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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Nigeria

Proposed indicative UNFPA assistance: \$75 million: \$29.2 million from regular resources and \$45.8 million through co-financing modalities and/or other resources, including regular resources

Programme period: Four years (2014-2017)

Cycle of assistance: Seventh

Category per decision 2007/42: A

Proposed indicative assistance (in millions of \$):

Strategic plan outcome area	Regular resources	Other	Total
Maternal and newborn health	8.0	13.1	21.1
Family planning	14.8	24.6	39.4
Data availability and analysis	4.9	8.1	13.0
Programme coordination and assistance	1.5	-	1.5
Total	29.2	45.8	75.0

I. Situation analysis

1. Nigeria is a federation that consists of 36 states, a federal capital territory and 774 local government areas. The economy is expected to be among the top 11 in the world by 2020. The population is estimated at 171 million, 22 per cent of whom are women of childbearing age. Seventy-five per cent of the population is younger than 34. With an annual growth rate of 3.2 per cent and a total fertility rate of 5.7 children per woman, the population is expected to double by the year 2034.

2. The 2008 demographic and health survey reported a maternal mortality ratio of 545 maternal deaths per 100,000 live births, with wide disparities between the northern and southern parts of the country. Although this ratio represents a decline from the 2003 ratio of 800 maternal deaths per 100,000 live births, it is still high. Only 45 per cent of women make the recommended four or more antenatal visits during pregnancy, and just 39 per cent of deliveries are attended by a skilled health worker.

3. Approximately 20,000 girls and women suffer from obstetric fistula annually. Contributing factors include the prevalence of early marriage, and the limited access to basic emergency obstetric care.

4. The contraceptive prevalence rate is low (14.1 per cent for modern methods). The unmet need for family planning is estimated at 19 per cent. The 2011 reproductive health commodity security survey reported that 44 per cent of health facilities had stock-outs of contraceptive commodities, and 89 per cent of public health facilities offered at least three modern contraceptive methods.

5. Nigerian youth and adolescents have limited access to sexual and reproductive health information and services. The teenage pregnancy rate is high at 22.9 per cent. The national HIV prevalence rate (4.1 per cent) is higher among young people (4.4 per cent among males aged 15-

24 and 4.6 per cent among females in the same age group).

6. Although Nigeria is a signatory to most international human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women, sociocultural practices persist that affect women's reproductive health, including family planning, adolescent sexual and reproductive health, and access to emergency obstetric care. These practices include female genital mutilation/cutting, early marriage among girls and preference for male children.

7. There is an increased incidence of human-induced and natural disasters. In 2012, flooding occurred in 32 of 36 states, negatively impacting the reproductive health of displaced women and young people.

8. The technical and institutional capacity for evidence-informed decision-making is inadequate, particularly for collecting, analysing, disseminating, and using data for policy formulation, development planning, programming, coordination and responsive budgeting.

II. Past cooperation and lessons learned

9. The sixth UNFPA country programme, 2009-2013, supported interventions in the area of maternal health in 125 local government areas and 360 health facilities within 12 states and the federal capital territory. In addition, the programme supported activities related to the provision of contraceptives and the availability of data in all 36 states and the federal capital territory. The programme, supported with \$64 million in funding, focused on: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

10. The findings of the final country programme evaluation revealed a number of achievements, including the development of national policies, strategic frameworks and

plans for age-appropriate, gender-responsive sexual and reproductive health interventions. Evidence-based advocacy resulted in the elimination of user fees for contraceptives in public health facilities, the mobilization of \$35 million for the programme, and the creation of budget lines for reproductive health at the federal level and in 10 states. Despite these achievements, intensified advocacy efforts are required to strengthen and sustain progress.

11. The programme strengthened the capacity of 729 service providers in the area of reproductive health. In four supported states, the programme renovated and equipped 42 primary health-care facilities to support the provision of high-quality maternal health services. This contributed to an increase in skilled attendance at birth, from 39 per cent in 2008 to 48.7 per cent in 2012.

