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# Gender Analysis for Strategic Planning

**JULY 2014**

## **July 2014**

This publication was produced by The Mitchell Group, Inc. (TMG) under the USAID/Nigeria Monitoring and Evaluation Management Services (MEMS) II Project (Contract #620-M-00-11-00001-00), at the request of the United States Agency for International Development (USAID)/Nigeria. It was prepared independently by Sylvie Morel-Seytoux, Team Leader (International Consultant), Irene Okosun, Research Assistant (Nigerian National Consultant), and OmoTayo Olugbemi, Monitoring & Evaluation Specialist, MEMS II.

## **Acknowledgements**

The USAID/Nigeria Gender Analysis for Strategic Planning consultancy was comprised of a three-person team, including Sylvie Morel-Seytoux, Team Leader (International Consultant); Irene Okosun, Research Assistant (Nigerian National Consultant); and Omotayo Olugbemi, M&E Specialist (Nigeria MEMS II Project). The team would like to extend their thanks to those who generously offered their expertise and time in support of the assessment, most notably, USAID/Nigeria Program Office staff members Kevin Brown and Yemi Dada; MEMS II Chief of Party, Evan Scott Thomas, and Deputy Chief of Party, Zakariya Zakari; as well as Jenkins Cooper, Vice President Operations, and Rosa Ayala, Program Associate with The Mitchell Group (TMG). Appreciation is also extended to John Wooten Jr., a MEMS II International Development Consultant, who provided a wealth of technical resources to the team.

# **USAID/NIGERIA GENDER ANALYSIS FOR STRATEGIC PLANNING**

July 2014

Project Number - 620-M-00-11-00001

## **DISCLAIMER**

The authors' views as expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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# ACRONYMS

ADS	Automated Directives System
CDCS	Country Development Cooperation Strategy
CEDAW	Convention on All Forms of Discrimination Against Women
CSO	Civil Society Organization
DEC	Development Experience Clearinghouse
FGM	Female Genital Mutilation
FMWASD	Federal Ministry of Women Affairs & Social Development
FOMWAN	The Federation of Muslim Women's Associations in Nigeria
FtF	Feed the Future
GON	Government of Nigeria
IFES	International Foundation for Electoral Systems
INEC	Independent National Electoral Commission
JICA	Japanese International Cooperation Agency
MEMS II	Nigeria Monitoring and Evaluation Management Services (MEMS) II Project
NACA	National Agency for the Control of AIDS
NEPC-WIEDP	Nigerian Export Promotion Council – Women in Export Development Programme
POC	Point of Contact
SOW	Statement of Work
SGBV	Sexual and Gender Based Violence
USAID	U.S. Agency for International Development
USAID/N	U.S. Agency for International Development/Nigeria
WOFEE	Women's Fund for Economic Empowerment

# EXECUTIVE SUMMARY

## PURPOSE OF USAID/NIGERIA GENDER ANALYSIS

USAID/Nigeria is developing a new Country Development Cooperation Strategy (CDCS) for 2015-2019. USAID introduced the CDCS as an Agency-wide strategic initiative that seeks to leverage long-term planning and careful analysis to maximize development impact. A gender analysis is required as part of the process for developing the new CDCS to identify key gender issues and gender constraints that need to be addressed in the Mission's proposed programs, and to make recommendations on how the Mission can achieve greater gender integration in its programs.

According to USAID policy, country strategies must reflect attention to gender efforts to improve the status of women by taking into account not only the differential roles of men and women, but also the relationship and balance between them and the institutional structures that support them. Gender is not a separate sector to be analyzed and reported in isolation. Instead, gender mainstreaming requires that gender analysis be applied to each set of issues that is considered in the development of the Strategic Plan. A gender analysis examines the technical areas of a Mission's portfolio to generate the necessary information to ensure the completion of a well-integrated CDCS.

The U.S. Government is also committed to advancing the rights of women and girls as a central focus of U.S. diplomatic, development, and defense interests. In keeping with the USG's commitment, USAID has designated the promotion of gender and female empowerment as the number one operational principle designed to help the Agency focus on achieving and measuring developmental impact.<sup>1</sup>

The Scope of Work (SOW) for this analysis was developed with the recognition that an up-to-date analysis of constraints to gender equality in the areas where USAID/Nigeria works will result in more sustainable development outcomes and more effective use of funds. The gender analysis is a forward-looking document that combines socio-economic and demographic analysis from a gender perspective. The analysis includes recommendations on ways to mitigate gender inequality that can be integrated into USAID/Nigeria's Development Objectives (DOs), Intermediate Results (IRs), Sub-IRs, Results Framework (RF), Monitoring and Evaluation, and Indicators.

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<sup>1</sup> USAID Policy Framework 2011-2015.

## BACKGROUND AND CONTEXT

Nigeria ranks 106 out of 136 countries on the Global Gender Gap Index for 2013.<sup>2</sup> This index measures several key variables including economic participation and opportunity, educational attainment, health and survival, and political empowerment. More specifically, among the 136 countries analyzed for the 2013 Gender Gap Index, Nigeria ranked 54<sup>th</sup> on economic participation and opportunity; 126<sup>th</sup> on educational attainment; 122<sup>nd</sup> on health and child survival; and 83<sup>rd</sup> on political empowerment.<sup>3</sup>

Gender disparity is significant in all strata of economic and social activities in Nigeria, and is exacerbated by socio-cultural rigidities, harmful traditional practices, and a dual legal system that recognizes customary law and lacks both basic protections and enforcement. There are particular differences in gender disparities between the Muslim North and the Christian South, but equally vast differences between (and even within) the six geo-political zones of Nigeria. Women constitute approximately 50 percent of the estimated population of 170 million in Nigeria, and contribute in many ways to national development (including producing approximately 75% of Nigeria's food for local consumption and export.) However, women are in the lowest income levels in most organizations, and are predominantly in the informal sector of the economy.

The Government of Nigeria (GON) recognizes that harnessing the potential of the entire citizenry is needed to achieve development goals and social harmony. The national strategy for promoting gender equality and women's empowerment, as outlined in the Nigerian economic transformation blueprint, is systematic gender mainstreaming in all policies, programs and organizational cultures in Nigeria through the incorporation of the principles of the UN Convention on the Elimination of all Forms of Discrimination Against Women, and other global and regional frameworks that support gender equality and women's empowerment. It has, among other goals, adopted an increase in the targeted proportion of women in executive positions to 35 percent by 2015. Under the plan, the GON will continue to strengthen the national machinery and institutional capacity for the advancement of women, children and the physically challenged.

USAID/Nigeria recognizes that providing equal opportunities and social services for both females and males is key to advancing the economic and social development of the country and for the promotion of democratic values. The Mission considers gender an important cross-cutting theme that must be integrated within the strategic planning and programmatic design processes. Mainstreaming gender assists programs, projects, and activities to become more sustainable and aims for both males and females to benefit. USAID/Nigeria is helping the GON in narrowing its gender gaps in many areas such as education, health, political participation, and economic empowerment.

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<sup>2</sup> The Global Gender Gap Report 2013, World Economic Forum.

<sup>3</sup> The research and analysis underlying this assessment preceded the kidnapping of more than 250 schoolgirls in northern Nigeria in April 2014 by terrorist forces opposed to western education, and as such, the implications of this dramatic event are not discussed in the Gender Analysis.

## **METHODS AND LIMITATIONS**

A three-person team undertook the assessment, comprised of a senior (international) consultant serving as Team Leader, a Nigerian (National) consultant, and a MEMS II Nigerian Monitoring and Evaluation Specialist. The team utilized a mixed-method approach to collect and analyze information relevant to the scope of work, including a comprehensive desk review and analysis of pertinent literature and documents (including the draft CDCS 2015-2019); meetings and discussions with USAID/Nigeria technical team leaders and other staff involved in developing the Strategic Plan, as well as interviews with representatives of key non-USAID stakeholders based in Abuja; implementation of a survey comprised of key questions for USAID/Nigeria's technical teams; and a meta-data analysis of the sex-disaggregation of indicators in the Performance Reporting System (PRS) and the District Health Information System (DHIS), USAID/Nigeria's two databases for Implementing Partner performance monitoring. Limitations on the data available for the gender analysis were imposed by the Statement of Work for the assignment, which allowed for no travel to sites outside Abuja.

The assessment team interviewed 45 USAID/Nigeria staff, including Program Officers, members of the Mission's Gender Working Group, the Mission's Focal Point for Disability, and staff from the technical teams for Education; Health Population and Nutrition; Peace, Democracy and Governance; HIV/AIDS and TB; and Economic Growth and Environment. Interviews were also carried out with a balanced variety of selected non-USAID stakeholders, reaching 25 representatives of bilateral and multilateral donors, implementing partners, beneficiaries, donors, civil society organizations, and Government of Nigeria entities. These included the International Foundation for Electoral Systems (IFES); the Nigerian Export Promotion Council & Women in Economic Development Program (NEPC –WIEDP); the Federation of Muslim Women's Associations in Nigeria (FOMWAN); the Nigeria Country Office of UN Women; and the Nigeria Country Office of the Japanese International Cooperation Agency (JICA). Finally, Government of Nigeria officials were also interviewed from several key agencies, including the Federal Ministry of Women Affairs and Social Development (FMWASD); the Independent National Electoral Commission (INEC); and the National Agency for the Control of AIDS (NACA).

The gender assessment team's preliminary findings, conclusions and recommendations were presented and discussed with participants from among the technical staff of USAID/Nigeria. Valuable technical feedback from this discussion was incorporated into the analysis.

## **FINDINGS AND CONCLUSIONS**

### **Key Gender Disparities and Constraints**

As USAID/Nigeria develops its new Country Development Cooperation Strategy for 2015-2019, key gender issues and constraints will need to be addressed within the context of the Mission's proposed programs to maximize development impact and sustainability. The assessment examined the broad technical areas of the Mission's portfolio, and identified the most critical gender considerations of relevance to ensuring the completion of a well-integrated CDCS for Nigeria.



**Critical gender considerations:** Some of the most critical gender disparities and constraints affecting USAID programming in Nigeria include the following:

- Crippling legal constraints and discriminations impacting women's economic empowerment in Nigeria (such as land inheritance practices and lack of access to credit);
- Widespread harmful traditional practices (such as widowhood abuse, early and forced marriage and female genital mutilation (FGM));
- Constraints to girls' educational access, retention and affordability (most notably impacted by household decision-making dynamics);
- Widespread social harassment and violence at all levels in the political arena (preventing female political participation and involvement in civil society); and
- Social norms, taboos and household decision-making norms impeding access to the use of skilled health facilities, as well as constraints to contraception use, negatively impacting the health and well being of women, girls, men and boys.

**Cross-cutting insights:** There were several cross-cutting insights drawn from the assessment that will be key in the years ahead for the advancement of women and girls in Nigeria, including:

- Lack of a Legal Framework & Poor Enforcement: There are numerous proposed laws that are pending in Nigeria which both USAID technical teams and non-USAID stakeholders report as fundamental for the goal of eliminating constraints faced by women and girls in Nigeria to become economically, politically and socially empowered. Key gender champions in Nigeria, including the Ministry of Women Affairs and Social Development, UN Women and the Independent National Electoral Commission (INEC), for instance, argue that one of the most fundamental problems is the *lack of a legal framework to support justice*, with most legal cases never coming to fruition -- and little police protection, support or enforcement. The passage of key laws, such as the Violence Against Persons (Prohibition) Bill; the 2010 Electoral Act (as amended); the Disability Bill; the Equal Opportunity Bill; the Land Reform Bill (revision of the 1979 Land Use Act); and the Trafficking in Persons Prohibition Bill will be fundamental in achieving gender equality and improving the status of women and girls. Several states have widowhood rights laws, but there is not yet a nationwide widowhood rights law -- which a majority of assessment respondents identified as being crucial to the protection and empowerment of widows, who are presently experiencing widespread discrimination across all geo-political zones in Nigeria.
- Widespread Sexual & Gender-Based Violence: The widespread prevalence of Sexual and Gender-Based Violence (SGBV) was also identified as an important cross-cutting gender issue, for which silence surrounding the problem is finally (although only slowly) being broken in Nigeria. The National Demographic and Health Survey reported that 30% of Nigerian women and girls (age 15-49) have experienced some form of physical and/or sexual violence, with women in the south-south zone reporting over 52%, and women who

are either divorced, separated or widowed experiencing especially high rates of physical violence, at 44% across all zones.<sup>4</sup> Twenty of the 36 states in Nigeria have passed a law in one form or another related to GBV, but UN Women reports the laws are weak, rarely enforced, and some have recently been repealed. In addition, it has to be noted that among other effects, recently-enacted anti-gay legislation in Nigeria has increased the anxiety of implementing partners within USAID activities working to reduce transmission and treat the effects of HIV/AIDS among the LGBT community. These individuals are at greater risk of gender-based violence, as well as broader discrimination, such as in the workplace.

- Lack of Awareness among Women & Girls of their Basic Human Rights: There remains a clear lack of education and awareness across Nigeria regarding the most basic and fundamental human rights of women and girls. Interviews with USAID technical teams and a diverse range of non-USAID key stakeholders, as well as desk review analysis, indicate that basic messages regarding a women's right to vote, her right to not be physically or emotionally abused, her rights to basic services, and her rights with respect to decision making (ranging from early marriage, to contraception use, to FGM) at the household level are largely absent. Rural women were identified (in particular) as needing confidence building, leadership training, and simple public messages encouraging them to "come out of their homes and speak up for themselves" to advocate for their needs. A large-scale social mobilization campaign has not yet been carried out in Nigeria, as it has been done in many other African countries, such as Zambia and South Africa.

## **Programming Opportunities and Best Practices**

The assessment identified where USAID/Nigeria might intentionally take advantage of key opportunities to substantively improve the status of women and girls in Nigeria, in keeping with the U.S. Government's commitment to advancing the rights of women and girls as a central focus of U.S. diplomatic, development and defense interests. Among other suggestions provided within the report, two recurring themes became apparent in terms of being particularly effective "best practices" within the Nigerian context: (a) the intentional targeting of *male* religious and traditional leaders as an entry point into a community, and (b) building the capacities of *existing* programming structures within CSOs and governmental agencies in Nigeria, for example, which are already actively working on gender issues -- rather than the creation of new structures. These best practices are described briefly below.

Targeting of Male Religious & Traditional Leaders: A best practice which was culled from the assessment is the targeting of males to change social perceptions via education and awareness raising. A key lessons learned from the USAID technical teams, IFES, INEC, FOMWAN and UN Women, is that changing social perceptions (awareness raising) is an essential first step toward increasing the participation of women and girls in politics – but for that change to happen, an effective method is to reach out to male religious, traditional and community leaders that are respected and hold authority within the community. Once their support and acceptance (for the issue) is gained, communities tend to be more open to the consideration of new ideas, and often

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<sup>4</sup> Violence Against Women: Analysis of the 2008 National Demographic Health Survey. UN Women, 2013.

follow the example of their male religious or traditional leaders. USAID/Nigeria's implementing partners and other donors and CSOs active in Nigeria have used creative means to raise public awareness through this approach, such as fliers written in local dialects; working with accepted "town criers" to sensitize the community with basic messages about women's political participation; reaching out directly to the disabled (through employment and volunteerism); and basing child spacing and maternal health behavioral change messages on religious scholarship.<sup>5</sup>

**Building the Capacity of Existing Structures:** There is a growing network of organizations in Nigeria that are already working on gender issues and the advancement of women and girls. Rather than starting from scratch, USAID has (and is encouraged to substantively build up) its partnerships with these existing entities in Nigeria. There are many CSOs and NGOs that are already actively advocating for affirmative action, constitutional and legal reforms and transparency/good governance, and which need capacity building to better carry out their operations. There are a growing number of gender champions in Nigeria, such as the UN Secretary General Network of Men Leaders to End Violence Against Women. There are also programming structures that already exist within the government and NGO community, supporting women's economic and political empowerment, such as the 774 Women's Centers providing vocational skills development to rural women operated by the National Centre for Women's Development, or the Women's Fund for Economic Empowerment (WOFEE) operated by the Ministry of Women's Affairs & Social Development, which works with over 3,000 rural agro-credit women's cooperatives. USAID could join forces with the Nigerian Country Office of UN Women to expand its work to establish Sexual and Gender Based Violence research/baselines, as well as prevention outreach and social service interventions which are urgently needed throughout the country. The Nigerian Export Promotion Council's Women in Economic Development Program (NEPC –WIEDP) is another potential partnership that, if tapped, can substantively impact women's economic well-being.

### **Mission-Level Gender Programming**

Focusing directly on the Mission's gender-programming efforts (as an institution), the assessment found that USAID/Nigeria's programming includes attention to gender issues throughout its portfolio, with gender-specific activities evident in most technical sector areas. Staff within the technical teams are largely gender-informed, and actively work toward mainstreaming gender considerations throughout their portfolio. The Mission recently established a Gender Working Group that is led by an appointed Gender Point of Contact (POC), with Technical Team Leaders or their designees serving as representatives for their technical sector on the Gender Working Group.

While the working group has been active this past year, their (self-identified) primary concerns in terms of viability and effectiveness include: lack of a full-time Gender Advisor assigned to the Mission; lack of a budget for Mission-wide gender training, research and activities; and lack of

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<sup>5</sup> See, for example, the Final Performance Evaluation of USAID/Nigeria's Leadership Development for Family Planning/Reproductive Health for Political Office Holders, Traditional and Religious Leaders Project, performed by TMG, Inc., February 2014.

sufficient monitoring and enforcement throughout the program cycle for gender integration (especially among implementing partners).

The Gender Working Group and technical teams also reported a lack of adequately detailed gender analysis data at the *project design* level to support programming that takes into account the enormous socio-cultural, religious, ethnic, legal, educational and other demographic differences between (and within) the six different geographical zones. Interviews and evidence from the desk review confirm the variety of decision-making behaviors, traditional practices, religious orientations, education levels and other gender-relevant factors among and within Nigeria's six geographical zones, all of which are important to understand at the community and household levels during the project design phase to ensure optimal development programming.

### **Gender-Integration within the CDCS & Gender M&E Framework**

Upon review of the draft CDCS, there was evidence of an *overall good level* of gender integration across the board for most planned program activities (across sectors), with some areas lacking in terms of consistency in the sex-disaggregation of people-level indicators and groups (such as youth), as well as some room for improvement in terms of the inclusion of gender considerations when programming for planned studies. There was evidence of some planned activities with a specific emphasis on the empowerment of women and girls, but it was *fairly limited*. An important finding is that while USAID/Nigeria shows a high level of understanding of the importance and applicability of gender analysis for gender equality and sustainability of development objectives, there is *somewhat less* comprehension among the Mission's staff pertaining to USAID's Gender Policy of specifically advancing the status of women and girls.<sup>6</sup>

The most significant finding was an almost complete absence of programming to address the pressing and widespread problem of Sexual and Gender-Based Violence (SGBV) in Nigeria. The assessment therefore offers general programming suggestions to support the integration of SGBV programming into the Mission's CDCS – emphasizing that SGBV activities can be integrated into USAID programming from multiple avenues, including HIV interventions (such as counseling at HIV clinics on SGBV); general health interventions (such as FGM prevention, harmful traditional practices education, and social mobilization campaigns); school curriculums and teacher training (to include prevention of sexual abuse messages in schools); and PDG activities which provide capacity building to CSOs that advocate and mobilize civil society toward the promotion of SGBV prevention laws, protection and support services (such as safe houses, legal aid for survivors, and training for police and law enforcement entities).

Importantly, the gender assessment identified males as also being survivors of SGBV in Nigeria, though most males do not come forward to report incidents due to the social stigma.<sup>7</sup> Given that emotionally and physically challenged individuals are more vulnerable to experiencing some

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<sup>6</sup> ADS Chapter 205: Integration Gender Equality and Female Empowerment in USAID's Program Cycle, July 17, 2013.

<sup>7</sup> Violence Against Women: Analysis of the 2008 National Demographic Health Survey. UN Women, 2013.

form of SGBV, the assessment team encourages the Mission to include this (often overlooked) population into all SGBV programming.<sup>8</sup> Recent studies on SGBV programming in Zambia, Chad and in the U.S. have found this phenomenon to be true—and the correlation between being physically or mentally disabled and higher risks of abuse is well established worldwide.<sup>9</sup>

Finally, with respect to indicators, the study's meta-data analysis of indicators from the Performance Reporting System (PRS) revealed that 64% of indicators that could be sex-disaggregated were, in fact, disaggregated. This finding leaves room for improvement for the upcoming CDCS in terms of disaggregation of indicators by sex across the Mission's Results Framework. The report offers a Gender M&E framework for the new CDCS with proposed strategic indicators, in Annex IV.

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<sup>8</sup> Morel-Seytoux, Sylvie. USAID/Zambia: Evaluation of Gender-Based Violence Programming, 2011.

<sup>9</sup> Morel-Seytoux, Sylvie. USAID/Zambia: Evaluation of Gender-Based Violence Programming, 2011.

# PURPOSE OF USAID/NIGERIA GENDER ANALYSIS

## PURPOSE

USAID/Nigeria is developing a new Country Development Cooperation Strategy (CDCS) for 2015-2019. USAID introduced the CDCS as an Agency-wide strategic initiative that seeks to leverage long-term planning and careful analysis to maximize development impact. A gender analysis is required as part of the process for developing the new CDCS to identify key gender issues and gender constraints that need to be addressed in the Mission's proposed programs, and to make recommendations on how the Mission can achieve greater gender integration in its programs.

According to USAID policy, country strategies must reflect attention to gender efforts to improve the status of women by taking into account not only the differential roles of men and women, but also the relationship and balance between them and the institutional structures that support them. Gender is not a separate sector to be analyzed and reported in isolation. Instead, gender mainstreaming requires that gender analysis be applied to each set of issues that is considered in the development of the Strategic Plan. A gender analysis should include the examination of the technical areas of Mission's portfolio to generate the necessary information to ensure the completion of a well-integrated CDCS for Nigeria.

The U.S. Government is also committed to advancing the rights of women and girls as a central focus of U.S. diplomatic, development, and defense interests. In keeping with the USG's commitment, USAID has designated the promotion of gender and female empowerment as the number one operational principle designed to help the Agency focus on achieving and measuring developmental impact.<sup>10</sup>

The SOW for this analysis was developed with the belief that an up-to-date analysis of constraints to gender equality in the areas where USAID/Nigeria works will result in more sustainable development outcomes and more effective use of funding. The gender analysis is a forward-looking document that combines socio-economic and demographic analysis of Nigeria from a gender perspective. The analysis includes recommendations on ways to mitigate gender inequality that can be integrated into USAID/Nigeria's Development Objectives (DOs), Intermediate Results (IRs), and Sub-IRs, Results Framework (RF), Monitoring and Evaluation, and Indicators.

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<sup>10</sup> USAID Policy Framework 2011-2015.

A large number of studies on gender in Nigeria have been conducted over the past decade, including documents prepared by USAID/Nigeria, other donors such as the UK Department for International Development (DfID), the Government of Nigeria (GON), academics and others. This study draws on these publications as well as studies from other countries with similar traditional and religious backgrounds.

## **BACKGROUND**

USAID/Nigeria is currently operating within the following Agency priority areas:

- Conflict Management and Mitigation
- Good Governance
- Election and Political Processes
- Civil Society
- Water, Hygiene, & Sanitation
- Basic Education
- Agriculture & Trade – Feed the Future
- Energy – Power Africa
- Health, including HIV/AIDS & TB

Within this context, the assessment links country and sector-specific findings pertaining to gender constraints and opportunities in Nigeria to the Mission’s programming goals and objectives, particularly with respect to its upcoming Country Development Cooperation Strategy (CDCS).

Looking ahead, the Mission’s new five year Country Development Cooperation Strategy (CDCS) 2015-2019 has the following goal, which reflects the new USAID mission statement and is aligned with Nigerian government’s “Transformation Agenda” and the long term “Nigeria Vision: 20:2020.”<sup>11</sup>

### ***Key Institutions Mobilized to Reduce Extreme Poverty and Cultivate a more Stable, Democratic Nigeria.***

This goal will be pursued through two Development Objectives:

DO 1: Broadened Diverse and Inclusive Private Sector-led Growth

DO 2: Responsiveness of Targeted Government Institutions for Health and Social Resilience Improved

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<sup>11</sup> Nigeria Country Development Cooperation Strategy 2015-2019. (Draft of March 2013)

The Mission has made a number of strategic choices to implement this program:

DOI will:

- Focus on the agriculture sector using the Feed the Future (FtF) value chain approach. Since the value chain includes all stages from the individual farmer to the retail merchant, improvements in regulation, finance, trade policies, transportation, changes in this chain is expected to make an improved governance environment for other businesses to flourish. This work will continue to ensure that the extremely poor are targeted to gain financial benefits from participation in the value chain.
- Focus on privatization of existing electrical generation and distribution industries, with a lesser effort to promote environmentally sound use of natural gas that is being currently flared.

DO2 will:

- Ensure that social interventions (local governance, community service organizations, health, water, and education) are co-located to the extent possible to expand the lessons learned from the successful Nigerian Focus State Strategy (2009-2013).
- Continue working primarily at the state and local government level to increase budgetary, financial, and other resource management to ensure the provision of health, water and education services.
- Work closely with public and private sector providers to ensure that the quality of services given to Nigerians is continuously improved.



# BACKGROUND AND CONTEXT

Gender disparity is significant in all strata of economic and social activities in Nigeria, and is exacerbated by socio-cultural rigidities, harmful traditional practices, and a dual legal system that recognizes customary law and lacks both basic protections and enforcement. There are particular differences in gender disparities between the Muslim North and the Christian South, but equally vast differences between (and even within) the six geo-political zones of Nigeria.

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USAID/Nigeria recognizes that providing equal opportunities and social services for both females and males is key to advancing economic and social development of the country and for the promotion of democratic values. The Mission considers gender an important cross-cutting theme that must be integrated within the strategic planning and programmatic design processes. Mainstreaming gender assists programs, projects, and activities to become more sustainable and aims for both males and females to benefit. USAID/Nigeria is helping the GON in narrowing its gender gaps in many areas such as education, health, political participation, and economic empowerment.

# METHODS AND LIMITATIONS

## METHODOLOGY

A gender analysis is required as part of the process for developing a new Country Development Cooperation Strategy (CDCS) to identify key gender issues and constraints to be addressed in the Mission's proposed programs, and to provide recommendations on how the Mission can achieve greater gender integration in its programs.

A three-person team undertook the assessment, including one senior international consultant (serving as Team Leader), one Nigerian consultant (serving as Research Assistant), and a MEMS II Nigerian Monitoring and Evaluation Specialist.

The team utilized a mixed-method approach to collect and analyze information relevant to the scope of work, which included the following primary activities:

**Desk Review:** The team conducted a comprehensive desk review and analysis of relevant publications including the draft CDCS for 2015-2019, USAID evaluations, sector-specific publications, academic journals, GON reports, etc. As part of this effort, an electronic library of approximately 100 gender-relevant resources was provided to USAID/Nigeria. (A List of References is provided in Annex III.)

**Survey Development/Implementation:** The team drafted and circulated a set of 10 survey questions to all USAID technical teams. Written feedback was obtained from four out of the five technical teams (80% survey response rate). (Survey Questions for USAID/Nigeria Technical Teams is provided in Annex II.)

