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Multidisciplinary Regional Advisory Group

MISSION REPORT
PROGRAMME REVIEW AND STRATEGY DEVELOPMENT (PRSD) EXERCISE IN NIGERIA

Lagos (Nigeria), 31 August-21 September 1996

by

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BACKGROUND AND TERMS OF REFERENCE

1. UNFPA Assistance to Nigeria

The cooperation between the Government of Nigeria and the United Nations Population Fund (UNFPA) started in 1975 with a Maternal and Child Health including Family Planning (MCH/FP) programme. Since 1981, the Fund has been involved in developing, in cycles, comprehensive population country programmes of cooperation between it and the Nigerian government. The two first programmes covered the periods 1981-1985 and 1987-1991. As the life of the current programming cycle (1992-1996) will come to an end by December 1996, the Government has, in close collaboration with the UNFPA Field Office in Lagos, undertaken a *Programme Review and Strategy Development (PRSD)* exercise in order to review the third national population programme (3CP) and develop a coherent and comprehensive strategic framework for the next Population Country Programme (4CP) for the period 1997-2001.

As a rule, PRSD exercise are conducted by Regional Advisers based in UNFPA Country Support Team (CST) Offices located in Addis Ababa, Dakar and Harare. However, based on the new UNFPA policy, the PRSD mission should be led by a Team Leader independent from the selected CST Advisors. In this respect and following consultations between the Africa Division (UNFPA/AD) and the Technical Evaluation Division (UNFPA/TED), I was identified by UNFPA HQs as Team Leader for the PRSD mission in Nigeria. Consequently, a request from UNFPA/AD Director was sent to that effect on 26 April 1996 to the ECA Executive Secretary. By memo dated 3 May 1996 (Ref.ECA/MRAG/142/96), the Chief of ECA Programme, Planning, Finance and Evaluation Division (PPFE) advised UNFPA/AD of the concurrence of the Executive Secretary with their request. The roles and responsibilities during the PRSD exercise as well as the terms of reference (TOR) of the PRSD Team Leader are described herewith.

2. Definition of roles and responsibilities during the PRSD Exercise

According to a circular dated 18 june 1996 received from UNFPA/AD Director, the roles and responsibilities of all parties involved in the Nigeria PRSD exercise are as follow:

> "The UNFPA Representative is responsible for the completion of the PRSD exercise. One independent consultant will be assigned as Team Leader and Rapporteur of the PRSD mission. He or she will be responsible for the technical aspects of the PRSD exercise while a member of the UNFPA Office in Lagos will be responsible for the logistics requirement.
>
> UNFPA will provide national consultants for the sectoral reviews, consultants for the PRSD

mission; two drivers and one secretary for a total of two months each; office stationery; adequate room for meetings of the members of the team; and other miscellaneous items that may be necessary for the conduct of the PRSD exercise. UNFPA will also finance the necessary national workshops for the adoption of the draft Aide-Memoire for the formulation of the Fourth Nigeria Country Programme on Population.

UNFPA will be responsible for the reproduction of all documents required for timely completion of the PRSD exercise.

The Government is expected to assign a National Coordinator whose role will be to facilitate all contacts requested by the mission. The National Coordinator will be responsible for appointments with appropriate Government officials, representatives of key collaborating and donor agencies as well as NGOs involved in the population programme in Nigeria.

Given the diversity of the sectors to covered, it is hoped that the government will also assign an Assistant Coordinator to the mission. The Assistant Coordinator will perform duties given by the National Coordinator. A Government counterpart also is expected to be working closely with the national consultants recruited for each sectoral report.

Government is expected to provide the adequate conference room for all plenary sessions relating to the PRSD while UNFPA will support the cost for the above mentioned workshops".

3. Terms of Reference of the PRSD Team Leader

The aim of the PRSD exercise was to prepare and finalize a document which will serve as a basis for the development of UNFPA's fourth country programme (4CP) for Nigeria. The Nigeria PRSD mission was conducted with the support of four Regional Advisers from the Country Support Team (CST) in Addis Ababa and an independent Team-leader from the Economic Commission for Africa (ECA). He was charged with the following responsibilities:

a. Overall Task

The Team-Leader is responsible for the coordination of the PRSD exercise, compilation of the sectoral reports and finalizing the Aide-Memoire and the PRSD Report. He will maintain liaison between the team members, the Field Office, local counterparts and UNFPA HQs throughout the PRSD exercise. He will ensure that the PRSD mission fulfils its objectives and that a concise Aide-Memoire is submitted to the UNFPA Field Office before the end of the mission for use in the final debriefing session(s). The Team Leader will also assure delivery of a coherent, comprehensive PRSD Report to both the Field Office and Africa Division within three weeks of the end of the mission. Additionally, it is the responsibility of the Team-Leader to ensure that the mission gives due attention to the ICPD Programme of Action and the Dakar/Ngor Declaration (DND), with

emphasis on gender considerations, the programme approach, sustainability of the future programme and country specific issues. In this regard, particular attention will be paid to the three core thematic areas of UNFPA interventions [Population and Development Strategies (PDS), Reproductive Health including Family Planning and Sexual Health (RH/FP/SH), and Advocacy], national development plans, policies and strategies, the UN Country Strategy Note (CSN) if any, the programming cycles of JCGP partners, the national population policy and its action plan, etc.

b. Specific Tasks

Functioning within the general framework set above, the Team-Leader is charged with the specific responsibilities to:

- lead and coordinate the PRSD exercise; ensure that the three core areas (RH/FP/SH, Population and Development Strategies and Advocacy) and the programme approach constitute the focus of the PRSD recommendations;

- establish a workplan for the mission and hold regular meetings, as necessary, with members of the PRSD team to review accomplishments and plan future actions;

- maintain regular liaison with UNFPA Field Office with the view to keeping them informed of accomplishments and problems encountered;

- maintain regular liaison with UNFPA Field Office with the view to keeping them informed of accomplishments and problems encountered;

- maintain regular liaison with other funding agencies (the UN system, USAID, ODA, World Bank, CIDA, GTZ, etc.) with the view to soliciting their collaboration and exploring possibilities of future collaboration with UNFPA;

- contact local NGOs and private sector involved in health and population and review their activities and explore possibilities of future collaboration with UNFPA;

- ensure that the PRSD Report meets the quality and expectations of a substantive, concise and analytical working document and that the recommendations are clear, reflect the priorities and specificities of the country, are operationally feasible, measurable and fundable, and will have maximum impact on population issues;

- prepare an Aide-Memoire (facilitating an understanding of the PRSD exercise and its findings) which should outline the recommendations for the national population programme and relevant strategies and for UNFPA's own next programme of assistance for presentation at the final mission debriefing;

- lead the presentation of the PRSD Report to the Government and interested partners as well as revise and edit the PRSD Report and Aide-Memoire;

- hold a debriefing session for the UNFPA Field Office, Government local counterparts and others collaborating agencies at the end of the PRSD field exercise;

- finalize and submit the Aide-Memoire and PRSD Report to the UNFPA Field Office with copy to the UNFPA Headquarters.

ACTIVITIES OF THE PRSD MISSION

This PRSD exercise is the first conducted in Nigeria since the International Conference on Population and Development (ICPD) held in September 1994 in Cairo, Egypt. The PRSD process included: i) the organisation of workshops on issues emerging from ICPD and DND; ii) the preparation of a background document and sectoral reports by national experts; and iii) the fielding of a *PRSD Mission*.

The PRSD Mission visited Nigeria from September 2 to 20, 1996. Members of the PRSD Mission included :

- Ms. Mere Kisekka, Regional Adviser Socio-Cultural Research/CST Addis Ababa;
- Mr. John R. Herzog, Regional Adviser in Population and Development Strategies/CST Addis Ababa;
- Mr. Opia Mensah Kumah, Regional Adviser in IEC Organisation and Management/ CST Addis Ababa;
- Dr. Luca T. Monoja, Regional Adviser in Reproductive Health/CST Addis Ababa; and
- Mr. Daniel M. Sala-Diakanda, Specialist in Population and Development/ECA Multidisciplinary Regional Advisory Group, Addis Ababa, Team Leader and Rapporteur.

According to a memo dated 24 July 1996 sent by UNFPA/AD Director to the UNFPA Representative in Nigeria (Ref.NIR/96/P60), copy of which was communicated to the PRSD Team Leader, a fifth Regional Adviser, Mr Jean-Marc Hie, was supposed to joint the PRSD Team to cover the data collection sector. However, due to the fact that at the beginning of the PRSD mission Mr Hie was not among the CST Advisers who travelled from Addis to Lagos, the UNFPA Representative and the Team Leader agreed that Mr. Gabriel Fosu, Chief Technical Adviser, National Population Commission, will be attached to the PRSD team to cover this sector. It was also agreed that UNFPA Representative will consult with UNFPA/AD on this issue. The following Government officials and UNFPA Field Office consultants were also attached to the Mission:

- Prof. Paulina Makinwa-Adebusoye, Chief Technical Adviser on Population Policy, Department of Community Development and Population Activities (DCDPA), Federal Ministry of Health (FMOH);
- Mrs. Nkponsong, Deputy Director of the Department of Community Development and Population Activities (DCDPA), Federal Ministry of Health (FMOH);
- Dr. Pauline Otti, National Consultant on Gender, Women and Development; and,
- Prof. Alfred Adewuyi, National Consultant on Population Policy and Strategies.

On the first day of the mission, the team had a working session with the UNFPA Field Office. The draft work plan proposed by this Office was reviewed so as to allow time for the team: a) to have consultations with as many development partners as possible including the NGOs working in the field of population; b) to write both their contributions to the Aide-Memoire and the PRSD Report; c) to hold regular internal meetings in order to exchange views, review accomplishments and plan future actions. The work plan of the Mission is attached as Annex I.

During its stay in Nigeria, the Mission undertook field visits to Abuja, the Federal Capital Territory, Rivers and Plateau States, as well as in Lagos; these visits created the opportunity to make on-the-spot assessment of population activities outside the Federal Government environment; state specific issues were discussed and the mission also had an insight into the role of private sector in the Nigerian Population Programme. Members of the Mission held consultations with the Honourable Federal Minister of National Planning, National Planning Commission, and the Honourable Minister of Women's Affairs and Social Development. Several working sessions and consultations were also held with top government officials at both the Federal and the State government levels, as well as with representatives of government collaborating agencies, donors, NGOs, and members of United Nations Development System, including the World Bank. The list of persons met is attached as Annex II.

As already mentioned, the aim of the PRSD exercise, was the establishment of a concrete strategic framework for the development of the national population programme for the period 1997-2001; this strategic framework is based on the review of the national context, the constraints and achievements of current population programme, as well as the prospects for future action. During this exercise, the emphasis has been put on analytical work. Besides, the focus of the PRSD exercise is on the totality of population activities in the country rather than on specific actions supported by the donor community. The main function of the PRSD exercise is therefore to assist the Government in the development and strengthening of a national population programme strategy within the framework of the Government's overall development objectives.

As planned, a first draft of the Aide-Memoire was presented to UNFPA Field Office, to the Government and to the UN System and other donor agencies on 17 September 1996. The revised draft of the Aide Memoire was then formally presented to the Government on September 20, 1996 during the debriefing session. Comments and suggestions made on that occasion were integrated in the Aide Memoire, the last version of it was handed over by the PRSD Team Leader to the UNFPA Representative on September 21, 1996; a copy is attached to this Report as Annex III for ease of reference. Based on sectoral contributions from members of the PRSD mission, I have also, as Team Leader, prepared the Draft PRSD Report which has been sent to UNFPA Field Office with copy to UNFPA Africa Division in New York and to UNFPA CST in Addis Ababa.

The Aide Memoire summarises the findings of the Mission and the proposed programme strategies. It is subdivided in three chapters. The first is an overview of the national setting; it is therefore a critical assessment of key issues such as: i) political context and administration; ii) demographic characteristics and trends, and their consequences; iii) current economic situation; iv) education, training and employment; v) health; vi) gender issues; and vii) cooperation with development partners. The second chapter is a review of the current national population programme, and focuses mainly on the following issues: i) development planning policies and process; ii) Government perception of population issues; iii) institutional mechanism and methodology used, if any, for the integration of population factors in development planning; iv) implementation of national population programme, with emphasis on the following three thematic areas: a) population and development strategies, including data collection and analysis, operations research and training; b) reproductive health, including family planning and sexual health; and, c) advocacy and information, education and communication. For every aspect examined in this chapter, emphasis is put on the following issues: i) situation analysis; ii) achievements; iii) constraints and shortcomings or challenges; and, of course, iv) lessons learnt. Findings of these two chapters constitute the basis on which a concrete strategic framework for the development of the

next national population programme is formulated. The third chapter, therefore, contains the proposed programme strategies for 1997-2001. Using the three thematic areas of concentration referred to above, this chapter presents the main objectives of the next population programme and the strategies to be used in order to achieve these objectives within a specific time-frame.

