



FEDERAL MINISTRY OF HEALTH, NIGERIA



NATIONAL REPRODUCTIVE HEALTH POLICY



November 2010



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FOREWORD

Nigeria launched her first “National Reproductive Health Policy and Strategy to Achieve Quality Reproductive and Sexual Health for All Nigerians” in 2001. This was followed with the development of the “National Reproductive Health Strategic Framework and Plans” to support the policy implementation process. The time covered by the two policy documents was 2001 – 2006. An assessment of the policy implementation carried out in 2007 showed that while progress has been made on some fronts, some of the targets of the policy are yet to be achieved.


Some of the achievements noted over the years include improved visibility of safe motherhood agenda, increased access and utilization of maternal health services through free maternal health services provided by some states, improved male involvement in family planning, improved policy environment for family planning services, wider implementation of the school-based National Family Life and HIV Education curriculum. The greater involvement of stakeholders in the provision of adolescent reproductive health services, increased awareness of HIV/AIDS and other STIs and the passage of the bill against harmful practices against women in five states of the federation are also progress made with the previous policy.

The aim of this review is to build on the platform of these achievements and address some of the limitations identified in the implementation of the old policy. With this review we have integrated current perspectives on the reproductive health

needs of the Nigerian population in the context of our national developmental efforts.

We shall vigorously pursue the effective implementation of this policy with measurable outcomes that demonstrate impact at all level of our health care system. We shall also lead the process of the development of relevant strategic/implementation frameworks, plans, service guidelines, and standard of practice as may be relevant to each area of RH, and the specified objectives of the policy.

I recommend the effective implementation of this reviewed policy to all stakeholders as this will create the enabling environment for the provision of qualitative Reproductive Health care services in Nigeria.



Prof. C. O. Onyebuchi Chukwu
Honourable Minister of Health
November, 2010

ACKNOWLEDGEMENTS

The Federal Ministry of Health, in collaboration with development partners, reviewed the National Reproductive Health Policy in line with emerging issues in the field of Reproductive Health.

The Ministry would like to extend its sincere thanks and gratitude to organizations and persons who contributed considerable time and efforts to the review of the National Reproductive Health Policy in Nigeria from 2009-2010. Special thanks go to the National Reproductive Health Working Group under the leadership of Prof O.A. Ladipo for their hard work and technical input during the entire period of review.

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My gratitude also goes to the staff of the Reproductive Health Division, of the Department of Family Health, under the guidance of Dr A.R Adeniran, for their commitment and their concerted efforts that made the review of this policy document, a reality.



Dr. P. N. Momah
Head, Family Health Department

ACRONYMS

ARH	Adolescent Reproductive Health
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
BCC	Behaviour Change Communication
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSOs	Civil Society Organisations
DALYs	Disability-Adjusted Life Years
FBOs	Faith-Based Organisations
FMOH	Federal Ministry of Health
FGM	Female Genital Mutilation
FSW	Female Sex Worker
VVF	Vesico-vaginal Fistula
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICPD+5	Special Session of the General Assembly of the United Nations for the review of fifth year of the implementation of ICPD
IDU	Injecting Drug Users
IEC	Information, Education and Communication
IMNCH	Integrated Maternal Newborn and Child Health
LGA	Local Government Area
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
PMTCT	Prevention of Mother-to-Child Transmission
NARHS	National HIV/AIDS and Reproductive Health Survey

NDHS	Nigeria Demographic Health Survey
NEEDS	National Economic Empowerment and Development Strategy
NGO	Non-governmental Organisation
NRHWG	National Reproductive Health Working Group
NSHDP	National Strategic Health Development Plan
PoA	Programme of Action
SMOH	State Ministry of Health
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
WHO	World Health Organisation

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INTRODUCTION

The International Conference on Population and Development (ICPD) held in Cairo in 1994 marked a watershed in the population-related field, linking fertility regulation and development goals in the context of human rights. Through the ICPD, the notions of reproductive health and rights were defined and universally applied. The Programme of Action (PoA) of the ICPD defined reproductive health as follows:

“Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for the regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services

that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.

The ICPD consensus represents a paradigm shift from classic population control policies and large scale vertically structured family planning programmes for the control of excessive population growth to the recognition of the needs and rights of individuals and a focus on the promotion of sexual and reproductive health for all.

The ICPD agenda has been reaffirmed in a number of international forums, and continues to be relevant to international and national development efforts. The World Summit of the United Nations General Assembly in 2005 renewed its commitment to the ICPD goal of achieving universal access to reproductive health by the year 2015. The ICPD agenda has also been noted to be central to the Millennium Development Goals (MDGs). Three of the eight MDGs - reduce child mortality, improve maternal health, and combat HIV/AIDS - are components of sexual and reproductive health, while four others - eradicate extreme poverty, achieve universal primary education, promote gender equality and empower women, and ensure environmental sustainability - are highly related. Thus, the need to maintain focus on reproductive health and

vigorously pursue the ICPD goal is imperative for national development.

As part of her commitment to the ICPD, Nigeria launched her first “National Reproductive Health Policy and Strategy to Achieve Quality Reproductive and Sexual Health for All Nigerians” in 2001, followed by the development of the “National Reproductive Health Strategic Framework and Plans” to support the policy implementation process. The time covered by the two policy documents was 2001-2006. An assessment of the policy implementation carried out in 2007 showed that while progress has been made in some areas, the targets of the policy have not been met and the overall reproductive health status of the Nigerian population remains poor. Specifically, the achievements noted by the review include the following: improved visibility of safe motherhood agenda; increased access and utilisation of maternal health services through free maternal health services provided by some states; improved male involvement in family planning; improved policy environment for family planning services; wider implementation of the school-based National Family Life and HIV Education Curriculum; greater involvement of stakeholders in the provision of adolescent reproductive health services; increased awareness of HIV/AIDS and other STIs; and, passage of bills against harmful practices against women in five states. The review also noted the development of policy-related documents; these included policy and strategic framework on HIV/AIDS, and standards of practice

for family planning and STIs.

On the other hand, the review noted a number of constraints and challenges. These include: poor funding of RH programmes; inadequate human resources particularly trained midwives; poorly motivated health workers; poor integration of maternal and family planning services; high cost of commodities at service delivery points; negligible family planning demand creation efforts; high unmet need for family planning; inadequately equipped facilities; inadequate linkage of adolescent reproductive health (ARH) services to the regular health service delivery system; and poor coordination of ARH at state level. Other constraints and challenges reported include quality issues in STI/HIV/AIDS services, limited and inequitable access to antiretroviral drugs, and limited activities in the areas of reproductive cancers, andropause and menopause.

The review concluded that “despite the genuine intentions of the federal government to improve RH services in the country, it has not fairly concentrated on all the components listed in the National RH Strategic Framework and Plan. Safe motherhood initiative and the family planning have not received the much expected priority and, more importantly, many of the activities have been donor-driven”. Additionally, the review aptly noted that “the attainment of the MDC will remain a mirage to Nigerians if the provision of quality reproductive health services

is not given attention and commitment by all levels of government". Thus, it is in Nigeria's best interest to refocus and strengthen efforts in the area of reproductive health; this constitutes a major rationale for a revised policy.

It is also important to note that several important developments have taken place nationally and internationally since the development of the old policy, which a revised reproductive health policy needs to take due cognisance of and respond to. These include: the National Economic Empowerment and Development Strategy (NEEDS); the Health Sector Reform; the Revised National Health Policy; the revised policy on the health and development of adolescents and young people; and the Integrated Maternal, Newborn and Child Health Strategy. The global focus on the MDGs and the national commitment and efforts to achieving them are also noteworthy.

In this regard, this revised policy aims to build on the platform of the achievements of the previous policy, address some of the limitations identified in the implementation of the old policy, integrate current perspectives on the reproductive health needs of the Nigerian population, embrace recent evidences on effective interventions, and align with the overall direction of current developmental efforts in the health sector as well as the country as a whole.

