



FAMILY PLANNING FOR A MORE PRODUCTIVE NIGERIA



ASSOCIATION FOR THE ADVANCEMENT
OF FAMILY PLANNING







FAMILY PLANNING FOR A MORE PRODUCTIVE NIGERIA

A storybook on the current situation of Family Planning in Nigeria commissioned and published by Association for the Advancement of Family Planning with support from the Johns Hopkins University Centre for Communication Programs/Nigerian Urban Reproductive Health Initiative (NURHI 2)

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Table Of Content

4	////////	Foreword
6	////////	Acknowledgement
13	////////	Rallying Nigeria Towards Demographic Dividend
18	////////	Partnering to Advance the Cause of Family Planning In Nigeria
23	////////	The Nigeria Family Planning Conferences
38	////////	The Family Planning Policy Environment
41	////////	Innovative Financing Solutions and Sustainable Family Planning Programming in Nigeria
45	////////	Strengthening the Supply Chain for Family Planning through Public Private Partnership
59	////////	Family Planning, COVID-19 and other emerging issues





Foreword

Since 2010, the Association for the Advancement of Family Planning (AAFP) in collaboration with the Federal Ministry of Health (FMOH) and other stakeholders have organized the biennial Nigeria Family Planning (FP) Conference. Over the years, the events have showcased the milestones of FP programming in Nigeria and contributed positively to strengthening accountability mechanisms and standards to address family planning challenges.

The emergence of COVID-19 pandemic has caused immense disruption to health systems, interrupting access to healthcare services including family planning services. In spite of these, the unintended consequences of the pandemic such as lockdowns and disrupted routines have increased the need for family planning information and services. While the focus of government and society at large on the prevention and case management of COVID-19 is important and understandable, it is also essential to pay attention to ensuring reproductive health and family planning information and services are available to prevent unintended pregnancies.

This story book provides a bird's eye view of family planning in Nigeria. It highlights activities and provides a snapshot of the communique from past Nigeria FP Conferences as well as individual testimonials from both the demand and supply sides of family planning. This book is also intended to demonstrate that resources and various other forms of support have been put to good use. It further chronicles funding trends and other yearning gaps in Childbirth Spacing (CBS) and FP programming in Nigeria. We hope that the stories told in this book and the matters seeking for attention would stimulate a series of positive responsive action by resource allocators, policy makers and other stakeholders influencing and working in the Reproductive Maternal Newborn Child Health space.

AAFP will continue to work in partnership with stakeholders to facilitate the scale-up of interventions for continuous improvement in the delivery of quality family planning services.

Alhaji Sani Umar Jabbi (Sarkin Yaki Gaji)

Chairman, Board of Trustees,
Association for the Advancement of Family Planning (AAFP)





Acknowledgement

This storybook is a compilation of events, processes, issues, gaps and results associated with the Reproductive Maternal Newborn Child Health space in Nigeria. It is facilitated by the Association for the Advancement of Family Planning, on behalf of family planning stakeholders in Nigeria. Many thanks to everyone who contributed to generating the content and the development of this document.

We are particularly grateful to the Federal Ministry of Health (FMOH), specifically the Department of Family Health, for creating the enabling environment for FP programing and implementation in Nigeria and other Ministries, Departments and Agencies (MDAs).

Without the demand-side, there is no family planning. Thank you to all end users of family planning services across Nigeria, and all the Civil Society Organisations working tirelessly to improve and expand services and increase uptake.

Noteworthy and deserving of our sincere appreciation are the efforts and contributions of all donors and Reproductive Health/Family Planning implementing partners, for continuous support, both financial and technical; ensuring we work towards achieving the FP 2020 goal.

Thank you to the several key players who shared photos, presentations, publications, reports and other print materials which were used to develop the storybook and also to the members of the NFPC Knowledge Management sub-committee for their contributions. The narrative threads were put together by william anyebe; to whom we also express gratitude.

Dr. Ejike Oji

Chairman Technical Management Committee (TMC)

Association for the Advancement of Family Planning (AAFP)





The government is helping families specifically the young families to understand that the responsibility for themselves and their children is a social requirement. Families need to have as many children that they can take care of adequately and that is the benefit that the reproductive health is yielding. Also, the ability to be able to better educate your children and look after their needs arises from the fact that you have just the children that you can take care of.

Dr. Osagie Ehanire
Honourable Minister of Health





The Family Planning and childbirth spacing services have improved in Nigeria; engaging relevant stakeholders like traditional rulers and other key stakeholders in the discussions to identify relevant messages to educate and change attitudes towards negative perceptions. Before, many people thought child spacing is an imported ideology of the western world to depopulate Muslim and Christians but today the improvement in quality of services and quality of care in rural areas has changed attitudes and perceptions thereby creating huge demand for FP services. Conferences of this nature therefore need support at all levels – international, national, state and LGA to rescue the mother from the tendency for maternal mortality.

Alhaji Sani Umar Jabbi, Sarkin Yaki Gaji

Chairman Board of Trustees, Association for the Advancement of Family Planning (AAFP) and also a District Head in Sokoto and an Advocate for Child and Family Health





Family Planning is a key enabler to achieving the Sustainable Development Goals. Without universal access to family planning, we will not achieve them. Also, it is one of the most cost-effective investments a government can make, the return on investment is second only to trade, according to Copenhagen Consensus. Investing in Family Planning saves lives and sets countries on the path to harnessing the demographic dividend and sustainable social and economic development. It enables women and young people to complete their education, it saves governments money, and it helps entire communities and nations thrive. UNFPA and its partners invest in a reliable supply of quality contraceptives; strengthening national health systems; advocating for policies supportive of family planning; and gathering data to support this work. Over the last decade, UNFPA has invested US \$57,000,000 worth of commodities in Nigeria to ensure that over 12,000 public health facilities across 36 states and FCT can provide family planning services. Other investments to strengthen the supply chain ensure that women and adolescent girls can access a choice of contraceptives no matter where they live.

Ulla Elisabeth Mueller

UNFPA Country Representative, Nigeria



Major impediments to family planning: the number one, is firstly, myths and misconceptions about side effects of Family Planning. The Bill and Melinda Gates Foundations some years ago did a study and confirmed that was the number one impediment. Followed by of course, religious pushbacks of clerics. If you know the two religions would not want to hear population control and then, of course, the male pushback, the chauvinistic male system of our environment and then, of course, the dearth of service delivery providers and then, of course, not funding the family planning services properly by both at the national level and the sub-national level. All these are changing now with proper engagement and advocacy efforts. Communication and giving the right information about family planning is key to increase in contraceptive uptake.

Dr. Ejike Oji

*Chairman, Technical Management Committee
Association for the Advancement of Family Planning
(AAFP)*





Contraceptive logistics management is a critical component of the delivery of family planning services because it has to be taken to the doorstep where women live not just at the facility level but to the grassroots. The options have to be open where women can easily access services. I will say so far, we have made a lot of progress with the support of our development partners, civil society organisations, but sub-national government levels have to take the driver's seat and own it.

Dr. Salma Ibrahim Anas-Kolo

*Director, Department of Family Health
Federal Ministry of Health*





Introduction

Within seventy years, from 1950 to 2020, Nigeria's population grew from about 40 million to today's estimated 206 million. Being the most populous country in Africa is a tag that comes with a price. Among other issues, such population growth is characterized by the country's multi-dimensional social crisis, higher rates of maternal and infant mortality, slow economic growth and the multiplicity of adolescent reproductive healthcare challenges, including gender inequities. Although family planning is not a silver bullet, it remains one of the most cost-effective public health measures available in developing countries. Countries ignore family planning and childbirth spacing at great cost to civility, governance and society. Planned families around the world are central to improving and maintaining the health of individuals and societies and helping them reach their full potential.

Between 7th and 11th December 2020, a wide spectrum of players in the family planning landscape will gather together for the 6th time as they have done every two years since 2010 to deliberate on efforts for increasing access to family planning services amidst global pandemic. It is also hoped that the cumulative outcome of the 6th Nigeria Family Planning Conference would be a Nigeria that offers women a higher likelihood of staying in school, having more employment opportunities, participating politically in their communities, where adolescent health would be improved and unintended pregnancies and high risk pregnancy-related deaths would assume a downward trend. Additionally, that among mothers, up to one-third of all maternal deaths would be prevented, and they would begin to have more time for and greater ability to provide appropriate childcare.

This easy to read story book is intended to document for posterity and recognize the efforts of the front-line advocates of the noble cause known as CBS/FP. It is arranged into six sections. The section titled: Rallying Nigeria Towards Demographic Dividend is a quick overview of our current realities. Sights and summaries of all five previous FP Biennial Conferences are captured, including a recognition of the role of the Association for the Advancement of Family Planning (AAFP). The other sections include Innovative Financing Solutions and Sustainable Family Planning Programming in Nigeria; Strengthening the Supply Chain for Family Planning through Public Private Partnership and Family Planning, COVID-19 and other emerging issues.





Rallying Nigeria Towards Demographic Dividends

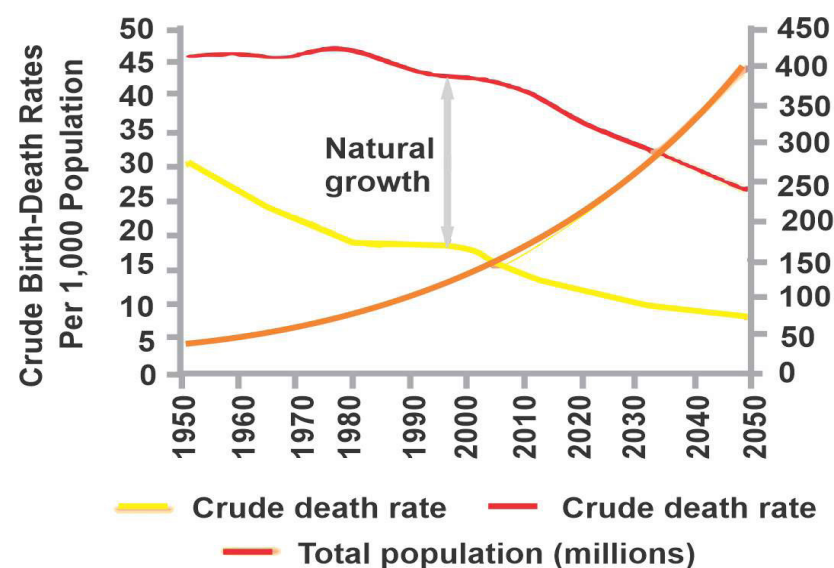
Nigeria's Demographic Dividends Status

Nigeria is the most populous country in Africa. The country's population is currently estimated to be over 200 million ; with 44 percent aged under 15. By 2050, the United Nations Department of Economics and Social Affairs projects that Nigeria will be the world's third most populous country, with 440 million people - higher than the projected figure for the United States, but with only a tenth of its territory. At this rate of population growth, about 11,000 babies will be born each day, overburdening health and education systems and presenting a significant challenge for the economy to create sufficient jobs for poverty reduction. Already, Nigeria contributes about 15% of the global maternal deaths burden with about 100 women and girls dying every day due to preventable pregnancy and child birth related complications (HERFON, 2015).

Demographic dividends are described by the World Bank as potential economic outcomes associated with a country's demographic context. The extent to which countries reap these dividends varies and depends on policies. These dividends are not automatic. In the Policy Note in Support of Nigeria's ERGP 2017-2020, the Bank stated that Nigeria is a pre-dividend country due to its high fertility, declining mortality and skewed young age structure. Nigeria has experienced only modest declines in mortality and fertility—and rates remain high, posing risks for population age structure and the potential for a demographic dividend. Note that there are important urban/rural/ geographic differences in fertility rates, and across women's education levels. The Note presents Nigeria's demographic

transition as follows:

NIGERIA'S DEMOGRAPHIC TRANSITION



Source UN Population Division, World Population Prospectus 2015 Revision

Note Data after 2015 are projections based on UN medium variant fertility



FACTORS CONTRIBUTING TO NIGERIA'S PRE-DIVIDEND STATUS

- Nigeria's growth rate: 3%
- Fertility rate: 5.5%
- Contraceptive Prevalence Rate (mCPR) 16.6 percentage point (NDHS 2018) – National objective for 2023 is to achieve an mCPR of 27 per cent
- Shortage of skilled providers for delivering FP services, especially for injectables and long-acting reversible contraceptives (LARC)
- Provider bias for certain methods over others
- High turnover also persists in the healthcare sector
- Shortages of high-quality FP commodities and consumables in the public sector continues to be a major problem
- Low demand for FP services and commodities
- Common misconceptions about side effects and efficacy persist among many men and women.
- Overall health and economic benefits of birth “spacing” and “limiting” are not well understood among families or even providers.
- Low knowledge of contraceptives, especially LARCs

Source: UNFPA, Ukaid: Business Case to Support Family Planning Funding in Nigeria – Final Report June 2017

Government Counterpart Commitment to Family Planning in Nigeria



₦2.2B
Total Deficit (2017 - 2019) plus Total Budgeted (2020) Yet to be released

₦8.7B
Projected Cost of FP Commodities According to the Country's Current Service Consumption rate 2020

NIGERIA'S FP FUNDING GAP 2017-2022

	Years	Estimated FP Resource Need	Current FP Financial Committed	Funding Gap*
Nigeria	2017-2022	652M, total need	90M projected	562M, total gap

Major Family Planning Interventions, Programmes and Projects across Nigeria



We made a lot of progress in the past five to seven years which I am very happy about. For instance, the nation's modern contraceptive prevalence rate (mCPR) has been rising gradually over the years compared to how stagnant it was some decades ago. We have also been able to build a solid foundation for a more rapid improvement in that regard. There has also been a focus in ensuring that we have an enabling environment in which all stakeholder could practice and engage with government through our coordination and leadership role to ensure that all women and young girls of reproductive age group can have access to voluntary FP services in the country. If all these things are put in place, we believe our population can be properly managed and this will ensure that we have Nigerians who could contribute more to the development of the country in alignment with the national development goal of the present administration.

