United Nations Population Fund (UNFPA) Nigeria 8th Country Programme (2018 – 2022)

Final Evaluation Report

April 7, 2022

Volume 2: Annexes

Map of Nigeria with UNFPA Focal States

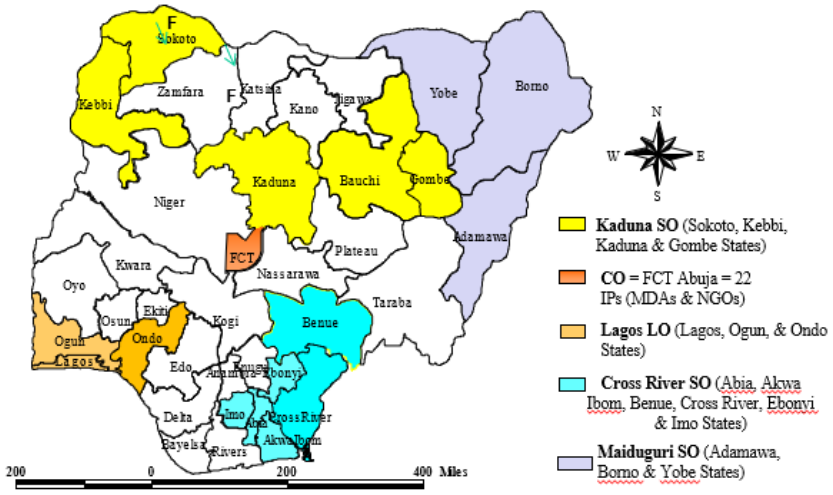

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Table of Contents

Abbreviations and Acronyms

ABU	Ahmadu Bello University
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
AYP	Adolescents and Youth Programmes
BAY States	Borno, Adamawa, Yobe States
BMGF	Bill & Melinda Gates Foundation
CA	Communications Analyst
CBO	Community Based Organisation
CCA	Common Country Assessment
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CIP	Costed Implementation Plan
CO	Country Office
COAR	Country Office Annual Report
CLMS	Contraceptive Logistics Management System
COVID-19	Coronavirus Disease 2019
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CR	Country Representative
CRVS	Civil Registration and Vital Statistics
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
DaO	Delivering as One (by all UN partners)
DD	Demographic Dividend
DFID	Department for International Development
DHS	Demographic and Health Survey
DMPA-SC	Depomedroxy Medroxyprogesterone acetate –Subcutaneous
DoL	Division of Labour (of UN co-sponsors of UNAIDS)
EM	Evaluation Manager
EQ	Evaluation Question
EQA	Evaluation Quality Assessment
ERG	Evaluation Reference Group
EU	European Union
ET	Evaluation Team
FBO	Faith Based Organisations
FCT	Federal Capital Territory
FGI	Focus Group Interview
FGM	Female Genital Mutilation
FLHE	Family Life Health Education
FMA	Frisky Mobile Application
FMWA	Federal Ministry of Women's Affairs
FMOYSD	Federal Ministry of Youths and Sports Development
FMoH	Federal Ministry of Health
FP	Family Planning
GBV	Gender-Based Violence
GBViE	Gender-based Violence in Emergencies
GCCC	Government Cash Counterpart Contribution
GDP	Gross Domestic Product

GEWE	Gender Equality and Women's Empowerment
GIS	Geographical Information System
GNI	Gross National Income
GoN	Government of Nigeria
GPI	Gender Parity Index
GRID3	Geo-Referenced Infrastructure and Demographic Data for Development
HBV	Hepatitis B Virus
HCT	Humanitarian Country Team
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPTRP	Health Policy Training and Research Programme
HRP	Humanitarian Response Plan
ICPD	International Conference on Population and Development
ICT	Information Communication Technology
IDP	Internally Displaced Person
ILO	International Labour Organization
IMF	International Monetary Fund
IMPACT	Information Mobilized for Performance Analysis and Continuous Transformation
IMR	Infant Mortality Rate
IP	Implementing Partner
KOICA	Korean international Cooperative Agency
KII	Key Informant Interview
LARCs	Long-Acting Reversible Contraceptives
LMIS	Logistic Management information System
mCPR	Modern Contraceptive Prevalence Rate
M&E	Monitoring and Evaluation
MDA	Ministries, Departments and Agencies
MEA	Monitoring and Evaluation Advisor (regional)
MISP	Minimum Initial Service Package
MoH	Ministry of Health
MoU	Memorandum of Understanding
MMR	Maternal Mortality Rate
MNCH	Maternal, Neonatal and Child Health
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSM	Men who have Sex with Men
MTP	Medium Term Plan
MTR	Mid Term Review
MVA	Manual Vacuum Aspiration
NACA	National Agency for the Control of AIDS
NAIIS	Nigeria HIV/AIDS Indicator and Impact Survey
NBS	National Bureau of Statistics
NDHS	Nigeria Demographic and Health Survey
NGO	Non-Governmental Organisation
NPHCDA	Nigeria Primary Health Care Development Agency
NMC	Nursing and Midwifery Council
NNTC	Nigeria National Technical Committee
NPC	National Population Commission
NV20:2020	Nigeria Vision 20:2020
NV20:2030	Nigeria Vision 20:2030
NWOW	New Way of Working
ODA	Official Development Assistance
OECD	Organization for Economic and Cultural Development
PMTCT	Prevention of Mother to Child HIV Transmission
PD	Population Dynamics
PoA	Programme of Action (of ICPD)

PLW	Pregnant and lactating women
PPE	Personal Protective Equipment
PRB	Population Reference Bureau
RBM	Results-based Management
RC	Resident Coordinator
RCO	Resident Coordinator's Office
RHR	Reproductive Health and Rights
RMNCAH+N	Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition
RRF	Results and Resources Framework
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedure(s)
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
ToC	Theory of Change
ToR	Terms of Reference
UN Women	United Nations Entity for Equality and the Empowerment of Women
UNAIDS	United Nations Joint Programme on AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children Fund
UNJT	UN Joint Team on HIV and AIDS
UNSDPF	UN Sustainable Development Partnership Framework
VAPP Act	Violence Against Persons (Prohibition) Act
WB	World Bank
WCARO	Western and Central Africa Regional Office (of UNFPA)
WHO	World Health Organization
YC	Youth Cohorts
YFC	Youth Friendly Centres

Annexes

Annex A: Terms of Reference

United Nations Population Fund Nigeria 8th Country
(2018 - 2022)

Country Programme Evaluation

10th August 2021

Contents

Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
BCC	Behaviour Change Communication
BEmONC	Basic Emergency Obstetric and Newborn Care
CBO	Community-based Organisation
CCA	Common Country Assessment
CCM	Country Coordination Mecahnism
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEFM	Child, early and forced marriage
CO	Country Office
COAR	Country Office Annual Report
COVID-19	Corona Virus Pandemic 2019
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CRVS	Civil Registration and Vital Statistics
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organizations
NDHS	Nigeria Demographic and Health Survey
DEX	Direct Execution (by UNFPA)
DSA	Daily Subsistence Allowance
EmONC	Emergency Obstetric and Newborn Care
EQA	Evaluation Quality Assessment
ERG	Evaluation Reference Group
FBO	Faith-based Organisations
FGM/C	Female genital mutilation/cutting
FLHE	Family Life and HIV Education
GBV	Gender-based violence
GDP	Gross Domestic Product
GNI	Gross National Income
GPRHCS	Global Programme to enhance Reproductive Health Commodity Security
H4+	UNFPA, UNICEF, the World Bank, WHO and UNAIDS
HACT	Hamonised Approach to Cash Transfers
HDI	Human Development Index
HP	Harmful practices
HCT	Humanitarian Country Team
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IGA	Income Generating Activities
IDPs	Internally Displaced Persons
IMF	International Monetary Fund
INGO	International Non-Governmental Organisations
IUD	Intrauterine Device
LGAs	Local Government Areas
LGCs	Local Government Councils
MDAs	Ministries, Departments, and Agencies
MDGs	Millennium Development Goals
MHTF	Maternal Health Thematic Trust Funds
MMR	Maternal Mortality Ratio
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MPTF	Multi-Partner Trust Fund
MTR	Mid-Term Review

MYR	Mid-Year Review
MYTT	Multi-Year Funding Framework
MTCT	Mother-to-Child Transmission (of HIV)
NAIIS	Nigeria National HIV/AIDS Indicator and Impact Survey
NHMIS	National Health Management Information System
NBS	National Bureau of Statistics
NDHS	Nigeria Demographic and Health Survey
NEX	National Execution
NHI	National Health Institute
NSS	National Statistical System
NGOs	Non-Government Organizations
ODA	Overseas Development Assistance
OECD	Organisation for Economic Cooperation and Development
PBF	Performance-based Financing
PHC	Primary Health Care
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PNC	Pre-Natal Care
NPHC	National Population and Housing Census
RCO	Resident Coordinator Office
RBM	Result-based Management
RH	Reproductive Health
RO	Regional Office
RR	Reproductive Rights
SAA	Standard Administrative Agreement
SDGs	Sustainable Development Goals
SI	Spotlight Initiative
SMART	Specific, measurable, achievable, realistic, and timely
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SSAs	State Statistical Agencies
SSC	South-South Cooperation
SSS	State Statistical Systems
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SW	Sex Workers
SWAp	Sector-Wide Approach
TA	Technical assistance
ToC	Theory of Change
ToR	Terms of Reference
UN	United Nations
UNCF	United Nations Cooperation Framework
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNSDPF	United Nations Sustainable Development Partnership Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
UNV	United Nations Volunteer
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
URMC	Universal Rights of Childbearing Women
VAW	Violence against Women
WCARO	West and Central Africa Regional Office
WHO	World Health Organization

Table of Key Facts on Socio-Economic, Demographic and Health Indicators

Indicators	Values	Source
Land Area		
Land area in square kilometres (km^2)	923,768 km^2	NV20:2020
Population		
Population size	140,431,790	2006 NPHC
Rate of population growth	3.2%	2006 NPHC
Young people age (10-24) as a percentage of the total population	31.9%	2006 NPHC
Women of reproductive age (15-49) as a percentage of the total population	24.9%	2006 NPHC
Mortality		
Neonatal mortality rate	39/1,000	2018 NDHS
Post-neonatal mortality rate	132/1,000	2018 NDHS
Infant mortality rate	67/1,000	2018 NDHS
Adolescent mortality rate	1.8	2018 NDHS
Youth aged 20-24 mortality rate	2.3	2018 NDHS
Adult mortality rate	3.25	2018 NDHS
Life expectancy at birth	54	WORLD BANK 2018
Maternal mortality ratio (per 100,000 live births)	512	2018 NDHS
Percentage of female deaths that are maternal	31.1	2018 NDHS
Percentage adolescent female deaths that are maternal	39.7	2018 NDHS
Percentage youth female deaths that are maternal	41.0	2018 NDHS
Fertility and Early Marriage		
Total Fertility Rate	5.3 children	2018 NDHS
Adolescent Fertility Rate	19%	2018 NDHS
Percentage of adolescent women aged 15-19 who have given birth	14%	2018 NDHS
Percentage of adolescent girls aged 15-19 who are pregnant with a first child	4%	2018 NDHS
Percentage of adolescent girls aged 15-19 who are in first marriage	8.3%	2018 NDHS
Contraception		
Modern contraceptive prevalence rate among currently married women aged 15-49	12%	2018 NDHS
Modern contraceptive prevalence rate among currently unmarried women aged 15-49	47%	2018 NDHS
Modern contraceptive prevalence rate among married women aged 15-19	2.4%	2018 NDHS
Modern contraceptive prevalence rate among married women aged 20-24	9.1%	2018 NDHS
Unmet FP needs for among currently married women aged 15-49	19%	2018 NDHS
Unmet FP needs for among sexually active currently unmarried women aged 15-49	48%	2018 NDHS
Unmet FP needs for currently married women aged 15-19	12.2%	2018 NDHS
Unmet FP needs for currently married women aged 20-24	16.1%	2018 NDHS
Maternal and newborn health		
Coverage of antenatal care (Percentage of women who make four or more ANC visits)	57%	2018 NDHS
Proportion of ANC by skilled healthcare provider	67%	2018 NDHS
Proportion of women who received postnatal care within two days (48 hours) of delivery	42%	2018 NDHS
Health facility delivery	39%	
Proportion of births assisted by skilled provider	43%	
Prevalence of GBV and Female Genital Mutilation (FGM) among women aged 15-49		
Percentage of women who have experienced physical violence	31%	2018 NDHS
Percentage of women who have experienced sexual violence	9.1%	2018 NDHS
Percentage of women who have experienced spousal violence, whether physical, sexual, or emotional	36%	2018 NDHS

Prevalence of FGM among women age 15-49	20	2018 NDHS
Prevalence of FGM among women age 0-14	19	2018 NDHS
Percentage of women aged 15-19 who experienced physical violence	31.8	2018 NDHS
Percentage of women aged 20-24 who experienced physical violence	31.1	2018 NDHS
Percentage of women aged 15-19 who experienced sexual violence	7.6	2018 NDHS
Percentage of women aged 20-24 who experienced sexual violence	10.3	2018 NDHS
Percentage of women aged 15-19 who experienced spousal violence, whether physical, sexual, or emotional	23.4	2018 NDHS
Percentage of women aged 20-24 who experienced spousal violence, whether physical, sexual, or emotional	37.2	2018 NDHS
HIV and Sexual Behaviour		
Prevalence of HIV among population aged 15-49	1.4%	2018 NAIIS
HIV prevalence among women aged 15-49	1.9%	2018 NAIIS
HIV prevalence among men aged 15-49	0.9%	2018 NAIIS
Prevalence of HIV 15-19 years	3.5%	2018 NAIIS
HIV prevalence of women aged 15-19	2.1%	2018 NAIIS
HIV prevalence of men aged 15-19	1.1%	2018 NAIIS
Prevalence of HIV 20-24 years	4.2%	2018 NAIIS
HIV prevalence in women aged 20-24	2.8%	2018 NAIIS
HIV prevalence in men aged 20-24	1.6%	2018 NAIIS
Health offer		
Residents by Physicians/Pharmacist Ratio (Standard 10000)	1:2,753	FMOH 2018
Resident ratio for a qualified nurse (Standard 5000)	1: 1,135	FMOH 2018
Live birth ratio for a midwife (Standard 157 or 6 per 1000)	2/1,000	UNFPA, The Practice of Midwifery in the World 2011
Lifetime risk of dying during pregnancy, childbirth, post-partum/post-abortion (Developed Countries 1 in 4,900)	1 in 22	WHO 2019
Personal Ratio (doctor, midwife, nurse)/population (Norm 2.3 per 1000)	1.08/1,000	FMOH 2018
Economy		
GDP 2018	$577.340 million	NBS, 2019
GDP per capita 2018	$2,229	NBS, 2019
Growth rate 2018	2.2%	NBS, 2019
Inflation rate 2018	16.5%	NBS, 2019
Impact of household monetary poverty in 2014	40%	NBS, 2019

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations reproductive health and rights agency ensuring rights and choices for all and delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities of women and young people to lead healthy and productive lives. The strategic goal of UNFPA is to "achieve universal access to sexual reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality".[1]

In pursuit of this goal, UNFPA works towards achieving three transformative and people-centred results: (i) End preventable maternal deaths; (ii) End the unmet need for family planning; and (iii) End gender-based violence (GBV) and all harmful practices (HP), including female genital mutilation (FGM) and child, early and forced marriage (CEFM). These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular, good health, and well-being (Goal 3), the achievement of gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). *The programmes and projects towards generating the evidence for achieving the three transformative results are guided by population data and demographic intelligence, will contribute to the achievement of the civil registration and vital statistics (Goal 16) and dis-aggregated data (Goal 17).* In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one will be left behind and that the furthest behind will be reached first.

UNFPA has been operating in Nigeria since 1973. The support that the UNFPA Nigeria Country Office (CO) provides to the Government of Nigeria under the framework of the 8th Country Programme (CP) (2018-2022) builds on national development needs and priorities articulated in:

i) Nigeria Vision 20:2020 - a long term national development plan designed to propel the country to the league of the top 20 economies of the world by 2020 (2010-2020).
ii) Nigeria Economic Recovery and Growth Plan (2017-20)
iii) 2004 National Policy on Population for Sustainable Development (NPP) (2004 – 2015).
iv) Revised National Policy on Population for Sustainable Development (NPP) (2021 -2030).
v) National Health Act**,** 2014 (2014 – 2030)
vi) National Strategic Health Development Plan II (2018-2022)
vii) National Health Policy 2016 (2017-2021)
viii) Nigeria Family Planning Blueprint 2015 – 2019 and the Nigeria Family Planning Blueprint 2020 - 2024
ix) Nigeria Humanitarian Response Strategy 2019-2021
x) National Gender Policy 2016 (2014-2019) and National Gender Policy 2020 (2020-2024
xi) National Youth Policy 2014-2018 and the revised National Youth Policy 2019 – 2023: Enhancing Youth Development and Participation in the context of Sustainable Development
xii) National Policy on Education 2016

It also builds on national development needs and priorities articulated in the United Nations Common Country Analysis/Assessment (CCA) 2017 and the United Nations Sustainable Development Partnership Framework (2018-2022).

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated every two programme cycles, "unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred"[2]. The last evaluation of the Nigeria country programme was that of the 6th CP conducted in July 2012 (see key documents in section 14). However, a Mid-Term Evaluation was conducted on the 7th CP in March 2016. This country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 8th CP (2018-2022) in Nigeria and offer an analysis of various facilitating and constraining factors

[1] UNFPA Strategic Plan 2018-2021, p. 3. Document is available at: https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_.2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf.

[2] UNFPA Evaluation Policy 2019, p. 20. Document is available at https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019

influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The 8th country programme evaluation (CPE) will be implemented in line with the Handbook on How to Design and Conduct Country Programme Evaluations at UNFPA (UNFPA Evaluation Handbook)[3]. The handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers a step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the evaluation manager perform during the different evaluation phases.

The main audience and primary intended users of the evaluation are: i) the UNFPA Nigeria Country Office (CO), ii) Government of Nigeria, iii) the United Nations Country Team (UNCT) in Nigeria, iv) the UNFPA West and Central Africa Regional Office (WCARO), v) UNFPA Headquarter divisions including the UNFPA Executive Board, and vi) donors operating in Nigeria. The evaluation results will also benefit and interest to a wider group of stakeholders including: i) implementing partners of UNFPA Nigeria Country Office, ii) academia, iii) local civil society organisations and international non-governmental organisations (NGOs), iv) as well as other development partners (such as other UN agencies) in Nigeria, and v) beneficiaries of UNFPA support and the organizations that represent them (in particular, women, adolescents, and youth). The evaluation results will be disseminated to these audiences as appropriate, using traditional and new channels of communication and technology (see methodology in section 6.2).

The evaluation will be managed by the Evaluation Manager within the UNFPA Nigeria CO (M&E Specialist), with guidance and support from the Regional Monitoring and Evaluation (M&E) Adviser at the WCARO, and in consultation with the Evaluation Reference Group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference.

2. Country context

The Federal Republic of Nigeria is located in the Gulf of Guinea of West Africa with a total land area of 923,768 square kilometres. It is surrounded by Niger in the North, Chad in the Northeast, Cameroon in the East, Benin in the West and the Atlantic Ocean in South[4]. The major ethnic groups are Hausa-Fulani, Yoruba and Igbo. According to the 2006 census, Nigeria has a total population of 140.4 million people, with an annual average inter-censal growth rate of 3.2 percent[5]. With sex ratio of 103.3; 50.8 percent were males and 49.2 percent were females. Specifically, 62 percent were children, adolescents and youths aged 0-24 years, comprising 31.5 percent males and 30.5 percent females. The Nigerian population is a youthful one with the median age at 17.6 years, children aged under-15 years constitute 45% and young people (10-24 years) make up 33%. Nigeria's youthful population is both a challenge and an opportunity.

With an annual population growth rate of 3.2 per cent, Nigeria's population is projected at over 221.4 million[6]. Hence, Nigeria is the most populous country in Africa and 7th in the world, and with an annual growth rate of 2.3%, Nigeria is expected to overtake the USA as the third most populous country in 2050[7]. The population size, population growth rate, and youthfulness have posed challenges to the Government of Nigeria for the provision of social services (health and education), due to limited human and financial resources. Youth unemployment rate in Nigeria has been estimated on the rise since 1999 at 9.6 percent to almost 14.2 percent in 2020[8]. However, the youthful population also provide an opportunity for Nigeria to harness the demographic dividend.

[3] Document available at: https://www.unfpa.org/EvaluationHandbook

[4] Nigeria: https://en.wikipedia.org/wiki/Nigeria

[5] Federal Republic of Nigeria (2009) Official Gazette of the 2006 National Population and Housing Census

[6] National Population Commision (2011), 2006 Final Population Figures and Projected Population of Nigeria from 2007-2020, Abuja, October 25

[7] United Nations World Population Prospect 2017

[8] International Labour Organisation (ILO) 2020

About 41.7% of the population lives in rural areas. Life expectancy, which declined between 1985 from 45.1 years to 45.84 years in 1994, has been on the upward rebound from 45.85 years in 1995 to 51.7 years in 2012 to 55 years in 2019 according to the World Health Organization latest published data[9].

With per capita Gross Domestic Product (GDP) of less than US$2,149 in 2020, Nigeria is one of the poorest countries in the world, and it ranks 161st out of 199 countries in the Human Development Index (HDI)[10]. Economic growth in the past few years has been low, evidenced by a considerable decline in the GDP growth rate from 2.6% in 2015 to 1.7% in 2021[11], during which the country experienced two depressions at -1.6% in 2016 and -4.3 in 2020[12]. The economy is not creating enough jobs to absorb the burgeoning youth population, which takes up nearly 60% of the 221.4 million people in Nigeria[13].

Poverty, both in terms of income poverty and multi-dimensional poverty is widespread in Nigeria. Approximately 40.1% of the population in Nigeria or 82.9 million Nigerians excluding number from Borno State live on less than USD1.9 per day[14]. The poverty varies between rural and urban areas and among the 36 states and the FCT. About half (52.1%) of rural population and 18% of urban population are poor. 87.8% of people living in Sokoto and Taraba States live in multidimensional poverty as opposed to 4.5% and 6.0% in Lagos and Delta States, respectively.

In Nigeria, the maternal mortality ratio is still high at 512 per 100,000 live births[15], down from 576 per 100,000 live births[16] in 2013, which is a 2.3 percent annual reduction rate. The prevalence of obstetric fistula in Nigeria was found to be 0.4%, suggesting there are approximately 150,000 women of reproductive age currently living with, or who have previously had, obstetric fistula[17]. The percentage of births attended by skilled health personnel has increased during decade from 39 percent in 2008 to 43 percent in 2018. Similarly, antenatal care (ANC) by skilled healthcare providers increased from 58 percent in 2008 to 67 percent in 2018. Delivery in health facility improved from 35 percent in 2008 to 39 percent in 2018 while 57 percent of women make four or more ANC visits in 2018 compared 45 percent in 2008. Further, in Nigeria, 19 percent of teenage girls aged 15-19 years have begun childbearing, 14 percent have given birth and 4 percent are pregnant with their first child. Rural teenage girls are three times more likely to have begun childbearing (at 27 percent) than urban teenage girls at 8 percent. However, the proportion of adolescent girls who have given birth or are pregnant with their first child has decreased since 1990 from 28 percent to 19 percent[18].

The country has a 12 percent modern contraceptive prevalence rate for all women and a 19 percent unmet need for family planning[19]. Health system performance reveals inequitable distribution of skilled human resources, gap between 4+ ANC visits at 57 percent and low health facility delivery at 39 percent, weak capacities for emergency obstetric care and inefficient supply-chain management with frequent stock-outs of reproductive health commodities. The commitment of the Government to allocate budget for family planning commodities has not been realized over the years. 19 percent of women begun sexual activity before age 15 while 57 begun sexual activity before age 18. The median age at first sexual intercourse for women aged 25-49 years is 17.2 years compared to 21.7 years among men age 30-59. Pre-marital sexual intercourse among young people was high at 73.4 percent for female and 81.3 percent

[9] https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ZW

[10] UNDP, 2020 http://hdr.undp.org/en/countries/profiles/NGA

[11] World Bank, 2020 https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=NG

[12] Plecher, H. (2020), Gross domestic product (GDP) growth rate in Nigeria 2025

[13] National Population Commission (2011), 2006 Final Population Figures and Projected Population of Nigeria from 2007-2020, Abuja, October 25

[14] National Bureau of Statistics (2019) Poverty and Inequality in Nigeria,

[15] 2018 Nigeria Demographic and Health Survey (NDHS)

[16] 2013 Nigeria Demographic and Health Survey

[17] 2008 NDHS

[18] 2018 NDHS

[19] 2018 Nigeria Demographic and Health Survey

for male[20]. The proportion of secondary schools implementing Family Life and HIV Education (FLHE)[21] among the 35 states varied from 13.5 percent in Adamawa to 100 percent in Anambra, Jigawa, Kebbi, Sokoto and Lagos states[22].

The national HIV prevalence rate is 1.4 per cent among adults aged 15–49 years[23] with significant age, sex and geographical variations. More than 1.9 million people are estimated to live with HIV in Nigeria[24]. According UNAIDS[25], women are disproportionally affected by HIV in Nigeria: of the 1,600,000 adults living with HIV, 9,400,000 (58.8%) were women. HIV prevalence among females is significantly higher at an estimated 1.9 per cent, with male prevalence estimated at 0.9 per cent. The distribution of HIV burden across age groups indicates children aged 0-14 yeas account for 12 per cent of persons living with HIV while 75 per cent are between 15 and 49 years. Also, adolescents aged 10-19 years, account for eight per cent of people living with HIV. New HIV infections among young women aged 15–24 years were slightly less than double those among young men: 39,000 new infections among young women, compared to 20,000 among young men. Insufficient implementation of the National Youth Policy[26], limited access to integrated HIV-prevention services and localized cultural practices, such as initiation rites, continue to expose adolescents to sexually transmitted diseases.

Harmful and discriminatory gender and sociocultural norms limit the capabilities of women to make informed decisions on sexual reproductive health and inhibits their access to family planning and contraceptives. About one-third of Nigerian girls and young women (31 percent) had been victims of physical violence before age 15[27], and the prevalence of FGM among women aged 15-49 as well as girls aged 0-14 years are 20 percent and 19 percent, respectively. Forty-three percent of women are married by age 18 while the percentage of women aged 15-19 married before age 15 years was 8 percent[28]. Consequently, many adolescent girls start rearing children before they reached 18 years of age. This high rate of child marriage and early pregnancy is one of the main causes of school dropouts among adolescents, but also contribute to high population growth.

In line with the federal system of government with 36 States and Federal Capital Territory and 774 Local Government Areas (LGAs), Nigeria operates decentralized Statistical System with the National Bureau of Statistics coordinating the statistical operations of the National Statistical System (NSS) in the production of official statistics for all the three tiers of Government: Federal Ministries, Departments and Agencies (MDAs), State Statistical Agencies (SSAs) and Local Government Councils (LGCs). Nigeria implements a National Strategy for Development of Statistics 2017-2021. However, there are specialised institutions to respond to specific data needs such as National Population Commission for census, demographic and health surveys and CRVS, Central Bank of Nigeria, and Research Units of Tertiary Institutions. Although this structure encourages specialisation and improves data quality; it creates weak coordination with NSOs operating autonomously and sectoral statistical systems operating vertically with non-availability of disaggregated data on SRH/GBV issues for planning at local and community levels.

Persistent inadequate disaggregated geospatial data management especially at the state and local levels have undermined the quality of national and sub-national investment decisions and the creation of an adequate and up-to-date understanding of a rapidly changing society. The availability of disaggregated data by sex and age has been a challenge due to low capacity for data generation and in-depth analysis. The last population and housing census was conducted in 2006. This census was key to capture essential and disaggregated population data and to inform the baselines of the national monitoring framework for the Millennium Development Goals; but the data was not disaggregated at the local government and community levels. Since the inception of Sustainable Development Goals,

[20] 2018 NDHS

[21] Nigeria is one of few countries that reports having translated national policies on school-based comprehensive sexuality education (CSE) into near-nationwide implementation as Family Life and HIV Education

[22] Bola I. Udegbe1, Funke Fayehun2, Uche C. Isiugo-Abanihe*2, Williams Nwagwu3, Ifeoma IsiugoAbanihe4 and Ezebunwa Nwokocha (2015), Evaluation of the Implementation of Family Life and HIV Education Programme in Nigeria, African Journal of Reproductive Health, June; 19 (2): 79

[23] National Agency for the Control of AIDS (NACA) and United Nations Programme on HIV/AIDS UNAIDS) (2019), Nigeria National HIV/AIDS Indicator and Impact Survey (NAIIS), March

[24] NAIIS (2019)

[25] UNAIDS, 2020 https://www.unaids.org/en/regionscountries/countries/nigeria

[26] Op-cit

[27] 2018 NDHS

[28] 2018 NDHS

the country has not conducted the 2020 round of population and housing census to inform the baselines of the national monitoring framework.

Since 2009, Nigeria has been confronted with insurgency in the Northeast parts of the country. The conflict/insurgency has displaced people and left them in need of urgent humanitarian assistance and protection including sexual and reproductive health and GBV services. Women and girls were particularly vulnerable to gender-based violence. The violence in the North-East has triggered kidnapping and banditry notably in North-West and North-Central Nigeria since 2015, with an increase in attacks on villages by non-state armed actors and clashes between security forces and armed groups. This has resulted in an on-going humanitarian crisis with thousands of displaced people in the Northern region of the country. The humanitarian situation has resulted in an estimated 2,118,550 people displaced[29]. About, 81 percent of these displaced populations are women and children, 55 percent are female (women and girls), of which 7 percent are nursing mothers. Also, in these areas, 63 percent of education facilities are located off-sites (or located away from IDP camps) and 12 percent of the Internally Displaced Persons (IDPs) do not have access regular medicine[30]. These data indicate the need to prioritise the health and education needs of women, adolescent girls and children.

While population displacement is ongoing as a result of the worsening security situation; an estimated 1.7 million people returned from local camps and neighboring countries. Based on the camp data, about 1.4 million are women and children, over 900,000 (55 percent) are females and women of reproductive age are estimated at 423,300 while 391,000 are adolescents out of which 273,700 are adolescent girls (10-19). About 47,813 are currently pregnant women while 119,000[31] are nursing mothers that require health care and childcare services. Furthermore, most of household heads in these IDPs camps are females. Majority of female headed households are either widowed (63.7%) or separated/divorced (12.0%)[32]. The humanitarian situation and increased insecurity has put women and girls are under threat of gender-based violence (GBV) including sexual violence, abduction, forced and child marriages, insecurity, and poor living conditions in IDP camps and informal settlements. In 2020, over 3,700 cases of GBV were reported, which was a 15% decrease from 2019[33].

Meanwhile, the first case of the COVID-19 pandemic in Nigeria was confirmed on the 27th of February 2020. As of the 6th April 2021, a total of 1,803,177 tests have been conducted, 163,388 cases have been confirmed, 153,630 cases have been discharged and 2058 deaths have been recorded in 36 states and the Federal Capital Territory. A multi-sectoral national emergency operations centre (EOC), was activated and cascaded at the sub-national levels at level 3, continues to coordinate the national and sub-national response activities. The COVID-19 pandemic has disrupted the limited services available, such as elective surgeries, schools, and others, and has increased the urgency to meet the needs of vulnerable populations. All COVID-19 related information on Nigeria can be found at the official website of the NCDC (Nigeria Centre for Disease Control)[34]. Meanwhile, the on-going COVID-19 pandemic has deepened humanitarian needs including increased in SRH/GBV response due to its impact on income and employment opportunities, with women and girls worse affected.

3. UNFPA 8th Country Programme

UNFPA and the Government of Nigeria began collaboration in 1973 to enhance sexual and reproductive health and rights (SRHR), advance gender equality, realize rights and choices for young people, and strengthen the generation and use of population data for development. The initial focus was on identifying and defining Nigeria's demographic profile through research and demographic data analysis[35]. Between 1980 and 2017, UNFPA has expended over USD $300.2 million in the implementation of seven (7) Country Programmes (CP).

[29] IOM, Displacement Tracking Matrix | DTM | Round 33 - August 2020, https://dtm.iom.int/reports/nigeria-%E2%80%94-displacement-report-33-august-2020

[30] IOM, Displacement Tracking Matrix | DTM | Round 35 - December 2020, https://displacement.iom.int/system/tdf/reports/

[31] UNFPA (2021) estimates of vulnerability using MISP Calculator

[32] WFP (2019), Emergency Food Security Assessment (EFSA) in Borno, Adamawa and Yobe States of Nigeria, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/09/WFP-Nigeria-2019-EFSA-Report---Final-Version-to-be-shared.pdf

[33] Humanitarian Response Plan Nigeria, February 2021

[34] Document available at: https://covid19.ncdc.gov.ng/

[35] Nigeria Country Programme Action Plan 2009-2012

UNFPA is currently implementing the 8th CP (2018-2022) in Nigeria in 17 of the 36 states and the federal capital territory (FCT) with state-specific interventions; aimed at accelerating the process harnessing the Demographic Dividend for sustainable development. It is based on lessons learned from the previous programme, notably the seventh country programme (2014-2017), as well as application of human rights principles, results-based management, gender mainstreaming and culturally sensitive approaches. The 8th country 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 (UNSDPF) 2018-2022, guided by the overarching principles of the 2030 Agenda for Sustainable Development.

The 8th CP was developed using a bottom-up evidence-based consultations with stakeholders including women and girls at the state and national levels. The programme is nationally executed with the Government, in close partnership with other United Nations agencies, and other implementing partners (NGOs and CSOs). In 2021, more than 50 implementing partners are carrying out the activities to achieve the outputs and contributing to the outcomes.

In addition to the country programmes, UNFPA Nigeria has had four joint programmes during the period under evaluation, namely: i) UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation (FGM), ii) Accelerating the Prevention and Response to SGBV and Early Marriage for Adolescent Girls and Young Women in Nigeria (Spotlight initiative, 2019-2022, funded by European Union), iii) Unified Budget, Results and Accountability Framework (UBRAF) to achieving UNAIDS long term vision of zero new HIV infections, zero AIDS-related deaths, and zero discrimination by catalyzing and leveraging resources for the AIDS response; and iv) Civil Society Organizations mobilising communities through sustain Risk Communication and Community Engagement to support the Nigeria COVID-19 Response Plan. All these four joint projects have contributed to the country programme.

After the approval in 2017 of the UNFPA new global Strategic Plan 2018-2021[36], UNFPA Nigeria CO in 2018 went through an alignment check exercise with support from WCARO. This confirmed that the 8th CP was aligned with new UNFPA Strategic Plan.

The Country Programme is linked to the UNSDPF Action Plan and contributing to four out of nine UNSDPF outcomes and eight out of twenty-eight outputs. Major contributions are on the Outcome 2 - Resilience and capacity for humanitarian response, Outcome 3 – Health, nutrition and HIV and Outcome 6 -Protection and Outcome 8 - Population dynamics.

The 8th country programme set the target of a total of USD 76.0 million with (USD 26 million from Regular Resources and USD 50 million to be mobilized from Other Resources) over the 5 years from 2018-2022.

The monitoring of implementation status of planned activities is done quarterly. Additionally, four sub offices at the geo-political zones level were established to coordinate, support, and monitor the targeted interventions in the respective provinces. Several relevant baselines, evaluation and research studies were conducted during the 8th CP (see bibliography section).

UNFPA Nigeria 8th country programme (2018-2022) aims to improve sexual and reproductive health and rights of vulnerable groups; prioritise interventions to empower adolescents youth in their policies and address the broader determinants of adolescent and youth sexual and reproductive health, development and well-being; prevent and address gender-based violence with a focus on advocacy, data, health and health systems, psychosocial support, and coordination, within a continuum approach; and 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. Programme resources are targeted towards interventions at national level and in the States where key maternal health and social indicators are furthest behind. The UNFPA Nigeria CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iv) partnerships and coordination, and (v) service delivery.

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

[36] UNDAF Nigeria 2017-2020 https://www.unicef.org/about/execboard/files/Nigeria-UNDAF_2017-2020_Eng.pdf

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.

Following the escalation of conflicts and violent attacks by an armed non-state group and the resultant loss of lives, the displacement of persons and the decimation of means of livelihoods and social services (schools and health facilities) in the Northeast region of the country during the 7th CP, humanitarian intervention was mainstreamed and integrated into all the four outcome and outputs of the 8th CP. In addition, because of the outcome of the Nairobi Summit on ICPD in 2019, indicators to track the implementation of activities towards the country's commitments were integrated into the programme. Similarly, due to the outbreak of COVID-19 pandemic in March 2020 in the country, national level indicators were also integrated into the 8th CP to track progress towards its mitigation in line with the global COVID-19 strategic priorities.

The **overall goal** of the UNFPA Nigeria 8th CP (2018 - 2022) is **universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality**, as articulated in the UNFPA Strategic Plan 2018-2021. The results and resource framework (RRF) of the 8th CP clearly identified these four outcomes and six outputs with relevant indicators, baselines, targets, and resource requirements. The CP contributes to the following **outcomes** of the UNFPA Strategic Plan 2018-2021

- **Outcome 1.** *Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination, and violence*.
- **Outcome 2.** *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*
- **Outcome 3.** *Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.*
- **Outcome 4.** *Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development*.

The UNFPA Nigeria 8th CP (2018-2022) has four outcomes, which are mutually re-enforcing programme components or thematic areas, each with distinct outputs that are structured according to the four outcomes in the Strategic Plan 2018-2021 to which they contribute: i) Sexual and Reproductive Health (RH), ii) Adolescents and Youth, iii) Gender equality and women's empowerment, and iv) Population Dynamics

Outcome 1*: Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination, and violence.*

This outcome focuses on **Sexual Reproductive Health component** mainly aims at increasing demand for and access to high-quality integrated sexual reproductive and newborn health services and strengthening main health system components. This entails adequate health and financing policies, increased data generation and use, stronger community and midwifery workforce and greater commodities security, enhanced capacity of communities, government, and civil society to build resilience. It has three outputs with one each on SRH policies, SRH services, and human resource for health

Output 1.1: 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 to achieve this output 1.1 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.

Output 1.2: 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 to achieve output 1.2 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.

Output 1.3: 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.

Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

The outcome focuses **Adolescents and Youth component** to pursue two objectives: a) increasing demand for adequate access to ASRH and HIV-prevention services and b) the development of the adolescent and youth capacities to participate actively in economic, social, cultural, and political developments.

Output 2.1: 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 for output2.1. 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.

Outcome 3*: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.*

The outcome focuses on **Gender Equality and women's empowerment component** to enhance a multi-sectoral integrated assistance to women and girls affected by gender-based violence and has one output.

Output 3.1: 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.

Outcome 4*: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.*

The outcome with one output focuses **Population Dynamics component** intended to support the implementation of the 2020 round of Population and Housing Census, strengthening national capabilities to map and address inequalities,

advance achievement of the demographic dividend towards SDGs and ICPD, and inform interventions in times of humanitarian crisis.

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.

3.1 The **theory of change**

The theory of change (ToC) that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. (See Annex A for the UNFPA Nigeria 8th CP (2018-2022) ToC.

The UNFPA Nigeria 8th CP (2018-2022) is based on the following results framework presented in Table 1 below:

Table 1: Results and Resources Framework for UNFPA Nigeria 8th Country Programme (2018-2022)

Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth, and women, enabled by population dynamics, human rights, and gender equality

UNFPA Thematic Areas of Programming					
I. Universal Access to SRH		**II. Adolescents and Youth**		**III. Gender Equality and Women's Empowerment**	
Disaggregated Data (Census CRVS; SDGs ICPD; Demographic intelligence and Humanitarian Data)					
UNFPA Strategic Plan (2018-2021) Outcomes					
Outcome 1: Sexual reproductive health services: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health, and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access		**Outcome 2 Adolescents and youth:** Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health		**Outcome 3: Gender equality and women's empowerment** Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents, and youth	**Outcome 4: Population dynamics** Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV, and gender equality
UNFPA Nigeria 8th Country Programme (2018-2022) Outputs					
Output 1.1: 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	Output 1.2: Strengthened capacities in delivering quality integrated family planning, comprehensive maternal health and STIs and HIV information and services, in particular for adolescents and	Output 1.3: 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	Output 2.1: Strengthened capacities across relevant sectors to prioritize adolescents and youth in policies and address the broader determinants of their reproductive health,	Output 3.1: 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	Output 4.1: Increased capacity to generate population projections and identify sociodemographic trends and address them within policies, programmes and advocacy

behind, including in humanitarian settings	youth and in humanitarian settings		development, and well-being	a continuum approach	
UNFPA Nigeria 8th CP (2018-2022) Intervention Areas					
Output 1.1: 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.	**Output 1.2:** 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.	**Output 1.3** 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	**Output 2.1:** 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.	**Output 3.1** 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	**Output 4.1:** 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

	g) Support demand creation for service uptake.	e) Provide assistance to pre-service health training institutions to meet accreditation standards as stipulated by their respective regulation bodies.		management information system in humanitarian settings g) Support GBV coordination and referral mechanisms	demographic dividend.
UNFPA Nigeria 8th CP (2018-2022) Activities[37]					
Output 1.1: **i) Policy guidelines and reviews on COVID-19 pandemic.** **ii) High-level advocacy for the implementation of guidelines and protocols on COVID-19 pandemic**	**Output 1.2:** **i) Procurement and supply of COVID-19 commodities including contraceptives and condoms for HIV/AIDS prevention.** **ii) Strengthen capacity to deliver maternal and SRH services in COVID-19 pandemic setting.** **iii) Support for development of evidence-based approaches to improve maternal health service utilization including emergency obstetrics and newborn care services in COVID-19 pandemic setting** **iv) Support for implementation of Nairobi Summit Commitment to zero**	**Output 1.3** *i) Support the development of health workforce attraction and retention schemes, in collaboration with professional associations and regulatory bodies* **ii) Provide assistance for the review and update of national training curricula and methodologies (including gender sensitive methods), for health workers preservice training to incorporate COVID-19 pandemic** **iii) Support for implementation of Nairobi Summit Commitment to zero maternal deaths** *iv) Support to train midwifery service providers, especially*		**Output 3.1** **i) Partnerships to develop gender responsive integrated programmes for women and girls in development settings.** **ii) Psychosocial counselling for traumatized populations, especially women and girls, in development settings** **iii) Support evidence-based data gathering through a GBV management information system (GBVIMS) in development settings** **iv) iii) Support landscape analysis of GBV and harmful practices** **v) Support GBV coordination and referral mechanisms**	**Output 4.1:** **i) Support the roll-out of GRID3 project to generate, disseminate and use of disaggregated geo-spatial data at the national and sub-national levels** *ii) Recruit CTA to support 2020 population and housing census* *iii) Organise Donor Forum to mobilization resources for the 2020 population and housing census* *iv) Data Quality Assurance Activities in support of 2020 population and housing census* *v) Support analysis, report writing and dissemination of*

[37] Note: "UNFPA Nigeria 8th CP (2018-2022) Activities" boxes: **In bold**: Activities that were not initially planned, yet were implemented; in italics: Activities that were initially planned but were not implemented.

	unmet need for family planning	*midwives on minimum initial service package (MISP)* *v) Support to provide midwifery pre-service training that incorporates the Universal Rights of Childbearing*		**in development settings.** **vi) Support for implementation of Nairobi Summit Commitment to zero GBV and harmful practices**	*20202 population and housing census*

4. Evaluation purpose, objectives, and scope

4.1 Purpose

The CPE will serve the following three main purposes outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

4.2 Objectives

The **specific purpose** of this CPE is:

i. To provide the UNFPA CO in Nigeria, national stakeholders, the UNFPA WCARO, UNFPA Headquarters as well as a wider audience including the Government of Nigeria, implementing partners (NGOs and CSOs) and beneficiaries of UNFPA programmes with an independent assessment of the UNFPA Nigeria 8th CP (2018 – 2022).

ii. To inform and broaden the evidence base for the design of the next programme cycle (9th CP (2023-2027).

The **objectives** of this CPE are:

- Provide an independent assessment of the relevance, effectiveness, efficiency, sustainability, and coordination of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme.
- Provide an assessment of the geographic and demographic coverage of UNFPA humanitarian action and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the UNCT and HCT (Humanitarian Country Team) with a view to enhancing the United Nations collective contribution to national development results and long-term recovery
- Draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3 Scope

Geographical Scope

The evaluation will cover the following six geo-political zones of the country: North Central, Northeast, North-West, South-East, South-South, and South-West; and 18 States of the federation and the Federal Capital Territory where UNFPA implemented interventions:

i) North Central Zone: Benue State and FCT,
ii) Northeast Zone: Adamawa, Borno, Gombe and Yobe States,
iii) North-West Zone: Kaduna and Sokoto States since assistance to Kebbi State is yet to commence,
iv) South-East Zone: Abia, Ebonyi, and Imo States,
v) South-South Zone: Akwa-Ibom and Cross River States, and
vi) South-West Zone: Lagos, Ogun, Ondo, Osun, and Oyo States.

The evaluation will also cover all the Country Office located in Abuja and responsible for FCT, federal level and non-governmental organisations implementing partners, and the four sub-offices, namely: 1) Cross River Sub-Office located in Calabar responsible for Abia, Akwa-Ibom, Benue, Cross Rivers, Ebonyi, and Imo States, 2) Kaduna Sub-Office located in Kaduna, and responsible for Gombe, Kaduna, Kebbi, and Sokoto States; 3) Lagos Sub-Office located in Lagos and responsible for Lagos, Ogun, and Ondo States, and 4) Borno Sub-Office located in Maiduguri and responsible for Adamawa, Borno and Yobe States. Figure 1 below presents the map of Nigeria showing the UNFPA assisted States in the 8th CP (2018-2022).

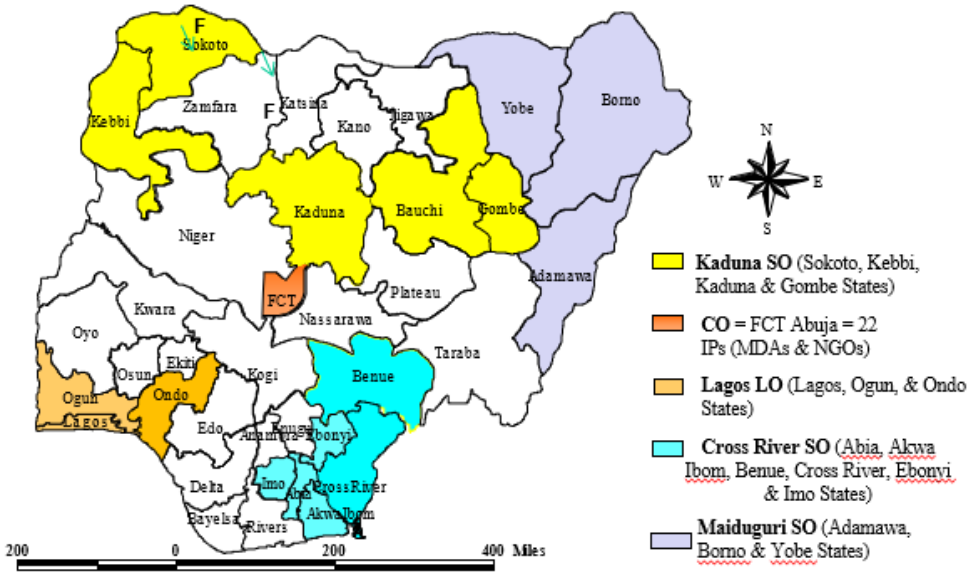


FIGURE 1: MAP OF NIGERIA SHOWING CURRENT UNFPA ASSISTED STATES BY OFFICE

Thematic Scope
The evaluation will cover the following thematic areas of the UNFPA Nigeria 8th CP (2018-2022): Sexual and Reproductive Health Services (Family Planning, Maternal Health, HIV Prevention, and treatment, and ASRH); Adolescents and Youth; Gender Equality and Women's Empowerment; and Population Dynamics (Census/Surveys/CRVS, SDGs/ICPD, Demographic Intelligence and Humanitarian Data).

In addition, the evaluation will cover cross-cutting issues, such as human rights, gender equality, disability, internal displacement and migration, and humanitarian action); as well as transversal functions, such as coordination, monitoring and evaluation (M&E), innovation, resource mobilisation, and strategic partnerships). A "deep dive" will be conducted to analyze UNFPA's response to the humanitarian crisis (insurgency and outbreak of COVID-19 pandemic) during the 8th CP period (2018-2022), and its nexus with peace and development programmes including the extent to which SRH/FP services were maintained. The 8th CPE inception report must detail how this "deep dive" is going to be conducted, ensuring that data collection from the States most affected by successive humanitarian crisis (Northeast region or Borno, Adamawa and Yobe (BAY) States) is included in the plan, and suggesting an analysis framework.

Temporal Scope
The evaluation will cover interventions planned and/or implemented within the time period of the current 8th CP: 2018 – 2021, encompassing the period of data collection for the present evaluation

5. Evaluation criteria and preliminary evaluation questions

5.1 Evaluation criteria

The 8th CPE will cover two main levels of analysis: (i) programmatic analysis and (ii) strategic positioning analysis. At each level, evaluation criteria are assigned to guide the analysis in relation to the different aspects and from a variety of angles of view.

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency

and sustainability.[38] It will also use the evaluation criterion of coordination to assess the extent to which the UNFPA Nigeria CO harmonized interventions with other actors, promoted synergy and avoided duplication under the framework of the UNCT as well as the HCT (since the country was affected by humanitarian emergencies (insurgency and COVID-19 pandemics) during the period of the CP cycle (2018-2022) under evaluation).

Further, the 8th CPE will use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach, and ii) to work across the humanitarian-peace-development nexus and contribute to building resilience.

Relevance	The extent to which the objectives of the UNFPA Nigeria country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.
Effectiveness	The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
Efficiency	The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).
Sustainability	The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.
Coordination	The extent to which UNFPA has been an active member of and contributor to existing coordination mechanisms of the UNCT. This also includes UNFPA membership of, and contributions to humanitarian coordination mechanisms of the HCT: i) Internally Displaced Persons due to Insurgency in Northeast Nigeria (BAY States) and ii) response to the COVID-19 pandemic.
Coverage	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.
Connectedness	The extent to which activities of a short-term support to IDPs in the BAY States are carried out in a context that takes longer-term and interconnected to the humanitarian-peace-development nexus into account. This also include the extent the 8th CP (2018-2022) was responsive in mitigating the COVID-19 pandemic.

5.2 Preliminary Evaluation Questions

The country programme evaluation is expected to provide answers to a number of evaluation questions, which are derived from the above criteria. The evaluation questions will delineate the thematic scope of the CPE and are meant to formulate key areas of inquiry that are of interest to various stakeholders, thereby optimizing the focus and utility of the CPE.

The evaluation questions presented below are indicative and the evaluators are expected to develop a final set of evaluation questions based on these preliminary questions, in consultation with the Evaluation Manager at the UNFPA Nigeria CO and the Evaluation Reference Group (ERG).

Relevance

1. To what extent is the Nigeria country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv)

[38] The full set of OECD/DAC evaluation criteria, their adapted definitions and principles of use are available at: https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf.

priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs, v) the New Way of Working[39] and the Grand Bargain[40]?

2. To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?

Effectiveness

3. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies, and programmes?
4. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion[41] in the design, implementation and monitoring of the country programme?

Efficiency

5. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the county programme?

Sustainability

6. To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

Coordination

7. To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the HCT?

Coverage

8. To what extent have UNFPA Nigeria humanitarian interventions to address the insurgency and IDP situation in the BAY States systematically reached all geographic areas in which affected populations (women, adolescents, and youth) reside?
9. To what extent have the 8th CP responded to UNFPA Nigeria COVID-19 pandemic interventions and systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; etc.)

Connectedness

10. To what extent has the UNFPA humanitarian response considered longer-term development goals articulated in the results framework of the country programme?
11. To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crisis?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Methodology and approach

6.1. Evaluation Approach

[39] For more information, please see: https://www.agendaforhumanity.org/sites/default/files/20170228%20NWoW%2013%20high%20res.pdf.

[40] For more information, please see: https://interagencystandingcommittee.org/grand-bargain.

[41] See Guidance on disability inclusion in UNFPA evaluations

Theory-based approach
The CPE will adopt a theory-based approach that relies on an explicit theory of change (Annex A), which depicts how the interventions supported by the UNFPA CO in Nigeria are expected to contribute to a series of results that lead to the overall goal of UNFPA. The theory of change also identifies the causal mechanisms, risks and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Nigeria 8th CP (2018-2022) and use this theory of change (see Annex A) to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient, and sustainable the support provided by the UNFPA Nigeria CO was during the period of the 8th CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Nigeria 8th CP (2018-2022) made.

Participatory approach
The CPE will be based on an inclusive, transparent, and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Nigeria country office will provide a stakeholders' map to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic areas in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents, and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the 8th CP (2018-2022). Particular attention will be paid to ensuring participation of women, adolescent girls, and young people, especially those from vulnerable and marginalized communities.

The Evaluation Manager in the UNFPA Nigeria CO has established an ERG comprised of key stakeholders of the CP including Government, non-governmental counterparts at national level, including organisations representing persons with disabilities, and the UNFPA WCARO M&E Adviser (see Handbook, section 2.3; Pp. 37-38. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach
The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations through field visits, as appropriate and feasible within the constraints imposed by the COVID-19 pandemic context and the prevailing security situation/environment. The qualitative data will be complemented with quantitative data to triangulate findings. Quantitative data will be compiled through desk review of documents, websites, and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human rights principles throughout the evaluation process, including, to the extent possible, participation and consultation of key stakeholders (rights-holders and duty-bearers); and (iii) provides credible information about the benefits for duty-bearers and rights-holders (women, and adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. The handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA Nigeria CO, the evaluators will acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA.

The CPE will be conducted in accordance with the *UNEG Norms and Standards for Evaluation*[42], *Ethical Guidelines for Evaluation*[43], *Code of Conduct for Evaluation in the UN System*[44], *Guidance on Integrating Human Rights and Gender Equality in Evaluations*[45], and *Adapting evaluations to the COVID-19 pandemic*[46] *as well as Adapting evaluation questions to the COVID-19 pandemic*[47]. When contracted by the UNFPA CO Nigeria, the evaluators will be requested to sign the *UNEG Code of Conduct* prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Nigeria. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (iv) a specific section on the limitations and mitigation measures to implement the evaluation in the context of COVID-19 (v) and a detailed work plan and agenda for the field phase.

The evaluation team is strongly encouraged to refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

The evaluation matrix

The evaluation matrix is centerpiece to the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 as well as the evaluation matrix template in Annex C). The matrix contains the core elements of the evaluation. It outlines: (i) what will be evaluated (evaluation questions for all evaluation criteria and key assumptions to be examined as part of the evaluation questions), and (ii) how it will be evaluated (data collection methods, sources of information and analysis methods for each evaluation question and associated key assumptions). By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. During the field phase, the evaluation matrix serves as a reference document to ensure that data is systematically collected (for each evaluation question) and is presented in an organized manner. At the end of the field phase, the matrix is useful to ensure that sufficient evidence has been collected to answer all evaluation questions or, on the contrary, to identify gaps that require additional data collection. In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to support their analysis (or findings) for each evaluation question.

As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require particular attention from both the evaluation team and the evaluation manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes to the final evaluation report, to enable users to access the supporting evidence for the answers to the evaluation questions.

