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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Nigeria

Proposed indicative UNFPA assistance:	\$145.1 million: \$32.5 million from regular resources and \$112.6 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027

I. Programme rationale

1. The estimated population of Nigeria of 216 million¹ and its annual growth rate of 3.2 per cent are driven by a total fertility rate of 5.3. This rate is higher among rural households (5.9) and uneducated and poorest households (6.7). The population is expected to reach 400 million by 2050, making Nigeria the third most populous country globally. Women of childbearing age make up 24.8 per cent of the population and young people (aged 10-24 years) account for 31.7 per cent. Sixty-three per cent of the population is under 25 years old and 49.3 per cent is female.

2. Nigeria faces complex humanitarian and public health emergencies. These include protracted armed conflicts in the north-east, banditry in the north-west, refugees in the south-south and north-central zones, and flash floods nationwide. Climate change has increased deforestation and the drying of water bodies and crop failure, thereby heightening the humanitarian situation and negatively impacting women and girls' access to sexual and reproductive health. This situation is compounded by pervasive social norms that affect women's and girls' health-seeking behaviour and bodily autonomy.

3. About 95.1 million people, 42 per cent, are at risk of being left behind due to the high rate of poverty in a country with a Gini index of 35, a human development index of 0.35, and a gender equality index of 0.33. The COVID-19 pandemic and the global crisis have impacted the national economy and health-care system. More than half of the rural population (52.1 per cent) live below the national poverty line, compared with 18 per cent of the urban population. The rural population is vulnerable to paying out-of-pocket health and education expenditures. Therefore, progress towards the Sustainable Development Goals (hereafter, the Goals) requires more investments and accelerated efforts to reach women, adolescent girls and young people. The country has been a democracy for 22 years; recently, there have been agitations, protests and strikes due to socioeconomic inequalities. To mitigate them, the Government has initiated social protection schemes and policy reforms across all sectors. However, these schemes and reforms have not been adequately financed, and the health allocation in the federal budget stands at a low of 4.3 per cent.

4. Health indices vary across geopolitical zones, socioeconomic groups and residences. The modern contraceptive prevalence rate is 12.1 per cent among married women and ranges from 2 per cent in Yobe and Sokoto States to 29 per cent in Lagos State. Thirty-six per cent of married women have a demand for family planning while 19 per cent have an unmet need for family planning. The demand for family planning is lowest among married women in the north-west (21 per cent) and highest among women in the south-west (57 per cent). Fifty-seven per cent of sexually active unmarried women and 15 per cent of young married women have an unmet need for contraceptives.² This unmet need for contraceptives increases the likelihood of adolescent pregnancy, which is high at 122 per 1,000 adolescents (aged 15-19) and contributes to an increase in fistula, the maternal mortality ratio, and unsafe abortions. The Government is implementing the national family planning blueprint, 2022–2024, and clearly articulates the importance of family planning to achieve the Goals and reduce maternal morbidity, mortality, poverty and gender-based violence.

5. The maternal mortality ratio (576 per 100,000 live births in 2013) marginally decreased to 512 per 100,000 live births in 2018. The north-east and north-west have the highest maternal mortality ratio: 1,549 per 100,000 live births and 1,932 per 100,000 live births, respectively. There are also urban and rural variations, with a maternal mortality ratio of 828 per 100,000 live births in rural areas compared with 351 per 100,000 in urban areas. Despite efforts to improve skilled birth attendance, only slight progress has been recorded from 2008 (39 per cent) to 2018 (43 per cent). The low rate of skilled birth attendance at delivery contributes to the high maternal mortality. Health facility deliveries are lowest in the north-west (16 per cent) and highest in the south-east (82 per cent).

¹ National Population Commission, 2022.

² Nigeria demographic health survey, 2018.

6. Nigeria has the highest burden of fistula globally, accounting for 7.5 per cent of cases, with an estimated 332,000 women awaiting treatment. Annually, 13,000 new cases occur while only 3,000 are repaired; at the current rate, it will take 30 years or more to repair the backlog of cases, assuming no new cases occur. The high rates are driven by poor access to high-quality obstetric care and family planning, low socioeconomic status, rural residence, culture, religion, delay in seeking care and unskilled birth attendance. Fistula is more common in the north than the south. The majority of cases occur among adolescent mothers aged 15 or younger.

