



**REFOCUSED COUNTRY PROGRAMME  
ACTION PLAN (CPAP)  
2011 – 2013**

**BETWEEN**

**THE FEDERAL GOVERNMENT OF NIGERIA**

**AND**

**THE UNITED NATIONS POPULATION FUND  
UNFPA**

## **NIGERIA/UNFPA 6<sup>th</sup> COUNTRY PROGRAMME MID-TERM REVIEW REFOCUSING COUNTRY PROGRAMME ACTION PLAN (CPAP)**

### **RATIONALE**

In the two years of the 6CP/CPAP implementation, UNFPA Nigeria continued to work with national/States/FCT institutions and civil society organizations (CSOs) to improve the quality of life of Nigerians through improved data for development, improved reproductive health and rights, and enhanced gender equality.

However, implementation rate in the first two years has been low, as revealed by 2009 APR report and 2010 MYR reports. The low implementation rate has been attributed largely to:

- Inadequate program staff
- Delays in programming the AWP into ATLAS,
- Delays in signing LoUs;
- Delays in release of GCCC by IPs;
- Delays in the development of work plans and other instruments to enable commencement of activities in the 6 UN “Deliver as One” States;
- Delays in the release of funds for programme activities at the UNFPA level due to incorrect FACE forms and/or bureaucratic bottlenecks at both UNFPA and IP levels.
- Inadequate monitoring of the IPs.
- Low financial absorptive capacity of the IPs leading to slow implementation of planned activities

In addition, current realities suggest that it may be impossible to deliver the expected results if the strategies and activities conceived in the CPAP document are not refocused in view of the Political situation, Women for Change Initiatives, new guidelines and updates especially in the area of Maternal and newborn health/RHCS/EmONC, the changing aid and development environment and need to leverage partnerships within and outside the UN to accelerate the achievement of MDG 5 and enhance support for the ICPD agenda generally.

### **REPRODUCTIVE HEALTH AND RIGHTS**

The Reproductive Health and Rights programme will refocus to

- Strengthen systems especially at the community level to ensure that existing SRH/HIV/AIDS policies and plans are effectively implemented
- Procure and distribute commodities through Public sector and CSOs in all UNFPA assisted facilities and other non-traditional sites and the provision of quality family planning services.
- Deliver quality EmNOC services through strengthening health system using the GCCC
- Enhance collaboration with NGO for improved access to quality service delivery.
- Increase demand for quality services through strengthening of community structures and BCC
- Enhance engagement of youths in programme delivery and empowerment with life planning skills.

In implementing the RHR component, UNFPA will continue to strengthen the Federal and states Ministries of Health, LGA health departments, other relevant and collaborating ministries, department and agencies, NGOs, CBOs and the private sector in the provision of integrated RH

services including safe motherhood and emergency obstetrics care services, HIV/AIDS prevention, ASRH services, Reproductive Health Commodity Security (RHCS) and family planning services. There will be concerted effort to address the crucial need of increasing demand for services so as to improve service utilization rates. The programme will ensure integration of RH/FP services within the multi-sectoral HIV/AIDS programmes. RH services will be made available to men, women and young people and in particular the vulnerable groups. These will be achieved through the implementation of four (4) interrelated outputs as discussed below:

**Output 1: Improved gender responsive and equitable HIV preventive services for women and youth in 12 States and at the Federal level.**

Strategies and activities to achieve this output include:

***a) Promoting youth friendly policies and programmes to empower young people to adopt healthy life styles and behaviours and participate in the national and state HIV/AIDS response;***

1. UNFPA, working with the Federal Ministry of Youth Development (FMOYD), Federal Ministry of Health (FMOH), Federal Ministry of Education (FMOE), Federal Ministry of Women Affairs (FMOWA), National Agency for the Control of AIDS (NACA), National AIDS and STI Control Programme (NASCP), State Action Committee on AIDS/State Agency for Control of AIDS (SACA), States Ministries of Health (SMOH), States Ministries of Education (SMOE), States Ministries of Women Affairs (SMOWA), NYNETHA, WHO, UNICEF, UNAIDS, USAID, DfID and other stakeholders will facilitate and support the dissemination and use of relevant national policies, including their review where necessary especially to enhance adequate access to services across board. These include the Policy on Adolescent Health and Development and strategic framework, the Policy on HIV/AIDS for the Education Sector and strategic plan, the Youth policy and Action plan; and the Gender policy. Specifically, states will be supported to develop and /or implement Youth Action Plans on the basis of the National Plan of Action for advancing the health and development of young people. These policies and their plans will be implemented in collaboration with International NGOs (INGOs) and CSOs/FBOs especially YSOs.. BCC materials would be developed and disseminated through various multimedia channels to promote ASRH

2. Similarly, the programme will support NACA, NASCP, FMOH, SMOH, SACA, Local Government Action Committee on HIV/AIDS (LACA) and YSOs on the implementation of activities derived from the National HIV Prevention plan, states' strategic plans on HIV/AIDS prevention and roadmaps for universal access to HIV/AIDS services. Support for the integration of ASRH/HIV/AIDS and poverty reduction issues into the curriculum of colleges of Medicine will be one of the major activities in this regard. The college of Medicine, University of Ibadan will serve as the modeling institution for two other colleges from each zone. In doing this, high

risks groups including women and young persons will be provided with comprehensive prevention packages.

3. The programme will provide assistance to National Youth Network on HIV/AIDS and Poverty Reduction (NYNETHA), Association of Positive Youth in Nigeria (APYIN) and other relevant youth networks to promote adult-youth partnership in policy and programming at national, state and LGA levels. The assistance will include technical and/or institutional capacity building including skills acquisition on coordination and supportive supervision. In addition, youth focused NGO will be funded and engaged to provide direct ASRH services and life planning skills to the youths at the community level.

#### **b) Facilitating the implementation of condom programming**

4. UNFPA working with the Federal and States' Ministries of Health, USAID, WHO, SFH and Planned Parenthood Federation of Nigeria and other members of the National Condom Stakeholders' committee will support the operationalisation of the national condom strategy and its five year operational plan at national state, and LGA levels. In particular, UNFPA will continue to procure sufficient quantities of quality male and female condoms to meet the country's need in the medium term, while advocacy and policy dialogue with key policy makers at the FMOH, SMOH and NACA/SACAs will focus on creation of budget line for the procurement of male and female condoms to ensure sustainability and national ownership of the condom programme in the long run. The capacity for condom counselling and services especially for female condoms will be built for NGOs, as well as the public and private sectors and the activities of the multi sectoral national and State condom stakeholders committee will be supported. Engagement with political, religious/traditional leaders and community groups will be fostered through sensitization and sustained advocacy to remove barriers to access to condoms. Efforts will be made to review current communication strategies with a view to updating existing BCC materials and develop new culturally sensitive ones to ensure that adequate and correct information is available on condoms and HIV/STI prevention. UNFPA will also support training and orientation programs for representatives of SACAs and LACAs, NGOs, CBOs, FBOs and other stakeholders on the national condom logistic system and strategy to link them up with the system to improve access to condoms as part of HIV prevention programs.

