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Country programme outline for Nigeria*

Proposed UNFPA assistance: \$40 million, \$25 million from regular resources and \$15 million through co-financing modalities and/or other, including regular, resources

Programme period 5 years (2003-2007)

Cycle of assistance Fifth

Category per decision 2000/19: A

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

	Regular resources	Other	Total
Reproductive health	8.40	6	14.4
Population and development strategies	7.00	3	10.0
Advocacy	8.40	6	14.4
Programme coordination and assistance	1.20	-	1.2
Total	25.00	15	40.0

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. The population of Nigeria was estimated at 115.2 million in 2000. With an annual population growth rate of 2.9 per cent, the population is projected to rise to over 126 million by 2003. According to the 1999 demographic and health survey, the total fertility rate is 5.2 children per woman.

2. Economic growth over the last 10 years has not kept pace with population growth, and the Government has struggled to provide essential services. For example, only 52 per cent of households are within one kilometre of a health facility. Moreover, the proportion of the population living below the poverty line has grown, from 46 per cent between 1985 and 1995 to 66 per cent between 1996 and 2000. Socio-economic indicators are lowest in the north-west and north-east of the country.

3. The maternal mortality ratio is 704 deaths per 100,000 live births, with the ratio varying from 165 in the south-west to as high as 1,549 in the north-east. Sociocultural factors, such as female genital cutting, early age at first marriage (17.5 years), the low female literacy rate (41 per cent) and the low status of women, have had an adverse affect on mortality levels in some states. Early pregnancies account for 16 per cent of births. Young mothers are more likely to experience pregnancy-related health problems, especially vesico-vaginal fistula (VVF). Approximately 20,000 new VVF cases are recorded annually. In 1999, the contraceptive prevalence rate was 8.9 per cent and the infant mortality rate was 75 deaths per 1,000 live births.

4. Young people aged 10-24 years constitute approximately 33 per cent of the population. The sexual and reproductive health status of adolescents is poor, due to factors such as early sexual initiation, unsafe sexual practices, low utilization of modern family planning methods, and lack of access to credible sources of information and services. Young people

account for two thirds of the estimated 610,000 abortions per year, and they represent 60 per cent of all new HIV infections. The infection rate among girls aged 15-24 years is 5.89 per cent, compared to 3.35 per cent for boys.

5. Women are disadvantaged when it comes to employment, education, land ownership, access to credit and participation in government. Their status and potential are undermined by a number of harmful practices and customs, such as the traditional preference for male children, poor nutrition for girls, female genital cutting, violence against women and widowhood rites.

6. Despite a proliferation of mass media establishments, there is little understanding of population issues among media practitioners and the public. Development planning suffers from limited demographic and sex-disaggregated data, due to weaknesses in data collection systems.

7. The new democratic administration has brought some stability to development policies and programmes. A presidential directive has vested the National Population Commission with the role of coordinating population matters, thereby streamlining population activities.

8. The findings and recommendations of the fourth country programme evaluation guided the preparation of the proposed country programme, as did the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) and its five-year review (ICPD+5). The programme also took into account the common country assessment (CCA), the United Nations Development Assistance Framework (UNDAF) and the Millennium Development Goals.

II. Past cooperation and lessons learned

9. The principal strategy of the fourth country programme was capacity-building at

the institutional and operational levels. UNFPA helped to develop training modules and curricula on reproductive health, population and development strategies, and advocacy. A number of these were adopted by federal authorities, including modules for: (a) training planners and statisticians to integrate population factors into development planning; (b) in-service training of nurses and midwives; (c) training in adolescent health and development, clinical protocol and service guidelines; and (d) training policy makers and technical experts on population and development at the National Institute for Policies and Strategic Studies, the National Centre for Economic Management and Administration, and three media training institutions.

10. Training related to the expanded lifesaving skills initiative enabled 234 doctors and 690 nurse/midwives to improve the provision of maternal health services. Secondary school teachers and guidance counsellors conducted training in population and family life education. This has increased awareness of population and reproductive health issues, including HIV/AIDS, among in-school adolescents.

11. A national reproductive health policy was developed and adopted. In addition, basic reproductive health facilities were equipped or renovated in 12 states. This increased the number of service delivery points offering high-quality reproductive health services by 35 per cent and also increased by 54 per cent the number of service delivery points providing at least three modern methods of family planning

12. Canada, the Netherlands and the United Kingdom provided contraceptive supplies through UNFPA, easing shortages and improving the commodity mix in the country. Canada contributed an additional \$6.6 million over a 24-month period in support of the reproductive health subprogramme.