1.0 SITUATION ANALYSIS AND RATIONALE

Reproductive Health, as defined in the ICPD PoA, encompasses the following: family planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, including breastfeeding; prevention and appropriate treatment of infertility; prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections, especially sexually transmitted diseases, including HIV infections and Acquired Immunodeficiency Syndrome (AIDS); promotion of healthy sexual maturation as from pre-adolescence, responsible and safe sex throughout the lifetime and gender equality; elimination of harmful practices, such as female genital mutilation (FGM), premature marriage, and domestic and sexual violence against women; management of non-infectious conditions of the reproductive system, such as genital fistula, cervical cancer, complications of female genital mutilation and reproductive health problems associated with menopause. This section describes the current situation in Nigeria with regards to these reproductive health components.

1.1 Situation Analysis

1.1.1 Family Planning and Fertility Management

The fertility level in Nigeria is quite high. According to the 2008

Nigeria Demographic and Health Survey (NDHS), the Total Fertility Rate (TFR) is 5.7. This figure is at par with the 2003 NDHS TFR, and is only slightly lower than the 1990 NDHS TFR result of 6.0. The current TFR implies that a woman in Nigeria is likely to bear approximately six children in her lifetime if she experiences the currently-observed age-specific fertility rates throughout her reproductive years. Women in rural area are likely to give birth to two more children than urban women during their reproductive years (TFR of 6.4 and 4.6 respectively). The final report of the 1991 census report noted that at a growth rate of 2.8 percent, Nigeria has one of the fastest growth rates in the world. The current growth rate of 3.2 percent, as reported by the 2006 population census is even higher than the previous rate of population growth. At the current growth rate it would take only 22 years for the population of Nigeria to double itself. Figures from the last two national censuses showed an increase in the population size from 88.5 million in 1991 to 140 million in 2006. This increase of 51.5 million in 15 years clearly evidenced the rapid increase in population size. The fertility and mortality patterns have also resulted in a young population structure, whereby there is a preponderance of young persons in the population. More than two-fifths of the population currently consists of children under the age of 15 years.

Low level of family planning is a major factor in the fertility

pattern and population growth rate. According to the NDHS, the contraceptive prevalence rate for Nigeria was 15 percent for any method and 10 percent for modern methods in 2008; these figures are only slightly higher than the 2003 figures of 13 percent for any method and 8 percent for modern methods. Use of family planning methods, in 2008 was lower in the rural areas compared to the urban areas; 9 percent versus 26 percent for any method, and 7 versus 17 for modern methods. On the demand side, factors associated with the low contraceptive prevalence level include a culture that is highly supportive of large family size, misconceptions about family planning methods, and male child preference. On the supply side, the challenges despite recent efforts aimed at repositioning family planning in the country, still include inadequate access to family planning services, poor quality of services and inadequate demand creation efforts.

1.1.2 Safe Motherhood

The health and well-being of the mother and the newborn are strongly linked, and constitute the key focus of safe motherhood programmes. Current statistics show that maternal and neonatal health status in Nigeria is one of the worst globally. According to the 2008 estimates produced by the World Health Organisation, UNICEF, UNFPA and the World Bank, Nigeria has an annual maternal mortality figure of 50,000, which constitutes 14 percent of the global estimate of

358,000 deaths. According to the 2008 NDHS, the country's maternal mortality ratio is 545 per 100,000 live births. The estimates from the United Nations agencies put the lifetime risk of maternal death in Nigeria as 1 in 23, which compares poorly with the figures of 1 in 4,300 for developed countries, 1 in 120 for developing countries, and 1 in 36 for Africa. Medically, most of the maternal deaths are due to bleeding after delivery (haemorrhage), post-delivery infection (sepsis), prolonged obstructed labour, eclampsia (hypertensive diseases of pregnancy), and unsafe abortion. It is estimated that malaria also contributes more than a tenth of maternal deaths in Nigeria. In general, all these conditions are preventable or readily treatable.

As indicated in the Integrated Maternal, Newborn, and Child Health (IMNCH) Strategy produced by the Federal Ministry of Health, at least another 30 women are estimated to suffer short to long term disabilities for every maternal death recorded. Vesico-vaginal fistula, VVF (breakdown in the tissue between the vaginal wall and the bladder or rectum resulting in urinary or faecal incontinence) is one of the most debilitating of such disabilities; the IMNCH strategy states that Nigeria accounts for 800,000 (40 percent) of the two million women worldwide who suffer from Vesico-vaginal fistula. Maternal mortality and morbidity levels are far higher in the north compared to southern part of Nigeria. Inadequate access to

quality pregnancy-related services, particularly essential obstetric care, underlies Nigeria's high maternal mortality pattern. The proportion of women who gave birth between 2004 and 2008 and who delivered their last child with the help of a health professional (doctor, nurse, or auxiliary midwife), according to the 2008 NDHS, was only 39 percent, while the proportion of mothers that delivered in a health facility was 35 percent.

Nigeria has the highest burden of HIV disease among pregnant women and children worldwide; contributing about 30 percent of the global burden of mother-to-child transmission of HIV. One of the most devastating consequences of the HIV epidemic is transmission of HIV from mothers to children and the increasing contribution of HIV/AIDS to maternal deaths. Nigeria currently has the highest number of mother to child transmission of HIV in the world. It is therefore a priority for Nigeria to intensify efforts in ensuring that all pregnant women receive comprehensive HIV/AIDS services including PMTCT. The current national level of PMTCT coverage at 13 percent of all pregnant women accessing HIV testing and counselling falls far short of the national targets while the number of infants infected through mother to child transmission is increasing.

Nigeria's Neonatal death rate (death of infants in the first 28 days of life), as indicated by the NDHS, was 40 per 1,000 live

births for the 2004-2008 period. More than half of neonatal death occurs during the first week, reflecting the intimate link of newborn survival to the quality of maternal care. Infections, preterm delivery and birth asphyxia are the leading causes of neonatal deaths. Tetanus - a vaccine-preventable disease - is responsible for at least a tenth of neonatal deaths. Overall, most of the neonatal deaths are preventable. Factors associated with the poor state of neonatal health and survival in Nigeria include poor health seeking behaviour on the part of parents, inadequate access to maternal and neonatal health services, and poor quality of services. The wide regional variation in the neonatal mortality rate in Nigeria mirrors that of the maternal mortality pattern.

1.1.3 HIV and other Sexually Transmitted Infections

HIV remains a leading health and development challenge in Nigeria. While the HIV sero-prevalence obtained among pregnant women attending antenatal clinics at sentinel sites reduced from 5.0 percent in 2003 to 4.4 percent in 2005, it rose to 4.6 percent in 2008. With the 4.6 percent sero-prevalence level reported by the 2008 sentinel survey among pregnant women, approximately three million people are estimated to be living with HIV/AIDS. The prevalence ranged from 1.0 percent in Ekiti State to 10.6 percent in Benue State. Seventeen states and the Federal Capital Territory recorded a sero-prevalence figure of five percent or above.

The 2007 NARHS, which has HIV testing integrated into the population-based survey, reported HIV prevalence of 3.6 percent among the general population. Among the general population, young people particularly females, constitute an important vulnerable group in terms of HIV risk. According to the 2007 Integrated Biological and Behavioural Surveillance Survey, the HIV prevalence among key populations at higher risk of HIV infection is quite higher than that of the general population: 37 percent for female sex workers, 30 percent for non-brothel-based FSW, 14 percent for men who sleep with men, and 6 percent for injecting drug users (IDU). Unsafe sexual behaviours such as unprotected sex and multiple sexual partners constitute the leading factor in the HIV epidemic in Nigeria.

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women accessing HIV testing and counselling falls far short of the national targets while the number of infants infected through mother to child transmission is increasing.

Other STIs are important reproductive health issues and can be associated with significant level of morbidity as well as increased risk of HIV transmission. While data on incidence of STIs are not reliably available, the report of the 2008 NDHS indicated that 5 percent of women and 3 percent of men in Nigeria experienced a sexually transmitted infection and/or genital abnormal discharge or sore within the last 12 months to the survey. 2008 NDHS also indicated that 46 percent of women and 58 percent of men with self-reported STI symptoms sought advice or treatment from a clinic, hospital, private doctor, or other health professional. However, 38 percent of women and 22 percent of men sought no advice or treatment for their symptoms.