Among the main population and development emerging issues identified by the PRSD Mission, the following are worth mentioning:

- The on-going political impasse which started in 1993 appears to have hampered development efforts and has created a malaise in the Nigerian society and constituted a key constraint in government attempt to revise the spiral, alleviate poverty and achieve a human-centred sustainable development. Therefore, there is a need for the government to create a conducive environment aimed at facilitating an effective popular participation in the implementation, monitoring and evaluation of Nigeria's population and development policies and programmes; in this respect, the role of non-governmental organisations and community-based organisations is crucial if the grassroots level has to benefit fully from efforts made by the Government, in collaboration with its development partners, for the well-being of the people.

- The partial withdrawal of assistance by some development partners during the last two years has negative consequences on the overall quality of life of Nigerians, particularly the most vulnerable groups, including women, and also on the implementation of population and development programmes in the country.

- Regional, urban-rural and gender disparities are acute and have been aggravated by the economic downturn. Disparities are especially with respect to nutrition, the incidence of acute poverty and access to health services. The benefits of development programmes seem to have not been shared in an equitable manner as suggested by recent social indicators. As an illustration, nutritional status, a key indicator of poverty, is on the decline; per capita income has plummeted; morbidity and mortality are still high, etc.

- While acknowledging Government's past efforts in the population field, greater commitment and support are needed to expand the population programme, consolidate gains and establish foundations for sustainability. Government commitment may be expressed through, *inter alia,* allocation of adequate financial

and other resources as well as public declarations of support from senior political leaders and policy makers.

- Scarcity of resources and the complexity and enormity of the services required to conduct supportive population activities and to provide quality reproductive health care including family planning, underscore the need for effective coordination on two fronts. There is need for effective coordination of national programmes within and across the relevant ministries and the three tiers of government. Furthermore, donor agencies need to work closely together to avoid duplication of programmes.

MAIN RECOMMENDATIONS

1. RECOMMENDATIONS TO UNFPA

1.1 Population and Development Strategies (PDS)

a. Priority Areas

i. moving population policies and programmes nearer to the centre of the development agenda

ii. linking population programmes to development policies and programmes

iii. assisting Government in setting priorities, assessing options, bringing about collaboration and managing the national population programme

iv. increasing capacity to collect, analyse and utilise population data

b. Proposed Measures

Priority area 1: Move population policies and programmes nearer to the centre of the development agenda

i. support analysis of population/development interrelationships at the local level, emphasizing use of past research and of innovative approaches and providing for

review of policy implications

ii. support initiatives for integrating population concerns and activities in development activities assisted by the United Nations Development System (UNDS); in particular, collaborate with agencies having a comparative advantage in organizing and sustaining women's income-generating activities in rural areas (e.g., FAO, UNIDO) with a view to improving the availability of reproductive health information and services

iii. support workshops on population issues for technical staff of Departments of Planning, Research and Statistics, especially at the local government level

iv. support incorporation of population concerns in social sector policies, working closely with UNDS, the World Bank and other donors

Priority area 2: Linking population programmes to development policies and programmes

i. support preparation and discussion of reports which examine the development consequences of successful reproductive health programmes

ii. make available ad hoc technical assistance for incorporation of population issues into specific thematic and sectoral development policies and programmes, such as those which seek to alleviate poverty or to respond to the needs of adolescents

iii. support policy-oriented research on social and economic aspects of major reproductive health problems, including teenage pregnancies, maternal mortality, illegal abortions, early marriage and childbearing and female circumcision

iv. support innovative efforts to promote integration at the community level of population and development activities

v. support brief workshops on population/development interrelationships for implementors of development programmes and projects

Priority area 3: Assisting Government in setting priorities, assessing options, promoting collaboration and managing the national population programme

i. support efforts to identify the roles which NGOs, CBOs and private individuals and enterprises can best play in implementing population activities and to propose an appropriate framework and environment for their participation in population activities; encourage innovative approaches and pilot projects

ii. support analyses of options with respect to: training; mobilization of resources for population activities; coordination mechanisms; and capacity building

iii. support training and systems development for performance-oriented management of population programmes, with emphasis on: participation of the intended beneficiaries; analysis of anticipated benefits and costs; and use of operations research

Priority area 4: Increasing capacity to collect, analyse, disseminate and utilise population data

a) Data Collection and Analysis

i. support government's efforts to mobilise resources toward the conduct of 2001 population census.

ii. assist in detailed and further analysis of the 1991 population census data to form the bases of the 2001 census.

iii. support the expansion of the vital registration system.

b) Management Information System (MIS)

i. support CDPA's efforts to develop an operational population and development MIS.

ii. support the establishment of a viable population data base at NPC.

iii. enhance the capacity of NPC to undertake biennial demographic sample and sentinel surveys to monitor the progress towards ICPD objectives.

1.2 Reproductive Health, including Family Planning and Sexual Health

The key issues in reproductive health care today are the accessibility and availability of quality reproductive health services especially in rural and deprived areas and the sustainability of the reproductive health programme in a post-donor period. The following recommendations are some of the priorities where UNFPA would have comparative advantage in supporting Nigeria's Fourth Country Population Programme.

a. Reproductive Health for Adolescents/Youth in Educational Establishments and out of School

Adolescents' reproductive health services including safe motherhood where applicable should be initiated in colleges and universities based in the UNFPA assisted states and in three major metropolitan areas. This should be coordinated with the intervention of adolescents programmes supported by other agencies. This programme should aim at the development of relevant literature that can be disseminated nationwide.

b. Reproductive Health Services and Women Empowerment in Health Zone "C", in peri-urban slums and other underserved groups in cities

Reproductive health services including family planning should be strengthened in at least two states of Health Zone "C". There are challenges in this area including: assisting grassroots organisations working to eliminate vesico/recto vaginal fistula, management of infertility, early marriage and female genital mutilation, working with muslim women organisations and with nomadic communities, integrating the issues of women empowerment into reproductive health. In states like Kaduna, Katsina and Sokoto the intervention will complement the assistance from other UN and international agencies. In large cities like Lagos reproductive health services should reach out to areas where young people have no access to services,notably in Army and Police Health services and in the peri-urban slums where other vulnerable migrants live.

c. The Referral System within the Local Government Area and the Integration of Reproductive Health Services into PHC

Support activities to operationalise the integration of reproductive health services including family planning and sexual health and to strengthen the referral system within local government area in UNFPA assisted states. This would link PHC to general hospitals.

d. Collaboration with Non-government Organisations in the Provision of Reproductive Health Services

Support non-government organisations in the provision of outreach and CBD reproductive health services including the prevention of STI/HIV in rural local government areas and other high prevalence areas. This is an area in which NGOs appear to have comparative advantage over the public sector. The intervention should be coordinated with the clinic-based services including data collection and commodities supply and cost recovery.

e. Sustainable Mechanism for the Provision of Contraceptives and Relevant Supplies

Support the introduction of a well managed cost recovery programme for contraceptives and other essential products. Where applicable the intervention should be integrated with the Bamako Initiative. Where there is no Bamako Initiative, a similar management system should be established.

f. Ensuring the Quality and Sustainability of Human Resource in the Provision of Reproductive Health Care in Rural and Deprived Areas

UNFPA should initiate and assist government to review curricula and methodology for teaching integrated reproductive health skills development course pre-service and in-service for intermediate and auxiliary health personnel. The support should include development or selection of learning and teaching materials including the provision of relevant equipment at practicum sites.

1.3 Advocacy and IEC

Advocacy and IEC interventions that benefit from UNFPA support under the 4CP need to pass the following litmus test:

i. Does the proposed intervention respond to an urgent and manifest need in the areas of PDS, RH and gender that are identified in the situation analysis in Chapter II? Is it consistent with a specific objective or strategy proposed in Chapter IV?

ii. Does UNFPA have a comparative advantage in the proposed area of support? In other words, does UNFPA have the requisite technical expertise and an established track record to support the intervention?

iii. Is there an existing institutional infrastructure or mechanism to facilitate the implementation of the intervention?

iv. Will support for the interventions leverage disproportionate benefit to the population programme? Will those benefits be observable and measurable?

The Advocacy and IEC strategies recommended for UNFPA support are:

In the area of PDS

i. Support national population coordination institutions to develop and implement Advocacy and IEC interventions to enhance the commitment of key political leaders and policy makers to population issues and programmes. UNFPA should help to re-vitalise the National Consultative Group on Population and Development (NCGPD) to play its advisory, consultative and advocacy role in population matters, and to lobby the highest levels of political, religious and traditional authority.

ii. Support appropriate Government departments and NGOs to lobby federal, state and LGA authorities as well as the commercial private sector to allocate financial and other resources to support the population programme.

iii. Support the dissemination of the 1991 census data to policy makers and planners at federal, state and LGA levels, as well as other stakeholders in the NGO community and commercial private sector.

iv. Support Advocacy and IEC to pave the way for the 2001 census.

v. Support utilisation of the proposed MIS.

In the area of RH

i. Support community-based, community-focused multi-media campaigns to support reproductive health programmes at state and LGA level. These campaigns may focus on family planning, HIV/AIDS and safe motherhood.

ii. Support programmes to reach adolescents nationwide with information and education on reproductive and sexual health issues, through: (a) re-orienting the existing POP/FLE programme to expand coverage of in-school adolescents; (b) fostering collaboration with youth-serving NGOs and coalitions that serve out-of-school youth; and (c) mass media and community-based campaigns that promote the participation of both in-school and out-of-school adolescents and youth.

In the area of Gender

i. Support the development of a national Gender Policy and Strategic Framework

ii. Support community-based multi-media campaigns to promote male involvement and responsibility in reproductive health as well as male participation in gender programmes in UNFPA focus states and LGAs. These campaigns should be linked with community-based RH IEC interventions.

Implementation of Advocacy and IEC

i. Support the strengthening and/or streamlining of federal and state coordinating and technical support mechanisms in order to improve the performance of Advocacy and IEC at grassroots level.

ii. Support the institutionalisation of population education in selected departments or schools of journalism and communication as well as institutions that train high level policy makers.

iii. Institutionalise collaboration with journalists and other media professionals that highlight population issues. UNFPA may collaborate with UNICEF and other UN or bilateral agencies that have established structured collaboration with journalists.

iv. Undertake activities, in collaboration with other UN agencies and cooperating partners, to raise the profile of the population sector through mass media publicity and other public relations activities organised around relevant national and international events, such as the World Population Day.

1.4 Gender Issues

i. Collaborate with agencies and NGOs (i.e FAO, UNIDO, Corporations) which have a comparative advantage in promoting income generating activities (i.e. through loans, credit facilities, labour saving technologies, skills). This will promote women's productivity and economic wellbeing.

ii. Identify and give support to professional women and men's NGOs (i.e. lawyers, doctors, journalists, etc) to liaise with mainstream NGOs (religious, ethnic, civic) together with CBOs to sensitise and address communities through debates, dialogues and village meetings on issues of gender equity and equality particularly as related to traditional practices and beliefs. These activities should especially be supported in underserved regions and communities.

iii. Give support to NGOs and professionals working on health issues to broaden health education and services to cover neglected issues of cancer screening, infertility, gynaecological problems, STDs, RTIs, sexual problems and side effects of contraceptives.

iv. Support and strengthen gender documentation units.

v. Support dissemination and discussion of internationally agreed upon conventions and platforms of action i.e. CEDAW, ICPD, FWCW etc.

vi. Support research to monitor progress of implementation of ICPD, FWCW, CEDAW.

2. RECOMMENDATIONS TO GOVERNMENT

In order to move population issues and policies nearer to the centre of the development agenda:

- emphasize, both in development policies and in analyses of socio-economic trends, the ways in which rapid population growth aggravates difficulties in satisfying basic needs;

- stress that poor reproductive health, as reflected in such phenomena as the spread of AIDS, very early child-bearing, illegal abortions and high maternal mortality, should constitute a major concern of social and economic policy;

- underline the feasibility of policies and programmes to bring about a reduction in the level of fertility;

- ensure that population issues are taken into account in thematic and sectoral policies.

In order to facilitate formulation of realistic and appropriate population policies:

- encourage discussion of culturally and politically sensitive policy issues, such as teenage pregnancies, abortions, migration and AIDS and other STDs;

- recognize and address equity issues, including urban/rural, regional and rich/poor differentials in reproductive health and in access to services;

- make provisions for senior officials in technical departments in federal, state and local governments to meet periodically to discuss population-development interrelationships;

- prepare a strategy for revision of the national population policy.