7. Despite improvements in HIV/AIDS services, evidence shows that certain groups are left behind and have poor access because of social, legal, cultural and policy constraints. While HIV prevalence is 1.4 per cent among 15 to 49-year-olds, the prevalence among females (1.9 per cent) is higher than males (1.1 per cent). Adolescent girls and young women ages 10 to 24 have the highest number (21,228) of new infections.³ Girls are less knowledgeable about HIV/AIDS (one in four) than boys (one in three).

8. Young girls and women face sexual and reproductive health challenges underlined by social norms and harmful traditional practices. Gender-based violence, female genital mutilation and child marriage are prevalent. Among women ages 15-49, 31 per cent have experienced physical violence, 9 per cent sexual violence and 6 per cent physical violence during pregnancy.⁴ The female genital mutilation prevalence rate among women ages 15-49 decreased from 25 per cent in 2013 to 19.6 per cent in 2018, 86 per cent of which occurs before the age of five. Ten per cent (20 million) of the 200 million who have been mutilated globally and 22 per cent (14.8 million) of the 68 million at risk of mutilation by 2030 are Nigerian women and girls. Child marriage has remained unchanged, with 43 per cent of women ages 20-24 married by the age of 18 years,⁵ resulting in an estimated 22 million child brides. It is estimated that this has increased to 45 per cent during the COVID-19 pandemic.

9. Populations affected by the protracted humanitarian crisis comprise 8.4 million people in the north-eastern States. Of them, 2.2 million are internally displaced persons, 1.5 million are returnees who lack essential services and livelihoods, and 3.9 million are members of host communities. These figures include an estimated 733,000 of the 1 million people in areas that are inaccessible to humanitarian actors. Eighty per cent of the displaced population in need of humanitarian aid (6,720,000) are women and girls who are disproportionately affected by the increased risk of gender-based violence, including sexual exploitation and abuse and harmful practices. Banditry has exposed 21 million to insecurity in the north-western and north-central States, with kidnapping of young women and girls in schools. About 66,899 refugees have relocated to host communities in the south-south, north-central and north-eastern States.

10. Adolescent girls face life cycle and gender-based challenges. The disparity in average years of schooling by the age of 18 shows a gender gap between girls (7.6 years) and boys (8.7 years) that predisposes girls to missing and dropping out of school, thereby limiting the fulfilment of their potential.⁶ Gender disparities also persist in sexual and reproductive health and rights. Eighty per cent of young men and 40 per cent of young women are able to make decisions about their health. Forty-six per cent of women can make decisions regarding their sexual and reproductive health and rights; 56 per cent reported that their husbands make decisions about their health care, while 11 per cent of married women are able to make these decisions. The disparities are driven by gender-biased social norms. Discriminatory and harmful gender norms, inadequate comprehensive life skills education, and lack of sanitary facilities and materials for the hygienic management of menstruation in schools severely reduce the likelihood of girls staying in school, thereby putting them at risk of gender-based violence, child marriage, adolescent pregnancy, and limited access to sexual and reproductive health information and services. These factors will increase their risk of being left behind.

³ National Agency for the Control of AIDS, 2019.

⁴ Nigeria demographic health survey, 2018.

⁵ Ibid.

⁶ Common country analysis, 2022.

11. The 2018 Nigeria demographic health survey report indicates that an estimated 7 per cent of household members above the age of five experience some level of difficulty in at least one functional domain – seeing, hearing, communication, cognition, walking or self-care with 3.3 per cent of adolescents and youth also having some form of disability. Limited disaggregated data prevent gender analysis of trends on women, girls, young people, those left behind and persons with disabilities. Factors affecting the health and well-being of young people facing physical or mental health challenges include discrimination, sexual abuse, stigma, social exclusion, lack of supportive facilities for physical movement, restricted access to health services, and limited opportunities for high-quality education and gainful employment. The Discrimination against Persons with Disabilities (Prohibition) Act 2018 was signed in 2019 to address these challenges.