#### **c) Strengthening institutional and technical capacity for HIV/AIDS and Sexual and Reproductive Health integration**

5. Working closely with NACA, the FMOH, States Ministries of Health and the State Action Committees on AIDS, UNFPA will facilitate the implementation of activities within the National HIV Prevention plan. UNFPA will work with NACA and SACAs, NGOs, CSO and FBOs in 12 supported states in facilitating the implementation of state strategic plans and roadmaps for universal access to HIV/AIDS services. This will be done through supporting SMOHs and SACAs in the twelve states to widely disseminate national and states' HIV policy and plan

documents including the RH-HIV integration guidelines; the development of BCC material and job aids to facilitate optimal utilization of services.

6. The programme will support the use of the recently disseminated National RH-HIV Integration Guidelines. Specifically, UNFPA will support state level dissemination and capacity building of service providers, programme managers and other stakeholders. Advocacy with policy makers in the 12 State to adopt and use the guidelines will be undertaken as this will ensure the creation of the necessary operational support for the implementation of a continuum of care that integration of services entails. Support will be provided within the context of the NSHD plan and national initiative to integrate AIDS/TB/Malaria/MNCH services in collaboration with NPHCDA to strengthen the capacity of SMOHs, LGA health departments and facilities through the supply of essential equipment and products where necessary. Ante Natal Care (ANC), Delivery, PNC, FP, STI, HCT, PMTCT, ART and YFC will be strengthened especially at the primary health care level. The capacity of Community based organizations, NGOs and support groups of PLWHAS will be built to enable them contribute more effectively in providing integrated RH-HIV services according to national guidelines. Working with the Nigerian Business Coalition on HIV/AIDS (NIBUCCA), advocacy and sensitization events aimed at strengthening public private and private-private partnership to promote integrated SRH/HIV/AIDS services will be organized.

7. Support will be given to the National, State and LGA PMTCT and HCT Task Teams to ensure that the right policy environment exist for scaling up of HIV/AIDS services, especially for youth and women. Therefore, UNFPA will support the FMOH and SMOH in organizing some PMTCT, HCT and STIs coordinating meetings/ annual review meetings, while progressively aligning with the quarterly and annual health sector review. Similarly, the programme will provide support for the bi-annual meetings of the National Adolescent RH working group and facilitate the processes of acquiring knowledge and skills acquisition by these officers in order to monitor and supervise both the in- and out-of-school programme delivery.

#### **d) Promoting a comprehensive approach to HIV prevention among sex workers**

8. The programme will support the implementation of a national framework for HIV prevention in sex work setting and build capacity of stakeholders for programme implementation. Program Officers of the National Network on Sex Work Projects (NNSWP) and its affiliate NGOs, the FMOH, SMOH, NAPTIP, FMOWA and SMOWA will be trained on program design/state level adaptation and implementation of HIV/AIDS services in Sex work settings. It will also advocate to key policy makers and the legislature on the need to support HIV prevention programs in sex work settings and on how to address issues that expose women to sex work. Support will also be given to NGOs and CBOs to build the capacity of sex workers to reduce their vulnerability to HIV/AIDS and reduce barriers to accessing HIV prevention services in sex work settings. UNFPA will also support the NNSWP, NAPTIP, FMOH and SACAs in 12 supported states to produce action plans for implementing HIV in sex work setting. These will include organizing

sensitization and orientation programs for law enforcements agencies on HIV prevention in Sex work settings and creating awareness about the dangers of driving sex work underground through incessant harassment by law enforcement officers.

**e) Collaborating with Civil Society Organisations, FBOs and traditional leaders;**

9. UNFPA will further engage with civil society networks, FBOs, religious and traditional leaders through embarking on a number of activities to strengthen their active participation in the national HIV/AIDS response. Support will be given to Interfaith Coalition on HIV/AIDS to provide training to faith leaders on HIV prevention, care and support for PLWHAs and their families. Advocacy training will be organized from time to time for religious and traditional groups to empower them with the skills to advocate for increased allocation of resources and better commitment of religious organizations to HIV/AIDS issues.

10. UNFPA will support within the context of UNTG, HIV/AIDS program management and leadership training with emphasis on policy, program planning and implementation, resource mobilisation and M&E. This will be organized for representatives of CSOs, FBOs, and COs to create a critical mass of program managers with the requisite skills on results- based management.

***f) Supporting the provision of youth-friendly information and services.***

11. UNFPA will continue to support the implementation of the national Family Life and HIV education (FLHE) in collaboration with Federal and State Ministries of Education and CSOs through training of in-school teachers and Guidance counsellors in secondary schools in the 12 supported states. In this regards, To foster sustainability, particular attention will be paid to integration of the FLHE into the pre-service curricular of Colleges of Education and Universities. To this end UNFPA will work with the National Commission for Colleges of Education (NCCE) and National Universities Commission (NUC) and other stakeholders including Action Health incorporated (AHI) for the integration. UNFPA will explore the possibility of developing a joint programme with UNICEF and UNESCO and collaborate with CSOs.. Additional, the programme will partner in the SRH, HIV/AIDS prevention information and services component of the NACA/ECOBANK/MTN private partnership initiative for tertiary institutions

12. The programme will support the provision of ASRH information and services for out of school youths. Specifically, support will be provided for the dissemination and utilisation of the harmonized ASRH/HIV/AIDS training manuals for out-of-schools peer educators in a bid to standardize the training. In addition, CBOs/YSOs will be assisted for effective services delivery through technical capacity building, supply of barrier FP methods including training of out-of-school youth as Peer Educators.

13. The programme will support technical capacity of health workers at the Primary Health Care (PHC) centres to provide youth-friendly information and services through training on ASRH/HIV/AIDS and Youth-friendly services (YFS) provision for Nurses, Community Health Extension Workers (CHEWs) and Laboratory Assistants as provided for in the Action Plan for advancing the health and development of young people. The YFCs and skill acquisition centres will be linked through referral to the Youth friendly services provided in health facilities. In addition ASRH services will be integrated into existing skills acquisition centres.

**Output 2: Strengthened institutional capacity to ensure reproductive health commodity security and deliver gender sensitive and equitable family planning services at Federal level and in 12 supported States' institutions and NGOs.** Key strategies and activities for achieving this output include:

**a) Advocating and strengthening partnership in support of reproductive health commodity security**

14. Advocacy to mobilize political commitment at the highest level to achieving RHCS will be pursued at federal, state and LGA level. In particular the Federal and states Ministries of health, finance as well as the legislature will be mobilized to create and fund a dedicated budget line in support of RHCS activities. In addition, the existing multipartite RHCS stakeholders will be strengthened and additional donor and bi lateral agencies mobilized to support and fund RHCS initiatives in the country.

**b) Capacity building of health personnel in logistic system and family planning technology**

15. The programme will support the FMOH, SMOH and LGA PHC Departments, NGOs and FBOs in the implementation of existing national standard of practice protocols and manuals for Family Planning. Clinical Service providers, nurses, midwives, doctors and CHEWs would be trained on contraceptive technology and the management of the associated logistics in the 12 UNFPA assisted States. The programme will also support the FMOH and other stakeholders in developing a national curriculum and manual for FP for CHEWs. The programme will continue to support government to strengthen the Contraceptive Logistics Management System (CLMS) through the training of health personnel at all levels in various aspects of contraceptives logistics management.

