



## **ADAMAWA STATE**

### **SITUATION ANALYSIS OF CHILDREN**



**December, 2020**

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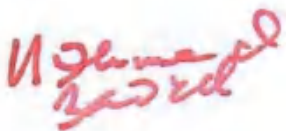
## FOREWORD

This government has made Significant effort to improve the living standard of the people of the Adamawa State through its empowerment programmes. Much focus has been on women and children because they are the most vulnerable in the society. This administration is already implementing programmes and projects towards addressing women and Child deprivation issues in the State.

The recent economic recession cause by Covid-19 Pandemic, farmers/herder conflict, kidnaping and insurgency has shown the frailty of our social and economic fabric, public policies, and social protection measures affecting marginalized and vulnerable groups, especially women, children, and the elderly in State. As a people, we will continue to demonstrated resilience in the face of several challenges. To achieve this, we owe the obligation to foster a more inclusive development programme and projects for the State through a holistic and comprehensive assessment of the present condition of women and children in Adamawa State.

I commend the effort of all the relevant MDAs, Private Sector and NGOs for putting up this Situation Analysis for Children in the State. There is no better legacy than, policies and actions that spread hope and prosperity to the economically disadvantaged and most vulnerable in the society. I acknowledge the support provided by UNICEF and other development partners in the formulation of this document.

I am delighted to present the Situation Analysis of Children (SitAn) to the Adamawa people. I believe that every child has the right and a dream for a better future in Adamawa State.



***His Excellency,***  
***Ahmadu Umaru Fintiri***  
***Executive Governor, Adamawa State***

## PREFACE

The Situation Analysis of Children is a policy document prepared through consultation and bi-lateral discussion with key stakeholders in the State with the view to examines the current status of child deprivation as well as the social, economic, political and health context of the issue under review.

The rights of the child are clearly outlined and ratified by the Federal Government of Nigeria in the Convention of the rights of the Child. Even though Adamawa State is yet to domesticate these rights but plans are already on ground to ensure that is a reality. It is in this context that the State Planning Commission being the coordinating organ of projects, programmes and policies of government is undertaking the development of a Situation Analysis on Children in collaboration with UNICEF and other key stakeholders in both public and private sectors in the State coordinated the putting together of this policy document as a tool for the State Government on addressing issues on the situation of the child in Adamawa State.

**The document** identifies priority areas for intervention and establish a clear, detailed and realistic picture of the opportunities, resources, challenges and barriers regarding child related issues or behaviors. The situation analysis will influence policies, strategies, budgets formulation of the State. It will also guide legislation of laws that will contribute towards improving the wellbeing of children in the State. This document also has great value to all tiers of government, private sector, International Donor Agencies, and Civil Society Organizations amongst others in Adamawa State.

The production of this Situation Analysis benefitted significantly from the support of UNICEF. The contribution of Ministries Departments and Agencies (MDAs), Civil Society Organizations (CSOs), Organized Private Sector and the International Communities. These supports and contributions are acknowledged.



***Dr. Mary Paninga***  
***Executive Chairman***  
***Adamawa State Planning Commission***

## ACKNOWLEDGEMENT

Our profound gratitude and appreciation goes to His Excellency the Executive Governor of Adamawa State Rt. Hon. Ahmadu Umaru Fintiri, Executive Chairman, Adamawa State Planning Commission, Dr. Mary Paninga, the UNICEF consultant, Mr. Simon Osilama Izuagie, the Special Adviser to the Governor on Basic Education Dr. Bashir Tukur, the Statistician General, Adamawa State Bureau of Statistics, Mr. Aloysius J. Nargawa and other SitAn Steering Committee members for their support and guidance throughout the process without which work would not have been a success.

We specially appreciate UNICEF for their support and Mr. Yusuf Auta, UNICEF Social Policy Specialist for his direction, guidance and commitment towards ensuring that Adamawa State has one of the best SitAn document in the Country. We thank you for taking time despite your tight schedule to proof read the whole document and providing direction to the technical team during the process.

We are especially indebted to the SitAn Technical Committee members who are the brain behind the successful completion of this work, for their commitment and sacrifice towards the success of this work. The Technical Committee members are drawn from State Planning Commission, State Bureau of Statistics, Ministry of Health, Ministry of Education and Human Capital Development, Ministry of Water Resource, Ministry of Women Affairs, Ministry of Youths and Sports, State Universal Basic Education, State House of Assembly, National Population Commission, Private Sector and Non-governmental Organizations.



**Hon. Wilhina Jackson**

***Commissioner of Education and Human Capital Development  
Adamawa State***



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## ACRONYMS

ACT	Artemisinin Combination Therapy
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ANBC	Advanced National Business Certificate
ANC	Ante Natal Care
ARI	Acute Respiratory Infection
ART	Antiretroviral Treatment
ARV	Anti Retro Viral
AYP	Adolescent and Young People
BCG	Bacillus Calmette-Guerin
BECE	Basic Education Certificate Examination
BHCPF	Basic Health Care Provision Fund
BMPHS	Basic Minimum Package of Health Services
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
CLHIV	Children Living with HIV
CP	Child Poverty
CRA	Child Right Act
CRC	Convention on the Rights of Children
DPT	Diphtheria, Pertussis, Tetanus
EID	Early Infant Diagnosis
ENC	Essential Newborn Care
ERGP	Economic Recovery Growth Plan
ETF	Education Tax Fund
FCT	Federal Capital Territory
FGM	Female Genital Mutilation
FME	Federal Ministry of Education
FMFBNP	Federal Ministry of Finance, Budget and National Planning
FMoH	Federal Ministry of Health
GCE	General Certificate of Examination
GCIP	Global Consumption-Income Project

GDP	Gross Domestic Product
GON	Government of Nigeria
HIV	Human Immune Virus
iCCM	Integrated Community Case Management
HepB	Hepatitis B
HRBA	Human Rights-Based Approach
IGA	Income Generating Activity
ILO	International Labour Organisation
IMNCH	Integrated Maternal, Newborn and Child Health
IMR	Infant Mortality Rate
IOM	International Organization for Migration
ITF	Industrial Training Fund
ITN	Insecticide Treated Net
JAMB	Joint admissions and Matriculation Board
JSS	Junior Secondary School
KMC	Kangaroo Mother Care
LGA	Local Government Area
LQAS	Lot Quality Assurance Sampling
MICS	Multi Indicator Cluster Survey
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MODA	Multiple Overlapping Deprivation Analysis
MNCH	Maternal Newborn and Child Health
MNH	Maternal and Newborn Health
MSP	Ministerial Strategic Plan
MTCT	Mother To Child Transmission
NABTEB	National Business Technical Examination Board
NAIIS	Nigeria AIDS Indicator and Impact Survey
NAPTIP	National Agency for the Prohibition of Trafficking in Persons
NBS	National Bureau of Statistics

NCCE	National Commission for Colleges of Education
NDHS	National Demographic and Household Survey
NHIS	National Health Insurance Scheme
NHGSFP	Nigeria Home Grown School Feeding Programme
NTI	National Teachers Institute
NSPP	National Social Protection Policy
NCNE	National Commission for Nomadic Education
NECO	National Examination Council
NEMIS	Nigeria Education Management Information System
NERDC	Nigerian Educational Research and Development Council
NEC	National Education Indicators
NESCN	National Educational Service Centres in Nigeria
NHF-PSI	Nigeria Humanitarian Fund - Private Sector Initiative
NHSSP	National Health Sector Strategic Plan
NPE	National Policy on Education
NSIP	National Social Investment Programme
NTC/NBT	National Technical Certificate and National Business Certificate
NTEP	National Teachers Education Policy
NMR	Neonatal Mortality Rate
NNHS	National Nutrition and Health Survey
NPHCDA	National Primary Health Care Development Agency
NTPP	National Treatment and PMTCT Programme
ODI	Overseas Development Institute
OIRIS	Optimized Integrated Routine Immunization Sessions
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PHC	Primary Health Care
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PSBI	Possible Serious Bacterial Infection

QoC	Quality of Care
RDT	Rapid Diagnostic Test
RMNCAH+N	Reproductive, Maternal, Newborn, Child and Adolescent Health + Nutrition
SBCC	Social Behavioral Change Communication
SCI	Save the Children International
SDGs	Sustainable Development Goals
SitAn	Situation Analysis
SRH	Sexual and Reproductive Health
SSE	School Certification Examination
SSS	Senior Secondary School
TBA	Traditional Birth attendants
TRC	Teachers Registration Council
TET-Fund	Tertiary Education Trust Fund
TWG	Technical Working Group
UBE	Universal Basic Education
UBEC	Universal Basic Education Commission
U5MR	Under 5 - Mortality Rate
UHC	Universal Health Coverage
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
UNAIDS	United Nations AIDS
UNESCO	United Nations Educational Social and Cultural Organisation
UNICEF	United Nations Children's Fund
WAEC	West African Examination Council
WASH	Water, Sanitation and Hygiene
WASSCE	West African Senior Secondary Certificate Examination
WB	The World Bank
WCAR	West and Central African Region
WHO	World Health Organization

## **EXECUTIVE SUMMARY**

Adamawa State has a population of over four million people, out of which about 50% are children within the ages of 0-17 years. The country ratified the Convention

on The Rights of the Child (CRC) on March 21, 1991. The convention articulates the rights of every person under the age of 18 and identifies duty bearers in the realization of these rights. As a signatory to the CRC, Nigeria has to periodically report on progress in upholding this convention. As its mandate, UNICEF has to monitor this progress. One major way to achieve this is by conducting a comprehensive situation analysis of children to show child-relevant dimensions of State development problems, assess actions and policies and point out solutions and priority actions required to improve the condition of children in Adamawa State. This Situation Analysis of Children will serve as a vehicle for the creation of partnerships that mobilize synergies, policies, and resources toward the realization of the rights of children and is thus an effective foundation and platform for the design of coherent public policy and effective public finance management ensuring equitable access to basic social services, attainment of child-related Sustainable Development Goals (SDGs) and overall wellbeing of Adamawa State child.

This Situation Analysis of Children is developed using a bottom-up approach and through State consultations with stakeholders drawn from both the public and private sector, civil society organizations, and international donor partners. It involved the use of a globally accepted situation analysis framework. The process also involved a comprehensive review of the existing literature on research and data on children. Qualitative and quantitative data were collected and triangulated to form the basis of the situation analysis.

The situation of child poverty indicates that children are most affected by poverty because they are vulnerable and poverty has longer-term impact on the wellbeing of children even into adulthood. Child poverty rate is highest among 0-4 years and least among children 10-14 years. Child poverty and child deprivations are more pronounced in rural areas of the State. The outbreak of COVID-19 and its economic



impacts has the potential to increase the proportion of poverty in the State and this will include children. In order to end child poverty, Adamawa State needs to harness its huge demographic dividends through judicious investments in health, nutrition, social protection, education and livelihoods - especially for young people as well as design systems to include the vulnerable children into the process of ensuring child rights.

With regards to child survival, while there has been notable progress in the reduction of neo-natal, infant and under-5 mortality rates across in the State, the figures are still unacceptably high (81 to 49 deaths per 1,000 live births). In Adamawa State, the infant mortality rate was 49 deaths per 1,000 live births for the 6-year period preceding the survey, while under-5 mortality was 84 deaths per 1,000 live births. This implies that more than 1 in 10 children in Adamawa State will die before their 5th birthday. The under-5 mortality rate has decreased since 2011, from 129 deaths per 1,000 live births to 84 deaths per 1,000 live births. Similarly, there has been 39.5 percent reduction in infant mortality, from 81 to 49 deaths per 1,000 live births.

## **INTRODUCTION**

The child situation analysis within the context of Adamawa State provides an evidence-based analytical report on the situation of children as well as a reference document in the state. The document will facilitate formulation of policies and

legislations that will aim at address issues of child depravation and other child related problems. The analysis shows child-relevant dimensions of state development problems and points out solutions and priority actions required to improve the condition of children in the State. It also serves as a vehicle for the creation of partnerships between the government and international organizations towards the realization of the rights of children.

The need for SitAn arises because of lack of data that will give a clear understanding of the situation of children in the state, hence it becomes difficult for decision makers to formulate policies and legislation that will address the child deprivation in the state. The attainment of the SDGs requires that development partners direct efforts and programmes towards helping government in address child depravation across the globe, hence the need to systematically examine patterns and trends of inequities in the realization of child's rights. This makes SitAn an invaluable tool in the quest to achieve the SDGs by refocusing on equity.

## **Methodology**

This SitAn is developed using a bottom-up approach and through state consultations with relevant Ministries, Departments and Agencies (MDAs), Civil Society Organizations (CSOs), Non-Governmental Organization (NGOs). The globally accepted situation analysis framework was also used as depicted below.

**Fig: 1.1: Framework for Situation Analysis of Child Rights in Adamawa**



The situation analysis framework used for the assessment of child poverty, child survival, child education and child protection enabled the generation of evidence-based analytical report on the situation of children in Adamawa State. This framework made it possible to draw down the sequence of cause and effect by analyzing several layers of causality such as the *immediate, underlying, and structurally*. The process began with a comprehensive review of the existing literature on research and data on children. This afforded an accurate summary of current knowledge, facilitated in-depth understanding of key social, cultural and related economic issues and helped to identify additional data or analysis required to elevate discussions on the situation of children in the State. Secondary information was identified and consulted through desk reviews of existing data/databases and bilateral meetings/focus group discussions with MDAs, CSOs, NGOs and private sectors.

During the analysis, the perspective of children as stakeholders was considered with Special emphasis on factors that drive, sustain and in some cases worsen deprivations of the rights of children in the State. The factors and structures that enable progressive, sustainable realization of rights for all children across the State.

The Qualitative and quantitative data collected was triangulated to have an understanding of the causes and linkages between problems affecting children and how the state social, economic, organizational resources and structures (including its laws, policies and institutions) can contribute to solving these problems.

The situation analysis of children in Adamawa State was achieved through:

- The identification of trends, patterns, incidence and causes of key deprivations in children such as child mortality, stunting, low levels of birth registration, low school enrolment, violence against children etc., across all the segments of the population.
- Identifying possible barriers and bottlenecks that prevent most vulnerable children and families from benefiting from government and non-government interventions and services in the State.
- Analysing the extent of gender inequalities and deprivations in children.
- Identifying potential emergency risks such as herders/farmers conflict, banditry, natural disaster, and other potential shocks; the likelihood of their occurrence and the underlying vulnerable groups that it will affect as well as the capacities of families, communities, local government areas to mitigate and cope with risks.
- Identifying existing policies and legislative frameworks for child rights and its adequacy to address child deprivations.
- Outlining specific recommendations to address the gaps and bottlenecks to improve the situation of children in the state.

## **CHAPTER ONE**

### **STATE CONTEXT**

#### **1.0 History**

Adamawa State is one the states in the northeastern part of Nigeria whose capital and largest city is Yola, created out of the defunct Gongola State on 17th August, 1991 occupies about 36,917 square kilometres with an estimated population of over four million people . It is located between longitude 12° 29' 59.99" E and latitude 9° 19' 60.00" N. The State bordered Borno State to the Northwest, Gombe State to the West and Taraba State to the Southwest. Its eastern border also forms the national eastern border with Cameroon. Topographically, it is a mountainous land crossed by the large river valleys - Benue, Gongola and Yedsarem. The valleys of Cameroon, Mandara and Adamawa mountains form part of the landscape. The people art, culture and physical features signify the nature of its diversities and potentialities which are invariably the source of its strength and unity.

The major occupation of the people is farming as reflected in their two notable vegetational zones, the Sub-Sudan and Northern Guinea Savannah zones. Their cash crops are cotton and groundnuts while food crops include maize, yam, cassava, guinea corn, millet and rice. The village communities living on the banks of the rivers engage in fishing while the Fulanis are cattle rearers. The state has a network of roads linking all parts of the country. (Wikipedia, the free encyclopedia).

The development of many communities in the state can be traced to the colonial era when the Germans ruled a swath of territory known as the Northern and Southern Kameruns from Dikwa in the North to Victoria (Limbe) on the Atlantic coast in the 19th century. These were, however, handed over as United Nations Trust Territories to the British at the end of the World War I with the signing of the Treaty of Versailles. After a series of referendums, the Northern Kameruns joined Nigeria to

form the then Sardauna Province, and the Southern Kameruns formed a Confederation with French speaking Cameroon.

The state has over 200 ethnic groups, some of the ethnic groups include: Fulani, Verre, Chamba, Bata, Bachama, Higgi, Marghi, Gude, Lunguda/ Yungur, Kanakuru, Mbula, Godele Laka, Njanyi, Kilba, and others. The people of Adamawa are noted for their rich cultural heritage which reflects in their activities, i.e. dances, dress pattern, craftsmanship, music and their relationships. The three main religions are Christianity, Islam, and Traditional.

The climate of the State is characterized by wet season from April to October, while the dry season last from November to March. The average rainfall for the State is 79mm in the Northern part and 197mm in Southern part. The wettest months are August and September. The mean annual temperature is around 28°C. We also have the harmattan period, dusty laden North East trade winds, from the Sahara Desert have a marked effect on the State climate. The period is cold and dry with average temperature range of 15.2°C and 39.7°C. Wikipedia, the free encyclopedia).

## **1.2 Governance**

Adamawa State Government in its quest to achieve a faster and balance socio economic development has speared no effort in developing and creating an enabling environment for investors by establishing industrial layouts in Yola and Mubi. Efforts are also made to establish industrial layout in the headquarters of all the 21 LGAs in the State. To this end, the government objectives and programs with respect to industrial development have been focused on the following areas:

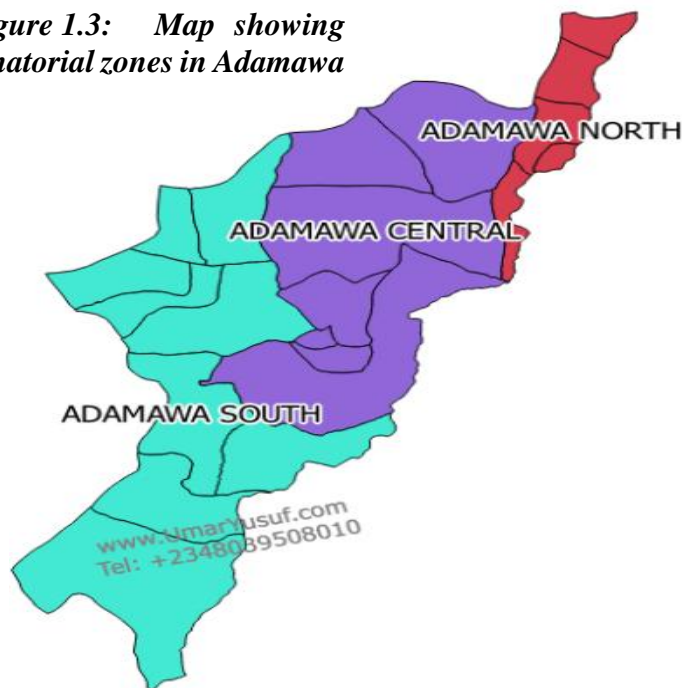
- Provision of free and quality basic education to all.

- Promotion of large-scale agricultural ventures to provide raw materials for industries.
- Promotion of small and medium scale industries of low capital investment, labor intensive and simple technology.
- Establishment of technical skills training and farming skills acquisition Centre's across the State.
- Provision of incentives such as land infrastructure and consultancy services to attract investors.
- Encouragement of inflow of financial institutions such as development Micro Credit finance institutions and Commercial Banks.
- Provision of good road network and electricity among others.

### 1.3 Political Structure of the State

Adamawa is divided into 3 senatorial zones namely: Adamawa North, Adamawa

**Figure 1.3: Map showing senatorial zones in Adamawa**



Central and Adamawa South. The zones comprise Local governments with similar ethnic groups and common political history. Economic, political and educational resources are often shared across the zones.

Adamawa State has twenty (21) Local Government Areas namely: Demsa, Fufore, Ganye, Girei, Gombi, Guyuk, Hong, Jada, Lamurde, Madagali, Maiha, Mayo-belwa, Michika, Mubi North, Mubi South, Numan, Song, Shelleng, Toundo, Yola North and Yola South.

The State Government has 3 arms:

- Executive: Headed by the elected Governor, and Local Government Chairmen.
- Legislature: Headed by the Speaker in the State House Assembly. There are 25 members of the State House of Assembly from 25 constituency of the State
- Judiciary: Headed by the Chief Judge of the State

#### **1.4 Economy**

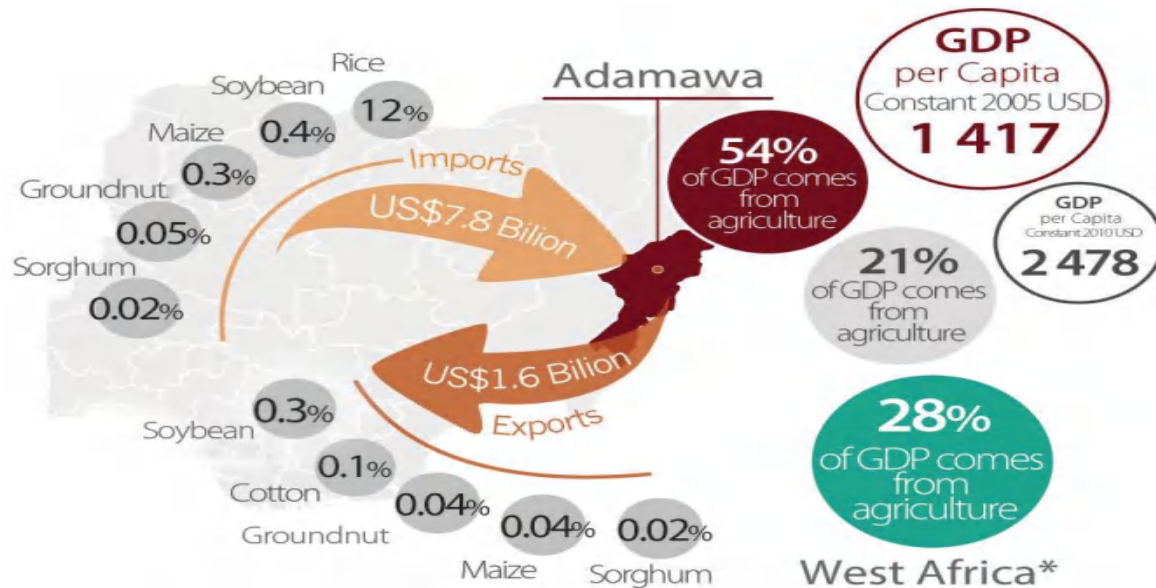
Adamawa state contributes just 0.43 percent to the gross domestic product (GDP) of Nigeria. Currently, the GDP is estimated at USD 4.58 billion with per capita GDP of USD 1 417. Adamawa's economy remains diversified across livestock (37.1 percent of state GDP), crop production (16.6 percent), wholesale and retail trade (6.6 percent), real estate (23.0 percent), and road transportation (6.8 percent). Therefore, agriculture contributes 53.7 percent of the state's GDP. Due to the activities of the insurgence, the estimated impacts on output and prices from 2011 to 2015 dropped by USD 1 570 million which raised the inflation on food items by 9.0 percent. The purchasing power parity (PPP) as at 2010 was 74.3 percent. Adamawa has a strong agricultural base, mineral deposits, fresh water resources and energy sources. The major cash crops produced include groundnut, cotton, and onion. Groundnut is either sold in local markets or exported to other states. Although exportations figures are not currently available at state level, major agricultural export crops contributing to the national economy are sesame, cotton, groundnut, maize, sorghum.

A large number of farmers produce cereals (maize, rice, millet and sorghum), roots and tubers (sweet potatoes, cassava, and to a lesser extent, yams), legumes and pulses (cowpea, bambara nut, groundnut, and soya, cowpea) and horticulture crops (e.g. onions, lettuce, tomatoes, pepper, spinach, roselle, kenaf, etc.). Livestock produced



include cattle, sheep, goats, pigs, and poultry. Poultry production is undertaken in every part of the state, as the practice is acceptable to all the ethno-religious groups in the state. The village communities living on the banks of the rivers engage in fishing while the Fulanis are engaged in cattle rearing.

