NIGERIA HEALTH WATCH

Informed commentary, intelligence and insights on the Nigerian health sector

PANELISTS

Fatima B. Muhammad

Outcome Lead, LAFIYA, Society for Family Health

Dr. Ejike Oji

Chairman,Technical Management Committee, Association for the Advancement of Family Planning (AAFP)

Toyin Chukwudozie

Head of Programs , Education as a Vaccine (EVA)

Ms Ulla Mueller

Country Representative, United Nations Fund for Population Activities (UNFPA)

Effiom Nyong Effiom

Country Director, Marie Stopes International Organisation Nigeria (MSION)

Dr. Salma Anas-Kolo

Director, Family Planning Department, Federal Ministry of Health, (FMoH)

MODERATOR

Vivianne Ihekweazu

Managing Director, Nigeria Health Watch

KEY NOTE SPEAKER

Prof Emmanuel A. Lufadeju

Cofounder, Rotary Action Group for Reproductive, Maternal and Child Health

SPEAKER

Dr. Olumide Okunola

Healthcare Program Manager, International Finance Corporation (IFC)

FAMILY PLANNING POLICY DIALOGUE

24TH JUNE, 2021 I WEBINAR REPORT

Domestic Resource Mobilisation for Sustained Family Planning Services in Nigeria

#FundFPNaija

PANEL 1: CURRENT LANDSCAPE FOR FAMILY PLANNING AND THE IMPACT OF COVID-19 ON ACCESS TO FAMILY PLANNING SERVICES

PANEL 2: CONSEQUENCES OF REDUCTION OF FP FUNDING, DOMESTIC MOBILISATION OF RESOURCES AND RECOMMENDATIONS TO IMPROVE DOMESTIC RESOURCE MOBILISATION IN NIGERIA

AAFP	Association for the Advancement of Family Planning
AIDS	Acquired Immunodeficiency Syndrome
BHCPF	Basic Health Care Provision Fund
C4MAN	Coalition for Maternal, Newborn, Child and Adolescent Health Accountability Mechanism
CHIPS	Community Health Influencers, Promoters and Services
COVID-19	Coronavirus Disease
CPR	Contraceptive Prevalent Rate
CSOs	Civil Society Organisations
CSR	Corporate Social Responsibility
DFID	Department for International Development
EVA	Education as Vaccine
FAO	Food and Agriculture Organisation
FCDO	Foreign, Commonwealth & Development Office
FMoH	Federal Ministry of Health
FP (S)	Family Planning (Services)
HIV	Human Immunodeficiency Virus
IRHIN	Improved Reproductive Health in Nigeria
mCPR	modern Contraceptive Prevalent Rate
MNCH	Maternal, Newborn and Child Health
MSION	Marie Stopes International Organisation Nigeria
NMCN	Nursing and Midwifery Council of Nigeria
RI	Rotary International
RMCH	Reproductive, Maternal and Child Health
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health and Research
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
TFR	Total Fertility Rate
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development

Domestic Resource Mobilisation for Sustained Family Planning Services in Nigeria

FAMILY PLANNING POLICY DIALOGUE REPORT

This publication was produced by Nigeria Health Watch

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Fatima B. Muhammad

Outcome Lead, LAFIYA, Society for Family Health

Fatima B. Muhammad has over 20 years of experience in MNCH and served as the head of the Family Planning division and the Project Director for the Bill and Melinda Gates Foundation funded MNCH project in Gombe, Nigeria. She also managed the USAID-supported contraceptive social marketing project – IRHIN – and Women Health Project (Promotion of Longer Term Methods), and set up the Demand Side component of the DFID-supported MNCH2 project. She is currently one of the Technical Leads of the FCDO-funded Lafiya programme in Nigeria. Muhammad has a masters degree in Applied Population Research from Exeter University, United Kingdom.

Toyin Chukwudozie

Head of Programs , Education as a Vaccine (EVA)

Toyin Chukwudozie is a SRHR specialist, committed to amplifying the voices of young people. Over the last 9 years, she has advocated for sustainable social change for young people, especially young women and girls. She joined Education as a Vaccine (EVA) in 2013 as a SRHR counselor, providing SRHR counseling and information for adolescents and young people via different technology platforms. She is currently Head of Programs at EVA, coordinating the development and implementation of advocacy, policy influencing, service delivery and capacity building programs to uphold the rights of adolescent girls and young women.

Effiom Nyong Effiom

Country Director, Marie Stopes International Organisation Nigeria (MSION)

Effiom is passionate about using private sector principles to positively influence management and sustainability of non-governmental organisations. He is also enthusiastic about exploring social innovations and how it can affect real social change. He is the Country Director for Nigeria at Marie Stopes International. Prior to this, he served as Country Director at Riders for Health, a social enterprise. Effiom is a graduate of Oxford Business School and a trained pharmacist.