**c) Strengthening of Commodity Logistic Management System at national and state levels**

16. The programme will support the revision of the national RHCS strategic framework 2010-2013 to plan, implement and monitor the RHCS activities in the country. Advocacy and technical assistance will be provided for the decentralization of the FMOH national contraceptives warehouse while improving its storage conditions and practices to enable it deliver commodities to states with a minimum lead time. Service providers and other programme officers operating the CLMS will be supported to ensure near term availability of commodities at

all times at all levels of the system. Technical assistance and funding will be provided for the strengthening of supportive supervision at all levels to facilitate effective functioning of the CLMS and provision of quality FP services. In addition, the programme will support monthly and quarterly FP/CLMS review meetings for state and LGA FP coordinators as well as NGOs and CSOs working on Family Planning.

**d) Efficient planning for procurement and availability of contraceptives to prevent commodity stock out.**

17. The programme will continue to support capacity building on forecasting for FMOH officer members of the RHCS Technical Working Group to ensure adequate, timely and accurate forecasting of contraceptives needs. FMOH officials will be trained on the CHANNEL software for pipeline management and the softwares installed and utilized at national and state level. FMOH will be supported to establish and manage a databank for RH commodities data, especially SDP consumption data. Annual procurement plans will be produced by government with the technical assistance of UNFPA and UNFPA's procurement mechanisms will be utilized to procure adequate quantities of contraceptive commodities to meet national public sector needs and prevent stock-outs. UNFPA will support the mobilization of adequate resources from donors, government and the private sector to finance the procurement of commodities to meet the country's needs.

**e) Expanding existing distribution systems to supported States through CSO.**

18. The existing distribution system for FP commodities will be expanded through the engagement of CSOs in the management and delivery of quality FP services in the communities. CSOs will be identified, trained, funded and linked to the national CLMS system. CSOs will also be supported to establish and provide FP services through non-traditional channels such as youth and women development centres, workplace programmes and community outreaches including through integration into other RH/HIV services.

**Output 3: Increased gender sensitive and culturally appropriate quality maternal health services including Emergency obstetric and neonatal care in 360 public and private facilities in 12 supported States.** The strategies and key activities under this output will be:

**a) Supporting policy dialogue and advocacy activities for the implementation of all relevant reproductive health policies,**

19. UNFPA will support the FMOH and SMOH to harness the existing partnerships-MNCH partnership and RHWG for the implementation of national RH policies. Specifically, UNFPA will mobilize support to ensure the adequate funding and implementation of relevant RH policies within national and state levels including the NSHDP, the Integrated Maternal, Neonatal and Child health (IMNCH) strategy and the road map for the reduction of maternal and neonatal



mortality. UNFPA will partner with UNICEF and WHO and other stakeholders to establish/strengthen the State chapters of the MNCH groups in the 12 States.

**b) Strengthening institutional and technical capacity of states/Local Government Areas Health Departments and health facilities to provide package of quality services.**

20. Main activities under this strategy will focus on increasing coverage of skilled attendant at birth and emergency obstetric care services. UNFPA will work with other partners to support the FMOH, SMOH, NPHCDA to develop/implement a national maternal health human resource component of the SHDP . In addition, support will also be provided for Midwifery Services Scheme through the NPHCDA/FMOH . Capacities of States' Ministries Health and LGA health departments in the 12 States to manage the implementation of maternal health services including EmONC as part of the IMNCH will be strengthened.

21. Midwives, CHEWs, Nurses and Doctors from selected PHC and Secondary facilities in the selected States will be targeted and trained in LSS, MLSS and ELSSI to enhance their competencies in the provision of maternal health services including EmONC. Appropriate job aids including partographs will be developed and provided to health workers to facilitate their work. The number of facilities to be targeted in each State will be based on need to meet the minimum requirements for EmNOC as well as ensuring geographic coverage focusing on underserved areas. A minimum of 360 facilities will be targeted across the 12 States. Support will be provided for improving the provision of maternal health service components of the Ward Minimum Health Care Package at the Ward level especially in underserved areas to increase coverage of ANC, delivery and PNC services. To this end UNFPA will partner with the National Primary Health Care Development Agency (NPHCDA) in selected wards of some LGAs in the 12 states. UNFPA will undertake advocacy with both State and LGA authorities to ensure adequate skilled personnel especially Midwives for the provision of 24 hour services in the selected health facilities in line with the national guidelines. The programme will support the FMOH, NPHCDA and other stakeholders in the development of a national training curriculum for MLSS for CHEWs in the Schools of Health Technology This programme will also support the implementation of the UNH4 joint programme in support of IMNCH.

22. The programme will continue to support the prevention treatment and rehabilitation of obstetric fistula as part of the campaign to eliminate this maternal morbidity in the context of maternal health services. The focus will be on strengthening the national capacity to coordinate the implementation of the national VVF strategic framework at both federal and state levels, as well as support capacity building for providers in the management and rehabilitation of obstetric fistula clients in affected states. Support will also be provided to States to promote the decentralization of treatment and rehabilitation to existing general hospitals, while also supporting social re-integration services.

**c) Building technical, managerial and supervisory capacities of health workers;**

23. Support will be provided for training of national, State and LGA programme managers in the programme management, M and E as well as supervision and quality improvement related to maternal health. Appropriate monitoring and supervisory tools and checklist will be utilized at each level. UNFPA will provide inputs for supportive supervision by state and LGA teams and provide the required technical backstopping to enhance quality facilitative/supportive supervision. UNFPA will support the participation of programme managers and service providers at monthly and quarterly technical review meetings at state and zonal level. In addition, UNFPA will advocate for States and LGAs to create budget lines for monitoring and supervision this will ensure sustainability.

24. In each State UNFPA will collaborate with professional Obstetricians and Community Physicians from tertiary institutions as consultants to provide technical backstopping and mentoring on a continuous basis that would engender supportive supervision at secondary and PHC levels. Each facility will keep updated registers of maternal health services including EmONC and carry out monthly analysis of data from such registers for reporting, performance improvement and management purposes. The capacities of health services providers, LGA and State programme managers for the collection, analysis, utilization and dissemination of maternal health related data will be developed through training in collaboration with the P&D component. In addition, existing information management systems such as the HMIS and LMIS and databases in all supported states will be strengthened. Maternal mortality audits would be initiated in selected secondary facilities as part of quality improvement.

In addition, the programme will aim at ensuring that SMOH and LGA PHC departments document lessons learnt and good practices and disseminate them widely, particularly through information sharing meetings, seminars and newsletters.

#### **d) Supporting supply and management of essential equipment and consumables;**

25 UNFPA will support the institutional strengthening of selected public and private health facilities in the 12 assisted States by providing them with basic medical equipment for maternal care services as determined by the needs assessment report. This is with a view of positioning the facilities for the delivery of quality RH care. Selected PHC and Secondary facilities in the 12 States (a total of 360 in all) will be provided with such equipment to improve their capacities to provide quality ANC, delivery, PNC, FP as well as EmOC services. T. The project will provide essential RH supplies and life saving materials such as Magnesium Sulphate for the management of Eclampsia, anti shock garment and Misoprostol for the management of obstetric haemorrhages, and safe motherhood kits for deliveries..

