



**Convention on the Elimination
of All Forms of Discrimination
against Women**

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**Committee on the Elimination of Discrimination
against Women**

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**Concluding observations on the sixth periodic report of
Nigeria, adopted by the Committee at its forty-first session
(30 June–18 July 2008)**

Addendum

**Information provided by Nigeria on the follow-up to the concluding
observations of the Committee* ****

* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not edited.

** Annexes can be consulted in the files of the Secretariat.

Contents

	<i>Paragraphs</i>	<i>Page</i>
Acronyms		3
I. Introduction	1–3	4
II. Replies to the issues raised in the concluding observations of the Committee (CEDAW/C/NGA/CO/6)	4–64	4
III. Conclusion	65–67	16

Acronyms

AU	African Union
CEDAW	Convention on the Elimination of All forms of Discrimination against Women
CIDA	Canadian International Development Agency
CRA	Child's Rights Act, 2003
DFID	UK Department for International Development
ELSS	Expanded Life Saving Skills
ETS	Emergency Transport Scheme
FCT	Federal Capital Territory
IMNCH	Integrated Maternal Newborn and Child Health
LCRIC	Local Child Right Implementation Committee
LFN	Laws of the Federal Republic of Nigeria
LSS	Life Saving Skills
MSS	Midwives Service Scheme
MDG	Millennium Development Goal
NCRIC	National Child Right Implementation Committee
NGO	Non-Governmental Organisation
NHRC	National Human Right Commission
NLRC	Nigerian Law Reform Commission
NMCN	Nursing and Midwifery Council of Nigeria
NPHCDA	National Primary Health Care Development Agency
OSIWA	Open Society Initiative for West Africa
PAC	Post Abortion Care
SCRIC	State Child Right Implementation Committee
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women

I. Introduction

1. Following the CEDAW Experts Committee's concluding recommendations on the Nigeria's sixth country periodic report, defended 30th June 2008, and its request for a report within two years on steps taken to implement some of the Committee's recommendations and issues raised on the last report; the country has put in place new initiatives and measures aimed at given effect to the issues raised within the period under review.
2. This Report, developed by the Federal Ministry of Women Affairs and Social Development in consultation with stakeholders is in line with the Committee's Concluding Recommendations contained in paragraphs 315, 317, 319 and 337 on Nigeria's Sixth Periodic Report.
3. We hope these Responses on the various issues raised by the Committee on Nigeria vis-a-vis CEDAW provisions will provide additional information including measures taken between July 2008 – September 2010.

II. Replies to the issues raised in the concluding observations of the Committee (CEDAW/C/NGA/CO/6)

Replies to the issues raised in paragraph 12 of the concluding observations

4. The bill to domesticate CEDAW was presented as an Executive Bill to the Parliament namely, 'A Bill for an Act to Provide for the Enforcement of the United Nations Convention on the Elimination of All Forms of Discrimination against Women in the Federal Republic of Nigeria and the Purposes Connected' (Therewith - 2005') - to both the Senate and the House of Representatives in 2005 by the then President, Chief Olusegun Obasanjo. The bill seeking for the domestication of the Convention was packaged by the Federal Ministry of Justice.
5. The Bill went through the First Reading in the Senate on the 22nd of August 2006 and was referred to the Committee on Foreign Affairs for consideration. The Committee's report was favourable but could not be presented to the Committee of the Whole because of political tension at the time. While the bill had gone through Second Reading in the Lower House (the House of Representatives) and referred it to the House Committee on Women's Affairs.
6. The bill however met a brick wall at the Third Reading in the House of Representatives on May 16, 2007, when some members raised objections to its domestication on religious grounds. For instance, in reacting to section 16 of the Convention which is to eliminate discrimination against women in all matters relating to marriage and family relations, a male member raised an objection to the inclusion of article 16 of the Convention in the Bill on the ground that the provision offended the Islamic religious tenets.
7. Another member said "I would add a caveat to be part of the whole bill to take care of each and every section of this Bill that contravenes Islam and Christianity: that is the laws inherent in these religions and there is no way we can push away our religious belief simply because something is coming from the United Nations. Religion is far above that." All entreaties by some members of the House that were in support of domesticating the Convention failed to yield any positive results. The Deputy Speaker, who was presiding,

seeing the depth of opposition to the bill, asked that the bill be stood down to allow for wider consultations.