Dr. Kayode Afolabi

Head, Reproductive Health Division, Department of Family Health Federal Ministry of Health





There is a global commitment that has really made all countries of the world to commit themselves to provide contraceptives in FP services to everyone who needs it as well. And especially in places like Nigeria where there's a very high level of unmet needs there is a financial commitment from countries to commit a significant amount of their monies. However, globally there has also been a significant amount of fund that is coming in from international organizations, donors and philanthropists in order to support the in-house countries also to do what they need to do in order to provide the kind of service that their citizens want.

Dr. Kole Shettima

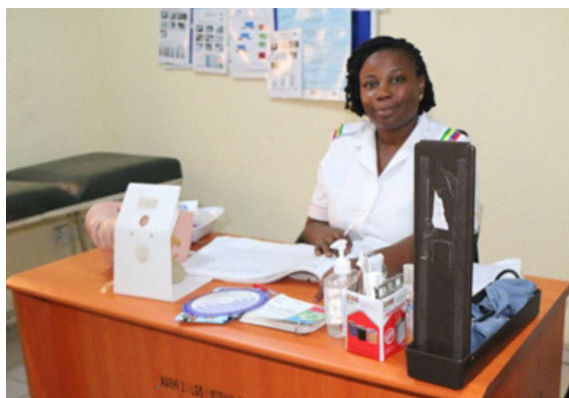
Country Representative,
MacArthur Foundation





Promoting Women's Access To FP through Integration

NURHI 2 Nigerian Urban Reproductive Health Initiative



Mrs. A.A. Omotosho , FP Provider, Lagos State



"I am Truly Satisfied" - Mrs. Atolagbe Zainab, an FP client

"I am always happy when I am able to follow up the mothers who come for immunization and in addition take up family planning services since the FP clinic is just next door"

Mrs. A.A Omotosho is a 35 year old FP provider at Mushin General Hospital (GH) with over nine years experience providing Maternal, Child Health, Neonatal, Adolescent and Family Planning services. She works in the Community Health Department of Mushin GH which comprises of FP, Immunization and Antenatal care. She runs the Immunization and FP clinic on a daily basis while ANC clinics run on Tuesdays and Wednesdays.

Her outdated knowledge of FP learnt years ago from Nursing School was a constraint on her service provision. Fortunately, 2017 became a turning point for her and the FP clinic following NURHI 2's intervention in the facility and the training she received.

Before NURHI 2's intervention, the FP Unit of Mushin GH used a single room for both counselling and insertion. Following NURHI 2's intervention, the Quality Performance Scoring has improved significantly with the clinic consistently making progress over the last one year. The major improvements observed include an organized clinic setting and procedure room, better knowledge as well as improved skills in all method provision and infection prevention practices. These improvements are highlighted in the increase in FP uptake in the facility.

In her words, Omotosho said "...there has been increased number of referrals from other units to the FP unit and clients are satisfied with the services they receive and particularly for the privacy provided. The integration model in the facility has been further strengthened by her work that cuts across the Community Health Department to the Immunization and ANC units. This has provided the opportunity for diffusion of best practices to other RMNCH units through health talks and counselling sessions. The close proximity of the FP unit to the Immunization and ANC unit has made client referral and follow up easier resulting in increased uptake of FP services .

"I am able to follow up with mothers that come for immunization because the FP unit is just next door to the Child Welfare Clinic"





Partnering To Advance The Cause Of Family Planning In Nigeria

INTRODUCTION

In 2010, a group of Family Planning Advocates got together to form a national coalition called the Family Planning Action Group (FPAG). It attracted over 50 organisations, including networks, development partner projects, NGOs, CSOs, government of Nigeria Ministries, Departments and Agencies, private sector, etc. The group emerged from the Local Organising Committee for the 2010 Nigeria Family Planning Conference as a way to sustain the progress made at the conference.

In February 2013, a two-day retreat of 58 participants was convened to develop a shared vision for FPAG, define the corporate character: vision, mission, core values and objectives. Participants also decided the corporate governance structure. Focused on the theme of Building a Greater Tomorrow, participants at the retreat outlined immediate steps and action plans for FPAG's successful and effective transition to its new role as a legally registered organisation driving FP in Nigeria. The retreat was held at Immaculate Suites, Wuse 2, Abuja, facilitated





by Enife Atobiloye and Umar Kawu with Barrister Chris Umar.

Association For The Advancement Of Family Planning

In 2013, the Corporate Affairs Commission registered the coalition as a civil society organization known as Association for the Advancement of Family Planning (AAFP).

AAFP's Vision is a nation where every person has access to evidence-based family planning information and services as a right.

AAFP's Mission is a coalition of stakeholders advocating for increased access to high quality family planning information and services in Nigeria through improved social, political and financial commitment.

The Aims and Objectives are:

- i. To establish a vibrant platform for family planning leadership and unify the voices of stakeholders in Nigeria
- ii. To ensure that all family planning policies and programme are adopted and implemented at all levels of government in line with international best practices and standards
- iii. To advocate and ensure that government at national, State and LGA create a permanent budget line and release of funds committed for family planning
- iv. To promote the availability of appropriate and timely information on family planning to policy makers at all levels
- v. To promote and ensure accountability of government's commitments to family planning related goals
- vi. To promote the availability of high-quality FP services in Nigeria
- vii. To ensure through advocacy that family planning is recognized as a right in Nigeria

Key achievements (2010 - date)

- FPAG successfully advocated to the federal government to make family planning services free in Nigeria
- \$3 million was allocated as counterpart funding support
- Successfully hosted five Nigeria Family Planning Conferences
- Successfully advocated for additional \$1million for FP commodities increasing the total support to \$4 million.
- Secured grants from dRPC, a sub grantee of Bill and Melinda Gates Foundation and from PAI
- Developed accountability score cards on FP funding
- Trained CSOs on tracking and accountability especially State level accountability working groups
- Working actively with the media to put FP issues on the front burner





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I would like to see improved funding for FP and reproductive health services at every level of health care delivery. I would also like to see the State and local governments assuming their responsibilities for implementation of guidelines and policies provided by the federal government. Thirdly, I would like to see the inclusion of FP and reproductive health at every level of education. For example, Family Life Education at secondary school, at tertiary level, should be part of the curriculum of any specialty that people should have information on population and reproductive health issues. I believe if we want to improve our CPR, if we want to reduce maternal mortality ratio and child mortality, we need more money to ensure that women of reproductive age have access to free commodities. It is not too much for the government to give \$1 per woman of reproductive age to have access to FP.

Prof. Oladapo Ladipo

- Member, AAFP TMC

CEO/Chairman, Association for Reproduction
and Family Health (ARFH)





I think that what we need very urgently is to begin to Advocate for Family Planning at different levels. I want to see a situation where people can, either on social or traditional media, freely talk about FP. There are a group of leaders, either Traditional or religious, in different part of the country who should be able to play the role of FP champions. The more of such FP champions we have, the better for us. Also, once we get these champions to speak about FP, then we can get the legislators to begin to make financial provision for FP.

Prof. Joseph Otubu

Member, Board of Trustees, AAFP





The Nigeria Family Planning Conferences

THE MAIDEN NIGERIA FAMILY PLANNING CONFERENCE

Date & duration	20th – 22nd November, 2010
Main theme	Strengthening Family Planning for National Development.
Location	Sheraton Hotel, Abuja
Participants	More than 400

The Federal Ministry of Health (FMOH) collaborated with development partners, donors, and other stakeholders seeking to change the FP landscape, to plan and implement the first Nigeria Family Planning Conference in 2010. It was sponsored by the Packard Foundation, the Society for Family Health (SFH), the UK Foreign, Commonwealth And Development Office- FCD0 (formerly DFID), the Gates Foundation, and the United Nations Population Fund (UNFPA). The conference also received support from Pathfinder International, Jhpiego, and the Health Reform Foundation of Nigeria. The theme was Strengthening Family Planning for National Development.

The maiden conference held at Sheraton Hotel in Abuja from 20th – 22nd November, 2010. With Advocacy Nigeria serving as the organising secretariat, the conference brought together more than 400 delegates, including representatives from all 36 states and the Federal Capital Territory. There was broad and active participation from diverse sectors including the Ministries of Health, Women Affairs, Budget and Planning, and the National Primary Health Care Development Agency (NPHCDA); Members of Parliament and MDG focal persons, NGOs, Community-Based Organisations (CBOs), Faith-Based Organisations (FBOs), academics and the Media. Stakeholders attending the meeting acknowledged the increasing demand for FP services even in the traditionally conservative States. A major fallout of the conference was the commitment of government to commence the provision of free FP services in all public sector facilities.

Pre-conference sessions took place on Day-1, Monday, 22nd November, 2010. The first was a morning session which featured the Packard Foundation Grantees Meeting and Dissemination organized by the David & Lucile Packard Foundation. The afternoon session was a Book Launch organized by UNFPA/LOC. The title of the book was “Socio-cultural Aspects of Family Planning and HIV/AIDS in Nigeria” by Professor Lawrence Adeokun and reviewed by Professor Uche Isiugo-Abanihe.

THE 2ND FAMILY PLANNING CONFERENCE

Date & duration	27th November – 1st December 2012
Main theme	Population and National Development
Sub-themes	<ul style="list-style-type: none"> • Post-London FP Summit: Meeting the Challenge • Family Planning in Various Faiths • Family Planning in Hard to Reach Communities • Advances, Technology and Innovations in Family Planning • Family Planning, Population and Development • National Policies, Strategies and Plans for • Contraceptive Security • Integrating Family Planning for Impact – Post abortion care, postpartum, PMTCT and Male Involvement • Addressing the Needs of Youths
Location	Nicon Luxury hotels Abuja
Participants	Close to 600
Pre-conferences	27th November 2012 Youth focused Civil Society Organisations (CSO) and Non-Governmental Organisations on access to female condoms (Parkview Hotel, Wuse, Zone 1) New Advocacy Strategies for Family Planning – for state level advocates –
	AFP Adapted Advocacy Tool: SMART Chart – step one (Nicon Luxury hotels Abuja)



2nd National FP Conference 2012

» Highlight

- This 2nd Nigeria FP Conference aimed to highlight the specific ways family planning can help achieve the Millennium Development Goals (MDGs) and also contribute to the National Transformation Agenda.
- The Honourable Minister of Health, Prof. Onyebuchi Christian Chukwu announced a change in policy allowing the Community Health Extension Workers (CHEWs) to expand the scope of FP service delivery by including dispensing of injectable contraceptives.



2nd Nigeria Family Planning Conference- November 27th- December 1st, 2012 Conference Communique

Family Planning (FP) has been universally acknowledged as one of the key pillars of Safe Motherhood, largely due to its direct positive impacts on the health of the family and consequently the economy of nations as a whole. Evidence abound of how several countries, in particular Asian countries have successfully developed the practice of family planning to improve their families' social and economic realities.

According to the Nigeria Demographic and Health Survey (NDHS) Report of 2008, Nigeria with a population of over 160 million people has a CPR of 10% and an unmet need for FP at 20%. Similarly, even though Maternal Mortality Ratio has decreased to 545/100,000 live births, it still remains among the highest in the world.

It was based on the realization that delaying to act would be highly detrimental not only to the present generation, but also to future ones that the Federal Ministry of Health in collaboration with the Family Planning Action Group (FPAG) as a follow up to the 1st Nigeria FP Conference held in 22nd- 24th November, 2010, organized the 2nd Nigeria Family Planning Conference. This 2nd Conference which had as its theme

– **Population and National Development** was held at the Nicon Luxury Hotel, Abuja from 27th November – 1st December, 2012.