KEY NOTE SPEAKER PROFILE

Prof. Emmanuel Lufadeju

Cofounder, Rotary Action Group for Reproductive, Maternal and Child Health

Prof. Emmanuel Adedolapo Lufadeju is an accomplished Professor, studied at University of Maryland USA and Ahmadu Bello University, Zaria Nigeria. He joined Rotary International (RI) in 1980, and has served as District Governor and Task Force member, RI Committee and the RI President's Representative to the FAO Regional and district conferences. He is a cofounder and past chairman of the Rotary Action Group for Reproductive Maternal and Child Health (RMCH) and Chairman, Council of Past District Governors in Nigeria (CRODIGON). He is currently the Chairman of the Advisory Committee of District Governors (ADCOPAG-D9125). He is a recipient of the 'Service Above Self' award and a nine time Paul Harris Fellow.

Dr. Ejike Oji

Chairman,Technical Management Committee, Association for the Advancement of Family Planning (AAFP)

Dr. Ejike Oji is a physician and public health expert. Between 2002 and 2013 he served as the Country Director of Ipas, an international organsation focused on women's health and rights where he made tremendous contributions in women's health and rights advocacy. He is currently the Chairman of the Strategic Management team of both Association for the Advancement of Family Planning in Nigeria (AAFP) and the Coalition for Maternal, Newborn, Child and Adolescent Health Accountability Mechanism (C4MAN). These two organisations have over 40 international organisations and CSOs in Nigeria as members.

Ms. Ulla Mueller

Country Rep, United Nations Fund for Population Activities (UNFPA)

Ms. Mueller is a lifelong advocate for human rights, in particular the rights of women and girls. She has worked and lived more than 25 years in Sub-Saharan Africa, and can see the progress that is made. She believes that access to SRH services, including access to family planning, is central to women empowerment and to reaching the SDGs. She has held high level leadership positions, including being an associate partner in Nordic Consulting Group, President and CEO of EngenderHealth, Regional Director, East and Southern Africa in Marie Stopes International and CEO of JUA Group. Mueller holds a M.Sc in Economics and Business Administration and a master in Human Rights and Democracy.

Dr. Salma Anas-Kolo

Director, Family Planning Department, Federal Ministry of Health, (FMoH)

Dr. Salma Anas-Kolo is a public health specialist and expert on MNCH, HIV and overall health systems strengthening with over 22 years of experience in health sector development. She was Director, Special Projects and Coordinator of the National Health Sector Response to the humanitarian crisis, Federal Ministry of Health (FMoH), served as the Assistant Country Representative/Head Reproductive Health/HIV, UNFPA, Nigeria, and Honorable Commissioner of Health, Borno State, Nigeria. She is currently the Director, Family Health Department, FMoH. She has an MBBS from the University of Maiduguri and an FMCPH, a public health fellow of the National Post Graduate Medical College.

2:00 p.m. – 2:10 p.m.

WELCOME/ OPENING REMARKS/ HOUSE KEEPING

- **Vivianne Ihekweazu,** *Managing Director, Nigeria Health Watch*

2:10 p.m. - 2:20 p.m.

KEYNOTE SPEECH:
Domestic resource mobilisation for family planning – What are the current gaps and challenges?

PRESENTER:

- **Prof. Emmanuel Lufadeju,** *Cofounder, Rotary Action Group for Reproductive, Maternal and Child Health*

2:20 p.m. – 2:35 p.m.

PANEL 1 :
Current landscape for Family Planning funding and the impact of COVID-19 on access to Family Planning service

KEY ISSUES:

- Discuss the current landscape for family planning services.
- How has the COVID-19 pandemic impacted access to family planning services and supply chain for commodities?
- How have possible disruptions impacted on service delivery to the youth?

PANELISTS:

- **Toyin Chukwudozie** *Head of Programs, Education as a Vaccine, Nigeria*
- **Fatima B. Mohammed**, *Outcome Lead, LAFIYA, Society for Family Health*
- **Effiom Nyong Effiom** *Country Director, Marie Stopes International, Nigeria*

2:35 p.m. – 2:50p.m.

QUESTION AND ANSWERS

- **All delegates**

2:50 p.m. – 2:55 p.m.

FC/WORLD BANK STUDY PRESENTATION:
Improving domestic funding for FP and the impacts of FCDO cuts

PRESENTER:

- **Dr. Olumide Okunola,** *Healthcare Program Manager, International Finance Corporation*

2:55 p.m. – 3:15 p.m.

PANEL 2:
Consequences of reduction of FP funding, domestic mobilisation of resources and recommendations to improve domestic resource mobilisation

KEY ISSUES:

- Discuss the potential impact of budgetary cuts on family planning services
- Prospects for domestic resource mobilisation for family planning
- Lessons from states and other countries in budgetary allocation for family planning services

PANELISTS:

- **Ulla Mueller** *Country Representative, United Nations Population Fund (UNFPA)*
- **Dr. Anas-Kolo** *Director of Family Health, Federal Ministry of Health (FMoH)*
- **Dr. Ejike Oji** *Chairman, Technical Management Committee, Association for Advancement of Family Planning (AAFP)*

3:15 p.m. – 3:25 p.m.

