



Legislature

Policy Brief

Investing in Family Planning/Childbirth Spacing will save lives and promote National Development and Security

BACKGROUND

Family Planning refers to a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods. Nigeria Demographic and Health Survey (NDHS 2018). Approximately 111 women die every day as a result of preventable causes related to pregnancy and childbirth in Nigeria. The commonly provided Family Planning methods in Nigeria's Public health facilities are show in figure 1 below:

1	Male Condom	
2	Female Condom	
3	Pills	
4	Injectable	
5	Hormonal	IUD IUS
6	Contraceptive Implants	
7	LAM	
8	Cycle beads	
9	Vasectomy	Tubal Ligation

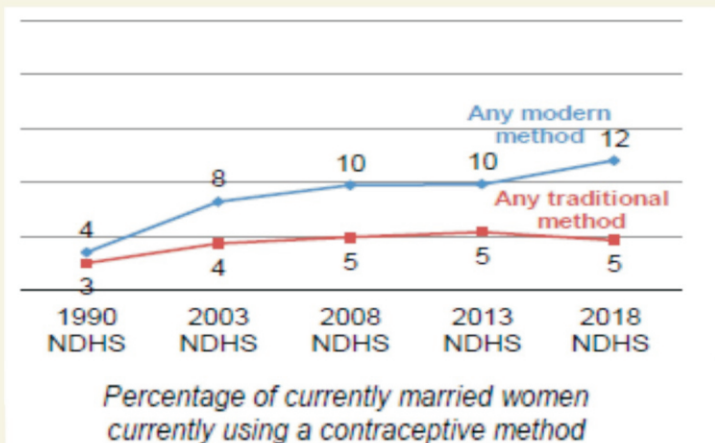


Figure 2

CURRENT SITUATION

Nigeria has continued to witness poor contraceptive trends between 1990 and 2013. According to NDHS 2018, while 92.1% of Nigerian female are knowledgeable about modern Family Planning, only 17% of women of reproductive age are currently using any form of Family Planning (12% for modern and 5% for traditional Family Planning methods) as shown in figure 2. Likewise, there is wide variation in Contraceptives Prevalence Rate (CPR) among the States as shown in figure 3.

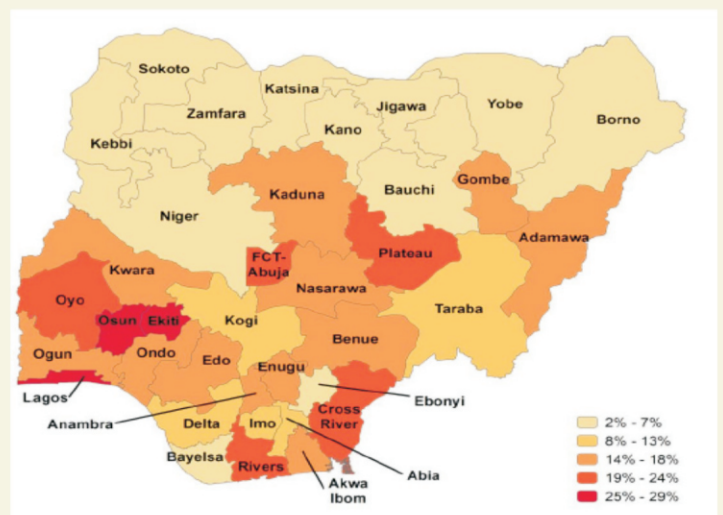


Figure 3: Contraceptives Prevalence Rate per State (NDHS 2018)

FEDERAL GOVERNMENT OF NIGERIA'S INTERVENTIONS

The Federal Government of Nigeria (FGN) in collaboration with Partners has developed and implemented several policies, programmes and services to address the persistence poor uptake of Family Planning services. These include:

- Development of Guidelines, Protocols Curriculum and Job Aids for Family Planning services providers
- Removal of user fees for Family Planning services at all Public health facilities to address cost as a barrier to access
- The FGN pays annual counterpart contributions of \$4,000,000 into the basket fund from 2011-2017, and intervals for the procurement of reproductive health commodities
- Developed and executed the National Family Planning Blueprint and the costed implementation Plan for the achievement of mCPR target of 27% by 2020
- Revised the Task Shifting/Sharing Policy to include private sector community-based service providers such as PPMVs, community pharmacists and other CBDs to administer some non-prescriptive methods and DMPA-SC
- National launch and eventual roll-out of multi-media and person Family Planning Communication Campaigns and rebranding of the outlets where Family Planning services are provided with “the **Green Dot**” Logo to generate Public discussion and quick memory aid to locate places where quality, safe and trusted Family Planning services are provided in Public and Private health facilities.



CHALLENGES

- Inequity in uptake of Family Planning services across States, regional areas, socio-economic groups, etc due to myths, misconceptions, limited spousal discussion, socio cultural and religious objections, and inadequate capacity for service delivery.
- Implementation of pockets of discrete Family Planning demand creation activities by few Development and Implementing Partners resulted to low demand and delivery of Family Planning services especially Long Acting Reversible Contraceptives (LARCs)
- Low commodity security, especially at the last mile largely due to inadequate financing and delayed release of committed funds at all levels

- Inability of the various State to develop States' level Costed Implementation Plan (CIPs)
- Poor data generation and management at the State and lower levels

RELEVANCE

Non Governmental/ Community/Faith Based Organisations have made important contribution in health through effective engagement in public education activities or speaking out on social policy issues that relate to improving and maintaining health and development in the communities.

According to NDHS 2013, about 83.6% women of reproductive age are aware of Family Planning services in Nigeria but the uptake of the service is low (10% and 5% for Modern and Traditional Family Planning methods respectively) due to identified myths and misconceptions. Thus, the NGO/CBO/FBO have a role to play by empowering their existing cohorts of volunteers to intensify health education on the benefits and dispelling of wrong information about Family Planning within the community.

CALL TO ACTION:

- Support and participate in the Training of Community Mobilizers for Family Planning services to be conducted at the State level
- Use existing network, partnership or structures in your community to mobilize and sensitize community members on the benefits of modern Family Planning methods
- Collaborate with other stakeholders to encourage men and women to adopt and put into practice information received through Family Planning platforms to improve their health and wellbeing at household and community levels.

For further enquiries, **contact:**

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

Website: www.health.gov.ng

Facebook: [facebook.com/fmohnigeria](https://www.facebook.com/fmohnigeria)

Twitter: [@fmohnigeria](https://twitter.com/fmohnigeria)



Non Governmental/ Community/Faith Based Organisations

Policy Brief

Investing in Family Planning/Childbirth Spacing will save lives and promote National Development and Security

BACKGROUND

Family Planning refers to a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods. Nigeria Demographic and Health Survey (NDHS 2018). Approximately 111 women die every day as a result of preventable causes related to pregnancy and childbirth in Nigeria. The commonly provided Family Planning methods in Nigeria's Public health facilities are show in figure 1 below:

1	Male Condom		
2	Female Condom		
3	Pills		
4	Injectable		
5	Hormonal	IUD	IUS
6	Contraceptive Implants		
7	LAM		
8	Cycle beads		
9	Vasectomy		Tubal Ligation

CURRENT SITUATION

Nigeria has continued to witness poor contraceptive trends between 1990 and 2013. According to NDHS 2018, while 92.1% of Nigerian female are knowledgeable about modern Family Planning, only 17% of women of reproductive age are currently using any form of Family Planning (12% for modern and 5% for traditional Family Planning methods) as shown in figure 2. Likewise, there is wide variation in Contraceptives Prevalence Rate (CPR) among the States as shown in figure 3.