1.1.4 Adolescent Sexuality and Reproductive Health

Available statistics show high prevalence of unsafe sexual behavior, and consequently poor sexual and reproductive outcomes such as teenage pregnancy, unsafe abortions, and sexually transmitted infections among adolescents. According to the 2007 National HIV/AIDS and Reproductive Health Survey (NARHS), about a fifth of males (22 percent) and

two-fifths of females (42 percent) aged 15-19 years are sexually experienced. NARHS also reported the proportion of sexually experienced adolescents 15-19 years who were current users of condom in 2007 as 11 percent for females and 36 percent for males. The survey also showed that among the general population of adolescents age 15-19, two (2) percent of the males and one (1) percent of females are HIV positive.

Figures from the 2008 NDHS indicate that approximately a quarter (23 percent) of females age 15-19 had begun childbearing; 18 percent have had a child and 5 percent were pregnant with their first child. Adolescent girls are disproportionately affected by poor pregnancy outcomes, including maternal deaths, maternal morbidities, and neonatal deaths. Young girls are also more vulnerable than most population groups to harmful practices and sexual rights violation such as early marriage, sexual coercion, rape, female genital cutting, and trafficking for sex

A major contribution to the poor adolescent health status is lack of accurate knowledge of SRH issues. For example, while the 2008 NDHS recorded a very high level of HIV awareness (85 percent for female and 88 percent for males) among adolescents age 15-19 years, the level of comprehensive knowledge was low (20 percent for female and 28 percent for males). "Comprehensive" knowledge was defined as

possession of knowledge that: staying faithful to one faithful, uninfected partner and use of condom reduce HIV transmission, healthy-looking person can be HIV positive, mosquito cannot transmit HIV, and sharing meal utensils cannot transmit HIV. Overall, poor availability and access to relevant information and adolescent-friendly services contribute significantly to poor adolescent SRH status.

1.1.5 Infertility

Infertility is a condition with severe implications for health and well-being, particularly in a pro-fertility culture as obtains in Nigeria. Individuals and couples that are affected are confronted with significant psychological and social challenges, among others. The 2008 NDHS results suggest that primary infertility is low, with 3 percent of all women unable to have children. Equivalent national statistics are not available for secondary infertility. However, some figures from some community surveys indicate that secondary infertility is more common than primary infertility. Hospital-based data suggest that infertility is the commonest reason for seeking gynaecological consultations in major health institutions in the country, and that its incidence may be increasing.

Contrary to the gender bias with which infertility is viewed in many Nigerian communities, with females generally regarded

as those with the problem, the male factor has been implicated in 30-40 percent of cases among infertile couples. The leading risk factors associated with infertility among women include reproductive tract infections, complications of abortions and unclean deliveries. STIs are also associated with infertility among males. Access to highly sophisticated medical care in the form of assisted reproductive techniques (ART) that may be required for the treatment of tubal disease and male factor infertility are inaccessible to the majority of the infertile couples as a result of limited availability and high costs.

1.1.6 Unsafe Abortion

Unsafe abortion is a major public health problem in Nigeria as it contributes significantly to maternal, morbidity and mortality. Although abortion on demand is not legally permitted in the country, a 2006 report by the Campaign against Unwanted Pregnancy and Guttmacher Institute estimates the number of induced abortion taking place in the country annually at 760,000. The majority of abortions obtained in recent years – about six in ten – were carried out in health facilities, most of them privately-owned facilities. The majority of females who had abortion were younger than 25 years (55 percent), never in marital union (63 percent) and never had a child previously (60 percent). Almost half of all abortions are performed surgically through either dilatation and curettage or manual vacuum aspiration.

The socio-economic status of the woman was a major determinant of the type of induced abortion they obtained. Overall, a quarter of women who obtained abortion had serious complications. Hospital-based studies suggest that young people constitute the majority of females who experienced abortion-related complications and deaths. According to recent report Guttmacher Institute unsafe abortions account for at least 13 percent, and possibly 30-40 percent of maternal deaths in Nigeria. Poor access to relevant reproductive health information and services, lack of life skills, and low contraceptive usage are some of the factors that contribute significantly to the high vulnerability of young people to unsafe abortion. Lack of quality counseling services for potential abortion patients and poor quality of post-abortion care are some of the reasons for high level of abortion-related mortality and morbidity.

1.1.7 Reproductive Cancers

Cancers of the reproductive systems are assuming an increasingly important position in Nigeria's health profile. Among women, breast and cervical cancer are the leading causes of cancer-related deaths among women. Among men, cancer of the prostate is the major cause of cancer-related deaths. The 2007 NARHS paints a general picture of poor knowledge and practice regarding reproductive cancers in Nigeria. Awareness of reproductive cancers is low, particularly

for cancers of the male reproductive organs. Compared to 60 percent females and 58 percent of males who had awareness of breast cancer, only 12 percent of females and 21 percent of males were aware of cancers of the male reproductive organs. Less than a quarter of the men and women of reproductive age (19 percent of females and 23 percent of males) were aware of cancer of the womb (cervical cancer). Knowledge and utilisation of cancer screening services are also correspondingly low.

1.1.8 Harmful Practices and Reproductive Rights Violations

A variety of harmful practices that have negative implications for reproductive health and rights exist in Nigeria. One of these is child marriage, which often involves forceful marriage of teenage girls to much older men. According to the 2008 NDHS, 12 percent of adolescent females aged 15-19 years were already married by the age of 15 years. Among youths 20-24 years, 16 percent were married by the age of 15 years and 39 percent by the age of 18 years. The incidence of child marriage is higher in northern Nigeria compared to the south. Child marriage usually results in early childbearing, with its attendant increased risk for poor maternal and neonatal outcomes.

Female Genital Mutilation (FGM) is another prevalent harmful practice. It is more common in the south compared to the

north. According to the 2008 NDHS, 30 percent of Nigerian females aged 15-49 years had been circumcised. The prevalence of 22 percent for 15-19 year-old females compared to 38 percent for women aged 35-39 years suggests a declining trend. Among women who had at least one daughter, as reported by NDHS, 30 percent of them had at least one daughter who was circumcised and an additional 5 percent intend to have a daughter circumcised. The proportion of women who have at least one circumcised daughter ranges from 25 percent for women age 20-34 to 42 percent for women age 45-49. Type 2 (involving the removal of the clitoris along with partial or total excision of the labia minora) appears to be the commonest type of FGM in the country. FGM is associated with several complications such as haemorrhage and infections. It could also result in chronic reproductive health problems and maternal morbidities on a longer time basis.

Gender-based violence, including intimate partner violence (such as domestic violence), sexual coercion and rape, are major forms of reproductive rights violation that compromise the reproductive health of victims. Among others, gender-based violence has been associated with increased risk for HIV and poor pregnancy outcomes. While data is generally scanty about gender-based violence in Nigeria, due to poor reporting, anecdotal evidences suggest that there may be increasing

episodes of cases such as rape subsequent to escalating inter-community clashes and armed robbery incidents. Domestic violence is arguably the most common form of gender-based violence in the country. While many victims will present in health care facilities, the response of the health sector to the problem is far from satisfactory. Studies have also shown that a large proportion of Nigerians, both males and females, still condone wife beating for reasons such as delay in food preparation and refusal to have sex with spouse. Other harmful practices with implications for reproductive health include: widowhood rites/practices such as wife inheritance which have significant implications for the HIV transmission; male-child preference which may increase the risk for maternal morbidities and mortality as it may lead to high number of births with inadequate spacing; and trafficking of females for sex work, which carries increased risk for HIV/AIDS and other STIs.

1.1.9 Reproductive Health Issues of Selected Population Groups and Special Reproductive Health Concerns

(a) Older Population

Andropause and menopause are major reproductive health challenges of older population groups. These conditions,

which are related to declining sex hormone levels, may produce a range of physical and psychological symptoms. These issues have not received adequate attention in the reproductive health field in Nigeria. Available evidences indicate that most Nigerians lack appropriate information and knowledge about the symptoms of andropause and menopause. In general, health personnel also lack relevant knowledge in this respect. Reproductive cancers are also SRH challenges that disproportionately affect older populations. With increasing proportion of the Nigerian population living to old age, SRH challenges of older populations will likely assume greater importance, and reproductive health services need to respond to them more effectively.