**Meta-Data Analysis:** The team conducted a meta-data analysis of the sex-disaggregation of indicators in the Performance Reporting System (PRS) and the District Health Information System (DHIS), USAID/Nigeria's two databases for Implementing Partner performance monitoring. The goal was to obtain a comprehensive view of the Mission's performance in terms of sex-disaggregation and gender-sensitive indicator development over the past five years of development programming – offering an opportunity to make projections for improvement for the upcoming CDCS.

**Gender M&E Framework Development:** The team developed a Mission-wide Gender M&E framework for the new CDCS with proposed strategic indicators. (Please refer to Annex IV to review the Gender M&E framework.)

### Stakeholder Interviews

The team carried out 20 key informant interviews reaching a total of 70 individuals, including three (3) representatives from two multi-lateral and bi-lateral donor organizations; six (6) representatives of a civil society organization (CSO); one (1) representative of a USAID implementing partner; 11 representatives from three (3) government agencies; all USAID technical teams and relevant program office staff (reaching 45 staff); two (2) representatives

from a beneficiary organization of USAID programming assistance; and three (3) members of a USAID contracting agency. (Please refer to Annex III for a List of Person's Contacted.)

Per a deliverable requirement, the team drafted summaries of all meetings to include the names of meeting participants, date of meeting, name of organizational entity, and main points of discussion. (Annex V provides a one-page summary of all meetings.)

More specifically, the team interviewed a total of 45 USAID/Nigeria staff, including (but not limited to) Program Officers, members of the Mission's Gender Working Group, the Mission's Focal Point for Disability, and all technical team staff. The technical teams interviewed included the following: Education; Health Population and Nutrition; Peace/Democracy and Governance; HIV/AIDS & TB; and the Economic Growth technical team. Three members of the Nigeria MEMS II staff (USAID contractors) were also interviewed, including the Chief of Party, the Deputy Chief of Party and the HIV/AIDS & TB Advisor.

Key informant interviews were also carried out with a balanced variety of selected non-USAID stakeholders, including implementing partners, beneficiaries, donors, civil society organizations, and Government of Nigeria officials. These included the Program and Gender Desk Office of the International Foundation for Electoral Systems (IFES); the Assistant Director and Principal Trade Officer of the Nigerian Export Promotion Council & Women in Economic Development Program (NEPC –WIEDP); and six representatives of the Federation of Muslim Women's Associations in Nigeria (FOMWAN), including their National Legal Advisor, Deputy National President, and Deputy Chairman for Health (among others).

Various Government of Nigeria officials were also interviewed, including eight staff within the Federal Ministry of Women Affairs and Social Development (FMWASD), including the Assistant Director, the Principal Community Development Officer, and the Deputy Director of Economic Services (among others). The Deputy Director and Assistant Director of the Independent National Electoral Commission (INEC) were also interviewed, as well as the Assistant Director of Gender and OVA with the National Agency for the Control of AIDS (NACA).

Finally, select bi-lateral and multi-lateral donor agencies participated in interviews, including the National Program Officer of the Nigeria UN Women Country Office, as well as several officials from the Japanese International Cooperation Agency (JICA) Nigeria Office.

All of these organizations were asked 1) what the primary gender issues and constraints are in Nigeria from their vantage point, and 2) what they perceive as the top issue(s) needing to be addressed with respect to the advancement of women and girls in Nigeria over the next five years, among other questions. This allowed for triangulation of findings and recommendations, combining feedback from USAID staff, non-USAID stakeholders, and information analyzed from the desk review. (Annex II provides the full Interview Guide for Non-USAID stakeholders.)

Finally, the gender assessment team's preliminary findings, conclusions and recommendations were presented and discussed with participants from among the technical staff of

USAID/Nigeria, and valuable technical feedback from this discussion was incorporated into the analysis.

## **DATA LIMITATIONS**

### Inadequate Time Available to Fully Analyze Vast Data Collected

The primary limitation faced by the consulting team was the extremely short timeline allotted to conduct the desk review, carry out the field work, analyze the survey and interview data, and draft the report. Due to the team's extensive experience conducting consultancies of this nature, however, adjustments were quickly made to capture as much learning while in the field as possible. For instance, in recognition of the little time available in the field for interviews, the team drafted a survey of key questions which was circulated via email among the USAID technical teams during their fieldwork. This mechanism ensured that even in such a tight timeline, solid information and data was collected from each technical team to fully inform the assessment. The team also worked seven day work weeks to move the study forward as strategically and efficiently as possible.

### Limited Interviews with Civil Society Organizations (CSOs)

Also due to time constraints, only a limited number of interviews with Nigerian-based organizations were feasible. The analysis would have benefited from additional interviews with key stakeholders in Nigeria, most notably, additional Nigerian-based civil society organizations (CSOs). Given CSOs often play a major role in pushing the gender agenda forward, this category of key informants would have offered many unique insights that would have been beneficial to the study.

In lieu of multiple meetings with CSOs, the team collected publications and reports from many CSOs active in Nigeria for the analysis. In addition, among the select interviews that were carried out, they were highly structured and substantive, lasting 1.5 to 2 hours in length, with follow up via email to maximize these interactions. Further, each organization was also requested (ahead of time) to provide publications and copies of relevant reports, from which the team could continue to study their programming priorities, accomplishments and constraints after the meetings. The team was fortunate to obtain a generous amount (and variety) of reports/studies from these organizations to support the study. Additionally, the team utilized a pre-drafted Interview Guide that ensured discussions were substantive and focused. (Please see Annex II to review the Interview Guide for Non-USAID Stakeholders.)

### Interviews Conducted Only in Abuja

Limitations on the data available for the gender analysis were imposed by the Statement of Work for the assignment, which allowed for no travel to sites outside Abuja. This had limitations in terms of the applicability of findings to rural and more impoverished areas throughout the countryside. To mitigate this limitation, the team carefully selected the highest priority organizations for its focus, selecting a good balance and variety of different types of organizations, including multi-lateral and bi-lateral donors, beneficiaries, CSOs, implementing partners, government agencies, and faith-based organizations that also provide services in rural areas. The team placed top priority on meetings with all USAID/Nigeria technical teams and the Gender Working Group, as well as with Program Officers.

### Lack of Assurances of Anonymity/Confidentiality for Interviewees

Finally, the analysis would have benefited from a report structure that would have allowed to team to offer its interviewees/survey respondents assurance of anonymity/confidentiality. The scope of work required summaries of all meetings (to include the names of all meeting participants), and thus, the team was not able to assure interviewees that their responses would remain anonymous, i.e., the format of the required deliverables impeded upon the team's ability to carry out interviews that would offer the most honest and trusting (optimal) environment for open communication and dialogue.

Nevertheless, interviewees were very forthcoming, and the team believes that the primary constraints and issues were successfully identified as a result of the assessment. Recognizing the potential sensitivity of this deliverable requirement, the team was careful not to probe too deeply into institutional issues or management concerns (as they might have done under other circumstances) given the sensitivity of these topical areas. This was one way the team thoughtfully adjusted its approach to the assessment to both provide the Mission with one-page meeting summaries that were comprehensive and forthcoming, but at the same time, limit the possibility or the likelihood that any personal or relationship-sensitive issues would arise – which if reported in the meeting summaries might cause discomfort or harm to individuals participating in the assessment. The Mission is encouraged to re-consider this reporting requirement in the future in recognition that confidentiality is essential toward obtaining the most honest and open communications from interviewees and survey respondents.

# FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

## FINDINGS

### Gender Disparities & Women's Empowerment in the Nigerian Context

Nigeria ranks 106 out of 136 countries on the Global Gender Gap Index for 2013.<sup>12</sup> This indicator measures several key variables including economic participation and opportunity, educational attainment, health and survival, and political empowerment. More specifically, among the 136 countries analyzed for the 2013 Gender Gap Index, Nigeria ranked 54<sup>th</sup> on economic participation and opportunity; 126<sup>th</sup> on educational attainment; 122<sup>nd</sup> on health and child survival; and 83<sup>rd</sup> on political empowerment.

In 2012, Nigeria ranked 110 out of 136 countries, showing some progress between 2012 and 2013 in the areas of political empowerment and economic participation and opportunity. However, between 2006 and 2012, Nigeria showed little progress on any key gender-gap indicators, with the exception of gradual progress in the area of political empowerment.

#### Political Empowerment

In 2013, there were only seven women in parliament as opposed to 93 men, however, at the same time, there were 28 women in ministerial positions and 72 men in ministerial positions (39% female). This boost in the number of ministerial positions filled by women in Nigeria improved its comparative ranking in terms of political empowerment to 83 out of 136 countries in 2013.<sup>13</sup> The most recent data for 2014 indicates that, at present, 10 out of 43 Cabinet Ministers are women (23%); eight (8) out of 109 Senate (7%) are women; 24 out of 360 House of Representatives (7%) are women; and there are six (6) female Special Advisors out of 18 (33%).<sup>14</sup> Only about 4% of Nigeria's councillors are women.<sup>15</sup> The assessment identified the widespread fear of standing for elected office among women in Nigeria, due to harassment in various emotional and physical forms, as a major constraint to women's political participation and empowerment.<sup>16</sup> This was confirmed by interviews with representatives of INEC, IFES, UN Women and FOMWAN, who shared numerous anecdotal stories of women engaging in political activities and having to withdraw or limit their activities due to emotional and/or physical harm from the media, family members and others. The literature identifies that verbal abuse or the threat of violence can also effectively exclude, inhibit or deter girls and women from seeking political office, or even seeking services or contributing to society. For instance, "soft violence," such as whispering campaigns, rumors, innuendo, insults) deter women candidates from contesting for posts

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<sup>12</sup> The Global Gender Gap Report 2013, World Economic Forum.

<sup>13</sup> The Global Gender Gap Report 2013, World Economic Forum.

<sup>14</sup> The Global Gender Gap Report 2013, World Economic Forum.

<sup>15</sup> Gender in Nigeria Report 2012: Improving the Lives of Girls and Women in Nigeria.

<sup>16</sup> Gender in Nigeria Report 2012: Improving the Lives of Girls and Women in Nigeria.

and elections.<sup>17</sup> These and other impediments, such as the key role of money in Nigeria politics, are detailed in a recent article “Female Representation in Nigeria: The Case of the 2011 General Elections and the Fallacy of 35% Affirmative Action.” The article describes men’s overwhelming advantage over women in terms of financing and the unfortunate “buying of votes.”<sup>18</sup>

### Educational Attainment

With respect to educational attainment, Nigeria’s 2013 literacy rate was 41% for females and 61% for males; its enrollment in primary education was 55% for girls as opposed to 60% for boys; its enrollment in secondary education was 22% for females as compared to 29% for males; and enrollment in tertiary education was 9% for females and 12% for males.

Data indicates that the educational attainment of males and females in Nigeria differs greatly between geographical zones and states. For instance, sixty-nine percent of women in the north west zone have never attended school, compared to only 5% of women in the south-south and south-east zones. Similarly, 45% of men in north-east zone have never attended any school, while only one percent of men in the south-south and south-east zones have never attended school. Further, at the state level, at least 90% of women in Abia, Anambra, Imo, Ekiti and Osun states (in the south) are literate, while only 10% of women in Sokoto, and 11% of women in Jigawa and Zamfara (northern states) are literate.<sup>19</sup>

Nigeria’s low scores, particularly with respect to the gender gap in overall literacy rates and disparities within the secondary and tertiary levels, accounted for the country’s very poor/low ranking on the Global Gender Gap Index for educational attainment (at 126 out of 136 countries). This overall ranking was reported as being steady and without progress between the period of 2006 to 2013. With respect to female/male teachers, in 2013 48% of primary education teachers were female; 46% of secondary teachers were female; and only 17% of tertiary teachers were female.<sup>20</sup>

The desk review revealed that trafficking is one reason why girls drop out of school in specific areas of the south in Nigeria, and in other regions, the penal code section 55(4) (that is applicable in the Northern regions), legalizes “corrective” beating of a pupil, as long as it does not cause grievous hurt.<sup>21</sup> This, along with bullying of girls that challenge “no go” areas in schools, have been reported as some of the various causes of female school dropout. Studies reveal that corporal punishment, bullying and physical abuse cause girls to drop out of school, and in some cases, abusive behavior may be learned in teacher training establishments, where the “opportunity for sexual favours is regarded by male teachers as a privilege of their position.” The literature suggests that student teachers in this environment learn to accept sexual violence against someone as normal.<sup>22</sup>

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<sup>17</sup> Gender in Nigeria Report 2012: Improving the Lives of Girls and Women in Nigeria.

<sup>18</sup> “Female Representation in Nigeria: The Case of the 2011 General Elections and the Fallacy of 35% Affirmative Action.” Research on Humanities and Social Sciences. ISSN 2222-1719, Vol. 3, No.2, 2013.

<sup>19</sup> Nigeria Demographic and Health Survey 2013. National Population Council.

<sup>20</sup> The Global Gender Gap Report 2013, World Economic Forum.

<sup>21</sup> Gender in Nigeria Report 2012: Improving the Lives of Girls and Women in Nigeria.

<sup>22</sup> Gender in Nigeria Report 2012: Improving the Lives of Girls and Women in Nigeria.

The importance of women's and girls' education on family's well-being is particularly evident by the NDHS 2013 finding that a mother's educational attainment directly affects the health of her children. The survey found that children whose mothers have no education are far less likely to be fully vaccinated than children whose mothers have more than secondary education (at seven percent and 64 percent, respectively.)<sup>23</sup>

A 2011 Bauchi State Gender Gap Analysis Report brought forth the problem of infrastructure as one variable constraining girls' education, stating "the scarcity of adequate female specially designed infrastructure and services in education continues to restrict girls' and women's full access to basic education opportunities."<sup>24</sup> The report identified the "need to set up sanitary facilities and first aid facilities in schools to be more girl child friendly," and the "creation of safe spaces for girls to interact and learn relevant subjects and issues." The widespread problem of girls hawking was also reported, suggesting "economic empowerment and agricultural programs for women and men [are needed] to improve the economic situation of families to reduce hawking to improve the education levels of girls and women."

### Economic Empowerment

Among the 67% of the Nigerian population in Nigeria estimated to be living below the World Bank's definition of extreme poverty, over 65% are comprised of women.<sup>25</sup> According to the UK Department for International Development (DFID) 2011 Gender Report in Nigeria, "Nigeria has one of the lowest rates of female entrepreneurship in sub-Saharan Africa. The majority of women are concentrated in casual, low-skilled, low paid informal sector employment. Only 15% of women have a bank account."<sup>26</sup>

In terms of economic empowerment, income and land ownership is essential in terms of progress for women in Nigeria. However, only 7.2% of land is owned by women in Nigeria. Traditional land tenure systems and patterns of inheritance and lack of access to credit all weigh heavily upon women's economic empowerment, given a majority of Nigeria's female population work in the agriculture and informal sectors – for which access to credit depends largely upon assets and land ownership. The literature indicates that factors such as land size and land ownership significantly influence disparity in productivity, as well.

Despite these constraints, women produce approximately 75% of Nigeria's food for local consumption and export.<sup>27</sup> Women constitute the majority of small farmers, and they provide most of the labor and manage many farms individually or collectively.

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<sup>23</sup> National Demographic and Health Survey 2013 (Preliminary Report), National Population Council.

<sup>24</sup> Bauchi State Gender Gap Analysis Report, Zaynab Maina-Lukat, Bauchi State Government, USAID Nigeria Northern Education Initiative and RTI, October 2011.

<sup>25</sup> Sources: World Bank 2010 data on the percentage of the Nigerian population living on less than \$1.25 per day; and "Gender Equality and Women Empowerment in Nigeria: The Desirability and Inevitability of Pragmatic Approach," Kelly Bryan Ovie Ejijumudo, Ph.D., Developing Country Studies. ISSN 2224-607X (Paper). Vol. 3, No.4. 2013 regarding the percentage of those who are female.

<sup>26</sup> 2011 Gender Report in Nigeria, UK Department for International Development (DFID), 2011.

<sup>27</sup> "Entrepreneurship and Poverty Reduction: Issues and Challenges Faced by Women Farmers in the Middle Belt Zone (North Central) Nigeria. By Sidikat Shitu. Issue No. 04. January – June 2012. The African Women's Journal.



Of particular importance, the 1999 Land Use Act (which is still the law of the land), “reinforces discriminatory customary and cultural practices that deny women, and poor men, access to land.”<sup>28</sup> Widows and widowers are particularly discriminated in terms of inheritance of properties, and often lose their land if their husband dies.

Finally, within the formal sector, women’s involvement in the industrial sector is estimated at 11% against 87% for men. In the Federal Civil Service, which is the largest single-entity employer in Nigeria, 76% of civil servants are men and 24% are women. Women constitute less than 14% of the total management level positions, while 17.5% of those engaged in the medical field are women compared with 82.5% men.<sup>29</sup> These employment disparities account for recent estimates that 85% of women in Nigeria earn less than their husbands, and only 18% of women in Nigeria own a house.<sup>30</sup>

### Health and HIV/AIDS

In terms of health and survival, Nigeria ranked 122 out of 136 countries in 2013. Nigeria’s maternal mortality ratio (per 100,000 live births) was 576 and its infant mortality rate (the probability of dying between birth and age 1 per 1,000 live births) was 69. Relevant to health considerations is the age of marriage and childbearing in Nigeria. According to World Economic Forum data, early marriage occurs among 33% of girls and young women between the ages of 15-19. The mean age at marriage for women in Nigeria is 21 years, but marriage age can vary drastically depending on geo-political zone – including ages as young as 10 years.

Also of importance in terms of health is the low contraceptive prevalence rate of 15% among married women (using any method), and the high adolescent fertility rate (births per 1,000 girls aged 15-19) of 113 in Nigeria. The NDHS for 2013 reported Nigeria’s fertility rate as 5.5, meaning that, on average, a majority of women in Nigeria have at least five children. A notable finding is that fertility is very gradually declining in Nigeria, dropping from 6.0 births in 1990.<sup>31</sup>

Further, the NDHS identified educational attainment as being “positively associated with the use of contraception.” Only three percent of women with no education use a method of contraception compared with 20 percent with primary education, 29 percent with secondary education, and 37 percent with more than secondary education.<sup>32</sup> Remarkable differentials in contraceptive use was also found among the states, with contraception use the highest in Lagos (48%), followed by Kwara (40%), while it is lowest in Kano and Jigawa (less than 1%). Women in urban areas utilize contraception far more than women in rural areas, at 27% versus 9%, respectively.<sup>33</sup> The same phenomenon was found with stunting (due to poor nutrition) – with children of mothers with no education being more than three

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<sup>28</sup> Gender and Constitutional Reforms in Nigeria Critical Issues: A Fact Sheet. GECORN Network, 2013.

<sup>29</sup> “Gender Equality and Women Empowerment in Nigeria: The Desirability and Inevitability of Pragmatic Approach.” Kelly Bryan Ovie Ejijumudo, Ph.D., Developing Country Studies. ISSN 2224-607X (Paper). Vol. 3, No.4. 2013.

<sup>30</sup> Nigeria Demographic and Health Survey 2013. National Population Council.

<sup>31</sup> National Demographic and Health Survey 2013 (Preliminary Report), National Population Council

<sup>32</sup> National Demographic and Health Survey 2013 (Preliminary Report), National Population Council

<sup>33</sup> National Demographic and Health Survey 2013 (Preliminary Report), National Population Council

times as likely to be stunted (50%) as children of mothers who have completed more than secondary education (13 percent).<sup>34</sup>

Finally, of serious concern is that only 34% of births in 2013 were attended by skilled health personnel – meaning that 66% of all females gave birth without the support of any trained health worker, midwife or other skilled provider.<sup>35</sup> Recent data indicates that Nigeria comprises two percent of the world’s population, and accounts for 10% of global maternal deaths. More specifically, “144 Nigerian women die in childbirth every day, which is equivalent to one death every 10 minutes.” It is important to note that impoverished girls and women are particularly disadvantaged, with “only seven percent of women in the poorest quintile delivering in a health facility, compared to 56% in the highest quintile (in 2012).”<sup>36</sup>

With respect to HIV, the World Economic Forum data reported for Nigeria indicates that in 2013, female HIV prevalence (aged 15-49) was 4.40% and male HIV prevalence (of the same age group) was 3%. This data indicates that females have a *higher* prevalence rate than males in Nigeria.<sup>37</sup> The NDHS of 2013 reported that 93% of women and 96% of men in Nigeria know about AIDS. There is very little variation by background characteristics of women and men, though knowledge was slightly less in rural areas and among those with no education. Knowledge of ways to avoid AIDS shows more of a gender gap, however, as 74% of men are aware that use of a condom is one way to reduce the risk of contracting AIDS, while only 58% of women are aware of this method.

As expected, respondents residing in urban areas and those with higher educational achievement have most knowledge of ways to preventing HIV infection, with only 38% of women and 52% of men with no education knowing various means of preventing HIV infection, while those with more than secondary education compare at 77% for women and 84% with men knowing methods of prevention. Note that across the board, female awareness of prevention methods is lower than male knowledge – although female HIV prevalence is higher than males.

It should be noted that among other effects, recently-enacted anti-gay legislation in Nigeria has increased the anxiety of implementing partners within USAID activities working to reduce transmission and treat the effects of HIV/AIDS among Men who have Sex with Men (MSM).

#### Harmful Traditional Practices and Sexual and Gender-Based Violence (SGBV)

Following closely with health concerns is the widespread existence of harmful traditional practices in Nigeria. For instance, the most recent NDHS data available reports Female Genital Mutilation (FGM) prevalence at 30% across Nigeria, with the south-east and south-west geo-political zones having the highest prevalence rate of 53% each.<sup>38</sup> It is practiced by various ethnic groups, and is found among Christians, Muslims and Animists alike.

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<sup>34</sup> National Demographic and Health Survey 2013 (Preliminary Report), National Population Council.

<sup>35</sup> The Global Gender Gap Report 2013, World Economic Forum.

<sup>36</sup> Gender in Nigeria Report 2012: Improving the Lives of Girls and Women in Nigeria.

<sup>37</sup> The Global Gender Gap Report 2013, World Economic Forum.

<sup>38</sup> Violence Against Women: Analysis of the 2008 National Demographic Health Survey. UN Women, 2013.

The study found that 82% of those surveyed were circumcised before the age of one year, and the trend is for circumcision to be performed at earlier ages “because parents while wanting to reduce the trauma on their children on the one hand, are also trying to avoid government interference and/or resistance from children as they get older and form their own opinions.”<sup>39</sup>

Traditional circumcisers constitute the highest percentage of persons who carry out circumcision across the various age categories. These are typically elderly women with no medical training, and who generally do not use anesthetics or antiseptic treatment using basic tools such as knives, scissors, scalpels, pieces of glass and razor blades. All types of FGM, from clitoridectomy to infibulations, (as well as other forms of FGM called Angurya and Gishiri) are practiced in Nigeria. Nigeria contributes substantively to the 135 million circumcised women in the world.

Other forms of harmful traditional practices, some which can be categorized as Sexual and Gender Based Violence (SGBV), include spousal abuse (domestic violence), rape, sexual harassment, discrimination against widows, among many other forms of SGBV, are found in Nigeria. In 2013, UN Women reported that 30% of Nigerian women and girls (age 15-49) have experienced some form of physical or sexual violence, with women in the south-south zone reporting over 52%, and women who are either divorced, separated or widowed experiencing especially high rates of physical violence, at 44% across all zones.<sup>40</sup>

As is the case in most countries around the world, a majority of the sexual and gender-based violence (69.5%) in Nigeria is perpetrated by family members, intimate partners, or former husbands/boyfriends rather than by strangers, with the largest category being 35.7% from a husband/partner. Spousal violence is a major form of violence against women and cuts across all six geo-political zones, education levels, and rural and urban areas in Nigeria. Data from the National Demographic Health Survey indicates that males are also survivors of SGBV in Nigeria (such as physical abuse, incest and defilement), but that due to social stigma surrounding such issues, men and boys rarely report such abuses.<sup>41</sup> With respect to women, 45% of Nigerian women who experience physical or sexual violence do not seek help from anyone, and of those who sought help, only two percent sought help from the police.<sup>42</sup>

According to UN Women, sexual violation (such as rape and incest) of young girls is prevalent in Nigeria, ranging from less than ten years of age to 19 years, “and calls for urgent national action.” The NDHS reported that young girls and teenagers between the ages of 15-19 are most vulnerable to sexual abuse. Note that while the NDHS did not fully explore male sexual abuse, it is known worldwide that males are also often victims of sexual abuse, and it is likely the socio-cultural norms in Nigeria prevent individuals from reporting such incidents. An important finding from the NHDS is that teachers were one of the categories among the perpetrators of physical and sexual violence in Nigeria.

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<sup>39</sup> Violence Against Women: Analysis of the 2008 National Demographic Health Survey. UN Women, 2013.

<sup>40</sup> Violence Against Women: Analysis of the 2008 National Demographic Health Survey. UN Women, 2013.

<sup>41</sup> Violence Against Women: Analysis of the 2008 National Demographic Health Survey. UN Women, 2013.

<sup>42</sup> Nigeria Demographic and Health Survey 2013. National Population Council.

The literature suggests an acceptance of cultural and traditional practices in Nigeria that condone, and sometimes encourage, various forms of violence. Studies, such as the NDHS, have captured community attitudes toward violence against women, and reveal that “a surprisingly high number of women think beating a wife is completely justified.” The data indicate that approval for wife beating is higher in the South than the North, and higher among 19-24 year olds who have been married.<sup>43</sup> Multiple studies confirm that the south-west region has the highest rate of physical violence toward females.<sup>44</sup>

A recent (2013) study that focused specifically on male attitudes and practices in Amara-Bayelsa State, reported that 40% of males in the community “did not know that fighting or beating up women was [a form of] gender violence,” and 87% of males did not know that denying women basic privileges was a form of gender violence. The study also found that only 16% of the males in the community “had knowledge that treating women as a second class citizen in society” was considered a form of gender violence, while 83% did not recognize this as gender-based violence. Finally, 82% of the males in the community were found to believe that “it is not improper to beat up a wife.”<sup>45</sup>

### **Transforming National Policies and Legal Framework**

The Government of Nigeria’s National Gender Policy of 2006 is currently under revision. The goal of the 2006 National Gender Policy is to: “Build a just society devoid of discrimination, harness the full potentials of all social groups regardless of sex or circumstances; promote the enjoyment of fundamental human rights and protect the health, social, economic and political well-being of all citizens in order to achieve equitable rapid economic growth; evolve an evidence based planning and governance system where human, social, financial and technological resources are efficiently and effectively deployed for sustainable development.”

The Policy has seven (7) objectives with numerous targets, for which Objective 5, Target (b) states: “Adopt special measures, quotas and mechanisms for achieving minimum critical threshold of women in political offices, party organs and public life by pursuing 35% affirmative action in favor of women to bridge gender gaps in political representation in both elective and appointive posts at all levels by 2015.”

Despite this background of supportive national policies for gender integration, Nigeria has a plural legal system, which many studies point to as being one of the primary causes of the many gender disparities in the country. The law as currently constituted does not offer women and girls adequate protection from violence, for instance. Although some progress has been made, only four Nigerian states (Ebonyi, Jigwa, Cross Rivers and Lagos) have enacted domestic violence laws, while just six (Enugu, Edo, Bayelsa, Delta, Cross Rivers and Ogun) have passed laws against female genital mutilation. The literature identifies statutory,

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<sup>43</sup> Gender in Nigeria Report 2012: Improving the Lives of Girls and Women in Nigeria.