13. In the area of population and development strategies, databases were established in 12 states. Database management training was provided to officers at the federal level and to planners and statisticians in sectoral ministries. This training helped to establish a database of non-governmental organizations (NGOs) working in the population sector.

14. A secretariat established in the National Planning Commission laid the groundwork for Nigeria's membership in the intergovernmental organization, Partners in Population and Development, by increasing awareness of population and development issues among 30 federal and state permanent secretaries. The national population policy was also revised, taking into account ICPD objectives.

15. By analysing census data, the National Population Commission was able to publish monographs on gender and sustainable development; children, adolescents and youth; and the elderly. The 1999 demographic and health survey and the sentinel survey reports were published and disseminated. Sociocultural research conducted in 12 states formed the basis for the production of media materials geared to increase use of reproductive health information and services. Support was provided to the Federal Ministry of Information and National Orientation to continue publication of *Choices* magazine, a forum for discussion on population and development issues. A grant channelled through the Federal Ministry of Women's Affairs and Youth Development enabled the publication of *Humankind*, a magazine on reproductive health and rights.

16. Although advocacy initiatives resulted in the establishment of committees on population in the Senate and House of Representatives, budgetary constraints hampered their work. There was some success, however, including the commitment of the Government to the 2004 population and housing census. Moreover, the skills of journalists reporting on population and

development issues in the mass media were enhanced. In the previous country programme, advocacy projects were limited to the federal level. The absence of state-level advocacy projects constrained these efforts.

17. Major constraints in implementing the fourth country programme were: (a) the lack of baseline data to define benchmarks to measure results, performance and impact; (b) the shortage of personnel to be trained for capacity-building efforts in some states; (c) the high turnover of trained staff; (d) the lack of understanding of the importance of using databases for development planning; (e) weak management capacity; and (f) the delayed start of implementation due to changes in government.

18. Lessons learned include the realization that sustained advocacy at all levels is key to the success of the national population programme. There is also a need to provide benchmark data at the start of the programme and to develop process and impact indicators to ensure proper monitoring and evaluation of the programme.

III. Proposed programme

19. The goal of the proposed programme is to contribute to enhancing the quality of life of Nigerians by securing commitment at all levels for the implementation of the national population and development programme. The programme is consistent with the goals of the ICPD Programme of Action, ICPD+5, the national population policy and CCA/UNDAF, as detailed in the attached results and resources framework. The programme will cover 15 out of 36 states. The level and type of assistance to be provided to the 12 states assisted under the previous programme will be based on: (a) the incidence of poor health indicators in the national demographic and health survey report; and (b) the level of donor assistance. Furthermore, three disadvantaged states will be selected from the north-west. The programme

will encompass all three thematic areas: advocacy, reproductive health, and population and development strategies.

Advocacy subprogramme

20. The proposed outcome of the advocacy subprogramme is to give greater visibility to the national population and development agenda and to enhance support for population and development programmes. This will be accomplished through three outputs.

21. The first output is to improve the capacity of stakeholders to plan and implement advocacy activities for population and development programmes. This will be achieved through: (a) in-country advocacy training; (b) action-oriented advocacy in reproductive health and population and development strategies; (c) resource mobilization at the country and multi-bilateral levels; (d) building coalitions and partnerships; and (e) electronic networking.

22. The second output is to improve the integration of gender equity and equality concerns into population and development programmes at all levels. This will require: (a) support from coalitions; (b) support for the campaign against gender-based violence and harmful traditional practices, including female genital cutting; and (c) gender analysis.

23. The third output is to improve understanding and application of existing international and national policies on population. This will be achieved by creating awareness in government institutions of national policies and international agreements and conventions, such as the ICPD Programme of Action, the Millennium Development Goals, the Convention on the Elimination of All Forms of Discrimination against Women and the New Partnership for Africa's Development. Culturally sensitive behaviour change communication and information, education and communication (IEC) materials will also be produced.

Reproductive health subprogramme

24. The expected outcome of the reproductive health subprogramme is to increase safe sexual and reproductive health behaviour and increase the utilization of reproductive health services. There are three outputs under this subprogramme.

25. The first output is to increase the availability of a minimum package of high-quality reproductive health services. This will require: (a) capacity-building for health personnel; (b) support for a sustainable contraceptive logistics management system; (c) behaviour change communication efforts through multimedia initiatives targeting vulnerable groups; (d) strengthening referral systems to respond to sexual health and pregnancy-related problems, including emergency obstetric care and VVF; and (e) expanding access to reproductive health information and services.

