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**Human Rights Committee**

 Information received from Nigeria on follow-up to the concluding observations on its second periodic report[[1]](#footnote-1)\*

[Date received: 7 March 2022]

 Paragraph 23: on maternal mortality, reproductive rights and termination of pregnancy

 Updated measure since 2019

A. i. Training of health workers in Borno State on BEMONC Skills in collaboration with SMOH/SPHCDA/IRS:

 ii. Establishment of MPCDSR Committees in all the states in North East;

 iii. Create Department of Family Health/RMNCAEH+N in all the states in North east for better coordination and implementation of activities that reduces maternal, perinatal and child mortality. (Only Gombe State completed);

 iv. National Assembly passed MPDSR Bill awaiting Presidential accent;

 v. National MPCDSR Electronic Platform to collect data from rural, poor area facilities for planning and decision taking;

 vi. Effective and efficient collaboration of Department of Family Health with National Primary Health Care Agency on RMNCAEH+N activities.

B. The Nigerian government is implementing interventions towards repositioning the Unsafe abortion services (Post Abortion Care) to Nigerians of reproductive age across the 36 States and FCT, Abuja. Key interventions in this regard include the under listed:

 (a) Develop guidelines on Legal Therapeutic Abortion;

 (b) Capacity Building on Safe Abortion Care;

 (c) Community Dialogue on Unsafe Abortion (MNCH).

C. i. Implementation of BHCPF to revitalize health facilities and services;

 ii. Establishment of NHIS including social and community health insurance to enhance UHC and remove out of pockets expenditures for health services.

D. The Nigerian government is implementing interventions towards repositioning the National Family Planning Programme and support scale-up of the provision of quality family services to Nigerians of reproductive age across the 36 States and FCT, Abuja. Key interventions in this regard include the under listed:

 (a) Approval of policy making family planning information, services and commodities are free at public health facilities in Nigeria;

 (b) National Family Planning Goal set at 27 per cent modern Contraceptive Prevalence Rate (m CPR) to be achieved by 2024;

 (c) The Nigeria Family Planning Blueprint (Scale-Up Plan) developed to serve as reference document for the scale-up effort. Key Guidelines and Training Manuals have been developed to facilitate Programme implementation;

 (d) Federal Government of Nigeria is committed to payment of the sum of Four Million United States Dollars (UD$4 Million) as Government Counterpart Contribution (GCC) for procurement of family planning commodities;

 (e) “Basket Fund Initiative” established for payment of monies from Development Partners as well as Government (GCC) and facilitate transparent utilization of such monies for procurement of family planning commodities by the United Nations Population Fund (UNFPA) in line with Memorandum of Understanding between FMOH and UNFPA;

 (f) Continuous Expansion of the Family Planning Method Mix in the country with new family planning products for improved autonomy and choice of method for all clients;

 (g) Continuous training and retraining of FP service providers on counseling and service provision on all methods (including short, long-acting reversible and permanent methods).

1. Approval of the Task-Shifting and Task-Sharing Policy to enable building of capacity of more health workers (especially lower cadre officers) to provider a wider range of FP services including the long-acting reversible contraceptives.

E. The National Council on Health, the highest policy making body on health matters in Nigeria approved the extension of the implementation of the first plan to 2016. The second National Strategic Health Development Plan (NSHDP II) 2018-2022 is anchored on the New National Health Policy (2016) which has been developed taking into consideration Nigeria’s aspiration to attain Universal Health Coverage (UHC) for all Nigerians, leveraging on functional 10,000 PHCs across the country, the Millennium Development Goals (MDGs) unfinished business and the Sustainable Development Goals (SDGs), the Economic Growth and Recovery Plan (ERGP) 2017-2020.

2. The second plan takes a more comprehensive, inclusive and the holistic approach. It is organized along five strategic pillars;

 (i) Enabled Environment for attainment of sector outcomes which focuses on Leadership and Governance, Community Participation and Partnership for Health;

 (ii) Increased Utilization of Essential Package of Health Care Services which covers RMNCAH and Nutrition, Communicable and Non-Communicable Diseases, Mental Health, Care of the Elderly, NTD’s etc;

 (iii) Strengthened Health System for Delivery of Package of Essential Health Care Services which focuses on Human Resources, Health Information System, Medicines, Vaccines and other Technologies, Research etc;

 (iv) Protection from health emergencies and risks as well as;

 (v) Increased Sustainable, predicable Financing and Risk Protection which only focus is Financing Health.

