

FP2020 Commitment 2019 Update Questionnaire NIGERIA



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment 2019 Update Questionnaire for Nigeria, by **5 July 2019**. Your responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share your responses on your country's dedicated country webpage (<https://www.familyplanning2020.org/nigeria>) so in-country and global stakeholders alike can follow Nigeria's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We hope this will be an opportunity for you to engage with your country focal point team, including youth focal point, and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for Nigeria is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith msmith@familyplanning2020.org and Krista Newhouse knewhouse@familyplanning2020.org with a copy to Onyinye Edeh oedeh@familyplanning2020.org. Should you have any questions or concerns, please contact Onyinye on oedeh@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

FP2020 Commitment 2019 Update Questionnaire NIGERIA



The questionnaire includes 1) the 2017 revitalized commitment and elements of Nigeria's original commitment that still stand, and 2) seven standard questions to all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- **Progress made and key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

COMMITMENT OVERVIEW

The Government of Nigeria in collaboration with its partners and private sector pledges to achieve a modern contraceptive prevalence rate (mCPR) of 27% among all women by 2020.

1. **COMMITMENT:** Ensure sustainable financing for the National Family Planning Program by
 - 1.1. Increasing its annual allocation for contraceptives to \$4M starting in 2018;
 - 1.2. Ensuring total disbursement of \$56M to the states through its Global Financing Facility and IDA loans.
 - 1.3. Realizing the health financing goals laid out under the National Strategic Health Development Plan, the institutionalization of support for primary health services, and meet or exceed the Abuja Declaration health financing commitments.
 - 1.4. Investing in a robust accountability system to track and report actual domestic resources expenditures at national and state levels for the national family planning on annual basis.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

In line with the government FP2020 commitment, the Federal Ministry of Health has approved and released 100% of its annual commitment for procurement of contraceptives for the public sector. The government plans to continually meet its obligation and commits to mobilizing local resources to augment its health financing goals.

The BHCPF approved in September 2018 and launched in January 2019 focuses on vulnerable populations in our society, such as women, children, under five years of age and the elderly. The government commits to ensuring all-inclusive financing to all program areas (including FP), fund disbursement and implementation.

Check Points:

Anticipated Impact:

Proposed Actions:

1. The Federal Ministry of Health (FMoH) obtained approval from the Federal Executive Council to renew the Memorandum of Understanding with UNFPA which will ensure provision of US\$4mil annually from 2017 to 2020 for procurement of contraceptives for the public sector (an increase from the US\$3 mil committed from 2011 to 2014). **Achieved**
2. The Federal Ministry of Health commits to ensuring disbursement of US\$56 mil to the states through the IDA loans and Global Financing Facility from 2017 to 2020. The FMoH is working with state governments, donors and other stakeholders program including health insurance programs through the Basic Health Care Provision Fund to make family planning expenses by households to be reimbursable in the public and private sectors. **On-track**
3. Nigeria also plans to realize the health financing goals laid out under the National Strategic Health Development Plan, the institutionalization of the support for primary health services provided by the SURE-P Program and meet or exceed the Abuja Declaration health financing commitments. **On-track**
4. The Federal Ministry of Health commits to investments in a robust accountability system to track and report actual domestic resources expenditures at national and state levels for the national family planning on annual basis. **On-track**

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (x) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

2. COMMITMENT: Improve availability of services and commodities by

2.1. Contributing to improved preparedness and response where humanitarian crises occur; **On-track**

2.2. Increasing the number of health facilities providing FP services in the 36 states + FCT from 9,500 as of 2016 to 20,000 by 2020; **On-track**

2.3. Expanding the task-shifting policy and its implementation to include patent medicine vendors and community resource persons to expand access in difficult to reach areas and amongst disadvantaged populations; **On-track**

2.4. Training at least 3,700 community health workers (CHWs) to deliver the range of contraceptives, particularly long-acting and reversible methods (LARMs) and supporting task shifting so CHWs in rural areas can provide multiple methods;

2.5. Building on the impact of market interventions; **On-track**

2.6. Lowering the price of contraceptives through removal of import duties and other regulatory barriers; **On-track**

2.7. Scaling up access to new contraceptive methods such as DMPA-SC in the public and private sectors; **On-track**

2.8. Expediting the transformation of the public health sector last mile distribution of health commodities using integrated informed push models through involvement of the private sector capacity for optimization of transportation, haulage and tracking of commodities using electronic logistics management solutions. **On-track**

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Government and Partners have a structured plan to rebuild the North-East Nigeria and this Plan include addressing SRHR of women and girls in the humanitarian setting. 3,105 of Community Health Workers have been trained between 2016 and now. Task Shifting Task Sharing Policy has been revised and launched by the Hon Minister. LMD using third-party logistic is being piloted in 9 states by the FMOH in collaboration with USAID/GHSC Chemonic PSM Project. FMOH also collaborates with UNFPA/JSI Impact Model Team on integrated Informed Push Model of LMD covering initially 4 states

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 government has provided enabling environment for the national rollout of DMPA-SC, removing policy barriers and investing in coordination of all sectors. A steering committee to coordinate DMPA-SC and all new products introduction has been inaugurated to report directly to the NRHTWG. There has been huge partner and government investments in training of providers in the public sector across all the states. Product have been distributed in all pipelines and the government is currently sourcing

other funding streams to ensure DMPA-SC is rollout to scale before the end of the year 2019 in accordance with strategic plan.