Selected PHC facilities will be renovated under the GCCC Health System Strengthening mechanism to improve the quality of the facilities and ultimately service delivery.

26. The programme will collaborate with NPHCDA to provide communication gadgets to facilitate referrals. Communities will be supported to have functional community organized transport and insurance systems for referred pregnant women who develop complications.

**e) Facilitating the formation of strategic partnerships for coordination and leveraging resources. Key activities under this strategy include:**

27. One key activity under this strategy is that of coordination of all maternal health related interventions to ensure synergy, coherence and efficient use of available resources. UNFPA will work in partnership with other UN agencies such as WHO and UNICEF and other donor and bilateral especially DFID, USAID, CIDA and JICA to work with the FMOH to ensure the effective coordination of maternal health interventions in the country in line with the NSHDP and country compact. Similar activities will be supported and facilitated in the 12 States working with existing donors and partners, while special attention will be paid to collaboration with UNICEF and WHO under the UNH4 programme and also in the 6 UN States to as part of joint programme on IMNCH. Support will be provided for the FMOH to develop and implement a national coordination mechanism including an M and E plan for maternal health services in the context of IMNCH.

28. The programme will develop and support the implementation of a 6CP resource mobilization plan using a financial sustainability framework. The organised private sector and philanthropic individuals will be mobilised to provide resources in cash and or kind in support of MNCH services. Coalitions and Networks will be supported among development partners, bilateral agencies, NGOs, Faith based Organizations (FBOs), Community Based Organizations (CBOs) and the private sector working in areas of reproductive health at the federal and state levels. They will be used in addressing specific RH issues especially as they relates to improving utilization of Safe motherhood services and EmOC, advocacy, awareness creation and extending services to hard-to- reach areas.

29. In addition, UNFPA will continue to provide technical support for the implementation of the RH related activities of the Office of the Senior Special Assistant to the President (OSSAP) on MDGs. UNFPA will also continue to provide technical and substantive support for the implementation of the National Strategic Health Development Plan (NSHDP) and its corresponding state plans. UNFPA will liaise with the National Health Insurance scheme and communities to advocate pro-poor financing mechanisms and activities for MNCH services at national, state, LGA and community levels.

**f) Collaborate with stakeholders to ensure the integration and provision of RH in humanitarian crisis**

30. The programme will support the development of a country office emergency response plan, the implementation of the UN EPR work plan and the national EPR contingency plan. It will also collaborate with major stakeholders (UNCT, FMOH, NEMA, National Commission for

Refugees, Red Cross, Armed forces, NGOs etc.) for the integration of RH into existing emergency response plan. This will be achieved through awareness creation and advocacy, training workshops/seminars, provision of RH services in crisis (MISP, comprehensive RH services in stable conditions.) In this regards, UNFPA will support and facilitate capacity building for members of the relevant agencies at the national and in the 12 States. In addition, frontline workers and NGOs involved in the provision of humanitarian services will be supported to implement MISP during humanitarian crisis.

**Output 4: Enhanced knowledge, skills and mechanisms to demand for and access quality gender sensitive and equitable Reproductive health/Family Planning and HIV/AIDS prevention services in selected communities in 12 supported States.** This will be achieved through the following strategies and activities:

**a) Capacity building of individuals and communities to demand for services**

31. In collaboration with CSOs, focus will be on the improvement of knowledge of community members on pregnancy and its complications, FP, HIV/AIDS and STI including key household practices, when and where to seek for care, as well as medical implications and management of GBV cases. This will be done through community mobilization, sensitization and awareness creation about existing services. Communities Development Committees will be targeted and sensitized to enable them become advocates within the communities. Community Educators to be selected by the communities will be engaged in each ward of selected LGA to continue the day to day awareness raising activities and to link community members with existing health services. These educators will be provided with the necessary IEC materials to facilitate their work. Traditional and Religious leaders will be mobilized and sensitized to enable them provide leadership for ensuring that members of households in their domain are adequately mobilized. In addition, the capacity of NGOs and CSOs will be strengthened to facilitate the dissemination of adequate and correct information and by so doing complement the efforts of the community educators. .

**b) Supporting communities to use systems and structures to hold duty bearers accountable for delivery of quality and equitable services;**

32. UNFPA will facilitate and provide support for organizing sensitization meetings for community and religious leaders, Community Development Committees, leaders of women and youth organisations, representative of traditional and religious leaders on the operations of the health system within their domain to improve their understanding of how it functions. Specific information will include the operations of the referral systems, as well as highlight the responsibilities of community members in effective use of services. In addition procedures for registering complaints by community members will also be explained. 88. UNFPA will support the hosting of quarterly town hall meetings with programme managers, policy makers and political leaders (counsellors for health and state house members) and community development

committee members, NGOs/CSOs and community educators to discuss issues relating to maternal health, FP, HIV/AIDS and adolescent and youth health and development issues as well as find ways of improving the availability and utilization of such services for the benefit of the people.

**c) Promoting male involvement**

33. Using religious, traditional leaders and community-based organizations as an entry point UNFPA will organize various sensitization and mentoring programs for men as a step in facilitating involvement of men in gender, population and RH issues. It will also support and encourage NGOs and CBOs to use special events such as Women's Day, Men's Day, Youth Day etc organized by some religious groups and communities to propagate the ethos of male involvement in RH, gender and population issues. UNFPA will support initiatives from community organizations and NGOs to train staff of the military and paramilitary forces on RHR, P&D and Gender in promoting male involvement. Emphasis will be laid on household decision making, financial support for their spouses, nutrition, gender based violence and girl child education.

**d) Developing and disseminating culturally sensitive media material on Behavioral Change**

34. UNFPA will also work with stakeholders at the Federal and States' Ministries of Health, NACA and SACAs to develop/adapt and implement the BCC strategy on RH/HIV/AIDS and strengthen capacity for its implementation. Message guides, advocacy materials and other culturally sensitive media materials will also be developed on Maternal Health, Family Planning, ASRH and HIV/AIDS, GBV and disseminated through multi media channels. UNFPA will organize step down training workshops for journalists at the state level on RHR, P&D, Gender and their linkages to enable them use topical issues in talk shows to upscale public dialogue. Advocacy to media owners and top executives of media houses will be undertaken to increase their commitment to using their media houses as avenues for disseminating relevant RH-population and gender-related information and education materials. Working with the Federal and state Line ministries and non-governmental organizations, existing communication materials will be reviewed and special national events through which information and education can be given to large numbers of people will be supported.

***e) Strengthening access to behaviour change communication for young people and adolescents***

35. The programme will also work with the FMOH, FMOYD, SMOH, CBOs and NGOs to build capacity of network of religious and community leaders and desk officers in the line ministries/agencies to facilitate the dissemination of appropriate and correct information on young people and adolescents.

36. UNFPA utilizing the existing collaboration between NACA, MTN, and Nigeria Business Coalition on HIV/AIDS (NIBUCA) will contribute to the private sector-driven implementation of behaviour change communication for young people and adolescents.