Finalization of the evaluation questions and assumptions

Based on the preliminary evaluation questions presented in the present terms of reference (section 5.2 and the theory of change underlying the CP (see Annex A), the evaluators are required to finalize the set of questions that will guide

[42] Document available at: http://www.unevaluation.org/document/detail/1914

[43] Document available at: http://www.unevaluation.org/document/detail/102

[44] Document available at: http://www.unevaluation.org/document/detail/100

[45] Document available at: http://www.unevaluation.org/document/detail/980

[46] Document available at: https://www.unfpa.org/sites/default/files/admin-resource/FINAL_Covid19_and_Eval.pdf

[47] Document available at: https://www.unfpa.org/sites/default/files/admin-resource/Adapting_evaluation_questions_to_COVID-19_final.pdf

the evaluation. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define key areas of inquiry (highlighted in the preliminary evaluation questions) of the CPE. The evaluation questions should also draw from the theory of change underlying the CP. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur based on the theory of change of the CP. This will allow evaluators to assess whether the preconditions for contribution to results at output and, in particular, outcome levels are met. The data collection for each of the evaluation questions and assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Nigeria CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place (see figure 1 on p.23), and the stakeholders involved in these interventions. As part of this process, UNFPA Nigeria will produce an initial stakeholder map to identify the whole range of stakeholders that are directly or indirectly involved in the implementation or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through desk review and discussions with the UNFPA Nigeria CO staff, the evaluators will refine the initial stakeholders map and develop a final comprehensive stakeholders' map. From this final stakeholders' map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders, see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection and provide the rationale for the selection of the sites in the design report. The UNFPA Nigeria CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context. However, the current situation of the COVID-19 pandemic makes it difficult to predict restrictions of movement and other limitations during the evaluation period. Thus, although the evaluation team shall also select a sample of sites for data collection, in-person meetings or missions are likely to be impracticable, and other virtual means of data collection would need to be identified. Additional considerations are provided in the next section. The sample of sites selected should reflect the variety of interventions supported by UNFPA in terms of thematic focus of programming and context.

As the evaluation aims to conduct a "deep dive" into the humanitarian-peace-development nexus during the implementation of the UNFPA 8th CP, the BAY States will need to be included in the sampling and should be weighted accordingly.

The final sample of stakeholders to be consulted and sites to be assessed will be determined in consultation with the Evaluation Manager based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and beneficiaries (women and adolescents and youth), and direct observation when possible. Due to the travel and movement restrictions in the context of the COVID-19 response, most interviews and FGDs will be conducted remotely using virtual means (i.e., using Zoom). See section 14 (bibliography) for further reference.

Secondary data will be collected through desk review, primarily focusing on annual and mid-year reviews of the CP, progress reports and monitoring data, evaluations and research studies (incl. previous CPEs, assessments of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations etc.), housing census and population data, and records and data repositories of the UNFPA Nigeria CO and its implementing partners, such as health clinics/centres. Particular attention will be paid to compiling data on key performance indicators of the UNFPA Nigeria 8th country programme (2018-2022).

The evaluation team will ensure that data collected is disaggregated by sex, age, location, and other relevant dimensions (e.g., disability status) to the extent possible, ensuring that equity, human rights, and gender dimensions are analyzed.

The evaluation team is expected to dedicate a total of 14 days or **2 weeks** (see Timeframe in Section 10 and the evaluation work plan in Annex C) for data collection in the field, either remotely or through field missions, according to the COVID-19 situation. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, a checklist for direct observation at sites visited or a protocol for document review, shall be presented in the design report.

Data analysis

The evaluation matrix will be the major framework for analyzing data. The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and each assumption. Once all data will have been entered into the evaluation matrix for each evaluation question and the evaluation matrix completed, the evaluators should identify common themes, patterns, and relationships in the data, as well as areas that should be further explored to answer the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see UNFPA Evaluation Handbook, sections 5.1 and 5.2, pp. 115-117, for detailed guidance).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77). These mechanisms include (but are not limited to):

- Systematic triangulation of data sources and data collection methods
- Regular exchange with the Evaluation Manager at the CO.
- Internal evaluation team meetings to share and discuss hypotheses, preliminary findings and conclusions and their supporting evidence; and
- The debriefing meeting with the CO and the ERG at the end of the field phase where the evaluation team present the preliminary findings and their supporting evidence.

Additional validation mechanisms may be established, as appropriate. Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of data and verify the robustness of findings at each stage in the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.). The validation mechanisms will be presented in the design report.

Adaptation of the methodology to COVID19

The Coronavirus pandemic was designated a "public health emergency of international concern" on 30 January 2020 by the World Health Organization (WHO). It was later declared a pandemic under its official name - 'COVID-19' – on 11th March 2020. As of 15th March 2021[48], the Government of Nigeria has confirmed 161,074 positive cases of COVID-19 in the country, 2,018 deaths, 146,072 recovered cases, and 12,984 active cases. More than 1,684,305 people have been tested. Most cases are due to local transmission. The Government of Nigeria recognizes clusters of COVID-19 transmission in all states and the FCT. The pandemic continues to spike across the country, with confirmed cases in all states of the federation and FCT and most 774 LGAs. The multi-sectoral national emergency operations centre (EOC), activated at Level 3, continues to coordinate the national response activities.

[48] https://experience.arcgis.com/experience/28d6725c51e545af8583f91c5494c624

Based on the scenario described above, it is likely that travel bans, total or partial lockdowns and restriction of movements, limitation of gatherings and other pandemic control measures will continue to be in place in the coming months, including the period of implementation of this evaluation. Thus, the methodology of the evaluation must be adapted to the context.

The inception report will have to include a section detailing those adaptations, including a description on how a remote document review will be conducted, as well as remote interviews and group discussions when necessary. The UNFPA Evaluation Office principles on adapting evaluations to the COVID-19 pandemic[49] and 'guidance on adapting evaluation questions to the COVID-19 pandemic' should be followed[50]. Additional resources on adapting the evaluation methodology during the COVID-19 pandemic can be found at bettervealuation.org (see bibliography, section 14). The inception report will also include a mitigation plan of COVID-19-related risks, and a clear analysis of pros and cons of the methodological approach selected based on feasibility and risks associated to COVID-19. It is expected that a realistic, flexible approach is chosen, combining remote approaches, and limited, targeted field missions when feasible. The evaluation team leader will assign tasks and deliverables to each team member of the evaluation based on these principles, and in consultation with the evaluation manager.

Engagement with the UNSDPF evaluation
The UN Development Group (UNDG) requires all UN country offices to undertake an evaluation of their Programme of Cooperation (UNSDPFs) in the penultimate year of the programming cycle. In Nigeria, the UNSDPF evaluation will be conducted between April and August 2021[51]. Additionally, other Agencies (UNDP, UNICEF, UNWOMEN, WHO and UNAIDS) with in-country presence in Nigeria will conduct their own CPE during the same or similar periods.

The main aim of the UNSDPF evaluation is to assess the progress on the implementation of the UNSDPF, the relevance of the framework to the current national context and global commitments of the country, the effectiveness of the UNSDPF management and the coordination mechanisms to support the achievement of national priorities and review the status of UNSDPF budget[52].

In this context, the evaluation manager will; a) map on-going evaluations by other UN agencies, b) engage other UN evaluation mangers and make a case for the timeliness and coordination, and c) provide all necessary support to their respective evaluation teams to work together/exchange info in the most optimal manner. Potential areas of synergies may include joint data collection exercises (e.g., at the sites affected by humanitarian crisis), sharing data among evaluation teams, and even joint selection of consultants in agreement of UNFPA and other UN agencies.

7. Evaluation process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; data collection phase; reporting phase; and facilitation of use and dissemination phase. The evaluation manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process throughout all phases, with a view to ensuring the production of a credible, useful, and timely evaluation.

7.1. *Preparatory Phase* *(Handbook, Pp.35-40)*
At the *preparatory phase*, the Evaluation Manager at the UNFPA Nigeria CO will lead the preparatory phase of the CPE, which will be implemented as follows:

- Establishment of the ERG.

[49] https://www.unfpa.org/sites/default/files/admin-resource/FINAL_Covid19_and_Eval.pdf
[50] Guidance note from the EO website: https://www.unfpa.org/updates/new-adapting-evaluation-questions-covid-19-pandemic
[51] Concept Note for the Evaluation of the Nigeria United Nations Sustainable Development Partnership Framework (UNSDPF) 2018-2022
[52] Concept Note for the Evaluation of the Nigeria United Nations Sustainable Development Partnership Framework (UNSDPF) 2018-2022

- Drafting the terms of reference (ToR) for the CPE with support from the WCA regional M&E Adviser in UNFPA and in consultation with the ERG, and submission of the draft ToR (without annexes) to the UNFPA Evaluation Office for review and approval.
- Making contacts and holding meetings with colleagues in other UN agencies and check the scope of the UNFPA CPE against the scope of their evaluations. This is to ensure that there are synergies between the on-going evaluation exercises and teams
- Publication of the call for the evaluation consultancy.
- Completion of the annexes to the ToR with support from the regional M&E adviser in UNFPA WCARO and CO staff, and submission of the draft annexes to the UNFPA Evaluation Office for review and approval.
- Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.
- Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase.
- Preparation of a first stakeholders map and list of Atlas projects.
- Development of a communication plan by the Evaluation Manager in consultation with the communications officer at the UNFPA Nigeria CO to support dissemination and facilitate the use of evaluation results. This plan should be updated as the evaluation process evolves, so it is ready for immediate implementation when the final evaluation report is issued.

7.2. Design Phase *(Handbook Pp. 43-83)*

In the design phase, the evaluation manager will lay the foundation for communications around the CPE. All other activities will be carried out by the evaluation team, in close consultation with the evaluation manager and the ERG. This phase includes:

- Evaluation kick-off meeting between the evaluation manager and the evaluation team, with the participation of the WCA Regional M&E Adviser.
- Development of an initial communication plan (see Template 16 in the Handbook, p. 279) by the evaluation manager, in consultation with the communication officer in the UNFPA Nigeria CO to support the dissemination and facilitation of use of the evaluation results. The initial communication plan will be updated during each phase of the evaluation, as appropriate, and finalized for implementation during the dissemination and facilitation of use phase.
- Desk review of background information and documentation on the country context and CP, as well as other relevant documentation.
- Review and refinement of the theory of change underlying the CP (see Annex A).
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a final stakeholder map and a sampling strategy to select sites to be visited and stakeholders to be consulted in Nigeria through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete and feasible evaluation work plan and agenda for the field phase (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, related assumptions, indicators, data collection methods and sources of information).

At the end of the design phase, the evaluation team will develop a **design report** that presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the evaluation manager and the ERG and submit it to the regional M&E adviser in UNFPA WCA Regional Office for review. The template for the design report is provided in Annex E.

7.3. Field Phase *(Handbook, Pp.87-111)*

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of two (2) weeks for data collection is planned for this evaluation. However, the evaluation manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Meeting with the UNFPA Nigeria CO staff to launch the data collection.
- Meeting of the evaluation team with relevant programme officers at the UNFPA Nigeria CO.
- Data collection at national and sub-national levels.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the emerging findings from the data collection. The meeting will serve as a mechanism for the validation of collected data and information and the exchange of views between the evaluators and important stakeholders and will enable the evaluation team to refine the findings, formulate conclusions and develop credible and relevant recommendations.

7.4. Reporting Phase *(Handbook, Pp. 115-121**)***

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, taking into account the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.

Prior to the submission of the draft report to the evaluation manager, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (see Annex F). The evaluation manager and the regional M&E adviser in UNFPA WCA Regional Office will subsequently review the draft evaluation report, using the criteria defined in the EQA grid. If the quality of the report is satisfactory (in form and substance), the draft report will be circulated to the ERG members for review. If the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a second draft.

The evaluation manager will collect and consolidate the written comments and feedback provided by the members of the ERG. Based on the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report,** and submit it to the evaluation manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall refer to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the evaluation manager in the UNFPA Nigeria CO.

At the end of the reporting phase, the evaluation manager and the WCA Regional M&E adviser will jointly prepare an internal EQA of the final evaluation report, while the Evaluation Office will conduct an independent EQA which will be made publicly available.

*7.5. F**acilitation of use and dissemination phase** (Handbook, Pp. 131-133)*

In the dissemination and facilitation of use phase, the evaluation team will develop a **PowerPoint presentation of the evaluation results** that summarizes the key findings, conclusions, and recommendations of the evaluation in an easily understandable and user-friendly way.

The evaluation manager will finalize the **communication plan** together with the communication officer in the UNFPA Nigeria CO. Overall, the communication plan should include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences' knowledge needs; (iii) dissemination channels and platforms; and (iv) timelines. At a minimum, the final evaluation report will be accompanied by a PowerPoint presentation of the evaluation results (prepared by the evaluation team) and an evaluation brief (prepared by the evaluation manager).

Based on the final communication plan, the evaluation manager will share the evaluation results with the CO staff (incl. senior management), implementing partners, UNFPA WCA Regional Office, the ERG and other target audiences, as identified in the communication plan. While circulating the final evaluation report to relevant units in the CO, the evaluation manager will also ensure that these units prepare their response to recommendations that concern them directly. The evaluation manager will subsequently consolidate all responses in a final **management**

response document. In a last step, The UNFPA Nigeria CO will submit the management response to the UNFPA Policy and Strategy Division in HQ.

The evaluation manager, in collaboration with the communication officer in the UNFPA Nigeria CO, will also develop an **evaluation brief**. This concise note will present the key results of the CPE, thereby making them more accessible to a larger audience (see sections 8 and 10 below).

The final evaluation report, along with the management response and the independent EQA of the final report will be included in the UNFPA evaluation database.[53] The final evaluation report will also be circulated to the UNFPA Executive Board. Finally, the final evaluation report, the evaluation brief and the management response will be published on the UNFPA Nigeria CO website.

8. Expected deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (ii) the final stakeholder map; (iii) the evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods); (iv) data collection tools and techniques (incl. interview and group discussion protocols); (v) a detailed evaluation work plan and agenda for the field phase, vi) outline of limitations and adaptations to the COVID-19 context. For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and ERG.** The presentation provides an overview of key preliminary findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Nigeria CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present findings, conclusions, and recommendations, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG and the WCA regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.
- **Final evaluation report.** The final evaluation report *(maximum 70 pages, excluding annexes)* will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G.
- **PowerPoint presentation of the evaluation results.** The presentation will provide an overview of the findings, conclusions, and recommendations to be used for dissemination purposes.

Based on these deliverables, the evaluation manager, in collaboration with the communication officer in the UNFPA Nigeria CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be like the briefs that the UNFPA Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English language.

[53] The UNFPA evaluation database can be accessed at the following link: https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa.

9. Quality assurance and assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the independent UNFPA Evaluation Office.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the independent UNFPA Evaluation Office developed (see https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation reports are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation manager is primarily responsible for quality assurance of the deliverables of the evaluation in each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQA grid (Annex F)[54] before submission to the evaluation manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

1. Structure and Clarity of the Report Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organizations, including the editorial guidelines of the UNFPA Evaluation Office (see Annex I).
2. Executive Summary Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main conclusions; and recommendations.
3. Design and Methodology Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)
4. Reliability of Data Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g., interviews and group discussions) and secondary (e.g., documents) data collected and make limitations explicit.
5. Analysis and Findings

[54] The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: https://web2.unfpa.org/public/about/oversight/evaluations/. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

Ensure sound analysis and credible, evidence-based findings. Ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause-and-effect links between an intervention and its end results (incl. unintended results) are explained.
6. Validity of Conclusions Ensure conclusions are based on credible findings and convey the evaluators' unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance, see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.
7. Usefulness and Clarity of Recommendations Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations (as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).
8. United Nations System-wide Action Plan (SWAP) Evaluation Performance Indicator – Gender Equality Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women[55] and UNEG guidance on integrating human rights and gender perspectives in evaluation.[56]

Using the grid in Annex F, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the evaluation manager in the UNFPA Nigeria CO, (iii) the regional M&E adviser in UNFPA WCARO, and (iv) the UNFPA Evaluation Office, whose roles and responsibilities are described in section 11.

10. Indicative timeframe and work-plan

The table below indicates all the activities that will be undertaken throughout the evaluation process, as well as their duration or specific dates for the submission of corresponding deliverables. It also indicates all relevant guidance (tools and templates) that can be found in the UNFPA Evaluation Handbook.

Note: Column "Deliverables": In italics: The deliverables are the responsibility of the CO/evaluation manager; **in bold:** The deliverables are the responsibility of the evaluation team.

[55] Guidance on the SWAP Evaluation Performance Indicator and its application to evaluation is available at: http://www.unevaluation.org/document/detail/1452.

[56] The *UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations* is available at http://www.uneval.org/document/detail/980.

Evaluation Phases and Activities[57]	Deliverables	Dates/Duration	Handbook/CPE Management Kit
Preparatory Phase			
Preparation of **letter for Government and other key stakeholders** to inform them about the upcoming CPE	*Letter from the UNFPA Country Representative*	02-05 August 2021 (3 Days)	
Establishment of the **evaluation reference group (ERG)**		*05-10* August *2021 (5 Days)*	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Compilation of **background information and documentation** on the country context and the CP for desk review by the evaluation team	*Creation of a Google Drive folder containing all relevant documents on country context and CP* *List of Atlas projects*	*05-10* August *2021 (5 Days)*	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 CPE Management Kit: Document Repository Checklist
Drafting the **terms of reference (ToR)** based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&E adviser and with input from the ERG)	*Draft ToR*	*01 – 26 April 2021 (20 Days)*	CPE Management Kit: Evaluation Office Ready-to-Use ToR (R2U ToR) Template
Review and approval of the ToR by the UNFPA Evaluation Office	*Final ToR*	*26 March – 30 April 2021 (21 Days)*	
Development of a first **stakeholders map**	*Stakeholders map*	*01 – 02* August *2021 (2 Days)*	
Publication of the **call for the evaluation consultancy**		*09 – 19* August *2021 (10 Days)*	CPE Management Kit: Call for Evaluation Consultancy Template
Completion of the **annexes** to the ToR (in consultation with the regional M&E adviser and with input from CO staff)	*Draft ToR annexes*	*06 – 26* August *2021 (20 Days)*	Template 4: The Stakeholders Map, p. 255 Tool 4: The Stakeholders Mapping Table, p. 166-167 Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254 Tool 3: List of UNFPA Interventions by Country Programme Output and

[57] The activities of the different evaluation phases noted in this table do not necessarily follow the presentation of activities in the UNFPA Evaluation Handbook because they are ordered chronologically and include some additional activities, based on best practices within UNFPA.

			Strategic Plan Outcome, pp. 164-165 Template 15: Work Plan, p. 278
Pre-selection of **consultants** by the CO	*Consultant pre-selections scorecard*	*23 – 27* August *2021 (5 Days)*	CPE Management Kit: Consultant Pre-selection Scorecard
Review and approval of the annexes to the ToR by the UNFPA Evaluation Office	*Final ToR annexes*	*26* August – *16 September 2021 (21 Days)*	
Pre-qualification of **consultants** by the UNFPA Evaluation Office		*23 – 27* August *2021 (5 Days)*	
Recruitment of the **evaluation team** by the CO		*30* August - *13 September 2021*	
Design Phase			
Evaluation kick-off meeting between the evaluation manager, the evaluation team, and the regional M&E adviser		*14 October 2021*	
Development of an **initial communication plan** by the evaluation manager (in consultation with the communication officer in the CO)	*Initial communication plan*	*26* August – *7 October 2021 (21 Days)*	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE
Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)		*01 – 13* October *2021 (10 Days)*	
Drafting of the design report (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)	**Draft design report**	*14 – 18 October 2021 (5 Days)*	Template 8: The Design Report for CPE, pp. 259-261 Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169 Tool 1: The Evaluation Matrix, pp. 138-160 Template 5: The Evaluation Matrix, pp. 256 Template 15: Work Plan, p. 278

			Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187 Tool 11: Checklist for Sequencing Interviews, p. 188 Template 7: Interview Logbook, p. 258 Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187 Template 6: The CPE Agenda, p. 257 Tool 6: The CPE Agenda, pp. 170-176 CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)
Review of the draft design report by the evaluation manager and the regional M&E adviser	*Consolidated feedback provided by evaluation manager to evaluation team leader*	*18 – 20 October 2021 (3 Days)*	
Presentation of the draft design report to the ERG for comments and feedback	**PowerPoint presentation of the draft design report**	*3rd November 2021 (1 Day)*	
Revision of the draft design report and circulation of the final version to the evaluation manager for **approval**	**Final design report**	*4-9 November 2021 (5 Days)*	
Update of the communication plan by the evaluation manager, in particular target audiences and timelines (based on the final stakeholder map and the evaluation work plan presented in the approved design report)	*Updated communication plan*	*6-9 November 2021 (3 Days)*	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE
Field Phase			
Inception meeting for data collection with CO staff	***Meeting between evaluation team/CO staff***	*15 November 2021 (1 Days)*	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183

Individual meetings with relevant CO programme officers	***Meeting of evaluators/CO programme officers***	*16 – 20 November 2021 (5 Days)*	
Data collection (incl. interviews with key informants, site visits for direct observation, group discussions, document review, etc.)	**Entering data/information into the evaluation matrix**	*16 November - 15 December 2021 (28 Days)*	Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202 Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205 Template 9: Note of the Results of the Focus Group, p. 262 CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)
Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection	**PowerPoint presentation for debriefing with the CO and the ERG**	*16 December 2021 (1 Day)*	
Update of the communication plan by the evaluation manager (as required)	*Updated communication plan*	*17 December 2021 (1 Day)*	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE
Reporting Phase			
Drafting of the evaluation report and circulation to the evaluation manager	**Draft evaluation report**	18 *December 2021 – 10 January* 2022 (10 Days)	Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288
Review of the draft evaluation report by the evaluation manager, the ERG and the regional M&E adviser	*Consolidated feedback provided by evaluation manager to evaluation team leader*	11 – 13 *January* 2022 (3 Days)	
Review of the draft evaluation report by the ERG	*Consolidated feedback provided by evaluation*	7 – 11 February 2022 (5 Days)	

	manager to evaluation team leader		
Drafting of the final evaluation report (incl. annexes) and circulation to the evaluation manager	**Final evaluation report (incl. annexes)**	14 – 19 January 2022 (3 Days)	
Review of the draft final evaluation report by evaluation manager, and stakeholders		11 - 15th March 2022	
Joint development of the **EQA** of the final evaluation report by the evaluation manager and the regional M&E adviser	*EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser)*	15 - 20 March 2022 (5 Days)	Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for a Human Rights and Gender Equality Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209
Circulation of the final evaluation report to the UNFPA Evaluation Office		30 April 2022	
Preparation of the independent **EQA of the final evaluation report** by the UNFPA Evaluation Office	*Independent EQA of the final evaluation report (by the UNFPA Evaluation Office)*	10 – 15 December (5 Days)	
Update of the communication plan by the evaluation manager (as required)	*Updated communication plan*	15 - 16 December 2021 (2 Days)	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE
Dissemination and Facilitation of Use Phase			
Preparation of the **management response** by the CO and submission to the Policy and Strategy Division	*Management response*	16 - 20 May 2022 (5 Days)	Template 12: Management Response, pp. 266-267
Finalization of the communication plan and preparation for its implementation by the evaluation manager, with	*Final communication plan*	16 - 20 May 2022 (5 Days)	Template 16: Communication Plan for Sharing Evaluation Results, p. 279

support from the communication officer in the CO			CPE Management Kit: Guidance on Strategic Communication for a CPE
Development of the **presentation** on the evaluation results	**PowerPoint presentation of the evaluation results**	2 - 8 May 2022 (5 Days)	Example of PowerPoint presentation (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf
Development of the **evaluation brief** by the evaluation manager, with support from the communication officer in the CO	*Evaluation brief*	9 - 13 May 2022 (5 Days)	Example of evaluation brief (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf
Announcement of CPE completion in **M&E Net Community**	*Blog post on the M&E Net Community*	16 – 20 May 2022	CPE Management Kit: Guidance on How to Blog on The CPE Process
Publication of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office		23 – 26 May 2022	
Publication of the final evaluation report, the evaluation brief and the management response on the CO website		23 – 26 May 2022	
Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager	*Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.*	23 – 26 May 2022	CPE Management Kit: Guidance on Strategic Communication for a CPE

Once the evaluation team leader has been recruited, she/he will develop a detailed work plan (see Annex I) in close consultation with the Evaluation Manager.

11. Management of the evaluation

The **evaluation manager** in the UNFPA Nigeria CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The evaluation manager will oversee the entire process of the evaluation, from the preparation to the facilitation of the use and the dissemination of the evaluation results. S/he will also coordinate the exchanges between the evaluation team and the ERG. It is the responsibility of the evaluation manager to ensure the quality, independence, and impartiality of the evaluation in line

with the UNEG norms and standards and ethical guidelines for evaluation. The evaluation manager has the following key responsibilities:

- Establish the ERG.
- Compile background information and documentation on both the country context and the UNFPA CP and file them in a Google Drive to be shared with the evaluation team upon recruitment.
- Prepare the ToR (including annexes) for the evaluation, with support from the regional M&E adviser, and submit the ToR and annexes to the Evaluation Office for review and approval.
- Make contacts and hold meetings with colleagues in other UN agencies to ensure that there are synergies and collaboration between the on-going evaluation exercises and teams
- Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch and lead the selection process for the team of evaluators in consultation with the regional M&E adviser.
- Identify potential candidates to conduct the evaluation, complete the Consultant Pre-Selection Scorecard to assess their respective qualifications, and propose a final selection of evaluators with support from the regional M&E adviser, to be submitted to the UNFPA Evaluation Office for pre-qualification.
- Share the annexes of the ToR with the final selected evaluators and hold an evaluation kick-off meeting with the evaluation team and the regional M&E adviser.
- Provide evaluators with logistical support for data collection (site visits, interviews, group discussions, etc.).
- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process; notably the design report (focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection), as well as the draft and final evaluation report.
- Coordinate feedback and comments of the ERG on the evaluation deliverables and ensure that feedback and comments of the ERG are adequately addressed.
- Undertake quality assurance of the draft evaluation report in collaboration with the regional M&E adviser, according to the criteria specified in the EQA grid.
- Develop an initial communication plan (in coordination with the CO communication officer) and update it throughout the evaluation process, as required, to guide the dissemination and facilitation of use of the evaluation results.
- Prepare the EQA of the final evaluation report in collaboration with the regional M&E adviser, using the EQA grid and its explanatory note.
- Lead and participate in the preparation of the management response.
- Submit the final evaluation report, EQA and management response to the regional M&E adviser, the Evaluation Office and the Policy and Strategy Division at UNFPA headquarters.

At all stages of the evaluation process, the evaluation manager will require support from staff of the UNFPA Nigeria CO. Specifically, the responsibilities of the **country office staff** are:

- Contribute to the preparation of the ToR, specifically, the initial/first stakeholder map, the list of Atlas projects and the compilation of background information and documentation on the context and the CP and provide input to the evaluation questions.
- Make time for meetings with/interviews by the evaluation team.
- Provide support to the evaluation manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.
- Provide input to the management response.
- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Nigeria CO, UNFPA WCA Regional Office, representatives of the national Government of Nigeria, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (e.g., persons with disabilities, etc.) (see Handbook, section 2.3, p.37). The ERG will serve as a body to ensure the relevance, quality, and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information

and key informants and undertake quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the evaluation manager in the development of the ToR, including the selection of preliminary evaluation questions.
- Ensure that there are synergies between the on-going UNFPA Nigeria CPE/UNSDPF evaluation, etc.
- Provide feedback and comments on the design report.
- Act as the interface between the evaluators and key stakeholders of the evaluation and facilitate access to key informants and documentation.
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report.
- Participate in meetings with the evaluation team.
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response.

The **regional M&E adviser** in UNFPA WCA Regional Office will provide guidance and backstopping support to the evaluation manager at all stages of the evaluation process. The responsibilities of the regional M&E adviser are:

- Provide feedback and comments on the draft ToR (including annexes) in accordance with the UNFPA Evaluation Handbook and submit the final draft version to the UNFPA Evaluation Office for review and approval.
- Support the evaluation manager in identifying potential candidates and assessing whether they have the appropriate level of qualifications and experience.
- Liaise with the UNFPA Evaluation Office on the completion of the ToR and the selection of the evaluation team.
- Review the design report and provide comments to the evaluation manager, with a particular focus on the final evaluation questions, the theory of change, the sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.
- Review the draft evaluation report and provide comments to the evaluation manager.
- Support the evaluation manager in reviewing the final evaluation report.
- Prepare the EQA of the final evaluation report in collaboration with the evaluation manager, using the EQA grid and its explanatory note.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

The UNFPA **Evaluation Office** will play a crucial role in the EQAA of the evaluation. The responsibilities of the Evaluation Office are as follows:

- Review and approve the ToR (including annexes).
- Review and pre-qualification of the consultants.
- Update and maintain the UNFPA consultant roster with pre-qualified consultants for CPEs.
- Commission the independent EQA of the final evaluation report.
- Publish the final evaluation report, independent EQA and management response in the UNFPA evaluation database.

12. Composition of the evaluation team

The evaluation will be conducted by a team of four independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise and provide technical expertise in the thematic area of gender equality and women's empowerment including GBV in both development and humanitarian settings, and (ii) two team members who will provide technical expertise in the other thematic areas relevant to the UNFPA mandate (a. integrated SRHR including ASRH; and b. population dynamics/adolescents and youth development. As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a Young and Emerging Evaluator (YEE) who will provide support to the evaluation team throughout the evaluation process. In addition to his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 8th UNFPA CP in Nigeria, which is the gender equality and women's empowerment including GBV in both development and humanitarian settings.

The evaluation team leader will be recruited internationally (including in the region or sub-region), while two evaluation team members and the young and emerging evaluator will be recruited locally to ensure adequate knowledge of the country context. The young and emerging evaluator will be specifically recruited as an intern and will provide support to the evaluation team throughout the evaluation process. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights-based and gender-responsive evaluations, including in humanitarian-peace-development setting. All evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The evaluation manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the evaluation manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the CP – namely the gender equality and women's empowerment including GBV in both development and humanitarian settings described below.

Evaluation team member: Integrated SRHR expert

The integrated SRHR expert will provide expertise on integrated SRH services, HIV and other sexually transmitted infections, maternal health, obstetric fistula, family planning, and midwifery. The SRHR expert will also provide expertise on youth friendly SRHR services, adolescent pregnancy, SRHR of young women and adolescent girls, and access to contraceptives for young women and adolescent girls. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Nigeria CO staff and the ERG. S/he will undertake a document review and conduct remote and/or in-person interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics/adolescent and youth and development expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, population dynamics, the demographic dividend, and national statistical systems. The Population dynamics/adolescent and youth and development expert will also provide expertise on comprehensive sexuality education, youth leadership and participation, and youth empowerment. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Nigeria CO staff and the ERG. S/he will undertake desk review and conduct remote or in-person interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Young and Emerging Evaluator

A young and emerging evaluator will contribute to all phases of the CPE in trainee capacity for a period of 6 months covering the start-up, field, analysis, report writing and validation workshop of the report. Under the overall supervision of the CPE Team Leader; s/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing, and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools as well as indicators. The young and emerging evaluator will also participate in data collection (site visits, interviews, group discussions and document review) and contribute to data analysis and the drafting of the evaluation report, as agreed with the evaluation team leader. In addition, s/he will provide administrative support throughout the evaluation process and participate in meetings with

the evaluation manager, UNFPA Nigeria CO staff and the ERG. S/he will perform any other tasks entrusted to her/him by the consultants and/or the evaluation manager to facilitate the success of CPE. The internship is an opportunity for the young and emerging evaluator to learn about the UNFPA evaluation process and work with experts in the field.

The modalities for the participation of the evaluation team members (incl. the young and emerging evaluator) in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2 Qualifications and experience of the evaluation team

Team leader and Gender thematic area expert

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in Public Health, Social Sciences, Demography or Population Studies, Statistics, Development Studies, or a related field.
- Ten (10) years of experience in conducting or managing evaluations in the field of international development and/or humanitarian action.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated expertise in one of the thematic areas of programming covered by the evaluation (see profiles below).
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold standards for quality evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, including humanitarian and development nexus, policies, frameworks, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate and supervise the work of the evaluation team.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources and formulate evidence-based conclusions and realistic and actionable recommendations.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Work experience in/good knowledge of the region and the national development context of Nigeria.
- Fluent in written and spoken English. For the team leader position, French, Portuguese, or Spanish is not essential, but it is desirable.

However, for the team leader to serve as technical expert for one of the thematic areas of the CP – namely the gender equality and women's empowerment including GBV in both development and humanitarian settings; s/he's competencies, skills and experience should include

- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Substantive knowledge on the rights of women and girls and the promotion of women and girls' participation and leadership in decision-making processes.
- Preferred good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.

- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.

Integrated SRHR Expert

The competencies, skills, and experience of the SRHR expert should include:

- Master's degree in Public Health, Medicine, Health Economics and Financing, Epidemiology, Biostatistics, or a related field.
- Seven (7) years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian action.
- Substantive knowledge of sexual and reproductive health and rights, including access to sexual and reproductive health information, maternal health, Obstetric Fistula, HIV, and ASRH and education for adolescents and youth.
- Preferred good knowledge of humanitarian strategies, policies, frameworks, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Work experience in/ good knowledge of the national development context of Nigeria
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English. Knowledge of French, Portuguese and/or Spanish is also essential.

Population dynamics, adolescent, and youth expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in Demography or Population Studies, Statistics, Social Sciences, Development Studies, Public Health, or a related field.
- Seven (7) years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian action.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems, and adolescent and youth education and development.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms will be an advantage.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Work experience in/good knowledge of the national development context of Nigeria
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English. Knowledge of French, Portuguese or Spanish is also essential for team members.

Young and Emerging Evaluator:
The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in public health, demography or population studies, social sciences, statistics, development studies or a related field.
- Certificate in evaluation or equivalent qualification.
- Up to five (5) years of work experience in conducting evaluation, M&E, research, and assessment in the field of international development.
- Excellent analytical and problem-solving skills.
- Demonstrated ability to work in a team.
- Strong organizational skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage.
- Fluent in written and spoken English. Knowledge of French, Portuguese or Spanish is also essential for team members.

The members of the evaluation team to be recruited must not have been involved in the implementation of the UNFPA/Nigeria programme.

13. Budget and payment modalities

The evaluators, (including the young and emerging evaluator) will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

CPE phase	**Team leader and Gender thematic area**	**Integrated SRHR expert**	**Population dynamics, adolescent, and youth expert**	**Young and emerging evaluator**
Design phase	*14*	*9*	*8*	*14*
Field phase	*22*	*61*	*14*	*22*
Reporting phase	*25*	*13*	*11*	*25*
Dissemination and facilitation of use phase	*4*	*2*	*2*	*1*
TOTAL (days)	*65*	*40*	*35*	*62*

The exact number of workdays for each evaluator including the young and emerging evaluator will be determined by the evaluation manager. The final distribution of the workload will be proposed by the evaluation team in the design report and submitted to the evaluation manager for approval.

14. Bibliography and resources

Initial list of documents and websites to be consulted by the evaluation team

Global UNFPA documents

1. UNFPA Strategic Plan (2014-2017) (incl. annexes) https://www.unfpa.org/resources/strategic-plan-2014-2017
2. UNFPA Strategic Plan (2018-2021) (incl. annexes) https://www.unfpa.org/strategic-plan-2018-2021
3. UNFPA Evaluation Policy (2019) https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019
4. Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (2019) https://www.unfpa.org/EvaluationHandbook
5. Adapting evaluations to the COVID-19 pandemic: Guiding principles and their practical implications for evaluation (2020) https://www.unfpa.org/admin-resource/adapting-evaluations-covid-19-pandemic
6. Adapting evaluation questions to the COVID-19 pandemic: https://www.unfpa.org/updates/new-adapting-evaluation-questions-covid-19-pandemic
7. Evaluation Quality Assurance and Assessment: Tools and Guidance (2019) https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance
8. Strategy to enhance evaluation use through communications and knowledge management (2018-2021) https://www.unfpa.org/admin-resource/strategy-enhance-evaluation-use-through-communications-and-knowledge-management-2018
9. Choosing the most appropriate evaluation methods, processes and approaches (Better Evaluation, 2019) https://www.unfpa.org/admin-resource/choosing-most-appropriate-evaluation-methods-processes-and-approaches
10. Evaluation of UNFPA support to the prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017) https://www.unfpa.org/sites/default/files/admin-resource/GBV_Report_FINAL_29_Nov.pdf
11. 1994 International Conference on Population and Development (ICPD) Programme of Action (PoA) https://drive.google.com/file/d/1mkZWQe9LTUIW0T10xLJYGmdlualFh-zo/view?usp=sharing
12. African Union 2063 Agenda https://drive.google.com/file/d/1fZHhWUb802LOzmVkKLlzi4vhmDilJwkF/view?usp=sharing
13. 2030 Agenda for Sustainable Development https://drive.google.com/file/d/1_dLTsJAL1694nLFcoyXO-BHiU8wT0iXY/view?usp=sharing
14. Nairobi Summit Report Final (2019)

https://drive.google.com/file/d/19YH8uoy1-8QWIowqt2w3oMQDTWH7sSic/view?usp=sharing

Coordination/Partnership

15. **N**igeria United Nations Sustainable Development Partnership Framework (UNSDPF) 2018-2022, https://www.ng.undp.org/content/nigeria/en/home/library/knowledgeproducts/un-sustainable-development-partnership-framework-2018-2022.html
16. Nigeria UN's Common Country Assessment (2017)
17.

National strategies, policies, and action plans

18. Nigeria Vision 2020 https://www.nigerianstat.gov.ng/pdfuploads/Abridged_Version_of_Nigeria%20Vision%202020.pdf
19. National Strategic Health Development Plan (NSHDPII) 2018-2022 https://www.health.gov.ng/doc/NSHDP_II_ME_Plan.pdf
20. Revised National HIV and AIDS Strategic Framework 2019-2021

https://naca.gov.ng/wp-content/uploads/2019/03/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK-1.pdf

21. National Youth Policy 2019
https://www.prb.org/wp-content/uploads/2020/06/Nigeria-National-Youth-Policy-2019-2023.pdf
22. National Strategy for the Development of Statistics in Nigeria 2017-2021
https://www.proshareng.com/news/Nigeria-Economy/National-Strategy-for-The-Development-of-Statistics-In-Nigeria-2017-2021/38083
23. UNSDPF Nigeria 2018-2022
https://www.ng.undp.org/content/nigeria/en/home/library/knowledgeproducts/un-sustainable-development-partnership-framework-2018-2022.html

24. Nigeria Vision 20:2020 - a long term national development plan designed to propel the country to the league of the top 20 economies of the world by 2020 (2010-2020).
25. Nigeria Economic Recovery and Growth Plan (2017-20)
26. 2004 National Policy on Population for Sustainable Development (NPP) (2004 – 2015).
27. Revised National Policy on Population for Sustainable Development (NPP) (2021 -2030).
28. National Health Act**,** 2014 (2014 – 2030)
29. National Strategic Health Development Plan II (2018-2022)
30. National Health Policy 2016 (2017-2021)
31. Nigeria Family Planning Blue-Print 2015 – 2019 and the Nigeria Family Planning Blue-Print 2020 - 2024
32. Nigeria Humanitarian Response Strategy 2019-2021
33. National Gender Policy 2016 (2014-2019) and National Gender Policy 2020 (2020-2024
34. National Youth Policy 2014-2018 and the revised National Youth Policy 2019 – 2023: Enhancing Youth Development and Participation in the context of Sustainable Development
35. National Policy on Education 2016

UNFPA Nigeria CO programming documents

36. Nigeria 8th Country Programme (2018-2022) Document
https://www.unfpa.org/cpd-nigeria-2018-2022-dpfpacpdnga8
37. Annual CO work plan – 2018, 2019, 2020 and 2021
38. Reports on core/ non-core resources - 2018, 2019, 2020 and 2021

CO strategy documents –

39. Annual Planning Documents 2018, 2019, 2020, 2021 available at:
https://drive.google.com/drive/folders/1JJ1qK8XrxvEJxfFxzN6JdlubYFgtYK-j
40. 8CP Annual Reports 2018, 2019, and 2020 available at:
https://drive.google.com/drive/folders/1TY6GbjfC9mOCnZf_SaZ3hKCLiPsaZbO2
41. 8CPE 2018 AWP available at:
https://drive.google.com/drive/folders/19jXU9rKnrus9npd57CAy7ZkCAwxyBWBD
42. 8CPE 2019 AWPs available at:
https://drive.google.com/drive/folders/1GZvDXhlQqvNpSWCpUyLBTgdp_wZWsPTK
43. List of 8th Country Programme (2018-2022) Implementing Partners available at:
https://drive.google.com/drive/folders/18VwG-PbnMStVIQeDNHOVppVENYDId0hQ
44. 6CPE, 7CP MTE and thematic evaluation reports available at:
https://drive.google.com/drive/folders/1yn4oGzwP-ompXdvvxivE61GBCbd9QQZZ
45. 7CPD documents available at: https://drive.google.com/drive/folders/17c-Rqk_Mw3rnu7wsszqOMzHW8DmxYzIc

Etc.

UNFPA Nigeria CO M&E documents

46. UNFPA Country Programme Evaluation 2018-2022
47. Annual results plans (SIS/MyResults) - 2018, 2019, 2020 and 2021 Compiled Quarterly Milestones
48. Monitoring reports – Quarterly Milestones Reports - 2018, 2019, 2020 and 2021
    M&E Plan
    etc.

Other Nigeria documents: Research and Surveys Reports

49. 2018 Nigeria Demographic and Health Survey
    https://www.dhsprogram.com/pubs/pdf/FR359/FR359.pdf
50. Nigeria MICS5 Survey 2016/17
    https://www.unicef.org/nigeria/reports/multiple-indicator-cluster-survey-2016-17-mics

Implementing partner reports
Donor reports
Audit reports

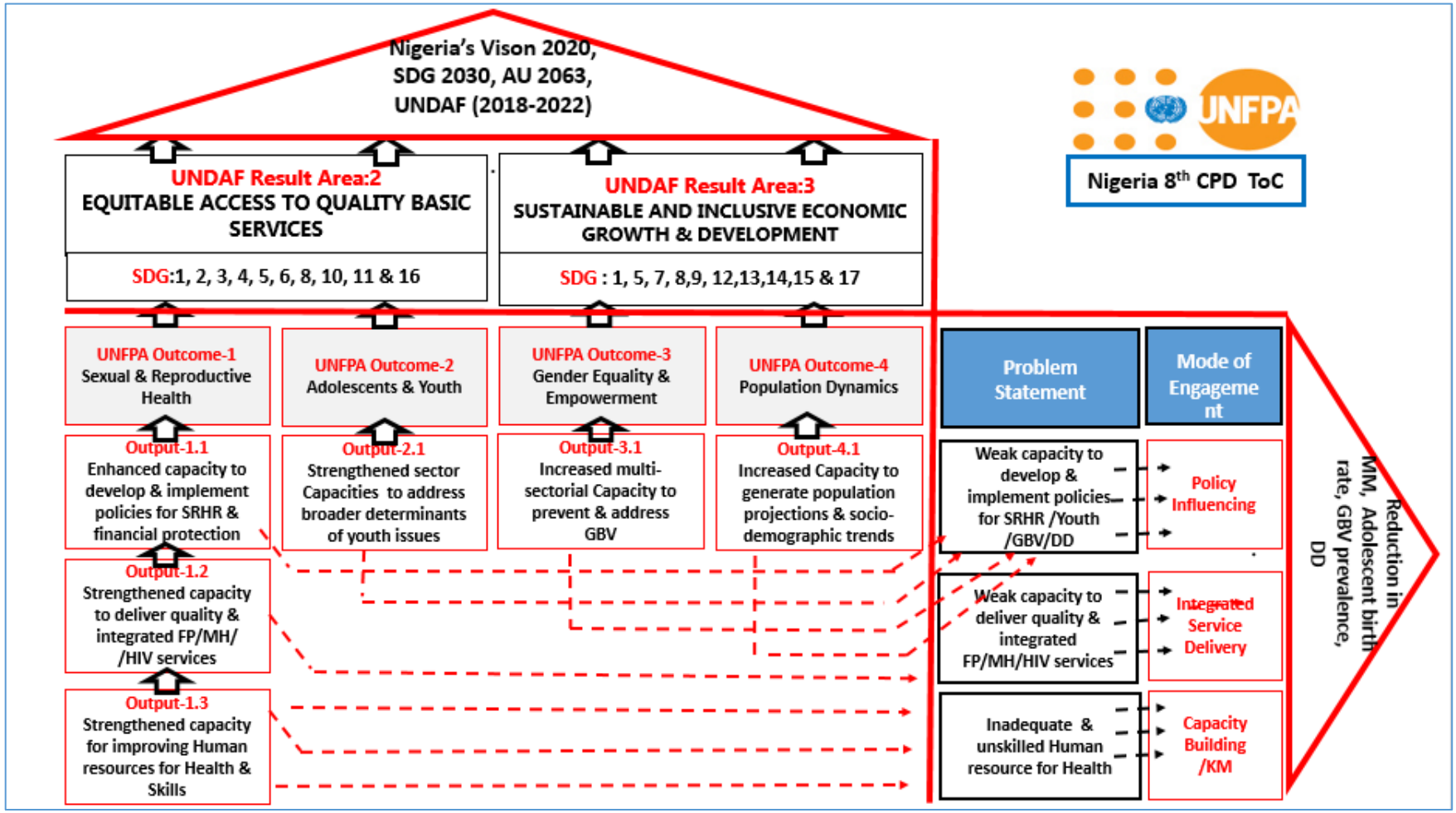
51. Nigeria DD road map
52. FCT DD road map
53. Kaduna DD road map
54. Nigeria DD Profile 2018
55. Kaduna State DD Profile 2020

Annexes

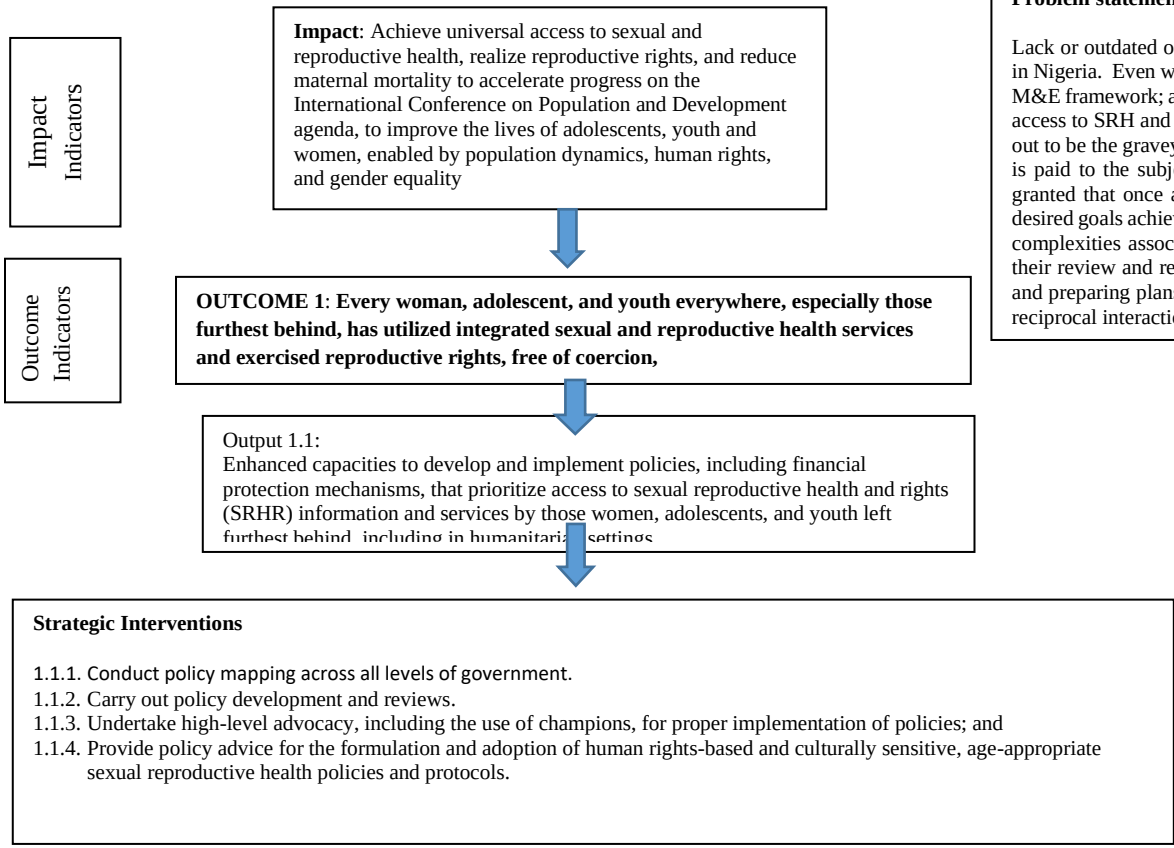
***Nota bene**: the full set of annexes will be provided to the consultants once they have been contracted by the Country Office*

A	Theory of Change
B	Stakeholder map
C	Evaluation matrix template
D	List of Atlas projects for the period under evaluation
E	Outline of design report
F	Evaluation Quality Assessment grid
G	Outline of evaluation report (draft and final version)
H	UNFPA Evaluation Office editorial guidelines
I	Evaluation work plan

Annex B: Theory of Change of UNFPA Nigeria 8th Country Programme



Annex B continued
Outcome 1, Output 1.1 Theory of Change



Problem statement:

Lack or outdated of policies are major challenge to implementation of SRH programmes in Nigeria. Even where policies exist, low implementation and weak coordination include M&E framework; add to the problems confronting Nigeria in its effort to achieve universal access to SRH and realize reproductive rights. The implementation of policies often turns out to be the graveyard of many policies without and strategic plans. Little or no attention is paid to the subject of policy implementation by policy makers. It is often taken for granted that once a policy is adopted by government, it must be implemented, and the desired goals achieved. And in most cases, little or no attention is paid to the problems and complexities associated with execution of policies. Little or no attention is also paid to their review and revision. Large amount of energy and resources are spent on designing and preparing plans for all kinds with little or no thought given to the complex chains of reciprocal interactions and variables required and this can be seen usually in the widening

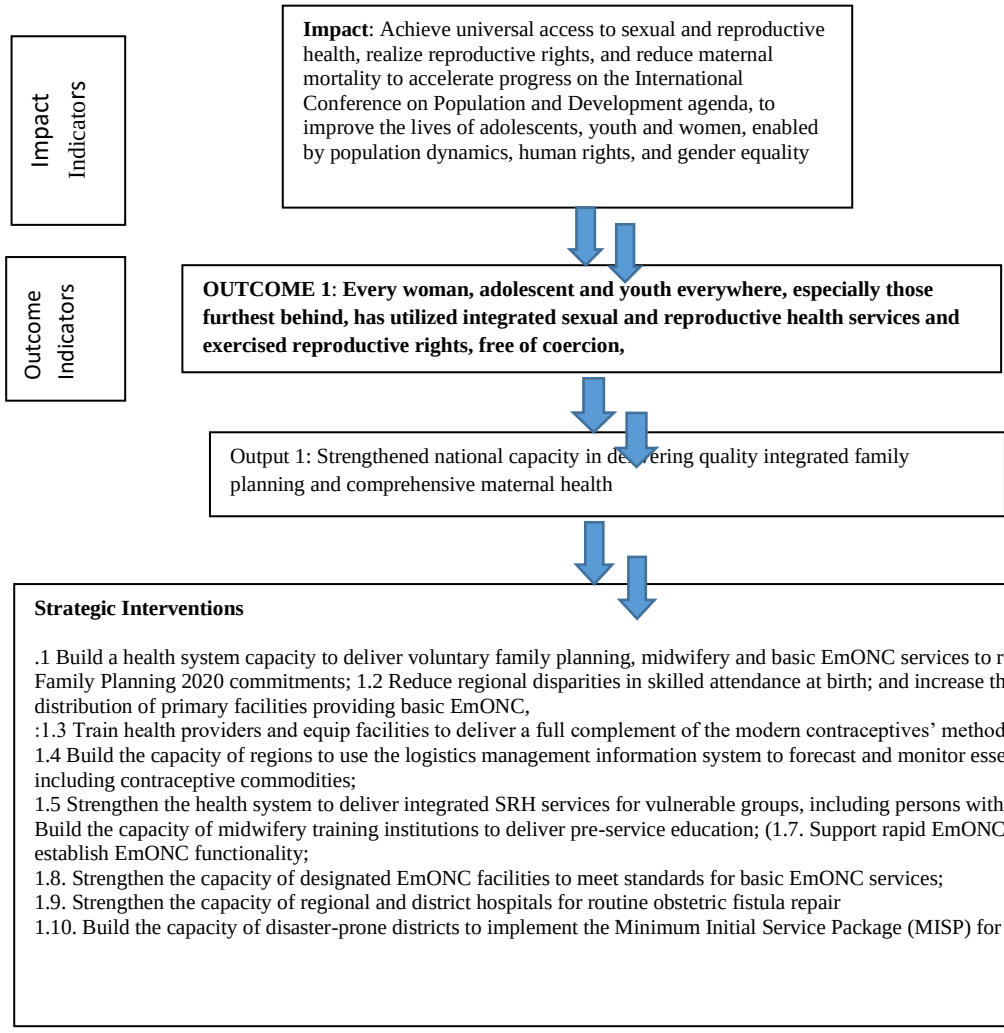
Risks

- Political, financial, and social instability
- Negative social and gender norms persist.
- Humanitarian crisis (conflicts and natural disasters) that can increase GBV and cause health facilities to be inaccessible

Assumptions

- Peace and security are maintained
- There is support from Government and other partners
- Health workers are in post and capacitated to deliver the services.

