

PROGRESS ON FAMILY PLANNING 2020 (FP2020) COMMITMENTS IN

NIGERIA



The government of Nigeria has committed to the following:

(1) We will embark on deliberate efforts to ensure sustainable financing for the national family planning program. Specially, the Federal Ministry of Health (FMOH) will ensure provision of \$4 million annually from 2017 to 2020 for procurement of contraceptives for the public sector (an increase from the \$3 million committed from 2011 to 2014), including payment of backlog of commitments for 2013 and 2014. The FMOH will work with the state government, donors and other stakeholders to ensure incremental domestic resources for the national family planning program, including health insurance programs, in order to make family planning indeed free at public health facilities and more affordable at private sector health facilities.

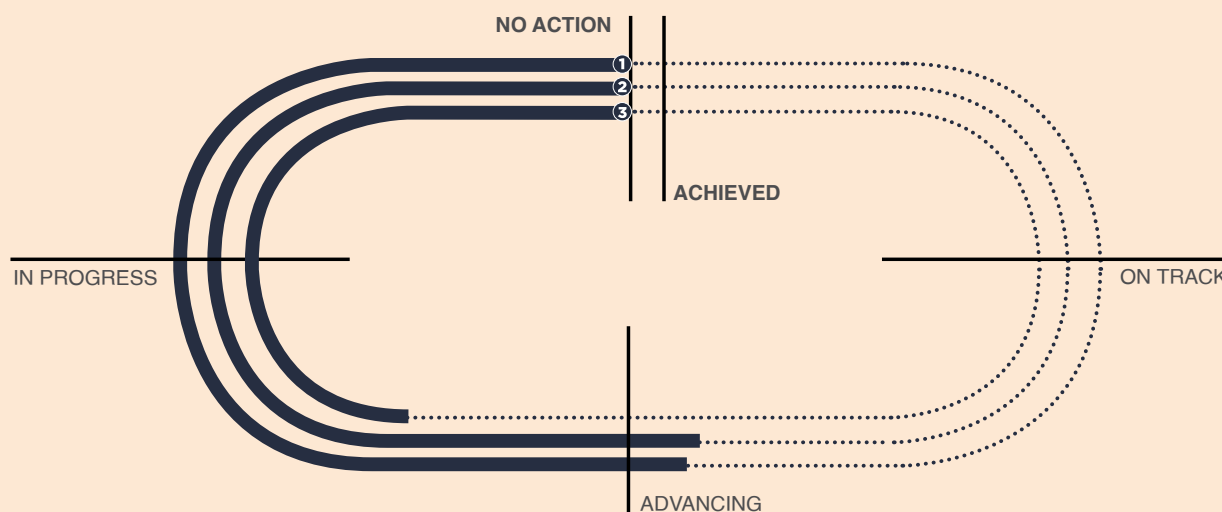
(2) We will work to reduce physical barriers to family planning utilization by increasing the number of health facilities providing family planning services across the country, from about 9,000 presently to 20,000 in 2020. We will also work to reform and expand task shifting policy and its implementation to include patent medicine vendors and community resource persons in order to expand access in difficult-to-reach areas

and amongst disadvantaged populations. Attempts will be made to scale up access to new contraceptive methods, including subcutaneous (DMPA-SC) injection, in the public and private sectors, including removal of regulatory barriers that impede access. Emphasis would also be made to expedite the transformation of the public health sector last mile distribution of health commodities using integrated informed push models through involvement of the private sector organizations for optimization of transportation and tracking of commodities using electronic logistics management solutions.

(3) We will leverage community structures such as ward development communities around the 10,000 functional primary health care centers under the Primary Health Care Under One Roof programme of government to promote behavioral change communication messages in order to foster positive perceptions about family planning. We will place emphasis on ensuring age-appropriate information on sexual (and) reproductive health is provided to young people in and out of schools, including provision of youth-friendly services in traditional and nontraditional outlets.

IS NIGERIA ON TRACK TO ACHIEVE ITS FP2020 COMMITMENTS?

- 1 Increase allocation for family planning (FP) commodities
- 2 Expand availability of modern contraceptive methods
- 3 Scale up health facilities providing youth-friendly reproductive health (RH) services



Nigeria has recorded tremendous support from its international development partners — including the United Nations Population Fund (UNFPA) and the U.S. Agency for International Development (USAID), which provided additional resources for FP commodities — to address the 2019 funding gap. A new warehouse facility was commissioned to provide critical storage space for public health commodities, enabling the FMOH to ensure the provision of quality, life-saving health commodities including FP. FP services are included in the reimbursable RH services through the National Health Insurance Scheme (NHIS). As of December 2019, 14,831 of 28,449 health facilities were providing FP services across Nigeria's 36 states.