12. The programme also supported the treatment and social reintegration of 1,083 fistula patients. Over 200 gender desk officers and budget officers are supporting line ministries to mainstream gender and rights into sectoral plans and budgets. The establishment of male networks and capacity-building at the community level increased male involvement in reproductive health interventions. Despite these efforts, women and young people face barriers in accessing reproductive health services.

13. To eliminate barriers to accessing contraceptives, UNFPA helped the Federal Ministry of Health to develop the reproductive health commodity security strategic plan, 2011-2015, which provides the blueprint for commodity programming in the country. Due to interventions by UNFPA and other donors, the percentage of health facilities reporting stock-outs of modern contraceptives declined from 70 per cent in 2010 to 44 per cent in 2011. Although the availability of reproductive health commodities has increased, the country still faces challenges related to the distribution system and the utilization of commodities by beneficiaries.

14. UNFPA contributed to the national HIV/AIDS response through: (a) comprehensive condom programming in 12 states and the federal capital territory; (b) capacity-building; (c) the provision of commodities; (d) the development of a clinical service protocol and a training manual for health workers; and (e) preventive efforts for populations who are most at risk. The UNFPA-supported family life and HIV/AIDS education curriculum helped to increase knowledge among youth who are still in school, as well as those who are out of school. However, there is a need to increase the number of trained teachers in supported states.

15. The programme supported data for development through: (a) technical assistance, targeting the national health management information system in five states and fifty local government areas; (b) finalization of the 2008 demographic and health survey and the 2010 multiple indicator cluster survey; and (c) the medium-term sectoral strategy and the reproductive health account estimation.

16. The programme also supported the development of monographs on maternal health, family planning, HIV, gender-based violence and adolescent sexual and reproductive health. These monographs improved evidence-based policy formulation and budgetary and expenditure processes. Despite this progress, there is a need to intensify efforts to increase the national and state capacity to collect, analyse and use data.

17. The programme strengthened broad-based partnerships established during the sixth country programme. These partnerships include those with: (a) government at federal and state levels; (b) non-governmental organizations; (c) development partners, including the Canadian International Development Agency, the European Union, the Norwegian Refugee Council, the United Kingdom Department for International Development, the United States Agency for International Development, Virgin Unite, and the United Nations system through the 'delivering as one' modality.

18. Key lessons learned from the sixth country programme evaluation and consultations with stakeholders indicate a need to: (a) focus on a reduced number of intervention areas, with reduced geographical coverage, to improve efficiency and optimize the utilization of available resources; (b) strengthen monitoring and evaluation capacity to enhance results-based management; and (c) strengthen strategic communication to generate new knowledge and to ensure the external visibility of UNFPA.

III. Proposed programme

19. The goal of the programme is to: (a) achieve universal access to sexual and reproductive health; (b) promote reproductive rights; and (c) reduce maternal mortality, in order to empower and improve the lives of underserved populations, especially women and young people. The programme will achieve this by focusing on population dynamics, human rights and gender equality. Programme interventions will take into account the Nigerian context and national development priorities.

20. The programme is aligned with two pillars of Nigeria Vision 20: 2020 and the Transformation Agenda: (a) guaranteeing the productivity and well-being of people; and (b) fostering sustainable social and economic development. It contributes to three strategic result areas of the United Nations Development Assistance Framework (UNDAF), 2014-2017: (a) good governance; (b) social capital; and (c) human security and risk management.

21. The programme will support access to: (a) emergency obstetric and neonatal care and family planning, to reduce maternal mortality and morbidity; and (b) 'data for development' to ensure effective planning and tracking of development results. In selected states and geopolitical zones, the programme will implement a comprehensive package of interventions as flagship projects.

22. Using an integrated programmatic approach that is results-oriented, rights-based, and in line with the Programme of Action of the

International Conference on Population and Development and the UNFPA strategic plan, the programme will contribute to three UNFPA outcomes and four outputs, with adolescent sexual and reproductive health, gender, HIV and humanitarian response as cross-cutting areas.