Check Points:

Anticipated Impact:

TBD

Proposed Actions:

1. Nigeria stands by the commitment to achieving the goal of a contraceptive prevalence rate of 27% mCPR by 2020 based on the FP Country Implementation Plan (Blue Print 2014); by investing in increasing the number of health facilities providing FP services in the 36 states + FCT from 9,500 as at 2016 to 20,000 by 2020 to reach the target of 13.5 million current users of family planning by 2020
2. We will reform and expand task-shifting policy implementation to include Patent Medicine Vendors and Community Resource Persons to expand access in difficult to reach areas and amongst disadvantaged populations. Deliberate efforts will be made to scale up access to new contraceptive methods including DMPA Sub Cutaneous injection in the public and private sectors including removal of regulatory barriers that impede access.
3. We will continue to invest in and 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 capacity for optimization of transportation, haulage and tracking of commodities using electronic logistics management solutions.
4. We commit to taking measures that improve access and create the enabling environment for sexual and reproductive health services across Nigeria, and contribute to improved preparedness and response using the Minimal Initial Service Package for sexual and reproductive health where humanitarian crises occur

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (x) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

3. COMMITMENT: Build partnerships to improve access by:

3.1. Investing in and working with local and international non-governmental organizations, civil society organizations, faith-based organizations, traditional and religious leaders as well as other government line ministries and parastatals to address socio-cultural barriers such as preference for large families, religious restrictions, and women's lack of decision-making power

3.2. Leveraging community structures such as ward development committees around the 10,000-functional primary health care centers to promote behavioral change communication messages to foster positive perceptions about family planning.

3.3. Working with the Ministry of Youth and Ministry of Education to ensure that age appropriate information on sexual reproductive health is provided to young people through implementation of the *Family Life Health Education Curriculum* in and out of schools including investments in provision of youth friendly services in traditional and non-traditional outlets.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The FMOH is sustaining gains with engaging traditional and religious leaders to address socio-cultural barriers such as preference for large families, religious restrictions, and women's lack of decision-making power. As part of the achievement in this reporting period, the Emir of Kano (a prominent northern leader in Nigeria) worked with FMOH and evidence team to lay out his plans to continue to focus efforts on improving maternal and child health and family planning outcomes in his state. Amongst other interventions, he is sponsoring a bill in Kano State House of Assembly to support government involvement in changing norms around, as well as improving funding for, family planning.

FMOH coordinated a number of national meetings to advance its family planning goals. 1) Jan 2019: Convened a national stakeholder meeting to develop plan of action for rollout of DMPA-SC, 2) April 2019: National launch of 11 Reproductive and Maternal Health documents to support policy, service delivery and create an enabling environment for RH in Nigeria 3) FP consultative meeting involving all state MOHs, PHCDA, state FP coordinators and select FP partners.

Check Points:

Anticipated Impact:

TBD

Proposed Actions:

1. We will invest in working with local and international Non-Governmental Organizations, Civil Society Organizations, Faith Based Organizations, Traditional and Religious leaders as well as other Government line ministries and parastatals to address socio-cultural barriers and limitations to family planning services in communities. **Achieved**
2. We will leverage community structures such as Ward Development Committees around the 10,000-functional primary health care centers to promote Behavioral Change Communication messages to foster positive perceptions about family planning. **On-track**
3. We will work with the Ministry of Youth and Ministry of Education to ensure that age appropriate information on sexual reproductive health is provided to young people through implementation of the Family Life Health Education Curriculum in and out of schools including investments in provision of youth friendly services in traditional and non-traditional outlets **On-track**

b) Please mark (✓) below how you assess progress toward elements of your commitment:

Achieved OR On-Track (x) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following seven questions:

1. **How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) into the FP2020 Focal Point team and/or country’s FP technical working group or country engagement working group?**
 - a. If yes, how has this engagement influenced achieving your FP2020 commitment? Please also share successes and/or lessons learned from these engagements. **We have sustained engagement with Youth Organizations across the country. Youths participate in the National Reproductive Health Technical Working Group Activities and CSOs in-country are improving on their engagement with the Youths. The Hon Minister recently launched a policy on Reproductive Health**

Rights of People living with Disabilities. A youth representative was recently appointed to join the Nigeria FP2020 Focal Points Team.

- b. If not, what challenges have you faced in working with these groups? (Please give examples)

- 2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?**

The National Health Strategic Development Plan II has been finalised and launched by Mr President. The Basic Minimum Health Package has FP fully integrated in it. Implementation of Basic Health Care Fund started with 3 states as a pilot. It is now being scaled up to all the 36states and the FCT

- 3. Has your Government organized the 2019 data consensus workshop? No**

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?

- b. Were domestic expenditure data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country? *Yes. Pre service and inservice curricula were reviewed to reflect emerging issues in consonance with the Task Shifting Task Sharing Policy Implementation. National Guidelines for Introduction and Scaleup of DMPA-SC/SI and relevant Training manuals were developed to suport enabling environment for DMPA-SC. PFP for CHEWs, CHO, DR/Nurse/Midwife were also articulated and launched by the Hon Minister*

5. Has your country allocated GFF resources to your FP program? If so, how has this benefitted your work? *No*

6. Have you worked to improve quality of care/rights based family planning in your programs? Yes

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects? Yes

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes? Yes, most of the times

- c. Are your clinics open to improve accessibility and availability of services? Yes

7. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)? Yes. Through consultative calls and discussions at International Meetings

Please provide the following information for the Government's point of contact for this update

- Name: Dr Kayode Afolabi
- Title: Director, Reproductive Health Division
- Department: Family Health Department
- E-mail: kayodeakinafolabi@gmail.com
- Phone: +234-8069365667
- Address: Federal Ministry of Health, Nigeria
- Date of Self-Report: 8th May, 2019