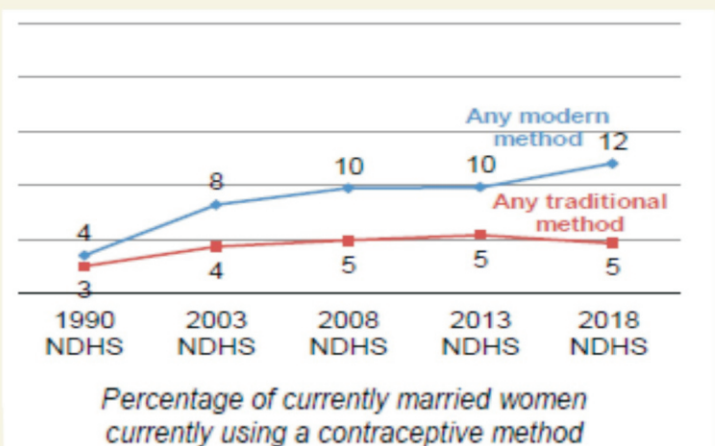


Figure 2

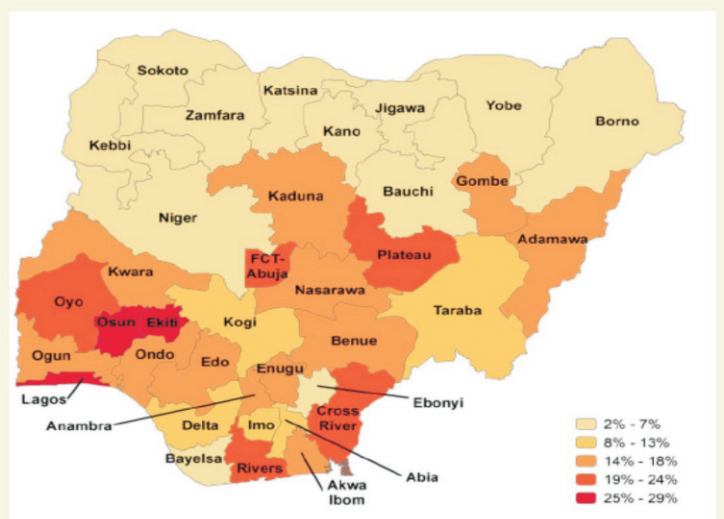


Figure 3: Contraceptives Prevalence Rate per State (NDHS 2018)

FEDERAL GOVERNMENT OF NIGERIA'S INTERVENTIONS

The Federal Government of Nigeria (FGN) in collaboration with Partners has developed and implemented several policies, programmes and services to address the persistence poor uptake of Family Planning services. These include:

- Development of Guidelines, Protocols Curriculum and Job Aids for Family Planning services providers
- Removal of user fees for Family Planning services at all Public health facilities to address cost as a barrier to access
- The FGN pays annual counterpart contributions of \$4,000,000 into the basket fund from 2011-2017, and intervals for the procurement of reproductive health commodities
- Developed and executed the National Family Planning Blueprint and the costed implementation Plan for the achievement of mCPR target of 27% by 2020
- Revised the Task Shifting/Sharing Policy to include private sector community-based service providers such as PPMVs, community pharmacists and other CBDs to administer some non-prescriptive methods and DMPA-SC
- National launch and eventual roll-out of multi-media and person Family Planning Communication Campaigns and rebranding of the outlets where Family Planning services are provided with "the **Green Dot**" Logo to generate Public discussion and quick memory aid to locate places where quality, safe and trusted Family Planning services are provided in Public and Private health facilities.



CHALLENGES

- Inequity in uptake of Family Planning services across States, regional areas, socio-economic groups, etc due to myths, misconceptions, limited spousal discussion, socio cultural and religious objections, and inadequate capacity for service delivery.
- Implementation of pockets of discrete Family Planning demand creation activities by few Development and Implementing Partners resulted to low demand and delivery of Family Planning services especially Long Acting Reversible Contraceptives (LARCs)
- Low commodity security, especially at the last mile largely due to inadequate financing and delayed release of committed funds at all levels
- Inability of the various State to develop States' level Costed Implementation Plan (CIPs)
- Poor data generation and management at the State and lower levels

RELEVANCE

According to NDHS 2013, Nigeria's Maternal Mortality Rate is one of the worst in the world (576/100,000 live births). It has been proven that Family Planning alone could reduce these maternal deaths by 30%. However, the use of modern Family Planning in Nigeria is still low at 15% and unmet need for Family Planning is 16% (2013 NDHS) for Women of Reproductive Age who desire to limit or space the number of children they want but are not using any Family Planning methods. This leads to unplanned pregnancy and abortion with the consequence of long term injuries and even death from complications of abortions.

Nigeria has a mandate to invest in Family Planning/Childbirth spacing services to reduce maternal, newborn and child mortality as well as eliminate the scourge of HIV/AIDS, save lives and achieve the Sustainable Development Goals. Government has adopted a free commodity policy for Family Planning services provided at Public Health facilities at all levels. However, this is not enough to meet the Family Planning needs in Nigeria.

The implementation of the National Health Insurance Scheme will provide a window of opportunity to mainstream modern FP/CBS at all levels of maternal health care, particularly reaching the vulnerable groups in both rural and urban areas.

CALL TO ACTION:

As a policy maker, you can make a difference by taking the following actions:

- Allocate 15% of total National budget to the health sector in accordance with the Abuja Declaration: African Summit of Heads of State, Abuja 2001.
- Ensure implementation of the National Health Act passed in 2014.
- Appropriate funds in the annual health budget for Family Planning.
- Sponsor new executive bills and implement enabling laws to promote provision of quality and efficient Family Planning/Childbirth spacing services.
- Provide oversight and accountability by ensuring timely release, yearly increase as well as optimum utilization of the funds approved for Family Planning services.
- Ensure integration of Family Planning into the Basic Primary Health Care Basket Fund.
- Approve inclusion of Family Planning services into the public-sector Health Insurance Scheme and the Free Integrated Reproductive, Maternal, Newborn, Child and Adolescent Health plus Nutrition programme
- Make policies that will promote Public – Private Partnership as well as strengthen support system that mobilize communities to increase uptake of Family Planning services
- Mainstream sensitisation, public awareness as well as procurement and distribution of contraceptives as part of constituency projects.

