the fourteenth century. The famous Gobarau Islamic Learning Centre and Mosque (Gobarau Minaret) was constructed during the reign of Sarkin Katsina Muhammadu Korau (1348–1398). It was the centre of learning for the whole of the old historic Western Sudan region. In modern times, successive Katsina State governments have developed different policies and plans which have impacted the educational development of children in the state. The priorities and objectives of the government for educational development in Katsina State were revealed through a review of several documents: the Katsina State Restoration Development Plan, 2018–2020 (KSG, 2017a); the State Education Sector Strategic Plan, 2011–2020 (KSG, 2010); the National Medium-Term Basic Education Strategic Plan, 2017–2019 (Federal Ministry of Education, 2019); the State Education Sector Operation Plan, 2018–2020 (KSG, 2017b); and the Education Sector Analysis, 2021 (Federal Republic of Nigeria, World Bank and UNESCO, 2021). The priorities and objectives are summarized in Table 6.

Table 6: Katsina State education policies, plans and priorities, 2011–2022

Policy	Priorities and objectives
Katsina State Restoration Development Plan, 2018–2020	• Improve adequate coverage and equitable access in the education sector • Improve teacher availability and quality at all levels • Ensure continued maintenance of schools and facilities
State Education Sector Strategic Plan, 2011–2020	• Access and equity (providing access to education to all school-age children in the state, including those physically challenged) • Quality and relevance • School infrastructure • Management and systems efficiency • Funding and resourcing
National Medium-Term Basic Education Strategic Plan, 2017–2019	• Provide equitable access to basic education • Assure quality and relevance in education • Improve school infrastructure • Enhance planning and efficiency of management system • Resource mobilization and sustainable funding for basic education
State Education Sector Operation Plan, 2018–2020	• Increase levels of access, coverage and inclusiveness • Improve quality and relevance • Improve level of infrastructure • Improve system efficiency • Improve sustainable funding and adequate resourcing
Education Sector Analysis, 2021	• Increase access and opportunities • Improve quality and relevance • System strengthening

Table 7: Enrolment in public pre-primary education (ECD centres) by level and gender, 2013/14–2019/20

Academic year	Number of ECD centres	Kindergarten (KG1 and KG2)			Nursery (Nur1, Nur2 and pre-primary)			Total		
		Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2013/14	344	1,224	1,224	2,448	24,665	21,626	46,291	25,889	22,850	48,739
2014/15	426	1,356	1,192	2,548	42,460	38,827	81,287	43,816	40,019	83,835
2015/16	542	2,371	2,202	4,573	35,111	32,218	67,329	37,482	34,420	71,902
2016/17	972	2,051	2,263	4,314	55,319	53,916	109,235	57,370	56,179	113,549
2017/18	1,534	2,868	3,147	6,015	81,576	82,456	164,032	84,444	85,603	170,047
2018/19	1,716	2,754	2,799	5,553	100,421	103,648	204,069	103,175	106,447	209,622
2019/20	2,007	896	1,071	1,967	116,159	119,132	235,291	117,055	120,203	237,258

Source: KSG 2010, 2017a and 2017b; Federal Ministry of Education 2019; Federal Republic of Nigeria, World Bank and UNESCO 2021.
Source: Katsina State Ministry of Education, 2020a

The Office of the Secretary to the Katsina State Government revealed that Katsina is among the first states in Nigeria to launch the S-POWER scheme, a programme designed to recruit holders of a bachelor's degree, a Nigeria Certificate in Education (NCE) or a Diploma in Education to teach in public primary and secondary schools for a period of two years; much success has already been recorded. The programme's objectives are three-fold, to:

1. Fill in the gap of teachers in public primary and secondary schools.
2. Provide employment opportunities for the youth.
3. Decongest public primary schools.

In May 2018, 5,000 holders of an NCE or Diploma in Education and 2,000 graduates were recruited into the programme. In 2019, 867 primary and 100 secondary S-POWER teachers secured permanent and pensionable appointments in public primary and secondary schools, respectively, and the same number of new recruits were brought into the programme.

4.1.1 Early Childhood Development Index

The Multiple Indicator Cluster Survey (MICS) for 2011/12 (NBS and UNICEF, 2013) and 2016/17 (NBS and UNICEF, 2018) examined the development of children aged 36–59 months in Katsina State using four indicators of skills: literacy and numeracy, physical, social-emotional and learning. In 2011, 6.9 per cent were developmentally on track in literacy and numeracy, 89.2 per cent in physical development, 51 per cent in social-emotional development and 60.7 per cent in learning. The Early Childhood Development Index (ECDI) score was 33.4 per cent. By 2016, 10.5 per cent were developmentally on track in literacy and numeracy, 93.4 per cent in physical development, 67.5 per cent in social-emotional development and 82.5 per cent in learning, and the ECDI score was 55.7 per cent.

4.1.2 Pre-primary education

Early childhood care, development and education (ECCDE) was introduced in 1999 to increase the access of children to basic education and improve the state of education in the country. ECCDE is more than preparation for primary school – it aims at the holistic fulfilment of a child's social, emotional, cognitive and physical needs to build a solid and broad foundation for lifelong learning and well-being. Katsina State has seen significant improvement in terms of the numbers of ECD centres and enrolment, including greater participation of girls. In 2013/14, there were 344 public ECD centres in Katsina State; by 2019/20 this number increased to 2,007 ECD centres within primary schools (Table 7). Since 2017/18, there have been a greater number of girls enrolled in ECD centres than boys, and almost 100 per cent of the children that attended ECD proceed to primary school. However, despite these gains, the numbers of children enrolled in ECD centres amount to less than half of the children aged 36–59 months in the state.

4.1.3 Primary education

Table 8: Primary school enrolment, 2017/18–2019/20

Academic year	Number of schools	Primary 1		Primary 2		Primary 3		Primary 4		Primary 5		Primary 6	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
2017/18	2,685	196,926	190,628	173,318	156,710	161,608	139,814	143,064	121,678	134,916	116,631	125,457	102,399
2018/19	2,771	206,251	233,839	188,961	186,943	174,782	159,191	156,233	138,672	143,772	123,152	134,699	116,973
2019/20	2,812	208,664	219,716	194,474	214,516	179,112	178,183	164,623	150,890	148,214	131,629	138,144	119,190

Source: Katsina State Ministry of Education, 2020a

In 2011/12, only 29.8 per cent of children of primary school age in Katsina State were enrolled into Grade 1 at age 6 (NBS and UNICEF, 2013). This implies that about 70 per cent of children that were supposed to be in school had their development hindered by the inability or unwillingness of their parents or guardians to enrol them in school. In that same year, the record for net enrolment into primary school was 16.5 per cent. This very low primary school net enrolment rate is an indication of the high rate of educational deprivation of children in Katsina State. About 99.7 per cent of children enrolled in primary school in Katsina State reach Grade 6. The primary completion rate for 2011/12 was 58 per cent. The transition rate to secondary school was 47.8 per cent (NBS and UNICEF, 2013). By 2016/17, the net enrolment in primary school increased to 42.6 per cent; however, more than half of school-age children still had no access to primary school education. Of those enrolled in primary school, 84.3 per cent reached Grade 6. The primary completion rate for 2016/17 was 65.5 per cent. The transition rate to secondary school was 33.9 per cent.

In summary, a comparison of MICS data for 2011/12 and 2016/17 shows that there was an improvement in net enrolment from 16.5 per cent in 2011/12 to 42.6 per cent in 2016/17. There was also an improvement in the completion rate from 58 per cent in 2011/12 to 65.5 per cent in 2016/17. However, the proportion of schoolchildren reaching Grade 6 fell from 99.7 per cent in 2011/12 to 84.3 per cent in 2016/17. Similarly, the transition rate fell from 47.8 per cent to 33.9 per cent over the same period.