A pre-conference activity focused on youths was also held at the Parkview Hotel, Abuja on 27th November, 2012. A total of 559 participants comprising representatives from all States of the Federation, donors, development partners, religious/traditional leaders, Civil Society Organizations (CSOs), the Academia, Researchers, Women and Youth organizations, Professional Associations, Private Sector, Media, Trade Unions, members of the uniformed forces, journalists and representatives of government ministries and parastatals participated in the conference.

The conference was declared open by the Honourable Minister of Health, Prof. Onyebuchi Christian Chukwu, and the keynote address – Population, Family Planning and Development delivered by the Chairman National Population Commission, Eze Festus Odimegwu. Other notable personalities include the Sultan of Sokoto, His Eminence Alhaji Dr Mohammed Sa'ad Abubarkar III, CFR, mni, represented by Sarkin





Yarki Gaji, Alhaji Sani Umar Jabbi and the President, Christian Association of Nigeria, Pastor Ayo Oritsejafor, represented by the Executive Secretary Nigerian Christian Pilgrims Commission, John Kennedy Opara.

As part of the conference, a book on – Population Dynamics in Muslim Countries :Assembling the Jigsaw, was reviewed by Prof. Ibrahim Na'iyā Sada, Deputy Vice Chancellor, Ahmadu Bello University, Zaria and launched by the Hon Minister of State for Health, Dr. Mohammed Ali Pate represented by the Director Family Health Department – Dr. Bridget Okoaguale. In addition, the Lancet Journal special edition on FP was launched by Prof. Oladapo A. Ladipo.

Recognising that a robust FP program will reduce unintended pregnancies and maternal mortality and morbidity, the participants agreed on the following:

1. Reaffirmed that promoting knowledge and use of modern contraceptives would not only reduce maternal mortality (especially from unsafe abortion) and child mortality by 25-30% (MDGs 4 and 5), but will also serve as a key indicator for national development
2. Reiterated that actively involving men in FP crusade, starting of Early Family Life Health Education at PHC for mothers with children under 1, Girl-Child education, Natural FP as an integral part of the national FP program, more investment in integrated services, involvement of media on FP issues amongst others as the way forward
3. Agreed that strengthening religious/traditional leaders resolve to support FP is essential for a successful FP program
4. Committed to active involvement of the private sector providers in increasing access to FP services
5. Emphasized that commitment of government at all levels – Federal/State/LGA is necessary to achieve success
6. Acknowledged the effort of the present administration of making FP services free in all public health facilities, the \$3million committed to FP for every year for the 4 years of administration, the additional \$8.3million pledged to procure RH/FP commodities and resources and the recent change in policy to allow CHEWs provide injectable contraceptives
7. Expressed concern that although the government provided some funds for FP, it still falls short of what is required

We have therefore resolved that the following actions be taken:

- Promote education for all, at least to Senior Secondary School level as a tool for development in all ramifications particularly girl-child education.
- Increase knowledge on the health benefits of FP
- Support investment in FP as a national priority and sustain the free contraceptive policy of the FGN
- Sign the National Health Bill to help fund primary level care services
- Increase the annual budget for FP and ensure FP program is fully funded by all the three tiers of Government by 2020 to enhance sustainability
- Implement the current plan of National Population Commission (NPopC) of generating national data that will enable evidence-based planning
- Review SRH/FP policy to ensure inclusion of groups with special needs such as persons with disability
- Partner with journalists rather than participation. A more sustainable way to do this is to integrate FP into curricula of training institutions of mass communication





- Increase the Sponsorship or writing of articles in the media with the involvement of stakeholders in the field of FP
- Increase positive reporting of FP and other reproductive health issues by the media
- Integrate FP messages into existing community structures e.g. CDC serving as advocacy for change
- Make local production of FP commodities governments' top priority
- Establish with local Pharmaceutical companies, WHO certified production plants for the production of drugs including FP commodities
- Ensure that supply meets demand of FP services at all levels through continuous effort by all stakeholders
- Disseminate regularly FP messages and support uptake of these services by religious groups
- Strengthen Public-Private-Partnership (PPP) in FP program
- Increase access of youth to FP information, services and FP/RH commodities
- Strengthen the integration of FP with all reproductive health programs including HIV&AIDS
- Registration of a national association or agency to be the main driver of FP
- Ensure follow-up of the implementation of these recommendation by FPAG
- Incorporate FP services into the National Health Insurance Scheme (NHIS)



THE 3RD FAMILY PLANNING CONFERENCE

Date & duration	26th to 28th November 2014
Main theme	Bridging The Gap Between Knowledge and Practice of Family Planning in Nigeria
Sub-themes	<ul style="list-style-type: none"> • Analysis of Trends and Progress of FP in Nigeria • Building Alliances for Improved Family Planning Uptake in Nigeria • Addressing the FP Needs of Youths • Advances in Technology and Innovations in Family Planning
Location	Sheraton Hotel, Abuja
Participants	569 delegates
Pre-conferences	Youth Pre-Conference on November 25, 2014, at Reiz Continental Hotel Abuja



3rd Nigeria Family Planning Conference
26-28 November 2014

Venue: Ladi Kwali Hall, Sheraton Hotel, Abuja.

3rd National FP Conference 2012

» Highlight

A key highlight of the Conference was the launch of three national reproductive health policy documents by the representative of the Supervising Minister of Health, Minister of State for Health Dr. Khaliru Alhassan, represented by Dr. Wapada Inuwa Balami, Director, Family Health Department of the Federal Ministry of Health:

1. The Nigeria Family Planning Blue Print (Scale –Up Plan)
2. National Long Acting Reversible Contraceptive (LARC) Strategy
3. Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) Survey Report

THE 4TH FAMILY PLANNING CONFERENCE

Date & duration	7th – 9th November, 2016
Main theme	FAMILY PLANNING IN NIGERIA: THE JOURNEY SO FAR
Sub-themes	<ul style="list-style-type: none"> Identifying the facilitators of FP and also the issues that pose barriers to increased uptake Exploring partnerships necessary to increase the use of FP services Identifying social norms that can help drive uptake Focusing on the new phenomenon that Nigeria faces – the needs of Internally Displaced Persons especially in the North-east
Location	Sheraton Hotel, Abuja
Participants	983
Pre-conferences	<ul style="list-style-type: none"> Faith-Based Pre-Conference, November 2-3, 2016, at Rockview Hotel Royale, Abuja Women's Pre-Conference on November 3, 2016 at the National Centre for Women Development, Abuja Youth Pre-Conference on November 6, 2016, at Ladi Kwali Hall, Sheraton Hotel, Abuja



4th National FP Conference 2012

» Highlight

Official launch of three reproductive health and family planning documents and the Lancet Maternal Health Series by the Honourable Minister of Health, Professor Isaac Adewole, who observed that the Lancet series is a “must-own document for everybody.” The documents launched include:

- The Lancet Maternal Health Series (Nigeria)
- The Christian Perspective on Reproductive Health and Family Planning
- Trends in Reproductive Behaviour in Nigeria : 2003-2013
- The Revised Islamic Perspectives on Reproductive Health and Family Planning



The Communiqué

The 4th Nigeria Family Planning Conference was organised by the Association for the Advancement of Family Planning (AAFP) in partnership with the Federal Ministry of Health and other stakeholders from November 7-9, 2016 at the Sheraton Abuja Hotel. The AAFP is a registered national coalition of family planning (FP) advocates in Nigeria comprising government Ministries, Departments and Agencies (MDAs), development partners, Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs) as well as the private sector. The conference, with the theme: Family Planning In Nigeria: The Journey so Far was convened to take stock of achievements and best practices, and to course correct in-country activities towards progress on family planning. The Conference was heralded with Pre-Conference activities with substantial involvement of youth and women associations and faith-based entities.

The Pre conferences activities were :

- Faith-Based Pre-Conference, 2nd – 3rd November, 2016 at Rockview Hotel Royale, Abuja
- Women's Pre-Conference on 3rd November, 2016 at the National Centre for Women Development, Abuja
- Youth Pre-Conference on 6th November, 2016, Sheraton Abuja Hotel

A total of 983 participants attended the conference. Delegates included representatives from all the 36 states of the federation as well as the Federal Capital Territory (FCT) that hosted the conference. Delegates also included donors and development partners; religious and traditional leaders; the academic and research community; women and youth organizations; professional associations; the private sector; trade unions; members of the uniformed forces; market women associations, and representatives from the United States Government, the United Kingdom and others.

The Honourable Minister of Health, Professor Isaac Adewole declared the conference opened while the Chairman, National Population Commission, Dr. Eze Duruiheoma, presented the keynote address.

Goodwill messages were delivered by the Chief of Army Staff, Lt. Gen. Tukur Yusuf Brutai (represented by Brigadier-General S.W. Aliyu); the Permanent Secretary, Federal Ministry of Health (represented by Dr. Mrs. Adebimpe Adebisi, mni); Chairman of the Board of Trustees, AAFP, Alhaji Sani Umar Jabbi (Sarkin Yaki Gaji); the Mission Director of the United States Agency for International Development (USAID), Michael Harvey, Resident Representative of the United Nations Population Fund (UNFPA), Beatrice Mutali, Director of FP2020 Secretariat, Beth Schlachter and others including representatives of Bill & Melinda Gates Foundation, the National Council of Women Societies (NCWS), Lancet Maternal Series, and religious leaders.

A key highlight of the conference was the official launch of three reproductive health and family planning documents and the Lancet Maternal Health Series by the Honourable Minister of Health:

1. The Lancet Maternal Health Series (Nigeria)
2. The Christian Perspective on Reproductive Health and Family Planning
3. Trends in Reproductive Behaviour in Nigeria: 2003-2013.
4. The Revised Islamic Perspectives on Reproductive Health and Family Planning





The Annual Population Series (APLS) examined Family Planning in the wider context of the environment and development, and was graced by the Honourable Minister for Environment, Hajiya Amina Mohammed.

Representatives of health providers' association and State government were brought together to discuss the status of quality improvement in family planning service provision and government access to private sector service data. The trio discussed existing gains of partnership and remarkable improvement on family planning quality of service and service data recording. They strongly advocated for technical assistance to scale up lessons learnt to reach their other colleagues. This bringing on board of the private sector is key towards exploring a vital growth area for family planning.

The donors' forum was convened to seek more ways to build partnerships and mobilize more resources from local and international donor agencies for family planning. This was an interactive session that attracted bilateral, multilateral and private donors.

The Youth Pre-conference was an exciting forum organised by the Youth Sub-committee that brought together a total of 119 young people comprising representatives from the 36 states and FCT. Donors, development partners and MDAs also participated in the youth conference.

The youth pre-conference themed – “Family Planning in Nigeria: The Journey So Far for Youths and Adolescents aimed at increasing awareness about the National Policy on Health and Development of Adolescents and Young People in Nigeria, and building the capacity of the participants to advocate for integration of youth-friendly services into the Primary Health Care facilities as mandated by the policy. To this end, participants had a training session during the pre-conference on SMART advocacy. As a key outcome, the youth pre-conference identified major gaps in the advancement of the reproductive health and rights of young people, with emphasis on the lack of youth focal points and representatives on the National Reproductive Health Technical Working Groups and the Adolescent Health Technical Working Group. Participants at the youth pre-conference concluded that nothing about them should be planned or executed without them.

The Women Pre-Conference brought together 131 participants and was themed: Women and Family Planning in Nigeria: A Critical Requirement for Harnessing Demographic Dividend for Achieving the Sustainable Development Goals (SDGs).

The Faith-Based Pre-Conference with the theme, The Role of Faith-Based Groups in the Family Planning Journey in Nigeria, had in attendance 107 religious leaders and affiliates.

After three days of presentations and discussions on research findings, reports, evidence-based models and best practices in family planning and reproductive health, participants reiterated the critical importance of strengthening and/or expanding partnerships to include a wider range of stakeholders including the private sector. Participants stressed the importance of developing family planning programmes that are context specific and evidence-based.

Efforts of the federal government and some states was acknowledged for implementing the Task-Shifting/Task Sharing Policy for CHEWs and development of CIPs. Participants further reaffirmed the critical role of family planning in maternal health.