For further enquiries, contact:

Federal Ministry of Health, Abuja

Family Health Department, Reproductive Health Division

Website: www.health.gov.ng

Facebook: [facebook.com/fmohnigeria](https://www.facebook.com/fmohnigeria)

Twitter: [@fmohnigeria](https://twitter.com/fmohnigeria)



Executives of Ministry of Health

Policy Brief

Investing in Family Planning/Childbirth Spacing will save lives and promote National Development and Security

BACKGROUND

Family Planning refers to a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods. Nigeria Demographic and Health Survey (NDHS 2018). Approximately 111 women die every day as a result of preventable causes related to pregnancy and childbirth in Nigeria. The commonly provided Family Planning methods in Nigeria's Public health facilities are show in figure 1 below:

1	Male Condom		
2	Female Condom		
3	Pills		
4	Injectable		
5	Hormonal	IUD	IUS
6	Contraceptive Implants		
7	LAM		
8	Cycle beads		
9	Vasectomy	Tubal Ligation	

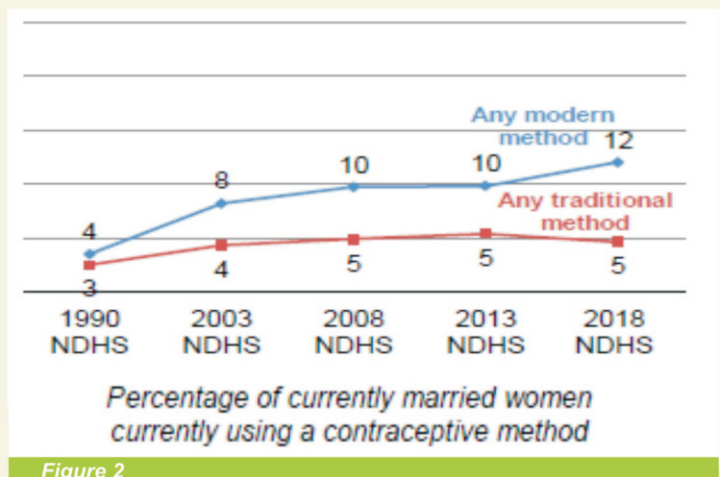


Figure 2

CURRENT SITUATION

Nigeria has continued to witness poor contraceptive trends between 1990 and 2013. According to NDHS 2018, while 92.1% of Nigerian female are knowledgeable about modern Family Planning, only 17% of women of reproductive age are currently using any form of Family Planning (12% for modern and 5% for traditional Family Planning methods) as shown in figure 2. Likewise, there is wide variation in Contraceptives Prevalence Rate (CPR) among the States as shown in figure 3.

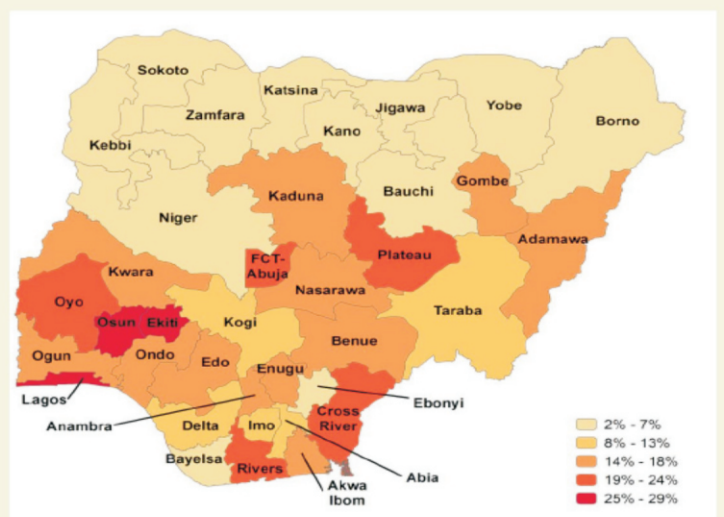


Figure 3: Contraceptives Prevalence Rate per State (NDHS 2018)

FEDERAL GOVERNMENT OF NIGERIA'S INTERVENTIONS

The Federal Government of Nigeria (FGN) in collaboration with Partners has developed and implemented several policies, programmes and services to address the persistence poor uptake of Family Planning services. These include:

- Development of Guidelines, Protocols Curriculum and Job Aids for Family Planning services providers
- Removal of user fees for Family Planning services at all Public health facilities to address cost as a barrier to access
- The FGN pays annual counterpart contributions of \$4,000,000 into the basket fund from 2011-2017, and intervals for the procurement of reproductive health commodities
- Developed and executed the National Family Planning Blueprint and the costed implementation Plan for the achievement of mCPR target of 27% by 2020
- Revised the Task Shifting/Sharing Policy to include private sector community-based service providers such as PPMVs, community pharmacists and other CBDs to administer some non-prescriptive methods and DMPA-SC
- National launch and eventual roll-out of multi-media and person Family Planning Communication Campaigns and rebranding of the outlets where Family Planning services are provided with “the **Green Dot**” Logo to generate Public discussion and quick memory aid to locate places where quality, safe and trusted Family Planning services are provided in Public and Private health facilities.



CHALLENGES

- Inequity in uptake of Family Planning services across States, regional areas, socio-economic groups, etc due to myths, misconceptions, limited spousal discussion, socio cultural and religious objections, and inadequate capacity for service delivery.
- Implementation of pockets of discrete Family Planning demand creation activities by few Development and Implementing Partners resulted to low demand and delivery of Family Planning services especially Long Acting Reversible Contraceptives (LARCs)
- Low commodity security, especially at the last mile largely due to inadequate financing and delayed release of committed funds at all levels
- Inability of the various State to develop States' level Costed Implementation Plan (CIPs)
- Poor data generation and management at the State and lower levels

RELEVANCE

The media is globally recognized as a watch dog and partner in mobilizing Governments and people to action for positive changes. The media is the voice of the people and so plays a critical role in advocacy by ensuring accountability and transparency in the use of Government and Private sectors resources for the provision of essential health services at all levels. Hence, the media in Nigeria must join hands with all Stakeholders and contribute to positive changes that can lead to increased public/private sector investment in Nigeria's Family Planning programme

CALL TO ACTION:

Ministry of Information

- Coordinate media organizations to ensure coverage of Family Planning related issues and programs.

National Orientation Agency

- Use your structures at all levels to support dissemination of information on Family Planning programs in collaboration with relevant Ministries such as Health, Education, Women Affairs, etc

Media Organizations

The media needs to use both electronic and print communication channels to:

- Be a Champion for Family Planning through increased CSO/media collaboration to advocate to Government the importance of domestic funding and increase budgetary allocation/releases for Family Planning programmes at all levels
- Ensure transparency and accountability in the funding mechanisms for the provision of Family Planning programmes by advocating to relevant authorities for a change
- Allocate more time to airing, writing articles, feature, editorials and news stories that will boost Private sector investment in Family Planning programmes in Nigeria.
- Promote the positive image and the benefits of appropriate utilization of modern Family Planning methods to individuals, families and the society in Nigeria
- Encourage Corporate Social Responsibility initiatives through mobilisation of Partners' commitments and support for successful implementation of Family Planning programmes at all levels.
- Make media platforms including social media network easily accessible for use by Stakeholders to disseminate key messages on Family Planning services
- Use investigative journalism to constantly monitor, celebrate and publicize success stories and positive policy/programmatic/budgetary landmarks in Family Planning at all levels.