Access

Access to primary school education is improving, as evidenced by the increase in the numbers of primary schools in Katsina State. In 2017/18, there were 2,685 primary schools in Katsina State, but by 2019/20 there were 2,771 schools. As a result, primary school enrolment is improving too (see Table 8).



Figure 7: Trend of public pre-primary and primary pupil-to-teacher ratios, 2015/16–2019/20
Source: Katsina State Ministry of Education, 2020a

Quality of pre-primary and primary education

In 2018/19, Katsina State had 28,301 teachers in public pre-primary and primary schools across its 34 LGAs. This number indicates an increase of 8 per cent from the previous year (2017/18) and an increase of 42 per cent since 2014/15. As reflected by the pupil-toteacher ratios in Figure 7, the increase in the pupils' enrolments was tackled by the state government by increasing the number of teachers employed.

Within the five-year period 2015/16–2019/20, the pupil-to-teacher ratio for pre-primary and primary education did not change significantly. On average, the ratio is 81 pupils per teacher, which is twice the national average of 40 pupils per teacher. The state government

Table 9: Junior secondary school (JSS) enrolment, 2017/18–2019/20

School year	Number of schools	JSS 1		JSS 2		JSS 3		Total		
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
2017/18	253	56,877	45,492	52,175	41,945	45,991	36,639	155,043	124,076	279,119
2018/19	258	63,388	51,280	53,737	43,158	51,862	39,842	168,987	134,280	303,267
2019/20	328	72,511	56,810	57,488	44,472	50,751	39,212	180,750	140,494	321,244

Source: Katsina State Ministry of Education, 2020a

Table 10: Secondary school (SS) enrolment, 2017/18–2019/20

School year	Number of schools	SS 1		SS 2		SS 3		Total		
		Males	Females	Males	Females	Males	Females	Males	Females	Total
2017/18	249	43,640	29,141	37,959	24,885	34,078	20,084	115,677	74,110	189,787
2018/19	251	44,891	30,419	40,884	26,805	36,243	23,074	122,018	80,298	202,316
2019/20	251	48,151	33,151	42,111	28,927	39,329	25,334	129,591	87,412	217,003

clearly needs to recruit more teachers to improve the quality of education. The number of qualified primary teachers was 21,733 in 2018/19;

Source: Katsina State Ministry of Education, 2020a

this accounted for 77 per cent of the pre-primary and primary teachers that year. There were 6,825 female teachers (27 per cent) (Katsina State Ministry of Education, 2020b).

4.1.4 Junior secondary education

Access

In the 2017/18 school year, there were 279,119 children in junior secondary school, of which 155,043 were boys and 124,076 girls. Student enrolment has consistently been on the rise over the years and peaked at 321,244 in the 2019/20 school year (see Table 9).

In 2019, 7,000 male pupils dropped out of junior secondary school before completing it and 6,000 female pupils dropped out before they reached Class JSS 3 (Katsina State Ministry of Education, 2020b). These numbers are particularly significant in light of the fact that the number of children, especially girls, enrolled for junior secondary education in Katsina State is low.

4.1.5 Senior secondary school

In Katsina State, enrolment in senior secondary schools has been on the increase and is expected to continue. In the 2017/18 school year, total enrolment in senior secondary schools was 189,787, with 115,677 male pupils and 74,110 female pupils. These numbers have increased rapidly to 217,003 enrolments in the 2019/20 school year. Wide differentials exist between male and female enrolments (See Table 10).

Quality of secondary school education

There were 4,943 teachers (989 female and 3,954 male teachers) in junior secondary education in 2019/20, of which 3,307 (82 per cent) had a teaching qualification (Katsina State Ministry of Education, 2021). Considering gender, 758 (19 per cent) of the qualified teachers were female.

In senior secondary education there were 4,872 qualified teachers of which 841 (17 per cent) were female. The pupil-to-qualified-teacher ratio was 64:1 in junior and 44:1 in senior secondary education. All in all, the Gender Parity Index with reference to teachers in junior secondary education was 0.78 and 0.67 per cent in senior secondary education.

In junior secondary classrooms, 27 per cent were without a good blackboard and 32 per cent of senior secondary classrooms were without a good blackboard. Classrooms also had insufficient seating: 59 per cent for both junior and senior secondary education (Katsina State Ministry of Education, 2021).

The rate for junior and senior secondary schools without a health facility was 4 per cent and 2 per cent,

respectively. Many schools are also deprived of WASH facilities. For example, 17 per cent of junior secondary and 9 per cent of senior secondary schools were without water facilities, and the pupilto-toilet ratio is 95:1 for junior secondary and 82:1 for senior secondary schools (Katsina State Ministry of Education, 2021).

4.2 Causes, including determinant analysis

~~This section identifies the immediate, underlying and~~ structural causes of education issues in Katsina State and their negative outcomes for children. This is critical in prioritizing education interventions and to facilitate partnering with other agencies for technical or donor support to tackle the multiple causes of children's rights violations, deprivations and poverty so that sustainable impacts and child welfare may be enhanced. The analysis examined the immediate, underlying and structural causes of shortfalls and inequities and non-realization of children's rights in education. The overall goal is to ensure equal treatment and active participation of all children. Inclusive education can ensure the protection and promotion of children's rights and their participation in national development.

4.2.1 Immediate causes

The immediate causes of challenges to educational development of children in Katsina State include inadequate and lack of up-to-date data for planning; ineffective synergies between state and national agencies and development partners which are manifested in inadequate staffing of programmes assisted by development partners at the MDA level; poor budget funding of the education sector; weak monitoring and evaluation systems of performance for informed decision- and policy-making; and negative cultural and religious beliefs about formal education.

4.2.2 Underlying causes

Some underlying causes of the situation in education in the state can be linked to the employment of under- and unqualified teachers resulting from numerous factors, including the politicizing of the teacher recruitment process and the poor standard of training at teacher training institutions. The recent banditry and kidnapping of boarding students has also contributed serious challenges to the educational development of children in Katsina State. Another factor is the impact of the COVID-19 pandemic.

“The improvement of teacher training institutions, such as Katsina Teacher's College and Isa Kaita College of Education, and the in-service training of school principals and qualified and unqualified teachers should be a priority.”

4.3 Roles and capacity gap analysis

The starting point for effective educational development is the formulation of an appropriate policy framework by government, backed by legal provision. The government has a responsibility to provide the necessary resources for schooling, such as books, classrooms, uniforms, etc. The government should also ensure regular salary payments for teachers and school officers. Pupils must encourage government by studying and ensuring regular attendance and completion of the school calendar. It is the responsibility of teachers to impart the best knowledge to pupils in the most accessible way to maximize learning outcomes, particularly at terminal examinations. The improvement of teacher training institutions, such as Katsina Teacher's College and Isa Kaita College of Education, and the in-service training of school principals and qualified and unqualified teachers should be a priority to improve school management and school autonomy. With such incentives, school management is obligated to extend partnerships with the communities they serve to increase community participation. As school management opens to the community, it behoves the community to respond to government and school gestures by sending their children to school. The government could go a step further by providing school meals as an incentive for school attendance. Intersectoral action places a great responsibility on the government in ensuring water supply, good sanitation and security of

Table 11: Budget and public expenditure on education (₦) , 2016–2019

Fiscal year		2016	2017	2018	2019
State budget		114,034,251,670.00	140,162,092,690.00	213,636,773,378.00	202,400,000,000.00
Approved education budget	Capital expenditure	18,608,556,125.00	12,448,129,000.00	24,262,251,625.00	17,284,767,460.00
	Personnel cost	10,515,654,590.00	10,942,559,495.72	11,880,782,690.00	16,614,718,575.00
	Overheads	1,752,027,440.00	2,188,235,630.00	2,365,994,085.00	2,455,162,200.00
	Total	30,876,238,155.00	25,578,924,125.72	38,509,028,400.00	36,354,648,235.00
Part of state budget for education (%)		27.1	18.2	18.0	18.0
Actual education budget releases	Capital expenditure	1,023,470,586.88	4,842,322,181.00	3,348,190,724.25	2,696,423,723.76
	Recurrent	11,629,762,564.44	12,539,909,345.06	13,591,425,043.35	18,307,085,544.00
	Total	12,653,233,151.32	17,382,231,526.06	16,939,615,767.60	21,003,509,267.76
Execution rate (%)		41.0	68.0	44.0	57.8

children while in school, for example. The government, in turn,

Source: Katsina State Government, n.d.

expects children to be law-abiding and punctual in attending school.