QUESTION AND ANSWERS

- **All delegates**

3:25 p.m. – 3:30 p.m.

CLOSING REMARKS

- **Vivianne Ihekweazu,** *Managing Director, Nigeria Health Watch*

VIVIANNE IHEKWEAZU
MANAGING DIRECTOR,
NIGERIA HEALTH WATCH

'We can turn our demographics into an opportunity'

THE BACKGROUNDS

Nigeria with its landmass of just over 220,000sqm has a very large population. By 2050, it is projected to hit 400 million. This would make Nigeria the third, most populous country in the world by 2050 overtaking the United States.

At independence, Nigeria's population was about 45 million. The astronomical population increase witnessed by the country since then has given the rise to an estimated N400bn gross domestic product (GDP).

DEMOGRAPHIC DIVIDENDS

Nigeria's population is growing at a much faster rate than the economy. The current challenges faced in the country - rising unemployment, insecurity - cannot be dissociated from the pressures facing the economy and the inability to meet up with rising demands.

Nigeria has a young population with the median age being just around 18 years. To reap its demographic dividends, the working age population would need to increase. Concurrently, fertility rate also has to decrease. This sustained fertility rate will enable the country reap its 'demographic dividends'.

"Potential ways to increase domestic resources for family planning include earmarked taxes for health, ensuring efficient use of existing resources, allocation of a percentage of the Basic Health Care Provision Fund to family planning services and the private sector."

PROF. EMMANUEL LUFADEJU
Cofounder, Rotary Action Group for Reproductive, Maternal and Child Health

"To reap demographic dividends,Nigeria needs to reduce the total fertility rate from 5.2 births per woman to less than 4 by achieving an mCPR of 24.5%, which amounts to about $400m in investment."

DR. OLUMIDE OKUNOLA
Healthcare Program Manager, International Finance Corporation (IFC)

"We have to bring the power dynamics and equality into the picture. That has also been addressed in some of the countries who have done well on CPR."

MS. ULLA MUELLER
Country Rep, United Nations Fund for Population Activities (UNFPA)

"Behind these stats are real lives of young girls and women and when these funds are re-allocated to other sectors, real people suffer for it. It can literally decide the life or death of a young girl in one community somewhere.

TOYIN CHUKWUDOZIE *Head of Programs , Education as a Vaccine (EVA)*

Domestic resource mobilisation for family planning – What are the current gaps and challenges?

PROF. EMMANUEL LUFADEJU,
COFOUNDER, ROTARY ACTION GROUP FOR REPRODUCTIVE, MATERNAL AND CHILD HEALTH

RAPID POPULATION GROWTH RATE OF NIGERIA

2021
206 million

2030
263 million

2050
400 million

NIGERIA'S POPULATION GROWTH DYNAMICS

The population of Nigeria is growing at a very rapid rate. We are now in 2021 with 206 million people by 2030, Nigeria will have 263 million people. That is a whole 60 million above what we have now. By 2050, as she said, Nigeria population will be 400 million. Now, 60% of this population is aged below 25 years. And we have only 5% of people above the age of 60.

60%
of Nigeria's population is aged below 25years

Now, if you look at the global population growth rate of 1.5%, Nigeria's population growth rate is 2.6% - almost double. To compound that we have very low contraceptive prevalence rate. Now, the knowledge of contraceptive among married and unmarried women, is over 90%, but the use of contraceptive is only 15%. Why is this so? We have a whole lot of problems with misconceptions and myths, fear of and risk of side effects, lack of money, poor access, with about 19% of unmet need. This means that we need the massive public awareness campaign.

2.6%
Nigeria's population growth rate
- almost double of the global population growth rate of 1.5%

ROTARY INTERNATIONAL HAS CONDUCTED **276** *contraceptive awareness community dialogues*

PRIORITISATION OF CONTRACEPTIVES

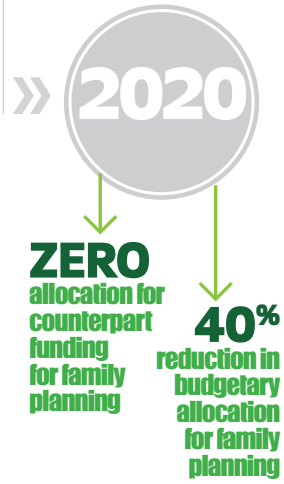
It is vital to make contraceptives a priority in Nigeria and to begin to look for methods of raising money domestically for these contraceptives, for many reasons. One is the demographic dividend that we stand to gain from our youthful population. Also, it will help us to accelerate the attainment of the SDGs. As you know, we have a target for 2020, which we did not meet. We have the target of 2024, and now we are going to 2030 to reach 27% contraceptive rates. To compound this, we have a myriad of detrimental factors that is affecting growth and development in our country. These include global warming, desertification, over grazing, drought, famine, crimes, unemployment and to compound it now, COVID-19. All of these factors have made it imperative for us to look for resources domestically, to fund family plan.