8. Following the failure of the attempted domestication, several studies were commissioned – one by the Federal Ministry of women Affairs and six by some development partners working in Nigeria. These studies were commissioned to ensure a proper understanding of the provisions of the CEDAW bill; to garner the views of several major stakeholders; to draw on the experiences of other countries in domesticating CEDAW and the African Union Protocol on the Rights of Women in Africa and to have well articulated position for future advocacy efforts on the Convention. The goal was to devise a successful strategy for the domestication of CEDAW in Nigeria during the current administration (2007-2011).

9. The study commissioned by the Federal Ministry of Women Affairs and Social Development consists of persons drawn from diverse backgrounds and institutions and focused on:-

- (a) Studying the provisions and the principle of each CEDAW provisions;
- (b) Identify issues and concerns being address by each provisions;
- (c) Identify, collate and analyze observations, reservations and critique each provision – particularly – Articles 2, 12 and 16 as well as sources of information;
- (d) Analyze within the context of religious texts and practices as well as social norms and values, the provisions of CEDAW and identify real or perceived compatibility and contradictions;
- (e) In addition to the report, develop matrix that highlights – provisions, issues, compatibility, contradictions, recommendations towards adoption and domestication of CEDAW;
- (f) Identify and analyze existing legislations, policies and practices that are compatible or not with CEDAW;
- (g) Compile lessons/best practices (where applicable) on CEDAW from other African countries and others;
- (h) Overall, make justification on why CEDAW should be domesticated.

10. The other studies commissioned by development partners to support CEDAW domestication were as follows:

- (a) An analysis of the failure of the 2007 Bill and of stakeholders to assist in mapping out allies, opponents, and sensitive areas by UNIFEM;
- (b) A Study of the congruence and/or Compatibility of national legislation, policy and practice with CEDAW and the AU Women's Protocol to help provide entry points for alignment - funded by CIDA;
- (c) A Comparative analysis of CEDAW and the AU Women's Protocol, and their interpretation and Implementation in other African Countries - funded by OXFAM;
- (d) A compilation of lessons and best Practices on the Domestication of CEDAW and/or the AU Women's Protocol from other countries in Africa or with a similar legal system to Nigeria - funded by OSIWA;
- (e) An analysis of the congruence of CEDAW with Muslim laws (Shari'a) through discussions with different stakeholders in Muslim communities in Nigeria funded by DFID and;

(f) An analysis of the congruence of the rights principles of CEDAW and the AU Women's Protocol with Christian tenets and beliefs through interviews with leaders of Christian churches in Nigeria - funded by CIDA.

11. The report has been published on the different studies with the title "Adopting Women's Rights Legislation in Nigeria: A Synthesis Analysis and Report." It was launched in Nigeria in June 2010 with the Federal Ministry of Women Affairs taking the lead and coordinating the processes. This is in addition to a Roadmap for domesticating CEDAW.

12. The gaps in the failed effort to have the Convention domesticated were highlighted and recommendations were made on the strategies to be adopted in subsequent efforts given the reasons for the failure of the 2007 advocacy. The studies provided opportunity for wide consultations with stakeholders at the different levels of the nation's governance structure. It called for a clear and coordinated approach to any future effort at domesticating the Convention. The need to demystify culture/custom/tradition and promote better appreciation of the histories of the major religions (Islam and Christianity) practised in Nigeria was emphasised. The studies recommended that people's knowledge of other laws, norms, theology, fiqh, and practices (especially on marriage) should be enhanced in order to strengthen the demand side for a comprehensive framework for the promotion and protection of the rights of women, such as CEDAW.

13. The outcome of the studies shows that the extent of powerful and organized opposition to the CEDAW bill was under-estimated. There were organized distortions of the provisions of CEDAW by a group of religious fundamentalists who ensured that the Bill did not scale through the Third Reading. CEDAW was portrayed as anti-Islam and as a disguise for introducing sexual permissiveness and the destruction of family values. It is however inspiring to note that all the studies conducted and key stakeholders interviewed in the studies agreed that women are discriminated against in many spheres of life and that this should be redressed using diverse approaches.

14. One striking revelation from the study was that none of the countries studied attempted to pass the text of the convention wholesale as was the attempted case with Nigeria. Rather, there was the passing of laws with general principles of non-discrimination, equality, affirmative action either as constitutional amendment, or separate pieces of legislation.

15. It was recommended among other things, that a new bill incorporating aspects of CEDAW and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa which have not been taken care of by other laws in Nigeria should be incorporated into one bill and presented before the National Assembly for passage into law.

16. Another recommendation is the adoption of the faster and more realistic approach of seeking domestication of CEDAW through the enactment of different legislation embodying its aspirations and standards.