The education sector requires quality teaching and good governance. High-quality teaching enables educational development. As the government provides training for teachers, the teachers in turn have a duty to impart a good attitude and useful knowledge to the children. It is in this regard that good guidance and counselling is required to enable adolescents and young children to identify, early in life, their strengths, talents and vocation. To encourage selfdiscovery and actualization of dreams, it is imperative for government to provide a conducive learning and teaching environment. Good governance presupposes that public resources must be optimally deployed to encourage enrolment. Children as rights holders should behave responsibly while in school and eschew all forms of violence to justify the use of national resources to give them a bright future.

4.3.1 Resources

Between 2016 and 2019, the Katsina State Government spent between 18.0 per cent and 27.1 per cent of its annual budget on education. In 2016, 27.1 per cent of the budget of ₦114,034,251,670 was spent on education. However, the proportion of the budget for education decreased to 18.2 per cent in 2017 and 18 per cent in 2018 and 2019 (see Table 11).

Execution rates between 2016 and 2019 fluctuated between 41 per cent in 2016 and 68 per cent in 2017; 2016 saw the lowest execution rate of 41 per cent. Available data show that recurrent expenditure took the largest budget releases for education between 2016 and 2019. Capital expenditure that could increase access and improve the learning environment for children was very low. In 2016, only ₦1.0 billion of the ₦12.7 billion released for education was spent on capital projects to improve educational development. In 2019, of the ₦21.0 billion released, only ₦2.7 billion was spent on capital projects while ₦18.3 billion was spent on recurrent expenditure. The difference between approved budgets and actual expenditure on education in Katsina State creates deficits in the financing of education; these deficits have implications on the quality, inclusiveness and development of education in Katsina State.

4.3.2 Policy and legislation

Legislation

The pivotal legislation on which educational policies are founded is the 1999 Constitution of the Federal Republic of Nigeria. It states that access to quality education is the right of every Nigerian child. The Constitution placed education on the ‘concurrent list’, thereby giving state and local governments the right to establish educational institutions. The purpose of a legal framework is to

provide the necessary background for enforcement of an intention. However, at the time of this analysis, the enforcement of many of the provisions in the Constitution are yet to be established; the mode of enforcement is persuasion.

The Child Rights Act (2003) is a law that guarantees the rights of all children in Nigeria. It gives every child the right to free, compulsory and universal basic education and declares that it is the duty of government to provide such education. It stipulates that every parent or guardian shall ensure that his/her child or ward attends and completes his/her primary and junior secondary education. The Child Rights Act offers all round provision for child development.

The Universal Basic Education Act (2004) provides for compulsory, free universal basic education for all children of primary and junior secondary school age in the Federal Republic of Nigeria. It stipulates punitive measures for parents that fail to comply with this provision. It emphasizes curriculum diversification and relevance tailored to individual and community needs, and it promotes continuous professional development for teachers and community participation in educational development.

Policies

The Katsina State Government has developed various plans and strategies such as the Katsina State Restoration Development Plan, 2016–2020; State Education Sector Strategic Plan, 2011–2020; MediumTerm Basic Education Strategic Plan, 2017–2019; Medium-Term Sector Strategies, 2016–2018; State Education Sector Operation Plan, 2018–2020; and the Local Government Education Sector Operational Analysis, 2020–2022. These documents reveal the priorities of government and the expected efforts in educational development in Katsina State. These plans have helped to improve the situation of child education in Katsina, but the improvement has been limited and slow.

Financing policy

Apart from the shared responsibility of the state and local government to fund education, other funding sources include federal funding through the Universal Basic Education Commission and the Education Tax Fund, which were established specifically to respond to the funding requirements of the education sector. International donor agencies are also important sources of funds for education in Katsina State.

4.4 Proposed response, including potential roles of private and business sector

Child development in Katsina State requires urgent policy development and the implementation of strategies. To address the issue of child educational development, efforts must be made to implement the Child Protection Bill recently passed by the State Assembly into law. The Child Rights Law should also be implemented in Katsina State to ensure access to quality education and balanced psychological development of all children. This will guarantee the protection and well-being of children. The Universal Basic Education Act should be implemented in Katsina State. Socioeconomic policies should be developed to eradicate poverty and improve the livelihood of the populace. This will ensure that parents and guardians of children have the means to encourage school enrolment. Funding gaps and needs should be addressed to improve accessibility to education and the quality and strengthening of educational institutions in the state. Monitoring and evaluation agencies in the state should be strengthened to ensure effective utilization of budgeted funds. Education of girls should be encouraged by providing incentives for parents and families to enrol their girl children in school through economic engagements or monthly cash transfers. More female teachers should be employed to mentor girls and aid their protection and development. The government should embark on a comprehensive upgrade of all existing schools to provide a learner-friendly environment for children, build new schools and improve access to education in rural parts of the state and in some urban centres. A robust and comprehensive maintenance plan should be developed to keep all infrastructure in good condition.

There should be rapid investment, led by the private sector, in information and communication technology, Internet usage and e-learning platforms to ensure access to continuous educational development in remote places and during pandemics.

CHAPTER FIVE:

UNICEF and other child protection agencies apply a systems approach that seeks to ensure that children

CHILD PROTECTION

are being protected in a holistic manner that is fully consistent with their rights.

5.1 Situation and trends

Available data highlight areas for necessary intervention as regards child protection. In 2013, the proportion of registered births in Katsina State was 58.6 per cent (NPC and ICF, 2019). This indicates that close to half of the births (41.4 per cent) in Katsina State were unregistered and undocumented. The high



proportion of unregistered children, which could be as high as 56.6 per cent according to MICS 2016/17, is a threat to child protection in Katsina State.

In 2018, the median age of marriage of women aged 20–49 years and 25–49 years was 15.5 years and 15.3 years, respectively; these are the minimum median ages at first marriage in the North West geopolitical region (NPC and ICF, 2019). Available data indicate that annually millions of children in Katsina State are victims of violence in one or more forms. An outlet for child violence is usually through the administration of parental discipline of children.

5.1.1 Birth registration

Birth registration is the inscription of the facts of each birth into an official log kept at the registrar's office. According to the Births, Deaths, etc. (Compulsory Registration) Act No. 69 of 1992, registration of births and deaths is compulsory in all cases, and the National Population Commission (NPC) is responsible for registering these events nationwide (NPC and ICF, 2019). In Katsina State, birth registrations in rural areas are done by traditional or ward heads or village scribes; these officials present local government certificates of birth. It is the first legal means of acknowledging and recognizing the existence of a child. Such legal recognition in turn facilitates the conferment of legal rights on the child, making government and its agencies duty-bearers to the child. It is the single most important step towards child protection.

