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Country programme document for Nigeria

Proposed indicative UNFPA assistance:	$76 million: $26 million from regular resources and $50 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2018-2022)
Cycle of assistance:	Eighth
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	12.0	25.0	37.0
Outcome 2	Adolescents and youth	5.0	10.0	15.0
Outcome 3	Gender equality and women's empowerment	2.5	5.0	7.5
Outcome 4	Population dynamics	5.0	10.0	15.0
Programme coordination and assistance		1.5	-	1.5
Total		26.0	50.0	76.0

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I. Programme rationale

1. The population of Nigeria was an estimated 188.9 million in 2015, with an annual growth rate of 3.2 per cent. It is expected to grow to 209 million in 2020, and over 245 million by 2030. Women of childbearing age (15-49 years) make up 22.5 per cent of the population, and the total fertility rate (TFR) is 5.5. The majority of the population is young, with 45.7 per cent aged under 15 years and 31.7 per cent aged between 10-24 years. The proportion of those aged over 65 years is 3.2 per cent. This demographic profile means a high dependency ratio of 98 per cent. Nigeria can benefit from its demographic dividend over the next 50 years if strategic investments are made in health, education, empowerment of women and girls, youth employment and good governance.

2. The economy grew steadily from 1999 to 2014, and this growth was reinforced by the gross domestic product (GDP) rebasing in 2014. However, there was a decline in foreign and fiscal reserves between the second half of 2014 and 2015 following a 67 per cent fall in oil prices. The economy is officially in recession: revenues have fallen by 33 per cent and GDP further contracted by 0.36 per cent in the first quarter of 2016. Over 60 per cent of the population live on less than $1.25 a day. Development shortfalls such as low earnings for individuals, poor social indicators and disparities by income, gender and location persist. Nigeria ranks 152 out of 187 countries on the Human Development Index.

3. The conflict in the north-east provoked by the 2009 insurgency has resulted in widespread human rights violations, and a humanitarian crisis that is having a socioeconomic impact on the population. The conflict has fuelled displacement, disruption of livelihoods, food insecurity, increasing rates of severe acute malnutrition and severely weakened basic social services and protection mechanisms. Twenty-six million people have been affected: about 14 million, including 3.5 million women of reproductive age, require humanitarian assistance in 2017. Of those 26 million affected, 54 per cent are internally displaced women, while 56 per cent are below 18 years. The humanitarian situation means that internally displaced persons face protection risks, and limited access to reproductive health and gender-based violence (GBV) prevention and response services.

4. The maternal mortality ratio has seen no improvement in the last five years, and remains high at 576 per 100,000 live births. Its major determinants are the (a) low skilled birth attendance rate of 38 per cent (2013); (b) low modern contraceptive prevalence of 12 per cent in 2016 compared to 9.8 per cent in 2013 and (c) high TFR of 5.5 (2013). Despite renewed political commitment to support women's reproductive health and rights, the unmet need for family planning is still 16 per cent, and the adolescent birth rate remains high at 122 per 1,000 adolescents. Young girls and women face interconnected maternal survival challenges rooted in religious and cultural practices. GBV, female genital mutilation (FGM) and child marriage are prevalent. In 2013, 30 per cent of women had experienced physical violence, while 4.8 per cent had experienced sexual violence. The FGM prevalence rate among women aged 15-49 years is 25 per cent, while 43 per cent of women aged 20-24 years are married by the age of 18 years.

5. Despite an increase in the generation of statistical information on sociodemographic variables in recent years, a lack of data persists, especially on sexual violence and sexual and the reproductive health of adolescents and youth. More robust data gathering, analysis and dissemination, including census and demographic and health surveys, are needed to address the persistent disparities. A strengthened system for managing information and its coordination is required to monitor the Sustainable Development Goals (SDGs) as well as to bridge the gap between data generation and evidence-based policy making.

6. Having forged a strategic alliance and partnership with key government and non-governmental agencies, the seventh country programme focused on reproductive health and reproductive rights as well as population and development. Gender equality, youth and humanitarian issues were cross-cutting. The programme supported activities

related to maternal health interventions in 17 of 36 states and the Federal Capital Territory (FCT); while all 36 states and FCT were supported in reproductive health commodities security and data availability.