Key Issues Noted:

- The moderate estimated increase documented by 'FP 2020 momentum at midpoint 2015 – 2016' for modern CPR was 14% which is not on the trajectory to achieving the 36% modern CPR by 2018.
- High Maternal Mortality Rate of 576 deaths /100,000 live births
- Persistently high levels of myths and misconceptions about family planning
- Poor investment in family planning by government at all levels
- Poor data management including those in the private sector
- Poor involvement of young persons in family planning decisions and programming
- The 'free' family planning services policy is haphazardly implemented as hidden costs prevent access by women and other vulnerable groups
- Government is not fully involving the private sector in family planning decisions and programming

Based on the issues noted above, the following key recommendations were made:

- Active involvement of the private sector to sustain and bring to scale access to family planning information and services
- Urgent need to strengthen Public-Private Partnerships (PPP) in order to make quality and affordable family planning information, products and services available to Nigerians
- Family planning programmes should be youth-centred and all-inclusive to eliminate existing barriers to information, products and services
- Partnerships with religious/traditional leaders and faith-based organisations must be strengthened to achieve improved support for family planning
- The Association for the Advancement of Family Planning (AAFP) should as a deliberate policy create a youth forum that should be functional and should be actively involved in all decision-making processes. This youth forum must be adequately supported
- Membership of the AAFP should be expanded to include private sector organisations and associations actively involved in family planning
- Implementation of the National FP blueprint should be brought to scale by ensuring the adoption of Costed Implementation Plans (CIP) by all the states to facilitate the achievement of the 2018 goal of attaining 36% Contraceptive Prevalence Rate (CPR)
- Implementation of the National Task-Sharing/Shifting Policy should be rapidly brought to scale by all the states
- The National Health Insurance Scheme (NHIS) should expand their provision to include family planning services as a matter of urgency.
- States should explore opportunities provided by the Global Financing Facility (GFF) to increase domestic resource pooling
- Family planning should be fully integrated into Maternal, Newborn and Child Health (MNCH) to achieve the global vision of Every Woman, Every Newborn, Everywhere
- The National family planning programme should continue to promote all methods, including natural family planning
- Government at the sub-national levels should align commitments with the federal level for optimal utilization of quality services in the communities
- A mechanism of follow up and monitoring the release and use of funds budgeted for FP should be put in place



THE 5TH FAMILY PLANNING CONFERENCE

Date & duration	3rd – 6th December 2018
Main theme	"Investments. Innovation, Inclusiveness"
Sub-themes	<ul style="list-style-type: none"> • State and Local Government Areas Taking the Lead in Mobilizing Resources for Family Planning • Family Planning is a Human Right • Meeting the needs of the vulnerable population: Internally Displaced • Persons (IDPs) and others marginalized by Gender, Age, Education • Using Strategic Alliances, Networking and Technology to Improve Family Planning • Bridging the Gap for Lost Opportunities in Family Planning
Location	Sheraton Hotel, Abuja
Participants	729, with additional participation from a global community through live-streaming and social media broadcast.
Pre-conferences	<ul style="list-style-type: none"> • Faith-Based Pre-Conference Meeting, at Rockview Hotel Royale, Abuja • Women Pre-Conference Meeting, at Top Rank Galaxy Hotels, Abuja • Youth Pre-Conference Meeting, at Top Rank Galaxy Hotels, Abuja.

» Highlight

The Pivotal Role of Family Planning in Accelerating Nigeria's Prospect in Achieving Demographic Dividend - Keynote Address by His Excellency, Prof. Yemi Osinbajo, SAN, GCON, Vice President of the Federal Republic of Nigeria Represented by Prof. Isaac Adewole, Honourable Minister of Health at the Opening Ceremony of the 5th Nigeria Family Planning Conference held on 4th December 2018 at the Sheraton Hotel, Abuja.



Communiqué Of The 5th Nigeria Family Planning Conference (Nfpc) Held On The 4th - 6th December 2018 At The Sheraton Hotels, Abuja

Preamble

The 5th Nigeria Family Planning Conference with the theme: “Investments. Innovation, Inclusiveness” was organised from 4th to 6th December, 2018 at the Sheraton Hotel, Abuja by the Association for the Advancement of Family Planning (AAFP) in partnership with the Federal Ministry of Health and other stakeholders drawn from government Ministries, Departments and Agencies (MDAs), the National Assembly, development partners, Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs), religious and traditional leaders, women and youths groups, private sector and the media.

The Conference was preceded by Pre-Conference events with special focus on youth, women and faith-based entities. The pre-conference meetings were held on 3rd December 2018 as follows:

- **Faith-Based Pre-Conference Meeting**, at Rockview Hotel Royale, Abuja
- **Women Pre-Conference Meeting**, at Top Rank Galaxy Hotels, Abuja
- **Youth Pre-Conference Meeting**, at Top Rank Galaxy Hotels, Abuja.

A total of 729 participants attended the conference, with additional participation from a global community through live-streaming and social media broadcast. Delegates also included representatives from the 36 states of the Federation, Federal capital Territory (FCT) as well as the international community.

In addition to the Opening Ceremony, the conference featured: plenary sessions, parallel oral sessions, exhibition by partners and donors, poster presentations, information sharing and skills building sessions.

Key Observations

The Chair of the LOC, Dr. Ejike Oji welcomed the Vice President represented by the Minister of Health Prof. Isaac Adewole and others to the conference. In his keynote address titled: “The Pivotal Role of Family Planning in Accelerating the Prospects of Nigeria Achieving Demographic Dividend, he noted that “one of the main issues identified in our Demographic Dividend Roadmap is the need to invest in a nationwide family planning programme which eliminates the unmet need for modern contraception, puts a check on the current high-fertility rate, and helps achieve efficient population management. Investing in family planning has been proven to be smart, cost-effective, and life-saving; and is especially critical in a country like Nigeria with a young and rapid growing population – keeping in mind that an estimated 63% of the total population is below 25 years of age; with a significant segment of this population being sexually active, and needing education and guidance to wisely navigate the issues of sexuality and choice and contraception”.

As tradition, the 6th Annual Population Lecture Series (APLS) was hosted on the 5th December 2018. Reviewing Family Planning in the wider context of the environment and development, the Chairman of the National Population Commission, Eze Duruiheoma (SAN) gave the Welcome Address while the Keynote Address was delivered by Chief Awa Kalu, esq. (SAN). The guest lecture was delivered by Prof. Ayodele





Atsenuwa who advocated for the need to prioritise the health of Nigerians and noted key directions on the role of the law in driving access to family planning services.

Participants acknowledged the efforts of the Federal Government and some states for implementing the Task-Shifting and Task-Sharing Policy and for increased funding of family planning programmes, whilst iterating that more needs to be done.

Key issues raised include the following:

- Access to health, including Family Planning is a right of women, girls, boys and men
- Recent Smart survey (mCPR 18%) and PMA 2020 (mCPR19%) data shows some level of improvement if confirmed by the NDHS. This means that the country has made a remarkable progress of about 2 percentage point increase per year for the past two years. Despite the significant level of investments and interventions and increase in expected outcome, we need to accelerate gains to get on track to attain the modern contraceptive prevalence rate (mCPR) target of 27% by 2020 in view of persisting high fertility and maternal mortality rates, as well as the moderate unmet need for family planning
- The participants recognised the youth bulge and the continued gaps in ensuring access to information and services for youths, poor involvement of young persons in family planning decisions and programming, and insufficient investments in youth programmes. Other challenges include the lack of youth focal points and representatives on the State and National Reproductive Health Technical Working Groups and the Adolescent Health Technical Working Group
- In spite of several efforts, there are recognisable gaps in programming to provide services to persons with disabilities and address compounded stereotypes;
- There are inadequate investments in family planning by government at all levels, inefficient resource utilisation of key basket funds with continuing gaps in the availability of budget lines and funding for adolescent health programmes at the national and especially at the sub- national levels. .

Resolutions and Recommendations

Based on the issues noted above, participants agreed on the key recommendations and resolved as follows:

- There is a need for Government to match population growth with commensurate economic growth, and therefore, deliberately and proactively plan and work towards avoiding demographic doom but start reaping the gains of demographic dividends
- With key pledges and continued contributions from all stakeholders, the effort towards achieving the 27% target of mCPR for all women must be deliberate; recognising Family Planning as a key intervention towards ending preventable maternal mortality and reaping demographic dividend
- The conference reaffirms the role of people-centered good governance towards increased economic growth and increased delivery of quality health services
- While recognising the increase in data visibility for family planning programming, there is a need however, to develop a strategic framework to drive improvements in data management as well as reduce cases of discrepancies, so as to enhance

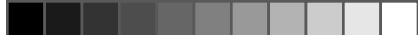




- quality decision making in the delivery of services
- Recognising the pivotal role of the private sector, there is a need to deliberately improve synergy, coordinated networking and partnerships within the health sector, towards leveraging funding opportunities and innovatively delivering services to more women and girls
- Recognising youths as partners in the design, implementation, monitoring and evaluation of programmes; a youth focal desk should be established within the coordinating mechanism of the Association for the Advancement of Family Planning, in order to improve the coordination of the affairs of youth and adolescent groups
- Recognising the critical role, willingness and continued support of the traditional and religious leaders, there is a need to continue to strengthen partnerships with these leaders towards promoting active leadership in addressing cultural norms and myths on family planning and childbirth spacing
- Stakeholders must subject objectionable and obsolete policies and laws that limit rights to family planning and health of women and girls to judicial trials and pronouncements
- Enabling laws for access to family planning and health should be reviewed, updated, disseminated and enforced
- Federal and State Governments must commit additional funding to respond to the growing unmet need for family planning across the country, including expanding and developing a Health Insurance Schemes that include comprehensive family planning services
- Participants stressed the importance of developing family planning programmes that are context specific and evidence-based
- There is a critical need to come up with innovative financing mechanisms to explore and access family planning-focused funding baskets including; the Global Financing Facility, the Basic Healthcare Provision Fund, State Contributory Health Insurance Schemes and the Saving One Million Lives Programme for Results.

Consequently, the participants reiterated that the journey must continue to harness and maximise investments and innovation towards more inclusive service delivery to women and girls.







The Family Planning Policy Environment

Nigeria is the largest country in Africa with over 200 million people in population and is projected to double by 2050 and fourth in high fertility rate of 5.5 children per woman and the high population growth rate of 3.18 percent. Its FP/CBS programs were brought to limelight in the 1980s still, these programmes have had minimal success. Evidence shows that Family Planning/Childbirth Spacing can, if implemented properly improve the quality of life of the people and their economic welfare. Presently, the modern contraceptive prevalence rate (mCPR) stands at 12%, while the contraceptive prevalence rate for all methods (CPR) is 17% (NDHS, 2018). Nigeria has set the target of increasing its CPR from the 2013 figure to 27% by 2020. To scale up and sustain family planning/childbirth spacing (FP/CBS) programmes will require a substantial commitment of government budgetary allocation and other resources at the State and LGA levels to support FP/CBS services, as well as a strong political will/leadership among policy makers to administer these funds effectively. Recognizing this, development partners are moving towards a new model for support that requires funding commitment from State and LGA leaders as a prerequisite for supplementary financial and technical assistance from donors.

Nigeria, however, is not yet at a point where there is a groundswell of support for FP/CBS. Currently, most Nigerian policy makers do not have an appreciation of the benefit for governments at every level to invest in FP/CBS, and the population does not have a large demand for the services.

Policymakers must realize the positive impact that FP/CBS can have for the development and well-being of their constituents. This is an advocacy task, certainly. However, policy makers are influenced by the expectations and demands of their constituents and key opinion leaders. "Public expectations...of what government can and should provide [is one factor that] negatively affects local social service delivery" (USAID Country Development Cooperation Strategy 2015-2019, p.8). Therefore, the entire society needs to be reoriented on the urgent need to make FP/CBS a critical part of health service provision and health-seeking behaviour. Policy makers must understand that their constituents want and demand FP/CBS (and will hold them accountable for making it accessible) before they will substantially invest in their own health budgets in providing the services.

There is a need to understand specific barriers and potential issues to address in order to achieve Nigeria's set target for FP2020.