**Chart 1.4 Disaggregation of Adamawa State Gross Domestic Product (GDP)**

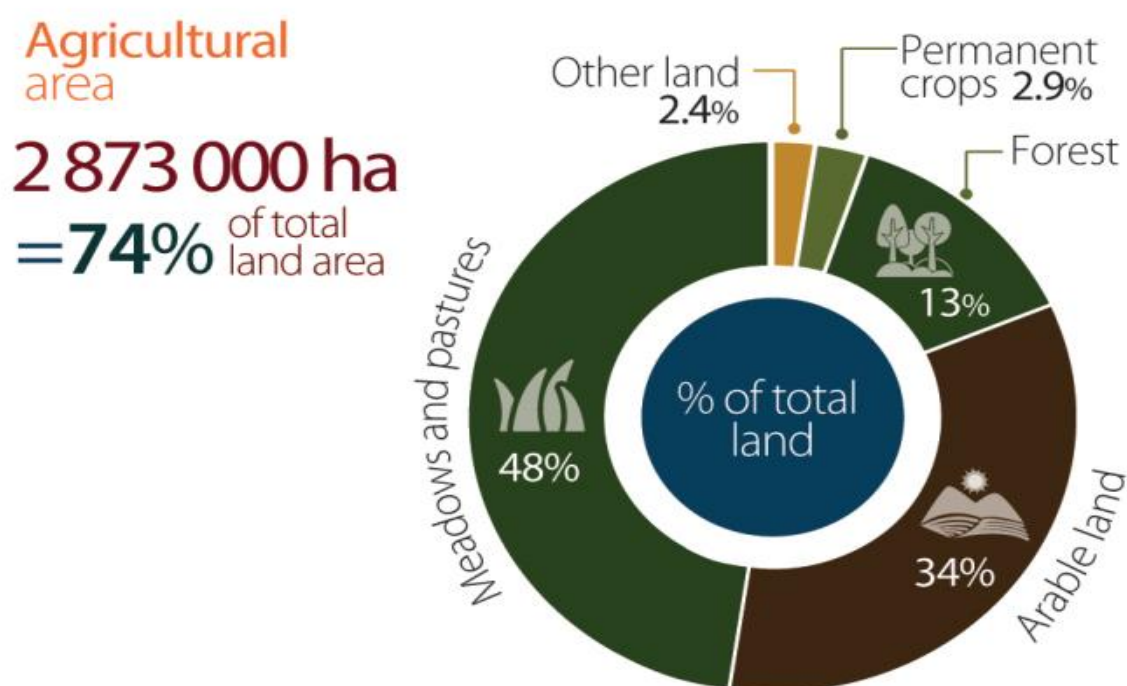


## 1.5 Land use

Adamawa State has a total land mass of 38 823 square kilometer of which 28 730 square kilometer or 74 percent is arable. Adamawa State has a tropical wet and dry climate. Dry season lasts for a minimum of five months (November-March) while the wet season spans from April to October. The major agro ecological formation of the state include, the guinea savannah, which is divided into southern and northern guinea savannah, and sudan savannas. The southern guinea savannah comprises Toungo, Ganye, Jada, Mayo-Belwa and some parts of Fufore local government areas. Mean annual rainfall is about 1 600 mm in the extreme southern part of the state. The northern guinea savannah includes Lamurde, Numan, Guyuk, Shelleng, Song, Gombi, Maiha, Hong, Mubi and some parts of Fufore local government areas.

The sudan savannah covers Madagali, Michika and some parts of Mubi and Hong local government areas. The zone span from north to north-western part of the state. The mean annual rainfall ranges from 700 mm to 1 050 mm.

**Chart 1.5 Land Use Per Ha in Adamawa State**



## 1.6 Food Security and Nutrition

Adamawa State faces huge food security challenges. About 74 percent of the population live on less than USD 1 per day, suffering hunger and poverty. The level of undernourishment also increased steadily from 6.1 percent of the population in 2010 to 7.0 percent in 2016. The variation of food prices in a given year (its volatility) ranged from about 2.6 percent to about 5 percent with prices of food items doubling. The incidence of underweight decreased from 23 percent in 2008 to 19 percent in 2015. The incidence of stunting decreased from 40.6 percent in 2008 to 32.9 percent in 2015. The incidence of wasting also decreased from 13.9 percent in 2008 to 7.2 percent in 2016. For stunting, Nigeria's target was to reduce it by 50

percent in 2015 and 75 percent in 2020. However, by 2015 only a 19 percent reduction in the 2008 level had been achieved. For underweight and wasting the Malabo targets are 5 percent in 2030. Efforts would have to be made to ensure that the Adamawa State and Nigeria as a whole is on track to achieve these targets by 2025. The driving factors of food insecurity are enormous. With declining soil fertility, climate change, degradation of vegetation, increasing incidences of terrorism and poverty the state's food production is no longer sufficient to feed the growing population.

### **1.7 Poverty and inequality**

Majority of the Adamawa population lives in poverty, despite the wealth in Nigeria. Nigeria's poverty index is over 40% in 2020 which is relatively high and indicates that income is held in the hands of relatively few and about 40% of Nigerians live below poverty line. Nigeria living standard survey 2018/2019 conducted by National Bureau of Statistics placed Adamawa state as fifth poorest State in the country with 75.45% poverty rate. With increased poverty, a large proportion of farmers are resource-poor to meet the agricultural input requirements on their farmlands. This poses threats to food production and challenges efforts to improve food and nutritional security in Adamawa State.

## **CHAPTER TWO**

### **CHILD POVERTY**

#### **2.1 Introduction**

According to the United Nations Children's Fund (UNICEF) —children living in poverty are those who 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, 2012). The Child Fund International (CFI) definition is based on Deprivation (lack of materialistic conditions and services), Exclusion (denial of rights and safety) and Vulnerability (when society cannot deal with threats to children). Other charitable organizations also use this multi-dimensional approach to child poverty, defining it as a combination of economic, social, cultural, physical, environmental and emotional factors. These definitions suggest child poverty is multidimensional, relative to their current and changing living conditions and complex interactions of the body, mind and emotions are involved (UNICEF, 2012).

The activity of insurgents, kidnappers, robbers and famers/herder conflicts have led to temporal or permanent displacement of people, destruction of lives and property. It has also cripple social economic activity of areas affected thereby affecting the standard of living of the population including children. Children are deprived of basic social protection service.

#### **2.2 Situation and Trends**

The table 2.2.2 below shows that child poverty rate is highest among 0-4 years (54%) and the least among children 10-14 years (37%). The population of children living in extreme poverty in Adamawa State consist of children living in rural areas. Children are the most affected by poverty because they are vulnerable and are denied

access to their rights as stated in the 1989 United Nations Convention of the Rights of the Child (Mulinge, 2010). There is also evidence to show that child poverty has longer-term impact in adulthood.

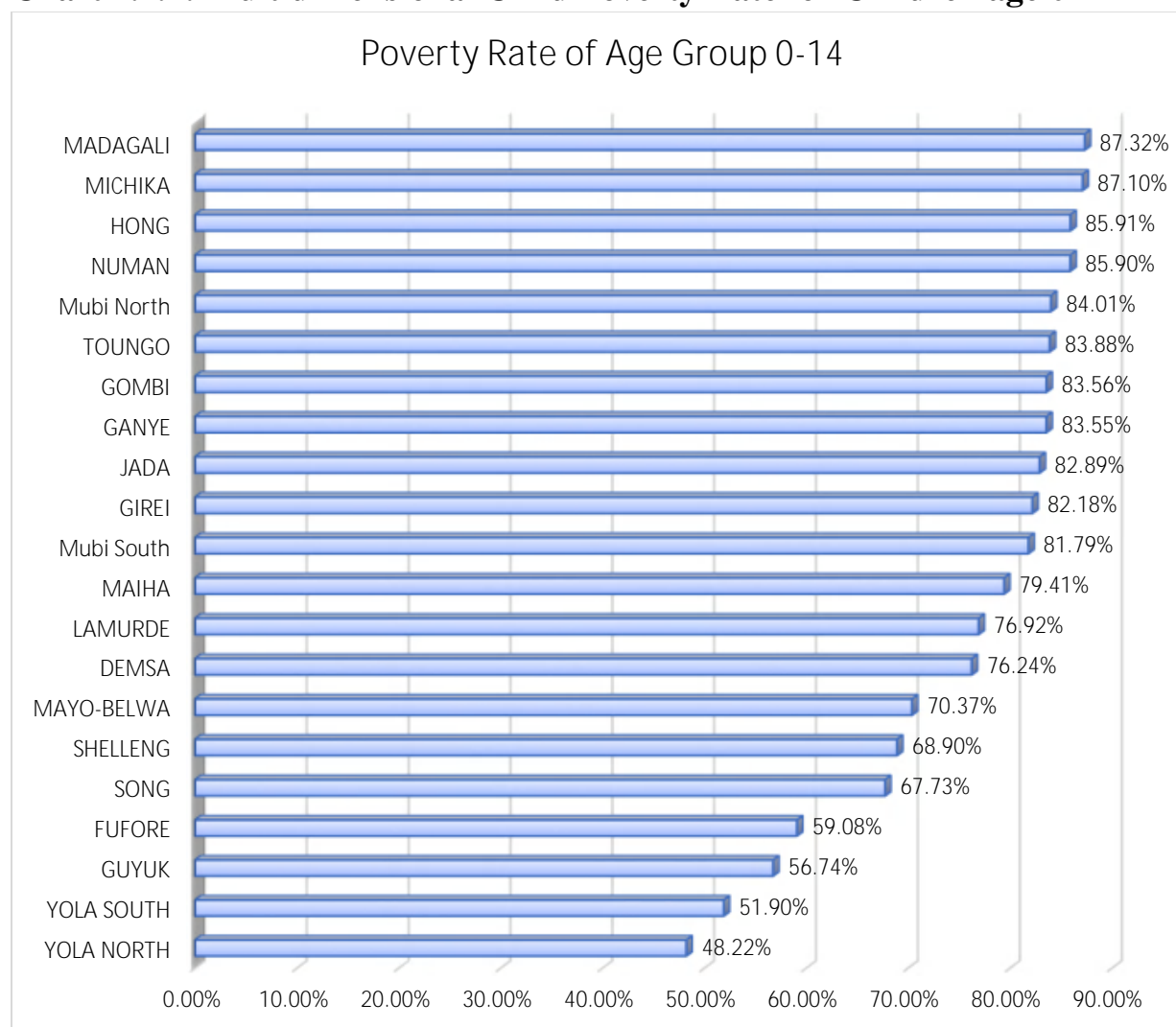
**Table 2.2.1: Multidimensional Child Poverty Rate for Children age 0-14**

LGA	Age Group 0-14		
	2019 Projected Population	Poverty Rate	Poverty Count
Yola North	117,876	48.22%	56,839
Yola South	127,899	51.90%	66,375
Guyuk	121,319	56.74%	68,838
Fufore	143,890	59.08%	85,010
Song	134,269	67.73%	90,940
Shelleng	106,960	68.90%	73,698
Mayo-belwa	100,171	70.37%	70,490
Demsa	122,454	76.24%	93,355
Lamurde	75,996	76.92%	58,458
Maiha	78,794	79.41%	62,571
Mubi south	89,029	81.79%	72,821
Girei	87,055	82.18%	71,541
Jada	111,036	82.89%	92,037
Ganye	115,313	83.55%	96,348
Gombi	101,596	83.56%	84,892
Toungo	34,356	83.88%	28,817
Mubi North	100,962	84.01%	84,814
Numan	57,879	85.90%	49,719
Hong	112,914	85.91%	97,002
Michika	104,192	87.10%	90,754
Madagali	92,880	87.32%	81,103
<b>TOTAL</b>	<b>2,136,841</b>	<b>75.41%</b>	<b>1,576,421</b>

Source: Nigeria Living Standard Survey (NLSS) 2018/2019. NBS

The above table reveals that the Adamawa State Poverty rate is 75.41% based 2018/2019 Nigeria Living Standard Survey (NLSS). Adamawa State is ranked fifth in the poverty chart ahead of Sokoto, Taraba, Jigawa and Ebonyi having 87.73%, 87.72%, 87.02%, and 79.76% respectively.

**Chart 2.2.1: Multidimensional Child Poverty Rate for Children age 0-14**



**Source: Nigeria Living Standard Survey (NLSS) 2018/2019,NBS**

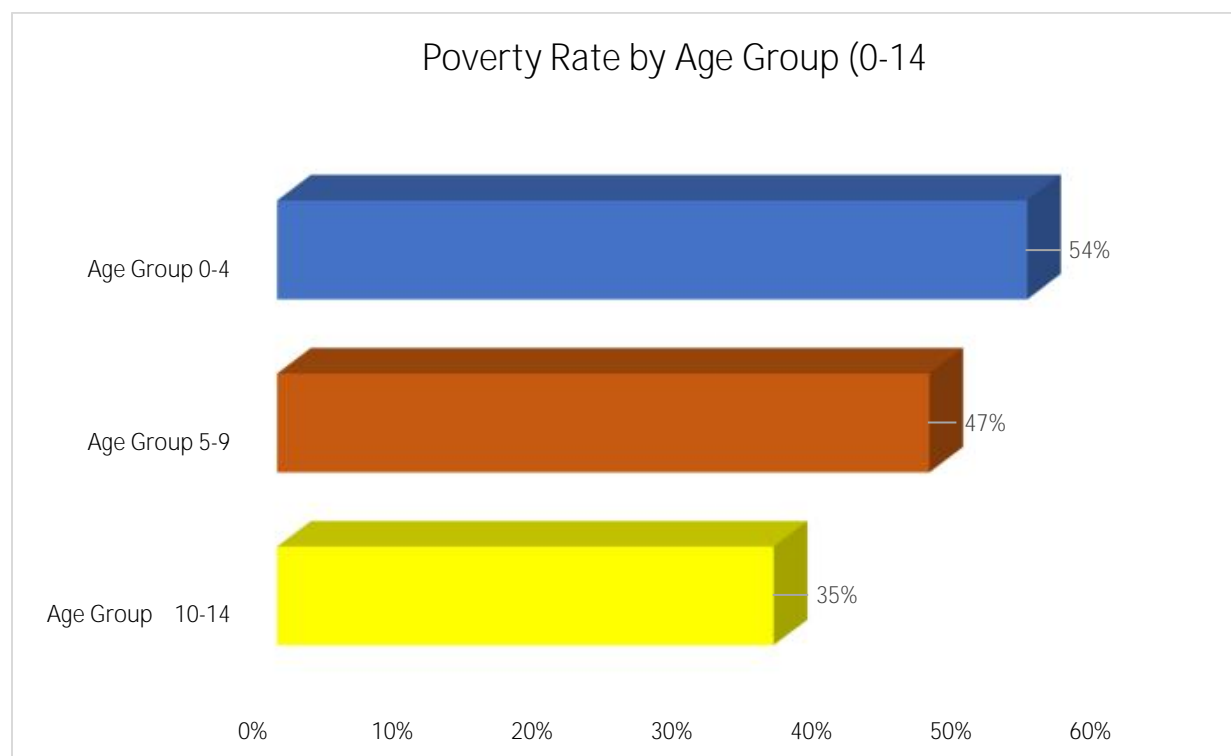
The above chart shows that Madagali LGA is ranked first with 87.32% poverty rate follow by Michika and Hong LGAs are ranked second and third with 87.10% and 85.91% respectively while the least is Yola North with 48.22% poverty rate.

**Table 2.2.2: Multidimensional Child Poverty Rate for Children age 0-14**

Age Group	Multidimensional Child Poverty Rate (%)
0 – 4	54
5 – 9	47
10 – 14	37

Source: Nigeria Living Standard Survey (NLSS) 2018/2019,NBS

**Chart 2.2.2: Multidimensional Child Poverty Rate for Children age 0-14**



Source: Nigeria Living Standard Survey (NLSS) 2018/2019, NBS

As shown in Chart 2.1.1 above, child poverty rate is highest among children 0 – 4 years (54%) and least among children 10-14 years (35%).

## 2.3 Single Deprivation Analysis

There are four areas of child deprivation arising from child poverty. These are Education, Health, Water and Social Protection. The Single Deprivation Analysis shows deprivation rates per indicator. It is also called one-dimensional approach (deprivation on a single dimension). According to NDHS 2018, 19% of children aged 12-23 months did not receive any of the basic vaccinations in the country. Although this is an improvement from 2008 (21%), this is still short of the SDGs requirement of 90% coverage for all basic vaccinations. Children from households with a higher wealth quintile are more likely to be vaccinated compared to those from a lower wealth quintile (59% to 15% respectively). Likewise, urban children are more likely to receive all basic vaccinations compared to those living in rural areas (44% versus 23%).

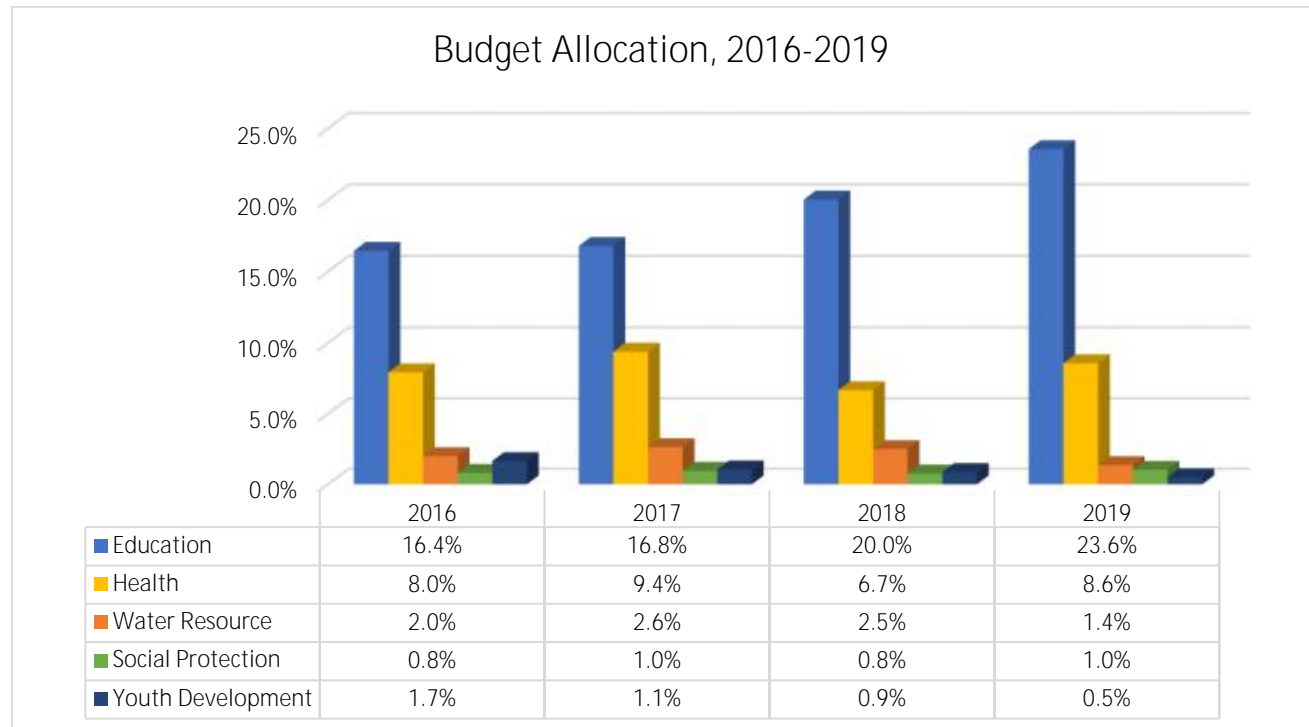
The State basic vaccination coverage increases with a mother's level of education, from 72% of children age 12-23 months of mothers with no education, to 94% of children of mothers with more than secondary education. Basic vaccination coverage increases with household wealth, from 59% of children age 12-23 months in the poorest households, to 95% of children in the wealthiest households (NDHS 2018). 72.8% children age 0-5 months do not have access to exclusive breastfeeding. 65.5% of children aged 6-23 months do not attain the recommended meal frequency and diversity standards. 19.9% of children 0-5 years of age suffer from wasting (NNHS, 2018). The states in northern Nigeria are the most affected by the two forms of malnutrition – stunting and wasting (UNICEF, 2019). 35.8% of children aged 5-11 years do not attend school while 26.3 per cent of children aged 8-11 years old are at least 2 years behind in schooling according to their age. For the age range 12-17, 39.9% children are at least 2 years (NNHS, 2018).



## 2.4 Inadequate funding of Child-related Programmes

Inadequate funding of Child-related Programmes is consider to be one of the factors associated with Children deprivation. Below is the highlights of Adamawa State Share of Budget allocation and actual spending on child related sectors:

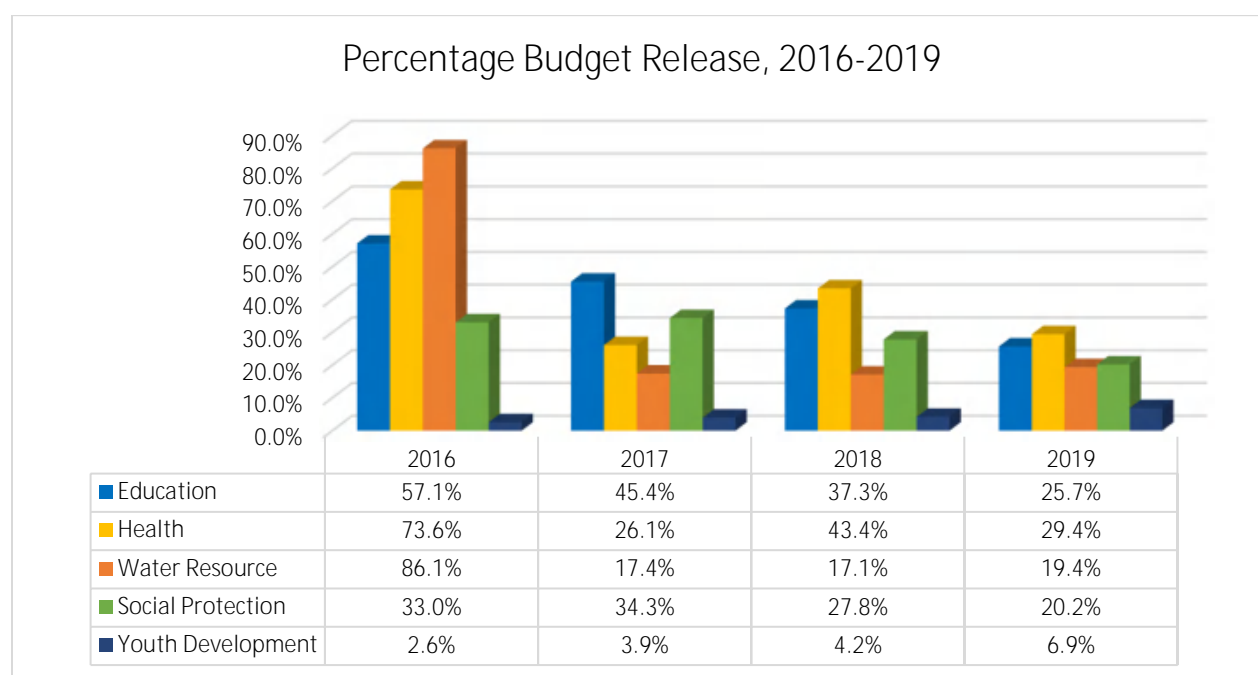
**Chart 2.4.1: Child-relevant sector budget allocation in Annual State Budgets, 2016- 2019**



**Source: Adamawa State Approved Budget and Report of Accountant General Office, 2016-2019**

The chart above shows budgetary allocation to child-related sector in Adamawa from 2016-2019 with Education and Health sector have the highest budget allocation across the period under review.

**Chart 2.4.2: Child-relevant sector budget release in Annual State Budgets, 2016- 2019**



**Source: Adamawa State Approved Budget and Report of Accountant General Office, 2016-2019**

The chart above shows budgetary spending on child-related sectors in Adamawa from 2016-2019 with Water resource having the highest release (86.1%) in 2016 but dropped the in 2017, 2018 and 2019 (17.4%, 17.1%, 19.4%), follow by Health (73.6%) but dropped in 2017 (26.1%), went up a little in 2018 (43.4%), dropped in 2019 (29.4%) and Education (57.1%) release in 2016 but dropped respectively. The trend show Water Resource dropped in subsequent years.

## **2.5 Almajiri Phenomenon**

A striking case of multiple deprivations among children can be observed in the case of Almajiri children. These children are always on the move and are deprived of good living conditions, good food and nutrition, water and basic sanitation, access to healthcare facilities, access to education, parental care, and protection from violence and abuse, participation, and are subjected to child labour and abuse. They are also taken advantage of during the time of conflicts to carry arms. The situation

of Almajiri children was recently made worst by the COVID-19 pandemic and the resultant lockdown imposed on different States in Nigeria. Many almajiri children were deported from one state to the other in the country. The almajiri children are vulnerable to abuse and many live in deplorable conditions. These clearly demonstrate multiple deprivations suffered by this set of children.

## **2.6. Immediate and Underlying Causes of Child Poverty in Adamawa**

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

### **▪ Corruption**

One of the underlying causes of child poverty in Adamawa and Nigeria as a whole is corruption. Corruption has a disproportionate impact on the poor and the most vulnerable; increasing costs and reducing access to services including health, education and Justice. Transparency International in 2018, ranked Nigeria the 144 least Corrupt Nation out of 175 countries (Transparency International, 2018) while Adamawa State is ranked fifth in the poverty chart ahead of Sokoto, Taraba, Jigawa and Ebonyi having 87.73%, 87.72%, 87.02%, and 79.76% respectively.

It is worthy to note that public sector performance is particularly important to the most vulnerable people who are often marginalized in society and rely disproportionately on public goods and services to escape poverty. Good governance thus entails openness, social accountability, transparency and participation for greater inclusiveness of the most vulnerable in society, including children.

### **▪ Unemployment**

Unemployment is another underlying cause of child poverty. Based on labour force survey Adamawa State unemployment and underemployment rates are 29.3% and 38.4% respectively as at second quarter of 2020. The State has labour

force population of 1,789,609 and 523,719 Unemployed. Unemployed or under-employed parents cannot provide the basic needs to a child. Most people in Adamawa State within the active labour group were unemployed or underemployed. Children living in households where unemployment is rife suffer multiple dimensions of poverty particular those living in rural areas.

▪ **Violence/Insurgency**

Incessant attacks by insurgents, kidnappers, robbers and bandits have led to temporal or permanent displacement of people, destruction of lives and property, loss of access to crops, livestock assets and production; increased prices of inputs and products; destruction/ disruption of markets and transport infrastructure, decreased demand for goods and loss of employment this in turn has a great effect on the standard of living of the population including children.