26. The second output under this subprogramme is to increase access to HIV/AIDS preventive services, including voluntary, confidential counselling and testing. This will involve multimedia initiatives at service points and community centres, especially those targeting youth, as well as efforts to build the capacity of community health personnel and lay counsellors. Activities aimed at promoting the use of female and male condoms will complement these efforts.

27. The third output is to increase the accessibility of sexual and reproductive health information and services for in-school and out-of-school youth. This will be achieved by reinforcing school sexuality education and by providing youth-focused information and services at community centres in partnership with the Government, NGOs and the private sector.

Population and development strategies subprogramme

28. The proposed outcome of the population and development strategies subprogramme is to enhance the management and implementation of population and development programmes. The subprogramme has three outputs.

29. The first is to increase the integration of population issues into development plans and budgets at all levels. This will involve: (a) strengthening the capacity of the national and state planning commissions to integrate population factors into development plans at federal, state, local and ministerial levels; (b) supporting the translation of the national population policy into an effective multisectoral programme framework; (c) supporting the organization of a donors' forum to fund the national population policy action plan; and (d) securing support through advocacy efforts for increased budgetary allocations from the Government in support of population and development programmes at all levels.

30. The second output is to improve mechanisms for the coordination, monitoring and evaluation of population programmes at all levels. This will be achieved by: (a) putting into effect coordination, monitoring and evaluation guidelines; (b) capacity-building in programme management for programme implementers; (c) developing a comprehensive monitoring and evaluation plan; and (d) providing support for a coordination structure.

31. The third output is to increase the availability and accessibility of development data. This will be achieved by: (a) supporting the 2004 population census and a demographic and health survey; (b) collecting baseline data to develop indicators for programme monitoring and evaluation; (c) strengthening the capacity for policy-oriented research and gender analysis; (d) strengthening databases; (e) establishing local and wide-area networks; and (f) setting up web sites.

IV. Programme management, monitoring and evaluation

32. The programme will use the national execution modality. Subprogramme and component project activities will be implemented by government agencies such as the Federal Ministry of Health, the Federal Ministry of Information and National Orientation, the National Planning Commission and the National Population Commission. NGOs will also implement the programme. Government counterpart funds will be negotiated during component project development.

33. Monitoring and evaluation will be conducted in accordance with UNFPA policies, procedures and guidelines. A programme management plan will facilitate results-based management. A high-level programme coordinating committee, chaired by the National Population Commission, will be established. The committee will convene annually to review the programme management plan and assess programme orientation, and will also organize a midterm review in 2006 with other United Nations partners.

34. To reinforce technical support, national project personnel will be recruited and trained in results-based management by the UNFPA Country Technical Services Team in Addis Ababa, Ethiopia. National project personnel will be deployed in multidisciplinary groups of three (representing advocacy, reproductive health, and population and development strategies) to four zonal programme advisory units. Other national project personnel will be based at the National Population Commission, the Federal Ministry of Information and National Orientation, and the Federal Ministry of Health.

35. Baseline data will be collected at the beginning of the programme to provide benchmarks for monitoring and evaluation.

Where necessary, operational research will be conducted to refine indicators.

36. The UNFPA country office is composed of a Representative, a Deputy Representative, an Assistant Representative, two national programme officers and 10 support staff. Additional national project personnel and support staff will be necessary to monitor the programme effectively.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR NIGERIA

UNDAF Objectives: 1) to enhance gender equity and female participation; 2) to promote the use of information and communication technology for improved knowledge and practice of good governance; and 3) to promote an enabling environment for sustainable development.				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to enhancing the quality of life of Nigerians by securing commitment at all levels for the implementation of the national population and development programme	1. To give greater visibility to the national population and development agenda and enhance support for population and development programmes	<ul style="list-style-type: none"> • % increase in resource allocation • Number of policy and legal frameworks promoted • Number and types of advocacy initiatives undertaken • Number of population, reproductive health and gender issues promoted 	<p>1. Improve the capacity of stakeholders to plan and implement advocacy activities for population and development programmes and to improve the understanding and application of existing international and national policies on population</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • % increase in number of positive statements by important public officials • % increase in number of stakeholders aware of relevant international treaties and conventions • % increase in number of international laws and treaties adopted and adapted • Number of revised national policies and laws <p>2. Improve integration of gender equity and equality into population and development programmes at all levels</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • % increase in number of institutions mainstreaming gender • % increase in number of integrated, gender-sensitive programmes and policies • % increase in number of women-friendly policies and programmes in public and private sectors 	\$8.4 million from regular resources and \$6 million through co-financing modalities and/or other, including, regular resources
	2. To enhance the management and implementation of population and development programmes	<ul style="list-style-type: none"> • Number of projects operationalized in the national population policy action plan 	<p>3. Increase availability and accessibility of development data</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of up-to-date and functional databases at federal and state levels • Number of data sets disaggregated by gender • Number of staff with skills in data collection, processing, analysis and dissemination <p>4. Improve mechanisms for the coordination, monitoring and evaluation of population programmes at all levels</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Existence of functional coordinating bodies at all levels • Number of joint monitoring and evaluation activities conducted 	\$4 million from regular resources and \$1 million through co-financing modalities and/or other, including regular, resources

