



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Final country programme document for Nigeria

Proposed indicative UNFPA assistance: \$64.2 million: \$29.2 million from regular resources and \$35 million through co-financing modalities and/or other, including regular, resources

Programme period: Four years (2009-2012)

Cycle of assistance: Sixth

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	16.3	20.8	37.1
Population and development	7.3	8.7	16.0
Gender equality	4.4	5.5	9.9
Programme coordination and assistance	1.2	-	1.2
Total	29.2	35.0	64.2

I. Situation analysis

1. Nigeria has a population of 144 million and an annual population growth rate of 3.2 per cent. The population is expected to double in 22 years. The country consists of 36 states, a federal capital territory and 774 local government areas. Poverty is widespread, with 55 per cent of the population living below the poverty line. To address this situation, the Government adopted the second National Economic Empowerment and Development Strategy, Vision 2020 (a national development plan), and a seven-point agenda for prioritized development.

2. The maternal mortality ratio is estimated at 704 deaths per 100,000 live births, with wide regional variations. The infant mortality rate is 100 deaths per 1,000 live births. The incidence of obstetric fistula is estimated at 20,000 cases a year. Contributing factors include: (a) early age at first marriage; (b) early childbearing; (c) the low contraceptive prevalence rate; and (d) inadequate maternal health services, particularly emergency obstetric care. To address this situation, the federal Government increased the percentage of resources allocated to the health sector in the national budget to 12.75 per cent in 2008.

3. Young people aged 10-24 account for approximately 33 per cent of the population. The sexual and reproductive health status of adolescents is poor, due to their: (a) lack of access to sexual and reproductive health information and services; (b) early onset of sexual activity (median age of 15.7 years for females and 20.6 for males); (c) multiple sexual partners; and (d) low utilization of modern family planning methods (4.7 per cent among married females aged 15-19).

4. The national HIV prevalence rate is 4.4 per cent, down from 5 per cent in 2003. Approximately 2.9 million adults live with the virus. The prevalence rate is 5.2 per cent among those aged 15-24, with adolescent girls more vulnerable than boys. The condom utilization rate in this age group is 25 per cent.

5. The utilization of gender-disaggregated, demographic data for planning is inadequate. Although efforts have been made to strengthen existing databases in states where UNFPA has programmes, there is a need for comprehensive databases at national and state levels. The coordination of the national population policy must be strengthened, and more resources must be allocated for implementation.

6. The status of women and girls is low, due to gender disparity and discrimination. Although Nigeria ratified the Convention on the Elimination of All Forms of Discrimination against Women, it must still be implemented. Gender-based violence is widespread. Harmful widowhood rites and female genital cutting are prevalent in some parts of the country.

II. Past cooperation and lessons learned

7. The fifth country programme (2003-2008) is being implemented in 240 local government areas in 15 states, and covers about one third of the population.

8. In the area of reproductive health, the programme: (a) supported policies and strategic plans on adolescent reproductive health, condom programming, reproductive health commodity security and obstetric fistula; (b) strengthened the technical and managerial capacity of more than 3,000 national partners; (c) supplied contraceptive commodities to 5,000 service delivery centres in the public health-care sector; and (d) provided basic reproductive health equipment to 2,500 primary and secondary health centres in 15 states.

9. In the area of population and development, the programme helped to: (a) revise the national population policy and plan of action; (b) provide technical and financial support for the 2006 population and housing census; (c) integrate population, reproductive health and gender issues into the national and state economic empowerment and development strategies; and (d) establish the Network of Islamic Organizations on Population and Development.

10. In the area of gender, the programme: (a) supported the formulation of the national gender policy; (b) supported the passage of legislation to prohibit harmful widowhood rites, female genital cutting and violence against women; and (c) strengthened the capacity of stakeholders as gender equality advocates.

11. Challenges included: (a) weak programme management procedures and coordination mechanisms; (b) ineffective policy implementation and follow-up at all levels; and (c) a weak health system and a lack of health personnel, especially midwives.