Displacement and resettlement place additional pressure on existing resources. The Scarce resources meant for a particular people will have to be shared among a larger and unintended or unanticipated population. In the struggle for resources, social and economic constraints interplay such that women and children often lose out and suffer several forms of deprivations.

▪ **Inadequate Investment in Social Sectors**

The growth and development of the Adamawa child is strongly linked to the development of child focused social sector planning and investments. Social sector development through policy actions from both public and private sector led responses across education, health, water resource and social protection impact the human capital of the state.

Some Social Protection Programmes such as School Feeding Programme (SFP), Conditional Cash Transfer (CCT), and Youth empowerment programmes are

grossly inadequate. The deficit is as a result of limited fiscal resources devoted to social protection and social assistance programs in the State budget.

#### ▪ **Structural Causes of Child Poverty**

Some structural factors responsible for the high rate of poverty include macroeconomic policies, the vicious circle of poverty, geographic location, the structure of the economy, and institutionalized gender discriminations, to mention a few. This has an impact on investment and economic growth, including poverty outcomes (IMF, 2001). Policies such as devaluation of the Naira weaken the power of the currency and effectively reduce its purchasing power. Household incomes become insufficient to meet basic needs and leads to other forms of deprivations which disproportionately affect children. With a 14.2% inflation rate for Nigeria (NBS, 2020) the real wages and assets of the poor are eroded (usually in cash); with damaging poverty outcomes on their households. Also, high levels of external debt unduly squeeze non-debt expenditure with the implication that very little is left to service social sector programmes. For low income households, an increase in consumption tax such as Value Added Tax (VAT), which increased to 7.5% (FIRS, 2020) has adverse consequences on their livelihoods. Such taxes also mean that households resting on or just above the poverty line can fall below it, consequently increasing the proportion of people living below the poverty line (Sekwati and Malema, 2011).

### **2.7 Stakeholders Role and Capacity Gap Analysis**

Capacity Gap Analysis is designed to assess what currently obtains, in terms of stakeholders' roles and perceived gaps in the dispensation of their duties.

The child must position himself and interact with the environment in such a way that he can cope with them in some way, whether successfully or not given his age and

circumstances (Schweiger et al., 2015a). Family and close caregivers should play a crucial role in alleviating child poverty and securing protection for children. The importance of some form of family relationship for a child's well-being and well-becoming is recognized across different cultures and times (Schweiger et al., 2015b). Community based associations refer broadly to the different agents with which, besides the core family, children in poverty interact in a nonprofessional way. These have a responsibility to cushion children from the stress, exclusion, stigmatization and denigration associated with being poor through inclusive and child friendly activities.

Children in poverty depend greatly on the existence of public health care, education and social services to achieve capabilities and functioning. These institutions and their programmes therefore must be inclusive and structured in a way that is affordable, accessible and used by the children who need them. Effective governance by governments at all levels will ensure sound policy, equitable spread and judicious use of resources for investments that enhance household livelihoods, reduce poverty and foster the rights of a child.

## **2.8 Policy and Legislation**

The principal legislative instruments that protects children in Adamawa State Nigeria is the 1999 Constitution as amended. Nigeria is a signatory to and has adopted the United Nations Convention on the Rights of the Child, and the African Charter on the Rights and Welfare of the Child. Both the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) were adopted in 1991 and 1985 respectively. In 2003, the National Assembly adopted the **Child Right Act**, which was gazette in Lagos on the 23rd December 2003. Adamawa state has not yet domesticated the Child Right Act.

## **2.9 Proposed response including potential role of private sector**

### **2.9.1 Role of Government**

In order to end child poverty, Adamawa State needs to harness its huge demographic dividends through judicious investments in health, nutrition, social protection, education and livelihoods - especially for young people. Such investments should be channeled towards the provision of potable water, hygiene and sanitation in homes and schools. State and local governments should create special allocation for children with relative budget code which can be tracked and progressively increased to address and reduce child poverty. Legislation and a well monitored policy framework can facilitate this process.

Adamawa State Government should critically analyze and design systems to include the almajiris into the process of ensuring child rights. Greater collaborations with religious and traditional leaders and Local Governments where the phenomenon is practiced are recommended to achieve this aim.

Also, government should support families and households by providing minimum income that is sustainable to ensure that financial barriers do not prevent children from reaching their potential. A good way to achieve this will be through social safety nets and child grant to support families with children. Government should make conscious efforts to improve and expand access to Basic Health Care service, and Basic Education for all children in the State. There is an urgent need to focus more attention to reducing neo-natal mortality and states with the highest neo-natal mortalities should be prioritized. There is also the need to sustain routine vaccinations across all parts of the country.

The lessons learned from social protection responses to the COVID-19 pandemic in Adamawa point to the need to improve upon mechanisms and modalities of social protection programmes. The social security identification process needs to be

digitized for faster and efficient processing and the State Single Register needs to be updated to truly include the core poor. As a major stakeholder in child poverty reduction, government must ensure proper monitoring and evaluation of child-targeted programmes for the attainment of pre-set objectives.

### **2.9.2 Role of Private Sector**

Sustainable Development Goal 17 recognizes multi-sector collaborations between government, the private sector (with emphasis on private profit sector), and the academic and civil society organization as the one of the most sustainable approaches for achieving the ambitious targets of the SDGs. To deliver on the promise of a prosperous and peaceful future for children, the government of Adamawa State should find new ways of working together and leveraging genuine partnerships from the private sector that makes the most of expertise, technology, resources for sustainable and inclusive growth. Some specific areas of collaboration which could be explored include:

- i. Support in Providing and sustaining infrastructure and services such as construction of healthcare facilities, school, and borehole water etc.).
- ii. Support Adamawa State Government in financing the implementation of policies aimed at reducing child poverty
- iii. Use appropriate platforms and networks to amplify and advocate for child rights issues through the implementation of policies and practices that support children's rights including in the production of goods and services and in their supply chains.
- iv. Promote human capital development, thus helping vulnerable groups, including the disabled to participate in the labour market.
- v. Address inefficiencies in the local economy.



- vi. Encourage community development by promoting community business and co-operatives, local exchange systems and informal credit to enhance inclusiveness.

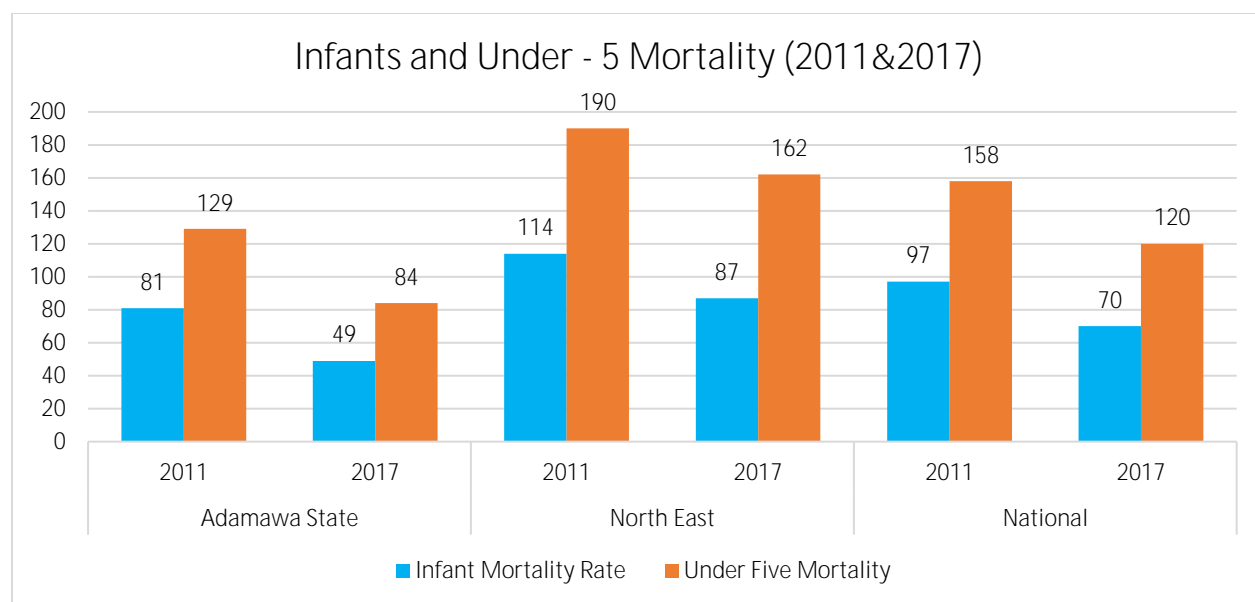
## CHAPTER THREE

### CHILD SURVIVAL AND THRIVE

#### 3.1 Situation and Trends

One of the overarching goals of the Sustainable Development Goals (SDGs) is to ensure healthy lives and promote well-being for all ages. A key target of this goal is to end preventable deaths of new-borns and children under - 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births by 2030. It is important to monitor the progress of this target in Nigeria where under-five mortality though reducing is still relatively high.

**Chart 3. 1: Infants and Under – 5 Mortality Rate in Adamawa State**



**Source: MICS 2011&2016/2017**

In Adamawa State, the infant mortality rate was 49 deaths per 1,000 live births for the 6-year period preceding the survey, while under-5 mortality was 84 deaths per

1,000 live births. This implies that more than 1 in 10 children in Adamawa State will die before their 5th birthday. The under-5 mortality rate has decreased since 2011, from 129 deaths per 1,000 live births to 84 deaths per 1,000 live births. Similarly, there has been 39.5 percent reduction in infant mortality, from 81 to 49 deaths per 1,000 live births.

Comparing this data with national and regional averages, Adamawa State under five health status has significantly improved in recent years, this is evident in the data on infant and under five mortality rate, infant mortality rate. However, concerted efforts need to be put in place by all to achieve the SDGs target in the State. Immunization coverage (children fully immunized with all the relevant antigens increased from 40.4% to 92.1% in 2013 and 2018 respectively (NDHS report), Tb treatment success has also increase from 89% to 94% in 2013 and 2018.

**Table 3.1 Infants and Under – 5 Mortality Rate in Adamawa State**

State/ National	Years	Infant Mortality Rate	Under Five Mortality
<b>Adamawa State</b>	2011	81	129
	2017	49	84
<b>North East</b>	2011	114	190
	2017	87	162
<b>National</b>	2011	97	158
	2017	70	120

Source: MICS 2011&2016/2017

### **3.2 Vaccination / Immunization Coverage**

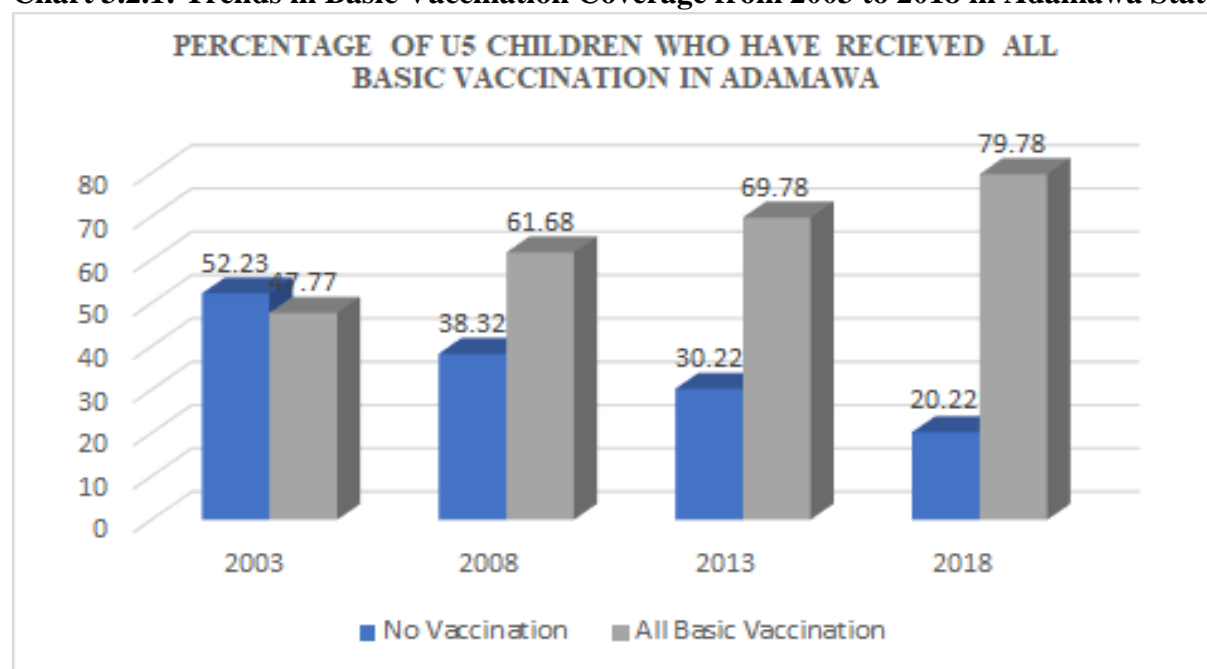
In 2018, 79% of children aged 12-23 months in Adamawa State received BCG vaccine and 66% received the 3rd dose of pentavalent vaccine and 80% received all basic vaccinations—one dose each of BCG and measles vaccine, three doses each

of DPT-HepB-Hib, pneumococcal conjugate and polio vaccine in Nigeria. Nearly 1 in 4 of all the under-5 children in Adamawa State received no basic vaccinations. Basic vaccination coverage increases with a mother's level of education, from 72% of children age 12-23 months of mothers with no education, to 94% of children of mothers with more than secondary education. Basic vaccination coverage increases with household wealth, from 59% of children age 12-23 months in the poorest households, to 95% of children in the wealthiest households (NDHS 2018).

Basic vaccination coverage which includes one dose each of BCG vaccine and measles vaccine, three doses each of DPT and Polio has gradually increased since 2003 when only 48% of under-5 children received all basic vaccination to the 2018 coverage of 80%. While basic vaccination coverage has improved, the proportion of children who have received no vaccinations has slightly declined from 52% in 2003 to 20% in 2018.

Immunization coverage is one of the indicators used to monitor progress toward reductions in child morbidity and mortality, as it is one of the most cost-effective public health interventions. The 2016 Multiple Indicator Cluster Survey documented an immunization coverage of 64 percent in Adamawa. Over 220,000 children in transit (highways, motor parks, markets, hospitals and nutrition centers) were vaccinated through special interventions in 2018 (National Primary Health Care Development Agency, 2018). The NPHCDA and other partners are supporting the state to provide services to children in the state.

**Chart 3.2.1: Trends in Basic Vaccination Coverage from 2003 to 2018 in Adamawa State**



Source: NDHS 2003, 2008, 2013 & 2018

### 3.3 Childhood Illness and Treatment

Children under 5 years are the most vulnerable group affected by malaria as they accounted for 67 percent of all malaria deaths worldwide in 2019 (WHO Malaria, 2019). Africa carries an excessively high share of the global malaria burden with 94 percent of all malaria cases and deaths in 2019 occurring in the region (WHO Malaria, 2019). Malaria remains one of the most important health problems in Nigeria, accounting for 25 percent of infant mortality and 30 percent of under-5 mortality (NPC, NMCP and ICF International 2012). The malaria burden in Adamawa State as at 2017 is 70 percent (605,366 out of 856,086) reported cases of fever.

Diarrhea, a leading cause of childhood morbidity and mortality in many developing countries was most common among children aged 12 – 23 months in Adamawa State (19 percent). In 2018, 11% of children under 5 years had diarrhea in the 2-weeks

period before the NDHS 2018. This represents a decrease of 23 percent from 2003 (NDHS). This is a critical period of complementary feeding when infants and young children are exposed to diverse risks in health, relating to sanitation and hygiene. Under-5 children of mothers with no education were most likely than under-5 children of mothers with a higher education to have diarrhoea (10 percent to 0 percent). Under-5 children in Adamawa with unimproved source of water have a higher rate of having diarrhea compared to children with improved source of water (13 percent to 8 percent). Majority (85 percent) of the population use improved drinking water sources and toilet facilities. Also, 22 percent of the population in Adamawa State defecate in the open –uncompleted buildings, bush and field.

Adamawa State launched a Malaria Chemoprevention campaign targeting vulnerable children in high-risk areas of the state in 2018 with the goal of reaching more than 100,000 children aged 3 to 59 months in over 900 settlements including nomadic and hard-to-reach areas of Michika, Mubi South and Mubi North local government areas (LGAs). The Disease Surveillance and Notification Officer of Fufore Local Government Area, Adamawa reported that between 2018 and November 2019, no fewer than 16,992 children below the age of five were treated of malaria under the EU/UNICEF Maternal, New-born and Child Health and Nutrition (MNCHN) project in Adamawa State.

### **3.4 Health and HIV**

HIV/AIDS remains a serious Public Health Problem in Adamawa State, despite the recorded decline in prevalence compared to five years ago. Indicator from the NARHS, 2012 showed a decline to 1.9% among the general population which is lower than the National average of 3.2%.

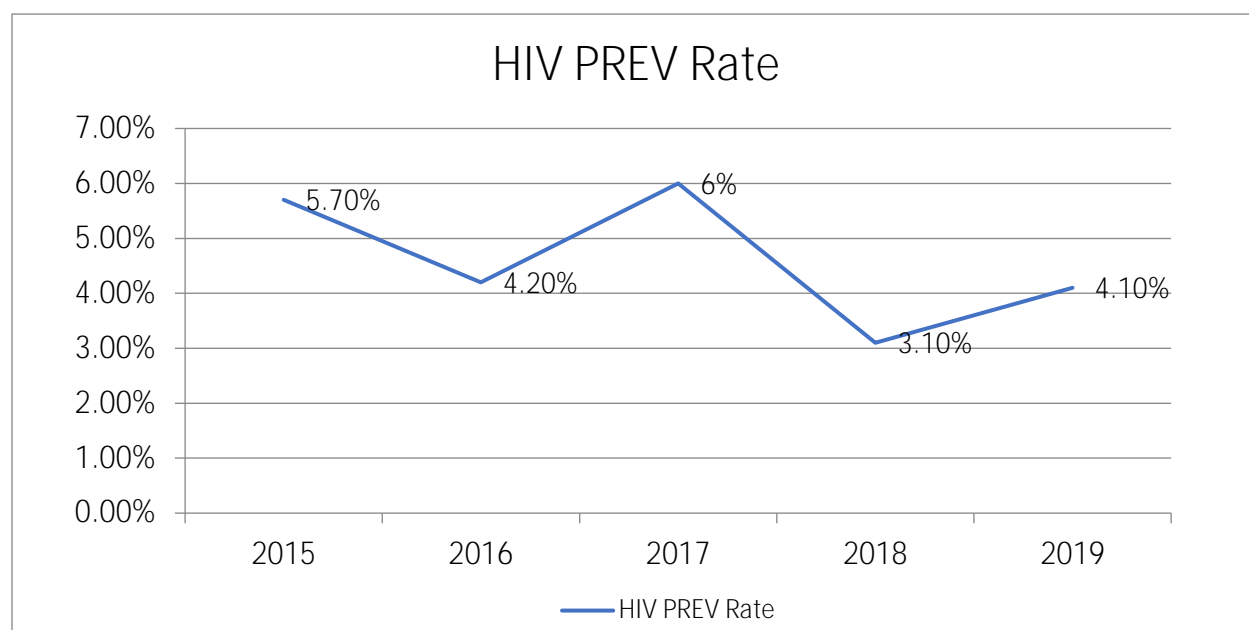
Based on the current state HIV estimate, it is estimated that there are over 83,000 people living with HIV/AIDS in Adamawa State. Effort to control the scourge is a

multidisciplinary and multispectral which demand various interventions from the different organization such as international development partners. There is significant improvement in HIV testing and counselling services over the years, Part of this effort includes scaling up of PMTCT site across the State mostly primary Health facilities from 27 to 88 and 24 treatment centres. This increases access to HIV testing optimization, treatment cascade and Linkage to care

Currently the State prevalence rate of HIV by the most recent survey conducted by Nigerian Government through Federal Ministry of Health in collaboration with University of Maryland Baltimore (UMB), USA shows a decline from 1.9% to 1.2% in 2016 and 2019 respectively (NAISS report 2019)

From the available state program data, it also shows that female HIV status has decline from 5.7% in 2015 to 4.1% in 2019 as can be seen in the chart below

**Chart 3.4 State HIV Prevalence Rate**



The increase in the prevalence rate in 2017 could be as a result of the influx of the internally displaced by insurgency from neighboring States.

### **3.5 Malaria Management**

Ownership of mosquito nets is one of the management protocols to control malaria. In Adamawa, the households with a mosquito bed net has increased from 22 percent in 2003 to 54 percent in 2018. In 2003, Ninety – six percent (96%) of urban households do not own a mosquito bed net as compared to 45 percent in 2018. Only twenty – five percent (25%) of rural household in 2003 own a mosquito bed net compared to 54 percent in 2018. This shows the improvement in the ownership of mosquito bed net among the rural and urban dwellers of Adamawa State. In 2003, mosquito bed nets ownership decreased with household wealth, from 42% in the poorest households to 5% in the wealthiest households while in 2018 ownership of mosquito bed nets increased with household wealth that is from 52% in the poorest households to 60% in the wealthiest households.

In 2003, mosquito bed nets ownership decreased with the mother's level of education, from 33% among the uneducated mothers to 6% among the highly educated mothers while in 2018 ownership of mosquito bed nets increased with mother's level of education that is from 47% among the uneducated mothers to 77 percent among the highly educated mothers. In 2003, eighty-two (82) percent of the households in Adamawa State do not have mosquito bed net as compared to 47 percent of the households in 2018.

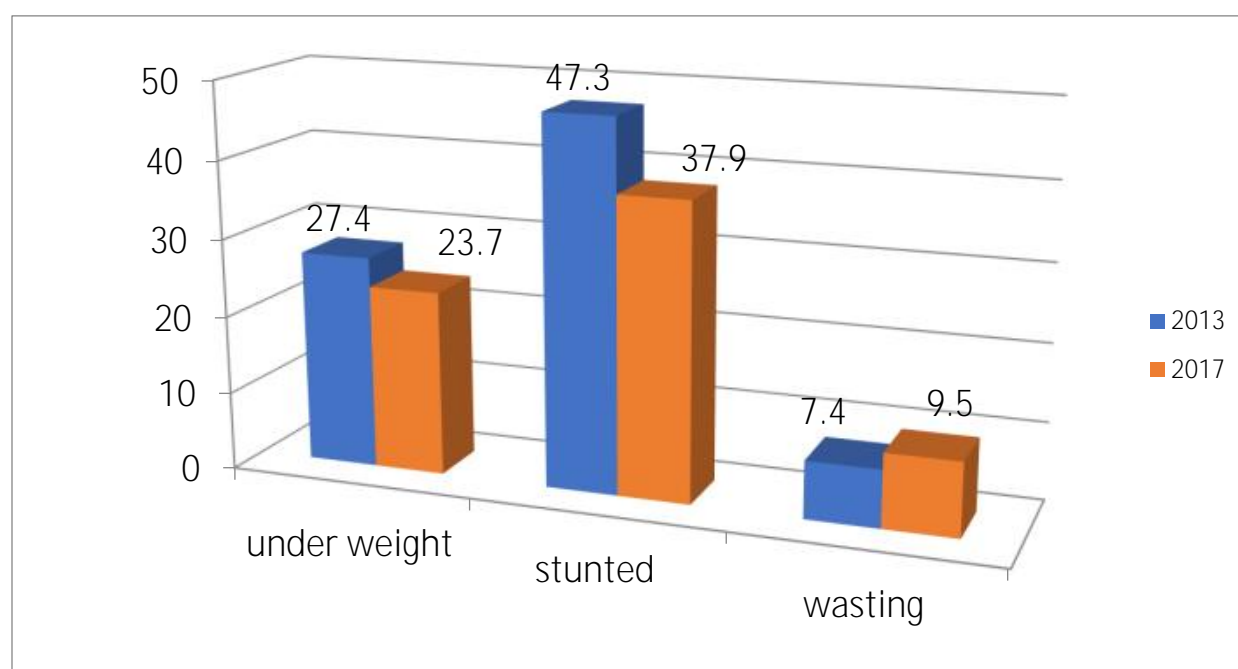
### **3.6 Nutrition (Childhood Malnutrition Indices – Stunting, Wasting and Underweight)**

Nutrition is an important component of Primary Health Care. In Adamawa State, malnutrition among under 5 children is unacceptably high (38%). Severe Acute Malnutrition (SAM) is still a public health problem in the State though is decline



over the years for the concerted effort put in place by the successive administrations and development partners to improving the Health status of children (0 – 59 months) in the State. Good nutrition is a prerequisite for the national development of countries and for the well-being of individuals. Although problems related to poor nutrition affect the entire population, women and children are especially vulnerable because of their unique physiology and socioeconomic characteristics. Adequate nutrition is essential to children’s growth and development. The period from conception to age 2 is especially important for optimal physical, mental, and cognitive growth, health, and development. However, this period is often marked by protein-energy and micronutrient deficiencies that interfere with optimal growth.