Having legal identification can be one form of protection from entering into marriage or the labour market or from being conscripted into the armed forces before the legal age. Birth registration and certification is also legal proof of one's place of birth and family ties and is required to obtain other identity documents, including a passport. However, in 2018, 41.4 per cent of children aged 5 years and under did not have their births registered. Trends in birth registration are presented in Figure 8.

There is an observable trend of a gradual increase in the number of births registered in Katsina State. The birth registration rate among children aged 0–5 years in Katsina State was 58.6 per cent in 2016, higher than the national average of 43 per cent (NPC and ICF, 2019). However, the low rate of increase in birth registration is disturbing. In the five-year period between 2008 and 2013, birth registration in Katsina State increased by 15.5 per cent, implying an average

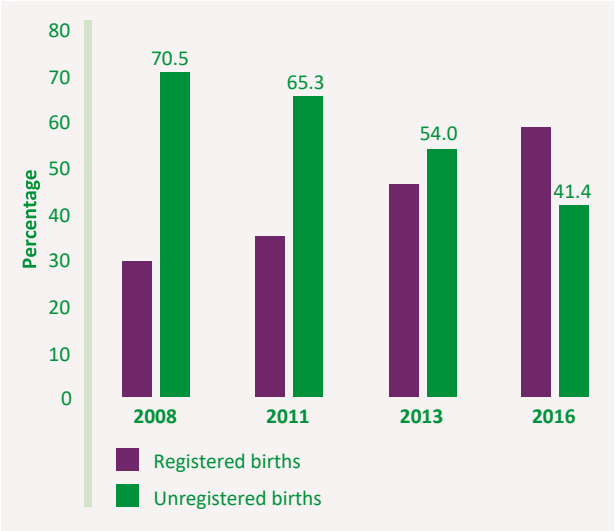


Figure 8: Registered and unregistered births of children aged 0–5 years, 2008–2016
Source: NBS and UNICEF, 2013; NPC and ICF, 2009, 2014, 2019

increase of about 3 per cent per year; between 2013 and 2016 the average increase in registration is about 4 per cent per year.

Despite the annual increases in birth registration, there was still a high proportion (41.4 per cent) of unregistered births, which impedes constructive child policy development and frustrates the efforts of government and development planners in the implementation of child laws and policies in Katsina State. Furthermore, the high number of unregistered births will adversely affect the implementation and effectiveness of the Child Protection Law (2020). Hence, unregistered births subvert child protection for registered births. It is therefore imperative that, for improved child well-being and to reduce protection risks for all children, births are registered.

5.1.2 Violence against children

Violence against children is perpetuated in three main forms: emotional, physical and sexual.

Violent discipline

The frequency of violent discipline experienced by children aged 15–17 years in Katsina State is increasing (Figure 9). In 2018, 1.7 per cent of children reported that they experienced violent discipline often, compared with 1.2 per cent in 2011. The number of children that experienced violent discipline sometimes and

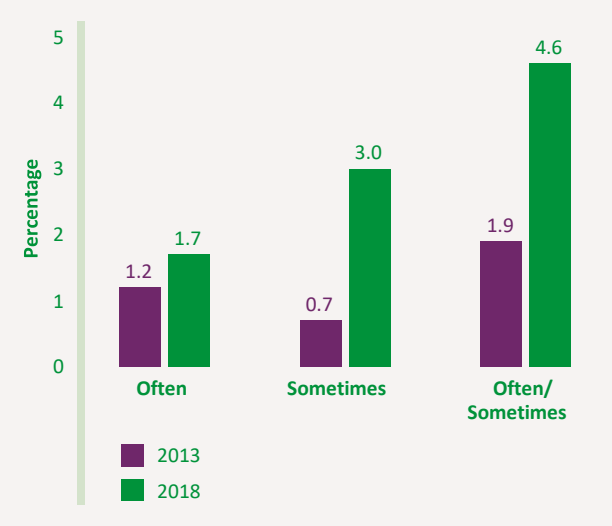


Figure 9: Frequency of violent discipline

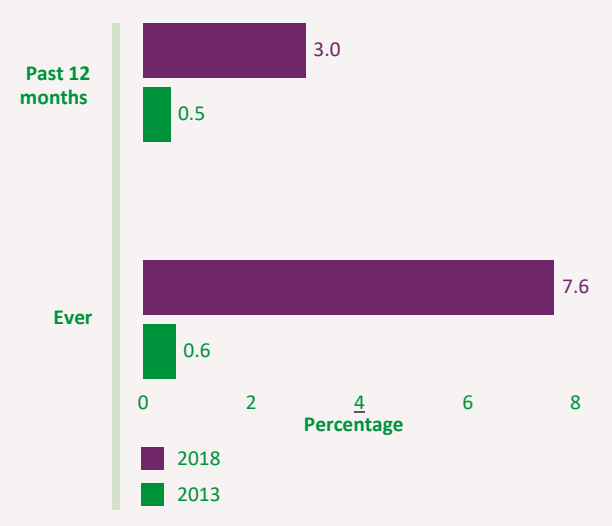


Figure 10: Percentage of children aged 15–19 years that experienced sexual violence ever and in the 12 months preceding the survey, 2013 and 2018 Source: NPC and ICF, 2014 and 2019

often/sometimes increased greatly from 0.1 per cent and 1.9 per cent, respectively, in 2013 to 3.0 per cent and 4.6 per cent, respectively, in 2018.

Sexual violence

Another form of violence, which is usually gender based and commonly experienced by children is sexual violence. Children in Katsina State are increasingly experiencing sexual violence. A comparison of data on sexual violence experienced by children in 2013 and 2018 shows that sexual violence is on the increase (Figure 10). The high increase recorded in 2018 portends a dangerous trend that urgently needs to be curbed to ensure that children, especially girls, are protected and not subjected to such harm, as it affects the physical, emotional and psychological growth of a child.

Female genital mutilation

Female genital mutilation (FGM) is defined as "any procedure that involves partial or total removal of the external genitalia and/or injury to the female genital organs whether for cultural or any other nontherapeutic reason" (World Health Organization, UNICEF and United Nations Population Fund, 1997).

Figure 11 shows the percentage of women aged 15–49 in Katsina State who were subjected to FGM in 2011 and 2016. The data seem to indicate that significant progress has been made in reducing FGM in Katsina State, with 5.3 per cent reporting FGM in 2011 and 0.6 per cent 2016.

An examination of the data specific to children aged 0–14 years in 2011 and 2016 shows where efforts towards child protection are still needed (Figure 12). The sharp fall in the number of children subjected to FGM from 53 per cent in 2011 to 4.9 per cent in 2016 highlights possible attitudinal change towards FGM in Katsina State. There is a need for further investigation to determine the factors responsible for such an attitudinal change with a view to strengthening effective policy measures to eradicate the practice of FGM completely.

5.2 Causes, including determinant analysis

5.2.1 Birth registration

The factors causing a low rate of birth registration, resulting in few children with a birth certificate, can be categorized into immediate, underlying and structural causes. These are outlined below.

Immediate causes

The registration of births in Katsina State is low because most child deliveries take place at home; a notable portion of the population has a nomadic lifestyle; registration centres are few and not always accessible; and there is a general distrust of government programmes.