**f) Utilizing multi-media channels/traditional media communication for social mobilization.**

37. UNFPA will support a broad-based multi sectoral stakeholders meeting bringing together government lines ministries, for profit and non-for profit organizations, civil society and community groups to explore the use of multi-media channels and traditional communication for social mobilization and information dissemination to improve access to services. Following this, support will be provided to Federal and state line ministries to work with NGOs to develop culturally appropriate multi-media communication messages and materials for positive behaviour change in support of RH/HIV/AIDS. UNFPA will also support wide dissemination of these messages through multiple channels to a wide range of audience.

## **POPULATION AND DEVELOPMENT**

38. In implementing the Population and Development component, UNFPA will continue to strengthen the Federal and states institutions, including the National and State Statistical Offices as well as Non-governmental Organizations to:

- Ensure functional databases in the 12 +1 States and make age-sex disaggregated data for development planning available.
- Ensure proper coordination and implementation of the National Population Policy Action Plan, including increased collaborative efforts to incorporate population, RHR, gender and youth data in development frameworks.
- Ensure increased collaborative efforts to make life skills and youth friendly services available to out of school youths.

These will be achieved through the implementation of three outputs as discussed below:

### **Output 1: Strengthened capacities for data management**

The main strategies and activities to achieve under this output include:

**a) *Supporting prioritized technical capacity development***

39. The programme will support capacity building on DevInfo. It will also provide support for the setting up/strengthening of data/producer users' forum at national level and 12 + 1 supported states, to strengthen data collection and utilization for development planning.

**b) *Providing support for population researches***

40. In partnership with stakeholders, support will be provided for the conduct of researches and data analyses on current and emerging demographic issues such as urbanization and migration and their impact on reproductive health, gender and youth.

***c) Establishing/strengthening functional databases at the National and the 12 + 1 supported States***

41. Working in partnership with stakeholders, especially the Federal and State Bureau of Statistics support will be provided for the establishment and/or strengthening of State databases at the 12 + 1 supported states. The mechanism for data collection from the States especially from the 360 supported Health facilities will be enhanced to ensure that data are collected, analysed and disseminated regularly for programme implementation, monitoring and evaluation. .

***d) Advocate for policies to strengthen data collection and utilization mechanisms***

42. The programme will hold advocacy and policy dialogues with key stakeholders at national and state levels, including appropriate committees of the Senate and House of Representatives, as well as State Assemblies for increased budgetary allocation for data collection and for government programmes and plans to use data. To this end, appropriate IEC/BCC materials on Population and Development will be produced and used for advocacy and targeted stakeholders' education on the interrelationship between Population, Reproductive health, Gender equality and Development.

***e) Implementing the monitoring and evaluation plan to ensure results-based management***

43. The programme will build capacity in result-based management and facilitate operationalisation of the M&E plan. Programme M&E officers and programme managers in the assisted states will be trained on RBM and M&E concepts and techniques.

44. Support will be provided for regular coordination meetings of implementing agencies and donors within sectors at federal, state and LGA levels. M&E committees at local government, State and Federal levels will be supported to function as a veritable source of data collection, analysis, dissemination and use of data to inform programming and policy making.

Joint monitoring visits including Joint United Nations agency and joint sector monitoring visits will be undertaken as specified in the M&E plan and quarterly programme and financial monitoring reporting, mid-year and annual reviews and reports will be implemented to ensure that programme activities are implemented according to plan. Baseline data will be sourced from the end-line/baseline survey reports of the Fifth/Sixth Country Programmes, the 2008 Demographic and Health Survey, the 2006 census report and other relevant surveys to provide the necessary data for indicator development, monitoring and evaluation. In the last quarter of the CP in 2010 endline data will be collected to facilitate evaluation of the performance of the 6<sup>th</sup> CP and plan for the 7<sup>th</sup> CP.

## **Output 2: Strengthened capacity to incorporate population issues.**

### ***a) Improving awareness and knowledge of policy makers and parliamentarians on the inter linkages between population and development***

45. In collaboration with stakeholders, parliamentarians at state and national levels will be sensitized on issues of inter-linkages between population and development to foster better understanding of the issues and enhance their capacity to legislate on population, RH and Gender issues. . At the regional level support will be given for the establishment/strengthening of the Nigerian Chapter of African Network of Parliamentarians on P&D. Civil society networks on Population and development, including media, youth, traditional and religious leaders networks will be supported to advocate on population and development issues.. International events including the World Population Day, Womente on poWorld Youth Day, World AIDS Day and State of the World Ppulation (SWOP) will be celebrated with stakeholders to create the necessary awareness on population and development issues.

### ***b) Strengthening the technical and institutional capacities of relevant institutions to budget based on population, Reproductive Health and gender-responsive issues;***

46. Institutional capacity of the sector MDAs at federal and 12 +1 supported states will be built on integration of population, RHR and gender issues concerns into budgets. This will include support to the on-going Mid-Term Sector Strategy and gender-responsive budgeting.

### ***c) Engaging the relevant stakeholders at the national and 12 + 1 supported states to operationalize and coordinate the NPP Action Plans***

47. Support will be provided to create the necessary awareness for the National Population policy and its implementation plan. The relevant agencies of government will be supported to effectively coordinate the implementation of the plan at Federal and state levels.

### ***e) Advocating for increased resource allocation to population and development, Reproductive Health and gender issues.***

48. The programme will support evidence-based advocacy and IEC interventions on population, RH, gender and socio-cultural issues to donors and policy makers at national and state levels.. It will also provide technical, financial and operational support to relevant CSOs and other institutions at federal and 12 + 1 states levels to advocate for increased resource allocation to P&D, RH and Gender issues.

## **Output 3: Enhanced capacity for Youth Friendly policies, plans, programmes and expenditure frameworks.**

### ***a) Facilitating the establishment of comprehensive youth friendly centres and provision of youth friendly information and counselling***



49. In collaboration of the RHR component, the programme will build the institutional and technical capacity of at least two centres from each zone to provide training, counselling and services. It will also build the capacity of four staff from each centre and three YSO/FBO staffers on YFS, Peer Education approach, ASRH information and counselling services, poverty reduction, including gender issues. Support will be provided for the adaptation of simple tools for capturing service data from youth friendly and youth empowerment centers. Local NGOs/CBOs/YSOs will be empowered to train community-based peer educators for the provision of information and services for out-of-school youths.

***e) Facilitating access to gender sensitive livelihood skill programmes, including parent sensitization.***

50. In collaboration with other UN agencies, , line ministries and youth-serving NGOs; support will be provided to out-of-school youths in acquiring livelihood skills. Youth Serving Organizations (YSOs) working on livelihood skills with young people will be identified and supported for the integration of ASRH/HIV/AIDS information and services through appropriate training, sensitisation seminars, procurement of resource materials, printing and dissemination of audio visuals BCC materials on ASRH, Gender and HIV/AIDS prevention information and services. The programme will build the technical capacity of ASRH and Youth Desk Officers at state and LGA levels on quality assurance and gender appropriateness of information and services delivery by the NGOs.

51. In collaboration with partners, the existing Parents-Child Communication (PCC) guide to parents will be reviewed, adapted for the radio and TV and , distributed through selected schools, NGOs/YSOs and religious institutions. Training will be conducted for parents, teachers, health workers, NGOs, CBOs, and FBOs on the use of the PCC guide for sensitisation in communities, and educational institutions, including Madrasas and during religious congregation.