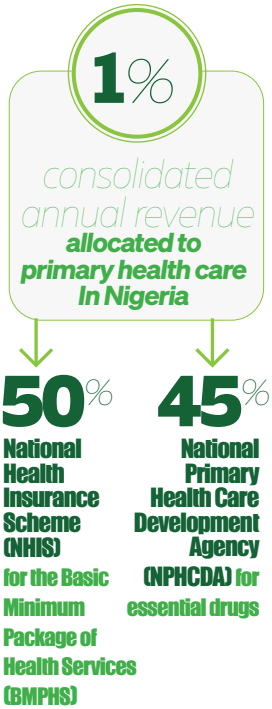
THE NATIONAL BUDGET AND FAMILY PLANNING

The Nigerian government has two budget lines for support of family planning. One is counterpart fund for donors, and the other is budgetary allocation for family planning services. Both of these budget lines have suffered tremendously in the last three years. →

In 2020 there was actually zero allocation for counterpart funding and budgetary allocation for family planning services was drastically reduced by 40%.

Now, the donors have told us that Nigeria should begin to shift emphasis if the country wants to achieve sustainable growth - shift our emphasis from relying on billions from foreign donors and grants to emphasising unlocking the trillions that may be available for domestic sources from such sources like more efficient taxation, better use of existing resources and elimination of corruption.





GOVERNMENT FUNDING FOR HEALTHCARE

Our government has done a lot, in the present circumstances, to provide certain assistance for funding on healthcare. The government has allocated 1% of consolidated annual revenue to primary health care in Nigeria. Out of this 1% fund, 50% has been allocated to the National Health Insurance Scheme (NHIS) to provide basic health services and 45% has been provided to the National Primary Health Care Development Agency (NPHCDA) to procure drugs. Now these two aspects is a major shift in funding domestically in Nigeria.

MAKING A CASE FOR FAMILY PLANNING

The next target for those with vested interest and key stakeholders is to mount massive advocacy campaign to ensure that a large proportion of this allocations are devoted to meeting the needs of family planning.

Now, this is going to be led by civil society groups, women groups, and every one of goodwill supporting family planning in the country. There are also other sources where we can raise funds – private sources, philanthropists, trust funds, etc. The challenge here is that a convincing document must be prepared to sway this private sector operatives – in oil and gas, communications and banking – so that every penny they spend will be well utilised and that they will have value for their money either in cash or in kind.

IMPROVING ACCESS TO FAMILY PLANNING

I just followed the World Bank proposal and guidelines that we need to improve access beyond facilities. Right now, contraceptives are distributed at facility level. And this is not acceptable at all because it's not reaching so many people. The World Bank has proposed that we dispense contraceptive through market women, taxi drivers, factory workers, extension worker, social workers, hairdressers, tailors, etc. And luckily there are now self-injecting contraceptives in the market that can be used for this purpose.

We need to begin to look at how we can tap from the resources that are available to us to make sure that family planning has the needed funding.

ALL HANDS ON DECK

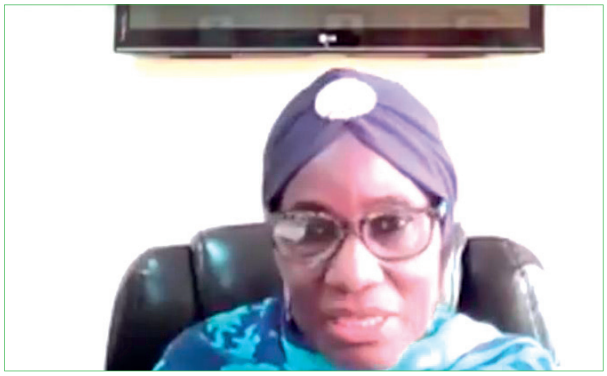
We are advocating for a massive advocacy committee that will be made up of civil society, women group and traditional rulers to push, even by legislation to get the proportion of this Basic Health Care Provision Fund (BHCPF) into family planning. And we have to also prepare a convincing document to the private sector, to be able to convince them and encourage them to provide funds for family planning.

Nigeria can turn its demographics into an opportunity.

This would require investment in human capital development - education, work skills development, access to basic healthcare.

- ***Vivianne Ihekweazu,*** *Managing Director, Nigeria Health Watch*

Current landscape for family planning funding and the impact of COVID-19 on access to family planning service



FATIMA B. MOHAMMED,
OUTCOME LEAD, LAFIYA, SOCIETY FOR FAMILY HEALTH

How the COVID-19 pandemic ultimately changed the landscape for family planning centres:

"At the height of the COVID-19 pandemic, there was this huge lock-down and movement became a big issue, both for the providers and for the clients. Even those who had access to transportation found it expensive to get to the hospital to access the services. Then the clients were also afraid of the providers - there were mutual fears of getting infected with COVID-19.