12. Key lessons learned include the need for: (a) innovative, focused communication strategies to engage the media and stakeholders to build broad-based support for population and development issues; and (b) UNFPA to intensify its role as advocate and facilitator for population and development and reproductive health interventions.

III. Proposed programme

13. The recommendations of the thematic and final evaluations of the fifth country programme guided the preparation of the proposed country programme, as did the UNFPA strategic plan, 2008-2011, and the Maputo Plan of Action. The proposed programme is aligned with the Programme of Action of the International Conference on Population and Development, the Millennium Development Goals, the United Nations Development Assistance Framework (UNDAF), 2009-2012, and the national priorities of the federal and state economic empowerment and development strategies. Government agencies, non-governmental organizations (NGOs) and donors assisted in the government-led preparation process. The programme will be implemented at the federal level and in 12 states selected on the basis of sociodemographic indicators and geographical location. At the federal level, the focus will be on policies and advocacy, while programmes at the state level will address specific population, reproductive health and gender needs.

14. The programme is human rights-based, culturally appropriate, gender sensitive and seeks to improve living standards. It has three components: (a) reproductive health and rights; (b)

population and development; and (c) gender equality.

Reproductive health and rights component

15. This component has two outcomes: (a) by 2012, institutions and sectors at the federal level and in 12 states plan, implement and monitor the delivery of high-quality reproductive health and family planning services and HIV prevention services; and (b) communities in 12 states demand and use high-quality reproductive health and family planning services and HIV prevention services. This will be achieved through four outputs.

16. Output 1: Improved gender-responsive and equitable HIV prevention services for women and youth in 12 states and at the federal level. This will be achieved by: (a) promoting youth-friendly policies and programmes to empower young people to adopt healthy lifestyles and behaviours and participate in the national and state responses to HIV/AIDS; (b) facilitating condom programming; (c) strengthening the institutional and technical capacity to integrate HIV/AIDS into sexual and reproductive health programmes; (d) promoting a comprehensive approach to HIV prevention among sex workers; (e) collaborating with civil society organizations, faith-based organizations and traditional leaders; and (f) supporting the provision of youth-friendly information and services.

17. Output 2: Strengthened national and NGO institutional capacity, at the federal level and in 12 states, to ensure reproductive health commodity security and deliver gender-sensitive and equitable family planning services. This will involve: (a) strengthening partnerships to support reproductive health commodity security; (b) building the capacity of health personnel in logistics systems and family planning technology; (c) strengthening the commodity logistics management system at national and state levels; (d) planning to ensure the availability of contraceptives to prevent stock outs; and (e) expanding existing community-based distribution systems to supported states.

18. Output 3: Increased gender-sensitive, culturally appropriate and high-quality maternal health services, including emergency obstetric and neonatal care, in 360 facilities in 12 states.

Strategies include: (a) supporting policy dialogue and advocacy activities to implement reproductive health policies; (b) strengthening the institutional and technical capacity of state and local government area health departments and facilities to provide a minimum package of high-quality services; (c) building the technical, managerial and supervisory capacity of health workers; (d) supporting the supply and management of essential equipment and commodities; and (e) facilitating strategic partnerships to coordinate and leverage resources.

19. Output 4: Enhanced knowledge, skills and mechanisms to demand and access high-quality, gender-sensitive and equitable reproductive health and family planning services and HIV/AIDS prevention services in selected communities in 12 states. This will be achieved by: (a) building the capacity of individuals and communities to demand services; (b) developing and disseminating culturally sensitive media materials on behaviour change; (c) helping communities use systems and structures to ensure the delivery of high-quality, equitable services; (d) promoting male involvement in reproductive health programmes; (e) increasing access to behaviour change communication messages for young people and adolescents; and (f) utilizing multimedia channels and traditional media for social mobilization.

Population and development component

20. This component has two outcomes: (a) by 2012, federal institutions and institutions in 12 states generate, manage, disseminate and use gender-disaggregated data on population, reproductive health and youth; and (b) by 2012, issues related to population dynamics, gender equality, sexual and reproductive health, HIV/AIDS and young people are incorporated into development policies, poverty-reduction plans and expenditure frameworks. This will be achieved through three outputs.