Underlying causes

The immediate causes identified above are often the result of underlying causes, including ignorance, poverty,

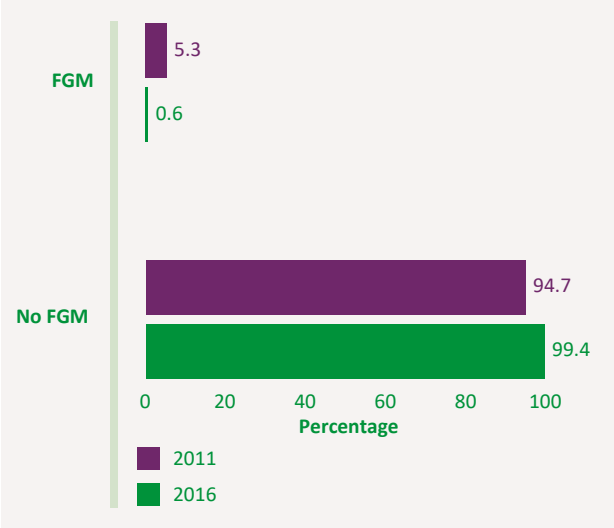


Figure 11: Percentage of women aged 15–49 who absence of a coordinated framework by the registering body(ies) and internal displacements or conflicts.

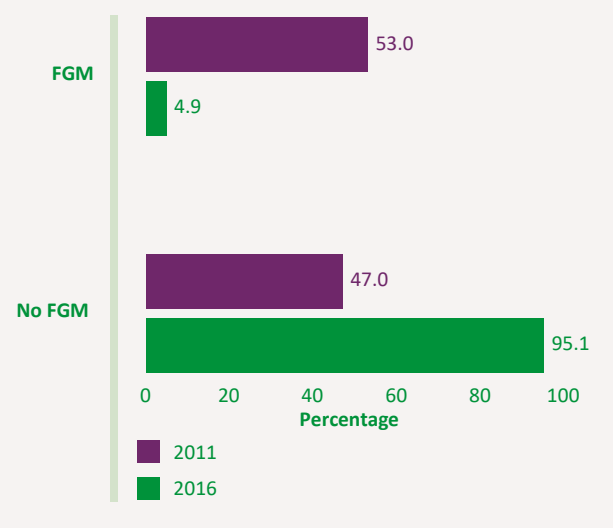


Figure 12: Percentage of children aged 0–14 in Katsina suffered FGM as children or not, 2011 and 2016 Source: NBS and UNICEF, 2013, 2018

State who suffered FGM or not, 2011 and 2016 Source: NBS and UNICEF, 2013, 2018

Another major factor is that birth registration has not been a priority for state governments. There is no national database for birth registrations. Births are registered manually, entered by hand by government officials and kept in offices where they are susceptible to manipulation and damage from humidity or fire. It is inconceivable that Nigeria (including Katsina State) cannot afford a digital birth register.

Structural causes

An overriding cause of low birth registration is the absence, non-performance, weakening or deliberate manipulation of the structures that would ensure that birth registration is compulsory, free and accessible. The factors contributing to this include the absence of enabling legislation for compulsory birth registration, absence of a workable blueprint for birth registration and underfunding of the registering body.

5.2.2 Violence against children

Harmful practices are caused by cultural and religious beliefs, spiritual practices (rituals), poverty, divided households, gender discrimination, disability, unplanned parenthood and vulnerability. Violence, on the other hand, is caused by anger, and incorrect and inappropriate concepts around discipline and the roles of children.

Immediate causes

Poverty is a major cause of child exploitation. The average parent sincerely wishes to take care of his/her child; however, economic realities force some parents to regard their children as a means of supplementing the family's income. While there is no excuse for child labour, most parents would not engage in it if there were safety nets or social programmes in place.

Underlying causes

The underlying causes of violence against children include ignorance, lack of proper and basic education, economic depression, absence of social safety nets, mental stress, mental illnesses (sociopathy, psychopathy), substance abuse, challenges peculiar to step- and foster-parenting, promotion of a culture of materialism and armed conflicts and internal displacements.

The fertility and population growth rates in Katsina State are high. Many parents do not see the necessity for planning for childbirth. Some believe God, who created the birth process, has already prepared what the child will need for his/her sustenance; others believe that having many children will provide labour for their farms. The parents, however, might not have the means to take care of their children, which creates economic and mental stress, and can lead to anger and violence.

The practice of FGM is usually borne from the belief that girls will be promiscuous if they are not circumcised.

Structural causes

Structures that would prevent or check abuse and violence against children are absent. These include absence of compulsory basic education for citizens; lack of will on the part of the government to lift its citizens out of poverty; lack of awareness on the harm cultural practices inflict; absence of a legal framework to criminalize harmful practices and religious fanaticism; disintegration of the traditional family structure; absence of a framework and facilities for the detection and treatment of mental illnesses; lack of enforcement of penalties for abusers; culture of silence; stigmatization and 'victimizing the victims'; and absence of robust initiatives to promote family planning and destigmatize birth control methods.

5.3 Roles and capacity gap analysis

5.3.1 Roles of duty-bearers and rights holders

Birth registration

Parents and caregivers are responsible for reporting the birth of a child to the appropriate body, registering the birth and obtaining a birth certificate for the child. The registration body must register the child's birth and issue a birth certificate. The Katsina State Government should provide accessible registration centres, make birth registration free and compulsory, educate its citizens on the benefits and importance of registering children, and mobilize grassroots support.

Child violence, abuse and exploitation, and harmful practices

Parents and caregivers owe the child the duty to provide a stable home environment and protect children from violence, abuse, exploitation and harmful practices. Members of the community should promptly report suspicious activities to parents or a protection authority. Security and enforcing agents should follow through on reported cases and enlighten child victims and their caregivers on the legal channels to redress the offence. The government should create safety nets to support vulnerable groups, implement concrete measures to lift its citizens out of poverty, develop the legal framework to protect children and enlighten its citizens on existing measures to protect children.

5.3.2 Capacity gap analysis

The capacity gap analysis assesses the current situation in terms of stakeholders' roles and perceived gaps in the dispensation of their duties.

Birth registration

Capacity gaps for birth registration were identified for all role players, as listed below.

- **Parents:** ignorance, inadequate access to registration centres and insufficient funds.
- **Vital registration bodies:** inadequate manpower, training and funding.
- **Government:** lack of mass communication channels, inadequate registration points and inadequate revenue to fund activities of birth registration bodies.

Child violence and abuse, including harmful practices

Capacity gaps for addressing child violence and abuse were identified for the various role players and are listed below.

- **Parents:** ignorance, illiteracy and poverty.
- **Security and protection agents:** inadequate manpower and equipment.
- **Governments:** limited financial capacity, competing demands for reduced resources and lack of means to share vital information effectively.

5.3.3 Resources

Katsina State has an agrarian economy. Cotton, millet, rice, groundnuts and produce from market gardens are the main cash crops. Livestock husbandry is an income-generating activity for herders and butchers. Rearing large and small livestock is widely practised in both urban and rural areas. Other industries, such as crafts, transportation and tourism, also provide means of livelihood. Katsina State operates an annual budget, and financial resources provided for social services are dependent on budgeting and implementation. The bulk of the state's finances are provided by monthly allocations disbursed from the statutory federal allocation. Internally generated revenue is negligible and declining.

Figure 13 illustrates Katsina State's capital expenditure over a five-year period (2016–2020) and shows how social services have suffered a steady decline in the proportion

of the budget, from about 40 per cent in 2016 to less than 20 per cent in 2020.

5.3.4 Policy and legislation

The principal legislative instrument that protects children in Nigeria is the 1999 Constitution as amended. More specifically, the 1990 Labour Act of Nigeria protects children against child labour, forced labour and human trafficking, and promotes decent work. In addition, the Trafficking in Persons (Prohibition) Enforcement and Administration Act of 2015 establishes the National Agency for the Prohibition of Trafficking in Persons to prevent human trafficking. The National Child Policy and the National Priority Agenda for Vulnerable Children (2013–2020) are also key to protecting children in Nigeria.

