NATIONAL REPRODUCTIVE HEALTH

STRATEGIC FRAMEWORK AND PLAN

2002 – 2006

DRAFT

FEDERAL MINISTRY OF HEALTH

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LIST OF ACRONYMS

ANC	-	Antenatal Clinic
ARH -	-	Adolescent Reproductive Health
ARV	-	Anti Retroviral
BOC	-	Basic Obstetric Care
CBDAS	-	Community Based Distribution Agents
CDCs	-	Community Development Committees
COPE	-	Client Oriented Provider Efficient
DCDPA	-	Department of Community Development and Population Activities
EOC	-	Emergency Obstetric Care
FGM -	-	Female Genital Mutilation
FMOE	-	Federal Ministry of Education
FMOH -	-	Federal Ministry of Health
FMOWA	-	Federal Ministry of Women Affairs
HEAP	-	HIV/AIDS Emergency Action Plan
HEB	-	Health Education Branch
HIV/AIDS	-	Human Immune-deficiency Virus/Acquired Immune /Deficiency Syndrome
ICPD	-	International Conference of Population Development
IEC	-	Information, Education and Communication
KAP	-	Knowledge Attitude and Practice
LACA	-	Local Government Area Action Committee on AID
LGAs	-	Local Government Area(s)
M & E	-	Monitoring and Evaluation
MMR	-	Maternal Mortality Ratio
MICS	-	Multiple Indicator Cluster Survey

MOV	-	Means of Verification
MPB	-	Mother Baby Package
MTCT	-	Mother to Child Transmission
MVA	-	Manual Vacuum Aspiration
NACA	-	National Action Committee on AIDS
NERDC	-	Nigerian Educational Research and Development Council
NDHS	-	Nigerian Demographic and Health Survey
NGOs	-	Non-Governmental Organization
NHMIS	-	National Health Management Information System
NMDCN	-	National Medical & Dental Council of Nigeria
NPHHCDA	-	National Primary Health Care Development Agency
NUC	-	National Universities Commission
OVI	-	Objectively Verifiable Indicator
PAC	-	Post Abortal Care
PHC	-	Primary Health Care
QOC	-	Quality of Care
RH	-	Reproductive Health
RHS	-	Reproductive Health Services
SDP	-	Service Delivery Point
SACA	-	State Action Committee on AIDS
SMC	-	Safe Motherhood Committee
SMOH	-	State Ministry of Health
SSMC	-	State Safe Motherhood Committee
TBA	-	Traditional Birth Attendants
STIs	-	Sexually Transmitted Infections
TOT	-	Training of Trainers
VCCT	-	Voluntary Counselling and Testing
VSC	-	Voluntary Surgical Contraception
ZSMC	-	Zonal Safe Motherhood Committee

EXECUTIVE SUMMARY

A major outcome of the International Conference on Population and Development held in Cairo in 1994 is that many countries including Nigeria shifted the focus of their population and development programmes to reproductive health. In this regard, the Reproductive Health Division of the Federal Ministry of Health, with assistance from POLICY Project, developed a 5-year RH strategic plan for the period 2002 – 2006. This strategic framework and plan is fashioned to translate the reproductive health policy into actionable plans.

The goal of the strategic framework is to improve the quality of life of all Nigerians, men,, women and children through enhanced reproductive health. Thus the key objectives are to reduce the maternal mortality rate by 90% and perinatal mortality rate by 30% of the 1999 figures. Other objectives to reduce the prevalence of STIs and HIV infections, limit all forms of gender-based violence and other harmful practices, reduce the incidence of reproductive cancers and infertility, and increase contraceptive prevalence rate.

In providing a comprehensive right based and gender sensitive reproductive health services, linkages between that make services comprehensive should be established such that health care staff, made polyvalent in their skills offer services in a wide range of RH care needs within each care centre. The strategic framework and plan also promotes community participation and encourages private sector support. Since health is under the concurrent list in Nigeria, the three tiers of government, shall spearhead the funding and implementation of the Plan with support from Developmental Agencies, International organizations and NGOs

The following priority areas have been given focused attention:

- Safe Motherhood
- Family Planning
- Adolescent Reproductive Health
- STIs, HIV/AIDS

- Harmful Practices, Reproductive rights and Gender Issues
- Tumours of Reproductive Organs
- Infertility and Sexual Dysfunction'
- Menopause and Andropause

The contemporary issues under each of these component areas are to be addressed through five strategies of advocacy and social mobilization, promotion of healthy reproductive behaviour, equitable access to quality services, capacity building and research promotion. It is expected that this strategic framework and plan may be reviewed as necessary.

With an estimated budget of N21,000,000.000 (Twenty one billion Naira), successful implementation of this strategic framework and plan should substantially contribute to achievement of the goals of the RH policy, the National Health Policy and the National Policy on Population for sustainable Development.

NIGERIAN DEMOGRAPHIC AND HEALTH INDICATORS

Area

Total area in square kilometres	923768

Demographic indicators

Total population in millions – 1991	88.9
Population projection in millions – 2001	118
Percent annual population growth rate	2.9%
Population projection in millions – 2015	189
Per cent rural population – 2000	60
Per cent urban population – 2000	39
Life expectancy at birth in years – 1991	53
Per cent of population aged 15 – 64 – 1991	-
Percent female aged 15 – 45 – 1991	-
Total fertility rate – 1999	5.2
Young people aged 10 - 24 years- 1991	32
Young people less than 15 years	44
Dependency ratio (15 – 64 years)	89/100

Health Indicators

Contraceptive prevalence rate	8.6%
Unmet need for Family Planning	13.3%
Adolescent pregnancy rate	29.3%
Girls married before 15 years	25%
Crude birth rate per 1000	40
Crude death rate per 1000 – 1991	14
Antenatal attendance (at least once)	63.6%
Supervised deliveries	42%
Maternal mortality ratio per 100,000 live birth	704
Infant mortality rate per 1,000	105
Under five mortality rate per 1,000	178
Percentage of children under 3 years who are wasted - 1999	12%
Percentage of children under 3 years who are stunted – 1999	46%
Percentage of children under weight – 1999	27%

Literacy

Male adult literacy rate – 1999	40.7%
Female adult literacy rate – 1999	58.0%

Introduction

The International Conference on Population and Development (ICPD) held in Cairo in 1994 recognised that Reproductive Health is a critical part of an individual's well being and is central and critical to human development.
This recognition puts individual health and rights, and development at the centre of policies, programmes and implementation plans and emphasizes the strategic roles of information, education and community mobilisation and participation, women empowerment and provision of quality care for all persons including the poor, the marginalized and the excluded groups.

Therefore, the ICPD established a paradigm shift from the previous concept of maternal and child healthcare and family planning, to a more comprehensive approach of reproductive health (and reproductive rights) premised on the lifecycle approach in which Reproductive Health concerns are not limited to women of reproductive age group but are extended to include lifetime concerns for both men and women from birth to old age.

Reproductive Health is defined as 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".

It is implicit in this definition that people have the ability to reproduce, to regulate their fertility and to practice and enjoy sexual relationships. Additionally, women can go safely through pregnancy and childbirth, without health hazards. It also implies the empowerment of women and young persons in the development and implementation of programmes and services, and men assuming greater responsibility for and actively supporting reproductive health.

Being an integrated approach to health and development needs, Reproductive Health has component areas, which include the following:

- Safe motherhood comprising prenatal care, safe delivery, essential obstetric care, neonatal care and breastfeeding.

- Family planning information and services

- Prevention and management of infertility and sexual dysfunction in both men and women.
- Prevention and management of complications of abortion.
- Provision of safe abortion services where the law permits.
- Prevention and management of reproductive tract infections especially sexually transmitted infections (STIs), 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 cutting (FGC), early child 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 cutting and reproductive health problems associated with menopause.

In response to all these Reproductive Health demands, the Federal Government through the Reproductive health division of DCDPA/FMOH developed a National Reproductive Health Policy, which identified the Reproductive Health care needs and prescribed broad strategies for intervention to address the following:

- The unacceptably high levels of maternal and neonatal morbidity and mortality.
- The increasing rate of infection with the human immuno-deficiency virus (HIV) and the prevalence of other STIs.
- Increasing high-risk behaviour of adolescents leading to premature sexual encounters, early marriage, unintended pregnancies, unsafe abortions and the social consequences such as school dropout with subsequent negative intergenerational effects.
- The persistence of harmful practices including imported and dangerous family health values and practices.
- The serious consequences of domestic violence and sexual abuse against women and the girl child.

- The current fragmentation of reproductive health activities and the limited impact of existing programmes in reducing sexual and reproductive ill-health, and improving reproductive health and well-being.
- The low level of male involvement in reproductive health
- The low level of awareness and utilization of contraceptive and natural family planning services.
- Inadequate services for infertility and the associated misery.
- Sustaining the implementation of the programme of action of the International Conference on Population and development (ICPD, ICPD+5)

The goal and objectives of the Reproductive Health Policy are as follows:
The overall goal of Reproductive Health Policy is to create an enabling environment for appropriate action and provide the necessary impetus and guidance to national and local initiatives in all areas of Reproductive health.