For further enquiries, contact:

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

Website: www.health.gov.ng Facebook.com/fmohnigeria Twitter: @fmohnigeria



Information and Media Organizations

Policy Brief

Investing in Family Planning/Childbirth Spacing will save lives and promote National Development and Security

BACKGROUND

Family Planning refers to a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods. Nigeria Demographic and Health Survey (NDHS 2018). Approximately 111 women die every day as a result of preventable causes related to pregnancy and childbirth in Nigeria. The commonly provided Family Planning methods in Nigeria's Public health facilities are show in figure 1 below:

1	Male Condom		
2	Female Condom		
3	Pills		
4	Injectable		
5	Hormonal IUD		
6	Contraceptive Implants		
7	LAM		
8	Cycle beads		
9	Vasectomy		

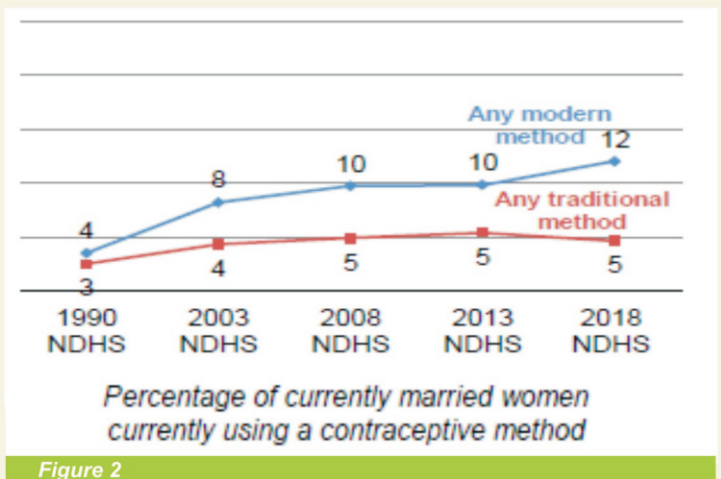


Figure 2

CURRENT SITUATION

Nigeria has continued to witness poor contraceptive trends between 1990 and 2013. According to NDHS 2018, while 92.1% of Nigerian female are knowledgeable about modern Family Planning, only 17% of women of reproductive age are currently using any form of Family Planning (12% for modern and 5% for traditional Family Planning methods) as shown in figure 2. Likewise, there is wide variation in Contraceptives Prevalence Rate (CPR) among the States as shown in figure 3.

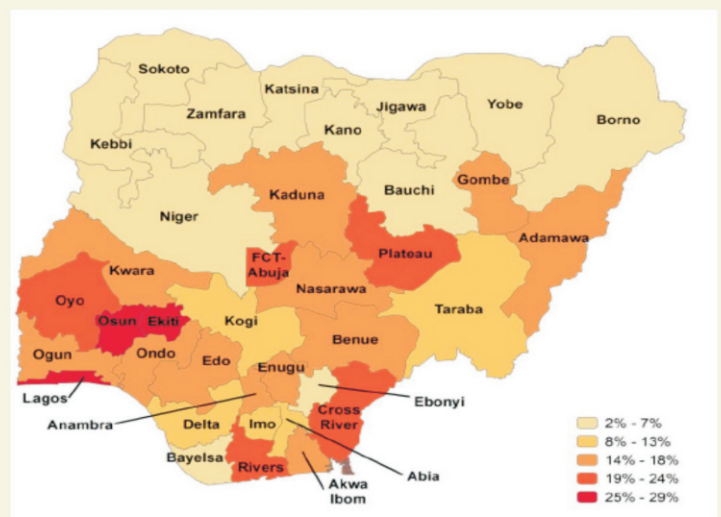


Figure 3: Contraceptives Prevalence Rate per State (NDHS 2018)

FEDERAL GOVERNMENT OF NIGERIA'S INTERVENTIONS

The Federal Government of Nigeria (FGN) in collaboration with Partners has developed and implemented several policies, programmes and services to address the persistence poor uptake of Family Planning services. These include:

- Development of Guidelines, Protocols Curriculum and Job Aids for Family Planning services providers
- Removal of user fees for Family Planning services at all Public health facilities to address cost as a barrier to access
- The FGN pays annual counterpart contributions of \$4,000,000 into the basket fund from 2011-2017, and intervals for the procurement of reproductive health commodities
- Developed and executed the National Family Planning Blueprint and the costed implementation Plan for the achievement of mCPR target of 27% by 2020
- Revised the Task Shifting/Sharing Policy to include private sector community-based service providers such as PPMVs, community pharmacists and other CBDs to administer some non-prescriptive methods and DMPA-SC
- National launch and eventual roll-out of multi-media and person Family Planning Communication Campaigns and rebranding of the outlets where Family Planning services are provided with “the **Green Dot**” Logo to generate Public discussion and quick memory aid to locate places where quality, safe and trusted Family Planning services are provided in Public and Private health facilities.



CHALLENGES

- Inequity in uptake of Family Planning services across States, regional areas, socio-economic groups, etc due to myths, misconceptions, limited spousal discussion, socio cultural and religious objections, and inadequate capacity for service delivery.
- Implementation of pockets of discrete Family Planning demand creation activities by few Development and Implementing Partners resulted to low demand and delivery of Family Planning services especially Long Acting Reversible Contraceptives (LARCs)
- Low commodity security, especially at the last mile largely due to inadequate financing and delayed release of committed funds at all levels

- Inability of the various State to develop States' level Costed Implementation Plan (CIPs)
- Poor data generation and management at the State and lower levels

RELEVANCE

Nigeria's Maternal Mortality Ratio is one of the highest in the world. It has been estimated to be 576/100,000 live births. Studies have shown that a well implemented Family Planning programme could reduce Maternal mortality by 30%. Hence, developing effective and sustainable policies as well as laws on Family Planning/Childbirth Spacing (FP/CBS) programmes and activities are critical in achieving the Sustainable Development Goals (SDGs) that seek to improve maternal health and survival (SDGs 1-5)

CALL TO ACTION:

- Conduct research for the purpose of deriving new approaches and best practices in relation to Family Planning programs
- Provide technical support to States to develop and implement State Costed Implementation Plan for Family Planning/ Childbirth Spacing.
- Institutionalize training in Family Planning service provision for relevant cadres of health providers such as Nurses, Doctors, CHEWs, etc
- Ensure Family Planning related data especially in relation to service utilization are properly documented using the National Health Management Information System (NHMIS) tool and also captured appropriately
- Build strategic partnerships with line Ministries, Departments and Agencies, Civil Society and other key actors for demand creation for Family Planning including Social and Behaviour Change Communication (SBCC) material development and outreach programs
- Strengthen the Reproductive Health Technical Working Group to coordinate, monitor and document achievements relating to Family Planning services
- Increase budget line for Family Planning/Childbirth spacing and ensure prompt release of allocated funds.
- Leverage on social media platform to promote Family Planning services

For further enquiries, contact:

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



Community and Religious Leaders

Policy Brief

Investing in Family Planning/Childbirth Spacing will save lives and promote National Development and Security

BACKGROUND

Family Planning refers to a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods. Nigeria Demographic and Health Survey (NDHS 2018). Approximately 111 women die every day as a result of preventable causes related to pregnancy and childbirth in Nigeria. The commonly provided Family Planning methods in Nigeria's Public health facilities are show in figure 1 below:

1	Male Condom		
2	Female Condom		
3	Pills		
4	Injectable		
5	Hormonal IUD		
6	Contraceptive Implants		
7	LAM		
8	Cycle beads		
9	Vasectomy		

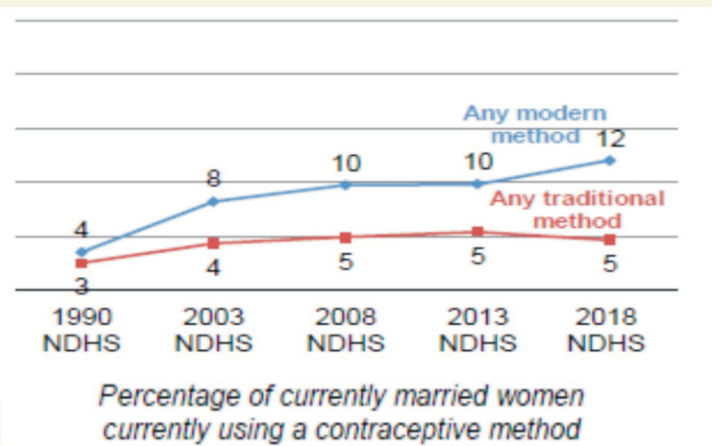


Figure 2

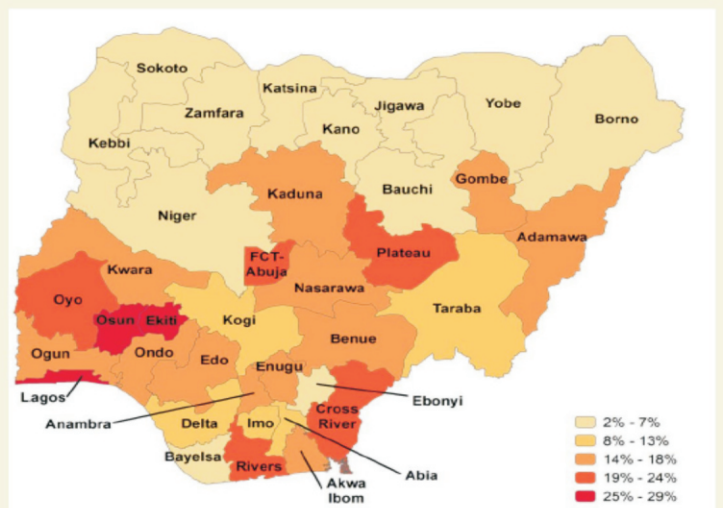


Figure 3: Contraceptives Prevalence Rate per State (NDHS 2018)

CURRENT SITUATION

Nigeria has continued to witness poor contraceptive trends between 1990 and 2013. According to NDHS 2018, while 92.1% of Nigerian female are knowledgeable about modern Family Planning, only 17% of women of reproductive age are currently using any form of Family Planning (12% for modern and 5% for traditional Family Planning methods) as shown in figure 2. Likewise, there is wide variation in Contraceptives Prevalence Rate (CPR) among the States as shown in figure 3.

FEDERAL GOVERNMENT OF NIGERIA'S INTERVENTIONS

The Federal Government of Nigeria (FGN) in collaboration with Partners has developed and implemented several policies, programmes and services to address the persistence poor uptake of Family Planning services. These include:

- Development of Guidelines, Protocols Curriculum and Job Aids for Family Planning services providers
- Removal of user fees for Family Planning services at all Public health facilities to address cost as a barrier to access
- The FGN pays annual counterpart contributions of \$4,000,000 into the basket fund from 2011-2017, and intervals for the procurement of reproductive health commodities
- Developed and executed the National Family Planning Blueprint and the costed implementation Plan for the achievement of mCPR target of 27% by 2020
- Revised the Task Shifting/Sharing Policy to include private sector community-based service providers such as PPMVs, community pharmacists and other CBDs to administer some non-prescriptive methods and DMPA-SC
- National launch and eventual roll-out of multi-media and person Family Planning Communication Campaigns and rebranding of the outlets where Family Planning services are provided with "the **Green Dot**" Logo to generate Public discussion and quick memory aid to locate places where quality, safe and trusted Family Planning services are provided in Public and Private health facilities.



CHALLENGES

- Inequity in uptake of Family Planning services across States, regional areas, socio-economic groups, etc due to myths, misconceptions, limited spousal discussion, socio cultural and religious objections, and inadequate capacity for service delivery.
- Implementation of pockets of discrete Family Planning demand creation activities by few Development and Implementing Partners resulted to low demand and delivery of Family Planning services especially Long Acting Reversible Contraceptives (LARCs)
- Low commodity security, especially at the last mile largely due to inadequate financing and delayed release of committed funds at all levels
- Inability of the various State to develop States' level Costed Implementation Plan (CIPs)
- Poor data generation and management at the State and lower levels

RELEVANCE

Every year, 576 deaths/100,000 live births occur in Nigeria, most of which are at the community level. Most Nigerians belong to a religion and take seriously what the religious leader (Pastor, Imam or Priest) says. Community or Religious leader is recognized as custodian of community values and as such, a leader tends to influence the attitudes and behaviours of members of the community. Hence, you have a pivotal role to play in changing the mindset of your community members to Family Planning/ChildBirth Spacing which is globally recognised as a strategy that has potential to reduce maternal mortality ratio by as much as 30%.

Though community members expect their leaders to take actions that will improve their health and quality of life, some cultural beliefs inhibit the use of modern Family Planning/Childbirth Spacing (FP/CBS) services and this is further compounded by disagreements and unclear religious teachings on issues concerning FP/CBS.