Annex B continued
Outcome 1, Output 2 Theory of Change



Problem statement:
Adolescent death contribution to maternal mortality remains a challenge in Nigeria, with adolescents age 10-19 contributing about half of the 3.25 per cent of maternal deaths (2018). From 1990 to 2018, the adolescent birth rate in Nigeria declined from 28 to 19 percent. Similarly, adolescent mortality rate among female has declined from 3.3 percent in 2008 to 1.6 in 2018. Disparities exist by age, education, wealth and location; The contraceptive prevalence rate is 17 per cent. Among married women, the modern contraceptive prevalence rate has increased, from 4 per cent in 1990 to 12 per cent in 2018. There is a high unmet need for family planning at 20 per cent, with 3.2 per cent of married females aged 15-19 years using a modern method. Also, 2.9 per cent of all women aged 15-

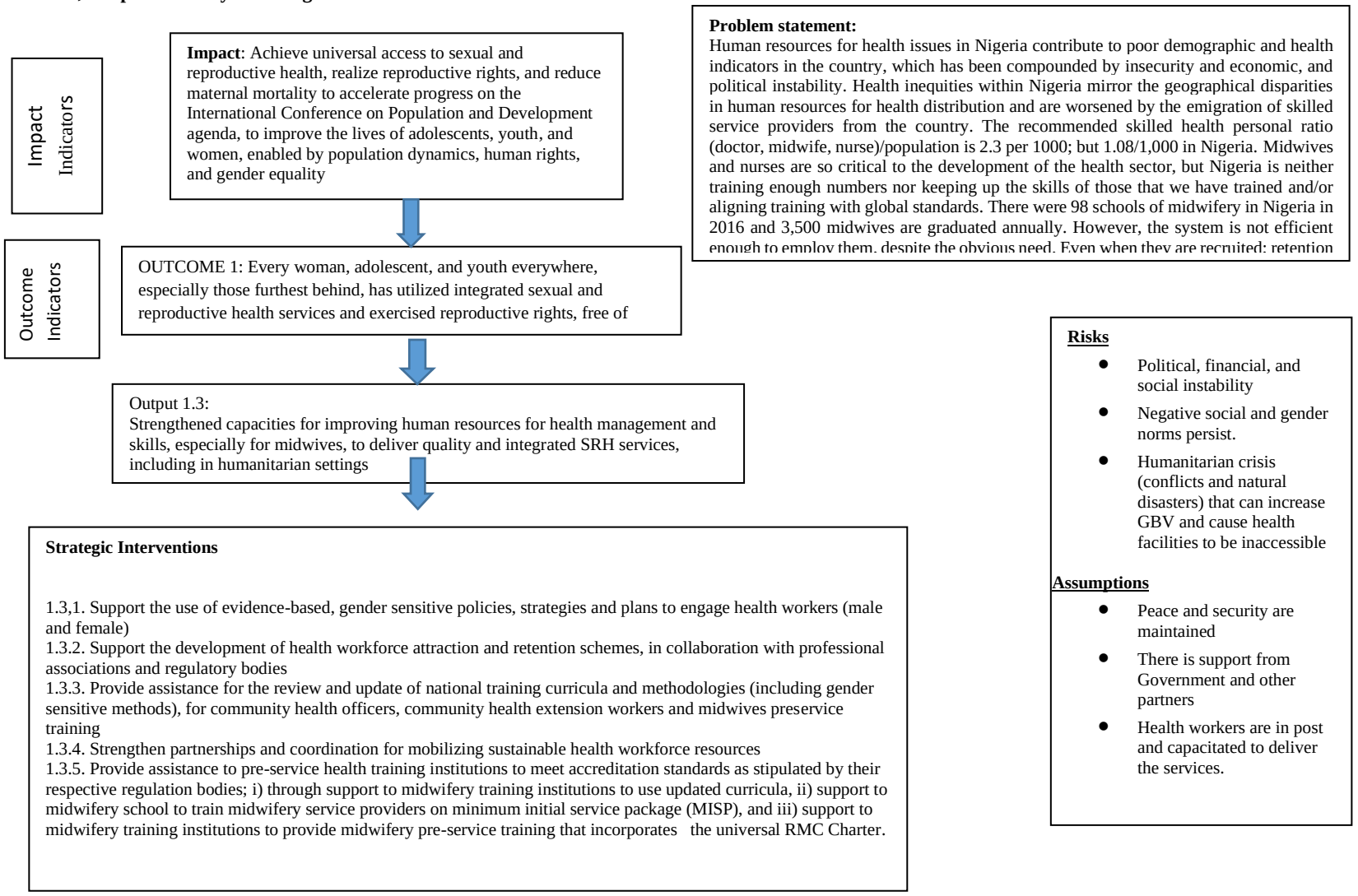
Risks

- Political, financial and social instability
- Negative social and gender norms persist.
- Humanitarian crisis (conflicts and natural disasters) that can increase GBV and cause health facilities to be inaccessible

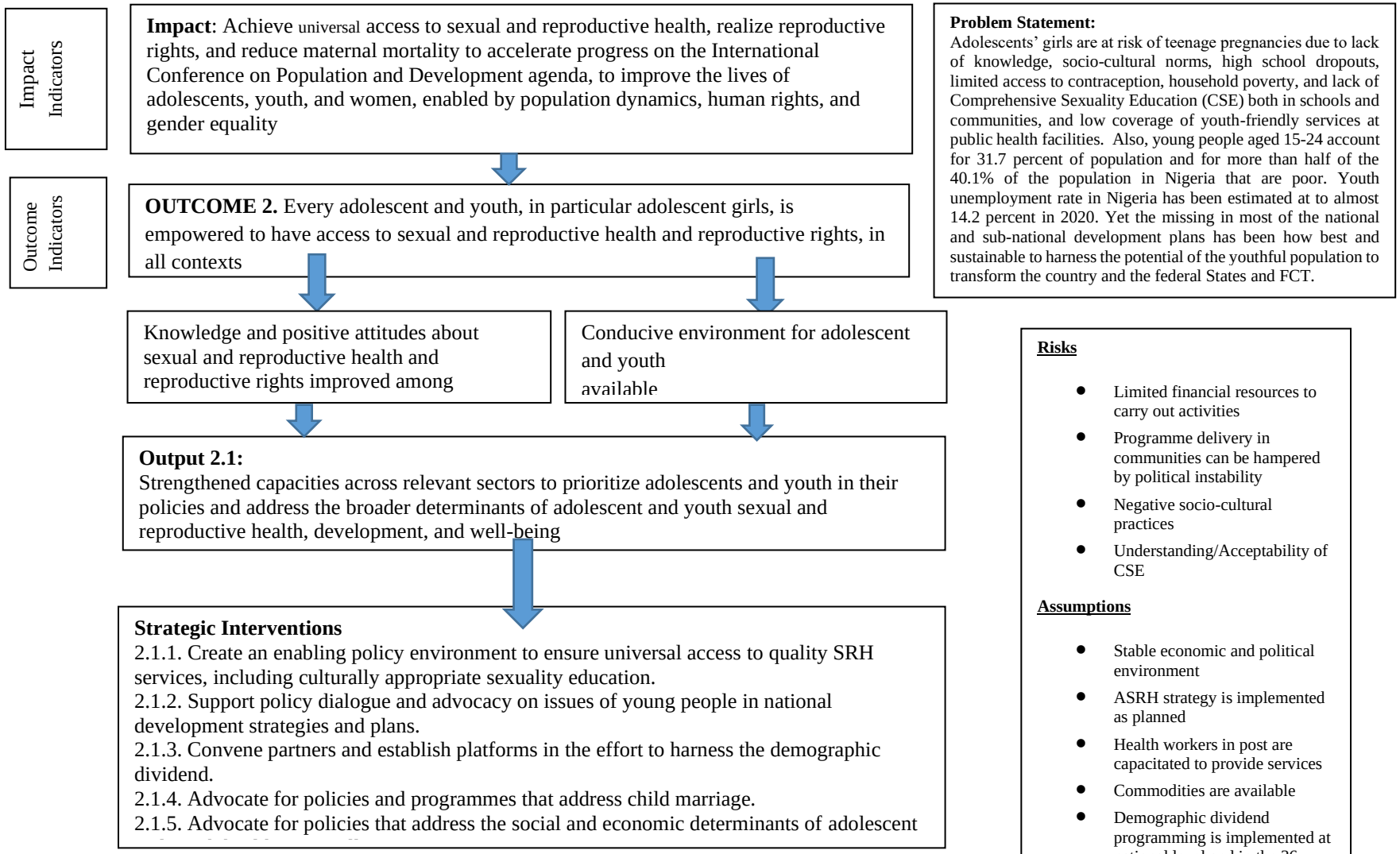
Assumptions

- Peace and security is maintained
- There is support from Government and other partners
- Health workers are in post and capacitated to deliver the services.

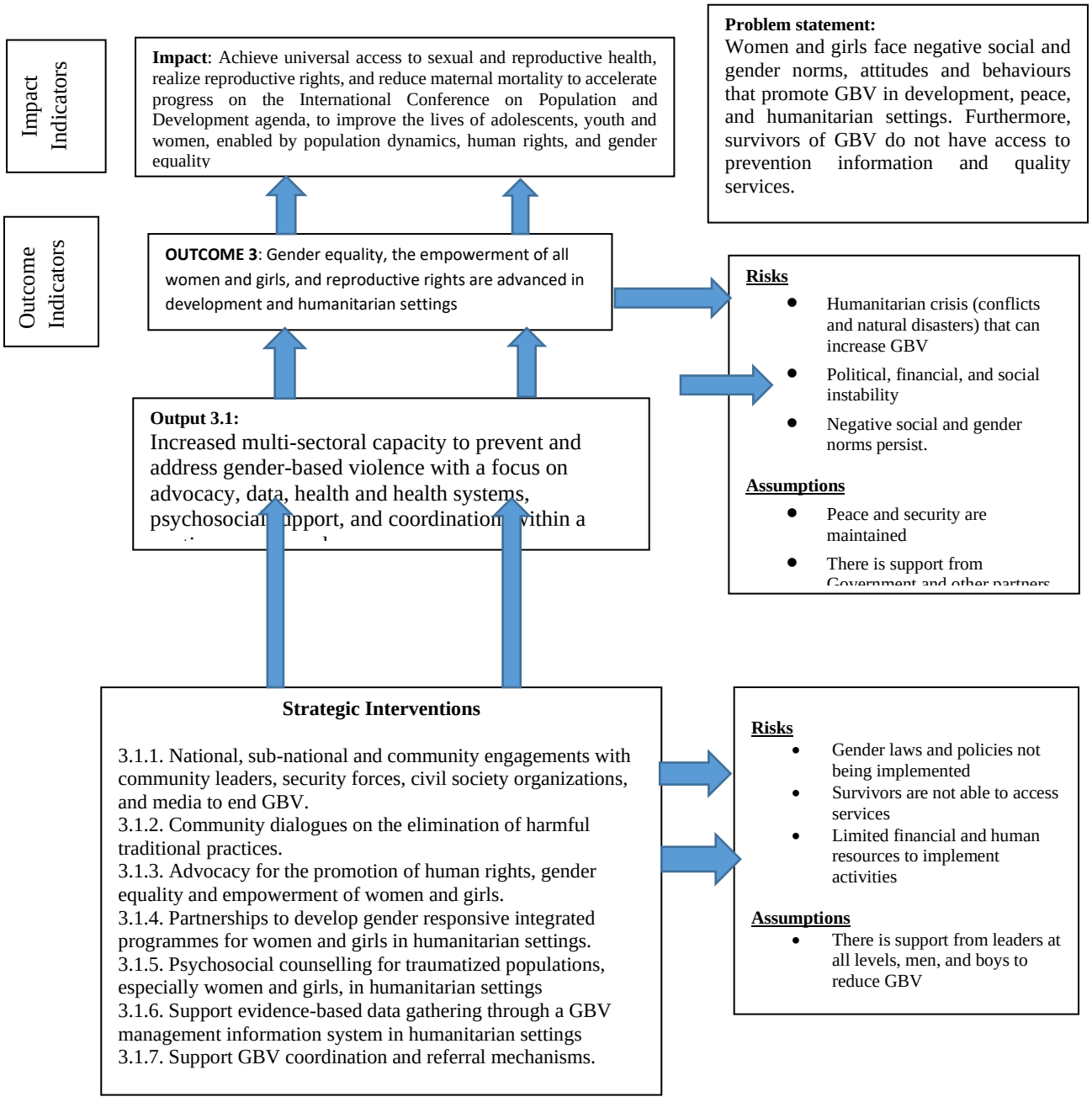
Annex B continued
Outcome 1, Output 3 Theory of Change



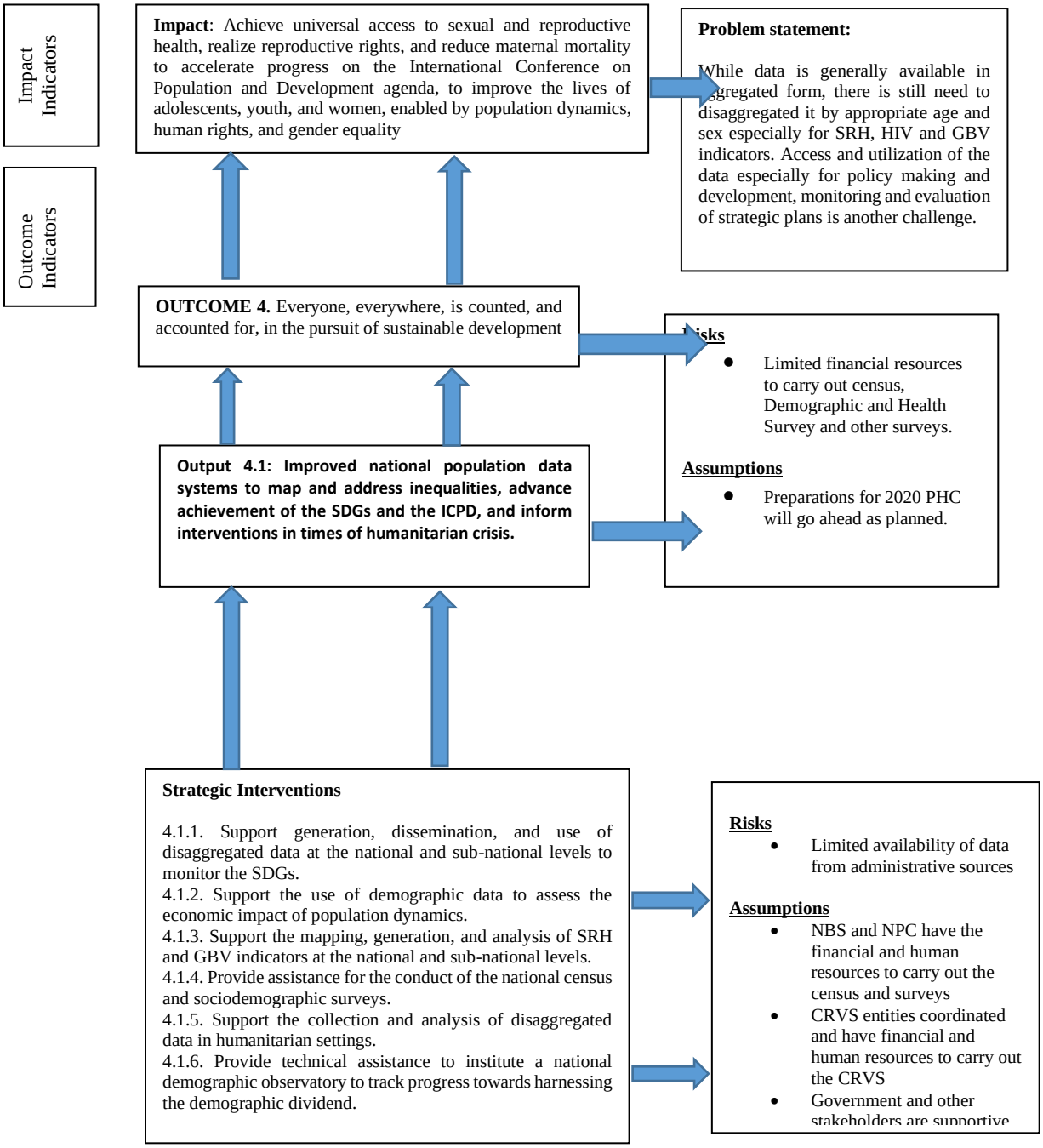
Annex B continued
Outcome 2 Theory of Change



Annex B continued
Outcome 3 Theory of Change



Annex B continued
Outcome 4 Theory of Change



Annex C: Institutions and Persons Consulted

Key Informant Interviews and Schedules, Group Interviews and Focus Group Interviews

Type of Stakeholder: UN Partners			
Organisation/ Agency	**Person(s) Interviewed**	**Position & Office Location**	**Consultant Initials**
Office of RC	Mr Edward Kallon	Resident Coordinator, Abuja	HJ
UNICEF	Mr Peter Hawkins	Country Representative, Abuja	HJ
OCHA	Mr Trond Jensen	Head of Office, Abuja	HJ
UNAIDS	Dr Erasmas Morah Mr Richard Amenyah Ms Rupa Bhadra	Country Director, Abuja Fast Track Advisor Advocacy Officer	HJ HJ HJ
UNDP	Mr Lealem Dinku Uchenna Onyebuchi Onyinye Ndubuisi	Deputy for Programmes, Abuja M&E Specialist Focal Point for Spotlight	HJ
UN Women UNODC	Ms Comfort Lamptey Mr Oliver Stolpe	Country Representative, Abuja Country Representative, Abuja	HJ
IOM	Mr Franz Celestin	Country Representative, Abuja	HJ
UNFPA			
		UNFPA Country Office, Abuja	
	Ms Ulla Mueller	Country Representative	HJ
	Ms Erika Goldson	Deputy Representative	HJ
	Mr Andat Dasoget	M&E Specialist	HJ
	Mr Mark Hutchinson	International Operations Manager	HJ
	Mr Rasheed Amusa	Finance/Admin Associate	HJ
	Mr Robert Thompson	SGBV International Advisor	HJ
	Dr Zubaida Abubakar	Gender/GBV Specialist	HJ
	Ms Rabiatu Seeger	Technical Coherence Specialist	HJ
	Mr Musa Elisha	Gender/RH Specialist	HJ&DA
	Mr Babatunde Adelekan	ASRH/HIV Analyst	DA
	Mr Joachim Chijide	FP/RHCS Specialist	DA
	Ms Agnes Koome	GBV Capacity Building Specialist, Yola, Adamawa State	HJ
		Humanitarian Sub-Office, Maiduguri	
	Mr Chris MaCaulay	Humanitarian Coordinator	HJ&DA
	Mr Matthew Onoja	Humanitarian/RH/ M&E Analyst, Abuja and Maiduguri	CO
	Hajia Kaltum Ahmed	SRH Coordinator	DA
		Lagos Liaison Office	
	Mr Omolaso Omosehin	Head of Office	HJ
	Ms. Jaiyeola Ayanbade	M&E Analyst	CO
	Dr. Somefun Esther	Gender/RH Analyst	CO&HJ
	Dr Amaka Haruna	ARSH Specialist	DA
	Dr. Akinkunmi Akinbajo	FP/SRH Specialist	DA
		Calabar Sub-Office	
	Ms Theresa Adah	Programme Analyst, FGM	HJ
	Mr. Lanre Alabi	M&E Analyst, Calabar	CO
	Dr Yakubu Aliyu	Ag Head of office and SRH specialist	DA&HJ
	Dr Afe Abayomi	State program officer/Maternal health specialist	DA
	Dr Oke Jonah Nteigbanam	ASRH Coordinator	DA
	Dr Idowu Araoyinbo	SRH specialist	DA

		Kaduna Sub-Office	
	Ms Mariama Darboe	Head of Office	HJ
	Mr Yusuf Bello	M&E Analyst	CO
	Dr Audu Alayande	Head of Office and SRH Specialist	DA
	Bahijjatu Bello-Garko	ASRH and Gender specialist	DA
Government			
		Location	
Federal Ministry of Women's Affairs	Ms Falmata Gambo	Abuja	HJ
Federal Ministry of Women's Affairs	Ms Olafunke Ms Victoria Lar	Desk Officer, Abuja	HJ
Federal Ministry of Health	Ms Judith Ononose	Chair of FGM National Technical Committee, Abuja	HJ
Planning and Budget Commission	Mr Salisu Baba Lawal	Director, Development Aid Coordination, Kaduna	HJ
National Population Commission	Mrs. Margret Edison	Director, Department of Population Management, Abuja	CO
National Bureau of Statistics	Dr. Michael Imohi	Director, Department of Demography, Abuja	CO
Federal Ministry of Finance, Budget, and National Planning (MFBNP)	Mrs. Elizabeth Egbarigba	Director, Department of International Cooperation, Abuja	CO
Federal Ministry of Health	Dr. Kayode Afolabi	Director, Department of Reproductive Health, Abuja	CO
Federal Ministry of Youth Development and Sports (FMYDS)	Mr. Kabiru Mohammed	Director, Abuja	CO
Federal Capital Territory	Mr. Olusegun Fatigun	Programme manager, Abuja	CO
State Planning Commission	Mrs Martha Apeh	Coordinator-Population and Development, Makurdi, Benue State	CO
State Ministry of Human Service & Social Development	Mrs. Mariam Mu'azu	Director Youth, State Ministry of Human Service & Social Development, Kaduna	CO
State Ministry of Education	Mrs. Mairo Ibrahim	Director Girl Education, Kaduna	CO
State Ministry of Budget and Planning	Mr Kayode Banjo	Director, Abeokuta, Ogun State	CO
State Bureau of Statistics,	Mr Ajayi Olusola	Chief Statistician, Akure, Ondo State	CO
State Ministry of Health	Ms Grace Okon	RH coordinator/AY programs, Uyo, Akwa-Ibom	CO
Ministry of Health	Mrs. Mairo Satomi	Director Medical Emergencies and Humanitarian response services, Maiduguri, Borno State	CO
Federal Ministry of Health	Pharmacist Alex. Mrs Taylor Dr Samuel Oyeniyi	Deputy Director, Reproductive Health Fistula coordinator Safe motherhood coordinator	DA
Calabar -Ministry of Health	Mrs Lucy Basey Nsa Ita	FP Coordinator RH and MPDSR Coordinator	DA

	Mrs Monica Ekunire Dr Etim Ayi Dr Mrs Comfort Elkanem	Tutor school of midwifery Medical officer in charge Fistula centre Director e Governance and Coordinator UN agencies	
Cross River State Agency for HIV/AIDS	Mrs Theresa Ike –Nneoma Felicity	Program manager Youth cohort	DA
State primary health care Board	Lucy okey	Desk officer Donors and implementing partners	
General Hospital	Atim Ekpo	FP and Youth friendly centre-Calabar	
Ministry of Health	Ms Grace Okon	RH Coordinator/AY programs, Uyo Akwa-Ibom state	DA
Ministry of Health	Apimega Aondowase	RH coordinator Benue state	DA
Ministry of health	Ikechuckwu Amagula	Nutrition officer and Rep RH Coordinator, Imo state	DA
		Youth hub ambassador	DA
Ministry of Health	Dr Umeruo	RH, FP and MPDSR Coordinator, Lagos state	DA
	Pharmacist	Central medical store Lagos	DA
Ogun Ministry of health	Mrs Ikeobi Elizabeth	FP coordinator Ogun	DA
	Dr Orire	RH and MPDSR Coordinator	DA
	Mr Onipede Olawale	Logistic officer	DA
	Musa Jimoh	Deputy Director ministry of education	DA
		Register school of midwifery	DA
	Dr Ado Zakari	Fistula focal person and Director Public health Ministry of Health	DA
Ministry of health	Hajia Lamido	FP coordinator, Sokoto state	DA
	Hajia Mero Shehu	RH coordinator	DA
	Zainab Muhammmad Yau	Desk officer Fistula	DA
	Dr Lawal Shehu	CMD Maryam Abacha Specialist Hospital and Fistula Surgeon	DA
	Dr Issa Usman	Medical Doctor and fistula Surgeon	DA
Ministry of Women Affairs	Hajia Habiba Ahmad	Director Ministry of women affairs	
Borno State Ministry of Health	Dr Baba shehu	Director Medical Emergencies and Humanitarian response services, Maiduguri	DA
	Dr Buba Mshella Sanda	MPDSR Coordinator	DA
	Mrs. Mairo Satomi	RH Coordinator	DA
	Aisha Timpta	FP Coordinator	DA
Intersos	Dr Ojo oluwaseun	Project roving Doctor	DA
Ministry of health/UNFPA	Adamu Ahaman	Coordinator frontline workers, Borno state	DA
State specialist Hospital Maiduguri	Dr Emmanuel Filibus	Fistula surgeon and Head of department O and G	DA
	Dr Ahmed Laraba Bello	Chief Medical Director	DA
	Dr Solomon	Fistula Surgeon	DA
	Kaltum Hassan	Lelawa Sexual Assault Centre	DA
Camp clinic	Kande Inuwa	In charge camp clinic Borno	DA
	Fatima Mohammed Jarmi	FP Facilitator Borno	DA
Bilateral and Other Donors			
Canadian Embassy	Mr Kevin Tokar	Head of Development Cooperation for Global Affairs, Abuja	HJ
FCDO (UK)	Ms Ebere Anyachukwu	Health Advisor, Abuja	HJ

Ministry of Foreign Affairs, Norway	Ms Ingrid Skjolaas	Deputy Head of Mission at Norwegian Embassy, Abuja	
Swiss Agency for Development & Cooperation	Ms Esther Christen	Previous focal point for Nigeria	HJ
KOICA	Ms Woochan Chang	Director	HJ
International and National Non-Government Organisations/Civil Society			
Nigeria INGO Forum	Ms Chiara Crenna	Director, Abuja	HJ
Clear View Integrity Foundation	Mr Amos Yusuf	Executive Director,	HJ
University of Ibadan, Health Policy Training and Research Programme (HPTRP); Demographic Dividend Programme	Prof. Lanre Olaniyan	Head of Department, Ibadan, Oyo State.	CO
Action Health International	Dr. Umem Esiet	Chief Executive Officer, Lagos	CO
The Women's Helping Hand	Mrs Omowunmi Omotayo	Chief Executive Officer, Lagos	CO
Sultan Foundation for Peace and Development	Mr Muhammad Aminu Inuwa	Director Programmes	HJ
Type of Stakeholder: Primary and Secondary Beneficiaries, Focus Group Interviews			
Type of Site	**Number and nature of beneficiaries, primary or secondary**	**Location**	
Government Girls Secondary School	Primary Beneficiaries: 10 girls between 13-16 years old	Sokoto	HO
Nana Khadija Sexual Assault & Referral Centre	Secondary beneficiaries: 4 female Staff of the Centre	Sokoto	HO
Women Development Centre	Primary Beneficiaries: 7 GBV survivors	Sokoto	HO
Women Development Centre	Primary Beneficiaries: 10 male community members and leaders	Sokoto	HO
	Primary Beneficiaries: 8 (2 males & 6 females) adult Peer Educators	Sokoto	HO
Gubio IDP Camp	Primary Beneficiaries: 10 women who visit the safe space at the	Maiduguri, Borno	HO
Gubio IDP Camp	Primary Beneficiaries: 10 adolescent girls who visit the safe space at the	Maiduguri, Borno	HO
Gubio IDP Camp	Primary Beneficiaries: 6 GBV survivors	Maiduguri, Borno	HO
Gubio IDP Camp	Secondary Beneficiaries:	Maiduguri, Borno	HO

	13 (6 males, 7 females) frontline workers at the camp		
A Training Venue	Secondary Beneficiaries: 6 female Health workers and midwives	Maiduguri, Borno	HO
One stop Centre	Secondary Beneficiaries: 6 female staff of the centre	Maiduguri, Borno	HO
Ministry of Justice	Primary Beneficiaries: 8 (4 males, 4 females) adult Peer Educators	Ebonyi	HO
Ministry of Justice	Primary Beneficiaries: 8 male community members and leaders	Ebonyi	HO
Ministry of Justice	Primary Beneficiaries: 8 FGM survivors	Ebonyi	HO
YABA Skill acquisition Centre	Primary Beneficiaries: 12 GBV survivors who have acquired livelihood skills	Lagos	HO
DSVRT, Ministry of Justice	Secondary Beneficiaries: 8 Staff & Volunteers	Lagos	HO
Iseke PHC	Primary Beneficiaries: 11 FGM Champions & Surveillance team members	Oyo West LGA, Oyo State	HO
Ojoo PHC	Primary Beneficiaries: 10 FGM survivors	Akinyele LGA, Oyo State	HO
Oba Abass Alesinloye secondary school Eleyele	Primary Beneficiaries: 15 girls between 14-19 years old	Ibadan North, Oyp state	HO
Ojoo PHC	Secondary Beneficiaries: Community educator & Nurse	Akinyele LGA, Oyo State.	HO
FGI with SRH beneficiary	Primary (5 females)	Maiduguri	DA
FGI with male adolescence and young people	Primary (5 males)	Maiduguri	DA
FGI with frontline health workers	Secondary (6males 6 females)	Maiduguri	DA
FGI VVF survivors	Primary beneficiary (5 females)	Sokoto	DA
FGI with community leaders	Primary beneficiary (10 males)	Sokoto	DA
FGI with VVF beneficiaries	Primary beneficiary (5 females)	Calabar	DA
FGI with SRH beneficiaries	Primary beneficiary (10 females)	Calabar	DA
FGI with of youth friendly services	Primary beneficiary (3 males)	LASUTH –Lagos	DA
FGI with young mothers	Primary beneficiary (5 females)	PHC Akere Lagos	DA
FGI with mothers of young mum	Primary beneficiary (5 females)	PHC Akere Lagos	DA

FGI with students at school of midwifery	Primary beneficiary (10 females 2 males)	Tudun wada Kaduna	DA
FGI with safe space beneficiary	Primary beneficiary (20 females)	Zaria –Kaduna state	DA
Site Observation			
Site		**Location**	
Gender-Based Violence Centre at the National Fistula Centre		Ebonyi	HO
Camp clinic		Maiduguri	DA
VVF centre		State specialist Hospital, Borno	DA
Sexual assault centre		Borno	DA
EmonC		State specialist Hospital, Borno	DA
PHC		Gidan Gero Sokoto	DA
PHC		Gaji, Sokoto	DA
VVF Centre		Maryam Abacha Hospital Sokoto	DA
EmonC		Maryam Abacha Hospital Sokoto	DA
Maternity waiting home		Sokoto	DA
Sexual assault centre		Sokoto	DA
Hello lagos centre LASUTH		LASUTH-Lagos	DA
Family planning training centre		LASUTH-Lagos	DA
Young mum clinic Akerele		PHC Akere, Lagos	DA
Lagos central medical store		Oshodi –Lagos	DA
Family planning centre Ijebu		General Hosptial Ijebu –Ogun state	DA
EmonC		General Hosptial Ijebu –Ogun state	DA
School of nursing and Midwifery		Idiara Abeokuta, Ogun	DA
Youth friendly centre		Abeokuta, Ogun	DA
Sexual assault centre		Ogun	DA
School of midwifery		Calabar	DA
VVF centre		State specialist Hospital-Calabar	DA
School of midwifery		Kaduna	DA
EmonC		Kaduna	DA
Safe spaces		Zaria, Kaduna	DA
Vocational centre wucheri		Wucheri, Kaduna	DA
VVF centre		Gambo Sawaba Hospital –Zaria	DA

Annex D: List of Atlas Projects of the 8th Country Programme by Outputs and Strategic Plan Outcome

Year N = 2018		Year N+1		Year N+2

Fund Type	IA Group	Implementing Agency	Activity Description	Geographic location	Atlas Budget	Expense	Implementation rate
REGIONAL PROJECTS							
		Activity 01					
GENDER EQUALITY							
Strategic plan outcome: Gender equality and women's empowerment							
Country programme output: Increased multisectoral 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							
Annual work plan: (Code and Name):							
		Activity 01					
UOC33	NGO	PN6391	Organise awareness creation on Gender equality and women's Empowerment	BAY States	27,320	26,516	97.1%
		Activity 02					
FPA90, ZZJ29, UOC33, NGA20, NGA25	Government/ NGOs	PU0074, PN6005, PN6391, PN6018, PN6020, PN6719, PGNG17, PGNG23, GNG26, PGNG32, PGNG43	Conduct advocacy for Gender Issues including RMNCH	8CP States	152,944	123,172	80.5
		Activity 03					
FPA90, CAA69, CAA80, ZZJ29, NGA25, UOC25	Government/ NGOs	PU0074, PN6391, PN6020, PGNG08, PGNG26, PGNG43, PGNG49,	Develop BCC for GEWE/GBV including FGM and SRH issues	National	406,067	389,602	95.9
		Activity 04					
EUA98	UNFPA	PU0074	Capacity building Nigeria_CTA Meeting	BAY States	19,950	27,787	139.3
		Activity 05					
FPA90, NGA20, NGA25, NGA27	Government	PGNG26, PGNG32, PGNG38	Organise commemoration of Global observances on gender issues (such as WAD, AII, etc.)	Kaduna, Lagos & Ogun States	15,333	15,082	98.4

		Activity 06					
UOC32, 3006E	Government/ NGOs	PN5701, PGNG14	Provide SRH/GBV Services Delivery including Psycho-Social Support in humanitarian setting	BAY States	64,308	56,305	87.6%
		Activity 07					
CAA80	NGO	PN6524	Develop and disseminate Media and Public Relations materials for GBV issues	National level with focus 8CP programme States	32,556	32,326	99.3
		Activity 08					
UOC32, UOC33, CAA69, CAA80, FPA90	Government/ NGOs	PN6391, PU0074, PGNG05, PGNG14, PGNG55	Conduct Programme and Financial Monitoring for GBV/GEWE Activities	National level and 17 programme States	64,833	44,671	68.9
		Activity 09					
CAA69, NGA27	Government/ UNFPA	PU0074, PGNG30	Procure related IT Equipment and Consumables	National, Bauchi, Oyo, Sokoto	254,191	25,659	10.1
		Activity 10					
NGA20	Government	PGNG32	Publications and Printing, GBV assessment Reports	Lagos	2,060	2,055	99.8
		Activity 11					
CAA69	UNFPA	PU0074	Renovate Facilities to provide SRH/GBV services	Bauchi, Oyo, Sokoto	70,000	0	0
		Activity 12					
CAA69	UNFPA	PU0074	Conduct research and survey on SGBV (landscape, operational, etc)	National	213,920	0	0
		Activity 13					
UOC33, CAA80, FPA90, KRA25, UOC41, UOC42,	Humanitarian/ UNFPA	PN6391, PGNG05, PN6669, PGNG55, PGNG14, PU0074, PN6436, PN6719,	Support for GBV/SRH implementation including emergency preparedness	BAY States	973,248	809,932	83.2

UOC44, ZZH05, 3006E		PN6170, PN6170, PN6879					
		Activity 14					
FPA90, UOC33, CAA69, ZZJ29, EUA98	UNFPA/ NGO	PU0074, PN6719	Technical Backstopping (Costs/Salaries of staff supporting Gender Issues)	UNFPA	570,997	331,045	57.98%
		Activity 15					
ZZJ29, FPA90, Nga20, NGA25, CAA69, ZZT05	Government/ NGOs	PN6018, PGNG08, PU0074, PGNG17, PGNG26, PGNG32, PGNG49, PGNG35, PGNG43, PN6020	Organise Trainings on Gender Equality, including GBV	National	135,092	114,399	84.7
		Activity 16					
ZZJ29	Government/ NGOs	PN6018, PGNG32	Capacity building on FGM	Lagos	6,987	4,511	64.6
		Activity 17					
UOC33	NGO	PN6719	Support for emergency Prepared	BAY States	68,289	99,015	145
		Activity 18					
ZZJ29	NGO	PN6020	Support for FGM Surveillance	Project States	8,287	8,171	98.6
Fund Type	IA Group	Implementing Agency	Activity Description	Geographic location	Atlas Budget	Expense	Implementation rate
POPULATION DYNAMICS							
Strategic plan outcome: Population dynamics							
Country programme output: Increased capacity to generate population projections and identify sociodemographic trends and address them within policies, programmes and advocacy							
Annual work plan: 2018							
		Activity 01					
FPA90, NGA20, NGA25, ZZT05	Government/ NGOs	PGNG02, PGNG08, PGNG11, PGNG17, PGNG26, PGNG32, PGNG35, PGNG42, PGNG49, PGNG53, PU0074, PGNG52, PGNG54, PN6524	Advocacy for Population and Development	National	328,948	295,282	89.8
		Activity 02					

NGA27, FPA90	Government	PGNG08, PGNG26, PGNG49, PGNG38, PGNG35, PGNG52	Capacity building for Population and Development Issues – Data Collection, Analysis, Dissemination and Use	Nationwide	28,052	6,435	29.9
		Activity 03					
FPA90, NGA20	Government	PGNG32	Capacity building for Population and Development Issues – RBM and DQA	Nationwide	24,770	24,682	99.6
		Activity 04					
FPA90, PN6779	UNFPA	PU0074,	Capacity building for Population and Development Issues – Roll out of DD programming	Nationwide	175,000	182,320	104.2
		Activity 05					
FPA90, NGA25,	Government	PU0074, PGNG26, PGNG42	Conferences: local and international on PD including demographic dividend	Nationwide	242,248	225,539	105.5
		Activity 06					
FPA90, ZZT05, NGA20, NGA25, CAA44, FGA08, NGA27, ZZJ29	Government	PGNG02, PGNG08, PGNG11, PGNG17, PGNG23, PGNG26, PGNG32, PGNG35, PGNG38, PGNG40, PGNG41, PGNG42, PGNG49, PGNG54 PN6527, PN6779, PU0074	Support for Data Management and Utilisation including roll out of DD Programming	Nationwide	758,599	640,642	84.5
		Activity 07					
FPA90	Government	PGNG20	Global Observances (WPD, SWOP, etc)	Nationwide	19,920	11,564	58.1
		Activity 08					
FPA90, NGA27, NIA01	Government/ UNFPA	PU0074, PGNG17, PGNG35, PGNG38, PGNG40,	Programme and Financial Monitoring for P&D Interventions	8CP Staes	141,026	102,786	72.9
		Activity 09					
FPA90,	UNFPA	PU0074	NEX Audit	8CP States	30,000	34,040	113.5

		Activity 10					
FPA90	UNFPA	PU0074,	Planning, Review and Retreat	8CP States	141,339	218724	154.8
		Activity 11					
NGA20, NGA25	Government	PGNG32, PGNG26	Procurement IT Equipment and Consumables	Kaduna & Lagos State	21,330	3,626	16.99
		Activity 12					
FPA90, NGA20, NGA25	Government	PGNG26, PGNG32, PGNG54	Publication (Printing of Research Report, Articles, etc.)	Nationwide	26,008	19,893	76.5
		Activity 13					
FPA90	UNFPA	PU0074	Technical Backstopping (Staff Salaries/Costs)	UNFPA	550,558	573,870	104.2
		Activity 14					
NGA25, FPA90	Government	PGNG26, PGNG54	Public Relations and Media for population dynamics	Nationwide	12,943	6,839	52.8
Fund Type	IA Group	Implementing Agency	Activity Description	Geographic location	Atlas Budget	Expense	Implementation rate
REPRODUCTIVE HEALTH							
Strategic plan outcome: Sexual and reproductive health							
Country programme 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							
Annual work plan: 2018							
		Activity 01					
ZZT05	UNFPA	PU0074	Costed Implementation Plan for Family Planning	Nationwide	142,800	138,201	96.8
		Activity 02					
FPA90, NGA20	Government/ UNFPA	PGNG32, PU0074	Support for Lagos State Youth Policy	Lagos State	8,796	9,004	102.4
Fund Type	IA Group	Implementing Agency	Activity Description	Geographic location	Atlas Budget	Expense	Implementation rate
REPRODUCTIVE HEALTH							
Strategic plan outcome: Sexual and reproductive health							

Country programme 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							
Annual work plan: 2018							
		Activity 03					
ZZT05, NGA20, FPA90	Government/ NGOs	PGNG11, PGNG17 PGNG32, PGNG54, PN6021	Trainings on FP Technology.	Nationwide	136,056	131,837	96.9
		Activity 04					
FPA90, ZZT05, ZZT06, NGA25, NGA27, UOC44, NOA67, CAA80	Government/ NGOs/UNFPA	PU0074, PN5631, PN6018, PN6112, PN6524, PN6527, PN6886, PGNG52, PGNG02, PGNG17, PGNG26, PGNG38, PGNG49,	Advocacy for maternal health, Family Planning, RHCS, CLMS, and CIPs; including strategic sessions	Nationwide	493,739	464,180	94.0
		Activity 05					
ZZT03, NGA25, 3FPBF, NIA01, FPA90	Government/ NGOs/UNFPA	PU0074, PN6524, PN5562, PGNG26	BCC/IEC for maternal health, Family Planning services	Nationwide	43,320	23,017	53.1
		Activity 06					
ZZT05, FPA90, ZZT05, NGA08, NGA20, NGA31	Government/ NGOs	PN5631, PN5701, PN6018, PGNG02, PGNG32, PGNG35, PGNG49, PGNG52	Community-based Distribution of Family Planning commodities	Nationwide	113,579	105,591	92.97
		Activity 07					
ZZT05, NGA25, FPA90	Government/ NGOs/UNFPA	PU0074, PGNG41, PGNG05, PGNG26, PGNG32, PGNG35, PN5631, PN5701	Implementation of CLMS Coordination and CBD activities	Nationwide	701,043	636,711	90.8
		Activity 08					
ZZT05, FPA90, NOA67, KRA25, UOC42, NGA25	Government/ NGOs/UNFPA	PN6950, PGNG02, PU0074, PN6524, PGNG26	Media and Public Relations for SRH issues	Nationwide	115,496	62,276	53.9
		Activity 09					

FPA90, ZZT05, NGA20	Government/ NGOs/UNFPA	PU0074, PN5631, PN6112, PN6021, PGNG32, PGNG35, PGNG52	Programme and Financial Monitoring for Family Planning	8CP States	272,354	269,649	99.0
		Activity 10					
FPA90, CAA80, UOG71, UOC44, UOC42, UOC25, UOC26, UOC41, UOC33, UOC32, KRA25, NGA25 NIA01, NOA67, ZZH05	Government/ NGOs/UNFPA	PU0074, PN6719, PN6436, PGNG08, PN5631, PN6879 PGNG11, PGNG14, PN6756, PGNG17, PGNG23, PGNG26, PGNG35, PGNG49, PN5701, PN6170, PN6669,	Programme and Financial Monitoring for RMNCH	Nationwide	693,652	678,412	97.8
		Activity 11					
ZZT05	UNFPA	PU0074	Research and surveys – UNFPA supply survey	Nationwide	316,090	313,396	99.1
		Activity 12					
NIA01, NOA67	UNFPA	PU0074	Procurement of IT Equipment and Consumables related to RH/FP	Nationwide	109,774	0	0
		Activity 13					
ZZT05, NGA25, UOG71, NGA26, NGA27, UKB64, UOC32, UOC41, UOC42, UOC44, KRA25, 3FPBF, UKA23, FPA90, CAA69, ZZH05	Government/ UNFPA	PU0074, PGNG14, PGNG26, PGNG41 PGNG26, PGNG38	Procurement of contraceptives including maternal and RH	Nationwide	7,825,713	3,829,140	48.9
		Activity 14					

ZZT05	UNFPA	PU0074	Publications and Printing, Reports	Nationwide	60,000	40,949	68.2
		Activity 15					
KRA25, FPA90, NGA33, UOC41	Government/ NGOs	PGNG20, PU0074, PN6170	Renovation of Health Facilities	FCT	272,172	110,788	40.7
		Activity 16					
ZZH05, 3006E, UOC32, FPA90, CAA80, NOA67, NGA27, NGA32, KRA25, UOC26, UOC32, UOG14, UOG71, NIA01, NGA24, UOC41, UOC42, UOC44, ZZT06, NGA25	Government/ NGOs/UNFPA	PN6756, PN6170, PU0074 PGNG02, PGNG05, PGNG08, PGNG11, PGNG14, PGNG17, PGNG20, PGNG23, PGNG26, PGNG35, PGNG38, PGNG49, PGNG52, PGNG55, PN5631, PN6756, PN6879, PN6920, PN6669, PN6170, PN6436, PN6719, PGNG17, PGNG26	Support for RMNCH implementation	8CP States	2,344,033	1,250,081	53.3
		Activity 17					
3FPBF, NGA25, NGA27, ZZT03 ZZT06	Government/ NGOs	PU0074, PGNG49, PGNG26, PGNG38, PN5562,	Support for Fistula Programming – repairs etc.	Project States	226,332	78,156	34.5
		Activity 18					
FPA90, ZZT05, ZZT06, NGA20, NGA25, NGA27, UOC32, UOC33, UOC41, UOC42, CAA69,	Government/ NGOs/UNFPA	PN6170, PN6391, PU0074, PGNG11, PN67576, PGNG49, PGNG17, PGNG23, PGNG32, PGNG38, PGNG36, PN6436,	Training on RMNCH related including ELSS, LSS, MLSS, CMR, MISP, and FP data quality assurance	8CP States	317,031	208,239	65.7
		Activity 19					
FPA53, FPA54, FPA90, ZZT05, ZZH05, ZZT06,	NGOs	PU0074, PN5631, PN6950	Technical Backstopping (Staff Salaries/Cost) –	Nationwide	3,697,857	3,685,735	99.7

3006E, CAA80, UOC32, UOC33, UOC41, UOC42, UOC44, NOA67, NIA01, KRA25			SRH including Family Planning/RHCS				
		Activity 20					
ZZT05	Government	PGNG32, PGNG52, PGNG35	Trainings on CLMS & RHCS	Nationwide	46,603	45,681	98.0
		Activity 21					
CAA80, UOC41	NGO	PN6170	Training on MISP and ASRH	Project States	34,358	30,224	87.97
		Activity 22					
ZZT05	NGO	PN6950	Entrepreneurship Initiative for FP	Nationwide	25,154	25,151	99.99
		Activity 23					
ZZT05,	NGO/UNFPA	PN6950, PU0074	Expert Advisory Committee Meeting	Nationwide	62,105	15,831	25.5
		Activity 24					
FPA90, ZZT06	Government/ UNFPA	PU0074, PGNG35	Global observances	8CP States	59,294	37,675	63.5
Fund Type	IA Group	Implementing Agency	Activity Description	Geographic location	Atlas Budget	Expense	Implementation rate
REPRODUCTIVE HEALTH							
Strategic plan outcome: Sexual and reproductive health							
Country programme 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							
Annual work plan: 2018							
		Activity 25					
FPA90, NGA20	Government	PGNG32	Conduct MPDSR Meeting		2,843	1,529	53.8
		Activity 26					
ZZT05, KRA25, NOA67	UNFPA	PU0074	Conferences: local and international	8CP States	30,379	41,654	137.1
		Activity 27					

ZZT03	Government/ UNFPA	PU0074, PN5562	Global observances on RMNCH	8CP States	12,010	11,659	97.1
ADOLESCENT AND YOUTH							
Strategic plan outcome: Adolescent and Youth							
Country programme output: 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							
Annual work plan: 2018							
		Activity 01					
FPA90, ZZJ29, UQA68, CAA44	Government/ NGOs/UNFPA	PGNG32, PGNG44, PGNG52, PU0074, PN6311, PN6018	Advocacy for ASRH, ADY issues, including ECM and Gender	Nationwide	39,051	35,923	91.99
		Activity 02					
NGA20, ZZT05, CAA80, UOC32, UQA68, ZZJ29	Government/ NGOs/UNFPA	PU0074, PGNG32, PN6018, PN6669	ASRH service provision	Project States	227,658	221,188	97.2
		Activity 03					
CAA44, UQA68, NGA20, ZZM14	Government/ NGOs/UNFPA	PGNG11, PGNG32, PU0074, PN6524, PN6019	BCC for Adolescent and Youth Issues	Project States	86,691	70,003	80.8
		Activity 04					
FPA90, UQA68	Government	PGNG11, PGNG32	Global Observances (WAD, IYD, etc)	Benue & Lagos States	4,549	2,604	57.2
		Activity 05					
PFA90,	Government	PGNG54	Programme and Financial Monitoring for Adolescent and Youth	Gombe State	1,671	1,651	98.8
		Activity 06					
CAA80, UOC32, ZZJ29	NGO/UNFPA	PN6669, PU0074	Provision of services in YFC	BAY States	96,771	96,847	100.1
		Activity 07					
FPA90,	Government	PGNG17	Publications and Printing, Reports	Ebonyi State	221	222	100.1
		Activity 08					

NGA20, UQA68	Government/ UNFPA	PGNG32, PGNG08, PGNG11, PGNG49, PU0074	Support for RH/HIV Integration (EMTCT)	Akwa-Ibom, Benue, Cross River, & Lagos States	85,170	63,670	74.8
		Activity 09					
FPA90, ZZJ29, UQA66, CAA44	UNFPA/NGO	PU0074, PN6311,	Technical Backstopping (Staff Salaries/Costs)	Nationwide	641,404	631,300	98.4
		Activity 10					
UQA68, NGA27, CAA44, FPA90 UOC33, CAA80, UOC26, UOC42	Government/ NGOs	PGNG17, PGNG26, PGNG38, PN6311, PN6018 PN6719, PN6669	Training on ASRH/HIV	Project States	291,569	270,150	92.7
		Activity 11					
FPA90, UOC33 CAA80	Government/ NGOs/UNFPA	PN6391, PGNG05, PGNG55 PU0074,	Trainings (YFS, Life Skills, M)	BAY States	47,478	74,469	156.8
		Activity 12					
FPA90, CAA44	UNFPA	PU0074	Local and International Conferences related to A&Y	Nationwide	14,773	29,340	198.6
		Activity 13					
CAA44	NGO	PN6311	Support for research and survey related to A&Y	Nationwide	6,157	6,098	99.0
		Activity 14					
FPA90, NGA20	Government	PGNG32	Renovation of YF service centres	Lagos State	2,355	2,345	99.6
		Activity 15					
NGA27	Government	PGNG38	Procurement of IT equipment	Sokoto State	17,674	17,558	99.3
Fund Type	IA Group	Implementing Agency	Activity Description	Geographic location	Atlas Budget	Expense	Implementation rate
OTHER PROGRAMMATIC AREA							
Strategic plan outcome:							
Country programme output:							
Annual work plan: 2018							
		Activity 01					

ZZT05, ZZH05, 3006E, UOC32 CAA44, UOC33, CAA80, UOC41 FPA90, CAA80, UOG17, UOG71, UOC42, UOC32, UOC44, NOA67, 3FPBF, UQA66, UQA68, ZZJ29 ZZT03, ZZT06	NGO/academia Implementing Partners	PN6950, PN6524, PN6112, PN6021, PN6018, PN5701, PN5631, PN6527, PN6170, PN6669, PN6311, PN6311 PN6719, PN6524, PN6391, PN6170, PN6779, PN6920, PN6886, PN6756, PN6669, PN6436, PN5701, PN5631, PN5562, PN6524, PN6019, PN6018, PN6005, PN6020 PN5562	Indirect Cost/Support Cost to NGO/academia Implementing Partners	Nationwide	258,644	234,924	90.8
Fund Type	IA Group	Implementing Agency	Activity Description	Geographic location	Atlas Budget	Expense	Implementation rate
ADMINISTRATION							
Strategic plan outcome:							
Country programme output:							
Annual work plan: 2018							
		Activity 01					
ZZT05, FPA90	UNFPA	PU0074	Operational costs	UNFPA	626,381	800,944	127.9
Year N = 2019			Year N+1			Year n+2	
Fund Type	IA Group	Implementing Agency	Activity Description	Geographic location	Atlas Budget	Expense	Implementation rate
REGIONAL PROJECTS							
		Activity 01					

		Activity 01					
		Activity 01					
GENDER EQUALITY							
Strategic plan outcome: Gender equality and women's empowerment							
Country programme output: Increased multisectoral 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							
Annual work plan: (Code and Name):							
		Activity 01					
FPA90, CAA89, NOA76, ZZJ29	Government/ NGOs/UNFPA	PU0074, PGNG23, PGNG32, PGNG35, PGNG43, PN6005, PN6018	High level advocacy for GBV/Genders Issues	Nationwide	102,980	99,321	97.3
		Activity 02					
FPA90, UDC64, NIA01, NOA67, NGA25, CAA69, ZZJ29, ZZT06	Government/ NGOs	PGNG08, PGNG17, PGNG26, PGNG38, PGNG49, PGNG54, PU0074, PN5701, PN6527,	Advocacy for RMH including Gender	Nationwide	191,239	182,642	95.5
		Activity 03					
ZZJ29	NGO	PN6020	Advocacy on FGM/Gender	Project States	3,995	3,597	90.0
		Activity 04					
FPA90, ZZJ29, NIA01, NOA67, NGA25, CAA89, UOG71, WFF05	Government/ NGOs/UNFPA	PGNG02, PGNG17, PGNG23, PGNG26, PGNG54, PN6005, PN6669, PN6879, PU0074	BCC Programme (RMH and Gender)	Nationwide	199,388	172,924	86.7
		Activity 05					
ZZJ29	Government	PGNG43	BCC for FGM/Gender	Nationwide	20,209	20,124	99.6
		Activity 06					
FPA90, CAA69, UDC64, ZZJ29	Government/ NGOs/UNFPA	PU0074, PGNG32, PGNG38, PN5562,	BCC for GBV/Gender	Nationwide	476,094	135,122	28.4

		PN6005, PN6018, PN6019, PN6020, PN6527					
		Activity 07					
EUA98	UNFPA	PU0074	Capacity building Nigeria_CTA Meeting	Project States – BAY States	9,000	10,126	112.5
		Activity 08					
FPA90, NGA25, NGA32, ZZJ29	Government	PGNG08, PGNG11, PGNG23, PGNG26, PGNG35, PGNG38, PGNG43, PGNG49	Global observances (WAD, AII, etc.)	Nationwide	33,782	23,680	70.1
		Activity 09					
3006E, KRA25, NOA76, UOC61, UOG71	Government/ NGOs	PGNG14, PN6669, PN7107	Humanitarian GBV Services Delivery including Psycho-Social Support	BAY States	1,015,648	949,827	93.5
		Activity 10					
ZZJ29	UNFPA	PU0074	Knowledge management and data	Project States	10,029	10,245	102.2
		Activity 11					
NGA32, NOA67	Government/ NGOs	PGNG11, PN6524	Media & Pub Relations for GBV issues	Nationwide	59,581	59,576	99.99
		Activity 12					
ZZJ29, CAA69, FPA90, UOC42, UOC44,	UNFPA	PU0074	Programme and Financial Monitoring for GBV/GEWE Interventions	Nationwide	55,889	55,066	98.5
		Activity 13					
CAA69	UNFPA	PU0074	Procurement Equipment and Consumables	Project States	224,936	695	0.3
		Activity 14					
CAA69	UNFPA	PU0074	Procurement of Contraceptives and maternal and RH	Project States	111,280	94,838	85.2
		Activity 15					
FPA90, ZZJ29	Government	PGNG49, PGNG17	Publications and Printing, Reports	Nationwide	6,361	6,336	99.6
		Activity 16					
FPA90	UNFPA	PU0074	REGA/UNFPA CD	Project States	0	1,087	

		Activity 17					
FPA90, NGA25	Government	PGNG26, PGNG55,	Renovation of Health Facilities	Project States	28,399	28,385	99.95
		Activity 18					
KRA25, CAA69, UDC64	UNFPA/NGO	PU0074, PN6021	Research and survey on SGBV (landscape, operational, etc)	Nationwide	373,837	49,696	13.3
		Activity 19					
FPA90, UOC64, NIA01	Government/ NGOs	PGNG38, PN6527	Support for RMNCH implementation	Programme States	14,616	14,568	99.7
	UNFPA/NGOs	Activity 20					
EUA98, FPA90, UDC64, CAA69, ZZJ29	UNFPA/NGOs	PU0074, PN7043, PN5562,	Technical Backstopping (Staff Salaries)	UNFPA officials	647,845	688,849	106.3
		Activity 21					
FPA90, NGA25, NGA32, UDC64, CAA69, CAA89, ZZJ29	Government/ NGOs	PGNG02, PGNG08, PGNG11, PGNG26, PGNG35, PGNG43, PGNG49, PGNG55, PU0074, PN6005, PN6018, PN6020, PN7043	Training on Gender Equality, including GBV and FGM	Programme Sttaes	176,031	129,999	73.9
POPULATION DYNAMICS							
Strategic plan outcome: Population dynamics							
Country programme output: Increased capacity to generate population projections and identify sociodemographic trends and address them within policies, programmes and advocacy							
Annual work plan: (Code and Name):							
		Activity 01					
FPA90, ZZT05, NGA25, NGA32	Government/ UNFPA	PGNG02, PGNG08, PGNG11, PGNG17, PGNG23, PGNG26, PGNG32, PGNG35, PGNG42, PGNG52, PGNG53, PU0074	Advocacy for Population and Development	Nationwide	281,348	244,083	86.8
		Activity 02					

FPA90, NGA25	Government/ UNFPA	PU0074, PGNG26, PGNG38, PN6779	Capacity building for Population and Development Issues	Nationwide	261,253	191,564	73.3
		Activity 03					
FPA90, NGA25	Government/ NGOs	PU0074, PGNG26, PGNG40, PGNG42, PN6779	Conferences: local and international on PD	Select Federal IPs	159,078	135,908	85.4
		Activity 04					
FPA90, NGA20	Government	PGNG32, PGNG40, PGNG42, PGNG52	Support for Data Management and Utilisation including roll out of DD Observatory	Nationwide	36,556	29,133	79.7
		Activity 05					
FPA90	Government	PGNG20	Global Observances (WPD, SWOP, etc)	Nationwide	33,060	31,517	95.3
		Activity 06					
FPA90, NGA27, NGA32	Government	PU0074, PGNG11, PGNG38, PGNG40,	Programme and Financial Monitoring for P&D Interventions	Programme States	58,396	38,824	66.5
		Activity 07					
FPA90	UNFPA	PU0074	NEX Audit	Select programme IPs	30,000	43,447	144.8
		Activity 08					
FPA90	UNFPA	PU0074	Planning, Review and Retreat	All IPs	419,525	365,101	87.0
		Activity 09					
FPA90	Government	PGNG32	Procurement Equipment and Consumables	Project States	2,720	2,719	99.9
		Activity 10					
FPA90, NIA01	UNFPA	PU0074	Programme Evaluation	Programme States and IPs	18,485	11,118	60.1
		Activity 11					
NGA25, NGA27	Government	PGNG26, PGNG38	Publications and Printing, Reports	Project States	3,546	0	0
		Activity 12					
FPA90	UNFPA	PU0074	Technical Backstopping (Staff Salaries)	UNFPA officials	320,576	310,142	96.7
		Activity 13					

PGNG11, PGNG17	UNFPA	PU0074	Training on Population Dynamics	Nationwide	16,662	16,630	99.8
REPRODUCTIVE HEALTH							
Strategic plan outcome: Sexual and reproductive health							
Country programme 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							
Annual work plan: (Code and Name):							
		Activity 01					
FPA90	Government	PGNG44	Advocacy/Policy Dialogue/Coordination	Nationwide	23,274	18,856	81.0
		Activity 02					
FPA90	UNFPA	PU0074	Advocacy Meeting	Programme States	25,000	23,129	92.5
		Activity 03					
ZZT05, NOA67	Government/ NGOs	PGNG20, PGNG23, PGNG35, PN5631, PN6018, PN6112, PN6886	Advocacy for CLMS, RHCS, CIP, FP and SRH	Nationwide	104,815	93,287	89.0
		Activity 04					
ZZT05	UNFPA	PU0074	Costed Implementation Plan for Family Planning	Nationwide	47,428	48,088	101.4
		Activity 05					
FPA90, NGA25	Government/ UNFPA	PU0074, PGNG26	Global Observances	Nationwide	11,470	11,455	99.9
		Activity 06					
FPA90	Government	PGNG32	Support State Youth Policy	Lagos State	0	0	0
REPRODUCTIVE HEALTH							
Strategic plan outcome: Sexual and reproductive health							
Country programme 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							
Annual work plan: (Code and Name):							
		Activity 07					