7. UNFPA Nigeria successfully contributed to the: (a) increased proportion of health facilities providing essential medicines and reproductive health services from 20 per cent (2014) to 77 per cent (2016); (b) increased pool of skilled providers of emergency obstetric and neonatal care services from 865 (2014) to 3,083 (2016); (c) increased number of new users of family planning services from 536,000 (2013) to 3.8 million (2015); (d) strengthened national capacities and systems to collect and utilize national and sub-national disaggregated data; (e) enhanced capacity and advocacy for the proposed census; (f) enactment of gender sensitive laws, policies and frameworks including the violence against persons prohibition bill; (g) national strategic plan to end child marriage; (h) strengthened coordination of access to sexual reproductive health and GBV prevention and response services in humanitarian settings; (i) establishment of the first ever GBV information management system for ethical collection and sharing of data; (j) provision of essential reproductive health information and services to over 1,260,000 people in humanitarian setting through 155 supported health facilities and medical outreach teams; and (h) improved access by 337,342 people, mostly women and young girls, to psychosocial support services, skill-building and livelihood support.

8. External factors such as the inadequate physical infrastructure and human resources, weak supply chain management, cultural and religious barriers and insecurity (especially in the north-east), continued to be a barrier to: women's and girls' empowerment; reducing maternal and neonatal mortality rates; and the availability of data for planning and programming.

9. Major lessons learned from the previous programme include: (a) the strategic use of advocacy champions is crucial to securing government commitment and buy-in; (b) embarking on joint programme monitoring with government and other stakeholders encourages transparency and engenders greater government ownership; (c) implementing joint projects with other United Nations organizations, fosters government credibility and acceptability; (d) gaining commitment towards increased investment in young people requires cross-sectoral advocacy; (e) early engagement during the government budgeting cycle is essential for successful resource mobilization.

II. Programme priorities and partnerships

10. In consultation with the Government and other stakeholders, the eighth country programme covers 17 of the 36 states and the federal capital territory with state-specific interventions. This is based on lessons learned from the previous programme as well as application of human rights principles, results-based management, gender mainstreaming and culturally sensitive approaches. The programme is aligned to the Nigeria Vision 20:2020 strategy, the programme of action of the International Conference on Population and Development (ICPD), and the United Nations Development Assistance Framework (UNDAF) 2018-2022, guided by the overarching principles of the 2030 Agenda for Sustainable Development.

11. In an integrated manner, the programme contributes to four of the UNFPA strategic plan 2018-2021 outcomes, as well as to the SDGs related to women, adolescents and youth, including improving the access of adolescent girls to sexual and reproductive health and reproductive rights. Specifically, it supports: (a) reduction of maternal mortality; (b) universal access to sexual reproductive health services including family planning; (c) an increase in meeting the demand for family planning; (d) reduction in early marriage and adolescent pregnancy; (e) combating all forms of GBV and (f) increasing availability and use of disaggregated data for development. The programme concentrates on the needs of the most marginalized populations, including vulnerable women and youth in rural and urban slums, as well as those in humanitarian settings.

12. On the strength of a shared vision and sound partnership arrangement, UNFPA will use capacity development, service delivery, knowledge management, and advocacy/policy dialogue strategies as modes of programme engagement. Similarly, the programme will focus on building and enhancing the capacity of rights holders and duty bearers for effective and sustained programme delivery.

13. The programme is based on the assumptions that the political landscape will continue to be stable and the economy will recover from recession within the programme period. The Government is expected to continue to invest in critical sectors that will facilitate leveraging the demographic dividend. Additionally, the humanitarian situation is expected to improve to enable more development programming.

A. Outcome 1: Sexual and reproductive health

14. Output 1: Enhanced capacities to develop and implement policies, including financial protection mechanisms, that prioritize access to sexual reproductive health and rights (SRHR) information and services by those women, adolescents, and youth left furthest behind, including in humanitarian settings. The interventions are: (a) policy mapping across all levels of government; (b) policy development and reviews; (c) high-level advocacy, including the use of champions, for proper implementation of policies; and (d) policy advice for the formulation and adoption of human rights-based and culturally-sensitive, age-appropriate sexual reproductive health policies and protocols.