Family planning itself has a lot of myths around it in our clime – people don't see it as a necessary healthcare to receive. For example, in the first round of impact monitoring done in collaboration with the National Bureau for Statistics (NBS) and supported by World Bank, around April and May 2021, over 55% persons could not go out to source medicines. Imagine women of reproductive age that cannot access family planning, what happens? They are going to discontinue use.

Also, because nobody goes anywhere, meaning no attention diversions, the possibility of getting pregnant is high. And from experience, untimely and unplanned pregnancies have higher chances of getting terminated – either the right or wrong way. There is a lot of bad effects around it.

But the good part of it is that we are able to know that through technology, we are able to reach more people and they are able to reach us. We get our clients onto the platform by facility to enable them talk to their provider.

TOYIN CHUKWUDOZIE
HEAD OF PROGRAMS, EDUCATION AS A VACCINE (EVA)

How reduced funding for family planning impacts adolescents and the young Nigerian population:

"Reduced funding will reduce availability of services and commodities. This can mean many things for young people including increased unintended pregnancies amongst adolescents.

A Guttmacher Institute report from last year estimates that, for a 12% average decline in modern contraceptive use, and a 5% decline in pregnancy care could result in additional 734,000 unintended pregnancies, 134,000 obstetric complications and 3,400 maternal deaths to adolescent girls. And if this happens in Nigeria, we will see up to 12 % average decline like the study suggests. You can only imagine what these numbers would be for adolescent girls Nigeria.

Reduced funding is linked to the outcomes of their lives or what will become of their lives if they don't have access to family planning or to a contraceptive in a timely manner.

It can also be linked to increased risk of contracting HIV and other STIs because these commodities will not be available or they will be limited in supply. And the alternatives to commodities that the government provides are relatively expensive.

CURRENT LANDSCAPE FOR FAMILY PLANNING FUNDING AND THE IMPACT OF COVID-19 ON ACCESS TO FAMILY PLANNING SERVICE

12% → average decline in modern contraceptive use

5% → decline in pregnancy care

734,000 additional unintended pregnancies

134,000 obstetric complications

134,000 maternal deaths to adolescent girls

*SOURCE: GUTTMACHER INSTITUTE REPORT, 2020

EFFIONG YOUNG EFFIONG,
COUNTRY DIRECTOR, MARIE STOPES INTERNATIONAL ORGANISATION

Biggest changes noticed in the past year around funding for family planning services, commodities, and how Marie Stopes has mitigated the challenges faced in the last year against the backdrop of the COVID-19 pandemic:

The year 2020 was a pandemic year with disruptions across sectors. Consequently, donor countries are taking self-preservation positions on aids to increase savings and deal with expensive internal COVID-19 responses.

We have seen shifts in cuts to overseas development aid. Britain has just implemented a cut from 0.7% to 0.5%. when you consider that 0.5% and the low gross national income, we are seeing UK Aid cut by about £4bn. This is a 30% reduction relative to 2019.

Although health funding is still prioritised, we continue to see it being focused on COVID-19 response. Areas like family planning, reproductive health and other areas of healthcare are seeing substantive cuts.

UK Fund is a big funder of SRH and family planning and this funding reduction is a significant cut to access to contraceptives to millions of women and girls in Nigeria and beyond. In 2019, the budget line for family planning was reduced slightly. There was a slight decline in 2020 and 2021. There is also the issue around state governments – to get them to have budget lines and funding for family planning.

At Marie Stopes we have seen a cut to our WISH extension which was supposed to go into next year. The WISH project – between October 2018 and March 2021 – was able to reach 1.4 million additional family planning users, avert over 1.2 million on safe abortion preventing 16,000 maternal deaths.

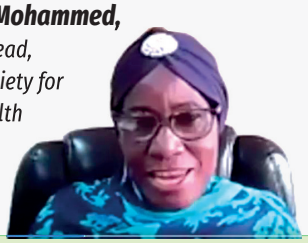
Role of health training institutions in improving family planning training:

There could be what we call pre-service training and some projects are doing that. If not for the cuts in funding we have in LAFIYA, one of the things we are to do with the schools is to get the Nursing and Midwifery Council of Nigeria (NMCN) and the Primary Health Care Regulatory Training Council (PHCRTC) to review the family planning components of the curriculum. This is so that enrollees are fully qualified to handle sexual reproductive health matters within the community.

The Nigerian government is imbibing the Community Health Influencers, Promoters and Services (CHIPS) programme. This prevents the relegation of family planning services to the facilities only. The programme ensures that even in the communities, in homes, there is somebody who can be spoken to. These influencers can give information, make referrals and even refill non-prescriptive commodities that are needed – so that women do not discontinue use.

A lot is there for the training institutions to do, but then we need funding to be able to get this curriculum revised.