## **GENDER EQUITY**

52. In implementing the Gender Equality component, UNFPA will

- Provide support to the efforts of government partners and NGOs and media advocacy for passage of gender sensitive bills, domestication of CEDAW; the implementation of the 35% affirmative action of representation of women in decision making in federal and 12 states in Nigeria .
- Support procurement and supply of equipment to WDCs and safe centers at national and state levels.
- Focus on provision of livelihoods skills training to young women and girls as an entry point to improve access to RH services and commodities.

**Output 1: Strengthened Technical and Operational capacity of Federal and 12 supported State Ministries and Civil organization to promote women's rights and political empowerment.**

**53. Strategies and Proposed Broad Activities for output 1 are as follows:**

**Strategy (a)**

- Building the operational capacity of programme managers and sensitization of policy makers, parliamentarians, civil society organizations at national and state levels on gender issues.

**Broad activities include –**

- Support update of knowledge and capacity for building for legislators and programme managers on gender equality issues
- Support orientation and knowledge building sessions for programme managers and gender desk officers on utilization of tools produced during the two years of implementation.

**Strategy (b)– Facilitating the enactment of gender sensitive policies laws and bills****Broad activities**

- Support the advocacy efforts of government partners , CSOs for the passage of gender sensitive bills
- Provide technical, material, equipment and training support to women legislators with the aims of promoting gender sensitive legislation
- **Strategy (c) Supporting FMWASD and the House Committee on Women Affairs on domestication of CEDAW -**
- Support the implementation of the Action plan of the Lobby Group on domestication of CEDAW
- **Strategy (d) –Fostering Partnerships with policy makers, parliamentarians and civil society**
  - Partner with the political parties and INEC to implement 35% affirmative action.
  - Support the efforts of civil society coalitions and networks including the media work on gender equality and women’s empowerment

**Output II – Enhanced Capacity of federal, 12 states institutions and policy makers, parliamentarians to advocate for, develop, implement and monitor policies and programmes that reduce Gender Based Violence****54. Strategies and Proposed Broad Activities for output 2 are as follows:****Strategy a: Supporting advocacy for the passage of and enforcement of laws against GBV****Broad Activities**

- Support the government partners and NGOs on the campaign against GBV at Federal and state levels.
- Support CSOs on the passage of GBV laws

**Strategy b): Facilitate the establishment of mechanisms for the enforcement of the laws at national and state levels**

- Support ongoing efforts of partners to ensure that they are completed

**Strategy c: Support the adaptation /development of gender sensitive tools for monitoring and reporting progress in reducing GBV**

- Support government and NGO partners to rehabilitate WDCs and existing safe houses and GBV centres to provide psychological, medial and legal needs of GBV survivors/victims

- Support government and NGO partners to provide livelihood skills for survivors and victims for income generating activities

**Strategy d : Facilitate the adaption, development, and dissemination of BCC material**

- Disseminate research findings on GBV .
- Utilize research findings to develop and disseminate BCC messages

**Strategy e: Building the capacity of the judiciary and law enforcement agencies to address and manage GBV cases.**

- Support CSOs and government partners activities to build or update capacity of law enforcement agents and the judiciary to enable act to facilitate accelerated access to justice and protection for women and girls.

**Refocusing the GE project**

- Programming for the next 2 years will be issues based
- This means that IPs (except the Federal IP) will identify critical issues of gender in line with the prioritization that was undertaken at the stage of developing the CPAP. For instance Girl Child Education, domestic violence; women in governance and decision making; trafficking in women and girls.

**Proposed levels of interventions**

- Policy and legislation – support to efforts of NGO and legislators on the passage of gender sensitive laws
- Programmatic - Capacity building or knowledge update for legislators, MDAs, CSOs, law enforcement agencies.
- Provision of Equipment to WDCs and Safe houses; Support to safe houses and GBV centres to cater for the psychological medical and legal needs of survivors/victims; support to the provision of livelihoods skills training and equipment for GBV survivors

**PARTNERSHIP STRATEGY**

55. Country leadership and ownership at all levels will remain a guiding principle for UNFPA. To this end, and in line with the Paris Declaration (2005), the Accra Agenda of Action (2008) and the National ODA Policy (2006), UNFPA will apply the principles of country ownership, alignment, harmonisation, managing for results and mutual accountability. For this purpose, and, taking into consideration the other provisions of this CPAP, UNFPA will seek the full engagement of a broad base of country partners, under the overall coordination of the National Planning Commission, during the phases of project/programme identification, formulation, implementation, monitoring, review and evaluation. UNFPA will continue to build and strengthen strategic partnerships with government ministries and related institutions, bilateral and multilateral agencies, civil society organizations, traditional and religious institutions, faith-based groups,

parliamentarians, intergovernmental organizations, academia and research institutions and the media. UNFPA will also leverage resources from a broad range of stakeholders in the 6<sup>th</sup> CP.

56. The key instruments that will guide the partnership strategy are the UNDAF II (2009-2012), the ICPD PoA, MDGs and NEPAD framework, draft NEEDS II, Vision 2020 and the National Development Plan (NDP) in *addition to all existing sector plans and policies*.

57. The proposed programme will build on and expand these partnerships to engage a wider network of stakeholders at various levels for programme implementation. At the national level, the main partners will be: Federal Government of Nigeria through the National Planning Commission as the coordinating agency, the National Population Commission, National Bureau of Statistics and other line ministries such as Federal Ministry of Health (FMOH), Federal Ministry of Education (FMOE), Federal Ministry of Youth Development (FMOYD), Federal Ministry of Women Affairs (FMOWA), Federal Ministry of Information and Communication (FMOI&C), Federal Ministry of Defence (FMOD) and Federal Ministry of Internal Affairs (FMOIA), Federal Ministry of the Niger Delta, Federal Ministry of Finance, Nigeria Police, Nigeria Prisons Service, Nigerian National Immigration Service.

58. Others include NPHCDA, NHIS, OSSAP on MDGs, National Agency for the Control of AIDS (NACA), National Universities Commission (NUC), National Commission of Colleges of Education (NCCE), National Emergency Management Agency (NEMA), National Commission for Refuges, NAP TIP and research institutions such as Universities, NISER, National Institute for Medical Research, National Institute for Pharmaceutical Research and Development, as well as CSOs and the organized private sector.

59. At the state level, the main partners will include State Ministries of Budget and planning, Health, Education, Youth Development, Women Affairs and Information, as well as State Agencies for the Control of AIDS (SACA) and state based media institutions. CBOs/FBOs partners will include NYNETHA, NEPWAN, NINPREH, WOTCLEF, WRAPA, ARFH, CiSHAN, SWAAN, etc. UNFPA assistance will be coordinated at this level through the government structures in the 12 + 1 states. .

60. UNFPA in collaboration with NACA and the HIV/AIDS division of FMOH will facilitate the implementation of the prevention components of the National HIV/AIDS Strategic Framework and advocate for HIV/AIDS prevention, treatment, care and support. At the State level, the SACAs will facilitate the implementation of the State

Strategic Plans. UNFPA will also be actively involved in HIV/AIDS as part of joint UN programming of support to Nigeria.