The specific objectives are:

1. Reduce maternal morbidity and mortality due to pregnancy, childbirth by 50%
2. To reduce perinatal and neonatal morbidity and mortality by 30%
3. To reduce the levels of unwanted pregnancies in all women of reproductive age by 50%
4. To reduce the incidence and prevalence of sexually transmitted infections including the transmission of HIV infection
5. Limit all forms of gender-based violence and other practices that are harmful to the health of women or children.
6. To reduce gender imbalance on available reproductive health services.
7. To reduce the incidence and prevalence of reproductive cancers and other non-communicable diseases.
8. To increase knowledge of reproduction biology and promote responsible behaviour of adolescents regarding prevention of unwanted pregnancy and sexually transmitted infection.
9. To reduce gender imbalance in sexual and reproductive health matters.
10. To reduce the prevalence of infertility and provide adoption services for infertile couples.
11. To reduce the incidence and prevalence of infertility and sexual dysfunction in men and women.

12. To increase the involvement of the men in reproductive health issues.
13. To promote research on reproductive health issues.

To achieve these objectives, seven critical component areas of RH have been identified for focused attention.

In addition to these, three crosscutting issues, male involvement, gender and reproductive rights, which profoundly affect reproductive health have been addressed under each thematic area. Finally issues such as menopause and andropause, which provoke significant reproductive health concerns, were addressed.

SAFE MOTHERHOOD

Safe Motherhood as a concept refers to a situation in which no woman going through physiological processes of pregnancy and childbirth suffers any injury or loses her life or that of the baby.

However, about 60,000 women die every year in Nigeria from complications of pregnancy or childbirth. Moreover, for each of these deaths about 25 other women suffer long term and often debilitating illness. Incidentally, most of these deaths are caused by preventable/treatable conditions of haemorrhage, obstructed labour, unsafe abortions, pregnancy induced hypertension, sepsis and malaria. In Nigeria the principal contributing factors to high maternal mortality are:

- Poor maternal and child health service
- Uneven and often weak access to emergency obstetric care
- Weak community support for safe motherhood initiatives as a result of poor knowledge and mobilisation
- Low status of women
- High fertility rates

Maternal mortality and morbidity occurs mostly amongst women under 15 years and over 39 years of age and women with more than four children. Often access to effective obstetric services is inadequate. Hence, only 57% of all births received antenatal care from a skilled birth attendant and only 40% of deliveries are supervised by a skilled birth attendant.

The contraceptive prevalence rate remains very low at 8.6%.

In response to the challenge of high maternal mortality and morbidity several proactive interventions have been instituted including the training of large numbers of TBAs, up scaling the skills of midwives in Life Saving Skills (LSS) and more recently that of Medical Officers (in focal areas) on Expanded Life Saving Skills (ELSSI). In more recent times, contemporary initiatives and strategies such as baby friendly initiative, safe motherhood initiative, the mother-baby package, and making pregnancy safer have been introduced. However emerging data from across the country depicts a worsening situation due essentially to –

a. Inefficient implementation of initiatives
b. Weak coordination of activities
c. Poor community sensitisation and mobilisation for safe motherhood
d. Poor access to and quality of services (low staffing, inadequate equipment and supplies)
e. Emerging HIV/AIDS epidemic
f. Collapse of referral system, supervision, monitoring and evaluation of activities

There is consensus amongst stakeholders that to reduce maternal and neonatal mortality in Nigeria, key strategies will include:

- Community ownership of safe motherhood initiatives
- Routine antenatal care for all pregnancies and skilled care during childbirth
- Emergency treatment of complications during pregnancy, labour and puerperium
- Post-Partum family planning counselling and services
- Training enough midwives and for midwives and physicians to provide basic and emergency obstetric services (LSS, ELSSI)
- Providing needed equipments and supplies
- Establishment of an effective referral system
- Sustained supervision, monitoring and evaluation

Investing in the above factors will contribute substantially to achieving the objectives of reducing maternal mortality by 50% by 2006.

Consequently, activities must be packaged in order to substantially influence the following:

- Strengthening ministries of health at federal, state and local levels to provide the leadership in safe motherhood initiatives
- Operationalise the concept of RH as an integrated approach to service delivery
- Sensitise and mobilise policy makers and communities in support of safe motherhood.
- Expand access to and improve quality of maternity care services through capacity building.
- Strengthening the implementation of the National Health Management Information System (NHMIS)
- Resuscitating and maintaining supervision, monitoring and evaluation and support for research.

FAMILY PLANNING

The fertility level in Nigeria remains persistently high at a national average of about 6 children per woman due among other factors to

- Socio-cultural beliefs and norms
- Negative impact of myths and rumours about family planning methods
- Poor access to services especially in rural areas and for specific target groups such as adolescents and males
- Low quality of services due to inadequate skills of providers and inadequate and irregular supply of commodities
- Low status of women

These factors have resulted in low contraceptive prevalence rate of 8.6% and a large pool of people whose needs are unmet. The level of unmet needs for FP in 1999 was 13.3% (NDHS 1999).

Amongst adolescents and young persons, contraceptive use is very low, resulting in high prevalence of undesired pregnancies, unsafe abortions and hence high abortion-related morbidity and mortality.

Before the resurgence of democratic governance in Nigeria in 1999, family planning services had become fragmented due in part to low stocks of commodities as a result of withdrawal of donor support and poor public sector funding. Before then, family planning activities were intense and broad-based through the use of diversified approaches including community based distribution, social marketing

pharmacies and patent medicine stores, in addition to facility based and outreach services. Several policy documents were developed to stimulate and streamline services. These include family planning policy guidelines, training manuals for physicians, nurses and also the lower cadre of health caregivers, and standard of practice for family planning services etc.

The contraceptive logistics and management section was developed and relevant staff were trained. Nevertheless, poor management and coordination of logistics within the zones and between zonal and federal posts created recurrent episodes of stock-outs and expiry of commodities. New initiatives on supply and distribution of commodities and the heightened demand for condoms with increased awareness of HIV/AIDS have improved availability of some commodities and services but not those relating to implants and long term or permanent contraception. The IUDs and injectables still rank high on the demand ladder but there is need to expand services for implants, permanent contraception and ECP especially for adolescents and young adults among whom demand is high.

Consequently there is a need to:

- Reawaken community awareness on services and relevance of condoms for dual protection, promotion of behavioural changes and safe sex practices through behavioural change communication
- Updating operational guidelines and the standard of practice
- Expanding access to service especially for target groups such as adolescents (in-school and out-of-school). People under special circumstances such as refugees and persons with disabilities.
- Strengthening commodities supply and logistics
- Ensuring client satisfaction through quality of services
- Expanding contraceptive services to include ECPs, implants and permanent contraception.
- Promote male involvement in family planning services.

SEXUALLY TRANSMITTED INFECTIONS; HIV/AIDS

Although no reliable data exists on the magnitude of STIs in Nigeria, there are indications of increasing prevalence of gonorrhoea, chlamydia, syphilis and trichomoniasis. STIs rank among the five top diseases for which Nigerians seek medical attention and the major STIs are ranked amongst the ten most reported

notified diseases in Nigeria (FMOH 2000). Yet, these are diseases, which for reasons of concealment are underreported. STIs are the commonest cause of infertility (male and female) in Nigeria and they also contribute to other severe morbidity and mortality such as PID and chronic pelvic pain in women and urethral obstruction, urinary retention and erectile dysfunction in males. In addition, there are high infection rates among sexually active young people below the age of 25 years. This has been attributed to lack of community sensitisation, education and mobilisation, inadequate capacity for diagnosis and treatment, and inadequate services.

Similarly, there is an increasing trend of HIV prevalence in Nigeria. HIV sero-positivity rates among antenatal clinic clients rose from 1.4% in 1992 to 5.8% in 2000. The prevalence of HIV amongst young people between the ages of 20 to 24 years is 8.1%. Currently, there are 2.7 million people living with HIV/AIDS in Nigeria. Amongst adolescents, girls are about 5 times more vulnerable than boys.