12. The evaluation of the country programme, 2018-2022, showed that the UNFPA mandate was relevant to the Goals, the International Conference on Population and Development (ICPD) and the national policies and was responsive to changing needs. Achievements of the previous country programme include: (a) increased proportion of health facilities providing sexual and reproductive health services; (b) increased pool of skilled providers, improved access to emergency obstetric and neonatal care, and a reduced maternal mortality ratio; (c) increased number of new users of family planning services; (d) enactment of gender-sensitive laws, policies and frameworks, including the Violence against Persons (Prohibition) Act; (e) strengthened coordination of access to sexual and reproductive health/gender-based violence prevention and response services; and (f) establishment of a gender-based violence information management system for data collection and a forensic laboratory to increase access to justice for gender-based violence survivors. Lessons learned include: (a) spreading too thin and too many partners inhibited the impact of the programme; (b) the impact of capacity development was invisible due to high staff turnover among partners; and (c) the COVID-19 pandemic resulted in implementation delays and weak monitoring and evaluation.

13. UNFPA contributed to the common country analysis (CCA) and the United Nations Sustainable Development Cooperation Framework (UNSDCF), using its comparative advantage as the lead agency on data to contribute towards the Goals-related and ICPD achievements with universal access to family planning as a transformational initiative, in line with the recommendations in the national development plan, 2021-2025.

II. Programme priorities and partnerships

14. To achieve the vision “women and girls are empowered to claim and enjoy their sexual and reproductive health and rights and gender equality,” the programme will build on the lessons and best practices of the country programme, 2018-2022. The programme is aligned with the national development plan, 2021-2025; UNSDCF, 2023–2027; the 2030 Agenda for Sustainable Development; Agenda 2063 of the African Union; the ICPD Programme of Action; the ICPD+25 national action plan 2022; the UNFPA strategic plan, 2022-2025, and the national policy on population for sustainable development 2021. The programme will enable implementation and accelerated action towards achievement of the three transformative results in both development and humanitarian contexts, contributing to the achievement of Goals 1, 3, 5, 10, 13, 16 and 17.

15. In line with the country’s Nairobi summit ICPD+25 voluntary commitments, the programme will focus on: (a) ending unmet need for family planning and ending preventable maternal deaths through the integration of comprehensive sexual and reproductive health and rights services, including family planning, into universal health coverage for women, girls and young people ages 13-29; (b) preventing reproductive health morbidities, including fistula in all zones and mortalities among women and adolescent girls ages 13-29 in high burden States in the northwest and northeast zones; (c) accelerating the prevention of and response to gender-based violence in the northeast zone; (d) ending harmful practices, including child marriage, in high burden States in the northwest and northeast zones; and (e) ending female genital mutilation for women and adolescent girls ages 13 or more in high burden States in the southeast and southwest zones. Cross-cutting populations include young people ages 13-29, persons with disabilities, and persons living with HIV/AIDS. Furthermore, the programme will focus on upstream policy work to initiate dialogues and support implementation of a human rights-based approach to programming

for targeted age groups, ensuring gender mainstreaming and prioritization of their issues into key policies and frameworks.

16. The programme will also prioritize: (a) supporting the undertaking of a population and housing census in 2023 and rolling out a digital civil registration and vital statistics to provide disaggregated data for decision-making and to monitor the country's development; and (b) multisectoral advocacy at the national and State levels to develop domestic financing evidence for the three transformative results through State investments in the 'last mile' reproductive health commodities basket, and explore strategic partnerships and financing modalities for public-private partnerships for family planning.

17. Due to the diversity and complexity of the development situation, the programme will apply different accelerators to fast-track progress across the geopolitical zones based on their characteristics and the four outputs. Human rights, gender equality, and gender-transformative approaches will be cross-cutting and will address (a) sexual and reproductive health services and gender-based violence information and services; (b) social norms and practices that perpetuate inequalities and vulnerabilities; and (c) data and intelligence generation to monitor the progress of the transformative results and to inform evidence-based policy and programme development. In the south, partnerships, including public-private partnerships for resource mobilization and sustainable financing, will be leveraged alongside South-South and triangular cooperation and exchange and adoption of innovation, including digital solutions, to support the scaling up of high impact, evidence-based interventions. In the north, the programme will reach the furthest behind first, leaving no one behind and addressing inequalities and accountability, and will embrace a continuum to ensure continuity of life-saving services.

18. The programme will focus on 12 of the 36 States and the Federal Capital Territory (across six geopolitical zones) in partnership with: (a) the federal Government; (b) United Nations organizations; (c) national and international non-governmental organizations (NGOs); (d) civil society organizations (CSOs); (e) the private sector; and (f) communities and key populations. The States with the most vulnerable populations will be prioritized, ensuring accountability to affected persons through engagement and participation for ownership and resilient solutions for the sustainability of investments.

