



Family Planning/Childbirth Spacing Services Advocacy Kit



National





Investing in Family Planning/ Childbirth Spacing Will Save Lives and Promote National Development

Fact Sheet



Family Planning Programmes Need more Funding in Nigeria

Nigeria is faced with a silent tragedy – its high maternal mortality rate of 545 per 100,000 live births (Nigeria Demographic and Health Survey (NDHS), 2008). This means that each year about 33,000 women die as a result of complications arising from pregnancy and childbirth. Closely linked to these high maternal deaths is a high infant mortality rate as well. As a result, Nigeria is currently one of the countries in the world with the worst scenario in maternal and child survival – but many of these deaths are avoidable.

Family planning (FP) is the bedrock of safe motherhood. Family planning offers life saving benefits by helping avert high risk pregnancies that pose health risks to mothers and their children. The non- recognition and poor positioning of family planning by policymakers as a key component of maternal health programmes have led to poor funding of FP programmes, poor quality services and poor utilization of what services exist.

A lack of funding has weakened family planning services. Adequate funds are not currently available to train and retrain service providers, procure commodities to ensure commodity security, or provide the equipment and infrastructure needed for quality services. Furthermore, the prevailing high cost of the available family planning services

prevents Nigerian families and, in particular, the poor from using FP to improve their well-being.

- National Government investment in FP is very low. The public sector family planning programme is characterised by recurring commodity stock outs, a weak distribution system, inadequately skilled service providers and generally poor quality of services
- Most health facilities frequently report stock-outs of modern family planning methods. As a result, women who need such methods fail to receive them, especially at the community level.
- Modern family planning commodity supplies are largely donor driven and highly dependent on external resources. This situation is not sustainable in the long-term.

Maternal Health among Urban Poor* in Nigeria

Contraceptive Use

No Method	82%
Folkloric Method	1%
Traditional Method	4%
Modern Method	13%

Unmet Need

Unmet Need to Space/Limit	16%
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Place of Delivery

Home	45%
All Public Facility	31%
All Private Facility	24%

Delivery Assistance

None	11%
Doctor	6%
Nurse/Midwife	44%
Auxiliary Midwife	8%
TBA	16%
Relative/Friend	13%
Other	2%

Secondary Analysis of NDHS 2008

*Urban poor refers to women who are in the lowest three wealth quintiles as defined by the NDHS.



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National Maternal Health Indices

Contraceptive Prevalence Rate	10%
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NDHS 2008

Fertility in Nigeria is High and Family Planning use is Low

The total fertility rate (TFR) in Nigeria has remained persistently high at a national average of 5.7 children per woman.

Many women desire to limit or space pregnancies but are unable to due to many factors including unavailability of supplies and services. This has led to a high unmet need for FP of over 20% (2008 NDHS).

Government's Current Interventions

The Government of Nigeria, in collaboration with relevant stakeholders, has taken major steps to improve the family planning programme in the country. It has:

- Adopted the Integrated Maternal, Newborn and Child Health (IMNCH) Strategy in 2007 to guide the country towards achieving the Millennium Development Goals (MDGs) 4 and 5 (to reduce infant mortality and improve maternal health)
- Developed guidelines, protocols, curricula, job aids for family planning/childbirth spacing
- Established a budget line for family planning through the National Strategic Health Development Plan
- Established the Midwifery Service Scheme (MSS) Introduced the provision of free family planning/childbirth spacing commodities policy (April 2011)
- Family Planning Can Help Achieve National Development Goals

Making family planning services available to all who need them will reduce household as well as national expenditures on maternal and child health. This in turn will improve quality of life, improve the health of mothers and give them the opportunity to contribute to development.

Actions Required

- ✦ Increase budgetary allocations for Maternal, Newborn and Child Survival in Nigeria to 10% of total health expenditures at each level of government
- ✦ Establish and implement a budget line specifically for family planning programmes and services
- ✦ Remove restrictive taxes and tariffs for Family Planning commodities procurement and importation
- ✦ Include the provision of family planning commodities in the national health insurance package
- ✦ Speak openly in support of family planning

Definition of Terms

Family Planning / Childbirth Spacing - An informed decision by an individual or a couple on how many children to have and when to have them and using modern contraceptive methods to adequately space pregnancies.

Maternal Mortality - Death of a woman while pregnant or within 42 days of childbirth or termination of pregnancy.

Contraceptive Prevalence Rate - Percentage of women between 15-49 years who are practicing or whose sexual partners are practicing any form of contraception.

Urban Poor: Women of reproductive age in the poorest, poorer and middle wealth groups (as defined by NDHS) living in urban areas.

Reproductive Age: Generally defined as women aged 15 - 49 years and men 15 - 59 years.

Contraceptive - A device or drug which can be used to delay/space pregnancy by preventing conception.

Safe Motherhood - A set of interventions that work to ensure the survival, health and well being of a mother and her newborn from conception through childbirth and infancy. Also includes the transference of meaningful information and skill to achieve adequate spacing and number of pregnancies according to the desires of the mother.

Unmet Need - The percentage of persons of reproductive age who want to use contraceptives but do not have access to them either due to unavailability or lack of information.

High Risk Pregnancy - A pregnancy where the mother is younger than 18 years or above age 34 years, or where the time from the last birth to the next is less than 24 months apart or where the parity (number of pregnancies resulting in delivery) is 5 or higher.

