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UN Will Continue To Support Peace And Development Of North-East - Kallon



L-R: Resident / Humanitarian Coordinator of the UN in Nigeria, Mr Edward Kallon; and Borno State Governor, Prof. Babagana Umara Zulum

Resident and Humanitarian Coordinator of the United Nations in Nigeria, Mr Edward Kallon, on 14 September 2020, began a mission to the North-Eastern States of Adamawa, Borno and Yobe.

The mission which started from Adamawa through Yobe to Borno, also included the Country Representatives of World Health Organisation, Dr Walter Kazadi Mulombo; UNAIDS, Mr Erasmus Morah; Head of OCHA, Mr. Trond Jensen; UNDSS Chief Security Adviser and Representative to Nigeria, Robert MARINOVIC; and the Coordinator of the Spotlight Project, Ms Hadiza Aminu Dorayi.

Speaking at the Government House in Maiduguri, Borno State capital, Mr Kallon assured that the UN would continue to support peace and development of the North-East.

"I will continue to mobilize the UN agencies to support Borno and other States in the North-East, in addressing development and humanitarian challenges through an integrated approach that builds on each agency's comparative advantage." He emphasised

However, he said further, "We need to focus on durable solutions to address this protracted conflict and lay the foundation for recovery and development."

The Resident Coordinator added that sustainable peace would unlock the agricultural, cultural, and touristic potentials in the state and create that needed enabling environment for an economic leap forward.

Borno State Governor, Prof. Babagana Umara Zulum, acknowledged the life-saving interventions of the UN in Borno and expressed the appreciation of the government and people of Borno State.

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UN Supports Fistula Repair Training For Doctors, Nurses in North-East Nigeria



L-R: UN Resident and Humanitarian-Coordinator Edward Kallon; WHO Representative, Dr Walter Kazadi Mulombo; UNAIDS Representative, Mr Erasmus Morah; and a Fistula Surgeon, at Yola.

Towards restoring the dignity of women and girls suffering from Fistula in Nigeria, the United Nations Population Fund (UNFPA) in Nigeria has organised fistula repair training for Doctors and Nurses in the North-East.

At the Fistula Repairs Centre in Adamawa Specialist Hospital Yola, the Resident and Humanitarian Coordinator of the United Nations in Nigeria, Mr Edward Kallon, expressed his delight that the dignity and happiness of women and girls were being restored.

"Our priority must be to keep people healthy and out of hospitals, by addressing the root causes of diseases. When people do need health services, those services must be accessible, affordable, and high-quality." He added.

Communities, Government, UN Work To Ensure Safety Of Children As Schools Set To Resume

“Our children are missing their teachers, friends, classes and want to start going to school again”



A schoolgirl sits in a classroom in Enugu State. UNICEF Nigeria/2018/Knowles-Coursin

Amid the heavy toll that the COVID-19 pandemic has taken on everyday life in Nigeria, the turn of the calendar to September has presented one of the most challenging problems so far: how to safely re-open schools.

While the lockdown has been necessary to fight disease spread, it has also created an extremely challenging situation for both children and their parents. For the children, they remain stuck at home with little access to needed education, while parents struggle to carry on their lives with the additional workload of caring for their children full-time.

This has highlighted the important role of Nigeria’s School Based Management Committees (SBMCs), which, along with school administrators, are working hard to identify potential problems and find a safe way for children to resume their education.

“We want our children to resume classes in safety,” said a worried Mrs. Gladys Nweke, member of the UNICEF-supported SBMC at Community Primary School Ndufu Igbudu Ikwo in Ikwo LGA, Ebonyi state.

She was speaking at a recent meeting with SBMC members and state and school officials to determine what had to be done to safely reopen the school, such as renovating dilapidated buildings and hiring more teachers to reduce teacher-to-student ratios.

“As things are now, we might also have to adopt two school sessions,” she said. “Pupils in junior classes will attend in the morning hours while the seniors will attend in the afternoon. We can also reduce school hours if school authorities agree.”

In 2005, the National Council on Education directed that all schools establish SBMCs to ensure that local communities partici-

pate in the school decision-making process and in 2007 made their establishment mandatory.

Since then, with support from UNICEF, SBMCs have been very active, working to ensure children receive their schooling in a child-friendly school environment. Amid the current health crisis, their efforts are more important than ever.