CALL TO ACTION:

Community and Religious Leaders are expected to:

- Make statements supportive of Family Planning services in public gatherings and act as Family Planning champions within the clergymen and congregations in the community.
- Support Community/Faith Based Organisations and Non-governmental organisations to promote discussion and utilization of Modern Family Planning Services by including messages on Family Planning methods and services in sermon at Jumat, Sunday and other services as an obligation to promote better health.
- Encourage parents and guardians to support their children/wards to be Family Planning advocates and positively impact on the life of their peers
- Engage policy makers and legislators to formulate and implement programmes and enact laws for the provision of free Family Planning/Childbirth Spacing services included in the comprehensive Integrated Reproductive, Maternal, Newborn, Child and Adolescent Health plus Nutrition services at all community and primary healthcare facilities.
- Support the training of Community volunteers for promotion of Family Planning services.
- Listen and be non-judgmental when Family Planning concerns are discussed.
- Follow up and monitor activities of trained Family Planning advocates as change agents within the community

For further enquiries, contact:

Federal Ministry of Health, Abuja

Family Health Department, Reproductive Health Division

Website: www.health.gov.ng

Facebook: [facebook.com/fmohnigeria](https://www.facebook.com/fmohnigeria)

Twitter: [@fmohnigeria](https://twitter.com/fmohnigeria)



Development Partners

Policy Brief

Investing in Family Planning/Childbirth Spacing will save lives and promote National Development and Security

BACKGROUND

Family Planning refers to a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods. Nigeria Demographic and Health Survey (NDHS 2018). Approximately 111 women die every day as a result of preventable causes related to pregnancy and childbirth in Nigeria. The commonly provided Family Planning methods in Nigeria's Public health facilities are show in figure 1 below:

1	Male Condom		
2	Female Condom		
3	Pills		
4	Injectable		
5	Hormonal		
6	Contraceptive Implants		
7	LAM		
8	Cycle beads		
9	Vasectomy		
		Tubal Ligation	

CURRENT SITUATION

Nigeria has continued to witness poor contraceptive trends between 1990 and 2013. According to NDHS 2018, while 92.1% of Nigerian female are knowledgeable about modern Family Planning, only 17% of women of reproductive age are currently using any form of Family Planning (12% for modern and 5% for traditional Family Planning methods) as shown in figure 2. Likewise, there is wide variation in Contraceptives Prevalence Rate (CPR) among the States as shown in figure 3.

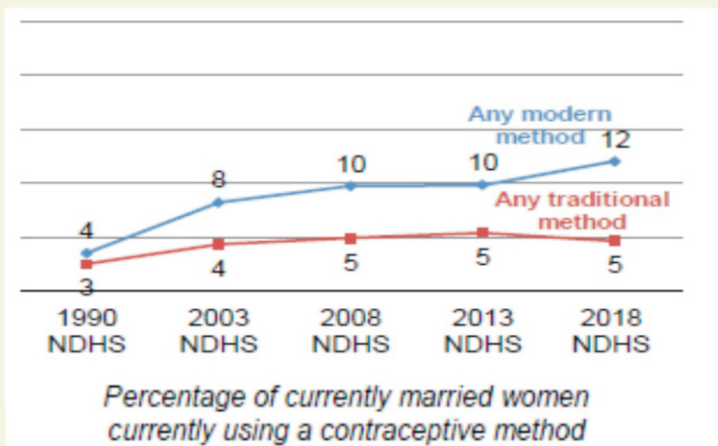


Figure 2

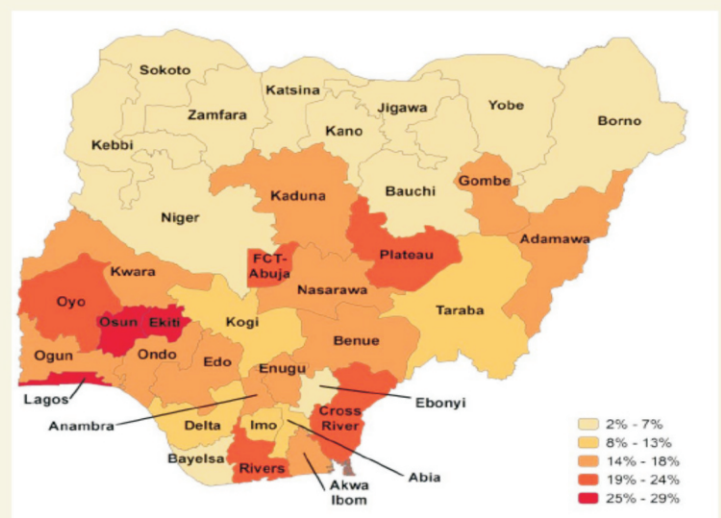


Figure 3: Contraceptives Prevalence Rate per State (NDHS 2018)

FEDERAL GOVERNMENT OF NIGERIA'S INTERVENTIONS

The Federal Government of Nigeria (FGN) in collaboration with Partners has developed and implemented several policies, programmes and services to address the persistence poor uptake of Family Planning services. These include:

- Development of Guidelines, Protocols Curriculum and Job Aids for Family Planning services providers
- Removal of user fees for Family Planning services at all Public health facilities to address cost as a barrier to access
- The FGN pays annual counterpart contributions of \$4,000,000 into the basket fund from 2011-2017, and intervals for the procurement of reproductive health commodities
- Developed and executed the National Family Planning Blueprint and the costed implementation Plan for the achievement of mCPR target of 27% by 2020
- Revised the Task Shifting/Sharing Policy to include private sector community-based service providers such as PPMVs, community pharmacists and other CBDs to administer some non-prescriptive methods and DMPA-SC
- National launch and eventual roll-out of multi-media and person Family Planning Communication Campaigns and rebranding of the outlets where Family Planning services are provided with “the **Green Dot**” Logo to generate Public discussion and quick memory aid to locate places where quality, safe and trusted Family Planning services are provided in Public and Private health facilities.



CHALLENGES

- Inequity in uptake of Family Planning services across States, regional areas, socio-economic groups, etc due to myths, misconceptions, limited spousal discussion, socio cultural and religious objections, and inadequate capacity for service delivery.
- Implementation of pockets of discrete Family Planning demand creation activities by few Development and Implementing Partners resulted to low demand and delivery of Family Planning services especially Long Acting Reversible Contraceptives (LARCs)

- Low commodity security, especially at the last mile largely due to inadequate financing and delayed release of committed funds at all levels
- Inability of the various State to develop States' level Costed Implementation Plan (CIPs)
- Poor data generation and management at the State and lower levels

RELEVANCE

The Development Partners are known to contribute to improving the quality of social services through collaboration with Government to access and increase the flow of local and international resources, alignment of available funding and provision of technical assistance to ensure that countries fulfil the commitments made to improve access to quality social services and favourable policy environment.

To effectively provide the desired Family Planning services to the every individual in the society, the Government will need to put in place the required infrastructures, build the capacity of providers and institutionalize a mechanism for periodic evaluation of the impact of Family Planning interventions.

CALL TO ACTION:

The Development Partners are expected to:

- Support government to create enabling environment to implement public pronouncement, resolutions and rights on Family Planning services.
- Provide technical assistance by supporting the government to build capacity for improving the quality of both demand and supply sides of Family Planning services
- Advocate that Universal Health Coverage policies by NHIS be extended to include Family Planning services to ensure affordable services.
- Support the generation of data through research on Family Planning
- Mobilize funds locally and globally for Family Planning programs.

