



6th Nigeria Family Planning Conference Report

7 - 11 DECEMBER 2020



THEME

Post FP 2020 Agenda and Safeguarding Investments in Emergencies: Adaptation. Innovation. Resilience



¹ Cover photo: L-R, Honourable Minister of Health, Dr. Osagie E. Ehanire; Minister of Women Affairs, Dame Pauline Tallen and UNFPA Representative in Nigeria, Ulla Elisabeth Mueller during the launch of **Family Planning: for a more productive Nigeria - A Storybook on the Current Situation of Family Planning in Nigeria**

Abbreviations and Acronyms

AAFP	Association for the Advancement of Family Planning
AYP	Adolescents and Young People
AYSRRHR	Adolescent and Youth Sexual and Reproductive Health and Rights
CBS	Childbirth Spacing
CLMS	Contraceptive Logistics Management System
CORPs	Community Oriented Resource Persons
COVID-19	Corona Virus Disease - 2019
CP	Community Pharmacists
CPR	Contraceptive Prevalence Rate
CVs	Community Volunteers
DMPA-SC	Depot Medroxyprogesterone Acetate – Subcutaneous
dRPC	development Research and Projects Centre
FMOH	Federal Ministry of Health
FP	Family Planning
ILN	Integrated Learning Network
ISBC	The identification systématique des besoins de la Cliente (Fr) systematic identification of the client's needs)
JHUCCP	Johns Hopkins University Center for Communication Programs
LGA	Local Government Area
	Local Government Health Authority
LNG IUS	Levonorgestrel Intrauterine System
M&E	Monitoring and Evaluation
mCPR	Modern Contraceptive Prevalence Rate
NFPC	Nigeria Family Planning Conference
NPC	National Population Commission
NURHI	Nigerian Urban Reproductive Health Initiative
PCN	Pharmacist Council of Nigeria
PHC	Primary Health Care
PPMV	Patent and Proprietary Medicine Vendors
RASuDiN	Resilient & Accelerated Scale-up of DMPA-SC/Self injection in Nigeria
SRH	Sexual Reproductive Health
TCI	The Challenge Initiative
UNFPA	United Nations Population Fund

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***This report of the 6th Nigeria Family Planning Conference 2020 is published by the Johns Hopkins University, Center for Communication Programs/(NURHI 2) for the Association for the Advancement of Family Planning in Nigeria
December 2020***

Executive Summary

In recent years, the global community and many national governments renewed their commitments to Family Planning (FP). A demonstration of this commitment was made at the London Summit on Family planning in 2012. During the Summit, the FP2020 Initiative was launched with the goal of halving the world's unmet need for contraception to reach additional 120 million women and girls with right-based qualitative and accessible family planning services by the year 2020. Following the London Summit, Nigeria set the contraceptive prevalence rate (mCPR) at 36 percentage points to be achieved by 2018. This target was subsequently reviewed downwards to 27% to be attained by 2020. Despite these efforts, the modern contraceptive prevalence rate has remained low, staying at 12%, while unmet need is at 20% (NDHS 2018). The low utilization of family planning services has contributed to Nigeria's poor maternal and child health outcomes, existing maternal mortality ratio of 512/100,000 live births, high total fertility rate of an average of six children per woman contributing to the rapid population growth rate of 3.2%, thus impacting negatively on the country's development and health situations.

Based on the realization that delaying to act would be disastrous not only to the present generation, but also to generations to come, the Nigeria Family Planning Conference (NFPC) was instituted to create awareness and generate extensive discuss. It is a biennial event that brings together experts, partners, policy makers and other stakeholders to discuss and share experiences on the progress made and to chart the way forward towards improving the existing situation of FP in Nigeria. The conference also provides a platform for fostering policy debate, exchange of ideas and sharing experiences on FP and other reproductive health issues.

Unique innovations, strategies and opportunities for increasing the gains of FP especially during this period of the COVID-19 pandemic which has caused tremendous upheaval to health systems around the world and disrupting access to family planning information and services was brought to the front burner.

This is the report of the 6th biennial Nigeria Family Planning Conference (NFPC). The events held at the Wells Carlton Hotel and Apartments and the Development Research and Projects Centre (dRPC), Abuja starting on the 7th December 2020 with the **goal** “*To increase access to quality and innovative family planning information and services in Nigeria*” and **theme** “*Post FP2020 Agenda and Safeguarding Investments in Emergencies: Adaptation, Innovation, Resilience*”. A women's pre-conference, with the theme: *Meeting the FP needs of Women Amid the Upsurge in Sexual Violence During the COVID-19 Pandemic* was held on the 7th December 2020 in Abuja. On the 8th, an Inter-Faith pre-conference titled “*Impactful Strategies to Strengthen the Family Planning Agenda Post 2020: Scaling up Faith Based Networking*” and a Youth Pre-Conference titled *Prioritizing Young People's FP Needs During Crisis and Emergencies* were held concurrently. The main conference was held for three days, from 9th to 11th December 2020 with the theme “**Post FP2020 Agenda and Safeguarding Investments in Emergencies: Adaptation, Innovation, Resilience**”. The goal was to increase access to quality and innovative family planning information and services in Nigeria. There were seven sub-themes:

1. Mobilizing Resources for Family Planning
2. FP 2020 Commitment: Gaps and Achievements
3. Impactful strategies to strengthen the FP agenda post 2020

4. Meeting the FP needs during the COVID-19 Pandemic
5. Scaling up Networking and Technology to Improve Family Planning
6. Adolescents 'the very visible but hard to reach' How do we reach them?
7. Gender based violence and family planning during emergencies

During the 6th conference, owing to the global COVID 19 pandemic, the conference applied a mixed methodology of limited physical presence and largely virtual participation.

Background

The first and maiden attempt to convene a national stakeholders' dialogue on reproductive health was made in 2006 when the Federal Ministry of Health in collaboration with donors and development partners conducted the National Reproductive Health Summit in Nigeria at the Abuja Sheraton Hotel. The aim of the summit was to build consensus, strengthen coordination and strengthen the national SRH Programme towards maternal mortality reduction. Before the RH Summit was held, donors under the auspices of the USAID, DFID, CIDA and UNFPA had been engaged in quarterly partnership meetings towards improving coordination with a focus on achieving a basket funding for improved FP commodity procurement and security in Nigeria. In 2010, the need to strengthen the stakeholder partnership became more imperative, particularly to address the decades of very low CPR, as evidenced by the 2008 NDHS Report (10 percent). With support from USAID, UNFPA, NURHI and other FP partners, a meeting was convened, and a consensus reached by key FP stakeholders to hold quarterly review meetings with focus on advocating for increased funding of the FP program in Nigeria. This movement of donors and partners eventually co-opted the leadership of the FMOH and transited into the Family Planning Action Group (FPAG), after a one-day national Stakeholders Meeting on the FP situation in Nigeria.

FPAG's main focus was to improve the FP environment. The group adopted the biennial International Family Planning Conference strategy to conduct the Nigeria Family Planning Conference. In 2010, the first Nigeria FP conference was organised and convened by FPAG in collaboration with the Federal Ministry of Health (FMOH) and several partners, with Advocacy Nigeria serving as the Secretariat of the conference. The conference was held at the Sheraton Hotel and Towers, Abuja from November 22 - 24, 2010. The second biennial NFPC which took place in 2012, was also organised by FPAG in collaboration with FMOH and other stakeholders with Advocacy Nigeria still serving as the secretariat. By the third conference, in November 2014, FPAG had transited into a sustainable registered non-governmental organization named the Association for the Advancement of Family Planning (AAFP) with membership drawn from all FP donors and partners, FMOH and notable FP advocates/champions and with its own Board of Trustees, Technical Management Committee and a functional Secretariat with a National Coordinator and other staff. Since then, AAFP has successfully organized the third (2014), fourth (2016), fifth (2018) and sixth (2020) National Family Planning Conference.

Communiqué of the 6th Nigeria Family Planning Conference 2020



Members of the Technical Management Committee (TMC) of the Association for the Advancement of Family Planning (AAFP).

The 6th Nigeria FP conference held from the 7th - 11th of December 2020 at the Wells Carlton Hotel and Apartments, Asokoro, Abuja and the Development Research and Projects Centre (dRPC), Abuja

The 2020 conference is the 6th in the series of Nigeria's biennial Family Planning conferences. This conference presented unique opportunities due to the COVID-19 pandemic which has caused tremendous upheaval to health systems around the world, disrupting access to family planning information and services, as well as sexual and reproductive health more broadly. The strategic direction of this conference was guided by its goal – *To increase access to quality and innovative family planning information and services in Nigeria* and the theme – *Post FP2020 Agenda and Safeguarding Investments in Emergencies: Adaptation, Innovation, Resilience*.

The women's pre-conference held on Monday 7th December 2020, featuring women from diverse sectors, ranging from academics to entrepreneurs. At the end of the conference, a communiqué was written and presented. The Inter-faith and Youth Pre-Conferences held on Tuesday 8th December 2020, drawing participants from major religious groups and vibrant young persons across the country and globally respectively. At the end of both conferences, communiqués were written and presented.

The main conference which attracted virtual and in-person participation, nationally and internationally, held from Wednesday 9th – Friday 11th December 2020. Plenary and

breakout sessions were used to engage participants throughout the conference. A total of 102 oral and 29 poster presentations were accepted and presented during the conference.

The opening ceremony had in attendance 3 federal ministers and 1 Minister of State. The Ministers were The Honourable Minister of Health, Dr. Osagie E. Ehanire; Honourable Minister of Women Affairs, Dame Pauline Tallen; Honourable Minister of the Federal Capital Territory, Muhammad Musa Bello, who was represented by Dr Mohammed Kawu, the Secretary for Health, and the Honourable Minister of State for Health, Dr Olorunimbe Mamora. The Ministers each made commendable tributes to the conference and promised to support the aims and objectives of the conference. In addition, the Minister of Health declared the conference open and formally launched the story book titled 'Family Planning for a more Productive Nigeria'. Virtual and physical good will messages were received from International Private Donors, Bilateral Organizations, Multilateral Organizations and Global Partnerships/Initiatives partners and donors. The last day of the conference commenced activities early with 6 parallel oral session presentations followed by the Annual Population Lecture Series and an Interactive Session with Donors.

Summary of Discussions and Presentations

PLENARY SESSION

1. Mobilizing Resources for Family Planning:

Due to the COVID-19 pandemic, Nigeria has experienced a decline in funding for FP. Realities of COVID-19 hindered the responses expected from various advocacy efforts, resulting in gains being lost. Shortcomings in our emergency preparedness were exposed including revealing the lower category status of family planning. Regrettably, there is still heavy donor dependency around FP programming in Nigeria.

- However, the following efforts are being made towards increasing family planning resources and activities by both government and partners. During the lockdown, the Federal Ministry of Health ensured that family planning was added to the list of essential services.
- There was increased visibility for FP by stakeholders at all levels. For example, family planning messages were integrated into COVID-19 messaging and programming by government and partners.

2. Impactful strategies to strengthen the FP agenda post 2020 & Scaling up Networking and Technology to Improve Family Planning:

- The use of digital media presents an opportunity to scale-up FP reach especially in the advent of COVID-19 pandemic. The huge potential in digital technology and associated innovative approaches including virtual advocacy through training, connecting, and providing services for FP clients i.e., digital services provision and telemedicine should be explored.

3. Meeting the FP needs during the COVID-19 Pandemic:

- Although clinics were opened, fear of contracting the virus among health workers contributed to reduced service provision in facilities providing FP service.
- Patent and Proprietary Medicine Vendors (PPMVs) and Community Pharmacists (CPs) as the first point of call for healthcare services in communities stepped in more proactively to bridge the gap in FP services provision. Government and

partners supported PPMVs and CPs should be supported with job aids to enhance their capacity to provide appropriate counselling especially for young people.

- DMPA-SC uptake increased due to the ease of use by women (selfcare) when compared to other methods.

4. **Adolescents ‘the very visible but hard to reach’ How do we reach them?**

- The Youth pre-conference aimed at sensitizing young people to develop strategies that expand and sustain AYSRH gains in Nigeria amidst crises and emergencies. It was noted that some of the current FP service providers are not adequately trained to provide youth friendly services which hinders progress among youth and adolescent FP programming.
- The Demographic Dividend Effort Index Report on Nigeria highlighted the increased Youth population as either a burden or a potential in achieving demographic dividends in Nigeria.
- Despite contraceptive use among young people, there is still significant unmet need for modern contraceptives.
- For the first time, the late Professor Babatunde Osotimehin Reproductive Health Legacy Forum held during the conference. Prof. Segun Fatusi, Vice Chancellor, Ondo State University delivered a lecture titled “*Young People in Nigeria and Family Planning: Shaping the Future*”. The lecture focused on youth and addressed the demand, supply and structural barriers on the policy front, progress so far as well as gaps between policy and implementation.



Plenary Session

Conference Recommendations

Government:

1. Federal government should support state governments to strengthen the capacity of Primary Health Care (PHC) facilities across the country by training healthcare workers on youth friendliness through the provision of Minimum Package of Service Standard in all PHCs.
2. The National Health Insurance Scheme (NHIS) should fully integrate family planning services
3. Prioritize the inclusion of AYSRH including contraception services in the State annual operational plans and costed implementation plans while ensuring adolescent and youth focused interventions in states where the family planning unmet need among young people is high and increasing; as well as invest in post pregnancy family planning programs for first time teenage mothers and married adolescents.
4. Integrate young people into the state Reproductive Health/Family Planning Technical Working Group to ensure meaningful engagement of Adolescents and Young People (AYP) in program design, implementation and evaluation at all levels. Also improve efforts to establish Adolescents Health and Development Technical Working Groups in all 36 States while ensuring compliance with the Adolescent Health and Development Technical Working Group Operationalization Guide which made clear provisions for a young person to be part of the leadership.
5. Incorporate FP services into the national emergency preparedness strategy.
6. Women empowerment ventures should include FP components or at least partner with FP entities.
7. Support poverty alleviation activities in communities where interfaith organisations implement activities.
8. Strengthen multi-sectoral collaborations to harness the multiple investment across all sectors involved in AYP programs to identify, accelerate, and sustain efforts as we look beyond the FP2020 commitment.
9. Government should be more deliberate in mobilizing domestic resources for achieving the goal of 27% mCPR by 2024.
10. Contextualize FP interventions targeted at persons with disabilities and other vulnerable groups through inclusive planning and implementation, strategic communication, innovative funding, capacity building and Public Private sector partnerships.

Service Providers:

Provider Bias is palpable as an impediment and should be tackled. Values clarification must be reinforced in trainings whilst also scaling up behavioural change interventions that has been proven to work in reducing provider bias. FP service providers should be professional in the delivery of services as well as supported with the necessary tools in addressing provider bias, especially towards the adolescent and young people.

Partners:

The need for aggregated FP data source and collaborative partnerships among partners to avoid duplication of efforts and increase efficiency.

Academia:

- Contextualization of research especially for younger adolescents between 10 and 14 age group.
- Research into contraceptive commodities and its effectiveness among the population.

Media:

- Strengthen media advocacy to ensure FP is brought to the fore amidst the RMNCH and issues.
- Integrate FP into cross-sectoral issues and expand the role of media to hold policy makers accountable.

Inter-Faith:

- Recognizing 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.
- Explore and utilize opportunities to develop their capacity to role model, advocate, sensitize and mobilize the hinterlands to accept FP as a lifestyle and a social norm.

General Populace:

Embrace FP as a lifestyle and a social norm.

CHAPTER ONE

Conference Process and Methodology

The 6th NFPC offered an opportunity for all stakeholders to share experiences on the progress made in Nigeria towards attainment of mCPR of 27%. Speakers deliberated on progress made towards achieving the FP2020 commitment and explored innovative strategies on how to achieve it beyond 2020. The FP 2030 agenda was also in focus to help the government galvanize all stakeholders to meet the target.

Virtual Conferencing

The conference was planned to have more participants attending virtual and very few physical participation. This is in keeping with the COVID-19 protocol of lean physical participation. Virtual participation was powered through the electronic event platform, Dryfta. There were five days of virtual knowledge sharing through discussions and expert presentations which took place via live video streaming. Recordings of all conference sessions are available at the AAFP website – aafpng.org





- Connectivity issues – There were a few technical glitches during some presentations
- A few sessions experienced poor time synchrony between the Satellite Room and the Virtual Presenters.
- The sound quality was also poor during some sessions
- In a number of cases, sessions started later than the time indicated on the programme. For a remote conference, strict adherence to the time slots could affect participation.
- Some sessions did not hold due to internet connectivity challenges.
- A pre-recorded presentation failed because the audio component of the video was missing. An earlier preview or dry run of the presentations could have prevented the incidence.
- During some sessions, PowerPoint presentations which had been earlier shared were not projected by the technical team.