**Chart 3.6:1 Nutritional Status of Children Under Five Years**

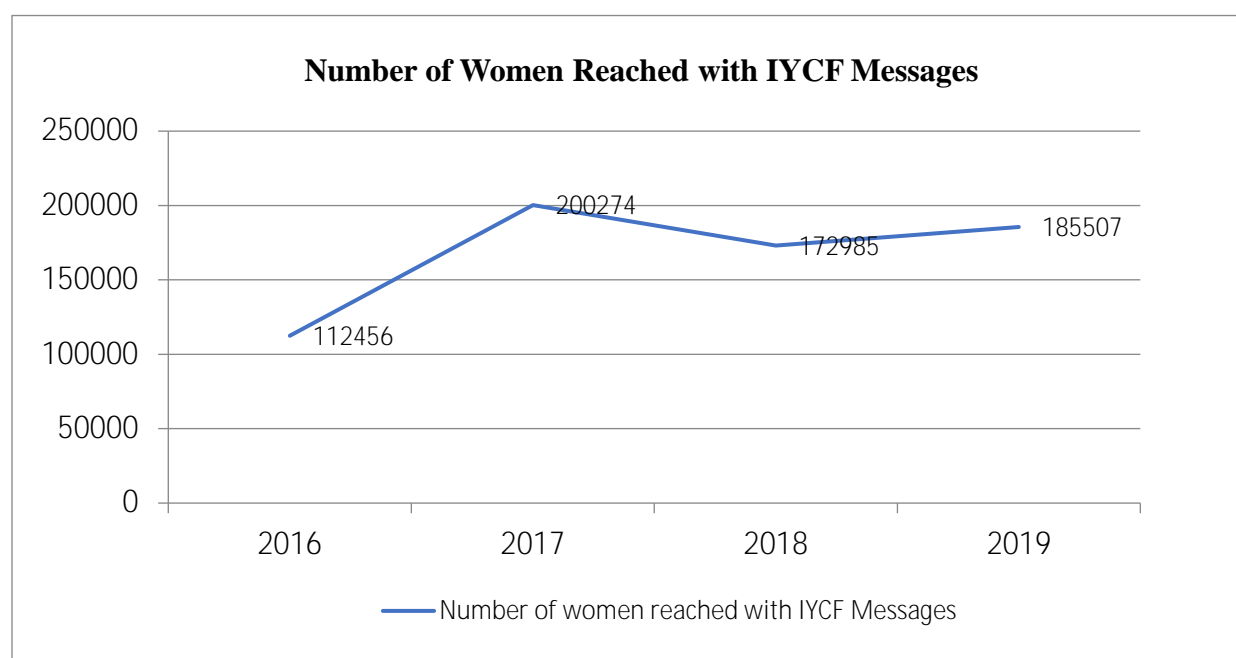


*Source: MICS 2011 & 2017*

From the above table, there is decline in the stunted growth rate, from 47.3% in 2011 to 37.9% in 2017; this also speaks of improvement recorded in weight for height from 27.4% in 2013 to 23.7% in 2017. Comparing data for two years might not be

good enough to use to give a better interpretation of result, it will have been better appreciated to draw better conclusion if the data used for this analysis takes at least five years, however from available anthropometric data above we can deduced that, the nutritional status of under five children has improved considerably, this could be attribute to better awareness of women on the importance of exclusive breast feeding for six months and intensive and comprehensive IYCF program that has been taking place in the state, this is evidently in the state program data where the number of women reached with IYCF message has increase from 112456,200274.172985 and 185507 in 2016,2017,2018 and 2019 respectively as can be seen in the chart below

**Chart 3.6.2. Number of Women Reached with IYCF Messages**



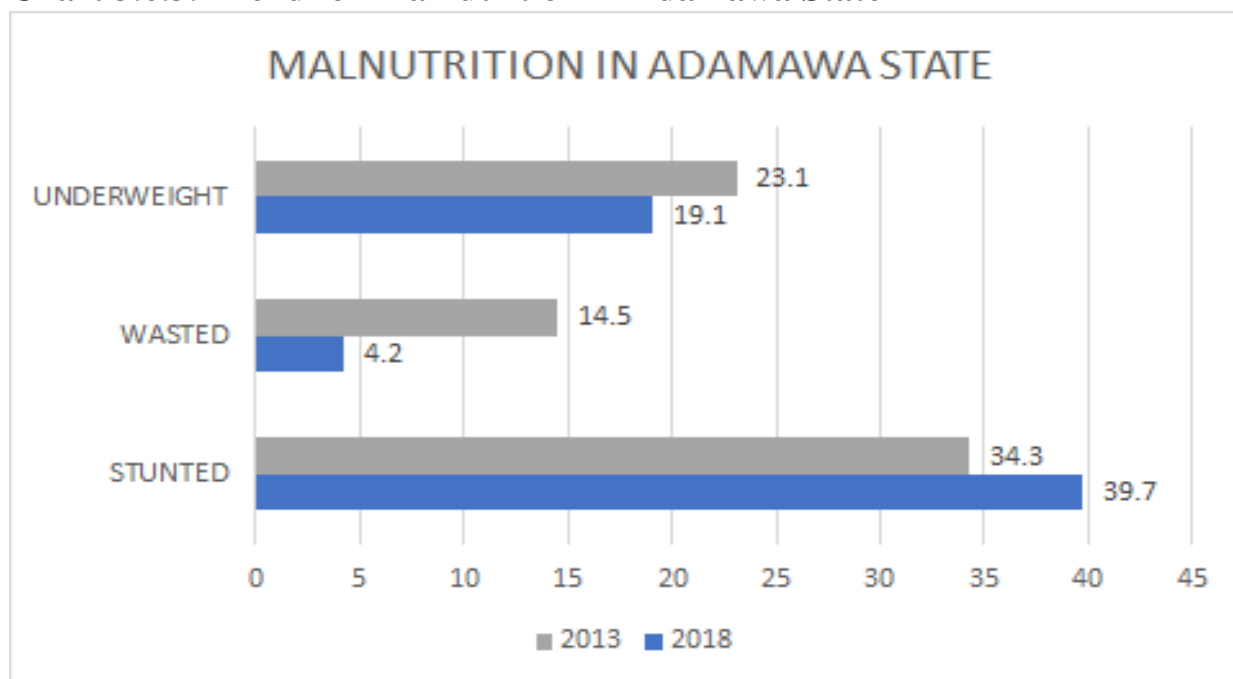
**SOURCE:** State Program Data

From the chart above, the number of women reached with IYCF messages increased from 112 to 456 in 2016 to its peak in 2017 with 200,274 , even though it decline in 2018 but increase in 2019, this shows that, more women were better informed with key IYCF messages which will contribute positively to the nutritional status of

the children for a better and healthy growth, thereby reducing the number of the malnourished children in the State.

Illnesses such as diarrhea and acute respiratory infections are also common among children this can result to Malnutrition due to inability of a child to eat and obtain needed nutrient due to illness. Child malnutrition is a critical public health concern in Nigeria and most especially Adamawa and other States in North East. Malnutrition is a condition that results from eating a diet which does not supply a healthy amount of one or more nutrients. Stunting is an indication of chronic undernutrition. Stunted growth refers to when a child is short for his/her age but not necessarily thin. According to NDHS 2018, 40% children in Adamawa State are stunted, or too short for their age. Four percent are wasted (too thin for height), a sign of wasting and 19% of children are underweight, or too thin for their age.

**Chart 3.6.3. Trend for Malnutrition in Adamawa State**



Source: NDHS 2013 & 2018

### **3.7 Maternal Health Care**

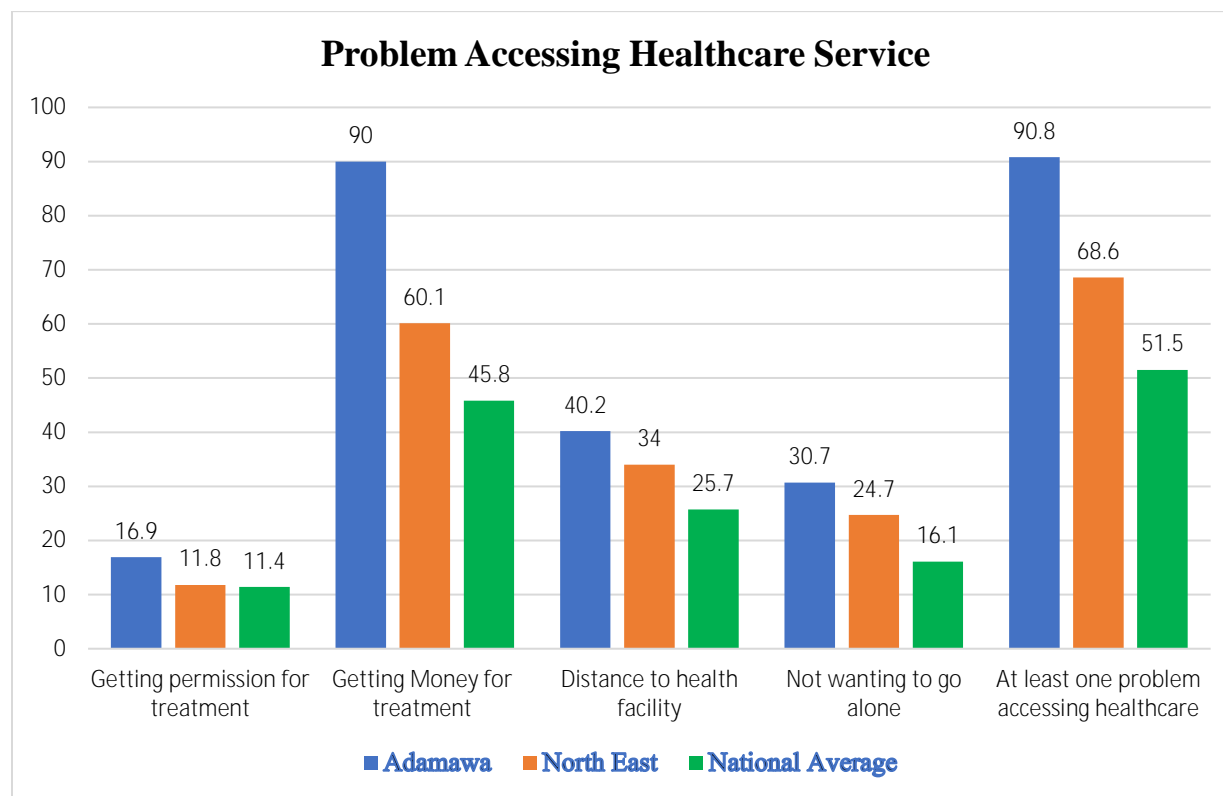
In 2013, 85 percent of women aged 15 – 49 in Adamawa State received antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or auxiliary nurse/midwife) as compared to 82 percent in 2018. Nurse/midwife is the most common skilled antenatal care provider in Adamawa State and has increased from 68 percent in 2013 to 81 percent in 2018. There has been a slight increase in the percentage of births delivered in a health facility from 33.4 percent in 2013 to 39 percent in 2018 while the percentage of births delivered at home has reduced from 65 percent in 2013 to 61 percent in 2018.

The percentage of births assisted by skilled provider/personnel including doctors, nurses, midwives, auxiliary nurses and midwives has increased from 36 percent in 2013 to 41 percent while births delivery assisted by friends and relatives also increased from 52 percent in 2013 to 55 percent in 2018. There has been a significant increase in the timing of first postnatal checkup, the percentage of women with a postnatal checkup in the first two days after births increased from 34 percent in 2013 to 51 percent in 2018.

#### **3.7.1 Access to Maternal Healthcare Service**

Percentage of women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by getting permission for treatment, getting money for treatment, distance to health facility not wanting to go alone and at least one problem accessing healthcare service. On getting permission for treatment, the situation is worst in Adamawa State (16.9%) compared to the regional (11.8%) and national average (11.4%). As regards, getting money for treated, 90% of women in the age bracket of interest indicated that getting money for treatment was an obstacle for them accessing healthcare service.

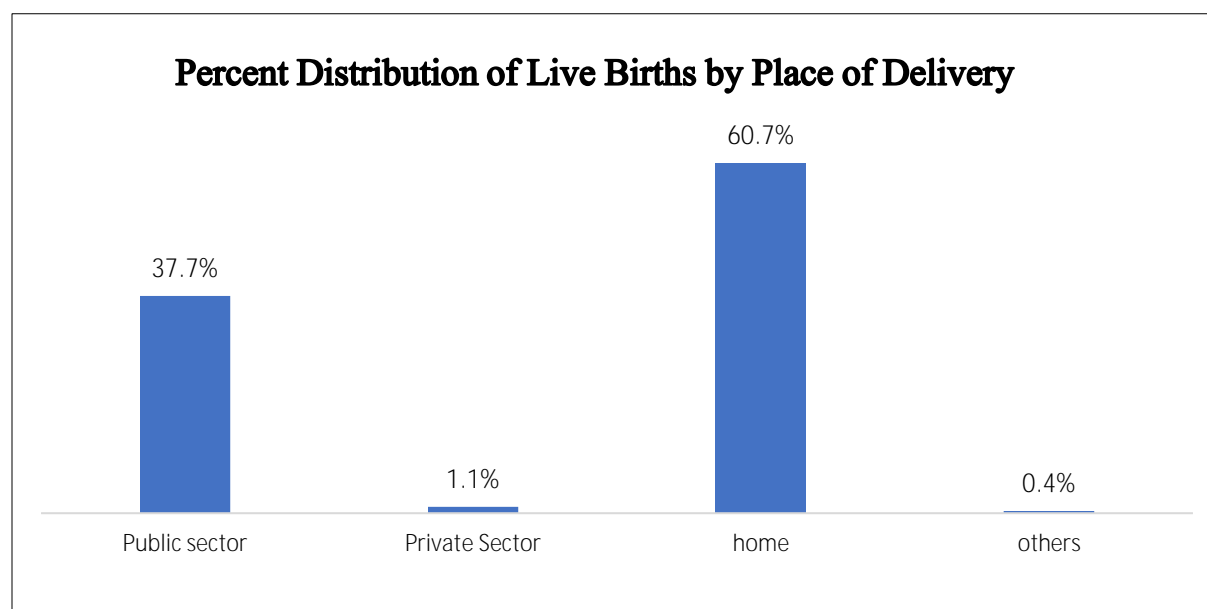
**Chart 3.7.1 Problem Accessing Healthcare Service**



Source: NDHS 2018

Percent distribution of live births by place of delivery, according to NDHS 2018, 60.7% of mothers in Adamawa State give birth at home, while 37.7 indicated that they gave birth at public health facility and 1.1% indicated that they gave birth in private health facility. This shows that place of delivery by mother is still an issue in the State. One likely factor that may be responsible for the high number of births by mother at home may be the cost associated with access to health service. The report also shows that 90 percent of women indicated that reason for not accessing healthcare service is getting money for treatment. There is need for mass education of women in the State on risk of giving birth at home.

**Chart 3.7.2 Percent Distribution of Live Births by Place of Delivery**



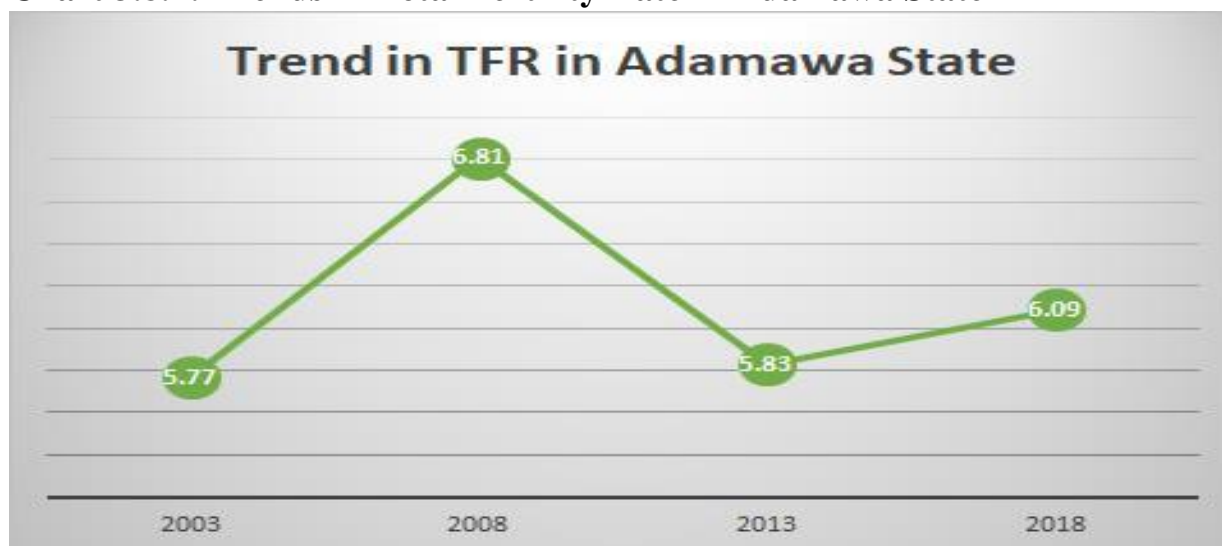
Source: NDHS 2018

### **3.8 Fertility in Adamawa**

Currently, women in Nigeria have an average of 5.3 children. The total fertility rate (TFR) of women in Adamawa State have increased from 5.77 in 2003 to 6.09 in 2018. Women in rural areas of Adamawa had an average of 6.15 children in 2003 and 6.17 children, compared to 4.89 children in 2003 and 5.83 children in 2018 among urban women. Fertility varies by education. In 2018, women with no education had twice as many children as women with more than higher education (7.37 versus 3.05) while in 2003, women with no education had almost thrice as many children as women with more than higher education (6.24 versus 2.4). By wealth status, the poorest category had a TFR of 5.86 in 2003 and 2018, the poorer had a TFR of 7 in 2003 and 7.29 in 2018, the middle have a TFR of 5.69 in 2003 and 5.95 in 2018, the richer had a TFR of 2.59 in 2003 and 4.71 in 2018 and the richest category had a TFR of 6.69 in 2003 and 4.72 in 2018.

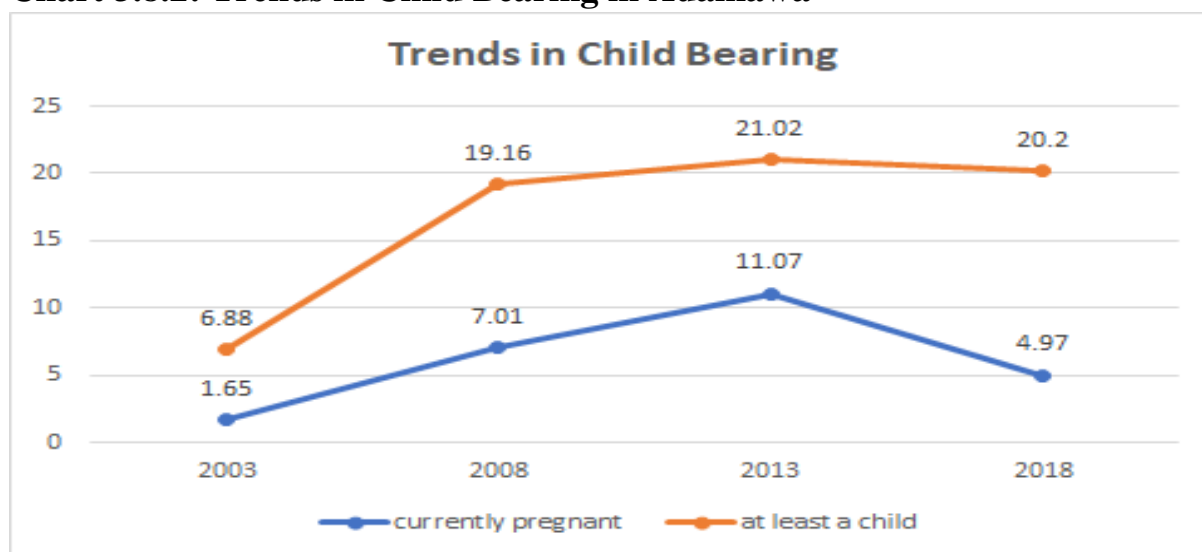
In Adamawa State, 1 in 20 teenage women aged 15-19 are already pregnant and 1 in 5 teenage women aged 15-19 are mothers. Sixty-three percent (63 %) of the pregnant teenage women are in rural areas as opposed to 37 percent in urban areas (NDHS, 2018). Teenage pregnancy has slightly declined since 2013 when 11% of teenage women were pregnant and 21 percent were already mothers. The use of modern method of contraceptives has increased from 1% in 2003 to 18% in 2018.

**Chart 3.8.1: Trends in Total Fertility Rate in Adamawa State**



Source: NDHS, 2018

**Chart 3.8.2: Trends in Child Bearing in Adamawa**



Source: NDHS, 2018

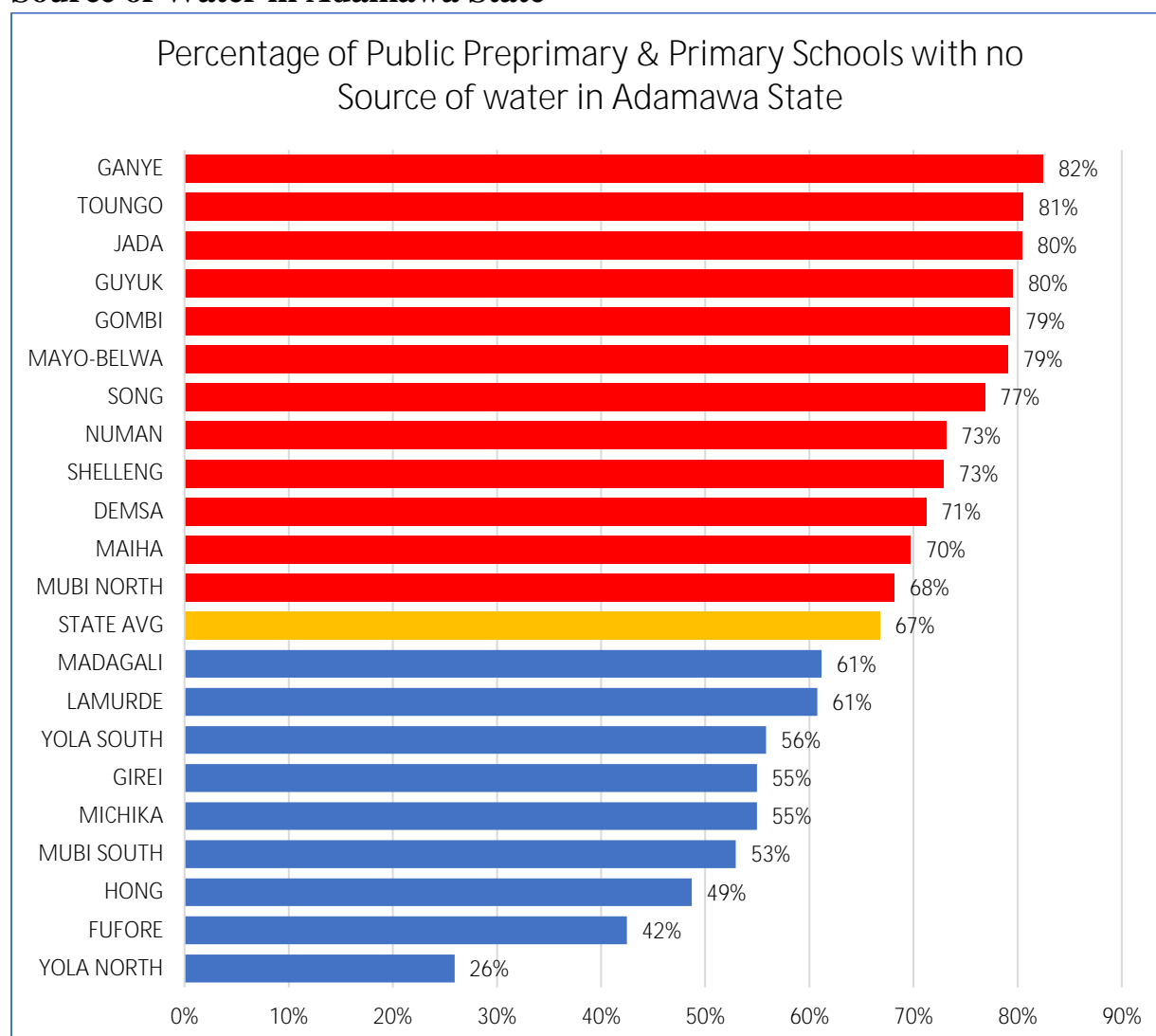
### **3.9 Water, Hygiene and Sanitation (WASH)**

Safe water, toilets and good hygiene is essential at home and at school to keep children alive and healthy. Growing up and schooling in a clean and safe environment is every child's right. Access to clean water, basic toilets, and good hygiene practices not only keeps children thriving, but also gives them a healthier start in life. However, close to 7 in every 10 schools in Adamawa State public Pre-primary and Primary schools are with no source of water. The situation is no way better in terms of Pupil – Toilet Ratio in the State. The Pupil – Toilet Ratio for the State stood at 259 Pupils to a toilet. By implication, several thousand school – going children in the State, do not have access to drinking water, no toilets and no soap for handwashing, making learning difficult – with negative consequences for their future development.

Despite COVID-19 putting the spotlight on the importance of hand hygiene to prevent the spread of disease, 67 percent of public Pre-primary and Primary schools are with no source of water in Adamawa State. Data from the Annual School Census 2018/2019 shows that 12 Local Government Areas (Mubi North, Maiha, Demsa, Shelleng, Numan, Song, Mayo-Balewa, Gombi, Guyuk, Jada, Toungo and Ganye) have schools with no source of water that is above the State average of 67 percent. While only 26 percent of schools in Yola North LGA indicated that they no source of water. There is need for urgent government intervention in this sector in the light of COVID-19 response in schools in Adamawa State.