In order to strengthen implementation of population programmes:

- establish links between operational population activities and other development activities;
- create a framework and environment for efficient participation in population activities of NGOs, CBOs and the private sector;
- develop a framework for coordination and cooperation of government units, allowing for differences in the levels, areas, forms, foci and mechanisms of coordination;
- adopt innovative approaches with respect to the methods and areas of coordination and cooperation;
- devise long-run strategies for meeting the cost of population activities and for capacity building;
- adopt legal and social reforms conducive to reproductive health and lower fertility.

ACKNOWLEDGMENT

The Mission would like to express its profound gratitude to all the Government Officials at both the Federal and the State government levels, the representatives of government collaborating agencies, donors, NGOs, and members of United Nations Development System, including the World Bank, and other persons met for their critical collaboration and involvement in the mission's task. It would like to specially extend its warm and sincere thanks to its colleagues, the four national experts attached to the Mission, for their active participation, their critical input and for their friendliness during the mission. Last but certainly not least, the Mission would like to express its deep appreciation to the UNFPA Representative in Nigeria, Dr. Andrew Arkutu, and his marvellous staff, for their invaluable assistance and involvement in the PRSD exercise.

ANNEX I
WORK PROGRAMME OF THE PRSD TEAM

WEEK 1

Saturday: August 31, 1996

Team Leader arrives from Paris
Contact with UNFPA Field Office

Sunday: September 1, 1996

Other PRSD Team member arrive from Addis Ababa.

Monday: September 2, 1996

08:00-10:30 :	Meeting with UNFPA Representative and field office staff. Venue: UNDP Conference Room.
11:00-12.00 :	PRSD Team visits National Planning Commission (contact person Mr. P. A. Adegbayo).
12:30-15:00 :	PRSD Team visits DCDPA, Federal Ministry of Health (contact person Dr. C.J.G. Orjioke). Venue: FMOH Conference Room, Fed. Secretariat, Ikoyi.
18:00-19:30 :	Internal PRSD Team meeting.

Tuesday: September 3, 1996

08:00-09:30 :	Meeting with Resident Representative of WHO and Programme Officers for Reproductive Health, PHC and women and Development.
09:30-13:00 :	PRSD Team holds a general meeting with sectoral ministries (sectors include: National Planning Commission, FMOH, National Population Commission, NERDC, PICB, PAFA, Ministry of Agriculture, PPFN and FOS). Venue: National Planning Commission, Federal Secretariat, Ikoyi.
14:00-17:30 :	PRSD Team holds consultative meeting with UN System in Nigeria. The following agencies' Representative/Programme Officers for Health, Reproductive Health and Women and Development, and Population and Environment (UNDP, UNICEF, UNESCO, UNIFEM, UNIDO, UNDCP, FAO, ILO, WHO). Venue : UNICEF Conference Room.
18:00-19:30 :	Internal PRSD Team meeting.

Wednesday: September 4, 1996

08:30-12:00 :	Team holds consultative meeting with PAFA. Venue : PAFA Office, Dolphine Estate, Ikoyi.
12:30-13:30 :	Individual consultations (UNIFEM)
14:00-17:30 :	Individual consultations (PPFN, DCDPA, NERDC, etc.)
18:00-23:00 :	Meeting with UNFPA Field Office, Lagos. Venue : Logistics Hotel, Ikoyi, Lagos.

Thursday: September 5, 1996

08:30-09:00 :	Individual consultations (UNESCO)
09:00-09:40 :	Meeting with Canadian Fund. Venue : Canadian Embassy, Victoria Island.
09:45-10:30 :	Meeting with JICA. Venue : Japanese Embassy, Victoria Island.
11:00-12:30 :	Team holds meeting with Chairman of National Population Commission. Venue : NPC Office, Babs Animashahun Street, Surulere.
13:00-15:30 :	Meeting with NGOs (Mac Arthur Foundation, AVSC, IPAS, Path Finder, society of Family Health, ARFH, STOPAIDS, Nat. Ass. of Nigerian Nurses and Midwives, etc.). Venue : UNDP Conference Room, Lagos.
15:30-17:30 :	Individual consultations (UNICEF, FMOIC, etc.)
18:00-19:30 :	Internal PRSD Team meeting.

Friday: September 6, 1996

09:30-11:30 :	Individual consultations (FOS, FMOH, UNICEF/IEC, Health Education, etc.).
12:00-13:00 :	Meeting with Director of Social Sectors Department. Venue: National Planning Commission, Office of the Director.

WEEK 2 GROUP I

Sunday: September 8, 1996

08:00 : Group I leaves for Abuja and Jos.

Monday: September 9, 1996.

09:30-11:00 : Group I calls on the Honourable Minister of National Planning, National Planning Commission, at Abuja.

11:30-12:30 : Group I calls on the Honourable Minister for Women Affairs and Social Development; holds meeting with Federal Ministry of Women Affairs and Social Development.

12:45-14:00 : Team holds meeting with National Agency for Mass Literacy.

14:00 : Team leaves Abuja for Jos, Plateau State.

Tuesday: September 10, 1996

09:00-09:30 : Team pays courtesy call on the Honourable Commissioner for Health, Plateau State.

10:00-12:30 : Meeting with the Management Team of Plateau State Ministry of Health, representative of Bauchi and Borno States and other groups having interest in population and development issues.

14:30-18:00 : Team would visit a LGA to asses the UNFPA Assisted Reproductive Health Project and Women in Health Project.

Wednesday: September 11, 1996

08:00 : Group I departs for Lagos

10:00-17:00 : Team will continue individual consultations in Lagos.

18:00-19:30 : Internal PRSD Team meeting.

WEEK 2 GROUP II

Sunday: September 8, 1996

08:00 : Group II leaves for Port Harcourt.

Monday: September 9, 1996

09:00-09:30 : Group pays courtesy call on the Honourable Commissioner for Health, Rivers State.

09:30-11:30 : Briefing of Group II by Representatives of SMOH, Abia, Rivers and Anambra States.

13:00-18:00 : Team would visit one Project LGA.

Tuesday: September 10, 1996

08:00 : Group II departs for Abeokuta via Lagos by air.

12:00 : Team pays courtesy call on the Honourable Commission for Health, Ogun State.

13:00 : Group II meets with Management Team of Ogun State and Representatives of Edo State Ministry of Health, Osun State Ministry of Health and ARFH.

Wednesday: September 11, 1996

08:00-14:00 : Group II visits Project LGAs

16:00 : Group II returns to Lagos

18:00 : The two groups re-unite in Lagos

Thursday: September 12, 1996

08:00-17:30 : Team continues individual consultations.

10:00-11:30 : Contact with ODA

Friday: September 13, 1996

08:30-09:45 : Meeting with USAID-FH/AIDSCAP (Mrs. Eka Esu-Williams'office)

10:00-13:00 : Contact with WHO Res.Rep (WHO Office)

WEEK 3

Monday: September 16, 1996.

08:00-18:00 : Individual consultation and completion of draft PRSD document.

10:00-18:00 : Team Leader departs for Abuja to discuss with World Bank
Venue: World Bank Office, Abuja.

Tuesday: September 17, 1996

08:00-09:45 : Debriefing with UNFPA Representative and Staff on the draft Aide Memoire to be presented to the Government. Venue: UNFPA Field Office.

10:00-13:45 : Presentation of draft PRSD Aide Memoire to Government and NGOs and review of the draft document (National Planning Commission, FMOH, NERDC, Fed. Ministry of Women Affairs and Social Development, PICB, PAFA, National Population Commission, Fed. Ministry of Agriculture, PPFN, NCWS, FOMWAN, YWCA, CHAN, FOS). Venue: National Planning Commission.

14:00-16:00 : Debriefing of UN System and other Donor Agencies in Nigeria. The following agencies' Representatives'/Programme Officers for Health, Reproductive Health and Women and Development population and Environment (UNDP, UNICEF, UNIDO, UNDCP, FAO, ILO, UNESCO, USAID, European Union, ODA AVSC, Mac Arthur Foundation and ford Foundation). Venue : UNDP Conference Room.

Wednesday: September 18, 1996

08:00-18:00 : Team revises the Aide Memoire to incorporate comments and suggestions from the Government and Development Partners.

18:00-20:00 : Internal PRSD Team meeting.

Thursday: September 19, 1996

08:00-13:00 : Draft of Aide Memoire finalised, reproduced and distributed.

15:00-20:00 : Meeting with UNFPA Representative to review the PRSD draft report.

Friday: September 20, 1996

10:00-14:00 : Debriefing of the Government on the Aide Memoire (sectors include: FMOH, NERDC, PICB, PAFA, National Planning Commission, National Population Commission, Ministry of Agriculture, PPFN, FOS, etc.). Venue : National Planning Commission.

15:00-21:00 : Team to integrate comments and suggestions made by the Government during the debriefing session.

Saturday: September 21, 1996

08:00-13:00 : Team to finalise and submit the Aide Memoire.

14:00-17:30 : Team Leader to integrate sectoral reports and submit draft PRSD Report to the UNFPA Representative.

18:00 : PRSD Team departs.

ANNEX II
LIST OF PERSONS MET

MEMBER OF THE FEDERAL GOVERNMENT

1. The Federal Minister of National Planning, National Planning Commission
2. The Federal Minister of Women's Affairs and Social Development

THE PRESIDENCY, FEDERAL SECRETARIAT, NATIONAL PLANNING COMMISSION

1. Mr Akin Adegbayo, Director, International Cooperation Department
2. Mr. A. T. Ikomi, Director, Department of Social Services.
3. Mr. M. Adam, NPC, Jos, State Director
4. Saeed Haruna, NPC, Jos, Public Affairs Officer

NATIONAL POPULATION COMMISSION (NPC)

1. Prof. R. K. Udoh, Honourable Commissioner, NPC.
2. Dr. Tobi Kadejo, Director-General, NPC.
3. Mrs. C. F. Adekunle, Director, (VRD) NPC.
4. Mr. Ahmed Hammed, Director, (PAD) NPC.
5. Dr. Gabriel Fosu, UNFPA CTA, NPC.
6. Mr. Osamwonyi Osagie, P & R.D.
7. T. Bello, Special Adviser on E & C NPC.
8. Mr. H.H. Pai, Special Assistant to the Chairman, NPC.
9. J. A. Adekunle, Head, Cartography Department, NPC.
10. Dr. A. O. Akinsanya, Director, Computer Services, NPC.

FEDERAL MINISTRY OF HEALTH, DEPARTMENT OF COMMUNITY DEVELOPMENT AND POPULATION ACTIVITIES

1. Dr. (Chief) Casmir J.G. Orjioke, Director, DCDPA
2. Mrs. Nkposong, Nkese (Ms), DCDPA, FMOH, Deputy Director
3. Mrs. Dabiri O. M., DCDPA, FMOH, Chief Programme Officer
4. Dr. Taiwo Avbayeru, CDPA
5. Mr. Tony Agboola, CDPA
6. Dr. Charles Iwunor, CDPA
7. Mr. Moses Airiohuodion, CDPA
8. Mr. Alex Omoru, CDPA

OTHER GOVERNMENT OFFICIALS

1. T.D. Pinta, State Ministry of Finance & Economic Planning, NSIS Programme Director
2. Sani Yahaya, State Ministry of Finance & Economic Planning, Principal Planning Officer
3. Bola Rottland, Plateau State E.P.A., Snr. Environmental Officer
4. Major E. P. Inyambe, Division Medical Centre, Jos
5. Choji N. Giamb, Plateau State Agency for Mass Education, Programme Manager
6. Philomina N. Shilong, Ministry of Information and Culture, Jos, Deputy Information Officer
7. Alexander P. Noah, Ministry for Social Development, Youth & Sports
8. Kole O. Ogunbameru, Federal Agricultural Coordinating Unit, National Coordinator

9. Moss Airiohuodion, Federal Ministry of Health, Lagos, Head of IEC
10. Rebecca E. Abimaku, SMOH, Jos, Director PHC
11. Chanty, Musa K., N.A.O. Plateau State, Jos., Snr. Res. Officer
12. Obadiah Boyi, M.C.I. & T. Jos, ADCS
13. Henry Gambo, PRTVC, Jos
14. Bashir Umar, Ministry of Health, Borno State, Director PHC
15. Dr. Magaji Abdu Dachi, Ministry of Health, Bauchi State, Director PHC/DC
16. E.I. Gomos, Plateau Investments & Property Co. Ltd., Managing Director
17. Mrs. S.K. Jakanda, Commission for Women, Director Programmes
18. Chuwang Pwajok, National Primary Health Care D.A. Bauchi, Zonal Field Officer
19. Zannu E. B., National Primary Health Care Development Agency, Zonal Field Officer
20. Moses N. Gwon, PHC Department, SMOH, Jos, PHC/M&E Officer (CHO)
21. Sheikh Yusuf Gomwalk, Jamaata High School, Principal
22. Alfred L. Barshep, Plateau Agricultural Development Programme, Diretor,
23. Rebecca M. Gotom, SMOH, Jos, DAPHC
24. Rebecca T. Las, SMOH, Jos, UNFPA-Assisted Programme, Assistant Director, W.I.H
25. Suoan A. Ayina, SMOH, Jos, FPC/Asst Director Pop. Officer
26. Omzaku S. F., SMOH, Jos, DDRS
27. G. M. Bature, M.O.E., ERC, POP/FLE, SPEC Coordinator
28. Peter Adaji FMOIC, Bunonu, Jos, Assistant Information Officer
29. Alokwe Bridget I., Federal Information Bureau, Jos, Assistant Information Officer

POPULATION ACTIVITIES FUND AGENCY (PAFA)

1. Prof. O. Adegbola, Executive Director/Head, PAFA.
2. Mrs. P. B. Aribisala, Programme officer RH/FP.
3. Dr. J.K. Bamgbose, Consultant RH/FP.
4. Mr. Victor Injiama, PAFA.
5. Mr. U.S. Atojoko, PAFA.
6. Mr. Monday Inemeh, PAFA.
7. Mr. Akin Fashakin, PAFA.