“Our major challenge now is how to effectively conduct social distancing,” said Mr. Ulebe Nworie, head teacher at Ndufu Igbudu Ikwo.

“The school’s population is 879 and some of our buildings are dilapidated, but we are thinking of the best options because coronavirus has come to stay with us. We have to manage it for the safety of the pupils - perhaps by having classes in batches and reduced hours.”

Nigeria’s task force on COVID-19 is working round the clock with relevant ministries, departments, Agencies and SBMCs to ensure safe resumption by making sure that facilities are in place to maximize prevention of infection rates among school children.

Mr Kenneth Ogeh, Mobilization Officer at the State Universal Basic Education Commission (SUBEC), said it’s important that different stakeholders do what they can to make sure schools have what they need.

“We should take responsibility in doing certain things for ourselves,” he said. “The state government has planned to distribute face masks and other things, but we need to complement their efforts.”

UNICEF is supporting these efforts through various means, including the purchase of sanitary buckets fitted with taps for proper handwashing at schools in Ebonyi, according to Dr Agatha Nzeribe, an Education Specialist at UNICEF Nigeria’s Enugu Office.

UN Hosts Webinar On Using Innovative IT Solutions For Criminal Proceedings

Many courts across Nigeria have been struggling to process heavy caseloads since years. The COVID-19 crisis further aggravated this situation by preventing in-person hearings in court rooms across Nigeria, though out of very legitimate public health concerns. In such situation, virtual or online hearings could be a potential way forward.

The judiciary in Nigeria has been very quick to recognise the potential of using virtual hearings in these troubled times, and in recent months courts have issued various practice directions to enable some hearings to proceed online or via video link. In accordance with these practice directions, a number of virtual hearings have already started to take place, including in the Federal High Court.

In order to discuss and develop key insights on the use of virtual hearings, UNODC's EU funded projects – Support to West Africa Integrated Maritime Security (SWAIMS) and EU-Nigeria-UNODC-CTED Partnership Project III: Assisting Nigeria to Strengthen the Criminal Justice Responses to Terrorism and Violent Extremism – hosted a webinar on the use of innovative IT solutions in support of criminal proceedings against terrorism, violent extremism, piracy and maritime crime, which took place on 7 July 2020. The webinar was attended by approximately 50 Nigerian criminal justice practitioners from all areas of the criminal justice system. The facilitators were senior Nigerian stakeholders including Hon. Justice Ayokunle Olayinka Faji from the Federal High Court of Nigeria, as well as facilitators drawn from across UNODC.

The webinar was very practical in nature, it elicited lively debates and discussions and was well received by the participants. It is clear that virtual hearings do offer a number of potential benefits such as: cost savings; time savings; increased efficiency by enabling more cases to be heard; reduced delays; more effi-



cient progressing of cases to trial; greater convenience; reduced security risks as suspects will not have to be transported to court; and public health benefits by, for example, reducing the risk of transmission of COVID-19.

Whilst the benefits may appear very compelling, it was apparent from the discussions that there are still many challenges which must be overcome if virtual hearings are to be effective in the delivery of justice.

Video link and virtual hearings are a very useful tool, but they do have their challenges and limitations. When assessing the appropriateness of holding a virtual hearing in a particular case, consideration must be given to how such a hearing could impact both the civil and human rights of all concerned parties. These practical challenges must be identified and addressed in advance of any hearing. If the practical challenges cannot be solved in a way which ensures a fair hearing or trial process, then the potential use of a virtual hearing format should be excluded.

Crucial Supplies Contribute To COVID-19 Response In Nigeria

To support the fight against the COVID-19 pandemic in Nigeria, United Nations Children's Fund (UNICEF) has recently received the delivery of 115,800 COVID-19 test kits. These supplies were funded by IHS Nigeria, the Nigerian subsidiary of IHS Towers.

Testing remains the mainstay of the response led by the Presidential Task Force and Nigeria Centre for Disease Control (NCDC) and the first step towards diagnosing the infection. Tests enable health officials to understand the COVID-19 status of an individual and link that person to care, support and treatment while contributing to the protection of families and communities.