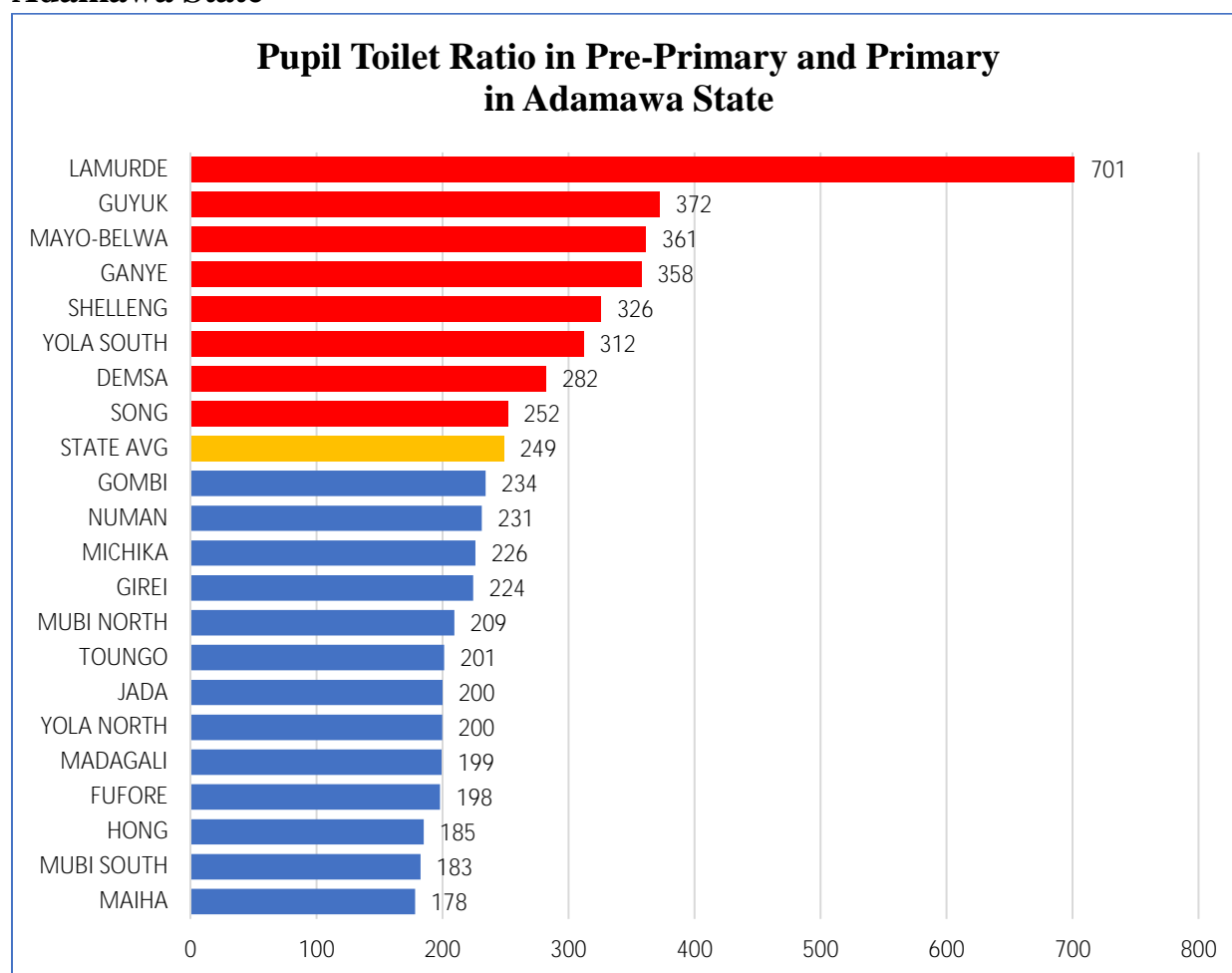
**Chart 3.9.1 Percentage of Public Preprimary & Primary Schools with no Source of Water in Adamawa State**



**Source: Annual School Census (ASC) 2018/2019**

The ASC data also shows that Lamorde LGAs has the worst situation in terms of Pupil – Toilet Ratio in Adamawa State with an average of 701 Pupils to Toilet. Schools in Maiha Local Government Area (LGAs) demonstrated a better Pupil – Toilet Ratio compared to the other LGAs with Pupil – Toilet Ratio of 178 pupils to a toilet. The State average for Pupils – Toilet Ratio stood at 249 pupils to a toilet. This shows that government effort should be channeled towards improving WASH facilities at schools to improve teaching and learning environment at schools.

**Chart 3.9.2 Pupil Toilet Ratio in Pre-primary and Primary School in Adamawa State**



Source: Annual School Census 2018/2019

### 3.10 Causes including Determinant Analysis

Generally, the activities of the insurgents have affected delivery of quality health care and the access to health services over the span of four years especially between 2014 to 2017 in some part of the State. This resulted to mass displacement of populace, shortage of food and inability to access the area with essential health care packages; most of the Health infrastructures were destroyed. The displacement has resulted to overcrowding and increased pressure on health infrastructure, incidence of severe malnutrition among under five children, poorly resourced, unresponsive

and culturally inappropriate health and nutrition services, food insecurity, inadequate feeding practices, lack of hygiene and access to safe water or adequate sanitation and poor sleeping environment.

### **3.11 Role and Capacity Gap Analysis**

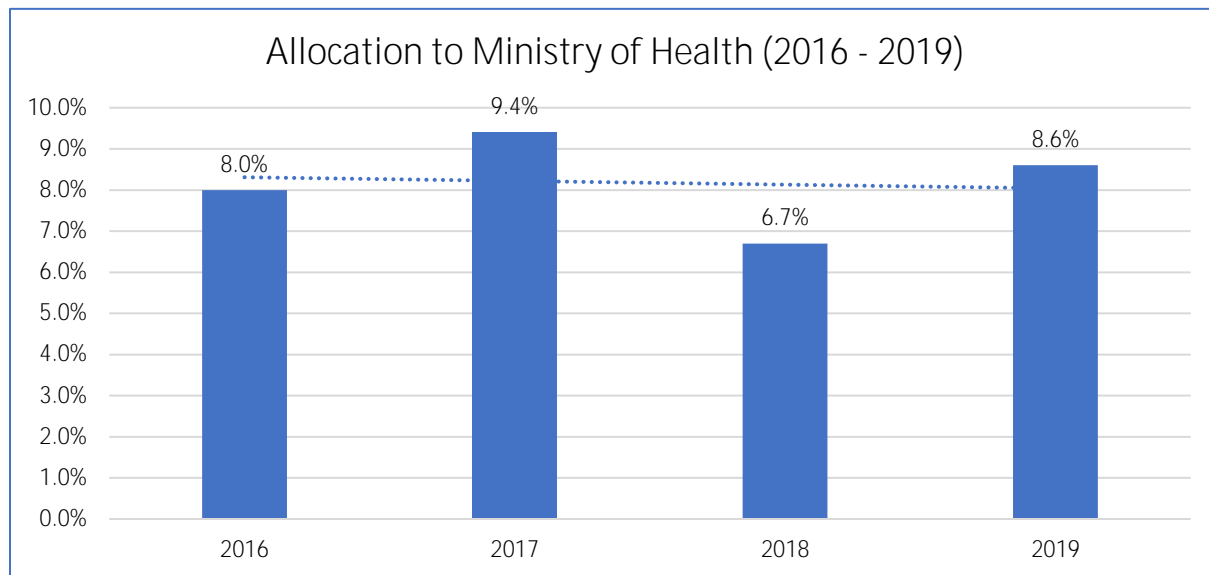
The right of a child to survival and development is recognized in Article 6 of the United Nations Convention on the Rights of the Child. Duty bearers such as the government, parents, and religious institutions, to mention a few, have a role to play in ensuring an appropriate environment for the survival and development of the child. Article 6 of the CRC guarantees the child the fundamental right to life, upheld as a universal human rights principle in other instruments, and to survival and development to the maximum extent possible. Government therefore has a mandate to facilitate access of families to public goods and services that will ensure the survival and development of the child. These include access to healthcare services, education, recreational/play facilities, adequate nutrition, shelter, information, etc. Article 5 of the CRC describes parents and legal guardians as having the primary responsibility for the upbringing and development of the child and that the best interests of the child will be their basic concern. It further enjoins government to protect and assist families in fulfilling their essential roles as nurturers of the child. Government remains the primary duty bearer in the fulfilment of the rights of the child.

### **3.12 Resources**

Share of Annual Allocated Budget to the Ministry of Health in Adamawa State from 2016 – 2019 has been fluctuating overtime. The Abuja Declaration in 2001 by African Union Countries set a target of allocating at least 15% of their annual budget to improve the health sector. The allocation of 8.6% in 2019 is far from this target. Worse still, is only 29.4% of this allocated budget was released in 2019. This call

for strong advocacy for more allocation to the Ministry of Health considering the huge gap the Boko Haram insurgency has created in the health sector of the State.

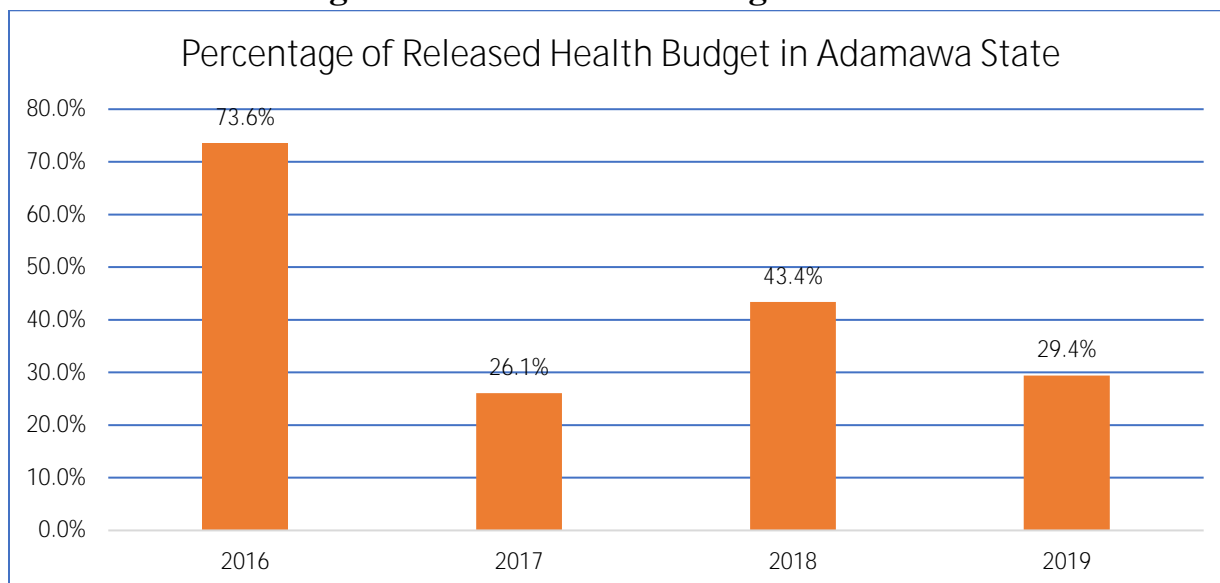
**Chart 3.12 Allocation to Ministry of Health (2016 - 2019)**



Source: Approved Budget and Report of Accountant General Office 201-2018

The highest release to the Health Sector by the Adamawa State government was in 2016 where of the 8% allocated the Sector only 73.6% was released.

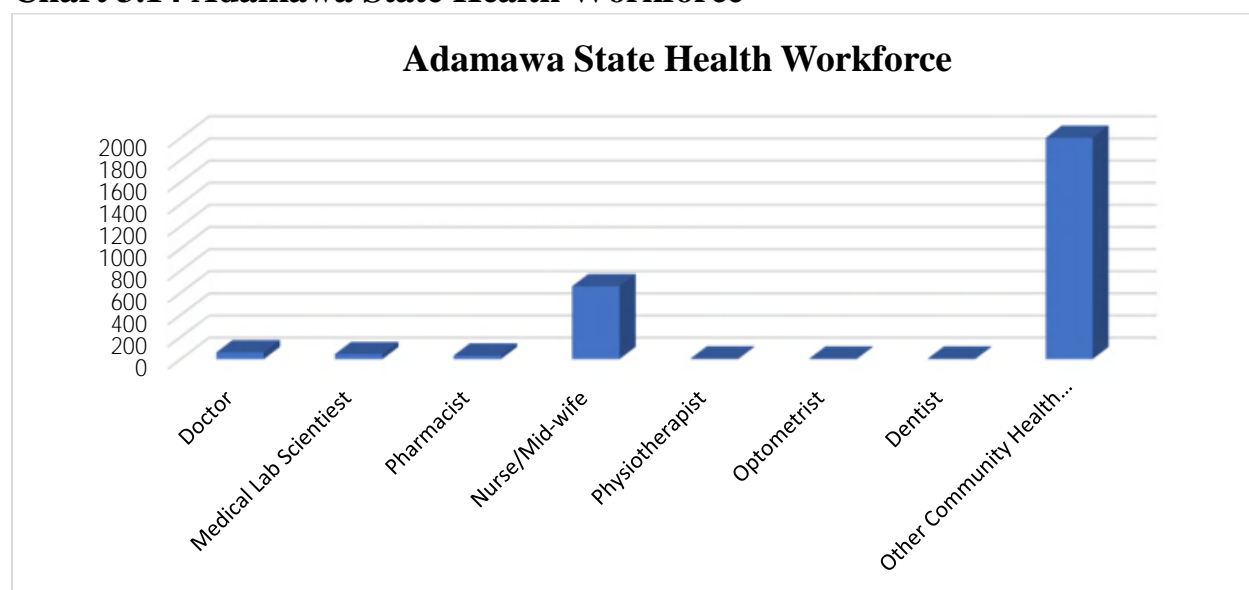
**Chart 3.13 Percentage of Released Health Budget in Adamawa State**



Source: Approved Budget and Report of Accountant General Office 201-2018

The Health workforce of Adamawa state is grossly inadequate; with 61 Doctors, 45 Medical Lab scientists, 31 Pharmacist, 658 Nurses/Mid-wife, 5 Physiotherapist, 4 Optometrists, 4 Dentist and over 2000 Community health workers, of these many will be retiring, though memo has been raised to employ more technical staff to bridge the gap to some certain level. Over the years the Health sectors suffers from the effect of non-release of fund by Government to carry her statutory functions, this has a considerable adverse effect in achieving the goal and target towards improving health status of the children in the State.

**Chart 3.14 Adamawa State Health Workforce**



### 3.13 Policy and Legislation

Nigeria has in place several policies and plans that affect the survival of children and their mothers. These policies are for all the states in the federation including Adamawa State. There are relevant and updated policies and plans in the child survival sector such as the recently launched **NSDHP11, 2019; NPFN, 2016** and National Water Policy, 2017. There are executive declarations such as Emergency declaration on elimination of open defecation, emergency declaration for routine

immunization, for reducing preventable maternal, newborn and child deaths etc. Low coverage of intervention activities, inadequate funding of the sectors, poor policy implementation has generally been responsible for the poor performance of the sector.

### **3.14 Proposed Response including Potential Role of the Private Sector in Child Survival**

#### **3.14.1 Role of Government**

Adamawa State Government is the primary duty bearer in ensuring the attainment of child survival in the state. There is the need to channel planning and implementation of child-related programmes in line with international best practices. One way to do so is to domesticate the CRA in the 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 the child through targeted investments in the provision of potable water, hygiene and sanitation and orientation programmes and public enlightenment campaigns to sensitize and mobilize the public against risk factors in infant, neonatal and maternal mortality.

The Nutrition Unit of the State Ministry of Health and Primary Health Care Development Agency, headed by the State Nutrition Officer, has adopted the National Policy and Strategies to combat childhood malnutrition through a robust growth monitoring system put in place, early identification of SAM and treatment through community based approach, improving coverage of exclusive breastfeeding and good practice of Infant and Young Child Feeding (IYCF) among other program and activities in place to reduce the rate of Malnutrition in children.

### **3.14.2 Role of Private sector**

In Adamawa State, the private sector can help by providing goods and services to ensure the child survival. These include:

- The organized private sector in Adamawa State can get involved by subsidizing some essential health services that will promote the health of children in the State.
- Provision of information technology, infrastructure and support services
- Direct provision of health services – medicines and medical products and financial products
- The Private Sector can also sponsor training for the health workforce in some special medical area that will advance the health of children in the State.

## **CHAPTER FOUR**

### **EDUCATION**

#### **4.1 Situation and Trend**

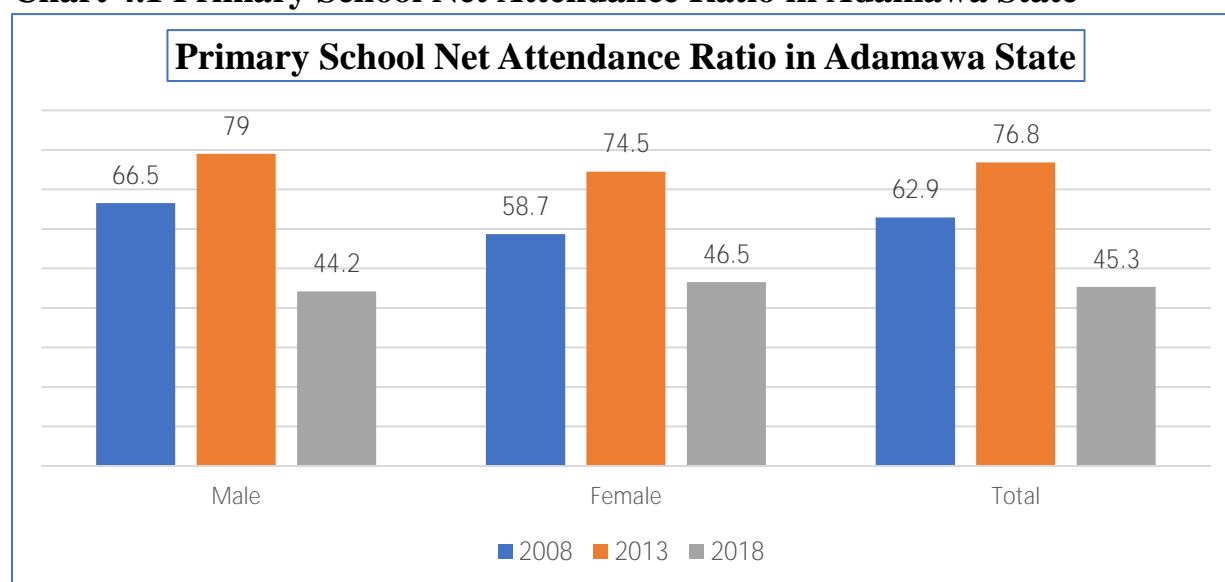
Education as it is generally known, is the process through which an individual develops attitude, skills, ability and other forms of behavior which are important and contributes positively to the society at large (Isokpan and Durojaye (2016). Education which is a major investment and one of the determinants for economic growth and development has been confronted with the challenges of insurgency, banditry and other forms of anti-social vices. Adamawa State is among the states in emergency crises of insurgency (Boko Haram), Fulani herdsmen and farmer's crises, communities' clashes etc. The emergence of Boko Haram insurgency has seriously affected education in Northern part of Nigeria. According to the Nigerian education data survey 2010, constant attacks makes it even difficult for teachers and stakeholders to persuade parents to allow their children stay-on at schools. In 2014 record has shown that many parents in Madagali and some Local Governments of Adamawa State send their children out of the state due to constant and frequent attack by the Boko Haram sects (Umaru & Terhember, 2014). This menace has now caused the entire North East zone including Adamawa State to have the lowest enrollment as over 50 percent of girls not in school (Akyeampong et al., 2019)

The problem of Out-of-School Children (OOSC) has been of grave concern in Nigeria. The problem is more prevalent in Northern Nigeria; Adamawa State inclusive as one of the identified states in the northern part of the country with a significant number of Out-of-School Children and out of which girls are having a higher percentage of the out of school children. The situation was further



exacerbated by the activity of Boko-Haram insurgence in the North East who are against “western education”. Trend and pattern from the Nigeria Demographic and Health Survey (NDHS, 2003, 2013, and 2018) on primary school Net Attendance Ratio (NAR) indicates a huge drop in school attendance in the last ten years in Adamawa State. It will be insightful to know that the NAR for primary school is the percentage of the primary school-age (6-11 years) population that is attending primary school.

**Chart 4.1 Primary School Net Attendance Ratio in Adamawa State**



This may mean that only 45.3 percent of school age population in Adamawa State are attending any form of formal institutions in 2018. By implication, 54.7 percent of school age population in the State cannot be accounted for by the educational system. They are either dropped out of school or invisible to any form of formal institution. Between 2008 and 2013 there was 22.1 percent increase of NAR in the State. However, these gains were eroded, resulting to a negative growth of 41% within the last five years of the NDHS survey. There is no doubt that, this huge loss in the NAR is as a result of insurgency activity in the State.

The state and all the key stakeholders as well as development partners have been making concerted effort to improve pupils net attendant ratio and other basic education indicators. The aim is not only to make the citizen of the state achieve primary school retention, completion and transition to higher level of learning, but also to have at least, 75% of the Citizens of Adamawa State to obtain a sound foundation in quality (inclusive) education by the year 2030, so that illiteracy level can reduce and employment opportunities and general wellbeing of the people to increase. National completion rate at the primary school level was 55.12% with male and female rates being 59.12% and 51.24% respectively. At the secondary school (SS) level, national rate was 39.41% with male and female rates being 42.63% and 36.18% respectively. There was a progressive decline in completion rates from primary to secondary schools. Also, senior school enrolment declined from 4,475, 309 in 2016 to 4,323,347 in 2017 (NBS, 2019).

In the area of ECCDE (nursery/pre-primary) and primary school education, Adamawa State is witnessing significant improvement in terms of girls' participation. The gender gap is improving, almost achieving equal number of girls to boys' participation in primary school. Moreover, in the State presently, there are a greater number of girls in ECCD centers (Pre-primary schools) than boys, and almost 100% of the children that attended ECCD proceed to primary, a prospect for more girls in primary schools than boy within few years come. The aforementioned statement is validated by the report of NDHS 2018, where Primary School Net Attendance Ratio for male pupils was 44.5 percent and that of female pupils was 46.5%. In addition, data from MICS5 indicated that for every 100 children in Adamawa State, only 56 (56%) children will complete Primary Education. The secondary school transition rate is 12.1 percent, indicating that for every 100 pupils, only 12 pupils will transit to secondary school. This is ridiculously low; government,

private sectors and development partners can channel effort in this direction to improve the secondary school transition rate in the State.

## 4.2 Gender Parity Index

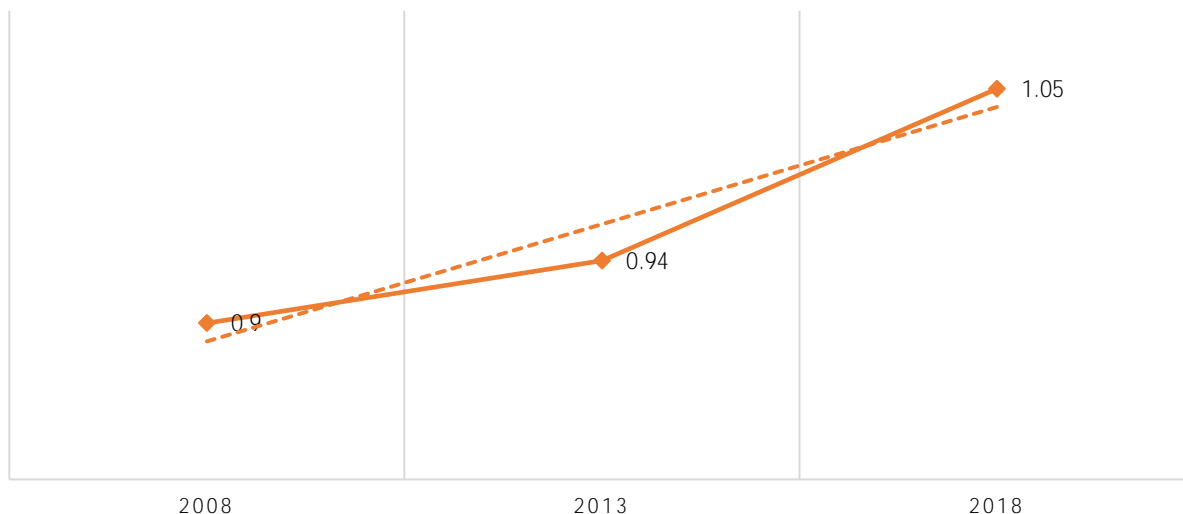
Gender parity index (GPI) is the percentage of female to male value of a given indicator (FME NSI, 2016). GPI of 1 indicates parity between the two sexes. Table 4.2 summarized from the National Personnel Audit, 2018 reveals that the gender disparity is in favor of boys. Gender parity at the pre-primary/ECCDE and at primary level was 0.95 and 0.92 respectively. The gender disparity is worst at the secondary level where the gender-parity index (GPI) for the Junior Secondary School level and the Senior Secondary School level was 0.89 and 0.82 respectively. This is an indication of increase in disparity between the gender as they move from pre-primary up to senior secondary school. That is, enrolment rate between the gender gradually decreases along the school levels. Even at the pre-primary and primary levels, where the GPI seems to be higher, there is disparity which is in favour of boys. The state therefore needs to adopt interventions to increase access to schools for girls especially the JSS and SSS levels where there is high level of disparity.