17. Further to the above efforts, a Technical Working Committee was also commissioned by the Federal Ministry of Women Affairs to review and propose ways and means of fast tracking the passage of the CEDAW Bill. The team developed a working document for the Stakeholders' Strategic Meeting on the Re-Introduction of the CEDAW Bill before the National Assembly of Nigeria from 1st – 5th of December, 2007 including detailed recommendations similar to those above.

18. Given the complexities of Nigeria's multiple and sometimes parallel law regimes, Civil Society Organizations in Nigeria, supported by the Ministry of Women Affairs and other development partners are adopting a multi-pronged approach to the domestication of CEDAW. This includes advocacy for constitutional reform to add gender as one of the

criteria in the “Federal Character” provision of the Constitution ; presenting the same or similar bills at the state level to satisfy the provisions of the constitution which requires that for general application of any law domesticating a treaty in Nigeria, a majority of the states (at least 19) shall ‘ratify’ the law as soon as it is passed at the Federal level; involving the Presidency and other line Ministries such as the Ministry of Justice, Ministry of Information etc. in the advocacy.

19. During the brief tenure of the former Minister of Women Affairs, Mrs. Salamatu H. Suleiman embarked on intensive advocacy engagement with stakeholders on the issue of women’s rights legislation and empowerment. The Minister carried out advocacy visits to Executive Governors of states and policy makers to support the passage of the bill and sensitizing them on the benefits of domesticating the Convention. Her effort is gradually yielding results in view of the laws that are coming out from the states which support critical areas of the convention such as the Gender and Equal Opportunities Law.

20. In line with the recommendations made in the report, civil society organizations in consultation with the Federal Ministry of Women Affairs have re-packaged the bill with a new title: “Gender and Equal Opportunities Bill” incorporating some aspects of CEDAW, some aspects of the Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa and the provisions of the National Gender Policy.

21. The current Minister of Women Affairs and Social Development, Josephine Anenih, plans to present the proposal to approve the bill as an executive bill to the Federal Executive Council (FEC). Debates are on-going to determine the best way to move the process forward. There is an option to get the Clerks of the two Houses to re-present the Bill as it was only stepped down for wider consultations

22. State Level Activities: The Gender and Equal Opportunities Bill which is the bill to domesticate the Convention and the AU Protocol on the Rights of Women in Africa is presently pending before 12 states – Lagos, Ogun, Enugu, Ebonyi, Abia, Taraba, Edo, Kaduna, Plateau, Adamawa, Rivers, and Kogi in line with section 12 of the Constitution of the Federal Republic of Nigeria. This is a project of the coalition of over 100 NGOs – the National Coalition on Affirmative Action and funded by OSIWA. Under the same project, two states passed the law in 2007 – Anambra and Imo states. It is hoped that this bill will be passed into law in no distant time.

Replies to the issues raised in paragraph 14 of the concluding observations

23. In its effort to amend all discriminatory provisions in the Constitution and repeal state legislation that discriminate against women, the Nigerian Law Reform Commission (NLRC) has concluded work to mainstream gender equality and CEDAW provisions into the laws of Nigeria and the sections of different national laws requiring amendment have been articulated. The recommendations of the NLRC have been submitted to the Honourable Attorney General of the Federation and Minister of Justice for presentation to the National Assembly.

24. The laws that are awaiting implementation of the NLRC’s recommendations are as follows:

- (a) The Evidence Act;
- (b) The Criminal Code Act – Sexual Offences;
- (c) The Marriage Act.

25. For each of the above, the NLRC organized a national workshop on the review of the laws. Prior to that, an in-depth research into the existing laws relating to the issues e.g. the laws of rape and other related sexual offences in Nigeria contained mainly in the

Nigeria Criminal Code Law Cap 532 LFN, 1990 (including the Criminal Code and the Penal Code) was conducted and the defects identified. Some foreign legal systems were compared for guidance.

26. There are efforts to confer the same protection enjoyed by women married under the Ordinance Laws on women married under Customary and Islamic Laws in line with CEDAW provisions. Section 161 of the Evidence Act which confers on statutory marriage a status superior to our indigenous customary and Islamic law marriages is being reviewed to extend the privileges in that section to wives of customary and Islamic law marriages. Section 179 (5) of the Evidence Act which requires corroboration for all sexual offences has also been pencilled down for repeal or for re-enactment by the NLRC.