ZZT05, FPA90, NOA67, KRA25	Government/ NGOs	PGNG02, PGNG17, PGNG52, PU0074, PN5631, PN5701, PN6018, PN6021	Trainings on FP Technology.	Nationwide	169,513	162,958	96.1
		Activity 08					
NOA67	UNFPA	PN5701	72 Hours Facilities Makeover	Project States	171,374	175,345	102.3
		Activity 09					
ZZT05	UNFPA	PU0074	BCC for Family Planning	Nationwide	621	626	100.8
		Activity 10					
FPA90, ZZT05	Government/ NGOs	PGNG17, PGNG49, PN5631, PN5701	Community-based Distribution of Family Planning commodities	Nationwide	21,802	20,048	91.95
		Activity 11					
NOA67	NGOs	PN6879	Conduct baseline and research	Project State	13,971	900	6.4
		Activity 12					
ZZT05	UNFPA	PU0074	Conferences: local and international conference on Family Planning	Select IPs	50,807	48,090	94.7
		Activity 13					
ZZT05	Government/ NGOs	PGNG41, PGNG32, PN5631	Implementation of CLMS Coordination and CBD activities	Nationwide	49,802	49,671	99.7
		Activity 14					
FPA90	NGOs	PN6524	Media and Public Relations for SRH issues	Nationwide	70,909	59,998	84.6
		Activity 15					
ZZT05, 3006E	Government/ NGOs	PGNG17, PGNG32, PGNG52, PU0074, PN5631, PN5701, PN6018, PN6112	Programme and Financial Monitoring for Family Planning	Nationwide	283,724	261,145	92.0
		Activity 16					
FPA90, NOA67, CAA89, KRA25, NOA76, UOC42,	Government/ NGOs	PGNG02, PGNG08, PGNG11, PGNG26, PGNG32, PGNG54, PU0074, PN5631, PN5701,	Programme and Financial Monitoring for SRH	Programme States	816,356	407,112	49.9

UOC44, UOG71, WFP05, NGA25,		PN6005, PN6021, PN6701, PN6669, PN6879					
		Activity 17					
ZZT05, UKA64	UNFPA	PU0074,	Research and surveys – UNFPA supply survey	Nationwide	336,509	327,030	97.2
		Activity 18					
NOA67	UNFPA	PGNG54	Research and survey on SRH	Project State	1,710	1,700	99.4
		Activity 19					
FPA90, KRA25, NOA67, UOC41, UOC42, UOC44, UOG71, 3FPBF, ZZT06, 3006E	UNFPA/NGOs	PU0074, PGNG26, PN5562, PN6669,	Procurement of Equipment and Consumables	Project States	732,338	659,558	90.1
		Activity 20					
FPA90, KRA25, NGA26, UKA64, UKB23,	Government/ NGOs	PGNG14, PGNG38, PGNG41, PGNG54, PU0074, PN6756,	Procurement of contraceptives including maternal and RH	Nationwide	10,436,228	7,377,298	70.7
		Activity 21					
ZZT05, NOA67, NGA25, ZZT06	Government/ UNFPA	PU0074, PGNG26, PGNG54,	Publications and Printing, Reports	Nationwide	27,412	16,804	61.3
		Activity 21					
3006E, CAA69, CAA80, KRA25, NOA76, WFP05, 3FPBF, FPA90, NGA25, NGA33,	Government/ NGOs	PGNG14, PGNG20, PGNG26, PGNG38, PN6669, PGNG55, PU0074, PN6005, PN6669	Renovation of Health Facilities	Project States	985,959	918,377	93.1
		Activity 22					
FPA90, ZZT05, 3006E, CAA80,	Government/ NGOs/UNFPA	PU0074, PGNG02, PN6879,	Support for RMNCH implementation	Programme States	1,523,189	927,449	60.9

CAA89, 3FPBF, NOA67, NOA76, NGA32, WFP05, KRA25, UOC41, UOC42, UOC44, UOG71, NIA01, NGA25,		PGNG05, PGNG08, PGNG11, PGNG17, PGNG20, PGNG23, PGNG26, PGNG35, PGNG38, PGNG49, PGNG52, PGNG54, PN6920, PGNG55, PN6005, PN6018, PN6019, PN6170, PN6527, PN6669, PN6756,					
		Activity 23					
FPA90, KRA25, CAA89, WFP05, NOA76	Government/ NGOs	PGNG14, PGNG49, PN6005, PN7107	RMNCH related trainings including ELSS, LSS, MLSS, CMR, MISP, and FP data quality assurance	Programme States	158,069	138,763	87.8
		Activity 24					
FPA90, ZZT05, ZZT06, NOA67, NIA01, CAA89, KRA25, NOA76, UOC41, UOC44, UOC61, UOG71, WFP05, 3006E	UNFPA/NGO	PU0074, PN5631,	Technical Backstopping (Staff Salaries)	All UNFPA officials	2,834,380	3,084,356	108.8
		Activity 25					
FPA90, ZZT05	Government	PGNG02, PGNG32, PGNG35	Trainings on CLMS & RHCS	Nationwide	7,965	7,960	99.9
REPRODUCTIVE HEALTH							
Strategic plan outcome: Sexual and reproductive health							
Country programme 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							
Annual work plan: (Code and Name):							
		Activity 26					

FPA90, 3FPBF, CAA69, NGA27, NOA67, ZZT06	Government/ NGOs	PGNG38, PN5582, PN6886	BCC for RMH/SRH	Programme States	60,043	52,671	87.7
		Activity 27					
FPA90	Government	PGNG32	Conduct MPDSR Meeting	Lagos State	2,717	2,711	99.8
		Activity 27					
ZZT06	Government/ NGOs	PGNG02, PGNG17, PGNG35, PGNG46, PGNG52, PN6527	Support for RMNCH implementation	Programme States	83,131	79,944	96.2
		Activity 29					
ZZT06	Government	PGNG54	Technical Support for HSS	Project State	13,830	13,753	99.4
ADOLESCENT AND YOUTH							
Strategic plan outcome: Adolescent and youth							
Country programme output: 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							
Annual work plan: (Code and Name):							
		Activity 01					
FPA90, NOA01, NOA67, CAA69, UDC64, UQA70	Government/ NGOs/UNFPA	PGNG32, PU0074, PN6005, PN7043	Advocacy for ASRH, AY programming, ECM, and Gender	Project States	79,223	73,640	92.95
		Activity 02					
FPA90, NGA20, UQA68, UQA70	Government	PGNG32	ASRH service provision	Lagos State	15,061	14,736	97.8
		Activity 03					
CAA69, UQA70	Government/ NGOs	PGNG32, PN6019	BCC for Adolescent and Youth Issues	Project States	68,384	65,526	95.8
		Activity 04					
FPA90, NGA25, NGA32, UQA70	Government	PGNG02, PGNG11, PGNG23, PGNG26, PGNG32	Global Observances (WAD, IYD, etc)	Programme States	15,219	15,181	99.8
		Activity 05					
CAA69, KRA25, NGA32	Government/ NGOs	PGNG11, PN6524	Media & Pub Relations for ADY issues	Programme States	123,295	123,248	99.96

		Activity 05					
UQA70	NGO	PN6019	Programme and Financial Monitoring for Adolescent and Youth	Project States	10,233	10,229	99.96
		Activity 06					
CAA69	NGO	PN6669	Provision of services in YFC	Project State	71,491	71,491	100
		Activity 07					
FPA90, NGA31	Government	PGNG32, PGNG44, PGNG52	Publications and Printing, Reports	Programme States	30,522	18,852	61.8
		Activity 08					
FPA90, UQA68, UQA70	Government/ NGOs/UNFPA	PGNG23, PU0074, PN6019	Support for RH/HIV Integration (EMTCT)	Programme States	33,473	24,530	73.3
		Activity 09					
UQA68, FPA90, NIA01	Government/ UNFPA	PGNG26, PGNG38, PU0074	Support for RMNCAH implementation	Programme States	64,524	38,209	59.2
		Activity 10					
FPA90, CAA69, NIA01, NOA67	UNFPA/NGO	PU0074, PN7043	Technical Backstopping (Staff Salaries)	UNFPA staff/officials	431,995	435,230	100.7
		Activity 11					
CAA69, NOA67, NIA01, UQA68, UQA70,	UNFPA/NGOs	PU0074, PN6005, PN7043,	Technical Support for ARSH/HIV including family life education	Programme States	379,947	363,115	95.6
		Activity 12					
FPA90, NGA25, NGA32, CAA69, CAA89, NIA01, NOA67	Government/ NGOs	PGNG11, PGNG23, PGNG26, PN6005, PN7043,	Training on ASRH/HIV	Programme States and FMOYS	361,556	335,795	92.9
		Activity 13					
FPA90	Government	PGNG44	Support for Youth and GBV Conference	Programme States	2,775	2,762	99.5
OTHER PROGRAMME AREA							
Strategic plan outcome:							
Country programme output:							
Annual work plan: (Code and Name):							

		Activity 01					
ZZT03, ZZT05, ZZT06, 3006E, CAA69, CAA80, CAA89, NIA01, NOA67, NOA76, CAA69, UQA70, KRA05, FPA90, WFP05, UDC64, UOC44, UOC61, UOG71, ZZJ29, 3FPBF	NGOs/academia	PN5562, PN5631, PN5701, PN6005, PN6018, PN6019, PN6020, PN6021, PN6112, PN6170, PN6436, PN6524, PN6527, PN6756, PN6779, PN6886, PN6669, PN6920, PN7043, PN7107,	Indirect Cost/Support Cost to NGO/academia Implementing Partners	Programme States	410,633	335,409	81.7
ADMINISTRATION							
Strategic plan outcome:							
Country programme output:							
Annual work plan: (Code and Name):							
		Activity 01					
FPA90	UNFPA	PU0074	Operational costs	UNFPA	795,233	876,382	110.2
Year N: **2020**			Year N+1			Year N+2	
Fund Type	IA Group	Implementing Agency	Activity Description	Geographic location	Atlas Budget	Expense	Implementation rate
REGIONAL PROJECTS							
		Activity 01					
		Activity 02					
		Activity 03					

GENDER EQUALITY							
Strategic plan outcome: Gender equality and women's empowerment							
Country programme output: Increased multisectoral 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							
Annual work plan: (Code and Name):							
		Activity 01					
UDC64	NGO	PN6886	Awareness creation and Empowerment	Project States	276,652	20,001	7.2
		Activity 02					
FPA90, UDC64, UDE13, NIA01, CAA89, ZZJ29, KRA25	Government/ NGOs/UNFPA	PGNG02, PGNG05, PGNG32, PGNG43, PGNG55, PN5631, PU0074, PN7193, PN7198, PN7195, PN7197, PN6669, PN6005 PN6018, PN6020	Advocacy for Gender Issues including RMH	Programme States	520,617	389,778	74.9
		Activity 03					
FPA90, UDE13, UDC64, CAA69, NGA25, NGA27, ZXZJ29	Government/ NGOs/UNFPA	PU0074, PGNG08, PGNG11, PGNG17, PGNG49, PGNG26, PGNG32, PGNG35, PGNG38, PGNG43, PN6005, PN6886, PN6018, PN6019, PN6020, PN6527, PN7197, PN7195, PN5562, PN7198, PN6019, PN6020	BCC Programme Gender Issues including RMH	Programme States	364,900	222,490	61.0
		Activity 04					
FPA90, Nga20, NGA25, NGA27, UDC64, UDE13	Government	PGNG02, PGNG08, PGNG11, PGNG17, PGNG26, PGNG32, PGNG35, PGNG38, PGNG43, PGNG52 PGNG49	Global observances (WAD, AII, etc.)	Nationwide	68,366	56,822	83.1
		Activity 05					

ZZT05, FPA90, CHA45, KRA25, NOA76, NOA81	NGOs/UNFPA	PN5701, PN6669, PU0074	Support for SRH/GBV Services Delivery including Psycho-Social Support in Humanitarian	BAY and other Project States	498,799	489,703	98.1
		Activity 06					
ZZJ29, UDC64	Government/ UNFPA	PU0074, PGNG40	Knowledge management and data	Project States	104,319	35,064	33.6
		Activity 07					
CAA69, UDE13, FPA90	NGO	PN6524	Media & Pub Relations for GBV issues	Programme States	218,120	127,914	58.6
		Activity 08					
ZZJ29, UDC64, KRA25, CHA45, CAA69, UDE13	Government/ NGOs/UNFPA	PU0074, PGNG43, PN5631, PN7198, PN7195, PN6669, PN6527, PN6018, PN6020	Programme and Financial Monitoring for GBV/GEWE Activities	Project States	172,598	123,596	71.6
		Activity 09					
CAA69, UDC64		PU0074, PN7195, PN7197	Procurement of related IT Equipment and Consumables	Project States	313,080	346,134	110.6
		Activity 10					
3006E	NGO	PN6669	Procurement of Contraceptives and maternal and RH	Project States	72,400	72,286	99.8
		Activity 11					
FPA90, ZZJ29, NGA25, NGA27, CAA69	Government/ NGOs	PGNG08, PGNG11, PGNG17, PGNG26, PGNG38, PN5562	Publications and Printing, Reports	Nationwide	28,072	13,231	47.1
		Activity 12					
CAA69, UDC64	UNFPA/NGOs	PU0074, PN7192, PN7193	Research and survey on SGBV (landscape, operational, etc)	Project States	395,329	35,755	9.0
		Activity 13					
FPA90, ZZJ29, KRA25, 3006E, UOC64, UDE13,	Government/ NGOs/UNFPA	PGNG02, PGNG05, PGNG08, PGNG11, PGNG14, PGNG17, PGNG35, PGNG49,	Support for GBV/SRH implementation	Programme States	1,759,562	1,054,526	59.9

CAA69, UOC61, UOC86, NOA76, NOA81, CHA45, ZZT07, WFP05, UOH60		PGNG52, PGNG54, PU0074, PN5562, PN6019, PN6020, PN6436, PN6527, PN6886, PN7107, PN7195, PN7197					
		Activity 14					
FPA90, UDC64, CAA69, ZZJ29	UNFPA/NGOs	PU0074, PN7043, PN5562,	Technical Backstopping (Staff Salaries/Costs)	UNFPA staff	1,167,162	1,249,866	107.1
		Activity 15					
FPA90, ZZJ29, KRA25, CAA69, Nga25, NGA27, UDE13, UDC64,	Government/ NGOs	PGNG08, PGNG11, PGNG26, PGNG35, PGNG38, PN6005, PN6018, PN6020, PN5631, PN7043, PN7190, PN7192, PN7194, PN7195,	Training on Gender Equality, including GBV and FGM	Project States	601,379	521,085	86.6
		Activity 16					
ZZJ29	NGO	PN6019	Capacity building for Empowerment addressing Gender Inequality – use of mobile technology and vocational skills to drive protection for women, girls, and communities against GBV including FGM	Project States	17,644	17,604	99.8
		Activity 17					
UDC64	NGO	PN6886	Support for YFS/SGBV	Project States	62,389	62,344	99.9
		Activity 18					
UDE13	Government/ NGOs/UNFPA	PGNG38, PN7043, PU0074	**Support for** COVID-19: **Risk communication and community engagement** (RCCE)	Project States	941,094	173,497	18.4
		Activity 19					

UDC64	NGOs	PN7195, PN7197	Support for ASRH/HIV implementation	Project States	72,242	58,727	81.3
		Activity 20					
UDC64	Government	PGNG49	Support for Fistula repairs and rehabilitation	Project States	17,531	7,700	43.9
		Activity 21					
UDC64	NGO	PN6886, PGNG32	Support for YFS including young mums' clinic	Project States	123,778	98,862	79.9
		Activity 22					
FPA90, NGA27	Government	PGNG49, PGNG38	Support for emergency preparedness	Sokoto and Cross River States	13,088	5,162	39.4
		Activity 23					
ZZJ29	NGO	PN6020	Support for FGM Surveillance	Project sates	1,827	1,694	92.7
POPULATION DYNAMICS							
Strategic plan outcome: Population dynamics							
Country programme output: Increased capacity to generate population projections and identify sociodemographic trends and address them within policies, programmes and advocacy							
Annual work plan: (Code and Name):							
		Activity 01					
FPA90	Government/ UNFPA	PGNG02, PGNG08, PGNG17, PGNG32, PGNG42, PU0074	Advocacy for Population and Development	Nationwide	33,189	27,703	83.5
		Activity 02					
FPA90	Government/ UNFPA	PGNG02, PGNG08, PGNG17, PGNG32, PGNG42, PU0074	Capacity building for Population and Development Issues – Data Collection, Analysis, Dissemination and Use	Nationwide	40,012	28,146	70.3
		Activity 03					
FPA90, NGA20	Government	PGNG17, PGNG32 PGNG54,	Capacity building for Population and Development Issues – RBM and DQA	Nationwide	30,013	353	1.2
		Activity 04					
FPA90	Government/ NGOs	PU0074, PGNG32, PN6779	Capacity building for Population and	Nationwide	25,893	22,971	88.7

			Development Issues – Roll out of DD programming				
		Activity 05					
FPA90,	Government/ UNFPA	PU0074, PGNG42	Capacity building for Population and Development Issues – Use of GRID3 technology in Census – EAD	Nationwide	52,889	49,487	93.6
		Activity 06					
FPA90, NGA25, NGA27	Government/ NGOs/UNFPA	PU0074, PGNG26, PGNG38, PN6779,	Conferences: local and international on PD including demographic dividend	Select federal IPs	33,292	25,463	76.5
		Activity 07					
FPA90, ZZT05, NOA67, NGA20, NGA25, NGA27	Government/ NGOs	PGNG02, PGNG08, PGNG11, PGNG17, PGNG20, PGNG26, PGNG32, PGNG38 PGNG40, PGNG42, PGNG49, PGNG54, PN6779,	Support for Data Management and Utilisation including roll out of DD Programming	Nationwide	310,971	183,809	59.1
		Activity 08					
FPA90, NGA35	Government	PU0074, PGNG35, PGNG40,	Programme and Financial Monitoring for P&D Interventions	Programme States	48,471	17,609	36.3
		Activity 09					
FPA90, 3006E, 3FPBF, CAA69, KRA25, NIA01, NOA67, NOA76, UDC64, WFP05	UNFPA	PU0074	NEX Audit	Programme States	42,310	36,822	87.0
		Activity 10					
FPA90, NGA20, NGA35	Government	PU0074, PGNG32, PGNG35	Planning, Review and Retreat	All IPs	105,448	72,221	68.5
		Activity 11					
FPA90	Government	PGNG35	Procurement Equipment and Consumables	Ogun State	789	735	93.2

		Activity 12					
FPA90, NGA20, NGA25, NGA27	Government	PGNG26, PGNG32, PGNG38, PGNG54	Publication (Printing of Research Report, Articles, etc.)	Kaduna, Lagos, Sokoto, and Gombe States	96,566	88,030	91.2
		Activity 13					
NIA01, NIA01	UNFPA	PU0074	Programme Evaluation	Programme States	10,668	0	0
		Activity 14					
FPA90	UNFPA	PU0074	Technical Backstopping (Staff Salaries/Costs)	UNFPA Staff	1,496,691	1,495,421	99.9
		Activity 15					
FPA90	UNFPA	PU0074	Support for COVID-19 Mitigation	Nationwide	329,545	266,612	80.9
		Activity 16					
NGA20	Government	PGNG32	Support for study tour	Lagos State	25,048	0	0
REPRODUCTIVE HEALTH							
Strategic plan outcome: Sexual and Reproductive							
Country programme 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							
Annual work plan: (Code and Name):							
		Activity 01					
		Activity 02					
		Activity 03					
REPRODUCTIVE HEALTH							
Strategic plan outcome: Sexual and Reproductive							
Country programme 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							
Annual work plan: (Code and Name):							
		Activity 01					
ZZT05, NGA20, NOA67	Government/ NGOs	PGNG32, PGNG35, PN5631 PN6018, PN6021	Trainings on FP Technology.	Nationwide	164,461	154,491	93.9

		Activity 02					
NOA67	NGO	PN5701	72 Hours Facilities Makeover	Project States	185,097	185,633	100.3
		Activity 03					
ZZT05	Government/ NGOs	PGNG20, PGNG23, PGNG32, PGNG35, PN6018, PN6112	Advocacy for Family Planning, RHCS, CLMS, and CIPs; including strategic sessions	Nationwide	24,911	21,761	87.4
		Activity 04					
FPA90, CAA69, NOA67	Government/ NGOs/UNFPA	PU0074, PGNG49, PN5562, PN5701	Advocacy for RMNCH+A and Fistula	Nationwide	64,436	40,403	62.7
		Activity 05					
ZZT05, FPA90	UNFPA	PU0074	BCC/IEC for Family Planning	Nationwide	9,199	9,199	100
		Activity 06					
FPA90, ZZT05, UDC64, NOA67, NGA27	Government/ NGOs	PGNG02, PGNG08, PGNG26, PGNG32, PGNG35, PGNG38 PGNG41, PGNG49, PN5631, PN5701	Community-based Distribution of Family Planning commodities	Nationwide	120,139	116,308	96.8
		Activity 07					
FPA90, UDE13	UNFPA/NGOs	PU0074, PN5701 PN6019	CSO engagement on COVID-19 pandemic	Programme and Project States	930,049	175,868	18.9
		Activity 08					
ZZT05	UNFPA	PU0074	Conferences: local and international conference on Family Planning	Select Federal IPs	108,495	55,170	50.9
		Activity 09					
ZZT05	Government/ NGOs	PGNG41, PGNG35, PN5631	Implementation of CLMS Coordination and CBD activities	Nationwide	58,292	48,324	82.9
		Activity 10					
FPA90, NGA20	Government	PGNG32	Support RH/FP TWG Meeting	Lagos State	5,973	5,728	95.9
		Activity 11					
FPA90, NOA67, UDE13, CAA69, UDC64, ZZT06	Government/ NGOs/UNFPA	PU0074, PN6524, PGNG53	Media and Public Relations for SRH issues	Nationwide	211,755	169,899	80.2

		Activity 12					
FPA90, UKA41, NGA28, NOA67, ZZT05	Government/ NGOs/UNFPA	PU0074, PGNG02, PGNG35, PGNG52, PN5701, PN5631, PN6112, PN6021,	Programme and Financial Monitoring for Family Planning	Programme States	664,153	304,601	45.9
		Activity 13					
FPA90, UDE13, CAA89, CHA45, KRA25, CAA69, WFP05, NOA67, 3FPBF, UOH60, NOA81, NOA76, 3006E, ZZT05, ZZT07	Government/ NGOs/UNFPA	PU0074, PN5701, PN6170, PN5562, PGNG49, PN5562, PN5701, PN6005, PN6879,	Programme and Financial Monitoring for RMNCH	Programme States	263,480	105,730	40.1
		Activity 14					
ZZT05, NIA01	Government/ UNFPA	PU0074, PGNG41	Research and surveys – UNFPA supply survey	Nationwide	86,808	38,892	44.8
		Activity 15					
PU0074, NGA26, Nga34, UDE13	Government/ NGOs/UNFPA	PU0074, PGNG26, PGNG54, PN6879	Research and survey on SRH – baseline, household survey, impact of COVID-19	Project States	70,459	57,119	81.1
		Activity 16					
NGA25	Government	PGNG26	Planning, Review and Retreat	All UNFPA IPs	345,619	74,761	21.6
		Activity 17					
FPA90, NGA20, NGA35	Government	PGNG32, PGNG35, PGNG52	Procurement of IT Equipment and Consumables related to RH/FP	Lagos, Ogun and Ondo States	13.046	12,946	99.2
		Activity 18					
ZZT05, ZZT06, ZZT07, FPA90, NGA20, NGA25,	Government/ NGOs/UNFPA	PU0074, PGNG41, PGNG54, PN6669, PN6756, PGNG26, PGNG32, PGNG38	Procurement of contraceptives including maternal and RH	Nationwide	9,163,642	6,894,770	75.2

NGA26, NGA27, NGA34, KRA25, UKB41, NGA34, UOC85, NOA81, NOA76, CHA45, CAA69, 3006E							
		Activity 19					
NGA34, NGA25, ZZT06	Government	PGNG26, PGNG35, PGNG54	Publications and Printing, Reports	Kaduna, Ogun and Gombe States	10,454	10,128	96.9
		Activity 20					
		Activity 20					
FPA90, ZZT06, UDE13, NIA01, WFP05, UOC86, NOA76, 'UOC	Government/ NGOs/UNFPA	PU0074, PGNG02, PGNG05, PGNG08, PGNG11, PGNG14, PGNG17, PGNG20, PGNG26, PGNG35, PGNG38, PGNG46, PGNG52, PGNG54, PGNG55, PN5701, PN6018, PN6170, PN6756, PN6170, PN6879, PN6920	Support for RMNCH implementation	Programme States	1,924,661	1,773,088	92.1
		Activity 21					
FPA90, ZZT06, NGA25, NGA27, NGA34, CAA69, NIA01, KRA25, UDC64, 3006E	Government/ NGOs/UNFPA	PGNG17, PGNG26, PGNG38, PGNG54, PU0074, PN5562, PN6170, PN6756,	Training on RMNCH related including ELSS, LSS, MLSS, CMR, MISP, and FP data quality assurance	Programme States	142,176	132,803	93.4
		Activity 22					
FPA90, ZZT05, ZZT06, ZZT07,	UNFPA/NGOs	PU0074, PN5631, PN5562	Technical Backstopping (Staff Salaries/Cost) –	All UNFPA staff	1,963,368	2,381,986	121.3

3006E, CHA45, NOA67, KRA25, NOA76, UDE13, NIA01, WFP05, UOC61, CAA69			SRH including Family Planning/RHCS				
		Activity 23					
FPA90, ZZT05	Government/ UNFPA	PGNG17, PGNG55, PU0074	Trainings on CLMS & RHCS	Project States	35,187	35,369	100.5
		Activity 24					
3FPBF	NGO	PN5562	Training on Women Empowerment (Vocational skills acquisition and empowerment for fistula repaired women and girls	Project States	21,520	21,143	98.2
		Activity 25					
UDE13	Government/ NGOs/UNFPA	PU0074, PGNG38 PN7043	Support for COVID-19 – RCCE	Project States	941,094	173,480	18.4
		Activity 26					
ZZT06, UDC64, 3FPBF, CAA69, NGA25, NGA27	Government/ UNFPA	PN5562, PU0074, PGNG26, PGNG32, PGNG41,	Support for Fistula Programme – repairs, rehabilitation, and prevention	Project States	265,146	237,244	89.5
		Activity 27					
NGA27		PGNG38	Support for HSS	Sokoto State	4,645	0	0
REPRODUCTIVE HEALTH							
Strategic plan outcome: Sexual and Reproductive							
Country programme 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							
Annual work plan: (Code and Name):							
		Activity 28					
UDC64, NOA67, CAA69, NGA20,	Government/ NGOs	PN5562, PN6527, PN6019, PGNG26, PN5562, PGNG32 PGNG38, PN6005	BCC/IEC for RMH/SRH	Project States	76,980	63,437	82.4

NGA25, NGA27, WFP05, CAA89							
		Activity 29					
FPA90, NGA20	Government	PGNG32	Conduct MPDSR Meeting	Lagos State	4,940	4,802	97.2
		Activity 30					
FPA90, NGA27	Government/ UNFPA	PU0074, PGNG35	Global observances on RMNCH	Project States	1,559	1,559	100
ADOLESCENT AND YOUTH							
Strategic plan outcome: Adolescent And youth							
Country programme output: 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							
Annual work plan: (Code and Name):							
		Activity 01					
UQA72	NGO	PN7043	Awareness creation and Empowerment	Project State	6,473	6,450	99.6
		Activity 02					
FPA90, NOA01, CAA69, NOA67	Government/ NGOs	PGNG11, PGNG32, PGNG44, PGNG52, PU0074, PN7043	Advocacy for ASRH, ADY issues, including ECM and Gender	Project States	92,687	59,600	64.3
		Activity 03					
CAA69, UQA70, UQA72, FPA90	Government/ NGOs/UNFPA	PGNG32, PGNG44, PGNG52, PN6019, PU0074	BCC for Adolescent and Youth Issues	Nationwide	48,240	53,058	109.9
		Activity 04					
FPA90, NGA20	Government	PGNG32	Coordination of ASRH/HIV activities	Lagos State	1,395	645	46.2
		Activity 05					
UQA72	NGO	PN6886	CSO engagement on COVID-19 pandemic	Project States	6,923	6,884	99.4
		Activity 06					
FPA90, UQA70	Government	PGNG02, PGNG08, PGNG11, PGNG32 PGNG49, PGNG52	Global Observances (WAD, IYD, etc)	Abia, Akwa-Ibom, Benue, Lagos, Cross Rver, Ondo	5,528	2,381	43.1
		Activity 07					
NGA20	Government	PGNG32	Media & Pub Relations for ADY issues	Lagos State	18,005	15,758	87.5

		Activity 08					
NOA67	Government	PGNG54	Programme and Financial Monitoring for Adolescent and Youth	Gombe State	2,088	1,035	49.6
		Activity 09					
FPA90, NGA20, NGA25	Government	PGNG32, PGNG44, PGNG26	Publications and Printing, Reports	Kaduna, Lagos and FMOYS	10,582	24,564	232.1
		Activity 10					
NOA67, NGA25 NIA01	Government/ UNFPA	PGNG26, PGNG54, PU0074	Support for RMNCAH implementation	Nationwide	37,849	37,417	98.9
		Activity 11					
FPA90, CAA69, NIA01, NOA67, UQA72	UNFPA/NGOs	PU0074, PN7043,	Technical Backstopping (Staff Salaries/Costs)	UNFPA staff	285,021	263,816	92.6
		Activity 12					
PFA90, CAA89, NOA67, UDC64, UQA72, UQA70,	Government/ NGOs/UNFPA	PGNG02, PGNG08, PGNG11, PGNG32, PGNG52, PN7043, PN7195, PN7197 PU0074, PN6005, PN7043,	Support for ASRH/HIV implementation including family life education	Programme States	190,912	152,700	79.98
		Activity 13					
FPA90, CAA69, NIA01, NOA67, NGA25, NGA27, NGA20	Government/ NGOs	PGNG11, PGNG26, PGNG32, PGNG38, PGNG52, PN7043,	Training on ASRH/HIV	Programme States	776,981	762,346	98.1
		Activity 14					
FPA90	Government	PGNG11	Procurement of ASRH Commodities	Benue State	2,766	2,543	91.9
OTHER PROGRAMME ACTIVITIES							
Strategic plan outcome:							
Country programme output:							
Annual work plan: (Code and Name):							
		Activity 01					

FPA90, ZZT05, ZZT06, ZZT07, ZZJ29, UQA70, UQA72, KRA25, 3006E, 3FPBF, NIA01, CAA69, CAA89, CHA45, UKB41, NOA67, NOA76, NOA81, UOC85, UOC86, WFP05, UDE13, UDC64	NGOs/ Academia	PN5562. PN5631, PN5701, PN6005, PN6018, PN6019, PN6020, PN6021, PN6112, PN6436, PN6170, PN6524, PN6527, PN6669, PN6779, PN6756, PN6886, PN6920, PN7043, PN7107, PN7192, PN7193, PN7194, PN7195, PN7197, PN7198,	Indirect Cost/Support Cost to NGO/academia Implementing Partners	Programme States	492,900	419,037	85.0
ADMINISTRATION							
Strategic plan outcome:							
Country programme output:							
Annual work plan: (Code and Name):							
		Activity 01					
FPA90, ZZT05, FPA22, FPA51, FPA52, FPA53, FPA90, UDC64, NGA27, NOA67, NOA81, NIA01, KRA25, UQA72, ZZJ29	Government/ UNFPA	PU0074, PGNG38,	Operational costs	UNFPA	1,135,236	899,055	79.2
Year N = 2021			Year N+1			Year n+2	

Fund Type	IA Group	Implementing Agency	Activity Description	Geographic location	Atlas Budget	Expense	Implementation rate
REGIONAL PROJECTS							
		Activity 01					
		Activity 03					
		Activity 03					
GENDER EQUALITY							
Strategic plan outcome: Gender equality and women's empowerment							
Country programme output: Increased multisectoral 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							
Annual work plan: (Code and Name):							
		Activity 01					
FPA90, UDC64, NIA01, NOA67, NGA25, CAA69, ZZJ29, ZZT06	Government/ NGOs	PGNG08, PGNG17, PGNG26, PGNG38, PGNG49, PGNG54, PU0074, PN5701, PN6527,	Advocacy for RMNCH including Gender	Programme States	178,536	78,213	43.8
		Activity 02					
FPA90, ZZJ29, UDC64, UDE13, CAA69,	Government/ NGOs	PU0074, PGNG11, PGNG17, PGNG23, PGNG35, PGNG38, PGNG43, PGNG56, PN5631, PN6019, PN6020, PN7198, PN5562, PN7195, PN7197, PN6527, PN6886, PN6005	BCC Programme (RMNCH and Gender)	Programme States	579,805	353,240	60.9
		Activity 03					
ZZJ29, NGA27, FPA90, UDC64, NGA25,	Government	PGNG05, PGNG11, PGNG17, PGNG23, PGNG26, PGNG35, PGNG38, PGNG43, PGNG49, PGNG52	Global observances (WAD, 16 Days Activitism, etc.)	Programme States	85,905	43,695	50.9

		Activity 04					
FPA90, KRA25, NOA81, UOC85, UOH60, ZZJ29	Government	PN6669, PN6005	SRH/GBV Service Delivery in hum setting including Psycho-Social Support	BAY States	976,610	337,755	34.6
		Activity 05					
UDE13	NGO	PN6527	Media & Pub Relations for SRH/ GBV issues	Project States	741	740	99.9
		Activity 06					
ZZJ29, UDC64, 3FPBF, CHA45, UOH60, UDC64. CAA69, NOA81, KRA25, UDE13	Government/ NGOs/UNFPA	PN5631, PN5562, PU0074, PN7195, PGNG43, PGNG41, PN6018	Programme and Financial Monitoring for GBV/GEWE Interventions	Project States	131,575	58,557	44.5
		Activity 07					
CAA69, 3FPBF	UNFPA/NGO	PU0074, PN5562	Procurement Equipment and Consumables	Project States	17,159	1,258	7.3
		Activity 08					
FPA90, UDC64	Government	PGNG02, PGNG17, PGNG49,	Publications and Printing, Reports	Project States	9,787	5,647	57.7
		Activity 09					
ZZJ29, NGA35, UDC64, NGA32, FPA90	Government/ NGOs	PGNG56, PGNG11, PGNG49, PGNG35, PN7198, PN7195, PGNG23	Renovation of Health Facilities to provide SRH/GBV services	Project States	254,797	26,578	10.4
		Activity 10					
CAA69, UDC64	UNFPA/NGO	PU0074, PN7192	Research and survey on SGBV (landscape, operational, etc.)	Nationwide	405,416	5,101	1.3
		Activity 11					
FPA90, ZZT06,	UNFPA/NGOs	PU0074, PN7043, PN6527,	Support for RMNCH/GEWE implementation	Programme States	23,723	23,195	97.8
		Activity 12					
ZZJ29, FPA90, ZZT07, UOH60,	UNFPA/NGO	PU0074, PN7043,	Technical Backstopping (Staff Salaries)	UNFPA	1,717,500	427,661	24.9

UDC64, KRA25, NOA81, CHA45, CAA69							
		Activity 13					
ZZJ29, FPA90, NGA25, UDC64, CAA69, UDE13, 3FPBF	Government/ NGOs/UNFPA	PN5631, PN7192, PN6020, PN7043, PU0074, PN7194, PN7195, PN7198, PGNG54, PGNG26, PGNG32, PGNG52, PN6018, PGNG23, PN6005, PN5562	Training on Gender Equality, including GBV and FGM	Project States	450,332	268,944	59.7
		Activity 14					
UDE13	Government/ NGOs/UNFPA	PU0074, PN6020, PN7043, PGNG20, PGNG54	Support for COVID-19 pandemic mitigation – RCCE, CSOE, etc.	Project States	642,444	480,968	74.9
		Activity 15					
UDC64	NGO	PN7197	Training on Peer Education	Project States	35,626	35,626	100
		Activity 16					
FPA90	NGO	PGNG35	Training on ASRH/HIV	Ogun State	1,050	1,012	96.4
		Activity 17					
FPA90, UDC64	Government	PGNG32, PGNG35	Support for ASRH/HIV and YFS including Young Mum Clinics	Lagos and Ogun States	4,991	2,550	51.1
		Activity 18					
ZZJ29, UDC64	NGOs	PN6527, PN6005	Support for local and international conferences	Project States	50,300		0
		Activity 19					
UDC64	NGO	PN6886	Support for development and management of GBV strategic plan	Project States	55,658	53,226	95.6
		Activity 20					
CAA69, UDC64	Government/ UNFPA	PU0074, PGNG53	Media and Public Relations for GBV issues	Project States	24,607	24,607	100

		Activity 21					
UDC64	Government/ NGOs	PGNG49, PGNG17, PN5562	Support for Fistula Programming including repairs	Project States	117,900	31,575	26.8
		Activity 22					
FPA90, UDE13	Government	PGNG35, PGNG49	Support for emergency preparedness	Ogun and Cross River States	6,043	5,436	89.95
		Activity 23					
ZZJ29	NGO	PN6020	Support for FGM surveillance	Project States	6,181	3,416	55.3
		Activity 24					
FPA90, ZZJ29, UDC64, UOH60, CAA69, NGA34, NOA81, CHA45, ZZT07, KRA25, UDE13	Government/ NGOs/UNFPA	PU0074, PGNG02, PGNG05, PGNG14, PGNG35, PGNG41, PGNG43, PGNG49, PGNG52, PGNG54, PGNG55, PN6020, PN7195, PN7198, PN7197, PN6005, PN6886	Support for GEWE/GBV programme implementation including schoolgirls	Programme States	1,812,530	527,164	29.1
		Activity 25					
NGA27, CAA69, UDC64	Government	PGNG38, PGNG49	Support for RMNCH implementation	Project States	27,419	5,582	20.4
		Activity 26					
UDC64	Government	PGNG49	Support for social safety nets	Cross River State	9,894		0
		Activity 27					
NGA34, UDC64, UDE13	Government/ NGOs	PGNG54, PN7195, PN7197	Technical support for GBV/ASRH/HSS	Project States	216,691	180,193	83.2
REPRODUCTIVE HEALTH							
Strategic plan outcome: Sexual And reproductive health							
Country programme 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							
Annual work plan: (Code and Name):							

		Activity 01					
		Activity 02					
		Activity 03					
REPRODUCTIVE HEALTH							
Strategic plan outcome: Sexual And reproductive health							
Country programme 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							
Annual work plan: (Code and Name):							
		Activity 01					
FPA90, ZZT05	Government/ NGOs	PN6021, PN5701, PGNG32	Trainings on FP Technology.	Nationwide	90,228	17,435	19.3
		Activity 02					
ZZJ29, NOA67, FPA90, UKA41, CAA69, NGA25, UDC64	Government/ NGOs/UNFPA	PGNG11, PGNG17, PGNG26, PGNG38, PGNG56, PN6019, PN5562 PU0074	BCC/Awareness creation for RMNCH including Family Planning	Nationwide	101,106	42,206	41.7
		Activity 03					
NGA27, FPA90, ZZT05	Government/ NGOs	PN5701, PGNG56, PGNG49, PGNG52, PGNG38	Community-based Distribution of Family Planning commodities	Nationwide	38,571	11,767	30.5
		Activity 04					
ZZT05	UNFPA	PU0074	Conferences: local and international conference on Family Planning	FMOH	20,000	665	3.3
		Activity 05					
FPA90, NGA31, UKB41, NOA67, ZZT05	Government/ NGOs	PN6018, PGNG55, PU0074, PN6112, PGNG41, PN5701, PN5631, PGNG32, PGNG52, PGNG35	Implementation of CLMS Coordination and CBD activities	Nationwide	545.136	137,590	25.2
		Activity 06					
FPA90, NGA31, UKB41, NOA67,	Government/ NGOs/UNFPA	PU0074, PN6112, PN6021, PN5701, PGNG02, PN5631,	Programme and Financial Monitoring for Family Planning	Nationwide	469,141	125,310	26.7

ZZT05		PGNG52					
		Activity 07					
UDE13, CAA69, NOA67, ZZT05	UNFPA/NGOs	PN5701, PU0074, PN5562, PN6879	Programme and Financial Monitoring for SRH	Programme States	44,994	40,917	90.9
		Activity 08					
CAA69	UNFPA	PU0074	Procurement of IT and Consumables	Project States	5,320	5,088	95.6
		Activity 09					
NGA26, UKB41	Government/ UNFPA	PU0074, PGNG41	Procurement of contraceptives including maternal, RH and RAPE KITS	Nationwide	7,741,455	5,901,732	76.2
		Activity 10					
ZZT06	Government	PGNG52	Publications and Printing, Reports	Ondo State	2,998	2,998	100
		Activity 11					
UDC64	Government	PGNG38	Renovation of Health Facilities	Sokoto State	35,676	24,283	68.1
		Activity 12					
FPA90, ZZT06, NIA01, UDE13, UOH60, UOC85, UOC86, NGA27, UOH61, ZZT07, KRA25	Government/ NGOs/UNFPA	PU0074, PN7043, PN6527, PN6018, PN6170, PN6756, PN6879, PGNG02, PGNG05, PGNG11, PGNG14, PGNG17, PGNG20, PGNG23, PGNG38, PGNG49, PGNG52, PGNG55, PGNG56, PN6005	Support for RMNCH implementation	Programme States	1,376,980	732,561	53.2
		Activity 13					
FPA90, NGA25, ZZT07, KRA25, UOH60	Government/ NGOs	PN6018, PN6756, PGNG54, PGNG23, PGNG26,	RMNCH related trainings including ELSS, LSS, MLSS, CMR, MISP, and FP data quality assurance	Nationwide	276,370	83,409	30.2
		Activity 14					
ZZT06, CAA69, NOA67, FPA90,	UNFPA/NGO	PU0074, PN5562	Technical Backstopping (Staff Salaries)	UNFPA	1,743,509	576,471	33.1

UDE13, UDC64, NOA81, ZZT05							
		Activity 15					
FPA90	Government	PGNG23	Trainings on CLMS & RHCS	Nationwide	2,393		0
		Activity 16					
FPA90, UDE13, UQA72	Government/ NGOS/UNFPA	PU0075, PGNG56, PN6019, PN5701, PN6886, PN6020	Support for COVID-19 pandemic mitigation	Project States	884,003	429,924	48.6
		Activity 17					
FPA90, NOA67	Government/ UNFPA	PGNG49, PGNG55, PU0074	Advocacy for RMNCH including FP incorporating Gender Issues	Nationwide	90,195	5,457	6.1
		Activity 18					
KRA25	NGO	PN6669	Training on Life Skills and Gender	Project States – BAY States	28,943		0
		Activity 19					
FPA90	Government	PGNG32	Support for MPDSR	Lagos State	648	312	48.1
		Activity 20					
PN6018		NOA81, UOH60	GBV 108ensitization and awareness campaign	Project States	55,520	52,913	95.3
		Activity 21					
NGA25, FPA90	Government	PGNG11, PGNG26, PGNG49	Global observances … WAD, etc	Benue, Kaduna and Cross River State	87,567	17,565	20.1
		Activity 22					
ZZT05, UOH60, NOA81	UNFPA/NGOs	PN5701, PN6018, PU0074	Support for SRH/GBV service delivery in humanitarian setting	Project Sattes	185,660	82,753	44.6
		Activity 23					
UDE13	NGO	PN6020	Support to improve access to SRH services	Project Staes	3,101	3,101	100
		Activity 24					
FPA90, NOA67, NGA25, UDC64, ZZT06	Government/ NGOs/UNFPA	PN6524, PU0074, PGNG26, PGNG53	Media and Public Relations for SRH issues	Project States	140,142	4,518	3.2

		Activity 25					
ZZT06, FPA90, 3FPBF, NGA25, CAA69, NGA27	Government/ NGOs/UNFPA	PU0074, PGNG56, PN5562, PGNG41, PGNG26, PGNG38	Support for Fistula Programming including repairs	Project States	71,160	42,798	60.1
		Activity 26					
FPA90	Government	PGNG49	Support for Emergency Preparedness	Cross River State	1,691	1,622	95.9
		Activity 27					
ZZT05	NGO	PN6112	TMA strategy development	Project States	42,851	42,851	100
REPRODUCTIVE HEALTH							
Strategic plan outcome: Sexual And reproductive health							
Country programme 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							
Annual work plan: (Code and Name):							
		Activity 27					
ZZT06		PGNG54	Operationalisation of MPDSR	Gombe State	20,000	0	0
		Activity 28					
POPULATION DYNAMICS							
Strategic plan outcome: Population dynamics							
Country programme output: Increased capacity to generate population projections and identify sociodemographic trends and address them within policies, programmes and advocacy							
Annual work plan: (Code and Name):							
		Activity 01					
FPA90, NGA25,	Government/ UNFPA	PGNG02, PGNG08, PGNG11, PGNG26, PGNG35, PGNG42, PGNG52, PU0074	Advocacy for Population and Development	Nationwide	217,994	17,394	7.97
		Activity 02					
FPA90, NGA20	Government/ NGOs	PN6779, PGNG32, PGNG40, PGNG42	Capacity building for Population and Development Issues – DD programming-road map & DD profile	Nationwide	54,502	14,496	26.6

		Activity 03					
NGA20	Government	PGNG32	Capacity building for Population and Development Issues – Data & RBM	Lagos State	29,286	28,159	96.1
		Activity 04					
FPA90	Government	PGNG42	Capacity building for Population and Development Issues – 2020 census	Nationwide	63,247		0
		Activity 05					
FPA90	Government	PGNG23	Capacity building for Population and Development Issues – Coordination	Imo State	1,901		0
		Activity 06					
FPA90, NGA27	Government/ NGOs/UNFPA	PU0074, PN6779, PGNG38	Conferences: local and international on PD	Select IPs	34,389		0
		Activity 07					
FPA90, NGA20, NGA25, NGA27, UOH60	Government	PGNG02, PGNG05, PGNG11, PGNG17 PGNG20, PGNG23, PGNG26, PGNG32, PGNG35, PGNG38 PGNG40, PGNG42, PGNG49, PGNG52	Support for Data Management and Utilisation including roll out of DD Observatory	Nationwide	201,558	31,887	15.8
		Activity 08					
NGA27, FPA90	Government/ UNFPA	PGNG20, PGNG38, PU0074	Global Observances (WPD, SWOP, etc)	Nationwide	61,060		0
		Activity 09					
FPA90	Government/ UNFPA	PU0074, PGNG40,	Programme and Financial Monitoring for P&D Interventions	UNFPA	60,058	14,236	23.7
		Activity 10					
FPA90	UNFPA	PU0074	NEX Audit	Programme States	50,000	3,525	7.1
		Activity 11					
FPA90, NGA35	Government/ UNFPA	PU0074, PGNG35	Planning, Review and Retreat	UNFPA	115,424	19,280	16.7

		Activity 12					
NGA20	Government	PGNG32	Procurement Equipment and Consumables	Lagos State	1,403	1,349	96.2
		Activity 13					
NGA27	Government	PGNG32	Printing of Research Report	Lagos State			0
		Activity 14					
FPA90, NOA67	Government/ UNFPA	PU0074, PGNG49, PGNG56	Programme Evaluation	Programme States	115,929	2,938	2.5
		Activity 15					
FPA90, NGA27, NGA25	Government	PGNG11, PGNG26, PGNG49, PGNG54, PGNG35, PGNG38	Publications and Printing, Reports	Benue, Kaduna, Cross River, Gombe, Ogun and Sokoto States	93,758	69,330	73.9
		Activity 16					
FPA90	UNFPA	PU0074	Technical Backstopping (Staff Salaries)	UNFPA	771,245	417,781	54.2
		Activity 17					
NGA20	Government	PGNG32	Conduct coordination meetings	Lagos State	3,164	3,042	96.1
		Activity 18					
FPA90	UNFPA	PU0074	UNFPA COVID-19 pandemic intervention	Programme States	100,000	14,983	14.9
		Activity 19					
FPA90	Government	PGNG20	Support for Nairobi Summit on ICPD25	FCT	6,371	6,371	100
		Activity 20					
NGA20	Government	PGNG32	Study Tour	Lagos State	22,959		0
ADOLESCENT AND YOUTH							
Strategic plan outcome: Adolescent And youth							
Country programme output: 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							
Annual work plan: (Code and Name):							
		Activity 01					
NOA67, CAA69, FPA90	Government/ NGOs	PGNG44, PGNG54, PGNG56, PN7043	Advocacy for ASRH, RMNCAH, AY	Project States	43,238	27,329	63.2

			programming, ECM and Gender				
		Activity 02					
FPA90	Government	PGNG32	ASRH/HIV coordination	Lagos State	735	353	48.0
		Activity 03					
FPA90, NGA20, UQA68, UQA70	Government	PGNG32	ASRH service provision	Lagos State			0
		Activity 04					
UQA72, UQA73, UDE13, FPA90	Government/ NGOs/UNFPA	PGNG11, PGNG32, PGNG44, PGNG56, PN6018, PU0074	BCC for Adolescent and Youth Issues	Project States	40,544	10,167	25.1
		Activity 05					
FPA90	Government	PGNG56, PGNG49, PGNG23, PGNG52	Global Observances (WAD, IYD, etc)	Nationwide	8,179		0
		Activity 06					
NOA67	Government	PGNG54	Programme and Financial Monitoring for Adolescent and Youth	Gombe State	2,717	680	25.0
		Activity 07					
NGA25, FPA90	Government	PGNG26, PGNG32	Publications and Printing, Reports	Kaduna and Lagos States	7,823	7,462	95.4
		Activity 08					
UQA73, NGA31, FPA90, NOA67, CAA69	Government/ NGOs	PGNG02, PGNG11, PGNG23, PGNG32 PGNG52, PGNG56, PN7043	Support for RH/HIV Integration (EMTCT) implementation	Programme States	33,336	26,149	78.4
		Activity 09					
NOA67	Government	PGNG54	Support for RMNCAH implementation	Gombe State	1,338	335	25.0
		Activity 10					
UQA72, UQA73, FPA90, NOA67, CAA69	UNFPA/NGOs	PU0074, PN7043,	Technical Backstopping (Staff Salaries)	UNFPA	369,202	71,029	19.2
		Activity 11					
UQA72, UQA73, NGA25, FPA90	Government/ UNFPA	PU0074, PGNG02, PGNG26, PGNG49, PGNG54	Technical Support for ARSH/HIV including family life education	Project States	149,552	76,101	50.9

		Activity 12					
UQA73, NGA27, NGA35, FPA90, NGA25, NGA34, NOA67, CAA69,	Government/ NGOs	PGNG26, PGNG32, PGNG35, PGNG38, PGNG54, PGNG56, PGNG11, PN7043,	Training on ASRH/HIV	Project States	239,387	191,671	80.1
		Activity 13					
FPA90	Government	PGNG44	Support for Youth and GBV Conference	Nationwide	2,545		0
		Activity 14					
NGA20, FPA90	Government	PGNG32, PGNG44	Support for Youth-Friendly Services – CSE & YFS	Lagos State and FMOYS	10,264	2,772	27.0
		Activity 15					
FPA90	Government	PGNG49	Procurement of consumables for YFCs	Cross River State	1,400	1,339	95.6
		Activity 16					
FPA90, NGA20	Government	PGNG42, PGNG32	Dissemination of Guidelines and Report	Lagos States and NPC	3,718	2,426	65.3
		Activity 17					
FPA90	Government	PGNG32	Support for State Youth Policy	Lagos State	2,806	2,698	96.2
		Activity 18					
FPA90, UDC64	Government	PGNG32, PGNG49	Support for Renovation of health Facilities to provide YFS	Lagos and Cross River State	7,897	7,584	96.0
		Activity 19					
FPA90	Government	PGNG44	Support for TWG	FMOYS	1,228		0
OTHER PROGRAMMATIC AREAS							
Strategic plan outcome:							
Country programme output:							
Annual work plan: (Code and Name):							
		Activity 01					
ZZJ29, UDE13, NIA01, NOA67,	NGOs/ academia	PN5701, PN6018, PN6019,	Indirect Cost/Support Cost to NGO/academia Implementing Partners	NGOs	145,804	28,824	19.8

CAA69, UDC64, 3FPBF, UOH60, ZZT05		PN6020, PN6021, PN6112, PN7043, PN5562, PN5631, PN6886, PN5562, PN6879, PN6920, PN6005					
ADMINISTRATION							
Strategic plan outcome:							
Country programme output:							
Annual work plan: (Code and Name):							
		Activity 01					
FPA90, ZZT05, CAA69, CHA45, KRA25, NOA81, UDC64, ZZT07, UOH60, NGA27, UDE13, NOA67, NIA01, ZZJ29, ZZT06	Government/ UNFPA	PU0074, PGNG38,	Operational costs	UNFPA	754,569	235,034	31.0

Key to the list of Atlas Projects Annex D:

S/N	Fund Code	Name	Project Description
Regular Resources			
1	FPA90	CORE FUNDS	8th Country Programme 2018-2022
Other Resources			
1	3006E	UNFPA Emergency Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
2	3FPBF	UNFCU_ United Nations Federal Credit Union	Fistula Rehabilitation in Nigeria
3	CAA44	Government of Canada	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria

4	CAA54	Government of Canada	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
5	CAA69	Government of Canada	Addressing Gaps in Gender-Based Violence, Harmful Traditional Practices and Fistula in Nigeria
6	CAA80	Government of Canada	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
7	CAA89	Government of Canada	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
8	CHA45	Government of Switzerland	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
9	DKA57	Government of Denmark	Support for ICPD+25 Commitment Plan of Action
10	EUA98	European Commission	Spotlight Initiative
11	FGA08	DFID/BMGF-GRID^3 Fund	Geo-Referenced Infrastructure and Demographic Data for Development (GRID^3) Programme
12	KRA15	Government of South Korea	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
13	KRA25	Government of South Korea	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
14	NGA08	Abia State Government - - GCCC	8th Country Programme 2018-2022
15	NGA20	Lagos State Government - - GCCC	8th Country Programme 2018-2022
16	NGA21	Federal Ministry of Youth and Sport - - GCCC	8th Country Programme 2018-2022
17	NGA24	Ebonyi State Government - - GCCC	8th Country Programme 2018-2022
18	NGA25	Kaduna State Government - - GCCC	8th Country Programme 2018-2022
19	NGA26	Federal Ministry of Health - - GCCC	8th Country Programme 2018-2022
20	NGA27	Sokoto State Government - - GCCC	8th Country Programme 2018-2022
21	NGA31	Ondo State Government - - GCCC	8th Country Programme 2018-2022
22	NGA32	Benue State Government - - GCCC	8th Country Programme 2018-2022
23	NGA33	Federal Capital Territory - - GCCC	8th Country Programme 2018-2022
24	NGA34	Gombe State Government - - GCCC	8th Country Programme 2018-2022
25	NGA35	Ogun State Government - - GCCC	8th Country Programme 2018-2022
26	NIA01	Nutritional International	Expanding Knowledge and Awareness about Micronutrient Supplementation and Healthy Eating for Vulnerable Adolescent Girls and Women of Reproductive Age in Nigeria.
	NIA03	Nutritional International	Expanding Knowledge and Awareness about Micronutrient Supplementation and Healthy Eating for Vulnerable Adolescent Girls and Women of Reproductive Age in Nigeria.
27	NOA67	Government Of Norway	Improving access to SRH services – Family Planning Demand Creation and Girl Child Empowerment
28	NOA76	Government Of Norway	Call to Action on Protection from GBV in Emergency
29	NOA81	Government Of Norway – (Humanitarian)	Call to Action on Protection from GBV in Emergency
30	NOA84	Government Of Norway – (Humanitarian)	Call to Action on Protection from GBV in Emergency
31	UDC64	European Union	Spotlight Initiative

32	UDE13	UNDP – United Nations Development Programme	Engaging CSOs to reverse the negative impact of COVID-19 on equal access to essential health services
	UDH13	UNDP – United Nations Development Programme	Risk Communication and Community Engagement of COVID-19 on equal access to essential health services
33	UKA64	Government Of United Kingdom	Improving access to family planning in Nigeria
	UKB11	Government Of United Kingdom	Improving access to family planning in Nigeria
34	UKB23	Government Of United Kingdom	Improving access to family planning in Nigeria
35	UKB41	Government Of United Kingdom	Improving access to family planning in Nigeria
36	UOC25	OCHA Emergency Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
37	UOC26	OCHA Emergency Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
38	UOC32	OCHA Emergency Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
39	UOC33	OCHA Emergency Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
40	UOC41	OCHA Emergency Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
41	UOC42	OCHA Emergency Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
42	UOC44	OCHA Emergency Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
43	UOC60	OCHA Emergency Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
44	UOC61	OCHA Emergency Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
45	UOC85	OCHA Emergency Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
46	UOC86	OCHA Emergency Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
47	UOF82	OCHA CERF – Central Emergency Response Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
48	UOF83	OCHA CERF – Central Emergency Response Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
49	UOG14	OCHA CERF – Central Emergency Response Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
50	UOG71	OCHA CERF – Central Emergency Response Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
	UOH60	OCHA CERF – Central Emergency Response Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
	UOH61	OCHA CERF – Central Emergency Response Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
	UOH89	OCHA CERF – Central Emergency Response Fund	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
51	UQA66	UNAIDS UBRAF	Joint UN Response to HIV/AIDS
52	UQA68	UNAIDS UBRAF – Unified Budget, Results and Accountability Framework	Joint UN Response to HIV/AIDS

53	UQA70	UNAIDS UBRAF – Unified Budget, Results and Accountability Framework	Joint UN Response to HIV/AIDS
54	UQA72	UNAIDS UBRAF – Unified Budget, Results and Accountability Framework	Joint UN Response to HIV/AIDS
55	UQA73	UNAIDS UBRAF – Unified Budget, Results and Accountability Framework	Joint UN Response to HIV/AIDS
56	WFP05	WFP – World Food Programme	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
57	ZZH05	Multiple Donor (Canada, Norway)	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria
58	ZZJ29	FGM Joint Programme	FGM Joint Programme
59	ZZM14	Multiple Donor (Denmark)	
60	ZZT03	RHCS Trust Fund	Thematic Trust Fund on Reproductive Health Commodity Security
61	ZZT05	RHCS Trust Fund	Thematic Trust Fund on Reproductive Health Commodity Security
62	ZZT06	Maternal Health Trust Fund	Thematic Trust Fund on Maternal Health
63	ZZT07	Multiple Donor – Friends of UNFPA	Addressing SRH/GBV services and information in the Humanitarian Situation in Northeast Nigeria

IA Code	Name of Implementing Partner
PGNG02	Abia State Planning Commission
PGNG05	Adamawa State Planning Commission
PGNG08	Akwa Ibom State Planning Commission
PGNG11	Benue State Planning Commission
PGNG14	Borno State Ministry of Finance
PGNG17	Ebonyi State Planning Commission
PGNG20	FCT Budget and Planning Secretariat
PGNG23	Imo State Planning Commission
PGNG26	Kaduna State Planning Commission
PGNG32	Lagos State Ministry of Economic Planning
PGNG35	Ogun State Bureau of Budget and Planning
PGNG38	Sokoto State Ministry of Budget
PGNG40	National Planning Commission

PGNG41	Federal Ministry of Health
PGNG42	National Population Commission
PGNG43	Federal Ministry of Women Affairs
PGNG44	Federal Ministry of Youth Development
PGNG46	National Primary Health Care Development Agency
PGNG49	Cross River Department of International Development Cooperation
PGNG52	Ondo Primary HealthCare Development Board
PGNG53	News Agency of Nigeria
PGNG54	Gombe State Min of Econ Planning
PGNG56	Department of Multilateral and Donor Agency
PGNG55	Yobe State Min of Budget & Eco
PN5562	Fistula Foundation Nigeria
PN5631	Association for R & F Health
PN5701	PLANNED PARENTHOOD FEDERATION
PN6005	Centre for Population and Reproductive Health, University of Ibadan
PN6018	Action Health Incorporated
PN6019	Education as a Vaccine
PN6020	Civil Resource Dev & Doc Centre
PN6021	Marie Stopes Int. Nigeria
PN6112	John Snow Inc
PN6170	NIGERIAN RED CROSS SOCIETY
PN6311	Population and RH Initiative
PN6391	Actionaid Nigeria
PN6436	FHI 360 Nigeria
PN6524	Int Soc of Media in Pub Health
PN6527	SULTAN FOUNDATION FOR PEACEDE
PN6669	Royal Heritage Health Foundation

PN6719	Plan International Nigeria
PN6756	CARE International in Nigeria
PN6779	Health Policy Training and Resource Programme
PN6879	Women's Health and Action Research Centre
PN6886	YOUTH HUB AFRICA – NG
PN6920	Wellbeing Foundation Africa
PN6950	Conversations for Social Change
PN7043	Centre for Girls Education
PN7107	Neem Foundation
PN7192	Centre for Communication and Social Impact
PN7193	Clear View Integrity Foundation
PN7194	Development Initiative West Africa
PN7195	Gender and Development Action
PN7197	The Women's Helping Hands
PN7198	Ebonyi Women Initiative
PU0074	UN POPULATION FUND

Annex E: Evaluation Matrix

EQ1: Relevance and responsiveness

1.a. To what extent is the country programme adapted to: Priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs, and the New Way of Working and the Grand Bargain; the strategic direction and objectives of UNFPA; and national development strategies and policies and the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g., young people and women with disabilities)?