For further enquiries, contact:

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



Young people (10-25 years old) and Youth Organisations

Policy Brief

Investing in Family Planning/Childbirth Spacing will save lives and promote National Development and Security

BACKGROUND

Family Planning refers to a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods. Nigeria Demographic and Health Survey (NDHS 2018). Approximately 111 women die every day as a result of preventable causes related to pregnancy and childbirth in Nigeria. The commonly provided Family Planning methods in Nigeria's Public health facilities are show in figure 1 below:

1	Male Condom		
2	Female Condom		
3	Pills		
4	Injectable		
5	Hormonal	IUD	IUS
6	Contraceptive Implants		
7	LAM		
8	Cycle beads		
9	Vasectomy		

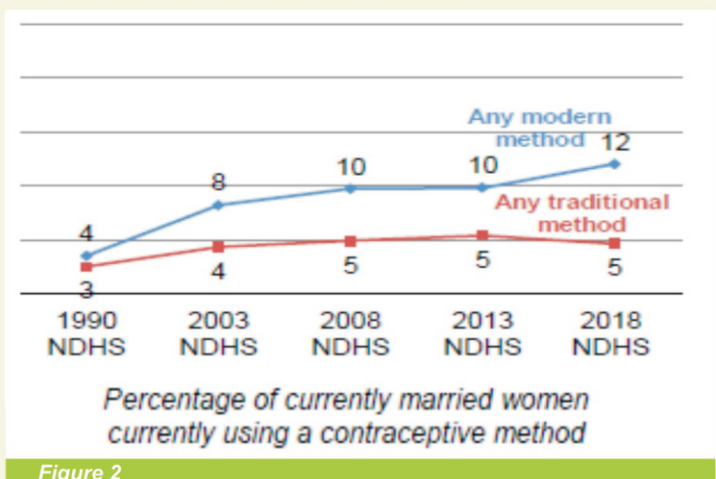


Figure 2

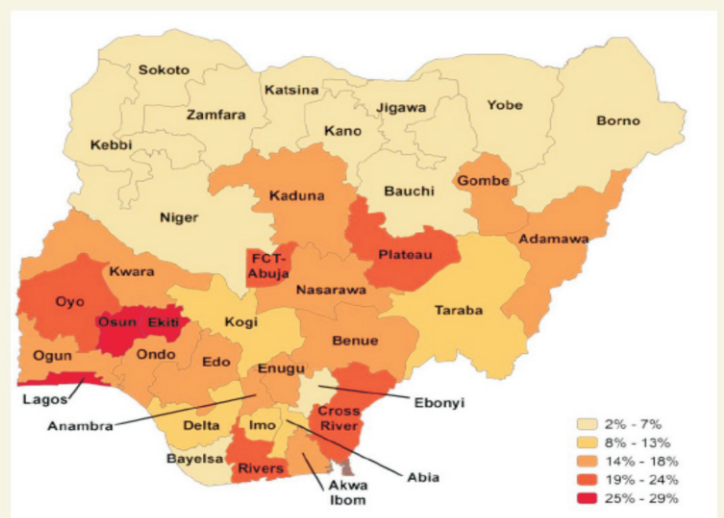


Figure 3: Contraceptives Prevalence Rate per State (NDHS 2018)

CURRENT SITUATION

Nigeria has continued to witness poor contraceptive trends between 1990 and 2013. According to NDHS 2018, while 92.1% of Nigerian female are knowledgeable about modern Family Planning, only 17% of women of reproductive age are currently using any form of Family Planning (12% for modern and 5% for traditional Family Planning methods) as shown in figure 2. Likewise, there is wide variation in Contraceptives Prevalence Rate (CPR) among the States as shown in figure 3.

FEDERAL GOVERNMENT OF NIGERIA'S INTERVENTIONS

The Federal Government of Nigeria (FGN) in collaboration with Partners has developed and implemented several policies, programmes and services to address the persistence poor uptake of Family Planning services. These include:

- Development of Guidelines, Protocols Curriculum and Job Aids for Family Planning services providers
- Removal of user fees for Family Planning services at all Public health facilities to address cost as a barrier to access
- The FGN pays annual counterpart contributions of \$4,000,000 into the basket fund from 2011-2017, and intervals for the procurement of reproductive health commodities
- Developed and executed the National Family Planning Blueprint and the costed implementation Plan for the achievement of mCPR target of 27% by 2020
- Revised the Task Shifting/Sharing Policy to include private sector community-based service providers such as PPMVs, community pharmacists and other CBDs to administer some non-prescriptive methods and DMPA-SC
- National launch and eventual roll-out of multi-media and person Family Planning Communication Campaigns and rebranding of the outlets where Family Planning services are provided with “the **Green Dot**” Logo to generate Public discussion and quick memory aid to locate places where quality, safe and trusted Family Planning services are provided in Public and Private health facilities.



CHALLENGES

- Inequity in uptake of Family Planning services across States, regional areas, socio-economic groups, etc due to myths, misconceptions, limited spousal discussion, socio cultural and religious objections, and inadequate capacity for service delivery.
- Implementation of pockets of discrete Family Planning demand creation activities by few Development and Implementing Partners resulted to low demand and delivery of Family Planning services especially Long Acting Reversible Contraceptives (LARCs)
- Low commodity security, especially at the last mile largely due to inadequate financing and delayed release of committed funds at all levels

- Inability of the various State to develop States' level Costed Implementation Plan (CIPs)
- Poor data generation and management at the State and lower levels

RELEVANCE

Early and increased sexual activity among adolescents and young women is a major cause of maternal deaths from pregnancy related complications as well as Sexually Transmitted Infections (STIs) including HIV/AIDS. Adolescents and young women within the age ranges of 15-19 years and 20-24 years have the lowest contraceptive prevalence rates in Nigeria, The Blueprint emphasizes increasing demand for Family Planning through increase Family Planning's public visibility, as well as sustained specific demand generation efforts targeted at identified high priority segments such as adolescents, young people and unmarried.