A. Output 1. Strengthened data systems that consider population change and other megatrends in development policies and programmes, especially those related to sexual and reproductive health, rights, gender-based violence and harmful practices, and those at risk of being left furthest behind

19. This output focuses on improving access to disaggregated, high-quality data and evidence to accelerate progress towards the Goals and the three transformative results. It will support the identification of those left furthest behind and contributes to UNSDCF outcome 1.4 on improved data for evidence-based and risk-informed planning and decision-making.

20. Interventions under this output focus on: (a) strengthening the capacity of the Government, civil society and the private sector to generate, report and use disaggregated data to monitor the ICPD+25 commitments and the Goals, especially sexual and reproductive health and gender-based violence indicators and sexual and reproductive health gaps, including gender and social norms, and the socioeconomic impact of population and climate changes to inform resilience strategies; (b) providing technical assistance on the use of technology, digitization and innovations in censuses and surveys on sexual and reproductive health and rights (including family planning, adolescent and youth sexual and reproductive health and development), gender, gender-based violence, harmful practices, adolescents and youth, including persons with disabilities, and developing investment cases and national transfer accounts to inform financing for the three transformative results; (c) spearheading development of demographic intelligence, gender and youth development indexes, adolescent health reports, the demographic dividend profile, and observatories to track progress in harnessing the demographic dividend; (d) delivering advocacy, awareness-raising and technical support for policies, plans and accountability frameworks on population change and data, and adolescent and youth development, for the roll-out of the digitization of civil registration and vital statistics; and (e) providing technical support

for strategic coordination and partnership for adolescent and youth programming, including the domestication and implementation of the national action plan on youth, peace and security.

B. Output 2. Strengthened capacities of national and subnational health systems to deliver quality, comprehensive, rights-based, accessible and affordable sexual and reproductive health information and services, including family planning, fistula and adolescent sexual and reproductive health services to the most vulnerable populations, youth and adolescents

21. This output focuses on strengthening national and subnational capacity to build sustainable and resilient health and social systems for the availability of quality services and information across the sexual, reproductive, maternal, newborn and adolescent health life course to accelerate progress towards the three transformative results. It contributes to UNSDCF outcome 3.1 on ensuring equitable access to and use of integrated, comprehensive, high-quality, people-centred health services and outcome 4.1 on ensuring vulnerable populations peace, security and protection from conflict, violence and crime.

22. Interventions under this output focus on: (a) disseminating information, raising awareness on and increasing access to comprehensive sexual and reproductive health services, including family planning, adolescent sexual and reproductive health, and HIV; (b) strengthening human resources for health to deliver high-quality comprehensive sexual and reproductive health services, including family planning and adolescent sexual and reproductive health, at health facilities and community levels; (c) strengthening procurement and supply chain management for reproductive health commodities; (d) building the capacities of skilled birth attendants to repair and reintegrate fistula survivors and to prevent fistula through the provision of quality emergency obstetric and neonatal care services and post-partum family planning; (e) providing essential information and services to prevent and respond to gender-based violence and harmful practices; (f) implementing inclusive adolescent, youth-led, age and gender-appropriate, culturally sensitive, innovative strategies for integrated, friendly sexual and reproductive health and rights and HIV/AIDS services, life skills, and comprehensive life skills education in-school and out-of-school, including for persons with disabilities; (g) promoting sustainable financing mechanisms for sexual and reproductive health and rights, especially family planning, through domestic resource mobilization and private sector engagement; (h) advocating for the implementation and monitoring of national commitments to ICPD+25, Family Planning 2030 and the Goals; (i) supporting policies, plans and accountability frameworks to generate evidence for the integration of sexual and reproductive health and rights, including family planning, maternal health, adolescent sexual and reproductive health and gender-based violence, into universal health care.

C. Output 3. Strengthened capacity of critical actors and systems in preparedness, early action and the provision of well-coordinated, multisectoral, integrated life and dignity-saving interventions that are timely, conflict and climate-sensitive, gender-transformative and peace-responsive in humanitarian settings

23. This output focuses on enhancing the preparedness and response to humanitarian, public health emergencies, and violence-related insecurity and climate change challenges for women and adolescent girls to achieve the three transformative results. It contributes to UNSDCF outcome 4.1 on ensuring vulnerable populations peace, security and protection from conflict, violence and crime.