Recommendation

Virtual conferencing stood out as the unique selling point that has set the 6th conference apart from all previous conferences. This first time of employing the remote approach provides a unique opportunity to carry out an objective in-depth review of the process and delivery, document lessons learnt and establish a mechanism to ensure that the decisions of the Local Organising Committee for the 7th NFPC are informed by evidence generated from the in-depth review of 6th NFPC.

Pre-conference

There were three pre-conferences as follows:

Date	Event	Theme
Monday, 7 th December 2020	Women pre-conference	Meeting the FP needs of women amid the upsurge in sexual violence during the COVID-19 pandemic

Tuesday, 8 th December 2020	Inter-faith pre-conference	Impactful strategies to strengthen the Family Planning Agenda Post 2020: Scaling up Faith Based networking
	Youth pre-conference	Prioritizing young people's FP needs during crisis and emergencies

Main conference

The main conference process and methodology was introduced during the Opening Plenary, which took place on Wednesday, 9th December 2020 (*see page 28 for details*). Each day of the conference had a morning session which ran from 8.00am to 1.00pm and an afternoon session that ran from 2.00pm - 6.00pm.

The conference theme: *Post FP2020 Agenda and Safeguarding Investments in Emergencies: Adaptation, Innovation, Resilience* was explored through presentations and discussions around the seven sub-themes of the conference. There were breakout sessions for discussions around key topics, submitted abstracts, as well as poster presentations.

A total of one hundred and seventy (170) sessions were time-tabled and held as detailed below.

Date	Events	
	Time-table	Held
Wednesday, 9 th December 2020	6 Plenary Sessions	4
	24 Oral Sessions (grouped into 6)	11
	6 Breakout sessions (Parallel 2)	5
	31 Poster Presentation Sessions	4
Thursday, 10 th December 2020	3 Plenary Sessions (Including Opening Ceremony)	3
	60 Oral Sessions (grouped into 12)	29
	6 Breakout sessions (Parallel 5)	4
Friday, 11 th December 2020	4 Plenary Sessions (Including Closing Ceremony)	5
	30 Oral Sessions (grouped into 6)	16

Recommendation

As remote conferencing gradually assumed centre stage due to the COVID 19 pandemic, anecdotal evidence suggests that virtual meetings do not sustain participants' active involvement compared to in-person meetings. Thus, having 170 sessions for a three-day meeting was too many, therefore for future virtual conferences, a fewer number of sessions would be more manageable.

Participation

A total of **one thousand, two hundred and ten (1,210)** participants registered for the conference.

The table below shows both physical and virtual attendance:

Day	Mode	F	M	Total
1. (Women Pre-Con)	Physical	43	17	60
	Virtual	65	47	112
	Sub-total	108		172
2. A. Youth B. Interfaith	Physical	29	13	42
	Virtual	82	65	147
	Sub-total	111	78	189
	Physical	22	19	41
	Virtual	61	53	114
	Sub-total	83	72	155
	Day 2 total	194	150	344
3. Main Conference (1 st Day)	Physical	59	47	106
	Virtual	92	79	171
	Sub-total	151	126	277
4. Main Conference (2 nd Day)	Physical	71	55	126
	Virtual	85	109	194
	Sub-total	156	164	320
5 Main Conference (3 rd Day)	Physical	44	28	72
	Virtual	108	121	229
	Sub-total	152	149	301

The conference hosted participants both on-site and virtually. The virtual event platform reflected both international and country-wide participation across the 36 States and the Federal Capital Territory.

Conference Management and Committees

Local Organizing Committee	
S/No.	Names
1.	Dr. Ejike Oji - Chair LOC
2	Dr. Kole Shettima - Co-chair LOC
3	Prof. Oladapo Ladipo
4	Prof. Emmanuel Otolorin
5	Dr. Mairo Mandara
6	Dr. Philippa Momah
7	Dr. Mojisola Odeku
8	Dr. Chris Agboghroma
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11	Dr. Shittu Abdu Aguye
12	Dr. Amina Dorayi
13	Mr. Bola Kusemiju
14	Dr. Mike Egboh
15	Effiom N. Effiom

16	Mrs. Boladale Akin-Kolapo
17	Ms. Chizoba Onyechi
18	Mrs. Nkiru Duru – Conference Secretariat – LOC Secretary
19	Mr. Enenche Okoh – Conference Secretariat
20	Mr. Isaac Ebenezer Admin – Conference Secretariat

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24	Lawrence Anyanwu
25	Chito Nelson
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27	Eniobong Etetim
28	Peter Oshaji
29	Edosa Ovaiwe
30	Dr. Oluwayemisi Femi-Plus
31	Dr. Habib Sadauki
32	Adonri Osasuyi
33	Dr. Farouk Jega
34	Dr. Gabriel Ortonga
35	Dr. Adesina Adebisi
36	Abdullahi Fatimah
37	Dr. Okai H. Aku
38	Dorothy Payi

39	Dr. Sakina Bello
40	Dr. Anthony Adindu Nwala
41	Dr. Godwin Akaba
43	Akano Doris
44	Akinsewa Akiode
49	Margaret Edison
50	Okoroafor Adazez
51	Dr. Adebolade Surajudeen Oladimeji
52	Dr. Amina Aminu
53	Dr. Hadiza Khamofu
54	Olusegun Sangowawa
55	Bless-Me Ajani

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20	Dr. Ebere Anyachukwu
21	Oiza Nicholson
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25	Dr. Wiwa Owens
26	Dr. Omokhodu Idogho
27	Dr. Oniyire Adetiloye
28	Dr. Kole Shettima
29	Prof. Okey Akpala
30	John W. Townsend
31	Dr. Jabu Nyenwa
32	Dr. Vincent Ahonsi
33	Dr. Ibrahim M. Ibrahim
34	Dr. Dauda Sulaiman
35	Prof. Emmanuel Lufadeju
36	Dr. Akin Oyemakinde
37	Fatima B. Muhammad

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11	Somto Atuanya
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17	Dr Habib Sadauki
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25	Mrs Temitope Bombata
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31	Obiora Okagbue

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6	Mrs Doris Ikpeze
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8	Dr. Abigail Ewelonye
9	Princess Olayemisi Nathaniel
10	Ifeyinwa Omowole

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7	Dr Jennifer Anyanti
8	Dr Mojisola Odeku
9	Lucky Palmer
10	Dr Fatima Bunza
11	Dr Adewole Adebola Adefalu

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4	HasbiyalLah Ahmed
5	Barrister Oris Ikiddeh
6	Oluwakemi Oluwagbohun
7	Bridget Maduku
8	Aloysius Ugwu
9	Yemisi Erhunmwunse

10	Sani Ochebo
11	Mrs. Kemi Adebayo
12	Mikail Aliyu
13	Nkiru Duru
14	Okoh Josiah Enenche
15	Emma Bassey

Rapporteurs	
S/No.	Names
1	william anyebe - Lead
2	Njideka Maduako
3	Dr. Hannah Lawani
4	Grace Awodi
5	Ene Anyebe
6	Ojonoka Adegbe
7	Linda Abata

CHAPTER TWO

Pre-conferences of the 6th NFPC

Women's Pre-conference

Venue: Wells Carlton Hotel Abuja

Date: December 7, 2020

Theme: Meeting the FP needs of women amid the upsurge in sexual violence during the COVID-19 pandemic.

Keynote Speaker: Dr. Hauwa Shakarau, FICMC, President and Founder Women Law and Development Initiative (WOLDI) Africa and the current President of the Nigerian Bar Association, Abuja Chapter.

Highlights of Address: Effects of the unprecedented COVID-19 global pandemic, including increased domestic and sexual violence cases recorded against women around the world as a result of the lockdown.



Cross-section of panelists at the Women's Pre-conference.

Recommendations: These were based on six key action points for policy makers, political leaders and health system providers that could help ensure that FP needs of women are met during the COVID-19 pandemic:

1. Due to limitations on mobility, there is an urgent need to expand postpartum family planning services, particularly Long-Acting Reversible Contraceptives [LARCS] such as contraceptive implants, IUDs or Injectables.
2. Self-care family planning methods should be promoted and supplied to women and men proactively.
3. Barriers to accessing FP services need to be addressed.
4. Implement telemedicine using mobile phones and social media as an adjunct to improving information and access to contraception.
5. There is need to anticipate and address likely supply chain needs and challenges.
6. Adequate Personal Protection Equipment (PPE) must be provided for Healthcare workers.

Topic: *Difficulties in Accessing FP during the Pandemic: The Social Impact.*

Speaker: Dr. Fatima Mohammed, Director Society for Family Health.

Highlights of Address: Challenges faced by providers and women during the COVID-19 were highlighted and the following solutions were proffered:

1. Internal COVID-19 response team was set up and approvals from National and State Ministries of Health were secured to enable essential healthcare workers to provide FP services even in hard-to-reach areas.
2. Developed COVID-19 guidelines for service delivery and deployed Personal Protective Equipment (PPE) for all team members and service providers including use of handheld thermometers, sanitizers, face masks etc. to ensure safety of clients and staff.
3. Increased supply of commodities & consumables.
4. Mainstreamed COVID-19 prevention messages into FP health talk across all channels and locations: our staff provide health talk on COVID-19 before every engagement; mobilization and service delivery.
5. COVID-19 demand creation guidelines that sustained mobilization of clients for FP and SRH services were developed. Community structures and gatekeepers played an important role in mobilization of clients for FP.



Cross-section of panelists at the Women's Pre-conference.

Communique of the Women Pre-conference at the 6th Nigeria Family Planning Conference

The women's pre-conference kicked off the conference on 7 December 2020 at the Wells Carlton Hotel Abuja with the theme: Impactful strategies to strengthen the FP Agenda Post 2020: Adaption, Innovation, Resilience. The keynote speaker was Dr. Hauwa Shakarau, FICMC, President and Founder Women Law and Development Initiative (WOLDI) Africa and the current President of the

Nigerian Bar Association, Abuja Chapter. In her keynote address, she highlighted the effects of the unprecedented COVID-19 global pandemic in recent times that took everyone unawares and completely stretching the resilience of global health systems including those of developed countries. This pandemic also increased the domestic and sexual violence cases recorded against women around the world as a result of the lockdown.

- The COVID-19 pandemic came with its attendant consequences. One of which is the disruption of access to family planning information and services, as well as sexual and reproductive health more broadly.)
- Violence against women and girls (VAWG) was widespread in Nigeria before COVID-19 and there has been a significant increase during the pandemic. Before COVID-19, SGBV was generally widespread in Nigeria. The National Population Commission reported that at least one in four girls and one in ten boys experience sexual violence before the age of 18 (National Population Commission, US Centers for Disease Control and UNICEF, 2014). The advent of COVID-19 pandemic no doubt has led to an increase in reports of GBV cases in all six geopolitical zones.
- The upsurge of sexual violence against women during the COVID-19 Pandemic calls for great concern around ensuring that FP needs are met.
- For women, family planning is a critical basic health care. As health systems shift to prevent and treat people with COVID-19, it is essential they also protect and ensure women have access to family planning services. As experienced so far, the focus of many health systems on the response to the COVID-19 pandemic, the provision of basic contraception counselling, the delivery of contraceptive products and services and the functioning of supply chains have been disrupted and women and men are at a disadvantage in seeking care from their regular providers (FP2020).
- COVID-19 is impacting women's ability to use contraception in a number of ways:
 - Disruptions to the supply chain are limiting the production, distribution and availability of contraceptive commodities, resulting in stock-outs ([Purdy, 2020](#)); some health-care facilities are reducing services ([IPPF, 2020](#); [MSI, 2020a](#));
 - Health care providers are redirected from providing family planning services towards responding to COVID-19 ([Santoshini, 2020](#));
 - Many women are unable to visit health-care facilities due to lockdowns or fear of exposure to COVID-19 ([UNFPA, 2020](#)).
- There is no doubt that when women's and couples need for family planning are not met, the number of unintended pregnancies is certain to rise, with life-long impacts on women and their families.
- The impact of the COVID-19 pandemic on meeting the demand for family planning will be influenced by many factors, one of them being the types of contraceptive methods used by women in each country.
- Individual contraceptive methods differ in terms of the need for contact with health-care providers, the period of renewal, the susceptibility to stock-outs and global supply chains disruptions, and their effectiveness in preventing unintended pregnancies. (Aisha Dasgupta et al, 2020). These issues therefore make it all the more important to prioritise the provision of contraception, not only in the midst of COVID 19, but at all times.

Six key action points for policy makers, political leaders and health system providers that could help ensure that FP needs of women are met during the COVID-19 pandemic were presented:

1. Limitations on mobility speaks to an urgent need to expand postpartum family planning services, particularly long-acting reversible contraceptives [LARCS] such as Contraceptive implants, Post-partum IUDs or Injectables.
2. Self-care family planning methods should be promoted and supplied to women and men proactively.
3. Barriers to accessing contraception need to be lifted.
4. Implement telemedicine using mobile phones and social media as an adjunct to improving information and access to contraception.
5. We need to anticipate and address likely supply chain needs and challenges.
6. Health care workers must be provided adequate Personal Protection Equipment (PPE).

In her presentation, Dr. Fatima Mohammed, Director Society for Family Health, presented on Difficult in Accessing FP during the Pandemic: The Social Impact. She highlighted challenges faced by providers and women in accessing FP services during the pandemic.

In proffering solutions to the challenges faced as indicated above, Dr. Kingsley Odogu from Marie Stopes international Organization (MSION) presented on Innovative approaches to increase FP Services during the COVID-19 Pandemic Lockdown. He shared Marie Stopes responses to the issues:

1. Set up an internal COVID-19 response team with real time responses based on updates from teams across the country.
2. Secured approvals (Pass) from National and State Ministries of Health that enabled our teams move and work as essential health workers even in most difficult locations and across states.
3. Developed COVID-19 guidelines for service delivery to each of our channel of operation. This ensured standard of practice and care across board.
4. Deployed Personal Protective Equipment (PPE) for all team members and service providers including use of handheld thermometers, sanitizers, facemasks etc. to ensure safety of clients and staff.
5. Increased supply of commodities & consumables.
6. Mainstreamed COVID-19 prevention messages into FP health talk across all channels and locations: our staff provide health talk on COVID-19 before every engagement: mobilization and service delivery.
7. Developed COVID-19 demand creation guidelines that sustained mobilization of clients for FP and SRH services. Greater use of community structures and gatekeepers.
8. Daily tracking of productivity of each team. This ensured MSION constantly maintained good value for operational investment made during the COVID-19 period



Cross sessions of participants







Inter-Faith Pre-conference

Venue: Wells Carlton Hotel Abuja

Date: December 8, 2020

Theme: *Impactful Strategies to Strengthen the Family Planning Agenda Post 2020: Scaling Up Faith Based Networking.*

Sub-themes:

1. Increasing FP use in Nigeria as a social norm
2. Transformative religious leadership: A transformative leader is one who facilitates a positive change in people
3. FP becoming a social norm
4. Taking advantage of the social media

Discussants

- Imam Sheik Tenimu – Kaduna
- Pastor Laide Adenuga - RCCG
- Imam Umar Mohammed - Abuja Moslem Forum
- Rev. Dr. Cannon Nathaniel Adewole – Consultant Gynecologist Teaching Hospital Gwagwalada (African Church Kwali)

There were panel presentations on both the morning and afternoon sessions.



Cross-section of participants at the Inter-Faith Pre-conference

Highlights

The panelists revealed their roles in ensuring that their political wards, communities and LGAs were educated on the importance of FP by assuring their members that FP is not about stopping them from having children but rather about making sure that the period of pregnancy and breastfeeding is not less than 28 months as encouraged in the Holy scripture.

- The discussion also showed how they are able to preach to their congregation that “Qualitative is better than Quantitative”. This was a major slogan used during the meeting.
- The panelists enjoined the organizers to be more cautious with their choice of words and messages when dealing with the community members so as to avoid misunderstanding of essence of FP/CB/CBS.
- The religious leaders unanimously agreed to a more committed approach in advocating for increase in family planning services and generating demand for it as well.