15. Output 2: Strengthened capacities in delivering quality integrated family planning, comprehensive maternal health and STIs and HIV information and services, in particular for adolescents and youth in humanitarian settings. The interventions will: (a) strengthen procurement and supply chain management for reproductive health commodities including contraceptives and condoms for HIV/AIDS prevention; (b) improve capacity to deliver maternal and sexual and reproductive health (SRH) services in humanitarian setting; (c) support development of evidence-based approaches to improve maternal health service utilization including emergency obstetrics and newborn care services; (d) support national and state level coordination mechanisms; (e) support renovation of infrastructural facilities especially in the humanitarian recovery phase; (f) support generation and dissemination of quality data for evidence-based programming; (g) support demand creation for service uptake.

16. Output 3: Strengthened capacities for improving human resources for health management and skills, especially for midwives, to deliver quality and integrated SRH services, including in humanitarian settings. The interventions (a) support the use of evidence-based, gender sensitive policies, strategies and plans to engage health workers (male and female) (b) support the development of health workforce attraction and retention schemes, in collaboration with professional associations and regulatory bodies (c) provide assistance for the review and update of national training curricula and methodologies (including gender sensitive methods), for community health officers, community health extension workers and midwives preservice training (d) strengthen partnerships and coordination for mobilizing sustainable health workforce resources (e) provide assistance to pre-service health training institutions to meet accreditation standards as stipulated by their respective regulation bodies.

B. Outcome 2: Adolescents and youth

17. Output 1: Strengthened capacities across relevant sectors to prioritize adolescents and youth in their policies and address the broader determinants of adolescent and youth sexual and reproductive health, development and well-being. The interventions will: (a) create an enabling policy environment to ensure universal access to quality SRH services, including culturally appropriate sexuality education; (b) support policy dialogue and advocacy on issues of young people in national development strategies and plans; (c) convene partners and establish platforms in the effort to harness the demographic dividend; (d) advocate for policies and programmes that address child marriage; (e) advocate for policies that address the social and economic determinants of adolescent and youth health across all sectors.

C. Outcome 3: Gender equality and women's empowerment

18. Output 1: Increased multi-sectoral capacity to prevent and address gender-based violence with a focus on advocacy, data, health and health systems, psychosocial support, and coordination, within a continuum approach. The interventions are: (a) national, sub-national and community engagements with community leaders, security forces, civil society organizations, and media to end GBV; (b) community dialogues on the elimination of harmful traditional practices; (c) advocacy for the promotion of human rights, gender equality and empowerment of women and girls; (d) partnerships to develop gender responsive integrated programmes for women and girls in humanitarian settings; (e) psychosocial counselling for traumatized populations, especially women and girls, in humanitarian settings (f) support evidence-based data gathering through a GBV management information system in humanitarian settings (g) support GBV coordination and referral mechanisms.

D. Outcome 4: Population dynamics

19. Output 1: Improved national population data systems to map and address inequalities, advance achievement of the SDGs and ICPD, and inform interventions in times of humanitarian crisis. The interventions will: (a) support generation, dissemination and use of disaggregated data at the national and sub-national levels to monitor the SDGs; (b) support the use of demographic data to assess the economic impact of population dynamics; (c) support the mapping, generation and analysis of SRH and GBV indicators at the national and sub-national levels; (d) provide assistance for the conduct of the national census and sociodemographic surveys; (e) support the collection and analysis of disaggregated data in humanitarian settings; (f) provide technical assistance to institute a national demographic observatory to track progress towards harnessing the demographic dividend.