NON-GOVERNMENTAL ORGANISATIONS

1. Mrs. Grace E. Delano, Vice-President/Executive Director, Association for Reproductive & Family Health (ARFH), Ibadan.
2. O. T. Osayin, Senior Programme Officer, Association for Reproductive & Family Health (ARFH), Ibadan.
3. Dora K. Udo, Programme Manager, Training & Special Project, ARFH, Ibadan.
4. Dr. Fisayo Fagbemi, Chairperson, Nigerian Adolescent Health & Development (NAPAHD), 24, Osuntokun Ave, Bodija Estate, Ibadan.
5. S. A. Akinso, ARFH Senior Programme Officer.
6. Mrs. Ayo. M. Tubi, In-Country Representative of IPAS.
7. Dr. Ademola Adetunji, Country Director AVSC International, 2nd Floor, Elephant House, Alausa, Ikeja, Lagos.
8. Mrs. Mafoluke Shobowale, Senior Programme Officer, AVSC International, 2nd Floor, Elephant House, Alausa, Ikeja, Lagos.
9. Mrs. Bola Lana, Vice-President, Association for Development Options in Nigeria (ADON).
10. Mrs. S. A. Orage, Head of Population Education Department.
11. Mrs. N. Obasi, Head of Unit, Curriculum Development.
12. Dr. (Mrs.) I. V. Etim, Curriculum Development.
13. Mrs. M. E. Otu-Bassey, Head of Unit, Research, Monitoring and Evaluation.
14. Dr. (Mrs.) B. O. Ikegulu, Head of Unit, Instructional Material Development.
15. Mrs. A. O. Alade, Instructional Material Development.
16. Mr. A. Familusi, Head of Unit, Teacher Training & Other Personnel.
17. Mr. O. A. Adeleke, Teacher Training & Other Personnel.

18. Mrs. A. C. Nwagbara, Head of Unit, Information, Documentation & Awareness.
19. Mr. B. O. Bello, Information, Documentation & Awareness.
20. Miss Nduak Nkanga, PATHFINDER.
21. Ms. Bisi Tugbobo, PATHFINDER.
22. Mary Kano, STOPAIDS.
23. Pearl Nwashili, STOPAIDS, Project Director/Coordinator
24. Mrs. Ayo Tubi, IPAS.
25. Stella Akinso, ARFH.
26. Dr. Fisayo Fagbemi, STAYWELL HEALTH CARE
27. Dora K. Udoh, ARFH.
28. Yemi Osanyin, ARFH.
29. Sola Idowu, CHESTRAD.
30. D.S.K. Bot, Christian health Association of Nigeria, Deputy Director PHCS
31. Dr. P.S. Dakum, AVSC International Programme Officer
32. Mrs. M.O. Shobowale, AVSC International, Lagos, Senior Programme Officer
33. Dr. Emmanuel Isamade, HALT AIDS GROUP, Jos, Secretary
34. T.H. Gofwan, PPFN Plateau State, State Manager
35. E.N. Iyizoba (Mrs), N.Y.S.C. Jos, Community Development Officer.

BILATERAL PARTNERS

1. Mrs. Sinikka Antila, Canada Fund Coordinator
2. Mrs. Ayo Adesuyan, Canada Fund
3. Mr. Mitsuo Inagaki, Japan Internation Cooperation Agency, Resident Representative
4. Ms. Fiona Duby, ODA, Health and Population Field Manager
5. Mrs. Charity Ibeawuchi, ODA
6. Mrs. Eka Esu-Williams, USAID, Family Health International, AIDS Control and Prevention Project, Resident Advisor

UNFPA FIELD OFFICE

1. Dr. A. A. Arkutu, UNFPA Representative
2. Mr. Roger Razafinaja, International Programme Officer
3. Dr. Julitta Duncan, UNFPA
4. Dr. E. A. Dairo, Project Adviser

OTHER UNITED NATIONS AGENCIES, INCLUDING THE WORLD BANK

1. Dr. Chrisman Babashola, UNDP Resident Representative, UN System Coordinator
1. Mrs. Sarwar Sultan, UNDP, Deputy Resident Representative
3. Dr. Andrew Ananie Arkutu, UNFPA Representative
4. Mr. Roger Razafinanja, UNFPA International Programme Officer
2. Shariq Bin Raza, UNDCP
3. Bert Essenberg, ILO
4. Noël Ihebuzor, UNESCO
5. Cynthia Yinusa, ILO
6. Dr. Nike Grange, WHO
7. Dr. Funke Bamgboye, WHO
8. Dr. Stella Goings, UNICEF.
9. Dr. Kemi Kareem, UNDP
10. Jobe Van de Ven, UNIDO
11. Dr. Ogo O. Okoro, UNDP
12. Dr. Evelyn Onyekwere, UNDP

13. Mr. Stephen A. Adewuni, UNDP Senior Admin. Associate, Abuja Liaison Office
14. M. Anka, UNICEF, Bauchi, IEC Officer
15. Mr. Batilloi Warritay, UNICEF
16. Ms. Evelyn Onyekwu, UNDP
17. Mr. Emmanuel Apea, UNESCO Representative
18. Prof. Anthony A. Adegbola, UNESCO Consultant
19. Dr. Iyabo Fagbola, UNESCOConsultant
20. Dr. Noël Ihebuzor, UNESCO National Programme Officer
21. Dr. F.M. Mueke, WHO, Medical Officer Diarrhoeal and Acute Respiratory Disease Control Programme
22. Mr. Moti B. Rambocus, Group Leader - Agriculture, Officer in Charge, The World Bank
23. Mrs. Adenike Ojo, Operations Officer, The World Bank

OTHER PEOPLES MET

1. C.O. Agbede, UNFPA Project Adviser.
2. Mrs. T. Idaomi-Bolodeoku, UNFPA Project Coordinator, Ogun State.
3. Regina, C. Pam, Cowan Dadin Kowa, Jos, Programme Officer
4. Dr. folarin Olowu, UNFPA, Matter UNFPA Project Adviser
5. Elegbede K. A., UBA Plc, Jos, Assistant Manager (Agric)
6. Salome C. Dashe, NCWS Project, Plateau State, Deputy Project Coordinator
7. Mrs Ruth Guyit, Women Commission/Manager UNPD's Women's grant, Executive Secretary.

ANNEX III
FEDERAL REPUBLIC OF NIGERIA

PROGRAMME REVIEW AND STRATEGY DEVELOPMENT (PRSD)

AIDE-MEMOIRE

Lagos, 21 September, 1996

TABLE OF CONTENTS

ABBREVIATIONS

ADB	:	African Development Bank
AIDS	:	Acquired Immune Deficiency Syndromes
CAs	:	Collaborating Agencies
CBO	:	Community Based Organisation
CBS	:	Community Based Services
CDPA	:	Community Development and Population Activities
CEDAW	:	Convention on the Elimination of all forms of Discrimination Against Women
CHAN	:	Christian Health Association of Nigeria
CIDA	:	Canadian International Development Agency
CPR	:	Contraceptive Prevalence Rate
CSN	:	Country Strategy Note
CST	:	Country Support Team
DHS	:	Demographic and Health Survey
DPA	:	Department of Population Activities
EU	:	European Union
EDF	:	European Development Fund
EEC	:	European Economic Community
FAO	:	Food and Agricultural Organisation
FCT	:	Federal Capital Territory
FMOH	:	Federal Ministry of Health and Social Services
FMWASD	:	Federal Ministry of Women Affairs and Social Development
FOS	:	Federal Office of Statistics
FP	:	Family Planning
FWCW	:	Fourth World Conference on Women
GCCC	:	Government Cash Counterpart Contribution
GDP	:	Gross Domestic Product
HIV	:	Human Immunodeficiency Virus
ICPD	:	International Conference on Population and Development
IDA	:	International Development Association
IEC	:	Information, Education and Communication
ILO	:	International Labour Organisation
IPPF	:	International Planned Parenthood Federation
IUD	:	Intra-uterine Device
JCC	:	Joint Consultative Council
JICA	:	Japanese International Cooperation Agency
KAP	:	Knowledge, Attitudes and Practice
LGA	:	Local Government Area
MAMSER	:	Mass Mobilisation for Social Justice and Economic Recovery
MCH/FP	:	Maternal and Child Health/Family Planning
MIS	:	Management Information System
MMR	:	Maternal Mortality Rate
MTR	:	Mid-Term Review
NAPPD	:	National Agency for Population Programme and Development
NCGPD	:	National Consultative Group on Population for Development
NCW	:	National Commission for Women
NCWS	:	National Council for Women Society
NDHS	:	Nigerian Demographic and Health Survey
NDSS	:	National Demographic Sample Survey
NERDC	:	Nigeria Educational Research and Development Council

NGO	:	Non-Governmental Organisation
NIEPM	:	National Institute for Educational Planning and Management
NILS	:	Nigeria Institute of Labour Studies
NISER	:	Nigeria Institute for Social Economic Research
NISH	:	National Integrated Survey of Household
NPA	:	National Plan of Action
NPC1	:	National Planning Commission
NPC2	:	National Population Commission
NPCC	:	National Programme Coordinating Committee
NPHCDA	:	National Primary Health Care Development Agency
NPP	:	National Population Programme
NSIS	:	National Statistical and Information System
NTA	:	Nigeria Television Authority
NUC	:	National Universities Commission
ODA	:	Overseas Development Agency
OPCPP	:	Office of Planning and Coordination of Population Programmes
PAFA	:	Population Activities Fund Agency
PFWE	:	Population and Family Welfare Education
PHC	:	Primary Health Care
PICB	:	Population Information and Communication Branch
PIRS	:	Population Information and Reference System
POP/FLE	:	Population/Family Life Education
PPFN	:	Planned Parenthood Federation of Nigeria
PRS	:	Planning, Research and Statistics
PRSD	:	Programme Review and Strategy Development
RVF	:	Recto Vagina Fistula
SAP	:	Structural Adjustment Programme
STDs	:	Sexually Transmitted Diseases
TAC	:	Technical Advisory Committee
TBA	:	Traditional Birth Attendant
TCDC	:	Technical Cooperation Among Developing Countries
TFR	:	Total Fertility Rate
UNDP	:	United Nations Development Programme
UNDS	:	United Nations Development System
UNESCO	:	United Nations Educational, Scientific and Cultural Organisation
UNFPA	:	United Nations Population Fund
UNICEF	:	United Nations Children's Fund
UNIDO	:	United Nations Industrial Development Organisation
UNIFEM	:	United Nations Women's Fund
UNV	:	United Nations Volunteer
USAID	:	United States Agency for International Development
VHW	:	Village Health Workers
VVF	:	Vesico Vaginal Fistula
WHO	:	World Health Organisation
WID	:	Women in Development
WIN	:	Women in Nigeria

INTRODUCTION

The cooperation between the Government of Nigeria and the United Nations Population Fund (UNFPA) started in 1975 with an MCH/FP programme. Since 1981, the Fund has been involved in developing, in cycles, comprehensive programme of cooperation between it and the Nigerian government. The two first programmes covered the periods 1981-1985 and 1987-1991. As the life of the current programming cycle (1992-1996) will come to an end by December 1996, the Government has, in close collaboration with the UNFPA Field Office in Lagos, undertaken a *Programme Review and Strategy Development (PRSD)* exercise in order to review the third national population programme and develop a coherent and comprehensive strategic framework for the next Country Programme for the period 1997-2001.

This PRSD exercise is the first conducted in Nigeria since the International Conference on Population and Development (ICPD) held in September 1994 in Cairo, Egypt. The PRSD process included: i) the organisation of workshops on issues emerging from ICPD; ii) the preparation of a background document and sectoral reports by national experts; and iii) the fielding of a *PRSD Mission* aimed at revisiting and finalizing the above mentioned documents.