1.b. To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes, including innovations in relation to the COVID-19 epidemic?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data
Assumption 1: The CP is aligned with the ICPD, SDGs, New Way of Working and Grand Bargain, the core strategy of UNFPA and to national priorities and policies, and particularly takes into account the needs of vulnerable and marginalized populations.	CPD, AWPs and COARs reflect ICPD, SDGs and UNFPA strategic direction and development priorities of the GoN Chosen beneficiaries reflect priority populations in need in Nigeria The CP contributes to national capacity building in the areas of its mandate	ICPD POA and ICPD at 25; SDG documents, UNFPA Strategic Plan 2018 – 2021 8CPD and RRF, AWPs, COARs UN planning documents and assessments Nigeria national documents in the thematic areas Key informant interviews, FGIs	Document review Interviews with UNFPA CO and government staff and implementing partners (IPs) Focus Group Interviews (FGIs) with primary and secondary beneficiaries

The 8th CP is fully relevant and adapted to international frameworks of the ICPD programme of action and the SDGs, as well as to other international commitments and the New Way of Working (NWOW), the Grand Bargain, to UNFPA global strategic direction and objectives, the UN Strategic Development Partnership Framework for Nigeria and to Nigeria Vision 20:2020.

It is also well aligned to national priorities and the needs of diverse populations, including the more vulnerable and marginalised, such as internally displaced people and those where health indices are poorer. The chosen beneficiaries fully reflect priority populations in need and, as secondary beneficiaries, the service providers whose capacity building was required. Across all thematic areas, the focus of UNFPA was extensively on capacity development of government at federal and state levels. The chosen primary beneficiaries include young people, particularly adolescent and young women, maternal women including those who have obstetric fistula, and women of reproductive age in relation to contraception and family planning. EQ 2 elaborates further.

The 8th CP is less well aligned to addressing the sexual transmission of HIV, however, despite Nigeria having the second highest number of people living with HIV, and UNFPA holding the mandate for prevention of sexual transmission of HIV. At national level, though, UNFPA is active and appreciated in the UNJT on HIV and AIDS.

The relevant UNFPA documents, CPD, AWPs, COARs all align with the priorities of the SDGs, ICPD, UN strategic direction and GoN priorities including addressing more vulnerable and marginalised populations, and the CP contributes to national capacity building throughout all areas of its mandate. This is elaborated in EQ2.

With regards to the ICPD, the programme addresses: sexual and reproductive health and rights as part of the commitment to universal health care within the SDGs and to stop preventable maternal morbidity and mortality; gender equality and women's empowerment (GEWE), particularly in ending gender-based violence and harmful practices such as female genital mutilation (FGM) and child marriage; reaching adolescents and youth (particularly SRHR in adolescent girls) as a key population to engage and empower; and population dynamics. The 8th CP advocates for and supports legal and policy change, capacity development, service provision, building knowledge and awareness, and transforming conservative community norms in all areas of its mandate, and also, in line with ICPD, has a particular focus on SRHR and gender in humanitarian situations. The 8th CP is relevant to the ICPD regarding improved national population data systems and on reporting systems for gender-based violence, GBV, as critical to facilitate evidence-informed programming. While particularly relating to SDG 3 on health and well-being, and to SDG 5 on gender equality and female empowerment, the 8th CP is also aligned with multiple other SDGs directly or indirectly. These include, for example, efforts to reduce poverty by empowering girls with vocational training in humanitarian settings and addressing child marriage that keeps girls from school (SDGs 1 and 8), helping teen mothers return to school and supporting comprehensive sexuality education (SDG 4), reducing inequalities (SDG 10), and building partnerships based on accessible data to inform programming (SDG17).

The New Way of Working (NWOW) commits the UN and partners to develop multi-year funding commitments to achieve common goals. In Nigeria, this is evidenced by the collaboration within the UN to the CCA, the UNDAF and the UN Sustainable Development Partnership Framework (UNSDPF) of 2018. The latter provides agreed commitments for multi-year national planning, and with clearly articulated complementary responsibilities within various joint programmes that have multi-year funding. These are elaborated in further sections on programme effectiveness and coordination, cooperation, and cohesiveness. With respect to the Grand Bargain, first articulated in 2016, UNFPA is an active participant in the multi-sectoral humanitarian response in Nigeria, leading on gender-based violence (GBV) in response to the Call to Action, and on SRH services and capacity building, primarily in the camps for displaced persons, but also with host populations and contributing to the transition to peace and development in Adamawa State. UNFPA is reported to be highly active in the Humanitarian Country Team (HTC), too. Thus, UNFPA is an active participant in the Grand Bargain, first articulated in 2016. The roles of UNFPA in the humanitarian states and the HCT are elaborated in questions on effectiveness and coordination.

The 8th CP is well aligned to the UNFPA Strategic Plan 2018-2021 and the bull's eye which focuses on universal access to sexual and reproductive health, reproductive rights, and reduced maternal mortality to meet the ICPD agenda. The transformative goals of UNFPA are fully in focus, ending preventable maternal deaths, unmet need for family planning, and GBV and harmful cultural practices, and the core beneficiaries are adolescents and young people and women. It is an important development in the 8th CP that there is now a thematic area specifically addressing gender equality and women's empowerment, GEWE, through the focus on GBV and harms such as child marriage and female genital mutilation.

As well as aligning with all the above international commitments, the 8th CP aligns with the United Nations Development Assistance Framework (UNDAF) for Nigeria, based on a common country assessment, and responding to Nigeria Vision 20:2020. With regards meeting the needs of the most vulnerable and marginalised, UNFPA focuses on young people and on women, on states with poorer health indicators, on survivors of GBV and adolescent girls at risk of FGM or child marriage and other harms. The population dynamics focus highlights where the health indicators are worst and, on the need, to address the demographic dividend and demographic transition as crucial to Nigeria achieving all its development goals. The SRH mandate of UNFPA correlates strongly with the Nigeria international and regional commitments such as the Common African Position (CAP) on the Post 2015 Agenda (African Union 2014), which seeks to achieve universal and equitable access to quality health care on the continent, prioritizing improvement in maternal, neonatal and child health (MNCH), and enhanced access to sexual and reproductive health and family planning. The CAP itself aligns with the ICPD and SDG focus on universal health cover, with a special focus on vulnerable groups, including youth, the unemployed, children, the elderly, and people with disabilities, which fall within the mandate of UNFPA in addressing the most vulnerable. The 8th CP aligns also with the related national commitments of the National Strategic Health Development Plan II of 2018, specifically

Strategic Pillar 2 Priority Area 4, to promote universal access to comprehensive quality sexual and reproductive health services throughout the life cycle, and to reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria.

In relation to adolescents and youth, the 8th CP, UNFPA contributed to the development of the Revised National Youth Policy (2018), which is now in line with the aim of achieving the demographic dividend, and to the FMoH finalisation and dissemination of the Minimum Package of Services and Standards for youth friendly services, revision of the National Youth Service Corps Sustainable Development Goals/ DemographicDividend Manual, and the Federal Ministry of Youth and Social Developmentto review of the Train the Trainer (ToT) manual for the National Youth Service Corps members. The revision allowed for the inclusion of Demographic Dividend into the NYSC Sustainable Development Goals ToT manual. The NYSC is a compulsory one-year national service undertaken by all Nigerian graduates who obtain their first degree before age 30 and has the potential of creating a pool of over 100,000 young graduates annually, thus creating an excellent platform for a pool of DD advocates for the demographic dividend. In 2018, four states implemented activities in line with the National Adolescent and Young People HIV strategy (FCT, Kaduna, Lagos, and Benue). To contribute to meeting the need for youth to have strengthened SRH services and sexuality information, over 129,000 adolescents and young people were reached with information and services including young people in school, out of school, and in health facilities.

These results all indicate the relevance of UNFPA support towards policies and capacity development around youth and are elaborated further in EQ2.

Strengthened generation and use of population data are essential to government and state policy, strategy, and planning across the areas of the UNFPA mandate and in all sectors. UNFPA supported both national and state levels to strengthen data capture and use in development policy and programming. In particular:

- UNFPA engaged with government in developing the National Development Plan 2021-2025 and the new National Policy on Population 2021.
- UNFPA contributed through financial and technical support to considerable progress in the production, dissemination, and use of socio-economic data to monitor achievements of the Sustainable Development Goals and to guide multi-sectoral policies and plans at national and state levels.
- UNFPA supported the following surveys all of which were contributions to improving data for population, and specifically for commodities, and was support that was valued by the respective government counterparts: Nigeria Demographic Health Survey (NDHS), Commodity Security Survey, Demographic Dividend programming.
- UNFPA supported the Federal Ministry of Health (FMOH) in generating health data on the National Health Management Information system (NHMIS), which was an important and relevant contribution to improving monitoring of health indicators and services.
- UNFPA supported FMOH in conducting the annual Supplies Survey to bridge gaps in health facility data for policy formulation and for decision-making at national and state levels, also an important contribution.

FGI feedback

Multiple examples of statements from FGIs with primary and secondary beneficiaries indicate the various ways in which the programming has assisted them in terms of skills building, being able to work better, having changed attitudes in a positive direction and in gains in knowledge about SRH and GBV, with confidence built in survivors. Examples of positive reports from vulnerable people include benefits in:

- Capacities of women who are survivors of GBV (including humanitarian setting) have been built with skills to be financially empowered and free.
- Interventions involving men in the community to raise awareness on FGM and GBV issues.

- Helpline for responding to issues of domestic and sexual violence.
- Awareness creation on GBV through the media (e.g., radio jingles).
- The establishment of safe space for women and adolescent girls in IDP camp.
- Peer to peer group discussions on the abandonment of FGM.
- Community sensitisation and awareness creation on the abandonment of FGM.
- The engagement of whistle-blowers in identifying and reporting of cases of GBV
- The involvement of men to sensitise and mobilise the women to seek medical care as well as give birth in health facilities is resulting in increased hospital attendance.

- Despite the sensitivities surrounding adolescent sexuality in Nigeria, one community mobiliser commented: "*If action is not taken, they* (pregnant teenagers) *will land in the hands of quacks and the life of these teenagers will be in danger."*

For each thematic area and for the overarching focus, documentary sources were triangulated with KI interviews with CO management, technical leads in the CO and sub-offices, and with FGIs with beneficiaries. These are indicated in the various EQ2s and assumptions below. For all thematic areas, also, AWPs and COARs were key sources of information.

In addition to AWPs and COARs, the main sources of information were the ICPD Programme of Action and ICPD at 25, UNDP (2020) http://hdr.undp.org/en/countries/profiles/NGA; Nairobi Summit on ICPD25 (2019) https://www.nairobisummiticpd.org/content/icpd25-commitments, UN 2030 Agenda for Sustainable Development Interagency Standing Committee (2021) https://interagencystandingcommittee.org/grand-bargain, UNFPA Transformative Results: https://www.unfpa.org, UNFPA Nigeria 8th CPD and Results and Resources Framework 2018, Nigeria UNDAF, https://www.agendaforhumanity.org/sites/default/files/20170228%20NWoW%2013%20high%20res.pdf, UNFPA Strategic Plan 2018-2021 https://www.unfpa.org, UNFPA Strategic Plan 2022-2025 Draft Document, UNFPA and the Sustainable Development Goals (2015) https://www.unfpa.org/resources/unfpa-sustainable- development-goals-0, UNFPA Nigeria Country Programme Document and RRF 2018-2022, UNFPA Nigeria COARs for 2018, 2019, 2020, 2021, UNFPA Nigeria AWPs for 2018, 2019, 2020, 2021, UNFPA (2021) Overview of 8th Country Programme, NIGERIA Integration of the SDGs into National Development Planning - A Second Voluntary National Review Integration – (2020) - OSSAP-SDG, UNFPA (2016) Nigeria Country Analysis Report, World Bank https://data.worldbank.org, UNDP (2021) Human Development Report. http://hdr.undp.org/, World Bank (2016) World Bank Collection of Development Indicators, UNDP Human Development Report 2020: Nigeria http://hdr.undp.org, World Bank (2021) https://www.worldbank.org/en/country/nigeria/publication/nigeria-economic-update-resilience-through-reforms 15 June 2021 update, UNSDPF (2018) UN Development Assistance Framework for Nigeria, Nigeria/UN Sustainable Development Partnership Framework 2018-2022 https://www.ng.undp.org, UN Common Country Assessment of Nigeria 2017, UNDP (2020) Human Development Report: Nigeria http://hdr.undp.org, Nigeria Integration of the SDGs into National Development Planning - A Second Voluntary National Review Integration 2020, GoN Nigeria Vision 20:2020 (NV20:2020), GoN Nigeria Vision 20:2030 (NV20:2030), UNFPA (2016) Nigeria Country Analysis: A human-rights based, equity focused, gender sensitive and sexual and reproductive rights focused analysis of women and young people in Nigeria, UNAIDS Division of Labour.

Sources related to SRH included, in addition to the above: the Nigeria National Strategic Health Development Plan II of 2018, UNAIDS (2021) Prevention of Mother to Child Transmission www.unaids,org Sept 2021, UNAIDS Unified Budget, Results and Accountability Framework https://unaids.org, UNAIDS (2018) Division of Labour https://www.unaids.org/en/resources/documents/2019/UNAIDS-Division-of-Labour, Federal Ministry of Health (2018) Second National Strategic Health Development Plan 2018-2022, FMoH (2016) National Health Policy 2016, FMoH (2020) Revised Family Planning Blueprint, FMoH (2018)

Nigeria HIV/AIDS indicator and Impact a survey 2018 Technical report, FMoH Nigeria Health Logistics Management Information System and health sector reports.

Main sources related to adolescents and youth, which overlap with SRH, included, among others: FMoH (2006) National Policy on the Health & Development of Adolescents & Young People in Nigeria, FMoH (2021) National Adolescent Health and Development Policy (2021- 2025), FMoH (2021) National Adolescent and Young People's Health and Development Implementation Plan (2021-2025), FMoH (2021) National Adolescent and Young People's Health and Development Monitoring and Evaluation Framework (2021-2025). UNFPA contributed to the revisions of the National Youth Policy in 2018 to bring it in line with the demographic dividend and the National Economic Recovery and Growth Plan for sustainable development and youth inclusiveness, Nigeria National Standards and Minimum Service Package for Adolescent andYouth Friendly Health Services (2018). Documentary sources also overlapped between the AY and PD sections, particularly in relation to the demographic dividend and DHS information. The National Bureau of Statistics (2016) : https://www.nigerianstat.gov.ng : Sustainable Development Goals (SDGs) Indicators Baseline Report 2016, World Bank collection of development indicators (2016), National Population Commission (2016) - Statistical report on women and men in Nigeria, National Population Commission (2018) Demographic and Health Survey www.dhsprogram.com, World Bank (2018) www.worldbank.org, Nigeria HIV/AIDS Indicator and Impact Survey (2019) www.naiis.ng, HPTRP (2018); Harnessing the demographic dividend for the sustainable development of Nigeria, Nigeria Integration of the SDGs into National Development Planning - A Second Voluntary National Review Integration 2020.

Main sources related to GEWE , as well as some of those noted above, also included: UNICEF (2018) Child Marriage in West and Central Africa: At a Glance, World Economic Forum (2021) Global Gender Gap Report, March 2021 https://www.weforum.org/reports/global-gender-gap-report-2021; UNFPA (2021) Global Prevention Cluster Gender-Based Violence Area of Responsibility UNFPA Strategy 2021-2025. https://www.gbvaor.net/; UNICEF (2018) Child Marriage in West and Central Africa: At a Glance; UNDP (2021) Human Development Reports; Gender Development Index http://hdr.undp.org/en/content/gender-development-index-gdi; World Economic Forum (2021) Global Gender Gap Report March 2021 http://report.weforum.org/ ; Okoro I (2016) National Bureau of Statistics (n/d) Gender Mainstreaming in Nigeria: The Cross Cutting Issues; Aina OI, Ejembi C, Fawole O (2022) Landscape Analysis of Gender-Based Violence, Harmful Traditional Practices and Obstetric Fistula in Nigeria: Technical Report (Draft), for UNFPA, Jan 2022; UNFPA Gender/ASRH/HIV/Youth Unit Presentation for 8th CP Evaluation; UNFPA (n/d) ASRH/Youth, UBRAF, CSOE Presentation; National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls, 2018; HERA (2020) Spotlight Initiative: Nigeria Programme Mid Term Assessment; World Economic Forum (2021) Global Gender Gap Report, March 2021 https://www.weforum.org/reports/global-gender-gap-report-2021; UNFPA (2021) https://nigeria.unfpa.org/en/events/handover-ceremony-dignity-kits-and-items-under-un-basket-fund-project-risk-communication-and; Partners West Africa Nigeria (2021) VAPP Tracker https://www.partnersnigeria.org/vapp-tracker/; People's Reference Bureau (2021) Youth Family Planning Policy Scorecard, April 2021 Update; Federal Ministry of Women Affairs and Social Development (n/d) National Gender Policy: Situation Analysis; Federal Government of Nigeria, Violence Against Persons (Prohibition) Act 2015.

Main sources related to PD are largely included in the first section above but also the NDHS of 2018, and other reports of the National Bureau of Statistics (2019) www.nigerianstat.gov.ng and National Population Council; National Population Commission (2018) National Demographic Health Survey; HPTRP (2018) Harnessing the Demographic Dividend for the Sustainable Development of Nigeria; Future Learn (2021) https://www.futurelearn.com/info/blog/biggest-employment-industries-in-nigeria; National Bureau of Statistics (2019) Poverty and Inequality in Nigeria; National Population Commission (2011) https://nationalpopulation.gov.ng; https://sustainabledevelopment.un.org/memberstates/nigeria; Olaniyan et al. (2012) Programming the Demographic Dividend for Achieving the UNFPA Mandate; UNFPA (2021) Population and Development Briefing Note; Nigeria Integration of the SDGs into National Development Planning - A Second Voluntary National Review Integration 2020, the National Bureau of Statistics (2016) : https://www.nigerianstat.gov.ng : Sustainable

Development Goals (SDGs) Indicators Baseline Report 2016, World Bank collection of development indicators (2016), National Population Commission (2016) - Statistical report on women and men in Nigeria, National Population Commission (2018) Demographic and Health Survey www.dhsprogram.com, World Bank (2018) www.worldbank.org, Nigeria HIV/AIDS Indicator and Impact Survey (2019) www.naiis.ng, HPTRP (2018); Harnessing the demographic dividend for the sustainable development of Nigeria, Nigeria Integration of the SDGs into National Development Planning - A Second Voluntary National Review Integration 2020. These were triangulated with KIs (Directors of Department of International Cooperation, Federal Ministry of Finance, Budget and National Planning (MFBNP), Federal Ministry of Youth and Sports Development, Department of Reproductive Health, Federal Ministry of Health, Health Policy Training and Research Programme (HPTRP); Demographic Dividend Programme, University of Ibadan, Ibadan, Oyo State, UNPFA CO and sub-offices technical leads, state coordinators and health directors, and country director of Action Health International) and with beneficiary FGIs as reported within other EQs and assumptions.

Annex 2 provides the full list of all key informants interviewed at strategic level and within each of the thematic areas, with information triangulated from KIs and the wide range of documents consulted. For all thematic areas, AWPs, COARs, some quarterly reports and IP reports were consulted as above, and documentary review was triangulated with key informant interviews with relevant CO management and technical staff, IPs, GoN and with FGIs with primary and secondary beneficiaries.

Assumption 2: The CO has been able to respond effectively to shifts in the national context and priority needs, including those of marginalised groups and in humanitarian situations, and to innovate working modalities in relation to COVID-19 epidemic.	The speed and timeliness of response (response capacity) Adequacy of the response (quality of the response) Evidence of programmatic changes in line with emerging needs and priorities of GoN, key stakeholders and beneficiaries	AWPs, COARs Project evaluation reports Implementing Partners (IP) APRs CO staff UNCT GoN, key stakeholders and beneficiaries	Document review Interviews with CO staff, IPs, UN agencies, GoN, donors FGIs

UNFPA responded well to shifts in the national context and priority needs, in particular, in relation to the changing humanitarian situation and the requirements of the COVID-19 pandemic, as well as in relation to specific issues such as high teen pregnancies and survivors of gender-based violence (GBV), also reaching high numbers of vulnerable girls and women during sporadic displacements with dignity kits, for example.

Revisions to the Results and Resource Framework indicate the extent to which UNFPA took on board the emerging COVID-19 pandemic from early 2020, and also other activities in response to recognised needs. These included the changes noted below.

- In **SRH:** Additions to Output 1 included: i) Policy guidelines and reviews on COVID-19 pandemic; ii) High-level advocacy for the implementation of guidelines and protocols on COVID-19 pandemic. Additions to Output 2 included: i) Procurement and supply of COVID-19 commodities including contraceptives and condoms for HIV/AIDS prevention; ii) Strengthen capacity to deliver maternal and SRH services in COVID-19 pandemic setting; iii) Support for development of evidence-based approaches to improve maternal health service utilization including emergency obstetrics and newborn care services in COVID-19 pandemic setting; iv) Support for implementation of Nairobi Summit Commitment to zero unmet need for family planning. Additions to Output 3 included: ii) Provide assistance for the review and update of national training curricula and methodologies (including gender sensitive methods), for health workers preservice training to incorporate COVID-19 pandemic.

- In SRH, UNFPA also revised the RRF to include Support for implementation of Nairobi Summit Commitment to zero maternal deaths. This was already in line with the existing RRF but reflected the important global meeting on ICPD at 25 that took place in November 2019 and again highlighted UNFPA responsiveness.

- In **GEWE**, UNFPA revised the RRF to include in Output 3.1: i) Partnerships to develop gender responsive integrated programmes for women and girls in development settings; ii) Psychosocial counselling for traumatized populations, especially women and girls, in development settings; iii) Support evidence-based data gathering through a GBV management information system (GBVIMS) in development settings; iv) iii) Support landscape analysis of GBV and harmful practices; v) Support GBV coordination and referral mechanisms in development settings; and vi) Support for implementation of Nairobi Summit Commitment to zero GBV and harmful practices (which was also included in the original RRF but reframed). These amendments were all responses to the recognised needs of vulnerable women and girls and also of the need for strengthened monitoring. No specific change was made in the RRF in relation to programming for adolescents and youth although, in responding to the COVID-19 pandemic, all youth-related activities were adapted to meet the stipulated requirements for programme modalities.

- With regards the adequacy of the response to **COVID-19**, document review including the revised 8th CPD RRF, the AWPs and COARs of 2020 and 2021, and government, donor, UN and CO staff feedback indicated a strong and timely response. This included revised ways of working in line with the national and UN restrictions (such as working from home, expanding use of on-line technologies, and undertaking on-line as opposed to face-to-face training). Also, UNFPA provided beneficiaries with tablets and other electronic support which IP and beneficiaries reported as greatly valued.

- An additional and greatly appreciated initiative was refurbishing a facility to meet the health needs for COVID treatment of UN staff and diplomats and their families, and no deaths were reported despite high numbers of infections. This was financed through UNDPA with a shared funding modality. UNFPA responded to the Risk Communication and Community Engagement Strategy around COVID-19, which was domesticated in Nigeria among 12 other countries.

- UNFPA CO and sub-offices undertook various actions to ameliorate GBV during the COVID-19 pandemic, recognizing the risks of increased violence, especially intimate partner violence (IPV) and of limited access to SRH and GBV services. UNFPA supported the Risk Communication and Community Engagement Strategy in five states (Sokoto, Oyo, Bauchi, Adamawa and the FCT). In relation to gender, this included providing dignity kits among other support through the UN Basket Fund RCCE for COVID-19.[58] UNFPA also strengthened toll free lines and reporting apps, establishing a Virtual GBV Response Centre in Lagos, and training partners to use IT platforms to reach beneficiaries.

- When schools were closed, UNFPA used radio and other means to continue education on GBV and SRH (KI interviews, document review). As part of the response, UNFPA also partnered with the Value Female Network, a youth-led NGO to use the Girls' Survival Model to protect girls from FGM and other forms of GBV.[59] This aimed to reach 1.2 million people in communities in Osun State over a three-month period with local media such as radio and television to raise awareness about the harmful effects of FGM, and to protect 1000 girls from the practice. It also aimed directly to support 850 vulnerable adolescent girls with girls' 'survival kits' of sanitary pads, facemasks and other protective materials, with some kits including condoms. The

[58] https://nigeria.unfpa.org/en/events/handover-ceremony-dignity-kits-and-items-under-un-basket-fund-project-risk-communication-and

[59] Value Female Network (2020) Budget Justification Fund Code ZZ129

full results and achievements need to be evaluated. Peer educators also played a key role in the COVID-19 awareness campaign in 2020 in the dissemination of prevention messages to young people living with disabilities (KI informants).

- In population dynamics, Output 4.1 was amended to include: i) Support for roll out of GRID3 project to generate, disseminate and use of disaggregated geo-spatial data at the national and sub-national levels in recognition of further information needs to strengthen government engagement in population data for development policy, planning and programming. Activities in support of the long-overdue census were revised to the planning and preparation stages, as the census did not take place.

- In **humanitarian situations**, UNFPA concentrated primarily in the BAY states of the north-east that were challenged by the Boko Haram insurgency. Camps were established for internally displaced persons (IDPs) and UNFPA was able to respond with regards strengthening health services and in relation to GBV, and to assist young people. In particular UNFPA responded to the international Call to Action against GBV in humanitarian settings and within the Grand Bargain.

- However, the response in humanitarian situations was not adequate to meet the full range of needs or to achieve the coverage needed. This is addressed under assumptions in EQ5 below. Essentially, the escalation of humanitarian situations, not just the insurgency but also violence elsewhere and natural disasters such as flooding, and insufficient government and other IP capacity on the ground made it challenging to mount the level of assistance required.

- Also, while some states experienced worsening conflict, others needed assistance to move into the recovery phases of peace and development, and UNFPA was only engaged to a limited extent, e.g., in Adamawa. This is also addressed further in assumptions under EQ5 below.

The main resources relevant to this assumption are AWPs and COARs, quarterly UNFPA and IP reports, GoN reports. These were triangulated with KIs with multiple stakeholders across the thematic areas in the CO and sub-offices of UNFPA, UN partners, donors, IPs, GoN, and with beneficiary feedback. Site visits also contributed to information around SRH, AY, gender and in the humanitarian settings. All are listed in Annex 2 and are presented in more detail under assumption 1 above. FGI feedback is cited under other EQs and assumptions, notably in EQ2, EQ4 and EQ5, as well as EQ1 assumption 1 above, as UNFPA adapted its reach into modalities acceptable under COVID and expanded interventions in humanitarian situations.

EQ2: Effectiveness and coverage

2.a How far have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the CP outcomes in each of its thematic areas, including reach to the most vulnerable?

2.b How far has UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the design, implementation and monitoring of the country programme in all thematic areas?

Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data**

Assumption 1: The UNFPA 8CP planned outputs were successfully achieved and contributed to the outcome results in all thematic areas, with robust results chain logic	Extent to which M&E of programmes and projects indicate output achievements Extent to which outputs in the CP and Results Framework are likely to have contributed to outcome results through robust results chain logic Extent of completion of revised RRF	AWPs, APRs and M&E reports Programme, project and institutional reports CO staff GoN, IPs; beneficiaries Site visits	Document analysis Key CO staff interviews KI Interviews with GoN, IPs, FGIs with beneficiaries Site visits and observation Back-up questionnaires if needed

The achievements tables below indicate the results chains and achievement of outputs of the RRF, and the full annexed achievements table (Annex 8) provides the full results achieved in relation to targets and detailed milestones up to September 2021. These show that the 8th CP successfully achieved most planned activities across all thematic areas, reaching or exceeding the targets in many cases although financial limitations impeded the achievement of some results, and many initial targets had to be significantly revised down. Revisions to planned activities were made in relation to COVID-19, as noted in EQ 1 above. There are no further outcome level data since the last DHS in 2018 but the forthcoming DHS will indicate the extent to which outcomes have improved. The full documents consulted are available in Annex 3, and include all documentary sources noted above, and the methods of obtaining information, which were triangulated from the various sources. The likelihood of contribution to outcome results is indicated for each thematic area, and the results chain logic is addressed below both between and within thematic areas.

Two planned programmes and projects that were not completed include: support to GoN for staff attraction and retention schemes and completion of the census, both of which are addressed in the relevant sections below.

The focus of the 8th CP is reflected in the results and resources framework (RRF) within the four thematic outcome areas relating to sexual and reproductive health (SRH) services, adolescents, and youth (AY), gender equality and women's empowerment (GEWE), and population dynamics (PD). Such wide engagement remains appropriate for Nigeria because of severe inequalities, despite it being classed as a lower-middle income country in which government provision of services is expected to be much higher than in low-income countries. However, the overall balance of modes of engagement merits review in the next CP, with a need to move more towards strengthening government to undertake its full responsibilities for service provisions. Interventions included contribution to developing laws and policies across the thematic areas to achieve a more enabling environment, capacity development of rights bearers to strengthen services, direct service support, community engagement and awareness creation, and empowerment of stakeholders including some of the more vulnerable or marginalized such as internally displaced young people and women. The availability of population data for development was enhanced, although without the planned census.

Coverage of programmes remains insufficient, however, particularly in humanitarian settings because of the huge and increasing scale of need, and the very large and growing population of Nigeria. UNFPA had selected states for projects in line with higher needs, that is where indicators for SRH were poorer, FGM was higher, GBV was severe (as in the humanitarian states), and among IDPs, for example.

SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Nigeria 8th CP Results Framework for Sexual and Reproductive Health Services, 2018 to Sept 2021 indicates the following achievements of outputs and their relation to the UNDAF and UNFPA strategic outcomes.

UNDAF Outcome: By 2022, Nigerians, with focus on the most disadvantaged, have access and use quality health, nutrition, and HIV services							
Indicator	**CPD Baseline**	**CPD Targets**	**Achieved**				**Progress against targets**
			2018	**2019**	**2020**	**Sept 2021**	
Percentage of births attended by skilled health personnel	38.1%	42%	N/A	N/A	N/A	N/A	
UNFPA Strategic Plan Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.							
Maternal mortality ratio	576	520	N/A	N/A	N/A	N/A	
Contraceptive prevalence rate	12.1%	20%	N/A	N/A	N/A	N/A	
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.	0	10	6 11	2 3	3 3	0 0	11* **Exceeded target** 17
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	77%	80%	77 70.2	77 62	82 80	N/A	82

							Exceeded target by 2020 80
Number of new users of family planning services	8,600, 000	13,600, 000	1,000, 000 2,752, 854	1,000, 000 2,956, 293	1,000,000 3,866, 563	1,000, 000 N/A	4,000,000 **Exceeded target** 9,575,710
Number of States meeting coverage of emergency obstetric and new-born care, as per the international recommended minimum standards	0	17	17 24	1 1	2 2	N/A	20 **Exceeded target** 27
Number of women and girls living with obstetric fistula receiving treatment with the support of UNFPA	3638 (2017)	10,000	600 728	500 650	395 1962	1530	3025 **Achieved** 3340
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)	0	50	1 10	0 0	0 0	0 0	1 **Exceeded** 10
Number of schools supported to train midwifery service providers,	25	50	1	10	1	0	12 **Achieved**

especially on Minimum Initial Service Packages			10	1	3	0	14
Antenatal care coverage (at least four visits)	51%	60%	57%	N/A	N/A	N/A	**On track in 2018**

*In all columns, the first figure given is the target for that year and the second figure is the total achieved in that year.

The support of UNFPA overall for SRH has been extensive and varied, ranging from strengthening the enabling environment through to capacity development and direct service support on the ground. Nonetheless, funding limitations have significantly impacted on the scale of most of the initially planned interventions. Further resource mobilization will be essential for the next CP, particularly around the critical area of strengthening family planning provisions and uptake – as a human right in itself, and also, to reduce total fertility rates, which is vital to realizing all sustainable development goals. Successful advocacy for far greater government investment in health in general and in SRH is essential. The revised RRF was generally achieved as highlighted below, with extensive efforts in response to COVID-19 and the escalating humanitarian crisis.

- A range of activities across the first four interventions in output 1were undertaken in each of these areas, including in humanitarian situations. Of particular importance for SRH at national level were UNFPA technical and financial support to government for policy development including for the development of the National Family Planning Blueprint (2020-2024), and the National Guidelines for State-Funded Procurement of Family Planning Commodities, Nigeria National Standards and Minimum Service Package for Adolescent and Youth Friendly Health Services (2019).

- UNFPA strengthened capacity in 17 states (against a target of 10 states) to develop or implement policies in SRH services and/or information prioritizing women, adolescents and youth left behind. This included, for example, the utilization of the demographic and household data base in the humanitarian crisis in Calabar State in order to guide the Minimal Initial Service Package (MISP) requirements and wider SRH response (KI informants) – an essential contribution to ensure appropriate programming to meet emerging needs.

- UNFPA undertook culturally sensitive and rights-based high-level advocacy to draw attention to key areas of its mandate and to mobilize resources (FGIs, KI interviews and COARs). One achievement early in the CP (COAR 2018) was advocacy in Kaduna State, where the governor created a 50 million-naira ($140,000) budget line to address obstetric fistula (OF) and pledged to rehabilitate the Vesico Vaginal Fistula (VVF) Rehabilitation Unit at Hajiya Gambo Sawaba General Hospital in Zaria. Given that Nigeria has high rates of OF, with many girls and women untreated (see below), this was an important development. UNFPA also successfully advocated for the incorporation of comprehensive sexuality education (CSE) into the educational curriculum in Lagos (COAR 2018), although family life health education (FLHE) is generally taught in Nigeria with a focus on abstinence (see other thematic areas). UNFPA has supported the capacitating and engagement of champions to take forward areas of its mandate, including the first ladies of Bauchi, Kaduna and Sokoto states, as well as traditional and religious leaders, for example to oppose child marriage and female genital mutilation (FGM) (FGIs, COARs and KI interviews).

- UNFPA supported the Federal Ministry of Health (FMoH) to distribute contraceptives to the state stores in all 36 states and the Federal Capital Territory (COAR 2020), and for last mile distribution scale up in 17 states to strengthen supply chain management for FP and HIV prevention.

- Considerable progress has been achieved with last mile distribution and the momentum needs to be sustained. Capacity was built also to utilize an upgraded e-management information system, the NHLMIS,135 leading to greatly strengthened reporting on FP services, stock availability, last mile distribution and related aspects of commodity stewardship (KIs and document review). Nonetheless, challenges in reporting remain as noted, for instance, in Borno and Cross River. Further capacity development is needed including for oversight of the responsible staff in the various states. UNFPA-supported government interventions, however, exceeded the target of 80 percent of facilities having no stockouts of modern FP methods in the previous three months (achieved 82 percent in 2020), an admittedly low level of increase against the baseline of 77 percent.

- Site visits in the states of Borno, Cross River, Lagos, and Ogun found that increased demand had been a factor in stockouts, again requiring stronger forecasting and supply chain security. Interestingly, resistance to family planning was not found to be pronounced owing to successful demand creation activities as well as the harsh economic realities, with unmet demand for FP services in several sites, even in the conservative settings of Sokoto and Borno states (FGIs and KI interviews). In the next CP, a strong focus will still be needed on demand creation to address the unmet need in close conjunction with strengthened supply chains to the last mile.

- During the 8th CP, over 13.3 million new users of FP were documented, reflecting both increased population size and likely influence of effective demand creation activities particularly in hard-to-reach areas, and with incentives to health providers and free services (KI interviews).

- Similarly, during the 8th CP many more health facilities were capacitated to provide FP, increasing access and uptake including in more remote areas and, in hospital settings in Lagos and Ogun states, UNFPA helped establish an FP training centre. This was linked with other services such as screening for cervical cancer and manual vacuum aspiration for post-abortion care. FMoH key informants and FGI participants greatly appreciated this development and proposed that the centres be expanded further.

- Despite the achievements in increased FP demand, the overall improvement in the modern contraceptive prevalence rate (mCPR) is slow. Recent data are not available, but NDHS data in 2013 and 2018 show that mCPR increased only from 10 to 12 percent, and fertility rates have only slightly decreased. Clearly there is a need to bridge the current demand-supply gap through improved mobilization of funds, implementation of the state guidelines for FP commodities, support for local manufacturing, and continued support for last mile distribution. The contribution to this outcome appears insufficient to what is needed, and greatly increased government investment is clearly required.

- To strengthen the HIV response and programming, UNFPA supported different policies and plans through financial and technical assistance as indicated in Output 1, and in strengthening supply chain management, which included male and female condoms and lubricant. Condoms are especially important as the only contraceptive method that also provides protection against HIV and several other sexually transmitted infections (STIs). UNFPA supported the development of the revised National Prevention Plan (2018 – 2021), National Condom Strategy Operational Plan (2021-2025), the National Condom and Lubricants Quantification Plan (2021-2025), HIV Programming in Adolescents, Young People in Nigeria: An Investment Case (2021-2025), the Guide for the Implementation of Community-Based HIV Programmes Focused on Adolescents and Young People in Nigeria (2020), and the National Consolidated HIV Prevention and Treatment Guidelines for Key Populations.

- Also, under development with UNFPA and other agency support, are a National HIV Prevention Plan, the National Strategy on HIV for Adolescents and Young people and a Minimum Package of Prevention, among others. In addition, UNFPA assisted the updating of the National HIV Prevention Road

Map and scorecard in 2020, and supported the National AIDS Control Agency (NACA) to organize the National HIV Prevention Technical Working Group quarterly meetings,

- During the COVID-19 pandemic, UNFPA-led advocacy strengthened the priority given to SRH issues, as well as developing COVID19 guidelines and protocols (KI interviews, document review). UNFPA worked through civil society organisations to create awareness in the community about COVID-19 and on preventive measures, as well as providing hand washing stands at strategic places in the community, providing dignity kits to adolescent girls in need, rape kits and other supplies among multiple other responses. This is also addressed within the gender focus.

- At state level, UNFPA provided support for the successful development, validation and dissemination of FP costed implementation plans (CIPs) in only three of the planned 17 states, thus falling far short of achieving the planned output. This limitation was partly attributed (KI interviews and document review) to the inability of state implementing partners (IPs) to meet their commitments, with only the states of Kaduna and Lagos indicating readiness to provide some funding to meet their FP commodity procurement needs. However, this being a core area of the UNFPA mandate, the agency needs to advocate and scale up support for strengthened supply chain management in the next CP. Support for the development of national guidelines for state-funded contraceptive procurement is an important step in this direction, although the guidelines have yet to be fully implemented (KI interviews). More broadly, UNFPA also supported development of the National Health Supply Chain Strategic plan (2020-2025), a patient-oriented supply chain master plan to achieve high levels of efficiency and effectiveness in the delivery of medicines and other health products (COAR 2020). This needs widespread adoption and domestication by all states

- UNFPA is the lead agency supporting services to address obstetric fistula (OF), including support to develop the National Fistula Strategic Framework and a communication plan for interventions. UNFPA also supported the FMoH to develop a national protocol for social reintegration/rehabilitation of women before and after OF repair, available online,137 and UNFPA supports the national Technical Working Group addressing OF. UNFPA strengthened service provision by supporting the construction and equipping of two new OF centres as well as providing support to existing centres to improve service delivery capacity, including one in Calabar under the Spotlight Initiative (document review). With regards to emergency obstetric and new-born care (EmONC), UNFPA supported a greater number of states than planned (27 against a target of 17) to meet basic standards in line with the international recommended minimum standards, a key intervention to reduce maternal and perinatal mortality and morbidity.

- A major limitation in the OF programming is that FP has not been systematically included, although it is a vital aspect of preventing OF in young women especially.

- Available record indicates that UNFPA is on track to achieve antenatal care coverage (at least four visits) target of at least 60% by 2020 as at 2019 the target achieved was 57% from a baseline of 51%.

- Evidence for the use of evidence-based, gender sensitive policies, strategies and plans to engage health workers (male and female) was not available during the CPE. However, through support from Women for Health (WFH), the Nigeria Women and Nursing Council developed the NMC Strategy 2020-2025 which outlines a key evidence-based gender-sensitive strategy to engage health workers, and UNFPA is well placed to support the implementation process to achieve the targets.

- With regards to health workforce attraction and retention, the revised RRF indicates that this was not systematically undertaken. However, document review and key informants noted that UNFPA promoted dialogue and advocacy at national level for enhanced investments in the midwifery workforce,

and that, in Kaduna State, health staff recruitment improved, including a strategy to bring on board retired midwives. Observed shortages and high reported staff turnover show the need for effective strategies to support and retain staff.

- The planned support to review and update training curricula and methodologies in pre-service midwife training institutions was only partly achieved, with 10 of the planned 50 institutions in humanitarian settings being supported with integration of the Minimum Initial Service Package (MISP) for reproductive health in humanitarian settings. The programme had to be curtailed because of lack of funding within the states (KI feedback), although it is important to fast track its implementation.

- Support to train various health workers was provided on the MISP, BEmONC, LARCs, GBV, CMR, and for ASRH, exceeding most targets. There are, however, concerns about the quality of training, and whether it includes sufficient skills building; also, the combined focus of some training was questioned (KI interviews). For example, one facilitator of a five-day training programme addressing LARCs, and the clinical management of rape commented: *Combining two major trainings such as LARC and CMR is inappropriate as it makes it difficult for us to deliver the content adequately for participants to acquire necessary skills and competency*. With respect to family planning, only 960 of the planned 5,000 health providers were equipped with adequate capacity to administer DMPA-SC. UNFPA should consider adopting a hybrid virtual-physical approach for capacity building of health workers on contraceptive technology and LARCs to reach more providers.

- UNFPA supported implementing partners to reach new users of FP through community outreach to women and girls in underserved areas through piloting self-injection of DMPA-SC. This helped greatly to increase the number of new users of DMPA-SC (see Annex 8) and should be widely brought to scale.

- UNFPA provided support for the Continued Professional Development Programme, leading to a wide range of further training activities. For example, this included training lead facilitator assistants and zonal facilitators, and training 25,249 health workers in Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) by 2020, over twice the initial target of 10,000, with nutrition added.

- UNFPA has made efforts through provision of FP commodities to OF clients and training of OF providers on FP. However, there is need strengthen this effort as a vital aspect of preventing OF in young women especially, and FP is not systematically included in OF services.

- To enhance the capacity of pre-service health training institutions to meet accreditation standards, UNFPA supported selected schools to serve as centers of excellence through provision of an e-library, ICT equipment and skill demonstration. Although this intervention was achieved in only four schools of the 10 planned, it showed valuable results in the selected schools gaining accreditation in line with the Nursing and Midwife Council revised standards and has increased their carrying capacity (KI interviews). Tutors valued the support, which has enhanced both learning and research activities. As one tutor commented: *It allows us to demonstrate and mentor our students (with) different manoeuvres especially for delivery, to allow the students to gain skills and confidence, and it becomes easy when they transit to the clinical sites.*

- The e library capability was particularly useful during the COVID-19 restrictions. In the words of one school director: *We are able to hold virtual lectures with our students who log on through their android phones.*

Documentary review Sources:

Document review: APWs, COARs, quarterly UNFPA reports and IP reports, CPD and RRF, Information Mobilized for Performance Analysis and Continuous

Transformation, Nigeria Health Logistics Management Information System and other documents noted under EQ1. These were triangulated with key informant interviews with FP/RH Coordinators of Borno, Cross River, Ogun, Lagos and Sokoto states, Logistic officer Ogun state Kaduna UNFPA office and Sokoto UNFPA office), Tutor school of midwifery Kaduna Cross River, group discussions with trained beneficiaries. Also, multiple site visits contributed to the evaluation findings and FGIs with secondary beneficiaries some of whom are cited above in the text, and others within other EQ assumptions.

ADOLESCENTS AND YOUTH

In the adolescents and youth thematic area, the CP achievements of outputs to September 2021 are indicated in the following results table.

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	**CPD Baseline**	**CPD Targets**	**Achieved**				**Progress against targets**
			2018	**2019**	**2020**	**Sept 2021**	
Youth literacy rate, population aged 15-24 years	65%	71%	75.03%	N/A	N/A	N/A	**Target achieved**
UNFPA Strategic Plan Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.							
Adolescent birth rate	122 per 1,000 women 15-19 years	100 per 1,000 women aged 15-19 years	118/1,000	N/A	N/A	N/A	**Target achieved**
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							
Number of supported states that reflect adolescent and youth health, development, and well-being in multi-sectoral policies	2	10	2 11	6 2	N/A	N/A	8* **Target achieved** 13

Number of national and state plans that integrate approaches to harnessing the demographic dividend	1	10	2 3	2 1	1 5	N/A	**5** **On track** 9	
Number of adolescents and young people reached with SRH services including family planning and HIV education	1,000	10,000	20,000 134,118	20,000 13,876	20,650 23,742	13,950 25,584	74,600 **Exceeded target** 197,320	
Number of condoms distributed[60]	62,560, 952	312,000, 000	11,250,000 36,668,702	172,000 51,157	38,000 460,100	49,500 142,349	11,509,500 **Off track**** 37,322,208	
Number of young people reached with ASRH information	0	10,000, 000	37,500 227,588	23,430,000 34,213,426	15,042,060 24,731,699	1,204,952 13,865,111	39,714,512 **Exceeded target** 73,037,824	
Number of national and state officers with knowledge and skills to develop Demographic Dividend profile	16	1016	15 45	250 59	250 40	250 198	750 **Off track**** 442	

[60] This indicator was included in the RRF for AY although its greatest relevance is for the SRH thematic area

Number of adolescents with increased knowledge and skill on Demographic Dividend	0	1000	150 9,800	300 1,000	300 1,800	250 0	1000 **Greatly exceeded** 12,600	

** These are off track in relation to the original planned targets as opposed to the greatly reduced annual targets, which they have achieved or exceeded.

With the exception of condoms distributed and numbers of national and state officers capacitated around the demographic dividend, UNFPA is on track, achieved or exceeded its intended outputs with clear evidence of contribution to the UNFPA outcome of strengthened capacity for states to address the demographic dividend and also related benefits for AY themselves regarding the demographic dividend and for their improved SRH. Comments on the results chain logic are addressed below.

- UNFPA provided funding and technical assistance to support the federal government to finalise the review of the National Youth Policy (NYP 2019-2023) in 2018. As a result, the revised NYP is now in line with the aims of the demographic dividend to empower youth as active participants in the economy. It is in line with the National Economic Recovery and Growth Plan for sustainable development and youth inclusiveness. This is thus a valuable contribution to increased attention to the essential achievement of the demographic dividend.
- UNFPA supported Kaduna state to domesticate the NYP, while Lagos state was supported in the development of the Lagos State Youth Policy Strategic Implementation Plan. In Ondo State, technical support was provided for the development of the State Action Plan for Adolescents and Young People.
- UNFPA has supported the Federal Ministry of Youth and Sports Development (FMoYSD) in the development and production of the National Action Plan on Youth, Peace and Security (2021-2024). Various activities relevant to the youth policy, such as safe spaces in several states, are being widely implemented
- The youth literacy rate of the population aged 15-24 years was already higher at 75% than the target of 71% during the period of the CP.
- The target on Adolescent birth rate was met with the level of achievement of 118/1,000 women (15-19) years. The target for the CP is 100 per 1000 women 15-19 years
- UNFPA supported 13 states to reflect adolescent and youth health, development, and well-being in multi-sectoral policies exceeding the target of 8 states for the CP target.
- Comprehensive Sexuality Education (CSE) was not found to be a strong focus within the 8th CP. Some components of CSE are addressed in activities such as the safe spaces, which have been implemented more extensively in the north in school settings such as in Sokoto State, and within camps for internally displaced populations (IDPs) in the humanitarian areas (notably Borno, Yobe and Adamawa states), and UNFPA provides condoms to adolescents and youths in the states.
- Safe spaces were developed in schools and in the IDP camps and other settings to provide girls with technical skills as well as to address sexuality education. Despite the positive feedback from FGIs with girls in safe spaces in Sokoto, Oyo and Borno, the emphasis on abstinence before marriage rather than equipping girls with accurate and comprehensive sexuality education is of concern. FGIs found that sexual matters are discussed in the safe

space and the girls are quite knowledgeable about sex, pregnancy, HIV and other STIs, knowing what these infections are and how they can be transmitted, as well as benefitting from dignity kits, information on personal hygiene and health, and discussion of gender and GBV. They have basic knowledge about how to protect themselves from STIs and pregnancy, but the overarching focus is on abstinence. Given high teen pregnancy rates this is clearly inappropriate despite the cultural sensitivities.

- The number of condoms distributed was completely off track as the level of achievement (37,322,208) was below the CP target of 11,509, 500 condoms, and this is of major concern. It is addressed within the SRH thematic area.

- There was a great achievement on number of young people reached with ASRH information as the target reached (73,037,824) highly exceeded the CP target (39,714,512) young people, although the measure is merely one of numbers reached as opposed to quality of information, intensity etc. and the extent to which knowledge, attitudes and behaviours changed as a result, therefore how far the output contributed to the intended outcome.
- The evaluation revealed low level of knowledge and skills to develop Demographic Dividend profile among national and state officers. This has been reflecting on the observed low capacity among the Implementing partners at national and state levels
- There was a great achievement on the number of adolescents with increased knowledge and skill on Demographic Dividend as the target reached (12,600) highly exceeded the CP of 1000 adolescents.
- UNFPA provided funding and technical assistance for dialogue and advocacy to domesticate youth policies through several activities. Four states have implemented activities in line with the National Adolescent and Young People HIV Strategy – FCT, Kaduna, Lagos and Benue states.
- A recent development has been the training of peer educators for either three or four days, including adolescent girls and adults (college undergraduates and graduates) undertaken in 2021 in Sokoto, Oyo and Ebonyi states. The aim is to build information around SRH, GBV, harmful practices and gender issues, as well as to build basic vocational skills. FGIs with participants found positive feedback, particularly with regards skills training (e.g., to make soap), but it is too soon to assess how effective this approach may be in terms of numbers of peers reached, whether communications will be sufficiently intensive and effective to influence peer knowledge and change behaviour. It is also yet unclear how long peer educators will remain in the programme despite positive early feedback on personal benefits: *I have become more confident*; *I have learnt how to work in a group*; (as a result of becoming a peer educator) *I appreciated the need to learn a skill*; and benefits to their peers such as: *we want to enlighten more people so that the young girls out there will not be sexually harassed*; *so that those who don't go to school can be enlightened*. In the FGIs, funding appeared inadequate to provide promised stipends for the college group, or information materials and other items that the peer educators would have valued. It will be essential to implement and monitor the sound application of lessons learned from peer education programmes for adolescent SRH and GBV in other developing countries (south-to-south learning) to increase the chances of programme success.