UNDAF Objectives: 1) to increase access, utilization and quality of basic social services by 20%; and 2) to support government efforts in addressing population issues in development.				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
See above	To increase safe sexual and reproductive health behaviour and increase the utilization of reproductive health services	<ul style="list-style-type: none"> Contraceptive prevalence rate increased by 2% per year Incidence of sexually transmitted infections, including HIV/AIDS, among youth reduced by 10% Percentage of women having supervised deliveries increased by 20% % of men adopting safe sex practices increased by 20% 	<p>5. Increase availability of a minimum package of high-quality reproductive health services</p> <p>Output indicators:</p> <ul style="list-style-type: none"> % increase in number of service delivery points that have skilled attendants at deliveries % increase in number of service delivery points offering a minimum package of high-quality reproductive health services % increase in number of satisfied service users Proportion of service delivery points with regular and appropriate mix of contraceptives Increased number of men, women and youth who have knowledge of sexual and reproductive health Increased percentage of men supporting their partners to use sexual and reproductive health services Increased number of adults who discuss sexual and reproductive health issues with youth <p>6. Increase the availability of sexual and reproductive health information and services for in-school and out-of-school youth</p> <p>Output indicators:</p> <ul style="list-style-type: none"> % increase in number of outlets providing youth-friendly information and services % increase in number of youth using youth-friendly outlets 	\$5 million from regular resources and \$3 million through co-financing modalities and/or other, including regular, resources
	To enhance the management and implementation of population and development programmes	<ul style="list-style-type: none"> Proportion of the national population policy action plan operationalized Number and categories of agencies involved in the implementation of the national population programme Number of data collection exercises conducted 	<p>7. Increase the integration of population issues into development plans and budgets at all levels</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of plans and budgets with population factors integrated % of staff with skills in the integration of population factors Number of institutions with capacity for training in population and development <p>8. Improve mechanisms for the coordination, monitoring and evaluation of population programmes at all levels</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Existence of functional coordinating bodies at all levels Number of joint monitoring and evaluation activities conducted 	\$3 million from regular resources and \$2 million through co-financing modalities and/or other, including regular, resources

UNDAF Objectives: 1) to reduce the prevalence rate of HIV/AIDS infection, malaria, tuberculosis and other infectious diseases in the most affected parts of Nigeria; and 2) to promote positive behaviour change with regard to HIV/AIDS among women and in-school and out-of-school youth.

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
See above	To increase safe sexual and reproductive health behaviour and increase the utilization of reproductive health services	<ul style="list-style-type: none"> • Reduce incidence by 10% of sexually transmitted infections, including HIV/AIDS, among youth • % of men adopting safe sex practices increased by 20% 	<p>9. Increase access to HIV/AIDS preventive services, including voluntary, confidential counselling and testing (VCCT) , especially for youth and pregnant women</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • % increase in number of youth and pregnant women utilizing VCCT services • % increase in number of rural and urban outlets providing VCCT services • % increase in utilization of condoms <p>10. Increase availability of behaviour change communication interventions for men, women and youth</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Increased number of men, women and youth who have knowledge about sexual and reproductive health • Increased % of men supporting their partners to use sexual and reproductive health services • Increased number of adults who discuss sexual and reproductive health issues with youth <p>11. Increase the availability of sexual and reproductive health information and services for in-school and out-of-school youth</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • % increase in number of outlets providing youth-friendly information and services • % increase in number of youth using youth-friendly outlets 	<p>\$3.4 million from regular resources and \$3 million through co-financing and/or other, including regular, resources</p> <p>Programme coordination and assistance: \$1.2 million</p>

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