<sup>44</sup> Oladepo O, Yusuf OB and Arulogun OS, “Factors Influencing Gender Based Violence Among Men and Women in Selected States in Nigeria. African Journal of Reproductive Health, December 2011.

<sup>45</sup> Victor O. Adika, Jimmy J. Agada, Kei Bodise-Ere and Ojokojo M.E.Y. Men’s Attitude and Knowledge towards Gender Based Violence Against Women in Yenagoa, Bayelsa State. International Research Journals, 2013.

religious and customary laws in Nigeria that permit violence against women and girls. A recent article describes the troubled legal system as follows:

*The Nigeria CEDAW NGO Coalition report, for example, identified the Penal code (section 55(4)), applicable in the Northern regions, that legalizes ‘corrective’ beating of a child, pupil, servant or wife, as long as this does not cause grievous hurt. For some, this is the root cause of violence against women. Similarly, marital rape is excluded from the definition of rape in penal legislation in the North and under the criminal code in the South. An Amnesty report, “Rape: The Silent Weapon,” makes the point that differences in the definition of rape in federal, State, Sharia and customary legal systems create a plural justice system that potentially will undermine women’s rights to seek legal redress in such cases. Indeed, currently legislation may penalize the victim rather than the perpetrator. Muslim women can face particular problems when they seek justice and redress for rape under Sharia law, because the need for a witness makes successful prosecution more difficult.<sup>46</sup>*

There are numerous proposed laws that are pending in Nigeria which both USAID technical teams and non-USAID stakeholders report as fundamental toward the goal of eliminating constraints faced by women and girls in Nigeria to allow them to become economically, politically and socially empowered. Key gender champions in Nigeria, including the Ministry of Women Affairs and Social Development, UN Women and the Independent National Electoral Commission (INEC), for instance, argue that one of the most fundamental problems is the *lack of a legal framework to support justice*, with most legal cases never coming to fruition -- and little police protection, support or enforcement.

The passage of key laws, such as the Violence Against Persons (Prohibition) Bill; the 2010 Electoral Act (As Amended); the Disability Bill; the Equal Opportunity Bill; the Land Reform Bill (Revision of the 1979 Land Use Act); and the Trafficking in Person Prohibition Bill will be fundamental in achieving gender equality and improving the status of women and girls. Several states have widowhood rights laws, but there is not yet a nation-wide widowhood rights law -- which a majority of respondents during the assessment identified as being crucial to the protection and empowerment of widows who are presently experiencing widespread discrimination against across all geo-political zones in Nigeria.

Due to their importance in obtaining gender equality and improvements in the status of women and girls, a brief description of each of these (selected) laws, and their importance in terms of gender improvements, is offered below:

#### Violence Against Persons (Prohibition) Bill

This law was passed by the House of Representatives and is now before the Senate. The law would provide reparation for women victims of violence (for which the current criminal code does not provide); requires assailants to go through rehabilitation (to prevent repetition of the crime); and provides for shelters and psycho-social/legal support.

Interviews with the UN Women Nigeria Office and the Federal Ministry of Women Affairs and Social Development (FMWASD) confirmed that, at present, there exists only one safe

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<sup>46</sup> Gender in Nigeria Report 2012: Improving the Lives of Girls and Women in Nigeria.

house/shelter in Abuja for survivors of Sexual and Gender-Based Violence (SGVB). The shelter is operated by the Hezedeic Foundation, and only admits women and children (male and female) – but does not provide support to adult male survivors. FMWASD officials reported that the safe house is small with a capacity to house only one or two families at any one time --and only on a temporary basis. The shelter has one professional staff from Zambia which provides emotional support, but there currently exists no legal support – nor any skills building or economic empowerment assistance -- which both UN Women and FMWASD interviewees describe as central to helping survivors break out of the cycle of abuse.

Interviewees reported that there are “Drop In” centers in Abuja within the FMWASD Center for Social Welfare for boys and girls – but the facilities are only open in the day for short periods and do not provide over-night (safety) support. It should be noted that the GON has established Human Rights and Gender Desks, including Family Support Units, in some Police Area Commands and Divisional Police Stations across the country.<sup>47</sup> However, GON officials indicate that this support has been very minimal to date.

#### 2010 Electoral Act (As Amended)

The Government of Nigeria’s current Gender Policy recommends that 35% of all political positions be comprised of females. However, this is only a recommendation and is not yet the law of the land. If the Electoral Act (with the 2010 Amendment) is passed into law, affirmative action would become an enforceable law rather than being solely a recommendation as it currently stands.

#### Discrimination Against Persons with Disabilities Prohibition Bill

This Bill has not yet passed, but would serve to end educational and employment-based discrimination and stigmatization of persons with disabilities. The law has huge implications for both males and female, given disability affects both men/boys and women/girls, particularly impoverished households. Based on the World Report on Disability, approximately 25 million Nigerians live with a disability, with 3.6 million having very significant difficulties in functioning. Among these, over three million are faced with a hearing disability. The literature indicates that Polio is the number one cause of disabilities in Nigeria, for which studies have found that many believe (in their local cultures) that it is an act of God. Regrettably, regardless of the high number of people with disabilities in Nigeria, very little support is allocated to the subject; persons with disabilities are often excluded from social, economic and political matters. The common perception of disability intervention is often in terms of charity and welfare. Consequently, this viewpoint is a significant factor that inhibits the social inclusion of people with disabilities in the country.

#### Equal Opportunity Bill

Nigeria is a signatory of the Convention on All Forms of Discrimination Against Women (CEDAW), but it has not passed the Equal Opportunity Bill -- which if passed into law would serve to enforce the fundamental provisions of CEDAW.

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<sup>47</sup>Statement by Hajiya Zainab Maina, Honourable Minister, Ministry of Women Affairs and Social Development, at the Fifty-Seventh Session of the Commission on the Status of Women (CSW 57), New York, March 2013.

### Land Reform Bill (Revision of the 1979 Land Use Act)

Nigeria's 1979 Land Use Act is currently under revision and has been put forward in revised format as the Land Reform Bill (Revision of the 1979 Land Use Act). Interviews with the USAID economic growth technical team and representatives of the National Trade and Export Commission indicate that the reforms are meant to create more rational and systematic land ownership laws by means of by strengthening land user-rights overall. There are implications for both men and women with this new law, and the hope is that with addition streamlining of land user-rights, land inheritance legalities and processes will become less discriminatory against women (for instance a woman that moves won't be forced to lose her land).

### Trafficking in Person Prohibition Bill

As reported by the Nigerian House of Assembly in 2014, the objective of the Bill is to repeal the 2003 Act, as amended, and enact a new Act to provide for more comprehensive legal and institutional measures aimed at eradicating trafficking in persons. Particularly, the Bill addresses the issue of harvesting human parts for ritual purposes, and the employment of children as domestic servants. Importantly for women and girls (who are a majority of the persons who are trafficked) the law would legalize the establishment of Transit Shelters for Victims of Trafficking in Persons.<sup>48</sup>

In all age groups, twice as many women as men are victims of trafficking – and vulnerable young and adolescent girls in the 6-15 age groups are most likely to be trafficked in Nigeria. The desk review revealed that trafficking is one (of several) reason why girls drop out of school in specific areas of the south in Nigeria.<sup>49</sup>

### Widowhood Rights Laws

Some states have passed widowhood rights laws, but only a few. Both the literature reviewed, and feedback from assessment participants, revealed that a Federal law is severely needed to address the widespread problem of widowhood sexual and emotional abuse and deprivation in Nigeria.

## **Feedback from Stakeholders & Linkages to USAID/Nigeria Programming**

The assessment team interviewed 45 USAID/Nigeria staff, including Program Officers, members of the Mission's Gender Working Group, the Mission's Focal Point for Disability, and all technical team staff, including the technical teams for Education; Health, Population and Nutrition; Peace, Democracy and Governance; HIV/AIDS and TB; and Economic Growth.

Interviews were also carried out with a balanced variety of selected non-USAID stakeholders, reaching 25 representatives of bi-lateral and multi-lateral donors, implementing partners, beneficiaries, donors, civil society organizations, and Government of Nigeria entities. These included the International Foundation for Electoral Systems (IFES); the Nigerian Export Promotion Council & Women in Economic Development Program (NEPC –WIEDP); the Federation of Muslim Women's Associations in Nigeria (FOMWAN);

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<sup>48</sup> Nigerian House of Assembly Website, 2014.

<sup>49</sup> Gender in Nigeria Report 2012: Improving the Lives of Girls and Women in Nigeria.

the Nigeria Country Office of UN Women; and the Nigeria Country Office of the Japanese International Cooperation Agency (JICA).

Finally, Government of Nigeria officials were also interviewed from several key agencies active on the gender front, including the Federal Ministry of Women Affairs and Social Development (FMWASD); the Independent National Electoral Commission (INEC); and the National Agency for the Control of AIDS (NACA).

All of these entities were asked the following questions:

- What do you perceive as the major constraints and opportunities pertaining gender and the empowerment of women and girls in Nigeria (now and in the next five years going forward)?
- What are your primary accomplishment with respect to gender issues and women's/girls empowerment, and what major activities do you have planned?
- Do you actively involve males in your programming efforts? If so, how has this been important?
- What do you consider as “best practices” in Nigeria for addressing gender and women's empowerment? Why?
- From your perspective, who are the primary gender champions in Nigeria? Are they effective?
- Do you work directly with USAID/Nigeria on gender equality or issues related to the empowerment of women and girls? If so, please explain.
- What is your perception of USAID/Nigeria in terms of their level of engagement on gender issues in their role as a donor agency? Are there areas needed for improvement?
- Could you kindly share relevant gender-specific literature that might be useful to our study?

There were several general insights drawn from these interviews that will be key in the years ahead for the advancement of women and girls in Nigeria. These insights were identified not only from a comprehensive desk review of relevant literature and programming documents, but were the result of triangulation of feedback from USAID technical staff, implementing partners, and representatives of other donors, government ministries and agencies and civil society organizations active and committed to improving the well-being of women and girls in Nigeria. They are as follows:

#### Lack of a Legal Framework & Poor Enforcement

There are numerous proposed laws that are pending in Nigeria which both USAID technical teams and non-USAID stakeholders report as fundamental toward the goal of eliminating constraints faced by women and girls in Nigeria to become economically, politically and socially empowered. Key gender champions in Nigeria, including the Ministry of Women Affairs and Social Development, UN Women and the Independent National Electoral



Commission (INEC), for instance, argue that one of the most fundamental problems is the *lack of a legal framework to support justice*, with most legal cases never coming to fruition -- and little police protection, support or enforcement.

The passage of key laws, such as the Violence Against Persons (Prohibition) Bill; the 2010 Electoral Act (As Amended); the Discrimination Against Persons with Disabilities Prohibition Bill; the Equal Opportunity Bill; the Land Reform Bill (Revision of the 1979 Land Use Act); and the Trafficking in Person Prohibition Bill will be fundamental in achieving gender equality and improving the status of women and girls. Several states have widowhood rights laws, but there is not yet a nation-wide widowhood rights law -- which a majority of respondents during the assessment identified as being crucial to the protection and empowerment of widows who are presently experiencing widespread discrimination against across all geo-political zones in Nigeria.

#### Widespread Sexual & Gender-Based Violence

The widespread prevalence of Sexual and Gender-Based Violence (SGBV) was also identified as an important cross-cutting gender issue, for which the silence surrounding the problem is finally (though only slowly) being broken in Nigeria. The National Demographic and Health Survey reported that 30% of Nigerian women and girls (age 15-49) have experienced some form of physical or sexual violence, with women in the south-south zone reporting over 52%, and women who are either divorced, separated or widowed experiencing especially high rates of physical violence, at 44% across all zones.<sup>50</sup> Twenty of the 36 states in Nigeria have passed a law in one form or another related to GBV, but UN Women reports the laws are weak, rarely enforced, and some have recently been repealed.

#### Lack of Awareness among Women & Girls of their Basic Human Rights

Finally, there remains a clear lack of education and awareness across Nigeria regarding the most basic and fundamental human rights of women and girls. Interviews with USAID technical teams and a diverse range of non-USAID key stakeholders, as well as desk review analysis, indicates that basic messages regarding a women's right to vote, her right to not be physically or emotionally abused, her rights to basic services, and her rights with respect to decision making (ranging from early marriage, to contraception use, to FGM) at the household level are largely absent. Rural women were identified (in particular) as needing confidence building, leadership training, and simple public messages encouraging them to "come out of their homes and speak up for themselves" to advocate for their needs. A large-scale social mobilization campaign has not yet been carried out in Nigeria, as it has been done in many other African countries, such as Zambia and South Africa.

#### Entry Points/Opportunities

The assessment identified where USAID/Nigeria might intentionally take advantage of key opportunities to substantively improve the status of women and girls in Nigeria, in keeping with the U.S. Government's commitment to advancing the rights of women and girls as a central focus of U.S. diplomatic, development and defense interests. Dozens of suggestions are provided within the report, for which two cross cutting themes became apparent in terms of being particularly effective within the Nigerian context, including:

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<sup>50</sup> Violence Against Women: Analysis of the 2008 National Demographic Health Survey. UN Women, 2013.

a) Targeting of male religious and traditional leaders (as an entry point into a community); and,

b) Building the capacity of *existing* programming structures within CSOs and governmental agencies in Nigeria, for example, those that are already actively working on gender issues (rather than creating new structures).

These are described briefly below:

Targeting of Male Religious & Traditional Leaders: A best practice which was culled from the assessment is the targeting of males to change social perceptions via education and awareness raising. A key lessons learned from the USAID technical teams, IFES, INEC, FOMWAN and UN Women, is that changing social perceptions (awareness raising) is an essential first step toward increasing the participation of women and girls in politics – but for that change to happen, they reach out to male religious, traditional and community leaders that are respected and hold authority within the community. Once their support and acceptance (for the issue) is gained, communities tend to be more open to the consideration of new ideas and often follow the example of male religious/traditional leaders. USAID/Nigeria’s implementing partners and other donors and CSOs active in Nigeria have used creative means to raise public awareness through this approach, such as fliers written in local dialects; working with accepted “town criers” to sensitize the community with basic messages about women’s political participation; and reaching out directly to the disabled (through employment and volunteerism).

Building the Capacity of Existing Structures: There is a growing network of organizations in Nigeria that are already working on gender issues and the advancement of women and girls. Rather than starting from scratch, USAID has (and is encouraged to substantively build up) its partnerships with these existing entities in Nigeria. There are many CSOs and NGOs who are already actively advocating for affirmative action, constitutional and legal reforms and transparency/good governance that need capacity building to better carry out their operations. There are a growing number of gender champions in Nigeria, such as the UN Secretary General Network of Men Leaders to End Violence Against Women.

There are also programming structure that already exist within governmental and NGO program structures supporting women’s economic and political empowerment, such as the 774 Women’s Centers providing vocational skills development to rural women operated by the National Centre for Women’s Development, or the Women’s Fund for Economic Empowerment (WOFEE) operated by the Ministry of Women’s Affairs & Social Development that works with over 3,000 rural agro-credit women’s cooperatives. Certainly, USAID could join forces with the Nigerian Country Office of UN Women to expand its work to establish Sexual and Gender Based Violence research/baselines, as well as prevention outreach and social service interventions urgently needed throughout the country. The Nigerian Export Promotion Council’s Women in Economic Development Program (NEPC –WIEDP) is another potential partnership that, if tapped, could substantively impact women’s economic well-being.

Finally, from the perspective of other donors, partners and non-USAID stakeholders, suggestions for USAID/Nigeria on the gender front included the following:

- Step-up engagement and visibility on gender and the empowerment of women and girls.

- Actively advocate for the passage of gender-relevant bills before the National Assembly through capacity building of CSOs and other entities which can lobby for legal reforms.
- Increase programming support for advocacy, social mobilization/awareness campaigns on GBV, women's political participation and economic empowerment, and harmful traditional practices.
- Support data collection on SGBV & law enforcement training to sensitive the police and border officials on gender issues.
- Support for women farmers in terms of agro-processing and other income generating activities.

## **USAID/Nigeria's Gender Mainstreaming Programming Response**

### USAID/Nigeria Gender Working Group

USAID/Nigeria has a Gender Working Group that was formed less than a year ago in 2013. It is comprised of nine staff (four females and five males), including several members from the Program Office, as well as representatives from each of the Mission's sector-specific technical teams (Health, Population and Nutrition; Peace, Democracy & Governance; Economic Growth; HIV/AIDS and TB; and Education), as follows:

- Yemi Dada, Budget Specialist & Gender Focal Point, Program Office
- Kevin Brown, Supervisory Program Officer, Program Office
- Jill Jupiter-Jones, Education Team Leader, Education
- Betty Ogboh, Office Manager, HPN
- Nene Shobande, Program Officer, Water Sanitation Project
- Tesse Phillips-Onoye, Program Assistant, HIV/AIDS & TB
- Onyiah Egbogu, Program Assistant, HIV/AIDS & TB (Disability Focal Person)
- Mukhtari Shitu, Conflict Program Specialist, D&G
- Abdullahi Sadiq, Acquisition Assistant Specialist, Contracts Office.

The Gender Working Group articulated their role as follows: "To make sure that the Mission integrates gender into everything we do and to review activity documents and provide recommendations." More specifically, they work to "make sure activities are captured by indicators; make sure the Mission is compliant in terms of Human Resources; work to educate the Mission on gender issues; and work to try to change perspectives."

Meetings with the Gender Working Group indicate that members clearly view the Mission Order and the Agency's Gender Policy as their primary guiding documents, and they perceive these documents as vital to the Mission's continued progress on gender integration.

In terms of progress, members of the Gender Working Group indicated that their overall role has been to "advocate and push to comply with the gender policy, and brainstorm on activities that benefit the entire Mission."

Highlights of their accomplishments to date include the following:

- Educating Mission staff through the showing of films and documentaries on gender issues, including follow-on discussions regarding cultural/gender issues relevant to USAID programming.
- Organizing activities around special days or gender-related events, such as International Women's Day.
- Attending monthly Inter-Agency Gender Meetings (for which attendance is rotated between Working Group members).
- Attending conferences, presentations and meetings on gender-related topics. Recent activities have included participating in a UN Women National Conference on women's political participation, and attending donor presentations and discussions on the topic of early marriage.
- Working within their own sector-specific technical teams to ensure gender is integrated throughout the program cycle.
- Conducting Mission-wide presentations regarding gender policy requirements.
- PEPFAR representative(s) on the Gender Working Group regularly attend the PEPFAR-specific Inter-Agency Gender Working Group meetings.

An important finding is that interviews with Mission staff, across all technical teams, indicated there being a need for USAID/Nigeria to have a full-time Gender Advisor. Mission staff articulated that they would like the Gender Advisor to establish a gender strategy, be a source of institutional memory, and to take on the role of monitoring and enforcing the integration of gender in all USAID/Nigeria activities.

According to the ADS Chapter 205: Integrating Gender Equality and Female Empowerment in USAID's Program Cycle (07/17/2013), under 205.2:

"Missions must appoint a Gender Advisor. A Gender Advisor has (or will be given the opportunity to fully develop) the technical skills, competencies and experience necessary to provide appropriate, in-depth guidance to technical and program staff to ensure that gender equality and female empowerment are integrated in meaningful ways across the program cycle, and especially in project design. Small Missions (with a USAID budget of less than \$20 million) or those in the process of closing are exempt from the requirement of having a Gender Advisor but nonetheless must appoint a gender point of contact."

The mission staff reported the following mechanisms they believe would improve gender integration within USAID/Nigeria.

- Systemization of gender monitoring and reporting (implementation) by a full-time Gender Advisor;

- Establishment of a Gender Budget for Mission-Wide Activities (gender analysis and evaluations);
- Increase High Level Commitment to Gender from Mission Director & Deputy, i.e., highlighting the importance of having gender champions within the Mission; and,
- Improved Synergy with US Embassy on GBV & Other Activities.

## **USAID/Nigeria’s Development Priorities & Gender Considerations**

### **Education**

USAID/Nigeria’s education programming focuses on improving quality and access to Basic Education in Nigeria. Specifically, the Mission focuses on improving reading skills of primary school children, and increasing access to schools for vulnerable children, such as girls and Almajiri. Activities include teacher training, the provision of learning materials, and system strengthening in order to build the capacity of states to provide educational services to their constituents.

While the Mission’s results framework for education is not directly gender focused, the Education technical team indicated that there is an emphasis on gender concerns in programming. One particular focus which empowers females is the Mission’s emphasis on the schooling of girls which is reflected in their intermediate results. The Education team explained:

*Cultural inhibitions exist where females are denied access to basic education either through denial of enrolment or depriving them completion. Also, economic issues, such as poverty, contribute greatly to inhibiting females from being enrolled in schools – as girls often contribute a great deal to the family income through hawking and other activities. Parents do differentiate between girls and boys when making decisions about schooling. Especially in poor households, if the family can only afford to send one child to school, a boy will be chosen before the girl.*

Mission staff explained, “Our programming choices are made with equal opportunities to boys and girls, although in terms of access, more consideration is given to girls due to their very low enrolment rates.”

Some gender-specific accomplishments articulated by the Education technical team include AGSP scholarships for girls; NEI OVCs and life skills acquisition centers; and 143 scholarships given to female student teachers of Sa’adatu Rimi College of Education, Kano, to boost enrollment of female teachers into the Department of Primary Studies. Consequently, this improved the number of teachers in government secondary schools. Team members articulated that due consideration is given to gender issues during the design and implementation of programs, most notably in girls’ education and life skills for out of school children. A survey respondent noted that “The program’s evaluation [however] does not focus particularly on girls.”

The Education technical team identified several areas to improve gender equity and women’s empowerment within their programming, including (in their words):

- Goals should have a specific focus on gender equality by providing more opportunities to females at the in-service and pre-service trainings.
- Efforts should be made to increase access to basic education by girls, especially by improving girl-friendly schools both at the basic education level and among teacher training colleges.
- Obtain additional information, gender training and evaluations on gender issues.

### **HIV/AIDS and TB**

Meetings and survey responses from the HIV/AIDS and TB technical team indicate that women, men, boys and girls are affected differently by gender norms and expectations in Nigeria, and this in turn affects their sexuality and HIV vulnerability. Respondents explained, “In Nigeria, prevailing patriarchal social and cultural norms manifest in several spheres of life. Gender-based division of labor, unequal access to power and resources and other gender biases remain pervasive.” Given Nigeria is a very diverse society, the HIV/AIDS & TB technical team has found the differing socio-cultural contexts determine the burden of HIV and access to HIV/AIDS care and treatment. This was explained further in their survey response:

*Across the country in general, gender relations are traditionally characterized by an unequal balance of power between men and women, with women having fewer legal rights and less access to education, health services, training, income-generating activities and property. Women are particularly vulnerable because of prevalent socio-cultural values and practices. For instance, many cultures in Nigeria bar women from owning or inheriting land. By the Nigerian Constitution, civil and political rights (Chapter 4) are actionable in a court of law while social and cultural rights (Chapter 2) are not. This makes it very challenging to address patriarchy and the underlying social structures that perpetuate the subjugation of and violence against women.*

*The majority of women are concentrated in casual, low-skilled, low paid informal sector employment. The feminization of poverty means that women and girls increasingly exchange sex for money, food, shelter or other needs, and are also vulnerable to being trafficked into sexual slavery. Gender-based power inequalities mean that women face barriers in deciding if, when and with whom to have sex; whether to use contraception; if, when and how many children to have; and how to seek health care. This predisposes them to greater risk of HIV infection.*

Meetings with the technical team also indicated that women in Nigeria often also have limited access to information about HIV/AIDS, sexuality and reproductive health because of social pressures and cultural norms. In addition, cultural definitions of masculinity also prevent men and boys from communicating their sexual and reproductive health needs and adopting safer sexual behaviors. Team members explained: “Men are generally expected to be more knowledgeable than women about sex and have more sexual partners, including more extra-marital partners, a tendency reinforced by male migration and mobility. Such beliefs and practices are an obstacle to HIV prevention because they absolve men from

taking responsibility for their sexual behavior. They also mean that women are more likely to be infected by their steady male partner.”

Adding to this problem is the link between HIV and Tuberculosis, which means that women are vulnerable to both diseases. Finally, gender-based or Intimate Partner violence often connected to marital rape, coerced sex or other forms of abuse also increases the risk of HIV transmission.

The technical team has also identified gender-specific religious barriers to HIV prevention and protection. In Northern Nigeria, which is a predominant Islamic and conservative society, “cultural and religious mores such as purdah often impede women’s access to quality health services. Women are hardly involved in decision making which contributes significantly to increased household vulnerability. The cultural expectation that women will be the primary or only care-givers to their infected family members creates disproportionate social and economic burdens on them.”

The technical team also indicated that the cost of medicines and treatment are very high, reducing the number of families which can afford to pay for education and other services. It was reported that “In such circumstances, it is usually the girl-child that is withdrawn from school while the male child is given preference. Our programs attempt to address socio-cultural factors such as societal expectations of heightened masculinity and its attendant expectation of promiscuity for men and faithfulness for women, which not only promote gender inequality and inequity, but also pose a threat for HIV transmission.”

Finally, it should be noted that among other effects, recently-enacted anti-gay legislation in Nigeria has increased the anxiety of implementing partners within USAID activities working to reduce transmission and treat the effects of HIV/AIDS among Men who have Sex with Men (MSM). This group is now at greater risk of discrimination due to their sexual orientation.

### **Peace, Democracy & Governance**

Meetings and survey response from the PDG team indicated that a major gender issue within the sector is that “the legal and institutional environment still remains unfavorable to women and girls. Some of the laws against domestic violence, rape and child abuse are weak. There is also a lack of political will to implement or enforce legal provisions.”

Accomplishments on the gender front have varied across their portfolio of activities, with particular attention to gender in their work to build the capacity of various groups and institutions to provide an enabling opportunity for both men and women to contribute to decision making, budget preparations, political participation and conflict resolution at the national and local levels. Survey responses provided the following example:

*For instance, PDG’s IPs worked with INEC, political parties, civil society groups, government agencies and community leadership to create a political space for women’s participation and representation in Nigeria’s political process. Women were also trained to engage their leaders on transparency, accountability and good governance. Their capacity was built to also actively partake in peace building interventions at the community level. Specific activities were carried out to address issues affecting women, such as trauma counseling in conflict situations. Another example is Rivers State where women have formed accountability groups, which*

*engage elected officials for their stewardships.*

The success of these interventions was described by members of the technical teams as being attributable to a combination of factors, including:

- USAID's policy of gender inclusiveness;
- determination on the part of the technical team to enforce that IPs apply gender mainstreaming in their field activities; and,
- cooperation among the various stakeholders, including the IPs, local groups and the Government of Nigeria.