The PRSD Mission visited Nigeria from September 2 to 20, 1996. Members of the PRSD Mission included :

- Ms Mere Kisekka, Regional Adviser Socio-Cultural Research/CST Addis Ababa;
- Mr. John M. Herzog, Regional Adviser in Population and Development Strategies/CST Addis Ababa;
- Mr. Opia Mensah Kumah, Regional Adviser in IEC Organisation and Management CST Addis Ababa;
- Dr. Luca Monoja, Regional Adviser in Reproductive Health CST Addis Ababa;
- Mr. Gabriel B. Fosu, Chief Technical Adviser on Demographic Analysis, National Population Commission, and
- Mr. Daniel M. Sala-Diakanda, ECA, Specialist in Population and Development, Team Leader and Rapporteur.

Two Government officials and two UNFPA Field Office consultants were also attached to the Mission. These are:

- Prof. Paulina Makinwa-Adebusoye, Chief Technical Adviser on Population Policy, Department of Community Development and Population Activities (DCDPA);
- Mrs Nkponsong, Deputy Director of the Department of Community Development and Population Activities (DCDPA);
- Dr. Pauline Otti, National Consultant on Gender, Women and Development; and,
- Prof. Alfred Adewuyi, National Consultant on Population Policy and Strategies.

During its stay in Nigeria, the Mission undertook field visits to Abuja, the Federal Capital Territory, Rivers and Plateau States, as well as in Lagos; these visits created the opportunity to make on-the-spot assessment of population activities outside the Federal Government environment; state specific issues were discussed and the mission also had an insight into the role of the private sector in the Nigerian Population Programme. Members of the Mission held consultations with the

Honourable Federal Minister of National Planning, National Planning Commission, and the Honourable Minister of Women's Affairs and Social Development. Several working sessions and consultations were also held with top government officials at both the Federal and the State government levels and representatives of government collaborating agencies, donors, NGOs, and members of United Nations Development System, including the World Bank.

The mission would like to express its profound gratitude to all of them for their critical collaboration and involvement in the mission's task. We would like to specially extend our warm and sincere thanks to our colleagues, the four national experts attached to the Mission, for their active participation, their critical input and, most importantly, for their friendliness during our stay in this country. Last but certainly not the least, the Mission would like to express its deep appreciation to Dr. Andrew Arkutu, the UNFPA Representative in Nigeria, and his marvellous staff, for their invaluable assistance and involvement in the PRSD exercise.

I. NATIONAL SETTING

1.1 POLITICAL CONTEXT AND ADMINISTRATION

Nigeria is located in West Africa in the Gulf of Guinea; it occupies an area of 923,768 km^2, about 3% of Africa's continental landmass. The country is a Federal Republic comprising 30 States and a Federal Capital Territory (FCT), Abuja. The States are subdivided into 589 Local Government Areas (LGAs) and the FCT into 4 Councils. There are, thus, three tiers of Government - Federal, State, and LGA - each with well-defined responsibilities and attributes. As a rule, the Federal Government of Nigeria (FGN) is responsible for defining, establishing, monitoring and evaluating national policies on the exclusive list. The States and LGAs are responsible for the implementation of such policies in their own spheres of authority. A number of services, such as health, social welfare and education are, however, the joint responsibility of the Federal, States and LGAs.

At present, Nigeria is ruled by a military Government which has put in place a transition programme aimed at restoring civil and democratic rule by October 1998, and which has established a number of committees to steer the process for achieving the objectives of the above mentioned programme.

1.2 DEMOGRAPHIC CHARACTERISTICS AND TRENDS

As a result of unreliability of past census figures arising, among others, from lapses in enumeration methodology, there have been various estimates of population size and rates of annual growth. Nonetheless, available figures point to a rapid rate of growth of the population. The population size of 88.5 million recorded by the latest 1991 census marks the country as the tenth most populous country in the world and clearly the most populous in Africa; the population is estimated to have reached 101.6 million[1] in 1996 with a density of about 115 persons per km^2. The population growth rate has been estimated at 2.8% between 1952 and 1991, which implies that the

[1] Estimation based on the 1991 Census figures projected at an annual growth rate of 2.8% (NPC, 1996).

population has the capacity to double in less than 25 years; that is, by the year 2017, the population which was 90 million in 1992 would have risen to about 180 million.

Results of recent surveys indicate decreases in fertility levels as Nigeria enters the first stage of the demographic transition; from a situation of stable high fertility during the early 1960s to the mid-1980s, TFR has declined from 6.3 in 1981-1982 to about 5.5 according to surveys conducted in 1995 (NFS, 1984; NPC, 1995). However, economic crisis-induced reversals in the conditions conducive to real, sustainable reproductive change raise serious questions to the sustainability and irreversibility of the emergent trends in reproductive performance levels. Besides, as expected, there are variations in fertility levels among regions and population subgroups due primarily to religious and socio-cultural differences; fertility levels are higher in the two northern health zones than in the two southern health zones. It is even much lower for educated urban-based women (NFS, 1981-82; DHS, 1992; NPC, 1995). The mean age at marriage is 17 years (DHS, 1990), but 13% of Nigerian girls have begun childbearing by age 15, and nearly half by age 20. Forty one percent of women are in polygynous unions. Family planning activities are over-concentrated in the urban and semi-urban areas of the southern parts of the country. The Overall contraceptive prevalence rate is currently 20%; 12% modern and 8% traditional (FOS, 1994).

From the mid 1960s to the end of the 1980s, infant death rate has declined from about 187 to 87 deaths per 1000 live births (FGN, 1988; DHS, 1990); it was estimated at 114 per 1000 in 1994 (FOS, 1995); while under five mortality is 115 per 1000 (DHS, 1990). Maternal mortality rate is also extremely high with an estimated number of 1000 maternal deaths per 100,000 live births (400 per 100,000 in urban areas; 1600 per 100,000 in rural areas)(WHO/UNICEF, 1995). Due to the high level of mortality, life expectancy at birth is still low despite a slight increase from 40 years in 1960 to 52 years in 1992.

The urban population is estimated at 35% of the total population in 1996. The rate of urbanization ranges between 4% and 6% per annum (over 6% in Lagos State), reflecting high rural-urban migration with its attendant socio-economic and environmental problems. The highest concentrations of population are found in the south-western, south-eastern and north-central areas of the country which are also the most urbanized.

Due mainly to the high level of fertility during the last three decades, Nigeria has a youthful population; the percentage of the total population under age 15 is 48, and the median age is 15.8 years. Adolescents (10 to 19 years) form a significant proportion (22%) of the total population; The proportion of the population aged 65 years and over constitutes about 2.4% (NPC, 1996). In the present context of severe poverty, manifested in both the magnitude of unemployment and under-employment as well as the low level of earnings, this youthful age structure and the resultant heavy dependency load have far-reaching consequences.

1.3 ECONOMIC TRENDS

The export products of Nigeria include petroleum products, agricultural products (cocoa, palm produce, rubber), textile and solid metals. Beginning from independence, the Nigerian economy recorded steady growth which accelerated rapidly during the 1970s as a result of unprecedented high earnings from export of crude petroleum. The oil boom led to neglect of the agricultural sector. Towards the end of the 1970s decade and the early 1980s, the oil glut and declining prices of primary exports led to economic decline. Economic conditions have since

worsened as government borrowed heavily to finance imports. The situation is further worsened by recurring political instability which has precluded maximum utilization of the country's productive resources and external assistance to achieve sustained economic development.

While population was increasing rapidly, the economic growth rate, which averaged 4.2% per annum between 1965 and 1980, declined to -5.3% between 1980 and 1986. However, the economy recorded positive growth rate which was 4.71% in 1991 and 2.17% in 1995 (NPC, 1995). Besides, the inflation rate has been on the increase, rising from 5.3% between 1980 and 1984 to 13% by 1985, 46% by 1992, 65% by 1994 and 72.8% by 1995 (ESR, 1995). As a consequence, GNP declined from $1000 per capita in 1980 to $640 in 1986 and $240 in 1994. By December 1995, the country's external debt which was $29.4 billion in 1994 had risen to $33 billion resulting in a debt repayment ratio which is as high as 67% of total export earnings (ESR, 1995). The introduction of macro-economic measures between 1982 and 1986, including the Structural Adjustment Programme (SAP), did not induce long lasting economic gains due partly to a high level of double-digit inflation. As a result, the proportion of the population below overall poverty line rose from 35% in 1991 to 43% in 1995 among the urban population, and from 55% to 70% during the same period among the rural population. Poverty shows a distinct regional, age, gender and education disparities. The challenges facing Nigeria today are enormous and call for credible policies aimed at urgently reversing the spiral so as to avoid further deterioration of the overall socio-economic situation.

1.4. HEALTH

The prevailing health situation is poor. This is reflected in the high levels of morbidity and mortality. In 1990, only 56.5% of the population had access to health services including reproductive health care services; 11% of the rural, and 45% of the urban population had access to facilities for waste disposal; 69% of total population had access to supplies of portable water; 30% of deliveries were attended to by trained medical or paramedical staff; 37% of children had complete immunization coverage before first birthday and 36% of the under five children were malnourished. Available data also show that there is currently one hospital bed to approximately 900 Nigerians (FMOH, 1992). Health services and facilities are largely urban based with a strong bias towards hospital-based curative medicine, to the neglect of preventive medicine; rural communities are grossly underserved. Malaria, and infectious, parasitic and respiratory diseases persist as the major causes of morbidity, debility, disability and death (PRS/FMOH, 1995). Furthermore, the increasing prevalence of HIV/AIDS pandemic is compounding the health situation in the country.

1.5 EDUCATION, TRAINING AND EMPLOYMENT

The current educational system is based on the amended National Policy on Education, which has as its ultimate goal the provision of compulsory, universal and free primary education. Some progress has been made at all levels of the education system, though gender gaps still exist. In 1995, 64% of females compared to 41% of males were illiterate (FME, 1995). A number of States have passed legislation prohibiting parents from taking their daughters out of school to be married off. Some States have instituted policies to enhance women's opportunities for secondary and continuing education by providing automatic scholarships for girls who qualify for secondary,

technical and higher education, especially in the sciences. However, the education sector is experiencing setbacks. The economic problems have resulted in the deterioration in the quantity as well as quality of educational inputs (e.g. facilities are ill-maintained, teachers are insufficiently trained, shortages of textbook as well as school supplies and equipment are rampant). School drop-out rates are high, especially at the primary school level. Of the children enroling in Primary 1, it is estimated that less than 2% would ever reach high education.

As far as the employment situation is concerned, evidence from the National Rolling Plan 1994-96 shows that 30.20 million persons are employed out of the labour force of 32.65 million implying an unemployment rate of 7.5%. Among those employed, 60% are in agriculture, 16.3% in distribution, 10.5% in manufacturing and 9.2% in services. These four sectors combined to account for 96% of the estimated total gainful employment (NRP, 1994). The incidence of unemployment covers both the secondary and tertiary institution graduates and the current rates stand at 70% in the urban areas and 64% in the rural areas (FOS, 1995). Underemployment has also worsened despite all efforts at reducing it. The available data show that 11.2% of the urban employed and 28.1% of the rural employed were actually working for less than 40 hours a week (NRP, 1994).

Women continue to be involved in the economic process, but more so in the less lucrative enclave of the informal sector. It is estimated that they are responsible for the production of 70% of food consumed in Nigeria. In the formal sector, an encouraging development, though, is that the number of women has begun to increase in both administrative and professional occupations.

1.6 GENDER ISSUES

In Nigeria as a whole, the disadvantaged situation of women is reflected in the existence of laws, customs and practices which either endanger their lives or deprive them of their autonomy, self respect or human rights. These range from bride price, forced marriages, male sex preference, female genital mutilation and a host of other discriminatory practices on the basis of sex, and often marital status as well as age. In addition, a tripartite system of laws (statutory, customary and sharia) exists. In this regard, customary law is often superimposed to deny women access to property and inheritance that are otherwise due to them in statutory marriages. A committee set up by the government in 1990, consisting of five women and six men, identified 15 areas in which women experience discrimination. This committee submitted its report in 1993 with the recommendation for a promulgation of a law entitled "women protection against discrimination decree", which is still to be implemented.

In view of the women's situation, development programmes and projects have operated to address the problem of inequity and inequality between the sexes and the economic empowerment of women. Particularly, since the end of the UN women's decade in 1985, women's issues acquired unprecedented prominence in Nigerian society primarily through high profile projects initiated and vigorously supported by the First Ladies. In the last regime, the "Better Life Programme" (BLP) dominated government intervention in addressing women's issues through credit facilities, extension services creation or expansion of agro-allied income-generating technologies, market outlets etc. In the current regime, the First Lady has spearheaded a Family Support Programme (FSP) the thrust of which is promotion of maternal health and family values though the most visible aspect initially is the focus on the protection of children from the six killer diseases through an expanded

programme on immunisation.