About 80% of HIV infections in Nigeria are contracted though sexual intercourse. Transmission of HIV also occurs through transfusion of unsafe blood, unsterile injections and common use of instruments for body piercing, scarifications and cuttings. HIV is transmitted to the baby from 25 – 45% of positive mothers and this has led to increasing numbers of AIDS orphans many of them also HIV positive.
The HIV situation in Nigeria is catalysed by several factors which include ignorance and denials, inappropriate healthcare and behavioural practices, inadequate capacity for diagnosis and care, high risk sexual behaviour initiated by unemployment, rapid urbanisation and prostitution.
Although several claims for cure have been advertised by individuals in Nigeria, none have been proven scientifically. However in response to the epidemic, the federal government established an action plan for an expanded multi-sectoral approach through NACA.
The Action Plan results will receive a boost through sustained integration of control measures and services into reproductive health care, using the following strategies:

- Sustaining community awareness and education of STIs, HIV/AIDS
- Strengthening IEC support for HIV/AIDS control measures
- Establishing voluntary counselling and confidential testing in all RH services but especially amongst pregnant women

- Promoting syphilis and gonorrhoea testing for all antenatal clients.
- Integrating IEC and clinical services for STIs, HIV/AIDS in ARH.
- Promoting behavioural change communication for safe sex practices
- Promoting condom use for dual protection

ADOLESCENT REPRODUCTIVE HEALTH

The status of reproductive health care for adolescents is low and inconsistent. Many Nigerian females are married off at a young age as evidenced by the median age at first marriage of 17.9 years ranging from 14.6 in the North West to 20.2 years in the South (1999 NDHS). According to the NDHS, 8.3% of males aged 15 – 19 have had sex by the age of 15 years, while 16.2% of girls in the same age group have had sex by age 15 years. The median age at first sexual intercourse for females was 17.8 years (NPC 2000). Of all women between the ages of 20 and 49 years in 1999, 24.3% were recorded to have had their first intercourse before the age of 15 years and 50.6% by age 18 (NPC 2000). The level of effective contraception among sexually active adolescents is low. Only 23% of all sexually active unmarried females of age 15 – 19 in 1999 were recorded to be using any modern method. In addition, many sexually active Nigerian adolescents are believed to have multiple partners. Consequently, the incidence of teenage pregnancy and childbearing is high, sometimes resulting in severe maternal morbidity such as vesico-vaginal fistula. About two-fifths of teenage pregnancies in Nigeria are estimated to end up in induced abortions with severe morbidity and mortality. Similarly the prevalence of sexually transmitted infections including HIV is high and increasing.

Anaemia, malnutrition and growth impairment are serious health and developmental issues confronting adolescents. These issues are compounded by poverty, school drop-outs, unemployment and psycho-social problems such as ‘substance’ abuse, prostitution, sexual abuse and perversion.

A major factor associated with the poor ARH status in Nigeria is lack of awareness and knowledge of relevant RH issues among young people due to lack of access to credible sources of information. Population and family life education, including sexuality education is not taught in most schools despite the fact that relevant curriculum have been designed and approved for use in Nigerian secondary schools.

Various stakeholders have negative attitude to the provision of RH information to young people mainly as a result of traditional and socio-cultural beliefs that frown on discussion of sexuality issues with young people. Young people also have a limited access to relevant reproductive health services. Where health services are available, the non-friendly nature of these facilities to young people limits their utilisation. The response of the health care system to the needs of the adolescents have been tepid and ineffective.

Any initiative to respond to the reproductive health needs of adolescents must give due consideration to the following:

- Awareness creation on the RH issues and needs of adolescents
- Involvement of adolescents and gatekeepers (stakeholders in planning, implementation, monitoring and evaluation of activities)
- Establishment of acceptable channels of communication between adolescents and adults
- Establishment of functional youth friendly services
- Research to update knowledge and information on adolescent RH issues and services

HARMFUL PRACTICES, REPRODUCTIVE RIGHTS AND GENDER ISSUES

A number of traditional practices in Nigeria infringe on the reproductive rights of the Nigerian woman and girl-child. The commonest of these include female genital cutting (FGC), forced early marriage, traumatic puberty initiation rites, gender-based violence, wife inheritance with widowhood rites. A national survey in 1998 showed that 32.9% of household in Nigeria practised FGM. The prevalence among adult women ranged from 0.6% in Yobe in the North East region to 98.7% in Osun state. The most common type in the South West is Type I while Type II is the commonest in the South South and Type IV is the commonest in the northern states. The practice of FGC appears however to be on the decrease as a prevalence of less than 1% was recorded among girls aged 10 – 14 compared to almost 50% among women 45 – 49 years (1999 NDHS).

Widowhood practices of various types, with cultural bias are widely practised in Nigeria, while denial of inheritance rights in respect of female children are practised among some tribes (CGPS, 1998). Preference for male child is widely exhibited, with implications for high number of pregnancies. Harmful birth practices include the use

of extremely hot water for bathing of new mothers. Early child marriage is a common harmful practise in this region and is implicated in the high level of occurrence of maternal mortality and vesico-vaginal fistula (V VF) in northern Nigeria. Some of the harmful practices such as wife inheritance and group circumcision could facilitate HIV and Hepatitis B infection. Gender based violence such as rape, sexual exploitation and wife battering are prevalent in Nigeria. So also are food taboos, and poor nutrition amongst females. There are preferences for males to eat first and eat the best portions of food.

Reproductive Health has as its integral part sexual and reproductive rights.
Reproductive rights concept include “the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so without discrimination, coercion and violence, as expressed in human rights documents”.

Reproductive and Sexual Rights as part of human rights, are essential for the enjoyment of one’s full human potential, mental, emotional and physical well-being, enhancement of relationships, women empowerment and achievement of gender equality.

Current international understanding of sexual and reproductive rights include the right to:

- Reproductive and sexual health as a component of overall life long health.
- Right to reproductive decision making including choice of marriage, family formation and determination of number, timing and spacing of one’s children and the right to information and means to exercise those choices.
- Equality and equity for women and men to enable individuals to make free and informed choices in all spheres of life, free from gender discrimination.
- Sexual and reproductive security, including freedom from sexual violence and coercion and the right to privacy.

The incidence of various reproductive ill-health conditions, to a great extent, reflects the degree to which individuals or groups have been deprived of their sexual and reproductive rights. The right to life (and survival) is abrogated, for example, by

maternal mortality while denial of reproductive health information and quality services to young people violates the right to non-discrimination on the basis of age.

The healthcare system has a critical role to collaborate with other systems such as legal, police, media, social and education sectors and the civil society to develop an action plan that will protect females, support victims and reduce the incidence of gender-related ill-health.

Efforts have already begun to articulate ways of exterminating harmful practices and gender-based morbidity in Nigeria.
Officially the minimum age of marriage has been set at 18 years and in some states notably Ogun, Edo, Delta and Rivers legislation against FGC have been passed though their enforcement is uncertain.
The concept of UBE is designed to ensure that young persons (especially girls) acquire basic education and in so doing attain minimum age for marriage.
These efforts need to be broadened, monitored and where necessary enforced. The desired goal can be achieved through the following strategies.

- Sensitisation and mobilisation of community support for abolishing harmful practices.
- Advocacy for male participation in eradicating gender-based morbidity
- Review of laws and legislation to protect against gender violence and enforcement of same
- Gender mainstreaming in all health plans, advocacy and sensitisation fora in RH services, strengthen collaboration and coordination between Ministry of Health, Women Affairs, Education, Poverty Alleviation and other relevant programmes, ministries and parastatals.

CANCERS OF THE REPRODUCTIVE SYSTEM

In Nigeria, the common reproductive system cancers are those of the breast and cervix in the female and prostate in the male. Breast cancers account for 30% of all cancer related deaths in women while cancer of the cervix is responsible for 60% if female genital cancer seen in tertiary hospitals in Nigeria. The incidence of cancer of the prostate is reported to be on the increase by data emanating across the country and the age bracket that is affected seems to have fallen.

In these cancers, high mortality and severe morbidity is associated with delayed care-seeking behaviour by the affected persons, thereby presenting only when the disease has reached advanced stages. These three major killer cancers can however be diagnosed early through screening services which are however not been offered in many facilities. Indeed the community (including majority of healthcare givers) seem not to be aware that these cancers can be diagnosed even at pre-malignant stage (in the case of cervix) or at an early stage amenable to treatment.

Recently, many NGOs and women organisations are organising community sensitisation seminars and the RH-division of DCDPA included issues of these cancers in the RH-curriculum for nurses and midwives. However, proactive strategic approaches need to be implemented to significantly reduce the incidence of these cancers. These will include

- Development of policy guidelines and plans
- Massive sensitisation and mobilisation of community members including health workers
- Capacity building in the area of training of health workers and provision of basic materials
- Integration of cancer screening tests in RH services

INFERTILITY

Infertility is a major reproductive health problem in Nigeria. It is estimated that about 15% of couples experience infertility while up to 60% of gynaecological consultations in many tertiary health institutions in Nigeria are for problems of infertility.

Moreover it has been observed that the prevalence of infertility is increasing and that this is related to rising incidence of STIs and complications of abortions and unclean deliveries. Misconceptions regarding the cause of infertility has often resulted in

gender bias and discrimination, inappropriate interventions and a great deal of social, psychological pressures and financial wastages.

It is therefore expedient for the health system to be sensitive to the needs of infertile couples by providing appropriate information on prevention and expanding access to quality services through raising community awareness and integrating interventions into Reproductive Health Services.

OTHER REPRODUCTIVE HEALTH ISSUES – MENOPAUSE/ANDROPAUSE

With improvement in socio-economic status of persons, life expectancy improves with attendant rise in reproductive health needs of the elderly.

Problems at menopause/andropause are increasingly being reported and are sometime the source of emotional and psychological aberrations, sexual dysfunction and marital disharmony. Because symptoms of ageing are insidious in onset, it is possible to adopt coping habits and apply appropriate treatment. These are usually not the case as the “culture of silence” which surrounds Reproductive Health matters, tend to override other considerations.