61. National Bureau of Statistics and line Ministries (Federal Ministry of Health (FMOH), Federal Ministry of Education (FMOE), Federal Ministry of Youth Development (FMOYD), Federal Ministry of Women Affairs (FMOWA), Federal Ministry of Information and Communication (FMOIC), Federal Ministry of Defence (FMOD) and Federal Ministry of Internal Affairs (FMOIA), Nigeria Police, Nigeria Prisons Service, Nigerian National Immigration Service) through their management information systems will provide disaggregated population data. .

62. UNFPA will work closely with National Planning Commission and State Ministries of Planning to strengthen partnerships between the implementing agencies as well as better coordinate the synergy of activities of Government and Donors. The National Planning Commission and State Ministries of Planning will also coordinate resource mobilization activities as well as the overall management of the country programme in collaboration with all line ministries at national and state levels and other partners, UNFPA inclusive.

63. In collaboration with FMOH and the State Ministries of Health (SMOH) and other partners with UNFPA will build capacity in management of logistics and commodity security. FMOH will develop and promote the operationalization of Reproductive Health policy within the context of IMNCH strategy and NHSDP implementation; provide technical assistance and services through its service delivery network; set health service delivery standards; and coordinate, supervise, monitor and evaluate the Reproductive Health component of the program. Through the Health Promotion Departments/Health Education Unit of the FMOH and SMOHs will take lead in coordinating SRH message development and dissemination.

64. The Federal and State MOYD will coordinate the implementation of the National Youth Policy, the policy on health and development of young people and National PoA for advancing the health and development of young people in collaboration with CSOs like NYCN, NYNETHA and by so doing would advocate for the inclusion of young people in the development, review and implementation of policies and programmes in accordance with the African Youth Charter developed by the African Union; and support the establishment of Adolescent Youth Friendly/drop in centres for young people at zonal levels.

65. The Federal and State MOE will develop and promote policies and programmes in the area of family life and HIV education (FLHE). They will advocate for the inclusion of FLHE and ASRH information in curricula for schools.

66. The Federal and State MOWA will coordinate the Gender component and also promote the policies in gender mainstreaming and women empowerment in collaboration with women development centers at national and state levels, and CSOs. The MOWAs will establish a Nigerian chapter of the African Network of Women Ministers and Parliamentarians that will champion the domestication of CEDAW and other international instruments against GBV and discrimination against women. The Hall of Fame inductees of the National Center for Women Development, WRAPA, WARDC, NIMGIM, WEP, WODEF, CWSI, CEHWIN will serve as advocates on women's empowerment, gender equality and girl-child education.

67. In view of the importance and relevance of religious leaders in the realization of the ICPD agenda, UNFPA will strengthen its partnership with, the national inter-faith forum on issues of population and development, NNSWP, NAWOCA, ASHWAN. In addition UNFPA will support the inauguration of the National chapter of Christian Organizations on Population and Development, Traditional rulers' network on population and development as well as that of the Media, which will involve NAWOJ, NUJ, and NAN. Through these networks traditional and religious leaders will be engaged as partners for social mobilization of communities to promote the utilization of maternal health services and male involvement. Equally, UNFPA will assist in the establishment of a Regional Movie makers/actors network on population and development

68. In view of the importance of the movie industry in Nigeria as a medium of communication, UNFPA will strengthen its partnership with the movie industry (Nollywood) and Independent Television Producers Association of Nigeria (ITPAN) to facilitate dissemination and popularization of ICPD messages especially as is related to prevention of Gender Based Violence, enhancement of Reproductive Health and the upholding of Reproductive Rights. CBOs working in the domain of SRH and RR will compliment FMOH and SMOH in providing services through their infrastructure, information and service delivery networks, while partnership will be forged with the media and traditional communicators for the development and dissemination of IEC/BCC materials in support of reproductive health and rights.

69. Partnership will be forged with professional bodies such as the NMA, Medical Women's Association, SOGON, AHPN, AGMP, NANNM, NMCN, NAWOJ, FIDA, NBA and other para-legal groups.

165. UNFPA will aim to improve synergy and partnerships with UNDP, UNICEF, WHO, UNIFEM, UNAIDS, UNHCR, CIDA, DFID, USAID, EU, the World Bank, ECOWAS, Nigerian Red Cross and other partners through Interagency Task Coordinating Committee and the Health Development Partners Group. Similarly, UNFPA will partner with other UN agencies in particular UNICEF and WHO, bilateral agencies and government to implement the partnership on maternal, new born and child health within the framework of the National IMNCH strategy. It will also continue its leading role in supporting RHCS initiatives and further strengthen partnership and collaboration with government and major donors including CIDA, USAID/DELIVER, and major national and international NGOs including PPFN, CEDPA and SFH. Advocacy efforts to solicit the support of additional bi-lateral agencies to provide funding for national RHCS initiatives will continue and lead to the achievement of commodity security in the country. UNFPA will work in partnership with EU to establish the Census Data Base system at the National Population Commission while the Embassies of Norway, Japan, Netherland and other potential donors will solicited to collaborate with UNFPA in the areas of Gender equality, Reproductive Health & Rights as well as Population and Development.

70. The UNCT will collaborate to create complementarity in implementing the CP, by mobilizing and jointly allocating resources, providing technical assistance, creating alliances for the implementation of programmes and setting up mechanisms for monitoring and evaluation of programmes, as outlined in the UNDAF II (2009-2012) in the six states and FCT where the UNCT is planning to deliver as “one”. Partnership with UN agencies will be based on the strategy of joint programmes and UN Theme Group on specific areas and sectors such as Gender, HIV and AIDS, Youth and Data for development.

71. The UNCT in Nigeria has adopted to work on joint programmes in 6 states of the federation, and FCT and UNFPA will support the development, implementation and monitoring of these joint programmes. In addition, the three ExCom agencies (UNFPA, UNICEF and UNDP) have indicated that the Harmonized Approach to Cash Transfer (HACT) modality will commence with effect from first quarter of 2009. UNFPA will continue its partnership with the agencies in all aspects of the implementation of HACT in Nigeria including the Macro and Micro assessments and the planned roll out. It will also support the joint meetings on the CPs as well as the CPAPs harmonization thereby placing itself strategically to ensure that Population, RH and Gender issues are adequately addressed.

72. UNFPA will continue to provide leadership in forging strategic partnership and cultivating potential donors with the office of the First Lady of Nigeria, Virgin Unite, Population Media Centre, Rotary International, the organized private sector at national, state, LGA and community levels to mobilize resources for the provision of fistula related

information and services. Advocates, including the First Lady and Wives of State Governors will be instrumental in mobilizing commitment and support for implementing adolescent reproductive health, HIV/AIDS, IMNCH, Safe Motherhood and GBV reduction programmes.

73. Partnership mechanisms at the CP result level will be established for annual programme reviews, quarterly meetings, and Annual Work Plan development, implementation and monitoring and evaluation.