Recommendations:

Religious leaders should continue to champion home grown advocacy and social change behaviour.

Government at all levels should increase funding and ensure budget lines are released.

Messages on FP to be in public and private outfits.

Government and donor agencies should ensure training on FP.

State Reports of the Nigerian Interfaith Action Association on advocacy towards uptake of FP and services from Abia, Bauchi, Kano and Lagos States.

ABIA STATE - Engr. Dr. Ugochukwu Emmanuel

- 30 health and 12 female advocates, 10 leaders (1 female and 9 males) have been decorated as F.P. champions to talk on FP in their communities.
- Capacity built
- 23 media programs on FP were carried out
- Religious leaders leveraged on events, housewarming, baby dedication etc to champion FP messages.
- Leaders of inter-faith and institutions carry out voluntary sermons on FP and talks on the benefits of FP.

Challenges: Inadequate funding

BAUCHI STATE - Ustaz Suleiman Usman

- Religious teachings in the State are already promoting MNCH in a sustainable way leading to reduction in child health mortality.
- 5.5% of women are now using contraceptives.

Challenges: A major challenge is high number of maternal and child mortality.

KANO STATE - Mr. Ahmed Tijani Ibrahim

- 340 religious leaders were trained and have hands on skills on FP messages
- 12 million people reached with messages on FP.
- 420 mosques and 167 Churches have been incorporated and reached with messages on FP.
- State government strategic plan developed.
- Religious leaders have been on air with the FP in the state

Challenges: Misconception, commodity stock out, inadequate funding and low level of basic education

LAGOS STATE - Dr. Mrs Ajoke Sariyu Ashiru

- Number of religious houses visited are 1070
 - Number of clerics trained are 187 in 2018
- Religious leaders engaged more in youth focused advocacy to address issues of unplanned pregnancies, child abandonment and school dropout among young people.

Challenges:

- Decline in the number of people coming for FP services during COVID-19
- Participants in rural areas with poor connectivity are unable to attend virtual meetings, hence reducing active participation and planning for necessary activities.

Presentations

Integrating Family Planning and COVID-19: The role of the Religious leaders in Promoting Community Responsibility - Rev Gbadero, Interfaith chairman for Kaduna State

and

Sustainable Faith Based Advocacy of RMNCAEH-N Including Health Promotion - Mrs. Ladidi K. Bako-Aiyegbusi, Director, Health Promotion Division, FMOH

Highlights

- The speakers illustrated how COVID-19 has increased the cases of unplanned pregnancies due to the national lockdown.
- They also expressed their delight on how the country is making gains over covid19 spread ensuring it is curtailed but sad that they are losing grounds on provision FP services.
- They further recommended that religious leaders should encourage their community to protect their own health by observing all COVID19 safety measures and protocols like observing social distance, wearing face masks and not entirely depending on the government.
- They encouraged religious leaders to visit and interact with policy makers in order to proffer way forward on the improvement of FP services in their communities.

Communique

The Inter-Faith Pre-Conference resolved as follows:

- While the government is primarily responsible for ensuring that services and FP products are available in good quality and easy to access by the public, the effort of individuals and religious organizations will not be left out. The religious leaders are crucial in the advocacy for FP and its uptake for maternal and child mortality to be controlled. This is because the interfaith leaders have the trust of their members and have the values and ethics upheld by the society. It is identified that many of the members of the different states hold their spiritual leaders in high esteem such that the members will carry out every instructions and advice of their leaders. Health, religion, and culture are very related. Our culture just like our religion also play a major role in determining our beliefs.
- Educating the men and not only the women to participate in the pre-natal, delivery, post-delivery etc will enhance collaboration towards the health and childbirth spacing in Nigeria. This is because most men do not know the health implications of not using FP. There is need for additional discussion around men. If all the hands of the husbands, key stakeholders in the government and the service delivery points which includes supplies of the commodities are on deck, maternal and child health mortality will be reduced, national development will be achieved.
- Efforts are needed to encourage greater collaboration between public health agencies and faith-based organizations, if progress is to be made towards the goal of universal health coverage
- Capacity building of service providers, advocates, and Stocking with the aid of inventory will ensure security of the commodities and sustainable uptake of FP commodities and services.

- We must keep pushing and sourcing for more funds for increased intervention for FP.
- There is need to harness all the achievements, challenges, recommendations, and lessons learnt because of the intervention in the different States as a Nation to be replicated in other States for national progress



Panelist and participants at the Inter-Faith Pre-Conference

Youth Pre-conference

Venue: Wells Carlton Hotel and Apartments, Asokoro

Date: Tuesday, December 8, 2020.

Theme: *Prioritizing Young People's Family Planning Needs During Crises and Emergencies.*

Sub-themes:

- *Inclusive Family Planning programming for Adolescents and Young people*
- *COVID 19 pandemic: The Youth Family Planning Story*

Presentations and discussions were tailored towards the prevailing and current reproductive health needs of young people.



Highlights:

- The youth policy environment looks promising but needs more work.
- Currently, gender-based violence has increased by 25% due to COVID-19, which puts adolescent girls at risk of STIs, unintended pregnancy, and unsafe abortions.
- There is a need for inclusive planning and implementation of programs and policies in addressing the need of persons with disabilities and other vulnerable groups as well as funding, capacity building and public - private sector partnerships.
- Social media and outreaches to hard-to-reach areas have led to more young people accessing services. More needs to be done in the public and private sector to increase funding and reduce stigmatization of young people
- In order for Nigeria to make progress in actualizing the FP2020 commitment, the most strategic option is to address the contraceptive needs of adolescents and young

people. There is a need to focus more on unmarried and sexually active women as the data shows that the unmet need among them is higher.

Recommendations

Strengthen mechanisms for Implementation and Coordination

Prioritise rights-based SRH policies that promote friendly services for AYP

Accelerate FP Policy domestication

Human-centred designs approach to improve FP uptake among AYP

A total of 318 people registered for the youth pre-conference with 188 people virtual, and 130 people checked in live. The Virtual status of the conference presented its challenges from the onset. Setting up for the online audience and presenters took longer than expected and this in turn affected the start time by almost two hours. Poor network and sound interfered with presentations. Goodwill messages were delivered on-site and virtually by representatives from UNFPA, Dr. Lucky Palmer of IPAS; Isaiah Awolabi, Director, HACEY; Dr. Amina Aminu Dorayi, Country Director for Pathfinder, Nigeria, Dr. Victor Igharo of TCI/NURHI.

Communique for Youth Conference

Youth Sub-committee for the 6th Family Planning Conference on Behalf of the Young People in Nigeria

- Support State governments to strengthen the capacity of Primary Health Care facilities across the country by training healthcare workers on youth friendliness and through the provision of Minimum Package of Service Standard in all PHCs.
- Prioritize the inclusion of AYSRH including contraception services in the State Annual Operational plans and Costed Implementation plans while ensuring adolescent and youth focused interventions in states where the Family Planning Unmet need among young people is high and increasing. As well as invest in Post pregnancy family planning programs for first time teenage mothers and married adolescents.
- Integrate Young People into the State Reproductive Health/Family Planning Technical Working Group to ensure meaningful engagement of AYPs in program design, implementation and evaluation at all levels. Also improve efforts to establish Adolescents Health and Development Technical Working Group in all 36 States while ensuring compliance to the AHD Technical Working Group Operationalization Guide which made clear provision for a young person to be part of the leadership.

CHAPTER THREE

The Main Conference

Venue: Wells Carlton

Date: 9 - 11 December 2020

Theme: *Post FP 2020 agenda and safeguarding investments in emergencies: Adaptation. Innovation. Resilience*

Opening Ceremony

Special Guests:

- Hon. Minister for Women Affairs, Dame Pauline Tallen
- Hon. Minister of FCT, Alhaji Musa Bello, represented by FCT Secretary of Health, Dr Mohammed Kawu
- Minister of State for Health, Dr. Olorunimbe Mamora (participated via virtual platform)
- The host Minister, Dr Osagie Ehanire, Minister of Health



The Honourable Minister of Health, Dr. Osagie Ehanire, delivering his Welcome Address during the Opening Ceremony



A Cross-section of dignitaries (From L-R: Alhaji Sani Umar Jabbi, AAFP BOT Chairman; Hon. Minister of Women Affairs, Dame Pauline Tallen, Emir of Shonga, Dr. Haliru Yahaya; Hon. Minister of Health, Dr. Osagie Ehanire; Representative of the FCT Minister and Secretary of Health; Dr. Mohammed Kawu and UNFPA Country Representative, Ulla Mueller)



The Honourable Minister of Women Affairs delivering her remark during the Opening Ceremony

Highlights of the Opening Ceremony:

1. Welcome address by the Chairman of the Technical Management committee (TMC) of the AAFP, Dr Ejike Oji.
2. Goodwill messages from different persons (physical and virtual) both locally and internationally, donors, implementing partners (like: BMGF, UNFPA, USAID, MSD for mothers and FP 2020 secretariat) and the government of Nigeria.
3. During the opening ceremony, the Nigeria Family Planning Storybook titled, *Family Planning: for a more productive Nigeria*, was launched by the Honourable Minister of Health, Dr. Osagie Ehanire, Hon. Minister of State for Health, Dr. Olorunimbe Mamora, the Hon. Minister of Women Affairs, Dame Pauline Tallen and the Honourable Minister of the FCT represented. The storybook highlights the current situation of Family Planning in Nigeria. It features testimonies from FP champions, partners' success stories and milestones attained in FP landscape in Nigeria.



Hon. Minister of Health, Dr. Osagie Ehanire, Hon. Minister of Women Affairs, Dame Pauline Tallen, Emir of Shonga, Dr. Haliru Yahaya, Prof. A.O. Ladipo and other key stakeholders at the Launch of the FP Storybook during the 6th National FP Conference in Abuja

4. Keynote address by Dr. Muhammad Ali Pate, Global Director, Health, Nutrition and Population
| Director, Global Financing Facility for Women, Children and Adolescents (GFF) World Bank.
 - o Highlights of the keynote address
 - i. Access to reproductive health services as critical to women's health, social and economic well-being.

- ii. Women and girls need to be empowered by investing in qualitative education, especially for those from poorest homes, in order to accelerate the country's economic growth.
5.
 - The Nigeria Demographic Dividend Effort Index Report and Scorecard were also launched by the Chairman of the National Population Commission, Hon. Nasir Isa Kwarra represented by the Director, Planning and Research, Mrs. Adenike Ogunlewe.
 - During the 8th Annual Population Lecture Series, a biennial lecture held at every NFPC, the Guest Speaker, Prof. Mngumber Vicky Sylvester, focused on “Gender Based Violence and Family Planning during Emergency”.
6. Recap of pre-conference sessions
 - Youth: Rahama Bungudu and Elvis Okolie
 - Women: Dr Mrs Mitchel Abazu
 - Inter-Faith: Rev Isaac Gbadero and Imam Tanimu

Main Conference Presentations & Discussions

The nine plenary sessions of the main conference featured presentations and discussions addressing the seven sub-themes of the conference:

Sub-themes:

- Mobilizing Resources for Family Planning
- FP 2020 Commitment: Gaps and Achievements
- Impactful strategies to strengthen the FP agenda post 2020
- Meeting the FP needs during the Covid-19 Pandemic
- Scaling Up Networking and Technology to Improve Family Planning
- Adolescents “The very Visible but Hard to Reach” How do we Reach Them
- Gender-based Violence on Family Planning During Emergencies

Each sub-theme featured one plenary session (at least) and several breakout sessions for oral discussions around submitted abstracts, as well as poster presentations. This section of the report is a concise synthesis of the presentations and discussions associated with each of the seven sub-themes.

1. Mobilizing Resources for Family Planning

Title of Lead presentation	Health Financing post-COVID: Emerging funding mechanisms and implications for SRH. Are funds moving away from SRH?
Chair	Martins Smith – Managing Director FP2020 Washington DC (Virtual)
Presenters/Panellists	<ul style="list-style-type: none"> ▪ Dr Afolabi Kayode represented by Mr. Lawrence Anyanwu ▪ Ulla Elizabeth Muller –UNFPA representative (Virtual) ▪ Dr. Onoriode Ezire- Senior Health Specialist World Bank (Virtual) ▪ Dr. Gertrude Odezugo – Senior Reproductive Health Manager USAID (Virtual)

	▪ Dr. Ebere Anyachukwu - Health Advisor FCDO
Other details	Plenary No. 5 , 9 th December, 2020; Co-chaired by Dr Chukwu Nkata and moderated by Dr Tunde Segun



Dr. Kayode Afolabi, Director and Head, Reproductive Health Division, Family Health Department making a presentation during the main conference

Highlights of the Session:

- Reproductive health and family planning were not prioritised in the initial Covid 19 response plan at the National and State levels.
- Shrinking of foreign aids as countries are assuming self-preservation positions leading to a reduction/tight budget and realignment. e.g. reduction of funding by FCDO from 0.7% to 0.5% (£4.5 million in 2019 to £4million in 2020).
- Concerns that the progress on CPR has been slow and Nigeria has population growth that exceeds economic growth.
- Addressing demographic dividend needs in Nigeria is critical to improving indices across all sectors. Girl Child Education is a prerequisite for improved FP use in Nigeria.
- There is a need to focus on system strengthening and integrated health care at the Federal and State levels.
- The Federal government released \$3 million in 2017 and \$4 million in 2019, a total of \$7 million to the basket fund for contraceptives.

Recommendations for the Federal Government

- The government of Nigeria should support Family Planning, not just on services but also on commodities
- Consistent Federal government co-funding, and supply chain should move from the Federal level to State

- Maternal mortality cannot be addressed without addressing the issue of Family Planning.

Title	Interactive Session with Donors
Panellists	<ul style="list-style-type: none"> ▪ Ebere Anyachukwu -FCDO ▪ Ulla Mueller - UNFPA ▪ Paul McDarment – USAID ▪ Iyadunni Olubode –MSD 4 Mothers
Other details	Plenary No. 11 , 11 th December, 2020. moderated by Dr. Ejike Oji & Dr. Moriam Olaide Jagun

Highlights of the Session:

- Perception of the Nigeria Family Planning Landscape
 - Family Planning is critical to women empowerment and demographic transition
 - There are women who don't want unplanned pregnancies
 - Persistent scarcity of contraceptives, services and commodities. To address this gap, there should be timely release of funding for procurement.
- Identified gaps
 - Too many structures are involved in procurement, a common basket is preferable along with joint development and distribution plans.
 - The contributions do not cover transport and logistics from the State warehouses to the last mile (service delivery points). In many instances commodities arrive at the warehouse and they are not distributed.
- Identified best practices
 - Self-care is gaining grounds; empower women to increase uptake.
 - Explore digital media as a way to enlighten people
 - The needs and preferences of women vary from location to location
 - A framework that holds all the players accountable is a powerful tool
 - Health Insurance in many states is improving and it is helping in health financing
 - There should be synergy between the health and education sectors.

Recommendations

- Leverage on and engage Champions for Change such as Dangote.
- Leverage on the bi-ennial reviews to roll out Family Planning support in other States.

Parallel Sessions

Inadequate Family Planning Funding at the National and State Levels with Particular Reference to Implementation States”. - Ugochukwu Oti

Improving public financing for family planning services through advocacy. Jigawa case study - Dr Michael Olawuyi

Highlights of the Presentation

- In Jigawa State, FP budget line created and N10 million allocated in 2020

- Comprehensive family planning services (including counselling, short acting methods, LARC and permanent methods) included in Jigawa health insurance benefit package.

Recommendations

- Successful advocacy requires both a technical and political approach.
- To effectively advocate for FP funding, it is important to understand the budget process and use evidence to highlight the importance of FP.

Religious Leaders as Catalysts for Change in Family Planning Norms - Aneotah Egbe-State Program Coordinator, TCI, Anambra State

Highlights of the Presentation

- Faith-based organizations in Anambra State serve as safety nets for health services in remote/rural underserved areas where government health systems are weak or non-existent.
- These faith-based organizations represent the only point of care thereby making their views and opinions widely respected and accepted. TCI therefore utilizes the services of Religious leaders as FP advocates.
- TCI conducted an orientation on the benefits/importance of Family Planning and trained fifty (50) religious leaders on FP messaging and advocacy.
- An Inter-Faith forum was founded to engage communities and leaders on FP. Radio programs were also used to sensitize the community on the benefits of FP services
- After a 4–6-week period of engagement, results showed that the Inter-Faith forum had reached out to over 250,500 people with sensitization messages within a 3-month period. The radio programs also recorded about 3,500 calls during the live segments.
- The State has also recorded a 42.3% increase in the uptake of FP services between May 2019 and September 2020 as a result of community engagements by religious leaders.