27. A draft Model Customary Law and Islamic Law Marriages/Divorces Registration Law, which seeks to provide for the mandatory registration of all marriages contracted within a state in accordance with customary law or Islamic law as the case maybe, has been developed. A major objective of this is to harmonize the three forms of marriages operational in the country by giving them equal status. It prohibits the customary law practice of widow inheritance or levirate marriages.

28. Recently, the National Assembly concluded the first phase of constitutional amendment. Women's Rights Organisations through the Civil Society Coordinating Committee on Electoral Reform (CSCC), the Gender and Affirmative Action Coalition in collaboration with the Federal and State Ministries of Women Affairs engaged the process through the submission of memoranda and advocacy. The groups advocated for the repeal of section 29 of the Constitution arguing that it is contradictory to the Child's Rights Act 2003. Because of time constraint, the National Assembly is considering proposals for amendment of the constitution in segments, with electoral reform taking the lead as the most pressing issue of the moment.

Replies to the issues raised in paragraph 16 of the concluding observations

(a) Amendment of Section 29 of the Nigerian Constitution

29. Recently, the National Assembly concluded the first phase of constitutional amendment process. Women's Rights Organisations through the Civil Society Coordinating Committee on Electoral Reform (CSCC), the Gender and Affirmative Action Coalition in collaboration with the Federal and State Ministries of Women Affairs engaged the process through the submission of memorandum and advocacy. The groups advocated a repeal of section 29 of the Constitution arguing that it is contradictory to the Child Rights Act 2003.

30. Unfortunately, this was not addressed as the National Assembly concentrated on issues relating to electoral reform which was considered urgent in view of the country's political situation. It is believed that the next review exercise will address this section of the Constitution.

(b) Adoption of the Child Rights Law by States of the Federation

31. Further to the report submitted in 2006, an additional 6 States of the federation have passed the Child's Rights Law bringing the total number of States that have passed it to 24 States out of the 36 states and the Federal Capital Territory. Efforts are on-going to encourage the remaining 12 States that have not passed the Child's Rights Law to do so. UNICEF has taken the lead in supporting the government and NGOs in advocating for the passage and implementation of the law.

(c) Measures taken to implement the CRA

32. The Federal Republic of Nigeria in the last ten years of democratic governance has recorded significant increase in awareness and political will at all levels to recognize, respect and protect children's rights. The policy environment has been greatly enhanced with the development of the National Child Policy, 2007 and its Strategic Plan of Action/Implementation Framework 2007/2008 as well as the National Plan of Action on Orphans and Vulnerable Children and its Guidelines and Standard of Practice. Government's renewed commitment has created a positive and conducive programming environment for achieving increase in the actualization of children's rights through accelerated programmes and increased investments in children development issues.

33. In implementing the Child Rights Law, government considers the fast tracking of access to justice and improved care services for children in conflict with the law as a priority issue. It is pertinent to note that the partnership of government – through the National Judicial Institute, development partners and NGOs have led to the establishment of Family Courts in the following 8 States of the federation: Abia, Lagos, Ondo, Anambra, Akwa-Ibom, Plateau, Nassarawa, Kwara and the Federal Capital Territory.

34. Furthermore, the capacity of over 280 members of the Coalition on Child Justice Administration including Judges, Magistrates, and members of the Nigerian Bar Association, the Police, Child Welfare Officers and Social Welfare Officers were enhanced to deliver recovery services for children in conflict with the law and those in need of special protection. Police divisional offices across the country now have Juvenile Welfare Desks and Police training institutes now have in their curriculum, child protection issues.

35. The National Agency for the Prohibition of Trafficking in Persons (NAPTIP) has continued to provide leadership in combating trafficking in persons (including children) in Nigeria. The agency has evolved many policy documents and practices aimed at enhancing and protecting the rights of women and children who are most vulnerable to trafficking. Such policy documents include: the National Policy on Assistance and Protection to Trafficked Persons in Nigeria and The Guidelines for Protection of Children in Formal Care. Both documents are in the process of dissemination and training of practitioners

36. Functional structures and systems have been set up at the national and sub-national levels towards delivery of improved services for children and institutional capacity of broad stakeholders. Capacity for the implementation and monitoring of the Child Right Laws in states that have passed the bill have been enhanced through training of 428 members of State Child Rights Implementation Committee (SCRIC), Local Child Rights Implementation Committee (LCRIC), policy makers, social welfare officers, law enforcement officers, parents, communities and children in year 2009.