III. Programme and risk management

20. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

Capitalizing on its comparative advantage, UNFPA will work with other United Nations organizations to implement the UNDAF (2018-2022). This will promote integration and programme synergy. The implementation modality is national execution, with implementing partners selected from government and non-governmental organizations based on relevant development indicators, political commitment and lessons learned. The coordinating authority will be the Ministry of Budget and National Planning. To mitigate the risks associated with national execution, the country office will engage in frequent spot checks, monitoring and training of implementing partners. In insurgency situations, risks will be transferred to non-governmental agencies or local partners on the ground and third party monitoring will be activated. The country office resource mobilization and communication plans will be reviewed periodically to reflect current realities and ensure adequate funding, visibility, and accountability. Where feasible, joint proposals will be developed with other United Nations organizations to explore funding opportunities from the private sector, governments and other development partners. The basic management and development effectiveness functions, funded from the institutional budget, will be used to support programme-funded staff providing technical expertise.

21. Based on the conclusions of the 2017 UNFPA internal consulting group exercise, the country office is not overstaffed but the office will engage in a realignment exercise, establish a gender intelligence unit to help women equip themselves for senior leadership roles, and put in place a succession management plan for critical posts incorporating talent reviews, and identification of internal staff to fill key positions.

22. The programme will be implemented through the UNFPA main office in Abuja and four sub-offices located in Calabar, Kaduna, Lagos and Maiduguri. It will leverage South-South cooperation and technical assistance from other country offices, the regional office, and UNFPA headquarters. In view of the humanitarian situation in the country, UNFPA will, in consultation with the Government, re-programme funds as required to respond to emerging issues within its mandate.

IV. Monitoring and evaluation

23. UNFPA and its partners will jointly develop and implement a monitoring and evaluation plan to track and report programme results. The programme will implement a performance monitoring and evaluation process that will include, quarterly review, midterm and end of country programme evaluation in line with the UNFPA results-based management approach.

24. In collaboration with government and other stakeholders the programme will embark on joint programme monitoring to ensure transparency and engender greater ownership. Routine monitoring visits will be conducted to track results and improve programme performance and effectiveness. Feedback from annual and midterm reviews will be used to improve programme performance, effectiveness and accountability.

RESULTS AND RESOURCES FRAMEWORK FOR NIGERIA (2018-2022)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
National priority: Guaranteeing the well-being and productivity of the people of Nigeria (Vision 20:2020). **UNDAF outcome** By 2022, Nigerians, with focus on most disadvantaged have access and use quality health, nutrition and HIV services **Indicator**: Percentage of births attended by skilled health personnel *Baseline:* 38.1%*; Target:* 42%				
Outcome 1: Sexual and reproductive health Outcome indicator(s): • Maternal mortality ratio *Baseline*: 576; *Target*: 520 • Contraceptive prevalence rate *Baseline*: 12.1%; *Target*: 20%	Output 1: Enhanced capacities to develop and implement policies, including financial protection mechanisms, that prioritize access to SRH information and services by those women, adolescents, and youth left furthest behind, including in humanitarian settings	• Number of states in which capacities to develop and implement policies that prioritize access of women, adolescents, and youth most left behind to SRH information and services have been enhanced. *Baseline*: 0; *Target*: 10	Ministries of: Health; Budget and Planning, Youth, Bureau of statistics and civil society organizations, United Nations organizations	$9.0 million ($4.0 million from regular resources and $5.0 million from other resources)
	Output 2: Strengthened capacities in delivering quality integrated family planning, comprehensive maternal health and STIs and HIV information and services, in particular for adolescents and youth and in humanitarian settings	• Percentage of facilities with no stock-out of modern contraceptives in the past three months *Baseline*: 77%; *Target*: 80% • Number of new users of family planning services *Baseline*: 8,600,000; *Target*: 13,600,000	Ministries of: Health; Budget and Planning, Bureau of statistics and civil society organizations; National Emergency Management Agency, United Nations organizations	$21.0 million ($6.0 million from regular resources and $15 million from other resources)
	Output 3: Strengthened capacities for improving human resources for health management and skills, especially for midwives, to deliver quality and integrated SRH services, including in humanitarian settings	• Number of midwife training institutions using updated curricula (universal rights of childbearing women, and the prevention and management of violence against women) *Baseline*: 0; *Target*: 50 • Number of schools supported to train midwifery service providers, especially on Minimum Initial Service Packages *Baseline*: 0; *Target*: 50 • Antenatal care coverage (at least four visits) Baseline: 51; Target: 60	Ministries of Health and Education, National Midwifery Council of Nigeria, civil society organizations, United Nations organizations	$7.0 million ($2.0 million from regular resources and $5 million from other resources)
National priority: Fostering sustainable social and economic development (Vision 20:2020). **UNDAF outcome:** By 2022, Nigerians, with a focus on the most disadvantaged children and young/adults, access and complete quality education which provides relevant skills and knowledge for lifelong learning. **Indicator**: Youth literacy rate, population aged 15-24 years. *Baseline:* 65%*; Target:* 71%				
Outcome 2: Adolescents and youth Outcome indicator(s): • Adolescent birth rate *Baseline*: 122 per 1,000 women aged 15-19 years; *Target*: 100 per 1,000 women aged 15-19 years	Output 1: Strengthened capacities across relevant sectors to prioritize adolescents and youth in policies and address the broader determinants of their reproductive health, development and well-being	Output indicators: • Number of supported states that reflect adolescent and youth health, development and well-being in multi-sectoral policies *Baseline*: 2; *Target*: 12 • Number of national and state plans that integrate approaches to harnessing the	Ministries of Health, Budget and Planning, Youth and Sports, & Women's Affairs; Bureau of Statistics, National Population Commission, and civil society organizations	$15.0 million ($5.0million from regular resources and $10 million from other resources)