<b>Table 4.2: Access by Level and Gender (Public and Private)</b>										
<b>Level</b>	<b>Population</b>			<b>Enrollment</b>			<b>GER</b>			<b>GPI</b>
	<b>M</b>	<b>F</b>	<b>MF</b>	<b>M</b>	<b>F</b>	<b>MF</b>	<b>M</b>	<b>F</b>	<b>MF</b>	
<b>Pre-Primary / ECCDE</b>	338,844	318,557	657,401	59,822	56,608	116,430	17.7%	17.8%	17.70%	0.95
<b>Primary</b>	442,396	414,517	856,913	343,896	316,313	660,209	77.7%	76.3%	77.0%	0.92
<b>JSS</b>	190,265	178,440	368,705	80,740	71,742	152,482	42.4%	40.2%	41.4%	0.89
<b>SSS</b>	149,274	141,523	290,797	535,58	44,128	97,786	35.9%	31.2%	33.6%	0.82

Source: Summarized from National Personnel Audit, 2018.

**Chart 4.2 Trend of Primary School GPI in Adamawa State**

**Trend Of Primary School GPI In Adamawa State**



Source: NDHS 2008, 2013 & 2018

Trend of Gender Parity Index (GPI) for primary education according to NDHS (2008, 2013 & 2018) shows that, in Adamawa State there are more female pupils in school than male as at 2018. For instance, the GPI increased from 0.9 to 0.94 between 2008 and 2013. A further rise from 0.94 to 1.05 was observed between 2013 and 2018. The implication of this is that for every 105 female pupils attending school, there are 100 male pupils. One could attribute this to child labor in the State. Data shows boys are more likely to be engaged in Child labor than female. For example, MICS 5 data indicated that 54.3% and 47.2% Male and Female children respectively between the ages of 5 – 17 years are involved in economic activities or child labor in Nigeria.

### **4.3 Pre-Primary Education**

The pre-primary education or early childhood education is designed to support early development in preparation for participation in schools and society. Pre-primary education as described by Ross (1976) “provides a child-centered, preschool

curriculum that aims at unfolding the child's physical, intellectual and moral nature with balanced emphasis on them" education for ages before 7 years when the children can readily interact with their peers and the educator. These are known as nursery schools and kindergarten. The pre-primary education is very important because it is regarded the background and foundation to the education. The target-2 of the fourth SDGs (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) is to ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are prepared for primary education.

#### **4.3.1 Access: Early Childhood Care Education**

The family and home environment are crucial to a child's existence and development. However, access to good-quality care and education programmes outside the home are also important in providing children with the basic cognitive and language skills they need to flourish in school. Such programmes can also help foster social competency and smooth transition into primary education.

Access to preprimary education has been experiencing remarkable increase in enrollment in the recent time. Data from the Federal Ministry of Education, 2017 and the Annual School Census 2017/2018 and 2018/2019 indicated an enrollment of 49,043 with female accounting for 49.7% in 2013/2014 academic session. This dropped by 29% in 2015/2016 academic session for public preprimary schools. In the last 5 years, enrollment in Adamawa State increased by 18.1% between 2013/14 and 2018/2019 academic sessions. At present, the enrollment in the State stood at 135,921 with female pupils accounting for 49.5%.

Parents in Adamawa State are more likely to send their children to private Early Childhood Care Development and Education (ECCDE) and Pre-primary school.

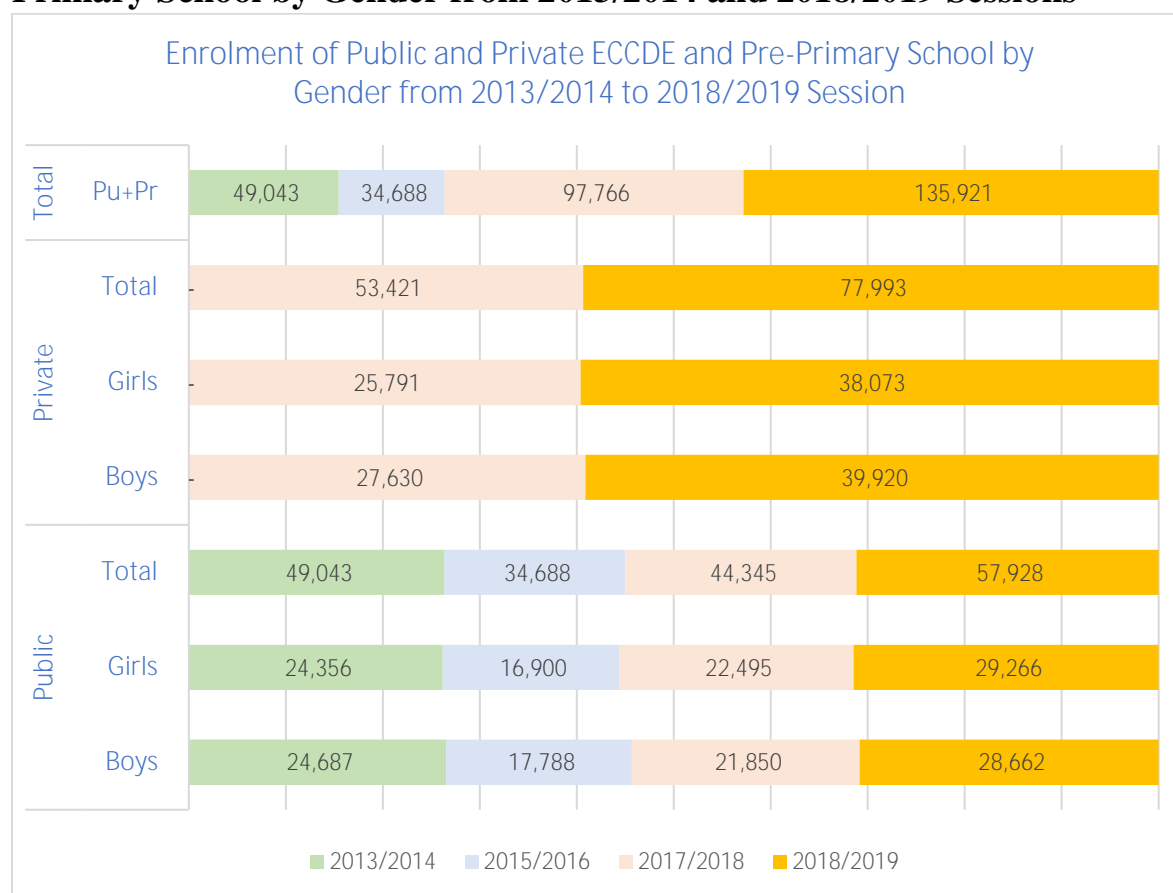
This is because the data from ASC 2018/2019 indicated that 57% (77,993) of children enrolled in preprimary education attend private schools. Only 43% of these children attend public preprimary school.

**Table 4.3.1: Enrolment of Public and Private ECCDE and Pre-Primary School by Gender from 2013/2014 to 2018/2019 Session in Adamawa State**

Year	Public			Private			Total
	Boys	Girls	Total	Boys	Girls	Total	Pu+Pr
2013/2014	24,687	24,356	49,043	NA	NA	NA	49,043
2015/2016	17,788	16,900	34,688	NA	NA	NA	34,688
2017/2018	21,850	22,495	44,345	27,630	25,791	53,421	97,766
2018/2019	28,662	29,266	57,928	39,920	38,073	77,993	135,921

Source: Nigeria Digest of Educational Statistics, 2017, ASC 20117/2018, 2018/2019

**Chart 4.3.2: Trend in the Enrolment of Public and Private ECCDE and Pre-Primary School by Gender from 2013/2014 and 2018/2019 Sessions**



Source: Nigeria Digest of Educational Statistics, 2017: ASC 2011/2018, 2018/2019

## 4.4 Primary Education

The elementary or primary education consists of four to six years of formal, structured education and schooling starting at the age of five to seven. The Education for All (EFA) which was adopted by The Dakar Framework in April 2000 at the World Education Forum in Senegal has a main goal that all children would receive primary education.

### 4.4.1 Access

The data of Federal Ministry of Education, 2017 for Adamawa State indicted that primary school (public and private) enrolment rate abysmally dropped by 80% in the 2013/2014 session when the total primary school enrolment (public and private) was

582,223 in 2013/2014 session. The enrolment in public primary school accounted for 582,223 while female representation was 47.9% (278,710). In the five years under review, there was 21% increase in enrolment from 582,223 in 2013/2014 to 733,711 in 2018/2019 session. Of these, in 2018/2019 academic sessions female pupil's enrolment account for 48% the same percentage was maintained in the previous session (2017/2018).

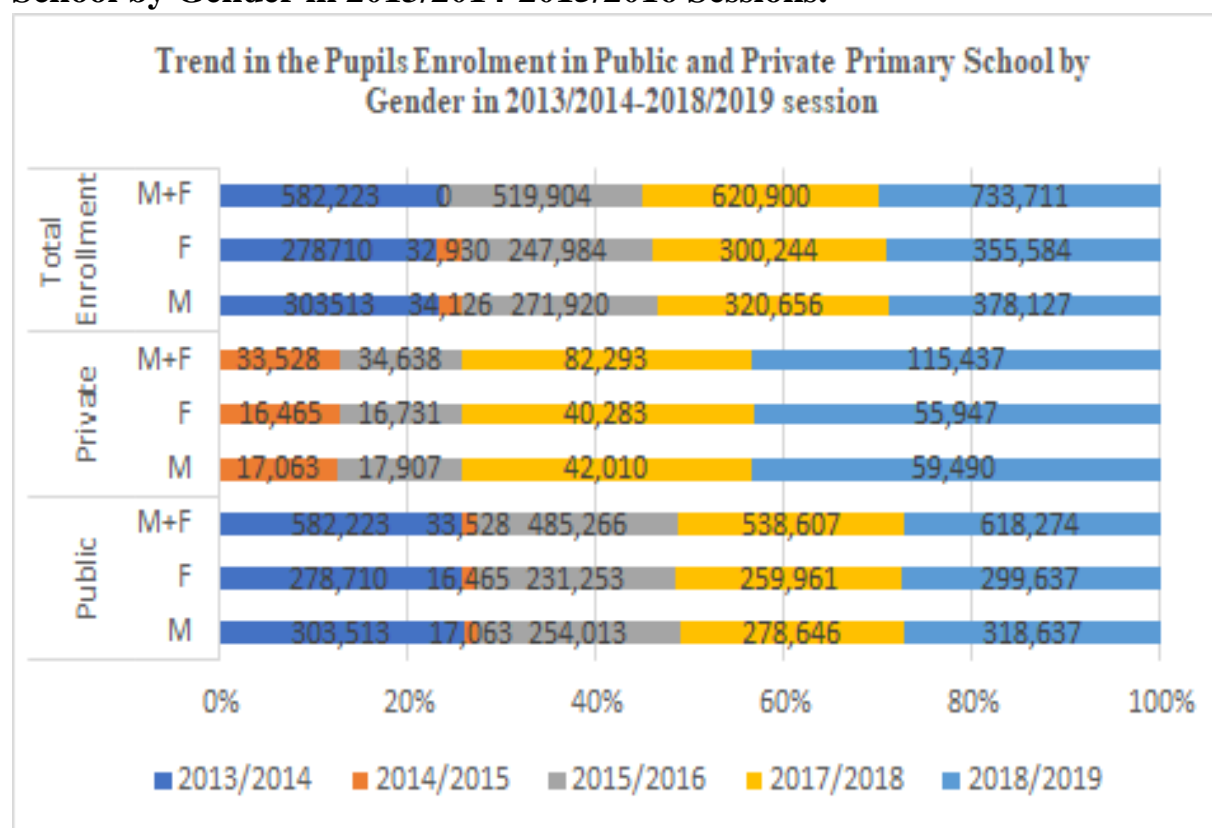
**Table 4.4.1: Public and Private Primary School Enrolment by Gender, 2013/2014-2018/2019**

Academic Year	Public			Private			Total Enrolment		
	M	F	M+F	M	F	M+F	M	F	M+F
<b>2013/2014</b>	303,513	278,710	582,223	N/A	N/A	N/A	303513 (52.1%)	278710 (47.9%)	582,223
<b>2014/2015</b>	17,063	16,465	33,528	17,063	16,465	33,528	34,126 (50.9%)	32,930 (49.1%)	67056
<b>2015/2016</b>	254,013	231,253	485,266	17,907	16,731	34,638	271,920 (52.3)	247,984 (47.7%)	519904
<b>2017/2018</b>	278,646	259,961	538,607	42,010	40,283	82,293	320,656 (52%)	300,244 (48%)	620,900
<b>2018/2019</b>	318,637	299,637	618,274	59,490	55,947	115,437	378,127 (52%)	355,584 (48%)	733,711

**Source:** Nigeria Digest of Education Statistics, 2017 and ASC 2017/2018.2018/2019



**Chart 4.4.1 Trend in the Pupils Enrolment in Public and Private Primary School by Gender in 2013/2014-2015/2016 Sessions.**



**Source:** Nigeria Digest of Education Statistics, 2017 and ASC 2017/2018.2018/2019

The trend in pupils' enrolment in public and private primary schools by gender presented in Chart. 4.4.1 shows that public enrolment is much higher than private enrolment. The total number of enrolments in public school seriously declined from 582,223 in 2013/2014 to 33,528 in 2014/2015 before increasing by over 14 folds to 485,266 in 2015/2016 and to 618,274 in the 2018/2019 session. The trend in private schools however was different from that of the public school where the total number of enrolments slightly increased from 33,528 in 2014/2015 to 115,437 in 2018/2019 period. The proportion of male to female public schools in 2019 was 51.5% to 48.5%; while it was 51.5% male to 48.5% female in the private schools in the same session. Adamawa State's net enrolment rate was 48.65% in 2016, male 49.75% and female 47.52%. In 2018/2019, there were 378,127 males (51.5%) and 355,584

females, female representation was 48.5%. The male population continues to dominate the enrolment exercise in the three sessions, therefore, gender disparity looms.

#### **4.4.2 Qualified Teacher – Pupil Ratio**

The National Policy on Education had a Qualified Teacher – Pupil Ratio (QTPR) recommendation of 1:35 for primary schools (FRN, 2014). In the 2013/2014 session, the QTPR at the primary school level was 1:33. However, this ratio got worse in 2015/2016 (1:48) indicating a low QTPR in the State. The number of qualified teachers in primary school reduced from 17,781 in 2013/2014 to 10,106 in 2015/2016. At the primary education level in the 2013/2014 session, equal number of male teachers and female teachers were available (13,642). But in terms of qualified teachers, there were more qualified male teachers in each year than male teachers. Female qualified teachers increased in proportion from 35.09% in 2013/2014 to 37.41% in 2015/2016 while male qualified teachers reduced in proportion from 64.91% in 2013/2014 to 62.59% in 2016.

Recent data from Annual School Census 2017/2018 and 2018/2019 shows that the QTPR of public primary school in Adamawa State stood at and 1:40 and 1:45 teachers to Pupils respectively. The total number of qualified teachers in the State as at 2018/2019 annual school census stood at 13,717.

If the Adamawa State government is to meet the minimum recommended Standard of qualified teacher for Primary education level (1:35), an additional teachers capacity gap of 3,948 needs to be filled. This means the total number of teachers required by public primary school in Adamawa State should be 17,665.

#### **4.6 Junior Secondary Education**

The junior secondary education is also referred to as the lower secondary education and it is usually organized around a more subject-oriented curriculum different from the primary education. This level of education ensures students are taught basic subjects which will enable pupils to acquire further knowledge and skills (FRN, 2014). The main aim of this stage is therefore, to lay the foundation for lifelong learning and human development upon introducing theoretical concepts across a broad range of subjects which can be developed in future stages. This stage is usually three years before advancing to the senior secondary school.

#### **4.6.1 Access in Junior secondary School.**

Junior secondary education is one of the most transformative development stages in the education of a child, in that it enables all children to develop the knowledge and skills they need for life and work. Data on enrollment from the Federal Ministry of Education, 2017, for Adamawa State indicted that total junior secondary school enrolment (public and private) in 2015/2016 (103,900) has reduced since the 2013/2014 session when the total junior secondary school enrolment (public and private) was 115,226. The enrolment in public junior secondary school accounted for the 2013/2014 session was 93% (107,630) with a female representation of 43.1% (46,435) while the enrolment in public JSS for the 2015/2016 session was 92% (96,019) with a female representation of 45.6% (43,797).

Recent data from 2017/2018 and 2018/2019 ASC shows a progressive increase in enrolment in Adamawa State. Enrolment from public and private junior secondary schools in the State reveals that an enrolment of 145,846 and 159,976 in the 2017/2018 and 2018/2019 academic sessions. This indicated a year-on-year increase of enrolment by 9.7 percent in junior secondary school enrolment. According to the

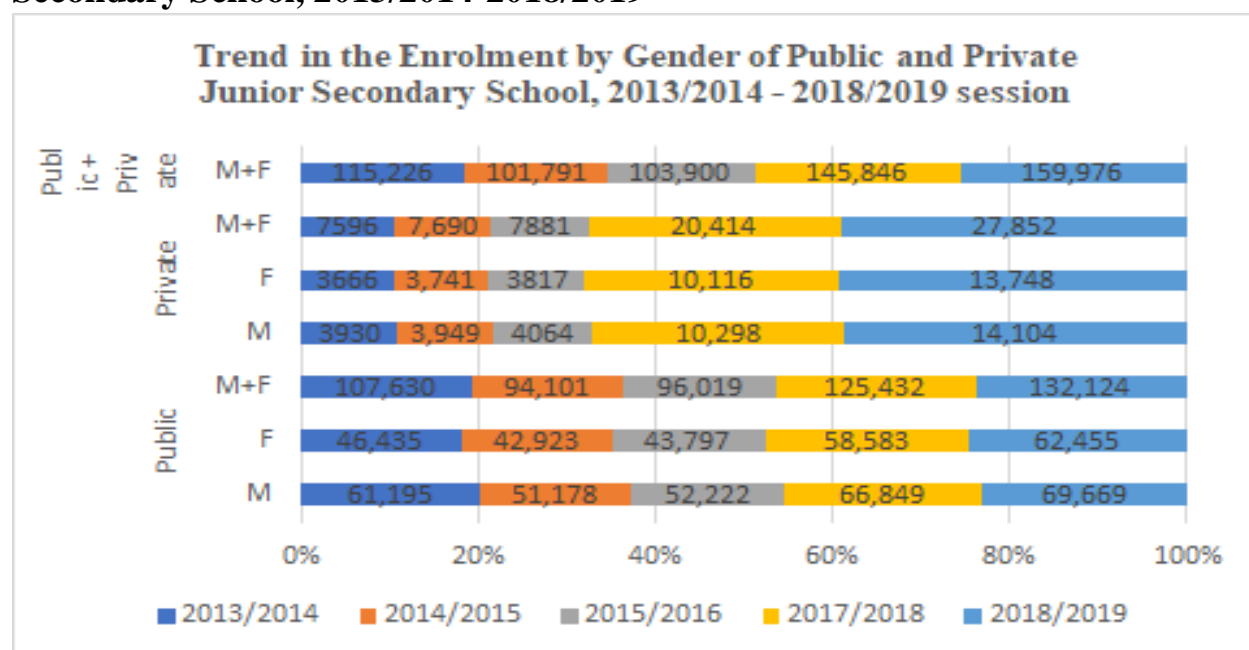
school census figures, 47.6 percent of all enrolment in both public and private schools 2018/2019 session in the State were female. Furthermore, only 17.4 percent of those enrolled in 2018/2019 session attend private schools Table 4.6.1 below reveals a preference for public schools over private schools which could be due to the financial capacity of parents.

**Table 4.6.1: Public and Private Junior Secondary School Enrolment by Gender, 2013/2014-2018/2019**

Year	Public			Private			Public + Private
	M	F	M+F	M	F	M+F	M+F
<b>2013/2014</b>	61,195	46,435	107,630	3930	3666	7596	115,226
<b>2014/2015</b>	51,178	42,923	94,101	3,949	3,741	7,690	101,791
<b>2015/2016</b>	52,222	43,797	96,019	4064	3817	7881	103,900
<b>2017/2018</b>	66,849	58,583	125,432	10,298	10,116	20,414	145,846
<b>2018/2019</b>	69,669	62,455	132,124	14,104	13,748	27,852	159,976

**Source:** Nigeria Digest of Education Statistics, 2017 and ASC 2017/2018.2018/2019

**Chart 4.6.1 Trend in the Enrolment by Gender of Public and Private Junior Secondary School, 2013/2014-2018/2019**



**Source:** Nigeria Digest of Education Statistics, 2017 and ASC 2017/2018.2018/2019

The trend in enrolment by gender depicted in the Chart. 4.6.1 shows that public school enrolment is much higher than private school enrolment. The total number of enrolments in public school declined from 107,630 in 2013/2014 to 94,101 in 2014/2015 before it increases slightly to 96,019 in 2015/2016 and finally to 132,124 in the 2018/2019 session. The trend in private JSS however was different from that of the public junior secondary school where the total number of enrolments increased from 7,596 in 2013/2014 to 27,852 in 2018/2019 period. The proportion of male to female public schools in 2019 was 52.7% to 47.3%; while it was 50.6% male to 49.4% female in the private schools in the same session. While there are more enrolment rates in public schools than in private schools, male students dominated the enrolment exercise. Gender disparity still continues at this junior secondary education level in favour of the male students.

## **4.7 Senior Secondary Education**

The senior secondary education is also referred to as the upper secondary education and it is typically designed to complete the secondary education process. The senior secondary education is more differentiated with range of options and learning streams and offer students more varied, specialized and in-depth instruction compared to the primary or the junior secondary school. The senior secondary education process led to skills relevant to employment and skill necessary to engage in tertiary courses (ISCED, 2011). Usually, at the end of the third year of the senior secondary education, students will write the West African Senior School Certificate Examination (WASSCE) and/or National Examination Council exams. NDHS 2018 showed that 34 percent of women in Adamawa have completed their secondary school education.

### **4.7.1 Access**

The data of Federal Ministry of Education, 2017 for Adamawa state indicted that total senior secondary school enrolment (public and private) in 2015/2016 (80,545) has increased since the 2013/2014 session when the total senior secondary school enrolment (public and private) was 77,357. The enrolment in public senior secondary school accounted for the 2013/2014 session was 72,800 (94 percent) with a female representation of 43.2% (31,439) while the enrolment in public SSS for the 2015/2016 session was 75,800 (94 percent) with a female representation of 43.2 percent (32,734). Adamawa state's gross enrolment rate at the SSS level slightly reduced from 29.4 percent in the 2013/2014 session to 28.9 percent in the 2015/2016 session.

Recent data from the State Ministry of Education annual school census shows that there is consistent increase in senior secondary school enrolment in both public and private schools in the State. ASC 2017/18 and 2018/2019 reveals a total enrolment of 97,786 and 107,604 respectively. Of those enrolled in 2018/2019 session, 46.3%

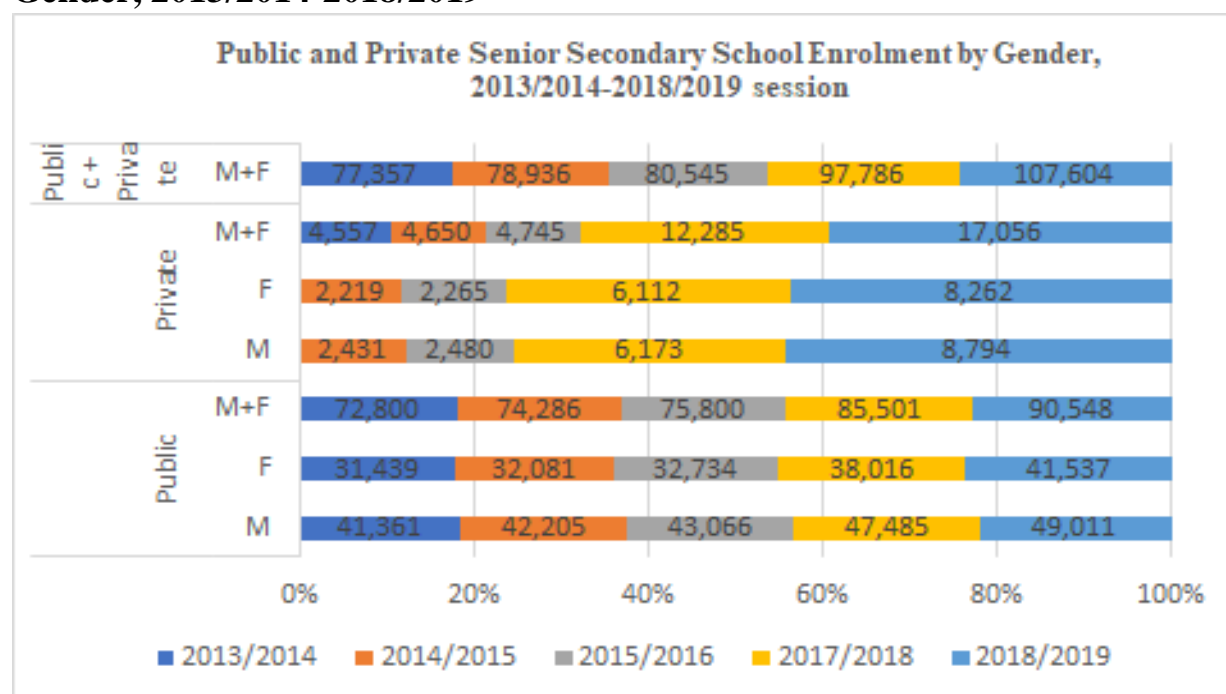
(49799) are female. Also, only 15.9 percent (17,056) of those enrolled in 2018/2019 attend private secondary school in the State. Table 4.5 below reveals a preference for public schools over private schools which could be due to the financial capacity of parents.