An important factor raised by the PDG team is that the prevailing cultural factors and economic environment confer more advantage to men/boys in terms of time and decision making. A survey response explained the issue as follows:

*For instance, it is easier for men/boys to participate in campaign rallies and late night political meetings than women/girls. It is also easier for boys to form pressure groups than girls. Even in most conflict situations, men influence the decision about going to war or physically engaging rival groups. However, conflict environments may revise the role of women in society. The absence of their husbands or brothers who are either killed or forced to flee the area forces women and young girls to be the new breadwinners and take critical decisions on behalf of the family. A new phenomenon that has cropped up is the abduction of young girls during conflict. Human Rights Activists might need to work toward the enactment of a bill to deal with the phenomena. Finally, the economic downturn has resulted in women having to delay marriages, or not marry at all, with some becoming single mothers. This status is frowned upon by society and this often results in one form of discrimination or the other which causes psychological and social problems for some of the affected women.*

The PDG team identified several important areas to improve gender equity and women's empowerment within their programming, including (in their words):

- There is a need for more gender training for technical teams and IPs.
- There is the need to introduce gender audit of projects and programs to ensure gender inclusiveness.
- Technical teams should ensure the incorporation of gender sensitivity throughout the program circle.
- There is need to identify and include specific gender indicators when designing a new project.
- All projects should have gender indicator(s) for tracking gender mainstreaming.
- Performance and Monitoring Plan should insist on gender mainstreaming in structure, process and content of programming.
- There are questions which require answers to address gender issues in conflict situations: How are drivers of conflict different for men and women? How can gender issues best be taken into consideration with regards to possible different effects conflict might have on men and women? How are gender roles influencing conflict and violence?



## **Economic Growth**

Meetings and survey responses from the Economic Growth technical team indicate that with respect to gender, land rights for women are key. Survey respondents reported: “The Federal government is trying to institute a process of systematic land titling and a registration process that respect FAOs voluntary guidelines. These guidelines include ensuring access to formalized land rights for women.”

The team’s economic growth portfolio includes Markets II (Maximizing Agriculture Revenue and Key enterprises in Targeted Sites); Support to Vulnerable Households (SVH); and Nigeria Strategic Support Program (NSSP) – an agricultural policy program. In terms of accomplishments on the gender front, MARKETS II assisted 49,000 micro, small and medium-sized enterprises to access loans valued at approximately \$14,353,875. Almost all of the loan recipients were female, and a third of them were under the age of 30. This achievement was reported as important given, historically, “women have had difficulty accessing credit because farming wasn’t formalized. By accessing credit, women farmers can improve productivity, earn more income, and move their families out of poverty.”

The team’s trade programming focuses largely on the Nigeria Expanded Trade and Transport (NEXTT) Project. In response to a contractual requirement, the project implementers submitted a Gender Integration Plan to guide the integration of gender into their project activities. The project reported several gender-specific accomplishments, including 24 out of 73 individuals trained in trade and investment topics; 26 out of 63 participates in USG supported trade and investment capacity building trainings being female; and two of the nine capacity building service providers were women-led; and the LAKAJ Corridor Advisory Council (LCAC) counted almost 30% of women volunteers out of a membership of 90.

Of equal importance to the accomplishments, the project identified several gaps to addressing women empowerment and gender equity in trade, including 1) a need for more advocacy in support of women in trade activities (especially women doing cross border trade who are exposed to dangers and risk during cross borders), 2) women lack access to land rights and are unable to meet collateral requirements to access credit, and 3) NEXTT plans to work with more women’s groups such as the African Women Entrepreneurship Program (AWEP), and the Women in Export Development Program facilitated by the Nigeria Export Promotion council.

An important finding regarding the policy and institutional context, reported by the economic growth team, is that “there is a new GON policy to increase access to finance that has a strong gender focus. It is the new Central Bank of Nigeria Micro-Small and Medium Enterprise (MSME) Development Fund seeded with N220 Billion that will disburse up to 60% to women in need of financial services.” NEXTT will work with this new policy initiative to increase access to credit for women within their network.

The economic growth team has requested the following in terms of improving gender integration into their programming portfolio, as well as improving gender integration Mission-wide within USAID/Nigeria (in their words):

- Provide gender best practices (including case studies) in similar operating environments in trade and economic growth sectors.

- Formalization and strengthening of the work of the Mission’s Gender Working Group with more technical capacity to provide technical support to technical teams.

### **Population, Health & Nutrition**

Meetings with the PHN technical team indicate that women are already a primary focus of the programming activities. The team reported that there are plans to increase activities to target more youth in the years to come. Members stated, “Many girls are married here in Nigeria, so we plan to look into married youth issues.” The team also articulated that there will be more of a focus on strengthening male involvement in youth family planning efforts. Given much of the programming is in the North, they explained that they will need to factor in how to involve males, stating: “A lot of times the challenge is the fact that the woman is not able to make decisions around the man, so it is imperative that men are involved because it affects their wives and children for family planning and child health services.”

A best practice shared by the team is that their programs factor in community and traditional leaders. “By including them, the communities listen to them – then the male counterparts will also pass on these messages to them.”

Decision making patterns were also identified by the team as being critical to understand around the issue of immunization. Although there is very little disparity in terms of boy and girl coverage around immunization services, they explained the challenge as follows:

*We have identified through various behavior studies and data collection that the sticking point tends to be around mothers being empowered to access immunization services for their children. Permission wise, women have to have their husband’s permission to go to the clinic. What we have done for some years in USAID/Nigeria is to engage traditional leaders whenever support is provided to encourage largely fathers and grandmothers (who play a role in family planning and how many children the woman has, and on the issue of exclusive breast feeding).*

The team has also found that having female monitors in the field (who can go inside the households to check who is really getting treated against polio) has allowed them to conduct programming in a more gender-aware manner.

An interesting finding was that the technical team, when asked about SGBV, considered adding gender-based violence programming as adding to their workload. “We are struggling in a sea of need ... we are focused on the masses rather than individuals.” This response, though very understandable, merits further discussion and programming options to be offered to the team to integrate very basic and simple SGBV interventions into the PHN portfolio. Case studies from other Missions would be useful to offer the team with simple but effective interventions that deal with the issue of SGBV that urgently needs to be addressed in Nigeria.

### **Gender-Integration within the CDCS & Gender M&E Framework**

A review of the draft Country Development Cooperation Strategy (CDCS) 2015-2019 offered the following findings:

- The CDCS provides evidence of a *generally very good level* of gender mainstreaming and integration across the board for most planned program activities across sectors;

- There is evidence of some planned activities which specifically emphasize the empowerment of women and girls in the CDCS, but it is *fairly limited*;
- The issue of Gender Based Violence (GBV) is *not substantively addressed* within the CDCS;
- Indicators within the CDCS are *inconsistent* in terms of sex-disaggregation (both with respect to people-level indicators and indicators referring to groups, such as youth).

In terms of opportunities for gender mainstreaming and improving the status of women and girls, given DOI will focus on the agricultural sector, using the Feed the Future (FtF) value chain approach, there is significant opportunity for USAID/Nigeria to rigorously reach out to underserved female farmers in terms of participation and benefit. A majority of women in Nigeria work in the informal sector, and access to credit, resources and skills is essential to improve their economic well-being. Particularly in light of the economic reforms and shift toward diversification, the potential for women to take advantage of these new export opportunities and raise income levels (if given appropriate support and leveraging around discriminatory land inheritance issues can be implemented) is enormous.

Given DO2 will focus on a variety of social interventions at the community, local and state levels, to include health, water and education and other vital services – again, the potential to increase women’s and girls’ participation and benefit in all of these areas is substantive -- with the potential development benefits rippling throughout households, communities and the next generation. Due to the existence in Nigeria of male reluctance to utilize health facilities (and often their reluctance to allow their wives and daughters to use skilled health facilities in some geo-political zones) -- knowledge of gender differences in attitudes and behaviors offers USAID/Nigeria an opportunity to rigorously reach out to male heads of households, for instance, to better understand the public health benefits of utilizing skilled health facilities versus using herbalist providers – thereby improving the health of all family members.

Addressing the gender dimensions relevant to activities in both DOI and DO2 will be critical to their success, and the CDCS provides evidence that USAID/Nigeria is looking ahead to address many gender-relevant factors. In particular, the upcoming 2015 presidential elections offers an opportunity for USAID/Nigeria to reach out to encourage women and girls, including the disabled and most disenfranchised, to participate more fully in civil society (such as voting in local and national elections, running for office, and advocacy/activism around good governance and transparency in service provision.) The CDCS provides evidence that the Mission plans to work to support CSOs in their efforts to educate voters, encourage community members to participate in the political process, and to monitor and observe the elections). These activities offer dozens of intervention points where women and girls (including the disabled and other under-served populations) can be targeted with customized support – and gender-sensitive messages to males (often the gatekeepers of a community either via religious or traditional means) can be incorporated into programming efforts.

Note that indicators in the CDCS, such as “Number of CSOs strengthened that promote electoral reform and/or improvements in the electoral system” could potentially be disaggregated further to specify if the CSO is specifically oriented to focus on a gender-

agenda or the targeting of women or girls, for instance. Certainly, indicators such as “Number of registered voters,” should be disaggregated by sex.

However the CDC provides many sex-disaggregated or gender-specific indicators under the SOIR I, including, for instance, “Number of individuals trained in conflict sensitive electoral observation and civil education techniques (disaggregated by non-indigenes, persons with disabilities, women, youth and other), among others. Two particularly positive indicators within the CDCS under this SOIR including: “Number of women in leadership positions in CSOs,” and “Increase in number of women candidates standing for elections at all levels of government.”

Under DOI, very few of the indicators are at the people-level, and thus, it is difficult to ascertain the level of sex-disaggregation or gender-inclusiveness planned by USAID/N. Overall, indicators under DOI tend to be at the institutional level – and this, in itself, might be something to re-consider in light of the fact that it is difficult to track their inclusive nature if they are not at the people-level. The important point, however, is that the development hypothesis behind DOI is gender-inclusive. It reads as follows:

### **DOI: Broadened, Diverse and Inclusive Private Sector-Led Growth**

#### **Development hypothesis:**

- If: Nigeria improves agriculture sector growth; increases energy access by diversifying and expanding energy sources; and*
- If: Nigeria improves the enabling environment through improvements in legal and regulatory framework, enhancements in institutional capacity and increased access to finance,*
- Then: Nigeria will reduce poverty and experience sustainable, diverse, and inclusive economic growth.*

The key is for USAID/Nigeria to ensure that the processes toward achieving the end results of “inclusive” economic growth are, in fact, inclusive at the programming/implementation stage. In other words, activities should work toward creating an enabling environment that provides both a legal framework and access to finance that allows both women and men to benefit, i.e., eliminates gender-specific constraints to access, participation, benefit, etc. Interviews with the Economic Growth technical team provide evidence that USAID/Nigeria is well aware of the gender issues surrounding the goal of inclusive economic growth – and would benefit from gender-specific programming examples from other Africa countries which have similar gender constraints and socio-economic conditions.

The same can be said for DO2 regarding the difficulty in ascertaining the level of gender-disaggregation or gender-inclusive planning by the Mission. Indicators that are at the people-level are sometimes (but not always) disaggregated. More important, there is no specific reference to inclusiveness in the second development hypothesis, which reads as follows:

### **DO2: Responsiveness of Targeted Government Institutions for Health and Resilience Improved**

#### **Development Hypothesis:**

- If: Civil society is able to create, take advantage of and replicate the alignment of key institutions and Nigerian leaders’ political will with public interests; and*

*If: There is improved government responsiveness; and*  
*If: Conflict is mitigated among at-risk communities,*  
*Then: Reforms can be created that translate into a self-reinforcing system of good governance and improve the provision of government services to constituents*

Nonetheless, interviews with the HPN, HIV/AIDS, PDG and Education team teams provide evidence, however, that staff are well informed of the gender issues surrounding the goal of good governance and improvements in the provision of government services (education, health, etc.) to constituents.

Again, the key is that “constituents” is inclusive to include men, boys, women, girls, the disabled, LGBT, and other populations – and for activities to be gender aware in terms of household decision making, access to resources, issues surrounding affordability, being cognizant of socio-cultural norms and stigmas, and working to prevent harmful traditional practices and SGBV that negatively impact females and males, etc.

A significant finding from the CDCS review is an almost complete omission of programming to address the pressing and widespread problem of Sexual and Gender-Based Violence in Nigeria. This is an important finding given it is USAID policy to address GBV in USAID programming. Specifically, according to ADS Chapter 205: Integrating Gender Equality and Female Empowerment in USAID’s Program Cycle (07/17/2013), under 205.2:

“The CDC narrative must discuss explicitly how the country strategy will contribute to the three outcomes specified in the Gender Equality and Female Empowerment Policy:

- Reductions in gaps between males and females in access to/control over economic, political and social resources;
- Reductions in the prevalence of gender-based violence; and,
- Reductions in constraints that prevent women and girls from leading, participating fully in, and influencing decisions in their societies.”

The draft CDCS for USAID/Nigeria mentions GBV under the Gender chapter as follows: “While the USAID Mission will do what is in its power to discourage gender-based (and all) violence within its activities, fortunately, there are a large number of NGOs and government bodies that are working more directly to change attitudes, and USAID and the U.S. Mission overall will support them to the best of our abilities.” Also, under DO2, the CDCS mentioned FGM prevention within SSIR 2.2.2.2 under Community Groups and Health Workers Empowered – though it is not clear if this is a planned activity or only a sample of what activities might or could be undertaken.

Thus while it is evident that USAID/Nigeria is aware of the issue of GBV, it is not clear if the new Country Strategy has any specific plans to achieve the outcome of “reductions in the prevalence of gender based violence” as required by the USAID Gender Policy.

SGBV activities can be integrated into USAID programming from multiple avenues, including HIV interventions (such as counseling at HIV clinics on SGBV); general health interventions (such as FGM prevention and harmful traditional practices education and social mobilization campaigns); school curriculums and teacher training that include prevention of sexual abuse messages; and PDG activities which provide CSOs with capacity building that advocate and

mobilize civil society toward the promotion of SGBV prevention laws, protection and support services (such as safe house and training for law enforcement).

Importantly, the desk review identified males as also being survivors of SGBV in Nigeria, though most males do not come forward to report incidents due to the social stigma.<sup>51</sup> Additionally, emotionally and physically challenged individuals are much more likely to experience some form of SGBV -- so the report encourages the Mission to include this sub-sector that is often overlooked in programming. For instance, refugee boys and girls in Chad that have emotional and/or physical difficulties are often taken advantage of by older family members as they are not able to advocate or speak up for themselves. Recent studies on SGBV in Zambia, Chad and in the U.S. have found this to be true—and the correlation between being physically or mentally disabled and higher risks of abuse is well established worldwide.<sup>52</sup>

Finally, with respect to indicators, the study's meta-data analysis of indicators from the Performance Reporting System (PRS) revealed that 64% of indicators that could be disaggregated by sex were, in fact, sex-disaggregated. This finding leaves room for improvement for the upcoming CDCS in terms of sex- disaggregation of indicators across the Mission's Results Framework. The report thus offers a proposed Gender M&E framework for the new CDCS with proposed strategic indicators within Annex IV.

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<sup>51</sup> Violence Against Women: Analysis of the 2008 National Demographic and Health Survey, UN Women 2013.

<sup>52</sup> Morel-Seytoux, Sylvie. USAID/Zambia: Evaluation of Gender-Based Violence Programming. 2011.

## CONCLUSIONS AND RECOMMENDATIONS

To review, a gender analysis is required as part of the process for developing the new CDCS to identify key gender issues and gender constraints that need to be addressed in the Mission's proposed programs, and to make recommendations on how the Mission can achieve greater gender integration in its programs.

The assessment team carefully interpreted what was learned from the assessment findings (provided in the sections above), and offers a synthesized interpretation of its findings in the form of several conclusions listed below that are relevant to the above purpose of the gender analysis. This is followed by a set of specific actions (provided in the Recommendations section) proposed by the team for consideration by program management based upon the assessment findings and conclusions.

### CONCLUSIONS

#### Key Gender Disparities and Constraints

**Key gender considerations:** The assessment examined the broad technical areas of the Mission's portfolio, and identified the most critical gender disparities and constraints affecting USAID programming in Nigeria as follows:

- Crippling legal constraints and discriminations impacting women's economic empowerment in Nigeria (such as land inheritance practices and lack access to credit);
- Widespread harmful traditional practices (such as widowhood abuse, early and forced marriage and female genital mutilation (FGM));
- Constraints to girls' educational access, retention and affordability (most notably impacted by household decision-making dynamics);
- Widespread social harassment and violence at all levels in the political arena (preventing female political participation and involvement in civil society); and,
- Social norms, taboos and household decision-making norms impeding access to the use of skilled health facilities, as well as constraints to contraception use, negatively impacting the health and well being of women, girls, men and boys.

**Cross-cutting insights:** There were several cross-cutting insights drawn from the assessment that will be key in the years ahead for the advancement of women and girls in Nigeria, including:

- Lack of a Legal Framework and Poor Enforcement
- Widespread Sexual and Gender-Based Violence
- Lack of Awareness among Women and Girls of their Basic Human Rights

The assessment identified where USAID/Nigeria might intentionally take advantage of key opportunities to substantively improve the status of women and girls in Nigeria, in keeping with the U.S. Government's commitment to advancing the rights of women and girls as a central focus of U.S. diplomatic, development and defense interests. Two themes became apparent in terms of being particularly effective within the Nigerian context, including (a) targeting of *male* religious and traditional leaders (as an entry point into a community), and (b) building the capacity of *existing* programming structures within CSOs and governmental agencies in Nigeria, for example, who are already actively working on gender issues (rather than creating new structures).

### **Mission-Level Gender Programming**

The assessment found that USAID/Nigeria's programming includes attention to gender issues throughout its portfolio, with gender-specific activities evident in most technical sector areas. Staff within the technical teams are largely gender-informed, and actively work toward mainstreaming gender considerations throughout their portfolio. The Mission recently established a Gender Working Group that is led by an appointed Gender Point of Contact (POC), with Technical Team Leaders or their designees serving as representatives for their technical sector on the Gender Working Group.

While the working group has been active this past year, their (self-identified) primary concerns in terms of viability and effectiveness include: lack of a full-time Gender Advisor assigned to the Mission; lack of a budget for Mission-wide gender training, research and activities; lack of monitoring and enforcement throughout the program cycle for gender integration (especially among implementing partners); and a lack of sufficient gender analysis data at the project design level to support programming that takes into account the enormous socio-cultural, religious, ethnic, legal, educational and other demographic differences between (and within) the six different geographical zones. Interviews with USAID technical staff, outside stakeholders, and evidence from the desk review all confirm the diversity of decision-making behaviors, traditional practices, religious orientations, education levels and other gender-relevant factors that are important to understand at the community level to ensure optimal development programming.

### **Gender-Integration within the CDCS & Gender M&E Framework**

Upon review of the draft CDCS, there was evidence of an *overall good level of* gender integration across the board for most planned program activities (across sectors), with some areas lacking in terms of consistency in the sex-disaggregation of people-level indicators and groups (such as youth), as well as some room for improvement in terms of the inclusion of gender considerations when programming for planned studies. There was evidence of some planned activities with a specific emphasis on the empowerment of women and girls, but it was *fairly limited*. An important finding is that while USAID/Nigeria shows a high level of understanding of the importance and applicability of gender analysis for gender equality and sustainability of development objectives, there is somewhat *less comprehension* among the Mission's staff pertaining to USAID's Gender Policy of specifically advancing the status of women and girls.<sup>53</sup>

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<sup>53</sup>ADS Chapter 205: Integration Gender Equality and Female Empowerment in USAID's Program Cycle, July 17, 2013.



The most significant finding was an almost complete omission of programming to address the pressing and widespread problem of Sexual and Gender-Based Violence (SGBV) in Nigeria. The study therefore offers programming suggestions to support the integration of SGBV programming into the Mission's CDCS – emphasizing that SGBV activities can be integrated into USAID programming from multiple avenues, including HIV interventions (such as counseling at HIV clinics on SGBV); general health interventions (such as FGM prevention, harmful traditional practices education, and social mobilization campaigns); school curriculums and teacher training (to include prevention of sexual abuse messages in schools); and PDG activities which provide capacity building to CSOs that advocate and mobilize civil society toward the promotion of SGBV prevention laws, protection and support services (such as safe houses, legal aid for survivors, and training for police and law enforcement entities).

Importantly, the assessment identified males as also being survivors of SGBV in Nigeria, though most males do not come forward to report incidents due to the social stigma.<sup>54</sup> Given emotionally and physically challenged individuals are more vulnerable to experiencing some form of SGBV, the assessment team encourages the Mission to include this (often overlooked) population into all SGBV programming.<sup>55</sup>

Finally, with respect to indicators, the study's meta-data analysis of indicators from the Performance Reporting System (PRS) revealed that 64% of indicators that could be sex-disaggregated were, in fact, disaggregated. This finding leaves room for improvement for the upcoming CDCS in terms of disaggregation of indicators by sex across the Mission's Results Framework.

## RECOMMENDATIONS

The Mission is encouraged to approach gender issues from *all angles* – policy and legal framework level, mainstreaming within institutions and agencies, programming and project activities, social mobilization and awareness raising, and community outreach (to schools, hospitals, police stations, households and individuals). Incorporating and actively reaching out to sub-populations, such as those with disabilities, LGBT communities, aging populations, and under-served groups, will also be crucial to achieving inclusive gender-conscious development objectives.

More specifically, USAID/Nigeria is encouraged to:

- Build into their programming substantive activities to reduce gender-based violence from a multi-sectoral and holistic approach, using the extensive programming examples available throughout Africa (such as the programs carried out by USAID/Zambia and USAID/South Africa).
- Build into their programming activities to prevent and reduce harmful traditional practices, such as FGM, widowhood discrimination, and early or forced marriage through educational outreach, community-based approaches and the targeting of male religious and traditional leaders.

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<sup>54</sup> Violence Against Women: Analysis of the 2008 National Demographic Health Survey. UN Women, 2013.

<sup>55</sup> Morel-Seytoux, Sylvie. USAID/Zambia Evaluation of Gender-Based Violence Programming, 2011.

- Actively seek out, and work in partnership with, the many existing civil society, governmental and multi-lateral and donor programming entities (and local gender champions) that are already working on improving the lives of women and girls to build upon and expand their existing programs.
- Consider hiring a full-time Gender Advisor which would provide the Mission with expertise and long-term institutional guidance on the integration of gender into the Mission's programming – providing the level of monitoring and enforcement articulated as essential to attaining success by the USAID technical teams.
- Provide the Gender Working Group with a substantive budget for Mission-wide gender training and other gender-specific activities.
- Enforce the sex-disaggregation of all programming indicators, as well as the incorporation of gender-specific indicators throughout the new CDCS. The Gender M&E framework for the new CDCS with proposed strategic indicators, provided in Annex IV, is a good first step.
- Ensure that gender is integrated into the Mission M&E system. Annex IV provides a detailed set of recommended procedures to integrate gender into Mission-wide Monitoring and Evaluation.
- Intentionally and thoughtfully raise the public visibility (internally within USAID and outside of USAID) of USAID/Nigeria as a leader on the gender front promoting the advancement of women and girls in Nigeria.

# ANNEXES

## **ANNEX I: SCOPE OF WORK**

### **Scope of Work: USAID/Nigeria Gender Analysis for Strategic Planning**

#### **Purpose of the procurement:**

USAID/Nigeria requires the services of an independent contractor to conduct a desk study of gender issues in Nigeria. The total level of effort is expected to be less than five weeks.

#### **Introduction:**

USAID/Nigeria (USAID/N) is developing a new Country Development Cooperation Strategy (CDCS). USAID introduced the CDCS as an Agency-wide strategic initiative that seeks to leverage long-term planning and careful analysis to maximize development impact. A gender analysis is required as part of the process for developing the new CDCS to identify key gender issues and gender constraints that need to be addressed in the Mission's proposed programs and to make recommendations on how the Mission can achieve greater gender integration in its programs.

According to USAID policy, country strategies must reflect attention to gender efforts to improve the status of women by taking into account not only the differential roles of men and women, but also the relationship and balance between them and the institutional structures that support them. "Gender" is not a separate sector to be analyzed and reported in isolation. Instead, gender mainstreaming requires that gender analysis be applied to each set of issues that is considered in the development of the Strategic Plan. A gender analysis should include the examination of the technical areas of Mission's portfolio to generate the necessary information to ensure the completion of a well-integrated CDCS for Nigeria.

The U.S. Government is also committed to advancing the rights of women and girls as a central focus of U.S. diplomatic, development, and defense interests. In keeping with the U.S.G's commitment, USAID has designated the promotion of gender and female empowerment as the number one operational principle designed to help the Agency focus on achieving and measuring developmental impact<sup>56</sup>.

The SOW for this analysis is developed with the belief that a full, comprehensive, and up-to-date analysis of constraints to gender equality in the areas where USAID/Nigeria works will result in more sustainable development outcomes and more effective use of funding.

#### **Objectives:**

The gender analysis will be a forward-looking document that combines socio-economic and demographic analysis of Nigeria from a gender perspective. The analysis shall include concrete recommendations on ways to mitigate gender inequality that can be integrated

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<sup>56</sup> USAID Policy Framework 2011-2015

into USAID/Nigeria's Development Objectives (DOs), Intermediate Results (IRs), and Sub-IRs, Results Framework (RF), Monitoring and Evaluation, and Indicators.

If possible, the impact on resources can be discussed, but a formal cost/benefit or economic analysis is beyond the scope of this assessment.

A large number of studies on gender in Nigeria have been conducted over the past decade, including documents prepared by USAID/N, other donors such as the UK Department for International Development (DfID), the Government of Nigeria (GoN), academics and others. The study should draw on these and studies from other countries, as appropriate, particularly Niger and Ghana due to similarity in traditional and religion cultures). The mission has copies of some of these resources, and will make them available to the analytical team.

### **Background:**

Women constitute about 50 percent of the estimated total population of 170 million in Nigeria and they contribute in many ways to national development. However, various studies and surveys have shown that women are in the lowest income level in most organizations. They are also predominantly in the informal sector of the economy. There are, however, unexpected findings in some studies, including the discovery that women single headed households are economically better off than male single headed households.

Gender disparity is significant in all strata of economic and social activities in Nigeria, and is exacerbated by cultural rigidities, harmful traditional practices and religious beliefs. There are particular differences in gender disparities between the Muslim North and the Christian South.

The government recognizes that harnessing the potential of the entire citizenry is needed to achieve development goals and social harmony. The national strategy for promoting gender equality and women's empowerment as outlined in Nigerian economic transformation blueprint, is systematic gender mainstreaming in all policies, programs and organizational cultures in Nigeria through the incorporation of the principles of the Convention on the Elimination of all Forms of Discrimination Against Women and other global and regional frameworks that support gender equality and women's empowerment. It has, among other goals, adopted an increase in the proportion of women in executive positions to 30 percent by 2015. Under the plan, government will continue to strengthen the national machinery and institutional capacity for the advancement of women, children and the physically challenged.

Furthermore, USAID/N recognizes that providing equal opportunities and social services for both women and men is key to advancing economic and social development of the country and for the promotion of democratic values. The Mission considers gender an important cross-cutting theme that must be integrated within the strategic planning and programmatic design processes. Mainstreaming gender assists programs, projects, and activities to become more sustainable and ensures that both genders benefit equally. USAID/Nigeria is helping the GON in narrowing its gender gaps in many areas such as education, health, political participation, and economic empowerment.

## **Mission's Strategic Priorities:**

The Mission is currently operating within the following Agency priority areas:

- Conflict Management and Mitigation
- Good Governance
- Election and Political Processes
- Civil Society
- Water, Hygiene, & Sanitation
- Basic Education
- Agriculture & Trade – Feed the Future
- Energy – Power Africa
- Health, including HIV/AIDS & TB

## **Tasks:**

The primary tasks of the Consultant are to conduct:

1. A comprehensive review and analysis of pertinent literature and documents, including, but not limited to such materials as:

(a) Studies and assessments conducted by donors, non-governmental organizations (NGOs), host country government, and the local and international academic community;

(b) USAID documents, including but not limited to, the Mission's current strategy, the draft 2014-2018 CDCS, annual reports, situation analyses, sector assessments, and evaluations, and the preliminary results framework for the proposed Strategic Plan; and Agency Gender references, materials, and other analytical tools, including both the newly drafted Automated Directive System Chapter 205 and the Gender Equality and Female Empowerment Policy.