Majority of those experiencing problems of ageing can be helped by providing relevant information to the clients and strengthening the capacity of the health system to provide remedies.

STRATEGIC FRAMEWORK AND PLAN OF ACTIVITIES

This strategic framework derives from the nations policy and reflects the objectives and activities to be implemented in Reproductive Health care during the period up to 2006.

It is meant to assist the relevant sectors, governmental and non-governmental organisations including funding agencies and developmental partners, parastatals and ministries, communities and individuals in doing things that will improve the quality and sustainability of Reproductive Health care and contribute to the achievement of the goal and objectives of the National Reproductive Health Policy. Health being on the concurrent list in governance, the three tiers of government should show complimentarity in the actions directed at improving RH services in Nigeria.

The aim of the strategic framework and plan of action is to support the provision of integrated reproductive health services which effectively link various components of reproductive health in order to achieve an efficient delivery service through improved access to quality reproductive health care

The framework will utilise diverse strategic approaches and methods including

- Advocacy and social mobilisation
- Promotion of healthy reproductive behaviours
- Equitable access to quality health services
- Capacity Building
- Research promotion

Advocacy and Social Mobilisation at all levels in support of Reproductive Health Services

It has been observed that a wide gap exists between knowledge base, awareness and motivational support for RH issues and services between the served (community members including policy makers, opinion leaders etc) and the server (programme managers, health workers etc). This has led to weak political commitment, poor budgetary allocation, and community participation in Reproductive Health programmes and services. Advocacy and social mobilisation will enlist the support of policy and decision makers, community members and organisation on Reproductive Health issues and services. It will in addition enhance male participation in Reproductive Health programs. Advocacy will significantly contribute to achieving the following:

- Political commitment, policy and opinion leaders support of Reproductive Health programmes
- Community is mobilised as stakeholders in Reproductive Health services
- Adequate resources is allocated for RH activities'
- Regulatory agencies (e.g. NUC, NMDCN, Midwifery Council of Nigeria etc) and the Legislative Arm of government will be in an informed and motivated position to support issues on Reproductive Health within their purview.
- Attract male involvement in Reproductive Health programmes.

Promotion of Healthy reproductive Behaviours

Although IEC can be seen as a tool for advocacy, it can also from a multi-dimensional manner provide appropriate knowledge in a visible form that promotes positive social and cultural practices, bringing about appropriate behavioural change and improving participation in, and utilisation of reproductive health services.

IEC, being multi-sectoral in design promotes collaboration between relevant agencies e.g. FMOH, FMOE, FMOI, Media organisations etc. With respect to RH, IEC will embrace the following:

- Broad based participation in RH programmes
- Culturally sensitive approaches to information dissemination in support of RH
- Community involvement in planning IEC messages ensures ownership by communities and sustainability of experiences and leads to positive behavioural change.

Capacity building in support of RH Services

Successful implementation of RH programmes demand efficiency in the skills and facilities available to execute the various activities within the programme. Inefficient healthcare delivery system including management and service provision has been a major setback in meeting the RH needs of Nigeria. Capacity development is therefore a major strategy to planning, implementing and successfully managing RH programmes. Of course strengthening capacity must be a response to results of needs assessment. Capacity building may involve personnel development (including provider knowledge and skills), provision of materials, equipments and services for effective administration of programmes. Capacity building also includes making our services user friendly and sustainable. The situation on ground is such that strengthening the various components of capacity for RH services is required for meaningful improvement to occur.

- Institutionalisation of skills by updating RH components of curricula for training all cadres of healthcare personnel
- Utilising the improved curricula to update the training of service providers and pre-service training of especially nurses/midwives and medical officers.

In this regard training can be cascaded from federal level to states and local government healthcare staff. This will relate especially to contemporary issues including:

- Expanded life saving skills for medical officers
- Life saving skills for midwives
- Family planning service providers
- Adolescent Reproductive Health services including counselling and life skills
- Management of STIs and HIV/AIDS
- Screening for and early detection of cancers of the reproductive systems
- Programme management etc

Strengthening sustainability of Reproductive Health Services

Improving Logistics and Supplies

Logistical support for RH services includes ability to ensure that client's satisfaction is assured through availability of all materials needed for services (particularly FP commodities, drugs and supplies) at all times, equipments and appliances are functional through regular maintenance and materials are replenished as at when due based on forecasting, stock level assessment and inventory.

The decline in the quality of some RH services notably FP in recent times have been due to poor maintenance of equipments and several months of stock-out of drugs and supplies in the majority of health facilities. In this RH framework, logistics and supplies will be improved through

- Strengthening of institutional arrangements and procedure and
- Processes for purchase and distribution of materials

Support the Health Information System

Collection, collation and processing of data in respect of RH services is critical to performance audit and evaluation. The National Health Management Information System (NHMIS) aims to improve the quality and quantity of data collected in an integrated manner from all levels of healthcare for analysis, interpretation and dissemination for integration into development planning (including health systems).

The recently developed NHMIS forms should be mass-produced and distributed to all health facilities – public and private. In addition, the responsible units for data management at all levels (LGA, State, Federal) deserve strengthening through health data/information management training as may be necessary for the appropriate staff, and the supply of data management hardware and software. At the

facility level, record keeping habits and processes shall be supported including ensuring regular submission of data forms to LGA offices and transfer to the state and federal levels.

Supervision, monitoring and evaluation

A major weakness in the health system in Nigeria today is poor supervision, monitoring and evaluation of services, yet these are critical processes for correcting and improving our activities towards delivering quality RH services.

The reasons for weak M & E and supervision include

- Lack of motivation of staff due to poor and irregular wages
- Lack of tools for M & E
- Poor logistics support including poor or lack of means of transportation and
- Poor record keeping and non-availability of the NHMIS forms at facility level

To strengthen the processes for supervision, monitoring and evaluation, the following actions should be taken:

- Tools for Monitoring and Evaluation and Supervision for all components of RH should be developed out of the National Guidelines for Supervision, M & E which have been developed by Community Development Unit of DCDPA.
- Capacity of the units responsible for supervision, M & E at federal, state and LGA levels should be strengthened with regards to staff training on supportive supervision skills, and provision of means of transportation e.g. vehicles, boats, motorcycles etc.
- Development and use of work plan should be encouraged to include regular supervisory, monitoring and evaluation visits especially at facility and LGA levels
- Annual and mid-term review of all RH projects and activities including RH services should be conducted.
- For specific RH programmes and projects, mid and end of term evaluation of performance should be conducted (including impact evaluation) and the results widely disseminated to all stakeholders

Strengthening the referral system

A weak referral system diminishes the access to and quality of care. In Nigeria sustaining an effective two-way referral system has been difficult making clients to

lose confidence in the efficiency of the health system. Quality of care in RH services cannot be assumed without access to specialised care for routine and emergency situations. The referral system is currently poorly defined, implemented and monitored.

The deficiencies in the referral system have been due to poor staffing of health facilities, insufficient knowledge for and information about referral guidelines, inadequate supplies and materials, poor Infrastructural communication and transportation facilities and unfriendly attitude of care givers.

Recently the FMOH commenced efforts at resuscitating the referral system by initiating the development of guidelines for referrals and designing a standardised tool for effecting referrals (a 2-way referral form).

Improving the referral system will therefore involve the following actions:

- Reawakening the interest of all stakeholders in the referral system
- Producing and distributing national guidelines on referrals and referral forms
- Support communities to participate in the process of referrals by sustaining availability of forms and establishing revolving funds to support cost of referrals
- Strengthening decision-taking capacity of care providers for timely referrals.

Promotion of Operational Research in/for Reproductive Health Services

Strengthening operational research in RH services provides information for planning, modifying programmes, projects and activities. It provides the basis for employing new methods to address emerging issues towards achieving the desired targets and objectives.

The RH division of DCDPA has already established a Research Task Force for RH as part of the working principles of the National Reproductive Health Working Group.

The activities of the Research Task Force should be energised to develop a data bank on RH research work done in Nigeria and supported to initiate, and fund research and disseminate research findings.

The Task Force apart from granting seed money for research should define research agenda for the country and pursue the implementation of such agenda e.g.

- Determining the exact (at least reliable and reproducible) maternal mortality ratio for Nigeria (by zones and by states).

Findings from such major research can be shared with all stakeholders including NGOs, developmental partners at 'National RH Dialogue/Forums' meetings/conferences biannually/annually.

Cross-Cutting Issues

Key cross-cutting issues will be adequately addressed in the implementation plan under each component of the programme.