FGIs in safe spaces in Borno, Sokoto, Oyo

- The girls in the safe space are quite knowledgeable about sexual matters pregnancy, family planning, personal hygiene, GBV and STIs. The girls are ware of ways through which they can protect themselves from STIs. The focus however is on abstinence, the girls are taught to abstain from pre-marital sex. As a result, topics like family planning or contraceptives are downplayed at the sessions. *"Sex should not be our focus as teenagers in order not to lead to unwanted pregnancy. We should dress appropriately to avoid being raped".* **Adolescent girl in safe space, Sokoto**. "*The right time to have sex is when a girl gets married."* ***Young girls in safe space, Borno.*** *"We learnt that we should abstain from sex, we were not taught about when to have sex."* ***Young girls in safe space, Oyo***
- The girls found the information received at the safe space very relevant to them.
- *"It has helped me learn how to say no to pre-marital sex and to dress decently".* ***Adolescent girl in safe space, Sokoto***

- *"(We learnt) that sex can lead to pregnancy. Sicknesses can be gotten through sex". "We learnt how to use Condoms; we had not seen condoms before we started coming to the safe space".* ***Adolescent girls in safe space, Borno***
- *"Things about the reproductive system was new to me". "When we meet our sexually active peers, we tell them to stop/abstain".* ***Adolescent girls in safe space, Oyo***
- The girls also stated that their peers who do not attend the meetings should have access to the kind of information they receive and would recommend that the safe space should continue for the following reasons:
- It will encourage them to know how to take care of themselves like walking in the night alone, staying away from lonely roads, low crowded areas and preventing them from dangers.
- It will encourage them to respect their elders
- It will help the girls to dress decently to prevent boys from raping them. To also take care of themselves and their body during menstruation.
- It will educate them even if they don't go to school.
- It will help them to know how to make career choices.
- It will encourage them to stay away from bad friends.
- It will help them to be bold and encourage them to fight for their rights.
- It will build their confidence.
- It will help them to eat a well-balanced diet and also to prevent unwanted pregnancy.
- It will help them to know more about hospital equipment.
- Knowledge gained by adolescent peer educators positively influenced a change in lifestyle. "*Before the training when my parents correct me, I feel they hate but after the training, I now know that they love me. I sold the liquid soap I made from the skill acquisition sessions, and I used the money to buy some school items for myself."* ***Young peer educator, Oyo***
- The young peer educators reported that the training they received was very useful for them to do their job as peer educators, they were sufficiently equipped by the information they received. However, there were no IEC materials to aid their job. Family planning and condoms are subjects that are not discussed in their meetings. Adult peer educators also commented on the lack of IEC materials and condoms to distribute.
- The young educators recommend that the activities should continue for the following reasons.
- *"Because we want to enlighten more people so that the young girls out there will not be sexually harassed"*
- *"So that those who are suffering sexual harassment can come out to get help."*
- *"So that those who don't go to school can be enlightened."*
- Areas for improvement as suggested by the young peer educators include:
- *"We think brasiers, towels, body cream and hair cream, body spray and deodorants and water bottles should be included in the dignity kits"*
- *"We need more t-shirts, the ones we have are getting old."*
- *"Boys should be included in the programme; some boys want to join the peer group."*
- *"We need handbills – IEC materials."*
- *"We need something to identify ourselves outside school – a form of identification."*
- Survivors were informed about the help they received through community sensitisation activities in the camp or the media or community volunteers

working under the Spotlight Initiative.

- "*I found out about GBV services through the media, advertised through the spotlight community volunteer and I was referred to the Sexual and assault centre in the specialist hospital. It was easy to find, and I was welcomed. It's free. The centre is always open even during the weekend.*" ***GBV Survivor, Sokoto.***

The documentary sources included APWs and COARs, various policies and plans, notably FMoH (2006) National Policy on the Health & Development of Adolescents & Young People in Nigeria, FMoH (2021) National Adolescent Health and Development Policy (2021- 2025), FMoH (2021) National Adolescent and Young People's Health and Development Implementation Plan (2021-2025), FMoH (2021) National Adolescent and Young People's Health and Development Monitoring and Evaluation Framework (2021-2025); and also the DHS and IP reports. These were triangulated with KI interviews as indicated in full in Annex 2., and with findings from FGIs. See further sources identified under EQ 1 assumption 1.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

In gender equality and women's empowerment, the CP table of results shows high achievement of intended outputs, with all achieved or exceeded.

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	**CPD Baseline**	**CPD Targets**	**Achieved**				**Progress against targets**
			2018	**2019**	**2020**	**Sept 2021**	
Proportion of ever-partnered women who have been subjected to physical violence	30% (2016)	15%	31%	N/A	N/A	N/A	
UNFPA Strategic Plan Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth							
Same as above	30%	15%	31%				
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	3	6	3 3	3 3	6 6		12* **Achieved**

							12
Number of adolescent girls participating in mentoring or vocational skills programmes and safe space sessions	0	50,000	10000 3400	10000 39200	10000 4044	10000 43216	40,000 **Exceeded** 89,873
Number of communities supported by UNFPA that declare the abandonment of FGM	801 (2017)	1000	30 78	49 21	40 71	45 45	164 **Exceeded** 215
Number of women and/or girls reached with SRH/GBV services in humanitarian settings (through reproductive health kits, rape kits, etc)	605,028	1605028	200000 451274	244250 534,571	463679 102,386	605542 1,101,668	1,513,471 **Exceeded** 2,189,899

*In all columns, the first figure given is the target for that year and the second figure is the total achieved in that year. The final totals given for targets have been revised in some cases from the initial target set for the programme.

The GEWE thematic area had seven intervention areas: national, sub-national and community engagements with community leaders, security forces, civil society organisations and media to end GBV; community dialogues on the elimination of harmful traditional practices; advocacy for the promotion of human rights, gender equality and empowerment of women and girls; and three inter-related interventions addressing GBV in humanitarian settings. These are: partnerships to develop gender-responsive integrated programmes for women and girls; psychosocial counselling for traumatized populations, especially women and girls; and support for evidence-based data gathering through a GBV management information system. The first and second interventions are interrelated and mutually reinforcing, although they were not completely synchronized or implemented in all the same states. They were addressed through several projects and with multiple funders, including Canada, Norway, the European Union (EU) and others.

- The seven interventions were mainly operationalized by the gender team through three complementary projects: the multi-country European-UN Spotlight Initiative to end GBV and other harmful traditional practices; the UNFPA-UNICEF Joint Programme on Accelerating the Abandonment of FGM; and the Canadian-supported Adolescent Girls Initiative in Sokoto, Oyo and Bauchi, and assistance on addressing gaps in GBV and harmful traditional practices.

- Altogether, the gender team supported 11 states through the main projects, with the multi-country Risk Communication and Community Engagement project (RCCE) adopted as an addition in 2020 in states that already had existing projects for GBV and/or FGM.
- Three further gender-related projects in the 8th CP were an integrated approach to empowering adolescent girls and young women through SRHR access, funded by Norway and reported to be addressed by the SRH team and reported on there; an UBRAF-funded HIV prevention programme with adolescents and youth, also under the SRH team; and a training course on GBV in emergencies (GBViE) through the American University in Nigeria, addressed within the international humanitarian Call to Action on GBV, with particular support from Norway.
- Four output indicators were achieved or exceeded in the 8th CP, including, regarding beneficiaries, UNFPA greatly exceeding the target of 1,513,471, reaching 2,189,899 girls and women in humanitarian areas with reproductive health kits and/or rape kits, which FGIs with beneficiaries were found to be greatly appreciated. In addition, numbers exceeded targets in adolescent girls attending mentoring or vocational training in safe spaces, and FGIs found that these were also greatly valued.
- 215 out of a target of 164 communities declared abandonment of FGM, an important contribution towards ending FGM although continued focus is needed long term.
- Whether the incidence of GBV has declined could not be assessed, and the baseline was higher in 2018 than in 2016, perhaps linked with the escalating humanitarian situation and increased violence and population displacement. GBV, particularly intimate partner violence (IPV), is also likely to have increased in the past two years because of COVID-19 restrictions, therefore it is by no means certain that UNFPA interventions led to an actual reduction in GBV in real terms – although it will have contributed to lower level of incidence compared if it had not been engaged. A greater number of women and girl survivors of GBV also received health, psychosocial and related support and, to some extent, increased access to justice. The information base was strengthened through support to development state information management systems to collect, analyse, and disseminate information on GBV in 12 states.
- Advocacy to promote human rights and GEWE was implemented in the states of Osun, Ekiti, Oyo, Lagos, Imo, Ebonyi, Adamawa, Cross River, Sokoto, Bauchi and in the FCT, in other words across the states with GEWE programming in order to generate support for the interventions and to complement them. This was supported by Canadian funding and through the Spotlight Initiative in both humanitarian and development states.
- The domestication of the Violence Against Persons (Prohibition) Act, VAPP, in most states was a major development to which UNFPA contributed, and extensive efforts are underway to assure its effective implementation.
- Canada supported the three-year project Adolescent Girl Initiative in Sokoto and Bauchi states, with multiple government and NGO IPs. It also addressed GBV, FGM, early marriage and obstetric fistula, and supported girls to stay in school in multiple settings. It established the safe spaces approach that has been adapted under Spotlight, and also implemented in the Norwegian-funded project against GBV and FGM and supporting young women for wider SRH in Gombe and Akwa Ibom states. The safe spaces approach builds girls' confidence and capacity, with the central focus on assisting girls to stay in school through academic and other support, as a strategy to delay marriage, and to reduce vulnerability to GBV and harmful practices. Multi-media engagement has been a major focus, particularly in the Canada project, as well as the use of social media. However, the project did not start as intended in 2018 for various reasons and has been extended to September 2022 when it will need evaluation to assess its outcomes.
- The multi-country UNFPA-UNICEF Joint Programme on Elimination of FGM[61] was implemented in Osun, Ekiti, Oyo, Imo and Ebonyi, where FGM rates were higher, and overlapped with Spotlight in one state (Ebonyi) and with the Canada project in Oyo State. It has an intervention package of advocacy for legislative and policy change, capacity development of health workers to manage and treat survivors of FGM, data and research, changing social norms and addressing the medicalization of FGM. It predated the 8th CP, operating since 2014 in Nigeria, and all the supported states have

[61] Initiated in 15 countries in 2008, and widened to include Nigeria and Yemen in 2014

documented significant declines in FGM prevalence in girls aged 15-19 between the 2013 and 2018 National Demographic and Health Surveys, the greatest reductions being in Oyo and Osun, and the least in Imo State. Thus, it appears to have been a well-focused and successful approach that needs to continue – in three of the states FGM prevalence was still over 50 percent in girls aged 15-19 in 2018.

- Community dialogues to eliminate FGM were one part of the Joint Programme package, and were also part of the Spotlight and Canadian interventions addressing GBV and wider harms. Other interventions to address FGM under the Canadian project and Spotlight (KI interviews) included a combination of engaging men and boys, capacitating traditional and political leaders as champions, advocacy, policy development, adolescent girls' asset building in camps through safe spaces, and capacity building for prevention and services (medical, legal, and social). The targets for numbers to reach in safe spaces through the various projects were greatly exceeded, and also, the numbers of women and adolescent girls reached with SRH and GBV support services in humanitarian settings as part of the UNFPA response to the Call-to-Action. The UNFPA-UNICEF programme did not utilize the safe spaces approach but developed annual adolescent girls' boot camps to help empower them as change agents (addressed under AY).
- UNFPA implemented several interventions relating to gender in the humanitarian settings of the Bay states. These included developing partnerships for gender-responsive integrated programming for women and girls, psychosocial counseling around GBV, and evidence-based data gathering through a GBV management system, as part of the Call-to-Action response. Also, in humanitarian settings and more widely through the Spotlight Initiative, UNPFA supported GBV coordination and referral mechanisms to meet regulatory standards. The role of UNFPA in humanitarian settings was said to have strengthened considerably over the 8th CP, one additional example being support to Borno State for maternal health, including fistula repair, and around GBV and other actions implemented by the state government with Korea International Cooperation Agency financial support. This project, which is coming to an end, will be evaluated in 2022.
- It appears that where FGM projects are implemented some components of GBV may have been less well addressed, and UNFPA needs to scale up their implementation in those states for more substantive results. For example, Ebonyi State has a GBV centre that needs upgrading and support with commodities, as well as capacitating staff capacity. Oyo State needs sensitization of communities on GBV.
- National landscape analysis on GBV, harmful traditional practices and obstetric fistula (OF)[62] was undertaken in Sokoto, Oyo and Bauchi with Canadian funding, and in further humanitarian settings through Norwegian and other funding sources for a total of 12 states and the FCT. These were: North East: Bauchi and Adamawa; North West: Sokoto and Kaduna States; North Central: Nasarawa, Kwara, and FCT; South West: Oyo and Ogun; South East: Ebonyi and Imo States; and South-South: Akwa Ibom and Edo states.
- Although preliminary work on the landscape analysis was undertaken early in the CP, various factors delayed implementation and the field work took place in 2021. The draft report provides extensive baseline data on the areas of focus, highlights key drivers and perpetrators, progress made, the roles of the states, and the capacity of duty bearers. It is too late to influence the Canadian project, which had been the original intention, but the findings should guide UNFPA programming in the next CP.
- Despite reaching far higher numbers of survivors than the original targets, the reality is that the majority of those in need are not being reached, whether in humanitarian or development settings, and without extensive multi-sectoral engagement and transformative community sensitization to address gender inequalities and inequities, including around GBV and harmful traditional practices, there will not be sustainable improvements on the scale needed.
- Gaps in support for survivors of GBV were slow and limited access to justice, partly because of the slowness of the judicial processes in Nigeria, and there was insufficient development of shelters for survivors of GBV who needed to escape a violent household. Long-term options for survivors to escape intimate partner violence are limited by multiple factors, not least their economic dependence on perpetrators and unsupportive community attitudes.

[62] Aina OI, Ejembi C, Fawole O (2022) Landscape Analysis of Gender-Based Violence, Harmful Traditional Practices and Obstetric Fistula in Nigeria, Technical Report. Draft report for UNFPA, 15 Jan 2022

Rigorous assessment of the gaps in support is needed to assess what could make a strategic difference. The recently developed guidance on coordination and areas of responsibility on GBV should also guide UNFPA in the next CP (Global Prevention Cluster Gender-Based Violence Area of Responsibility UNFPA Strategy 2021-2025. https://gbvaor.net/).

FGI feedback

FGIs showed that all messaging around gender and SRH, particularly regarding young people, must be sensitively tailored according to local cultural values, religion, and traditions.

FGIs with service providers for GBV in Sokoto, Maiduguri, Lagos, and Oyo (that is in both humanitarian and development settings) found the following, some of which are well beyond the capacity and mandate of UNFPA to address and need government investment and the support of other partners including the private sector, community stakeholders and international and national development partners:

- Further training is needed for the rights bearers in law enforcement
- Shortage of vehicles limits response and engagement
- Facilities need upgrading and more space
- Information materials need to be more appropriate and with better information
- Community sensitization and engagement needs strengthening, as does engagement with all opinion leaders and potential change agents
- Staff need training to address clients with special needs
- Counseling survivors of GBV is stressful, and the providers need better psychosocial support themselves.
- *We advocate that harmful practices, be stopped, we changed from traditional practices to modern*; *Personally, my mindset changed towards my wife, I help her with chores when she is pregnant, I help her bath the baby and also see her off to the hospital*. Male religious leader

Although training for psychosocial counselling helped providers to listen to participants more and to be more sensitive to their needs, the level of training was inadequate for the depth of skill and understanding needed to support traumatized GBV survivors. *We need more training to build our capacities on mental health. We also need in-depth training on psychosocial support*' FGI participant in Sokoto.
Women survivors of GBV supported with skills building in safe spaces stated that the programme helped them build their confidence to prevent further violence in the following ways: **Beneficiaries Skill acquisition, Lagos:**

- *"The programme made me feel more creative."*
- *"The programme helped me add to the knowledge I had before."*
- *"Before if I want to see my kids, I had no funds to buy things for my kids. The training made me more confident before my partner/abuser."*
- *"Before the training my husband used to tell me that nothing good could come out of me, but after the training, he helps me to sell my products."*
- *"I am still in a shelter; I had finished my exams and was waiting to get into the university I decided to acquire a skill. I learnt a skill and I can buy what I want to buy."*

- Women testified that they have been able to use their livelihood skills to earn a living, this has made them more independent. **Beneficiaries Skill acquisition, Lagos:**

"*Our skills have helped us earn a living a lot, it has helped us to be more independent, we feel safer now."*

- **Beneficiaries Skill acquisition, IDP Camp:** *"There is no discrimination, we were given buckets and soap to bath and the skill acquisition has made us financially independent. when we came here, we could not buy things for ourselves but now we can buy wrappers for ourselves."*
  Beneficiaries Skill acquisition, Sokoto: *"I was greatly helped emotionally and economically. With the profit I make from the grinding machine that was given to me, I bought goats and started rearing and also bought hijabs that I also sell to others.""I now have money to take care of myself and my little girls".*
- The women stated they would recommend the centre to a friend or family for the following reasons.
  - *"Our academy was amazing"*
  - *"The training has made me independent. because I am now bold, I couldn't talk in public before now and I know other young girls are out there experiencing the same thing."*
  - *"Our training was top notch by one of the best in the country."*
  - *"Most women are idle, and I think they should learn a skill. The teacher and colleagues made it interesting for us".*

The main documentary sources included AWPs, COARs, IP and UNFPA quarterly reports, evaluations, HERA (n/d) Spotlight Initiative: Nigeria Programme MTA, UNICEF (2018) Child Marriage in West and Central Africa: At a Glance, World Economic Forum (2021) Global Gender Gap Report, March 2021 https://www.weforum.org/reports/global-gender-gap-report-2021; UNFPA (2021) Global Prevention Cluster Gender-Based Violence Area of Responsibility UNFPA Strategy 2021-2025. https://www.gbvaor.net/; UNICEF (2018) Child Marriage in West and Central Africa: At a Glance; UNDP (2021) Human Development Reports; Gender Development Index http://hdr.undp.org/en/content/gender-development-index-gdi; World Economic Forum (2021) Global Gender Gap Report March 2021 http://report.weforum.org/ ; Okoro I (2016) National Bureau of Statistics (n/d) Gender Mainstreaming in Nigeria: The Cross Cutting Issues; Aina OI, Ejembi C, Fawole O (2022) Landscape Analysis of Gender-Based Violence, Harmful Traditional Practices and Obstetric Fistula in Nigeria: Technical Report (Draft), for UNFPA, Jan 2022; UNFPA Gender/ASRH/HIV/Youth Unit Presentation for 8th CP Evaluation; UNFPA (n/d) ASRH/Youth, UBRAF, CSOE Presentation; National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls, 2018; HERA (2020) Spotlight Initiative: Nigeria Programme Mid Term Assessment; World Economic Forum (2021) Global Gender Gap Report, March 2021 https://www.weforum.org/reports/global-gender-gap-report-2021; UNFPA (2021) https://nigeria.unfpa.org/en/events/handover-ceremony-dignity-kits-and-items-under-un-basket-fund-project-risk-communication-and; Partners West Africa Nigeria (2021) VAPP Tracker https://www.partnersnigeria.org/vapp-tracker/; People's Reference Bureau (2021) Youth Family Planning Policy Scorecard, April 2021 Update; Federal Ministry of Women Affairs and Social Development (n/d) National Gender Policy: Situation Analysis; Federal Government of Nigeria, Violence Against Persons (Prohibition) Act 2015. Further documentary sources are noted in Annex 2, and these were triangulated with FGIs with beneficiaries, and with interviews with the UNFPA technical gender and youth staff in the CO and sub-offices, and in UN partners, government leads, donors and IPs, with supplementary questionnaires in cases where connectivity was poor. Annex 2 provides the full list of gender-related interviewees and FGIs.

POPULATION DYNAMICS

In population dynamics, the results table to September 2021 shows that three of the intended output results were not achieved, one being the census, although considerable inputs were made to preparation for it. As the only UNDAF outcome result relates to the census, the outputs can only partially be said to have

contributed to this planned outcome although all are highly relevant for the wider purpose and UNFPA strategic outcome of strengthening demographic data for national development and resource management.

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	**CPD Base-line**	**CPD Targets**	**Achieved**				**Progress against targets**
			2018	**2019**	**2020**	**Sept 2021**	
Census conducted in line with international standards	0	1	N/A	N/A	N/A	N/A	**Progress on preparation for census**
UNFPA Strategic Plan Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV, and gender equality							
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							
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.	1	10	2 2	1 1	1 1	N/A	4* **Target achieved** 4
Number of supported states with institutional capacity to analyse and use disaggregated data on a) adolescents and youth and b) GBV	5	10	2 2	2 2	6 6	N/A	**10** **Target achieved** 10

Number of states supported to produce disaggregated data to monitor SDG indicators	0	10	2 3	2 2	1 1	 N/A	**5** **On track** 6
Number of state-level information-management systems in place to collect, analyse, and disseminate data on GBV incidence	3	10	4 3	N/A	N/A	N/A	4 **Target** **not achieved** 3
Number of State Officers with improved knowledge and skills to use relevant statistical packages (R-Statistics, STATA, CAPI, QGIS etc.) for data management	0	100	0 0	30 70	N/A	15 15	45 **On track** 85
Number of State officers (M&E, NBS) with improved capacity to analyse, and use disaggregated data on VAWG/GBV	0	100	N/A	N/A	60 25	N/A -	60 **Target** **not achieved** 25

*****In all columns, the first figure gives the target for that year and the second figure is the achievement in that year. Thus, the totals for the targets and those of the achievements are compared for this assessment

- The Population and Housing Census in line with international standards was not carried out though UNFPA supported some preparatory activities. However, UNFPA supported the National Population Commission in formulating, developing, producing, launching, disseminating and implementing the activities in preparation for the census. UNFPA supported NPC financially and technically on enumeration area demarcation for digital maps, built capacity on GIS and advocated for the census.
- To improve national population data systems, UNFPA supported the following activities: 200 religious leaders and policy makers from across the country including the Minister ofHealth were sensitized on Demographic Dividend (DD); the Call to Action issued by the MRLs National Consultation Meeting, to drive involvement ofthe sectors in harnessing DD; production of the Lagos State Road Map on Harnessing the Demographic Dividend; Abia, Ebonyi, and Cross River States to produce Policy Briefs on the DD.

- UNFPA supported the Nigeria Statement integrating ICPD issues for presentation at the 51st UNCPD, and 29 delegates gained increased awareness and capacity on AADP+5 and ICPD+25 review.
- UNFPA provided assistance to states on the dissemination of the 2018 NDHS results at national level and in the 36 states and the FCT.
- Nigeria ICPD @ 25 Report for the CSOs/Youth, Second APEC and First MICOPMeetings on AADP+5 and ICPD+25 reviews.
- UNFPA provided support for data management and utilisation at national and state levels to increase capacity to generate population projections and identify sociodemographic trends, with advocacy and support to address them within policies and programmes.
- UNFPA has helped build capacity 10 states to analyse and use disaggregated data on a) adolescents and youth and b) GBV, thus achieving its target, and supported supported 6 states to produce disaggregated data to monitor SDG indicators. This exceeded the revised CP target of 5 states, although the initial target had been 10.
- The CP achieved the target of supporting 4 states to generating quarterly rapid appraisals of populations affected by humanitarian crises, including estimates numbers of reproductive age women, young people, and pregnant women.
- UNFPA inputs also included supporting the first private sector conference on the demographic dividend, segmentation of consultations with religious leaders, and state-level engagements on harnessing the demographic dividend, starting with Muslim Religious Leaders. This contributes to greater understanding in leading community members of the importance of achieving the demographic dividend with the aim of raising their commitment to investing in youth as key to the future, including the need to achieve the final stage of the demographic transition to low birth rates to slow population growth. The focus includes that all SDGs can only be achieved with a strong focus on youth empowerment and engagement and on slowing population growth.
- On the indicator of number of supported states with institutional capacity to analyse and use disaggregated data on a) adolescents and youth and b) GBV, the CP target of 10 states was achieved.
- The CP did not achieve the target set on the number of state-level information- management systems in place to collect, analyse and disseminate data on GBV incidence. Three states were covered instead of the target of 4 states.
- UNFPA supported the Ministry of Budget and National Planning to convene Quarterly National Task Force on South-South Cooperation Meetings, periodically. The Task Force on SSC garners inter-ministerial innovations towards the National Development Plan (NDP), thus contributing to strengthened planning for population.
- The evaluation revealed improved knowledge and skills to use relevant statistical packages (R-Statistics, STATA,CAPI, QGIS etc.) for data management among 85 state officers, close to double the CP target of 45 officers.
- On Monitoring and Evaluation (M&E) skills of National Bureau of Statistics, only 25 officers revealed improved capacity to analyse and use disaggregated data on VAWG/GBV against the CP target of 60 officers. The low capacity of the IP remains an issue of concern to be addressed further in the next CP.
- UNFPA assisted capacity building on the Geographic Information System (GIS) and STATA, and on Civil Registration and Vital Statistics (CRVS) at state level, addressing a major gap in birth, death, and marriage registration.

All these interventions and results in PD are important contributions to raising the national and state capacity to generate, disseminate and use population data

for development, including the focus on the critical demographic dividend. Nonetheless, there remains insufficient capacity and the need for scaled up government commitment and capacity development in the next CP.

The main sources for the PD thematic area include AWPs, COARs, IP and UNFPA quarterly reports and reports of the National Bureau of Statistics (2019) www.nigerianstat.gov.ng and National Population Council, and include the following: National Population Commission (2018) National Demographic Health Survey; HPTRP (2018) Harnessing the Demographic Dividend for the Sustainable Development of Nigeria; Future Learn (2021) https://www.futurelearn.com/info/blog/biggest-employment-industries-in-nigeria; National Bureau of Statistics (2019) Poverty and Inequality in Nigeria; National Population Commission (2011) https://nationalpopulation.gov.ng; https://sustainabledevelopment.un.org/memberstates/nigeria; Olaniyan et al. (2012) Programming the Demographic Dividend for Achieving the UNFPA Mandate; UNFPA (2021) Population and Development Briefing Note; Nigeria Integration of the SDGs into National Development Planning - A Second Voluntary National Review Integration 2020, the National Bureau of Statistics (2016) : https://www.nigerianstat.gov.ng : Sustainable Development Goals (SDGs) Indicators Baseline Report 2016, World Bank collection of development indicators (2016), National Population Commission (2016) - Statistical report on women and men in Nigeria, National Population Commission (2018) Demographic and Health Survey www.dhsprogram.com, World Bank (2018) www.worldbank.org, Nigeria HIV/AIDS Indicator and Impact Survey (2019) www.naiis.ng, HPTRP (2018); Harnessing the demographic dividend for the sustainable development of Nigeria, Nigeria Integration of the SDGs into National Development Planning - A Second Voluntary National Review Integration 2020.

These were triangulated with KIs (Directors of Department of International Cooperation, Federal Ministry of Finance, Budget and National Planning (MFBNP), Federal Ministry of Youth and Sports Development, Department of Reproductive Health, Federal Ministry of Health, Health Policy Training and Research Programme (HPTRP); Demographic Dividend Programme, University of Ibadan, Ibadan, Oyo State, UNPFA CO and sub-offices technical leads, state coordinators and health directors, and country director of Action Health International) and with beneficiary FGIs as reported within other EQs and assumptions. Annex 2 provides the full list of interviewees.

RESULTS CHAIN LOGIC OF THE RRF

The results chain logic both within and between thematic areas was found not to be sufficiently robust, although the activities undertaken within each thematic area were found to be appropriate to the achievement of outputs and likely to contribute to outcomes. A key issue was that some activities stated to be within one thematic area and therefore with imputed team responsibility, belonged better in another, risking overlapping areas of responsibility, risk of duplication of effort or omission, and potential confusion regarding reporting.

- The gender and youth team presented to the evaluators six interventions on gender early in the CPE, but are only responsible for three (the joint programme on abandonment of female genital mutilation, FGM, the Spotlight Initiative, and the Canada-funded programming to address GBV and harmful traditional practices), while the SRH team addressed the Norway-funded programme on empowering girls and women and the Unified Budget, Results and Accountability Framework of UNAIDS (UBRAF), the HIV programme on HIV prevention in adolescents, and the PD team the addressed the GBV Emergency Course at the American University in Nigeria.
- The placing of indicators in the RRF also indicates some overlap and inconsistency with, for example, the SRH thematic area addressing family planning commodity procurement, and both the SRH and the AY thematic area including an indicator for condom distribution (see Annex 8).

- Strengthening policies, services, and information to address SRH for adolescents falls within the SRH thematic area, but increased priority on very young adolescents for comprehensive sexuality education (CSE) and also for sexual and reproductive health are given as outcomes for AY.
- The GEWE outcome area includes adolescents and youth also, including girls' empowerment and reproductive rights, with a focus on advocacy, data, health, and health systems (as well as other areas).
- The PD outcome area focuses on strengthening national policies, as does the AY outcome area. Within AY a stated intervention is advocacy for policies and programmes to address child marriage, although addressing harmful traditional practices appears under the gender thematic area where it has been operationalized.
- The focus on data appears to overlap between all thematic areas.
- The results chain logic within thematic areas was also found to be insufficiently strong although, again, the actual interventions are likely to have contributed appropriately to the outputs.
- A common feature was that what is stated as an output in each thematic area is in fact an outcome measure of increased institutional capacity, essentially a lower-level outcome. Further confusion of impacts, outcomes and outputs was apparent such as inputting maternal mortality as an outcome measure in SRH, although it is an impact measure.
- Indicators were also considered to need strengthening throughout to be more strategic rather than often merely measuring numbers reached rather than including a qualitative aspect that would provide stronger information regarding the likely contribution to achieving the intended outcomes. A salient example is the indicator in the adolescents and youth thematic area is 'AY reached with ASRH education' which reveals nothing about the quality or intensity of the provisions, whether this was in or out of school, the proportion of males and females or young people with disabilities reached, and whether it addressed the well-established criteria for successful results of comprehensive sexuality education.
- The AY thematic area is placed under the UNDAF measure of quality education for life-long learning, with an outcome measure of the literacy rate. Yet the contribution of UNFPA is to comprehensive sexuality education and improving SRH, which might relate more logically to the UNDAF outcome on health and well-being despite the relevance of the youth thematic area to the demographic dividend.

A more rational configuration needs to be provided in the next CP with stronger results chain logic both within and across the thematic areas to ensure clear allocation of responsibilities with strengthened synergies and to avoid potential overlap or the risk of omission of complementary actions. The overarching theory of change for the CP was also considered insufficiently robust with, for example, extensive gaps in modes of engagement, no mention of the transformative goals, lack of coverage of enabling factors and very limited assessment of challenges and risks.

The sources for reviewing the results chain logic included the RRF and its revisions, the achievements table, and discussion with UNFPA staff regarding thematic team responsibilities and reporting structures in order to triangulate findings.

Assumption 2: The cross-cutting issues of gender, disability inclusion and a human rights-based approach are evident in the implementation of the CP	Evidence of increased incorporation during the 8CP of gender and a human rights approach in national policies, strategies and plans at national and sub-national levels developed during this period, and in IP programmes and projects Evidence of the integration of gender, disability and a human rights-based approach within the planning, programme and project documents of UNFPA Evidence of the integration of gender, disability and a human rights-based approach provided by KIs and beneficiaries	Key government policies, strategies and plans at national and sub-national levels IP progress reports, evaluations and reviews AWPs and COARs GoN, IPs and key partners CO staff Beneficiaries	Document review Interviews with CO staff, GoN and key stakeholders FGIs with beneficiaries

The cross-cutting issues of human rights, gender and disability are all evident in the implementation of the 8th CP, although further development would be beneficial. UNFPA has supported these cross-cutting issues in policy and strategy development at national and state level, in IP programming, in UNFPA documents and their implementation, and all three thematic areas are seen to have been strengthened in Nigeria during the 8th CP. KIs and beneficiaries confirmed greater attention to human rights, gender issues and, to some extent, disability. In terms of data disaggregation, systematic focus on disability as a dimension of vulnerability was not apparent.

HUMAN RIGHTS

The principle of human rights is mainstreamed throughout all thematic areas, although UNFPA programming does not often use rights language (e.g., rights holders, duty bearers and gate keepers). Programme design, implementation and monitoring reflect the human rights concerns of reaching states where health indicators are poor, endorsing human-centred programming, and there has been extensive response to the escalating humanitarian situations. The entire 8th CP is geared to improving policies, service provision and access to quality SRH services, and to transforming harmful cultural norms and practices and ending gender-based violence, as well as addressing the needs of young people, especially young women in the context of severe gender inequality, and of supporting the effective use of population data to promote the health and welfare of the population. Thus, the concept of leaving no-one behind is well evidenced, although (see SRH) sex workers and men who have sex with men have not been prioritised by UNFPA around HIV, and there is insufficient focus on supporting HIV prevention and support for young women. Changing the designation of the first thematic area from 'sexual and reproductive health services' to 'sexual and reproductive health and rights' could be useful to draw clear attention to the human rights focus.

FGIs with survivors of GBV

- Beneficiaries reported that they felt welcomed at the GBV centre and they were assigned a staff they felt comfortable talking to. They also received adequate information on the services they have access to. *"I was assigned to female staff, and she received us well and every time I went there, she attended to us she would also call us from time to time".* **GBV Survivor, Sokoto.**

- The women felt safe seeking help at the centres because the staff at the centres adhered to the principles of confidentiality and they are counselled in a private space where no one overheard their conversations. The women also reported that they were given enough time to express themselves in their own words without feeling judged by the staff. The staff were able to answer all their questions and they felt free to ask questions.
- FGM survivors are more knowledgeable of their rights. "*We didn't know about our rights. Where it stops and where it is infringed upon"* ***FGM Survivor, Ebonyi***

Secondary beneficiary FGIs

- Training received made secondary beneficiaries more aware of the ethics of their job, the training reminded them that the programme was survivor centred. Participants reported that they have been able to provide better services as a result of the training. *"I began to listen more to the survivors after the training."* ***GBV Worker, Lagos.*** *"Prior to the training, we were not handling survivors with care but after the training we give them time to take a break if they don't feel comfortable during examination."* ***Health worker, Borno***

The main sources of information were AWPs and COARs, quarterly progress reports of UNFPA and IPs, GoN Child's Rights Act 2003, National Human Rights Commission https://www.nigeriarights.gov.ng/focus-areas/child-rights.html#:~:text=Child's%20Right%20Act%20(2003)%20is,CRA%20as%20a%20state%20law.&text=At%20the%20National%20Human%20Rights,in%20all%20of%20its%20forms; and document review was triangulated with interviews with IPs, UNFPA staff and government partners and beneficiaries and with beneficiary feedback from FGIs.

GENDER

Gender is addressed as a specific thematic area as above, with the focus on prevention of gender-based violence and support for survivors through multiple channels – supporting policy and legal change, capacity, and service development, influencing community attitudes and norms, knowledge management and empowering girls and young women. Although to some extent all thematic areas address gender-related issues (for instance obstetric fistula and supporting safe motherhood, including for adolescent mothers, are key areas of SRH service provision, and the PD section includes mapping of GBV), there could be stronger mainstreaming of gender throughout the 8th CP.

- Evidence for the use of evidence-based, gender sensitive policies, strategies and plans to engage health workers (male and female) was not available during the review for SRH. However, through support from Women for Health (WFH), the Nigeria Women and Nursing Council developed the NMC Strategy 2020-2025 which outlines a key evidence-based gender-sensitive strategy to engage health workers, and UNFPA is well placed to support the implementation process to achieve the targets.
- A promising consideration is that within the SRH thematic area, the results and resources framework specifically include support to update national training curricula with gender sensitive methods.
- Improved data on gender-based violence was achieved through support to government for the GBV information management system, GBVIMS.

The main sources of information were AWPs and COARs, the full achievements table (Annex 8), and project reports across thematic areas, with interviews with thematic staff members and management in UNFPA including sub-offices, in UN partners, in state government and in the respective ministries (notably health, gender, youth) and FGIs with beneficiaries (see feedback under assumption 1, in EQ4 and EQ5). See also documents listed under EQ1 on relevance.

DISABILITY

- Increased attention to disability in the 8th CP is apparent with the appointment of the gender thematic lead person as focal point to address disability, and increased inclusion of people with disabilities in programming and reporting across SRH, gender and among young people, and UNFPA has contributed in several ways to increase disability inclusion.
- One important national development is the signing into law in 2021 of the Discrimination against Persons with Disabilities (Prohibition) Act 2018, and the FMoH developed a national policy on SRH for people with disabilities in 2018 to which UNFPA contributed support.
- UNFPA Nigeria hosted an eight-country West and Central Africa workshop in 2019 to raise the awareness and commitment of governments, parastatals, UNFPA, and CSOs to UNFPA commitments on addressing people with disabilities, and to the UN Convention of the Rights of People Living with Disabilities (CRPD), in relation to the SDGs and to the ICPD Agenda 2030, and other key frameworks. The workshop also trained participants on the UNFPA guidelines on addressing young people with disabilities to help them contextualise the guidelines within their own country situations. A UN Interagency Group on Disability Inclusion, headed by UNESCO, has been established since the workshop to address the rights and gender considerations of people with disabilities in Nigeria. A score card is being developed to assess disability inclusion across all UN programming to elucidate how far programming is responsive to the needs of people with diverse disabilities.
- Nigeria is also moving towards having a national disability plan of which components on sensitisation and awareness and economic empowerment are being included in the Spotlight Initiative and the Risk Communication and Community Engagement Strategy around COVID-19, a 13-country initiative domesticated in Nigeria.
- Various other initiatives have been undertaken in relation to people with disabilities, such as the Benue State Ministry of Health and Ministry of Youth and Sports, working closely with UNFPA, establishing a youth boot camp for adolescents living with disabilities.
- Nonetheless, the next CP needs to take disability inclusion further, including contextualising global guidelines on addressing SRH and GBV in women and young people with disabilities and aligning fully with the new global UNFPA strategy on disability inclusion and empowerment published in December 2021. UNFPA has not set a positive example by employing a representative quota of people with disabilities, a global demand by organisations involved in disability integration. UNFPA is supporting a national disability conference in 2022, which should help move things forward, and UN agencies are planning for stronger inclusion and focus on people with disabilities in humanitarian settings. The evaluators were not able systematically to review the extent to which all IPs are integrating people with disabilities and disability awareness into their programming. Some examples did emerge, however, such as in the Spotlight Initiative and in activities supported by Canadian funding. UNFPA COVID-19 awareness outreach to schools included information provided in braille. Further, the fundamental principle of the population dynamics thematic area is to disaggregate population data by age, sex and other variables of inequality that impinge on the realization of human rights, of which disability is clearly one.

The main documentary sources, in addition to AWPs, COARs and IP reports (e.g., on Spotlight Initiative) were UNFPA (2021) We Matter. We Decide. We Belong: UNFPA Disability Inclusion Strategy 2022-2025; National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls, 2018; National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls, 2018; UNFPA (2018) Women and Young Persons with Disabilities. https://www.unfpa.org/publications/women-and-young-persons-disabilities, the UN Convention of the Rights of People Living with Disabilities (CRPD), and the ICPD Agenda. UNFPA engagement in the Spotlight Initiative and in the Risk Communication and Community Engagement Strategy around COVID-19, (an international initiative in 13 countries in Africa that was domesticated in Nigeria) was also reviewed for inclusion of disability. In addition to the documentary sources, interviews were held with the lead focal person in UNFPA for disability, government stakeholders in the supported states, FMOH,

The FGIs with beneficiaries, selected by UNFPA sub-office staff and IPs, did not specifically seek to include participants with disabilities, although this could have been beneficial.

Assumption 3: UNFPA contributed effectively to data generation and sustained increase in the use of disaggregated and evidence-based demographic and socio-economic data in policies, planning and programming	Evidence of UNFPA support for data generation Evidence of UNFPA support for increased dissemination and use of data in policies, planning and programming at national and sub-national levels Evidence of geo-referencing	Key government policies, strategies and plans at national and sub-national levels AWPs, APRs CO staff, GON, IPs GON and key stakeholders	Document analysis Interviews with CO staff, GON and key stakeholders and secondary beneficiaries

- UNFPA contributed effectively to data generation and to increased use of disaggregated and evidenced-based demographic and socio-economic data in policies, planning and programming, both at national level and within selected states as detailed in the first assumption under EQ2. Support to government for Geo-referencing also took place. However, further support to build capacity for generation, use and dissemination of population is still needed, particularly around the demographic dividend, for the planned DHS and for the census (which did not take place). UNFPA supported the National Population Commission (NPC) in carrying its statutory duty and powers to collect, analyze and disseminate demographic data.
- UNFPA provided technical and financial support to the NPC in conducting the Nigeria Demographic and Health Surveys (NDHS) 2018.
- UNFPA provided funding and technical assistance to the National Bureau of Statistics (NBS) to carry out the Multiple Indicator Cluster Survey (MICS) to generate the required data.
- In view of the low capacity observed with NBS, UNFPA supported the IP staff skills training through different empowerment programmes, including training on computer software such as STATA, which has helped strengthen data analysis.
- UNFPA provided support for Data Management and Utilisation at national and state levels to increase capacity to generate population projections and identify sociodemographic trends and address them within policies, programmes and advocacy.
- Improved data on gender-based violence was achieved through support to government for the GBV information management system, GBVIMS.
- UNFPA supported the states through the dissemination of the 2018 NDHS results at national and in the 36 states and the FCT thus, the 2018 NDHS data was available to the Ministries, Departments and Agencies (MDAs) at the national and states for planning and decision making.

The main documentary sources used were: AWPs and COARS, quarterly UNFPA and IP progress reports, particularly reports by the National Bureau of Statistics (2019) www.nigerianstat.gov.ng and National Population Council; National Population Commission (2018) National Demographic Health Survey; HPTRP (2018) Harnessing the Demographic Dividend for the Sustainable Development of Nigeria; Future Learn (2021) https://www.futurelearn.com/info/blog/biggest-employment-industries-in-nigeria; National Bureau of Statistics (2019) Poverty and Inequality in Nigeria; National Population Commission (2011) https://nationalpopulation.gov.ng; https://sustainabledevelopment.un.org/memberstates/nigeria; Olaniyan et al. (2012) Programming the Demographic Dividend for Achieving the UNFPA Mandate; UNFPA (2021) Population and Development Briefing Note; Nigeria Integration of the SDGs into National Development Planning - A Second Voluntary National Review Integration National Bureau of Statistics (2016) https://www.nigerianstat.gov.ng; Sustainable Development Goals (SDGs) Indicators Baseline Report 2016, World Bank collection of development indicators (2016), National Population Commission (2016) - Statistical

report on women and men in Nigeria, National Population Commission (2018) Demographic and Health Survey www.dhsprogram.com, World Bank (2018) www.worldbank.org, Nigeria HIV/AIDS Indicator and Impact Survey (2019) www.naiis.ng; HPTRP (2018) Harnessing the demographic dividend for the sustainable development of Nigeria; Nigeria Integration of the SDGs into National Development Planning - A Second Voluntary National Review Integration 2020. Document review was supported by KIs in the government partners, at state level and with UNFPA leads for PD, and information was triangulated. Annex 2 provides the full list of all stakeholders interviewed.

EQ3: Efficiency

3. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue and to measure the achievement of the outputs and intended outcomes defined in the country programme?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data
Assumption 1: The CO has adequate human, financial and administrative resources for efficient programme implementation	CO organogram and human and financial resources and procedures Programme implementation modalities to achieve intended results IP selection	CO organogram AWPs, COARs CO financial reports CO staff IPs	Document analysis Interviews with CO staff and with IPs

UNFPA has expanded the office and four sub-offices to a total of over 100 staff, thus the overall staffing complement, with a balance of technical, administrative, and managerial staff, is adequate for efficient programming, including staff on the ground in the selected states. In particular, the sub-office in Maiduguri is well structured to address the humanitarian situation in the north-east, being staffed appropriately with fixed term posts rather than using the SURGE modality.

- However, filling senior and key posts has at times been unduly slow during the 8th CP, such as the posts of the country representative, the evaluation manager, the gender focal point in Maiduguri, and a technical lead on youth. This leads to excessive pressure on other staff and to reduced efficiencies in programming. The gap for a country representative led to reduced high level advocacy, for example, and the lack of a gender focal point in Maiduguri was a limitation for efficient programming around GBV in the humanitarian setting. An international post holder on GBV was placed in the CO in Abuja to assist, but staff presence on the ground makes programming more efficient, e.g., for capacity building, technical assistance and monitoring. The lack of a youth technical lead was addressed by linking the gender and youth teams with the gender technical lead supporting both teams.
- Financial resources have not been adequate to achieve all the initially planned activities, and several targets were reduced accordingly during the 8th CP. A critical issue has been that the anticipated Government contributions have been below requirements, with states varying widely in the extent to which they provide adequate resources to meet the needs. In SRH, international donor funding for family planning commodity procurement was greatly curtailed. Nonetheless, as evidenced in the thematic achievement tables and in Annex 8, some targets were exceeded. A concern is that UNFPA needs to move further towards leveraging finance through exploring diverse modalities, advocating for greatly increased government commitment to and investment in health, addressing the demographic dividend, reducing gender inequities and use of population data in all sectors, rather than direct project funding.
- Despite the fact that greater financial resources are needed to achieve significant contributions to outcome results, budget utilisation has not been optimal as shown in Annex 9. The most significant and common reasons for this are the COVID-19 restrictions that necessitated reduced training opportunities to build IP staff capacity and prevented travel, for example, and late disbursements to IPs leading to delays in programme implementation.

- There is a high number of IPs, at 54, which incurs a high administrative and oversight burden on UNFPA staff. It increases the challenge of ensuring that all IPs have sufficient technical, financial, and administrative capacity to operate effectively, to undertake sound results-based management, and to provide quality financial and technical work plans and reports.
- There is insufficient movement away from direct project funding towards emphasizing government financing in order to achieve more strategic, sustainable results, and in the next CP it is recommended that UNFPA explore this much further.

The main sources of information were the COARs, the 7th and 8th country programme documents, the CO organogram, MTR of the previous CP, the achievements table (Annex 8), online financial reports (see Annex 9), triangulated with interviews with senior management, the evaluation manager, and financial managers and with IPs.

Assumption 2: Implementing partners received timely UNFPA financial and technical support as planned	Financial resource disbursement Views of technical assistance availed	M&E and finance reports of CO IP reports IP and CO staff, GoN	Document analysis Interviews with CO staff, GoN and IPs

- Implementing partners reported that financial disbursement was not as timely as desired, particularly with delays in disbursements at the start of the year. One IP noted a delay into the third month of the quarter.
- Delays were typically due to late submission of acceptable quarterly and annual reports, on occasion to bureaucratic delays in UNFPA (e.g slow response to reports received and providing guidance to improve sub-standard reports), and sometimes due to late donor transfers. Also, planning was sometimes late, also leading to delayed disbursement and hence postponed programme implementation.
- In 2020 and 2021, annual planning was undertaken earlier to address the issue, in November, and this was reported for many reasons to be an improvement in 2020 for most IPs, though not all. On balance, earlier planning was reported to improve the calibre of work plans, to avoid overlap with end of year financial closure activities and, despite the challenges it posed for some IPs juggling planning and existing implementation commitments, the UNFPA recommendation was that it should continue.
- Regarding activities implemented by UNFPA itself, to improve efficiencies and reduce delays, the level at which sub-offices can authorise expenditures without awaiting CO approval has been raised, and sub-offices have a programme budget (e.g., for training workshops) as well as a budget for operations. A new procurement SOP was reported to have been launched in 2021, which was reported to be due for assessment, and it is hoped that it will reduce delays within the sub-offices. It was too soon for the evaluators to review the effectiveness of the SOP.
- Regarding technical assistance, the reports by IPs were positive across the thematic areas, with IPs highly complementary about the standard of technical skills within UNFPA although, when gaps arose in staffing (such as the lack of a GBV specialist in Maiduguri), this impacted on the level of technical support available. Also, the COVID-19 pandemic that prevented travel, site visits and hands on training, meant that technical assistance had to be provided virtually and was lower than initially planned.

The main sources of information were AWPs, COARs, quarterly UNFPA reports, financial reports (see Annex 9), project reports and interviews with IPs and ministry staff at national and state levels, the evaluation manager, deputy country representative, UNFPA programme leads and thematic staff in sub-offices, UN partners and donors. Information was triangulated from these sources.

Assumption 3: The CO has robust M&E systems in place which are efficiently utilised	Evidence of M&E system and robust documentation	CO Programme Planning and Monitoring Matrix COARs	Document review Key CO staff interviews

High adherence to standard protocols and systems is evident, and M&E has improved during the CP in the use of GPS and SIS, although M&E in the field inevitably declined during COVID-19. The following planning, reporting, and monitoring and evaluation activities are in place as reported by the evaluation manager. With regards external evaluation, there was a mid-term evaluation of the 7th CP, which was reviewed, but no end term evaluation nor a mid-term evaluation of the 8th CP. This is within UNFPA guidelines for evaluations.

Type of Report/Activity	Frequency
Planning	
CPD and RRF	Every 4 or 5 years
CO Work Plan	Annually, with Mid-Year Review
Sub-office Workplans	Annually, with Mid-Year Review
CP Planning Matrix for M&E	Annually, with Mid-Year Review
Work Plans with IPs including for joint programmes	Annually, with Mid-Year Review
HACT assurance planning tool (work plan figures from GPS)	Bi-Annually
Results Plan (integrates CP outputs and organisational effectiveness and efficiency (OEE), part of SIS	Annually, with Mid-Year Review
UNSPDF; UN HCT; UNCT; UNJT HIV	
Compact of commitment for development results	Every country programme (4 or 5 years
SIS planning	
UNFPA-UNICEF Joint Programme of FGM	Annually, with Mid-Year Review
Monitoring	
CP Planning Matrix for M&E Tool	Annually, with Mid-Year Review
Programme reviews of CP	Quarterly and Annually
SIS Monitoring	Quarterly
IP work plan monitoring	Quarterly
Work plan Progress Report (IPs) narrative	Quarterly
FACE form (IP) financial report, e-FACE (online)	Quarterly
SPOT checks with IPs	Bi-Annually by joint UN team of programme and finance staff
HACT assurances include SPOT checks and annual HACT audits	Bi-Annually by joint UN team of programme and finance staff
IP financial audits	Annually
HQ management audit of CO	Annually
Financial management dashboard	Monthly
UNSDPF/DaO; UN HCT; UNCT; UNJT HIV	Quarterly
Compact of commitment for development results	
SIS Monitoring	Annually
UNFPA-UNICEF Joint Programme on FGM	Quarterly

External Evaluation	
CPE to assess accountability in present CP and orient to next CP	Every other Country Programme
CP Mid-Term Evaluation	Every other Country Programme
CP Project Evaluation	End of CP Project
CP Project Mid-Term Evaluation	Mid-Way into the CP Project
Reporting	
Country Office Annual Reports (COARs)	Annually
Workplan Progress Reports	Quarterly with Annual Progress Report
Donor reports: Dashboard according to donor requirements, uploaded by UNFPA/UNSDPF reports /DAO; UNHCT; UNCT; UNJT HIV	Annually with end of project report Quarterly
UNFPA-UNICEF Joint Programme on FGM	Quarterly

The systems appear to be well applied and were said to have improved during the 8th CP with the appointment of a substantive evaluation manager. Staff in both UNFPA and among IPs needed repeated assistance in results-based management, however, which was incorporated into annual planning meetings. One challenge is high staff turnover in government counterparts, and another is that smaller IPs do not always have an M&E focal point and lack sufficient skills.

The main sources of information were interviews with senior management, the evaluation manager, financial staff, technical leads and heads of sub-offices, and the online budget and expenditure data by IP, by donor and by year, AWPs, COARs and quarterly reports, UNFPA (2021) 8CP M&E Framework Status Information 2018-Sept 2021; UNFPA (n/d) Draft Mid Term Review of the UNFPA 7th Country Programme (2014-2017).

EQ4: Sustainability

4. How far across all thematic areas has UNFPA been able to promote national ownership in national policies, planning and programming, with increased budgetary allocations and strengthened capacity of government and civil society implementing partners, and supported rights-holders with mechanisms to ensure the durability of effects?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data
Assumption 1: UNFPA has succeeded in promoting national ownership in its thematic areas and to strengthen SRHR/HIV/GBV integration, including with regard to generation, dissemination and utilisation of disaggregated data	GoN funding for UNFPA programme areas GoN technical capacity in UNFPA programme areas Enabling policy environment and integrated planning and programming Disaggregated data available at national and sub-national levels Data effectively utilised in sectoral planning and programming	AWPs, COARs and APRs GoN policies and plans CO staff and GoN key informants	Document review Interviews with CO staff, GoN

UNFPA programming focuses on strengthening government at national and state levels to improve SRH, gender equality and women's empowerment, and for youth, and for improved generation and use of population data. Overall, potentially sustainable results should arise from the capacity development in both government and civil society implementing partners, advocacy for changes in laws and policies, building services for sexual and reproductive health, empowering adolescents, and youth, and in changing harmful norms and cultural practices such as FGM and child marriage, and regarding GBV.

- The results do show increased national ownership through increased capacity and budgetary allocations of government, positive legal and policy development, improved services for SRH and regarding gender issues, and greater generation and use of disaggregated population data (addressed below). In addition, capacity has been built to varying extents in the implementing partners and rights holders, but many gaps remain. Strengthened national ownership is seen in policy development at both national and state levels. Details are provided in EQ1 and EQ2 in relation to each of the thematic areas. For example, in SRH, the revised policies show increased commitment to health including a recent development, policy on gender inclusion in health, which should lead to increased attention to the SRH needs of women and girls. In gender, the domestication of the VAPP law in all but six states are a positive development towards sustained government ownership.
- State funding has grown (e.g., through the Government Cash Counterpart Contribution, GCCC) in various states, with increased allocation of resources and capacity development, for example, for family planning, for maternal health (e.g., for a midwifery school and training practitioners in EmONC and to address obstetric fistula, and to address GBV (KI interviews and document review). It is anticipated that, even if UNFPA withdraws support, some states, such as Kaduna, will continue with these commitments and hence sustain results. However, GoN has not met the Abuja commitment of 15 percent of the budget to overall health (it was reported by KIs to stand at about 5 percent over the past few years) and stakeholders widely asserted the need for government expenditures on health greatly to increase, and that government should take far greater responsibility for quality service provisions in health, beyond its current commitments.
- Strengthening the capacity for collection and use of data for development has also been a core focus at national and state levels, including with regards the demographic dividend, and this can be assumed to contribute to some sustainable results. Some gains in government ownership and the use of data for development at national and state levels are evident through the efforts of UNFPA documented in EQ2, although extensive advocacy, technical and financial support for a much-needed census was not successful in securing the intended result. Nonetheless, with extensive preparatory work in place, the chance of a successful census is increased. Support for the Population Technical Working Group in preparing for the census was a critical activity that will contribute to a quality census, provided it does take place. By undertaking a high-quality census, for which UNFPA has advocated, Nigeria will gain critical information for multi-sectoral policy and planning which should lead to improvements in long-term development results.
- The extensive focus of UNFPA on the demographic dividend, in both IP capacity development and the generation, use and dissemination of data at national and state levels, and the focus on capacitating youth, should have sustainable results in future multi-sectoral plans, with greater government awareness and commitment to the need to achieve the demographic dividend for all SDGs. UNFPA inputs also included supporting the first private sector conference on the demographic dividend, segmentation of consultations with religious leaders, and state-level engagements on harnessing the demographic dividend, starting with Muslim Religious Leaders. This contributes to greater understanding in leading community members of the importance of achieving the demographic dividend, and hence should contribute to raising their commitment to investing in youth as key to the future, including the need to achieve the final stage of the demographic transition to low birth rates to slow population growth. The focus includes that all SDGs can only be achieved with a strong focus on youth empowerment and engagement and on slowing population growth.
- UNFPA has succeeded in strengthening SRHR/GBV integration through safe spaces and a one-stop centre, for example, and has contributed to HIV integration more at national policy level than in on the ground programming. There is some evidence of increased use of data in sectoral planning as

indicated earlier. Greater government commitment is also seen in increased state domestication of the Violence Against Persons (Prohibition) Act of 2015, with only six states still to domesticate the act. UNFPA engaged in advocacy and technical and financial support and contributing to implementation of the act through projects and programmes in the selected states.

