

Beyond MDGs and 2015: A Framework for Prioritising Women and Girls

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Introduction

- Africa and other continents never lacked a framework for promoting maternal health and & reproductive health
- Some of these landmark frameworks were developed in Africa
- The ICPD Cairo 1994, Maputo Plan of Action, Abuja Declaration 2001
- Then came the Global Framework which is the focus of this consultation- the Millennium Development Goals MDGs--2000

Introduction

- Anxiety is already mounting across the African Continent about being unable to achieve MDG 5
- Some African countries have made remarkable progress in achieving MDG 5 Rwanda,
- While other are pushing hard to make some progress –Ethiopia, Nigeria etc
- Areas of impressive progress
- MMR
- M Morbidity

Nigeria: A Profile

- Population 167 million
- Poverty Rate is high- 67% live on less than \$1
- Maternal Mortality is the single most important health issue facing obstetricians, gynaecologists and Nigerian people.
- Maternal Mortality Rate 487 per 100,000
- This figure masks wide regional disparities which range from
- 339 per 100,000 live births in the Southwest to
- 1,716 per 100,000 live births in the North East

Nigeria: RH Profile

- Contraceptive Prevalence Rate is 10%
- Total fertility rate of 5.7%
- Unmet need for FP is 6million couples
- Early Marriage One in Four married by age 15.
- Teenage Pregnancy 23%

- HIV/AIDS prevalence is also 4.3%.
- Child mortality rates are 100 per 1,000 children under five years of age.

Political Support for MDGs

- Establishment of a standing NASS committee on MDGs
- Nigeria is Unique in that it is the only country that established an aides office in the Presidency to promote Achievement of MDGs
- Appointment of Office of a Snr Special Asst to the President on MDGs OSSAP/MDGs
- Setting up MDG villages
- Establishing MDG Conditional Grants for states to access
- Setting up a Presidential Monitoring Committee PMC chaired by the President

Legislators engaging with MDGs

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Maternal Mortality: Govt Action

- President declared maternal mortality as a national emergency and appointed a Special Adviser on Reproductive Health.
- \$1 Billion (110 Billion Naira) proceeds from Debt Relief channeled into achieving the Millennium Development Goals MDGs.
- The Federal Ministry of Women Affairs and Social Development which was one a beneficiary embarked on a campaign to reduce maternal mortality with a grant it received from the debt relief fund
- Midwifery Service Scheme, MSS, Ambulance Scheme. Mistoprostol, Anti shock Garment etc

MDG Gender Initiatives

- Promotion of Girl Child Education by Fed. Min.W.Affairs– N500m
- Construction of Skills Acquisition Centres to provide numeracy, literacy and vocational skills for girls
- Teachers Service corps established to train teachers for qualitative education
- ICT scheme –computers for Girl child Schools N 2.4 billion
- Girls education is been liked to reduction of Maternal mortality and morbidity

MDG Health Initiatives

- 110 Primary Health care Centers built and Equipped to provide service at community level
- Making FP commodities free in health facilities
- S3 million budget released for procurement of FP commodities
- Research confirms family planning reduces 2/3rd of maternal deaths

Gender and RH Conventions Ratified by Nigeria

- Convention on the Elimination of All Forms of Discrimination Against Women CEDAW, 1981
- Convention on the Rights of the Child CRC (1989)
- African Charter on Human and Peoples Right (1981)
- Protocol to African Charter on the Rights of Women in Africa (2003)
- The African Charter on the Rights and Welfare of Children (2003)
- Beijing Platform for Action (1995)
- International Conference on Population and Development ICPD (1994)

Working With Gender Coalitions

- Women Affairs Committee in NASS presented Executive Bill for domestication of CEDAW
- Presented Bill on Prevention of Violence Against Persons
- Working with the Gender and Affirmative Action GAA Coalition to pass all gender related bills at NASS e.g.
- National Health Bill which is to provide 2% of consolidated revenue for health
- Supporting Freedom of Information Bill for accountability.