**Table 4.7.1: Public and Private Senior Secondary School Enrolment by Gender, 2013/2014-2018/2019**

Year	Public			Private			Public + Private
	M	F	M+F	M	F	M+F	M+F
<b>2013/2014</b>	41,361	31,439	72,800			4,557	77,357
<b>2014/2015</b>	42,205	32,081	74,286	2,431	2,219	4,650	78,936
<b>2015/2016</b>	43,066	32,734	75,800	2,480	2,265	4,745	80,545
<b>2017/2018</b>	47,485	38,016	85,501	6,173	6,112	12,285	97,786
<b>2018/2019</b>	49,011	41,537	90,548	8,794	8,262	17,056	107,604

**Source:** Nigeria Digest of Education Statistics, 2017 and ASC 2017/2018.2018/2019

**Chart 4.7.1 Public and Private Senior Secondary School Enrolment by Gender, 2013/2014-2018/2019**



**Source:** Nigeria Digest of Education Statistics, 2017 and ASC 2017/2018.2018/2019

The trend in enrolment by gender depicted in Fig. 4.5 shows that public schools' enrolment is much higher than private schools' enrolment. The total number of enrolments in public school as opposed to the junior secondary school increased from 72,800 in 2013/2014 to 90,548 in 2018/2019 session. The trend in private SSS was similar to that of the public senior secondary school where the total number of enrolments increased from 4,557 in 2013/2014 to 17,056 in 2018/2019 period. The proportion of male to female public schools in 2019 was 54.1% to 45.9%; while it was 51.6% male to 48.4% female in the private schools in the same session. In 2018/2019, there were a total of 57,805 males (53.7%) and 49,799 females, female representation was 46.3%. This trend invariably means that, GPI was not achieved as at the 2013/2014 – 2018/2019 academic sessions



#### **4.7.2 Qualified Teacher – Pupil Ratio**

Current national data for QTPR is 1:43 which is higher than 1:35 recommended by the National Policy on Education. In the 2015/2016 session, QTPR at the senior secondary school level was 1:25 indicating an acceptable quality of pupil/teacher ratio in the state. The number of qualified teachers in the senior secondary school in 2015/2016 was 3,204. In the 2015/2016 session at the SSS level, there were 4,516 teachers but only 3,204 were qualified.

The current capacity of public schools in terms of QTPR and pupil/classroom ratio brings to the fore the quality of teaching (UBEC, 2018). The quality of education and by extension, learning outcomes, therefore remains a critical focus. It goes without saying that, low quality of education in schools will play an unpalatable role in low completion rates.

The main challenges to human resource management in Adamawa state's educational system include inadequate funding by government, inadequate learning materials including poor quality of classrooms, weak or inadequate teachers' incentive scheme, weak accountability system which creates challenges in holding teachers responsible for their performance, lack of adequate teacher training and professional development system, inadequacy of clear guidelines and criteria for teacher recruitment, deployment, promotion, remuneration and performance, high pupil/teacher ratio, insecurity and insurgency including kidnapping and killing of pupils/students. All these have placed a heavy burden on the educational system undermining what is very critical to pupil/student learning.

#### **4.8 Out-Of- School Children (OOSC) in Adamawa State**

In spite of Nigeria's government commitment to free access to compulsory basic education as stipulated in Universal Basic Education Act of 2004, basic education

continues to suffer from low enrollment at pre-primary and primary levels of Education. Data from the National Personal Audit conducted by the Universal Basic Education Commission (UBEC) in 2018, indicated that 299,830 children of primary school age (6 -11 years) are Out-Of- School Children (OOSC) in Adamawa State. 51% of the OOSC in the State are male children.

The three LGAs with the highest number of Out of School Children according to the report are Demsa, Guyuk, and Song LGAs with OOSC of 28,992, 28,523 and 25,960 respectively. These three local government areas account for over 25% of the Out of School Children in the State. By implication, one in every four children that are out of school can either be found in Demsa, Guyuk or Song LGA. Meanwhile, Toungo LGA has the least situation of OOSC in the State accounting for 1.6% (4,787) of the total Out-Of School Children in the State. Surprisingly, there are more female out of school children in Toungo LGAs with female children accounting for 52% of the OOSC in the LGA. There are more female OOSC in Fufore LGA because the NPA data indicates that close to 60% of Out-Of-School Children in the LGA are girls.

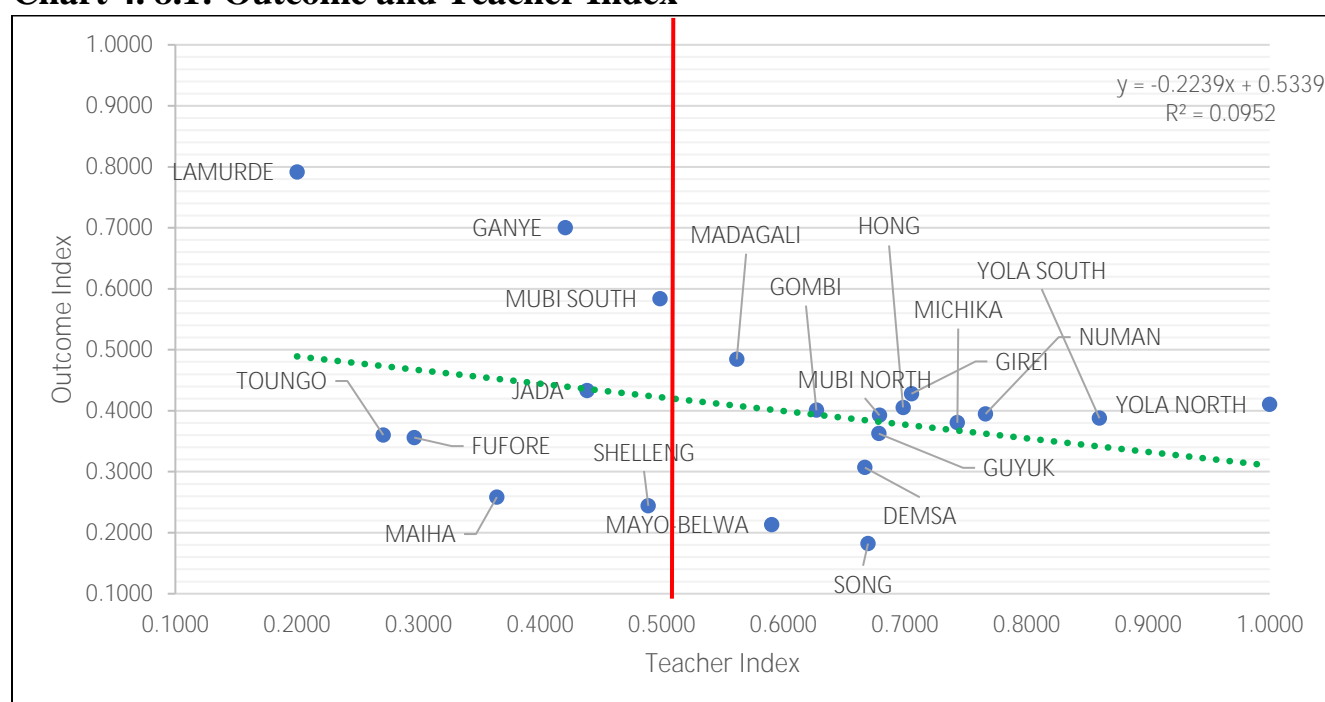
#### **4.9 Education Development Index (EDI)**

The Education Development Index is a composite index that provides a snapshot of overall progress of an education system across different region. The purpose of EDI is to summarize various aspects related to input, process and outcome indicators and to identify geographical areas that lag behind in the educational development. The EDI was computed for pre-primary and primary school level of Education in Adamawa State.

A set of 10 indicators have been used in computing EDI which are re-grouped into the three sub-groups, namely Infrastructure, Teachers and Outcome indicators. The indicators used for constructing EDI were determined by the available data at the thematic group disposal. Data from the Adamawa State 2018/2019 Annual School

Census (ASC) was utilized in the computation of the EDI. The 10 indicators include; Pupils Teacher Ratio (PTR), Pupils Qualified Teacher Ratio Percentage of Female Teacher in Primary School, Percentage of Public Pre-primary & Primary Schools with no Source of water, Pupil Toilet Ratio in Pre-Primary and Primary School, Pupils/Classrooms Ratio in Pre-Primary and Primary schools, Percentage of Public Pre-primary & Primary Schools with no Health facilities, Percentage of Classrooms in Public Pre-primary & Primary Schools without good blackboard, Gender Parity Index and **Gross Enrollment Ratio**.

**Chart 4. 8.1: Outcome and Teacher Index**

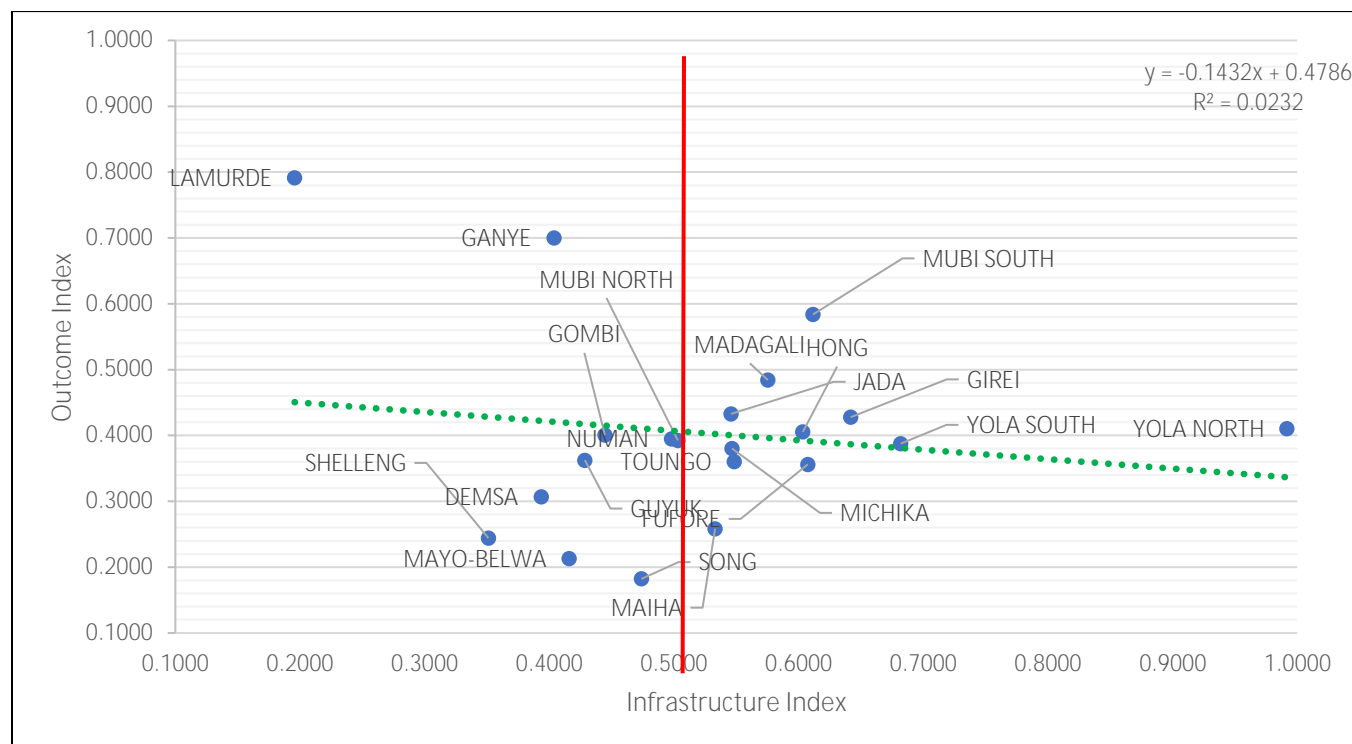


Source: Adamawa State Census (ASC) 2018/2019

The  $R^2$  indicated that approximately 10 percent of the observed variation can be explained by the model inputs. The chart shows that Yola North, Yola South, Numan, Girei, Michika, Mubi North, Hong, Madagali and Gombi, falls in the upper region crossing the border. It goes to demonstrate these LGAs are positive in terms of Outcome and Teachers index. Adamawa State should give more attention to

Outcome and Teacher index of the following LGAs Toungo, Jada, Shelleng, Maiha, and Fufore.

**Chart 4.8.2: Outcome and Infrastructure Index**



Source: Adamawa State Census (ASC) 2018/2019

On Outcome and Infrastructure index, 7 LGAs fell in the upper right quadrant they are Madagali, Hong, Jada, Mubi South, Yola South, Yola North and Girei. By implication, these LGAs have more enrolment, better gender parity index and better infrastructure in terms of source of water and toilet facilities.

#### 4.10 Immediate and Underlying Causes

The education deprivation in Adamawa State is driven by various factors, including economic barriers and poor living condition, poor access to information, illiteracy of parents and caregivers, inadequate early childhood care, ethnic, religious and socio-cultural norms/practices that discourage attendance in formal education – especially for girls and women.

The activities of the insurgents have affected the delivery of quality teaching and education and access to classroom and learning activities in several parts of Adamawa State. This has led to mass displacement of pupils/students/teachers and inability to access the classroom; most of the classrooms has been destroyed and damaged beyond repairs. The displacement has led to overcrowding and increased the pupil-teacher ratio in the state.

#### **4.11 Role and Capacity Gap Analysis of Duty Bearers and Right Holders Including Legislation and Policy Frameworks**

The idea examines the agenda for identifying, planning, implementing and monitoring policies, projects and programmes required for interventions. It involves raising the levels of accountability and transparency by identifying the rights holders and their counterpart, the duty bearers and analyzing the capacity of key individuals and institutions i.e., pupils, parents, teachers, school, community and the state governments, etc. Adamawa State government have obligations to formulate educational policies and provide legislative frameworks. Children, on their part should study hard. Parents have a duty to pay tax to fund education and inculcate study habit in their children. The school management is obligated to extend partnership to the communities they serve with the objective of increasing community participation. In response, the community will send their children to school. This explains the role, motivation, authority, resources and knowledge required by stakeholders.

##### **4.11.1 Resources**

##### **4.11.2 Policy and Legislation**

The extant policy on education is the National Policy on Education formulated in 1977 which introduced the 6-3-3-4 system with the 6<sup>th</sup> edition in 2013. The purpose is to make education affordable and accessible to all ‘based on the development of

the individual into a sound and effective citizen’ (NPE, 1977). This policy had been adopted by Adamawa State and all other states in the federation. In 2019, Adamawa State declared a free education policy for primary and secondary school. The goal of the policy is to make primary and secondary education free for all

#### **4.11.3 COVID-19 Pandemic Lesson**

The sudden global invasion of the world order by COVID-19 pandemic shook the world out of its complacency and drummed the need for sincere inclusiveness in learning to avert ‘poverty learning’ for children including the disabled in the future. This unexpected ‘storm’ forced closure of schools and put all educational institutions on hold which led to home confinement of school children not only in Adamawa State but also in other countries of the world and banned access to education through physical classroom to avert global catastrophe. The one thing that can be learnt from the situation is to diversify the means of learning and the need to integrate learning style by radio, remote learning, online learning, and other close-circuit and personal measures to enable parents and guardians plan for learning or lessons at home during crisis.

However, the major challenge of this is the financial capacity of parents to procure learning devices like computer, tablets and android phones. Others include the lack of internet, poor power supply, etc. which may hamper accessibility particularly in the rural areas. Overall, the need to institute early warning and preparedness measures for the education sector; and to ensure uninterrupted learning for children during crisis cannot be over-emphasized.

#### **4.12 Proposed Response Including Potential Role of the Private Sector**

Before the advent of the COVID-19 pandemic and the regulations put in place to prevent its spread, Adamawa State has made remarkable progress to promote educational development in the State. Through the help of the international

agencies/organizations such as UNICEF in collaboration with the government, there has been progress in the areas of capacity building, institutional development and strengthening.

#### **4.12.1 Role of Government**

Adamawa State Government is a primary duty bearer in achieving the right of the child to education. The government has the duty to provide inclusive and quality education to all. Efforts must be intensified to ensure inclusive and qualitative education to improve the literacy level in the state. The number of schools and classrooms need to be increased and the quality of the existing buildings and classrooms be upgraded and equipped with sufficient furniture and storage. Educational infrastructures and amenities should be provided in IDP camps to enhance the education of the children in the camp. More emphasis should be placed on quality education vis-à-vis qualified teachers with equipment. The government should work towards electronic learning in areas affected by banditry, insurgency and other form of insecurity. The COVID-19 pandemic has taught the world that things can be done online. Government should strengthen Adult and Non-formal Education as an effort to control drop out syndrome in the society

#### **4.12.2 Role of the Private Sector**

The roles of the private sector in improving educational development include increased investment for effective participation particularly school ownership. The private sector is best positioned to lead investments and innovations in e-learning. Efforts in this regard become more necessary against the backdrop of the disruptions to normal schooling imposed by the COVID-19 pandemic, insecurity of all sorts, and its anticipated long-term effects.

## **CHAPTER FIVE**

### **CHILD PROTECTION**

#### **5.1 Situation and trends**

Adamawa State has experienced several setbacks as a result the activity of insurgency in the State. The insurgence activity has rendered many women and children to be vulnerable and unprotected from violence, exploitation, neglect and abuse. Nigeria is a signatory to the Convention of the Rights of the Child (CRC) and the Sustainable Development Goals (SDGs). The CRC contains framework agreed by several independent countries. The framework provides a legal bases within which child protection policies and actions can be designed and implemented. Though Nigeria is a signatory to the CRC many States in the country have not domesticated the Child Right Act. Civil Societies in Adamawa State championing the rights of children has made several efforts to domesticate the child right act but failed to yield the desired results.

In 2016 an estimated 1,687,703 were displaced in various camps in the three States of Adamawa, Yobe and Borno, with the larger percentage being women and children (National Human Development Report 2018). Article 7 of the Convention on the Rights of the Child specifies that every child has the right to be registered at birth,



without any discrimination, Childbirth registration is still a major issue in Nigeria. According to NDHS 2018, in Nigeria, 43% of children under age 5 have their births registered with the civil authorities; among these 62% are registered with National Population Commission (NPC). However, in Adamawa State, only 19.9% under 5 were registered by NPC. Further disaggregation of Birth Registration by other civil authorities shows that Local government administration, private clinic/hospital and others, registered 2.9%, 65.3% and 11.8% respectively. Though Adamawa State has recorded appreciable increase in birth registration over the last 10 years (18.9% in 2008, 35.8% in 2013 and 63.1% in 2018), 65.3% of the registered birth in 2018 were registered in Private clinics and hospitals and only 19.9% were registered by the National Population Commission.

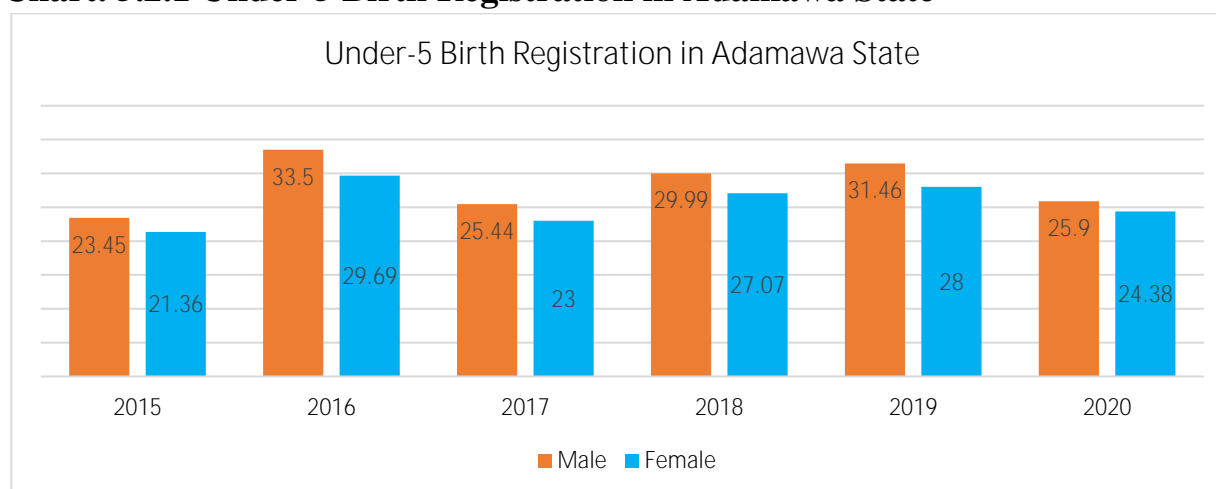
Child labor is one of the most daunting issues in Nigeria, a country with a growing young population and developing economy, affecting a large portion of the country's children up to age 17. The MICS – 5 (MICS 2016 – 2017) report indicated that 43.2% of children age 5-11 years involved in economic activity for at least one hour in Nigeria. Furthermore, 47% of children aged 5 – 14 years are engaged in child labour. More Females (48 percent) compared to male (46percent) of the children age 5 - 14 are involved in child labour. Adamawa State has a slightly lower percentage (38.9%) of children involved in economic activity compared to the national average. The report also shows that 10.9% of children age 12 – 14 years involved in economic activity for 14 or more hours. Surprisingly, slightly above, 3 in every 10 children age 5 – 17 years are working under hazardous conditions in Adamawa State. This may likely have negative consequences in the performance of such children at school. Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, over 60 million women age 20---24 were married/in union before the age of 18. Nigeria has the 11<sup>th</sup> highest prevalence rate of

child marriage in the world and the third highest absolute number of women married or in union before the age of 18 in the world (UNICEF, 2013). In Nigeria, an estimated 3 percent of boys and 44 percent of girls are married before their 18<sup>th</sup> birthday. In Northern Nigeria, the poverty level in North East is 76.3 percent (BBC, 2014). NDHS 2018, indicated that 52 percent of the young girls marry before 18 years and 77 percent of young girls who marry in childhood are from the poorest families as compared to 18 percent from the richest. Nigeria's child marriage is most prevalent in the North East (70 percent) where the poverty rate is highest, averaging 77 percent, where child marriage is most prevalent.

## **5.2 Birth Registration**

Birth registration is the official recording of a child's birth by the government. When children are unregistered, it implies the children are invisible to their governments. This means they may miss out on essential programmes – like child protection, health care and education – that help secure their most fundamental rights of the children. In Nigeria, the institution mandated with the official registration of births is the National Population Commission. Despite the importance of birth registration, only one in every 5 children is registered with the National Population Commission in Adamawa State. More male children are likely to be registered at birth than female children in the State. Across the years under review, there were more male children registration at birth in Adamawa State. Birth Registration among under five was highest in the year 2016. There was a slight decrease in birth registration between 2019 and 2020 this was because of the adverse effect of COVID 19 pandemic.

**Chart. 5.2.1 Under-5 Birth Registration in Adamawa State**



Source: National Population Commission

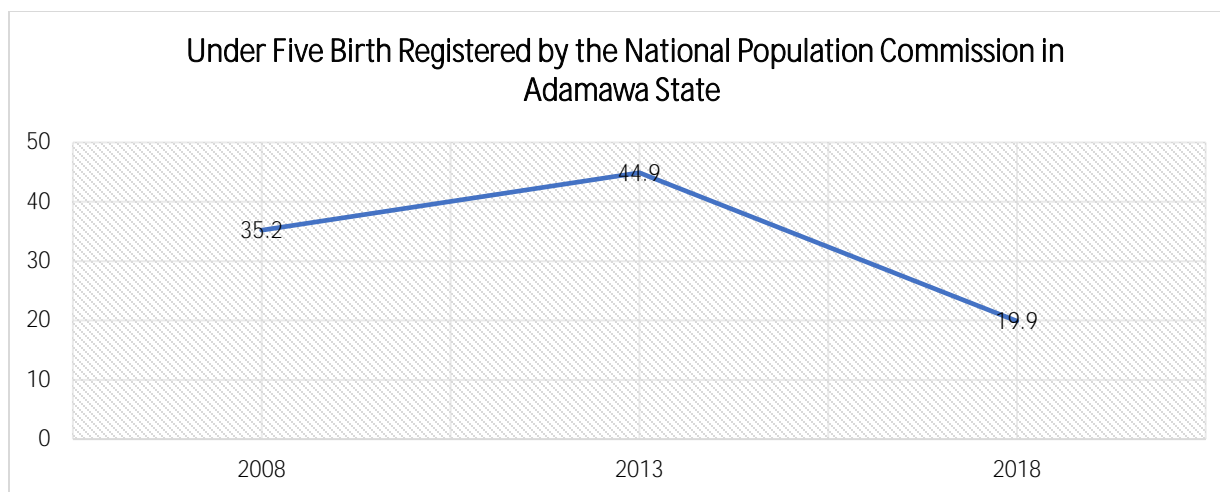
**Table 5.2 Birth registration of children under age 5 by authority in Adamawa State**

Authority where birth is registered	2008	2013	2018
National Population Commission	35.2	44.9	19.9
Local government Admin	34	22.3	2.9
Private clinic/hospital	18.5	25.6	65.3
Other	9.3	4	11.8
Missing	3.1	3.1	–
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: NDHS 2008,2013, 2018

As seen over the last ten (10) years, in table 5.1, birth registration at private clinics and hospitals has consistently increase in Adamawa State. It rose from 18.5 to 65.3 between 2008 to 2018. A short coming in this registration is they are sometimes missed by the official institution mandated with the task of civil registration that is the National Population Commission.