- UNFPA needs to continue high-level advocacy for increased budget allocations from government at both federal and state levels, although some states have greater challenges in raising revenue than others and therefore are more dependent on national allocations.
- Where programmes are implemented through civil society organisations (CSOs), KIs indicated a requirement that they go through state governments, so that all programming supported by UNFPA, whether directly through government partners or through CSOs, involves state government bodies. This systematically contributes to national ownership. For instance, with regards family planning commodities, provisions were reported to be driven mainly by the federal level until the development of state procurement guidelines. This has led to many states now including commodity procurement in their budget lines, which is particularly important for sustainability given the funding cuts by the UK Government. Nonetheless, as indicated in EQ2, financial resources for FP remain woefully inadequate and for some states, like Akwa Ibom and Gombe, generating revenue is a challenge. Gains made to date are unlikely to be sustained without greatly increased government support from the federal level.
- Altogether, government needs to ensure far greater funding for quality service provisions across all areas of the mandate, and the critical support from UNFPA needs to be high-level advocacy towards this and developing innovative financing modalities rather than continuing to fund many projects and partners directly, which is not a sustainable approach. The staff complement of UNFPA in the four sub-offices and CO is over 100, which in itself is unlikely to be sustainable indefinitely.
- One approach that was endorsed by various UN, IP and UNFPA staff was to capacitate a strong IP to manage others, in order to reduce the administrative and oversight role of UNFPA over time; and also, to narrow the range of states and IPs. This could lead to more strategic, sustainable results in a reduced geographical area. However, withdrawing from existing states would require in depth discussion and analysis to avoid the loss of current gains. Seeking to achieve more strategic results with higher sustainability in a smaller number of states with strong partners and supportive state governments ready to contribute financing, could be a means of showcasing what is possible and encourage greater commitments elsewhere over time.
- In humanitarian settings, UNFPA responded to the international Call to Action against GBV and the Grand Bargain, although it is difficult to assess how far results will be sustained as the humanitarian crisis continued to grow. The support for a new one-stop centre for survivors of GBV should be a sustainable result of increased facilities, as well as the renovation of health centres destroyed by the insurgents. Staff on the ground have high reported turnover (KIs with stakeholders).

Essentially, while it is challenging to measure how far the efforts of UNFPA have led to long-term sustainable benefits for the population, including for those in greatest need, the added value in terms of what would have taken place in the absence of UNFPA is undoubted, as was widely confirmed (KI interviews, FGIs, site visits and document review). The key underlying challenges remain the huge size of the population in need, escalating humanitarian situations, and the multiple challenges facing the government, civil society and all partners to deliver on development goals in the face of rapidly growing population numbers and limited international support. This conclusion is relevant regarding all three assumptions on sustainability of results.

Assumption 2: UNFPA implementing partners have the technical capacity and the resources to contribute effectively to UNFPA supported interventions in all programme areas, in their policies, programmes and budgets	Policies, programmes and budgets of IPs indicate capacity to promote continuity of programme results Evidence of ongoing benefits after the interventions have ended	AWPs, APRs Programme and project evaluations CO staff Key partners	Document analysis Interviews with CO staff and key partners

As indicated in other questions and assumptions, UNFPA implementing partners in government and CSOs do not all have the technical capacity and resources for sufficiently high contributions to the UNFPA supported interventions across all programme areas, in policy, programming or budgets. Nonetheless, achievements are seen across all thematic areas in increased capacity of IPs at national and state level, leading to some likely sustainable results. UNFPA contributed direct funding to projects and programmes across the thematic areas, although the scale of the population in Nigeria and continued population growth, mean that a direct funding modality cannot be sustained at the extent needed.

- Annex 9 on budgets and expenditures indicates where budget expenditure has been high and where it has been lower throughout the years of the CP. Under-expenditures tend to relate to late disbursements for which poor quality or late reporting by IPs is a significant factor (as addressed above). This is also a sign of inadequate capacity within the IP, some of which lack an M&E officer and have insufficient M&E skills among other staff, including for results-based management.
- Critical in the way forward will be that UNFPA increasingly moves towards innovative financing modalities and high-level advocacy to emphasise the importance of government at national and state level investing to a much greater extent in capacity development, staff attraction and retention and quality service provision to meet the needs of the population, including those left furthest behind. The continued humanitarian crises remain a serious challenge, however, as does the current rate of population growth.
- Increased enactment and domestication of enabling policies across all thematic areas is a highly positive indication of the potential for ongoing benefits of areas supported by UNFPA during (and before) the 8th CP.
- The extent to which other benefits will continue after the interventions have ended is dependent on a range of factors including continued financial resources from national and/or state budgets, the retention of trained staff, and the quality of training (as addressed below). This varies across states, partners, and areas of training. Evidence for ongoing benefits in increased services (for maternal health, to address GBV, to address obstetric fistula), for changed attitudes (such as communities speaking out against FGM)

Provider capacity in terms of training is addressed in assumption 3 below in relation to secondary beneficiaries.

The main sources are COARs and quarterly reports and government and IP reports, triangulated with KIs with IPs, CO management, M&E specialists, finance officers and technical staff in the different thematic areas and sub-offices.

Assumption 3: UNFPA programme beneficiaries have increased knowledge and capacity regarding SRHR, HIV and GBV and greater access to and uptake of quality services	Knowledge and capacity of beneficiaries and levels of service uptake Evidence of expanded and integrated high-quality services for SRHR and GBV at all levels established and sustainable	Project documents: IP AWPs and ARPs GoN and key partners Beneficiaries Site visits	Document review CO, GoN and IP interviews FGIs with beneficiaries Observation, site checklist

Increased knowledge and capacity regarding SRHR, HIV and GBV was evident during the course of the 8th CP, and service uptake increased for SRH and GBV as documented in EQ2. Nonetheless, with no systematic survey since the 2018 Demographic and Health Survey, it was not possible to identify gains specifically during the 8th CP in outcome results.

- Extensive training has taken place across the thematic areas to strengthen the capacity of providers and implementing partners, as highlighted in EQ2 (secondary beneficiaries). However, sustainability of results depends, for instance, on the sufficient deployment of trained staff and their retention in post and support to implement new skills; training quality; and supportive supervision and quality assurance. Throughout government IPs, it was reported that staff turnover tended to be high, jeopardizing long-term gains from the training that did take place. Building capacity in government and civil society IPs remains a major ongoing need, not just for programme implementation, but also to build and retain capacity for results-based monitoring and reporting. Some potentially lasting gains can be identified, although various gaps and limitations were reported in the different thematic areas and, as reported elsewhere, not all the targets for training were reached (e.g., for midwifery). It was also not clear that quality assurance was sufficiently available particularly during the COVID-19 pandemic.
- UNFPA had also originally planned in the 8th CP to support government on modalities to retain staff, but this important activity was not undertaken and needs to be reviewed in the next CP given that government reports high staff turnover in general, to increase the sustainability of results from investment in training. This is particularly concerning in humanitarian settings.
- Regarding FGM, increasing numbers of communities have declared opposition to the practice (215 against a target of 164), although KIs reported that the practice still continues to some extent within these communities, but in secret. This highlights that fundamentally changing cultural practices requires long-term engagement, and the fact of an expressed community commitment to ending FGM is not, in itself, sufficient. UNFPA contributed through addressing traditional leaders, predominantly men, but the sustainability of the commitment to end FGM is not clear without continued advocacy and support.
- With respect to gender, capacity has been built in a holistic way to address GBV, including with the rights bearers of health staff, legal practitioners and the police, and social workers to address psychosocial impacts of GBV. Also, community leaders have been addressed to change attitudes towards GBV, although the extent to which GBV has declined is unknown.
- To some extent SRH knowledge in adolescents and youth appears to have been strengthened, as seen in FGIs and with KIs and COARs, but the stressing of abstinence as opposed to CSE is an issue that is still to be overcome. Data are not yet available as to changes in teen pregnancy or increase contraception use etc, but the forthcoming DHS should show the extent to which increased opportunities for sexuality education have led to sustainable results.

Feedback from FGIs

- Capacities of women who are survivors of GBV have been built with skills to be financially empowered and independent.

- GBV survivors are more knowledgeable of their rights. "*We didn't know about our rights. Where it stops and where it is infringed upon"*
- Knowledge gained by FGM survivors positively influenced a change in lifestyle. "*I had plans to circumcise my daughter but when I came to the clinic, I changed my mind; luckily for me my husband was in agreement."*
- Adolescent girls have increased knowledge on sexual matters pregnancy, family planning, personal hygiene, GBV and STIs.
- Knowledge gained by adolescent peer educators positively influenced a change in lifestyle. "*Before the training when my parents correct me, I feel they hate but after the training, I now know that they love me. I sold the liquid soap I made from the skill acquisition sessions, and I used the money to buy some school items for myself."*
- *"The right time to have sex is when a girl is married*; *Sex should not be our focus as teenagers in order not to lead to unwanted pregnancy*; *We learnt that we should abstain from sex, we were not taught about when to have sex*."
- Aspects of the programme or factors that were useful in improving how community members responded to issues of gender-based violence were noted by beneficiaries to include:
- The involvement of religious and traditional leaders in the community
- Awareness creation
- *"The civil defence agent has been very cooperative with us on GBV and CP issues."*
- The issues of early marriage have greatly reduced in our community and sensitisation in schools has been a factor.
- The involvement of community leaders and religious leaders, traditional leaders.
- *"The issues of circumcision among young mothers have been reduced due to sensitisation."*
- The media and handbills.
- *"The issue of child trafficking has been reduced due to sensitisation."*
- *"The collaboration of FOMWAN with the state government (was important) to create awareness and people are now speaking out."*
- *"The involvement of the court of law has led to a drastic reduction of GBV cases. Community members are now aware that they can be sued in court."*
- The involvement of security agencies and community spies
- *"The advent of the Spotlight programme has made community members more aware."*
- The multi-sectoral approach like the establishment of the response team has also helped greatly.
- Community mobilisers/advocates reported that the programme has positively affected the way they behave and the information they received from their training was stepped down to members of their various communities. "*Before the programme, we didn't know that using baby powder and petroleum jelly on our female children was harmful. I didn't know the appropriate channel of reporting before the programme".* ***Community Members, Ebonyi.***
- Knowledge gained by community members such as gate keepers and opinion leaders have empowered them to become change advocates. "*We advocate those harmful practices be stopped, we changed from traditional practices to modern and safer practices. Personally, my mindset changed towards my wife, I help her with chores when she is pregnant, I help her bath the baby and also see her off to the hospital."* **(Male religious leader, Sokoto)**
- Two first ladies have become champions for the abandonment of FGM and child marriage.
- ***"****I … belong to a class of people that put tribal marks on babies, after the programme I now discovered the dangers of FGM and tribal marks, this made me stop".* ***Community Member, Oyo.***
- Knowledge gained by FGM survivors positively influenced a change in lifestyle. "*I had plans to circumcise my daughter but when I came to the clinic, I changed my mind luckily for me my husband was in agreement."* ***FGM Survivor, Oyo.***

- Training received made secondary beneficiaries more aware of the ethics of their job, the training reminded them that the programme was survivor centred. Participants reported that they have been able to provide better services as a result of the training. *"I began to listen more to the survivors after the training."* ***GBV Worker, Lagos.*** *"Prior to the training, we were not handling survivors with care but after the training we give them time to take a break if they don't feel comfortable during examination."* ***Health worker, Borno***
- Secondary beneficiaries reported that the various components of identifying and responding to GBV cases are lumped into one training. However, there is need for more in-depth training. Beneficiaries felt that topics like basic first aid, cardiopulmonary resuscitation (CPR), how to deal with trauma cases or specialized training on mental health and mediation should have been incorporated into the training they received. *"We need more training to build our capacities on mental health. We also need an in-depth training on psychosocial support"* ***GBV Frontline Worker, Sokoto.***
- Although the training received by community advocates/mobilisers was very useful for them in their jobs in their communities, they were sufficiently equipped in some respects, e.g., the training did not deal well with topics such as: domestic violence as it relates to men, i.e., male survivors of violence, and skills acquisition/alternative jobs for perpetrators of FGM.
- Adult peer educators reported that the programme has positively affected the way they behave. *"The programme has made us sit up as individuals because as peer educators we have to be an example of what we preach."* **Peer Educators, Ebonyi.** *"The programme has exposed me to different types of individuals, some people don't open up easily, this has helped me develop skills to interact more with people so they can feel free to open up to me."* **Peer Educators, Sokoto.**
- The peer educators recommend that the programme should continue for the following reasons: "*It is very interactive and educative", "The communities need a lot of awareness and sensitisation in the area of FGM, FP, early marriage."*

EQ5: Coordination, connectedness, and coherence

5.a. To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the HCT?

5.b. How far is the CP coherent with and engaged in joint interventions of the UN agencies and Government in relation to each thematic area, including through the New Way of Working, NWOW?

5.c. To what extent have UNFPA Nigeria humanitarian interventions to address the insurgency and IDP situation in the BAY States i) systematically reached all geographic areas with affected populations (women, adolescents, and youth); ii) contributed to developing the capacity of local and national actors to better prepare for, respond to and recover from humanitarian crisis, with longer-term development goals taken into account?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Assumption 1: UNFPA CO has contributed effectively to UNCT and HCT coordination including the NWOW	Evidence of UNFPA active participation in UNCT, HCT, technical working groups and other fora	CO staff, UNCT, HCT, heads or deputies of UN agencies in Nigeria, the RC, UN programme officers, GoN Relevant reports	Interviews with key CO staff, UNCT, HCT, UN programme officers, key GoN staff Document review Back-up questionnaires if needed

UNFPA has engaged and contributed effectively to coordination in the UNCT and Humanitarian Country Team, including with regards the NWOW. UN KIs were strongly appreciative of UNFPA, seeing the agency as 'punching above its weight' and one of the strongest of the 24 UN agencies operating in Nigeria. The contributions include extensive engagement in technical working groups (TWGs) and various committees and other structures, and both UN partners and government appreciate its reach into 16 other states beyond the Federal Capital Territory.

- UNFPA is strongly engaged in the UN delivering as one (DaO), which is being developed with different agencies taking the lead in six different states. UNFPA takes the lead in Cross River State with flagship programming on an SDG integrated village and a focus on digitalization for schools and health facilities, a multi-country project with South Africa and Ghana, funded by Samsung with technical support from UNFPA, UNESCO and UNICEF. It aims to develop capacity for telemedicine. Although the digital infrastructure is already in place, the project had not yet been implemented because of non-release of funds and inadequate human capacity. However, it is anticipated that the partners will revive the project in 2022. This is an example of the New Way of Working in action, reported by UN partners, donors and UNFPA management.
- UNCT partners universally lauded UNFPA within the UNCT and its subcommittees as proactive, reliable, and constructive. The current UNFPA CR was especially credited with raising the profile of UNFPA, and for advocacy to intensify focus on family planning, despite the sensitivity of the issue, and on empowering women and addressing GBV.
- Within the UNCT, UNFPA facilitated the establishment of, and chairs, the UN Inter-agency Group on Youth, established to promote youth responsive programming in both the development and humanitarian context, and to ensure a harmonized approach to coordination, implementation, and reporting of the UN Youth Strategy – Youth 2030 in Nigeria. UNFPA also co-chairs with UN Women the Gender Theme Group and is active in various Technical Working Groups (e.g., on obstetric fistula). The agency participates in the Programme Management Team, the Security Management Team, the UNCT Core Group, and the M&E/Data Group (key informants) and is active in the UN PSEA[63] Network. UNFPA chairs the UNCT Operations Management Team and was reported by UNCT members to be efficient and effective in this multifaceted role. The capacity of UNFPA to consult and coordinate with other UN and development partners was rated highly across the thematic areas (KI interviews in the UN and with IPs). UNFPA is also active in the Population TWG at national level.
- UNFPA is reported as highly active within the Humanitarian Country Team, HCT, led in the UN by the Office for the Coordination of Humanitarian Affairs, OCHA, through the Country Resident and Humanitarian Coordinator. For instance, UNFPA is active on the HCT Sub-Committee on Engagement with Borno State Government (KI interviews), as well as being highly active with regards sexual and reproductive health, young people, gender-based violence (in the Call to Action) and supporting data management (see question 5.3 below).
- UNFPA has succeeded in having GBV made a standing agenda item within the Protection Cluster. In 2020, for the first time, UNFPA leveraged substantial funding for Nigeria under the global People in Need (PIN) funding for humanitarian situations, considered a major achievement (KI interviews). UNFPA contributes to all three results areas of the UN Strategic Development Partnership Fund (UNSDPF),[64] and the 8th CP Results and Resources Framework aligns with UNDAF outcome areas. Globally, the Inter-Agency Standing Committee[65] designates UNFPA to lead UN agency coordination of GBV responses, which should guide future action on GBV in the next CP, and in the 8th CP in Nigeria preventing and addressing GBV has been the major programme focus of GEWE.
- UNFPA was also highly valued (UN KI interviews) in the UN Joint Team on HIV and AIDS at national and state levels although, as addressed in EQ1 and EQ2, its HIV prevention roles in the UNAIDS Division of Labour need to be strengthened. UNFPA has been active in the TWG on HIV Prevention, and engaged with the National AIDS Control Authority, NACA, UNAIDS, UNICEF and others about the need for greatly strengthened comprehensive

[63] Prevention of Sexual Exploitation and Abuse

[64] These are: 1) Governance, human rights, peace and security; 2) Equitable quality basic services; 3) Sustainable and inclusive growth and development

[65] Global Prevention Cluster Gender-Based Violence Area of Responsibility UNFPA Strategy 2021-2025. https://gbvaor.net/

sexuality education and for prevention of mother-to-child HIV transmission but, to a much lesser extent, with regards reaching key populations. This is an area of great sensitivity in Nigeria that needs addressing.

- Federal Ministry of Women's Affairs (FMWA) is highly appreciative of the roles of UNFPA, including for its contributions to Spotlight and the other gender programmes, describing the agency in relation to gender as *reliable, dynamic, receptive, and able to respond to change* and *one of the best UN partners*.
- With regards COVID-19, UN partners particularly noted the agency's lead role in programming guidelines and the conversion of a health facility for UN staff and families affected by COVID-19, later extended to diplomatic partners. This contributed to there being no deaths among staff despite multiple infections and *put Nigeria UN on the map* according to one representative. The UN reserve funding channeled through UNDP (KI interviews) funded the initiative. UNFPA co-chairs with the International Organisation on Migration (IOM) the COVID Committee within the UNCT. Further UNFPA actions regarding COVID-19 are addressed in previous questions.
- UNFPA supported the Risk Communication and Community Engagement Strategy in five states (Sokoto, Oyo, Bauchi, Adamawa and the FCT) in response to COVID-19 restrictions.
- A recent development in SRH is that the World Health Organization (WHO) is leading an initiative with its partners, including UNFPA, to address abortion, a highly sensitive issue in Nigeria. A stakeholder meeting on a comprehensive abortion system was held in December 2021, but only UNFPA of all the agencies attended (KI feedback). UNFPA should join WHO and other partners in a comprehensive consultative process to address the barriers to safe abortion as part of an approach to prevent maternal morbidity and mortality through unsafe practices.
- UNFPA is coherent with and engaged in several joint programmes, including participation in multi-country ones as addressed under assumption 2 below. These strongly reflect commitment to the NWOW, being multi-year, multi-agency efforts for joint programming, connectedness, coherence, and coordination towards addressing common goals. These include the EU-funded Spotlight Initiative, the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (continued from the previous CP) addressed in EQ2 and in the assumption below.

The main sources of information included AWPs, COARs, quarterly UNFPA reports, triangulated with the UNFPA country representative and deputy representative, UNCT members, HCT members, programme officers for gender in UNFPA and UN partners, key GoN staff, and supplementary questionnaires in cases where connectivity was poor.
Annex 2 provides the full list of KIs.

Assumption 2: The CP has effectively engaged in joint interventions with UN agencies and GoN in each thematic area	Extent of joint programming Effectiveness of joint programming	Joint programme reports, reviews, and evaluations CO staff, UN, IPs, government Site visits	Document review Interviews with CO staff, GoN. key UN partners, IPs Back-up questionnaires if needed Observation, site checklist

UNFPA in the 8th CP has effectively engaged in joint interventions with UN agencies and GoN. Joint interventions with other UN agencies are particularly evident in work with adolescents and young people, and in addressing GBV, including involvement in multi-country programming. Programming shows high connectedness and coherence and there are indications of effectiveness in achieving intended results. No programmes or projects were found to have unintended consequences. Throughout all thematic areas, UNFPA works closely with government counterparts at national and state level, building capacity, advocating for an enabling environment, and leveraging finance.

- In SRH, UNFPA supports government to address the Common African Position on Health Care on the Post-2015 Development Agenda, jointly with other UN partners (notably WHO), and in line with the broader SDGs and commitment to universal health care. UNFPA contributes in multiple ways as highlighted in EQ2.
- Extensive support for emergency maternal, obstetric, and neonatal care (EmONC), for midwifery training and structural support have been undertaken together with government, as well as joint programming to address obstetric fistula and to address other SRH needs highlighted in EQ2.
- As well as joint work with other UN agencies and government, UNFPA engaged with the private sector and with development sector organisations such as SHOP Plus, Planned Parenthood Foundation Nigeria, the DK Tyang organisation [for social marketing of condoms], and Marie Stopes International) in relation to contraceptive commodities, and supported the development of FP guidelines and stakeholder meetings to institutionalise task shifting policy in the private sector (KI interviews) to support government.
- UNFPA worked closely with several state governments (as well as nationally regarding policy development) towards harnessing the demographic dividend (elaborated in EQ2), and with UNICEF towards expanding CSE, with UNFPA prioritising out of school youth in safe spaces.
- The EU-funded Spotlight Initiative with UNICEF, UNDP, UN Women and with overarching coordination from within the UN by the RC, operating since 2018 in six states. This is a strong example of NWOW, a multi-year funded, collaborative and cohesive programme being implemented in several countries by agencies sharing a common goal working with government to achieve results regarding GBV. UNFPA plays an important coordination role between the UN agencies involved in the six pillars through the Technical Coordination Specialist. The UN pillar leads are: UNFPA (on services and co-lead on prevention with UNICEF and with UNDP on data); UNDP (on laws and policies and institutions), and UN Women (on CSOs and women's movement), with UNESCO providing support across pillars, and the Resident Coordinator as the overarching lead. Multi-year funding is provided by the European Union (EU) and the UN towards the common goal of ending GBV and other harms including child marriage, FGM and obstetric fistula. Lines of communication and complementarity between the pillars of the Spotlight Initiative were reported to be fairly effective and improving.
- An independent mid-term review of the Spotlight Initiative in Nigeria found significant increased access to GBV services with a survivor-centred approach, addressing clinical, legal, and psychosocial support; strengthened linkages and referrals; shelters for survivors; safe spaces in the community and in the school setting; capacity development among survivors including livelihood training; a return to education for girls taken out of school; and the development of national guidelines on essential services that was integrated in health worker training. The review found that the contributions to GBV prevention and regarding laws and policies (the domestication of the VAPP Law and the review and development of other GBV and FGM protocols) were considered potentially transformative. Despite increased uptake of GBV services, under-reporting of GBV remains a serious ongoing concern. EQ 2 also addresses the initiative.
- The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation predates the 8th CP in Nigeria and has demonstrated significant

results in reducing the practice of FGM in the six states in which it operates – states where the practice has been most prevalent. It is another strong example of long-term inter-agency cooperation, cohesion, and synergy within the NWOW framework, and addresses FGM in the 17 countries where FGM is most widely practised. EQ2 elaborates further.

- Engagement in the Call to Action on Protection from Gender-Based Violence in Emergencies is a global initiative dating from 2013 in which UNFPA has been active in Nigeria during the 8th CP, operating in joint partnership with UN, GoN and other partners, for instance through the development of safe spaces in Spotlight and other programmes.
- UNFPA works closely with government partners in the National Population Commission and National Bureau of Statistics, as well as with state governments, to build capacity to generate relevant population data for development, including for DHS and multiple other activities as elucidated in EQ 2 and elsewhere. Contributions to develop capacity for the census are of particular importance, as well as specific surveys (such as maternal mortality) and improved information management systems, such as to document GBV. More detailed information is provided in EQ2.
- UNFPA collaborated with the Federal Ministry of Women's Affairs, to strengthen data on GBV, although further strengthening is needed. The first GBV data situation room and dashboard in Nigeria was launched in November 2020, described by the Minister of FMWA as *an innovation data management and visualization platform which is expected to use technology to enable government, decision-makers and programme managers view and analyze gender-based violence data with ease*.[66]

The main sources of information included AWPs, COARs, quarterly UNFPA reports, multiple thematic sources listed in EQ1, and triangulated with observations from site visits, and interviews with staff in UNFPA, GoN and other IPs, and UN agencies, supplemented as needed with emailed questionnaires.

Assumption 3: UNFPA has responded effectively with a nexus approach to the humanitarian situation in the BAY states and to IDPs	Evidence of increased office and financial capacity and increased activities to address the humanitarian situation Extent of coverage of relevant geographic areas Capacity of local and national actors regarding nexus approach	CO staff, IPs, government, UN partners AWPs, COARs Relevant reports Beneficiaries Site visits if safety is assured	Document review KI interviews FGIs Back-up questionnaires if needed Observation, site checklist

UNFPA interventions in humanitarian settings are extensive across all thematic areas but cannot systematically reach all geographic areas with affected populations because the scale of need is so high. Capacity is being built in local and national actors to address the humanitarian crisis and also the longer-term goals towards peace and development, but with challenges in recruiting, training and retaining sufficient personnel in the humanitarian settings. This was widely reported in KIIs and in COARs. UNFPA is an active participant in the multi-sectoral humanitarian response in Nigeria, leading on gender-based violence (GBV) in the Call to Action and on SRH services and capacity building, primarily in the camps for displaced persons, but also with host populations and contributing to the transition to peace and development in Adamawa State

[66] Government of Nigeria and EU-UN Spotlight Initiative Jointly Launch the National Gender-Based Violence Data Situation Room and Dashboard in Nigeria November 17, 2020, Press release

- Multiple stakeholders in the BAY states, including beneficiaries, were highly appreciative of the inputs of UNFPA, aiming to ensure that the SRH needs of young people and women, and addressing GBV, are not side-lined in situations where basic needs are being threatened. Details are provided under other assumptions, but include safe spaces, dignity kits, one-stop centre and other interventions.
- Increased office capacity is evident in the setting up and staffing of the Maiduguri Sub-Office with fixed-term staff posts, moving away during the 8th CP from the temporary SURGE modality of recruitment which is a response to emergency situations. In Nigeria it is clear that UNFPA needs to embrace a long-term approach regarding crisis and the move towards peace and development as the situation changes in different geographical areas.
- The approach of UNFPA is a nexus one, connected with other players and with both short and long-term objectives.
- UNFPA has increased funding allocations to humanitarian situations in both staffing and overheads, and also, in the range of interventions cited in the RRF, and in reaching far more young women, especially, than planned, as indicated under EQ2. In 2020, for the first time, UNFPA leveraged substantial funding for Nigeria under the global People in Need (PIN) funding for humanitarian situations, considered a major achievement (KI interviews). However, KI interviews reported that there remain serious funding constraints and one estimated that only 10-20 percent of full humanitarian funding needs are currently being met. met (even with the valued PIN finance).
- UNFPA implemented several interventions relating to gender in the humanitarian settings of the Bay states. These included developing partnerships for gender-responsive integrated programming for women and girls, psychosocial counseling around GBV, and evidence-based data gathering through a GBV management system, as part of the Call-to-Action response. Also, in humanitarian settings and more widely through the Spotlight Initiative, UNPFA supported GBV coordination and referral mechanisms to meet regulatory standards. The role of UNFPA in humanitarian settings was said to have strengthened considerably over the 8th CP, one additional example being support to Borno State for maternal health, including fistula repair, and around GBV and other actions implemented by the state government with Korea International Cooperation Agency financial support. This project, which is coming to an end, will be evaluated in 2022.
- The development of safe spaces for survivors of GBV in IDP camps and selected locations in the Bay States (and in development settings) was highly appreciated, addressing several interrelated needs. Participants meet social and community workers for counseling and other support, or for referral to other services, access information on GBV and SRH through sensitization activities, meet others with whom they can share experiences, and have opportunities to develop skills.
- People with disabilities were reportedly not extensively included or documented in the safe spaces, although this is improving, e.g., reported in the safe space FGI in Sokoto. Also, the overall number of survivors reached, while consistently exceeding targets, is a fraction of the total number of women and girls in need. Boys and men affected by GBV also need attention. Currently a reported 5 percent of the UNFPA budget for GBV was reported to be allocated to addressing the needs of boys and men affected by GBV, with hesitancy around addressing male on male GBV. The fieldwork focus of the CPE was not able explore this issue further, beyond the male engagement activities reported above.
- Security forces were engaged in capacity building and sensitization and in the coordination mechanisms in the NE states as part of the Call to Action[67] to address social protection for vulnerable children, women, and girls. The Call-to-Action also engaged stakeholders beyond the armed forces under the Spotlight Initiative and joint FGM programming through sensitization workshops and capacity building initiatives. Addressing security forces is particularly relevant and important given their critical roles in humanitarian settings amid escalating GBV.
- Some survivors of GBV in the humanitarian setting have been brought into a factory to make components of dignity kits, learning skills around business management as well as practical sewing skills, which may potentially help transform conservative attitudes more widely about female engagement in

[67] The Call to Action on Protection from Gender-Based Violence in Emergencies is a global initiative dating from 2013 to ensure that all humanitarian responses include, from the start, protection against GBV and safe and comprehensive services for survivors

economic activities. This approach to vocational skills training could be replicated elsewhere and go beyond just traditional 'female' entrepreneurial skills. Positive feedback from FGIs in the safe spaces in the IDP camp (and in Lagos and Sokoto) related to information on GBV, the dignity kits provided, medical and legal support and referral, and in building social and economic assets in terms of confidence, knowledge, creativity and vocational skills and support for economic activities.

- Several KIs in the UN, government and within UNFPA indicated the need for UNFPA to incorporate addressing humanitarian situations as a core area of work.
- Major difficulties arise in accessing people in need, particularly in the Bay States, because of security issues, and health service disruptions, reported to be worst in Borno with the Boko Haram insurgency (document review, KI interviews). COVID-19 has added to the difficulties in reaching people with services and information. During the CPE, reports were also made in KI interviews of many people being removed from camps despite a lack of services and security, with unclear consequences for their health and well-being. The consultants were not able to assess the gravity of this situation. Geographically, UNFPA has not managed to cover all the areas of humanitarian need because of the sheer scale of escalation. One KI in UNFPA estimated that coverage is approximately only 10-20%.
- Local and national stakeholders are insufficient also to address the full range of needs, with a particular problem being high turnover so that trained personnel may not remain in post for long.
- Adolescents and youth have proven to be a significant potential resource as change agents to contribute to their own and others' welfare, in addition to being essential beneficiaries.
- The contributions to data management were also seen as critical to ensure that population dynamics and intervention outcomes are documented and visible to inform policy and programmes.
- Training course on GBV in emergencies (GBViE) through the American University in Nigeria, addressed within the international humanitarian Call to Action on GBV, with, particular support, from Norway (NORCAP).
- In addition to direct service provision and training, UNFPA also supports monitoring and the data systems, including an integrated humanitarian database[68] and the GBV information management system, GBVIMS (document review). This is an important contribution to guide the responses and ensure that they adapt to changing situations and needs as new humanitarian emergencies arise and as they evolve towards peace and development.

In addition to extensive document review including AWPs and COARs, quarterly UNFPA and IP reports, as listed in EQ1, the main sources included interviews with staff in the Maiduguri Sub-Office and CO, UN partners and donors, implementing partners including government at federal and state levels, and site visits for health and regarding GBV and FGIs with primary and secondary beneficiaries. Findings were triangulated from all sources.

FGI feedback:

- Training received by healthcare and social workers in IDP camps have enhanced the quality of services delivered. *"Before the refresher training, I didn't use to engage with the survivor because I am usually a quiet person, this made the survivors uptight but after the training I engaged them more and I noticed they open up to me now."* Trained counsellor
- The women were impressed with the services they received in the safe spaces and had the following positive feedback to give. **GBV Survivors, Sokoto**
    - *I was very satisfied because they were so nice, and they didn't hold back any services from me. I was told that the centre received support from international organisations.*

[68] OCHA Nigeria (2019) https://www.humanitarianresponse.info/en/operations/nigeria/3ws

- *Because I was supported with a grinding machine as a source of livelihood.*
- *I sought support and I got it; I was deeply in need of support at the time I needed it.*
- *I was able to receive help on issues that bothered me, and I was able to concentrate on my studies.*

- The women recommend that these activities should continue. They also stated that they felt better after visiting the one-stop centre and they would recommend the centre to a friend or family for the following reasons. **GBV Survivors, IDP Camp**
  - *We saw commitment on the side of the staff of the centre to support us with our issues.*
  - *I am satisfied with the services because I can now open-up about the things bothering me and I can also read.*
  - *There is no discrimination, we were given buckets and soap to bath and the skill acquisition has made us financially independent. when we came here, we could not buy things for ourselves but now we can buy wrappers for ourselves.*
  - *When we came here, we were not exposed but the talks here have made us exposed to many things like the importance of education. Even though I did not go to school, my children now go to school from the proceeds of the skill acquisition programme.*
  - *Our skills have helped us earn a living a lot, it has helped us to be more independent, we feel safer now*; *Before coming to the centre we were suffering in silence… but in the safe space we can offload the things that are bothering us*; *All the problems we came here with we have been able to get relief and healing.*
  - *Everything done here is confidential.*
  - *I was satisfied with the quality of services I received here.*

GBV Survivors, Sokoto:

- The programme provided GBV survivors (including women living with disability) with legal support, training and built their skills in different areas such as financial management, soft furnishing (throw pillows, bedsheet, duvets), shoemaking, bag making, wig making, animal husbandry, tailoring, grinding machine.
  - *I felt better, the programme has greatly impacted my life.*
  - *I would refer others to the centre. For instance, I don't think that a woman with an unwanted pregnancy should go through abortion because I know that the staff at the centre can help her.*
  - *I was greatly helped emotionally and economically. With the profit I make from the grinding machine that was given to me, I bought goats and started rearing, and also, bought hijabs that I also sell to others.*

Beneficiaries Skill acquisition, Borno IDP Camp.

- *We learnt how to be hygienic in our bodies and our houses. We shouldn't wear our problems on us, we have been given sanitary towels and taught how to use the sanitary towels.*
- *In the safe space we are taken care of you given medical support including legal services. We have been provided with livelihood skills, I was given N20,000 now I make incense, perfumes, and menthol which I sell to women in my neighbourhood, the proceeds I get from selling these items, I buy wrappers to also sell.*
- *In the safe space, you can feel free to seek support here and the things we discuss here are strictly confidential.*
- *Before coming to the centre, we were suffering in silence with our issues, which led to us thinking or going through psychological trauma with no one to confide in but in the safe space, we can offload the things that are bothering us.*
- *All the problems we came here with we have been able to get relief and healing.*

Annex F: Data Collection Tools

Key informant interview generic guide for CPE stakeholders: GoN, IPs in SRH services, GEWE, AY, PD

Interviewer:.....Interview #.....Date.....

Interviewee(s) Name(s):.....

Organisation …….....Location …….....

Position(s) …….....

Semi-structured interview schedule with lead question areas/objectives to be adapted and probed according to KI and component area and focus of interview, and according to type of stakeholder. Many will not require all question areas to be addressed and in some cases particular areas of focus will be elaborated further.

Greeting and introduce self and purpose of interview as part of CPE, thank KI for time commitment and assure confidentiality. Seek any clarifications KI may have. Reassure that they may refuse to answer any question that makes them uncomfortable.

Indicate overarching outcome focus of the CP, (for orientation only, and read what is relevant to IP):

Outcome 1: Sexual reproductive health services: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.

Outcome 2 Adolescents and youth: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health. Increased priority of adolescents and youth, especially adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services and rights.

Outcome 3: Gender equality and women's empowerment
Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Advanced gender equality, women and girls' empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents, and youth.

Outcome 4: Population dynamics
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equalityStrengthened national policies and international devleopment agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development,sexual and reproductive health and reproductive rights, HIV and gender equality.

1. Briefly confirm the main function of the stakeholder organisation in relation to UNFPA

2. Confirm how UNFPA supports this function (probe re finance/ TA/ capacity building etc over time)

3.Questions elaborated from the Evaluation Matrix to probe as needed/relevant with respect to evaluation criteria: (indicative questions from which to select). Remember to include focus on gender and human rights and disability as cross-cutting issues

Relevance, responsiveness

1. The relevance of UNFPA support. Probe, including possible gaps
2. How far UNFPA was able to respond to changing needs. Probe re type of changes and of UNFPA response
3. Responsiveness specifically in humanitarian contexts
4. Responsiveness to Covid-19 epidemic

Effectiveness and coverage

1. Sufficiency of UNFPA contribution to the GoN/IP/Partner to achievement of planned programme results, and identification of any gaps or challenges. Probe
2. UNFPA support for challenges in the implementation of interventions to address outputs and outcomes
3. UNFPA support for programme integration of gender and a human-rights approach, including people with disabilities
4. Effectiveness of UNFPA contribution to short-term and longer-term humanitarian responses
5. UNFPA support for use of dissaggregated demographic and socio-economic data for evidence-based planning and development
6. Added value of UNFPA contributions (compared with what would have been possible without UNFPA)
7. Effectiveness of UNFPA in contribution to joint programmes.

Efficiency

1. Expenditure of UNFPA funding. Probe re timeliness of dispersal of funds and re any challenges, e.g. re delayed dispersal in the absence of completed quarterly reports, challenges at year end?
2. Monitoring and evaluation systems in place and reporting by IP. Probe re any limitations, challenges, how far reporting is streamlined between UNFPA and other agencies/donors.

Sustainability of results

1. Probe whether UNFPA financial and technical support is anticipated to continue, grow, decline or stop
2. Measures in place for programme continuity if there is not continued UNFPA support. Probe e.g. re output/outcome areas integrated in institutional/government policies and plans
3. Other sources of technical and financial support. Probe
4. Likelihood of sustained benefits (e.g. through capacity building, improved M&E and other systems, population data availability, policy or strategy development and implementation, etc with or without continued UNFPA support). Probe

Coordination, connectedness and coherence (mostly in relation to UN agencies, UNDAF, One UN)

Overarching EQs:
To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT and HCT coordination mechanisms, including around the New Way of Working (NWOW) and the Grand Bargain?
How far is the CP coherent with and engaged in joint interventions of the UN agencies and Government in relation to each thematic area?
Probe re:

1. UNFPA contributions and particular responsibilities/roles for coordination in UNCT and UNDAF
2. How active, relevant and effective is UNFPA in a) UNCT and in b) One UN approach, c) NWOW and in relation to d) the Grand Bargain
3. UNFPA contributions to HCT coordination a) what is most valuable b) how could UNFPA strengthen its contributions?
4. Effectiveness of connectedness, communication, and coherence within joint projects, and regarding issues of overlapping mandates (to elaborate with interviews with key stakeholders in specific projects)
5. How could UNFPA best strengthen its roles in joint programming and projects?

SWOT re UNFPA contributions, if useful and appropriate OR instead of detailed interview schedule where the full schedule is not required:

Strengths, Weaknesses/limitations, Opportunities, Threats

Any further questions/probes?

Thank KI again for their time and ask if they have any questions. Reassure re confidentiality.

Seek potential for further brief questions if required

Brief Questionnaires sent by Email and Supplementary Questionnaires

IPs in Gender

Adapt questionnaire according to IP and elaborate on specific areas of relevance e.g. re GBV, FGM, child marriage etc. Sent if interview not possible or preferred by respondent.

Post title:

Length of time in post:

Main focus of FIDA work overall:

Geographic coverage of UNFPA-supported work by (insert name of organisation/IP)

Main focus of intervention of your organisation in relation to UNFPA support, including time frame of engagement:

Core partners/additional funders:

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1. Please let me know what you value most about the technical and/or financial support of UNFPA/what has worked best overall in the areas of support?
2. How well coordinated is the support from UNFPA with other support, and what is the added value of UNFPA support that might not be available without UNFPA?
3. Has UNFPA been an efficient and effective partner? Please briefly elaborate, e.g. re efficiency and timeliness of funding, any delays, level of reporting burden, technical support etc.
4. Are there ways in which you think UNFPA could strengthen its role?
5. Can you comment on sustainable results/lasting changes arising from the work that UNFPA has supported? Please be as specific as you can.
6. What would you most like to see UNFPA prioritise in the next country programme in relation to this area of work?

Anything else that you would like to comment on?

Please can you forward me any report or article that would elucidate the work of (insert name of IP) in relation to UNFPA?

Many thanks again for taking the time to respond. I assure the confidentiality of your responses.

State Governments

Name..... Position .....

Location ..... Time in post .....

Main duties (in government and specifically in relation to work supported by UNFPA):

1. **Please indicate the main programmes underway in your state with UNFPA support in relation to SRH, gender/GBV, adolescents and youth, and population dynamics and data**

Sexual and reproductive health

Adolescents and youth

Gender equality and women's empowerment

Population dynamics

2. **If there are humanitarian concerns in your state, please indicate the contribution of UNFPA to addressing these**

Strengths of UNFPA engagement

1) Please indicate what you value most about the contributions of UNFPA within your state.

2) Do you think the interventions that UNFPA supports will lead to sustainable results? If yes, please elaborate what they are, and why you think they will be sustained. If no, please indicate why not/the likely barriers to sustained results.
3) How has UNFPA responded to changed needs and priorities within your state during the current country programme (from 2018 to 2022)?.
4) How would you describe the efficiency of UNFPA management, communications, operations and integration with other players and related programmes in your state? Please elaborate on strengths and limitations.

Weaknesses/Limitations in UNFPA engagement

1) What have been the main limitations to UNFPA programming and support? Were there any major gaps or limitations in anticipated support during the country programme?
2) How might the limitations have been addressed better?

Opportunities:

1.) What would you most like to see in UNFPA programming and support for the next country programme/what should be the core priorities in your state?
2.) What might be factors that would facilitate the achievement of the core priorities?

Threats:

1) What factors might hinder the achievement of the core priorities?

Are there any other comments you would like to make?

Many thanks for taking the time to complete this questionnaire. I assure you of the confidentiality of your responses.

Supplementary Questionnaire: UNFPA Gender Focal Points for GBV, FGM, HTP

Please address the questions in relation to your own strategic position and experience, in line with your work focus and the geographical area that you cover.

Name:

Post:

Length of time in post:

Where are you located?

Which gender programme(s) do you work on?

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1. Overall, what do you see as the main strengths for UNFPA programming around gender in your location and area of work:

2. How strong do you think are the synergies between offices? If there are challenges, how might these be addressed?

3. How has Covid affected your work? And what measures were you/your office able to put into place to address the challenges?

4. What do you see as the main challenges to effective programming around gender in your location and area of work? How might they be addressed?

5. What opportunities do you see for strengthening the programme further in the next CP?

6. What threats do you see that might hinder programming in the coming period? How might they be addressed?

7. Are there sustainable results arising from the gender work of UNFPA regarding GBV, FGM, child marriage and related issues? Please indicate (e.g. increased government ownership, legal/policy, funding, community attitude change, capacity built, services etc)

8. What you most like to see UNFPA prioritise going forward in the next country programme?

Please provide any other comments you wish to make.

If there is any relevant documentation about the gender programmes support by UNFPA in your area, please could you forward this to me?

Many thanks for taking the time to respond. All responses are treated in confidence.

FGI Generic Guide for Secondary Beneficiaries (people trained in aspects of SRH, GBV, AY, PD)

Project/Site/location:..... Humanitarian setting YES NO

Interviewer ……. FGI # ..... Date:.....

Beneficiaries type …….....

Number of Males ……. Number of females ..... Total number: …….

Circulate a list to record name and position

Semi-structured interview schedule with lead question areas to be adapted and probed according to participant group, component area and focus of interview.

Greeting and introduce self and purpose of interview as part of CPE, thank participants for their time commitment and assure confidentiality. Seek any clarifications KI may have, and confirm that they may refuse to answer any question that they find uncomfortable. There are no right or wrong answers.

Indicate overarching outcome focus of the CP (for orientation only, and as relevant to IP):

Outcome 1: Sexual reproductive health services: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health, and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access. **Outcome 2 Adolescents and youth:** Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health. Increased priority of adolescents and youth, especially adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services and rights. **Outcome 3: Gender equality and women's empowerment:** Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents, and youth. Advanced gender equality, women and girls' empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents, and youth. **Outcome 4: Population dynamics:** Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equalityStrengthened national policies and international devleopment agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development,sexual and reproductive health and reproductive rights, HIV and gender equality.
1. Probe re the training received/what does/did it consist of etc. If training: when, how long, any follow up/quality assurance; role of UNFPA and others (if appropriate) any step down training/on the job training for colleagues?
2. Probe re quality of benefits. What are the most important benefits / learning /other benefits?
3. Probe around what is being done differently after the service/training (re service provision/re behaviour change etc). Are changes likely to be sustained/why/why not?
4. Probe re what quality assurance is in place to assess improved practice after training
5. Probe re what aspects of the service/training did not work well

6. Suggestions for improvements
7. Further unmet needs (for services/ training etc in relation to the thematic area)

Thank all participants again, reconfirm confidentiality, and check for any questions/comments.

Primary Beneficiary FGI (Peer Educators)

FGI # …… Date …….

Primary Beneficiary Type: ……

Interviewer:.....

Project/site/services:..... Humanitarian situation YES NO

Participants: # of females …….. # of males ..... Total: ……

Introductions, purpose of the FGI, thank participants for their time (UNFPA CPE), confirm confidentiality, and ask if anyone has any questions before the start. Confirm that people may refuse to answer any questions that make them uncomfortable. Say that there are no right or wrong answers, you just want to learn about their experience of being a peer educator, what works well and what could be improved.

Tool guide is to be adapted for clients of different SRH services, in and out of school youth, in relation to gender/GBV, in humanitarian situations etc, and provides questions around which to probe.

1) a) Please tell me about your overall experience with the programme. Why did you become peer educators, and how long have you been doing this? What services do you provide as peer educators? What are the main areas of knowledge you gained around sexual and reproductive health including family planning, HIV and AIDS, sexually transmitted diseases, child marriage, FGM? What benefits do you get as peer educators? (E.g. do you receive a stipend?) b) To what degree has being a peer educator changed your personal behaviour (e.g. at school and outside school, with friends, sexual partners, and family)
2) How effective was the training your received to do your job as a peer education? What were the main aspects addressed in the training? Are there topics you thought would be included or would like but were not provided? b) Do you have enough access to IEC materials, condoms (male & female)? Are they always sufficient to meet the needs of your peers in the community? Do you have somewhere to meet that is private?
3a) How often (in a week/month) do you have meetings? How many peers have you reached? How many hours do you spend per week or per month on peer education activities? b) To what extent was the subject of using condoms as a means of protection used in your meetings? How did the participants of the meeting respond?

4) Would you like to continue as a peer educator? (Probe re yes/no and reasons). What would your recommendations be to improve the programme?

Thank all participants again, reconfirm confidentiality, and check whether anyone has any questions.

Generic Online Questionnaire to UNFPA Nigeria Staff on internal office functioning and staff care

This questionnaire aims to help the evaluators to understand how staff feel about how UNFPA operates in Nigeria. The responses may help the evaluation team to make recommendations for possible changes. All information is completely confidential, and responses will be summarised. Please be completely open, and many thanks indeed for your time. The survey should only take around 5 minutes to complete.

Which office are you in: CO, LLO, Calabar, Kaduna, and Maiduguri.

Are you in: management programming administration/finance support services/transport other

1. How EFFICIENT do you find the UNFPA office/sub-office systems overall:
   General office systems: very efficient fairly efficient not efficient not sure
   M&E/reporting systems: very efficient fairly efficient not efficient not sure
   Financial management systems: very efficient fairly efficient not efficient not sure

2. Can you usually complete your planned work for the day? Yes No

3. Do interruptions/unanticipated requests disrupt your planned tasks? Often sometimes rarely

4. How positive and supportive do you consider the office atmosphere in general:
   Very supportive fairly supportive Not supportive

5. Is the supervision you receive generally: supportive unduly critical

6. Do you have access to supervision: frequently enough not frequently enough

7. a) In normal times (pre-Covid), how effectively did your team communicate/collaborate?

   Very well quite well not well applicable

   b) How effective is the team communication during Covid? Very good good not good

8. How effective is collaboration between teams? Very good quite good poor mixed don't know

9. How effective is collaboration between sub-offices? Very good quite good poor mixed don't know

10. Has Covid made your work: much more stressful a little more stressful no more stressful

11. Do you consider your responsibilities and workload: heavy about right too light

12. Are your skills effectively and efficiently utilized? Yes somewhat No

13. Have your opportunities for training/capacity building been sufficient? Yes somewhat No

14. How do you rate your job satisfaction? High medium low mixed

15. How valued do you feel in UNFPA? Highly valued somewhat valued not valued enough

16. How well are staff health, well-being, work-life balance addressed? Very well somewhat not well

17. If you joined the office during the 8CP, was your induction very good adequate poor

18. Any other observations you would like to make?

Many thanks again for your time. Please complete and submit the survey by 3 December.

CPE Interview Schedule for UNFPA CR

Re UNCT and One UN

1.a In the UNCT what do you think has worked best?

1.b What has worked best in Nigeria regarding One UN?

1.c How has the strategic positioning of UNFPA changed during the 8CP?

2.a. What have been the main challenges in the UNCT and One UN?

2.b. How has UNFPA attempted to address these challenges?

2.c. Have issues arisen over duplication of mandates within the UNCT and, if so, how have UNFPA and UN partners attempted to resolve this?

2.d How well aligned are indicators for the UN and for specific agencies, and could these usefully be developed further in the next CP?

Re HCT

3.a What have been the main achievements of UNFPA within the HCT?

3.b What are the most serious threats *to an effective response* to the humanitarian situation, including in areas of the mandate of UNFPA?

3.c How do you see the role of UNFPA developing in the next CP in relation to the HCT and overall humanitarian response?

Re UNJT on HIV and AIDS

4.a Do you consider that there are relatively extensive operational costs with UBRAF for relatively low funding? what would be your recommendation for the way forward?

4.b What are your views on the current role of UNFPA in Nigeria regarding HIV prevention (achievements, gaps, challenges?

4.c How would you like to see the role of UNFPA strengthen in relation to HIV in the next cycle?

Re the CO and operations

6.a Is the balance of modes of engagement about right? How do you think it should change in the next CP (and why)?

6.b Is the large staffing component likely to be sustainable? Please elaborate.

6.c How effectively are the sub-offices functioning? Please indicate any major achievements and challenges.

6.d Is there risk that UNFPA is spreading itself too thin? If yes, what might be cut back?

7.a What areas of work do you think UNFPA should expand as a priority in the next CP (and why)?

UNFPA Overall

Do you have any strategic recommendations (relevant to UNFPA Nigeria and more broadly) for:

a) WCARO?

b) HQ?

CPE Interview Schedule for UNFPA DCR

Re UNCT and One UN

1.a In which working groups/sections of the UNCT does UNFPA participate (to elaborate re roles)?

1.b How does UNFPA contribute to the UN working as one?

1.c How well aligned are indicators for the UN and for specific agencies, and could these usefully be developed further in the next CP?

Re HCT

3.a Which committees/working groups of the HCT does UNFPA participate in (to elaborate re roles)?

3.b What are the most serious threats *to an effective response* to the humanitarian situation, including in areas of the mandate of UNFPA?

3.c How do you see the role of UNFPA developing in the next CP in relation to the HCT and overall humanitarian response?

Re the CO and operations

6.a Is the balance of modes of engagement about right? How do you think it should change in the next CP (and why)?

6.b Is the large staffing component likely to be sustainable? Please elaborate.

6.c How effectively are the sub-offices functioning? Please indicate any major achievements and challenges.

6.d Is there risk that UNFPA is spreading itself too thin (geographically, numbers of IPs, areas of focus)? If yes, what might be cut back?

6.e How would you describe the functioning of UNFPA under Covid-19 limitations? What has worked well, what has not worked well? What changes would you like to see?

7.a What areas of work do you think UNFPA should expand as a priority in the next CP (and why)?

8.a Are there any major challenges regarding financial arrangements, e.g. in relation to pass through funding, HACT or other areas? If yes, what would resolve them?

UNFPA Overall

Do you have any strategic recommendations (relevant to UNFPA Nigeria and more broadly) for:

a) WCARO?

b) HQ?

Primary Beneficiary FGIs (GBV Survivors)

FGI # …… Date …….

Primary Beneficiary Type: ……

Interviewer:.....

Project/site/services:..... Humanitarian situation YES NO

Participants: # of females …….. # of males ..... Total: ……

Introductions, purpose of the FGI, thank participants for their time (UNFPA CPE), confirm confidentiality, and ask if anyone has any questions before the start. Confirm that people may refuse to answer any questions that make them uncomfortable. Say that there are no right or wrong answers, you just want to learn about their experience of the service, what works well and what could be improved.

Tool guide is to be adapted for clients of different SRH services, in and out of school youth, in relation to gender/GBV, in humanitarian situations etc, and provides questions around which to probe.

1) a) Please tell me about your general experience with the services you received. How did you find out about the services? Was it easy to find? Was it free? Did you feel welcomed? Opening hours? b) Were you assigned a staff with whom you felt comfortable? c) Were you given adequate information on the services available and what your options were?
2a) Were you given the opportunity to decide for yourself what happens next? b) Were you referred to another place for services that could not be provided at the centre? c) Were satisfied with the services you received? Why or why not d) Are there improvements you hope to see?
3a) Did you feel safe seeking help at the centre? b) Did the staff of the centre respect your confidentiality? Did you meet in a place where no one overheard your conversations? c) Did the staff give you enough time to express your challenges in your own words?

d) Did you feel judged by the staff of the centre? e) Did you feel comfortable enough to ask questions? Were the staff able to answer your questions to your satisfaction?
4) What were your overall impressions about the services you received? Did you feel better after visiting the centre? Would you recommend a friend or family member who has experienced GBV to visit the centre for help? Why or why not

Thank all participants again, reconfirm confidentiality, and check whether anyone has any questions.

Primary Beneficiary FGIs (safe space)

FGI # …… Date …….

Primary Beneficiary Type: ……

Interviewer:.....

Project/site/services:..... Humanitarian situation YES NO

Participants: # of females …….. # of males ..... Total: ……

Introductions, purpose of the FGI, thank participants for their time (UNFPA CPE), confirm confidentiality, and ask if anyone has any questions before the start. Confirm that people may refuse to answer any questions that make them uncomfortable. Say that there are no right or wrong answers, you just want to learn about their experience of the service, what works well and what could be improved.

Acknowledge that you know that women and girls are often exposed to violence from men, including from their husbands, and that you are finding out how effective are the programmes that UNFPA supports to reduce this and to support women and girls who have been exposed to violence from men, and to see what else would be most helpful. **At all times use language that is appropriate to the group, not UN jargon or complex terms.**

1) How did you hear about the safe space? Why did you go there? Probe around the answers
2) What did the safe space provide (probe re information, training, psychosocial support/counselling, any medical/health support, legal support, skills building). Vary this question according to the answers from the first question in terms of whether they had personally experienced violence.
3) If they had experienced GBV before going to the safe space or been at risk, ask: how did the safe space help build your confidence to prevent (further) violence? Did you gain access to legal support/other support? Probe around this.
4) How have you been able to use your livelihood skills to earn a living. Have the skills you learnt helped you to be more independent? To feel safer? Probe, including whether they think it will make a difference long term.
5) How far have you shared any of the information you learned in the safe space programme with others in the community? Probe

5) Would you recommend to other women and girls to join the safe space programme? Why/why not? (You can also ask how far they have already referred others to the safe space programme).
5) What else would you like to see in the safe space programme? Probe
6) What else would be really important to help reduce violence against women and children in the community? Probe, e.g. what other efforts are being made, what could best change attitudes of men and women and leaders to GBV, what could help women and children to be safer etc.
7) Any other comments they would like to make about how the safe space programme has helped them.

Thank them for their time, assure re confidentiality again, ask if they have further questions.

Primary Beneficiary FGIs (community leaders/members)

FGI # …… Date …….

Primary Beneficiary Type: ……

Interviewer:.....

Project/site/services:..... Humanitarian situation YES NO

Participants: # of females …….. # of males ..... Total: ……

Introductions, purpose of the FGI, thank participants for their time (UNFPA CPE), confirm confidentiality, and ask if anyone has any questions before the start. Confirm that people may refuse to answer any questions that make them uncomfortable. Say that there are no right or wrong answers, you just want to learn about their experience of the service, what works well and what could be improved.

Tool guide is to be adapted for clients of different SRH services, in and out of school youth, in relation to gender/GBV, in humanitarian situations etc, and provides questions around which to probe.