NATIONAL REPRODUCTIVE HEALTH STRATEGIC FRAMEWORK

LOG FRAME MATRIX

HIERRARCHY OF AIMS	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	RISKS AND ASSUMPTIONS
Goal: To create of an enabling environment that will support the provision of quality Reproductive Health Services at all levels of care.	Life expectancy at birth increased from 53 years to _____ by 2006. Maternal Mortality Rate reduced by 50% of 1999 figure 704/100,000 Allocation of at least5% of Health budget to reproductive health services	Population census data NDHS Report NISH Report Report of organised research at community level Approved annual budget	Stable democratic government. Political will and commitment to RH Conduct of Population census, NDHS MICS
Purpose: 1. Increased accessibility and utilisation of quality Reproductive Health Services.	• Perinatal Morbidity Rate reduced by 30% of 1999 figures • Percentage of Population within 5km of integrated Reproductive Health Services increased by 20% • CPR for modern Family Planning methods increased from 8.6% to 20% • Number of Health facilities offering comprehensive Youth Friendly reproductive health services increased by 20%	NDHS Report NHMIS Reports	Quality Reproductive Health information services made available to all. Men, Women and adolescents will use Reproductive Health Services

Outputs 1: Strengthened capacity of ministries of health to manage and coordinate Reproductive Health programmes and projects. ***Activities:*** Support right based reproductive health programme management	Number and types of training for staff of ministries of health Number of functional equipment inventory met Linked institutional framework for Reproductive Health management and coordination in place at all levels	Training Reports Annual Reports Equipment audit Reports Monitoring and evaluation Report Organograms	Adequate eligible staff. Funding and commitment.
Outputs 2: Increased awareness of reproductive health issues ***Activities:*** i. Develop advocacy packages on Reproductive Health for all Stakeholders ii. Conduct advocacy and sensitise all stakeholders on Reproductive Health	30% increase in knowledge of Reproductive Health	Survey Reports NDHS Report	Sustained community support
Outputs 3: Improved access to quality Reproductive Health Services. ***Activities:*** i. Update training curricular for physicians, nurses and midwifes on reproductive Health ii. Develop guidelines and tools for certification of WCFHS	20% increase in number of LGAs with minimum of one comprehensive EOC facility and one BOC facility per ward 10% increase in the number of health facilities offering services in all components of Reproductive Health	NHMIS Annual Reports Survey Reports	

iii. Renovate and equip facilities to provide quality Reproductive Health services iv. Train healthcare providers to offer quality Reproductive Health services			
Outputs 4: Improved Reproductive Health management and referral system ***Activities:*** i. Support production and distribution of NHMIS forms to all levels of health care delivery ii. Develop minimum base Reproductive health indicators and build capacity for reproductive Health data management	Basic Reproductive health indicators developed 10% increase in proportion of LGAs using internally generated data in development planning 30% increase in the proportion of LGAs with functional 2-way referral system	National Reproductive Health indicators document Annual Report M&E Report M&E Reports Annual Report	

NATIONAL REPRODUCTIVE HEALTH STRATEGY IMPLEMENTATION PLAN

SAFE MOTHERHOOD

Strategy 1: Advocacy and Social Mobilisation

Objective:	***To improve Political commitment and community support for safe motherhood improved***				
Activities	**Targets**	**Responsible Agency**	**Objective Verifiable Indicators**	**Means of Verification**	**Cost ('000)**
Resuscitate Community Development committees and form WCFHS at zones/states/LGA in support of safe motherhood	CDCs resuscitated, WCFHS Committees formed in zonal, 36 states and 774 LGAs	FMOH National/Zonal/State SM/WCFHS Committees	Number of zones, states, LGAs with committees	Annual Report	45,000
Advocacy meetings for Political / Policy, opinion leaders and key community persons (including the executive & legislators	All LGAs All states	Community Development Committees/WCFHS Committees/SMOH	Number of Advocacy meetings held	Report of the meeting Media Reports	5,000
Advocacy meeting with stakeholders and opinion leaders and community based organisations (CBO) to enlist and plan for male participation in safe motherhood initiatives	774 LGA	State/LGA Committee	Number of Advocacy meetings held	Report of advocacy meetings Evaluation Report	5,000
Conduct 2day sensitisation seminars on safe motherhood and other components of RH for health care staff at the LGA/States	36 + 1 State seminars 774 seminars at LGAs	National/SMOH/State Committees LGA Committee	Number of State seminars held Number of LGA seminars held	Annual report of SMOH State/LGA Committee Seminar Reports	15,000
Celebrate safe motherhood day	36 + 1 State seminars 774 seminars at LGAs,	SMOH/State Committees LGA Committee	Number of State celebrating safe motherhood day Number of LGA celebrating SM day	Annual report of SMOH State/LGA Committee	25,000

	NGOs				
Convene quarterly meetings of National, Zonal, State & LGA Committees	36 + 1 State seminars 774 seminars at LGAs	SMOH/State Committees LGA Committee	Number of quarterly meetings held at the zones, states, LGAs	Annual report of SMOH State/LGA Committee	5,000
Advocate for legislation/ review of gender related legislation, in support of minimum age of marriage of 18years, Right of women to seek care voluntarily during pregnancy and against female genital cutting	Advocacy meetings at LGAs	SMOH/State Committees LGA Committee	Number of State Advocacy meetings Number of LGA meetings Number of Laws passed and/or edicts enacted	Annual report of SMOH State/LGA Committee Advocacy meeting Report Legislative Publications Government gazettes	NIL
Training for NGO Network on Advocacy skills in support of safe motherhood and other components of RH	1 National and 6 zonal Networks	FMOH	Number of Networks trained	Workshop Report	12,000
Advocacy visit for resource allocation for SM (RH) at all levels of government		National/Zonal/State LGA safe motherhood Committees	Number of Advocacy visits conducted	Annual Reports Advocacy visit report Media report	
Arrange quarterly meetings with Donors, Partners, Stakeholders and organised Private Sector towards collaboration and integration	Nationwide	FMOH	Number of quarterly meetings held Number of participating Donors, Partners, Private Sector etc	Report of meetings Donor collaboration on funding projects	5
Strategy 2: Promotion of healthy reproductive behaviours ***Objective: To Promote health-seeking behaviour for safe motherhood***					
Develop effective IEC materials to support health care seeking behaviour for pregnant women	36 states	FMOH/SMOH/HEB LGA – PHC, NGOs	Number and types of IEC materials developed	Annual Report	5,000
Disseminate IEC materials on best home practices for safe motherhood	100% of antenatal clients in each facility/LGA	SMOH/HEB LGA - PHC	Number and types of IEC materials disseminated	M&E report Rapid assessment Report % of antenatal clients reached	185,000

Develop and utilise IEC materials and messages that are culturally sensitive to enlist community support and care in pregnancy labour and after delivery for pregnant women	80% of communities in each LGA	FMOH/SMOH/HEB LGA – PHC, NGOs	Percentage of communities reached in each LGA	M&E report Rapid assessment Report	15,000
Develop community action plans to reduce maternal and neonatal morbidity/mortality at LGA	Action plans at 774 LGAs	State/LGAs CDCs	Number of LGAs with community action plans developed	Annual Committee Reports M&E Reports Community Action Plan-	10,000
Establish elements of home/client preparedness for labour/deliveries	774 LGAs	LGA-PHC LGA-CDC	Number of LGAs with established system for home preparedness for delivery	Annual Reports	
Strategy 3: ***Equitable access to quality Services*** ***Objective 1*:** To ***Expand access to maternity care services***					
Rehabilitate/renovate existing health care units offering maternity care services	1000 healthcare units	FMOH NPHCDA	Number of healthcare facilities renovated	Annual reports M&E Report	5,000,000
Procure and install appropriate communication	1000 healthcare units selected	FMOH NPHCDA	Number of health facilities with functional communication systems	Annual Reports M&E Report	5,000
Provide health facilities with appropriate means of transportation	1000 selected health facilities	FMOH,SMOH LGA-PHC	Number of health facilities provided with means of transportation	Annual Reports Evaluation Reports	300,000
Support the establishment of community revolving fund for safe motherhood (RH)	774 LGAs	LGA-CDC	Number of LGAs/Communities with functional revolving funds	Annual Reports	10,000
Activate maternity waiting homes where applicable – difficult terrain (mountains, riverine)	Applicable LGAs in all states	LGA LGA Committees	Number of maternity waiting homes established	Annual Reports	
Development lists/diagrams and disseminate available functional	774 LGAs	LGA LGA-CDC	Number of lists/diagram of health facilities disseminated	Map of LGA facilities List of LGA facilities	

health denoting facilities in each LGA		SMOH			
Objective 2 ***To Improve Quality of maternity services***					
Distribute updated training manuals and Protocols, Standing Orders etc. For example • TBAs Training Manual • Nurses/Midwives-LSS/RH • Medical Officers – ELSS1 • RH Curricular	Public and selected Private Health Facilities	FMOH SMOH LGA	Number and type of documents distributed	Annual reports M&E reports	2,500
Provide equipment for obstetric care appropriate for level of health care in 1000 selected facilities	1000 selected facilities	FMOH, SMOH LGA NPHCDA	Number of minimum package of equipment supplied Number of facilities equipped	Annual reports M&E reports	2,000,000
TOT in interpersonal communication and counselling in obstetric care for nurses/midwives	10 midwifes per state	FMOH	Number of nurses/midwife trained	Training reports	8,000
Training of nurses & midwifes in interpersonal communication and counselling	2 Nurses per facility (1000 selected facilities)	FMOH SMOH NGOs	Number of nurses/midwife trained	Training reports M&E reports	10,000
TOT in LSS for state trainers in 20 states	5 Trainers per Training Centre	FMOH	Number of nurses/midwife Trainers trained	Training reports	50,000
TOT in RH for state trainers for 25 states	3 trainers per State/Training Centre	FMOH-RH	Number of nurses/midwife Trainers trained	Training reports	40,000
Establish LSS/ELSST 1 (RH) training centres per state in 25 states	25 states	FMOH-RH	Number of Training Centres established	Annual Reports	35,000
Training of Nurses/midwifes in LSS 2 in each of 1000 selected facilities	1000 selected facilities	States, NGO LGAs	Number of nurses/midwife trained in LSS	Training reports	40,000