(b) People with Special Physical and Mental Needs

According to the available information from 1991 National Population Census, Nigeria has an estimated 4.8 people with physical or mental challenges per 1,000 populations, representing about 0.5 per cent of the total population. Among this group of Nigerians with special physical or mental needs, 25 percent have deafness, 8 per cent have dumbness, 13 percent have both deafness and dumbness, 18 percent have blindness, 13 percent have challenges with physical movement (crippled), 10 percent have some form of mental illness and 11 percent have other forms of impairments. The current rate is

not known as the detailed breakdown of the 2006 census is not yet available. However, if the rate given by the 1991 census still holds true, the population of people with physical and mental challenges will be more than 750,000 persons in 2009. Persons with special needs have sexual and reproductive health needs just like any other human beings. However, they have limited access to mainstream health services as many of the existing services are not designed to meet their needs. Social and health workers with skills to respond to their needs appropriately are also generally scarce in the country. In addition, they face the challenge of higher likelihood to experience sexual and reproductive health violations as a result of their conditions.

(c) Reproductive Health Needs in Humanitarian Settings

Nigeria has recently experienced increased episodes of humanitarian emergencies arising from conflicts (inter-communal clashes, civil disturbances and religious crises) and natural disasters (flooding, mud sliding and erosion), often in destruction of social life and health systems amongst other consequences, all having serious implication on reproductive health status of internally displaced persons. Climatic changes are likely to contribute to an increase in natural disasters, thereby increasing the size of the population in humanitarian settings. Internally displaced persons, for example, may not

have access to essential reproductive health supplies such as condoms or other contraceptives, delivery kits and services like emergency obstetric and neonatal care and other reproductive health services. Young people are often disproportionately affected by conflicts; they also face additional barriers from lack of sufficient health care, protection, recreational activities, friendship and family support. Weakening of traditional socio-cultural constraints may also make them more vulnerable to sexual rights violations such as coercion and rapes, and likely to engage in risky sexual behaviours.

(d) Male Participation and Involvement in Reproductive Health

Men have their own SRH concerns and needs which are not always met. Also, men's health status and behaviour affect women's SRH status and overall health. Involving men in RH issues has the potential to increase their awareness of SRH issues, improve their health behaviour, as well as increase their acceptance and support to their partners' needs, choices and rights. Therefore improving male involvement and participation is key to achieving desired reproductive health outcomes in Nigeria. Not surprisingly, the ICPD PoA advocates for increased male involvement and responsibilities in RH. Yet, till date, male involvement remains one of the weakest areas of programmatic efforts in Nigeria's RH environment. Very few

services in the country are designed or oriented to meet the needs of men as individuals or to actively and effectively involve them in RH issues.

1.2 Rationale for Policy

Poor reproductive health constitutes one of the leading public health problems globally, and disproportionately affects people in developing countries such as Nigeria. For example, sexual and reproductive health conditions account for nearly two-thirds of Disability-Adjusted Life Years (DALYs) lost among women of reproductive age. With the realization of the central place of RH in development, the international development community has recently pronounced that it will not be possible to achieve the MDGs without adequate attention to SRH issues.

Sexual and reproductive health interventions are clearly good investment; their benefits are far reaching. Reproductive health services generate a range of benefits including medical, social and economic developments as well as yielding good returns on investments made in them.

Evidently, it will be impossible for Nigeria to advance the health and well-being of her population and realize her national development aspirations without effective reproductive

health programming. Such programming needs to rest on a comprehensive and sustainable policy which provides an appropriate framework for the development and implementation of appropriate programmes, services and interventions. The revised policy is to also add fresh impetus to national efforts to the realisation of the ICPD PoA and the MDGs to which the country has freely committed itself in the interest of national development and overall well-being of her people.

2.0 POLICY DECLARATIONS AND GUIDING PRINCIPLES

2.1 Policy Development Context

The revised National Reproductive Health Policy is set within the framework of the Nigerian health policy, which declares primary health care as the key to attaining the goal of health for all people of Nigeria and sets targets for infant mortality reduction, maternal mortality reduction, reversal of the HIV/AIDS trends, and the control of Malaria and other major diseases. The RH policy also aligns with the overall objective of the revised National Health Policy, which is “to strengthen the national health system such that it would be able to provide effective, efficient, quality, accessible and affordable health services that will improve the health status of Nigerians through the accelerated achievement of the health-related Millennium Development Goals (MDGs)”. It recognises that the National Health Policy thereby provides the platform for achieving the ICPD goal of ensuring universal access to a full range of high quality reproductive health services, including family planning and sexual health, through the primary health care system not later than the year 2015 in the country.

The policy has also been formulated within the context of a number of other relevant and important national and

international development policies and frameworks:

(a) National Development Frameworks

- The National Policy on Population for Sustainable Development recognizes the following, among others, as critical areas for attention in order to achieve its goal of improved quality of life and standard of living: reproductive and sexual health; family planning and fertility management; women's health and safe motherhood; child's health and survival; male reproductive health; gender concerns; and, HIV/AIDS
- The National Strategic Plan for International Conference on Population & Development Programme of Action (2005-2014), which aims to provide a roadmap for the realisation of the ICPD PoA in Nigeria.
- The Integrated Maternal, Newborn and Child Health Strategy articulates a comprehensive set of actions to fast track the achievement of MDGs 4 (reduction in child death level) and 5 (improved maternal health).
- National Policy on Elimination of Female Genital Mutilation, which has the goal of eliminating the

practice of female genital mutilation in order to improve the health and quality of life of females.

- National Policy on AIDS with the strategic goal of reducing the incidence, provision of treatment and mitigation of the impact of HIV/AIDS such that all Nigerians could achieve socially and economically productive lives free of the disease and its effect.
- Health Sector Reform Programme, which indicates government's commitment to fundamental changes in policy, regulation, financing, provision of health services, re-organization, management and institutional arrangements, is designed to improve the performance of the health system for better health status of the population. Its key thrusts include strengthening the national health system, reduction of disease burden, and improving access to quality health services.
- The National Health Bill Act spells out the health actions of each level of government within the national health system.
- The National Economic Empowerment and Development Strategy (NEEDS) aims at improving the overall national development and includes a social charter which recognises the need for health and related social development of all Nigerians.

- The National Strategic Health Development Plan (2009-15) aims at providing an overarching framework for sustained health development in the country. The overarching goal of the National Strategic Health Development Plan (NSHDP) is “to significantly improve the health status of Nigerians through the development of a strengthened and sustainable health care delivery system.” The plan also provides the template to concretize the health sector development component of the Vision 2020 and a platform for achieving the MDGs.

(b) Regional Strategies and Implementation Frameworks

- Continental Policy Framework for the Promotion of Sexual and Reproductive Health and Rights in Africa of the African Union Commission which identifies young people's sexual and reproductive health and rights as one of the major issues in the context of achieving universal access to comprehensive sexual and reproductive health services in Africa. The Maputo Plan of Action on the framework further stipulated the following output: “youth-friendly sexual and reproductive health and rights services positioned as key strategy for youth empowerment.”

- Protocol to the African Charter on Human and people's Rights on the Rights of Women in Africa, which affirms, among others, the rights of women in Africa to dignity, life, integrity and security, and commits states to combat all forms of discrimination against women through appropriate legislative, institutional and other measures and eliminate all harmful practices against women. Among others, it recognizes the rights of women to medical abortion in some circumstances, such as when the continuation of the pregnancy endangers the mental and physical health of the mother or the life of the mother or foetus.

(c) Global Development Frameworks

- Convention on Elimination of All Discrimination on Women (CEDAW) calls for ratifying nations to overcome barriers constituted by discrimination against women (of all ages) in the areas of health care
- The ICPD Programme of Action, which specifies that all countries should make available universal access to a full range of high quality reproductive health services, including family planning and sexual health, through the primary health care

system no later than the year 2015. This goal was re-emphasised by the declarations of the Special Session of the General Assembly of the United Nations for the review of fifth year of the implementation of ICPD (ICPD+5).