21. Output 1: Strengthened technical and institutional capacity of three federal institutions and institutions in 12 states to collect, analyse, manage, disseminate and use gender-sensitive data. Strategies include: (a) supporting technical capacity development at the national population

commission; (b) supporting post-census activities; (c) establishing and strengthening databases at the national population commission and in 12 states; (d) supporting the 2008 national demographic and health survey; (e) advocating policies to strengthen data collection and utilization mechanisms; and (f) developing a comprehensive monitoring and evaluation plan to ensure results-based management.

22. Output 2: Strengthened capacity of federal institutions and institutions in 12 states to incorporate population issues into policies, development strategies and expenditure frameworks. Strategies include: (a) improving the awareness of policymakers and parliamentarians on the linkages between population and development; (b) strengthening the technical and operational capacity of institutions to allocate resources for population, reproductive health and gender issues; (c) engaging the national assembly and assemblies in 12 states to enact relevant policies and laws; and (d) advocating increased resources for population and development, reproductive health and gender issues.

23. Output 3: Enhanced capacity of federal institutions, institutions in 12 states and civil society organizations to advocate, develop, implement and monitor youth-friendly policies, plans, programmes and expenditure frameworks. Strategies include: (a) fostering partnerships and building the technical and operational capacity of the Federal Ministry of Youth Development and institutions and civil society organizations in 12 states; (b) increasing awareness of existing youth-related policies; (c) advocating the allocation of resources for and implementation of youth-related policies; (d) facilitating the establishment of youth-friendly centres and the provision of youth-friendly information and counselling; and (e) facilitating access to gender-sensitive livelihood skill programmes.

Gender equality component

24. The gender component has one outcome: by 2012, an enabling environment for gender equality, equity and women's empowerment exists. This will be achieved through two outputs.

25. Output 1: Strengthened technical and operational capacity of federal ministries,

ministries in 12 states and civil society organizations to promote women's rights and political empowerment. Strategies include: (a) building the capacity of policymakers, parliamentarians and civil society organizations at national and state levels on gender issues; (b) facilitating the enactment and enforcement of gender-sensitive policies, laws and bills; (c) supporting the Federal Ministry of Women's Affairs and the House Committee on Women's Affairs in disseminating the Convention on the Elimination of All Forms of Discrimination against Women and other international and national gender-related instruments; and (d) fostering partnerships with policymakers, parliamentarians, civil society organizations and the private sector.

26. Output 2: Enhanced capacity of federal institutions, institutions in 12 states, policymakers, parliamentarians and civil society organizations to advocate, develop, implement and monitor policies and programmes that reduce gender-based violence. Strategies include: (a) supporting the passage and enforcement of laws on gender-based violence; (b) establishing mechanisms to enforce laws at national and state levels; (c) supporting the adoption and development of gender-sensitive tools to monitor and report progress in reducing gender-based violence; (d) supporting the development, production and dissemination of behaviour change communication messages on gender-based violence; and (e) building the capacity of judiciary and law enforcement agencies to address gender-based violence.

IV. Programme management, monitoring and evaluation

27. The national planning commission will serve as executing agency. The national population commission will coordinate and manage the programme using the national execution modality. Federal and state planning ministries, the national population commission, and federal and state Ministries of Health, Youth Development, Women's Affairs, and Information will serve as lead agencies for programme implementation. UNFPA will collaborate with the Canadian International Development Agency, the United States Agency for International Development, the Department for International Development of the United Kingdom, the European Union and other

development partners, including civil society organizations, to implement the programme.

28. UNFPA will provide technical assistance and will be responsible for procurement, recruitment, training and resource mobilization. UNFPA, as a member of the United Nations country team, will support common services, the implementation of the UNDAF, and joint programmes on HIV/AIDS, maternal health, data for development, youth and gender-based violence.