		demographic dividend *Baseline*: 1; *Target*: 10 • Number of adolescents and young people reached with SRH services including family planning and HIV education *Baseline:* 1,000*; Target:* 10,000 • Number of condoms distributed *Baseline:* 62,560,952*; Target:* 312,000,000		
National priority: Fostering sustainable social and economic development (Vision 20:2020). **UNDAF outcome:** By 2022, the National and State Social Protection Policies are implemented and adequately financed at federal and state levels as well as protection systems and services are strengthened to more effectively prevent and respond to violence, abuse, exploitation (including trafficking) and harmful social norms **Indicator**: Proportion of ever-partnered women who have been subjected to physical violence *Baseline*: 30%; *Target*: 15%				
Outcome 3: Gender equality and women's empowerment Outcome indicator(s): • Proportion of ever-partnered women who have been subjected to physical violence Baseline: 30%; Target: 15%	Output 1: Increased multi-sectoral capacity to prevent and address gender-based violence, with a focus on advocacy, data, health and health systems, psychosocial support, and coordination, within a continuum approach	• Number of state level information management systems in place to collect, analyse and disseminate data on gender-based violence Baseline: 3; Target: 6 • Number of adolescent girls participating in mentoring or vocational skills programmes and safe space sessions Baseline: 0; Target: 600	Ministries of Health, Youth and Sports, Women's Affairs; Bureau of Statistics, and civil society organizations	$7.5 million ($2.5million from regular resources and $5 million from other resources)
National priority: Fostering sustainable social and economic development (Vision 20:2020). **UNDAF outcome:** By 2022, Nigeria's population dynamics becomes a strong basis for national development and resource management through better use of demographic intelligence. UNFPA is the outcome lead within the UNCT for this UNDAF outcome. **Indicator**: Census conducted in line with international standards *Baseline:* 0*; Target:* 1				
Outcome 4: Population dynamics Outcome indicator(s): • Census conducted in line with international standards *Baseline*: 0; *Target*: 1	Output 1: Increased capacity to generate population projections and identify sociodemographic trends and address them within policies, programmes and advocacy	• Number of supported states generating quarterly rapid appraisals of populations affected by humanitarian crises, including estimated numbers of reproductive age women, young people, pregnant women, and persons over 65 years of age *Baseline*: 1; *Target*: 4 • Number of supported states with institutional capacity to analyse and use disaggregated data on a) adolescents and youth and b) GBV *Baseline*: 5; *Target*: 10 • Number of states supported to produce disaggregated data to monitor SDG indicators *Baseline*: 0; *Target*: 10	Ministries of Health, Budget and National Planning, Youth and Sports; Women's Affairs, Bureau of Statistics, National Population Commission and civil society organizations	$15.0 million ($5.0 million from regular resources and $10.0 million from other resources)