CALL TO ACTION:

Young people:

- To be aware of their rights especially in relation to access and utilization of Family Planning service and demand for quality care
- To build positive attitude to Family Planning seeking behavior and leverage on the use of social media platform to obtain accurate information about Family Planning services
- To access Family Planning services in the nearest health facility that has the green dot logo
- Not to hesitate to ask for more information to guide decision making or talk about sensitive topics with the Family Planning provider who has been trained to listen to youth without judging
- Be able to speak to a trusted adult in cases of discrimination or disrespect while accessing Family Planning services
- To provide feedback to the Family Planning provider on how it can improve services for the young people

Youth Organisation

- Support capacity building for young people to become advocates for uptake of modern Family Planning methods
- Provide quality Family Planning services and mobilize for uptake through outreaches, social media platform and other related programs
- Mobilize funds to sustain Family Planning services
- Support the generation of data on the use of modern Family Planning methods

For further enquiries, contact:

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



Trade Associations

Policy Brief

Investing in Family Planning/Childbirth Spacing will save lives and promote National Development and Security

BACKGROUND

Family Planning refers to a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods. Nigeria Demographic and Health Survey (NDHS 2018). Approximately 111 women die every day as a result of preventable causes related to pregnancy and childbirth in Nigeria. The commonly provided Family Planning methods in Nigeria's Public health facilities are shown in figure 1 below:

1	Male Condom		
2	Female Condom		
3	Pills		
4	Injectable		
5	Hormonal	IUD	IUS
6	Contraceptive Implants		
7	LAM		
8	Cycle beads		
9	Vasectomy		Tubal Ligation

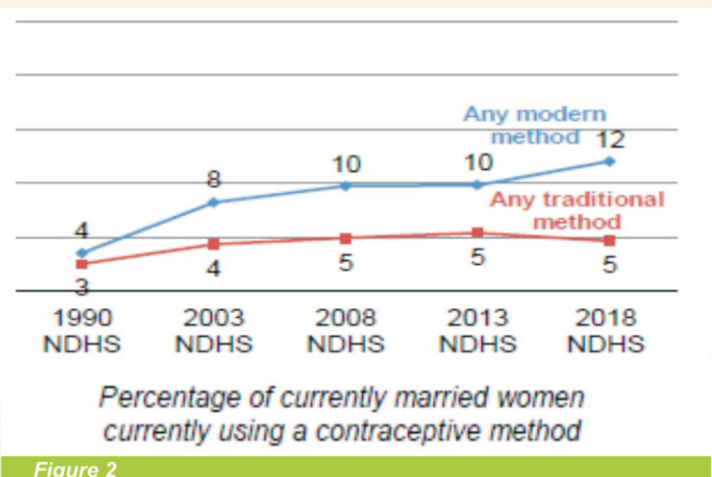


Figure 2

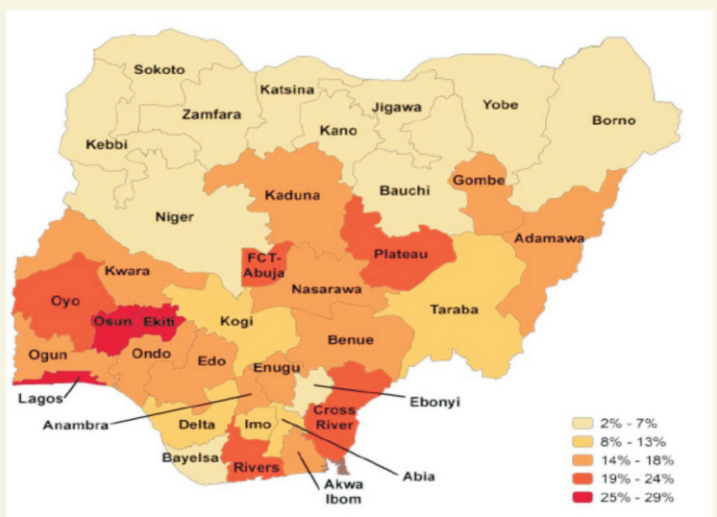


Figure 3: Contraceptives Prevalence Rate per State (NDHS 2018)

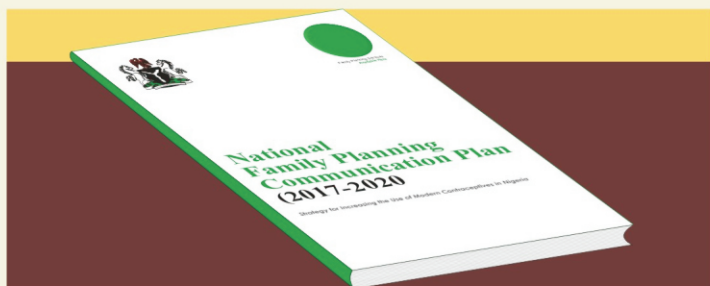
CURRENT SITUATION

Nigeria has continued to witness poor contraceptive trends between 1990 and 2013. According to NDHS 2018, while 92.1% of Nigerian female are knowledgeable about modern Family Planning, only 17% of women of reproductive age are currently using any form of Family Planning (12% for modern and 5% for traditional Family Planning methods) as shown in figure 2. Likewise, there is wide variation in Contraceptives Prevalence Rate (CPR) among the States as shown in figure 3.

FEDERAL GOVERNMENT OF NIGERIA'S INTERVENTIONS

The Federal Government of Nigeria (FGN) in collaboration with Partners has developed and implemented several policies, programmes and services to address the persistence poor uptake of Family Planning services. These include:

- Development of Guidelines, Protocols Curriculum and Job Aids for Family Planning services providers
- Removal of user fees for Family Planning services at all Public health facilities to address cost as a barrier to access
- The FGN pays annual counterpart contributions of \$4,000,000 into the basket fund from 2011-2017, and intervals for the procurement of reproductive health commodities
- Developed and executed the National Family Planning Blueprint and the costed implementation Plan for the achievement of mCPR target of 27% by 2020
- Revised the Task Shifting/Sharing Policy to include private sector community-based service providers such as PPMVs, community pharmacists and other CBDs to administer some non-prescriptive methods and DMPA-SC
- National launch and eventual roll-out of multi-media and person Family Planning Communication Campaigns and rebranding of the outlets where Family Planning services are provided with "the **Green Dot**" Logo to generate Public discussion and quick memory aid to locate places where quality, safe and trusted Family Planning services are provided in Public and Private health facilities.



CHALLENGES

- Inequity in uptake of Family Planning services across States, regional areas, socio-economic groups, etc due to myths, misconceptions, limited spousal discussion, socio cultural and religious objections, and inadequate capacity for service delivery.
- Implementation of pockets of discrete Family Planning demand creation activities by few Development and Implementing Partners resulted to low demand and delivery of Family Planning services especially Long Acting Reversible Contraceptives (LARCs)

- Low commodity security, especially at the last mile largely due to inadequate financing and delayed release of committed funds at all levels
- Inability of the various State to develop States' level Costed Implementation Plan (CIPs)
- Poor data generation and management at the State and lower levels

RELEVANCE

- The saying that "health is wealth" is most relevant in Nigeria today as Women of Reproductive Age cannot be economically productive due to pregnancy related complications or deaths.
- Family Planning is known to reduce 30% of these preventable deaths and reposition the country for greater economic prospects.
- Since the 19th Century workers have organized in trade union and parties to strengthen their efforts at improving workplace of health and safety

CALL TO ACTION:

- Make Public pronouncement to encourage uptake of and collaborate amongst themselves to mobilize resources for Family Planning services
- Advocate for uptake of Family Planning services among young women and men through the promotion of benefits of Family Planning programs
- Collaborate with Federal Ministry of Health, Federal Ministry of Women Affairs and Social Development (FMWA&SD) to implement Women focused social welfare programs including Family Planning.

For further enquiries, contact:

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