37. Meaningful participation of children increasingly gained ground with the inauguration of the Children's parliament at the National and State levels. The mandate of the Children's Parliament is to represent the voices, minds and aspirations of Nigeria children, and to deliberate on child related issues among others. A special sitting of the Children's parliament was held recently in Abuja as part of the activities to mark Nigeria's 50th Independence Anniversary.

38. The Federal Ministry of Women Affairs and Social Development through the Child Development Department have vigorously pursued the promotion and protection of children's rights at all levels in Nigeria. As a result, the 36 States of Nigeria now have specific ministries charged with Women and Children affairs. The Federal Capital Territory, Abuja, also has a department charged with the responsibility of child rights protection and promotion, along the same lines.

39. The National Child Right Implementation Committee (NCRIC) is also mandated by the CRA 2003 to ensure the implementation and monitoring of the provisions of the Act. In addition, the National Human Right Commission (NHRC) has a Programme Officer on Child Rights charged with the responsibility of ensuring that children's rights are effectively promoted and protected in Nigeria.

40. In addition, the emergence and registration of numerous NGOs in the area of child protection and child care; the formation of the National Council of Child Rights Advocates of Nigeria (NACCRAN) as the umbrella NGO for non-governmental groups involved in Child Rights Advocacy; the establishment of Juvenile Welfare Desks at Police Divisional Headquarters across the country; and the formation of functional Child Rights Implementation and Monitoring Committees in the FCT, Abia, Ebonyi, Benue, Borno, Oyo, Plateau, and Enugu States is strengthening child development.

Replies to the issues raised in paragraph 34 of the concluding observations

41. Nigeria has for many years, had poor maternal mortality indices. This has continued to draw international attention to the country. Some of the specific challenges being encountered in efforts at improving maternal health in Nigeria include harmful cultural practices, dearth of health personnel in rural areas; limited emergency obstetric care services and poor access to health facilities, particularly primary health care (Nigeria MDG Report, 2009).

42. Deeply concerned about the situation, the Government of Nigeria with the support of both local and international development partners has continued to design and implement different strategic programmes towards addressing the problem. Such efforts are beginning to yield positive results as shown by the outcome of the 2008 National Demographic and Health Survey (NDHS) which reveals that Nigeria has an estimated maternal mortality ratio of 545 maternal deaths per 100,000 live births. This ratio is still bad and highly unacceptable at a time when technology has advanced to such a stage whereby pregnancy related deaths can be avoided almost completely.

43. However, when compared with the ratio of 2003, which stood between 704 and 1,100 deaths per 100,000 live births, the 2008 ratio of 545 is an evidence of the various strategic steps being taken at both the national, state and local government levels across the country to combat the problem.

44. Another impact of the steps being taken so far is a slight increase in the proportion of births attended to by skilled health personnel from 36 per cent in 2003 to 39 per cent in 2008. The use of contraceptives also increased from 8 per cent in 2003 to 10 per cent in 2008 (Nigeria MDG Report 2009).

45. The following are some of the concrete steps that have and are still being taken by the country in addressing this public health challenge:

(a) Policy Environment

46. A 2006 Integrated Maternal Newborn and Child Health (IMNCH) Strategy which is currently being implemented across the country has an overall objective of reducing maternal, newborn and child morbidity and mortality. It presents a comprehensive programme framework which is designed to cover a chain of interrelated issues that are necessary for realising a responsive health care system in line with MDGs 4 and 5.

47. As part of the government's efforts to improve the health status of its citizens including maternal health, a National Health Strategic Development Policy 2008 has been developed and it is currently being implemented. In implementing the policy, the Government of Nigeria will commence rural posting of doctors. This scheme is aimed at enhancing pregnant women's access to skilled care especially in the rural areas.

(b) Nationwide Advocacy

48. In 2007, the then Honourable Minister for Women Affairs and Social Development launched a nationwide advocacy and sensitization programme against maternal deaths. This programme involved high level advocacy activities with executive governors, parliamentarians, health policy makers, traditional leaders and civil society organisations at both national and state levels on issues of:

- (a) Promoting access to contraceptives to avoid unintended pregnancies;
- (b) Access to skilled care at the time of birth for all pregnant women;
- (c) Promoting girl-child education;
- (d) Promoting women's participation in decision-making positions;
- (e) Enhancing women economic empowerment;
- (f) Improving condition and status of people living with disabilities and more importantly women living with disabilities;
- (g) Improve funding for the sector at all levels.

49. The programme which is an on-going activity of the Ministry seeks to promote improved political will and commitment to efforts at addressing women's issues especially maternal mortality.