Working with Women Aspirants

- MDG Working with Civil society groups GAA, and development partners IRI to provide capacity building for women aspirants to make gender and Maternal health a campaign issue in 2011 elections
- Documenting the achievements and community engagement of female legislators ‘Dreams for Nigeria’ documentary as sharing best practices
- ‘Dreams for Nigeria’ an award winner

MDG & Women's Manifesto

- MDG supported Women representatives from different political Parties and civil society groups from the 36 States and F. C. T. developed a Manifesto
- “Nigeria 2011 Elections: Advocacy Strategies and Launching of women ‘s Manifesto which
- identified four priority areas and issues -- ---
Maternal and Child Health, Youth Employment, Women Empowerment and Women political Participation

Manifesto & Maternal Health

- **Problem Statement:** According to the World Health Organisation, Nigeria experiences the second highest maternal and infant mortality rate in the world due to inaccessibility to quality healthcare.
- Adequate funds are not allocated towards maternal and infant health, and corruption is rampant within the health sector.
- Negative cultural and religious practices, including a longer reproductive cycle due to child marriage and female genital mutilation contribute to the rising concern of maternal health.
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Manifesto: Women Demand

- **Nigerian women strongly DEMAND:**
- An educational awareness program to change the negative cultural and religious beliefs about reproductive health issues.
- The budgetary allocation of adequate resources to enable the implementation of existing policies, including: health policy, Childs Rights Act and the national gender policy.
- Every State should have evenly spread out secondary health institutions where primary health facilities can feed into; and every local government area must have well equipped, adequately staffed primary health care centres within their communities.
- Government should provide access to emergency obstetric care services at all levels with a very effective emergency response system.

Demands Implementation of Protocols

- The domestication of the Protocol to the African Charter on human and people's Right on the rights of Women in Africa, Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the design of a roadmap for Campaign on the Accelerated Reduction of Maternal Mortality in Africa (CARMA).
- Government should accelerate action for the passage of the domestic violence bill into law.
- Implement the 15 percent of the Abuja Budget Declaration. Five percent of that allocation should be devoted to maternal and child health issues to enable better availability and quality of primary health services, particularly ante-natal and post-natal services, reproductive health, cancer screening and treatment, HIV/AIDS screening and treatment, mental health services and response to violence against women issues.

Manifesto Demands

- Government at all levels should outlaw harmful practices, such as child marriages and female genital mutilation and enforce such laws that care for victims of Vesico Vagina Fistula (VVF) RVF, infant mortality and HIV/AIDS transmission.
- Government should take immediate steps to implement programs towards a socially agreed package of free quality health care including ante- and post-natal care as well as childcare.
- Revival of the school lunch and health program.
- To train and retrain health workers and traditional birth attendants.
- Provision of access and transportation to health centers in rural communities.
- Increase funding for Mama Kits to ensure all States and local governments have access to the kit.
- Women of all ages with disabilities should be given equal access to opportunities and health services.

Women Empowerment

- **Problem Statement:** Women and young girls are not aware of their rights and therefore do not realize their potentials. Women are marginalized in the political process at all levels. Rural communities lack infrastructure to gain educational opportunities for women.
- **To empower women, Nigerian women strongly demand:**
- Girl/child education should be free and compulsory and the Universal Basic Education (UBE) program should be implemented in full.
- Increased funding for rural women education to impact each of the states at a rate of 10,000 women per year.

Still on Women Empowerment

- Funding for a mentorship program between seasoned female political leaders and young women.
- Funding of micro-financing programs for 10,000 women in each State per year.
- The abolition of customary laws and practices harmful to women's development. Expunge from the statutes laws that are discriminatory against women

Women Political Empowerment

- **Problem Statement:** Women are not an equal part of the political process due to a multitude of contributory factors, including: discriminatory internal party policies, political violence, intimidation and traditional barriers and imbalanced campaign funding mechanisms. At the same time, apathy and a lack of political will is pervasive among Nigerian women. There is no enforcing law of constitutional backing supporting quotas.