1) a) Please tell me about your overall experience with the programme e.g., how were you involved in the program? What activities are you or were you involved in? b) To what degree has the programme changed you, i) what did you do with the information/training you received? (eg. Share with others, put it into practice/act on it)
2) Has the training/information your received equip you sufficiently to do your job in preventing Gender based violence? Were the topics covered during the training useful in your role in the community? Are there topics you thought would be included or would like but were not provided? b) What activities are currently being done in this community to prevent gender- based violence? How could these efforts be improved upon?
3a) What aspects of the programme were useful in improving how community members responded to issues of gender-based violence? b) What do you think is the most significant change that has happened in this community? What factors contributed

c)
4) What other programs or activities would you like to see in your community? How would you like to be involved in organizing those activities?

Thank all participants again, reconfirm confidentiality, and check whether anyone has any questions.

Annex G: Table of Achievements Vs Targets

	8CP M&E Framework: Status Information - 2018-Sept 2021												
				Target					Reported				
S/N	Indicator/Milestone	Baseline	Target (2022)	2018	2019	2020	Sep-21	Total	2018	2019	2020	Sep-21	Total
8CP compact of commitment for development results													
Compact of commitment indicator													
1	Number of new users of modern family planning services	8,600,000 (2016)	13,600,000	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	2,752,854	2,956,293	3,866,563		9,575,710
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													
UNDAF outcome indicator													
1	Percentage of births attended by skilled health personnel	38.10%	42%	67									
UNFPA Outcome 1: Sexual and reproductive health													
UNFPA outcome indicator													
1	Maternal mortality ratio	576 (2013)	520	512									
2	Contraceptive prevalence rate	12.10%	20%	12.2									
Output 1.1: 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													
UNFPA CP Output indicators													
1.1.1	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	0	10	6	2	3		**11**	11	3	3		**17**
Indicator 1.1.1 milestones													
1.1.1.1	National Obstetric Fistula Strategic Framework 2018- 2022 completed and launched	No	Yes	Yes					Yes				
1.1.1.2	Review meetings on Delivering as One held (Cross River)	No	Yes	Yes					Yes				
1.1.1.3	Communication Plan for Fistula intervention developed and disseminated	No	Yes	Yes	Yes				No	Yes			
1.1.1.4	Number of states with Family Planning Costed Implementation Plan (CIP) produced, validated and disseminated (Ondo and Abia	4 (2017)	10	5	2	1		**8**	0	2	1		**3**
1.1.1.5	State Bill on Maternal Death Notification (Cross River, ...	0	10	0	1			**1**	0	1			**1**
1.1.1.6	State Gender Policy printed and disseminated (Cross River, ...)	0	10		Yes				0	Yes			
1.1.1.7	Revised National Youth Policy domesticated, validated and disseminated	No	Yes			Yes					Yes		
1.1.1.8	National Communication National Strategy document for GBV finalised, printed and disseminated	No	Yes			Yes					No		
1.1.1.9	National Protocol for Social ReIntegration/Rehabilitation of women post-obstetric fistula repair available	No	Yes			Yes					No		
1.1.1.10	Revised 2004 National Policy on Population for Sustainable Development	No	Yes			Yes					No		
1.1.1.11	Revised National Gender Policy printed and disseminated	No	Yes			Yes					Yes		

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Output 1.2: 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													
CP Output 1.2 indicators													
1.2.1	Percentage of facilities with no stock-out of modern contraceptives in the past three months	77%	80%	77	77	82			70.20%	62	80%		
Indicator 1.2.1 milestones													
1.2.1.1	2017 Reproductive Health Commodity Security Survey Report printed and disseminated in Benue State	No	Yes						No				
1.2.1.2	Number of states supported with contraceptives logistics management for family planning commodities	0	37	37	37			37	37	37			37
1.2.1.3	Availability of contraceptives at the Service Delivery Points in the States	No	Yes						Yes				
1.2.1.4	Number of States supported to strengthen Logistics Management Coordination Unit	0	37						22				
1.2.1.5	Family planning commodities procured and distributed	Yes	Yes	Yes					Yes	Yes			
1.2.1.6	Number of Family Planning providers trained to use CLMS tools	0	200	0	74	80		154	0	74	80		154
1.2.1.7	Number of States that held quarterly family planning coordination meetings	0	37	0	12			12	0	9			9
1.2.2	Number of new users of family planning services	8600000 (2017)	13,600,000	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	2752854	2,956,293	3,866,563		9,575,710
CP Indicator 1.2.2 milestones													
1.2.2.1	Number of states supported to have functional supply chain system	0	37	37				37					
1.2.2.2	Number of Condom distributed	62,560,952	312,000,000	11,250,000	172,000	38,000	49,500	11,509,500	36,668,702	51,157	460,100	142,349	37,322,308
1.2.2.3	Number of persons equipped with adequate capacity to administer DMPA-SC states supported to provide DMPA SC in health facility or community-based intervention	0	5,000	33				33	960				960
1.2.2.4	Number of health workers trained to provide family planning services (LARC, PPH, FP Technology, DMPA-SC, etc)	313 (2017)	5,103	0	1,101	735	416	2,252	0	1,056	942	185	2,183
1.2.2.5	Number of strategic communication materials (short videos, TV documentary, realtime SMS), developed to create visibility and promote service uptake	0	20	0	7	0	6	13	0	7		6	13
1.2.2.6	Number of Health Facilities renovated and providing RMNCAH services	0	500	0	23			23	0	18			18
1.2.3	Number of States meeting coverage of emergency obstetric and newborn care, as per the international recommended minimum standards	0	17	17	1	2		20	24	1	2		27
CP Indicator 1.2.3 milestones													
1.2.3.1	Number of States supported to strengthen institutional capacity to manage Post Partum Haemorrhage and Eclampsia	0	17	5				5	7				7
1.2.3.2	Number of supported States with system for maternal and peri-natal death surveillance and response (MPDSR) in place	0	17	8				8	10				10

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1.2.3.3	Jingles, videos and documentaries for public awareness on reproductive and maternal health produced and aired (Kaduna, Lagos, ISMPH, NAN, PRHI, Sokoto)	No	Yes						Yes				
1.2.3.4	Number of health workers with improved knowledge and skills to implement EmONC	0	1,000	325	155	130		610	520	478	169		1,167
1.2.3.5	Number of pregnant women provided with Misoprostol tablet to avert PPH	0	5,000	1,000				1,000	0				0
1.2.3.6	Number of States that produced MPDSR Annual Report	0	17	4	1			5	4	1			5
1.2.3.7	Number of state supported on Quality of Care Initiative	0	17	1				1	1				1
1.2.3.8	Number of health facilities supported to provide EmONC services	0	500	0	85	91	1,131	1,307	0	179	209	1,173	1,561
1.2.3.9	Quarterly integrated supportive supervison conducted to health facilities to improve quality service	Yes	Yes	Yes	Yes				Yes	Yes			
1.2.3.10	Proportion of notified maternal death reviewed	0	80	0	50	50		50	0	50	100		100
1.2.4	Number of women and girls living with obstetric fistula receiving treatment with the support of UNFPA	3,638 (2017)	10,000	600	500	395	1,530	3,025	728	650	1,962		3,340
Indicator 1.2.4 milestones													
1..2.4.1	2018 International Fistula Day commemorated	No	Yes	Yes					Yes				
1.2.4.2	Number of fistula survivors with livelihood income generation skills, materials and grants for reintegrated into society	0	5,000	260				260	219				219
1.2.4.3	Number of obstetric fistula repairs (surgery, catheterization/probe placement) with support from UNFPA	3,638 (2017)	10,000	520	1,080	395	1,530	3,525	728	1,655	664	2,190	5,237
1.2.4.4	Number of Fistula centers with capacity and skills for fistula repair supported by UNFPA	1 (2017)	2	0	1			1	0	2			2
1.2.4.5	Number of Fistula clients rehabilitated and reintegrated into the communities	575 (2017)	1,000			300	210	510			164	240	404
1.2.4.6	Number of health workers trained on fistula management	67 (2017)											
Output 1.3: 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													
Output 1.3. Indicators and milestones													
1.3.1	Number of midwife training institutions using updated curricula (universal rights of childbearing women, and the prevention and management of violence against women)	0	50	1				1	10			0	10
Indicator 1.3.1 milestones													
1.3.1.1	Number of Health Facilities Rehabilitated (Borno)	0	17	3				3	1				1
1.3.1.2	Annual Advocacy Key Event in support of midwifery conducted	No	Yes	Yes					Yes				
1.3.1.3	Number of health workers with increased capacity to provide post pregnancy family planning services (post-partum immediate and up to 6 weeks post-partum)	0	5,000	580				580	113				113
1.3.1.4	Number of health workers trained on RMNCAH through the UNFPA supported Mandatory Continuing Professional Development Programme by Nursing and Midwifery Council of Nigeria	0	10,000	2,250	7,000	2,250		11,500	8,639	11,246	5,364		25,249

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1.3.2	Number of schools supported to train midwifery service providers, especially on Minimum Initial Service Packages	25	50	1	10	1		12	10	1	3	0	14
Indicator 1.3.2 milestones													
1.3.2.1	Number of Healthcare Providers with improved capacity to administer MISP and Case Management of Rape	0	5,000	90		60		150	560		255		815
1.3.2.2	State Midwifery school ICT lab and library equiped and updgraded to centre of excellence (Kaduna, ...)	0	10	0	2			2	0	1			1
1.3.3	Antenatal care coverage (at least four visits)	51%	60%	57%									
Indicator 1.3.3 milestones													
1.3.4	Number of midwife training institutions using updated curricula (universal rights of childbearing women, and the prevention and management of violence against women	0	20	0	15	5		20	0	1	7		8
Indicator 1.3.4 milestones													
1.3.4.1	Maternal Nutrition Mandatory Continuing Professional Development Programme Module in Place	No	Yes	Yes	Yes				Yes	Yes			
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.													
UNDAF outcome indicator													
1	Youth literacy rate, population aged 15-24 years.	65%	71%										
	UNFPA Outcome 2: Adolescents and youth												
Outcome indicator(s)													
1	Adolescent birth rate (women aged 15-19 years)	122/1,000	100/1,000										
UNFPA Output 2.1: 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													
UNFPA output indicators													
2.1.1	Number of supported states that reflect adolescent and youth health, development and well-being in multi-sectoral policies	2	10	2	6			8	11	2			13
Indicators 2.1.1 milestones													
2.1.1.1	Number of states with multi-sectoral policies that reflect adolescent and youth health, development and well-being	0	10	2	4			6	2	2	2		6
2.1.1.2	High-level advocacy meeting conducted on the incorporation of Comprehensive Sexuality Education (CSE) into the educational curriculum in Lagos State	No	Yes	Yes					Yes				
2.1.1.3	State Youth policy strategic implementation plan printed and distributed (Lagos, ...)	0	10	0	1				0	1			
2.1.1.4	National Youth Policy produced and disseminated	No	Yes	No	Yes				No	Yes			
2.1.2	Number of national and state plans that integrate approaches to harnessing the demographic dividend	1	10	2	2	1		5	3	1	5		9
Indicator 2.1.2 milestones													
2.1.2.1	State Demographic Dividend policy brief developed and disseminated (Benue, Kaduna, Lagos, FCT etc)	No	Yes						Yes	Yes	Yes		Yes
2.1.2.2	State Demographic Dividend Profile developed and disseminated (Kaduna, Lagos	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	

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2.1.2.3	Number of national and state officers with knowledge and skills to develop Demographic Dividend Profile	16	1,016	15	250	250	250	765	45	59	40	198	342
2.1.2.4	Number of adolescents with increased knowledge and skill on harnessing Demographic Dividend	0	1,000	150	300	300	250	1000	9800	10000	10800	0	30600
2.1.2.5	Number of national and state plans that integrate approaches to harnessing demographic dividend	0	11	2	2	1		5	3	1	5		9
2.1.3	Number of adolescents and young people reached with SRH services including family planning and HIV education	1,000	100,000	20,000	20,000	20,650	13,950	74,600	134,118	13,876	23,742	25,584	197,320
CP Indicator 2.1.3 milestones													
2.1.3.1	Number of safe spaces established and equipped	0	20	4				4	4				4
2.1.3.2	Number of Young Reproductive Health Clubs established (Adamawa, ...)	0	10	2				2	2				2
2.1.3.3	Number of adolescent boys reached and retained for at least 12 months in school	0	10,000	2,000				2,000	100				100
2.1.3.4	Number of young people reached with ASRH information	0	10,000,000	37,500	23,430,000	15,042,060	1,204,952	39,714,512	227,588	34,213,426	24,731,699	13,865,111	73,037,824
2.1.3.5	Number of secondary school teachers with increased skill and knowledge on ASRH	0	500	50				50	248				248
2.1.3.6	Number of girls retained for 12 months in safe spaces and school with increased knowledge on at least 2 SRH issues	0	200,000	18,000				18,000	228,363				228,363
2.1.3.7	Number of young people trained as peer educators who are active over the course of the project	0	10,000	130		105		235	30		1,913		1,943
2.1.3.8	Number of youth leaders and peer educators with capacity to promote SRH/FP/HIV interventions for service uptake	0	10,000	0	20			20	0	50			50
2.1.3.9	Number of girls enrolled in second chance education	0	10,000	0	50			50	0	156			156
2.1.3.10	Number of adolescents who have received program or clinical services including family planning and HIV education rendered in health facilities or designated locations (youth centers, youth clubs, etc;)	0	10,000	0	24,500			24500	0	10,803			10,803
2.1.3.11	Number of adolescents living with disability trained to provide ASRH services	0	5,000	0	40			40	0	83			83
2.1.3.12	Number of health workers with improved knowledge and skills to implement ASRH services for women and adolescent girls	0	500				20	20				350	350
2.1.4	Number of condoms distributed	62,560,952	312,000,000	11250000	172,000	38,000	49,500	11,509,500	36,668,702	51,157	460,100	142,349	37,322,308
Indicator 2.1.4 milestones													
2.1.4.1	Number of condoms distributed	62,560,952	312,000,000	11250000	172,000	38,000	49,500	11,509,500	36,668,702	51,157	460,000	142,349	37,322,208
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													
UNDAF outcome indicator													
1	Proportion of ever-partnered women who have been subjected to physical violence	30%	15%	31%									
UNFPA Outcome 3: Gender equality and women's empowerment													
Outcome indicator(s)													
1	Proportion of ever-partnered women who have been subjected to physical violence	30%	15%	31%									

UNFPA Output 3.1: Increased multi[1]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													
UNFPA output 3.1 indicators													
3.1.1	Number of state level information management systems in place to collect, analyse and disseminate data on gender-based violence	3	6	3	3	6		12	3	3	6		12
Indicator 3.1.1 milestones													
3.1.1.1	Number of targeted States with a system to collect administrative data on VAWG, including SGBV & HP, in line with international standards, across different sectors	0	10	0	0	9		9	0	0	6		6
3.1.1.2	Number of government personnel, including service providers from different sectors, who have enhanced capacities to collect prevalence and/or incidence data, including qualitative data, on Violence Against Women & Girls (VAWG), including SGBV/Harmful Practices, in line with international and regional standards.	0	500	0	0	145		145	0	0	0		0
3.1.1.3	Number of persons (service providers, M&E officers and other government personnels from different sectors) trained on GBVIMS and GBV data management - collection, analysis and use GBV prevalence and/or incidence data including qualitative data, on VAWG including SGBV/HP	0	75				75	75				75	75
3.1.2	Number of adolescent girls participating in mentoring or vocational skills programmes and safe space sessions	0	50,000	10,000	10,000	10,000	10000	40,000	3,413	39,200	4,044	43,216	89,873
Indicator 3.1.2 milestones													
3.1.2.1	Number of adolescent girls participating in mentorship or vocational skills programmes and safe space sessions	0	50,000	10,000	10,000	10,000	10,000	40,000	3,413	39,200	4,044	43,216	89,873
3.1.2.2	Number of master tutors in continuous education centres and girls schools with improved knowledge and skills on Maternal health issues	103 (2017)	200	75				75	245				245
3.1.3	Number of communities supported by UNFPA that declare the abandonment of female genital mutilation	801 (2017)	1,000	30	49	40	45	164	78	21	71	45	215
Indicator 3.1.3 milestones													
3.1.3.1	Number of IN-SCHOOL young girls trained to champion Ending FGM and Child marriage among their peers in Osun	0	5,000	20				20	882				882
3.1.3.2	State Child Rights Bill passed into law (Kaduna, ...)	No	Yes	Yes					Yes				
3.1.3.3	Number of FGM champions/survivors/traditional leaders/and community persons with improved knowledge and skills on FGM and undertaking household discussions	0	1,000	130				130	1,291				1,291
3.1.3.4	Rights holders (women, girls and their communities) fully informed about their rights and well equipped to participate actively in decisions and interventions that affect them	No	Yes	Yes					Yes				
3.1.3.5	Number of Community Leaders trained to monitor and report compliance to declaration to abandon FGM	0	200	100				100	395				395
3.1.3.6	Number of OUT-OF SCHOOL young girls trained to champion Ending FGM and Child marriage among their peers in Osun	0	500	20				20	800				800
3.1.3.7	Number of boys/men using film screening and dialog sessions on the abandonment of FGM in Ekiti and Osun states	0	100	1,000				1,000	115				115
3.1.3.8	Number of states that VAPP Bill has been passed and disseminated by State House of Assembly	3 (2017)	17	2	3	3	3	11	3	3	7	9	22

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3.1.3.9	Number of communities with established community-level surveillance system to monitor the compliance with public declarations of abandonment	0	100	0	32	4	15	51	0	3	14	41	58
3.1.3.10	Number of Health Workers trained to provide FGM-related activities	0	100	0	0	90	50	140	0	0	80	40	120
3.1.4	Number of women and/or girls reached with SRH/GBV services in humanitarian settings (through reproductive health kits, rape kits, etc)	605,028 (2017)	1,605,028	200,000	244,250	463,679	605,542	1,513,471	451,274	534,571	102,386	1,101,668	2,189,899
Indicator 3.1.4 milestones													
3.1.4.1	Number of Gender-based Violence mobile response teams established	0	20	5				5	6				6
3.1.4.2	Number of Individuals with increased knowledge and information on FGM including other form of GBV (Lagos & Ogun)	0	500,000	243				243	150				150
3.1.4.3	Number of Facility based Women and Girls Friendly Spaces and safe shelters constructed and equipped	0	20	11	22		14	47	4	86		92	182
3.1.4.4	Number of women or girls reached with SRH or GBV services in humanitarian setting	605,028 (2017)	1,605,028	200,000	200,000	463,679	605,542	1,469,221	451,274	534,571	102,386	1,101,668	2,189,899
3.1.4.5	Number of women and girls provided GBV services in Development Setting (Psychosocial support, Legal counselling, Case mgt and Referral Services)	0	150,000	0	100,700		525	101,225	0	115,079		70,248	185,327
3.1.4.6	Number of counsellors/social workers/health workers trained on basic and advanced psychosocial, and case management	607	707	120				120	0				0
3.1.4.7	Gender-based Violence Inter-agency coordination improved in at least 4 States supported by UNFPA through quarterly coordination meeting	Yes	Yes	Yes					Yes				
3.1.4.8	Number of quarterly interagency SRH and GBV Coordination meetings facilitated by UNFPA in humanitarian setting	0	12	0	12			12	0	23			23
3.1.4.9	Number of Health Care Workers trained to provide SRH and GBV services	0	500	0	420			420	0	607			607
3.1.4.10	Number of traditional rulers and religious leaders trained on GBV prevention	0	500	0	90			90	0	151			151
3.1.4.11	Number of individuals, including traditional and religious leaders, reached with messages on girls' right to education and prevention of Violence Against Women (VAW), SGBV, Harmful Practices (HP) and SRHR.	0	5,000,000	0	0	7,140		7140	0	0	15,209,281		15,209,281
3.1.4.12	Number of women and girls trained as community-based Peer Educators on Ending VAW/SGBV/HP/SRHR	0	500	0	0	540	180	720	0	0	0	708	708
3.1.4.13	Number of persons (key decision makers, traditional and religious leaders, volunteers, school management officials, law enforcement officers, etc) trained on SGBV prevention	0	500	0	0	0	240	240	0	0	0	658	658
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													
UNDAF outcome indicator													
1	Census conducted in line with international standards	0	1										
UNFPA Outcome 4: Population dynamics													
UNFPA Outcome indicator(s)													

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1	Census conducted in line with international standards Baseline	0	1										
Output 4.1: Increased capacity to generate population projections and identify sociodemographic trends and address them within policies, programmes and advocacy													
4.1.1	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	1	10	2	1	1		4	2	1	1		4
Indicator 4.1.1 milestones													
4.1.2	Number of supported states with institutional capacity to analyse and use disaggregated data on a) adolescents and youth and b) GBV	5	10	2	2	6		10	2	2	6		10
Indicator 4.1.2 milestones													
4.1.2.1	Number of state-level information-management systems in place to collect, analyse and disseminate data on GBV incidence	3	10	4				4	3				3
4.1.2.2	Number of State Officers with improved knowledge and skills to use relevant statistical packages (R-Statistics, STATA, CAPI, QGIS etc) for data management	0	100	0	30		15	45	0	70		15	85
4.1.2.3	Number of State officers (M&E, NBS) with improved capacity to analyse and use disaggregated data on VAWG/GBV	0	100			60		60			25		25
4.1.3	Number of states supported to produce disaggregated data to monitor SDG indicators	0	10	2	2	1		5	3	2	1		6
Indicator 4.1.3 milestones													
4.1.3.1	Number of states with Statistical Year Book/Journal printed and disseminated (Lagos, Ogun)	0	10	2	5	2	1	10	2	4	0	1	7
4.1.3.2	Availability of annual resource flow survey report on population and family planning	No	Yes	Yes	yes				Yes	yes			
4.1.3.3	Tools developed for effective participation at 51st United Nations Commission on Population and Development (UNCPD) meeting	No	Yes	Yes					Yes				
4.1.3.4	Number of persons with increased knowledge and skill on monitoring and evaluation of SDGs (Akwa Ibom)	0	100	15				15	15				15
	Availability of the revised National Policy on Population	No	Yes	No	Yes				No	Yes			
	Availability of the 2018 NDHS Report	No	Yes	No	Yes				No	Yes			
	Country Partners in Population and Development (PPD) Strategic Plan document printed and disseminated	No	Yes			Yes					Yes		
4.1.4	Number of supported states routinely collecting, analyzing and transmitting disaggregated data sets on maternal and newborn health, including family planning, in line with national health management information system guidelines	0	10	2	2	8		12	3	2	8		13
Indicator 4.1.4 milestones													
4.1.4.1	Number of states supported by UNFPA with improved reporting rate on NHMIS	0	37	2				2	29				29
4.1.4.2	Number of state officers with improved knowledge and skills on NHMIS data management	0	1,000	45				45	45				45
4.1.4.3	Research report on family planning, produced and disseminate	No	Yes	No	Yes				No	Yes			

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4.1.4.4	Bi annual Delivery as One (DaO) Programme coordination and review meeting conducted	Yes	Yes	Yes	Yes		Yes		Yes	Yes		Yes	
4.1.4.5	Number of states supported to implement programmes towards actualisation of Demographic Dividend (Advocacy, Roadmap, profile, research, observatory, etc)	0	10	0	6	6	2	14	0	4	3	3	10
4.1.4.6	Number of states with at least 75% health facility reporting rate on NHMIS	0	37	0	5	8		13	0	12	4		16
4.1.4.7	Number of officials with increased capacity to implement demographic dividend programming	18 (2017)	100				30	30				75	75
4.1.5	Country generated publicly available population estimates/projections for at least up to the year 2050 based on the last round of census at national and sub national (at least one) levels, disaggregated by age, sex and location	Yes	Yes	Yes					Yes				
Indicator 4.1.5 milestones													
4.1.5.1	Quarterly situation report for the humanitarian response in the North East (SITREP) produced and disseminated	Yes	Yes	Yes					Yes				
4.1.5.2	Number of officials trained to implement 2020 round of popuation and housing census (GIS, gridded EAD, data collection, data analysis, report writing, data use, and data dissemination, etc)	0	100			100	25	125			50	55	105

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Annex H: List of Documents Consulted

Global UNFPA, UN and Related Global Documents

1. UNFPA (2019) Evaluation Handbook 2019: How to Design and Conduct a Country Programme Evaluation https://www.unfpa.org/EvaluationHandbook
2. UNFPA (2019) Evaluation Policy https://www.unfpa.org
3. OECD/DAC Evaluation Criteria https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf.
4. UNFPA (2019) Evaluation Quality Assurance and Assessment: Tools and Guidance https://www.unfpa.org
5. UNDP (2020) http://hdr.undp.org/en/countries/profiles/NGA
6. UNAIDS (2021) Prevention of Mother to Child Transmission www.unaids,org Sept 2021
7. UNFPA Transformative Results: https://www.unfpa.org
8. UNFPA Strategic Plan 2018-2021 https://www.unfpa.org
9. UNFPA (2020) Adapting evaluations to the COVID-19 pandemic: Guiding principles and their practical implications for evaluation
10. UNFPA (2020) Adapting evaluation questions to the COVID-19 pandemic: Guiding principles and their practical implications for evaluation
11. UNFPA Strategic Plan 2022-2025 Draft Document
12. UN 2030 Agenda for Sustainable Development
13. UNFPA (2021) We Matter. We Decide. We Belong: UNFPA Disability Inclusion Strategy 2022-2025
14. UNFPA: We Decide: Including and Empowering People with Disabilities https://www.unfpa.org/we-decide-including-and-empowering-persons-disabilities
15. UNFPA (2018) Women and Young Persons with Disabilities https://www.unfpa.org/publications/women-and-young-persons-disabilities
16. UNAIDS (2018) Division of Labour https://www.unaids.org/en/resources/documents/2019/UNAIDS-Division-of-Labour
17. Nairobi Summit on ICPD25 (2019) https://www.nairobisummiticpd.org/content/icpd25-commitments
18. UNFPA: Guidance on Disability Inclusion in Evaluations https://www.unfpa.org/admin-resource/guidance-disability-inclusion-unfpa-evaluations
19. UNFPA (2021) Global Prevention Cluster Gender-Based Violence Area of Responsibility UNFPA Strategy 2021-2025. https://www.gbvaor.net/
20. UNAIDS Unified Budget, Results and Accountability Framework https://unaids.org
21. UNFPA and the Sustainable Development Goals (2015) https://www.unfpa.org/resources/unfpa-sustainable- development-goals-0
22. Interagency Standing Committee (2021) https://interagencystandingcommittee.org/grand-bargain
23. UNDP (2021) Human Development Reports; Gender Development Index. http://hdr.undp.org/en/content/gender-development-index-gdi
24. UNDP (2021) Human Development Report. http://hdr.undp.org/
25. World Bank (2016) World Bank Collection of Development Indicators.
26. WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (2019): Trends in Maternal Mortality: 2000 to 2017
27. World Economic Forum (2021) Global Gender Gap Report March 2021 http://report.weforum.org/
28. World Bank https://data.worldbank.org

UNFPA CO, UN and Programming Documents in Nigeria and the Region

29. UNFPA: ToR for Nigeria CPE 2021
30. UNFPA Nigeria Country Programme Document and RRF 2018-2022
31. UNFPA Nigeria COARs for 2018, 2019, 2020, 2021
32. UNFPA Nigeria AWPs for 2018, 2019, 2020, 2021
33. UNFPA (2021) Overview of 8th Country Programme
34. UNFPA (2021) FP/RHCS Programme Presentation for 8th CP Evaluation

35. UNFPA (2016) Nigeria Country Analysis Report
36. UNFPA (n/d) Maternal Programme Presentation
37. UNFPA Gender/ASRH/HIV/Youth Unit Presentation for 8th CP Evaluation
38. UNFPA (n/d) ASRH/Youth, UBRAF, CSOE Presentation
39. UNFPA (2021) Population and Development Briefing Note
40. UNFPA Maiduguri Sub-Office (2019) Programming for Humanitarian Response: Focus, Priorities, Approach and Modalities
41. UNFPA (2021) Cross River Sub-Office 8th Country Programme Presentation
42. UNFPA (n/d) Lagos Liaison Office – 8th CP Goals, Objectives and Achievements
43. UNFPA (2021) 8CP M&E Framework Status Information 2018-Sept 2021
44. Selected Implementing Partner Annual and Quarterly Reports and Annual Plans
45. UNDP Human Development Report 2020: Nigeria http://hdr.undp.org
46. World Bank (2021) https://www.worldbank.org/en/country/nigeria/publication/nigeria-economic-update-resilience-through-reforms 15 June 2021 update
47. UNICEF (2018) Child Marriage in West and Central Africa: At a Glance
48. UNICEF (2019) Nigeria Education Factsheet
49. UNICEF (2016/17) Nigeria Multiple Indicator Cluster Survey https://www.unicef.org/nigeria/reports/multiple-indicator-cluster-survey-2016-17-mics
50. World Bank (2020) https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ZW
51. World Bank (2021) https://www.worldbank.org/en/country/nigeria/publication/nigeria-economic-update-resilience-through-reforms 15 June 2021 update
52. OCHA Nigeria (2019) https://www.humanitarianresponse.info/en/operations/nigeria/3ws
53. OCHA Nigeria (2021) https://www.humanitarianresponse.info/en/document/nigeria-2021-humanitarian-response-plan
54. UNFPA (n/d) Draft Mid Term Review of the UNFPA 7th Country Programme (2014-2017)
55. Partners West Africa Nigeria (2021) VAPP Tracker https://www.partnersnigeria.org/vapp-tracker/
56. UNSDPF (2018) UN Development Assistance Framework for Nigeria
57. Nigeria/UN Sustainable Development Partnership Framework 2018-2022 https://www.ng.undp.org
58. UN Common Country Assessment of Nigeria 2017
59. UNDP (2020) Human Development Report: Nigeria http://hdr.undp.org
60. HERA (2020) Spotlight Initiative: Nigeria Programme Mid Term Assessment
61. World Economic Forum (2021) Global Gender Gap Report, March 2021 https://www.weforum.org/reports/global-gender-gap-report-2021
62. UNFPA (2021) https://nigeria.unfpa.org/en/events/handover-ceremony-dignity-kits-and-items-under-un-basket-fund-project-risk-communication-and

National Strategies, Policies, Action Plans, Research Reports

63. National Bureau of Statistics (2019) Poverty and Inequality in Nigeria
64. National Population Commission (2011) https://nationalpopulation.gov.ng
65. https://sustainabledevelopment.un.org/memberstates/nigeria
66. National Population Commission (2018) National Demographic Health Survey
67. PMA2020 Abortion Survey Results: NIGERIA https://www.pmadata.org/sites/default/files/data_product_results/NG-AbortionModule-Brief-v2-2020-03-18.pdf
68. GoN Nigeria Vision 20:2020 (NV20:2020)
69. GoN Nigeria Vision 20:2030 (NV20:2030)
70. Federal Ministry of Health (2018) Second National Strategic Health Development Plan 2018-2022
71. FMoH (2016) National Health Policy 2016
72. FMoH (2020) Revised Family Planning Blueprint
73. FMoH (2018) Nigeria HIV/AIDS indicator and Impact a survey 2018 Technical report
74. FMoH (2006) National Policy on the Health & Development of Adolescents & Young People in Nigeria
75. FMoH (2018) National Strategic Health Development Plan 2018-2022

76. FMoH (2019) Annual Health Sector Report
77. FMoH Nigeria Health Logistics Management Information System
78. FMoH (2021) National Adolescent Health and Development Policy (2021- 2025)
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Annex I: Implementation Rate

Implementation rate by implementing partner by year

2018				
IA Code	Implementing Partner	Budget (KK)	Budget Utilization	Budget Utilization Rate
PGNG02	Abia State Planning Commission	42,293.21	33,524.43	79.27
PGNG05	Adamawa State Planning Commiss	71,123.00	71,028.27	99.87
PGNG08	Akwa Ibom State Planning Commi	44,845.52	43,207.32	96.35
PGNG11	Benue State Planning Commissio	52,121.72	29,981.43	57.52
PGNG14	Borno State Ministry of Financ	289,656.64	288,421.38	99.57
PGNG17	Ebonyi State Planning Commissi	59,979.38	51,814.13	86.39
PGNG20	FCT Budget and Planning Secret	138,082.47	11,347.13	8.22
PGNG23	Imo State Planning Commission	55,207.00	44,692.67	80.95
PGNG26	Kaduna State Planning Commissi	421,014.82	147,143.79	34.95
PGNG32	Lagos State Ministry of Econom	206,177.94	195,314.35	94.73
PGNG35	Ogun State Bureau of Budget an	70,722.97	63,710.36	90.08
PGNG38	Sokoto State Ministry of Budge	203,622.97	152,172.18	74.73
PGNG40	National Planning Commission	65,000.00	35,500.73	54.62
PGNG41	Federal Ministry of Health	606,048.35	381,788.23	63
PGNG42	National Population Commission	376,563.72	376,417.47	99.96
PGNG43	Ferderal Ministry of Women Aff	368,148.18	368,129.22	99.99
PGNG44	Federal Ministry of Youth Deve	7,501.93	7,504.48	100.03
PGNG46	Nat Pri Health Care Dev Agency	0	0	0
PGNG49	Cross River Dept Of Int Dev Co	53,150.27	52,070.36	97.97
PGNG52	Ondo Pri HealthCare Dev Board	96,279.01	77,848.43	80.86
PGNG53	News Agency of Nigeria	56,265.89	55,714.56	99.02
PGNG54	Gombe State Min of Econ Planni	30,120.23	30,018.84	99.66
PGNG55	Yobe State Min of Budget & Eco	61,960.00	59,785.06	96.49
PN5562	Fistula Foundation Nigeria	72,435.25	71,810.92	99.14
PN5631	Association for R & F Health	107,644.49	93,972.86	87.3
PN5701	PLANNED PARENTHOOD FEDERATION	65,217.74	64,007.72	98.14
PN6005	Center For Population & RH, UI	32,833.83	27,404.52	83.46
PN6018	Action Health Incoporated	217,104.94	210,781.20	97.09
PN6019	Education as a Vaccine	53,843.91	52,722.82	97.92
PN6020	Civil Resource Dev & Doc Centr	73,553.63	72,393.50	98.42
PN6021	Marie Stopes Int. Nigeria	171,030.00	159,815.48	93.44
PN6112	John Snow Inc	387,363.00	299,106.19	77.22
PN6170	NIGERIAN RED CROSS SOCIETY	686,590.19	658,519.29	95.91
PN6311	Population and RH Initiative	294,084.60	290,573.97	98.81
PN6391	Actionaid Nigeria	189,692.00	188,527.55	99.39

PN6436	FHI 360 Nigeria	445,224.00	417,529.14	93.78
PN6524	Int Soc of Media in Pub Health	121,872.53	121,411.55	99.62
PN6527	SULTAN FOUNDATION FOR PEACEDE	82,929.21	82,724.72	99.75
PN6669	Royal Heritage Health Foundati	475,922.15	471,881.72	99.15
PN6719	Plan International Nigeria	300,189.68	298,267.71	99.36
PN6756	CARE International in Nigeria	347,927.39	340,534.69	97.88
PN6779	Health Policy Trg & Res Prog	53,799.89	48,986.90	91.05
PN6879	Women's Health & Action RC	57,906.10	56,073.73	96.84
PN6886	YOUTH HUB AFRICA - NG	114,849.38	58,266.29	50.73
PN6920	Wellbeing Foundation Africa	10,841.00	10,810.25	99.72
PN6950	Conversations for Social Chang	94,489.65	94,472.28	99.98
PU0074	UN POPULATION FUND	18,539,119.02	12,297,757.77	66.33

2019				
IA Code	Implementing Partner	Budget (KK)	Budget Utilization	Budget Utilization Rate
PGNG02	Abia State Planning Commission	41,861.78	37,639.50	89.91
PGNG05	Adamawa State Planning Commiss	27,610.67	26,974.03	97.69
PGNG08	Akwa Ibom State Planning Commi	45,478.87	44,671.06	98.22
PGNG11	Benue State Planning Commissio	91,572.03	77,328.60	84.45
PGNG14	Borno State Ministry of Financ	1,016,371.98	948,382.86	93.31
PGNG17	Ebonyi State Planning Commissi	56,789.65	54,005.13	95.1
PGNG20	FCT Budget and Planning Secret	204,874.17	181,560.55	88.62
PGNG23	Imo State Planning Commission	72,562.76	70,705.00	97.44
PGNG26	Kaduna State Planning Commissi	605,442.39	453,064.04	74.83
PGNG32	Lagos State Ministry of Econom	113,354.49	111,946.49	98.76
PGNG35	Ogun State Bureau of Budget an	47,975.73	41,233.20	85.95
PGNG38	Sokoto State Ministry of Budge	142,324.93	129,691.04	91.12
PGNG40	National Planning Commission	223,595.38	210,972.77	94.35
PGNG41	Federal Ministry of Health	241,610.48	224,539.84	92.93
PGNG42	National Population Commission	89,999.99	48,848.84	54.28
PGNG43	Ferderal Ministry of Women Aff	86,198.09	86,010.15	99.78
PGNG44	Federal Ministry of Youth Deve	49,361.19	37,417.90	75.8
PGNG46	Nat Pri Health Care Dev Agency	41,475.55	41,475.55	100
PGNG49	Cross River Dept Of Int Dev Co	38,764.16	36,547.57	94.28
PGNG52	Ondo Pri HealthCare Dev Board	60,793.97	50,431.69	82.96
PGNG53	News Agency of Nigeria	30,000.00	20,661.78	68.87
PGNG54	Gombe State Min of Econ Planni	78,524.27	78,363.66	99.8
PGNG55	Yobe State Min of Budget & Eco	20,379.63	19,912.80	97.71
PN5562	Fistula Foundation Nigeria	669,209.02	636,885.83	95.17

PN5631	Association for R & F Health	87,786.75	87,793.28	100.01
PN5701	PLANNED PARENTHOOD FEDERATION	287,084.12	282,546.99	98.42
PN6005	Center For Population & RH, UI	651,491.13	577,245.34	88.6
PN6018	Action Health Incoporated	274,254.77	271,255.66	98.91
PN6019	Education as a Vaccine	107,199.59	100,792.07	94.02
PN6020	Civil Resource Dev & Doc Centr	39,775.12	39,770.27	99.99
PN6021	Marie Stopes Int. Nigeria	105,581.15	85,940.88	81.4
PN6112	John Snow Inc	578,348.65	566,380.45	97.93
PN6170	NIGERIAN RED CROSS SOCIETY	29,226.00	23,988.86	82.08
PN6436	FHI 360 Nigeria	268,628.01	185,905.77	69.21
PN6524	Int Soc of Media in Pub Health	246,703.19	243,687.82	98.78
PN6527	SULTAN FOUNDATION FOR PEACEDE	121,930.80	119,445.67	97.96
PN6669	Royal Heritage Health Foundati	1,705,987.66	1,640,016.05	96.13
PN6756	CARE International in Nigeria	232,586.73	204,652.00	87.99
PN6779	Health Policy Trg & Res Prog	30,000.00	29,245.91	97.49
PN6879	Women's Health & Action RC	118,125.31	61,917.26	52.42
PN6886	YOUTH HUB AFRICA - NG	147,896.92	145,272.69	98.23
PN6920	Wellbeing Foundation Africa	21,390.00	18,180.53	85
PN7043	Centre for Girls' Education	817,228.44	782,906.86	95.8
PN7107	Neem Foundation	146,343.90	103,309.60	70.59
PU0074	UN POPULATION FUND	20,885,275.21	15,609,988.85	74.74

2020				
IA Code	Implementing Partner	Budget (KK)	Budget Utilization	Budget Utilization Rate
PGNG02	Abia State Planning Commission	45,169.00	40,516.42	89.7
PGNG05	Adamawa State Planning Commiss	141,612.88	130,359.00	92.05
PGNG08	Akwa Ibom State Planning Commi	35,976.08	6,533.35	18.16
PGNG11	Benue State Planning Commissio	54,928.84	33,438.88	60.88
PGNG14	Borno State Ministry of Financ	632,106.59	598,357.56	94.66
PGNG17	Ebonyi State Planning Commissi	126,485.38	112,522.16	88.96
PGNG19	FCT Health Secretariat	0	0	0
PGNG20	FCT Budget and Planning Secret	52,694.59	51,151.88	97.07
PGNG23	Imo State Planning Commission	19,405.30	4,635.90	23.89
PGNG26	Kaduna State Planning Commissi	226,146.02	189,742.27	83.9
PGNG32	Lagos State Ministry of Econom	314,849.29	179,235.22	56.93
PGNG35	Ogun State Bureau of Budget an	137,093.30	115,211.59	84.04
PGNG38	Sokoto State Ministry of Budge	342,409.66	205,595.24	60.04
PGNG40	National Planning Commission	173,234.79	85,996.45	49.64
PGNG41	Federal Ministry of Health	163,393.44	157,584.88	96.45

PGNG42	National Population Commission	127,733.23	90,168.95	70.59
PGNG43	Ferderal Ministry of Women Aff	172,546.74	100,624.40	58.32
PGNG44	Federal Ministry of Youth Deve	35,042.39	29,720.56	84.81
PGNG46	Nat Pri Health Care Dev Agency	40,000.00	36,487.49	91.22
PGNG49	Cross River Dept Of Int Dev Co	57,082.23	34,564.55	60.55
PGNG52	Ondo Pri HealthCare Dev Board	76,284.73	63,887.05	83.75
PGNG53	News Agency of Nigeria	110,996.60	90,617.31	81.64
PGNG54	Gombe State Min of Econ Planning	195,577.64	180,357.27	92.22
PGNG55	Yobe State Min of Budget & Eco	115,226.39	112,746.34	97.85
PN5562	Fistula Foundation Nigeria	397,878.15	384,021.03	96.52
PN5631	Association for R & F Health	187,441.38	185,979.22	99.22
PN5701	PLANNED PARENTHOOD FEDERATION	472,264.20	395,892.38	83.83
PN6005	Center For Population & RH, UI	774,573.67	720,120.87	92.97
PN6018	Action Health Incoporated	604,564.38	598,455.38	98.99
PN6019	Education as a Vaccine	140,603.50	115,301.25	82
PN6020	Civil Resource Dev & Doc Centr	52,585.71	26,239.29	49.9
PN6021	Marie Stopes Int. Nigeria	100,005.94	92,828.72	92.82
PN6112	John Snow Inc	634,113.86	520,988.29	82.16
PN6170	NIGERIAN RED CROSS SOCIETY	101,340.46	92,985.76	91.76
PN6436	FHI 360 Nigeria	494,332.82	492,322.02	99.59
PN6524	Int Soc of Media in Pub Health	310,421.43	202,802.66	65.33
PN6527	SULTAN FOUNDATION FOR PEACEDE	45,848.90	38,173.68	83.26
PN6669	Royal Heritage Health Foundation	1,414,365.96	1,376,569.80	97.33
PN6756	CARE International in Nigeria	132,108.00	129,988.27	98.4
PN6779	Health Policy Trg & Res Prog	46,500.00	43,413.57	93.36
PN6879	Women's Health & Action RC	117,171.15	58,074.99	49.56
PN6886	YOUTH HUB AFRICA - NG	431,487.32	400,658.62	92.86
PN6920	Wellbeing Foundation Africa	21,090.68	20,139.13	95.49
PN7043	Centre for Girls' Education	1,104,318.55	1,096,644.21	99.31
PN7107	Neem Foundation	1.82	1.82	100
PN7129	Centre for Communication Impact	0	0	0
PN7192	Centre For Comm and Soc Impact	133,316.15	125,389.88	94.05
PN7193	Clear View Integrity Foundatio	85,312.97	82,809.42	97.07
PN7194	Developm. Initiative W.Africa	136,709.29	112,374.63	82.2
PN7195	Gender and Development Action	107,720.22	50,932.03	47.28
PN7197	The Women's Helping Hands	235,200.07	197,837.55	84.11
PN7198	Ebonyi Women Initiative	44,988.80	38,414.06	85.39
PU0074	UN POPULATION FUND	20,404,862.42	13,769,735.52	67.48

2021 (January to September)

IA Code	Implementing Partner	Budget (KK)	Budget Utilization	Budget Utilization Rate
PGNG02	Abia State Planning Commission	38,257.82	30,340.80	79.31
PGNG05	Adamawa State Planning Commiss	250,483.04	250,461.89	99.99
PGNG11	Benue State Planning Commissio	46,404.91	40,681.98	87.67
PGNG14	Borno State Ministry of Financ	620,875.45	449,763.16	72.44
PGNG17	Ebonyi State Planning Commissi	145,323.41	104,857.59	72.15
PGNG20	FCT Budget and Planning Secret	57,515.04	29,917.83	52.02
PGNG23	Imo State Planning Commission	57,370.88	54,644.30	95.25
PGNG26	Kaduna State Planning Commissi	359,559.88	254,296.55	70.72
PGNG32	Lagos State Ministry of Econom	146,792.77	116,020.45	79.04
PGNG35	Ogun State Bureau of Budget an	89,872.99	80,081.43	89.11
PGNG38	Sokoto State Ministry of Budge	328,696.42	278,376.15	84.69
PGNG40	National Planning Commission	120,989.16	21,712.58	17.95
PGNG41	Federal Ministry of Health	388,828.32	126,157.88	32.45
PGNG42	National Population Commission	100,000.00	41,064.12	41.06
PGNG43	Ferderal Ministry of Women Aff	230,625.62	165,594.60	71.8
PGNG44	Federal Ministry of Youth Deve	62,345.48	35,273.84	56.58
PGNG46	Nat Pri Health Care Dev Agency	20,000.00	12,760.38	63.8
PGNG49	Cross River Dept Of Int Dev Co	110,729.73	94,589.07	85.42
PGNG52	Ondo Pri HealthCare Dev Board	63,624.53	42,543.13	66.87
PGNG53	News Agency of Nigeria	122,266.06	66,417.27	54.32
PGNG54	Gombe State Min of Econ Planni	122,562.94	107,514.71	87.72
PGNG55	Yobe State Min of Budget & Eco	112,388.75	98,247.84	87.42
PGNG56	Department of multilateral don	82,257.03	78,551.66	95.5
PN5562	Fistula Foundation Nigeria	348,427.74	234,737.61	67.37
PN5631	Association for R & F Health	118,823.80	108,022.82	90.91
PN5701	PLANNED PARENTHOOD FEDERATION	339,576.87	312,039.27	91.89
PN6005	Center For Population & RH, UI	444,083.03	345,295.34	77.75
PN6018	Action Health Incoporated	492,007.40	485,043.98	98.58
PN6019	Education as a Vaccine	116,754.04	91,864.05	78.68
PN6020	Civil Resource Dev & Doc Centr	137,022.14	82,612.39	60.29
PN6021	Marie Stopes Int. Nigeria	91,345.90	84,167.24	92.14
PN6112	John Snow Inc	601,954.52	432,360.27	71.83
PN6170	NIGERIAN RED CROSS SOCIETY	81,605.52	54,543.37	66.84
PN6524	Int Soc of Media in Pub Health	41,001.00	10,657.35	25.99
PN6527	SULTAN FOUNDATION FOR PEACEDE	153,848.20	145,358.08	94.48
PN6669	Royal Heritage Health Foundati	1,108,755.76	1,098,642.18	99.09

PN6756	CARE International in Nigeria	619,186.00	382,746.94	61.81
PN6779	Health Policy Trg & Res Prog	50,000.00	44,378.99	88.76
PN6879	Women's Health & Action RC	174,469.83	173,527.05	99.46
PN6886	YOUTH HUB AFRICA - NG	628,892.23	602,375.89	95.78
PN6920	Wellbeing Foundation Africa	9,325.00	8,705.24	93.35
PN7043	Centre for Girls' Education	376,778.06	368,101.79	97.7
PN7192	Centre For Comm and Soc Impact	105,080.01	104,429.22	99.38
PN7193	Clear View Integrity Foundatio	113,613.43	101,054.02	88.95
PN7194	Developm. Initiative W.Africa	216,744.15	213,930.14	98.7
PN7195	Gender and Development Action	97,974.41	85,858.20	87.63
PN7197	The Women's Helping Hands	455,626.50	454,158.36	99.68
PN7198	Ebonyi Women Initiative	54,312.28	51,960.91	95.67
PU0074	UN POPULATION FUND	18,667,155.17	14,764,505.42	79.09

Implementation rate by Funding Source by Year

2018			
Fund Code	Total Programme Funds Available for Budgeting	Budget Utilization	Budget Utilization Rate
3006E	324,400.00	319,014.65	98.34
3FPBF	50,701.88	50,701.88	96.6
CAA44	400,120.83	399,068.99	95.01
CAA54	434.79	0.00	0
CAA69	22,947.90	22,947.90	2.31
CAA80	1,433,682.00	1,433,682.00	99.8
EUA98	62,525.23	61,949.78	86.56
FGA08	231,481.48	231,481.48	100
FPA90	5,304,000.00	5,270,206.20	99.29
KRA15	1,185.18	0	0
KRA25	233,705.29	233,705.29	83.77
NGA08	4,232.17	2,764.16	99.85
NGA20	107,204.06	107,204.06	95.07
NGA21	2.55	2.55	0
NGA24	5,078.01	5,078.00	95.56
NGA25	125,248.74	125,248.74	32.94
NGA26	1,075,588.72	1,074,492.72	36.72
NGA27	129,229.05	129,229.05	78.36
NGA31	6,293.44	6,293.44	43.33
NGA32	1,288.66	1,288.66	23.55
NGA33	0	0	0
NIA01	115,858.31	115,858.31	31.16

2019			
Fund Code	Total Programme Funds Available for Budgeting	Budget Utilization	Budget Utilization Rate
3006E	338,440.00	320,590.43	94.72
3FPBF	62,615.87	62,615.87	97.75
CAA44	0	0	0
CAA69	1,873,972.74	1,873,972.75	83.25
CAA80	811.35	0	0
CAA89	274,959.44	274,959.44	97.2
EUA98	17,704.69	17,653.08	99.25
FGA08	3,494.17	3,494.17	5.1
FPA90	5,349,525.00	5,323,387.26	96.43
KRA25	2,291,334.94	2,291,334.94	92.91
NGA08	0.00	0	0
NGA20	3,533.21	3,533.21	99.27
NGA25	374,060.57	374,060.57	74.49
NGA26	2,517,986.36	2,517,986.36	50.46
NGA27	32,569.80	32,569.80	98.05
NGA31	5,372.33	5,372.33	50.04
NGA32	57,666.56	57,666.56	80.74
NGA33	107,332.73	107,332.73	92.06
NIA01	373,652.75	373,652.75	90.75
NOA67	757,875.73	757,875.73	56
NOA76	281,515.50	281,515.50	67.45
UDC64	960,822.99	960,822.99	39.71

NOA67	71,623.38	71,623.38	7.71
UKA64	183,832.21	183,832.21	63.34
UKB23	2,002,783.28	2,002,783.28	53.29
UOC25	41,400.91	41,291.67	99.75
UOC26	59,822.60	56,531.43	94.84
UOC32	585,738.05	585,737.21	100.19
UOC33	1,003,633.96	1,003,053.75	99.85
UOC41	367,499.37	367,499.37	95.25
UOC42	443,398.39	443,398.39	96.99
UOC44	341,227.50	341,145.72	91.04
UOF82	0	0	0
UOF83	0	0	0
UOG14	35,841.75	35,724.71	92.87
UOG71	77,990.13	77,990.13	16.2
UQA66	92,844.81	92,844.57	90.14
UQA68	133,006.77	133,006.77	75.97
ZZH05	376,231.55	376,231.55	98.99
ZZJ29	467,483.20	465,055.09	98.7
ZZM14	0	0	0
ZZT03	42,502.45	41,936.36	98.75
ZZT05	2,958,583.52	2,944,921.20	88.04
ZZT06	241,953.73	216,307.94	89.89
Total	19,162,605.85	19,071,132.59	72.29

UKA64	110,905.68	42,310.74	39.76
UKB23	5,283,838.87	5,081,642.96	96.45
UOC41	7,116.22	0	0
UOC42	24,734.22	22,859.28	53.95
UOC44	33,832.88	29,814.97	84.8
UOC61	637,351.79	637,351.79	98.38
UOG71	613,532.62	606,763.99	93.09
UQA68	16,334.69	16,035.88	81.11
UQA70	150,460.56	150,460.56	81.56
WFP05	183,529.22	173,384.81	94.14
ZZH05	3,925.65	2,640.53	68.94
ZZJ29	563,953.54	514,949.36	95.13
ZZT03	0	0	0
ZZT05	1,712,172.81	1,681,622.95	98.33
ZZT06	261,278.71	249,300.05	95.32
Total	25,288,214.19	24,849,534.34	80.16

2020			
Fund Code	Total Programme Funds Available for Budgeting	Budget Utilization	Budget Utilization Rate
3006E	488,850.00	451,664.74	84.13
3FPBF	44,225.58	42,620.55	90.54
CAA69	1,851,204.66	1,847,993.87	82
CAA89	0	0	0
CHA45	396,223.86	394,210.51	98.2
FGA08	17,623.44	17,623.44	62.97
FPA90	5,773,176.00	5,190,417.18	90.02
KRA25	1,439,818.16	1,439,818.16	88.94
NGA20	93,566.34	93,566.34	47.42
NGA25	125,126.66	125,126.66	79.05
NGA26	1,656,586.37	1,656,586.37	45.93
NGA27	117,453.13	117,453.13	49.18
NGA31	3,589.76	3,589.76	44.21
NGA32	5,969.86	5,969.86	38.75
NGA33	4,259.50	4,259.50	96.93
NGA34	119,607.87	119,607.87	94.91
NGA35	8,344.16	8,344.16	52.38
NIA01	139,620.37	139,620.37	72.02
NOA67	939,827.07	939,827.07	78.98
NOA76	431,125.73	426,926.67	98.74
NOA81	163,069.48	163,069.48	32.8
UDC64	2,170,650.97	2,167,893.64	73.54
UDE13	744,051.58	744,051.58	32.8
UKA64	0.00	0	0
UKB41	4,672,318.73	4,672,318.73	88
UOC61	4,775.95	0	0
UOC85	227,684.59	227,684.59	96.05
UOC86	348,166.46	348,166.46	95.31
UOH60	4,965.31	4,965.31	1.74
UQA70	40,383.09	39,418.13	98
UQA72	71,203.21	71,203.21	68.43
WFP05	266,120.01	262,940.25	93.94
ZZJ29	584,920.47	532,507.46	74.88
ZZT05	1,929,746.53	1,313,899.27	74.07
ZZT06	283,241.08	282,613.12	99.79
ZZT07	163,194.82	163,194.82	90.74
Total	25,330,690.80	24,019,152.26	74.76

2021 (January to September)			
Fund Code	Total Programme Funds Available for Budgeting	Budget Utilization	Budget Utilization Rate
3FPBF	50,751.83	16,027.48	31.58
CAA69	1,632,286.46	892,719.66	54.69
CHA45	119,219.28	92,485.35	96.47
DKA57	13,500.00	0	0
FPA90	5,732,568.00	4,134,234.54	73.29
KRA25	625,383.96	510,472.18	81.63
NGA20	103,766.41	63,126.10	71.07
NGA25	265,910.06	237,558.14	79.05
NGA26	2,738,942.16	2,662,662.59	97.21
NGA27	121,391.59	115,817.19	73
NGA31	4,530.55	2,927.95	65.4
NGA32	9,436.91	6,686.68	95.86
NGA33	134.79	0	0
NGA34	12,092.90	9,309.76	81.36
NGA35	16,234.68	14,223.11	97.55
NIA01	99,944.56	55,278.72	54.75
NOA67	721,082.98	351,082.99	85.28
NOA81	314,926.74	311,358.31	98.87
NOA84	528,560.19	30,524.40	13.23
UDC64	2,790,575.53	2,622,586.67	93.46
UDE13	2,356,630.51	2,164,151.50	91.83
UDH13	98.19	0	0
UKB11	0	0	0
UKB41	5,400,781.91	4,569,082.06	84.6
UOC85	5,915.41	5,072.98	44.52
UOC86	161,168.55	150,341.14	49.24
UOH60	2,240,164.60	2,228,707.09	99.47
UOH61	0	0	0
UOH89	2,051,266.36	0	0
UQA72	20,735.80	20,415.19	98.45
UQA73	92,870.37	62,692.46	67.51
ZZJ29	934,579.44	570,337.24	61.03
ZZT05	1,542,383.18	1,064,589.34	69.02
ZZT06	284,000.00	208,940.39	73.57
ZZT07	466,700.50	239,082.23	51.23
Total	31,458,534.40	23,412,493.44	79.85