(c) Any other materials or documents as necessary to glean a comprehensive view of gender issues in Nigeria.

(d) Gender update documents, current policies and issues, guidance on Nigeria gender specific issues gathered through consultations with the USAID/Washington Gender office.

2. Meetings and discussions with technical team leaders and other staff involved in developing the Strategic Plan. They shall include where possible:

(a) Entry briefings with the Mission Gender Working Group, the Program Office, the Front Office, Ministry of Women Affairs, Gender Offices in related ministries, UN Women, DfID

(b) Meeting with DO teams on specific sectors and areas of interest, to identify possible links to gender issues in each proposed DO and determine whether these issues are adequately considered in the proposed strategy; to identify possible entry points for the incorporation of gender considerations into ongoing (as appropriate) and future activities, and to verify whether gender considerations are adequately treated in the proposed result framework;

(c) Interview selected key stakeholders and implementing partners involved in current and proposed programs, including local gender expert resource groups about problems, successes, and opportunities for improving attention to gender in the CDCS.

3. A mid-point review with the Gender Working Group and Mission representatives,
4. A presentation of draft Gender Analysis briefing to obtain feedback from the Mission staff;
5. An exit briefing with the Gender Working Group, the Program Office, and the Front Office.

The Mission does not anticipate the need for travel outside Abuja.

**Estimated Level of Effort:**

The estimated LOE will be 30 days including travel. A six day work-week is authorized. If appropriate, a visit to Washington prior to coming to Abuja may be authorized to meet with Gender Office staff to discuss concerns and issues.

The table below provides an illustrative level of effort for the Team:

**Table 1: Level of Effort (LOE)**

Assessment Tasks	International consultant	Research Associate	Research Assistant
Preparations and review documents provided by USAID, to occur before Assessment Team arrives Abuja	3 days	2 days	
International Travel: R/T Home to Abuja	4 days		
Prep work/Desk Review/Instrument Development/Division of Labor (Team)-in Abuja	18 days	18 days	15 days
Preparation of final report	5 days		

**Deliverable Deadlines:**

February 26 – 28	Preparations before TL arrives in Abuja
March 1 - 2	TL travels to Abuja
March 3	In-briefing with USAID
March 3 - 15	Stakeholder meetings and preparation of desk review
March 18	Presentation of preliminary findings and conclusions to USAID
March 19-	Written version of revised presentation delivered to USAID taking into account Mission comments
March 20	TL returns to USA
March 28	Delivery of draft report
5 working days after receipt of comments from Mission*	Delivery of Final report

## **Team Qualifications/Composition:**

The Assessment Team shall comprise of: 1. One Team Lead, 2. One Research Associate, and 3. One Research Assistant.

The **Team Lead** will be responsible for managing the survey, meeting deadlines and all final drafting and revision of the text. The Team Leader may change the tasks assigned to other members of the team as needed to accomplish the goal.

The **Research Associate** will conduct tasks assigned by the Team Lead, primarily identifying studies that are relevant to the tasks at hand, and, in some instances, conducting interviews.

The **Research Assistant** will be responsible for making all logistical arrangements, for taking minutes of all meetings, and preparing meeting summaries of important issues that were discussed.

The Team Lead:

1. Recognized international consultant with a minimum of a Masters' degree in a social science or related field.
2. A minimum of ten years of prior experience in the developing world, preferably in Anglophone Africa
3. Fully acquainted with all requirements for gender analysis issued by the USAID gender office.
4. Have conducted at least one gender assessment for a USAID mission, preferably in Africa, that meets all requirements
5. High level of spoken and written English: The Executive Summary from one of the gender assessments for which the consultant was responsible shall be submitted as a writing sample.

Research Associate:

1. Nigerian with full competence in at least one written Nigerian language.
2. A Masters' Degree in a social science related to culture and gender.
3. A high level of spoken and written English. The candidate will be interviewed to assess English competence.

Research Assistant:

1. Nigerian with good English and computer skills, and the ability to understand and transcribe interviews concerning gender and culture. The candidate will be interviewed to assess English competence.

Selection Criteria:

The team lead will be selected based on the criteria above. The technical review team will make the choice based on the five criteria. The most important criteria are items 4 and 5 above.



## **Deliverables:**

Deliverables must be in form and substance acceptable to USAID/N and the USAID/Washington Gender Office, and in accordance with all written and formal verbal guidance.

There are four written deliverables expected from this activity: (1) A workplan to be completed on arrival in Abuja; (2) a presentation of Preliminary Findings and Conclusions prior to the team leader's departure from Abuja; (3) a draft Gender Assessment report of not more than 20 pages, exclusive of annexes, which follows standard USAID guidance for evaluations and assessments (including an annex documenting all meetings held); ; and (4) a final Gender Analysis report, responding to USAID comments on the draft report, if not more than 20 pages in length, exclusive of annexes. Drawing on data from interviews and secondary sources, these documents will assess the appropriate technical areas for gender emphasis and make recommendations for future actions for gender and other integration, described above.

1. A work plan for the TDY to be presented within three working days of the team leader's arrival in Abuja. This will include a brief discussion of issues raised in Washington and at the Mission in-briefing. It will also include a preliminary table of contents, and preliminary lists of documents to be consulted and people to be interviewed.

2. A Gender Assessment team presentation to USAID of preliminary findings and conclusions, prior to the team leader's departure from Abuja

3. A draft Gender Analysis meeting the deliverables deadlines above. This will be presented to the Mission in electronic format (including ensuring that the file has been transmitted successfully). The Final Gender Assessment report, recommendations for action planning, will be submitted to the Mission within 5 working days after receiving integrated comments from the Mission on the draft report.

The Assessment shall include annexes, including but not limited to: (1) The Scope of Work, (2) a list of persons contacted, (3) a list of all documents consulted, (4) electronic (preferred) or hard copies of the text of all documents consulted<sup>57</sup>, even if they were not referenced in the assessment, to build USAID/N's library of gender related studies. An annex will also be presented containing one-page meeting summary reports for each meeting presented. Each report should include the meeting date, location and participants, as well as a summary of the discussion and significant points raised.

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<sup>57</sup> The Mission recognizes that, in some cases, the consultant may have access to documents that the originator does not wish to be disseminated. In these cases, a summary of the salient points will suffice.

## ANNEX II: DATA COLLECTION INSTRUMENTS

### Survey Questions for USAID/Technical Teams: USAID/Nigeria Gender Analysis for Strategic Planning

1. Please briefly describe your technical team's areas of responsibility and provide the specific names of the primary programs residing within your technical team's responsibility.
2. Please provide the new Results Framework that applies to your technical team area. Is your Results Framework gender-focused or have an emphasis on gender concerns? If so, please provide details. We understand that these (Results Frameworks) are in the process of being updated. We do not have drafts, so if you are able to share them with us it would be useful.
3. Please describe any gender-specific accomplishments over the past five years (attributable to USAID-specific interventions) that pertain to your team's technical sector. For these accomplishments, please share why these accomplishments are important and what best practices allowed for this success, i.e., good methodologies, good relationship with the GON, etc.
4. If there have not been any substantive gender-specific accomplishments over the past five years that pertain to your team's technical sector (and that are directly linked to a USAID intervention), please explain why. What kind of programming or other constraints (both within USAID and outside variables) may have inhibited progress on women's empowerment and gender equity? Where do you see the gaps in addressing gender within your technical sector that you would like to improve under the new CDCS?
5. In terms of the legal, policy and institutional context within which your programming objectives reside, what (if any) are the primary or any new legislative changes that have impacted (or will impact future) programming? In other words, what is the legal or political environment (constraining or facilitating variables) related to women's empowerment and gender equity that pertain to your sector focus? A list of any key (new) legislation or government strategies/plans that have (or will) impact USAID/Nigeria programming in your sector area would be helpful.
6. In terms of the socio-cultural context within which your programming objectives reside, what (if any) are the primary constraining and/or facilitating variables that have impacted (or will impact) future programming success? In other words, what is the socio-cultural environment related to women's empowerment and gender equity that relates to your sector focus? Specifically, how have you worked within this context for results (such as via social mobilization campaigns or advocacy)? Has your approach been successful, and if not, what can be offered to support your efforts for improved results? In terms of methodology, does gender programming in your technical team's area include male involvement? If so, has this been an effective methodology -- why has this been important?
7. Do you feel that the following questions are systematically and sufficiently asked when designing, implementing, and evaluating programs/projects within your sector area (please describe any lessons learned):

- Is the service affordable and accessible to women and girls?
- What are the differences between men/boys and women/girls in terms of their use of time and decision-making capacity, and does this impact programming choices? Is the project activity socially acceptable for her/his participation, i.e., any social stigma considerations?
- What is the potential differing impact (positive and negative) on women and men or girls and boys of the programming choice?

8. Please list at least 2-4 (self-identified) recommendations that our report can share pertaining to improving women's empowerment and gender equity in relation to your technical team's sector area. In other words, would gender training or additional research/evaluations on gender issues or more information on best practices be useful to your team? What areas do you think your team needs to strengthen, change or revise in your CDCS to better promote women's empowerment and gender equity in USAID programming within your sector -- now and for the future?

9. What suggested indicators at IR levels proposed in the draft CDCS would you recommend to improve gender integration, with a forwarding looking emphasis?

## Interview Guide for Non-USAID Stakeholders

1. What do you perceive as the major constraints and opportunities pertaining gender and the empowerment of women and girls in Nigeria (now and in the next five years going forward)?
2. What are your primary accomplishment with respect to gender issues and women's/girls empowerment, and what major activities do you have planned?
3. Do you actively involve males in your programming efforts? If so, how has this been important?
4. What do you consider as “best practices” in Nigeria for addressing gender and women's empowerment? Why?
5. From your perspective, who are the primary gender champions in Nigeria? Are they effective?
6. Do you work directly with USAID/Nigeria on gender equality or issues related to the empowerment of women and girls? If so, please explain.
7. What is your perception of USAID/Nigeria in terms of their level of engagement on gender issues in their role as a donor agency? Are there areas needed for improvement?
8. Could you kindly share relevant gender-specific literature that might be useful to our study?

## **ANNEX III: SOURCES OF INFORMATION**

### List of Persons Contacted

#### **USAID/Nigeria Staff**

##### **Program Office & Other USAID Staff**

Kevin Brown, Supervisory Program Officer  
Sebastian Milardo, Project Development Office  
Nancy Lowenthy, Health Office Director  
Ebony Bostic, Deputy Program Officer  
Bill Hall, Program Economist  
Bert Ubamadu, RLA  
Joyce Elele, M&E Specialist

##### **Gender Working Group**

Yemi Dada, Budget Specialist & Gender POC  
Onyih Egbogu, Program Assistant, HIV/ AIDS +TB Team  
Tessie Philips-Onoye, Program Assistant, HIV/ AIDS &TB Team  
Mukhtari Shitu, Conflict program specialist  
Abdullahi Sadiq, Acquisition & Assistant Specialist  
Jill Jupiter-Jones, Education Team Leader

##### **Focal Person for Disability**

Onyih Egbogu, Program Assistant, HIV/ AIDS &TB Team

##### **Education Technical Team**

Jill Jupiter-Jones, Education Team Leader  
Onyeche Micheal, Admin. Assistant  
Sunny Fwogos, Program Assistant  
Timothy Curtin, Deputy Team Leader  
Nafisa Ado, Program Manager

##### **Democracy and Governance Technical Team**

Nino Nadiradze, Office Director- Peace and Democratic Governance  
Mukhtari Shitu, Conflict Program Specialist  
A.C. Akparanta- Emerogu, Civil Society/Media Specialist  
Felicia Genet, Conflict Mitigation Officer  
Anthony Akpala, Office Manager  
Adamu Igoche, Deputy Team Leader

##### **HIV/AIDS & TB Technical Team**

Tessie Philips-Onoye, Program Assistant, HIV/ AIDS &TB Team  
Susan Coleman, PhD –Director, Office of HIV/AIDS & TB  
Philips Dayal, Deputy Director HIV/AIDS& TB  
Bassey Nsa, Strategic Advisor, HIV/AIDS &TB Team

## List of Persons Contacted (Continued)

### **Economic Growth Technical Team**

Nduka Okaro, Agriculture & Environment Specialist  
Alefia Merchant, Agriculture Development Officer  
Imeh Okon, Project Manager, Energy  
Roland Oroh, Project Manager, Agriculture Business & Trade  
Abdulkadir Gudugi, Senior Agriculture Economist  
James G. Lykos, Private Sector and Trade Officer

### **Health, Population & Nutrition Technical Team**

Susan Mathew, HPN Deputy  
Charles E. Llewellyn III, International Public Health Consultant  
Betty A. Ogboh, Office Manager  
Jessica Kafuko, Malaria Senior Advisor  
Mounkaila A. Billo, Senior Health Advisor  
Gertrude Odezugo, MCH Manager  
Kayode Moremkeji, Program Manager  
Nancy Lowentual, Health Office Director  
Susan Mckinney, Senior Technical Advisor Vaccines & Immunization  
Marit van Strien, Senior Advisor for R.I & Polio

### **USAID Contractors**

#### **Nigeria MEMS II Staff**

Evan Scott Thomas, PhD, Chief of Party  
Zakariya Zakari, Deputy Chief of Party  
Richard Ugbeno, HIV/AIDS & TB Advisor

### **USAID Implementing Partners**

#### **International Foundation for Electoral Systems (IFES)**

Eniola Cole, Program Assistant & Gender Desk Officer

### **USAID Beneficiaries**

#### **Nigerian Export Promotion Council & Women in Economic Development Program (NEPC –WIEDP)**

Obidike, Ifeyinwa, Assistant Director, Nigerian Export Promotion Council & Coordinator Women in Export Development Program  
Julie Onmoke, Principal Trade Officer, Nigerian Export Promotion Council & Asst. Coordinator Women in Export Development Program

## List of Persons Contacted (Continued)

### **Nigerian (Local) Civil Society Organizations (CSOs)**

#### **The Federation of Muslim Women's Associations in Nigeria (FOMWAN)**

Nafisat Musa Esq, National Legal Advisor

Farida Sada Yusuf, Deputy National President

Aisha Akanbi, Member National Committee on Good Governance, Gender & Human Rights

Muhammed Abubakar, Administrative Secretary

Dr. Yalwa Usman, Deputy Chairman Health

Dr. Balbasatu Ibrahim, Secretary

### **Government of Nigeria (GON) Entities**

#### **Federal Ministry of Women Affairs and Social Development (FMWASD)**

Adeayo Modupe, Assistant Director

Garba Magagi, Principal Community Development Officer

Koko Umar Hamisu, Assistant Director

Olowo Foyeku. J, Deputy Director Economic Service

Akin Alesinloye, Principal Community Development Officer

Orji Nnanna L, Social Development Officer II

Dim Ijeoma Okeke, Assistant Chief Social Development Officer

Alaka Femi, Assistant Chief Community Development Officer

#### **Independent National Electoral Commission (INEC)**

Obidigwu Blessing, Deputy Director

Lakunuya Dorothy Bello, Assistant Director

#### **National Agency for the Control of AIDS (NACA)**

Dr. Yinka Falola- Anoemuah, Assistant Director Gender &OVC, NACA

### **Bi-lateral and Multi-lateral Donor Organizations**

#### **UN Women – Nigeria Office**

Adekemi Ndieli, National Program Officer

#### **JICA – Nigeria Office**

Ahmed Halima, JICA Consultant

Emiko Mikami, Project Formulation Advisor

## List of References

### **USAID/Nigeria Evaluations**

Mid-Term Performance Evaluation of the Leadership, Management, and Sustainability – Prevention Organizational Systems AIDS Care and Treatment (PROACT) Project. October 2012.

Mid-Term Performance Evaluation of the Leadership, Empowerment, Advocacy and Development (LEAD) Project. Final Report. December 2013.

Northern Education Initiative (NEI) Project. Mid-Term Performance Evaluation. Final Report. November 2013.

Media Support for Strengthening, Good Governance and Empowerment (MESSAGE) mid-Term Evaluation Report. Final Report. July 2012.

### **Nigeria Country and Sector-Specific Statistics (Relating to Gender)**

Nigeria Demographic and Health survey 2013. Preliminary Report. National Population Commission, Abuja, Nigeria. MEASURE DHS, ICF International. October 2013.

Nigeria Millennium Development Goals. Report 2010. Government of the Republic of Nigeria.

Social Statistics in Nigeria. National Bureau of Statistics (NBS). 2012. Part III: Health, Employment, Public Safety, Population and Vital Registration.

Living Standards Measurement Study (LSMS) – Integrated Surveys on Agriculture. General Household Survey Panel 2010/11. NBS and the Federal Ministry of Agriculture and Rural Development and the World Bank, 2012.

National Bureau of Statistics in Collaboration with the World Bank. Living Standard Measurement Study – Integrated Survey on Agriculture (LSMS-ISA) Group Presentation Select Tables from the General Household Panel Survey. Wave 2012/13.

World Development Report 2012: Gender Equality and Development. United Nations Research Institute for Social Development (UNRISD). Y Shakra Razavi, October 5, 2011.

Report of the Nation- wide Gender Data Capture- A publication of the National Centre for Women Development – July 2009.

National Bureau of Statistics, Women and Men in Nigeria, 2011.

Nigeria DHS EdData Survey 2010, Education Data for Decision- making, by National Population Commission Abuja Nigeria.

National plan of action on CRC/CRA, 2009-2015. Produced by Federal Ministry of Women's Affairs and Social Development.



### **USAID Gender Policy & Strategy Documents**

Gender Equality and Female Empowerment. USAID Policy. March 2012. Washington, D.C.

ADS Chapter 205. Integrating Gender Equality and Female Empowerment in USAID's Program Cycle. July 17, 2013 (New Edition Date).

USAID Nigeria Mission Order, Gender Equality and Women Empowerment, August 28, 2012.

USAID Mission to Nigeria, Country Development Cooperation Strategy 2015- 2019.

### **Gender Assessments Conducted by USAID/Nigeria or other Donors/Research Institutes**

Draft Gender Assessment Report. USAID/Nigeria. DevTech Systems, Inc. and World Learning, Inc. Under EGAT/WID IQC. March 21, 2003

Gender in Nigeria Report 2012. Improving the Lives of Girls and Women in Nigeria. British Council Nigeria, 2012. DFID

Country Gender Profile Nigeria. Final Report. March 2011. Japan International Cooperation Agency (JICA) Public Policy Department. Mitsubishi UFJ Research & Consulting Co., Ltd.

(Abridged) Gender Analysis Report for the Akwa Ibom State Action Committee on AIDS

Gender & Growth Assessment- Nigeria. National Overview. DFID & CIDA, October 2009; International Development University of East Anglia, Norwich, UK and Nigerian Institute of Social & Economic Research Ibadan, Nigeria.

Violence Against Women: Analysis of the 2008 National Demographic Health Survey. Published by UN Women

Gender & Growth Assessment- Nigeria. State Reports. DFID & CIDA, November 2009; International Development University of East Anglia, Norwich, UK and Nigerian Institute of Social & Economic Research Ibadan, Nigeria.

USAID Gender Assessment / Senegal- June 2010. This publication was produced for review by USAID. It was prepared by Dev. Tech Systems, Inc., for the Short- term Technical Assistance & Training Task Order.

USAID Summary Activity 2013.

Nigeria Gender Data Report 2009.

Bridge development gender, Gender and indicators overview Report- Annalise Moser July 2007

Bauchi State Gender Gap analysis Report, October 2011 by consultant Zaynab Maina- Lukat.

Assessing the Gender Mainstreaming Strategy for Promoting Sustainable Agriculture in Borno State- Barun Gurung, Martha Adamu, Monica Samuel, Amare Tegbaru, Rifkatu Gadzama, Ibrahim Gayya, and Hassana Pindar, December 2008.

World Development Report 2012. Gender Equality and Development.

Gender Equality and Women Empowerment in Nigeria: The Desirability and Inevitability of a Pragmatic Approach by Kelly Bryan Ovie Ejumudo, Ph. D.

Gender Inequality: The Nigerian case- Master web reports.

Nigeria's Initial & First Country Periodic Report on the Implementation of the African Union (AU) Charter on the Rights and Welfare of the Child, July 2006. Produced by the Federal Ministry of Women Affairs.

Final Report on National Baseline Survey of Positive & Harmful Traditional Practices Affecting Women & Girls in Nigeria. Prepared by Centre for Gender & Social Policy Studies. Obafemi Awolowo University Ile -Ife for FMWASD, UNDP, UNICEF, WHO, UNFPA & DFID. October, 1998.

Nigeria 6<sup>th</sup> Country Periodic Report on the Implementation of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). Produced by FMWASD, July 2006.

National Action Plan for the Implementation of UNSCR 1325 and Related Resolutions in Nigeria, with Support from UN Women and Nigeria Stability and Reconciliation Program.

Needs Assessment of Vesico- Vaginal Fistula (VVF) Patients in Nigeria. Report of Field Study on Incidence of VVF in Sixteen State. By Federal Ministry of Women Affairs Abuja- Nigeria. March 2006.

Concluding Observations and Recommendations on Nigeria's 2<sup>nd</sup> Periodic Report on the United Nations Convention on the Rights of the Child 28<sup>th</sup> January, 2005.

Survey and Development of Social Strategic Framework on Reduction of Maternal Mortality in Nigeria. FMWSA September 2009.

The 2008 Situation Assessment and Analysis on Orphans and Vulnerable Children (OVC) in Nigeria. FMWASD, December, 2008.

Nigeria Gender Statistics Book. FMWASD 2008.

Baseline Study on Maternal Health Indicators in Nigeria. FMWASD 2007.

Concluding Recommendations: Nigeria Defence of 6<sup>th</sup> Periodic Report on the Implementation of the UN Convention on the Elimination of All forms of Discrimination Against Women (CEDAW).

The Global Gender Gap Report 2013. World Economic Forum.

Human Development Report 2013. The Rise of the South: Human Progress in a Diverse World. UNDP

USAID D&G Advance Briefer 2013 Final Report.

USAID Tolerance Program.

USAID Stride Program.

USAID Lead Program.

USAID Message Briefer 2013 Final.

USAID CEPPS Elections Program.

USAID Peace & Democratic Governance.

### **Articles/Short Publications on Gender Issues Specific to Nigeria**

The African Women's Journal. Issue 04 January – June 2012. Theme: Promoting Economic Empowerment of Women and entrepreneurship as a Pathway for Fighting Poverty in Africa. Article: Entrepreneurship and Poverty Reduction: Issues and Challenges Faced by Women Farmers in the Middle Belt Zone (North Central) Nigeria. FEMNET.

Gender Equality and Women Empowerment in Nigeria: The Desirability and Inevitability of a Pragmatic Approach. Kelly Bryan Ovie Ejumudo, Ph.D. Developing Country Studies. IISSN 2224-607X (Paper) ISSN 2225-0565 (Online) Vol.3, No.4, 2013. IISTE.

Nigeria: It's Time to Broaden the Debate on Gender Article | 14 December 2012. Maryam Kazeem.

CEDAW & Accountability to Gender Equality in Nigeria – A shadow Report: A Publication of Women Aid Collective (WACOL) 2008 for Nigeria NGO Coalition on CEDAW Report supported by Heinrich Boll Foundation, Lagos- Nigeria.

Gender Equality on Family Health/Women's Empowerment. USAID/Nigeria.

Statement by Hajjiya Zainab Maina, FCIA, MFR; Hon. Minister Ministry of Women Affairs and Social Development at the Fifty- seventh Session of the Commission on the Status of women (CSW 57).

Factors Influencing Gender Based Violence Among Men and Women in Selected States in Nigeria. By Oladepo O and Arulogun OS from African Journal of Reproductive Health December 2011.

Fact sheet on Women's Political Participation in Nigeria. Gender and Constitution Reform Network (GECORN) support by UN Women.

Fact Sheet Gender and Constitutional Reforms in Nigeria Critical Issues. Gender and Constitution Reform Network (GECORN) support by UN Women.

Memorandum submitted to the National Assembly. Review of the 1999 Constitution of the Federal Republic of Nigeria. Gender and Constitution Reform Network (GECORN) support by UN Women.

Gender Equality/Women Empowerment Secondary Narrative (GEWE) – PPR 2013

Nigeria Compendium of Good Practices in Gender Mainstreaming: Selection of Country Good Practices. FMWASD, September, 2009.

Women Fund For Economic Empowerment (WOFEE) – Credit facility for Economic Empowerment of Grassroots Women Cooperatives.

The Muslim Woman Magazine; Education: Path to Development.

Federation of Muslim Women’s Associations in Nigeria, FOMWAN at a Glance 1985-2012.

Nigeria Gender Economic Indicators. FMWASD 2008.

Making the AIDS Crises Worse. Washington Post Op-Ed page by Michael Gerson, March 2014.

Election and Gender, USAID.

Gender and the Media, USAID.

International Women’s Day Celebration 2014 USAID.

Gender, Women, Peace & Security, USAID.

Rethinking Development by Ray Onyegu.

### **Gender Tools/Resource Materials**

A Practical Guide for Managing and Conducting Gender Assessments in the Health Sector. Margaret E. Green. USAID – IGWG. 2013.

WHO Gender Assessment Tool.

Guide on How to Integrate Disability into Gender Assessments and Analyses. USAID October 2010.

Gender Equality: Policy and Tools, CIDA’s framework for Assessing Gender Equality Results.

Gender Mainstreaming for Good Governance. A Tool Kit for Women in Decision-Making Positions.

Handbook of Gender Sensitive Indicators for Results Focused Development Planning and Programming.

Voters Education Manual Promoting the Participation of Women in Nigerian elections.

National Guidelines and Standards of Practice on Orphans and Vulnerable Children. January 2007 FMWASD.

A Toolkit for Women in Decision Making - Understanding Gender and Development.

Hand Book on Child Adoption in Nigeria. Child Development Department Federal Ministry of Women Affairs and Social Development, Abuja.

Directory of Rehabilitation Institutions/Centre's/ Organization in Nigeria. Rehabilitation Department, FMWASD.

Hand Book on Foster Care in Nigeria. Child Development Department of FMWASD.

### **Publications Documenting Nigeria's National Policies/Strategies Relevant to Gender**

Nigeria Vision 20: 2020. Abridged Version. December 12, 2010.

National Gender Policy Strategic Framework (Implementation Plan). Federal Republic of Nigeria 2008-2013. August 2008. The Federal Ministry of Women Affairs & Social Development. Abuja. August 2008.

Nigeria Millennium Development Goals. Report 2010. Government of Nigeria.

National Gender Policy; A simplified Version by Gender & Development Action (GADA) edited by Susan Bassey Duke and Deborah Effiong.

National Gender Policy Situation Analysis and Framework Federal Republic of Nigeria 2008-2013. August 2008. The Federal Ministry of Women Affairs & Social Development. Abuja. August 2008.

The UN Convention on the Rights of Persons with Disabilities. By FMWASD May 2007.

### **Publications Documenting What Other Donors are Doing Regarding Gender**

Who is doing What on Gender in Nigeria. August 2, 2011. Southern Zone Report by Ndidi Nwaneri. Heinrich Boll Foundation.