Below are some of the FP favourable policies developed:

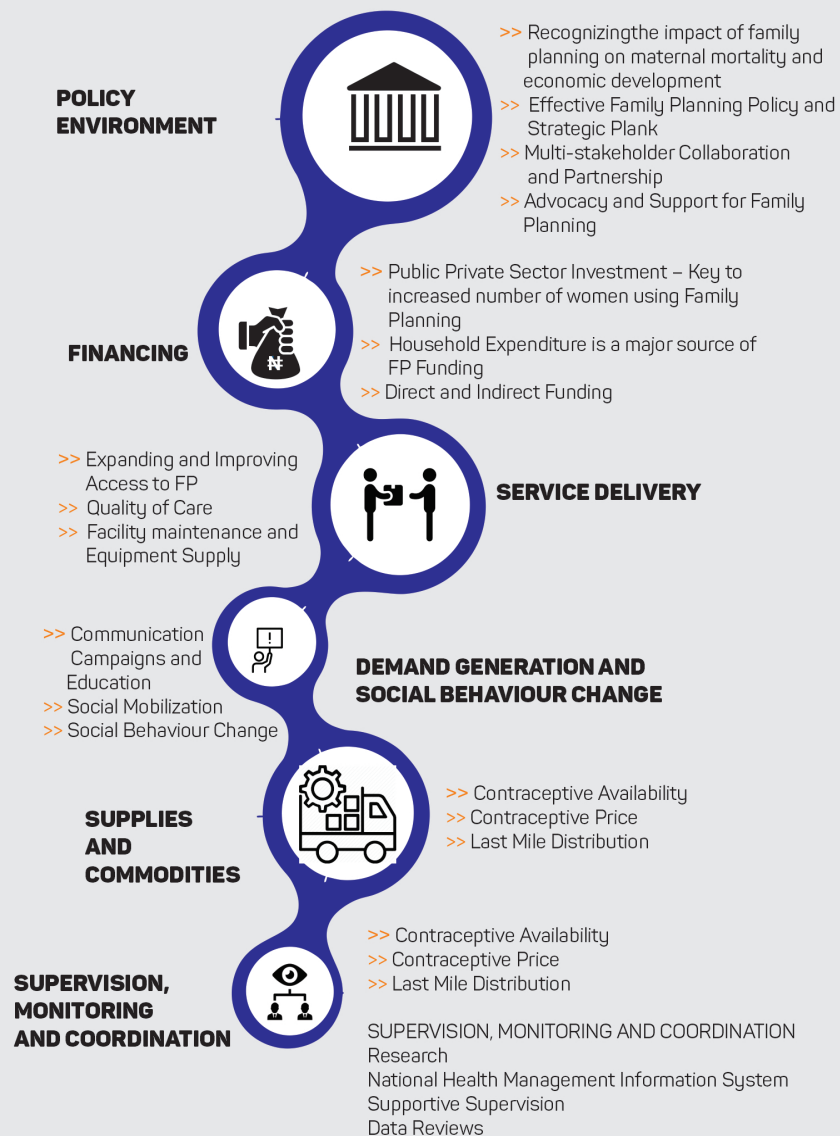




National Health Policy 2016	To reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria, and promote universal access to comprehensive sexual and reproductive health services for adolescents and adults throughout their life cycle (p28)
Second National Strategic Health Development Plan 2018 – 2022	Supply-related causes of the low mCPR include inadequate availability of contraceptives, inadequate human resources, limited financial and physical access to high quality services, and poor infrastructure. Low levels of awareness, cultural and religious aversion to family planning are some of the main demand-related impediments to FP uptake in Nigeria. Current efforts of government aimed at addressing some of these bottlenecks to service access and uptake include introducing the policy of free contraceptives, increased funding for family planning, task shifting and sharing and increased collaboration with the private sector. (p14)
Nigeria Family Planning Blueprint (Scale-Up Plan) October 2014	The Nigeria Family Planning Blueprint (Scale-Up Plan), represents the avowed determination of the FGON to put in place a broad but well-articulated strategy that holistically addresses existing gaps in the provision of high-quality FP services to Nigerians of reproductive age. I am convinced that the proper implementation of the Blueprint would definitely result in the achievement of the contraceptive prevalence rate (CPR) of 36 percent by 2018—a target which Nigeria has committed to—from the present CPR of 15 percent. This is an achievable task but requires the concerted effort of not only governments at the Federal, State, and Local Government Area (LGA) levels but from the communities themselves, civil society organizations, and the organised private sector.
National Family Planning Communication Plan (2017-2020) - Strategy for Increasing the use of Modern Contraceptives in Nigeria	The formal launch and eventual rollout of the National FPCP and the New National Family Planning Logo will promote open discussions and aid easy identification of outlets that will be providing quality Family Planning services in Nigeria.
National Reproductive Health Policy (2017)	The goal of the Nigeria National Reproductive Health Policy 2017 is a 2% increase in CPR annually whilst the national FP goal is 36% CPR by 2018. In 2016, Nigeria's estimated all women mCPR is 16.4%, growing at 0.7% per annum since 2012.



FP LINKAGE AND INTERVENTIONS





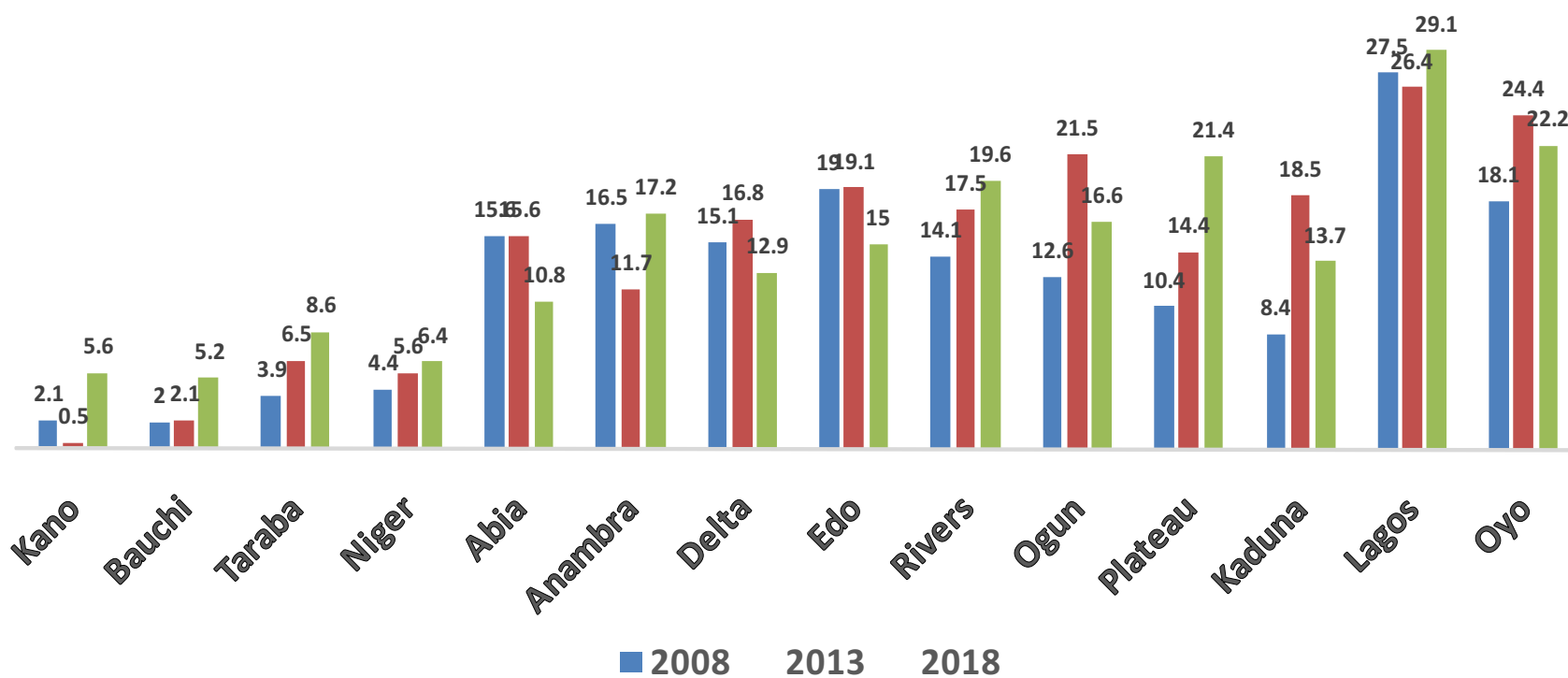
Innovative Financing Solutions and Sustainable Family Planning Programming in Nigeria

Despite the establishment of the FP policy about three decades ago (1989), family planning in Nigeria remains at infancy, with evidence from the NDHS 2008 – 2018 showing an increase in mCPR of about 3% every five years. Nigeria strives to achieve the targets of the Sustainable Development Goals (SDGs) and the FP Policy within the primary healthcare framework particularly the reduction of maternal mortality strategically using some of the key interventions is the promotion of effective use of family planning services.

Increased FP investment and financing is needed to meet demand for contraceptive methods and improve reproductive health in Nigeria. Promotion of FP among women and men in the lowest quintile has the potential to reduce poverty and hunger and to prevent 30% of all maternal deaths and nearly 20% of childhood deaths (Lancet, 2012). It would also contribute substantially to women's empowerment and gender equality.

Over the past 30 years, governments, private sector, international agencies, donors, philanthropists and civil society partners have been investing in programmes to increase access to and availability of family planning, with encouraging results. The trend of increase in the Contraceptive Prevalence Rate between 2008 and 2018 shows a slow but steady increase with unmet need for family planning decreasing over the same period. Nevertheless, there is still a huge unmet need for modern contraception, and the need is greatest where the risk of maternal mortality is highest. These trends indicate that increased investment is necessary to meet demand for contraceptive methods and improve reproductive health nationally.

TREND IN MODERN CONTRACEPTIVE PREVALENT RATE (MCPR) – 2008 – 2018 NIGERIA HEALTH DEMOGRAPHIC SURVEY (NDHS)





FAMILY PLANNING INVESTMENT AND FINANCIAL STRATEGY



Family Planning Advocacy

Advocacy Core Groups
Champions at all levels



Family Planning Funding

Costed Implementation Plan
Financial Roadmap
Budget Line
Global Financing Facility
Saving One Million Lives



Accountability

Civil Society Advocacy Organizations
Advocacy Core Groups
Budget Line
Champions
Score Card



UNFPA and its partners invest in a reliable supply of quality contraceptives. Over the last decade, UNFPA has invested US \$57,000,000 worth of commodities in Nigeria to ensure that over 12,000 public health facilities across 36 states and FCT can provide family planning services. Other investments to strengthen the supply chain ensure that women and adolescent girls can access a choice of contraceptives no matter where they live.

Catalytic Investments for Improving Nigeria's PHC System

- Nigerian Urban Reproductive Health Initiative (NURHI 2): CCP supported the national and selected State governments to strategically plan for and effectively use their own resources to deliver quality primary health care services. This support required building a strong foundation for knowledge management within the health system which involved transformational leadership by promoting the right values among key players, building skills for knowledge management and strengthening structures for effective use of knowledge for decision making.
- The Challenge Initiative (TCI): The Challenge Initiative Demand-Driven Model is built around the premise that putting cities in the driver's seat of a project is key in making sure that project succeeds and that its impact lasts beyond the life of the project as it develops into a full-fledged programme. This approach requires cities to take the lead to improve the health and wellbeing of their population, supported by the Initiative and its regional accelerator hubs who provide tools, support and assistance. In order to participate in the Initiative, cities step forward and demonstrate their willingness, readiness and ability to address their reproductive health challenges.





Strengthening the Supply Chain for Family Planning

Every woman of reproductive age in Nigeria should have access to contraception whenever she wants to irrespective of her status, education or geographical location. One indicator for a successful family planning programming is making high-quality, affordable commodities available at every service delivery point (SDP). In effectively coordinating, streaming distribution, identifying financial resources, forecasting and procurement plans, the Federal Ministry of Health (FMOH) relies on other MDAs, donors, international financial institutions, local and international manufacturers, public and private logistics agencies for support.

In the year 2001, the Federal Government of Nigeria developed the National Reproductive Health Policy, which aims to ensure equitable access to quality RH services, capacity building, advocacy and social mobilization. The policy was developed to address the unacceptably high level of maternal and neonatal morbidity and mortality and the low level of awareness and utilization of family planning services. It further highlights strategies to reduce unintended pregnancies and the incidence and prevalence of HIV/AIDS, which is in tandem with other FMOH policies such as the National Health Policy, and the National Contraceptives Logistics Management System Guidelines.

Challenges such as low budgetary allocation for the purchase of contraceptives, poor record keeping and reporting as well as delays in distribution of commodities have resulted in the inability of the system to deliver supplies to the end users leading to occasional wastages in the stores and stock outs at the Service Delivery Points. To mitigate this, a logistics management information system (LMIS) was adopted for use in the country which has been revised in line with current trends to make it more effective.

Before 2012, a contraceptive cost recovery system was introduced, which has been replaced with the free contraceptive policy to clients accessing FP services at public sector health facilities in the bid to increase demand for FP. This resulted in the abolition of the contraceptives cost recovery scheme and the need to alter the Contraceptive Logistics Management System (CLMS) design and its accompanying standard operating procedures. It also provided an opportunity to review the other components of the CLMS e.g. the inventory control and LMIS procedures.

The redesign process commenced in 2002 with assessment of the logistics system which resulted in:

- Removal of Zonal level Storage Facilities
- Redesign of the LMIS Forms/Mgt. Tools
- Introduction of Cost Recovery System; removed in 2011 following 'Free FP Policy'
- Clear definition of the System's Users
- Development of Standard Operating Procedures' Manual, Training Curriculum & Management Tools





I think more than ever especially during the global pandemic, with the challenges of climate change, insecurity and violence, government at all levels are beginning to appreciate the impact of having a comprehensive functional family planning program that will help communities plan themselves and their families.

Dr. Mojisola Odeku

*Portfolio Director
JHUCCP Family Planning Portfolio,
Nigeria*





The Honorable Minister of Health (2nd Left) during the launch of the free commodities in April, 2011





Investment in modern family planning services provides economic values to women and households and is one of the most cost-effective ways of improving maternal and new-born health, therefore, the Federal Government of Nigeria provided US\$3 million annually from Integrated MNCH-MDG appropriation for a period of 4 years (2011-2014) as counterpart contribution to address the gaps in funding of procurement of contraceptives for the public sector. Following the expiry of the Memorandum of Understanding for Counterpart funding from Government in 2014, it was renewed on 11th September 2017 for the January 2017 to Dec 2020 duration, with a commitment to provide US\$4 million counterpart funding annually.