THE FOLLOWING PARTNERS CONTRIBUTED TO THE DEVELOPMENT OF THIS REPORT:

4 GOVERNMENTS

2 DONORS/UNITED NATIONS AGENCIES

7 LOCAL NONGOVERNMENTAL ORGANIZATIONS (NGOs)

5 INTERNATIONAL NGOS

1 FAITH ORGANIZATION

1 ASSOCIATION

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Increase the national budget for FP services, specifically through a budget line allocated to FP

\$4 million allocated annually from 2017 to 2020 for procurement of contraceptives for the public sector



The government of Nigeria committed to ensure sustainable financing for the national FP program by allocating \$4 million annually — a target that has not been met. It allocated \$1,639,344.30 for FP in 2017 and \$1,639,344.26 in 2018. In 2019, \$830,000 was disbursed by the government.

Information provided by: Association for Advancing Family Planning (AAFP), Community Health and Research Initiative (CHR), FMOH, Ministry of Finance and Budget Planning, the National Assembly

FP commodities procured and distributed to public health facilities



With support from UNFPA, USAID and others, a total of \$12,505,212 worth of FP commodities were procured in 2017, \$20,274,191 in 2018 and \$20,076,454 in 2019. In addition, a new warehouse facility was commissioned to provide critical storage space for public health commodities at the central level, enabling the FMOH to ensure the provision of quality, life-saving health commodities for Nigerians.

Information provided by: AAFP, FMOH, the National Assembly, The Challenge Initiative (TCI), UNFPA, USAID

\$56 million disbursed to the states through the International Development Agency (IDA) loans and the Global Financing Facility (GFF)



The GFF Trust Fund approved \$40 million for Nigeria. Of this \$40 million, half was expected to be spent through the Basic Health Care Provision Fund, while the other half was expected to be disbursed through the Nigeria State Health Investment Projects (NSHIP). The NSHIP includes provision of the basic minimum health care package including FP health services free of charge to vulnerable pregnant women, especially during the postnatal period.

Information provided by: AHBN, CHR, FMOH, Ministry of Finance and Budget Planning

Funding gaps identified and addressed annually



The current financing gap as of December 2019 is \$3.17 million. The National Reproductive Health Working Group convenes quarterly to review the funding gap and discuss ways to address it, including domestic resource mobilization. Additionally, partners such as AHBN and CHR enhance the capacity of civil society organizations and media to develop key advocacy messages to address funding gaps at the national level.

Information provided by: AHBN, CHR, FMOH, TCI

FP included in the reimbursable RH services package in health insurance programs in the public and private sectors



FP is one of the components included in the reimbursable RH services through the NHIS.

Information provided by: FMOH

Domestic resources mobilized and spent annually for the national FP program



The government of Nigeria allocated 1% (equivalent to \$123 million) of the annual consolidated revenue to the implementation of the Basic Health Care Provision Fund (BHCPF), which supports reproductive maternal, newborn, child and adolescent health services, across the country's 36 states.

Information provided by: AHBN, CHR

Health financing commitments to equal 15% of the overall health budget (as specified in the Abuja Declaration) met



Over the last 10 years, the health budget as a percentage of the total national budget has varied between 4% and 6%. In 2019, the approved health sector budget was approximately 4% of the overall budget (consistent with the allotment from 2016 to 2018). Nigeria's total budget for the fiscal year 2019/20 was 19.726 trillion Nigerian naira. Of this, 431.7 billion Nigerian naira was allocated to health (equivalent to 3.9% of the budget), which does not meet the government's 15% allocation as set in the Abuja Declaration of 2001. The partners (including civil society organizations and media) engage in advocacy efforts for increased allocation to the annual health sector budget.

Information provided by: AHBN, CHR


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National- and state-level FP resource tracking conducted annually at both levels

FMoH, under the Division of Reproductive Health, tracks annual resources of national FP in collaboration with the Clinton Health Access Initiative (CHAI). The report is submitted annually to the FP2020 Secretariat. An FP scorecard that tracks finances is developed annually and disseminated widely at national and subnational levels.

Information provided by: AHBN, CHR, FMoH



Functioning accountability system for tracking domestic resources for FP implemented at the FMoH

There is functional accountability for tracking domestic resources for FP at the national level. Tracking resources is done through the Technical Working Group/Reproductive Health department (TWG/RH), which is cochaired by a civil society leader and an FP and RH coordinator from the government at FMoH. The TWG/RH is slated to meet every quarter to review programs and performance and take remedial action. For 2019, all quarterly meetings were held.

