

## Tackling Inequalities: Results achieved through Mainstreaming Gender and Social Inclusion across SPARC programmes

Nigeria has committed to a range of equalities-related legislation, including international accords, a National Gender Policy and a Child Rights Act. Despite some improved outcomes, Nigeria still has many inequalities to tackle. Between 1980 and 2013, although life expectancy at birth increased by 6.9 years, mean years of schooling increased by only 0.2 years. Nigeria is 152nd out of 187 countries according to the UNDP Human Development Index 2014.



The State Partnership for Accountability Responsiveness and Capability (SPARC) has mainstreamed equalities issues throughout its programme, at federal and state levels with a comprehensive set of work on gender and social inclusion (G&SI). Specific initiatives have included: providing specialist technical assistance; designating focal point 'leads'; providing capacity building and establishing a Community of Practice (CoP).

SPARC provided direct and indirect support to state governments' policy-making, planning, service delivery, finance and human resource management reforms to ensure that G&SI was appropriately reflected in outputs. Although mainstreaming led to progress, the need to supplement the approach to pursue improved government practice and sector outcomes became apparent. A continuum approach was developed, as shown below, evolving from concepts to tools and capacity building, through process development, towards outputs and impact - and this has proved to be effective.

### SPARC's continuum approach to equalities



### Results

State	Tangible results: examples of governance and wider achievements in states
Programme-wide	<ul style="list-style-type: none"> <li>Plans such as Medium Term Sector Strategies (MTSSs) include a G&amp;SI focus.</li> <li>State Development Plans (SDPs) increasingly address inequalities issues.</li> <li>Human Resources Management (HRM) policies include a focus on G&amp;SI, particularly gender (e.g. maternity and paternity policies), age and disability.</li> </ul>
Anambra	<ul style="list-style-type: none"> <li>Indigent Relief Law (2013): a funded social security scheme is in place for people over 74 with no means of livelihood.</li> </ul>
Enugu	<ul style="list-style-type: none"> <li>Call Circulars require all sectors to focus on G&amp;SI issues in MTSSs and budgets.</li> <li>Antenatal clinic first visits increased from 23,626 (2008) to 81,600 (2014). The leprosy treatment rate improved from 42.09% in 2008 to 85.4% in 2014.</li> <li>More widely: There is a child protection network in 11 Local Government Areas (LGAs); a sexual assault referral centre established for women and girls. 1180 women were provided with improved planting materials; easy, affordable transportation provided for additional 3000 people by 50 mass transit coal city shuttle buses.</li> </ul>
Jigawa	<ul style="list-style-type: none"> <li>Jigawa Gender Policy being implemented, with gender focal persons in key sectors.</li> <li>Maternal/infant mortality is steadily decreasing; there is free education for girls/people with disabilities (PWDs); male/female school enrolment rates are increasing.</li> </ul>

<b>Kaduna</b>	<ul style="list-style-type: none"> <li>• Gender Working Group involvement in planning has increased G&amp;SI focus.</li> <li>• Emergency transport schemes for women in labour contributed to 33% reduced infant mortality (69/1000 achieved: much better than the 2014 target of 103/1000). Under -5 (U5) mortality reduced by 24.5% between 2012 and 2013. Total school population, including girls, is increasing. Health facilities providing family planning services increased from 501 (2012) to 650 (2013).</li> </ul>
<b>Kano</b>	<ul style="list-style-type: none"> <li>• Service charters give special consideration to women and old people.</li> <li>• Action on gender based violence (female police officers; minimum sentences; counselling centres). There is a free education initiative for girls.</li> </ul>
<b>Katsina</b>	<ul style="list-style-type: none"> <li>• The Education MTSS is a model of good practice for its equalities focus.</li> </ul>
<b>Lagos</b>	<ul style="list-style-type: none"> <li>• Law requires accessible public buildings: buildings now have ramps, signs, designated parking with fines for obstruction. The percentage of women in senior public service positions increased by a third. Strong special needs education. Free legal services for abused women/children; shelters for survivors of domestic abuse; reported abuse cases increased by 100%, suggesting increased confidence in legal processes. Routine polio immunisation at 96%.</li> </ul>
<b>Niger</b>	<ul style="list-style-type: none"> <li>• Programmes support vulnerable groups (widows, PWDs, out-of-school girls). Ramps are in place in the neonatal hospital. Mosquito nets are provided to pregnant women.</li> </ul>
<b>Yobe</b>	<ul style="list-style-type: none"> <li>• Between 2012-14 health expenditure increased by £6m; maternal mortality was reduced. There are free drugs for U5s. Women's empowerment programme in place in 17 LGAs, with skills and support.</li> <li>• HRM Policy plans for 2% of the workforce to be made up of qualified PWDs.</li> </ul>
<b>Zamfara</b>	<ul style="list-style-type: none"> <li>• Between 2012-14, maternal mortality fell from 1049 to 685 per 1000 births; infant mortality fell from 60/1000 to 23/1000 live births; U5 mortality fell from 176 - 129.</li> <li>• The SDP is G&amp;SI-sensitive and has sex disaggregated data.</li> </ul>
<b>Federal</b>	<ul style="list-style-type: none"> <li>• Nigeria Governors' Forum (NGF) produced G&amp;SI-sensitive planning tools, and materials on equalities-related laws, budgeting and finance.</li> <li>• Conditional Grants Scheme (CGS) increased women's participation and projects with a gender focus. For example, in NW Nigeria, girls-only toilets increased from 38 (2011) to 80 (2014); gross school enrolment increased by 109%; girls' enrolment increased by 122%; female to male pupil ratio improved from 59% to 74%; 37% total number of children attending health centres increased from 40,587 to 55,804; children immunized increased to 78%; antenatal attendance increased by 122%.</li> <li>• The 2015 revised State Peer Review Mechanism has a strong focus on equalities and involving civil society in government planning and review.</li> </ul>



## Sustainability Of Achievements

Through the programme work on G&SI, SPARC has:

1. Raised the profile of G&SI and improved state governments' capacity to address equalities in policy-making and programming;
2. Supported significant improvements in the capacity and profile of Ministries of Women's Affairs in partnership with Ministries of Planning and Budget to lead G&SI in states;
3. Supported much improved equalities focus in state MTSS contents and processes in priority sectors;
4. Supported G&SI sensitive public service HRM;
5. Brought a stronger equalities focus to service delivery;
6. Improved collection and use of disaggregated data;
7. Facilitated partnerships and engagement with civil society to tackle inequalities.

Remaining challenges include: poor data, limited state government commitment to implementation, and capacity gaps.

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