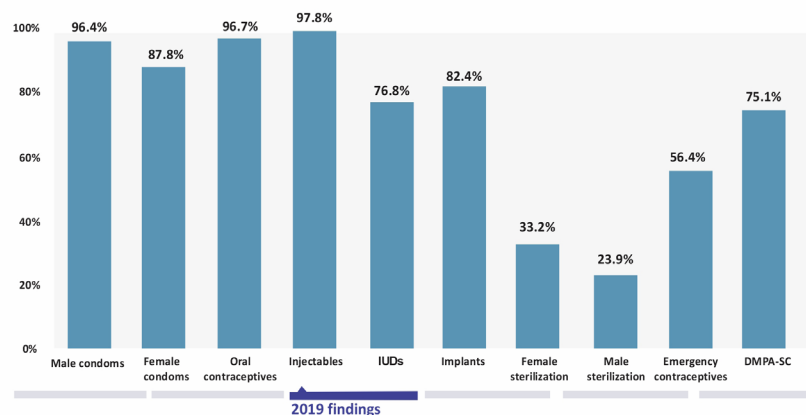
In collaboration with United Nations Population Fund (UNFPA), the leading UN agency supporting Nigeria to ensure access to reproductive health commodities in public health facilities nationwide, the US\$4 million is expected to procure a range of contraceptives, providing the equivalent of 650,000 Nigerian couples with modern family planning each year for four years. These commodities will be provided free in public facilities and will focus on ensuring they reach the women and girls most in need; those living in rural areas and those in the poorest wealth quintile. Dispensing of contraceptives at no cost to the user, removes barriers to access caused by user fees and enhances accessibility of the products and ultimately increases contraceptive uptake.

Some of the findings from the Facility Assessment Survey conducted in 2019 by UNFPA for Reproductive Health Commodities and Services in Nigeria were:

commodity availability

Availability of modern contraceptives

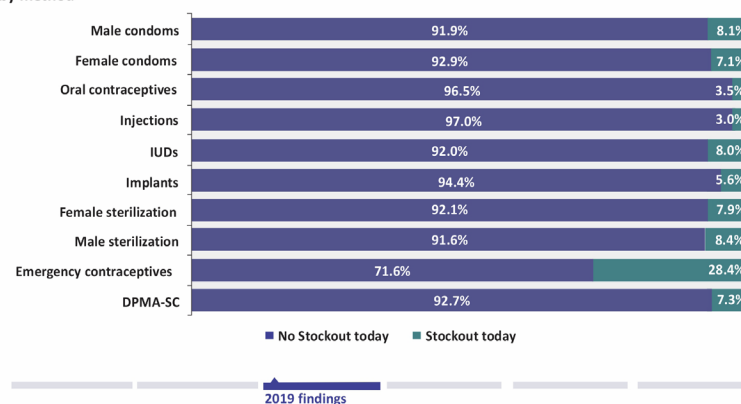
Percentage distribution of modern contraceptives offered by facilities on a regular basis by method (N=949)



commodity availability

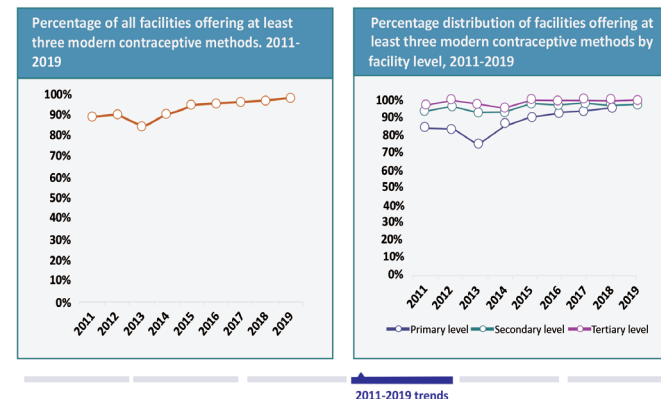
'No stock out' of modern contraceptives

Percentage distribution of facilities with 'no stockout' of a modern contraceptives method on the day of visit by method



key indicator trends

Trends in contraceptive availability



key indicator trends

Trends in stock availability

Facility type	Modern contraceptive method in stock in the last six months		Modern contraceptive method in stock (no stock outs) in the last three months						
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Primary level	45%	63%	49%	79%	69%	41%	81%	72%	60%
Secondary level	45%	73%	51%	78%	51%	57%	81%	65%	63%
Tertiary level	58%	78%	59%	71%	67%	71%	90%	81%	71%
All facilities	45%	67%	50%	78%	61%	50%	81%	70%	62%

2011-2019 trends

Progress to date/Improvement

- Increased utilization of commodities across the country as year procurement now at over USD26,000,000 in 2019
- Continuous capacity building for relevant officers at Central, State, LGA and SDP levels
- Advocacy to decision makers on purpose of the system
- Nigeria Family Planning Blueprint and other RHCS Strategy documents developed and in use
- Distribution has become more stable at central level
- Increased availability of contraceptive commodities
- Increasing availability and accuracy of entries on Stock Cards and other LMIS tools
- NHLMIS enhancing availability of logistics data for decision making

Challenges

- Persisting poor record keeping and reporting
- Low knowledge and skill on proper ordering & management of stock/poor storage
- Occasional delays in distribution of commodities to States
- Frequent transfers of trained logistics officers and providers
- Infrequent conduct of Last Miles Distribution to SDPs due to non-prioritization of LMDs by States/LGAs
- Increasing funding gap for procurement of contraceptive commodities
- Non-procurement of consumables threatening policy on free family planning services and commodities
- Inadequate manufacturers' capacity for some commodities especially Implants & Injectables
- Poor state of storage facilities
- Contraceptive commodities largely not integrated into the storage and distribution of other health commodities





More than ever before we have more peoples' support including religious leaders and traditional leaders who are saying its about the quality of life of our women, girls, and youths completing education and its about reaping demographic dividends.

One of the major challenges that impede young people's access to FP is the socio-cultural barrier and we understand that culture has made it difficult for young people to access information and services on FP, however different organizations are beginning to talk about intergenerational dialogue that is, parents, traditional leaders, religious leaders and young people on a round table to discuss

This fora, I mean conferences like this, has made it possible to a large extent that it is important that young people have access to this information so they make informed decisions and that is why it is being pushed and not to become promiscuous.

Margaret Bolaji-Adegbola

*Founder, Stand with a Girl (SWAG) Initiative
and Inaugural FP2020 Youth Representative*





Taiwo listens as Nurse Folashade explains family planning options



USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM

For the Sake of the Child: Ensuring access and availability of family planning commodities in Nigeria

'As a young mother of two, I have come to enroll for family planning; I decided to do it this early to avoid the danger of having too many children', said Taiwo. Taiwo is one of many women receiving contraceptives from the Primary Health Center, Apata in Oyo State, Nigeria, a facility supported by the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) Project.

According to Taiwo, 'people who have many children cannot take care of them; many of these children end up on the street, some work as house helps, others are given out to guardians who often subject them to horrible circumstances'. For Taiwo, she should be able to take good care of her children.

In Nigeria, where the population is growing faster than the economy, the increasing population is contributing to a rise in poverty. Thus, family planning has become a national priority. By July 2020, GHSC-PSM had distributed family planning commodities valued at \$8,874,721 consequently providing over 2.6 million couples with protection at a couple years protection (CYP) of 2,620,323.36 to 4,365 health facilities across Nigeria. To ensure improved accessibility, GHSC-PSM also provides technical support to health facilities. A key component of the technical support package provided by GHSC-PSM is the training of personnel at the State and Local Government level, to improve capacity on commodity management to enhance smooth flow of commodities, prevent fluctuation in stock availability, avert stock-out and over stocking, negligence and pilfering and also reduce administrative workload and improve services to users. GHSC-PSM has trained 3,378 health workers on contraceptives health supply chain management in selected states.

Children bear the brunt of population growth - economic problems, inflation, climate change and lack of access to education. Family planning helps to reduce these challenges. So, as aptly as Taiwo puts it, 'Family planning is for the sake of the child'.





Anambra State Progress Report

The Challenge Initiative commenced support to Anambra state in 2018 demonstrating high impact reproductive health interventions for adoption and implementation by the state. Using a coaching model, the Initiative transfers skills and capacity to the state government staff to lead and implement high impact interventions in family planning. TCI currently demonstrates these high impact interventions in 11 LGAs and 45 high volume sites.

TCI supported the state to:

- Establish an Advocacy Core Group to advocate for an enabling environment for FP in Anambra state, the advocacy efforts of the group resulted in the inclusion of FP services as part of the health services covered by the Anambra State Health Insurance Agency (ASHIA). This means that FP clients do not have to pay out of pocket for FP across all ASHIA partner facilities in the state, including primary, secondary and tertiary health institutions
- Develop its first ever FP Costed Implementation Plan to guide the state FP response, enhance coordination and facilitate focused FP interventions leading to increased FP services uptake
- Domesticate the Task Shifting and Task Sharing Policy in Anambra and facilitate its dissemination with support from other partners
- Adopt facility-based outreaches, neighbourhood campaigns and Family Planning Supportive Supervision (FPSS) checklist and integrate same into its routine programs which has led to an increase in the number of new acceptors, improved demand and enhanced overall quality of service delivery.

Anambra state with the support of TCI identifies and decorates FP champions who support the work of the ACGs and motivate people in the state to access necessary FP services. These champions in addition to advocating for uptake of FP services among people, commit resources to ensure that FP services are accessed; this has resulted in increasing uptake of services in Anambra state.

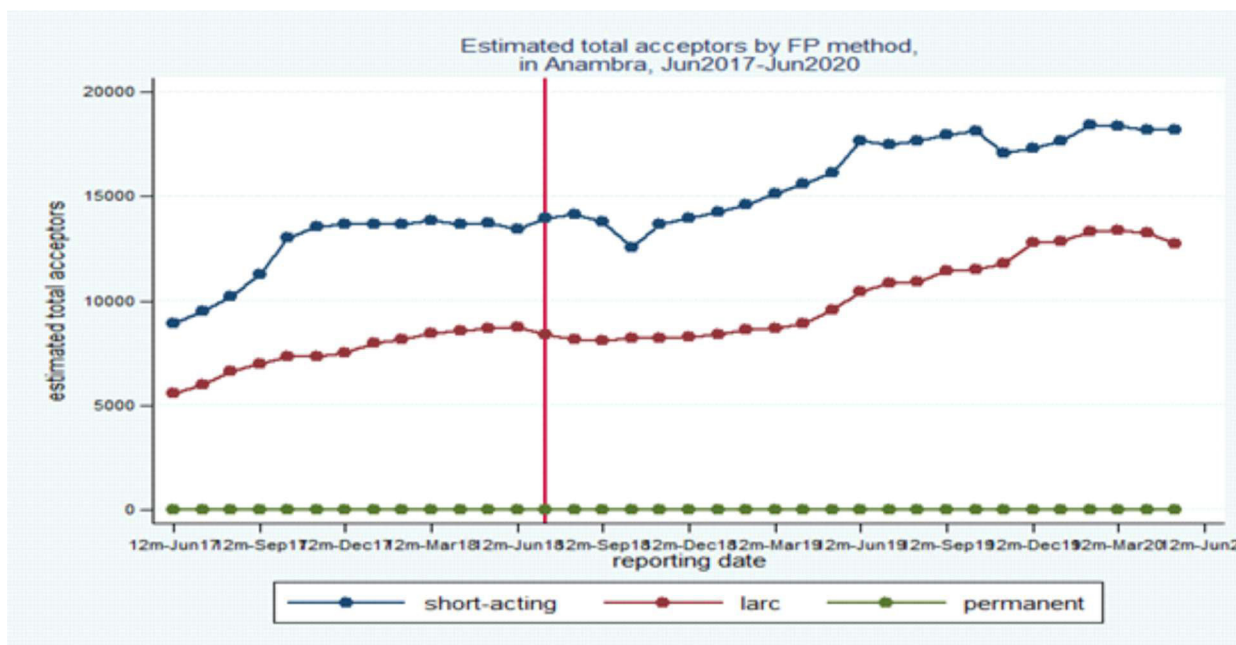
FP client volume outlook in Anambra State

TCI adopts a secular trend analysis methodology in analyzing Health Management Information System (HMIS) FP data for each State by converting short term methods to Couple Years of Protection (CYPs) to adjust for revisits and seasonality. Since the commencement of implementation in Anambra State, there has been a steady increase in LARC and short-acting contraceptive uptake. Specifically, adjusted FP data showed increase from 22,224 (one year prior to TCI implementation) to 29,292 at the end of year 4 of TCI implementation (June 2020), recording about 32% increase in client volume.