Training of Medical Officers in ELSS 1 One in each 1000 selected facilities	1000 selected facilities	States	Number of Medical Officers trained in ELSS1	Training reports	20,000
TOT on COPE and Quality of Care for nurses/midwifes (5 per state)	36 states and FCT	FMOH-RH	Number of nurses/midwife Trainers trained	Training reports	5,000
Training of 2 Nurses/Midwifes in COPE and QOC in each 1000 selected facilities	1000 selected facilities	SMOH	Number of nurses/midwife trained in COPE and QOC	Training reports	5,000
Training of TBAs in conduct of safe deliveries and early detection and referral of complications	All LGAs	NPHCDA, FMOH, SMOH LGAs & NGOs	Number of TBAs trained	Training Reports Annual Reports	100,000,000
Undertake preventive maintenance of all equipment	1000 selected facilities	SMOH, NPHCDA Of LGA	Percentage of non-functional equipment	M&E Reports Annual Reports	50,000
Develop and disseminate minimum management standards for obstetric Care at level of care.	All levels of HealthCare delivery	FMOH	Minimum package of obstetric care developed Number of facilities applying the minimum package.	M&E Reports Minimum package document	500,000
Strategy 4: ***Capacity building*** ***Objective: To Strengthen Capacity for Supervision, Monitoring and Evaluation of Obstetric Care Services***					
Conduct Training on Supervisory, monitoring skills for staff SMOH, LGA and 1000 selected facilities	SMOHs LGAs 1000 selected facilities	FMOH, SMOH LGA	Number of personnel trained	Training Reports Annual Report	10,000
Develop Supervisory tools for monitoring and evaluation for RH services		FMOH NPHCDA	Supervisory tools and M&E checklist developed	M&E Reports Annual Report of FMOH	5,000
Conduct quarterly supervisory M&E visits		FMOH, SMOH LGA - PHC	Percentage of health units quarterly supervised	M&E Reports	5,000

Strategy 5: Research Promotion ***Objective: To promote Operational Research in Obstetric Services***					
Conduct socio-anthropological research on barriers to maternity care		FMOH, SMOH LGA – CDC	Number of research conducted	M&E Reports CDC & Research Report	20,000
Conduct audit on maternal and neonatal mortality for a period of 1year	3 LGAs	FMOH, SMOH LG	Percentage of maternal/neonatal deaths audited	M&E Reports CDC Reports	37,000
Conduct operational research on male support and participation in obstetric care for one year .	3 LGAs per state	FMOH, SMOH LG	Number of operational research conducted	M&E Reports Annual Reports	15,000
Conduct a community-based Nation-wide survey on maternal mortality	All	FMOH-RH Consultant	Accurate MMR	Research Report Annual Reports	50,000

ADOLESCENT REPRODUCTIVE HEALTH

Strategy 1: Advocacy and Social Mobilisation

Objective: ***To improve Political Commitment and Community Support for Adolescent reproductive health***					
Activities	**Targets**	**Responsible Agency**	**Objective Verifiable Indicators**	**Means of Verification**	**Cost ('000)**
Con duct Advocacy meetings to promote awareness of Adolescent Reproductive Health Issues for Policy Makers, traditional and religious leaders, parents, teachers, mass media.	Federal State LGA	SMOH FMOH LGA NGO	Number of advocacy meetings List of participants Number and categories of people reached	Advocacy Report Annual Report	
Strategy 2: ***Promotion of Healthy Reproductive Behaviours*** ***Objective: To Promote health seeking behaviour for Adolescent Reproductive Health***					
Conduct formative research, socio-cultural studies on the needs of adolescents	Selected LGAs in the six zones	FMOH, SMOH LGA	Number of researches conducted	Research Report	50,000
Develop and distribute appropriate IEC materials on ARH based on research results	Nationwide	FMOH, SMOH LGA, NGOs	Number of IEC materials developed and distributed	IEC materials Annual Reports	50,000
Organise Parent Support Groups for ARH in the community	All LGAs	FMOH, SMOH LGA, NGOs	Number location of Parent Support Groups established	Annual Report Group Reports	10,000
Sensitise Media Practitioners on ARH issues	Nationwide	NGOs SMOH, SMOE	Number of Media practitioners sensitised.	Activity Reports Annual Report	5,000
Strategy 3: Equitable access to quality Health Services ***Objective: To expand access to Adolescent Reproductive health Services***					
Conduct Needs assessment of specialist and tertiary health facilities and health centres for	All Teaching Hospitals Federal Medical centres Health Centres of Tertiary	FMOH SMOH	Number of facilities assessed	Assessment Report Annual Report	20,000

tertiary institutions to provide referral services for ARH	institutions				
Establish linkage between school and appropriately placed youth friendly service facility	Federal State LGA	SMOH, SMOE LGA, NGOs	Number of youth friendly service serving selected schools	Referrals cards Annual Reports M&E Reports	1,000
Establish Youth friendly services in each LGA	774 LGA	FMOH, SMOH LGA	Number of LGAs with youth friendly services established	Annual Report M&E Report	155,000
Strategy 4: ***Capacity Building*** ***Objective: To Strengthen Capacity for provision of Adolescent Health Services***					
Train 2 teachers per school in Federal and state secondary schools on adolescent health and development	Federal States	FMOH, SMOH SMOE NGOs	Number of teachers trained Number of trainings conducted	Training Report Annual Report	50,000
Train 20 students per school in Federal and State secondary schools as peer health educators	Federal States	SMOE, FMOH SMOH, NGOs	Number of students trained Number of trainings held	Training Report Annual Report	20,000
Train Service providers in each Youth-friendly facility on skills for counselling and clinical services for adolescents including Post-Partum And Post-abortal Care. (2 per facility)	Youth-friendly facilities in 774 LGAs	FMOH SMOH LGA	Number of Service Providers trained Number of trainings conducted	Training Report Annual Report	
Train service providers in selected 1000 facilities and all specialist and tertiary facilities on Youth-friendly services. (2 per facility)	Selected 1000 facilities	FMOH-RH SMOH LGA	Number of Service Providers trained Number of trainings conducted	Training Report Annual Report	55,000

Strategy 5: Research Promotion ***Objective: To Support Research, Monitoring and Evaluation of Adolescent Reproductive Health Services***					
Conduct operations and socio-cultural research on ARH	National	FMOH, SMOH NGO	Number of research conducted	Research Report FMOH Report	15,000
Disseminate research findings through seminars/conferences	National	FMOH, SMOH NGO	Number of seminars to disseminate research findings	Research Report FMOH Report	2,500
Conduct regular monitoring exercise of ARH activities including sexual and reproductive rights	National	FMOH-RH SMOH LGA-PHC	Number of monitoring visits conducted	M&E Report	10,000

FAMILY PLANNING

Strategy 1: ***Advocacy and Social Mobilisation*** **Objective:** ***To Improve political Commitment and Community Support to Family Planning Information and Services***					
Activities	**Targets**	**Responsible Agency**	**Objective Verifiable Indicators**	**Means of Verification**	**Cost ('000)**
Conduct advocacy and mobilise Political, Opinion, religious on Family Planning issues and problems confronting FP services	Federal State LGA	FMOH SMOH LGA NGOs	Number of advocacy meetings held Number of groups of leaders sensitised	Annual Report Meeting Report Media report	5,000
Conduct seminars for Service Providers and other health workers at all levels of care on emerging issues in FP services	States LGA	FMOH SMOH, LGA NGOs, SMCs	Number of seminars held Number and cadre of participants	Seminar Report Annual Report	15,000
Sensitise Media Practitioners on Family Planning issues and enlist their support.	Print and electronic media practitioners	FMOH, SMOH NGOs 2SMCs	Number of meetings held Number and type of media practitioners reached	Annual Report Meeting Report Media Report	5,000
Sensitise and mobilise men groups to use and support use of Family Planning services	States LGA	FMOH, SMOH LGA, NGO	Number of Men groups mobilised. Number of men using Family Planning methods	Annual Report Health facility records	5,000
Strategy 2: Promotion of Healthy Reproductive behaviour *Objective: To promote health seeking behaviour for family planning*					
Review/Develop IEC materials/ messages in support of FP Services especially concerning Adolescents and men	Nationwide	FMOH-RH, SMOH LGAs NGOs	Number and types of IEC materials developed and distributed	Annual Report IEC materials	20,000