Partnering Government and Community Structures for the Sustainability of Family Planning Demand Generation -The NURHI 2 Experience - Adenike Ayodele (CCSI)

Highlights of the Presentation:

- NURHI 2 project rolled out between 2015 to 2020 to scale up proven strategies to 3 States in Nigeria; Lagos, Kaduna and Oyo.
- The key approach for sustaining demand generation was anchored on capacity building for members of the Social Mobilization Committees across these states, as well as the provision of technical assistance to LGA Health Educators and National Orientation Officers, to coordinate social mobilization activities.
- Social mobilizers were supported to carry out voluntary activities such as neighbourhood campaigns while LGA officers were supported to take on more front-line roles such as coordinating the mobilization processes.
- LGA officers also coordinated the selection and training of Life Planning for Adolescents and Youth (LPAY) mobilizers and helped to reach more young people; particularly in-school youths.

328,070 people have been reached with FP messages, 37,749 People referred, 33,989 Completed referrals and 90% referral completion rate.

Lessons Learnt

- Involving government across levels and communities in the implementation of projects stimulates sustainability.
- For sustainability, start with the end in mind.
- Recognition of LGA officers and mobilizers motivates commitment.
- LGA officers and social mobilizers are willing to continue demand generation for FP services, however, the funding gap needs to be addressed.
- LGA officers can support creative avenues of integrating demand generation for FP into routinely funded campaigns.

Meeting the Challenge: Insights, Impact and Inspiration from TCI Business Unusual Co-financing Strategy In Nigeria - Lekan Ajijola, TCI Nigeria



Dr. Lekan Ajijola chairing the plenary session by The Challenge Initiative in Nigeria.

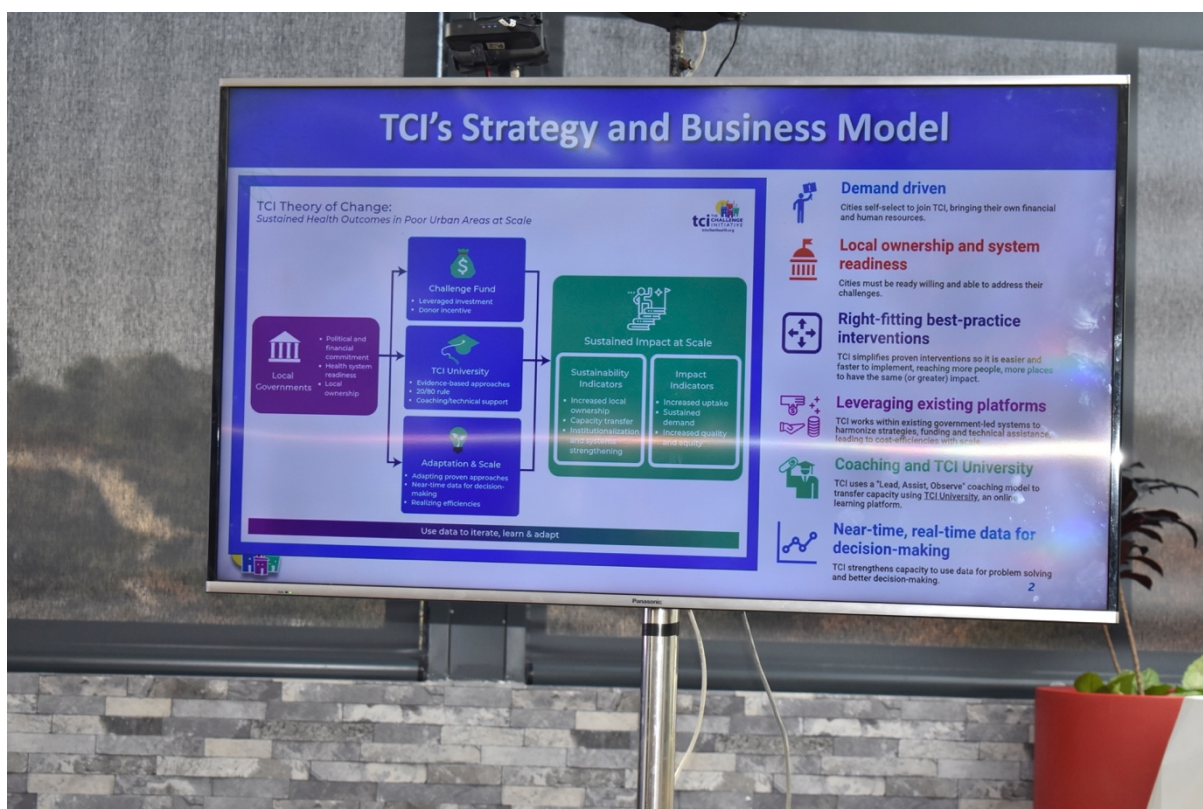
Highlights

- TCI's Co-Financing strategy hinges on the fact that there is a global decline in donor funding and this poses a substantial threat to development financing.
- The Covid-19 pandemic has further put pressure on public financing and FP is at risk of being deprioritized amongst other development issues.
- TCI's co-Financing strategy therefore offers an opportunity to expand the growth of non-donor sources of financing especially looking towards public financing and leveraging other Co-Financing models.
- States in Nigeria face increasing financing and operational pressures compounded more by the changes in the external funding environment as they demand more of local ownership and self-reliance.

- In Nigeria, TCI supports States to respond to these realities.

Results:

- Funding-States have risen to the Challenge, and a total of N749, 111,170 (\$2,080,864) has been released by State governments as co-investment. In 2018, only three states released ₦17,084,000 (7.3%) out of the ₦233,500,000 from four states with dedicated budget lines. In 2019, seven states released ₦115,831,933 from the FP budget line out of the ₦588,309,740 allocated during the fiscal year, representing a 20% budget performance. While all 10 states now have an FP budget line, five states have released ₦51,476,500 out of the ₦639,448,495 allocated in the first six months of 2020 (as of June 2020).
- TCI model for program management, partnership and resource optimization has been hugely successful with evidence of improvements in key indicators, increase in domestic resources and catalyzing community action and ownership.
- TCI competitive co-financing funding mechanism has proven useful in improving the FP funding landscape across demonstration states in Nigeria through increasing FP budget allocation and releases for program implementation. The model is also contributing to strengthening government accountability and responsiveness in domestic financing for Health programs.



The Challenge Initiative Strategy and Business Model culled from the presentation.

2. FP 2020 Commitment: Gaps and Achievements

The Honourable Minister of Health, Dr. Osagie E. Ehanire in his opening remarks at the Opening Ceremony of this conference made the following statement:

“...an outcome of the 2012 London Summit on Family Planning was the FP2020 goal to enable 120 million additional women and girls of reproductive age, to have access

to contraceptives by the year 2020. At this Summit Nigeria committed to achieving a modern Contraceptive Prevalence Rate (mCPR) of 36% by the year 2018. However, this target was revised in 2017 to 27% by the year 2020 and again rebased to 27% by year 2024 to allow more time for ongoing efforts to yield results, given the changing realities and emerging challenges, including those imposed by the COVID-19 Pandemic.”

Presentations	<ul style="list-style-type: none"> ▪ Successes and challenges related to the FP2020 Commitment Beth Schlachter – Executive Director, FP2020 (presented virtually from Washington DC) <p>Panel</p> <ul style="list-style-type: none"> ▪ 2030 partnership and recommitment process ▪ Nigeria's Commitments to FP2020 <p>Discussants: Dr. Kayode Afolabi Dr. Ejikje Oji</p>
Moderator	Onyinye Edeh (Virtual)
Other details	Plenary No. 2 , 9 th December, 2020



From L-R: Alhaji Sani Umar Jabbi, Dr. Kayode Afolabi and Dr. Ejike Oji

Highlights (Successes and challenges related to the FP2020 commitment)

- Nigeria has played a crucial role in the FP2020 partnership since her commitment in 2012 at the London Summit
- The partnership was spearheaded by the late Dr. Babatunde Osotimehin as a pioneer UNFPA Core Convener of the partnership

- Nigeria renewed its commitment in 2017, under the leadership of former Minister of Health, Prof. Isaac Adewole. The commitments focused on:
 - Sustainable financing for national FP program
 - Improving availability of FP services and commodities
 - Building partnerships to improve FP access

Highlights (Nigeria's Commitments to FP2020)

- Nigeria's three commitments from the Motion Tracker (a customized, dynamic framework that strengthens accountability and drives action by keeping commitments visible and highlighting progress)
 - Commitment 1: Ensure sustainable financing for National Family Planning
 - Commitment 2: Improve availability of services and commodities
 - Commitment 3: Build partnership to improve access
- Nigeria's commitment to FP2020 led to the increase in mCPR from 10% in 2013 to 12% in 2018 (NDHS). In Policy direction, Family Planning policy of 2014 was revised; the Policy of Task Shifting and Task Sharing has helped in the delivery of Family Planning services.
- For partnership at the Federal level, all stakeholders are involved and there is a '*Breakfast Show on NTA- Good Morning Nigeria*' where Family Planning issues are discussed. At the state level there are State based groups who are working with the data collected and are engaging with the state for accountability. These state based groups bring information to the governors for their necessary action on Family Planning.
- Beyond 2020: What comes next? A New Partnership Model
 - Recommitment process will kick-off in January 2021 and run through the year
 - The partnership will continue to 2030 (to be formally launched at ICFP in November 2021)
 - A commitment-based partnership
 - Country-led and country-driven mandate
 - Potential to expand impact to greater subset of countries
 - Seeks to strengthen role of civil society (including youth) in accountability efforts and promote greater advocacy coordination and alignment
 - New architecture with regional hubs

Challenges and Recommendation

- There were some identified challenges and barriers while using the Motion Trackers
- Inadequate allocation of sufficient resources for family Planning
- Some states lack support from Partners
- Need to revise Family Life Health Education curriculum

Presentations	<ul style="list-style-type: none"> ● Nigeria in the Centre Page – Progress so far- Prof. Adesina. Prof. Adesina & Dr. Funmilola OlaOlorun ● Eliciting Disparities at the State Level - Dr. Funmilola OlaOlorun - Performance Monitoring for Action (PMA) ● Cross Section of Policy Frameworks Targeting Major Programmatic Challenges in Nigeria - Dr. Kayode Afolabi
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Moderators	Prof. Brian Adinma & Prof. Oladapo Oladipo
Other details	9 th December, 2020



Prof. Oladapo Oladipo, Prof. Brian Adinma and Emir of Shonga, Dr. Haliru Yahaya.

Highlights of Presentation - Eliciting Disparities at the State level

- PMA surveys from 2015-2018 collected FP uptake data from seven (7) states
- Survey shows that there was a rise in the use of modern contraceptives in Lagos, Nasarawa, Anambra, Taraba and Kano states and the increase appears to be steady.
- Total un-met FP needs amongst married women is highest in Kano state and lowest in Anambra.
- The demands satisfied by modern methods among married women are seen to be highest in Nasarawa and Lagos states.

Recommendation

More funds should be budgeted and allocated toward research for continued access to actionable data for FP and other Reproductive Health services.

Highlights of Presentation - Cross section of policy frameworks targeting major programmatic challenges in Nigeria

Nigeria's involvement in FP2020: The Nigerian Government committed to embark on deliberate efforts to ensure sustainable financing for the National Family Planning program, and also improve availability of services and commodities. The Government is also committed to the building of partnerships to improve access by the use of a Motion Tracker to address bottlenecks to achieving the following commitments:

Commitment 1: Ensure sustainable financing for the National Family Planning Program.

Deliverables	Achievement Status	Identified Barriers
\$4 Million allocated annually from 2017 to 2020 for procurement of contraceptives for the public sector	On-Track	<ul style="list-style-type: none"> ● Inadequate allocation of sufficient resources to FP. ● Overall reduction of the health sector annual budget, making it difficult to make a case for FP budget increase. ● Minimal advocacy to meet the funding gap for FP
Family planning commodities procured and distributed to public health facilities	On-Track	
US \$56 million disbursement to the states through the IDA loans and Global Financing Facility	On-Track	
Funding gaps identified and addressed annually	On-Track	
National Family Planning (At National and State Level) resource tracking conducted annually	On-Track	
Meet or exceed the 15% Abuja Declaration health financing commitments	Not On-Track	
Functioning accountability system for tracking domestic resources for FP in place at the FMOH	Achieved	

Commitment 2: Improve availability of services and commodities

Deliverables	Achievement Status	Identified Barriers
Institutionalization of the support for primary health services provided by the SURE Program	On-Track	<ul style="list-style-type: none"> ● Some states lack support from partners ● Low visibility & use of the eLMIS in public sector facilities
Revised and expanded task-shifting policy to include Patent Medicine Vendors and Community Resource Persons to expand access	On-Track	
Include access to sexual and reproductive health services in the minimal Initial Service Package where humanitarian crises occur	On-Track	
Increased number of Health Facilities providing Family Planning services in 36 State plus Federal Capital Territory (FCT) from 9500 to 20,000 by 2020	Achieved	
Scaled up access to new contraceptive methods including DMPA-Subcutaneous in the public and private sector. Achievements from 2018 - 2020: <ul style="list-style-type: none"> ● Facilities 504 to 7,661 ● Av Monthly Consumption 5,537 to 142,555 ● Training - 29,735 providers 	On-Track	
Train at least 3,000 CHWs to deliver range of contraceptives including LARM and support the task shifting by 2020	Achieved	

Commitment 3: Build partnerships to improve access

Deliverables	Achievement Status	Identified Barriers
Cross-sectoral collaboration initiated by FMOH to address the socio-cultural barriers to family planning	On-Track	<ul style="list-style-type: none"> ● Need to revise Family Life Health Education Curriculum ● No multi-sectoral platform coordinating FP activities under Ministry of Finance, Budget & National Planning and Governors Forum
Dissemination of BCC messages through WDCs in 10,000 functional PHC centers	On-Track	
Collaboration between FMOH, Ministry of Youth and Ministry of Education in developing age-appropriate information on sexual reproductive health	Achieved	

Recommendations

- Emphasis should be placed on generating demand for SRH/FP
- To make FP a social norm, programs should focus on changing the mindset of both men and women (young and old) to see FP as a way of life

Presentation	Population Growth and Human Capital Development in Nigeria: challenges and opportunities (a study commissioned by the President of the Federal Republic of Nigeria, His Excellency Muhammadu Buhari GCFR) and presented by Nigeria Institute of Policy and Strategic Studies (NIPSS) Senior Executive Course 42
Moderators	Prof. Fatai Aremu & Dr. Emmanuel Musa
Other details	9 th December, 2020

Highlights of Presentation

- Nigeria is the 7th most populous country in the world with a 3.2% average annual population growth rate, 5.4% total fertility rate and projected to have an estimated population of 410 million people by 2050
- The population of Nigeria presents both a daunting challenge and an immense opportunity for the development of human capital - 55% are youth and 43% are dependents
- Current policies and framework seem not to be achieving the desired results.
- FP interventions and communication strategies must be tailored to address the nuances of the different geo-political zones.
- The absence of reliable population data, lack of one-stop data shop and poor coordination among institutions collecting population data are key findings related to barriers, among others.

- **Recommendations:**
- The 10 yearly population censuses should start from 2023.
- The role of religious and traditional leaders should be broken down or separated as their influences are not the same across geo-political zones
- The Federal Government should create a Council for human capital development to institutionalize the coordination of all human capital development initiatives.