- ***Fatima Mohammed,***
Outcome Lead, LAFIYA, Society for Family Health



"Private sector want value for every penny. We need to prepare a convincing argument that they will be spending their money judiciously. Pitches should also be made for contributions in kind. In this vein, they can adopt primary care centres for upgrading or provide equipment for family planning." *- Prof. Emmanuel Lufadeju, Cofounder, Rotary Action Group for RMCH*

EFFIOM NYONG EFFIOM
COUNTRY DIRECTOR, MARIE STOPES INTERNATIONAL ORG.

Selling points for a private organisations to put or not put money into family planning and how family planning can be framed as a pitch to private organisations to solicit funding for family planning:

"One of the importance of family planning is reducing maternal death. Family planning is the cheapest way to reduce maternal death. If we could just meet the unmet need of family planning in the country, we will have reduced maternal death by about 13% -16%.

Healthy time spacing is one way to ensure that women are alive to support their husbands and contribute to the growth of the country. In a way it supports the wealth we want to see in Nigeria.

Government can put business tax incentives and other things to enable private organisations understand that a healthy woman means a broader economy. A healthy young girl that can complete school and contribute to the economy means a stronger economy - as they can also continue to profit and see their return on investment.

There is a strong correlation between family planning and even weather, climate change, climate control and crime. We need to make that case. Five per cent (5%) of the bottom-line and dividends declared by the 10 top banks could be used to really address family planning as CSR.

By 2025, 13 million women will be needing family planning. The problem is that over years, our gap for commodity fund has continuously increased. As at 2020 it stood at 9.6 million. If the commodities are not there, services are not there."

TOYIN CHUKWUDOZIE
HEAD OF PROGRAMS, EDUCATION AS A VACCINE (EVA)

Discordance between knowledge of family planning services and low utilisation amongst the youth population, against the backdrop of access to adequate information about family planning commodities, services and knowledge about how they work:

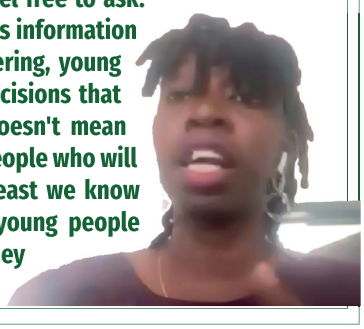
Many of the young people who we interact with at EVA do not have accurate information on contraceptives and family planning. There is a lot of information out there and not all of them is correct. They come in contact with all sorts of myths and misconceptions around family planning, which, ultimately does not help them make informed decisions.

Through different programs, EVA provides opportunity for young people to have the information, but even our own programs have a limited reach. Even the ones that have a national coverage, there is still a limit to how many young people can have access to that. And within their communities, amongst health facility workers, there is lot of bias - conscious and unconscious – about sharing information on family planning to young people. Ultimately this does not provide them with what they need to decide the course of action or make a decision that will change their life course.

Misconceptions exist especially with young women on side effects. And the way information reaches young people who are in the urban, semi-urban, and rural are different as well.

Access to information is not where it needs to be. What is important here is giving accurate information that is based on understanding the rights of that person to accessing that information. There is a lot that we need to do in conquering our biases as well. Whether people are trained or not, biases still exist.

We need to also provide youth friendly environments for young people to even feel free to ask. If we actually provide this information in a way that is empowering, young people will make the decisions that are good for them. It doesn't mean that there wouldn't be people who will make mistakes, but at least we know that majority of these young people have the information they need to make decisions.



Improving domestic funding for FP and the impacts of FCDO cuts

DR. OLUMIDE OKUNOLA, HEALTHCARE PROGRAM MANAGER,
INTERNATIONAL FINANCE CORPORATION (IFC)

HARNESSING DEMOGRAPHIC DIVIDENDS

There is a bountiful dividend or harvest that can come out of good policy decisions where we are able to translate these emerging demographics into productive use. But in fact, not doing so would mean some grave consequences. The bottom line is that Nigeria's TFR remains essentially a flat line.

THE NECESSARY CONDITIONS

Achieving or harnessing a demographic dividend needs to be associated with what we call the necessary conditions and sufficient conditions. Necessary conditions are required to even be able to express what is called a demographic transition. Without moving from the kind of TFR we have now, which at 5.2 births per woman, still puts us in a pre-dividend category. A total fertility rate of greater than 4 births per woman means Nigeria is still a pre-dividend nation. By the time we move our TFR below 4 births per woman, then we become an early dividend country, which brings the dividend is in sight.

12-27%
Nigeria modern contraceptive prevalent rate (mCPR) target by the year 2024.

TARGETS AND COMMITMENTS

According to the family planning blueprint, Nigeria wants to achieve a modern contraceptive prevalent rate (mCPR) of 12% to 27% by the year 2024.

The government has pledged a family planning commodities commitment of $4m per annum. In the last four years, only about $8m has been contributed. Yet Nigeria were to achieve a TFR of 5.2 births per woman to 4 births per woman, the level of mCPR that needs to be achieved would be in the region of 42%.