(c) Increased access to skilled care at birth

50. As part of government's efforts to reduce high rate of maternal mortality in Nigeria, the National Primary Healthcare Development Agency (NPHCDA) with the support of the office of the Senior Special Assistant to the President on the MDGs is implementing a National Midwives Service Scheme (MSS). The scheme is designed with the following objectives:

- (a) To increase the proportion of primary health care facilities manned by midwives offering 24 hour service by 80% in MSS target areas by 2015;
- (b) To ensure that all midwives recruited under the scheme are trained on Life Saving Skills (LSS) and Integrated Management of Childhood Illnesses by December 2010;
- (c) To increase the proportion of primary health care facilities providing essential emergency obstetric care in the MSS target area by 60% by December 2015;
- (d) To increase the proportion of rural pregnant women receiving antenatal care in MSS facilities from 60% to 80% by December 2015;
- (e) To increase proportion of deliveries attended to by skilled birth attendants in MSS target area from 36.3% to 72.6% by December 2015;
- (f) To increase contraceptives (Family Planning) uptake in the MSS target area from 13% to 50% by 2015;
- (g) To reduce maternal, newborn and child mortality by 60% in the MSS target area by 2015.

51. Through the Scheme, the Agency has trained and deployed 2,819 midwives to 652 primary health care facilities linked to 163 general hospitals in all the 36 states of the federation and the Federal Capital Territory, Abuja. In ensuring that the objectives listed above are realised, the NPHCDA has just concluded a baseline survey through which data was collected on key indicators of the scheme. The report of the survey, which has been published, will serve as a good tool for measuring the effectiveness of the scheme.

52. Furthermore, almost all States of the Federation now offer free obstetric and maternal healthcare services through the adoption and implementation of 'Free Mother and Child Health Care Policy'.

53. The Federal Government and several State Governments have continued to increase its budgetary allocation to the programme on an annual basis. For instance, the programme which started in Enugu State with a budgetary allocation of one hundred and sixty eight million Naira (N168m) in 2008, have increase to the tune of two hundred million (N200m) in 2009. This programme is intended to reduce the cost-related barriers preventing women and infants from getting access to adequate health care for pregnancy, child birth and child immunization. The programme runs throughout all public facilities in the Enugu State district health system.

54. In Kaduna State, the policy kicked off as a pilot programme in about 115 health care centres and 28 hospitals. Guiding principles upon which the policy is based is access (geographical and financial) to care, Equity in provision, Partnership for health development and Community Participation at every stage. The Programme targets access to free basic and effective maternal health services, including provision of free drugs to at least 80% of all pregnant women and free basic and effective child health services including drugs to at least 80% of all children under five years. Other objectives of the policy include human resource and infrastructural development and the enactment of legislation to govern the provision and performance of services and protect the rights of clients.

55. Another initiative of government contributing to improving maternal health is the Mailafiya Health Project which was launched in 2009 in the FCT. A team of Mobile Integrated Primary Health Care Services Delivery have been deploy to alleviate the health problems of the residents particularly the poor rural dwellers who have a wide range of health services access impediments (physical, economic, social) and, to enrich primary health care data base and fast tract the attainment of MDGs 4, 5, and 6. A similar project is being implemented in Rivers State through the marine ambulances initiative which helps to address healthcare delivery challenges in difficult-to-reach riverine areas.

56. Notable non-governmental organizations also compliment effort of government and contribute immensely to maternal mortality reduction through direct service provision. For instance, IPAS successfully advocated to the Nursing and Midwifery Council of Nigeria (NMCN) to include Post Abortion Care (PAC) training in the curriculum of schools of midwifery. It has also trained nurse midwife educators and clinical instructors in all the schools of midwifery in Nigeria (a breakdown of such trained personnel is as presented in Appendix 1). Through one of its projects, fourteen thousand (14,000) healthcare providers have been trained over a period of five years and over 105,336 PAC procedures have been conducted. This is believed to have contributed to averting an estimated 21,067 maternal deaths in five years.

(d) Increased access to emergency obstetric care services

57. In order to improve women's access to emergency obstetric services across the country, the Federal Ministry of Women Affairs and Social Development in collaboration with the Office of the Senior Special Assistant to the President on MDGs launched a model quality health care service delivery intervention programme in 2009. Through the programme, essential medical supplies and ambulances were purchased and distributed to 16 States of the federation (Kebbi, Yobe, Adamawa, Katsina, Plateau, Kaduna, Kogi, Anambra, A/Ibom, Bayelsa, Ebonyi, Edo, Abia, Oyo, Ogun and Ekiti). These States were provided with 3 ambulances each. The intervention is aimed at addressing the challenge of poor access to skilled care by pregnant women, which is often linked to poor or non-existent public transportation system in many rural communities across the country.