"Testing remains a core strategy of Nigeria's response to COVID-19. This is critical for understanding the burden of the disease on our population and targeting our response activities accordingly. The primary goal of the Nigerian Government is to control the spread of this disease. This donation from IHS Nigeria through UNICEF will contribute to the national stockpile of test kits managed by NCDC, and support efforts of the growing network of accredited laboratories across the country for the testing of COVID-19. We are grateful for the continued support from UNICEF, IHS Towers and other partners." said Dr. Chikwe Ihekweazu, Director General, NCDC.

IHS Towers has been a strong and continuing partner of UNICEF. At the onset of the coronavirus in Nigeria in late February, IHS Nigeria provided funding to UNICEF to urgently procure essential supplies and equipment with which UNICEF supported the Government of Nigeria in its COVID-19 response.

"UNICEF is deeply appreciative of IHS Towers' commitment



With funds from IHS, UNICEF procures essential supplies to support the Government of Nigeria in its COVID-19 response. UNICEF Nigeria/2020/Owoicho

in the fight against COVID -19 in Nigeria. IHS has shown great generosity in supporting government's agenda through partnering with UNICEF. UNICEF is delighted to receive this huge contribution from IHS Towers, the benefit of which will reach many more children and their families", said Peter Hawkins, UNICEF Country Representative.

"We are proud to have played an important role in supporting the Government and our communities where we operate to provide crucial tools needed to fight this pandemic. We understand this virus is here to stay for the foreseeable future, but are confident that with our support, and that of our other private sector colleagues, we are helping to manage and mitigate the impact of the virus in our country" said Mohamad Darwish, Chief Executive Officer of IHS Nigeria.

This recent support of essential tests makes IHS Towers the biggest private sector donor for UNICEF Nigeria's emergency response to the COVID-19 pandemic.

Children Adjust To Life Outside Nigeria's Almajiri System



UNICEF is supporting the return of children within the Almajiri system and their successful reunion with their families. UNICEF Nigeria/2020

Thirteen-year-old Abdulkarim's typical day as an Almajiri started at 4.30 a.m. with prayers and a Qur'anic recitation, and end at 10 p.m. with another Qur'anic recitation. In between, there were three slots in his schedule for begging. In a typical day, begging took up a full six hours.

"We would go to beg at 6 a.m. and return at 7 a.m. We would go out again at 11 a.m. and return for prayers at 2 p.m. Finally, between 6 p.m. and 8 p.m., we were back on the streets again, begging," Abdulkarim said, sitting under a tree in his village in Mafa, Borno State.

He and 30 other children had just been returned to Borno from Gombe State, where they had been living for several years as Almajirai.

Under the Almajiri system, parents send their children, mostly boys aged 4-12, to distant locations to acquire Qur'anic education. Many rural and poor families who can't afford formal schooling have made this choice. It is difficult to know the number of Almajiri children in Nigeria, but some estimates put it at about 10 million, or about 81 per cent of the more than 10 million out-of-school children in the country.

While parents may believe they are fulfilling their obligation to provide a religious and moral education to their children and that the learning is provided free of charge, Almajiri children are often forced by their teachers (Mallams) to beg in the streets to fund their education.

While Abdulkarim appears calm and at peace with himself, in the Mahadiya village of Yobe State, Abdusalim, 12, is ill at ease. He has spent half his life as an Almajiri and is struggling to adjust to a life where begging is not part of his daily routine. He is one of 371 children returned to Yobe from other parts of northern Nigeria and has spent longer than his peers as an Almajiri.

In the wake of the COVID-19 pandemic, state governments in northern Nigeria banned the Almajiri system as a measure to limit the spread of the coronavirus, returning many children within the system to their families and communities of origin.

Abdusalim arrived home and reunited with his family in Yobe State while Abdulkarim was welcomed home by his grateful mother.

UNICEF has supported the return of these children and their successful reunion with their families.

"UNICEF made sure that health, nutrition, water, hygiene and sanitation services were available in the temporary shelters the government provided," said Miatta Abdulai, UNICEF's Child Protection Specialist in Maiduguri. "We also provided the children with safe psychosocial, recreational and life skills training as the first steps towards their reintegration into their communities, outside the Almajiri system."

"We put in place community monitoring mechanisms to ensure these children remain with their families and do not return to life as Almajirai," said Abdulai.