1.7 ACTIVITIES OF THE FEDERAL GOVERNMENT

With the establishment of the National Population Policy in 1989, the Federal Government has designed multi-sectoral national population projects (NPP) for the implementation of the policy. The NPP is currently being implemented by seven Collaborating Agencies (CAs) all of which are established departments within the Federal ministries. The Federal Government has also viewed the issue of demographic data collection with concern. Accordingly, the National Population Commission has been mandated to implement the national civil registration and vital statistic project. Data on births, deaths, migration, etc., are being collected at selected Local Government Areas. Other important population activities include the national population census and inter-censal surveys.

1.8 COOPERATION WITH DEVELOPMENT PARTNERS

1.8.1 Non-governmental organizations

Over 200 service-oriented NGOs have been identified, the majority of which focus on reproductive health especially on HIV/AIDS, and family planning, child abuse, as well as community development, income generating activities for women's and children's welfare, and human rights (UNICEF, 1993; 1995). In the Country Strategy Note (CSN), there is provision to the effect that "implementation of projects will be the responsibility of the communities with the active participation of traditional organizations, CBOs, NGOs, and the private sector" (FRN, 1996). The great potential of local and credible NGOs and CBOs must, therefore, be fully explored and utilized to ensure a greater impact of population and development programmes particularly at the grassroots level where the issue of day-to-day survival is critical under the current socio-economic situation.

1.8.2 International Cooperation

The effort of the Government have over the years been complemented by assistance from bilateral and multilateral organisations. Such donor agencies include the European Union (EU), Overseas Development Administration (ODA), the Ford Foundation and the United Nations Development System (UNDS). In 1994, for example, Nigeria was the biggest recipient of aid from the European Development Fund (EDF) of the European Union (EU). Available information shows that the seventh EDF National Indicative Programme for Nigeria was the largest among the 70 African, Caribbean and Pacific countries (ACP), totalling ECU 365 million (EU, 1995). However, the current withdrawal of assistance by some bilateral donors is likely to have an overall negative impact on the amount of resources expected from international donor agencies. The situation, therefore, calls for efficient use of resources both from national and international sources.

1.8.3 Coordination Mechanism

As the number of partners in development increases with the proliferation of local NGOs, effective coordination and monitoring of development activities at all levels is of utmost importance

in order to ensure a better and effective use of mobilized resources for greater impact. At present, the International Cooperation Department of the National Planning Commission at the Presidency coordinates donors funds for all sectors of the economy. The Department of Community Development and Population Activities (CDPA) of the Federal Ministry of Health, and the National Population Commission are the two Government agencies actively involved in the population programmes. The two agencies operate under the auspices of the National Consultative Group for Population and Development (NCGPD). However, there is a need for clearer delineation of roles as well as strengthening of the NCGPD and the other groups under it.

1.9 KEY ISSUES

The major emerging issues from the foregoing discussion are:

- The partial withdrawal of assistance by some donor agencies is likely to reduce the quantum of resources available for the implementation of population and development programmes in the country.

- Regional, urban, rural and gender disparities are acute and have been aggravated by the economic downturn. Disparities are evident especially with respect to nutrition, the incidence of acute poverty and access to health services. The benefits of development programmes have not been shared in an equitable manner.

- The incidence of poverty is increasing, as demonstrated by recent social indicators. Nutritional status, a key indicator of poverty, is on the decline. Per capita income has plummeted.

- While acknowledging Government's past efforts in the population field, greater commitment and support are needed to expand the population programme, consolidate gains and establish foundations for sustainability. Government's commitment should be expressed through, *inter alia,* allocation of adequate financial and other resources as well as public declarations of support from senior political leaders and policy makers.

- Scarcity of resources and the complexity and enormity of the services required to conduct supportive population activities and to provide quality reproductive health care including family planning, underscore the need for effective coordination on two fronts. There is need for effective coordination of national programmes within and across the relevant ministries and the three tiers of government. Furthermore, donor agencies need to work closely together to avoid duplication of programmes.

- In order to reduce dependence on donor assistance and to foster national self reliance, the Government should increase internal resources available for population programmes and assume increasing responsibility for national execution of population and development programmes.

II. REVIEW OF THE NATIONAL POPULATION PROGRAMME

2.1 POPULATION AND DEVELOPMENT POLICIES AND PLANS

2.1.1 Development Planning Process and Government perception on Population Issues

The Nigerian economy was, until 1985, guided by a series of five-year development plans. There was a significant spill over of programmes from one plan period to another. Following the introduction of SAP in 1986, a three-tier planning system was adopted in 1989; it comprises the budget (short-term), the rolling plan (medium term) and the perspective plan (long term). The short term and the medium term plans are currently operational while the government plans to launch a long term perspective plan in December, 1996.

Consideration of population-development interactions was largely absent from the first set of development plans. Government maintained a *laissez faire* approach to population until the early 1980s when the deteriorating economic situation and the limited success of previous development plans led to a policy shift. In 1989 the government launched the National Policy on Population for Development, Unity, Progress and Self-Reliance (NPP) which affirmed the official view point that rapid population growth adversely affected the slow pace of economic development. As a result the NPP set quantitative targets for fertility reduction through voluntary family planning. Thereafter, the number of family planning clinics increased rapidly.

Following the 1994 International Conference on Population and Development (ICPD), the government has conducted a national workshop to reflect the broader mandate on Population and Development issues which emerged from the Cairo conference. The main issues include gender equality and equity, the empowerment of women, the integration of population into sustainable development programmes, poverty alleviation, access to reproductive health care and family planning and the right to education. The establishment by government in 1994 of a Ministry of Women Affairs and Social Development clearly reflects its commitment to the new population agenda which is people-centred and seeks to empower women.

2.1.2 Integration of Population Factors into Development Planning

At the Federal Government level the Department of Social Services of the National Planning Commission is mandated to ensure the integration of population variables into planning. Two important developments could facilitate integration. First, the Civil Service Reform of 1988 mandated all federal and states ministries to establish, among others, Departments of Planning, Research and Statistics (PRS) which should generate sectoral data that could be fed into the planning process and for monitoring and evaluation of plan performance. Second, the National Population Commission conducted a census in 1991; the figures while being used by the National Planning Commission are not yet officially available for public use. Moreover, the methodology for integrating population factors into development still needs to be worked out and there is a need for the training of planning officers at the federal, state and local government levels.

Reflecting its multi-sectoral nature, several ministries and Collaborating Agencies (CAs) are responsible for the implementation of different aspects of the National Population Policy. This situation calls for effective coordination and there is, therefore, the need for a thorough assessment

of the institutional arrangement to enhance effectiveness, prevent duplication of efforts and avoid resource wastage.

2.2 IMPLEMENTATION OF THE NATIONAL POPULATION PROGRAMME

2.2.1 Population and Development Strategies

2.2.1.1 Situation analysis and Achievements

a. National Population Policies

During the period under consideration, Nigeria's National Population Policy for Development provided justification and guidelines for activities in the field of population. The Policy which was prepared long before adoption of the ICPD Programme of Action does not reflect new approaches which emphasize reproductive health, elimination of gender disparities and the direct benefits to individuals and families of lower fertility.

The National Population Policy has been translated into broadly consistent programmes, and there has been progress in implementing these programmes. However, activities appear to be unevenly distributed.

At this stage many leaders acknowledge clearly that in the present situation rapid population growth tends to impede the achievement of socio-economic development. There is also awareness that rapid population growth is aggravating the acute difficulties Nigeria is experiencing in providing social services, maintaining infrastructure and meeting nutritional requirements. Overall, the environment for population policies and programmes has improved. This can be inferred from the increase in the number of NGOs active in the population field, wider discussion of population policy, changes in knowledge and attitudes regarding contraceptive use and readiness to support and extend reproductive health activities.

b. Integration of Population Policies and Programmes within the Larger Set of Development Policies and Programmes.

In Nigeria, as elsewhere, the nature of development planning and policy making has been changing. Government now places more emphasis on establishing the framework and environment for socio-economic development, and responsibility for social services, especially education and health, and infrastructure, including roads and water, is increasingly entrusted to the States and Local Governments.

The situation is similar with respect to strengthening links between implementation of gender-sensitive population programmes. Only limited attention is given to the relationships between enabling individuals and couples to plan their families and reducing gender disparities. Similarly, links between population programmes (especially reproductive health programmes) and policies to meet the needs of special groups (adolescents, nomads) and to address special problems (poverty alleviation, environmental degradation) have yet to be spelled out clearly.

c. Bases for Implementation of the National Population Programme

There is a large number of institutions at all levels of government which have a role in the implementation of population policies and programmes. There are also many institutions which are concerned directly or indirectly with policies and programmes intended to enhance the situation of women and to reduce gender disparities. At the Federal level, the central coordinating role falls on the Department of Community Development and Population Activities of the Federal Ministry of Health which is being strengthened by numerous and diversified training programmes, as well as the acquisition of vehicles, computers and other equipment.

In the field of population, Nigeria has a large pool of well-trained and experienced personnel and its universities and institutes are in a position to offer a very wide variety of training programmes.

A large share of the direct costs of population activities in Nigeria is met by aid donors. However, in addition to providing counterpart fund Government pays the salaries of many civil servants who deal with population matters, and it provides facilities and basic equipment. Also, Government has borrowed $78.5 million from the World Bank for population activities, though allocation and disbursement of those funds are proceeding slowly. In the area of reproductive health services, limited cost-recovery procedures are in place in the public sector, and private individuals and enterprises play a very large role in the provision of services.

d. Data Collection, Analysis, Research and Training

The government recognizes the importance of data collection and analysis, research and training as key instruments in the population and development process. Statutory data collection agencies such as the Federal Office of Statistics (FOS) and the National Population Commission (NPC) have been set up. The Federal Office of Statistics (FOS) has been collecting data on socio-economic variables through the National Integrated Survey of Households (NISH). The NPC, within its mandate, has conducted the 1991 Population Census and in 1980, a National Demographic Sample Survey (NDSS) which was followed in 1981-82 by the Nigerian Fertility Survey (NFS). The vital registration system is currently operated on a pilot basis with limited coverage. Arising from the 1988 Civil service reforms, Departments of Planning, Research and Statistics (DPRS) have been established at Federal and State Ministerial levels to enhance the mechanisms for coordinating and harmonizing data collection activities among the three tiers of government. Several private agencies, organizations and individuals are also engaged in collecting demographic and socio-economic data of diverse scope and quality.

The Population Activities Fund Agency (PAFA) has been established to administer grants in population activities to all government agencies and NGOs. With an initial credit from the World Bank, it is envisaged that PAFA will mobilise funds from other donors and become the financing arm in population activities in Nigeria.

Availability of trained human resource is an essential requirement for the implementation of population and development programmes. Several avenues exist in the country for on-the-job training in population-related areas. The National Planning Commission has organised a number of sensitisation workshops on the consequences of rapid population growth. Also, the Ministry of Women Affairs and Social Development has trained several staff members at the national and state

levels in project formulation and evaluation as a part of mainstreaming women in the development process. Other workshops, seminars and conferences have been conducted by various organisations.

2.2.1.2 Constraints and Shortcomings

The linkages between population on the one hand and development process as well as they quality of life of individuals and families on the other hand are not generally appreciated.

At subnational levels, support for the implementation of the population programmes is relatively limited. Moreover, political and community leaders, religious communities, women's associations and even medical associations and other community-oriented groups may not always perceive reproductive health and family planning as mainstream health services which merit broad and constant support. Proponents of population programmes in Nigeria do not seem to have sufficient influential allies and partners. Consequently, actual implementation of effective programmes has been limited. Other constraints include inadequacy of resources, acute economic stress, insufficient institutional and/or technical capacity, political instability, traditional values and attitudes with respect to fertility and family size, and the sheer size and diversity of Nigeria.

Political and socio-cultural constraints may inhibit both declarations and measures to raise and enforce the age at marriage, improve the legal rights and status of women, or facilitate the access of adolescents and unmarried persons to contraceptives.

Given the multi-faceted nature of population issues, it is understandable that a large number of diverse institutions are involved in population activities. However, this creates problems of coordination which are aggravated by overlapping mandates. Furthermore, because there are many participants in population programmes, it is difficult to establish priorities with regard to capacity building and there is some risk of spreading resources too thinly.

For several reasons, many persons, including those who have recently received training, either leave the public sector altogether or are transferred to positions where they cannot make use of their newly acquired skills.