58. The project seeks to compliment the efforts of the Federal Ministry of Health and to provide support to the National Primary Health Care Development Agency's Midwives Services Scheme. The 3 ambulances per state serve a cluster of 4 – 5 Primary Health Care Facilities as mapped out by the Midwives Service Scheme for wider coverage and maximum impact. By the end of year 2010 the programme would have been extended to all the 36 States of the federation.

59. The health facilities in the 16 States have also been enhanced through the provision of 'essential medical supplies' such as anti-shock garments, magnesium sulphate and 'Mama' kits (Mama kits are essential safe delivery packs that contains clean delivery supplies and other immediate needs of the mother and baby). The Mama kit is a pro poor strategy to encourage hospital attendance for safe delivery.

60. The health care workers (including 163 doctors) in these facilities have undergone training on Expanded Life Saving Skills (ELSS) which includes the use of anti-shock garment and magnesium sulphate to address obstetric emergencies.

61. The Jigawa State Safe Motherhood Emergency Transport Scheme (ETS) is also to enhance women's access to emergency obstetric care in pregnancy. The ETS is a project designed as part of wide programme of work to reduce several key delays for women who need to access emergency obstetric care. The ETS is part of the Partnership for Transforming Health Systems (PATHS) project, which is funded by the UK Department for International Development and managed by Health Partners International. The project promotes low-cost modes of transport such as the motorcycle and bicycle ambulance to improve access to emergency healthcare in hard to reach areas.

(e) Research and Knowledge Development

62. In recognition of the role of research in diagnosing problems and designing strategic programmes in addressing specific problems, the Federal Ministry of Women Affairs with the support of the Office of the Senior Special Assistant to the President on Millennium Development Goals has at different times embarked on the following studies geared towards understanding trends and influencing appropriate policy development and programme planning with the ultimate goal of reducing maternal and child mortality in Nigeria:

- (a) Baseline Study on Maternal and Child Health Indicators;
- (b) Baseline Study on Maternal Health Indicators: Impact of Socio-cultural factors;
- (c) Development of a Social Strategic Framework for Reduction of Maternal Mortality among others.

63. The outcomes of these studies have been widely disseminated to aid effective and efficient planning at different levels including being used as advocacy materials with various stakeholders.

(f) Budgetary allocation to Maternal Mortality Reduction Response

64. In recognition of the seriousness of maternal mortality in Nigeria and the urgent need to address the problem, some of the government agencies with responsibility to address the problem have continued to receive increased budgetary allocation for the steps taken in responding to the problem. The table below shows the trend in budgetary allocation to the issue by the Office of the Senior Special Assistant to the President on the Millennium Development Goals.

Information on Nigeria's maternal health interventions under the debt-relief gains 4th July 2010

<i>S/N</i>	<i>Year</i>	<i>Initiative</i>	<i>Amount Appropriated (\$, at \$1=N150)</i>	<i>Deliverables</i>
1	2006-2007	Construction/renovation of primary healthcare centres by National Primary Healthcare Development Agency	87,060,000	484 Primary Healthcare Centres constructed/rehabilitated
2	2009	Capacity Building for health workers on Essential Life Saving Skills and Emergency Obstetric Care	533,333	163 Doctors were trained on ELSS
3				1,304 BP apparatus, 652 stethoscopes, 652 diagnostic kits, 652 weighing scale with heightometer, 652 haemaglobinometer, 652,000 mama kits, 652 sets of test kits – Albustix, Clinistix, HIV Kits, pregnancy kits, 12,500 tins of folic acid, 652,000 doses of SPs, 6,520 packs of ergometrine injection, 3,260 packs of oxytocin
4	2009	Procurement of drugs, equipment and supplies for maternal, newborn and child healthcare	333,333	
	2009	Procurement of Midwifery Kits	533,333	2,488 Midwifery kits were procured and distributed to 2,488 Midwives
5				37 MSS billboards, 5,000 MSS folders, 12,000 MSS flyers, 30,000 MSS data sheets, 10,000 Mss posters, 3,000 MSS T-shirts, 5,000 MSS plates, 5,000 MSS cups, 17 bales of MSS Ankara fabric, 5,000 MSS bags were procured and distributed
6	2009	Integrated advocacy package for maternal, newborn and child health	133,333	
7	2007	Training of midwives for reduction of maternal mortality	666,667	
8	2007-2008	Upgrading and Equipping Federal Medical Centres for Emergency Obstetric Care and child health	9,100,000	Upgrading 12 Federal Medical Centres to be able to provide high quality emergency obstetric care
9	2008	Training of nurses/midwives/community health workers of selected model PHCs	1,346,667	
10	2008-2009	Community Health Insurance Scheme	60,000,000	Free basic healthcare to 600,000 mothers and children
	2008-2010	Midwifery Services Scheme	40,598,667	Establishment of midwifery service corps, training and deployment of 2,488 midwives to 652 health