Information provided by: TCI, Technical Support Unit (TSU)/M-Space



Support for primary health services by the Subsidy Reinvestment and Empowerment Program (SURE-P) established

In 2019, SURE-P had concluded and was replaced with BHCPF, which was approved under the National Health Act of 2014. BHCPF aims to provide sustainable health care financing in which the federal government allocation equals no less than 1% of the consolidated revenue fund to health. This allocation is disbursed through the NHIS and the National Primary Health Care Development Agency (NPHCDA).

Expand availability of modern contraceptive methods



Task shifting policy revised and expanded to include patent medicine vendors and community resource persons to expand access to contraceptives

The FMoH led the development of task shifting and task sharing policy, adopted and operationalized by 22 out of 36 states as of December 2019. The policy includes guidelines on trainings of community health extension workers across the country as well as monitoring and evaluation of implementation.

Information provided by: Association for Reproductive and Family Health (ARFH), TSU/M-Space



Access to sexual and reproductive health (SRH) services provided through the Minimum Initial Service Package (MISP) when humanitarian crises occur

Humanitarian crises are prevalent in the northeastern states of Adamawa, Borno, Gombe, Taraba and Yobe. Funds are earmarked through the NHIS and disbursed to the states for further disbursement to primary health care centers to ensure access to FP commodities as well as antenatal and postnatal care services to women (including adolescents). Partners are implementing the MISP including SRH.

Information provided by: Marie Stopes Nigeria, Options Consultancy



Increased number of health facilities providing FP services in 36 states as well as the Federal Capital Territory, from 9,500 to 20,000 by 2020

As of December 2019, 14,831 of 28,449 health facilities were providing FP services across all states.

Information provided by: FMoH



Scaled up access to new contraceptive methods including DMPA-SC in the public and private sectors

The government has been leading the positive momentum in scaling up access to new contraceptive methods such as DMPA-SC in the public and private sectors. The FMoH provided coordination and overall stewardship to the different implementing partners who supported the state-level rollout of DMPA-SC. The introduction and scale-up commenced in August 2018. By December 2019, 10 out of 36 states have introduced DMPA-SC within a broader contraceptive method mix.

Information provided by: ARFH, Resilient & Accelerated Scale-Up of DMPA-SC/Self-Injection in Nigeria project (RASuDIn), Society for Family Health (SFH)

PROGRESS BY INDICATORS

■ NOT ON TRACK ■ ON TRACK ■ ACHIEVED



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Reduced price of contraceptives through the removal of import duties and other regulatory barriers

No information is available.



Electronic logistics management solutions used in the public sector to expedite last mile distribution of health commodities

The federal government is implementing the Nigeria Supply Chain Integration Project (NSCIP), aimed at improving the design and implementation of a comprehensive electronic logistics management information system (e-LMIS) to increase data visibility and inform decision-making. As of December 2019, 23 states across the country were using electronic logistics management solutions.

Information provided by: TCI



At least 3,000 community health workers trained to deliver a range of contraceptives, including long-acting reversible contraceptives (LARCs), and support task shifting by 2020

Collaboratively, the FMOH and the NPHCDA have trained over 3,000 community health workers at the national and state levels to deliver a range of FP services, including LARCs.

Information provided by: TCI



Youth-friendly SRH services provided in traditional and nontraditional outlets

Integration of youth-friendly SRH services have been adapted to increase access to quality services by the FMOH through the Reproductive Health Division.

Scale up health facilities providing youth-friendly RH services



Cross-sectoral collaboration initiated by FMOH to address the sociocultural barriers to FP

Various approaches are being implemented by different partners to increase the demand for FP.

Information provided by: ARFH, TCI



Behavioral change communication messages disseminated through ward development committees (WDCs) in 10,000 functional primary health care centers

WDCs from 1,200 primary health care centers were trained on product knowledge and behavioral change communication. They received information, education and communication materials as well as job aids.

Information provided by: TCI



The Family Life Health Education (FLHE) curriculum implemented in and out of schools

The FLHE curriculum has not yet been updated to reflect recent best practices.



Development of age-appropriate information on SRH through collaborative efforts between FMOH, the Ministry of Education and the Ministry of Youth

Collaboratively, the FMOH and Ministries of Education and Youth developed age-appropriate information on SRH. Implementing partners support in continuous dissemination.

Information provided by: ARFH