Maternal and newborn health

23. Output 1: Strengthened national capacity for emergency obstetric and newborn care. The programme will seek to strengthen systems and to build capacity. Interventions will include: (a) supporting policy development; (b) promoting skilled birth attendance; (c) training service providers in emergency obstetric and neonatal care; (d) integrating HIV and reproductive health, targeting vulnerable people and populations that are most at risk; (e) preventing the mother-to-child transmission of HIV; (f) supporting evidence-based advocacy efforts; (g) supporting awareness-creation efforts; (h) integrating adolescent sexual and reproductive health services and information; (i) promoting male involvement in sexual and reproductive health programmes; (j) preventing gender-based violence and treating those affected by such violence; and (k) supporting a targeted humanitarian response.

24. Output 2: Enhanced national capacity to prevent and treat obstetric fistula and promote the social reintegration of fistula patients. Strategies include prevention, treatment and capacity-building. Interventions will include: (a) data collection; (b) awareness creation; (c) policy dialogue; (d) training of service providers; and (e) fistula repairs and support for the social reintegration of fistula patients.

Family planning

25. Output: Improved access to high-quality family planning services. Strategies include demand creation; strengthening procurement and supply-chain management; and capacity-building. Interventions will include: (a) policy dialogue; (b) the procurement of contraceptives and life-saving maternal health medicines; (c) support to logistics data-management systems;

(d) support to distribution and warehousing; (e) training on contraceptive technology; (f) comprehensive condom programming; (g) activities to promote male involvement; and (h) awareness creation.

Data availability and analysis

26. Output: Enhanced national capacity to produce, utilize and disseminate high-quality statistical data on population dynamics, youth, gender equality and sexual and reproductive health, including in humanitarian settings. To achieve this output, the programme will focus on technical and institutional capacity development. Interventions will include: (a) advocacy and policy dialogue; and (b) support for generating, analysing and utilizing data disaggregated by gender and age, including the 2013 demographic and health survey and the 2016 census, for evidence-informed decision-making and programming.

IV. Programme management, monitoring and evaluation

27. The National Planning Commission will coordinate the programme. UNFPA and the Government will implement the programme using the national execution modality and the ‘delivering as one’ modality, choosing implementing partners that have the capacity to achieve results.

28. UNFPA, through the UNFPA country office and decentralized offices, will monitor programme performance using a results-based management approach. UNFPA and the Government will also develop and implement a resource-mobilization strategy.

29. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme its activities, particularly life-saving measures, to better respond to emerging issues. The Government is responsible for the safety and the security of UNFPA staff and offices. UNFPA will include security issues and

associated costs in the programme implementation process.

30. Based on the reprofiling exercise completed in 2013, the country office will include international and national staff, with funding provided by the UNFPA institutional and programme budgets. UNFPA will allocate resources for technical and support staff. UNFPA will employ a chief technical adviser to support the 2016 population and housing census.

31. The UNFPA country office will seek technical support from the West and Central Africa Regional Office and technical units at UNFPA headquarters, as appropriate. The programme will also seek technical and programme support through South-South cooperation.