<i>S/N</i>	<i>Year</i>	<i>Initiative</i>	<i>Amount Appropriated (\$, at \$1=N150)</i>	<i>Deliverables</i>
				facilities Payment of salaries for two years, equipping with midwifery kits, training course and ICT Training of 163 Doctors on ELSS
11	2009-2010	Health Systems Strengthening to operationalize Local Government system	5,333,333	Support to national centre for data collation and analysis
12	2009	Upgrading of blood banks in 6 geopolitical zones under National Blood Transfusion service	666,667	
13	2009	Maternal and Neonatal Tetanus Elimination Initiative	1,000,000	The 1st phase of the campaign was conducted in 56 LGAs in 3 states – Abia, Ogun and Rivers
14	2007	Conditional Grants Scheme projects in Primary Healthcare implemented by States	48,608,667	<ul style="list-style-type: none"> • 335 Primary healthcare centres constructed or rehabilitated, and equipped • Safe Motherhood Initiative • Upgrading of medical dispensaries
15	2008	Conditional Grants Scheme projects in Emergency Obstetric Care implemented by States	120,834,408	<ul style="list-style-type: none"> • 801 Primary healthcare centres constructed or rehabilitated, and equipped • 52 ambulances and 9 boat ambulances • Equipping of VVT Training Centre • Implementation of IMNCH • Safe Motherhood Initiative • Free maternal healthcare in Ondo State
16	2009	Conditional Grants Scheme projects in Primary Healthcare implemented by States	157,737,800	<ul style="list-style-type: none"> • 1,088 Primary Healthcare Centres constructed or rehabilitated • 5,400 health workers trained • 29 Ambulances/Mobile clinics • 8 Health training institutions refurbished • 6,143 health workers trained

<i>S/N</i>	<i>Year</i>	<i>Initiative</i>	<i>Amount Appropriated (\$, at \$1=N150)</i>	<i>Deliverables</i>
17				<ul style="list-style-type: none"> • 755 locations supplied with equipment • 85 Primary Healthcare Centres constructed • 2 Emergency Obstetric Medical Units • 2 Primary Healthcare Centres rehabilitated • Equipment of 189 health facilities
	2008	Quick Wins activities promoting the active presence of the Federal Government in every constituency	24,578,145	<ul style="list-style-type: none"> • Provision of drugs to 265 health facilities
18				<ul style="list-style-type: none"> • 19 Primary Healthcare Centres constructed • Equipment of 42 health facilities
	2009	Quick Wins activities promoting the active presence of the Federal Government in every constituency	6,804,972	<ul style="list-style-type: none"> • Provision of drugs to 109 health facilities
	Total		\$565,869,325	

III. Conclusion

1. CEDAW Domestication

65. Although CEDAW is yet to be domesticated as part of Nigerian law due to the procedural reasons mentioned in this reports, it is worth noting that the on-going consultative efforts towards its domestication will pave way for its eventual incorporation into Nigerian law in the shortest possible time.

2. Status of Women in Health and Social Life

66. Despite the existence of socio-cultural practices and discriminatory policies that militate against women's enhanced status in education, health, economic and social life, observations are that within the reporting period, proactive measures have been taken by governments at all levels to ensure the progressive realization of improved access to healthcare and social services. Government's success levels in the above critical areas recorded in this report is essentially due to the collaborative and cooperative efforts of development partners, ministerial departments and agencies including the aggressive and sustained campaigns/initiatives embarked upon and being organized by Civil Society Groups nationwide.

3. The way forward

67. Having noted the on-going efforts towards implementing CEDAW, there is still need for government to redouble her efforts by ensuring that adequate budgetary allocations are made and released in timely manner for gender oriented intervention programmes/activities and particularly for combating avoidable maternal deaths. We hope to provide a more detailed comprehensive report and succinct achievements by 2014 when the combined 7th and 8th report is produced.