There have been significant achievements in the area of data collection and analysis, but many constraints still persist; these constraints include: i) lack of timely population census to provide basic demographic and socio-economic indicators needed to monitor and evaluate P&D programmes and National Population Policy; ii) limited scope and coverage of the vital registration system; iii) lack of a balanced programme of data collection, analysis and dissemination; iv) limited supply of human and physical resources committed to data collection, analysis and dissemination; v) inadequacy of Management Information Systems for the coordination of comprehensive data sets at multi-sectoral levels; vi) inadequate utilisation of data in planning, policy making and programme formulation, implementation and evaluation due to lack of appreciation of the importance of data-driven decision; vii) lack of solid data foundation and properly disaggregated data by gender and other relevant socio-economic variables to implement and monitor the full integration of women into society on an equal basis with men; viii) lack of reliable demographic information and analysis on vulnerable groups such as the urban poor, nomadic population, migrants and adolescents.

Some of the problems and constraints in the conduct and dissemination of research include: a) limited facilities in the Universities and research institutions; b) inadequate networking among

researchers; c) non-existence of a Population Information and Reference System; d) non inclusion of gender perspective in the design, planning and execution of gender research programmes.

Constraints in training include: i) shortage of teaching and learning materials; ii) inadequate funding of training components of population and development projects; iii) gender imbalance of trainers and trainees in existing training institutions; iv) lack of appropriate support for training programmes in computer, statistics, demography and development studies.

2.2.1.3 Lessons learnt

In the past, population programmes have been implemented separately from other development programmes. Efforts must, therefore, be made to promote and support integration of population policies and programmes with other development policies and programmes to take account of changes in development planning and policy. There is a need to determine the main areas and levels calling for improved integration, to develop suitable methodologies and to ensure the availability of essential information.

In the light of the complexity of the institutional framework and constraints on efficient manpower utilization, it is important to match the type and length of training to the needs of the institution and the skills and intentions of the staff member. It is also important to find ways to ensure effective utilization of skills acquired through training.

Coordination is needed at many different levels and in many different domains; moreover, coordination is needed both within and between sectors. The institutional framework for coordination needs to be carefully worked out.

The private sector and NGOs have a very important role to play in implementing population activities, especially those relating to reproductive health, but the framework for participation of private enterprises and NGOs in population activities has not been spelled out. Also, "grassroots" participation in discussions of policy issues and in activities leading to the design and implementation of new activities has also been limited, possibly resulting in loss of relevancy, efficacy and support.

2.2.2 Reproductive Health, including Family Planning and Sexual Health

2.2.2.1 Situation Analysis and Achievements

Nigeria's health policy is based on the primary health care (PHC) approach. The health care services are organised along the 3-tier system of government. Local government authorities are responsible for delivery of primary health care services. Reproductive health care including family planning and sexual health is a component of primary health care. The coordination of reproductive health interventions is the responsibility of the Federal Ministry of Health.

Women's reproductive health issues are inextricably linked to their low socio-economic status and prevalence of negative socio-cultural beliefs and practices. These include nutritional taboos, FGM, pre-pubescent marriages and curtailment of their rights and access to family planning. In addition, due to the stigma attached to many sexual and reproductive health problems

(i.e. infertility, RTIs and STDs), there is an attendant culture of silence and a tendency to seek remedies mainly from the traditional and spiritual healthcare sector.

The management of reproductive health services has been successfully decentralised to State and Local Government Area level, integrated with the "minimum district health for all package". Safe motherhood services (antenatal care, childbirth and postnatal care) and family planning services are delivered in MCH/FP clinics and General Hospitals. About 40% of births take place in health institutions. Another 30% are attended to by traditional birth attendants (TBAs) while the rest are unattended. Overall contraceptive prevalence rate (CPR) has increased from 6.7% in 1990 to 20% in 1994 (NDHS, 1990; NPC, 1995).

The prevention of sexually transmitted infections including HIV is integrated with family planning but the integration of syndromic treatment of sexual transmitted diseases (STDs) has just started. Sexually transmitted infections (STIs) are common and increase the risk of being infected with HIV. In the general population, HIV seroprevalence is estimated to be 1.2% but as high at 17.5% among commercial sex workers (NASCP, 1993/94). The results of one sentinel sites survey showed that the age group 20-39 have the highest seroprevalence. Adolescent girls (15-19 years) have higher seroprevalence than boys of the same age. Screening for other reproductive tract conditions and the management of infertility are yet to be integrated in PHC. The successful decentralisation of reproductive health programme management to State and Local Governments has increased the understanding and involvement of local authorities and communities. In many areas, voluntary health workers and traditional birth attendants are now actively involved in motivation and advocacy for family planning and prevention of STD/AIDS. Adolescents have restricted access to reproductive health services including family planning especially in public sector health facilities. The private not-for profit organisations and NGOs are the principal providers of adolescents' health care including counselling for responsible parenthood. Male needs for family planning services are not adequately catered for because such services are usually available only at MCH/FP clinics. More integrated services are offered by private practitioners and NGOs than in the public sector.

Unsafe abortion is a major cause of maternal mortality and morbidity especially among adolescents. Other causes of maternal mortality are haemorrhage, infection, obstructed labour and hypertensive disease of pregnancy/eclampsia. Vesico/recto-vaginal fistula is a common sequelae of obstructed labour and cause of life-long ill-health.

The quality of reproductive health services is poor, due to the poor physical state of health facilities, lack of equipment, socio-cultural and other factors impinging on the quality of care, and limited choice. The range of contraceptive methods especially at the community level is narrow. Most service providers have not received adequate training to satisfy the needs of all target groups. In-service training programmes are still the major channels of reproductive health skills acquisition.

Cost sharing applies to reproductive health care services in the public sector and some NGOs. At current cost the services are fairly affordable but commodities stockouts in the public sector have become frequent in recent times. NGOs provide a wide range of reproductive health services; most of them focus on prevention of STI/HIV, family planning and family life education/responsible parenthood for adolescents. NGOs are well known for their comparative advantage in piloting innovative approach in reproductive health.

Whereas general health coverage is 56%, only 34% of the population have access to family planning services. More than half (54%) of population know at least one modern contraceptive method but the CPR is only 12%. However, a study conducted in 1994 found that about 70% of women respondents wanted fewer children than the ones they already had. Further, a recent focus group study among 6 ethnic groups found that contraceptive practices abound in most traditional societies. It is alleged that women refrain from family planning for fear of real or perceived opposition of their husbands.

2.2.2.2 Constraints and Challenges

Unregulated fertility is responsible for many maternal and infant deaths, ill-health and poverty. The existence of traditional contraceptive practices proves that family planning is recognised in local culture. This favourable ground is currently not being exploited to promote the use of more reliable methods.

Family planning services are delivered as a vertical service located at MCH/FP and aimed at married women. This practice is culturally unsuitable for men, single women and adolescents. The reproductive needs of adolescents are not recognised by parents and services are denied them by health workers. Therefore, most adolescents are exposed to increased risk of unwanted pregnancy and contracting sexually transmitted infections including HIV.

The provision of family planning services in the public sector is limited to MCH sites. There are, however, other areas within health facilities where potential clients could be reached. This includes general medical outpatient care, maternity and gynaecology wards and under-5 clinics among others. These are missed opportunities. A number of family planning outlets are owned by the private sector but many of these only provide a limited range of methods. This limits choice.

2.2.2.3 Lessons learnt

All graduates from health professional colleges appear to need in-service training to enable them acquire adequate skills for delivery of comprehensive reproductive health services. However, in-service training is dependent on donor funding. There is need to develop a more appropriate reproduction health strategy emphasis on pre-service training.

For a long time contraceptives supplies were provided free of charge or subsidised by donors. The sudden termination of some donor aid now threatens the future of the population programme. It is implicit that internal resources should be made available for the supply of key commodities on the sustainable basis.

A lot of inputs are being channelled into reproductive health by many actors, foreign and local. Available MIS forms are not appropriately designed to elicit needed detailed information for planning and management purposes.

2.2.3 Advocacy, and Information, Education and Communication

2.2.3.1 Situation analysis

a. In the area of Population and Development Strategies

Advocacy and IEC in PDS have focused exclusively on population policy formulation and promotion of the national population logo. Yet a number of issues exist in this thematic area that are worthy of advocacy and IEC support. These include:

- Strengthening the commitment and support of political leaders and policy makers for the population programme.
- Obtaining national consensus and support for carrying out a viable census.
- Streamlining the institutional mechanisms for programme coordination and implementation.
- Mobilising domestic resources to fund key population activities, including the procurement of commodities, the conduct of censuses and other key data collection activities, and setting up and maintaining of national databases and MIS.
- Establishing an effective partnership between Government, NGOs and the commercial private sector in implementing the population programme.

b. In the area of Reproductive Health, including FP/SH

Advocacy and IEC for Reproductive Health have been carried out by both Government departments and NGOs. In recent years, commercial private sector entities involved in social marketing have also engaged in IEC. NGOs led advocacy interventions, starting with the efforts of the Planned Parenthood Federation of Nigeria (PPFN) in the promotion of family planning in the 1970s. They continue to spearhead advocacy on new and emerging issues.

Past advocacy and IEC in RH focused on MCH, particularly family planning. From the late 1980s however, HIV/AIDS pandemic and other RH issues, that came to the fore as a result of ICPD and Beijing have attracted advocacy and IEC attention. With regard to adolescents, a national Adolescent Reproductive Health Policy has been formulated and a draft national programme prepared, but not yet implemented. The POP/FLE programme implemented by the National Educational Research Council (NERDC) represents the one attempt to reach a significant segment of adolescent population on a national scale. However, due to a number of implementation problems the project has not been able to achieve its primary goal of reaching students of primary and secondary schools with reproductive and sexual health information.

c. Advocacy and IEC for Gender Issues

Advocacy and IEC activities on gender issues have been carried out principally by NGOs and women's groups. The involvement of politically influential women, such as First Ladies, has been instrumental in bringing gender issues to the limelight and obtaining substantial Government

and donor support. Government support and commitment has been demonstrated through the establishment of high level institutions, including a Ministry of Women's and Social Affairs and the National Centre for Women's Development.

Previous advocacy and IEC have been conducted within a Women in Development (WID) framework, focusing on the economic and social empowerment of women. The new gender paradigm that emphasises gender analysis and mainstreaming of gender into planning and development processes is yet to take root in Nigeria.

2.2.3.2 Achievements

Advocacy and IEC interventions have recorded some achievements. An institutional infrastructure for IEC delivery has been established within both the Governmental and non-governmental sectors. At the national level, a National IEC Committee has been established that has overseen the formulation of National IEC Strategies at the federal as well as state and grassroots levels. A pool of IEC specialists is being built up and national capacity for IEC programme development and implementation is thereby strengthened. An indication of the success of IEC interventions is the increasing awareness of key RH issues as well as improving attitudes and behaviour in this regard. These positive changes have been documented in a number of surveys and qualitative studies.

Key achievements of gender Advocacy and IEC are the establishment of high level institutions providing an institutional basis for the development of national gender policies strategies and programmes, and the emerging trend among women's allied NGOs towards the formation of coalitions and networks.

2.2.3.3 Constraints and Shortcomings

Despite a number of facilitating factors, including a spirit of enterprise, creativity and an activist culture, Advocacy and IEC face significant challenges in Nigeria. Four key constraints are: i) the heterogeneity and complexity of Nigerian society; ii) an unstable social and political environment; iii) inadequate communications and media infrastructure, and iv) the difficulty of accessing reliable and up-to-date data. These factors affect all population advocacy and IEC programmes.

In the area of population and development strategies, past Advocacy and IEC interventions have focused on the formulation of the National Population Policy and the development and launching of a national population logo. No structured Advocacy or IEC interventions have been organised, no institutional mechanisms been established to support other components of PDS, namely data collection, analysis and utilisation, and integration of population into planning and development processes. Arguably, the most significant PDS activity to take place in Nigeria in the past decade or so has been the 1991 census. Yet no structured Advocacy or IEC programme was organised to pave the way for, or accompany, this activity. This lapse may account in part for some of the difficulties encountered with the census.

Constraints and gaps in advocacy and IEC for RH include:

i) Inadequate understanding and application of key processes in Advocacy and IEC

strategy development and programme implementation, including message and materials development and the appropriate use of research;

ii) Inadequate use of Advocacy to pave the way for IEC and services;

iii) Inadequate linkage of IEC with service delivery;

iv) An undue focus on intermediaries rather than ultimate beneficiaries, particularly in the public sector;

v) Insufficient decentralisation of IEC delivery infrastructure to the state and LGA levels;

vi) Inadequate collaboration among Government, NGOs and the private sector;
vii) Absence of impact evaluation, as opposed to process and administrative evaluation;

viii) Costly training strategies.

In the area of gender, the following constraints and challenges have been identified :

i) Inadequate appreciation of the new Gender, Population and Development (GPD) among those charged with developing policies and strategies and implementing GPD programmes;

ii) Limited national consensus on concepts, policies and strategies for achieving national gender goals;

iii) Lack of involvement of men, who hold the key to policy and decision making at all levels of society.