When asked the delicate question of whether the desire for a religious education was the sole reason for sending her son away, Abdusalim's mother Hadiza admitted other factors were part of the decision. "It is very difficult to provide for 12 children," she said.

Aisha Uma, Abdulkarim's mother, cited security concerns, the context of the 10-year armed conflict in north-east Nigeria that has seen so many children displaced, abducted or killed. "The conflict led us to send him to Gombe" she said. "Prior to the security problems in the state, he was attending formal school and also Sangaya (Islamic school) in Mafa."

Both children are home and happy to be reunited with their families, and say they never enjoyed being Almajirai.

"I don't miss it at all. Life as an Almajiri was very tough," said Abdulkarim. "I had to fend for myself, watch over myself, be my own security, and beg to support myself. I never enjoyed being an Almajiri because the system exposes one to so many dangers and it is very difficult."

What happens to these children in their life outside the Almajiri system will determine their next move. Currently, they have big dreams.

"I want to read the Quran, go to formal school and become a businessman," said Abdusalim. Abdulkarim hopes to go back to school and farm in his spare time. "I see myself owning big businesses and providing mentorship support to younger ones in my community," he said.

Nigerian States Keep Pressure On Vaccine-Derived Polio

Health workers and survivors in Nigeria celebrated the end of wild poliovirus in the country. They joined the entire Africa region in a joyous online event in August to mark the continent's wild polio-free status, a historic moment in the global fight against the disease.

But despite the victory, the fight against other forms of the poliovirus is not over. Cases of vaccine-derived polio caused by low and infrequent immunization are still being recorded in the West African country, including in major states like Lagos and Sokoto, highlighting the need for continued vigilance to nip a possible outbreak in the bud.

Following the discovery of a case of Circulating vaccine-derived poliovirus (cVDPV) in the northwestern agrarian state of Sokoto in early 2020, health authorities there are unrelenting in their actions to vaccinate all children under five years, the age at which the vaccine-derived polio disease is likely to set in.

"We continue to do this work because it is important for the children's future," says 26-year-old Amina Ibrahim, a vaccinator in Sokoto who works in communities despite the COVID-19 pandemic. "What we do is make sure we wash our hands, wear our face masks and maintain two-meters physical distance as we go from house to house."

First discovered in Madagascar in 2001, circulating vaccine-derived polio often occurs when a child who has been vaccinated with the oral polio vaccine (OPV) and who is in an area with poor sanitation passes stool or urine.

Circulating vaccine-derived polio poses risks to children everywhere because of its highly infectious nature. Nigeria has been experiencing outbreaks since 2008. One case from an AFP was found in Sokoto in 2020 and last year, the state recorded 14 cases. It is worthy to note that five healthy children were found with the virus during investigation of the current case in Sokoto. The disease is fought in the same way wild polio is: with vaccines that provide the most important protection for children.

To boost immunity against type 2 polio virus, Sokoto state authorities are pushing a massive statewide inactivated polio vaccine (IPV) vaccination campaign targeting about 1.5 million children. Across the state, children are feeling the tiny pinch of a needle that will help protect them for life.

As with wild poliovirus in Nigeria, vaccine-derived polio disease is warded off with a combination of immunization activities, including the use of IPV. The World Health Organization (WHO) recommends routine vaccination with IPV for children below one year old, to prevent risks of polio virus infection. WHO has issued further interim guidance to countries to prepare for the introduction of a second dose IPV in the routine immunization programme. Nigeria has submitted a proposal for support to Gavi in this regard.

Sokoto State health authorities are also intensifying surveillance with the help of community informants to identify and isolate possible cases of vaccine-derived polio disease in the various local government areas.

Supported substantially by WHO, health officers regularly monitor the environment, examining sewer samples in at-risk communities to detect the virus, a method that has proved useful in finding and isolating wild poliovirus cases in the past years.

The surveillance and vaccination efforts are crucial for Sokoto and her 5.3 million population of mostly farmers and cattle herders. The state's geography makes it an easy target for infections. Situated on the Nigerian border with Niger Republic (which recorded three cases of vaccine-derived polio in October 2020), Sokoto is additionally vulnerable to polio cases that could be imported from other countries. The borders in the West African region are widely known to be porous and polioviruses are them-



selves highly infectious. In 2008, cases of wild polio spread from Nigeria to several countries including as far as Yemen.