RESULTS AND RESOURCES FRAMEWORK FOR NIGERIA

<p>National priority: By 2020, Nigerians, irrespective of sex, age, geographical location and socioeconomic status, are: (a) healthy, knowledgeable, highly skilled and productive people, with positive values; (b) living in an inclusive and cohesive society; (c) free from all forms of discrimination, violence and abuse; and (d) part of a globally competitive workforce</p> <p>UNDAF outcome: By 2017, public decision-making for equitable, gender-responsive and evidence-based planning, budgeting, implementation, monitoring and evaluation are effectively coordinated and driven by quality data that is timely, harmonized and disaggregated, at federal, state and local levels</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Maternal and newborn health Outcome indicators:</p> <ul style="list-style-type: none"> • Maternal mortality ratio Baseline, 2008: 545 maternal deaths/100,000 live births; Target, 2017: 136 maternal deaths/100,000 live births • Births attended by skilled health personnel Baseline, 2012: 48.7%; Target, 2017: 70% • Number of states where Caesarean sections are within 5%-15% of live births Baseline, 2011: 0; Target, 2017: 6 	<p><u>Output 1:</u> Strengthened national capacity for emergency obstetric and newborn care</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of health facilities supported to meet the minimum requirements for emergency obstetric and neonatal care in targeted states Baseline, 2012: 10%; Target, 2017: 60% • Percentage of health-care providers trained in emergency obstetric and neonatal care in targeted states Baseline, 2012: 10%; Target, 2017: 70% • Number of community-led and non-governmental organizations supported by UNFPA to address HIV and the sexual and reproductive health needs of young people and sex workers Baseline, 2012: 5; Target, 2017:15 	<p>Civil society organizations; federal and state ministries of health; federal and state ministries of women’s affairs; state primary health-care development agencies; tertiary academic institutions</p>	<p>\$17.7 million (\$7 million from regular resources and \$10.7 million from other resources)</p>
	<p><u>Output 2:</u> Enhanced national capacity to prevent and treat obstetric fistula and to promote the social reintegration of fistula patients</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of women who received surgery for fistula repair at supported sites Baseline, 2012: 1,083; Target, 2017, cumulative: 3,083 • Number of surgeons trained in fistula repair at supported sites Baseline, 2012: 5; Target, 2017: 50 	<p>Civil society organizations; federal and state ministries of health; federal and state ministries of women’s affairs; state primary health-care development agencies; tertiary academic institutions</p>	<p>\$3.4 million (\$1 million from regular resources and \$2.4 million from other resources)</p>

<p>Family planning</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Contraceptive prevalence rate (modern methods) Baseline, 2011: 14.1%; Target, 2017: 24% • Unmet need for family planning Baseline, 2011: 19%; Target, 2017: 10% • Percentage of service-delivery points offering at least three modern methods of contraception Baseline, 2011: 89%; Target, 2017: 95% 	<p><u>Output:</u> Improved access to high-quality family planning services</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of service-delivery points in states supported by UNFPA that have had no stock-outs of contraceptives within the last six months Baseline 2011: 44%; Target 2017: 25% • Percentage of health-care providers trained in contraceptive technology at supported sites Baseline, 2012: 15%; Target, 2017: 80% 	<p>Civil society organizations; federal and state ministries of health; federal and state ministries of women's affairs; National Emergency Management Agency; state primary health-care development agencies; tertiary academic institutions</p>	<p>\$39.4 million (\$14.8 million from regular resources and \$24.6 million from other resources)</p>
<p>UNDAF outcome: By 2017, public decision-making for equitable, gender-responsive and evidence-based planning, budgeting, implementation, monitoring and evaluation are effectively coordinated and driven by quality data that is timely, harmonized and disaggregated, at federal, state and local levels</p>				
<p>UNFPA strategic plan outcome</p>	<p>Country programme outputs</p>	<p>Output indicators, baselines and targets</p>	<p>Partners</p>	<p>Indicative resources</p>
<p>Data availability and analysis</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Number and types of activities completed related to the 2016 round of the population and housing census Baseline, 2011: 0; Target, 2017: 3 	<p><u>Output:</u> Enhanced national capacity to produce, utilize and disseminate high-quality statistical data on population dynamics, youth, gender equality and sexual and reproductive health, including in humanitarian settings</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of federal and state institutions where UNFPA has supported capacity development to produce, utilize and disseminate the findings of censuses, surveys and other statistical data for development Baseline, 2012: 6; Target, 2017: 14 • Number of supported states routinely collecting, analysing and transmitting disaggregated data sets on maternal and newborn health, including family planning, in line with national health management information system guidelines Baseline, 2012: 2; Target, 2017: 8 	<p>National Bureau of Statistics; National Emergency Management Agency; National Population Commission; state ministries of planning and statistics; federal and state ministries of health</p>	<p>\$13 million (\$4.9 million from regular resources and \$8.1 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1.5 million from regular resources</p>