Presentation	Realizing the demographic dividend to accelerate economic growth in Nigeria
Panellists	Dr. Olorunnimbe Mamora (The honorable Minister of state for Health) Ms. Yosola Akinbi (SSA to the President and Coordinator – core-working group on Human Capital Development) Dr. Muhammad Lawan Gana, (Commissioner for Health, Yobe State) Dr. Demola Olajide (UNFPA country representative, Kenya) Dr. Olumide Okunola (World Bank) Dr. Ejike Orji (chair TMC, AAFP)
Moderator	Dr. Tunde Segun
Other details	Plenary No. 8 , 10 th December, 2020



Honourable Minister of State for Health, Dr. Olorunnimbe Mamora

Highlights of the Discussion

- By the year 2050, it is estimated that Nigeria would be the third largest population in the world with a population of 435 million unless specific interventions targeted at reducing birth and fertility rates are implemented
- The pyramidal age structure in Nigeria, comprising largely of children and youth, presents a low hanging fruit for the realization of demographic dividends. Therefore, investing in FP, education and other human capital development efforts is critical
- Several socio-cultural norms such as some religious beliefs, limited decision-making power of women, low level of female education and the preference for large families as well as myths and misconceptions about FP and child spacing presents a barrier to FP uptake.
- The present report indicating that there are unmet needs of FP in Nigeria call for increased investment in FP to complement the efforts of the government and other stakeholders in providing affordable FP options for the populace.
- The National Economic Council, which is made up of 36 governors of Nigeria, set up a core working group to accelerate Human Capital Development. Other partners of the core working group include FMOH, Federal Ministry of Education, Federal Ministry of Labour, The World Bank, DFID, Aliko Dangote Foundation, Bill and Melinda Gates Foundation etc. The vision of the group is a healthy, productive and educated Nigeria by 2030.
- Family Planning should not be donor driven rather government should take the “driver’s seat”
- A multisectoral approach should be applied to address population decline, fertility transition, and family planning.

Key Messages

- Interventions should focus more on adolescent girls and boys, their families, community leaders, religious leaders and not just on women, as agents of change.
- The message is not about population growth but about the potential dividend that the country can reap by focusing on the population age structure
- Collaboration and coordination between the Federal and State Government are important
- Achieving demographic transition requires a deliberate approach that includes:
 1. Increasing infrastructural development in the healthcare sector so that it is competitive, inclusive and functional
 2. Making sure education is accessible, functional and relevant
 3. Ensuring ease of doing business – venture capital access, reduction in multiple taxation etc.
 4. Equity, fairness, and civility
 5. Addressing Climate change

Parallel Sessions

Accelerating Nigeria Demographic Dividend Scorecards for Effective Policy and Socio-economic Impact Assessment: The Process So far.

Chair: Dr Mojisola Odeku, Portfolio Director, JHUCCP

Co-Chair: Mrs Adenike Ogunlewe, Director, Planning and Research Department, representing the Chairman of NPopC

Panelists:

- Dr. Christopher Jean Rusatira – Gates Institute, JHSPH
- Ms Ulla Mueller – UNFPA Resident Representative
- Dr. Olukunle Omotosho – JHUCCP Nigeria
- Ms. Margaret Edison – National Population Commission

Virtual Presenter: Dr. Jean Christopher

Moderator: Ms Adetoyeke Adedipe



From L-R: Margaret Edison, Adetoyeke Adedipe, Dr. Mojisola Odeku, Mrs Adenike Ogunlewe, and Dr. Olukunle Omotosho

Highlights of Presentation

- Demographic Dividend Effort Index (DDEI) launched today.
- Based on the Demographic Dividend Scorecard, compared to Rwanda, Nigeria is slower.
- The Case of Nigeria: Annual population rate of 2.5%, a country in the first stage of demographic transition, characterized by high fertility rate and mortality rate. Nigeria Demographic journey: still in pre dividend stage.
- The Demographic Dividend Effort Index assessment result:

- The level of effort is moderate.
- Systems resilience, women empowerment and labor market scored lowest, not so resilient and a call for action to specific sectors. Will require specific attention to make sure progress towards demographic dividend is maintained.
- Support of demographic dividend (DD) efforts is done by partners but there is no tool to track or monitor progress.
- Managing the scorecard could be domiciled with the National Population Commission.
- A DD community of practice, including government parastatals, development partners and youth, was launched in February 2020.
- Nigeria is committed to zero tolerance for maternal, newborn and under 5 deaths.
- Every Nigerian child at the minimum should complete secondary education. Education is an essential lever towards achieving demographic dividend.
- Good governance, accountability, transparency, and the rule of law are also critical requirements.
- Efforts on women empowerment were observed as the lowest in the DDEI assessment. Therefore efforts to improve gender parity, and ensure women are engaged in decision making both at household and social levels, should be intensified
- Youth education and job creation are essential requirements for accelerating economic growth.



Demographic Dividend Effort Index (DDEI) launched at the event.

Highlights of Presentation

The study conducted outlined six specific indices for measuring the level of performance of Nigeria in meeting her commitment to the FP 2020. The indices are budget, cost, training, unmet needs, mCPR and COVID-19.

- \$4m was approved by the Federal Government but only \$2.65m and \$3.31m were disbursed in 2017 and 2018 respectively. This shortfall created a gap for sub-optimal performance in FP service delivery.
- The Federal Government committed to regular training of 4000 CHEWs, although this target has not been met, training is ongoing in line with the TSTS policy.
- Unmet need – this is the percentage of women avoiding pregnancy without making use of any contraceptives. According to the 2018 NDHS, unmet need for FP was 19%.
- Modern Contraceptive Prevalence Rate (mCPR)- The target by 2020 is 27% but it was 12% in 2018
- COVID-19 – During the pandemic, there was reduction in FP uptake due to challenges with supply of commodities and lockdown restrictions which prevented clients from visiting the facility.

3. Impactful strategies to strengthen the FP agenda post 2020

Presentation	Coordinating New Product Introduction, Selfcare and Self-Injection as Innovations for Improving Contraceptive Access in Nigeria
Moderators	Dr. Jennifer Anyanti and Dr. Fifi Oluwatomi
Panellists	Dr. Kayode Afolabi (Director, Reproductive health and family planning FMOH) Dr. Adewole Adefalu (Country coordinator JSI Path collaborative Nigeria) Dr. Anthony Nwala (Public Health Specialist Society for Family Health)
Other details	Plenary No. 4b , 9 th December, 2020

Highlights of Presentation

Government's efforts and strategy to support and scale up innovations in the area of self-care.

- In 2018, the Government adopted a total market approach by engaging FP service providers at all levels - public and private - to expand FP access to more men and women in all States across the country.
- When DMPA-SC - a selfcare FP method was introduced into the method mix in 2018, there were about 204 facilities nationwide offering the services. As at 2020, over 8,000 facilities are now providing DMPA-SC with a consumption increase from 5,000 monthly to 143,000 monthly.
- Guidelines to promote access to FP products and services should be expanded to include community pharmacies and PPMVs and other potential service delivery points.

- To increase awareness on FP, the government is using a lot of emerging media to communicate and reach a wider population.
- A communication guideline was created to support FMOH and implementing partners to develop communication strategies related to DMPA-SC

Lessons learnt and challenges on self-care and new product scale up in the public and private sector during the pandemic

- Partnerships with government, other implementing partners and relevant stakeholders is key to achieving success in scaling up new FP products. For instance, partnership with the FMOH made it easy to get waivers to allow free flow of distribution of FP products during the lockdown.
- Community based demand generation and distribution is instrumental to the acceptance and adoption of new products.
- Deploying innovative ways, such as adapting the PAC video and disseminating via WhatsApp, is essential to sustaining the competency of service providers during a lockdown.
- Integrating DMPA-SC messaging into COVID-19 information served as a gateway to discuss FP.

Challenges

- Referral for FP services at the facilities
- Cost of transportation



From L-R: Dr. Kayode Afolabi, Dr. Anthony Nwala, Dr. Fifi Oluwatomi, Dr. Jennifer Anyanti and Dr. Adewole Adefalu.

Parallel Sessions

Understanding commodity practices to increase access to modern family planning in the private health sector in Lagos state Presented by Adedoyin Roberts.



Highlights of Presentation

The objectives of this study are

- Examine prevalence of stock out
- Examine contraceptive commodity stocking practices in the private sector
- Examine stocking barriers
- Come up with effective strategies to address stock out

- FP commodity consumption data was collected one year before and one year after the intervention. This data was collected from 40 private facilities in 14 LGAs in Lagos state.
- Results at pre intervention shows that 90% of the private health facilities were stocked out consistently throughout one year. Factors linked to stock out were
 - Single procurement channel
 - High prices on service provision
 - Poor client flow
 - Little or no knowledge on commodity forecasting
 - FP commodities procurement on demand

Recommended strategies to address stock out are

- Capacity building on CLMS
- Strengthened the link between the private sector and the state government to increase access to free state FP commodities
- Routine visits to monitor progress of intervention

At post intervention, FP commodity stock out across facilities reduced by 50% because facilities engaged multiple channels for commodity procurement.

New private sector engagement strategies to boost family planning service delivery – the role of FMOH and PCN by Pharm. (Mrs.) Emily Olalere (Director, Pharmacist Practice PCN) and Pharm. Ibrahim Babashehu Ahmed (Director, Planning Research and Statistics PCN)



Session Highlights

- Government's partnership with the private sector is critical to improvement and increase in health interventions.
- CPs and PPMVs are the first point of call for the average Nigerian. In view of this, the government's policy on task shifting and task sharing aimed at shifting some of the tasks from higher cadre to lower cadre. PCN is committed to this policy and is collaborating with FMOH to ensure that issues relating to CPs and PPMVs are adequately implemented.

In order to monitor and evaluate PPMVs and CPs performance and activities especially in rural areas, PCN repositioned its M&E agenda resulting in the development of a three-tier accreditation system. The three-tier system includes: Training – mandatory four week training for PPMVs and PCs; Facility – facility inspection and approval; and Supervision and mentoring – supportive supervision and mentoring by community pharmacists

- There has been notable improvement between 2013 and 2020 in terms of data collection and accreditation of PPMVs and CPs especially in rural communities. An online reporting mechanism that will feed the FMOH with real time information showing all activities especially service delivery by private sector stakeholders that are regulated by PCN is currently being developed.

State-led Approaches for Family Planning Demand Generation: Lessons Learnt from the Rivers State Experience by Oluchi Bassey

Session Highlights:

- The TCI Business Unusual Model uses an approach that allows for States to scale-up, adopt and/or diffuse proven-to-work family planning program solutions in a sustainable way.
- The TCI Demand Generation Strategy works with existing State structures to implement awareness creation activities. This model is a mix of interventions which includes mass media campaigns, Entertainment Education, SBCC and widespread Social mobilization.
- TCI partnership in Rivers State commenced July 2018 with active engagements for social mobilization. Technical assistance was provided by TCI teams on ground to the State and LGA Social Mobilization Units to carry out High Impact Intervention using community volunteers as trained social mobilizers. Since 2019, DG strategies have been implemented using 2 different Phase-approaches (Entry-LGAs Phase and Expanded-LGAs Phase).

Recommendation

Expanded phase approach offers a platform for a scale up and/or diffusion of FP demand generations strategy across more LGAs/States in a way that allows social mobilization units in these locations the full capacity to plan, lead, implement and document activities.

The Use of Responsive Feedback to Strengthen Demand Generation for Uptake of Family Planning Among Young First-Time Mothers in Nigeria: Case Study the Popcare Project
by Toyin Akande

A tool known as the Responsive Feedback Mechanism (RFM) is used to support the practices of learning and adaptive thinking. A responsive feedback approach operates on the philosophy of observation, experimentation, testing, tweaking and the improvement of projects to identify a set of factors that may increase the program success in a timely manner. Furthermore, a qualitative method using a semi-structured interview guide was used to elicit information on motivation and ease of adoption of FP methods among Young First-Time Mothers (YFTMs) from respondents.

Session Highlights

- Most YFTMs are motivated to take up FP when they are sensitized by health workers and community volunteers (CVs).
- Spousal or mother in-law refusal affects YFTMs willingness to take up FP
- Negative stories, myths and misconceptions about FP discourage YFTMs to take up methods.
- The high cost of FP services at the health facility discourages YFTMs
- Lack of client's choice methods

Recommendations

- Training of health workers on interpersonal skills is important
- Responsive feedback should be integrated into the life cycle of projects because it gives quick feedback for adaptive management

Demographic Factors Affecting Contraceptive Use in Rural Populations: A case study among married women in Rivers State, Nigeria - Olatunde Raimi

Session Highlights

- Omnibus survey is conducted periodically in order to monitor the range of demand generation activities across eleven states in Nigeria with the support of TCI. The Rivers state survey revealed that a majority of the respondents (98%), were aware of contraceptive methods with 36% of them currently using a form of contraceptive method. This clearly demonstrates that a high level of awareness does not necessarily lead to a high level of use.
- The study also showed a strong relationship between respondent's level of education and use of contraceptives. There was no significant relationship between respondent's ages, religion and use of contraceptive.

Recommendation

Policy and programs at all levels should target increasing women's education levels which in turn favours an increase in positive behavioural response to fertility by women.

Factors associated with differentials in modern contraceptive use among married women in Nigeria: Northern vs Southern Islam Presented by Matthew Alabi

Session Highlights

- Despite the Federal Government's CPR target of 27%, the total fertility rate in Nigeria still remains high at 5.3% while CPR progression has been minimal in the past ten years with significant differentials along regional and religious affiliations. This study examines factors associated with modern contraceptive use among married women in Nigeria.
- The data used for this study was from three most recent successive Nigeria Demographic and Health Survey data sets (2008, 2013 and 2018). Analysis was restricted to married women aged 20-40 years, who have given birth to at least a child and have at least two surviving children at the time of the survey and are not currently pregnant.
- For the period 2008-2018, only 5% of women from the north used contraceptives relative to 26% of the women in the south. However, use of modern contraceptive increased from 4% in 2008 to 28% in 2018 in the south. At the multivariate level, education, wealth index, occupation, autonomy, joint decision on use of contraceptive

and knowledge of methods were significant predictors of CPR among northern Muslim women. Among southern Muslim women, age, autonomy, joint decision and knowledge of methods were factors that significantly predicted CPR.

Recommendation

It is clear that within homogenous religion, regional differentials account for differences in modern contraceptive use in Nigeria, thus providing useful information for programmes and policies.

Implementing the ISBC approach to increase family planning in four francophone West African countries – Presented by Macoumba Thiam



Participants at one of the session meeting rooms

Session Highlights

- ISBC is a strategy used in various health domains to identify missing opportunities in service delivery. The USAID funded AmplifyPF project in March 2020 started implementing ISBC in over 250 public health facilities across Burkina Faso, Côte d'Ivoire, Niger and Togo with the aims of increasing the number of FP users and closing the gaps in post-partum FP.
- ISBC is applied to clients seeking services at different entry points: antenatal care, triage, labour and delivery, postnatal care, nutrition and child welfare. Within 8 months, ISBC has been applied to 98,723 clients with Niger accounting for 80% of the clients where FP commodities and services are free.
- Results/data from different countries confirm that ISBC is a high-yield, impactful, and low-cost strategy to increase FP use and recruit new FP users at the health facility level.

Continuation and User Satisfaction of the Levonorgestrel Intrauterine System (LNG IUS) Contraceptive in Nigeria - Emmanuel Udoh - Society for Family Health

Session Highlights

- LNG IUS, is a highly effective hormonal intrauterine contraceptive, however, it is not widely available in Nigeria and there is little evidence on the interaction of its use. The objective of the study was to assess and document the continuation of the LNG IUS, its user satisfaction and find out what is associated with continuation and satisfaction.
- This was a longitudinal phone survey, which involved a baseline survey of users at two weeks post insertion of LNG IUS, who were drafted from 40 clinics across 18 states in Nigeria with follow up surveys at the 3rd month and the final survey at the 12th month. At the beginning of the survey, there were 209 users, by the 3rd month the number went down to 98 users and by the 12th month there were 73 users left.
- The study further showed a high user continuation rate from the 3rd month to the 12th with satisfaction rate at 91.2%.
- There was also evidence of irregular bleeding at 33.10% by the 3rd month but dropped to 32.9% by the 12th month of the survey, with some users experiencing less bleeding and some with no bleeding at all. A few experienced pelvic discomfort, headaches and migraine

Recommendation

High user continuation rate and satisfaction from LNG IUS indicates the positive potential of the method as a contraceptive in Nigeria.

Improving Quality of Implant Services Through Capacity Building of Health Workers on Difficult Implant Removals in Nigeria by Oyetunji Jaiyeola

Session Highlights

- Initial results show that the prevalence of implants is growing faster than all other contraceptive methods in the 69 FP2020 focus countries, including Nigeria. This unprecedented growth in use of contraceptive implants globally and in Nigeria will result in equal growth in the need for implant removals.
- The objective of the training was to build the capacity of health workers (doctors and midwives) to identify and institute appropriate management for difficult-to-remove contraceptive implants in Bauchi, Sokoto and Kebbi States.
- In March 2020, a competency-based difficult Implant removal training was conducted for doctors and midwives in 39 secondary health facilities. Training was conducted in batches and in two phases.
- Total number of health workers trained was 85 and 41 secondary facilities initiated difficult implant removal services which were previously not available. All 46 women who presented with deeply inserted/difficult to remove implants had their implants successfully removed by the IHP trained providers.