*The FPSS checklist is conducted in a single visit. It provides an opportunity for supervisors to detect early critical issues needing attention and to identify other capacity building needs of service providers



TREND OF FP CLIENT VOLUME BY METHOD CATAGORY IN ANAMBRA STATE

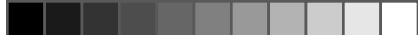


Anambra State Health Insurance Agency Integrates Family Planning Services into its Covered Service Package

As part of its support to Anambra state, TCI supported the establishment of the Advocacy Core Group (ACG) and built the capacity of its members to serve as a government watchdog for improved financing and access to family planning. One of the mandates of the ACG as enshrined in its charter and strategic plan is to advocate for the integration of family planning as part of the comprehensive package of care under the Anambra State Health Insurance Agency (ASHIA). With technical support from TCI, the ACG paid multiple advocacy visits to the agency to highlight the importance of family planning and the probable impact of its inclusion in its scheme in leading to increased uptake of family planning services.

The advocacy efforts have yielded results! In November 2019, after three advocacy visits made by the ACG to the agency, ASHIA published a list of available services covered by its health insurance scheme and, for the first time since its inception in 2017, family planning services were included. Currently, family planning services are covered by ASHIA across all ASHIA partner facilities in the state, including primary, secondary and tertiary health institutions across Anambra state. Under the health insurance scheme, women of reproductive age and their spouses enrolled in the scheme can now access family planning services from any of the ASHIA partner facilities free of charge.





One Man Making a Difference: Religious Leader Mobilizes His Community to Increase Access to Family Planning Services

Pastor Kenneth Dike, a religious leader from the Bida community of Onitsha South local government area (LGA) in Anambra State, Nigeria, is a FP social mobilizer trained by The Challenge Initiative (TCI). Pastor Ken, as he is popularly known, has always been passionate about free family planning services, being well aware of the socio-economic state of Bida - is an urban slum characterized by low-income households with large families of seven to nine closely spaced children.

In demonstration of his passion for improving the lot women in his community, Pastor Ken launched a demand generation and visibility campaign for the Sokoto Health Post in Bida ahead of a TCI-initiated in-reach campaign in November 2019. With his own funds, he designed a banner to display in front of the health post, engaged members of his church to conduct a thorough cleaning in and around the facility, and provided his personal power generator and fuel to power the clinic from 8 am to 4 pm on the day of the event. Even the insertion couches were donated by him.

These demand generation activities resulted in increased awareness about family planning and childbirth spacing in Bida and 17 women obtained long-acting reversible contraceptive method during the in-reach at the clinic. Women rejoiced, stating that "There will no longer be fights or disagreements at night," in reference to their ability to space their children without refusing sex with their husbands.





50-year-old Self-motivated Community Volunteer Leads FP Traffic

Abdulazeez Abdulateef (A.K.A baba Akinsowon) is a community volunteer engaged and trained by Breakthrough Action Nigeria (BA-N) project at Atiba L.G.A. of Oyo State.

Motivated by his passion for FP, Baba Akinsowon may be regarded as an FP champion in his community and has gained a significant reputation as “Baba Family Planning”. One outstanding attribute of baba is his doggedness to follow up with potential clients, going as far as providing escort services where necessary, to those who need motivation, using his motorbike. In the month of June at the peak of the COVID-19 pandemic, Baba had referred 620 persons for FP. To his credit, 524 persons (84%) completed their referrals by visiting the health facility for FP services. Determined to play his part in ensuring no woman who desires FP is denied access, Baba donated a 100 facemasks to clients who were refused entry to the health facility during the early phase of the lockdown.

Baba Akinsowon is no doubt an exceptional community volunteer and has continued to use his influence to positively propagate the message of child-birth spacing in Oyo State.





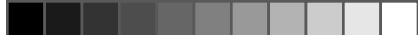
I think we have to bring some creativity in terms of the way we do business in the family planning space. COVID-19 has taught everyone a lesson especially for those of us who are working in the field of family planning. Suddenly we have seen a gold mine in terms of using digital media to promote family planning. If there are some organizations that have free toll lines that people can call to get services, so be it. People buy things online and that has been largely successful. We look forward to a situation where people will begin to buy family planning products online.

I personally look forward to a situation where major hotels will have kiosks around their hotels, maybe at the hotel reception where people can gladly go in and get family planning commodities. So, for post FP 2020 there is a huge opportunity.

Bola Kusemiju

*CEO, Organization for Communication
Capacity Building (OCCB)*







Family Planning and the COVID-19 Pandemic

As with the rest of the world, Nigeria is currently dealing with the coronavirus disease 2019 (COVID-19) pandemic. On Feb 27, 2020, the first official case of COVID-19 in Nigeria was announced. Since then, the situation has developed with more cases occurring, regardless of measures initiated by the Federal and State government to combat the virus and return to normalcy. The federal government of Nigeria enforced an initial 2-week lockdown on March 30, 2020, for three of 36 states (Lagos, Ogun, and Abuja) and, on April 13, it was extended for another 2 weeks. Both Federal and State governments expanded and extended the lockdowns into June 2020. On 29 June, the federal government lifted the ban placed on inter-state travels and announced the re-opening of schools for only graduating students, effective from 1st July. Between July to date, most restrictions have been relaxed.

It is against this backdrop that Nigeria's already fragile health services and family planning have experienced unprecedented disruptions. UNFPA's Sabrina Pestilli recently outlined the Effects of Covid-19 on access to Reproductive, Maternal, Child and Adolescent Health and Nutrition services as follows:

- Clinical staff occupied with the COVID-19 response may not have time to provide services,
- Clinical staff may lack personal protective equipment to provide services safely
- Health facilities had experienced closing or limited services
- Supply chain disruptions are limiting availability of commodities
- Women may refrain from visiting health facilities due to fears about COVID-19 exposure, due to movement restrictions but also economic impact on households

Disruptions on FP services

- Supply chain disruptions (manufacturers capacity, shipment and in country distribution) limit availability of contraceptives
- Stock-outs of many contraceptive methods anticipated within the next 6 months
- Mismatch stock in hand and shipment- shift in demand for self care methods
- Women may be unable to use their preferred method of contraception due to shortages or lack of access
- Women may be forced to use a less effective short-term method, or may discontinue contraceptive use

6 Source: [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30220-4/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30220-4/fulltext)



I think the government and partners are doing a lot, coming up with strategies especially with addressing the last mile distribution. The fact that we are still at a level where women will require contraceptive and will not get them is definitely a problem. For me, if I am asked to choose what will affect the whole of the primary health care services in the country, I will focus all my energy and resources on the supply side. The supply side is what the government makes ready for people to access services, making sure trained providers are there, making sure facilities that could provide the service are equipped and providers are trained to provide it, and making sure that you supervise and put in a lot of resources for the government to go and supervise what is happening both in the private and public sector.

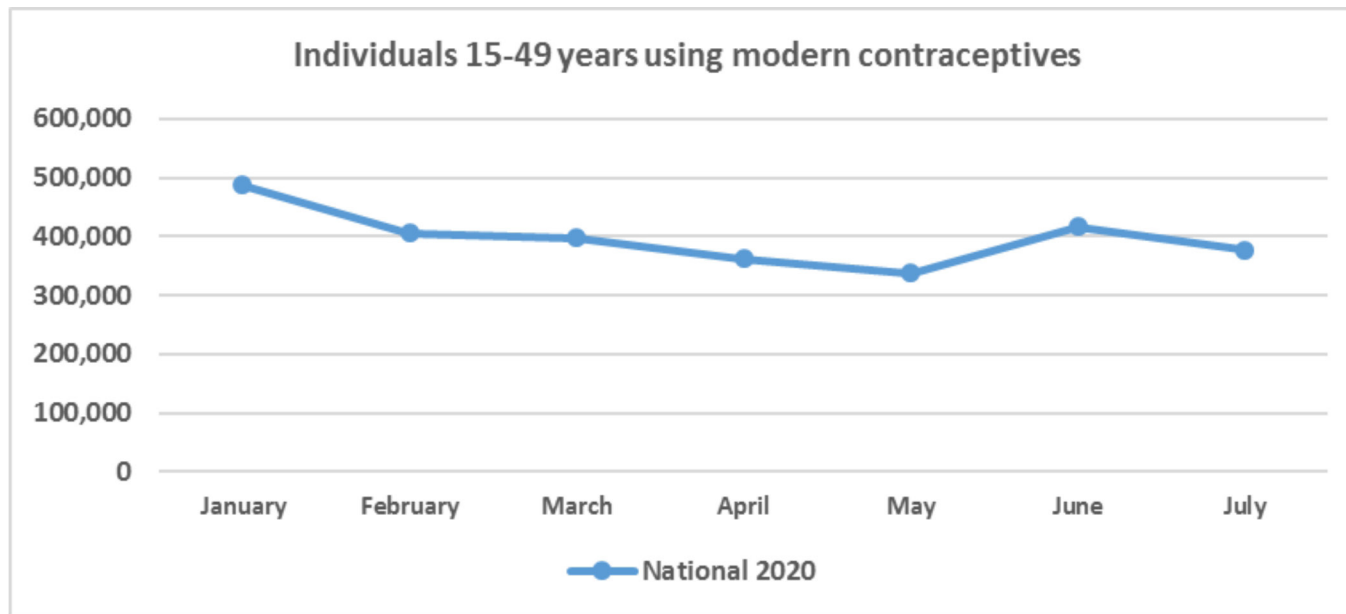
Dr. Sada DanMusa

Chief Executive Officer

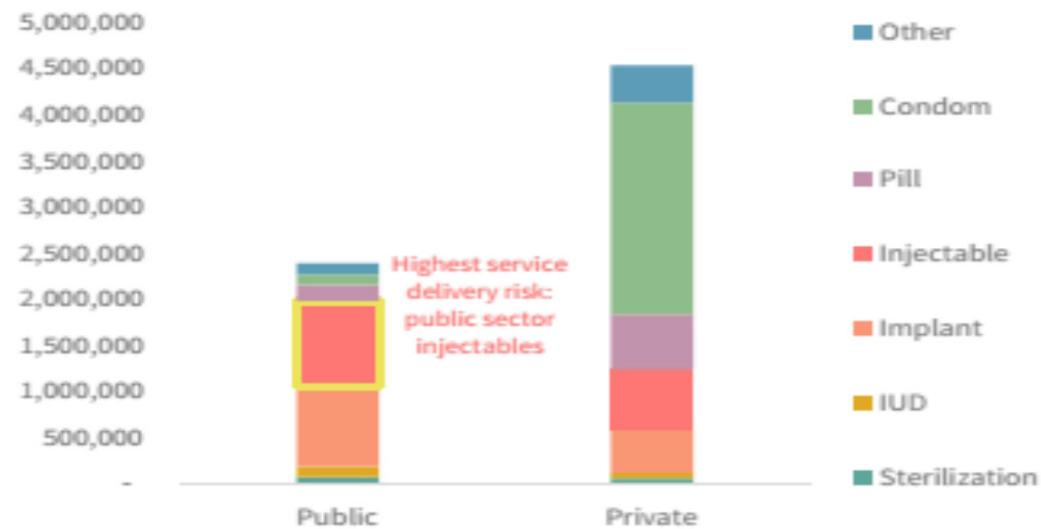
M-Space Project



FP SERVICES UTILIZATION



Users by method and sector, March 2020





Maintaining Access to Contraceptives During COVID-19 Pandemic: Assessing Risk and Mitigation Strategies for Nigeria

RISK BASED ON METHOD OF CHOICE

Level of risk from a service delivery perspective:

	Share of Current Users*			Risk assessment notes
	Total	Public	Private	
Low: LAPM users	24%	15%	8%	existing users may be able to continue to use their methods throughout any disruptions. Women seeking new LAPMs may be advised to use other methods in the short-term if services are not available.
Medium: Pills, Condoms & Other Modern Methods	53%	6%	47%	women can access their method from pharmacies and shops with limited interaction with the health care system. Those accessing from private sector sources may face fewer barriers.
High: Injectables	23%	13%	10%	except in contexts where self-injection is already wide spread injectable users will need regular interactions with health care providers for reinjections.
	100%	35%	65%	

* Programs should also consider the needs of **non-users** who want to adopt a method of contraception during COVID-19 disruptions. Demand may increase beyond current levels if more women seek to delay pregnancies until issues have resolved.