PUBLIC FINANCING FOR HEALTH

So far, Nigeria has spent just about 0.7% of our GDP on public financing on health. This is really one of the lowest amounts of spending in the world. The country's tax to GDP ratio, even considering African or Sub-Saharan Africa standards, is really very low.

ADVOCACY FOR SIN TAXES FOR HEALTH

The health sector can to help co-create financing by beginning to advocate more forcefully for the sin taxes or the health baits, sugar, tobacco, alcohol, etc. due to the implication these have on the health sector. There is a need to advocate for earmarking it for the health sector.

0.7%
of Nigeria's GDP spent on public financing on health.

INFLUENCING INSURANCE MECHANISMS

Essentially, it might be time to begin to see how insurance mechanisms can be influenced so that family planning services are part of the benefits package. The question is not just about raising money, but also about being able to effectively pull and purchase down the line.

Consequences of reduction of FP funding, domestic mobilisation of resources and recommendations to improve domestic resource mobilisation

DR. EJIKE ORJI
CHAIRMAN, TECHNICAL MANAGEMENT COMMITTEE, ASSOCIATION FOR ADVANCEMENT OF FAMILY PLANNING (AAFP)

Substantial achievements in men being critical in increasing or helping push more access to family planning services:

"Not much has been done in terms of male involvements. But by way of reverse psychology, has much been done sufficiently to recruit the men?

Nigeria has not really invested enough in public education and community engagement in all the healthcare-related issues in the country. This is a key aspect to be tackled.

Making family planning an economic-related issue, will grab the attention of the men. Strategic deployment of resources will ensure that the Nigeria family planning blueprint is properly funded."

ULLA MUELLER
COUNTRY REPRESENTATIVE, UNITED NATIONS POPULATION FUND (UNFPA)

Case studies from Africa or other developing countries with huge lessons in resource allocation for domestic resources to family planning :

"It is important to understand that we have to be a bit nimbler in our solution. I suggest that we do not focus so much on comparison on domestic resource mobilisation, but actually look at what we see in terms of evidence-based results. Other countries in Africa like Benin, Burkina Faso, Chad, Cote D'Ivoire DR Congo, Guinea, Mali, Mauritania, Mozambique, Niger, Senegal, Sierra Leone and Somalia have actively doubled the number of users of modern contraception since 2012, at the same time that Nigeria's CPR has stagnated at 12%.

Nigeria is a FP 2020 focus country. 10 of the FP 2020 focus countries in Africa including Burkina Faso, Cote D'Ivoire, Ethiopia (which you probably could compare to Nigeria), Guinea Bissau, Liberia, Malawi, Mozambique, Senegal, Sierra Leone and Uganda. They have had modern CPR growth rates that is greater than 1% every year, since 2012.

What is interesting to note is that CPR stagnated here in Nigeria at the same time as the global available funding from the donor community hit an unknown maximum. Does that have to do with cultural barriers and political commitment?

Some of the countries have done well because of predictable and increased domestic resource mobilisation, engaging the private sector, roll out of policies and programmes that ensures that family planning is adequately prioritised as part of the universal health care (UHC) interventions. It is very much about demand creation. Ethiopia, a similar context, offers some great lessons as they have made some interesting changes in their legislation. "

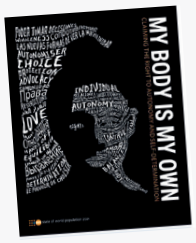
> **The minute we change that narrative and work through government and not create power systems, that is when we get to the point where we are beginning to have the conversations about general cash contributions.**
> - **Ulla Mueller,** Country Representative, United Nations Population Fund

ULLA MUELLER
COUNTRY REPRESENTATIVE, UNITED NATIONS POPULATION FUND

How UNFPA pushes or encourages state governments to release funds and meet their counterpart funding for family planning services and commodities:

UNFPA works very closely with the state governments and advocates in the states with UNFPA presence. However, there are issues around religious beliefs, especially about myths. There is a lot of misconceptions about what actually the religious books are saying. There are also issues with cultural beliefs in some states.

The equality piece - the power dimensions between men and women - is one dimension that has not been highlighted enough.



In the UNFPA's new report about bodily autonomy, *It's My Body, My Choice*, 11% of Nigerian women feel that they are empowered to make full decisions about their own body and seek healthcare.

One of the major impediments to family planning is that a woman cannot even go to the doctor, she cannot decide on her own will to go and see a doctor.

We have to bring the power dynamics and equality into the picture. That has also been addressed in some of the countries who have done well on CPR.

How to ensure that that policy is driven through and understood at the different state levels:

"It is important as development partners to really look into the state development plans.

For instance, in Borno state, there is a well-developed, very concise, very clear strategy. The state has a 25-year vision, and then a 10-year strategy for the first phase and how they want to do it with clear health indicators. It is important to understand responsibility – whether as Marie Stopes or UNFPA, it doesn't really matter. And how do we fit into that? So that when we have conversations with the state government, we are able to have conversation about how we can support the development of that vision.