24. Interventions under this output focus on: (a) delivering advocacy and technical assistance for the institutionalization of the minimum initial service package for sexual and reproductive health in emergencies; (b) strengthening the performance of facilities at the primary and referral level for contingency preparedness and response to improve access to life-saving sexual and reproductive health services, including mental health and psychosocial support and survivor-centred gender-based violence response services; (c) strengthening the institutional capacities of government agencies and NGOs to provide needs-based, age and context-specific gender-based

violence prevention, risk mitigation and response services, including protection and access to justice; (d) supporting implementation of sexual and reproductive health quality-of-care interventions, including self-care for family planning and maternal health; (e) enhancing inter-agency coordination of gender-based violence and sexual and reproductive health, and galvanizing collective action and accountability of partners in the call to action on protection from gender-based violence in emergencies; (f) strengthening the capacities of actors in programming to empower women, adolescent girls and youth as agents of change and active partners for peace, resilience-building, development and environmental protection in conflict-affected States; (g) strengthening the capacities of actors and institutions in gender-based violence information management in emergencies; (h) adopting innovations and digitization to empower young people to promote peace and security, end gender-based violence and harmful practices, and respond to irregular migration and climatic changes; and (i) implementing adolescent and youth-led, inclusive, age and gender-appropriate, culturally sensitive engagement strategies that build human capital for the demographic dividend in humanitarian settings, including persons with disabilities.

D. Output 4. Strengthened capacities and knowledge of government, CSOs and communities to address discriminatory gender and social norms that perpetuate gender-based violence and harmful practices and to provide high-quality, gender-sensitive, survivor-centred and rights-based services, including mental health and psychosocial support in development and humanitarian settings

25. This output focuses on gender equality for the full achievement of the three transformative goals; therefore, addressing social norms that perpetuate gender inequalities is paramount. It contributes to UNSDCF outcome 4.3 on ensuring gender equality and the human rights of women, youth and other marginalized groups, including persons with disabilities.

26. The Interventions under this output focus on: (a) advocating for the development, domestication and implementation of laws and policies, including the Violence against Persons (Prohibition) Act, and for resource mobilization, allocation and sustainable financing; (b) empowering rights' holders – increasing the self-efficacy of women, girls, young people and survivors, including men and boys, as agents of change for the prevention of gender-based violence and harmful practices through behaviour change communication and awareness-raising; (c) improving access to survivor-centred comprehensive, acceptable, affordable and high-quality services; (d) enhancing the effectiveness of forensic laboratories to ensure access to justice for survivors and ending impunity; (e) working with partners to ensure community engagements and dialogue with community leaders, security forces, CSOs, adolescents and youth, men and boys, and the media to end gender-based violence and harmful practices; (f) working to ensure the creation of evidence-based data through gender-based violence and harmful practices management information systems; (g) working through partnerships to ensure gender-based violence coordination and referral mechanisms in order to develop gender-responsive, integrated and resilient programmes for women and girls; (h) mitigating gender-based violence, including in digital spaces, and sexual exploitation and abuse risk through empowerment programmes for women, girls and gender-based violence survivors, in collaboration with other United Nations organizations and humanitarian partners, while building coalitions and movements for gender transformative social norms change; (i) adopting innovations and digitization to expand the participation and leadership of young people to promote access to sexual and reproductive health and gender-based violence information, services and response to end gender-based violence and harmful practices, (j) facilitating the implementation of policies and guidelines to improve access to sexual and reproductive health and rights, including family planning and gender-based violence, particularly among vulnerable populations.

III. Programme and risk management

27. The programme will be implemented through partners under the coordination of the Ministry of Finance, Budget, and National Planning. The ministry led the national consultations, which were inclusive and involved the participation of Governments, donors, United Nations

organizations, NGOs, CSOs (youth, women and people with disabilities-led), the private sector and the media. UNFPA is part of the UNSDCF coordination mechanisms under the Government and the Office of the United Nations Resident Coordinator. UNFPA leads the United Nations inter-agency group on youth, co-chairs the gender theme group, and contributes to other results and inter-agency groups. The mechanisms for monitoring and reporting at the programme outcome and output levels are aligned to the UNFPA results-based management policy.