### **Publications on Trade and Commerce in Nigeria Relating to Gender**

Understanding Export Business: A Guide for Beginners by Nigerian Export Promotion Council.

COWAN Rural Responsive Banking an Anti- Clock Race in Poverty Track with African Traditional Responsive Methodology, Challenge to our Time.

Hand book for Nigeria Farm Craft Centre for the Blind, Ikeja, Lagos, Rehabilitation Department, FMWASD 2000.

The ATRB Model, African Traditional Responsive Banking for Economic Reform (Country Women Association of Nigeria (COWAN).

Business Development Fund for Women (BUDFOW) Operating Manual, produced by FMWASD, December, 2006.

Income Generation and the Woman, Sabina. A. Ofoegbu.

## **ANNEX IV: GENDER M&E FRAMEWORK WITH PROPOSED INDICATORS**

### Recommendations for a Mission-wide Gender M&E Framework with Proposed Strategic Indicators

#### **I. Current Mission-wide Gender M&E Framework**

A meta-data analysis of PRS and DHIS Indicators from a gender perspective was conducted to measure the number of indicators that are amenable to disaggregation by sex against those that are currently sex-disaggregated. The analysis revealed that out of 22 outcome indicators that are sex-disaggregatable, only 9 (41%) are currently sex-disaggregated, while 94 out of 141 (67%) output indicators that are amenable to sex-disaggregation are, in fact, disaggregated.

Of the 89 indicators in the Performance Reporting System (PRS) database that are amenable to disaggregation by sex, 52 are currently disaggregated while only 51 of the 74 indicators that are sex-disaggregatable in the District Health Information System (DHIS) USG Database are disaggregated by sex.

The detailed analysis is presented in Tables A.1 and A.2, below.

#### **2. Proposed Mission-wide Gender M&E Framework**

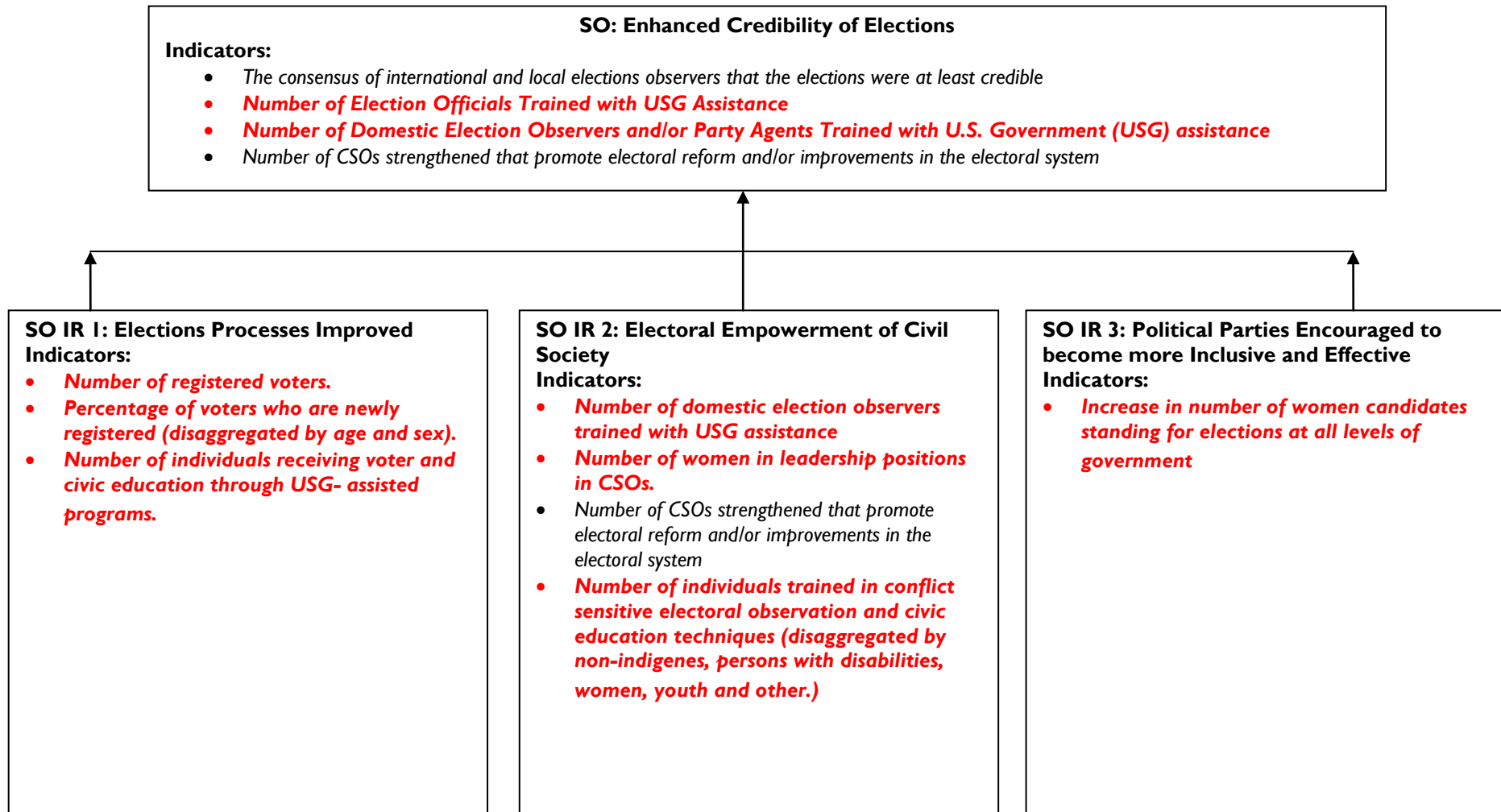
The charts below present the high-level indicators mentioned in USAID/Nigeria's draft Country Development Cooperation Strategy (CDCS) in the format of a Mission-wide M&E Framework, highlighting those Intermediate Result (and Special Objective Intermediate Result) indicators that could potentially be sex-disaggregated.

As shown, a fairly large number of the proposed high-level indicators in the draft CDCS are amenable to sex-disaggregation, but the number varies by IR. In particular, while the indicators listed under the elections Special Objective IRs tend to represent an opportunity to monitor gender equity, without further definition the indicators for the IRs falling under DO1 tend not to lend themselves to gender disaggregation. And, while the IR indicators listed under DO2 – especially those relating to health and education -- tend to be more amenable to sex-disaggregation, there are no high-level indicators listed under that DO that appear to be amenable to sex-disaggregation.

Taking this into account, the Mission may wish to include some additional indicators to allow progress toward achieving gender equity to be monitored effectively. This is the subject addressed in Sections 4 and 5, below.

## Chart 1: Special Objective (SO) -- Enhanced Credibility of Elections

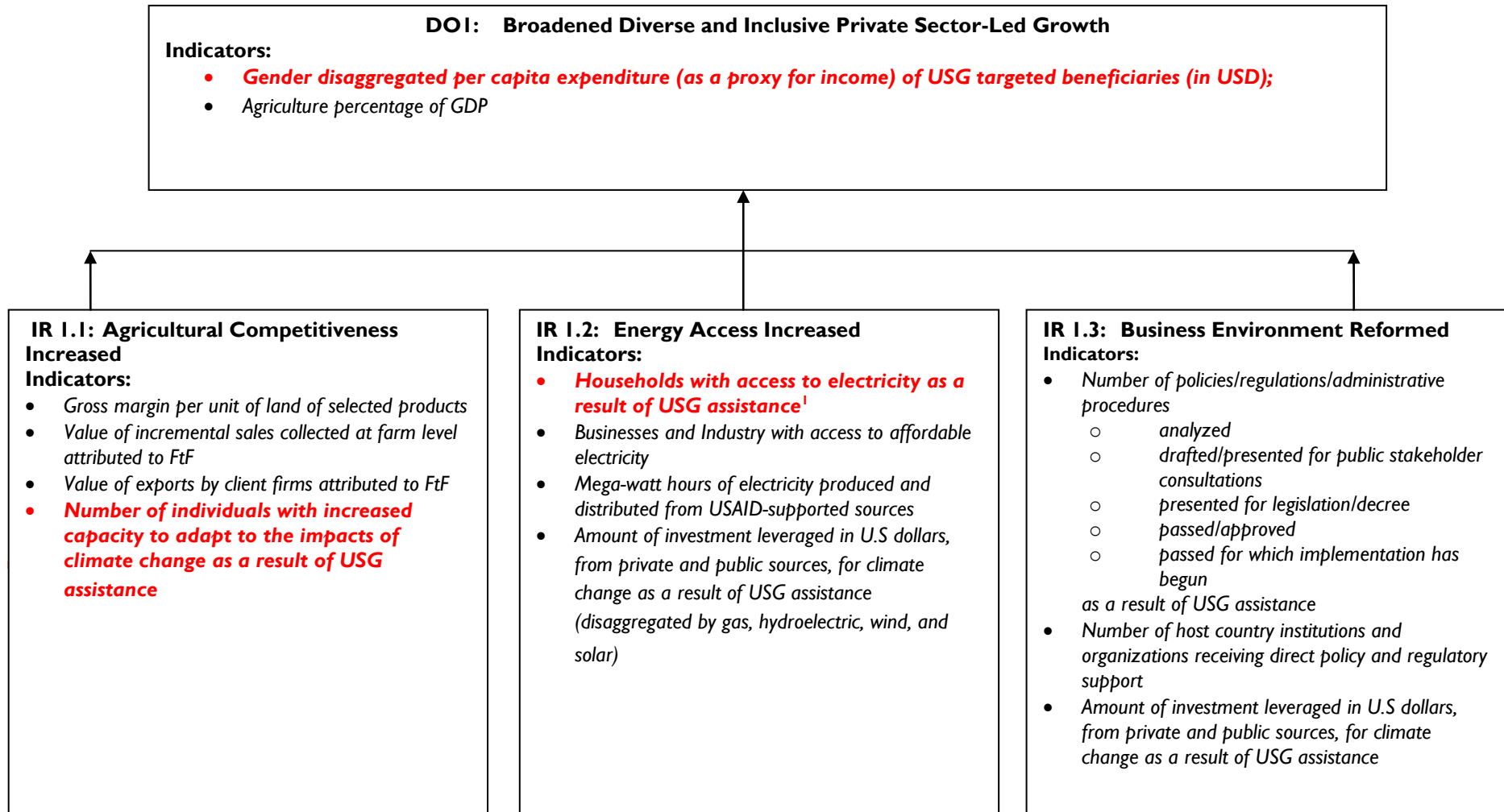
Note: The indicators highlighted in red are amenable to sex-disaggregation.





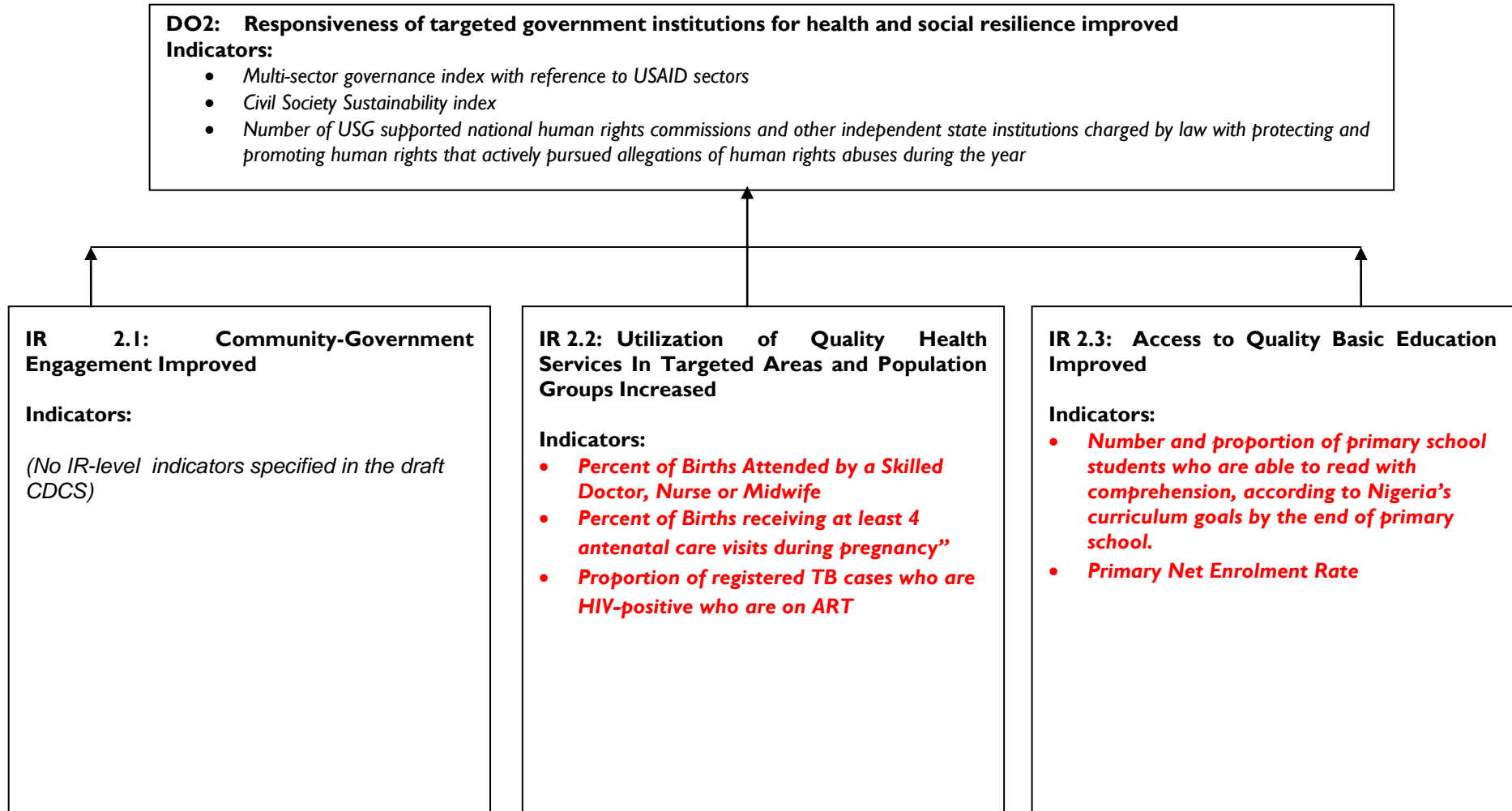
**Chart 2: Development Objective 1 -- Broadened Diverse and Inclusive Private Sector-Led Growth**

Note: The indicators highlighted in red are amenable to sex-disaggregation.



**Chart 2: Development Objective 2 -- Responsiveness of targeted government institutions for health and social resilience improved**

Note: The indicators highlighted in red are amenable to sex-disaggregation.



### **3. Recommended Strategic Indicators on Gender**

The draft CDCS presents high-level indicators of progress at the DO and IR levels that are both attributable and not attributable to USAID (or USG) assistance. Those high-level indicators for which progress is not attributable to USG assistance are referred to here as 'strategic indicators.' Examples include agricultural production as a percentage of GDP, or the Civil Society Sustainability Index.

Presented below are strategic indicators derived from the Gender Analysis, pertinent to each IR, that the Mission may consider monitoring at national or state levels, depending on the availability of data, to track progress in achieving gender equity.

Section 5, below, presents recommended procedures the Mission may wish to utilize to develop additional sector-specific gender indicators to monitor progress attributable to USG assistance in achieving gender equity, or addressing gender-based violence.

#### **SO: Enhanced Credibility of Elections**

- Proportion of national assembly members who are women
- Proportion of females who report increased self-efficacy at the conclusion of USG supported training/programming
- Proportion of target population reporting increased agreement with the concept that males and females should have equal access to social, economic, and political opportunities

#### **DOI: Broadened Diverse and Inclusive Private Sector Led Growth**

##### **IR 1.1: Agricultural Competitiveness Increased**

- Proportion of land owned by women

##### **IR 1.2: Energy Access Increased**

- Number of households with access to electricity, disaggregated by sex of household head

##### **IR 1.3: Business Environment Reformed**

- Proportion of bank accounts owned by women

#### **DO2: Responsiveness of targeted government institutions for health and social resilience improved**

##### **IR 2.1: Community-Government Engagement Improved**

- Number of laws, policies or procedures adopted to prevent gender-based violence

##### **IR 2.2: Utilization of Quality Health Services In Targeted Areas and Population**

###### *Groups Increased*

- Proportion of women delivering by a skilled health service provider (i.e., doctor, nurse or midwife)

- Percentage of target population that views Gender-Based Violence (GBV) as less acceptable after participating in or being exposed to USG programming

**IR 2.3: Access to Quality Basic Education Improved**

- Literacy rates, by sex and cohort
- Proportion of female teachers among primary, secondary and tertiary institution

#### 4. Procedures to Integrate Gender into Mission-wide Monitoring and Evaluation

To improve gender monitoring and evaluation throughout the USAID program/project cycle and at all levels, every program or project should:

- Ensure that guidelines and human and institutional arrangements are in place to support sound gender sensitive M&E at national, local, and project levels
- Ensure that the goals or objectives of the program or project reflect both women's and men's needs and priorities
- Establish M&E mechanisms that will collect baseline data and record and track gender differences.
- Monitor and measure benefits as well as adverse effects on men and women separately whenever possible and check whether the needs and interests of women and men are still being considered during implementation.

Specific procedures the Mission may consider to implement this policy would include:

- **Selection of project staff.** When interviewing candidates for technical and management positions, preference should be given to candidates who not only possess specific skills and experience but also show a positive attitude towards gender issues.
- **Baseline study using the gender approach.** The baseline study should be designed in such a way that each question is asked differently of men and women. This will provide a clear picture of the internal workings of family organization, family economic and social strategies, and other factors that lead to differentiated positions and interests between men and women vis-à-vis development processes and actions.
- **Gender indicators.** Another priority task is to design gender monitoring and evaluation indicators for each project or activity, endeavoring to ensure that all indicators on beneficiary-targeted actions are disaggregated by sex, and also to the extent possible that they measure attitudinal changes relating to project participation.<sup>58</sup>
- **Location of the gender specialist within the project structure.** The professional charged with providing advice on implementation of the gender approach in the project should be part of the project's management team, so as to provide input for decision-making on project actions and services for beneficiaries.
- **Field team.** To support implementation of the gender approach, it is essential that the technical specialists working in the field are duly trained and up to date in the operational and methodological aspects of the gender approach.
- **Systematic training in gender issues.** Projects should provide gender training on an ongoing and systematic basis for all project participants, bearing in mind that each group will need differentiated content and depth.
- **Operating budget.** Projects should earmark funding specifically for actions to promote women's participation.

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<sup>58</sup> See [http://usaidlearninglab.org/sites/default/files/resource/files/How-To\\_Note\\_Gender\\_and\\_PPRs\\_2013\\_0719.pdf](http://usaidlearninglab.org/sites/default/files/resource/files/How-To_Note_Gender_and_PPRs_2013_0719.pdf) for some illustrative indicators.

- **Training.** As part of capacity development within USAID and its implementing partners, the Mission may consider offering course modules designed to address gender equity, women’s empowerment, prevention of gender-based violence, and integration of gender indicators into M&E planning for project activities.

**Table A.1: Meta-data Analysis of PRS and DHIS Indicators from Gender Perspective (Outcome Indicators)**

<b>Technical Team: EGE</b>				
<b>No</b>	<b>Title</b>	<b>Periodicity</b>	<b>Sex Disaggregation (yes =1, No = 0)</b>	<b>Currently Disaggregatable (yes =1, No = 0)</b>
EGE4.5-16	Gross margin per hectare, animal or cage of selected product (RIA)	Quarterly	0	0
EGE4.5.2-23	Value of incremental sales (collected at farm-level) attributed to FtF implementation	Quarterly	1	0
GNDR-2	Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment)	Quarterly	1	1
EGE4.2.2-9	Number of firms receiving USG assistance that have obtained certification with (an) international quality control institution(s) in meeting minimum product standards		1	0
EGE4.5-9B	Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	Annual	1	1
EGE4.5.2-23A	Value of incremental sales (collected at farm-level) attributed to FtF (\$)	Annual	1	1
EGE4.5.2-38	Value of new private sector investment in the agriculture sector or food chain leveraged by the FtF implementation	Quarterly	1	0
EGE4.5.2-5	Number of farmers and others who have applied new technologies or management practices as a result of USG assistance	Quarterly	1	1
EGE4.8.2-26	Number of stakeholders with increased capacity to adapt to the impacts of climate variability and change as a result of USG assistance		1	0
<b>Total</b>			<b>8</b>	<b>4</b>
<b>Technical Team: HIV/AIDS &amp; TB (TB only indicators in PRS)</b>				
<b>No</b>	<b>Title</b>	<b>Periodicity</b>	<b>Sex Disaggregation (yes =1, No = 0)</b>	<b>Currently Disaggregatable (yes =1, No = 0)</b>
IIP3.1.2 – CUSTOM 10	Proportion of DOT sites in projected supported states submitting the QRRIF's to their LGA TB supervisors at the end of the year	Quarterly	0	0
IIP3.1.2 – CUSTOM 8	Proportion of dots sites in focus states that experienced stock outs of RHZE and patient kits category I	Quarterly	0	0
IIP3.1.2 – CUSTOM 9	Percent of sites supported by USAID experiencing stock out of specific tracer TB drugs (adult category I drug and children category I drug)	Quarterly	0	0
IIP3.1.2-31	Percent of the estimated number of all forms of new TB cases that were detected under dots (i.e. case detection rate)	Annual	1	0
IIP3.1.2.1-1	Percent of registered new smear positive pulmonary TB cases that were cured and completed treatment under dots nationally (treatment success rate)	Annual	1	1
IIP3.1.2.1-2	Case notification rate in new sputum smear positive pulmonary TB cases per 100,000 population nationally	Annual	1	0
<b>Total</b>			<b>3</b>	<b>1</b>
<b>Technical Team:: PDG</b>				
<b>No</b>	<b>Title</b>	<b>Periodicity</b>	<b>Sex Disaggregation (yes =1, No = 0)</b>	<b>Currently Disaggregatable (yes =1, No = 0)</b>
CBLD-2	Percentage of operating unit program funds obligated through partner country systems	Quarterly	0	0
CBLD-3	Percentage of operating unit program funds obligated to local organizations	Quarterly	1	0
2.4.1-10	USAID NGO sustainability index- Europe & Eurasia (29 countries), Africa (19 countries), Mena (7 countries)	Quarterly	0	0

<b>Total</b>		<b>1</b>	<b>0</b>	
<b>Technical Team: HPN</b>				
<b>No</b>	<b>Title</b>	<b>Periodicity</b>	<b>Sex Disaggregation (yes =1, No = 0)</b>	<b>Currently Disaggregatable (yes =1, No = 0)</b>
IIP3.1.6.5-1	Rate of non-polio acute flaccid paralysis (AFP) cases occurring per 100,000 children less than 15 years of age (non-polio AFP rate)	Quarterly	1	0
IIP3.1.7-38	Modern contraceptive prevalence rate	5 yrs	0	0
IIP3.1.8.1-2	Number of people gaining access to an improved drinking water source	Quarterly	1	0
IIP3.1.9-10	Prevalence of underweight children under five years of age		1	0
IIP3.1.6.4-1	Percent of children who received dpt3 vaccine by 12 months of age		1	1
IIP3.1.6.7-1	Percent of children under five years old with diarrhoea treated with oral rehydration therapy (ORT)	Annual	1	1
<b>Total</b>			<b>5</b>	<b>2</b>
<b>Technical Team: HIV/AIDS &amp; TB Team (Indicators from DHIS)</b>				
<b>No</b>	<b>Title</b>	<b>Periodicity</b>	<b>Sex Disaggregation (yes =1, No = 0)</b>	<b>Currently Disaggregatable (yes =1, No = 0)</b>
PI.2D	Percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	Monthly	1	1
NP8.8D	Number of units of blood collected and screened for all the four TTI (HBV, HCV, HIV, Syphilis)	Monthly	0	0
NP9.0D	Number of service outlets providing a minimum of Health Care Waste Management (HCWM)	Monthly	0	0
C2.4D	TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment settings	Monthly	1	0
C2.5D	Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	Monthly	1	0
T1.2D	Percent children with advanced HIV infection receiving antiretroviral therapy (ART) (CURRENT)	Monthly	1	0
T1.2D	Percent women and girls with advanced HIV infection receiving antiretroviral therapy (ART) (CURRENT)	Monthly	1	1
H1.2D	Number of testing facilities (laboratories) that are recognized by national or international standards for accreditation or have achieved a minimal acceptable level towards attainment of such accreditation	Monthly	0	0
<b>Total</b>			<b>5</b>	<b>2</b>



- **Table A.2: Meta-data Analysis of PRS and DHIS Indicators from Gender Perspective (Output Indicators)**

<b>Technical Team: EGE</b>				
<b>No</b>	<b>Title</b>	<b>Periodicity</b>	<b>Sex Disaggregation (yes =1, No = 0)</b>	<b>Currently Disaggregatable (yes =1, No = 0)</b>
EGE4.5-2	Number of jobs attributed to fff implementation	Quarterly	1	1
EGE4.2.2-10	Person hours of training completed in trade and investment capacity building supported by USG assistance	Quarterly	1	1
EGE4.2.2-11	Number of days of USG supported technical assistance in trade and investment capacity provided to counterparts or stakeholders	Quarterly	1	0
EGE4.2.2-3	Number of firms receiving capacity building assistance to export	Quarterly	1	0
4.5.2-7B	Number of individuals who have received USG supported short-term agricultural sector productivity or food security training	Quarterly	1	1
EGE4.5.2-11	Number of food security private enterprises (for profit), producers organizations, water users associations, women's groups, trade and business associations, and community-based organizations ((CBOs) receiving USG assistance	Quarterly	1	1
EGE4.5.2-12B	Number of public-private partnerships formed as a result of FtF assistance	Quarterly	0	0
EGE4.5.2-13	Number of rural households benefiting directly from USG assistance	Quarterly	1	1
EGE4.5.2-14A	Number of vulnerable households benefiting directly from USG interventions	Quarterly	1	1
EGE4.5.2-2	Number of hectares under improved technologies or management practices as a result of USG assistance	Quarterly	1	1
EGE4.5.2-27	Number of members of producer organizations and community based organizations receiving USG assistance	Quarterly	1	1
EGE4.5.2-28	Number of private enterprises, producers organizations, water users associations, women's groups, trade and business associations and community-based organizations (CBOs) that applied new technologies or management practices as a result of USG assistance	Quarterly	1	1
EGE4.5.2-29B	Value of agricultural and rural loans (RIA) (WOG)	Quarterly	1	1
EGE4.5.2-30	Number of MSMEs, including farmers, receiving USG assistance to access loans	Quarterly	1	1
EGE4.5.2-37	Number of MSMEs, including farmers, receiving business development services from USG assistance sources	Quarterly	1	1
EGE4.5.2-39	Number of new technologies or management practices in one of the following phases of development: under research as a result of USG assistance, under field testing as a result of USG assistance, or made available for transfer as a result of USG assistance	Quarterly	0	0
EGE4.5.2-7	Number of individuals who have received USG supported short term agricultural sector productivity or food security training	Quarterly	1	1
4.8.2-28	Number of laws, policies, strategies, plans, agreements, or regulations addressing climate change (mitigation or adaptation) and/or biodiversity conservation officially proposed, adopted, or implemented as a result of USG assistance	Quarterly	0	0
EGE4.8.2-10	Amount of investment leveraged in U.S. dollars, from private and public sources, for climate change as a result of USG assistance		0	0
EGE4.8.2-6	Person hours of training completed in climate change supported by USG assistance	Quarterly	1	0
<b>Total</b>			<b>16</b>	<b>13</b>
<b>Technical Team: HIV/AIDS &amp; TB (TB only indicators in PRS)</b>				
<b>No</b>	<b>Title</b>	<b>Periodicity</b>	<b>Gender Disaggregation (yes =1, No = 0)</b>	<b>Currently Disaggregatable (yes =1, No = 0)</b>
3.1.2.1-5	3.1.2.1-5 national TB smear microscopy laboratory coverage	Quarterly	0	0
3.1.2.2-1	Percent of TB patients tested for HIV	Quarterly	1	0