Nigerian women strongly demand:

- The passage of a constitutional amendment ensuring 35 percent representation of women in elective and appointive positions.
- Political parties to pass an internal constitutional amendment ensuring 35 percent representation of women within the party.
- Government's allocation of adequate funds to support women in politics in order to achieve MDG 3.

Women & Political Empowerment

Women Demand

- Adequate government funding for capacity and skills-based training for female politicians.
- The enforcement of the electoral law that ensures internally democratic political party systems, party funding and condemns political violence to be enforced.
- The development and implementation of internal mechanisms for the implementation of party manifestos.

Regional Framework: ICPD

- ICPD was a landmark event
- Framework that emerged set the tone for new thinking and action on population, maternal health, sexual and reproductive health
- It addressed reduction of maternal mortality and morbidity,
- promoted universal access to sexual and reproductive health RH
- Highlighted adolescent reproductive health,
- Repositioned Family Planning FP

Between ICPD & MDGs

- Universal access to RH is critical to promoting RH
- Was however left out of MDGs until 2007 when it was inserted as MDG 5b
- ‘ Universal access promotes empowerment of women and girls, saves lives, promotes education,
- Universal Access should be made a priority in all frameworks that Africa is promoting, in future framework the continent plans to adopt after MDG and ICPD

MAPUTO Protocol

- Continental Sexual and Reproductive Health and Rights Policy Framework was adopted in October 2005 at the 2nd ordinary session of the conference of African Ministers of Health (Gaborone, Botswana)
- The Plan of Action PoA was adopted by special session, the African Union conference of Ministers of Health, Maputo (September 18-22, 2006)
- It has a costed plan and is designed to promote ownership of SRH in Africa

MAPUTO Plan of Action

- Integration of HIV, STI, Malaria and SRH services into primary health care
- Repositioning Family planning as strategy for achieving MDGs
 - Promoting Youth-friendly SRHR services positioned as key strategy for youth empowerment, development and wellbeing
- Increased access to quality Integrated Maternal Child Health
- Increase in Resources for SRHR
- SRH commodity security strategies for all SRH components achieved
- M&E and coordination mechanism for the PoA established

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Task Shared to Stakeholders

- The African Union
 - Advocacy
 - Resource mobilization
 - Monitoring and evaluation
 - Dissemination of best practices
 - Harmonization of policies and strategies
- Regional Economic Communities
 - Provide technical support to Member countries including training in the area of reproductive health
 - Advocate for increased resources for sexual and reproductive health,
 - Harmonize the implementation of national Action Plans, monitor progress, identify and share best practices

Other Partners Role

- Member states
 - Adapt and implement the Action Plan
 - Put in place advocacy, resource mobilization and budgetary provision
 - Invite civil society and the private sector to participate in national programs
- Partners
 - International and national civil society organizations and other development partners will align their financial and technical assistance and cooperation plans with national and regional needs and priorities for implementation of the plan of action

Continental: Abuja Declaration

- African Heads of States met in Abuja in 2001 and pledged to devote 15 per cent of their budget health
- One of the first countries to meet this pledge is Botswana
- Nigeria has moved from 5 per cent between to 8 percent
- The highest ever achieve is 10 per cent
- Advocacy is continuing under a 15% Now! Campaign to ensure that Abuja Declaration is achieved

Global Initiatives

- Women Deliver conferences-Keeping MDG 5 on Front Burner of International Discourse
- Heads of State at the MDG summit, in the Muskoka G8 initiative, 2010
- The UN Secretary's Campaign "Global Strategy for Women's and Children's Health, 'Every Woman Every Child'.
- Billions being mobilised, from governments. Donor agencies, foundations, civil society organisations, NGOs, professional groups etc.
- These initiatives should sustain achievement of MDGs beyond 2015

Conclusion

- The way forward is to implement Maputo Plan of Action
- Increase political will by governments to allocate adequate resources to achieving MDG 5
- Domestication of all treaties and conventions that promote women's reproductive health and rights
- Unity of African Governments and parliaments to show commitment, speak with one voice and move from donorship to ownership in implementation of all MDGs

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