The thoughts of life-time paralysis have made Sokoto parents especially eager to see their kids protected with vaccines. While years ago, parents saw many cases of children affected by polio growing up, the difference is clear now, with fewer children having to go through the pain of paralysis. Nigeria's polio success also boosted confidence in vaccines, a significant feat in a population that is often wary of medical services seen as foreign.

"I no longer have fear in attending gatherings because my children are now protected from polio," says Rabi Isyaku, a Sokoto resident whose child was recently vaccinated.

But despite the vaccination push, health workers say they face hurdles in reaching some populations, meaning that vaccination coverage in Sokoto is only moderate. For instance, Penta3 coverage for Sokoto is very sub-optimal at 17.9% (SMART Survey 2018) and only 7.2% (NDHS, 2018).

Parts of the state are insecure due to activities of armed groups, and rumours around vaccines are rife, with one rumour saying they cause infertility in children. It is also challenging to reach nomadic cattle-herding groups who make up a significant population in Nigeria's north.

Crucially, because of inadequate education, many do not believe in the need to be vaccinated after the wild poliovirus has been declared eradicated and are shunning ongoing vaccinations against both wild and vaccine-derived polio.

These factors have resulted in the state recording 8 outbreaks of vaccine-derived polio between 2019 and 2020 alone. Authorities declared a state of emergency on routine immunization in 2017, created state and local emergency routine immunization coordination centers, and directed more state resources towards delivering vaccines.

"There has been a resurgence of vaccine-derived poliovirus over the years because there's a significant proportion of under-immunized children," says Dr Habibu Yahaya, WHO State Coordinator for Sokoto. "WHO will continue to support the state with experienced personnel in conducting effective immunization drives particularly in the outbreak areas. Currently, the state is implementing vaccination campaigns in all the 23 LGAs to shore up the population immunity, and we are hopeful because we've seen the same response successfully deployed to control outbreaks in Jigawa, Kaduna and Borno states in 2019."

Despite the challenges, health workers continue to deliver vaccines—and hop—door-to-door, and help parents understand the benefits of vaccines...continue on page 6

Bauchi Rural Women Accept Child Spacing With UN Support

“Even though I knew my body needed rest from childbirth, I didn’t have any information on how to space my children and stop childbirth when I really wanted to. After my seventeenth delivery the new Community Health Workers posted to our primary healthcare center helped me to make an informed decision about my body. Now that I have the right type of contraception, my body is able to rest. I am very happy about this”, says Lami Danladi a 37-year-old woman living with her family in Tasha-Laya Village of Toro Local Government Area in Bauchi State.

Like most women and girls in the village and many parts of Nigeria, Lami started childbirth at age 15, and could not space child birth as she had no fore knowledge about modern child spacing methods. She wished to stop childbirth earlier to allow her body to rest, but she could not due to the lack of access to contraceptive services. This was because the cadre of health workers who provide these services were not available in the primary healthcare centre in her community.

Lami’s life would have probably continued in that same manner if she had not met the Community Health Extension Workers (CHEW) that were posted to the Primary Health Care (PHC) Nabardo, Toro LGA who had benefitted from some of the trainings facilitated by the Global Affairs Canada funded Enhancing the ability of frontline health workers to improve health in Nigeria implemented by WHO. Lami was reached during routine house-to-house out-reaches, in which the CHEWs, besides discussing safe maternal health practices with women, also encourage and counsel women and



Health worker Binta Yakubu

and their families to access child-birth spacing services from health

facilities. After a series of counseling and follow up, Lami chose a long-term contraceptive method, which was administered to her.

“Even though Long Acting Contraceptive Methods (LARC) have been introduced for a long time, the uptake has been really slow among women who live in our rural area. This is because only doctors and nurses were allowed to administer these contraceptive methods in the pasts, but we have shortages of these types of health workers in the rural areas” said Binta Yakubu, the CHEW who counseled and provided LARC to Lami. “Now that we CHEWS at PHCs have received training to conduct these procedures more women in remote areas are able to access basic services for birth spacing and other important maternal and child services.”

Lami is one of the 40 million women of reproductive age in Nigeria, many of whom live in rural areas where basic health services and communication about family planning is very low. Since 2014 the World Health Organization (WHO), has supported Bauchi state government’s efforts by empowering different training institutions in the state to produce and deploy well-trained frontline health workers to areas of most need.