Develop IEC materials to promote the use of condoms for dual protection	Nationwide	FMOH, SMOH LGAs, NGOs	Number and types of IEC materials on dual protection	IEC materials Annual Report	5,000
Strategy 3: Equitable access to quality health services ***Objective 1: To Expand Access to Family Planning Services***					
Renovate 1000 selected facilities with adequate privacy to provide Family Planning services (including services for Youths and men)	1000 selected facilities	FMOH NPHCDA SMOH LGA	Number of facilities renovated	FMOH report	
Create/Support Family Planning Service delivery points at community level	All LGAs	FMOH, SMOH, LGAs CDCs, NGOs	Number of community based SDPs established	Annual Report	5
Objective 2:					
Review and Update Standard of practice for Family Planning (SOP)	Nationwide	FMOH	Revised SOP	Standard of Practice Annual Report	5,000
Print 100,000 and Distribute revised SOP to all SDPs, Institution, Agencies etc	Nationwide	FMOH-RH	Revised SOP etc	Use of revised SOP etc	100
Procure and distribute regularly all types of commodities to all SDP necessary	Nationwide	FMOH, SMOH NPHCDA LGAs, NGOs	Number and types of commodities procured. Number and types of commodities distributed	M&E Report Annual Report	
Strategy 4: ***capacity Building*** *Objective: To strengthen Capacity for provision of Family Planning Services*					
Update counselling and clinical skills of Family Planning providers to include Post-Partum (IUCD), Post abortal Care and ECPs	1000 selected facilities	FMOH, SMOH, LGA	Number of Training coordinated	Training Report M&E Report Annual Report	5

1 personnel per facility					
Organise a 1-week refresher course for State Master Trainers on RH	All States	FMOH, SMOH	Number of State RH Master Trainers trained	Training Report Annual report	5
Conduct 3 weeks course for Master Trainers (6 per state)	All States	FMOH, SMOH	Number of Master Trainers trained	Training Report Annual report, M&E Report	25
Organise 2-week update course on RH for Tutors of schools of Nursing, Midwifery, health Technology.	All schools of Nursing Nursing, midwifery and Health technology	FMOH SMOH	Number of tutors trained	Training Reports M&E Report	7
Conduct 2 weeks TOT on Surgical Contraception (Tubal Ligation, Vasectomy, Implants) for state trainers – 4 trainers/state	All States	FMOH, SMOH	Number of Master Trainer Trained	Training Reports M&E Report	10
Conduct 3-day Infection Prevention Seminars (for 50 persons per state	All States	FMOH SMOH	Number of Infection Prevention Seminars conducted Number of Personnel trained	Training Report M&E Report	20
Conduct 6-week training for Family Planning Service Providers for male providers (to increase number of male CSPs)	All States (10 per state)	FMOH SMOH LGA	Number of Trained Male Service Providers	Training Report M&E Report	35
Purchase and supply equipment for Family Planning to 1000 facilities (based on needs assessment report)	1000 selected facilities	FMOH NPHCDA, SMOH LGA	Number and types of Family Planning equipment	M&E Report Annual Report	150
Strategy 5: ***Research Promotion*** ***Objective*****:** ***To Strengthen research for Family Planning***					
Conduct rapid assessment of utilisation of IEC materials for Family Planning Services	Selected LGAs in each zone	FMOH	Number of research's conducted	Research Report Annual Report	15,000
Conduct operational research on factors affecting use of Family Planning services	Selected LGAs in 6 zones	FMOH, SMOH	Number and type of Research	Research Report	5

		LGA	Conducted	Annual Report	
Analyse factors affecting performance of CBD agents	Selected LGAs in 6 zones	FMOH, SMOH LGA	Number and types of Research Conducted	Research Report Annual Report	5
Undertake analysis of referrals by CHEWS, TBAs, CBDs	Selected LGAs in 6 zones	FMOH, SMOH LGA	Number and types of Research Conducted	Research Report Annual Report	5
Conduct operational research on the integration of management of STIs, HIV/AIDS into Family Planning Services	Selected LGAs in 6 zones	FMOHSMOH LGA	Number and types Research Conducted	Research Report Annual Report	5

SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS

Strategy: ***Advocacy and Social mobilisation***

Objective 1: To *improve political commitment and* ***Community Support for Control of STI-HIV/AIDS***					
Activities	**Targets**	**Responsible Agency**	**Objective Verifiable Indicators**	**Means of Verification**	**Cost**
Conduct Advocacy visits to National, State and LG Legislators for laws against sexual harassment	Nationwide	NACA, SACA, FMOH NAT. SMC, MOWAYD States/LGA SMC	No. of Advocacy visits	Report of Advocacy Meeting Legislature	By HEAP
Sensitise and advocate support of media practitioners for STI, HIV/AIDS control programmes	All States	FMOH , FMOI NACA SACA, LACA	Number of media practitioners sensitised	Media Report Report Advocacy	HEAP
Sensitise out-of-school youths on the problems of STI, HIV/AIDS	All States All LGAs	SMOH LGA, NGOs	Category and number of out- of-school youths sensitised	Sensitisation reports Research Reports	HEAP
Disseminate manuals on work place HIV/AIDS ethical and human rights issues	Organised Private Sector	FMOH, SMOH, NACA, SACA, LGA, NGOs,LACA	Number of work place supplied with manuals	M&E Report Activity report	HEAP
Conduct HIV/AIDS/STI sensitisation for migrant workers, at motor parks, seaports and border posts, Barracks	Nationwide	SMOH, NACA,SACA LGA, NGOs, LACA	Number and groups of migrant workers sensitised	M&E Report Activity report	HEAP
Conduct seminars for maternity care staff to incorporate HIV/AIDS education into antenatal talks	Nationwide	SMOH, FMOH LGA- SMC, NGOs	Number of seminars conducted	List of ANC education topics Seminar report Annual Report	HEAP
Routine sensitisation and mobili sa - tion of CSW on safer sex practices	Nationwide	SMOH, LGA-PHC, NACA, SACA, LACA SMC, NGOs	Number of seminars conducted	Annual Report Seminar Report	HEAP
Conductt sensitisation Seminar on STIs, HIV/AIDs for women in polygamous homes	States LGAs	SMOH, LGA-PHC SMC, NGOs	Number of seminars conducted	Annual Report Seminar Report	HEAP

Strategy 2: ***Promotion of Healthy Reproductive behaviours***					
Objective 2**: To** ***Promote health seeking behaviour towards control of STIs, HIV/AIDS***					
Establish community mobilisation teams	All LGAs	SMOH SACA, LACA, NGOs	Number of community mobilisation Teams established Annual Reports	Activities of community mobilisation teams	HEAP
Disseminate public awareness messages on blood and injection safety	All LGAs	SMOH SACA, LACA, NGOs	Number and types of messages disseminated	Messages	HEAP
Disseminate revised policy and law on blood safety to all blood banks	All LGAs	FMOH, SMOH, LGA SACA, LACA, NGOs	Blood safety policy and law in Blood Banks	Use of policy by blood banks M&E Reports	HEAP
Strategy 3: ***Equitable access to quality services***					
Objective 1**:** ***To expand access to STI, HIV/AIDs Control services***					
Establish and equip VCCT for centres one in each Senatorial District	108 Health Facilities	FMOH, SMOH Health facility Boards	Number of VCCT centres established	Training Report M & E Report	HEAP
Produce and disseminate guidelines on home based Care for providers	1000 selected Facilities	NACA/FMOH, SMOH SACA, LACA	Number of guidelines distributed	Annual Report M&E Reports	HEAP
Strategy 3: ***Equitable access to quality services*** ***Objective 2: To improve the quality of STI, HIV/AIDS Control services***					
Procure and supply Drugs used in Syndromic management to health facilities	1000 selected Health Facilities	FMOH NPHCDA	Quantity and types of drugs supplied	M&E Report Annual Report	HEAP
Procure and distribute ARVs for VCCT	108 Health Facilities	FMOH,NACA, NPHCDA	Quantity and type of ARVs procured and distributed	Annual Report M&E Report	HEAP

