

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR NIGERIA

First regular session 2023

Comments by Germany	UNFPA country/regional office response to comments
<p>The indicators have strong focus on family planning. As maternal mortality rates are very elevated in Nigeria, we suggest including also indicators related to access to essential services for maternal health.</p>	<p>UNFPA welcomes the important comments from Germany. UNFPA recognizes that voluntary family planning brings transformational benefits to women, families, communities, and countries. Investing in family planning is central to reducing maternal mortality and accelerating achievement of the SDGs in an integrated manner. In this regard, to ensure we can better track improvements in maternal health care, the proposed programme will add an indicator under output 2 which states “Birth attended by skilled health personnel (midwives, nurses, obstetricians, paediatricians, and anaesthetists, who either individually or together perform key maternal health life-saving services): Baseline: 43.3 % (2018) Target: 75 (2027)”. This indicator can be found in the Integrated Results and Resources Framework annex.</p>
Comments by United States of America	UNFPA country/regional office response to comments
<p>(10) Gender biased social norms are not solely responsible for reduced decision-making agency among women and girls. There are other factors, especially economic factors that deprive girls of access to education. As with some other published works, the 2018 NDHS indicates that educational attainment among women increases with increasing household wealth.</p>	<p>UNFPA welcomes the comment by the United States; it highlights an important aspect of the issues that inhibit women’s decision-making agency and education attainment of girls. The document has been modified accordingly to include this element on economic factors. Please refer to para. 10 which now states “no or low education and socio-economic factors” to ensure all target populations are included in the intervention.</p> <p>In addition, UNFPA recognises the need for women’s economic sustainability, which has far reaching positive implications for their empowerment and attainment of their full potential. UNFPA has incorporated livelihood skills action into its humanitarian programme. UNFPA will also collaborate with other relevant UN agencies and advocate with the Government to address other</p>

	economic factors that hinder women’s and girls’ access to education, health and employment opportunities.
Regarding: (14) and (15) ending female genital mutilation for women and adolescent girls ages 13 or more in high burden States in the southeast and southwest zones, we recommend noting awareness of the approach to the 86% of FGM that are in children under-age of 5 years (8), even if a footnote is necessary to specify as appropriate that this cohort is reflected in another UN agency’s work.	UNFPA takes note of this suggestion. The sentence has been included in the footnote on page 3 in reference to para. 8 where it states, “the cohort under-age 5 years is reflected in the work of UNICEF and UNESCO”.
(16b) The United States would like to see what specific actionable advocacy that UNFPA can contribute to GoN releasing the annual commitments of \$4m in the immediate term whilst working with other stakeholders to advocate for state-funded procurements and supporting PPPs in the medium-to- long term.	<p>The Nigeria Family Planning Coalition is a high-level advocacy platform that was established through the initiative of UNFPA and is being co-chaired by USAID. Through this platform UNFPA with other partners will continue advocating for the following:</p> <ul style="list-style-type: none"> - Allocation of the 1% of annual health budget for family planning services in line with the FP2030 commitment - The release of the commitment of \$4 million annually for 5 years towards commodity security. - The release of the outstanding 2021 and 2022 commitment totalling eight million US dollars.