2.2.3.4 Lessons learnt

The following eight key principles highlight the lessons learnt and should guide the next country programme in this sector:

- The conceptual and strategic bases for Advocacy and IEC should be clearly established. In particular, the distinct, but complementary roles of Advocacy and IEC should be clarified.

- Advocacy and IEC should be directly linked with sectoral programmes and services

- Advocacy and IEC should support issues in PDS and Gender, not just RH

- Advocacy and IEC interventions should focus on reaching ultimate audiences directly

- Effective mechanisms should be found to coordinate and implement Advocacy and

IEC at state and LGA levels.

- Collaboration should be fostered among Government, NGOs and the private in carrying out Advocacy and IEC interventions
- Advocacy and IEC programmes should emphasise impact evaluation
- Cost effective training strategies should be developed to build a critical mass of Advocacy and IEC expertise in the country

III. PROPOSED PROGRAMME STRATEGIES FOR 1997-2001

3.1 GLOBAL LEVEL

During the period of the Fourth Country Programme the broad goal should be:

TO ENHANCE POPULATION ACTIVITIES AND GENERAL DEVELOPMENT PROGRAMMES FOR THE WELL-BEING OF NIGERIANS.

3.2 THEMATIC AREAS

3.2.1 Population and Development Strategies

3.2.1.1 Objectives and Strategies

Objective 1:

To strengthen the foundations of the National Population Policy and of the mechanisms for its implementation.

Strategies:

i. Ensuring effective popular participation in review and update of the National Population Policy:

- conduct workshops at grassroots level and for key policy-makers and opinion leaders on critical population issues;
- disseminate information about population issues, the approaches and strategies of the ICPD Programme of Action and needs with regard to population programmes.

ii. Ensuring that analyses of the effects of population policies and programmes emphasize the social and economic benefits of better health as well as improvements in the condition of women.

iii. Developing an operational plan for building capacity with respect to the design and implementation of population and development strategies and identifying priority

capacity-building measures for sustainability.

iv. Furthering integration of population factors in the formulation and implementation of development policies and programmes at the local government and state levels with particular attention to effective participation of officials, technical departments, and representatives of community and professional associations.

- Organise workshops for policy makers, Local Government Officials and opinion leaders on the need to integrate population factors into development policies, plans and programmes;
- Assess the institutional framework at the LGA levels with a view to improving its impact in the integration process;
- Develop an built-in mechanism for monitoring and evaluating the impact of integration of populations variables into development plans.

v. Seeking to reduce urban/rural as well as regional disparities in implementation of population activities.

vi. Seeking and collaborating with partners and allies within various levels and departments of government and civic, professional, cultural and religious associations and women's organisations.

vii. Developing long-term strategies for meeting the costs of population programmes, and for increasing the cost effectiveness of population activities. Key components of such strategies may include:

- cost recovery in the public and NGO sectors;
- promotion of services provision by the commercial private sector;
- strengthening of arrangements for timely provision of substantial counterpart funds for implementation of population activities at federal and lower levels;
- increased funding of population activities by state and local governments;
- community-financed health care schemes.

viii. Assessing the institutional framework to identify strengths and weaknesses of the operational system with a view to enhancing coordination and collaboration and to improving cost-effectiveness and programme performance.

ix. Creating a critical mass of national population specialists for effective implementation of the population and development programmes.

Objective 2:

To increase the availability, accessibility, dissemination and utilization of relevant population data.

Strategies:

i. Fostering the participation of producers and users, including commercial private sector, donors and NGOs in the collection, analysis and dissemination of population data.

ii. Undertaking detailed and further analysis of the 1991 population census data.

iii. Initiating preparatory activities toward the 2001 population census including automated cartography and Geographic Information System.

iv. Developing a plan for timely release of population data including census, demographic and sentinel survey.

- coordinate, focus and operationalise plans for the collection, analysis and use of timely information;

- provide for relevant information including gender-sensitive data for all levels of analysis to be made available at each level, from the community up to the federal government.

v. Undertaking Biennial Demographic Sample Surveys to monitor and evaluate population policies and programmes.

vi. Developing a framework for integrated Population Information and Reference System (PIRS) including population data base and MIS for the implementation, monitoring and evaluation of population and development programmes.

- Establish a viable population data base.
- Establish an operational population and development MIS.

vii. Expanding the scope and coverage of the Vital Registration System.

3.2.2 Reproductive Health, including Family Planning and Sexual Health

3.2.2.1 General Objective and Strategies

a. Objective

To increase the accessibility and the acceptability of quality reproductive health services to all target groups particularly in rural and peri-urban areas.

b. Strategies

i. Developing and adopting a common reproductive health policy, standards and guidelines for training and service delivery.

ii. Adopting standard and functional management information system to be used by all partners providing reproductive health care.

iii. Establishing a common institutional framework for coordination of all interventions in reproductive health.

iv. Developing and integrating training curricula on reproductive health in the basic professional training of all health service providers This will include a continuing education program to maintain a high level of technical competence among service providers.

3.2.2.2 Specific Objectives and Strategies

a. Objectives

i. To reduce maternal and infant mortality to achieve the Decade goal.

ii. To increase modern contraceptive prevalence rate from 12% in 1994 to 25% by the year 2001.

iii. To reduce the transmission of sexually transmitted infections including HIV and provide adequate management for other sexually transmitted diseases;

iv. Create suitable environment to promote and increase access of reproductive health care to adolescents.

b. Strategies

i. Strengthening and expansion of safe motherhood interventions to underserved, rural and peri-urban areas

- train peripheral health workers including traditional birth attendants on obstetric life saving skills
- Train physicians, CHOs and N/midwives
- deploy community midwives to supervise domiciliary midwifery in order to promote early referral of complications.
- institute an efficient referral system including provision of communications and means of transport.

ii. Diversifying channels for the provision of family planning services and management of sexually transmitted diseases

- Empower peripheral and auxiliary health workers to provide an integrated package of reproductive health services.
- Develop and provide action-oriented service guidelines for family planning and for syndromic management of sexually transmitted diseases to service providers.

iii. Adaptation of services delivery practices and retraining of health workers to cater for adolescent reproductive health needs.

iv. Integration of reproductive health services into school/college health services.

v. Developing and promoting appropriate practices for the prevention of HIV and other sexually transmitted infections including positive socio-cultural beliefs and practices.

vi. Assisting sexually active individuals to negotiate safe sex and providing counselling to seropositive ones to live positively with HIV.

vii. Mobilising men to participate in reproductive health decisions and responsible parenthood.

viii. Strengthening the capacity and ability of NGOs to deliver reproductive health services.

3.2.3 Advocacy: Objectives and Strategies

a) Advocacy and IEC for PDS

Objective 1:

To support/strengthen institutional and operational mechanisms for developing and implementing Advocacy and IEC interventions in support of key issues in PDS at national, state and LGA levels.

Strategies:

i. Streamlining and strengthening the coordination function of the National IEC Committee at federal level and expand the scope of coordination and collaboration to include NGOs and commercial private sector institutions.

ii. Redefining the roles and functions of various existing IEC coordination mechanisms at state level (e.g. State Population Education Committees - SPEC, and State Population IEC Committees). Foster a partnership among the various IEC coordinating bodies and expand the network of collaboration to include NGO and private sector coalitions operating at the state level.

iii. Identifying and strengthening resources and communication channels for implementation at LGA level.

iv. Promoting the use of the National Population IEC Strategy and the State Population IEC Strategy to guide the implementation of IEC.

Objective 2:

To gain national consensus on the NPP and obtain support for reviewing/updating the NPP and streamlining the institutional apparatus for its implementation.

Strategies:

i. Educating and informing policy makers, community and opinion leaders, as well as programme managers about key issues, priorities and strategies contained in the NPP through the mass media and inter-personal communication approaches (seminars, workshops and meetings) as well as the need to review the policy to take account of new issues emerging out of the ICPD and Beijing conferences.

ii. Re-packaging relevant research data and information into user-friendly formats to use as tools for informing and educating policy makers, community and opinion leaders and journalists.

iii. Mobilising and motivating journalists and other media professionals to educate the public about the need to review/update the policy.

iv. Incorporating population education into the training programmes of institutions that train current and potential high level policy makers, such as the National Institute of Policy and Strategic Studies and the Defence College.

v. Incorporating population education into the training programmes of selected departments and schools of journalism and mass communication.

Objective 3:

To obtain the support and commitment of policy makers in Government, the private sector and donors for the collection, analysis and dissemination of population data.

Strategies:

i. Soliciting the support of policy makers/leaders and private sector organisations and donors to allocate financial and other resources to support the conduct and dissemination of censuses and other large scale population data.

ii. Training journalists and other media professionals to accurately report on data collection and analysis activities.

Objective 4:

To increase the appreciation of utility of population data for policy and strategy formulation, and development planning at all levels among potential end users and the general public.

Strategies:

i. Training potential end users at Federal, State and LGA levels as well as among the NGO and commercial private sector to utilise population data. Promote the use of appropriate computer software to directly access data from national databases.

ii. Mobilising journalists to educate and inform the public about the uses of data in the formulation of policies and implementation of programmes that affect their lives.

b. Advocacy and IEC for RH

Objective 1:

To increase the awareness and knowledge of women, men and adolescents about sexual and reproductive health, and bring about changes in their attitudes and behaviour in order to: (i) increase contraceptive use; and (ii) reduce HIV/AIDS infection rates.

Strategies:

i. Informing and educating women, men and adolescents about family planning and HIV/AIDS through mass media, as well as institution-based and community-based channels that reach ultimate audiences directly.

ii. Re-orienting in-school POP/FLE programmes to reach a larger number of students as well as parents and the larger community. Promote the use of alternative strategies, including co-curricular activities, school-based and school-linked counselling services and linkage of in-school FLE to community-based and mass media campaigns.

Objective 2:

To improve the inter-personal communication and counselling skills of service providers, and increase the knowledge of pregnant women and nursing mothers about safe motherhood practices in order to reduce maternal and infant morbidity and mortality.

Strategies:

i. Developing and producing print and audio-visual materials (e.g. training manuals and handbooks, flip charts, videos, leaflets, etc.) to support IPC and counselling training of clinic-based and community-based service providers and to enhance client education.

ii. Informing and educating pregnant women, nursing mothers and significant others about safe motherhood practices through mass media, mass literacy programmes and community-based inter-personal communication channels.

c. *Advocacy and IEC for Gender*

Objective 1:

To foster consensus for developing a national policy and strategic framework for mainstreaming gender issues into development and planning processes.

Strategies:

i. Reviewing and synthesising existing research and data on gender in order to identify key issues and potential areas of intervention.

ii. Re-packaging the data into user-friendly formats and using them to generate discussion and debate among key stakeholders and constituencies.

iii. Employing mass media, mass literacy programmes, in-school POP/FLE, and community-based inter-personal communication channels to inform and educate relevant segments of the population about key issues in gender.

iv. Mobilising women's, men's and youth associations, as well as relevant NGOs to form coalitions and networks to highlight gender issues, and promote appropriate policies and strategies.

Objective 2:

To enhance national capacity for formulating and implementing gender policies, strategies and programmes.

Strategies:

i. Training key staff in the Ministry of Women and Social Development, other relevant Government departments and institutions including those involved in design and implementation of population policy as well as NGOs in gender analysis, Advocacy techniques and strategy development and implementation.

ii. Increasing the availability of, and accessibility to, relevant data, through: (a) gender-sensitive and gender-responsive data collection and analysis; and (b) identification and incorporation of gender-specific data in the proposed PIRS and other existing or proposed MIS systems.

Objective 3:

To increase the participation of men in developing and implementing gender policies, strategies and programmes.

Strategies:

i. Encouraging male policy makers, community and opinion leaders to join women's groups in discussions and debates on gender issues.

ii. Using mass media, mass literacy programmes, organised labour settings and community-based IEC to foster communication between men and women about gender issues.

iii. Employing traditional men's associations, professional and social clubs to mobilise men to participate in gender-related programmes and activities.

Objective 4:

To increase awareness of, and improve the attitudes of women, men and youth towards, norms and practices that are detrimental to the status and development of women, including FGM, sexual and domestic violence and widowhood rites.

Strategies:

i. Conducting research to document the prevalence and impact of discriminatory and harmful socio-cultural practices and norms.

ii. Using mass media, in-school POP/FLE, mass literacy programmes, organised labour settings and community-based IEC to educate women, men and youth about the negative effects of these practices.

iii. Educating young girls and other vulnerable groups and providing them skills to protect themselves against exploitation and abuse.

iv. Soliciting support for legislative and policy reform and educating law enforcement agencies on their role in curbing the incidence of violence and abuse.

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