Executive Summary: Strategic Assessment of Social Sector Activities in Northern Nigeria

The assessment covered 10 States in the core North as well as 9 States of the North central region. This is a region which has relatively low social sector indices despite significant funding and programmatic interest by USAID and other donor organizations. Environmental obstacles to social sector program are a belief system which prioritizes Islamic education above modern education, gender, poverty and the existence of a traditional alternative support system for health care delivery. These factors impact on the demand, supply, quality and relevance of social sector services.

While governments and a range of civil society organizations have supported initiatives in education and to a lesser extent HIV/AIDS, initiatives in CS and FP/RH are largely donor driven. Key issues in social sector programming in the North are - location, scope, level, partners, entry point, strategy, context and communication.

Lessons learned showed the effectiveness of:
*   Community based participatory approaches
*   Building interventions around existing structures and initiatives rather than creating new ones
*   Building public/private partnerships
*   Working with males and females
*   The need to work through faith based structures
*   Institutionalizing mechanism for working with government
*   Building capacity for advocacy to enhance performance and ensure sustainability

Ten programming gaps were identified. They included the absence of support for sustainability, an institutional capacity building gap and an implementation partner gap. The implementation partner gap refers to the inability of USAID IPs to find creative ways to engage the civil society organizations which exist in the North.

Comparative advantages were identified as, for example, existing infrastructure, experience, personnel for programming in the North. Other factors included commitment to community based integrated social sector models which are in keeping with the program priorities of Northern governments. Some programming opportunities were:
*   Opportunities to work with development associations, age grade and ethnic associations
*   Opportunities to work through intermediary NGOs
*   Opportunities to build CBO capacity for engagement
*   Opportunities to adopt a rights based approach by building capacity for advocacy in social sector programming
Local capacity for social sector programming was found to exist in the area of human resource capacity but was low in institutional and technical capacity thus reinforcing the case for update training and capacity building.

Some of the factors which work in primary education were identified as:
*   Rights based approaches
*   Faith based organizations as entry point and providers
*   Working with high profile change agents and old students networks
*   Support to CBOs for advocacy to improve funding and management
*   Community based approaches
What has not worked include - nursery interventions, projects which attempt to incorporate modern forms of sexuality education in primary education, integration of Islamic and modern education that is not driven by civil society organization.

Selections of factors which work in health include:
*   Programming through the public system for CS and FP

- Rolling out FP/RH, HIV/AIDS and even primary education through the community based infrastructure for CS has worked
- Using HIV/AIDS as an entry point for FP/RH
- Working with communities to define and prioritize needs
- Integrating education and FP
- Rights based approaches
- Integrating livelihood enhancement projects within prevention interventions
- Working with trade associations and building individual leadership works

What has not worked is identifying early marriage as the cause of VVF, a narrow focus on disease surveillance in CS, either/or approaches in expansion of FP services a public/private mix is more effective, working with networks such as PPFN as this has been challenging.

Several point for synergies were recommended. They include the following:
- CBO run ECD programs linked to primary schools with strong CS components
- Advocacy and managerial capacity building for all social sector CBOs
- Back to school programs incorporated into out of school youth prevention interventions
- Using the CAPA infrastructure to roll out FP/RH, HIV/AIDS and education programs
- Health and sanitation education into LEAP projects
- Support to centers of excellence where Islamic and modern curricula are integrated to replicate, share experiences and integrate CS components.
- Expanded public facility based safe motherhood programs to provide opportunities for PMTC, growth monitoring and delivery of family planning services

Six transition recommendations were made. They included:
- Rolling out social sector programs which were requested for but not carried out in Vision and CAPA project sites as they fell outside of the project mandate
- Capacity building for CBOs
- Documentation of success stories and strategies for advocacy to policy makers
- IPs should develop a strategic action plan and guidelines for advocacy to religious leaders