- The Beijing Platform of Action of the 4th World Conference on Women consolidates the experiences of ICPD and builds upon previously agreed language to link reproductive health, reproductive rights, and other major developmental issues.
- The Millennium Development Goals (MDGs) which set international development priorities for years to come, and to which Nigeria has committed itself in the interest of the optimal development of her people. The MDGs include goals on reproductive health issues such as gender equality and women empowerment, infant mortality reduction, improvement of maternal health, and combating HIV/AIDS. The MDGs framework recently added “universal access to sexual and reproductive health” as a target for MDG 5 (improve maternal health) and aligned contraceptive prevalence as an indicator with it.

2.2 Underlying Principles and Values

The principles and values underlying this policy are:

- **Rights-based Approach:** In line with global consensus declarations on human rights, the ICPD PoA and provisions of the constitution of the Federal Republic of Nigeria, this policy recognizes the right of all persons to the highest attainable standard of health, particularly as regards their reproductive and sexual health including the rights of individuals and couples to access relevant reproductive health information and quality services, make reproductive and sexual decisions freely and responsibly, without coercion, discrimination and violence.
- **Gender Equity and Equality:** All Nigerians, irrespective of their sex, have sexual and reproductive rights, and are equally entitled to sexual and reproductive health development and care. Furthermore, the policy recognizes that there are special health needs of females and males, which must be addressed in gender-sensitive manner.
- **Cultural Sensitivity:** Interventions under this policy, including those that target changes in negative cultural practices, are to be implemented in culture-sensitive manner.

Furthermore, the policy recognizes that there are very many positive elements in our cultural heritage and settings as peoples of Nigeria, and will build on such cultural practices.

- Participatory and Consultative: Reproductive health is about meeting people's needs. In the context of our national health focus on primary health care, this policy recognizes the rights and duties of individuals, communities and various stakeholders' groups to participate in every aspect of the policy implementation, monitoring and evaluation.
- Evidence-based: Effectiveness of policy actions rests on the degree to which they are informed by current evidences. Thus research findings are critical as basis for policy implementation, including programme development and service delivery approaches.

2.3 Policy Declarations

The revised National Reproductive Health Policy will be guided by the following declarations and commitments:

1. The Federal, State and Local Governments and the private sectors of Nigeria hereby commit themselves and all the people to the attainment

of the objectives of this policy.

2. The Governments and people of Nigeria are convinced that reproductive health constitutes an important element in the vision to achieve improved health, quality of life and well-being of individuals, and families, and is critical to the realisation of national economic goals and sustainable development agenda.
3. All Nigerians, irrespective of age, sex, ethnicity, religion, social status have the right and duty to participate individually and collectively in the planning, implementation and evaluation of reproductive health care programmes and interventions.
4. All stakeholders and development partners, including the Governments of the Federation, civil society organisations and organised private sector, agree to work together in partnership to achieve the goals of this policy.
5. In order to achieve the objectives of this policy,

the Governments and peoples of Nigeria are determined to formulate strategies, develop action plans and strategic frameworks, establish appropriate mechanisms, and adopt a comprehensive and integrated approach to address the reproductive health challenges in the country.

6. The implementation of this policy will be in consonance with other relevant policies and national development strategies, particularly the National Health Policy, the National Health Reform and the NEEDS.

3.0 POLICY GOAL, OBJECTIVES AND TARGETS

3.1 Policy Goal and Objectives

Broadly, the policy aims to stimulate an enabling environment that will promote universal access to comprehensive sexual and reproductive health services that meet their changing reproductive health needs throughout the life cycle.

3.1.1 Goal

To provide the framework for actions and guidance for national and local initiatives aimed at ensuring the availability of and access to a full range of sexual and reproductive health information and quality services for all Nigerians so as to enable them attain optimal sexual and reproductive health and wellbeing throughout their life cycle.

3.1.2 Strategic Foci

Based on the epidemiological burden of reproductive illnesses, the strategic foci of the policy, programmatically, are aimed towards:

- (a) **Healthy pregnancy and childbearing** through improving antenatal, delivery, postpartum and newborn care.
- (b) **Healthy sexual development and sexuality** through

promotion of sexual health, provision of appropriate sexual and reproductive health information and friendly services to young people, and combating sexual coercion and other reproductive rights violation.

- (c) **Infection-free sex and reproduction** through combating reproductive tract infections, including HIV and other sexually transmitted infections (STIs), and high quality management of post-abortion complications and gynaecological morbidities; and
- (d) **Achieving desired and intended fertility, including prevention of mistimed and unwanted pregnancies** through the provision of high-quality services for family planning, including infertility services.

3.1.3 Objectives

(a) **Healthy Pregnancy and Childbearing**

Objective 1: To reduce maternal, perinatal, neonatal and child morbidity and mortality.

(b) **Healthy Sexual Development and Sexuality**

Objective 2: To increase knowledge of reproductive biology and promote responsible sexual behaviour among all individuals

Objective 3: To reduce the incidence and prevalence of reproductive cancers among men and women

Objective 4: To reduce female genital mutilation and provide appropriate care for females who have already undergone genital mutilation

Objective 5: To reduce domestic and sexual violence and ensure proper management of victims

(c) **Infection-free Sex and Reproduction**

Objective 6: To reduce the incidence and prevalence of sexually transmitted infections including HIV

(d) **Achieving Desired and Intended Fertility**

Objective 7: To reduce the level of unwanted pregnancies and unsafe abortion in all women of reproductive age

Objective 8: To increase the level of contraceptive use among all sexually active individuals and couples

Objective 9: To reduce the rate of primary and secondary infertility

3.1.4 Targets

Objective 1: To reduce maternal, perinatal, neonatal and child morbidity and mortality.

1. Neonatal mortality by 50 percent, from 40 in 2008 to 20 per 1,000 live births by 2015.
2. Reduce under-five mortality by 66 percent from

197 in 1990 to 66 per 1,000 live births by 2015.

3. Increase the proportion of pregnant women delivered by skilled attendants from 39 percent in 2008 to 78 percent by 2015.
4. Increase the proportion of births taking place in facilities meeting the essential obstetric standard from 4 percent in 2002 to at least 15 percent by 2015
5. Reduce maternal mortality ratio by 75 percent from 1000 in 1990 to 250 per 100,000 live births by 2015.

Objective 2: To increase knowledge of reproductive biology and promote responsible sexual behaviour among all individuals

1. Reduce the proportion of adolescents engaging in unprotected sex from 22 percent of males and 42 percent of females in 2007 to 10 percent or less for each sex by 2015.

Objective 3: To reduce the incidence and prevalence of cancers of the reproductive system among men and women

1. Increase the proportion of the population who are aware of screening for cervical cancer from about 21 percent in 2007 to at least 40 percent by 2015
2. Increase the proportion of the population who are aware of screening for cancer of the male reproductive organs from 12 percent of females and 21 percent of males in 2007 to at least 40 percent by 2015 for each sex.

Objective 4: To reduce female genital mutilation and provide appropriate care for females who have already undergone genital mutilation

1. Reduce the incidence of obstetric fistula by 75 percent of the current rate by 2015
2. Reduce the proportion of daughters born to women aged 20-34 years that are circumcised by 75 percent, from 25 percent in 2008 to 8 percent or less by 2015.

Objective 5: To reduce domestic and sexual violence and ensure proper management of victims

1. Reduce the proportion of people with self-reported prevalence who did not seek treatment from qualified health professionals from 38 percent in females and 22 percent in males in 2008 to 10 percent or less by 201

Objective 6: To reduce the incidence and prevalence of sexually transmitted infections including HIV

1. Increase the proportion of adolescents (15-19 years) who have comprehensive knowledge about HIV transmission from 20 percent for females and 28 percent for males to 75 percent for each sex by 2015
2. Increase the proportion of sexually active adolescents using male condom from 11 percent for females and 36 percent for males to 67

percent for both sexes in 2015.