Recommendation

Capacity building, continuous supportive supervision and mentoring of health care workers increased access to quality implant services in Sokoto, Kebbi and Bauchi States.

Absorbing Demand for Family Planning (FP) through Collaboration between Implementing Partners (IPs) by Chizoba Onyechi, Breakthrough ActionNigeria (BA-N)



Session Highlights

- USAID works with IPs to accelerate development and ensure effective and efficient use of FP resources. Breakthrough ACTION Nigeria (BA-N), Sustaining Health Outcomes through the Private Sector (SHOPS Plus) and Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM) collaborated with government partners to implement a USAID FP intervention aimed at promoting FP social behavior change (SBC), catalyzing provision of comprehensive health services by building the capacity of service providers on FP/LARC and ensuring uninterrupted supplies of FP/RH commodities.
- SHOPS Plus conducted 36 FP/LARC training practicum and 13 Post Training Follow-Up (PTFU) sessions for FP service providers across 3 states (Plateau, Oyo, Akwa Ibom) including FCT for 24 months. BA-N conducts routine community SBC activities to create demand for FP services and supported the practicums/PTFU with targeted mobilization of clients. GHSC-PSM ensured the availability of FP commodities and consumables while the state and LGA FP and health promotion officers were involved in client mobilization and service delivery.
- Referral data for routine community SBC and practicum/PTFU sessions from March 2019 to March 2020 were compared. For routine community SBC, about 178,623 referrals were made and 36.6% of FP clients completed the referrals. In the practicum/PTFU sessions, 41,036 referrals were made, with 75.5% of referrals completed. The referral completion rate for the practicum/PTFU sessions is twice that of routine community SBC referrals. This may be attributed to free service

delivery, onsite availability of the service providers/commodities, and mobilization of intending users.

Recommendation

FP IPs should explore more collaborative partnerships with governments and communities to sustain the gains made in uptake of modern contraceptives in Nigeria.

Collaboration Between Private Health Facility Staff and Social mobilizers: A Viable Way to Sustainability by Oluwagbemisola Fagbemi, Center for Communication and Social Impact (CCSI)

Session Highlight:

- The Post Pregnancy Family Planning (PPFP) approach aims to increase demand and uptake of FP services among post-pregnant women through a strategic combination of social mobilization, orientation, provision of technical assistance, and monitoring at private clinics.
- The social mobilization team using a 'how-to guide' document, conduct orientation for private facility staff on how best to integrate FP information during in-clinic mobilizations (ante-natal and immunization clinics). Advocacy visits and on-the-job assistance are also provided to address challenges and identify gaps.
- Additionally, social mobilizers effectively wear the shoes of clients while providing FP information during in-clinic mobilization. FP service providers are empowered to use the behavior change lens, make use of SBCC materials, and counsel effectively.

Lessons Learnt Through Synergy Between Community Oriented Resource Persons (CORPS) and Demand Generation (DG) or Community Volunteers (CVs) in Optimizing Complete Referrals and Reducing missed opportunities to DMPA-SC Uptake by Fintirimam Sambo – Dongo

Session Highlights

- In 2014 Nigeria developed the Task Shifting Task Sharing Policy aimed at bridging the gap of shortage and inequity of the needed cadres. Community Volunteers were referring clients to the facilities and the results were minimal. Early in 2020, the activities of the Community Volunteers (CVs) and Community Resource Persons (CORPS) were synergized. The CVs working with the CORPs yielded a positive result, with resultant effect of increased uptake of FP services.
- There was initial reluctance in accepting FP messages and referrals among community members due to prevailing myths and misconceptions, which include barrenness, weight gain and unending menstrual flow.
- Long-distance health facilities and complaints of high fees charged for consumables contributed largely to low referral completion.

Recommendation

Strengthened synergy, coordination and collaboration among various FP stakeholders benefits the entire system.

The Community Providers (CORPs): A Pathway to Increasing Access to FP especially in Initiation and Optimization of DMPA-SC Self – Injection Among Women of Reproductive Age in Communities and Hard to Reach Areas by Philip Oluwayemi

Session Highlights

- The Government's Task Shifting, Task Sharing Policy provides for lower cadre of health workers to administer injectables. This cadre of health workers called Community-Oriented Resource Providers (CORPs) on Resilient and Accelerated Scale – Up of DMPA-SC/SI injection in Nigeria (RASuDiN) project were trained on DMPA-SC, self-injection (SI) and on effective counselling to women of reproductive age (WRA). These CORPS have been providing services of DMPA-SC and self-injection to hard-to-reach areas.
- The objective of this presentation is to highlight the contribution and significance of community providers towards increasing access to FP service delivery, especially self-injection.
- The method used was that data was collected and analyzed over a 12 month period from the National Health Management Information System (NHMIS) in 10 project States (Niger, Ogun, Oyo, Plateau, Delta, Anambra, Enugu, Rivers, Lagos and Kwara). The trend of DMPA-SC service delivery by CORPS was appraised especially on DMPA-SI.

Leveraging a Live Mass Media Approach for Increasing Contraceptive Use in Nigeria by Adaora Uzoh Ntiwunka

Session Highlights

- Resilient and Accelerated Scale – Up of DMPA-SC/SI injection in Nigeria (RASuDiN) is a project aimed at expanding FP method choice and empowering women through supporting the roll-out of DMPA-SC integration and community-initiated Self-Injection (SI) in 10 states in Nigeria.
- The project which is funded by BMGF and CIFF is implemented by the Association for Reproductive and Family Health (ARFH) as a collaborating partner in service delivery, while CCSI is responsible for demand generation and Social Behavior and Communication Change (SBCC).
- The live media approach titled – “who I go ask? Na person wey sabi” was designed to create awareness on DMPA-SC and other modern contraceptive methods, dispel myths and misconceptions on DMPA-SC and increase demand for and support continued use of DMPA using community interventions. This media approach uses FP experts as resource persons, and has aired 24 episodes on 14 stations across nine RASuDiN supported States.

Integrating Family planning (FP) Messages into MNCH + Nutrition Social and Behaviour Change Communication (SBCC) Programs by Chizoba Onyechi, Breakthrough Action (BA-N)



Session Highlights

- WHO stated that 1 in 22 women die during childbirth, delivery and postpartum period. Access to modern contraceptives is one of the most cost- effective interventions to reducing MNCH mortality. Lack of integration is seen to be one of the missed opportunities for both FP and MNCH+N programs.
- The methodology was deployed in three states (Sokoto, Bauchi and Kebbi States). Before September 2019, vertical FP programming was the norm, however, BA-N in October 2019, supported the FMOH to integrate the use of SBC into MNCH+N.

Family Planning Integration into Maternal and Child Health Services in Private Health Facilities in Lagos by Omotunde B, Odanye - JHU-Post Pregnancy Family Planning Project, Lagos State

Session Highlights

- The health of the mother and child can be threatened if there is conception within the year of a childbirth. Within the first year of delivery, a mother has several visits to the hospital. This time is appropriate for MNCH services. These visits provided the mother with information on FP and a means to decide on the FP method of her choice.

- In Lagos, private hospitals provide over 65% antenatal and delivery care due to clients preference.
- There are different categories of care (ANC, Delivery, PNC/immunization) usually provided. The method of delivery of the FP services was through training the health care providers of the primary health facilities, clients were provided information on ANC, PNC, and immunization clinics. The clients were provided with chosen contraceptives commodities/services or referrals were made where applicable. Clients were routinely counselled by the health care providers after delivery and routine FP services data was adequately captured after delivery for update on NHIMS register at the point of FP services provision.

The objective is demonstrating the effect of FP integration during MCH services on FP counselling and uptake

Recommendations

- Improving the knowledge of MNC health care providers with training to improve their knowledge, skills, and attitudes regarding post pregnancy family planning.
- Offering quality FP information routinely through health talks, and one on one counseling during MCH clinics.
- Strengthening referrals from all MCH providers to delivery points.
- Follow up to ensure provision of method choice after delivery, method switch and integration efficiency strategically.
- Facility-specific mode of delivery of the integration process to enable successful implementation and sustainability.
- Maintenance of adequate stock of all commodities always.

Harnessing Data to Support New Product Introduction by Olajimi Latunji

Session Highlights

- New contraceptives have been introduced into the family planning landscape in Nigeria resulting in increased mCPR. However, this increase has been minimal because roll out processes are not adhered to.
- Routine monitoring of roll out processes is important for a successful new product introduction. Harnessing data for monitoring is usually a challenge for new product introduction. Integrating new products into the national systems takes time as a result of inadequate data to support decision making.
- Nigeria's experience of developing and using such a system to monitor the introduction of DMPA- SC provides important lessons for other countries and new product introductions.

4. Meeting the FP needs during the COVID-19 Pandemic

Title of Lead presentation	Family Planning, COVID-19 Pandemic and the Progress towards Achieving the Sustainable Development Goals
Guest Speaker	Prof. Olanrewaju Olaniyan, Department of Economics, University of Ibadan
Chair Co-Chair,	Dr Victor Igharo, TCI Dr Joachim Chijide, UNFPA
Other details	Plenary No. 7 , 10 th December, 2020;



Highlights of Presentation

- The health sector of the country has been the most affected sector by the COVID-19 pandemic and while prompt response was initiated for different areas of the health sector by government, there are arguments on whether reproductive health and family planning has received appropriate response during the pandemic, given that family planning directly shapes the pace and patterns of demographic dividend.
- Globally, response to COVID-19 has been similar; setting up of pandemic task forces; lockdown of cities and settlement; closure of schools, markets and businesses; travel bans and physical distancing; personal and community hygiene; testing, isolation and quarantines; and search for drugs and vaccine. All these come with attendant risks and uncertainty for family planning and reproductive health and have brought on pandemic related emergencies which have affected family planning negatively in the last ten months.
- These negative effects are escalated due to the structure of the pace and pattern of the

country's population and preparedness of our health system.

- Nigeria has a *National Pandemic Influenza Preparedness and Response Plan* that was prepared in 2013. The health system preparedness for a global health shock was available. It is worthy of note that neither reproductive health nor family planning was mentioned in the document.
- Restrictions on mobility made it even more difficult for young people to access high-quality, respectful, and confidential FP care thus increasing the risk of unplanned pregnancies and unsafe abortions.
- Targets 3.7 and 5.6 of the Sustainable Development Goals directly addresses reproductive health ensuring universal access and rights to sexual and reproductive health-care services including family planning, information and education and the integration of reproductive health into national strategies and programs.
- Effective digital health solutions were required during the COVID-19 lockdown period to reduce the burden on family planning providers and also increase access.
- The magnitude of the SDG financing challenge far exceeds the capacity of any one organization and demands a strong partnership among governments, the private sector, and development organizations.

Recommendations

- Develop a detailed action plan on global supply chains.
- Strengthen statistical capacity, the availability of timely data and government capacities to anticipate and manage unforeseen disruptive events.
- Strengthen international platforms, exchanges and transparency among scientists/researchers (open science).
- Countries should tap into existing resources to invest in health infrastructure for detecting, testing, quarantining, and treating COVID-19 patients.
- Governments, development partners and other stakeholders must respond in a coordinated, targeted, and rapid manner to be effective in limiting its impacts.

Parallel Sessions

Adolescent sexual and reproductive health and rights (ASRHR) in a time of COVID-19 Kate Meyer - Senior Specialist, Adolescent Sexual and Reproductive Health in Emergencies; International Association of Adolescent Health (IAAH) and the Inter-Agency Working Group on Reproductive Health in Crises (IAWG)
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Session Highlights

- It is important to address the needs of adolescents during the COVID-19 period by providing the right information and services about reproductive health and family planning.
- Parents should be informed on how to provide factual information to their adolescents.

COVID-19: Sustainable Approaches to Family Planning Demand Creation and Uptake in Five States by Akinlabi Jimoh - DEVCOMS

Session Highlights

- Devcoms trained 125 government officers on sustainable FP advocacy and promotion. Online mentoring methods were deployed to comply with the COVID-19 guidelines.
- Six months before the project there were only four media reports of FP, however with a series of training in 5 States, FP reportage increased after five months with a total number of 458 stories reported by participants. The project is being extended to 8 more states and was able to reach 10 million people on twitter while the hashtag #myfamilyplanningstory made it to the number 2 spot on Twitter trends.
- Irrespective of the pandemic, innovative approaches like online mentoring ensured that the project remained on course and even thrived on social media. Bauchi state commendably registered the media group and continues to hold monthly meetings and field visits

Continuing Family Planning service delivery during the COVID-19 pandemic: trends and adaptations in four francophone West African countries. Pathfinder International
by Macoumba Thiam

Session Highlights

- The aim of this study was to assess the impact of COVID-19 on the continuity of FP service delivery during the pandemic using the Integrated Learning Network Model (ILN). This study was carried out in four francophone countries, Burkina Faso, Côte d'Ivoire, Niger and Togo.
- FP service statistics from March 2019 to August 2020 extracted from district health information systems were analysed. In depth interviews of important stakeholders i.e., MOH officials at all levels, FP service providers and community representatives were conducted between July and August 2020. In all four countries particularly in Niger and Togo, there was a reduction in the use of FP services during the lockdown and an unprecedented increase as soon as the lockdown ended.
- This assessment offers the opportunity to understand FP service delivery/trend analysis during a pandemic so as to mitigate the impact of a pandemic.

A framework for delivering competency-based clinical training and services amidst the COVID-19 pandemic: the experience of Marie Stopes International Organization Nigeria.
by Kanu Onyekachi, Marie Stopes International Organization Nigeria.

Session Highlights:

- The objective of this project was to provide quality clinic training amidst the COVID-19 pandemic emphasizing on infection prevention.
- The pandemic impacted the RH supply chain as shipping logistics could not function optimally due to global restrictions.
- MSION identified a training gap on protocols to adopt during a pandemic, thus, a five-pronged framework for delivering competency-based RH/FP training and services amidst COVID-19 was developed.

- This framework was to sensitize and mentor frontline health workers on infection prevention and service delivery during a pandemic.

Pains and Gains for COVID-19 Disruption by Kehinde Osinowo – Director of Programs, ARFH, Abuja and Emmanuel Ajah – Director Programs and Operations, MSION



Session highlights

- One of the disruptions posed by the COVID-19 pandemic was difficulty in accessing services at health facilities. This was mitigated by CORPS who could easily provide door-to-door services and DMPA-SC self-injection by clients. A lot of facility workers collaborated with CORPs to ensure service delivery in the grassroots.
- Emergency stores were provided by the Federal Ministry of Health to address the supply of commodities
- The use of CORPS created more opportunities to reach community members.
- There was over 36% increase in service uptake between April and June 2020.

Serving the Underserved During COVID-19, the Honours, the Pains and the Gains - Ibekwe Samuel Ogechukwu, MSION

Session Highlights:

- This study focused on the outreach activities of MSION in Ogoja, Cross River State established to increase community-based affordable contraceptives and post abortion care.
- There was an apparent increase in the uptake of contraceptives among adolescents during the COVID-19 lockdown as compared with the proportion of adolescents served prior to COVID-19.
- Post Abortion Care services (PAC) were also made readily available during the study period.

Challenges:

- One of the difficulties encountered in providing FP/PAC services was accessing hard-to-reach communities due to poor road infrastructure.
- Another challenge encountered on getting to the communities was that a large number of women turn out and this in itself presents a challenge to younger women accessing service because of stigmatization from the older women. The team had to resort to innovative methods to include these adolescents too.

Addressing Policy Response Gaps: FP as Essential Service in the National Integrated COVID-19 Response Strategy and Beyond by HRH Dr. H.N. Yahaya (Emir of Shonga)

Session highlights:

- COVID-19 exposed a lot of policy gaps which should have heralded the pandemic.
- Policies that promote demand for and access to SRH/FP services are very critical in this period.
- Reviewing policies such as the National Health Act is critical to addressing public health gaps. For instance, a review of the National Health Insurance Scheme would promote financial access to quality healthcare including FP.
- Decentralization of the National Health Insurance Scheme from the national down to sub-national has enabled different states to institute Health Insurance Schemes. As of 2020, about 16 states have set up State Health Insurance Schemes (SHIS).
- There's a need to strengthen the PHCs to provide basic primary health services including SRH/FP.