Investing in Family Planning/Child Birth Spacing Will Save Lives and Promote National Development

Policy Brief



Background

Family planning (FP) is an informed decision by an individual or a couple on how many children to have and when to have them and then achieving this by using modern contraceptive methods. As such, FP plays a major role in improving maternal, newborn and child health. Family planning can help avert high risk pregnancies and reduce maternal deaths by 32% (Cleland J. et al. 2006. *Family Planning: the unfinished agenda. Lancet* 368:1810-27).

Why Nigeria needs to Invest in Family Planning?

Family planning ranks as one of the most cost effective health interventions and it can yield immediate and future benefits. Yet the use of modern family planning methods in Nigeria is low (15%) and unmet need for family planning is high at 20% (2008 NDHS). This means that there are a large number of individuals and couples who desire to adopt family planning to limit or space their children but are not using modern contraception. This is because family planning commodities and services are not easily accessible and available to clients where and when they want it.

The consequence of unmet need is unplanned pregnancy. Unplanned pregnancy often leads to abortion. Each year many women suffer long-term injuries and even death from complications of unsafe abortions.

Family planning could prevent many of Nigeria's maternal deaths by allowing women to delay motherhood, space births, avoid unplanned pregnancies and abortions, and limit childbearing when they desire.

Access to Family Planning is Essential for Improving the Health and Well-being of Women.

Family planning enhances a woman's educational and employment opportunities and improves self esteem and decision-making opportunities as well as women's ability to participate in society. As a result, higher productivity and reduced public expenditures on education, health care and other social services can come from increased FP use.

Too many high-risk births increase the vulnerability of women and their children to poor health outcomes. Women who use FP services have healthier families, improved status and are able to contribute more meaningfully to national development.



Investment in Family Planning will Contribute Significantly to the Achievement of the Millennium Development Goals (MDGs)

FP has a direct impact on Promoting gender equality (MDG3), Reducing child mortality (MDG4), and Improving maternal health (MDG5). Family planning also supports achievement of the goals of: Eradicating extreme poverty and hunger (MDG1), Achieving universal primary education (MDG2), Combating HIV/AIDS (MDG6), and Ensuring environmental sustainability (MDG7).

Poor Funding is a Major Challenge Facing Family Planning in Nigeria

In spite of Government's adoption of relevant policies and guidelines to support the family planning programme, funding for FP interventions is grossly inadequate. Modern FP commodity supplies are largely donor driven and highly dependent on external resources. Recurring commodity stockouts, a weak distribution system, inadequately skilled providers, poor supervision and poor quality of services threaten the public sector FP programme. This situation leads to low contraceptive uptake and high discontinuation.

When women of childbearing age and their families are denied access to quality services they are exposed to unintended and high-risk pregnancies. The risk is even greater among the urban poor.

Benefits of Family Planning

Benefits of family planning

- Family planning saves the lives of women and children
- Family planning saves health sector funds
- Family planning promotes mutual understanding among couples
- Family planning reduces unplanned pregnancies and the risk associated with unsafe abortions
- Family planning helps achieve national health goals and contributes to economic and social development of the nation

Making family planning services available to all who need it will reduce household as well as national expenditures on women and child health.

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Secondary Analysis of NDHS 2008

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This in turn will reduce household poverty, improve the health of mothers and give them the opportunity to contribute meaningfully to development.

Nigeria needs to invest in family planning to reap immediate health benefits and achieve the MDGs.

Actions Required

Health sector policy makers at all levels need to:

- ★ Support investment in family planning as a national priority
- ★ Sustain the free contraceptive policy of the Federal Ministry of Health
- ★ Make contraceptive commodity procurement tax-free
- ★ Increase the annual budget for family planning to:
 - Strengthen logistics for effective commodity supply management
 - Build more capacity for quality family planning service delivery
 - Improve supervision and coordination at all levels
 - Provide family planning information and education to all Nigerians to increase demand and use of family planning services

Investing in Family Planning/Childbirth spacing will Save Lives and Promote National Development

Role of the Policy Maker



Health Minister, Prof. Onyebuchi Chukwu launching the free contraceptives in April, 2011

Family planning (FP) is an informed decision by an individual or a couple on how many children to have and when to have them through adequately spaced pregnancies using modern contraceptive methods. Family planning is a pillar of Safe Motherhood; It plays a major role in improving maternal, newborn and child health. Family planning alone can help avert high risk pregnancies and reduce maternal deaths by 32% (Cleland J. et al. 2006. *Family Planning: the unfinished agenda. Lancet 368:1810-27*).

Nigeria has a mandate to invest in Family Planning/Childbirth Spacing to reduce maternal, newborn and child mortality and as well eliminate the scourge of HIV/AIDS, save lives and achieve the Millennium Development Goals.

Government has adopted a free commodity policy for the national family planning programme. However this is not enough to meet the family planning needs in Nigeria.

The use of modern family planning in Nigeria is still low at 15% and unmet need for family planning is 20% (2008 NDHS). There is currently a high number of individuals and couples, particularly the urban poor, who desire to adopt family planning to freely limit or space the number of children they want but are not using modern contraception. This leads to unplanned pregnancy and abortion with the consequence of long-term injuries and even death from complications of abortions.

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Actions Required

- ✦ Increase the annual budget for family planning in order to sustain the free commodity supply policy
- ✦ Strengthen logistics for effective commodity supply management
- ✦ Build more capacity for quality family planning service delivery
- ✦ Improve supervision and coordination at all levels
- ✦ Enhance family planning information and education to all Nigerians to increase demand and use of family planning services



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Role of the Legislature



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Actions Required

- ⚙️ Appropriate funds in the annual health budget for family planning
- ⚙️ Ensure that the approved budget is used efficiently for family planning through your oversight functions