**Chart 5.2.2 Under Five Birth Registered by the National Population Commission in Adamawa State**



Observing the share of under – 5 birth registration by the National Population Commission between 2008 to 2018 shows that there was 27.6% increase in the commissions share of birth registration. This gain could not be sustained between year 2013 and 2018. This was because there was 57.7% fall in the share of birth registered by National Population Commission. This call for strong engagement and collaboration between NPC and Private Clinics/Hospitals to develop a sustainable strategy that will allow for easy transmission of birth registration records from hospitals to National Population Commission system.

### **5.3 Child Labour**

Article 32 of the Convention on the Rights of the Child states: "States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development." It also refers to the exploitation of children through any form of work that deprives children of their childhood and interferes with their ability to attend regular school. Knoema - an open data platform with interest in data analysis and statistics showed that prevalence of child labour was 17.5 % in 2007 in

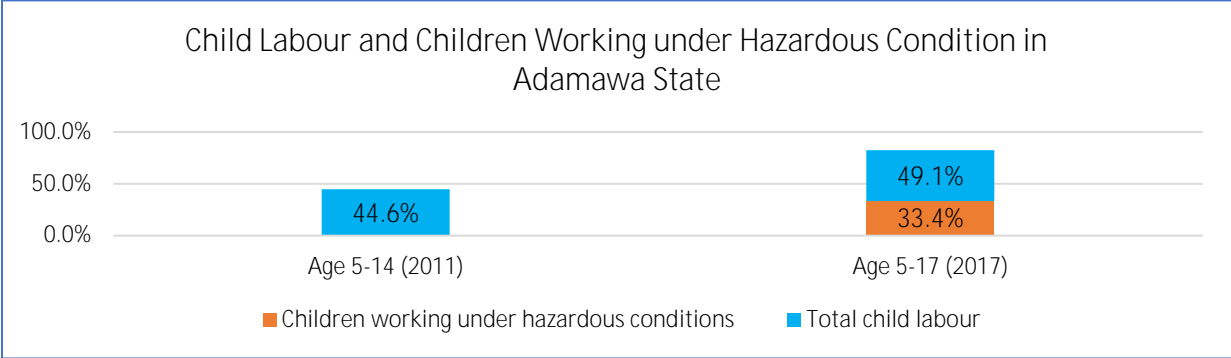
Adamawa State, however this is estimated to have increased due to the number of out-of-school children and the high rate of insecurity and terrorism in the state.

There are different forms of child labour; it ranges from paid work in factories to street selling in the informal economies, which are particularly characteristic in cities, to unwaged labour in the households. Rising poverty and a diminishing adult labour force, due to insurgency activity in the region, have driven more children into both paid labour and unpaid care roles. However, there is no universal acceptable definition for child labour, most definitions focused on whether work has a 'detrimental impact' on a child's physical, mental or moral development. Although there is increasing acceptance that excessive work is bad for the under 18, as it has negative effect on their social development and prevents them from gaining access to education. Gender perspective indicates that more girls than boys are engaged in invisible and unpaid household activities.

According to a UNICEF report, a staggering 15 million children under the age of 14 working in hazardous and unsafe conditions across Nigeria. Many of these children are subject to long hours of work, bearing too much responsibility for their age. A cycle of abuses of children's rights is created by living in these dangerous conditions with little food, small wages, little schooling and no medical care. Nationally, there are more male children (54.3%) age 5 – 17 years involved in child labour compared to female children (47.2%). Statistics from the MICS 5 (2016-2017) indicated that percentage of children age 5-17 years that are involved in economic activities or children working under hazardous conditions is 39.1 %. In Adamawa State, percentage of children age 5-17 years that are working under hazardous conditions stood at 33.4% while children involved in child labor in the reference year for the State stands at 49.1%. Of these children, 11.6% are working at or above the age

specific threshold of hours for such age bracket which is twice higher than the National average of 5.5%.

**Chart 5.3.1 Child Labour and Children Working under Hazardous Condition in Adamawa State**



Source: MICS 2011&2016/2017

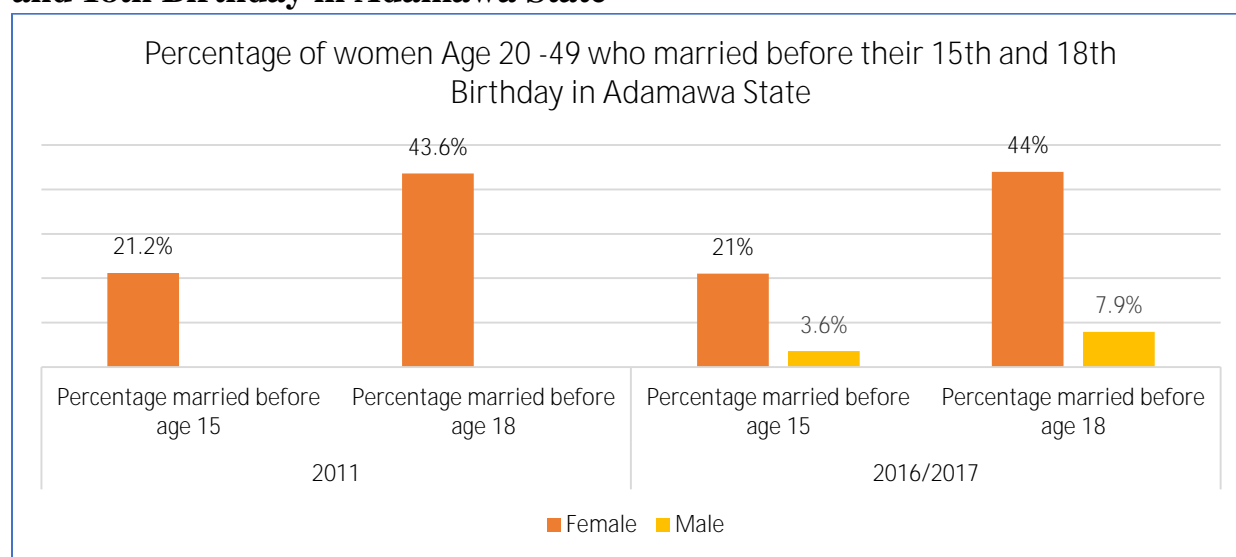
**5.4 Child Marriage**

Child marriage is a social illness that requires eradication. Child marriage is defined by UNICEF as a marriage or similar union, formal or informal, between a child and an adult or another child under a certain age, typically age eighteen. Child marriage is a problem with multifaceted dimensions and consequences some of which includes deprivation of basic education, health and well-being of both mother and child, birth increase, Sexually Transmitted Diseases (HIV/AIDS) and population explosion which undermines government’s ability to effectively plan and mobilize resources for sustainable development.

UNICEF estimates about 12 million young girls marry each year and the world has about 650 million females who married under the age of 18 with Asia and Africa dominating. Nigeria has the largest number of child brides in West and Central Africa and ranked 11 in the world with more than 23 million girls and women who were married as children, most of them from poor or rural communities. Lots of young girls under the age of 18, whose reproductive system is not ready for intimate

activities and childbirth are forced into marriage. They are stopped from going to school and getting an education and are exploited for serving their husband and giving birth to children. Despite the decline in the rate of child marriage and a projected further decrease of 6 percent by 2030, the rapidly growing population of Nigeria only means that the number of child brides will increase by more than one million by 2030 and double by 2050. There is an exerted pressure on children to marry young in Northern Nigeria as 78 percent of the Hausa-Fulani girls had already married by age 18 (UNPFA, 2013). In Nigeria, there has been a gradual increase in percentage of women age 20 – 49 years who married before age 15 and 18 years. The MICS data indicated that there was 4.6% increase in the number of women who married before 15 years between 2011 and 2017. There was also 10.5% increase in the number of women who married before 18 years in Nigeria. In Adamawa State, the MICS data shows that there was a slight decrease of (0.9%) in the number of women who married before 15years between 2011 and 2017. Though this can be seen as a positive progress however, more effort is still needed in this area. The case was different for women who married before 18 years in Adamawa State because there was a marginal increase in the percentage of women that married before 18years between 2011 and 2017. The percentage of men who are age 20 -49 years that married before age 18 was 7.9%. This is an indication that more female than male children are more likely to get married before age 18 in Adamawa State.

**Chart 5.4.1 Percentage of women Age 20 -49 who married before their 15th and 18th Birthday in Adamawa State**



**Source: MICS 2011&2016/2017**

To effectively reduce child marriage in Adamawa State, some challenges would need to be surmounted. These challenges include religion. The Nigerian constitution permits freedom of religion and belief in practice and observance as well as adherence to its teaching including the practice of Sharia law. Notably, 12 of the 19 northern states including Adamawa State is yet to implement the Child Right Act of 2003 which includes the protection of child against early or forced marriage. The adherence to Islam and the application of Sharia in the northern parts of Nigeria, where child marriage is majorly practiced, continue to violate the provisions of Convention on the Rights of the Child, the African Children’s Charter and the Child Rights Act.

The high rate of insecurity in North East is also one of the challenges of child marriage as parents often marry out their children at a young age to ensure their “safety”. The wide gap between the people who live in extreme wealth and abject poverty is one of the major factors fueling child marriage in Nigeria as majority of the young girls who marry at an early age belong in the lowest wealth quintile.



## 5.5 Causes of Child Marriage

1. **Gender Inequality:** This is the social process by which men and women are not treated as equals. The treatment may arise from distinction regarding biology or cultural norms. Child marriage is driven by patriarchal values and the desire to control female sexuality. It is driven by gender inequality and the cultural belief that girls are inferior to boys. Often times, people with antique beliefs are convinced that the boy child is a good luck, while the girl child is not, and she can only be used as a future bride.
2. **Poverty:** Poverty is one of the major factors that fuels child marriage. According to the International Center for Research on Women (ICRW) and Girls not Bride (2015), more than half of girls from the poorest families in the developing world are married as children. Findings from the Nigeria Demographic and Health Survey showed that 74 percent of child brides (married before age 18) in 2018, 78 percent in 2013, 76 percent in 2008 and 79 percent in 2003 belong to the poorest and poor wealth quintile. In a community where there is a high rate of poverty, families often believe marriage is a solution to secure their future as well as their children's future. Some families view the daughters as economic burden and tend to marry off their daughters as a way of paying back debts, reducing family expenses and number of people to feed. The payment of bride price by the family of the groom to the bride's parent creates an economic incentive where the girls are married early by her family to the highest bidder.
3. **Insecurity and Conflicts:** In areas where there is a high insecurity rate, many parents marry their daughters young often times to ensure her safety. Child marriage can increase in areas where there are conflicts, natural disaster and violence. The continual attacks by Boko Haram, kidnappers and bandits has

led to a widespread displacement and has displaced over 7 million people in North East Nigeria has led to the increased rate of child marriage, school dropout and violence against women and children.

4. **Religious and Social Pressures:** Some religion allow for exception in the marriage age even though the general marriageable age is 18 in majority of the countries. Preachers argue that under Islamic doctrines, girls' maturity for marriage is defined by physical appearance (bulugh), mental maturity (rushd) and the occurrence of puberty – the onset of menstruation (Büchler & Schlatter, 2013).
5. **Illiteracy:** Lack of education most often lead to early marriage as uneducated girls are more at risk of child marriage. According to the Nigeria Demographic and Health Survey showed that 67 percent in 2003, 65 percent in 2008, 64 percent in 2013 and 64 percent in 2018 of girls who got married before 18 years had no education. Findings from NDHS showed that 56 percent in 2018, 77 percent in 2013, 72 percent in 2008 and 71 percent of girls with no education in Adamawa State got married before 18 years. The community belief that the primary roles of a girl is to be a wife and a mother and do not need education fuels child marriage especially in rural and poor areas. Parents who lack adequate education do not have a proper idea about the post-marriage life the child will have to face and the childbirth complications.
6. **Traditional Practices:** Traditional practice is described as the total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures and traditions. such as prepubescent marriage. Traditions are long-established patterns of actions or behaviours, often handed down within a community over many generations. Child marriage is a traditional practice that happen in many places because it has happened for generations. Prepubescent marriage is very common in

Nigeria. This means a girl is first married and the man is not expected to touch her until she reaches puberty that is when she is capable of sexual reproduction. Girls are married off early to ensure that they marry as virgins and retain the family honour.

## **5.6 Progress and Challenges**

Nigeria is committed to reduce and end the rate of child marriage in the country in line with the target 5 of the Sustainable Development Goal -to eliminate harmful practices such as child, early or forced marriage. The Federal Ministry of Women Affairs and Social Development launched a National Strategy to End Child Marriage in 2016 whose vision is to end the practice of child marriage entirely by 2030. A Technical Working Group on Ending Child Marriage with 30 members was formed in 2016 including UN agencies and members of Girls Not Bride to raise awareness, encourage behaviour change, monitor and evaluate laws and policies.

One of the major challenges facing child marriage in Nigeria is religion. The Nigerian constitution permits freedom of religion and belief in practice and observance as well as adherence to its teaching including the practice of Sharia law. Notably, 12 of the northern states including Adamawa State is yet to implement the Child Right Act of 2003 which includes the protection of child against early or forced marriage. The adherence to Islam and the application of Sharia in the northern parts of Nigeria, where child marriage is majorly practiced, continue to violate the provisions of Convention on the Rights of the Child, the African Children's Charter and the Child Rights Act.

The high rate of insecurity in North East is also one of the challenges of child marriage as parents often marry out their children at a young age to ensure their "safety". The wide gap between the people who live in extreme wealth and abject poverty is one of the major factors fueling child marriage in Nigeria as majority of the young girls who marry at an early age belong in the lowest wealth quintile.

## **5.7 Violence against Children**

Over the last decade, there have been reported cases of violence against children such as torture, kidnapping, sexual harassment, rape, corporal punishment and so on. Violence according to the World Health Organization (2002) refers to the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a likelihood of resulting in death, injury, psychological harm, maldevelopment or deprivation. Children have the right to protection from violence, regardless of the nature of the act and all forms of violence can inflict harm on children, hinder their development and reduce their sense of self-worth, dignity and self-confidence.

According to UNICEF, violence against children includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners or strangers. Many children under 18 years have experienced physical, sexual or emotional violence, abuse and neglect at one stage of their lives. Experiencing violence and abuse in childhood impacts lifelong health and well-being. Violence against children has many consequences and life-long behavioural impacts which can result in deaths; severe injuries; impair brain and nervous system development; health-risk behaviours such as smoking, alcohol, high risk sexual behaviour, anxiety, suicidal thoughts, depression etc; unintended pregnancies, induced abortion, sexually transmitted infections as a result of sexual violence; and poor interpersonal relationship.

Evidence shows that perpetrators of violence against children are most regularly people responsible for the care of children or with whom children interact daily such as parent, caregivers, peers and intimate partners. Majority of the children who have experienced one form of violence never speak out and are silenced by fear of their assailant's threat, shame, stigma and a lack of knowledge of where to seek help.

Violence against children is perpetuated in the three (3) major forms described below:

**Sexual Violence:** This is defined as including all forms of sexual abuse and sexual exploitation of children. This includes attempted and completed non-consensual acts (rape), unwanted touching, threatened sexual violence, exhibitionism, verbal sexual harassment, inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity, exploitative use of children in prostitution, pornographic performances and materials (UNICEF, 2006). According to the UNICEF Nigeria Representative Ayalew Abai, sexual violence and abuse of children often take place behind closed doors and is unreported and concealed.

**Physical Violence:** This is described as the intentional use of physical force with the potential to cause death, disability, injury or harm. This includes punching, kicking, whipping, beating with an object, choking, suffocating, attempted drowning, intentional burning, using or threatening with a knife, gun or other weapon by a romantic partner, husband, peer, parent, adult caregivers and relatives, neighbours and strangers. 56 percent of the children in Adamawa State had experienced one form of physical punishment including spanking child on bottom or elsewhere with bare hands, belt, brush, stick etc., hitting child's face, hands, legs and beating child as hard as anyone could. There is no difference in the violent method of child discipline in the area of residence, education of household heads and household wealth index (MICS 2016-17)

### **5.8 Emotional violence**

This is defined as a pattern of verbal behaviour over time or an isolated incident that is not developmentally appropriate and supportive and that has a high probability of damaging a child's mental health, or his/her physical, mental, spiritual, moral or social development by romantic partner, husband, peer, parent, adult caregivers and

relatives, neighbours and strangers. 58 percent of the children in Adamawa State had experienced emotional or psychological aggression including shouting, yelling or screaming, called names such as dumb, lazy etc. (MICS 2016-17).

Violence and abuse perpetrated in the following major ways:

## **5.9 Street Children**

UNICEF defines street children as boys and girls aged under 18 years, for whom the ‘street’ including unoccupied dwellings and wasteland has become home and/or their source of livelihood, and who are inadequately protected or supervised (UNICEF, 2019). Street children are poor or homeless children who live on the streets of a city, town, or village. Homeless children are often called street kids or street child. A baseline survey conducted by the African Centre for Leadership, Strategy and Development (Centre LSD) in 2019 on the number of out of school children in Adamawa State shows that about 886,634 of Adamawa’s children are out of school. According to UNICEF, 2.8 million children are in need of education-in-emergencies support in Adamawa, Borno and Yobe - three conflict-affected states where at least 802 schools remain closed, 497 classrooms listed as destroyed and another 1,392 damaged but repairable. Generally, the majority of street children in the northern parts of the country are almajiri children. They are vulnerable to all forms of abuse. Street children often engage in economic activities in order to survive, hence, they contribute highly to the number of children who are engaged in child labor worldwide.

## **5.10 Factors Promoting Street Children- Poverty**

### **5.10.1 Poverty**

The growth of the Nigerian economy is stunted while experiencing rapid population growth. As a result of this, many families in Nigeria are poor or experience great financial hardships. Many parents or guardians find it difficult to care for their wards based on their earnings or income. Consequently, many children take to the street to

support the family or abandon the home to fend for themselves, since they cannot depend on their parents to care for them.

**5.10.2 Insecurity, Terrorism and Death of Parents or Guardians:** As a result of the insecurity due to the high rate of banditry, kidnappings and terrorist activities in Adamawa as well as Borno and Yobe States, the number of displaced persons is on the increase. Many who are displaced are women and children. Terrorism leads to destruction of houses and properties, closure of schools, migration of surviving people, crippling of economic activities, and the kidnapping or death of many parents. These in turn render many children homeless and without a source of parental care and guidance hence they take to the streets.

#### **5.10.2 Violence or Abuse of Children**

Many children who are abused or subjected to violent treatments tend to seek protection outside the home or place of abuse. For many of such children, the street is their only refuge. The absence of adequate facilities to care for children who are victims of abuse makes the street the only reality possible. Lack of proper maintenance of the few facilities available may lead children who are sheltered in those facilities to desire a life in the streets.

#### **5.10.3 Child Labour**

Child Labour refers to work that deprives children (any person under 18) of their childhood, their potential and their dignity, and that is harmful to their physical, moral, social and/or mental development. It also refers to the exploitation of children through any form of work that deprives children of their childhood and interferes with their ability to attend regular school. Knoema - an open data platform with interest in data analysis and statistics showed that prevalence of child labour was 17.5 % in 2007 in Adamawa State, however this is estimated to have increased due

to the number of out-of-school children and the high rate of insecurity and terrorism in the state.

#### **5.10.4 Sexual abuse**

This includes sexual harassment, unwanted sexual contact, coercion, rape, incest, commercial sex work and child-trafficking. Closely linked is early exposure to sex and marriage. Gender disparity is observed in children's exposure to sex and marriage. NDHS 2018 showed that 51 percent of the children in Adamawa who were forced into any sexual act were less than 18 years and the perpetrators were mostly strangers, other relatives, current or former boyfriend. 67 percent of the children who were forced into sexual act did not inform anyone about the violence.

#### **5.10.5 Children on the move - Migration**

The issue of child migration is not limited to Adamawa State alone. According to UNICEF (2017), about 65 million children are on the move globally. Over 1 million children have been displaced by the Boko Haram insurgency and are on the move in Adamawa, Borno and Yobe States (UNICEF, 2019). Some reasons for such migration include poverty, climate change, conflicts, smuggling, ignorance, seeking for greener pastures and insecurity.

### **5.11 Causes including Determinant Analysis**

#### **5.11.1 Obstacles to Birth Registration**

The obstacles to birth registration include child delivery at home, wandering lifestyles of a notable portion of the population, non-availability and non-accessibility of registration centers, deep-rooted social and cultural beliefs that do not encourage the registration of children, general distrust of government programs, competing system for birth registration at federal and state level, lack of public awareness on the importance of birth registration for children, absence of



coordinated framework by the registering bodies, conflicts or internal displacement and poverty.

## **5.12 Violence, Abuse and Harmful Behaviour**

### **5.12.1 Causes**

Violence and abuse are often caused by cultural and religious beliefs, poverty, divided households, gender discrimination, anger, wrong concept of discipline, wrong perception of the roles of children, disability, spiritistic practices (rituals), unplanned parenthood, vulnerability, ignorance, lack of proper and basic education, economic depression, absence of social safety nets, mental stress, mental illnesses (sociopaths, psychopaths), substance abuse, peculiar challenges of stepfamilies/foster-parenting, promotion of a culture of materialism, armed conflicts/internal displacements.

## **5.13 Role and Capacity Gap Analysis**

This section examines the framework for identifying, planning, implementing and monitoring policies, projects and programmes required for interventions. It involves raising the levels of accountability and transparency by identifying the rights holders and their counterpart, the duty bearers and analysing the capacity of key individuals and institutions i.e., pupils, parents, teachers, school, religious leaders, churches/mosques, community, state and federal governments, etc.

## **5.14 Capacity Gap Analysis Regarding Birth Registration in Nigeria**

It is the role of the parents and care-givers to register the birth of a child; obtain Birth Certificate and make sure that this is available for the use of the child in the future. Inability to perform these roles arise because of ignorance. Not knowing the value and the advantages associated with registering a child is a major capacity gap on the part of parents. Further, lack of access to registration centers where such births are to be registered, and insufficient funds inhibits the achievement of birth registration.

Vital Registration Bodies have the role of registering births and issue birth certificates. Capacity gaps in this area include lack of adequate manpower, inadequate training of staff with the responsibility to register birth, and inadequate funding of the registration bodies by the governments. Government has the responsibility to make birth registration free and compulsory for all births in the state. The absence of mass communication channels, inadequate registration points; and inadequate funding impede birth registration bodies.

### **5.15 Capacity Gap Analysis Regarding Child Exploitation/Harmful Practices/Violence and Abuse**

Parents and caregivers have the most important role to play in preventing the child against exploitation and harmful practices/violence against children by providing a stable home environment for children; and the protection of children from harmful practices/exploitation. Major factors hindering the parents from performing the above roles include ignorance/illiteracy on the part of the parent. Poverty is also a capacity gap. Communities/religious bodies also have to ensure that communities do not become breeding grounds for child exploitation. Community members need to report anyone exploiting or engaging in harmful practices/violence against children. Within the communities, major capacity gaps include fear of reprisal if such issues are reported, and the inability to access vital information on how to go about dealing with issues of exploitation and harmful practices against children. This is where the role of security/enforcing agents comes to ensure the protection of the child. Inadequate manpower and inadequate equipment constitute capacity gaps. The role of government in general in this regard is to ensure protection of the child. Capacity gaps on the part of the government to achieve the above include limited financial capacity, inability to pass vital information effectively, and competing demands for reduced revenue.

## **5.16 Policy and Legislation**

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

Nigeria adopted the Child Rights Act to domesticate the Convention on the Rights of the Child which serves as a legal documentation and protection of children rights and responsibilities; however, Adamawa State is yet to domesticate the Child Rights Act. The Violence Against Persons Prohibition (VAPP) enacted by the National Assembly in 2015 which was created to eliminate violence in private and public life; prohibit all forms of violence, including physical, sexual, psychological, domestic, harmful traditional practices etc. However, Adamawa State and 21 other States are yet to domesticate this Act.

## **5.17 Proposed Response Including Potential Role of the Private Sector**

### **5.17.1 Low Rate of Birth Registration**

The following are the proposed responses suggested to combat the problem of low rate of birth registration:

- **Use of Registration agents in remote places:** These agents could be village leaders or local government officers trained to register births and issue birth certificates to the parents and caregivers of children on behalf of the registration bodies (National Population Commission). The use of registration agents in remote areas makes it accessible for people living in these places.

- **Education Campaign:** There is the need for collaboration between the various organs of government, international development partners, civil society organizations, media, churches, mosques and the private sector. This partnership will drive the awareness and education of the importance of birth registration and greatly lift the “mask” of ignorance in the state.

### 5.17.2 Child Exploitation, Abuse and Violence

The following recommendations are suggested to tackle the problem of child abuse and violence against children.

- **Domestication of the Child Rights Act:** It is no news that Adamawa state as well as 10 other states are yet to domesticate the Child Rights Act of 2003. The CRA should be adopted and the state should set up implementation committee to track and monitor progress.
- **Raise the Minimum Standard of Living:** The federal and state government must take urgent action to lift Nigerians out of poverty. There is a wide gap between the children of the poor and the rich. Poverty is one of the reasons behind child marriage. Therefore, the government should focus and concentrate on battling poverty.
- **Enforcement of Applicable Laws:** The capacity of law enforcement agents on the handling of children cases must be strengthened. Child sexual abuse is on the rise, and the perpetrators include the neighbours, relatives, friends, strangers and even fathers. Government must ensure strict and harsher penalties for the perpetrators. There should be a National Register for Sexual Offenders as it is done in the United States.



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