In 2003, Nigeria adopted the Child Rights Act to domesticate the United Nation's Convention on the Rights of the Child. The Act was created to serve as a legal document to protect the rights of children in Nigeria. Considerable progress has been made in domesticating the Child Rights Act at the state level with 25 of 36 states having domesticated it (The Conversation, 2020), including Katsina State; prompt implementation is required to provide protection for children in the state.

The legislation has three primary purposes: (i) to incorporate the Convention on the Rights of the Child and the African Charter on Human and Peoples' Rights into the national law; (ii) to stipulate the responsibilities of government agencies associated with the law; and (iii) to integrate child-focused legislation into one comprehensive law. It also acts as legislation against human trafficking since it forbids children from being "separated from parents against their will, except where it is in the best interests of the child."

The Violence Against Persons (Prohibition) Act of 2015 is currently in the process of being domesticated in Katsina State and provides a legal framework for child protection. The Act makes provisions for:

- Remediation for victims of violence
- Prohibiting female circumcision or genital mutilation
- Abandonment of a spouse, children and other dependents without sustenance, etc.

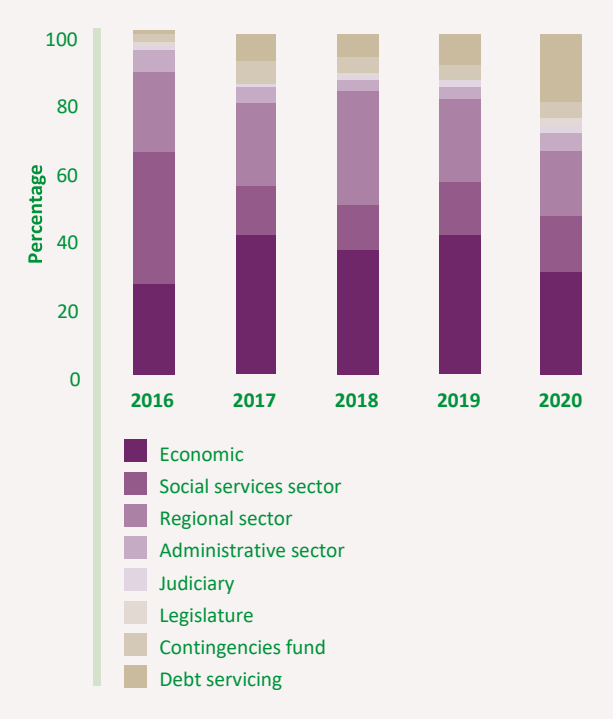


Figure 13: Proportion of capital expenditure by sector, 2016–2020
Source: Katsina State Annual Budget 2016–2020

5.4 Proposed response and potential roles of private and business sectors

5.4.1 Birth registration

The causes of the low birth registration rate are many, some of which have been previously discussed. However, they can be distilled into three principal factors: poverty, ignorance and non-prioritization by government. Proposed responses to combat the problem follow below:

- **Vigorous education campaign:** The government should launch a vigorous education campaign through the relevant ministries and agencies. The various organs and agencies of government, international development partners, CSOs, the media and especially the private sector need to synergize their efforts. A well-coordinated partnership would raise awareness on the importance of birth registration, which would lift the present 'veil'

of ignorance and promote birth registration. Although birth registration is free in Nigeria, there are countless parents who still believe a cost is attached to the registration and subsequent acquisition of a birth certificate. A sustained campaign is needed to enlighten them.

- **Integrate birth registration with health-care services:** Special days should be set aside to take care of child health issues and register any previously unregistered births.
- **Adopt UNICEF-developed tools:** UNICEF has developed tools to support administrative data systems. For example, Rapid Pro is a data collection tool that operates with simple mobile phones to record the number of births and deaths, which allows follow-up and update of the system in real time.
- **Use registration agents in remote villages:** These agents could be village chiefs or local government officers who are trained and provided with SIM cards mapped to their names, which would enable them to register births occurring locally in remote areas and villages in real time. The registration office, in turn, would validate each birth and send back a certificate which could be printed in the hospital or the district office for distribution to the family.
- **Accessible registration centres:** Increasing the accessibility of birth registration centres would significantly improve the rate of birth registration. Some of the population is remote or are nomadic. Innovative solutions are required to reach these people. Mobile registration centres could be introduced to boost and complement fixed registration centres and help to service hard-to-reach areas and remote communities.
- **Create a state database for birth registration:** A digital state database that captures vital statistics would not only be convenient, but necessary; it should be developed urgently. It would provide access by authorized officials in any part of the state, and would be easier to protect from damage and be less susceptible to manipulation. It would also prevent the problem of double registration.
- **Issuance of unique numbers:** The government should issue a unique number attached to the registration of the birth of a child, much like a social security number in the United States of America. Once birth registration is free, accessible and digital, it should be made expedient. Each birth certificate should have a unique number that will serve as a form of identification for the child throughout her/his life. Government could then link birth registration with access to basic services. It should be compulsory, and parents should not be able to claim tax deductions unless each of their children has a number. A child should not have access to routine immunizations, be registered in school, be admitted to institutions of higher learning, be mobilized for national service, be eligible for employment or as a political office holder without the unique number. Once in place, parents will seek birth registration. The government will need to work with legislators to create a legal framework for the exercise. Collaboration would also be needed with international agencies, CSOs, media partners and the general public to make it successful.

5.4.2 Child exploitation, abuse and violence

To tackle the multi-pronged problem of child abuse and violence against children, the following recommendations are proposed:

- **Implement the Child Rights Act:** With the recent passage of the Child Protection Law (2020) by the Katsina State House of Assembly (The Nation Newspaper, 2020), momentum must be sustained and advocacy increased to ensure political will.
- **Elevate the minimum standard of living:** The government must take urgent actions to lift most of its citizens out of poverty. It is the children of the poor that are often the victims of abuse or violence. The government should develop a framework for creating strong middle-class families. Industrialized nations are not made up of the super-rich; the majority are middle class, a few are rich and a smaller proportion are poor. With more middle-class families, there will be fewer homeless children and fewer cases of harmful practices against children. The state would then have relatively more time and resources to focus on the poor.

- **Form child protection committees in the community, schools and places of worship:** Such committees, also known as 'child panels' are made up of representatives from government and traditional institutions to deal with cases that are not serious enough to go to formal courts. Family tribunals and juvenile court panels can be set up in a similar way. At the community level, local protection systems should ideally be fully owned and led by community members elected through representative processes. It should be noted that most services in communities to deal with child protection cases – religious, educational, administrative, health and police bodies, for example – are generally community structures rather than specialized services for children who have been harmed.
- **Implement media-driven child abuse prevention strategies:** Coordinated efforts must be put in place to provide information that sheds light on issues of child abuse, either in an organized manner through well-researched and planned mass-media education and prevention campaigns, or through press releases, opinion pieces and letters to newspapers focusing on current cases or significant issues or events. Social media provides a means to disseminate information to a very large audience at minimal cost. Social media should also be regulated to prevent access to indecent material which encourages harmful, violent or abusive behaviour.
- **Enforce applicable laws:** Child sexual abuse is a growing issue; parents have to be extremely careful about which carers they leave their children with. The government must ensure swift response and stiffer penalties for sex offenders; develop a state register of sexual offenders; and inform parents when a sexual offender moves into their neighbourhood. Importantly, the Child Protection Law (2020) should be purposefully enforced in Katsina State.
- **Advocate for cooperation:** There should be greater citizen education to address the issue of overpopulation. Cultural and religious beliefs still stand in the way of planned parenthood in Katsina State. Partnering with community and religious bodies is necessary to reach members on the benefits of birth control. Incentives, such as tax breaks, should also be considered for couples who have fewer children. A lower population growth rate will lessen the burden the state and its people presently carry in caring for dependents.