29. The programme will develop a monitoring and evaluation plan, aligned with the UNFPA strategic plan, the UNDAF and the second National Economic Empowerment and Development Strategy documents. The programme calls for quarterly programme and financial monitoring reports, quarterly and annual reviews, joint monitoring visits and joint United Nations agency reviews. The programme will strengthen existing programme databases to provide information for monitoring. UNFPA will obtain baseline data from the end-line survey report of the fifth country programme, the 2008 demographic and health survey, the 2006 census report and other surveys. UNFPA will mobilize additional funds from the Government, donor agencies and the private sector to support programme implementation.

30. The UNFPA country office consists of a representative, a deputy representative, an international operations manager, an international programme officer, a junior professional officer, three assistant representatives and a number of national professional and support staff. UNFPA will strengthen the capacity of the country office in order to monitor and supervise programme implementation in line with results-based management. UNFPA will obtain additional technical assistance from national and international consultants, as required. The UNFPA regional office, when established, will provide technical and programme specialists.

RESULTS AND RESOURCES FRAMEWORK FOR NIGERIA

National priority: (a) strengthen the health system to deliver effective, efficient and high-quality services; (b) reduce infant and maternal mortality from current levels by 25 per cent; and (c) by 2011, reduce HIV/AIDS prevalence by at least 25 per cent UNDAF outcomes: (a) policy, organizational and financing frameworks enable the provision of and access to high-quality social services to achieve the goals of the second National Economic Empowerment and Development Strategy and the Millennium Development Goals; (b) changes in individual and household behaviour reflect growing public engagement in achieving improved social outcomes; and (c) country policies, plans and institutions provide the basis for preventing and managing cross-border threats				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: By 2012, institutions and sectors at the federal level and in 12 states plan, implement and monitor the delivery of high-quality reproductive health and family planning services and HIV prevention services</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Percentage of births assisted by skilled personnel ▪ Contraceptive prevalence rate ▪ Prevalence of HIV and sexually transmitted infections among young people and pregnant women ▪ Maternal mortality ratio and neonatal mortality rate ▪ Condom utilization rate <p>Outcome: Communities in 12 states demand and use high-quality reproductive health and family planning services and HIV prevention services</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Contraceptive prevalence rate ▪ Condom utilization rate ▪ Percentage of youth with accurate knowledge of HIV prevention 	<p>Output 1: Improved gender-responsive and equitable HIV prevention services for women and youth in 12 states and at the federal level</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Number of civil society organizations that deliver standard HIV prevention services ▪ Number of new state and local government areas assisted in implementing policies and plans on reproductive health and HIV/AIDS <p>Output 2: Strengthened national and NGO institutional capacity, at the federal level and in 12 states, to ensure reproductive health commodity security and deliver gender-sensitive and equitable family planning services</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Number of health facilities and community-based distribution sites providing at least three family planning methods ▪ Percentage of elements of the reproductive health commodity security plan being implemented in each of the 12 states <p>Baseline: End-line survey and 2008 national demographic and health survey</p> <p>Output 3: Increased gender-sensitive, culturally appropriate and high-quality maternal health services, including emergency obstetric and neonatal care, in 360 facilities in 12 states</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Number of local government areas and states that meet the minimum requirement for emergency and neonatal obstetric care ▪ Percentage of health facilities providing high-quality maternal health services (antenatal, delivery and post-natal care services) <p>Baseline: End-line survey indicators and the 2008 national demographic and health survey</p> <p>Output 4: Enhanced knowledge, skills and mechanisms to demand and access high-quality, gender-sensitive and equitable reproductive health and family planning services and HIV/AIDS prevention services in selected communities in 12 states</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Number of services focusing on reproductive health, family planning, and the prevention of HIV and sexually transmitted infections ▪ Number of civil society organizations, NGOs and individuals, including young people, trained in awareness creation on adolescent sexual and reproductive health, reproductive health and family planning, and HIV prevention <p>Baseline: End-line survey and 2008 national demographic and health survey</p>	<p>National and state governments</p> <p>United Nations organizations</p> <p>Bilateral and multilateral donors</p> <p>Private sector; civil society organizations</p>	<p>\$37.1 million (\$16.3 million from regular resources and \$20.8 million from other resources)</p>
National priority: (a) making government effective and responsive to the needs of the people; (b) reducing social exclusion; and (c) strengthening social values UNDAF outcome: resource mobilization and public expenditure at the federal level and in states meet statutory standards of fiscal responsibility and achieve key targets in the second National Economic Empowerment and Development Strategy and the State Economic Empowerment and Development Strategies, consistent with the seven-point agenda for prioritized development and the Millennium Development Goals				