3.1.2.3-1	Number of new multi-drug resistant-TB (MDR-TB) patients diagnosed and initiated on treatment	Quarterly	1	0
3.1.2.3-2	Percent of successfully treated MDR TB (category iv TB) cases	Quarterly	1	0
3.1.2.9-1	Number of participants in a country trained in the components of the who stop TB strategy with USG funding	Quarterly	1	0
IIP3.1.2 - CUSTOM 1	Number of communities with established community TB care (CTBC)	Quarterly	0	0
IIP3.1.2 - CUSTOM 11	Number of people trained in TB logistics with USG funding	Quarterly	1	1
IIP3.1.2 - CUSTOM 2	Number of community volunteers (treatment supporters) trained in dots	Quarterly	1	1
IIP3.1.2 - CUSTOM 3	Number of dots sites in focus states that experienced stock out of rhze or patient kit category 1	Quarterly	0	0
IIP3.1.2 - CUSTOM 4	Number of MDR-TB confirmed cases put on treatment	Quarterly	1	1
IIP3.1.2 - CUSTOM 5	Number of TB patients receiving TB dots treatment with a community volunteer (treatment supporter)	Quarterly	1	1
IIP3.1.2 - CUSTOM 6	Number of TB suspects referred for diagnosis by community	Quarterly	1	1
IIP3.1.2 - CUSTOM 7	Number of MDR-TB suspects (cat 2 failures) sent for diagnosis	Quarterly	1	1
IIP3.1.2-18	Number of people trained in dots with USG funding	Quarterly	1	1
IIP3.1.2.1-3	Number of new TB cases reported to national TB programs (NTP) by non-MOH organizations	Quarterly	1	0
IIP3.1.2.1-4	Percent of USG-supported laboratories performing TB microscopy with 95% or higher rate of correct results	Annual	0	0
<b>Total</b>			<b>12</b>	<b>7</b>
<b>TECHNICAL TEAM: PDG</b>				
No	Title	Periodicity	Gender Disaggregation (yes = 1, No = 0)	Currently Disaggregatable (yes = 1, No = 0)
CBLD-1	Number of awards made directly to local organizations	Quarterly	1	0
GJD2.2.2-6	Number of training days provided to executive branch personnel with USG assistance	Quarterly	1	1
GJD2.2.3-5	Number of sub-national government entities receiving USG assistance to improve their performance	Quarterly	0	0
GJD2.2.4-2	Number of government officials receiving USG-supported anti-corruption training	Quarterly	1	1
GJD2.2.4-5	Number of people affiliated with non-governmental organizations receiving USG supported anti-corruption training	Quarterly	1	1
GJD2.3.1-4	Number of USG-assisted consensus-building processes resulting in an agreement	Quarterly	0	0
GJD2.3.1-7	Number of consensus building forums (multi-party, civil/security sector, and/or civil/political) held with USG assistance	Quarterly	0	0
GJD2.3.2 - CUSTOM 1	Number of CSOs strengthened that promote electoral reform and/or improvements in the electoral system	Quarterly	1	0
GJD2.3.2-11	Number of domestic election observers and/or party agents trained with USG assistance	Quarterly	1	1
GJD2.3.2-12	Number of individuals receiving voter and civic education through USG-assisted programs	Quarterly	1	1
GJD2.3.2-3	Number of election officials trained with USG assistance	Quarterly	1	1
GJD2.3.3-1	Number of individuals who receive USG-assisted political party training	Quarterly	1	1
GJD2.3.3-6	Number of USG-assisted political parties implementing programs to increase the number of candidates and members who are women, youth and from marginalized groups.	Quarterly	1	1
GJD2.3.3-8	Number of political parties receiving USG assistance to help them develop more programmatic platforms and policy agendas	Quarterly	0	0
GJD2.4.1 - CUSTOM 1	Civil society organizations (CSOs) representing marginalized groups engaging with government	Quarterly	1	1

GJD2.4.1 - CUSTOM 2	Women focused CSOs supported by USG assistance to engage in advocacy and/or promote democratic participation	Quarterly	1	1
GJD2.4.1-11	Number of USG-funded organizations representing marginalized constituencies trying to affect government policy or conducting government oversight	Quarterly	1	1
GJD2.4.1-9	Number of civil society organizations (CSOs) receiving USG assistance engaged in advocacy interventions	Quarterly	1	0
1.6-6	Number of local women participating in a substantive role or position in a peace building process supported with USG assistance	Quarterly	1	0
1.6.1-12	Number of new groups or initiatives created through USG funding, dedicated to resolving the conflict or the drivers of the conflict	Quarterly	1	0
1.6.1-13	Number of host national inhabitants reached through USG-assisted public information campaigns to support peaceful resolution of conflicts	Quarterly	1	1
CUSTOM	Number of organizations taking action to mitigate targeted conflicts	Quarterly	0	0
1.6.2-13	Number of USG supported events, trainings, or activities designed to build support for peace or reconciliation among key actors to the conflict	Quarterly	0	0
1.6.2-14	Number of people participating in USG-supported events, trainings, or activities designed to build mass support for peace and reconciliation	Quarterly	1	1
CUSTOM1.6.2.1	Number of youth groups engaged in civic activities to promote peace	Quarterly	1	0
<b>Total</b>			<b>19</b>	<b>13</b>
<b>Technical team: HPN</b>				
No	Title	Periodicity	Sex Disaggregation (yes =1, No = 0)	Currently Disaggregatable (yes =1, No = 0)
IIP3.1.3 - CUSTOM 1	Number of people who recall seeing or hearing a specific USG supported malaria message	Quarterly	1	0
IIP3.1.6 - CUSTOM 1	Number of people that have seen or heard a specific USG-supported mch message	Quarterly	1	0
IIP3.1.6 - CUSTOM 2	Number of wild polio virus cases in USG assisted states	Quarterly	1	0
IIP3.1.6 - CUSTOM 3	Number of audience who recall seeing or hearing a specific USG-supported maternal and child health message	Quarterly	1	0
IIP3.1.7 - CUSTOM 1	Number of women receiving surgery for fistula	Quarterly	1	1
IIP3.1.8.2-2	Number of people gaining access to an improved sanitation facility	Quarterly	1	1
IIP3.1.9-1	Number of people trained in child health and nutrition through USG-supported health area programs	Quarterly	1	1
IIP3.3.2-1	Number of USG assisted organizations and/or service delivery systems strengthened who serve vulnerable populations	Quarterly	0	0
IIP3.1.3.1 - CUSTOM 1	Number of community-based providers trained in case management with artemisinin-based combination therapy (acts) with USG funds	Quarterly	1	1
IIP3.1.3.1-1	Number of health workers trained in case management with artemisinin-based combination therapy (acts) with USG funds	Quarterly	1	1
IIP3.1.3.1-2	Number of artemisinin-based combination therapy (act) treatments purchased by other partners that were distributed with USG funds	Quarterly	0	0
IIP3.1.3.1-3	Number of artemisinin-based combination therapy (act) treatments purchased with USG funds	Quarterly	0	0
IIP3.1.3.1-4	Number of artemisinin-based combination therapy (act) treatments purchased in any fiscal year with USG funds that were distributed in this reported fiscal year	Quarterly	0	0
IIP3.1.3.1-5	Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy) with USG funds	Quarterly	1	0
IIP3.1.3.1-6	Number of malaria rapid diagnostic tests (RDTs) purchased with USG funds	Quarterly	0	0

IIP3.1.3.1-7	Number of rapid diagnostic tests (RDTs) purchased in any fiscal year with USG funds that were distributed to health facilities in this reported fiscal year	Quarterly	0	0
IIP3.1.3.2-1	Number of insecticide treated nets (ITNs) purchased by other partners that were distributed with USG funds	Quarterly	1	0
IIP3.1.3.2-2	Number of insecticide treated nets (ITNs) purchased with USG funds	Quarterly	0	0
IIP3.1.3.2-3	Number of insecticide treated nets (ITNs) purchased in any fiscal year with USG funds that were distributed in this reported fiscal year	Quarterly	1	0
IIP3.1.3.3-1	Number of people trained with USG funds to deliver indoor residual spraying (IRS)	Annual	1	1
IIP3.1.3.3-3	Number of houses sprayed with IRS with USG funds	Annual	0	0
IIP3.1.3.3-2	Number of houses targeted for spraying WITH USG FUNDS	Annual	0	0
IIP3.1.3.3-4	Total number of residents of sprayed houses	Annual	1	1
IIP3.1.3.4-1	Number of health workers trained in intermittent preventive treatment in pregnancy( IPTP) with USG funds	Quarterly	1	1
IIP3.1.3.4-2	Number of sulfadoxine-pyrimethamine (sp) tablets purchased with USG funds	Quarterly	0	0
IIP3.1.3.4-3	Number of sulfadoxine-pyrimethamine (sp) tablets purchased in any fiscal year with USG funds that were distributed to health facilities in this reported fiscal year	Quarterly	0	0
IIP3.1.6.1-1	Percent of births attended by a skilled doctor, nurse or midwife	Quarterly	1	0
IIP3.1.7.1-1	Couple years protection in USG supported programs	Quarterly	0	0
IIP3.1.7.1-2	Percent of USG-assisted service delivery points (sdp) that experience a stock out at any time during the reporting period of a contraceptive method that the sdp is expected to provide	Quarterly	0	0
IIP3.1.7.1-3	Percent of USG-assisted service delivery sites providing family planning (fp) counseling and/or services	Annual	0	0
IIP3.1.7.2.1	Percent of audience who recall hearing or seeing a specific USG supported fp/rh message	Quarterly	1	0
IIP3.1.9.2-3	Number of children under 5 years of age who received vitamin a from USG-supported programs		1	0
<b>Total</b>			<b>18</b>	<b>8</b>

**TECHNICAL TEAM: EDUCATION**

No	Title	Periodicity	Gender Disaggregation (yes =1, No = 0)	Currently Disaggregatable (yes =1, No = 0)
IIP3.2.1-12	Number of laws, policies, regulations, or guidelines developed or modified to improve equitable access to or the quality of education services	Annual	0	0
IIP3.2.1-14	Number of learners enrolled in primary schools and/or equivalent non-school based settings with USG support	Annual	1	1
IIP3.2.1-18	Number of parent-teacher association or similar ?school? Governance structures supported	Annual	1	0
IIP3.2.1-24	Number of teachers/educators trained with USG support	Annual	1	1
IIP3.2.1-25	Number of textbooks and other teaching and learning materials provided with USG assistance	Annual	0	0
IIP3.2.1-3	Number of administrators and officials successfully trained with USG support	Annual	1	1
IIP3.2.1-30	Primary net enrolment rate (NER)	Annual	1	1
IIP3.2.1-35	Number of learners receiving reading interventions at the primary level	Annual	1	0
IIP3.2.2-20	Number of USG-funded scholarship and exchange programs conducted through higher education institutions	Annual	1	0
<b>TOTAL</b>			<b>7</b>	<b>4</b>

**Technical Team: HIV/AIDS & TB Team (Indicators from DHIS)**

No	Title	Periodicity	Sex Disaggregation (yes =1, No = 0)	Currently Disaggregatable (yes =1, No = 0)
NPI.ID	Number of service outlets providing the minimum package of PMTCT services according to national and international standards	Monthly	1	1
PI.ID	Number of pregnant women with known HIV status (includes women who tested for HIV and received	Monthly	1	1

	their results)			
P1.2D	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	Monthly	I	I
P1.2D	Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	Monthly	I	I
C4.1D	Percent of infants born to HIV-positive pregnant women who received an HIV test within 12 months of birth	Monthly	I	0
NP1.4D	Number of infants born to HIV-positive pregnant women who received an HIV test within 12 months (a subset of #P11.1D)	Monthly	I	I
NP1.4D	Number of infants born to HIV-positive pregnant women during the reporting period	Monthly	I	I
NP1.5D	Number of health workers trained in the provision of PMTCT services according to national and international standards	Monthly	I	I
P^1.D	Number of persons provided with post-exposure prophylaxis (PEP)	Monthly	I	0
P7.1D	Number of People Living with HIV/AIDS (PLHIV) reached a minimum package of PwP interventions	Monthly	I	0
P8.1D	Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	Monthly	I	I
P8.2D	Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required (Subset of indicator #P8.1.D)	Monthly	I	I
P8.3D	Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Monthly	I	0
NP8.4D	Number of individuals trained to promote HIV/AIDS prevention programs	Monthly	I	I
NP8.5D	Number of targeted condoms service outlets	Monthly	0	0
NP8.2D	Number of individuals provided with Condoms	Monthly	I	0
NP8.7D	Number service outlets carrying out blood safety activities	Monthly	0	0
NP8.9D	Number of individuals trained in blood safety	Monthly	I	I
NP8.10	Number of service outlets provided with training in injection safety	Monthly	0	0
NP8.11	Number of individuals trained in medical injection safety	Monthly	I	I
NP11.3D	Number of sites providing counseling and testing according to national and international standards	Monthly	0	0
NP11.2D	Number of couples who received counseling and testing (CHCT) services together and received their test results together (including PMTCT)	Monthly	0	0
NP11.3D	Number of individuals who received counseling and testing services for HIV and received their test results (only CT)	Monthly	I	0
NP11.4D	Number of individuals who tested HIV+ in HCT sites Only	Monthly	I	I
NP11.5D	Number of individuals trained in testing and counseling according to national and international standards	Monthly	I	I
P11.1D	Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results (including PMTCT, TBHIV, Infants)	Monthly	I	I
P11.1D	Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results (HCT sites Only)	Monthly	I	I
C1.1D	Number of eligible adults and children provided with a minimum of one care service	Monthly	I	I
NC1.1D	Number of Persons Affected by HIV/AIDS (PABAs) provided with palliative care	Monthly	I	I
NC2.6D	Number of service outlets providing HIV-related palliative care (including TB/HIV)	Monthly	0	0
C2.1D	Number of HIV-positive adults and children receiving a minimum of one clinical service (Subset of Care indicator #C1.1D)	Monthly	I	I
NC2.7D	Number of HIV-positive adults and children NOT on ART receiving a minimum of one clinical service	Monthly	I	I
NC2.8D	Number of HIV-positive adults and children on ART receiving a minimum of one clinical service	Monthly	I	I
NC2.9D	Number of individuals trained to provide HIV minimum care services (including TB/HIV)	Monthly	I	I
NC2.ID (a)	Number of HIV-positive adults and children receiving care, who were lost to follow up (LTFU)	Monthly	I	I
NC2.ID (b)	Number of HIV-positive adults and children receiving care, who died	Monthly	I	I

C2..2D	Number of HIV-positive persons receiving cotrimoxazole prophylaxis (Subset of indicator #C2.1D)	Monthly	1	1
C2.3D	Number and proportion of undernourished people living with HIV (PLHIV) who received therapeutic or supplementary food during the reporting period	Monthly	1	1
NC2.4D	Number service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	Monthly	0	0
NC2.6D	Number of individuals who received C&T for HIV and received their test results at a USG supported TB service outlet (including suspects)(a subset of P11.1D)	Monthly	1	1
C2.4D	Number of HIV-positive patients who were screened for TB in HIV care or treatment settings	Monthly	1	0
NC2.4.5D	Number of TB suspects identified among people living with HIV/AIDS (PLHIV)	Monthly	1	1
NC2.4.6D	Number of confirmed TB cases among suspects screened	Monthly	1	1
C2.5D	TB/HIV: (numerator) Number of HIV-positive patients (pre-ART or ART) who <u>started</u> TB treatment	Monthly	1	0
NC2.5D (a)	TB/HIV: Number of HIV-positive patients (pre-ART or ART) who <u>completed</u> TB treatment	Monthly	1	0
NC2.5D (b)	TB/HIV: Number of HIV-positive patients (pre-ART or ART) receiving TB treatment who were <u>LTFU</u>	Monthly	1	0
NC2.5D (c)	TB/HIV: Number of HIV-positive patients in HIV care or treatment (pre-ART or ART) receiving TB treatment who <u>died</u>	Monthly	1	0
NC2.8D	Number individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	Monthly	1	1
C5.1D	Number of eligible adults and children receiving food and/or other nutrition services	Monthly	1	1
NC5.2D	Number of orphans and vulnerable children receiving OVC services	Monthly	1	1
NC5.2D	Number of OVC receiving Primary Direct Support ( $\geq 3$ Services)	Monthly	1	1
NC5.2D	Number of OVC receiving Supplemental Direct Support ( $< 3$ Services)	Monthly	1	1
NC5.2D	Number of OVC receiving health care services	Monthly	1	1
NC5.2D	Number of OVC receiving educational and vocational support	Monthly	1	0
NC5.2D	Number of OVC provided with basic material needs of shelter/care	Monthly	1	0
NC5.2D	Number of OVC provided with nutritional support	Monthly	1	0
NC5.2D	Number of OVC provided with psychosocial support	Monthly	1	0
NC5.2D	Number of OVC provided with legal assistance and protective care services	Monthly	1	0
NC5.2D	Number of OVC families/care givers provided with economic support or income generating activities (IGA)	Monthly	1	0
NC5.2D	Number of OVC newly enrolled	Monthly	1	1
NC5.2D	Number of OVC currently served (continuing)	Monthly	1	1
NC5.2D	Number of OVC who graduated	Monthly	1	1
NC5.3D	Number of HIV positive OVC that received clinical services (including those on ART - a subset of NC5.2D)	Monthly	1	1
NC5.4D	Number of Caregivers provided training to improve their ability in caring for OVC	Monthly	1	1
NT1.4D	Number of service outlets providing ART	Monthly	0	0
T1.1D	Number of adults and children with HIV infection newly enrolled on ART	Monthly	1	1
T1.2D	Number of adults and children with HIV infection receiving antiretroviral therapy (ART) [CURRENT]	Monthly	1	1
NT1.4D	Number of health workers trained to deliver ART services, according to national and/or intl stds	Monthly	1	1
NT1.5D	Number of patients on ART who were lost to follow up (LTFU) during the reporting period	Monthly	1	1
NT1.6D	Number of patients who were on ART that died during the reporting period	Monthly	1	1
H1.1D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	Monthly	0	0
N1.3D	Number of individuals trained in the provision of laboratory-related services	Monthly	1	1
H2.1D	Number of new health care workers who graduated from a pre-service training institution	Monthly	1	0
H2..2D	Number of community health care and para-social workers who successfully completed a pre-service training program	Monthly	1	0
H2.3D	Number of health care workers who successfully completed an in-service training program	Monthly	1	1
NH2.4D	Number of potential HCW who were supported in a pre-service training during the reporting period.	Monthly	1	0
NH2.3.1D	Number of individuals trained in strategic information	Monthly	1	1
NH2.3.1D	Number of individuals trained in commodity logistics	Monthly	1	1

<b>NG.357</b>	Number of PEPFAR-supported sites graduated to GoN for continued support	Monthly	0	0
<b>TOTAL</b>			<b>69</b>	<b>49</b>

## **ANNEX V: MEETING SUMMARIES**

<b>Agency</b>	<b>United Nations (UN) Women</b>
<b>Participants</b>	Adekemi Ndieli, National Program Officer
<b>Meeting Location</b>	UN Women Office
<b>Meeting Date</b>	March 6, 2014

### **Meeting Summary**

UN Women has done a tremendous amount of work on the issue of Gender Based Violence (GBV) in Nigeria. Most notably, UN Women realized that while the National Demographic and Health Survey of 2008 for Nigeria provided for some good data collection and analysis regarding GBV, it was very limited in scope. As such, UN Women worked with the National Population Commission data analysts to further analyze the small amount of GBV data that was collected for the 2008 survey. This data was further analyzed to identify regional differences in GBV findings. Specifically, this new data looks at South/North and South/South comparisons. UN Women has continued to advocate that the DHS should make GBV part of their report/study on a regular basis.

According to the UN Women, the Violence Against Persons (Prohibition) Law, if passed, would allow women to get reparation – for which the current criminal code does not offer. Also, whoever is judged to be the assailant, will have to go through rehabilitation. The law would provide for shelters (safe houses) and the provision of other psycho-social and legal supports for survivors of violence. Our team inquired as to whether there are any women’s shelters in Abuja, and she thought there may have been one in the past, but it was shut down. She argues that Nigeria urgently needs shelters and services for abused women and girls.

The UN Women representative explained: “Women do not report, number one, due to ignorance about their rights, and [ignorance] about the social services that are available to them -- and so women just suffer in silence. Also, we have cultural inhibitions that prevent women from reporting. A high percentage of women who suffer from violence have been attacked by their intimate partners. The culture in Nigeria is such that you don’t tell on someone that is in your family – you keep things in the house. So when they [the abused individuals] go to the police station, the police do not facilitate access to justice for these women. The police themselves are not educated about SGBV, so they persuade the lady and her partner to resolve it amicably.”

She emphasized that the lack of economic empowerment makes women dependent on men – trapped in an abusive relationship. We discussed the poor judicial system and lack of convictions for GBV. “The legal cases go on forever – the criminal justice system goes on too long and people just give up. There is no justice ... because justice delayed is justice denied. You can count how many cases have proceeded to court and then to judgment and then to conviction. When it comes to rape or any of these GBV forms of violence, very few are convicted.”



UN Women is currently working with the UN Secretary General's Network of Male Leaders To End Violence Against Women. They are also working with FIDA to demonstrate that rape is an issue that needs to go to local conclusion in court. She explained that "the police are not well educated and well informed about GBV." UN Women has supported the Nigerian police to develop a gender policy – and one of the key milestones has been to develop a gender curriculum that deals with gender and policing.

Shelters: There is a big gap in terms of shelters for women. UN Women is working on a proposal to help set up a model shelter – a one-stop center – working with existing structures (FIDA, Nigeria Police, working with female doctor associations) and see how they can staff the center to provide support services to abused women. They selected a State in Nigeria that is more progressive on a variety of fronts, thinking this is a good place for a pilot project – after which they hope to expand to other areas/regions.

National Help Line: They are also trying to establish a national help line for survivors of GBV.

<b>Agency</b>	<b>USAID/Nigeria Gender Working Group</b>
<b>Participants</b>	Yemi Dada, Budget Specialist & Gender Focal Point, Program Office; Kevin Brown, Supervisory Program Officer, Program Office; Jill Jupiter-Jones, Education Team Leader, Education; Betty Ogboh, Office Manager, HPN; Nene Shobande, Program Officer, Water Sanitation Project, Tesse Phillips-Onoye, Program Assistant, HIV/AIDS & TB; Onyih Egbogu, Program Assistant, HIV/AIDS & TB (Disability Focal Person; Mukhtari Shitu, Conflict Program Specialist, D&G; Abdullahi Sadiq, Acquisition Assistant Specialist, Contracts Office
<b>Meeting Location</b>	USAID/Nigeria
<b>Meeting Date</b>	March 4, 2014

### Meeting Summary

USAID/Nigeria has a Gender Working Group that was formed less than a year ago in 2013. It is comprised of nine staff (four females and five males), including several members from the Program Office, as well as representatives from each of the Mission's sector-specific technical teams (Health, Population and Nutrition; Peace, Democracy & Governance; Economic Growth; HIV/AIDS and TB; and Education), as follows:

- Yemi Dada, Budget Specialist & Gender Focal Point, Program Office
- Kevin Brown, Supervisory Program Officer, Program Office
- Jill Jupiter-Jones, Education Team Leader, Education
- Betty Ogboh, Office Manager, HPN
- Nene Shobande, Program Officer, Water Sanitation Project
- Tesse Phillips-Onoye, Program Assistant, HIV/AIDS & TB
- Onyih Egbogu, Program Assistant, HIV/AIDS & TB (Disability Focal Person)
- Mukhtari Shitu, Conflict Program Specialist, D&G
- Abdullahi Sadiq, Acquisition Assistant Specialist, Contracts Office.

Meetings with the Gender Working Group indicate that members clearly view the Mission Order and the Agency's Gender Policy as their primary guiding documents, and they perceive these documents as vital to the Mission's continued progress on gender integration. Highlights of their accomplishments to date include the following:

- Educating Mission staff through the showing of films and documentaries on gender issues, including follow-on discussions regarding cultural/gender issues relevant to USAID programming.
- Organizing activities around special days or gender-related events, such as International Women's Day.
- Attending monthly Inter-Agency Gender Meetings (rotated between Working Group members).
- Attending conferences, presentations and meetings on gender-related topics. Recent activities have included participating in a UN Women National Conference on women's political participation, and attending donor presentations and discussions on the topic of early marriage.

- Working within their sector-specific teams to ensure gender is integrated throughout the program cycle.
- Conducting Mission-wide presentations regarding gender policy requirements.
- PEPFAR representative on the Gender Working Group regularly attend the PEPFAR-specific Inter-Agency Gender Working Group meetings.

Interviews with Mission staff, across all technical teams, indicated there being a need for USAID/Nigeria to have a full-time Gender Advisor. Mission staff would like the Gender Advisor to establish a gender strategy, be a source of institutional memory, and to take on the role of monitoring and enforce the integration of gender in all USAID/Nigeria activities. Staff reported the following would improve gender integration within UAID/Nigeria:

- Systemization of gender monitoring & reporting (implementation) by a full-time Gender Advisor;
- Establishment of a Gender Budget for Mission-Wide Activities (gender analysis and evaluations);
- Increase High Level Commitment to Gender from Mission Director & Deputy, i.e., the important of having gender champions within the Mission; and
- Improved Synergy with US Embassy on GBV & Other Activities.

**Agency** USAID/Nigeria – Disability Focus Officer  
**Participants** Onyih Egbogu, Program Assistant, HIV/AIDS & TB & Disability Focal Person  
**Meeting Location** USAID/Nigeria  
**Meeting Date** March 4, 2014

## Meeting Summary

According to the USAID/Nigeria Disability Focal Person, most programs do not yet include women with disabilities in Nigeria. He explained why it is very important to integrate disability programming into gender programming, stating: “Gender = Disability.”

The Disability Focal Person provided various examples of why this is important. For instance, when dealing with voter rights and voter outreach and education programming, it’s important to remember that there are women and men that are hard of hearing or deaf. As such, sign language can be used – and then the question to be asked is how many know sign language?

When creating voter education programs, for instance, it involves recruiting people to talk to people about voting. Part of those participants will be individuals with disabilities – so how do we reach them? Individuals with disabilities can have physical disabilities (such as mobility); they can be blind (and need braille), or they can be hearing impaired or deaf (and need sign language or interpreters). He encourages programs to put on the back of outreach flyers some wording in Braille, for instance.

He suggests for voter programs that use volunteers for their outreach to include a certain proportion that are disabled themselves, such as including hard of hearing persons that know sign language as part of a volunteer force.