"Social media should also be regulated to prevent access to indecent material which encourages harmful, violent or abusive behaviour."

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

6.1 Child participation

Article 12 of the United Nations Convention on the Rights of the Child recognizes that children have a right to be heard. The application of this right is broadly described as participation. Nigeria has a relatively low level of child and youth participation in the development of its legislation and national action plans. For example, in the Child Rights Act and the National Action Plans concerning child welfare, child participation is not listed as a goal or requirement, even though the Convention on the Rights of the Child mandates states to guarantee rights of expression and participation to children under Article 12. The Child Rights Act only mentions child participation with respect to children going through court proceedings, stating that children must be allowed to participate



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and express themselves freely in this context (Federal Republic of Nigeria, 2003). Children should not be perceived as passive recipients of care and protection, or accidental beneficiaries of policy decisions; they also should not be envisaged as 'not yet persons' or 'adults in the making'. Attention must be paid to their feelings, thoughts and views. This can be achieved by:

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



- Many cases of child abuse and violation of children's rights, such as rape and homosexual abuse, have been addressed and solved.
- Parliamentary clubs have been established in primary and secondary schools to increase awareness and participation.
- Media pages have been created as a means through which infringements of child rights can be reported promptly.

Despite these successes, challenges remain. One of the major challenges faced by the Children's Parliament is the lack of proper engagement by the state government. At present, only NGOs are working with the Children's Parliament. Also, there is no formal form of identification for members of the Children's Parliament, which often gets in the way of the work of child parliamentarians.

The creation of the Katsina State Children's Parliament in 2007 is a statement of intent to mainstream child participation in child development in the state. The Children's Parliament is a formal platform created to address issues concerning the well-being of children and referring those issues to the relevant institutions and bodies for feasible short- and long-term solutions. Selection for the Children's Parliament is based on guidelines set by the ministry or department charged with responsibility for the parliament. Each of the 34 LGAs in Katsina State is represented by one child parliamentarian; elections are conducted to choose principal officers to run the affairs of the parliament. At the time of writing this report, the parliament was headed by the Right Hon. Speaker Ibrahim Maharaz. Several successes have been recorded by the Katsina State Children's Parliament. These include:

6.2 Digital and cyber security

In Katsina State, there are 3,679,602 active Internet subscriptions (NBS, 2020b), which implies that there is considerable risk of increased digital and cybercrime with the prime targets being members of vulnerable populations, such as children aged 10–17 years. Possible threats include bullying and harassment; undesirable contact with adults posing as children; exposure to inappropriate content; disclosure of personal information leading to risk of physical harm; targeting through spam; self-harm and destructive behaviour; defamation and damage to reputation; risk of hacking, sexting, grooming and solicitation; and fraud or identity theft.

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

6.3 Equity and (peacebuilding)

Equity refers to the creation of an environment and circumstances that provide every child with a fair chance to survive, develop, thrive and reach his/her full potential. Peacebuilding refers to the processes associated with reducing direct and indirect violence. Equity and peacebuilding are relevant to child protection. Current situations and trends indicate disparities in opportunities for children depending on their geographical location, gender and age. Children growing up in urban areas have a better chance of thriving and reaching their full potential than children in rural areas, or those in poor or isolated communities (UNICEF and Global Coalition to End Child Poverty, 2017). Among the major areas of concern in Katsina State is the low rate of birth registration, as it makes
it impossible to include every child in the planning process. Therefore, the Katsina State Government should enact legislation that makes birth registration compulsory, and it should utilize birth registration records in national planning. Other areas of concern are vaccination and immunization coverage, as well as early childhood education.

Economic inequality is reflected in the proportions of the population in lower, middle and higher consumption classes. The Gini coefficient is used as a gauge of economic inequality to measure income distribution. The coefficient ranges from 0 to 1, with 0 representing perfect equality and 1 representing complete inequality. With a Gini coefficient of 24.57 per cent (or 0.2457), inequality is quite high in Katsina although lower than the national average of 35.1 (NBS, 2020c). National rural and urban inequality measures are 32.77 per cent and 31.94 per cent, respectively (NBS, 2020c).

Inequalities reflect in many dimensions that have direct bearing on children such as housing, education, nutrition and protection. Being poor in any of these dimensions reduces the likelihood of children growing and developing. Inequality can precipitate conflict, and corruption and bad governance continue to deepen inequality in the country. To reverse the trend, attention must be given to education, especially girlchild education with its proven potential in achieving several child-related development outcomes, improving law enforcement and fighting corruption. Greater collaboration is needed between local and
international development partners, CSOs and MDAs at all tiers of government to yield better outcomes in the actualization of child rights.

6.4 Children in armed conflicts

While there is no concrete evidence of the involvement of children in armed conflicts in Katsina State at present, it is important to realize that, if the trend of insecurity and banditry goes on unabated, it is a grim possibility. Therefore, it is a top priority to ensure that security and law and order are restored. There is also the need to implement the recently domesticated Child Rights Act promptly so that the law can protect children in Katsina State from exploitation by armed factions and units.

6.5 Urbanization

As in other states of the federation, the rate of urbanization is exponential. While it has serious risks for children, urbanization can also have multiple benefits. Harnessing the benefits of urbanization while maintaining child protection requires strong and purposeful development of policy, together with effective and well-rounded implementation.

To stimulate the interests of the child, Katsina State would do well to incorporate UNICEF's 10 urban planning principles (UNICEF, 2018b) as it develops and implements its urban development plans. These principles are as follows:

1. Invest in a safe and clean environment for children
2. Provide affordable and safe housing for children and the community, as well as safe land tenure
3. Provide infrastructure for health, education and social services for children
4. Provide safe and inclusive public green spaces
5. Develop an effective transportation system with independent and good mobility for children
6. Provide safely managed water and sanitation services

7. Develop a food system to provide access to healthy, affordable and nutritious food, including fruit
8. Develop a zero-waste system and ensure sustainable resource management
9. Integrate clean energy networks and reliable access to power
10. Integrate data and information and communication technology networks, and ensure digital connectivity for children.

6.6 Gender

Social and cultural organization in Katsina State is patriarchal, in which rules governing family life are rooted in Islamic laws and jurisdiction. As a result, the women's role is one of reproduction rather than production. For those advocating this lifestyle, women may not lead economic activities and may not go far in school, fearing being desired by other men. In addition, women are not consulted in decision-making on their households, or on their children's schooling or marriage. The situation for women can be dire because there is no regulatory framework defending

and protecting women's rights, and cases of violence, such as early or forced marriage, rape, physical and verbal violence, are numerous and widespread.

Based on MICS 2016–17, the number of married women aged 15–19 was 49.3 per cent, and 39.6 per cent of women aged 15–49 were married before their fifteenth birthday. Social indicators in Katsina State are dismal, with a Human Development Index of 0.3031 (UNDP, 2018b); 56.42 per cent living in poverty (NBS, 2020c); and the literacy rates of women and men in the North West region, to which Katsina State belongs, are 38 per cent and 57.5 per cent, respectively (NBS, 2018c). The large gap in literacy rates between young men and young women implies that there is gender disparity in access to education. Consequently, women are excluded from economic activities because they lack the skills to earn a livelihood. Many school-age girls require improved access to education, proper parental protection and other opportunities to ensure they can lead fulfilling lives. Cultural and religious practices prevent women from becoming leaders; consequently, women's participation in decision-making is very low.