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome: By 2012, federal institutions and institutions in 12 states generate, manage, disseminate and use gender-disaggregated data on population, reproductive health and youth</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Number of institutions with the capacity to provide reliable data ▪ Number and types of data sets produced and disseminated for programme formulation, monitoring and evaluation <p>Outcome: By 2012, issues related to population dynamics, gender equality, sexual and reproductive health, HIV/AIDS and young people are incorporated into development policies, poverty-reduction plans and expenditure frameworks</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Population issues are taken into account in sectoral policies and plans ▪ Youth issues are incorporated into national and subnational policies and plans 	<p>Output 1: Strengthened technical and institutional capacity of three federal institutions and institutions in 12 states to collect, analyse, manage, disseminate and use gender-sensitive data</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Agreed list of census-related documents is available and used ▪ Number of plans, strategies and decisions using evidence-based information <p>Output 2: Strengthened capacity of federal institutions and institutions in 12 states to incorporate population issues into policies, development strategies and expenditure frameworks</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Number of institutions with the capacity to incorporate population variables into planning and development frameworks ▪ Number of plans and budgets taking into account population factors <p>Output 3: Enhanced capacity of federal institutions, institutions in 12 states and civil society organizations to advocate, develop, implement and monitor youth-friendly policies, plans, programmes and expenditure frameworks</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Percentage of resources allocated for implementing youth policies and programmes ▪ Number of comprehensive youth-friendly centres established ▪ Number of institutions and civil society organizations enlisting youth members in decision-making and in planning youth-friendly programmes 	<p>National planning commission; national population commission, state planning commissions</p> <p>United Nations system partners</p> <p>Department for International Development of the United Kingdom; European Union</p> <p>NGOs</p>	<p>\$16 million (\$7.3 million from regular resources and \$8.7 million from other resources)</p>
<p>National priority: (a) making government effective and responsive to the needs of the people; (b) reducing social exclusion; and (c) strengthening social values</p> <p>UNDAF outcomes: (a) policy, organizational and financing frameworks enable the provision of high-quality basic social services; and (b) achievement of the Millennium Development Goals</p>				
Gender equality	<p>Outcome: By 2012, an enabling environment for gender equality, equity and women's empowerment exists</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Number of government institutions and civil society organizations with the capacity to promote women's rights and gender equality ▪ Number of national and state policies, laws and development plans that reflect gender equality and women's empowerment 	<p>Output 1: Strengthened technical and operational capacity of federal ministries, ministries in 12 states and civil society organizations to promote women's rights and political empowerment</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Number of policymakers, parliamentarians and civil society organizations promoting gender equality and women's empowerment through traditional and non-traditional media ▪ Number of institutions able to act in support of women's rights ▪ Number of institutions using gender-sensitive tools <p>Output 2: Enhanced capacity of federal institutions, institutions in 12 states, policymakers, parliamentarians and civil society organizations to advocate, develop, implement and monitor policies and programmes that reduce gender-based violence</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Number of institutions with the capacity to advocate the enactment or enforcement of gender-based violence legislation ▪ Gender-sensitive monitoring tool available and used ▪ Number of behaviour change communication messages developed, disseminated and used 	<p>National and state governments; national and state assemblies</p> <p>United Nations organizations</p> <p>Bilateral and multilateral donors</p> <p>Private sector; civil society organizations</p>	<p>\$9.9 million (\$4.4 million from regular resources and \$5.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1.2 million from regular resources</p>