Impact of COVID-19 on the Implementation and Outcomes of Family Planning Grants in Nigeria by Emmanuel Adegbe - Family Planning Country Action Process Evaluation (FP CAPE)

Session highlights:

- As at 1st November 2020, COVID-19 had affected all 36 states in Nigeria including the FCT with a cumulative case number of 66,383 and 167 deaths.
- The survey sought to understand how projects were adjusting their programs to ensure FP services were not completely halted during the lockdown.

- A mixed method approach (survey questionnaires and program monitoring data) was used for the survey, with data collected from the portfolio of BMGF grantees.
- Grantees adjusted their programs to minimize disruption and ensure continued access to FP services. For example, transiting from physical to virtual meetings, adapting FP advocacy messages to include FP services as an essential component in COVID-19 messages, increasing demand through social media platforms, updating training protocols on FP counselling and service provision, and collating FP data through online platforms and many more.

Increasing the Uptake of Family Planning Through Community-Based Demand Generation and Service Provision During the COVID-19 Pandemic

- Dave Agboola, Uzoh Ntiwunka & Olarewaju O. - RASuDiN Project



Session highlights:

- The RASuDiN project aims to expand family planning method choice and empower women through the roll out of DMPA-SC and self injection.
- The implementation method involved training 676 Community Volunteers (CVs) and Community Oriented Resource Persons (CORPs) to generate demand and provide services respectively. Women were also trained to self-inject DMPA-SC to reduce hospital visits and prevent exposure to COVID-19.
- Some of the findings include:
 - A significant rise in the trend of DMPA-SC utilization during the COVID-19 lockdown (March-May 2020).
 - 49% of DMPA-SC uptake was administered by CORPs.

- Over 50% of women who took up DMPA-SC during the lockdown were new acceptors of the method.
- Joint implementation of community-based demand generation and service delivery interventions met FP needs of target audience during COVID-19 pandemic.

Ensuring Quality of Family Planning Services During COVID-19 Pandemic through Virtual Supportive Supervision and Mentoring of Health Care Workers using WhatsApp Platforms in Three Northern States- Hannatu Abdullahi, Comfort Okpe, Olubisi Alalade, Jaiyeola Oyetunji, Marta Levitt - USAID/IHP Project

Session highlights:

- Integrated Health Program (IHP) is a USAID Nigeria funded project covering 4 states including the FCT, working in both public and private facilities.
- The goal of IHP is to contribute to state-level reductions in child and maternal morbidity and mortality and to increase the capacity of health systems (public and private) to sustainably support quality PHC Services.
- To ensure continuity of care during the pandemic, USAID IHP adapted and implemented critical measures in Bauchi, Kebbi and Sokoto States to ensure quality FP services.
- The implementation involved collaborating with LGHA-teams, using WhatsApp and the ODK-tool to train healthcare workers on COVID-19 prevention guidelines and infection prevention practices; collect and process data; adopt innovative ways in reinforcing FP knowledge and skills; and forge strategic partnership with other projects to ensure effective commodity distribution.
- Data collected showed that there was service continuity within this period with 191,297 women counselled for FP while 100,079 (52.3%) took up or continued a method.

Recommendation

Use of WhatsApp and ODK-tool to interact, mentor and support HWs helped in maintaining continuity and recovery of FP services during the pandemic.

Knowledge and Perception of COVID-19 Among Community Health Volunteers of Family Planning Services in Nigeria - Hasiya Ahmadu, Society for Family Health (SFH)

Session highlight:

- This study aimed to assess the knowledge and perception of community health volunteers of family planning services towards COVID-19 disease in Nigeria.
- As at August 2020, COVID-19 had hit more than 50,000 people across all 36 states of Nigeria including the FCT. Although FP is an essential service, women did not access services at clinics for fear of contracting the COVID-19 virus. Given this issue, the role of trained community health volunteers to provide family planning products and services in communities became very important. The Target respondents were community-based distribution agents working with society for family health as volunteers to scale up DMPA-SC and self-injection among women of reproductive

age in their communities. The implementing states include - Kano, Kaduna, Katsina, Benue, Adamawa, Taraba, Gombe, Edo and Akwa Ibom.

- A web-based, cross-sectional study was conducted using a 19-question survey instrument to obtain responses from our target respondents.
- The community health volunteers were very much aware and knowledgeable of the clinical presentation of COVID-19 disease, the transmission routes of the disease and its preventive measures. The study also revealed that most of these health volunteers had the right perception towards the disease, which can be attributed to the good knowledge they have about the disease.

Recommendation

It was observed that few participants did not believe the existence of COVID-19 in Nigeria. Therefore, it is important to regularly conduct trainings on COVID-19 guidelines to update volunteers on latest information about the pandemic.

Predictors Of Uptake Of Modern Contraception By Women Of Reproductive Age In Lagos State During The COVID-19 Pandemic: A Cross-Sectional Study

- Prof. Kikelomo Ololade Wright, Lagos State University Teaching Hospital (LUTH)

Session Highlights:

- Family planning is deemed one of the key services essential to be maintained even during a pandemic. FP has been shown to improve health of women and children including reducing maternal and child mortality by 32% and 10% respectively. Globally, there are reports that reproductive health services are either shut down or not accessible, as well as anticipated contraceptive shortages. This study focuses on the perspective of those who use the services. The study was conducted in 6 of the 20 LGAs in Lagos State, with its objectives being to assess the predictors of family planning usage during the COVID-19 pandemic by women of reproductive age (15 – 49 years) in selected communities of Lagos State; and the impact of COVID-19 on family planning services in the selected communities.
- Results showed that the contraceptive prevalence rate in this study was 24.34%, higher than national prevalence at 17% but lower than 29% reported by the NDHS, 2018 for Lagos State. Also, demand for FP was also affected as respondents reported reluctance to access services during the COVID-19 outbreak due to worries about infection, prevention and control in health facilities as well as the fear of contracting the disease.

Recommendations

- Across all ages, women have felt the impact of COVID-19 in limiting their access to and use of family planning services, therefore urgent multi-pronged actions are required including:
- Ensuring that commodities remain in supply
- Safety measures continue to be enforced during provider-patient engagements
- Re-assurance of communities to avoid reversal of hard-fought gains in family planning utilization

Impact Of Covid-19 Pandemic On Family Planning In Private Health Facilities In Lagos State, Nigeria

- Dr. Olatunji Abimbola, Post Pregnancy Family Planning (PPFP) Project



Session Highlights:

- This study set out to assess the potential impact of the uptake of services, pre and post COVID-19 pandemic.
- Evidence obtained from comparing data from the pre-COVID and post-COVID period shows that the measures taken by the government to prevent the spread of the virus had an effect on the uptake of contraceptives and FP commodity supply.

Perceived Influence of COVID-19 on Access of Family Planning Services in Nigeria

- Daini Babajide.O., Population Council Nigeria

Session Highlight:

- The Coronavirus pandemic has continued to challenge health systems and services around the world. By limiting in person contact, it has been postulated that access to family planning (FP) information and services would be greatly affected.
- This study aimed to assess the perception of women about the impact of COVID-19 on their SRH and access to FP services from Community Pharmacists and PPMVs
- Data from the study showed that the Pandemic had little influence on fertility intention (for limiting and spacing) among women of reproductive ages. It also showed

that the pandemic slightly influenced discontinuation rates and access to services/commodities among women.

Demand Generation for Family Planning In A Pandemic: Strategies, Challenges, And Lessons Learned	- Oluwatofunmi Laleye, CCSI
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Session Highlights

- The COVID-19 pandemic affected demand generation for family planning services across communities in Nigeria. Despite the ease of lockdown across the states, it was apparent that demand generation activities could not continue without modifications to strategies used prior to the COVID-19 pandemic. This paper focuses on identifying the challenges, strategies, and lessons learned from generating demand for family planning services during the COVID-19 pandemic.
- Low turnout of clients at health facilities due to fear of contracting the virus and reduction in activities that require interactions resulting in lost opportunities were some of the challenges noted.

Recommendations

- To address the new realities of generating demand for family planning during a pandemic, the following strategies have been successful: messages that emphasize the importance of using a family planning method during a pandemic; and leveraging on technology for information dissemination and training purposes.
- Partnership with state structures was critical for integrating FP messages into COVID-19 sensitization campaigns especially at the community level.
- Radio and social media platforms have been useful in generating demand for family planning during COVID-19 pandemic.

5. Scaling up Networking and Technology to Improve Family Planning

Presentation	Ensuring End-to-End Visibility of Family Planning Commodities: A driver of Commodity Security
Chair/co-chair	Kehinde Oto and Lawrence Anyanwu
Presenters	Dr Mariya Saleh, Atoyose Dehinbo, Abubakar Mohammed and Ogheneruno Ugboduma Global Family Planning Visibility and Analytics Network (GFPVAN)
Other details	Plenary No. 6 , 9 th December, 2020



From L-R: Dr Mariya Saleh, Ogheneruno Ugboduma, Abubakar Mohammed, Atoyose Dehinbo, Lawrence Anyanwu and Kehinde Oto

Session Highlights”

- The Global Family Planning Visibility and Analytics Network (GFPVAN) has developed a technology that ensures integration to the functions of the supply chain. This technology provides a single platform that enhances all interactions meant to get commodities from the manufacturer to the Last mile. The platform has helped as follows:
- Increased family planning choices, by ensuring method availability Data management commodity logistics from warehouse to facility
- Digital record keeping of activities across health programmes. Integration with other data tools like the National Health management Information system (NHMIS)

Parallel Sessions

Leveraging Innovations for SRH post COVID: Country Level lessons
by Dr. Kingsley Odogwu (MSION), Adenike Adeyi (CCSI), Pharm Fifi Oluwatoyin Ogbondeminu (A360 SFH), Pharm. Miranda Buba (JSI).

Session Highlights:

- Innovative approaches like the use of technology to hold virtual training meetings i.e., WhatsApp groups, Live Radio call in programs, social media engagement approaches were adapted by the project to and monitor results, progress and overall response from clients and providers to the interventions within the states.

- The program highlighted the importance of collaboration between government and implementing partners; likeleveraging on existing platforms to train and influence providers on COVID-19 messaging and to facilitate uptake of FP information and services. This also ensured reduction in cost of implementation.
- Innovative strategies like Telemedicine; a blend of home delivery service and contact centre as well as MS Ladies, were used. In the area of SBCC, partnering with government and IPs to integrate FP in COVID-19 messaging proved effective in sustaining FP in the states despite the hindrances. Community mobilization by traditional leaders and the use of megaphones inside communities for FP messaging was useful.
- Partnerships, adaptability and use of free or affordable IT tools is key to continuous engagement during a pandemic for virtuality. The innovations gave rise to increased reporting rate of above 80% and commodity availability of 75% within the period.

Scaling up Networking and Technology to Improve Family Planning: The Impact of the Global Family Planning Visibility and Analytics Network (GFPVAN) on the Nigerian Family Planning (FP) Supply Chain

Session highlight:

- The objectives of GFPVAN are to strengthen FP supply chain management system at the state; determine the effectiveness of third-party logistician in improving FP supply chain; assess the effectiveness of the use of mobile technology in monitoring the supply of FP commodities at the last mile.
- The deployment of the GFPVAN innovation in Nigeria has positively impacted the country's national FP program through its use in improving supply chain visibility, addressing shipment and inventory management challenges, and promoting FP commodity security.

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| 1. Infusing efficiency into internal quality updates
2. Using mobile phone tech to address data sharing reporting needs in the COVID-19 era among family planning service (FPs) providers.
3. Social behaviour change communication channels and contraceptive ideation care in private hospitals Lagos state.
Olugbenga Omisile, Segun Akinola, Adedoyin T. Roberts (online), Abdullahi Babayo Imam |
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Session highlights

- Data use is critical in making informed decisions, it enables proper monitoring of FP uptake and minimizes stock out.
- The use of mobile technology is more cost effective and promotes the use of quality care services through an internal audit check.
- The process used is the mQTA which is designed to capture data and administer modified tech acceptance model questionnaire tools.
- Using mobile phone WhatsApp helps to monitor commodity distribution and sharing in time of crises when movement was restricted especially during the lockdown.

- The feedback from the use of this digital is faster and easier which made response immediate.
- The mQTA process is as follows:
 - Designs and updates data forms to server
 - Designed forms are gotten from the server to mobile device
 - Assessors upload filled forms to server
 - The analyst downloads the data
 - The dashboard is prepared and analyzed
 - The clinical team shares facility level report
 - And finally, the QTA database is updated
- The intervention aimed at increasing FP uptake, ensuring no stock out at the service delivery points and security of commodities from central warehouse.
- The use of a third- party logistician and mobile technology improved the family planning commodity supply chain thereby increasing the availability of modern contraceptives at public health facilities.
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Assessing the Feasibility and Effectiveness of Digital Trainings for FP Providers in Nigeria
 Dr Kayode Afolabi - FMOH, Helen Anyasi - FHI360, Anthony Adindu Nwala - SFH and
 Oluwagbohun Oluwakemi - NURHI 2

Session Highlights:

The session focused on various digital training tools deployed by FMOH and other partners.

- Due to the COVID-19 pandemic, there was a decrease in the number of trainings between January to April 2020 when compared to the same period in 2019.
- Between May and August 2020, there was a 39% decrease in the number of FP training compared to the same time the previous year. In 2020 between January to August, only 704 providers were trained which was a decrease when compared to 10,690 that were trained in 2019.
- Hospital accessibility became a major challenge because of the risk of transmission of COVID-19, hence exploring digital training options for service providers became necessary to minimize physical contact.
- FMOH collaborated with partners to develop and scale up online innovative approaches for FP trainings.
- The aim of the approach was to train more service providers to reduce demand and supply barriers through online training opportunities that will result in increased FP uptake.
- Mixed method protocol - involving physical and virtual attendance in line with the COVID-19 guidelines - was explored which allows service providers to be trained within a short period of time. The approach included use of virtual platforms such as zoom, WhatsApp. It employed methods like recorded messages, quizzes, pre- and post-evaluations.
- The NURHI 2 project developed a mobile-based post training tool for service providers called '*My Family Planning Guide*', which serves to reinforce counselling, clinical and CLMS learnings after conducting initial FP training. The application available on Google Play Store.

6. Adolescents ‘the very visible but hard to reach’ How do we reach them?

“This generation of adolescents and young adults can transform all our futures; there is no greater priority in global health than ensuring they have the resources to do so.” – Lancet Commission on Adolescent Health & Wellbeing.

“Until every girl, every woman, everybody wherever they may be can access reproductive health service especially family planning, the work is not done” – Babatunde Osotimehin.

The Professor Babatunde Osotimehin National Reproductive Health Legacy Forum (PBOLF) is celebrated in memory of Professor Babatunde Osotimehin (6 Feb 1949 – 4 June 2017) as a global & national Sexual and Reproductive Health and Rights (SRHR) champion. It is designed as a national platform for advocacy and shaping the agenda for advancing SRHR, with a strong focus on family planning and adolescent health.

The 1st PBOLF took place on 19 July 2019 at the University of Ibadan, funded by the Bill and Melinda Gate Foundation while the 2nd in the series was held during the 6th NFPC. Professor Segun Fatusi, Vice Chancellor, Ondo State University was the guest lecturer; his lecture focused strongly on the youth and addressed the demand, supply, structural barriers on the policy front, our progress so far as well as gaps between policy and implementation.

Title of Lead presentation	Young People in Nigeria and Family Planning: Shaping the Future
Guest Speaker	Prof. Segun Fatusi, Vice Chancellor, Ondo State University
Other details	Plenary No. 9 , 11 th December, 2020



Session highlights

- There is a need to invest in FP for Young People because Nigeria with a dynamic population has youths whose sexuality exploration is high.
- There's a low use of contraceptive, high discontinuation rate, high level of unmet contraceptive needs and a high level of unintended pregnancies.
- There is potential for reduction in unintended pregnancies and health-related consequences from both early birth as well as unsafe abortions (maternal morbidity, maternal mortality) by promoting the use of contraceptives.
- Early pregnancy has an impact on education and lifetime as well as affects inter-generational development.
- Contraceptive service is one of best global investments in terms of yield as each dollar spent on a FP program yields about \$120 in benefits.
- Barriers to Young People's Family Planning Utilization can be categorized into three dimensions: Demand-side barriers, Supply-side barriers, Structural and environmental barriers. Except we are able to overcome these barriers, the agenda for FP as regards young people in Nigeria will not move forward.
- The Adolescent FP Challenges can be addressed by considering quality of care for adolescents and youth; providing an integrated and adolescent-friendly approach; expanding the method mix for adolescents and youth; promoting access to comprehensive sexuality education and encouraging innovative approaches.
- A paradigm shift in FP for young people will occur if: adolescent responsive FP services are ensured; use of integration of services to expand the reach to young people and also reach the unreached is adopted; social accountability is encouraged and community, social and stakeholder support to FP agenda for young people is built.