POTENTIAL IMPACT ON WOMEN

Low

357,000

**women unable to use modern
contraception**

resulting in

8,920

unintended pregnancies

based on low disruption for 3 months

Medium

710,000

**women unable to use modern
contraception**

resulting in

106,000

unintended pregnancies

based on moderate disruption for 6 months

High

1,420,000

**women unable to use modern
contraception**

resulting in

425,000

unintended pregnancies

based on high disruption for 12 months

- It will depend on severity and duration of pandemic
- It takes into account even loss of growth in new users



Mitigation strategies

1. Advise on extended use of existing LARC in case of movement restrictions
2. Counsel women to switch on self injection (DMPA-SC)
3. Women can use self-care methods accessible with limited or no interaction with health care provider (pills, condoms, emergency contraception)
4. Provide women in self- care with multiple units (6-12 cycle of pills)
5. Ensuring quality, accessibility and equity of FP during the Covid-19 pandemic
 - Demand side financing (vouchers, cash transfer) to support women accessing FP through the private sector
 - m-health or tele-health to reach women with counsel
 - Alternative distribution models CHEWs, community mobile outreach, small private clinics

With the challenge of the COVID-19 pandemic, some of the success stories recorded are:

- With transition to virtual platforms, there has been an increase in representation from the multi-stakeholder team required to thoroughly review supply chain performance at the end of each reporting cycle. Previously, conflicting schedules would limit ability to travel to states but using Zoom meetings, more colleagues from FMOH, UNFPA and state levels are able to attend and participate. As a result, there are improvements in collaboration and coordination to improve contraceptive commodity availability at health facilities.
- The transportation of health commodities were exempted from the travel restrictions imposed during the lockdown phase of the emergency response to the COVID-19 pandemic but there were numerous security risks and uncertainties associated with such movement. State FP and LMCU coordinators worked with the necessary government agencies to ensure the necessary documentation was available to deliver the commodities safely to each LGA
- Following regular supply chain performance review meetings, seven out of the thirteen supported States have achieved an average reporting rate above 90% as at August 2020. (Abia, Adamawa, Benue, Gombe, Imo, Kaduna and Katsina)
- Increased collaboration among different public health programs within states in the area of collation of bimonthly report. Some LGAs leverage on Malaria program that is funded to transmit report to State
- Despite the challenges posed by the COVID-19 pandemic, state FP and LMCU Coordinators were able to collaborate to ensure distribution of contraceptives to LGA levels. Thereafter, LGA FP supervisors (MCH Coordinators) were able to deliver commodities to health facilities. As a result, 82% of health facilities reported no stock out in the last three months as at August 2020.





Badagry, Nigeria Releases 10,000 Naira Monthly for Consumables

In June 2019, the Chairman of Badagry Local Government Area (LGA) in Lagos State approved the monthly release of 10,000 Naira (NGN) (US \$28) from the LGA health budget for family planning. Local media coverage of family planning needs prompted the Badagry LGA Chairman to act on an earlier pledge to release the stipend, which will purchase consumables such as cotton wool, disinfectants, gloves, and gauze. Though a seemingly modest amount, the funds are an important step to reduce barriers to family planning access in Badagry and catalyze LGA investment in family planning.

Lagos State is known for its consistent investment in family planning. The state's 2019 family planning budget allocation is 174.8 million NGN (\$482,000) across various ministry and board budgets. This budget is intended to fund health provider trainings, distribution of family planning commodities, procurement of consumables, and the production of data tools and information, education, and communication materials. Yet budget spending is often delayed and inconsistent.





Despite State-level support and free contraceptives provided by the Federal Ministry of Health, user fees remain a key barrier to accessing family planning services, especially at LGA-supported primary health centers (PHCs). According to the Performance Monitoring for Action 2020 Round 5 survey in Lagos State, 82.8% of women paid for family planning services at their last visit, and 14.1% of public facilities in the state reported charging user fees for family planning services [1].

Badagry LGA is a coastal town with a population of 241,000, according to the 2006 census [2]. There are 20 PHCs in Badagry, all of which offer family planning services. According to the LGA's family planning manager, some PHCs provide family planning services to up to 300 women every month. Prior to this win, the 20 facilities received a total monthly imprest of 6,000 NGN (\$17) for all health services. This amount was not specific to family planning or enough to cover consumables beyond materials for basic cleaning and disinfection. Health providers relied upon donations and out-of-pocket payments for the remaining costs.

This situation persisted despite a policy directive issued by the Lagos Commissioner for Health in 2016 instructing all LGAs and local council development authorities to cover the cost of family planning consumables.

Beginning in February 2019, the Media Advocacy Working Group (MAWG) in Lagos State worked alongside the Public Health Sustainable Advocacy Initiative (PHSAI), Lagos State's family planning advocacy working group, and AFP local partner Pathfinder Nigeria to spotlight budget releases for consumables. The MAWG visited family planning service delivery points in five LGAs: Apapa, Badagry, Epe, Ifako Ijaiye, and Ikorodu and published stories showing the gaps in family planning services there.

The stories prompted stakeholders in Badagry—the family planning manager, medical officer of health, supervising counsellor of health, apex nurses, and community development committees—to follow up on the LGA Chairman's earlier pledge to release a stipend from the LGA health budget for family planning consumables. The LGA's 10,000 NGN (\$28) monthly imprest is intended to cover the cost of consumables for all 20 PHCs providing family planning services. This sum has since been released for the months of June to October 2019. The Lagos MAWG reinforced the chairman's decision with positive media coverage about the imprest. The group will continue to support PHSAI's advocacy efforts. Both groups are following up on this win to track disbursements and spending, secure funding increases, and advocate for a sustainable funding mechanism for consumables in Badagry.

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Participants with live clients at first training on difficult implant removal services



Implants Removal Made Easy; Stories of Change from the EFPC Project in Nigeria

In Nigeria, the project was implemented in Zamfara and Ebonyi States through provision of technical assistance in a phased approach. Since 2012, uptake of contraceptive implants has rapidly increased around the world, including in Nigeria. Within the last 4–8 years, implant use increased approximately 7-fold in Nigeria¹. Findings from the Nigeria Demographic Health Survey 2018 shows that 12% of currently married women use a modern method of family planning (FP), with implants and injectables as the most popular methods (3% each). Implants accounted for 16.9% of all FP use in January 2020, with 65% of FP health facilities in Nigeria having a trained long-acting reversible contraceptive (LARC) provider and 22% providing LARC services². Accelerating voluntary access to implants underpins the strategic focus to achieve Nigeria's FP2020 commitment as embedded in various national policy documents, e.g. the Task shifting and Task sharing Policy, Nigerian Family Planning Blue Print, National Strategic Implementation Plan for LARCs and the Nigerian Post-Partum Family Planning Strategic Plan 2019–2022.

Global evidence has demonstrated that some clients lack access to high-quality implant removal services. Countries like Nigeria with rapid scale-up of implants are in a critical period in which they must assess, adequately plan, and allocate resources for implant removal services to ensure reasonable access among users, thereby contributing to a sustained increase in quality and demand. Although the removals are generally straightforward, difficult removals can occur.





What has changed / What is changing? Increased Confidence of Service Providers



"I was opportuned to be among those trained by the EFPC project on difficult implants removal in Abuja when the project came to Zamfara State. Before, I used to find it difficult whenever clients come with or present a difficult removal. I would tremble and ask the clients to go and come back later. And when they come back, I would fear and say 'oh the client has come back again.' It was never easy for me. But with the training, I was able to build confidence in difficult implant removal. I was able to successfully remove for as many as those who came with difficult implant removal. With the EFPC project, I must say that I have learnt a lot. I am appreciating my work better because there is no time or day that you call me to do difficult removal that I will not be able to do it."

Lami Adamu

Matron, Family Planning Unit
General Hospital Gusau, Zamfara State

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Sakina Sani and her husband are seeking family planning services at the Muna Garage camp in north-eastern Nigeria. © UNFPA Nigeria/Kori Habib



Contraceptives a game changer for crisis-affected women in northern Nigeria

MAIDUGURI, Nigeria – The crisis in northern Nigeria remains acute, with mass movements of civilian populations within the country and over the border. Food shortages, lack of security and deepening poverty mean conditions are dire for many northern Nigerian families. Some 8.5 million people require life-saving aid in Adamawa, Borno and Yobe States, according to recent UN reports. Hundreds of thousands more are living as refugees in neighbouring countries. The urgent needs of affected populations threaten to overshadow the specific health needs of women. Yet modern contraceptives and reliable family planning information are critical for these women and girls, whose lives have been turned upside-down. In the challenging context of humanitarian crisis where access to health facilities is disrupted and often risky, the utilization of Long Acting Reversible Methods such as implants has become a preferred choice for women who want to better plan their families. The stories of Sakina and Hajj highlight the role that implants play in this challenging context to offer women a long term reliable but also flexible method.

UNFPA and partners are working to provide access to these services.





The most vulnerable and marginalized

Many women and girls were already extremely vulnerable before the crisis. Twenty-five-year-old Sakina Sani, for instance, was married off when she was 12 years old – before she had even reached puberty. “I was married off to my husband. It was an arranged marriage by our tradition, and I was brought down to Maiduguri,” she said.

She became pregnant at 15, but miscarried. Soon after, she had a baby girl, and then a boy. Today, the children are 5 and 2 years old. And while Ms. Sani would like to have a total of four children, she feels that now is not the right time to get pregnant. Her family is crowded together in a displacement camp, struggling to get by.

This is why Ms. Sani was seeking family planning services at a UNFPA-supported health centre in the Muna Garage camp. “I had to come here after we discussed, between myself and my husband, that things are difficult financially,” she explained. Soon afterward, she was called into an examination room to have a contraceptive implant inserted into her arm. The long-acting device is popular among women with limited access to health services.



Access to contraceptives helped Hajja Fati finish her education

Hajja Fati was also at the clinic – but she was waiting to have her contraceptive implant removed.

Contraceptive use had enabled her to finish school, which in turn improved her family's financial prospects. Now, she and her husband feel it is the right time to get pregnant. “I am ready to have another child, and so it's a well-planned arrangement that is ok for us,” she explained.

Hajja Fati has her contraceptive implant removed. She and her husband are ready to have another baby. © UNFPA Nigeria/Kori Habib





Overcoming Reproductive Health Cultural Norms in Mbaise, Imo State

Fertility is celebrated among the Igbos in South-Eastern Nigeria. Several socio-economic and cultural factors such as son preference, stigma and discrimination ascribed to childlessness and other relevant practices across most communities bolstered frequent childbearing among Igbo women; sometimes in conditions that threaten their lives. Among the Mbaise people in Imo State, the ewu-ukwu custom is celebrated to honour a woman after her tenth child. A goat is slaughtered, and a feast is made in honour of the woman. This custom is seen as an index of accomplishment and self-actualization for women. While this custom has waned, it is noteworthy that the quest to be celebrated as fertile shores up high fertility among women in Mbaise community and carries high risks of maternal and infant mortality which are themselves exacerbated by poor health amenities.



Mrs. Mgbeoduru Victoria is a sexual and reproductive health service provider at Nnarambia Health Centre, a high-volume facility (deliveries happen at the clinic) in Ahiazu Mbaise Local Government Area in Imo state. She was trained on Long-Acting Reversible Contraceptive (LARC) by Marie Stopes International Organisation Nigeria in 2015. Before her selection and training, Victoria like most women in the predominantly catholic community disliked artificial contraceptives. She also had primary infertility that was a source of worry for her.

The training gave her a new perspective and understanding of family planning, not as a ploy to make women infertile but an intervention to help women and couples achieve their fertility intentions. Victoria mobilized her staff at the health facility, and they started sensitizing people to accept Family Planning services. "We would sensitize women during child welfare and antenatal clinics and visit communities to





educate and correct the myths and misconceptions people have already tagged FP with” she recalled.

Victoria has become the fulcrum for sexual reproductive health and contraception in her facility and town. She and her team of mobilisers would travel long distances into communities with the bad road network and sometimes security challenges during in-reach activities to educate men and women on benefits of family planning and render services.

She notes that the sensitization began paying off gradually, one woman at a time, requests for FP services began to come in. “Today, awareness is growing, and clients now walk in at their pace and time to take up services. Some will tell me ‘sister,’ you see this pregnancy, please insert Family Planning method as soon as I deliver’. She recalled with joy a particular woman who already had seven children and the one she delivered in January 2020 was her 8th child. After her delivery in January, Victoria was counselled on family planning before she left the facility. “I was excited one morning when this lady walked into the clinic and took up a Family planning method and thanked me excitedly for encouraging her to take up an FP method after her delivery at the facility.”

Victoria notes that issues of side effects are being resolved through balanced counselling by giving the women the necessary support. She notes that there are many women in the community whose stories are yet to be heard and to ensure that these women have access to contraception, she would sustain the advocacy efforts with communities to enable more women to make their choices for the development of the family, community and the nation

According to Victoria, Marie Stopes entry into Mbaise has improved women’s health. “I am convinced that a lot of maternal death has been avoided because of the services our women take up” she said. Victoria is grateful to the Ministry of Health in Imo state and the dedicated staff of Marie Stopes Nigeria in Imo state who have supported her tirelessly in her effort to improve the reproductive health and well-being of the Women in Mbaise.





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Children by choice, not chance



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