The 2018 Demographic Health Survey shows that Nigeria’s total fertility rate (TFR) - which is the number of children a woman is likely to have during her childbearing years – declined to 5.3 births per woman from 5.5 births per woman in the 2013 survey. The total contraceptive prevalence rate (CPR) for married women has increased by two percent over the last five years, from 15% to 17%, with an increase in total demand for family planning services from 31% to 36% over the last five years.



Lami Danladi

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...Nomad trails are tracked with geo-information mapping systems so that vaccinators always know where families are. Once vaccinated, migrant families get a yellow card for easy identification. In communities with poor health infrastructure, state authorities and WHO are supplying drugs for minor ailments to build trust. And there is a productive collaboration between security agencies and local security groups that is helping health workers deliver vaccines safely to conflict-affected communities.

Health authorities are also employing the wisdom of highly revered community and religious leaders, including the Sultan of Sokoto, Alhaji Muhammad Sa’ad Abubakar III, who help quell the myths surrounding vaccines. “We always tell parents to let the vaccinators do their work,” says Aminu Ibrahim, 35, a youth leader in Dange Shuni area. “Our leader, the Sultan of Sokoto immunized children himself, so people now appreciate it more.” Religious sermons and advocacy have helped drive higher numbers of vaccinated children, leaders say, although community

members who are also worried about other diseases like malaria seek more incentives from authorities, such as mosquito nets. “We want a society of healthy mothers and children,” added the Sarkin Fulani, Alhaji Nasiru Muhammad.

State authorities acknowledge these gaps and say they are working to do more. “We will leverage the wild poliovirus eradication gains and we will develop strategies towards improving our immunisation coverage,” says the Executive Secretary of Sokoto State Primary Health Care Development Agency, Mr Adamu Abdullahi Romo. “We have already reached a substantial percentage of the population, and with time, people will start to see the results.”

Support for Polio eradication to Nigeria through WHO, is made possible by funding from the Bill & Melinda Gates Foundation, Department for International Development (DFID – UK), European Union, Gavi, the Vaccine Alliance, Government of Germany through KfW Bank, Global Affairs Canada, United States Agency for International Development (USAID), Community Chest Korea, KOFIH (Korea), Rotary International and the World Bank.

First Int’l Day To Protect Education From Attack: UN Urges Nigeria To Prioritise School Safety, Learners’ Protection

The United Nations in Nigeria today said safeguarding education from attack is urgently needed to restore confidence in schools as places of protection for children and teachers. This is particularly pressing in light of COVID-19, which affected 46 million primary and secondary learners across Nigeria due to pandemic-related school closures.

“As State Governments plan to reopen schools after prolonged closures, building a resilient education system to withstand future shocks should be included in pandemic response plans,” said the UN Resident and Humanitarian Coordinator, Mr Edward Kallon.

He noted that prioritising safety in schools for educators and learners is an indication of the Government’s commitment to protecting investments in the education sector and a validation of Nigeria’s endorsement of the Safe Schools Declaration.

While the world marks the first-ever International Day to Protect Education from Attack under the theme “Protect Education, Save a Generation” more than three million children in the conflict-affected states of Borno, Adamawa and Yobe in north-east Nigeria are in need of education-in-emergency support.

“Education is essential to helping crisis-affected communities in the north-east rebuild and recover. Attacks on schools are a direct attack on future generations. I call on all parties to the conflict to take all necessary measures to protect education and give learners a chance to build a brighter future,” Mr Kallon said.

The protracted conflict in the north-east has had devastating impacts on education. From 2009 until December 2018, 611 teachers were killed and 910 schools damaged or destroyed. More than 1,500 schools were forced to close and some 4.2 million children in the north-east are at risk of missing out on an education. Hundreds of girls have been abducted, some even from their own schools, which are meant to be safe zones. The attacks on schools, communities and education itself are tragic consequences of a protracted conflict that has left a generation of children traumatized.

“As the world fights to contain the COVID-19 pandemic, children and youth in conflict zones remain among the most vulnerable to its devastating impact. We must ensure our children have a safe and secure environment in which to learn the knowledge and skills they need for the future,” said United Nations Secretary-General António Guterres.