28. The staffing structure will be aligned to fit programme needs and design, while taking advantage of technical assistance from the regional office and headquarters. Staffing costs for the programme will be structured to achieve balance through regular and other sources.

29. Risks that could impact programme delivery include: (a) the 2023 elections and changes in political dispensation; (b) escalation of insecurity and conflict, which could further exacerbate the gender-based violence crisis, deepen inequality and poverty, and increase the demand for basic services and social protection in vulnerable and hard-to-reach areas; (c) social norms that oppose gender equality, empowerment of women and girls, and sexual and reproductive health and rights can make implementation challenging (this could have consequences for gender equality, the prevention and response to sexual violence and gender-based violence, access to sexual and reproductive health services, and generating evidence and advocacy at the highest levels to inform decision-making on these issues; and (d) the COVID-19 pandemic could further stretch basic services and social protection and disrupt health systems, affecting programme results.

30. To mitigate risks, UNFPA will collaborate with other United Nations organizations to (a) undertake environmental and political scanning, and conflict analysis, to assess operational and political risks and to develop and implement a robust risk management plan; (b) conduct regular monitoring and revision of the UNSDCF and programme result matrix to reflect changes in national priorities; (c) continue working with the Government, CSOs and all partners to further build capacities in UNFPA-mandated areas while continuing with advocacy efforts to promote the ICPD Programme of Action and the 2030 Agenda; (d) strengthen partnerships with development partners and mobilize resources and support; (e) pursue alternative financing and funding options, including with the private sector and State governments; (f) explore and enhance low-cost innovation in the implementation of programme activities aimed at reaching vulnerable people, especially women and youth; (g) continue strengthening health systems to be resilient and to respond to the needs of people, especially women and girls, and especially in humanitarian and emergency settings; (h) re-programme funds, in consultation with the Government, in the case of emergencies (pandemics, natural disasters), as required, to respond to emerging issues within the UNFPA mandate.

31. Nigeria is a middle-income country with a relatively high gross domestic product, which means that partners are reluctant to make large investment in development and prioritize the protracted humanitarian crisis. This will impact the ability to raise funding. For this reason, there will be a strong focus on developing private sector sustainable financing models, including insurance models, in collaboration with the private sector, initially prioritizing the United Nations Global Compact members for Nigeria.

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

IV. Monitoring and evaluation

33. Based on the theory of change and recommendations of the evaluation of the country programme, 2018-2022, monitoring and evaluation of the programme will be aligned with the UNSDCF results framework and the indicators of the ICPD+25 national action plan and the Goals. To track the contribution of the programme to UNSDCF results, monitoring and evaluation will prioritize the reporting of quarterly milestones. The country office will ensure the alignment of programme reporting requirements with platforms used for UNSDCF reporting. UNFPA and

the Ministry of Finance, Budget, and National Planning will coordinate and oversee programme implementation and organize periodic programme reviews to track progress and contributions to national development priorities.

34. UNFPA and its partners will develop and implement a costed monitoring and evaluation plan to track progress towards targets and report programme results. This will include quarterly, midyear, annual review and end-of- country programme evaluation in line with the UNFPA results-based management approach. The sub-offices will implement the costed monitoring and evaluation plan.

35. In collaboration with the Government and other stakeholders, the programme will undertake joint monitoring to ensure transparency and sustain ownership. Routine monitoring visits, spot checks and other quality assurance measures will be implemented to track progress towards expected results and improve programme performance and effectiveness. Feedback will be used to improve programme performance, effectiveness and accountability.

RESULTS AND RESOURCES FRAMEWORK FOR NIGERIA (2023-2027)