F. Further, to improve exclusive breast feeding rate, the Federal Ministry of Health is collaborating with Federal Ministry of Labour and Employment to fast track the implementation of paid extension of paid maternity entitlement from 16weeks to 18weeks and continue advocacy to 24weeks (which is 6months) in line with the resolution of the 59 National Council on Health Resolution.

G. The Honourable Minister of health, DR. OSAGIE EHANIRE on the 12th October, 2020, launched the Nigeria Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health Plus Nutrition (RMNCEA+N) Multi-Stakeholder Partnership Coordination Platform as part of effort to reduce maternal mortality in the country. The platform seeks to improve the well-being of women, children, adolescents and elderly in Nigeria. The initiative will cost at least $252 million (two hundred and fifty-two million US dollars) for the full implementation of the Blueprint across Federal, State, Local government and community levels.

H. With Nigeria’s high mobile phone coverage, Government is planning to use mHealth to reduce inequities in maternal mortality, reproductive rights, and pregnancy termination which has been identified as a low-hanging fruit that is being thoroughly exploited. Legislation will be enacted to assist Nigerian public health authorities in quickly adopting mobile health to overcome distance and skill gaps and enhance maternal health services such as antiretroviral adherence, sexually transmitted infection prevention, and perinatal and postnatal care.

 Paragraph 29: intercommunal and inter-ethnic violence

 Actions of Nigerian government since 2019

 (a) In 2019, the Nigeria Security and Civil Defense Corps–Agro Rangers came into force as part of the Federal Government’s Agro Rangers programme designed to protect farmers. The NSCDC have deployed 3,000 Agro Rangers to forestall attacks on farms between farmers and herdsmen, particularly in parts of Benue, Taraba, Plateau, Niger, Nassarawa and Kaduna, among others, and boost farmers’ confidence to work on their farms without fear of attack;

 (b) Measures to ensure safety and security: Capacity building aligning soft target with critical infrastructure protection effort and development of a National protection strategy;

 (c) Draft National Policy on Prevention of Civilian and Civilian Harm Mitigation (POC-CHM) 2021 in response to UN Convention in Africa has been domesticated and processed by the Ministry of Interior for inputs. The implementation of this policy when enacted would provide more information on outcomes of investigation.

 Paragraph 31: conflict with Boko Haram and civil protection

 Conflict with Boko Haram human rights

3. Apart from the Federal Republic of Nigeria’s 1999 Constitution, the Terrorism Prevention Amendment Act (2013), the National Action Plan for Preventing and Countering Violent Extremism (PCVE, 2017), and the National Security Strategy (NSS, 2019) are all relevant institutional frameworks for counter-insurgency operations in the northeast and across Nigeria.

4. While Section 1A (1) of the Terrorism Prevention Amendment Act (2013) empowers the Office of the National Security Adviser to coordinate all security and enforcement agencies in Nigeria’s fight against terrorism, Section 1(2) of the amended Act entrusts the implementation and administration of the Act to the Attorney General of the Federation in accordance with existing international laws and best practices. Similarly, Section 1(3-6) of the Act specifies that the primary role of security and law enforcement agencies in the fight against terrorism is to enforce counter-terrorism legislations through the adoption of measures.

5. In compliance with Nigeria’s obligations under related Conventions, the Chief of Army Staff issued the Chief of Army Staff’s Policy Directive to commanders at all levels to prevent violations and improve compliance with Nigeria’s domestic and international laws guiding the conduct of operations by Nigerian Army personnel.

6. The policy directives require all personnel of the Nigerian Army to comply with the principles and spirit of the International Human Rights Law during all Internal Security operations and other Military Assistance to Civil Authorities operations that the Nigerian Army may be deployed to in accordance with sections 217(2) a, b, c, d, and 218(3) of CFRN 1999 (as Amended).