The minute we change that narrative and work through government and not create power systems, that is when we get to the point where we are beginning to have the conversations about general cash contributions. That is when we start doing resource mobilisation. This is same when we talk to private sector, who are influencing the states.

It is is about changing the narratives and language to being supportive and discovering how the family planning achievements fit into the visions of the state governments and companies' CSRs and then pulling in the same direction.

- ***Ulla Mueller,*** *Country Representative, United Nations Population Fund*

CONSEQUENCES OF REDUCTION OF FP FUNDING, DOMESTIC MOBILISATION OF RESOURCES AND RECOMMENDATIONS TO IMPROVE DOMESTIC RESOURCE MOBILISATION

Until we make family planning a legislative agenda at the National Assembly, we might not be able to get all the resources that we want.'

- Dr. Ejike Orji, Chairman, Technical Management Committee, Association for Advancement of Family Planning (AAFP)

DR. EJIKE ORJI
CHAIRMAN, TECHNICAL MANAGEMENT COMMITTEE, ASSOCIATION FOR ADVANCEMENT OF FAMILY PLANNING (AAFP)

How CSOs can achieve greater success advocating for more funding for family planning services:

"It is important to look at increasing the resource base, not only from the money angle. The most important starting point is policy – policy-driven strategic investments in that area. In terms of policy, how educated are the leaders to ensure efficient and strategic allocation of funds?

In terms of programming, are programmes' funding strategically allocated based on research and due diligence, to address specific needs? Decisions need to be made on which aspect requires funding such as governance, service delivery, advocacy or demand generation.

In terms of the resources and public financing, a assessment from about 2 or 3 years ago shows that only 40% of allocated funds was actually spent as intended.

AAFP has developed score cards and looking at training the local CSOs in terms of sub-national level and even the media in making sure that they have accountability in terms of the effective deployment of resources. "

The type of focus messaging needed to drive the discussion, and get the ear of decision/policy makers? and how we can understand the urgency of the unfolding challenge:

"In policy terms, Mr President through the National Institute For Policy and Strategic Studies (NIPSS) has completely adopted the report of the 42nd Executive Course. One of the key outputs of the report is that the family planning, blueprint must be fully funded.

In terms of improving domestic financing, there is the need to ensure that family planning is added to the new National Health Insurance Scheme (NHIS) act. There is need to advocate for the 1% the basic health provision fund to increase because as family planning is already one of the packages of services that will be offered.

There is also the need to hold the CSR of the corporate sector accountable in terms of the impact of their businesses on the lives of the people and leverage on that to get funding as a way of ameliorating some of those conditions like the sin taxes.

There is a need to make family planning a legislative agenda at the National Assembly. That will be key towards getting the needed resources for family planning."

- Dr. Ejike Orji, *Chairman, Technical Management Committee, Association for Advancement of Family Planning (AAFP)*

BY NUMBERS

13 *million*
women will need family planning by By 2025

9.6 *million*
Family planning commodities needed as at 2020

£40 *billion*
Cuts in UK development aid representing 30% reduction relative to 2019.

01 **Increase revenue generation** and allocation of funding to health **through earmarked taxes** and efficient management of resources.

02 **Work with states to identify their priorities** and ensure advocacy for family planning services fit into them to increase resource mobilisation at the state level.

03 **Increase private sector involvement** in funding for family planning services **by making a sound business case on prospective benefits**, such as reduction in taxes, and reduced maternal mortality.

04 **Empower youth with the right information** to increase demand, uptake and access to family planning services.

05 **Increase men's involvement in advocacy** for increased access to family planning services.

06 **Dispense contraceptive through market women, taxi drivers, factory workers, extension worker, social workers, hairdressers, tailors, etc.** - to improve access beyond health facilities.

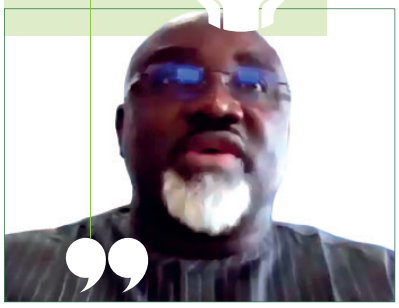
07 **Advocate for state governments to have budget lines** and funding for family planning.

08 **Design pitches that also advocate for contributions in kind -** adoption of primary care centres for upgrade or provision of equipment for family planning .

09 **Provide youth friendly environments for young people** to feel free to ask questions about contraceptives and FP.

10 **Bring the power dynamics and equality into the picture** so that Nigerian women feel that they are empowered to make full decisions about their own body and seek healthcare.

11



There is a strong correlation between family planning and even weather, climate change, climate control and crime. We need to make that case.

- EFFIOM NYONG EFFIOM,
Country Director, Marie Stopes

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