NATIONAL PRIORITY: Be a country that has unlocked its potential in all sectors of the economy for sustainable, holistic and inclusive national development.				
UNSDCF OUTCOME: 1.4: By 2027, Nigeria has improved data for evidence-based and risk-informed planning and decision-making.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Proportion of Goals-related indicators that have been reported <i>Baseline: 47.3% (2016)</i> <i>Target: 80% (2027)</i> <u>Related UNFPA strategic plan outcome indicator(s):</u> Population and housing census conducted in the last 10 years <i>Baseline: 0 (2022)</i> <i>Target: 1 (2024)</i> 	<p><u>Output 1:</u> Strengthened data systems that consider population change and other megatrends in development policies and programmes, especially those related to sexual and reproductive health, gender-based violence and harmful practices, and those at risk of being left furthest behind.</p>	<ul style="list-style-type: none"> Number of data generation exercise (census 2023, Nigeria demographic health survey 2023, UNFPA supplies, demographic dividend profiles, emergency obstetrics and neonatal care/gender-based violence mapping) reports with UNFPA support. <i>Baseline: 10 (2022); Target: 20 (2027)</i> Number of supported States with institutional capacity to analyse and use disaggregated data to monitor Goals indicators. <i>Baseline: 10 (2022); Target: 20 (2027)</i> Number of supported States that reflect age appropriate and gender-responsive adolescent and youth health, development and well-being in multisectoral policies. <i>Baseline: 0 (2022); Target: 12 (2027)</i> 	<p>Ministry of Health, Ministry of Budget and Planning, Ministry of Youth and Sports, Ministry of Women Affairs, Ministry of Humanitarian Affairs, National Population Commission; National Bureau of Statistics; State governments; United Nations organizations; women, youth and faith-led organizations; organizations of persons with disabilities; professional associations; academia; the private sector; CSOs, including adolescent and youth-focused; private sector entities; State partners</p>	<p>\$12.6 million (\$8.1 million from regular resources and \$4.5 million from other resources)</p>
NATIONAL PRIORITY: Enable a vibrant, educated and healthy populace.				
UNSDCF OUTCOME: 3.1: By 2027, people in Nigeria have equitable access to and use integrated, comprehensive, high-quality, people-centred health services, towards attaining universal health coverage with a particular focus on AIDS, tuberculosis, malaria and sexual and reproductive health.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Proportion of births attended by skilled health personnel (Goal 3.1.2) as a proxy <i>Baseline: 43% (2018); Target: 57% (2027)</i> Maternal mortality rate (Goal 3.1.1) <i>Baseline: 512/100,000 (2018)</i> <i>Target: 288/100,000 (2027)</i> 	<p><u>Output 2:</u> Strengthened capacities of national and subnational health systems to deliver quality, comprehensive, rights-based, accessible and affordable sexual and reproductive health information and services, including family planning, fistula and</p>	<ul style="list-style-type: none"> Modern contraceptive prevalence rate. <i>Baseline: 12.1% (2022); Target: 20% (2027)</i> Number of new users of family planning services. <i>Baseline: 13,600,000 (2022); Target: 50,000,000 (2027)</i> Number of fistula repairs (surgery, catheterization/probe placement) with support from UNFPA. <i>Baseline: 5,800 (2022); Target: 60,000 (2027)</i> Number of persons with disabilities who have received services related to sexual and reproductive health, gender-based violence and harmful practices, including child early and forced marriage and female genital mutilation, with 	<p>Ministry of Health, Ministry of Budget and Planning, Ministry of Youth and Sport, Ministry of Education, Ministry of Humanitarian Affairs, National Bureau of Statistics, National Emergency Management Agency, National Midwifery Council; United Nations organizations; CSOs, (adolescent and youth-focused);</p>	<p>\$66.0 million (\$17.0 million from regular resources and \$49.0 million from other resources)</p>