3. Halt the spread, and begin to reverse the spread of HIV/AIDS by 2015
4. Ensure that at least 80 percent of facilities providing antenatal and delivery care undertake routine screening of pregnant women and effectively treat detected cases of curable STIs, particularly gonorrhoea and syphilis

Objective 7: To reduce the level of unwanted pregnancies and unsafe abortion in all women of reproductive age

1. Reduce the proportion of maternal deaths resulting from unsafe abortions from 11 percent in 2008 to 5 percent or less by 2015.

Objective 8: To increase the level of contraceptive use among all sexually active individuals and couples

1. Increase the proportion of sexually active adolescents using male condom from 11 percent for females and 36 percent for males to 67 percent for both sexes in 2015.
2. Increase the modern contraceptive prevalence rate by at least two percentage points per year between 2010 and 2015.

Objective 9: To reduce the rate of primary and secondary infertility

1. To reduce prevalence of primary infertility among women from 3 percent to 1 percent by 2015.

4.0 POLICY IMPLEMENTATION

4.1 Roles and Responsibilities

Health is on the concurrent legislative list in Nigeria. As such, the three levels of government have roles and responsibilities in delivering reproductive health care services and planning, implementing and evaluating reproductive health programmes. Secondly, reproductive health programme delivery rests on the pillar of inter-sectoral partnership, as every sector of the economy – government, non-governmental organisations, organised private sectors – have valuable contributions to make to the realisation of the national reproductive health goals. Thirdly, reproductive health embraces the concept of integrated health care service delivery and aims to meet the interrelated health and development needs of individuals and families. In this wise, the implementation of the reproductive health services shall be primarily within the existing health services and calls for strengthening of the health system and improvement in the quality of service delivery at all levels.

Emphasis shall be placed on promotive and preventive health activities to appropriately reduce the burden of reproductive health problems. In line with Primary Health Care, which is the

cornerstone of the National Health Policy, such programmes shall be targeted to meet individual and families where they live and work, with their own full participation and with the support of community stakeholders including community and faith-based organisations. While the implementation of the policy will be primarily that of the Nigerian government and peoples, the support and partnership of the donor communities and other international development partners are also important and relevant to actualisation of the goal and objectives of the policy. In the spirit of the provisions of the ICPD PoA and in the spirit of self-reliance, majority of the resources for the policy implementation (human, financial, material, and technical) shall be borne by the government and peoples of Nigeria.

4.1.1 Roles of the Health Sector

(a) Federal Ministry of Health

The FMOH shall provide overall strategic support for the implementation of this policy. In particular, the Ministry shall:

1. Foster partnership for the advancement of reproductive health agenda by creating and strengthening linkages with other sectors (such as education, women affairs, youth development, and information), its various

parastatals (such as the National Primary Health Care Development Agency and the National Health Insurance Scheme) and other levels of government, non-governmental organisations as well as international development organisations.

2. Actively support the existing National Reproductive Health Working Group (NRHWG), which is a multi-disciplinary and multi-sectoral Technical Advisory Group to meet regularly and function more effectively and efficiently. The membership of the organisation shall continue to be drawn from relevant arms of the Federal Ministry of Health and its agencies, other ministries, parastatals, non-governmental organisations, the academia, the organised private sector, and faith-based organisations. The Reproductive Health Division under the Department of Family Health of the Federal Ministry of Health shall constitute the secretariat for the NRHWG
3. Be the lead advocate for increased government and stakeholders' commitments to financially and technically support reproductive health services and programmes.
4. Operate distinct budget line for reproductive health programmes and provide adequate funds annually to support effective implementation of the policy at the national level.
5. Promote the implementation of plans and actions that

will ensure reproductive health commodity security on a sustainable basis nationally.

6. Provide an enabling environment for quality assurance on drugs at all levels.
7. Facilitate the procurement and supply of equipment and materials to ensure delivery of high quality reproductive health care in the health facilities under its jurisdiction.
8. Develop and communicate national strategic plan and implementation frameworks for health workforce development in the area of reproductive health service delivery.
9. Set standard, develop guidelines and make available tools for training and other human resources development for reproductive health services and programmes nationwide.
10. Develop, widely disseminate and periodically review national standards, minimum health packages, tools, protocols, instruments and materials in support of reproductive health service delivery and programme implementation.
11. Provide technical assistance to States, Local Government Areas, and other agencies and sectors in the implementation of relevant areas of the policy including building their capacity to plan and implement training activities; undertake information, education

and communication as well as behaviour change communication activities; and implement high-quality reproductive health care activities.

12. Mobilise the private sector and other development partners to support reproductive health services and programmes at diverse settings, including the workplace and community level.
13. Develop national research priorities on reproductive health and mobilise resources in support of its implementation and the use of research outcomes in evidence-based programming and service provision.
14. Collect, collate and disseminate relevant national information and data on reproductive health status and issues.
15. Review, monitor and evaluate policies and programmes on reproductive health nationwide to ensure that set objectives are achieved.

(b) State Ministries of Health

The State Ministry of Health (SMOH) shall provide leadership for the implementation of this policy within the State. In particular, the Ministry shall:

1. Foster partnership with other agencies and actors in the State to advance the implementation of reproductive health services and programmes.
2. Establish (in cases where there is none) and effectively support the operations of a multi-disciplinary, multi-sectoral Technical Advisory Group – the State Reproductive Health Working Group – with the SMOH providing the secretariat.
3. Assume a leading role with regard to advocacy for increased government and stakeholders' commitments to support reproductive health care and programmes within the State.
4. Ensure the existence of a functional budget line for reproductive health activities and provide funds annually in adequate amount to support state-level implementation of the policy.
5. Provide an enabling environment for quality assurance

on drugs at all levels.

6. Facilitate the procurement and supply of equipment and materials to ensure delivery of high quality reproductive health care in the health facilities under its jurisdiction.
7. Develop and implement state strategic plan to improve quality of reproductive health services and expand access to such services as needed.
8. Develop and implement human resources in health plan to support effective implementation of the state strategic plan in reproductive health
9. Provide technical assistance to Local Government Areas, agencies, organisations and institutions in the state in the implementation of relevant areas of the policy.
10. Ensure the appropriate integration of reproductive health into service delivery activities of all secondary health care facility activities.
11. Collect, collate and disseminate relevant information and data about reproductive health services and issues within the State.
12. Monitor the implementation of the policy within the State.

(c) Local Government Area

The Local Government Shall:

1. Ensure the provision of reproductive health services as an integral part of primary health care services.
2. Build the capacity of health workers and other relevant staff to provide quality reproductive health services to all age groups and both sexes.
3. Create a budget line for reproductive health activities and provide adequate funding to fund implementation of the policy at the LGA level.
4. Provide technical assistance and support to local non-governmental organisations and community-based organisations and institutions in the LGA in the implementation of relevant areas of the policy.
5. Collect, collate and disseminate relevant data about reproductive health services.
6. Support operation and other types of research on reproductive health issues and promote the use of such research findings for evidence-based programming within their LGAs.
7. Monitor activities, services and programmes relating to reproductive health within the LGA.

4.1.2 Role of the Legislature

The Legislature at all levels shall:

1. Serve as advocate and support the implementation of the policy.
2. Make appropriate legislation in support of reproductive health issues.
3. Domesticate international treaties, charters and conventions on reproductive health matters in which Nigeria is signatory
4. Ensure timely and adequate budgetary allocation and appropriation for effective implementation of reproductive health activities and programmes.

4.1.3 Roles of Other Ministries, Departments and Agencies**(a) Ministry of Education**

The Ministry shall:

1. Expand the integration and teaching of family life and HIV/AIDS education into relevant subject curricula at all levels and various institutions.
2. Scale-up the training of teachers in family life and HIV/AIDS education (FLHE).

3. Integrate FLHE and other relevant reproductive health education into mass literacy, adult and non-formal educational programmes to cater for the out-of-school adolescents and other young people.
4. Support FLHE research programmes.
5. Ensure the provision of curricula and co-curricular FLHE activities in schools.
6. Ensure, in partnership with other organisations, that sexual and reproductive health issues are integrated into school health activities.
7. Monitor the standard of teaching activities and the performance of students in relation to FLHE at all levels.
8. Collect, analyse, interpret and disseminate gender-disaggregated education service statistics as well as document and disseminate best practices and programme experiences regarding FLHE, school health and other relevant reproductive health activities within the sector.
9. Ensure integrated reproductive health information and services are made available in all tertiary institutions.