6.7 Out-of-school and almajiri children

The greatest social challenge in Katsina State is the children under the almajiri system. Of the 13.2 million out-of-school children in Nigeria, about 69 per cent are children from northern Nigeria; the majority are in the almajiri system (Nextier SPD, 2020). This situation requires policymakers, political stakeholders and traditional and religious leaders to address it.

6.8 State development planning

Katsina State has recently concluded drafting a robust state development plan that seeks to provide a compass for the state's development approach over the next five years. The plan will be an effective foundation and platform for coherent public policy and effective public finance management, ensuring equitable access to basic social services. The plan will go a long way to ensuring the systematic integration of key interventions in the state, with a particular focus on children. It seeks to make children a core focus of investment in the state, as reflected in its human capital development section.

6.9 COVID-19 pandemic and children

The COVID-19 pandemic has impacted virtually every area of life. For children, it disrupted education for about 10 months and continues to impact the mode and duration of instruction, and their health. For children to continue to receiving quality education, Katsina State Government must adjust to meet the present challenges. This would include encouraging regular handwashing by providing handwashing facilities in government and private schools; targeting schoolteachers and pupils for vaccination against COVID-19; and raising awareness to prevent the spread of the virus.

CHAPTER SEVEN: SUMMARY, CONCLUSION AND RECOMMENDATIONS

7.1 Summary

This SitAn was developed using a comprehensive review of extant literature in order to gain an in-depth understanding of key social, cultural and related economic issues of children in Katsina State within the larger Nigerian context. A bottom-up approach was subsequently adopted in carrying out state-wide consultations so as to get tangible insights and inputs from stakeholders and experts. Thematic groups

established for the SitAn comprised representatives



of relevant MDAs, CSOs, development partners, NGOs, communities and private-sector organizations. Direction was provided by the Katsina State Ministry of Budget and Economic Planning, which chaired the thematic groups. The state Operation Coordinating Unit co-chaired the groups, with other relevant MDAs, CSOs and development partners participating. Secondary data were sought from various sources, including the NBS and its state counterpart, the NPC and UNICEF. In addition, stakeholder dialogues were conducted through workshops and in-depth interviews with key informants from relevant stakeholder MDAs, all of which provided useful data and information used in the preparation of this report. Attention was focused on identifying and analysing trends, patterns, incidence and causes of key deprivations; barriers and bottlenecks, including the social, political and economic conditions, that prevent the most vulnerable children and families from benefiting from interventions and services of the state; the extent to which gender inequalities and the fulfilment (or not) of the rights of women affect overall inequalities and deprivations, including those affecting children, adolescents and young people; the current or potential presence and effect of emergency risks; and the adequacy of the policy and legislative frameworks for child rights at the state level. Chapters on child poverty, child survival and development, child education, child protection and other child rights issues were produced in line with the stated objectives. Determinant analysis of immediate and underlying causes and roles and capacity gap analysis were carried out.



Gender inequality was found to be a persistent factor hampering child rights in the state, particularly of the girl child. Gender inequalities are manifested in many forms, ranging from non-enrolment in school, child labour and child marriage to acts of sexual violence, including rape and FGM.

With respect to monetary child poverty, the poverty headcount and Gini coefficient for the state are 56.42 per cent and 24.57 per cent, respectively. The unemployment rate stands at 25.2 per cent and fertility rate at 7.3 children per woman (NBS, 2020c). All these combine to disproportionately affect children. The non-monetary child poverty indices of health, nutrition, education, housing, water and sanitation were also considered. Of children aged 0–4 years, 86.9 per cent suffer health and 38.9 per cent nutrition deprivations (UNICEF, 2020). Of children aged 5–11 years, 54.7 per cent did not receive education and, of those aged 12–17 years, 69.3 per cent did not receive it; 83.0 per cent and 81.9 per cent of children aged 5–11 and 12–27 years, respectively, are deprived in the housing dimension; 36.4 per cent of households in Katsina State do not have access to improved sources of drinking water; and 77.7 per cent of 0–4-yearolds, 75.2 per cent of 5–11-year-olds and 73.8 per cent of 12–17-year-olds suffer sanitation deprivations (UNICEF, 2020).

On child survival and development, although vaccination and immunization rates have improved over the past decade, almost 32.9 per cent of children in Katsina State have not received vaccination against any childhood diseases (NPC and ICF, 2019). The prevalence of underweight children in the State is 39.3 per cent; the proportion of children wasted is 10.5 per cent; and the prevalence of anaemia in children
is 64.8 per cent (NPC and ICF, 2019).

With respect to education, only about 29.8 per cent of children of primary school age were enrolled into Grade 1 at age 6 (NBS and UNICEF, 2013). The primary completion rate for 2011/12 was 58 per cent and the transition rate to secondary school in was 47.8 per cent (NBS and UNICEF, 2013). Regarding access to information devices, 22.7 per cent of children aged 0–4 years, 19.4 per cent of children aged 5–11 years and 17.3 per cent of children aged 12–17 years are deprived of access to information (UNICEF, 2020).

For child protection, only 58.6 per cent of births were registered, denying about 41 per cent of children the legal acknowledgement of their existence (NPF and ICF, 2019). Additionally, the median age of marriage of women aged 20–49 years and 25–49 years was 15.5 years and 15.3 years, respectively, while about 4.1 per cent experience a form of sexual violence (NPC and ICF, 2019). On a positive note, FGM is on the decline in the state.

Other child rights issues, like children in armed conflicts, out-of-school children and the almajiri phenomenon, digital and cyber security, and the effects of the COVID-19 pandemic, must be given proper attention so they do not derail the progress made in ensuring children have equitable access to a life of dignity.

7.2 Conclusion

Overall, the situation analysis of children in Katsina State revealed that the majority of children in Katsina State are in dire straits and require drastic and urgent action. The prolonged neglect, often masqueraded in cultural or religious garb, is already taking its toll on the state and country with increased banditry, kidnapping for ransom and escalated social tensions. Although Katsina State has taken laudable steps to ensure the delivery of its promises to its residents, more progress can be achieved by mainstreaming children into the development agenda. This comprehensive SitAn, which provides a clear understanding of the situation of children in the state as well as the immediate and structural causes, provides a road map that can help in formulating policies, mobilizing resources and rallying all duty-bearers and stakeholders to ensure that every child has a fair chance in life.

7.3 Recommendations

In line with the identified immediate and underlying causes of deprivations that have been identified in various chapters, a summary of how the gaps identified in the capacity of stakeholders to dispense their obligations can be bridged is provided below.

- The state and local governments should prioritize the funding of quality public services that directly impact children. This will include schools, health care, and water and sanitation services. Job creation and productive engagement of the citizens should be given due attention.
- The legislative arm of the state government should ensure passage and domestication of bills that guarantee child survival and protection in the state. Oversight should also be carried out diligently to ensure that budgeted resources in critical areas are used for the intended purpose.
- Parents and communities should ensure that the rights of the child are adequately protected. Parents should take providing for and protecting their children seriously and only have the number of children they can care for. Communities should not shield parents who deprive children of their rights or abuse them. Sanctions attached to neglect or abuse of children should be enforced.
- International and local NGOs and development partners should continue their advocacy and collaboration to ensure that issues of child protection remain at the fore.
- The private sector should continue to mobilize and share knowledge, expertise, technology and financial

resources to achieve results that create a prosperous and equitable society for all.

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