Accessibility is key for women and girls, but it is also key for women and girls and boys that are disabled. He explained that key questions needs to be asked such as:

- Are there elevators?
- Are there ramps for wheel chairs? If not, he reminded us that it is discriminatory.
- Is the venue accessible to the disabled? When sites are selected, it’s good to select some sights that house a lot of disabled people. For instance, when targeting places to offer HIV testing and PEPFAR programming, perhaps target a school for the deaf or target a school for the blind as a way to reach out to disabled persons in programming.

Mr. Egbogu explained that while Nigeria does not have statistics on the number of disabled, it is generally accepted that in most countries 15% of a population is disabled. So when we take 15% of 6 million people, we realize that this is a large number of people that we need to make sure to include in our programming.

He explained that “Polio is the number one cause of disabilities in Nigeria, and that many people in our culture think it is an act of God.”

We discussed disability legislation that is pending.

He provided the team with the “Guide on How to Integrate Disability into Gender Assessment and Analyses 2010.”

**Agency** **USAID/Nigeria – Economic Growth Technical Team**  
**Participants** Abdulkedir Gudugi, Senior Agriculture Economist; Roland Oroh, Project Manager, Agribusiness and Trade; Nduka Okaro, Agriculture and Environment Specialist; Imeh Okon, Project Manager, Energy; Yemi Dada, Project Specialist & Gender Point of Contact; Alefia Merchant, Agriculture Officer.  
**Meeting Location** USAID/Nigeria  
**Meeting Date** March 4, 2014

### **Meeting Summary**

Meetings with the Economic Growth technical team indicate that with respect to gender, land rights for women are key. A member of the team stated: “The Federal government is trying to institute a process of systematic land titling and a registration process that respect FAOs voluntary guidelines. These guidelines include ensuring access to formalized land rights for women.”

The team’s economic growth portfolio includes Markets II (Maximizing Agriculture Revenue and Key enterprises in Targeted Sites); Support to Vulnerable Households (SVH); and Nigeria Strategic Support Program (NSSP) – an agricultural policy program. In terms of accomplishments on the gender front, MARKETS II assisted 49,000 micro, small and medium-sized enterprises to access loans valued at approximately \$14,353,875. Almost all of the loan recipients were female, and a third of them were under the age of 30. This achievement was reported as important given, historically, “women have had difficulty accessing credit because farming wasn’t formalized. By accessing credit, women farmers can improve productivity, earn more income, and move their families out of poverty.”

The team’s trade programming focuses largely on the Nigeria Expanded Trade and Transport (NEXTT) Project. In response to a contractual requirement, the project implementers submitted a Gender Integration Plan to guide the integration of gender into their project activities. The project reported several gender-specific accomplishments, including 24 out of 73 individuals trained in trade and investment topics; 26 out of 63 participates in USG supported trade and investment capacity building trainings being female; and two of the nine capacity building service providers were women-led; and the LAKAJ Corridor Advisory Council (LCAC) counted almost 30% of women volunteers out of a membership of 90.

Of equal importance to the accomplishments, the team identified several gaps in the project to addressing women empowerment and gender equity in trade, including 1) a need for more advocacy in support of women in trade activities especially women doing cross border trade who are exposed to dangers and risk during cross borders, 2) women lack access to land rights and are unable to meet collateral requirements to access credit, and 3) NEXTT plans to work with more women’s groups such as the African Women Entrepreneurship Program (AWEP), and the Women in Export Development Program facilitated by the Nigeria Export Promotion council.

An important finding regarding the policy and institutional context, reported by the economic growth team, is that “there is a new GON policy to increase access to finance that has a strong gender focus. It is the new Central Bank of Nigeria Micro-Small and Medium Enterprise (MSME) Development Fund seeded with N220 Billion that will disburse up to 60% to women in need of financial services.” NEXTT will work with this new policy initiative to increase access to credit for women within their network.

The economic growth team has requested the following in terms of improving gender integration into their programming portfolio, as well as improving gender integration Mission-wide within USAID/Nigeria (in their words):

- Provide gender best practices (including case studies) in similar operating environments in trade and economic growth sectors.
- Formalization and strengthening of the work of the Mission’s Gender Working Group with more technical capacity to provide technical support to technical teams.

**Agency**                    **Nigeria Export Promotion Council – Women’s Export Development Programme (NEPC-WEDP)**  
**Participants**             Roland Oroh, Project Manager; Julie Onmoke, Assistant Coordinator WEDP; Evelyn Obdidike Ifeyimwa, Coordinator WEDP  
**Meeting Location**      USAID/Nigeria  
**Meeting Date**             March 7, 2014

### **Meeting Summary**

The meeting was scheduled to enable the evaluation team have a chance to meet with some direct beneficiaries of USAID/Nigeria’s program/project activities under the Economic Growth umbrella.

NEPC is a government agency which was created with the goal of promotion of non-oil export, i.e., to encourage diversification of the economy. The NEPC Women in Export Development Program (WEDP) is a government program and not funded by USAID. WEDP targets women and it is to support the achievements of Millennium Development Goal (MDG) number 3, which is to promote gender equality and the economic empowerment of women.

WEDP supports women entrepreneurs through the following activities:

- Market intelligence (research, market studies, food processing, packaging)
- Farm level capacity building (which involves training in technical issues like processing, production, certification, product labeling and documentation.
- Creating market linkages and access to the market
- Access to finance
- Export advocacy

However, the program generally needs funding, training and exposure at different levels.

USAID/Nigeria currently has a Memorandum of Understanding (MOU) with NEPC to strengthen its institutional capacity. USAID’s efforts thus far have been to help them take advantage of the trade fairs and exhibitions which are held outside of Nigeria (both regional and international), such as the US, Europe and Asia, as a means to promote the products the entrepreneurs are selling. USAID provides funds to help them to use best practices with respect to trade and marketing.



<b>Agency</b>	<b>International Foundation for Electoral Systems (IFES - Gender Desk); Independent Nigerian Election Commission (INEC - Gender Desk)</b>
<b>Participants</b>	Lakunuya Dorothy Bello, Assistant Director, INEC; Obidegion Blessing, Deputy Director, INEC; Enila Cole, Program Assistant & Gender Officer, IFEC
<b>Meeting Location</b>	INEC Office Abuja
<b>Meeting Date</b>	March 7, 2014

## Meeting Summary

The INEC Gender focal point gave a brief profile of the commission, stating that the entity is in charge of conducting elections, voter registration, and voter and civic education. They collaborate with development partners like IFES, UN Women and United Nations Development Program (UNDP).

In 2011, USAID supported INEC through IFES when they bought lanterns for local elections.

In terms of their achievements/constraints, the following were highlighted:

- INEC has a gender division and also a disability unit under the civil society division that addresses issues of gender and disability. In addition, some of the physically challenged were employed to work for INEC.
- INEC takes gender messages to the grassroots in different ways through town criers, fliers and advocacy visits etc., “sensitizing them to break the cultural barriers and encouraged women to vote and to be voted for. If more women are aware of their rights, they will not sell their votes or allow their husbands to vote for them (Voting by proxy).”
- As a result of advocacy visits, it was discovered that most traditional leaders are now aware of women’s positive role and inputs in the development of communities and societies.
- The commission is about to launch its Gender Policy for the electoral process which is a great achievement within the commission itself.
- The constraint has been on the 2010 Electoral Act (as amended) which does not give the commission the right to enforce 35% Affirmative Action at the Political Party level. The commission is pushing for the amendment of this Law possibly before 2015.
- INEC plans to bring under one roof (sometime this year) women who had contested elections and failed, serving women (those who won) to share their experiences of what went wrong and lessons learnt, to build the capacity of women politicians on how to campaign and raise funds for elections

INEC is very positive about women's progress in the leadership front in terms of their success when in power. However, they are very concern regarding the high level of harassment and violence experienced by women participating in politics across Nigeria.

**Agency** Nigeria Monitoring and Evaluation management Services  
**(MEMS) II Project**

**Participants** Scott Thomas, COP; Zakariya Zakari, Deputy COP; Richard Ugbena,  
HIV/AIDS & TB Advisor.

**Meeting Location** MEMS II Office

**Meeting Date** March 7, 2014

### **Meeting Summary**

The meeting was to inform the evaluation team about MEMS II work in relation to USAID/Nigeria's efforts toward gender integration. MEMS II staff explained that USAID has standard indicators to track progress and some of them are amenable to sex-disaggregation. The Implementing Partners are provided with these standard indicators and do not have the authority to change the indicators.

MEMS II provides support in the areas of monitoring, evaluation, capacity building and PMP reviews, and also supports the Mission with project management. They do not conduct monitoring, but rather, focus on performance management. MEMS II maintains two databases on behalf of the Mission: District Health Information System (DHIS) United States Government (USG) Instance and Performance Reporting System (PRS).

The MEMS II team suggested the possibility of looking at the proportion of indicators that are sex- disaggregated versus those that are not disaggregated. This idea was discussed, and it was agreed that MEMS II would do the analysis.

The team gave MEMS II a brief update on the preliminary findings of their assessment. One of the main points that came out was that relationship between Muslims and Christians which has become very strained over the past five years, and this tension has made development work (from their perspective) harder in some areas.

It was also stated that CSOs are and will continue to play a very important role in pushing all levels of government to be more accountable in Nigeria.

MEMS II staff encouraged the team to count how many women are now in office at all levels as a good indicator, however, of change. They agreed that there has been a major change in the numbers of women in leadership positions – though they felt women are still very much in the minority in terms of political participation.

MEMS II staff enumerated some of the harmful traditional practices in Nigeria which include Female Genital Mutilation (FGM), inappropriate use of herbs (which can be physically harmful), and widowhood rites/discriminations. They explained that these practices are common and degrading to women and should be addressed.

<b>Agency</b>	<b>USAID/Nigeria D&amp;G Technical Team</b>
<b>Participants</b>	Nino Nadiradze, Office Director, Peace & DG; Mukhtari Shitu, Conflict Program Specialist; A. C. Akparanta-Emerogu, Civil Society/Media Specialist; Felicia Genet, Conflict Mitigation Officer; Anthony Akpala, Office Manager; Adamu Igoche, Deputy Team Leader; Yemi Dada, Budget Specialist and Gender POC.
<b>Meeting Location</b>	USAID/Nigeria Office
<b>Meeting Date</b>	March 10, 2014

### **Meeting summary**

Our meeting with the PDG team indicated that a major gender issue within the sector is that “the legal and institutional environment still remains unfavorable to women and girls. Some of the laws against domestic violence, rape and child abuse are weak. There is also a lack of political will to implement or enforce legal provisions.”

Accomplishments on the gender front have varied across their portfolio of activities, with particular attention to gender in their work to build the capacity of various groups and institutions to provide an enabling opportunity for both men and women to contribute to decision making, budget preparations, political participation and conflict resolution at the national and local levels.

The success of these interventions was described by members of the technical teams as being attributable to a combination of several factors, including:

- USAID’s policy of gender inclusiveness;
- Determination of the technical team to enforce that IPs apply gender mainstreaming in their field activities; and,
- Cooperation of the various stakeholders including the IPs, local groups and Government of Nigeria.

An important factor raised by the PDG team is that the prevailing cultural factor and economic environment confer more advantage to the men/boys in terms of time and decision making.

The PDG team identified several important areas to improve gender equity and women’s empowerment within their programming, including (in their words):

- There is a need for more gender training for technical teams and IPs.
- There is the need to introduce gender audit of projects and programs to ensure gender inclusiveness.
- Technical teams should ensure the incorporation of gender sensitivity throughout program circle.

- There is need to identify and include specific gender indicators when designing a new project.
- All projects should have a gender indicator(s) for tracking gender mainstreaming.
- Performance and Monitoring Plan should insist on gender mainstreaming in structure, process and content of programming.
- There are questions which require answers to address gender issues in conflict situation: How are drivers of conflict different for men and women? How can gender issues best be taken into consideration with regards to possible different effects conflict might have on men and women? How are gender roles influencing conflict and violence?

**Agency** **USAID/Nigeria Education Technical Team**  
**Participants** Jill Jupiter-Jones, Education Team Leader; Timothy Curtin, Deputy Team Leader; Nafise Ado, Program Manager; Onyeche Michael, Admin Assistant; Sunny Fwogos, Program Assistant; Yemi Dada, Budget Specialist & Gender POC, Program Office.  
**Meeting Location** USAID/Nigeria Office  
**Meeting Date** March 10, 2014

## Meeting Summary

USAID/Nigeria’s education programming focuses on improving quality and access to Basic Education in Nigeria. Specifically, the Mission focuses on improving reading skills of primary school children, and increasing access to schools for vulnerable children, such as girls and Almajiri. Activities include teacher training, the provision of learning materials, and system strengthening in order to build the capacity of states to provide educational services to their constituents.

While the Mission’s results framework for education is not directly gender focused, the Education technical team indicated that there is an emphasis on gender concerns in programming. One particular focus which empowers females is the Mission’s emphasis on the schooling of girls which is reflected in their intermediate results. The Education team explained “Cultural inhibitions exist where females are denied access to basic education either through denial of enrolment or depriving them completion. Also, economic issues, such as poverty, contribute greatly to inhibiting females from being enrolled in schools – as girls often contribute a great deal to the family income through hawking and other activities. Parents do differentiate between girls and boys when making decisions about schooling. Especially in poor households, if the family can only afford to send one child to school, a boy will be chosen before the girl.”

Education team staff explained, “Our programming choices are made with equal opportunities to boys and girls, although in terms of access, more consideration is given to girls due to their very low enrolment rates.”

Some gender-specific accomplishments articulated by the Education technical team include AGSP scholarships for girls; NEI OVCs and life skills acquisition centers; and 143 scholarships given to female student teachers of Sa’adatu Rimi College of Education, Kano, to boost enrollment of female teachers into the Department of Primary Studies. Consequently, this improved the number of teachers in government secondary schools.

Team members articulated that due consideration is given to gender issues during the design and implementation of programs, most notably in girls’ education and life skills for out of school children. A survey respondent noted that “The program’s evaluation [however] does not focus particularly on girls.”

The Education technical team identified several areas to improve gender equity and women’s empowerment within their programming, including (in their words):

- Goals should have a specific focus on gender equality by providing more opportunities to females at the in-service and pre-service trainings.
- Efforts should be made to increase access to basic education by girls, especially by improving girl-friendly schools both at the basic education level and among teacher training colleges.
- Obtain additional information, gender training and evaluations on gender issues.

**Agency** **USAID/Nigeria HIV Technical Team**  
**Participants** Tesse Phillips, Onoya, Program Assistant, HIV & TB Technical Team; Susan Coleman, Director, Office of HIV/AIDS & TB; Phillip Dayal, Deputy Director of HIV/AIDS & TB; Yemi Dada, Budget Specialist & Gender POC.  
**Meeting Location** USAID/Nigeria Office  
**Meeting Date** March 10, 2014

### **Meeting Summary**

Meetings with HIV/AIDS and TB technical team indicate that women, men, boys and girls are affected differently by gender norms and expectations in Nigeria, and this in turn affects their sexuality and HIV vulnerability. Staff explained, “In Nigeria, prevailing patriarchal social and cultural norms manifest in several spheres of life. Gender-based division of labor, unequal access to power and resources and other gender biases remain pervasive.”

Given Nigeria is a very diverse society, the HIV/AIDS & TB technical team has found the differing socio-cultural contexts determine the burden of HIV and access to HIV/AIDS care and treatment.

Meetings with the technical team also indicated that women in Nigeria often also have limited access to information about HIV/AIDS, sexuality and reproductive health because of social pressures and cultural norms. In addition, cultural definitions of masculinity also prevent men and boys from communicating their sexual and reproductive health needs and adopting safer sexual behaviors. Team members explained: “Men are generally expected to be more knowledgeable than women about sex and have more sexual partners, including more extra-marital partners, a tendency reinforced by male migration and mobility. Such beliefs and practices are an obstacle to HIV prevention because they absolve men from taking responsibility for their sexual behavior. They also mean that women are more likely to be infected by their steady male partner.”

Adding to this problem is the link between HIV and Tuberculosis, which means that women are vulnerable to both diseases. Finally, gender-based or Intimate Partner violence often connected to marital rape, coerced sex or other forms of abuse also increases the risk of HIV transmission.

The technical team has also identified gender-specific religious barriers to HIV prevention and protection. In Northern Nigeria, which is a predominant Islamic and conservative society, “cultural and religious mores such as purdah often impede women’s access to quality health services. Women are hardly involved in decision making which contributes significantly to increased household vulnerability. The cultural expectation that women will be the primary or only care-givers to their infected family members creates disproportionate social and economic burdens on them.”

The technical team also indicated that the cost of medicines and treatment are very high, reducing families’ abilities to pay for education and other services. They reported that “In such



circumstances, it is usually the girl-child that is withdrawn from school while the male child is given preference. Our programs attempt to address socio-cultural factors such as societal expectations of heightened masculinity and its attendant expectation of promiscuity for men and faithfulness for women, which not only promote gender inequality and inequity, but also pose a threat for HIV transmission.”

Finally, it should be noted that among other effects, recently-enacted anti-gay legislation in Nigeria has increased the anxiety of implementing partners within USAID activities working to reduce transmission and treat the effects of HIV/AIDS among Men who have Sex with Men (MSM), an indication that this group is now at greater risk of discrimination due to their sexual orientation. We discussed the implications of recent anti-gay legislation on USAID’s programming at length.

**Agency** National Agency for the Control of AIDS (NACA)  
**Participants** Dr. Yinka Falola Anoemuah  
**Meeting Location** MEMS li Office  
**Meeting Date** March 11, 2014

## **Meeting Summary**

National Agency for the Coalition of AIDS (NACA) started as a committee and then was established about five years ago as a separate government agency. NACA coordinates and provides strategic plans, policies and guidelines in terms of prevention and treatment and care support toward a multi-sector response to HIV/AIDS in Nigeria.

It was noted that there are more women who have HIV/AIDS. It was pointed out that in 2012, 3.6% of women and 3.2% males that are HIV positive. Men are more knowledgeable regarding HIV than women, and yet, more women are HIV positive than men. Dr. Yinka explained that men do not get tested for HIV as they do not use the health system as much as women. She also explained that cultural issues that predispose women to HIV are sexual abuse and FGM that exposes them to infection. “For a man, it is more permissible to be sexually active than it is for a woman.”

“NACA has the burden of mother to child transmission because only 30% of women are covered (meaning medications) against mother to child transmission.” To this end, the agency has launched a social mobilization campaign which is a prevention package that participants in the activity to get minimum packages that addresses issues relating to behavioral change; bio-medical behavior change (information about the health issues); and bio-medial (testing and support services). Also the prevention package encourages the conduct of gender analysis which will ensure that the right intervention is provided to the right target group.

With respect to the anti-gay bill passed, the agency which is a government agency knows that the GLBT are a vulnerable group and they are treated as such. Their approach (in her words) is to “treat everyone the same as humans” and “not ask if someone is gay or lesbian.”

It was also reported that NACA is working on the development of National Communication Plan to incorporate GBV issues which will address both men and women. For example, mother to child transmission – men and women need different support.

Another area of focus for NACA is in developing tools to track, monitor, and supervise how gender is being mainstreamed into the National Plan. The agency is considering some legislation (a review) around abuses as a current assessment had shown that offenses and punishment are not matching. It was reported that UNDP, which is a member of NACA, has a gender technical committee which conducting a study on laws regarding GBV which will help in this area.

**Agency** Japanese International Cooperation Agency (JICA)  
**Participants** Ahmed Halima, Consultant; Emiko Mikami, Project Formulation Advisor  
**Meeting Location** JICA Office  
**Meeting Date** March 11, 2014

### **Meeting Summary**

JICA prepared a Nigeria Gender Profile in 2011 with the assistance of JICA head office that dispatched a gender consulting group to conduct the assessment.

JICA's new country policy for Nigeria does not emphasize gender. However, they have a few projects that are gender-focused, such as the capacity building project.

The Capacity Building Project provides technical assistance to the National Centre for Women Development to build their capacity to revitalize the Centre, and to enable them conduct activities and monitor the state women centers. The project period is from 2011 – 2015. The centers offer literacy classes, vocational skills (sewing, catering), nutrition and other activities. JICA hopes that in the end there will be more than 774 of the Centres (there are one or two in each local government) that will be functioning at a higher capacity. These Centres were established in the late 1980s and had been crumbling for a long time. The goal is to provide skills and income generating activities to rural women throughout Nigeria.

The Centre needs funding, but another means of funding is for the women to sell their products to sustain the activities of the Centre.

JICA provides professionals with training in Japan which are typically targeted to Nigerian civil servants. The training ranges from gender training to technical agri-business training. The training lasts about a month and when they return they do a step-down training and an action plan to implement the training they received. The training incorporates lessons from the Japanese experience.

JICA does not currently have any MOUs or partnership activities with USAID/Nigeria.

<b>Agency</b>	<b>Federal Ministry of Women’s Affairs and Social Development (FMWASD)</b>
<b>Participants</b>	Adedayo Modupe, Assistant Director; Garba Magagi, Principal Community Development Officer; Koko Unar Mamisu, Assistant Director; Olowo Foyeku, Deputy Director, Economic Service; Akin Alesinloye, Principle Community Development Officer; Orji Nnanna, Social Development Officer; Dim Ijeoma Okeke, Assistant Chief Social Development Officer; Alaka Femi, Assistant Chief Community Development
<b>Meeting Location</b>	FMWA&SD Office
<b>Meeting Date</b>	March 12, 2014

### **Meeting Summary**

The Ministry of Women’s Affairs and Social Development (FMWASD) focuses mainly on women’s issue and has other departments that also addresses child development, persons with disabilities, persons who are destitute, and the aging.

The Ministry reviewed some of their achievements, as follows:

- Was instrumental to the development of the 2006 National Gender Policy which is currently being updated. It was based on this document that gender units were established in all the Federal Ministries.
- Established Women’s Fund for Economic Empowerment (WOFEE) for rural women and collaborated with the Bank of Agriculture to execute this scheme. All the women in the scheme have re-paid their loans.
- Worked with the National Export and Promotion Council women’s program to expose more women entrepreneurs to best practices and international markets.
- Conducted sensitization exercises pertaining to SGBV.
- Developed a gender policy for the police.
- Trained law enforcement officers on how to handle GBV cases.
- Established one shelter for victims of violence in Abuja.

Their focus for the next five years is in the area of Gender Based Violence (GBV). To this end, the Ministry is sensitizing law enforcement agencies on how to handle GBV cases.

Areas of support needed were itemized as follows:

- Funds to train more law enforcement agencies on how to handle GBV.

- Intense advocacy needed for specific bills to be passed; Violence against Persons (Prohibition) bill, Gender and Equal Opportunities Bill – though Nigeria is a signatory to Convention on the elimination of all forms of discrimination against women (CEDAW) this law is yet to be domesticated.
- Build more shelters and equip them to rehabilitate victims of GBV.
- Document the records of all women's cooperatives in Nigeria. The ministry is working to find out how they can have a comprehensive compendium/list that includes all the women's cooperatives.
- Conduct high level advocacy visits to traditional leaders, religious leaders, legislators, philanthropist to solicit for shifts in cultural norms that negatively affect women.

<b>Agency</b>	<b>Federation of Muslim Women Association of Nigeria (FOMWAN)</b>
<b>Participants</b>	Nafisat Muse, National Legal Advisor; Farida Sada, Deputy National President; Aisha Akanbi, Member National Committee on Good Governance, Gender and Human Rights; Muhammed Abubakar, Administrative Secretary; Dr. Yalwa Usman, Deputy Chairman, Health; Dr. Balbasatu Ibrahim, Secretary.
<b>Meeting Location</b>	FOMWAN Office
<b>Meeting Date</b>	March 12, 2014

### **Meeting Summary**

FOMWAN has over 5,000 affiliate groups which are all women’s organizations and have branches in most of the local governments of the federation. The organization has been in existence for 29 years in Nigeria. There are other FOMWAN that have been launched in Ghana, Sierra Leon, Gambia, UK and Niger.

FOMWAN’s main program focus on education, health, outreach, general elections, good governance and human rights issues with each having its own governing committee. USAID/Nigeria has supported the organization immensely on different projects and with other key players in the development sector in previous years.

FOMWAN beliefs strongly in education for all irrespective of the sex of the child and currently is carrying out aggressive sensitization in the rural areas to enable parents realize and recognize the importance of sending their girls to schools for basic education (to read and write). One project undertaken by the organization focuses on the provision of education to girl street hawkers.

In the area of health, FOMWAN is carrying out sensitization activities to women on HIV/AIDS and family planning and raising awareness on reproductive health, hygiene and safe abortion (meaning they discourage women from self-abortions due to the dangers involved).

One of the constraints to accessing Health care services mentioned is extreme poverty which makes people prefer traditional herbs medicine to orthodox medicine. To address this issue, it was stated that there is the need for aggressive sensitization of men, traditional leaders and clerics on HIV/AIDS, family Planning reproductive health, hygiene and safe abortion issues. They described many horrific stories of women using herbs rather than standard medications to try to induce abortions, cure HIV/AIDS and malaria – all which resulted in death or severe damage to the patient.

In the area of good governance, FOWMAN stated that women shy away from politics because of the stigma associated with it. They are advocating that women’s capacity should be built to participate actively in politics and for men to be sensitized to accommodate women “and not pull them down.”

<b>Agency</b>	<b>USAID/Nigeria Health, Population &amp; Nutrition (HPN) Technical Team</b>
<b>Participants</b>	Susan Matthew, HPN Deputy; Charles E. Llewellyn III, International Public Health Consultant; Betty Ogboh, Office Manager; Jessica Kafuko, Malaria Senior Advisor; Mounkaila Billo, Senior Health Advisor; Gertrude Odezugo, MCH Manager; Kayode Moramkeji, Program Officer & Program Manager; Nancy Lowentual, Health Office Director; Susan Mckinney, Senior Technical Advisor, Vaccines & Immunization; Marit Van Strien, Senior Advisor for RI and Polio.
<b>Meeting Location</b>	USAID/Nigeria Office
<b>Meeting Date</b>	March 14, 2014

### Meeting Summary

Meetings with the PHN technical team indicate that women are already a primary focus of the programming activities. The team reported that there are plans to increase activities to target more youth in the years to come. Members stated, “Many girls are married here in Nigeria, so we plan to look into married youth issues.” The team also articulated that there will be more of a focus on strengthening male involvement in youth family planning efforts.

Given much of the programming is in the North, they explained that they will need to factor in how to involve males, stating: “A lot of times the challenge is the fact that the woman is not able to make decisions around the man, so it is imperative that men are involved because it affects their wives and children for family planning and child health services.”

A best practiced shared by the team is that their programs factor in community and traditional leaders. “By including them, the communities listen to them – then the male counterparts will also pass on these messages to them.”

Decision making patterns were also identified by the team as being critical to understand around the issue of immunization. Although there is very little disparity in terms of boy and girl coverage around immunization services, they explained the challenge as follows:

*We have identified through various behavior studies and data collection that the sticking point tends to be around mothers being empowered to access immunization services for their children. Permission wise, women have to have their husband’s permission to go to the clinic. What we have done for some years in USAID/Nigeria is to engage traditional leaders whenever support is provided to encourage largely fathers and grandmothers (who play a role in family planning and how many children the woman has, and on the issue of exclusive breast feeding).*

The team has also found that having female reporters in the field (who can go inside the households to check who is really getting treated for polio) has allowed them to conduct programming in a more gender-aware manner.

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