Parallel Sessions

Increased Demand for Family Planning Services Among Adolescent Girls Through Interpersonal Communication Agents - The Lagos experience - Ibrahim Kamaldeen, Fifi O. Ogbondeminu (SFH)
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Session Highlights

- SFH through the Adolescents 360 (A360) program brings a paradigm shift by supporting PHCs, a Private hospital in Agege and another in Alimosho Local Government Areas of Lagos State with well-trained Interpersonal communication agents (IPCAs) using the human centred design (HCD) approach.
- This was aimed at breaking down barriers to access and voluntary use of modern contraceptives by adolescent girls aged 15–19, thereby increasing the mCPR and improving AYSRH, as well as increasing FP awareness among adolescent girls in PHCs and hospitals.
- 20 women and men between the ages of 20 to 35 years were trained on youth-friendly mobilization with support from the community stakeholders and the LGA Social Mobilization Officer.
- To ensure the right girls were mobilized, the IPCAs were further trained on identifying adolescent girls 15-19 years with unmet needs using a girl's profile guide and a risk assessment guide, thereafter referred to a facility.

- Between June 2017 and September 2020, 142,103 girls were contacted by the IPCAs, 81,259 girls were issued referral cards to visit the centres and 32,423 girls reached the facility to see a health provider for either counselling or to access a contraceptive method.
- From the 32, 423 girls who reached the facility, 97% were from the IPCAs.
- Over 20,000 adolescent girls adopted a Modern contraceptive of their choice with over 4,000 still continuing on their contraceptive method.

Contraceptive Use Autonomy, Decision and Dependence Level Among Young Women In Nigeria; a Cross-Sectional Survey

Presented by Oluwayemisi Ishola – The Challenge Initiative



Session Highlights:

- The survey was conducted in December 2019 in four states; Ogun, Niger, Delta and Plateau with 5,436 female adolescents between the ages of 15-24 years: aimed at generating data that would guide implementation of interventions, track other AYSRH program related indicators at the household level as well as changes in norms and contraceptive behavior among young people (15-24 years old).
- In Ogun state, over half of the young women had high autonomy and Plateau state had the highest rate of autonomy with close to two third of the young women having high autonomy. In Niger state however close to two third of the young women had no autonomy; In Ogun, Edo and Plateau, over 60% of women believe that contraceptive decisions should be a joint decision.
- The low autonomy recorded in Niger state was attributed to a large proportion of the women being Muslim and married, with their status likely influencing their decisions

unlike the young women in Plateau and Edo who were generally single and could solely take decisions.

Recommendation

A lot of women still rely on others to make contraceptive decisions on their behalf therefore it is essential to integrate contraceptive negotiation and assertiveness into Family planning and adolescent reproductive health programming.

Advocating For Family Planning Financing And Integration Of Adolescents And Youth Friendly Health Services Into Primary Health Care Facilities in Nigeria.

Presented by Rosemary Adejoh and Adeola Adeshina

Session Highlights:

- Although young people aged 10-24 years old constitute 33.6% of Nigeria's population, access to reproductive health information and services is limited resulting in risky behaviour and poor outcomes.
- NAYA designed an advocacy intervention to get decision makers commitment to create and fund budget lines for AYFHS, increase stakeholders support and accountability, integrate AYFHA into PHC facilities, equip facilities with personnel, medical and FP commodities as well as train healthcare workers. This intervention spanned over a period of twelve months in four states; FCT, Benue, Nasarawa and Kwara states.
- The advocacy targeted community members, government officials and the media who were presented with evidence-based messages to encourage action to improve FP and AYFHS funding.
- The advocacy strategies included developed advocacy briefs, trainings, dialogue, media chats, advocacy events targeted at Executive Secretaries of PHC Board, Commissioners for Health and Permanent Secretaries.
- The outcomes of the intervention were commitment obtained from government in the targeted States to fund FP and AYFHS which was evident by the existence of a dedicated budget line for AYFHS in Benue, the creation of a draft budget line for AYFHS awaiting approval in Kwara and Nasarawa States and draft budget line being set up in FCT. Other achievements included; 3 PHC facilities changed to AYFHS model facilities in Benue State with twenty-five health workers trained in AYFHS, Nasarawa State reactivated 3 AYFHS centers, 4 PHC facilities in Kwara State enhanced to provide AYFHS services and FCT committed to revive and convert 2 PHC to AYFHS centers.
- A coordinated youth led advocacy efforts that are evidence-based can improve investments in the health and well-being of young people thus increasing potential for national development.

Session Highlights:

- WHO 2011 World report on disability shows that 15% of Nigeria's population have at least one type of disability and one-third of this figure are young people. Young PWDs living across Nigeria like their peers elsewhere require information, education and communication on sexuality, body changes, gender, and psychosocial development. Providing CSE to young PWDs is not only a public health priority but a human right issue.
- The study used questionnaires in braille for the visually impaired and sign language interpreters for participants with hearing and speech impairment. Questions on demographics, knowledge of SRH services, sexual behavior, and access to reproductive health services were included in the questionnaire and FGD.
- 25% of male and 18% of female respondents have knowledge of modern contraceptive methods and have used one form or the other. Though 85% had issues accessing contraceptives, ignorance and attitudes of society and individuals, including health-care providers, raise most of these barriers – not the disabilities themselves.
- The findings confirmed the low level of SRHR knowledge, attitude and perceptions related to Reproductive Health among young PWDs in Nigeria causing multiple intersecting discrimination, PWDs are more likely to become infected with HIV and other Sexually Transmitted Infections (STIs) and 87.9% of all respondents like many youths have misconceptions about contraceptives and its safety.
- The low use of contraceptives at last sex by many PWDs shows the urgent need for intervention.

Session Highlights:

- The objective was to assess the effect of MSION's health strengthening initiative in Bayelsa State on the uptake of contraceptives among adolescents. The objectives are to assess the trend of FP service uptake, examine the method mix and assess the factors enabling the uptake of FP services among the adolescents.
- Though the awareness of modern FP services is as high as 98% among women of Nigeria, uptake is still very low among the sexually active adolescents of 15 to 19 ages, only 22% access the services and receiving FP services in Bayelsa State. In Bayelsa, an oil producing State, Poverty is very high exposing adolescent girls to early sexual behaviours for means of livelihood through commercial sex works.
- Mixed method and in- depth in interviews (IDI) were deployed in carrying out this study.

7. Gender based violence and family planning during emergencies

The 6th NFPC coincided with the 16 Days of Activism on Gender Based Violence (GBV). At the 8th Annual Population Lecture Series, 2020 held during the conference, the Guest Speaker, Prof. Mnguember Vicky Sylvester focused on Gender Based Violence and Family Planning during Emergency.



Group photo at the 8th Annual Population Lecture Series (APLS).

Title of Lead presentation	Annual Population Lecture Series (APLS): Gender Based Violence and Family Planning during Emergency
Guest Speaker	Guest Speaker: Prof. Mnguember Vicky Sylvester
Chair	HRH Alhaji (Dr) Ahmadu Aliyu Oga Onawa, OON Andoma of Doma
Other details	Plenary No. 10 , 11 th December, 2020

Session highlights

- There are different forms of GBV: wife/men battery, negative widowhood practices, Injecting Drug Users (IDU), Female Genital Mutilation (FGM), Incest, depriving a person from his/her liberty, Isolation, deprivation of one's property, killing an unwanted child, child trafficking, forced labor, choosing males above females, forced marriages etc.
- While GBV affects both male and female, the female gender is more affected.

Recommendations

- There is a need for an emergency plan to curb GBV as the cases keep increasing though many incidents are not being recorded.
- Government should build a support system which should include necessary entrepreneurial skills for women, children and girls to mitigate a series of abuse by family members, especially the vulnerable.
- Institutional education is essential in handling reported GBV cases and setting up of shelters in each State with trained officials on shelter management.
- The culture of silence and discrimination when families face GBV should be reviewed.
- The Federal Government VAPP law, which guarantees punishment of GBV perpetrators currently implemented in FCT only should be scaled-up and domesticated across all States.

Parallel Sessions

Gender Mainstreaming and Responsiveness in Programming: A CHAI Nigeria Experience

Session highlights:

- With support from Global Affairs Canada, CHAI employed a gender transformative approach in SRH programming in three Nigerian states; Kano, Katsina and Kaduna. The objective was to empower women especially adolescents to be better positioned to make informed decisions about their reproductive health.
- Some facts to buttress gender consideration are 3 out of 10 Nigerian women have experienced physical violence by age 15, 512 women die per 100,000 live births in Nigeria, over 60% of individuals in extreme poverty in Nigeria are women, males constitute 50.6% and females 49.4% of the population, 43% of women and girls were married before their 18th birthday and 60% of out-of-school children in Nigeria are girls.
- A gender responsive health program recognizes that male and female have different and unequal needs. These needs are addressed by integrating gender-specific and gender equality mainstreaming principles and interventions into all aspects of the program.
- Achievements: 911 - female healthcare workers were trained and mentored in 250 public sector facilities; 380,467 clients were provided with short acting and long-acting FP services in public facilities compared to baseline volumes of around 59,054. while 68% of trained health care workers reported LARC service provision 11% reported PAC service provision which increases over baseline.
- 985 trained providers in the private retail sector served 180,643 clients with short-acting FP methods and referred 146,760 to public sector facilities for additional services, 63% of this referral were completed.
- Over 10,000 volunteer Community Change agents consisting of 3,711 female traditional birth attendants, 2,123 youth champions (1,116 male/1,007 female), 1,462 emergency transport riders all-male, 1,460 caregiver champions all-female, and 2,159 community leaders (2,150 male/9 female) referring clients for SRH services
- About 1,460 of the volunteer community change agents have sensitized 544,853 parents and caregivers cumulatively to increase knowledge of and acceptance for FP and SRH services for themselves, their families and communities.

Key Gender Barriers VS CHAI's Program Interventions

Gender Barriers	Program Interventions
Limited knowledge of SRH services by adolescent boys and girls	Develop a range of strategies to generate demand for SRH services among adolescent boys and girls, both in school and out of school
Women & girls have less access to personal finances than men	Support economic empowerment of women through community-based income-generating activities
Limited access to SRH services due to cultural barriers	Pilot rural woman salesforce to provide family planning information and products closer to where women live
Limited decision-making power by women and girls	Support women & girls' participation in community health related decision making (especially in positions of power), leveraging existing community and religious groups
SRH for unmarried adolescents is heavily stigmatized	Sensitize caregivers, TBAs, community leaders and adolescents; train healthcare workers on gender-responsive service provision; update school curriculum to include gender
Unmarried adolescents tend to seek SRH services at PPMVs, but scope and quantity is limited	Build private sector capacity to provide gender-responsive adolescent-friendly SRH counselling and referral

Lessons learned:

The importance of using culturally sensitive and existing community structures contributes to improved gender-responsive SRMNH outcomes while Behavior change requires systematic engagement and continuous reinforcement.

Recommendation

Institutionalize national policies that integrate gender mainstreaming into government programming.

Closing Ceremony



The NFP conference came to a close on 11th December 2020 with 32 attendees physically present while 229 participants logged on remotely.

In her welcome address, Dr Mojisola Odeku, the Portfolio Director, Johns Hopkins Centre for Communication Programs (JHUCCP) Nigeria FP Portfolio, appreciated all conference participants, and encouraged donors, implementing partners and the Government to use the learnings and experiences shared during the conference to make a visible difference in the Nigeria FP landscape. She also enjoined the youth to play a more active role in FP programming and requested the AAFP to set up an efficient knowledge management system which will allow effective documentation archiving and retrieval of conference materials and other vital FP information.

The conference wrap up was presented by Dr. Haruna Okai, Director, Advocacy, Business Development & External Relations, PPFN. The 'Key Ask' on behalf of the youths was presented by Aisha Waziri and Sabeyn. The Conference Communique was presented by the chair of the Technical sub-committee, Dr. Moriam Olaide Jagun.

In his vote of thanks, the Chair of the AAFP Board of Trustees, Alhaji Sani Umar Jabbi (Sarkin Yakin Gaji) thanked all partners for their efforts in making the conference a success. He observed the need for partners to support and empower religious/traditional leaders to be drivers and champions of family planning in order to significantly improve coverage and uptake. He closed the conference by stating that, "while we think globally, Family Planning implementation should be scaled up locally".

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Snippets from the sessions

“...an outcome of the 2012 London Summit on Family Planning was the FP2020 goal to enable 120 million additional women and girls of reproductive age, to have access to contraceptives by the year 2020. At this Summit Nigeria committed to achieving a modern Contraceptive Prevalence Rate (mCPR) of 36% by the year 2018. However, this target was revised in 2017 to 27% by the year 2020 and again rebased to 27% by year 2024 to allow more time for ongoing efforts to yield results, given the changing realities and emerging challenges, including those imposed by the Covid-19 Pandemic.”

(Honourable Minister of Health, Dr. Osagie E. Ehanire at the Opening Ceremony)

“The present report indicating that there are unmet needs of FP in Nigeria, calls for increased investment in FP to compliment the efforts of the government and other stakeholders in providing affordable FP options for the populace which will lead to a deceleration in our fertility rate and increase our prospects for demographic dividends”

(Honourable Minister of State for Health Dr. Olorunnimbe Mamora)

Nigeria’s DDEI: Annual population growth rate of 2.5%, a country in the first stage of demographic transition, characterized by high fertility rate and mortality rate. Nigeria Demographic journey: still in pre dividend stage.....We need to strengthen FP programming to bring down our fertility. Without bringing down fertility, we will not be able to tamper with age structure.

(Quote from the Demographic Dividend Effort Index)

“..access to reproductive health services is critical to women’s health, social and economic well-being. Nigeria needs to empower women and girls and invest in providing qualitative education for them especially those from poorest homes in order to accelerate the country’s economic growth”.

(Professor Ali Pate - Group Global Director of women, children and adolescent, World Bank).

“Nigeria is the 7th most populous country in the world with a 3.2% average annual population growth rate, an estimated 410 million people by 2050 and a 5.4% total fertility rate. The population of Nigeria presents both a daunting challenge and an immense opportunity for the development of human capital. 55% are youth and 43% dependents which is high. Current policies and framework seem not to be achieving the desired results. One size does not fit across the geo-political zones; therefore, FP interventions and communication strategies must be tailored towards the different geo-political zones”.

(Quote from the presentation “Population growth and Human Capital Development in Nigeria: challenges and opportunities by Nigeria Institute of Policy and Strategic Studies (NIPSS) Senior Executive Course 42)

“The Nigerian Government is not in denial in terms of where they are regarding human capital development”

Yosola Akinbi (SSA to the President and Coordinator – core-working group on Human Capital Development)

“The negative effects of the COVID 19 pandemic escalated due to the structure of the pace and pattern of the country’s population and the preparedness of our health system. Our economy remains at high risk because more than 63% of our population is dependent on a minority working/independent percentage. And our population is still growing at an alarming rate. The effects of these emergencies on family planning have important implications for the country’s progress in harnessing the demographic dividend as well as attaining sustainable development goals”.

Prof. Olanrewaju Olaniyan Department of Economics, University of Ibadan

“Four areas we need to focus on if there will be a paradigm shift in FP for young people:

1) ensuring that we have adolescent responsive FP services; 2) integration of services to expand the reach to young people and also reach the unreached; 3) improving social accountability and 4) build community, social and stakeholder support into the agenda of family planning for young people”.

Prof. Segun Fatusi, Vice-Chancellor, Ondo State University

“Gender-based Violence (GBV) occur in different forms, affect more females than males and keep increasing due to systemic failure, harassment experienced by many victims when cases are reported to personnel that are not well trained and the culture of silence when families face GBV. Other factors include poverty related vulnerability of some girls, the COVID-19 lockdown, etc”

Prof. Mngumber Vicky Sylvester

...“while we think globally, Family Planning implementation should be scaled up locally. Partners need to support and empower religious/traditional leaders to be drivers and champions of the programme in order to significantly improve coverage and uptake”.

BOT chair, Alhaji Sani Umar Jabbi (Sarkin Yakin Gaji)