The UN vehemently condemned any and all attacks on education including abductions of school children, school-related gender-based violence, herders-farmers clashes, and repurposing of schools for use as isolation centres, IDP camps, markets or for military purposes.

“Schools must remain safe places, free of conflict and violence,” said Audrey Azoulay, UNESCO Director-General. “Our collective future as well as the achievements of all development goals depend on it. Safeguarding the right to education for all contributes to the achievement of sustainable development and nurtures the international community’s decades-long gains towards peace, economic prosperity, and social inclusion worldwide.”

Left unchecked, the UN said incessant attacks on schools and learners could reverse the gains on education investments made by government of Nigeria, the UN and other multilateral, bilateral, and private sector partners over years.

“Attacks on schools are a violation of humanity and basic decency. We must not allow these senseless attacks to destroy the hopes and dreams of a generation of children. We must do all in our power to ensure that schools and the children and teachers within them are protected,” said Henrietta Fore, UNICEF Executive Director. “As the world begins planning to re-open schools once the COVID-19 pandemic subsides, we must ensure that schools remain safe places of learning, even in countries in conflict.”

With school reopening plans underway in many states, the UN called for increased funding, noting that it would go a long way in mitigating the effects of prolonged school closures on learners, especially vulnerable children, including girls and others living with disabilities. In north-east Nigeria, education in emergency partners are appealing for \$55 million USD to provide emergency education to 3.1 conflict-affected children this year. So far this year, only \$3.3 million USD, a mere 6 per cent of the total needed, has been received so far.

The Government’s response to the COVID-19 pandemic is an opportunity to build a resilient education system, invest in human capital and strengthen communities who act as first responders in the event of attacks on schools.

To deliver for children in Nigeria, education must remain on top of the public agenda while Government should boost efforts to translate its vision for education into real change for children, especially the most vulnerable and disadvantaged learners.

UN Provides Protective Kits For COVID-19 Prevention In Custodial Centres

In furtherance of Nigerian Correctional Service (NCoS) efforts, and in keeping with the need to support the right to health of people in custodial centres and access to health care services free of charge and without discrimination on the grounds of their legal status (Nelson Mandela Rules), UNODC supplied PPE materials including hand gloves, face masks, automated hand sanitizer dispensers, hand sanitizers, and infrared thermometers to the headquarters of NCoS in Abuja.

This is the third consignment which UNODC is providing to NCoS; the first being in April and the second in May 2020, when NCoS was provided personal protective equipment (PPE) materials for onward delivery to custodial centres in Nigeria

As coronavirus disease (COVID-19) continues to exert its toll on populations around the world, people who work or live in prisons and other closed settings are more vulnerable to the outbreak due to their confinement, overcrowding, and background health challenges.

Although people confined in prison in countries around the world have suffered from the impact of the disease, its impact on people in custodial centres in Nigeria seems to have been limited. This may be due to several interventions conducted by the Federal Government of Nigeria and the Nigerian Correctional Service (NCoS) with the support of the international community. These efforts included the reduction of overcrowding, ensuring health, safety and human dignity, and gender-responsive approaches.

UNODC will continue to partner with the management of NCoS and other stakeholders to support preventive measures to safeguard the health of the people living (inmates) and working (staff) in custodial centres in Nigeria.

While receiving the items donated by UNODC to the Nigerian Correctional Service (NCoS), on behalf of the Controller General of Corrections, Emmanuel Gopep (Controller of Corrections) stated that the NCoS appreciates the support of the UNODC in their efforts at preventing COVID—19 in the Nigerian Correctional Service. He assured that the donated items will be judiciously utilized.



Captions, from left to right in a clockwise direction

1. A group photograph of UN field staff and UN Resident and Humanitarian-Coordinator Edward Kallon, in Yola, Adamawa State. 14 September.
2. UN Resident and Humanitarian-Coordinator Edward Kallon with a cross-section of women leaders and representatives of women-led CSOs in Yobe State after an interactive session in Damaturu.
3. Governor Bala Mohammed of Bauchi State (Left) and Resident / Humanitarian Coordinator of the UN in Nigeria, Mr Edward Kallon (Right); display the 'Delivering as One' joint Work Plan for Bauchi State after the signing ceremony. 10 September.

Editor: Oluseyi Soremekun (UNIC)

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