(b) Ministry of Women Affairs and Social Development

The Ministry shall:

1. Promote gender equality, gender equity, and women empowerment
2. Promote awareness of reproductive health among families especially women, at various levels.
3. Undertake IEC activities to sensitise the public on gender issues, reproductive health needs of women and reproductive rights violation.
4. Promote and ensure the implementation of measures and activities that will improve and enhance the reproductive health status of women and their families.
5. Advocate the mainstreaming of reproductive health and rights concerns into all health development activities within the sector.
6. Advocate the elimination of harmful practices that hinder the optimal reproductive health development of females, including adolescent girls.
7. Organise capacity building activities to improve parents' ability to communicate effectively with their children in pre-adolescent and adolescent

stage on sexuality, sexual health and reproductive health.

(c) Ministry of Youth Development

The Ministry shall:

1. Establish and manage youth centres with relevant adolescent/youth-friendly services such as counselling to meet the needs of in and out-of-school adolescents and other young people.
2. Undertake information, education and communication activities to sensitise the public on the reproductive health needs and concerns of young people.
3. Undertake behaviour change communication programmes to improve the reproductive health knowledge and behaviour of young people.
4. Collect, collate, analyse and disseminate data on reproductive health development programmes and activities in a gender-disaggregated manner.

(d) Ministry of Finance

The Ministry shall:

1. Ensure sufficient budgetary allocation, timely

release of funds and full accountability of money released for reproductive health activities.

2. Support the establishment of specific budget lines for reproductive health activities for different line ministries and other government agencies.
3. Provide financial data relevant to reproductive health programming on timely basis to the National Planning Commission for inclusion in the national data bank and to other relevant government and non-governmental bodies.

(e) Ministry of Justice

The Ministry shall:

1. Provide legal guidance and facilitate enactment of necessary laws on reproductive health matters.
2. Promote the integration of relevant international and regional charters and conventions on reproductive health issues into domestic laws.
3. Undertake information, education and communication activities to increase public awareness on laws pertaining to reproductive rights.
4. Actively facilitate the prosecution of cases involving reproductive rights violation and

promote the enforcement of laws relevant to reproductive health in the country.

(f) National Planning Commission

The Commission shall:

1. Ensure sufficient budgetary allocations for reproductive health activities.
2. Ensure integration of reproductive health issues into development planning in all relevant sectors.
3. Strengthen the coordination of international co-operation and support for reproductive health activities.
4. Update reproductive health information in the national data bank regularly.

(g) National Population Commission

The Commission shall:

1. Collect, analyse, and interpret gender-disaggregated reproductive health data through censuses and sample surveys.
2. Disseminate specific reproductive health data on timely basis through the development and distribution of survey reports, monographs, fact

sheets, and other print and electronic materials.

3. Support and promote national research activities on reproductive health issues, including sexual and reproductive health and education.
4. Monitor and evaluate the implementation of reproductive health programmes in collaboration with other appropriate bodies and agencies.
5. Advocate and promote the implementation of reproductive health programmes and services as a critical part of population and development activities.
6. Provide relevant reproductive health data on timely basis to the National Planning Commission for inclusion in the national data bank.

(h) National Bureau of Statistics

The Bureau shall:

1. Collect, analyse, interpret and disseminate gender-disaggregated socio-economic data to facilitate monitoring and evaluation of reproductive health services and programmes.
2. Provide reproductive health-related data on a regular basis to the national data bank and other

relevant agencies and institutions.

(i) Ministry of Information and Communication

The Ministry shall:

1. Support the dissemination of reproductive health information through national orientation strategies at all levels.
2. Mobilise available organisational structures and institutions to support the implementation of reproductive health policy and programmes.
3. Ensure integration of relevant reproductive health issues into the curriculum of journalist training institutions and programmes and quality delivery of such curricula.
4. Build the capacity of journalists and mass media practitioners in reporting and broadcasting on reproductive health issues.
5. Enforce existing laws on information dissemination and mass media activities that have relevance to reproductive health.

(j) Ministry of Agriculture and Rural Development

The Ministry shall:

1. Integrate relevant reproductive health issues such

as family planning/child spacing and HIV/AIDS prevention into the training programmes of extension workers.

2. Build the capacity of agricultural extension workers to contribute to the health of individual, families and communities through reproductive health information, education and communication activities
3. Promote food security and nutritional education to improve reproductive health outcomes of females.
4. Collect, analyse and disseminate data regarding reproductive health issues within the sector.

(k) Ministry of Labour and Productivity

The Ministry shall:

1. Promote the inclusion of reproductive health education and services as part of workplace policy.
2. Ensure regular inspections of workplaces in line with relevant national regulation to control practices and exposure to hazardous materials that may hinder reproductive capacity, performance or outcome of individuals.

3. Collect, analyse and provide relevant reproductive health data on timely basis.

(l) Ministry of Works

The Ministry shall:

1. Provide and regularly maintain public infrastructure in support of the creation of healthy, safe and enabling environment.
2. Map infrastructural availability and provide data and standards to appropriate authorities for provision of health facilities.
3. Collect, analyse and disseminate data regarding people's health and development issues within the sector.

(m) Ministry of Interior

The Ministry shall:

1. Ensure the establishment, maintenance and effective functioning of corrective and rehabilitation centres across the country to provide optimal services for young people needing such facilities.

(n) The Armed Forces, Security and Law Enforcement Agencies and Other Uniformed Services

The Forces shall:

1. Provide reproductive health education and behaviour change communication to engender positive reproductive behaviour.
2. Provide reproductive health as part of the integrated health services in the health services of their organisation to address needs of members and their dependents.
3. Collect, analyse and use data regarding reproductive health issues within the sector to improve reproductive health planning and service delivery as relevant to their mandates.

(o) Tertiary Education Institutions and Research Institutes

The institutions shall:

1. Provide reproductive health education and behaviour change communication as part of health promotion services.
2. Provide technical and advisory services on reproductive health issues.
3. Assist in the evaluation of programmes related to this national policy.

4. Undertake basic, operational and applied research activities to generate new ideas, monitor policy implementation, and improve programme development and management activities in the areas of reproductive health.
5. Disseminate research findings on reproductive health issues widely to the public and policy makers.

(p) Civil Society Organisations

The organisations shall:

1. Complement government efforts in the formulation, financing, implementation, and monitoring and evaluation of reproductive health programmes.
2. Promote and support networks for reproductive health issues.
3. Mobilise, organise and build the capacity of the informal sector to support reproductive health programmes and services.
4. Advocate for relevant policy changes and programme implementation relating to reproductive health.
5. Expand the delivery of reproductive health

services and programmes at the grassroots, particularly using innovative methods to address neglect reproductive health needs of vulnerable population groups and hard-to-reach communities.

6. Undertake operational and other type of researches as well as use research-generated evidences to improve the effectiveness of their approaches.
7. Collaborate with relevant line ministries and government agencies in the delivery of reproductive health services and implementation of programmes.
8. Collect and submit reproductive health service statistics to relevant government agencies on regular basis.
9. Monitor the implementation of this national policy.

(q) Faith-based Organisations

The organisations shall:

1. Sensitise and provide information/education to their members and communities on reproductive health issues.

2. Advocate for appropriate policy changes and programmes in the area of reproductive health.
3. Promote reproductive health services that are consistent with their religious beliefs.
4. Organise and promote programmes that will enhance the reproductive health of their groups and the society at large.