<p><u>Related UNFPA strategic plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Unmet need for family planning <i>Baseline: 19% (2018); Target: 12%</i> • Percentage (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 32.5% (2018); Target: 48% (2027)</i> 	<p>adolescent sexual and reproductive health services, to the most vulnerable populations, youth, and adolescents.</p>	<p>UNFPA support. <i>Baseline: 0 (2022); Target: 500,000 (2027)</i></p> <ul style="list-style-type: none"> • Number of condoms distributed. <i>Baseline: 99,883,260 (2022); Target: 149,883,260 (2027)</i> 	<p>organizations of persons with disabilities; private sector entities; State partners</p>	
<p>NATIONAL PRIORITY: Build a solid framework and enhanced capacities to strengthen security and ensure good governance.</p>				
<p>UNSDCF OUTCOME: 4.3. By 2027, people in Nigeria, especially the most vulnerable, benefit from peace and security and protection from conflict, violence and crime through strengthened capacity and infrastructures.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> • Global peace index <i>Baseline: 147 (2022); Target: 100 (2027)</i> • Fragile States index ranking (global) <i>Baseline: 98.5 (2021); Target: 50 (2027)</i> 	<p>Output 3: Strengthened capacity of critical actors and systems in preparedness, early action and the provision of well-coordinated, multisectoral, integrated life and dignity-saving interventions that are timely, conflict and climate-sensitive, gender-transformative and peace-responsive in humanitarian settings.</p>	<ul style="list-style-type: none"> • Number of State-level information management systems in place to collect, analyse and disseminate data on gender-based violence. <i>Baseline: 4 (2022); Target: 13 (2027)</i> • Number of women and/or girls ages 13-29 reached with sexual and reproductive health and gender-based violence services (including family planning, HIV education, psychosocial support, legal counselling, case management, referral services, forensic, reproductive health kits, female dignity kits, rape kits) in humanitarian settings, <i>Baseline: 2,189,899 (2021); Target: 4,189,899 (2027)</i> • Number of women, adolescent girls and boys ages 13-29 actively participating in peacebuilding, development and environmental protection programmes in conflict-affected States. <i>Baseline: 0 (2022); Target: 1,000,000 (2027)</i> • Number of functional community protection mechanisms for vulnerable women and girls in internally displaced persons camps and host communities in humanitarian settings. <i>Baseline: 0 (2022); Target: 100 (2027)</i> 	<p>Ministry of Health, Ministry of Youth and Sports, Ministry of Women's Affairs; Ministry of Justice, Ministry of Humanitarian Affairs, National Bureau of Statistics, National Human Rights Commission; CSOs; organizations of persons with disabilities, youth and women; the media; academia, private sector entities</p>	<p>\$41.0 million (\$7.7 million from regular resources and \$33.3 million from other resources)</p>

NATIONAL PRIORITY: Build a solid framework and enhanced capacities to strengthen security and ensure good governance.				
UNSDCF OUTCOME: 4.3. Gender equality and the human rights of women, youth and other marginalized groups, including people living with disabilities, in Nigeria are enhanced.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF outcome indicators:</p> <ul style="list-style-type: none"> • Proportion of ever-partnered women and girls ages 15 and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months <i>Baseline: 29.5 (2018); Target: 20.1 (2027)</i> • Proportion of women and girls aged 15-49 years who have undergone female genital mutilation/cutting by age (Goal 5.3.2) <i>Women (aged 15-49 years): Baseline: 19.5 (2018); Target: 9.5 (2027)</i> <i>Girls (aged 0-14 years): Baseline: 19.2 (2018); Target: 14.2 (2027)</i> • Proportion of women aged 20-24 years who were married or in a union (a) before the age of 15 and (b) before the age of 18 (Goal 5.3.1) <i>Baselines: (a): 16%; (b): 43% (2018); Targets: (a): 10%; (b): 35% (2027)</i> 	<p>Output 4: Strengthened capacities and knowledge of government, CSOs and communities to address discriminatory gender and social norms that perpetuate gender-based violence and harmful practices, and to provide high-quality, gender-sensitive, survivor-centred, and rights-based services, including mental health and psychosocial support, in development and humanitarian settings.</p>	<ul style="list-style-type: none"> • Percentage of States with sexual assault referral centres and referral pathways to respond to gender-based violence. <i>Baseline: 3 (2022); Target: 12 (2027)</i> • Number of States with forensic laboratory to increase access to justice for gender-based violence survivors. <i>Baseline: 1 (2022); Target: 12 (2027)</i> • Number of adolescent girls participating in mentoring or vocational skills programmes and safe space sessions. <i>Baseline: 600 (2022); Target: 2,000 (2027)</i> • Number of State-level gender-based violence case information management systems in place to collect, analyse and disseminate data on gender-based violence in development settings. <i>Baseline: 0 (2022); Target: 12 (2027)</i> • Percentage of currently married women who participate alone or jointly with their husbands in decisions regarding their health care. <i>Baseline: 44% (2018); Target: 60% (2027)</i> 	<p>Ministry of Health, Ministry of Youth and Sports, Ministry of Women's Affairs, Ministry of Justice, Ministry of Humanitarian Affairs, National Bureau of Statistics, National Human Rights Commission; CSOs, organizations working with persons with disabilities, youth and women; the media, academia; private sector entities</p>	<p>\$24.3 million (\$6.0 million from regular resources and \$18.3 million from other resources)</p> <p>Programme coordination and assistance: \$1.5 million from regular resources</p>