7. Capacity building of security personnel to enhance synergy, joint operations intelligence sharing and community cooperation with understanding of human terrain mapping for operational purpose

8. The Service Compact with all Nigerian “SERVICOM” initiative has been strengthened in relevant Ministries and agencies with the appointment of Desk officers to attend to complaints by the public. They ensure redress for grievances and help to protect the human rights of complaints.

9. Officers of the legal departments of the Ministry and its agencies are trained on conducting thorough investigation into violations of Human Rights issues.

 Countering Violent Extremism Programme (CVE)

10. The programme aims at stemming the tide of radicalization in the country, reducing violent activities, change the behaviour of violent extremists and promoting core national values. The programme has three streams:

 (a) Counter Radicalization,

 (b) De-radicalization, and;

 (c) Strategic Communication.

11. The following projects and activities were carried out under the CVE programme.

 (a) Education Summit to raise awareness of the importance of education as a tool for CVE;

 (b) Piloting creative curriculum that encouraged critical thinking and logical reasoning;

 (c) Positive Voices Campaigns to promote community champions that stand up for tolerance and national identity;

 (d) Mapping of religious centres and faith-based organizations (FBOs);

 (e) Identification and training of imams to present moderate Islamic views;

 (f) Identification, registration and training of FBOs, CSOs and NGOs to aid the overarching goals of countering violent extremism;

 (g) Town hall and community dialogue meetings to improve internal community relations and relationship with the state;

 (h) Survey of economic activities and employment and income generation schemes for communities;

 (i) Reintegration of reformed extremists to their families and communities.

12. Furthermore, human rights curricular have been introduced in the training institutions of the various armed forces, the Nigerian Police Force and other law enforcement agencies in order to inculcate in the trainees the universal human rights values. Government has organized and will continue to organize human rights education and training for police and military officers to sensitize them on human rights issues through the National Human Rights Commission.

13. The National IDPs Policy (2012) is a policy framework for safeguarding IDPs in Nigeria, especially displaced women, against human rights violations. It not only prioritises the protection of displaced women, but it also establishes a framework for seeking restitution and holding state and non-state abusers accountable for violations of displaced women’s human rights. And it is governed by a set of gender-sensitive general and humanitarian principles to achieve this goal.

14. Resettlement and rehabilitation of Internally Displaced Persons (IDPs) is currently on going in affected parts of the North East Nigeria.

15. The counterinsurgency operations in Nigeria’s northeast have three difficult-to-achieve simultaneous goals. The goals include the protection of counterinsurgency forces, observance of human rights under the concept of distinction and insurgent annihilation. On the one hand, there appears to be an irreconcilable tension between safeguarding counterinsurgency forces and eliminating insurgents, and on the other side, preserving individual human rights during counterinsurgency operations. The conflict is irreconcilable because the simultaneous pursuit of these three objectives usually entails a trade-off. The national security goals of protecting counterinsurgency forces and eliminating insurgents trump advancing the more sustainable goal and pathway to peace of respecting and protecting the human rights of civilians caught in the middle of the insurgency in the northeast, as evidenced by observed human rights outcomes of counterinsurgency operations in the northeast.

 Paragraph 34: conditions of detention

 (a) Transformation of the Nigeria Prison Service (NPS) to Nigerian Correctional Services (NCoS) through the instrument of the Nigerian Correctional Act 2019. The NCoS Act-2019 categorized the functions of the Correctional Service into Custodial and Non-Custodial Services in tandem with international best practices and UN Human Rights Convention/Goals.

 (b) The Ministry of Interior in collaboration with the Administration of Criminal Justice Monitoring Committee are working to ensure implementation of Administration of Criminal Justice in Nigeria in order to reduce overcrowding in custodial centers and ensure human rights of inmates are not violated while in detention.

 (c) i. Construction of 3,000 capacity Custodial Center in Kano, Bori, Karshi Abuja respectively; and

 ii. 15 major rehabilitation works of Custodial Centre/Repair of Barracks nationwide;

 (d) i. Periodic training and workshop sessions are organized for medical staff on eye, dental and general health care.

 ii. Staff enrolment in National Health Insurance Scheme (NHIS).

 iii. On-going re-organization and restructuring of the mental and psychological Health Unit in line with NCoS Act 2019.

1. \* The present document is being issued without formal editing. [↑](#footnote-ref-1)