1.1.4 Roles of other Stakeholders

(a) *Communities*

1. Communities shall organize and participate in reproductive health activities to improve the reproductive health status of their members.
2. Communities shall actively work towards the elimination of harmful practices against women and other social and community norms that impact negatively on the reproductive health status of the population
3. Communities shall actively partner with governments, civil society organizations, and other development partners in the effective operation and management of community-based reproductive health services and programmes
4. Community-based leaders, including traditional and religious leadership, shall mobilize their community with regards to the promotion of reproductive health activities, elimination of harmful practices against women and children, and adoption of appropriate reproductive health behaviours, including the effective and efficient use of available reproductive health facilities

(b) Political Parties

The political parties shall:

1. Integrate reproductive health concerns into party manifestos, agendas, plans and programmes.
2. Support the implementation of reproductive health programmes
3. Provide information and education on the importance of reproductive health issues to national development to their members.
4. Promote and advocate the appropriate policy changes in the area of reproductive health.

(c) Media

The media shall:

1. Produce programmes and disseminate accurate, culturally-appropriate and gender-sensitive information on reproductive health.
2. Collaborate with other development partners in undertaking educational campaigns on priority reproductive health issues.
3. Advocate relevant policy changes and programme implementation relating to reproductive health.
4. Assist relevant agencies in dissemination of

accurate and high quality reproductive health information and data.

(d) Organized Private Sector

The private sector shall:

1. Provide reproductive health information and education to engender positive reproductive behaviour.
2. Provide reproductive health as part of the integrated health services of their organisation to address needs of members and their dependents.
3. Advocate for appropriate policy changes and programmes in the area of reproductive health.
4. Partner with government, other development partners, and communities to provide reproductive health services and organise related programmes as part of good corporate citizenship.

(e) International Development Partners

The implementation of the policy will be primarily that of the Nigerian government at all levels and the people. Coordinated support and partnership from multilateral agencies, bilateral agencies, private foundations, and international non-

governmental organisation are important and relevant to actualise the goal and objectives of the policy and should be in line with the provisions of the NSHDP. Thus the international development partners shall:

1. Provide technical and managerial support to programmes as relevant to their mandate
2. Provide financial resources to support government and community programming efforts
3. Partner with government, other development partners, and communities to provide reproductive health services and organise related programmes
4. Contribute to human resources development and systems strengthening through partnership with government

4.2 Resource Mobilisation

Adequate resource mobilisation and effective management are critical to the achievement of the goals and objectives of the policy. The Government of Nigeria shall have the responsibility to mobilise resources for the programme. This will include funds provided by the government at every level, through their normal budgetary processes, particularly as budget lines are or would be established for various

reproductive health activities as demanded by the policy. Resources from the National Health Insurance Scheme shall also be used in supporting the access of individuals to relevant reproductive health services. Government shall also take the leadership in mobilising resources from other partners, including private sector organisations and international development partners. Communities shall mobilise resources as part of their role in partnering with government and other development partners. Households and individuals will also make some contributions as relevant.

Furthermore, there shall be active tracking of resources allocated or committed to reproductive health services nationwide. A sustainable mechanism for resources tracking shall be established for this purpose: government shall play an active role in this respect. Civil society organisations shall also play an active role in budget and resources tracking. Report of allocated and utilised resource in the area of reproductive health shall be published annually and widely circulated to all stakeholders.

4.3 Implementation Process

Strategic frameworks and guidelines are important tools for the translation of broad policy goals into plans and other lower level managerial tools. Effective implementation of this policy

shall, therefore, involve the development of relevant strategic/implementation frameworks, plans, service guidelines, and standard of practice as may be relevant to each area of RH, and the specified objectives of the policy. In line with the declaration of this policy, strategic frameworks and other implementation/managerial tools that have been developed for different elements or service areas of RH shall continue to be used. In general, however, where relevant, revision of such tools shall be promoted. Development of implementation tools in the areas where they are currently lacking and/or where new ones are clearly needed to achieve the objectives of the policy is also advocated. In addition, a National Framework for Monitoring and Evaluation of Reproductive Health Programmes and Services shall be developed and widely circulated for the use of all stakeholders. Annex 1 lists some of the relevant policy implementation tools that are in existence.

National, state and local government implementation plans shall be developed for each of the four strategic foci (healthy pregnancy and childbearing, healthy sexual development and sexuality, infection-free sex and reproduction, and achieving desired and intended fertility), on two-yearly basis using a participatory, multi-sectoral approach with the policy goal, objectives, and targets as the overarching guide. These plans shall form the basis of developing annual work plans for each relevant agency and development partner, in line with their

mandate. Quarterly work plans will then be developed from such annual work plan.

4.4 Monitoring and Evaluation

To achieve the objectives of the policy, monitoring and evaluation shall constitute a critical part of the implementation process. In this regard, government agencies shall monitor activities in the sector within their mandate and in the context of the level of their operation in the three tier federal structure of the country in line with relevant national laws and guidelines. The Reproductive Health Division of the Department of Family Health, Federal Ministry of Health will collect regular reports on activities nationally and serve as the clearing house for the collation and dissemination of reports on the policy implementation. For this purpose, government agencies and development partners shall submit quarterly report to the Reproductive Health Division. To ensure quality in the monitoring process, the Reproductive Health Division will develop necessary mechanisms, tools and guidelines in relation to the information and data relevant for monitoring the implementation process. These will include a National Framework for Monitoring and Evaluation of Reproductive Health Programmes and Services.

The Reproductive Health Division of the Federal Ministry of Health will also serve as the secretariat of the National Reproductive Health Working Group (NRHWG). Its responsibilities in this respect will include presentation of progress report on the policy implementation at the regular meeting of the Working Group, which will be convened by the Division at least twice a year. The Reproductive Health Division will also champion the production and wide dissemination of an annual national report on progress in the policy implementation and the trend in the reproductive health status of the Nigerian population vis-à-vis the set objectives. As part of this effort and in line with the principle of evidenced-based interventions enunciated in this policy, relevant research findings will be collated, disseminated as well as utilised in the development of national and other report.

A mid-term evaluation will be undertaken midway into policy implementation period (year 2011). A comprehensive evaluation of the implementation of the policy will be undertaken nationally at the end of the five-year period of policy implementation. The results of monitoring and evaluation activities will be used to improve programme planning and implementation as well as the development of future policies.

ANNEXES

Existing Reproductive Health-Related Policy Implementation Tools

- 2001 National Reproductive Health Policy and Strategic Framework and Plan

National Population Management

- National Policy on Population and Sustainable Development 2004

Safe Motherhood

- Integrated Maternal, Newborn and Child Health Strategy (Federal Ministry of Health, 2007)
- Roadmap for Accelerating the Achievement of MDGs Related to Maternal and Newborn Health in Nigeria (Federal Ministry of Health, 2005)
- Integrated Child Survival and Development (ICSD) Strategic Framework & Plan of Action (Federal Ministry of Health, 2006)

Adolescent Reproductive Health

- Strategic Framework of the National Policy on the Health and Development of Adolescents and

Other Young people in Nigeria (Federal Ministry of Health, 2007)

- Family Life and HIV Education Curriculum
- National Education Sector HIV & AIDS Strategic Plan (2006-2010) (Federal Ministry of Education, 2006).
- National Policy on the Health and Development of Adolescents and Young Persons in Nigeria 2007

Family Planning and Fertility Management

- Reproductive Health Commodity Security Strategic Plan (Federal Ministry of Health, 2003)
- National Guidelines on Contraceptive Logistics Management System (Federal Ministry of health, 2003)

Sexually Transmitted Infections, Including HIV/AIDS

- National Strategic Framework for HIV/AIDS in Nigeria, 2010-2015 (National Agency for the Control of AIDS, 2009)
- National Guidelines for Integration of Reproductive Health and HIV/AIDS, 2008

Elimination of Harmful Practices against Women and Children

- National Policy and plan of Action on Female genital Mutilation in Nigeria (Federal Ministry of Health, 2002)

General

- Reproductive Health Behavioural Change Communication Framework (Federal Ministry of Health, 2005)
- National Guidelines on Micronutrient Deficiency Control (Federal Ministry of Health, 2005)
- National Strategic Health Development Plan Framework, 2009 – 2015 (Federal Ministry of Health, 2009)
- National Reproductive Health Behaviour Change Communication Plan (Federal Ministry of Health, 2007)
- National Health Promotion Framework (Federal Ministry of Health, 2007)