## **PROGRAMME MANAGEMENT**

### **Coordination**

74. The Government of Nigeria and UNFPA will be jointly responsible for the effective management and delivery of results contained in the CPAP. The Country Programme will be implemented by Ministries, Departments, Agencies CSOs and other partners under the overall coordination of the National Planning Commission. Programme management arrangements will take into consideration the agreements reached with the Government and the UN to implement the UNDAF II in 6 States and the FCT during 2009-12, applying the principle of collective responsibility for the achievement of results. Under these agreements, UNFPA and all other UN agencies participating in UNDAF II will develop the modalities required to ensure close collaboration in support of joint programming, management, monitoring, review and evaluation. As a consequence, UNFPA will apply these modalities and instruments which have been developed.. UNFPA, in collaboration with the other ExCom agencies, will agree upon modalities for joint monitoring, coordination and oversight of assistance from all three agencies, under the leadership of the national coordinating authority. This will complement joint annual reviews between the UN system and Federal and State Governments which have already been agreed upon by the parties.

75. The coordination of the programme at the state level will be the responsibility of State Planning Commissions. The Programme Component Manager (PCM) for the Population and Development component at the Federal level will be National Population Commission, while the State Planning Commissions will play a similar role at the state level The Federal and State Ministries of Health will be the PCM for the Reproductive Health and Rights component, The Federal and State Ministries of Women Affairs will serve as the PCM for the Gender Equality component, while the Federal and State Ministries of Information will have a cross cutting responsibility for implementing the advocacy, social mobilization and communication strategy for the entire programme. . At the local government level UNFPA will work within existing



structures for coordination. Where these do not exist, UNFPA will advocate with and assist State and Local Governments to establish appropriate mechanisms and modalities.

### **Implementation arrangements**

76. The programme will be nationally executed and implemented through national and state MDAs, LGAs, CSOs, FBOs and CBOs. Programme implementation will utilize existing structures within federal and state ministries and other implementing partners in the context of the UNDAF II and the NDP.

77. The criteria for selecting implementing partners will be sound management systems including financial management, institutional and technical capacities, HACT quality assurance assessment, past experience in implementing related activities, comparative advantage and potential to contribute to the Country Program outcomes and outputs. Implementing agencies will be expected to carry out activities within set guidelines and mechanisms and will report to UNFPA and the designated government coordinating institutions according to an agreed format.

78. Agreements/Letter of Understanding will be developed and signed with all IPs, which will detail the responsibility of the organization, those of UNFPA, duration of LoU, payment modalities, as well as requirements for reporting. Agreements will likewise be developed with sub grantee identified to manage programme on behalf of UNFPA. In addition, IPs will develop AWP with the technical assistance of UNFPA, in line with the CPAP framework, as they will be responsible for contributing to programme outputs and outcomes. The AWP will be signed by both IPs and UNFPA.

79. Within the year, monthly, quarterly and annual meetings will be convened by coordinating institutions with support from UNFPA to review status of implementation, achievements and results. Regular field monitoring visits in the programme states will be conducted based on the annual work plans and progress reports made available at review meetings. Component meetings at national and state levels will also be convened by the respective Programme Component Managers (PCMs) in the National and state Planning Commissions, Federal and State Ministries of Health and Women Affairs in collaboration with UNFPA with other implementing partners in attendance. The designated focal persons will serve as secretary to the meetings.

80. Responsibility for programme management will rest with respective Government ministries and their assigned focal staff. For each component programme, a Government official (Programme Component Manager) will be assigned as Programme Director to work with designated UNFPA counterpart. This official will have overall responsibility for the planning, management and monitoring of the programme activities on the side of government and will be assisted by a government designated Programme Coordinator.

81. All other bodies contracted by an implementing partner to carry out specific activities under the programme component will report to the executing/implementing agency with copies to

UNFPA. The executing agency will incorporate this information into its main report, which will include both programmatic and financial reports. UNFPA execution will be limited to technical assistance, procurement of contraceptive commodities, vehicles and some equipment, as well as recruitment of International Consultants.

82. All cash transfers to an Implementing Partner will be based on the Annual Work Plans as agreed between the Implementing Partner and UNFPA. Cash transfers for activities detailed in AWP's will be made by UNFPA using the following modalities: (i) cash transferred directly to the Implementing Partner (a) prior to the start of activities (direct cash transfer) or (b) after activities have been completed (reimbursement); (ii) direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; (iii) direct payments to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners.

83. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.

84. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

85. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN Implementing Partner and the HACT assessment. A qualified consultant, such as a public accounting firm, selected by UNCT/UNFPA may conduct such an assessment, in which the Implementing Partner shall participate.

86. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting and audits.

87. Audits will form an integral part of the programme to ensure standard financial and administrative management systems. The audit observations/findings will be applied in conjunction with other programme reports to improve quality of activities and management.

## **Human Resource**

88. The UNFPA Country Office in Nigeria consists of a field office, 2 Decentralized Offices and a Liaison Office covering programme states within the 6 geopolitical zones of the country and federal level institutions. Each of the sub-offices comprise of specialists in the three main

domains of Reproductive Health & rights, Population and Development and Gender equality. The field office consists of a Representative, a Deputy Representative, an international operations manager, one Chief Technical Adviser, two Assistant Representatives, seven National Programme Officers, eight Programme Advisers, two finance assistants and several support staff within the framework of the approved country office typology. National Project Personnel may also be recruited to strengthen Programme implementation.

89. At the request of Government, the UNFPA sub-regional office based in Dakar, Senegal will provide technical backstopping. International and national consultants may be recruited to provide specific technical assistance. UNFPA will also utilize the South-South Cooperation through the use of experts to share best practices and allow for knowledge sharing.

90. In facilitating the national execution modality, human capacity development will be enhanced for programme staff through training, recruitment and appropriate placement of persons with skills sets and competencies in the requisite positions.

## **Resource Mobilization**

91. UNFPA will assist government in mobilizing additional resources to meet the funding gap required to ensure the implementation of the country programme. For this purpose, strategic alliances with multilateral and bilateral organizations, governments, the organized private sector, communities and philanthropists will be fostered or strengthened where in existence. Implementing Partners at national and state levels will be supported to advocate for increase in budgetary allocation for Population & development, Gender equality and RHR programmes.

## Monitoring and Evaluation

### **92. M&E focus**

#### **1 Use of M&E tools**

- M&E tools, including QWPs/AWPs, SPR, MYR, APR, MTR, final Programme Review, COAR, will be more effectively used.

#### **2 Operationalisation of Year 2011 M&E calendar**

In operationalising the M&E calendar, the focus will be as follows:

- I. Survey and studies,- Technical support will be provided for the conduct of HIV/AIDS sentinel surveys.
- II. Monitoring systems,- Existing databases will be strengthened and new databases established in the 12+1 States.
- III. Review meetings,

- a. Annual review meetings will be conducted in the last quarter of each year.
  - b. Effective participation in MYRs of the joint UN programme on HIV/AIDS.
- IV. Support activities- Necessary technical backstopping for programme activities will be provided whenever due.
- V. The NEX audits will be conducted annually.
- VI. UNFPA with partners will conduct the UNDAF final evaluation in 2012:
- VII. UNFPA will effectively participate in the annual joint UNDAF inter-agency Forum.
- VIII. There will be continuous M&E capacity building including RBM as the need arises from movement of programme managers .