Procure and distribute testing kits for HIV	108 Health Facilities	FMOH, NACA, NPHCDA	Quantity of kits distributed	M&E Report Annual Report	HEAP
Strategy 4: ***Capacity Building***					
Objective: ***To strengthen capacity for the control of STI, HIV/AIDS***					
Train community volunteer mobilisers	All LGAs	SMOH SACA, LACA, NGOs	Number of volunteers trained Number of training conducted	Training Report	HEAP
Support establishment of and funding of community Action groups	All LGAs	SMOH SACA, LACA, NGOs	Number of community action groups formed	Training Report Community Action groups	HEAP
Train alternate health practitioners as mobilisers	All LGAs	SMOH SACA, LACAM NGOs	Number of mobilisers trained Number of training conducted	Training Report Annual Reports	HEAP
Conduct training for Blood Bank staff on Blood transfusion and HIV transmission	All LGAs	FMOH SMOH SACA, NGOS	Number of category of participants at workshops Number of workshops held	Training Report, KAP Surveys for Blood Bank staff Annual Report	HEAP
Train Lab. Technicians in blood donor counselling	All LGAs	SMOH, NGOs	Number and category of participants at workshops Number of workshops held	Training Report,KAP Surveys for Blood Bank staff Annual Report	HEAP
Train RH service providers on Syndromic management of STIs, HIV/AIDS (one in each of 1000 facilities	1000 selected Health Facilities	FMOH, SMOH NGOs, Consultants	Number of service providers trained on Syndromic management Number of workshops held	Training Report M& R Report Annual reports	HEAP
Train health care providers in patients counselling and home based care	1000 selected facilities	NACA/FMOH, SMOH SACA, LACA	Number and cadre of health care providers trained Number of Training conducted	Training Reports Annual Reports	HEAP
Train community based health care providers in home based care approaches	1000 selected facilities	NACA/FMOH, SMOH SACA, LACA	Number and cadre of community based providers trained Number of training conducted	Training Reports \Annual Reports	HEAP

HARMFUL PRACTICES

Strategy 1: Advocacy and Social Mobilisation

Objective: To improve Political Commitment and Community Support to eliminate Harmful Practices					
Activities	**Targets**	**Responsible Agency**	**Objective Verifiable Indicators**	**Means of Verification**	**Cost ('000)**
Conduct Advocacy/seminar with Traditional rulers, opinion and religious leaders and influential persons on harmful Practices	All LGAs	NSMC, SMOH, FMOH ZSMC, SSMC LGA-SMC NGOs	Number of Advocacy meetings and numbers of participants and their groupings	Report of Advocacy meetings Press Reports	5,000
Hold 2 Advocacy/seminar with Policy Makers, Parliamentarians and LGA Councils, Media practitioners on Harmful Practices and enlist support for legislation organised on harmful Practices.	All LGAs	NSMC, SMOH-RH ZSMC, SSMC LGA-SMC NGOs	Number of Bills and Laws passed against Harmful Practices	Report of Advocacy meetings Press Reports Legislations against Harmful Practices	5,000
Conduct advocacy seminar for TBAs, Circumcisers and traditional practitioners support to campaign against Harmful Practices	All LGAs	NSMC, SMOH-RH ZSMC, SSMC LGA-SMC NGOs	Number and groups of participants	Seminar Report Annual Report	10,000
Sensitise community members through established social structures – CBOs, Market Women Association, Churches, mosques on dangers of Harmful Practices and enlist support for elimination.	All LGAs	NSMC, SMOH, FMOH ZSMC, SSMC LGA-SMC NGOs	Number of seminars held Number and groups reached	Annual Reports Activity Reports	10,000

Hold Advocacy meeting with Legislation monitoring agencies – Police, Lawyers, Magistrates and Judges	States LGAs	ZSMC, SSMC LGA-SMC NGOs	Number of groups with whom Advocacy meetings were held	Advocacy Reports Annual Reports Media Reports	5,000
Strategy 2: ***Promotion of Healthy reproductive Behaviours*** ***Objective: To promote healthy seeking behaviour towards eliminating harmful practices***					
Develop and distribute IEC materials on harmful Practices	Federal, States LGAs	FMOH, SMOH LGA	Number of IEC materials procured And distributed	IEC materials Annual Reports	100,000
Strategy 3***: Capacity Building*** ***Objective: To build capacity for alternate employment opportunities for circumcisers***					
Train circumcisers on alternative vocations		SMOH, FMOH LGAs, NGOs	Number of circumcisers trained. Number of training conducted	Training report M&E Report	50,000
Strategy 4: ***Research Promotion*** ***Objective: To determine the prevalence of Harmful Practices***					
Conduct a survey on harmful practices	Selected LGAs	SMOH, FMOH, LGA NPHDCA, NGOs	Nationwide survey conducted	Report of needs assessment	5,000

INFERTILITY AND SEXUAL DYSFUNCTION

Strategy 1**: Advocacy and Social Mobilization**					
Objective: To improve Political Commitment and Community support to Management of Infertility					
Activities	**Targets**	**Responsible Agency**	**Objective Verifiable Indicators**	**Means of Verification**	**Cost ('000)**
Conduct advocacy meeting with Political, Policy and Opinion leasers on problem of infertility	National State LGAs	FMOH SMOH WFHSC	Number of advocacy meeting held	Annual Report	NIL
Sensitise and mobilise community members and CBOs in support of care for infertile couples	States LGAs	FMOH SMOH WCFHSC	Number of seminars held	Annual Report	NIL
Advocate for legislation or review of legislation in support of adoption.	National State	FMOH SMOH WCFHSC	Number of legislation on adoption reviewed or passed	Annual Reports Government Gazettees	NIL

Strategy 2*: Promotion of healthy reproductive behaviours*					
Objective: To promote healthy behaviour in support of management of Infertility					
Develop effective IEC materials on infertility	National	FMOH	Number and type of IEC materials produced	Annual report M&E Report	5,000
Disseminate IEC materials	National	FMOH	Number and type of IEC materials disseminated	Annual Report M&E Report	1,000
Strategy 3: Equitable access to quality services **Objective 1: To expand access to Infertility management services**					
Rehabilitate existing health care facilities to offer services for infertility especially counselling	1000 selected Facilities	FMOH NPHCDA	Number of healthcare facilities reviewed	\annula Report M&E Report	Nil

Strategy 3: Equitable access to quality services **Objective 2: To improve quality of Infertility Management**					
Provide equipment for infertility care appropriate for level of healthcare in 1000 selected facilities	1000 selected facilities	FMOH NPHCDA	Number of minimum package of equipment supplied Number of facilities equipped	Annual Report M&E Reports	950,000
Provide equipment and supplies for Assisted Reproductive Technology services for Infertility in selected centres one per zone and FCT	7 selected facilities	FMOH SMOH	Number of centres offering Assisted Reproduction Technology services established Distribution of established centres	Annual Reports M&E Reports	1,500,000

Strategy 4: ***Capacity building***					
Objective: ***To strengthen capacity for Infertility Management***					
Train 1000 nurse/midwives in Infertility (RH) services	1000 selected facilities	FMOH SMOH	Number of nurse/midwives trained Number of training conducted	Training Report Annual Report	NIL
Train 1000 medical officers in management of Infertility	1000 selected facilities	FMOH SMOH	Number of medical officers trained Number of training conducted	Annual Reports	NIL
Train two nurses from each of 7 specialised centres in advanced management of Infertility	7 selected facility	FMOH	Number of nurses trained	Annual Report	14,000
Train 2 physicians from each of 7 specialised centres in Assisted conception cervices	14 physician from seven selected centres	FMOH	Number of physicians trained in assisted conception technologies	Annual Report M&E Report	30,500

Strategy 5: Research Promotion **Objective: To promote research in Infertility Management Services**					
Conduct a community based, nationwide research on the magnitude of Infertility	Nationwide	FMOH	Number of research conducted Prevalence of Infertility	Research Report Annual Report	7,500
Support research in the seven centres for Assisted Conception services	7 specified centres	FMOH	Number and types of research supported	Research Report Annual Reports.	1,500,000

TUMOURS OF REPRODUCTIVE ORGANS

(Breast, Cervix and Prostate)

Strategy 1: ***Advocacy and Social Mobilisation***

Objective: To improve Political Commitment and Community Support for management of tumours of reproductive organs

Activities	Target	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
Undertake advocacy/ sensitation seminarftor policy and political leaders organised private sector to support care for women with tumours of the uterus, cervix	National	FMOH SMOH NCFHSC	Number of advoczcy seminars held	Seminar report Annual Report	NIL
Conduct sensitisation seminar to raise awareness of CBO, Women and men organisations, religious groups on common tumours of reproductive organs	National	FMOH SMOH LGA	Number and spread of seminars conducted	Annual Reports Seminar reports	10.000

Strategy 2*: Promotion of healthy reproductive behaviours* ***Objective: To promote health-seeking behaviour to reduce incidence of reproductive organs***					
Develop IEC materials to support healthy care of reproductive organs	National	FMOH	Number and type of IEC materials developed	Annual report M&E Report	10,000
Distribute IEC materials to all SDPs	National	FMOH	Number of and type of IEC materials disseminated	Annual Report M&E Report	NIL
Develop IEC materials on tumours of the reproductive organs	National	FMOH	Number and type of IEC materials developed	Annual report M&E Report	7,000
Develop IEC materials on self breast examination	National	FMOH	Number and type of IEC materials developed.	Annual Report M&E Report	
Develop IEC materials on self prostate examination	National	FMOH	Number and type of IEC materials developed.	Seminar report Annual Report	
Sensitise health workers in 1000 selected facilities on tumours of reproductive organs (RH Curriculum) – prostate, cervix and breasts	National	FMOH	Number of sensitisation seminar organised	Seminar report Annual Report	NIL
Distribute developed IEC materials to all SDPs	National	FMOH	Number and types of IEC materials developed	Annual report M&E Report	7,000
Promote Safe sex behaviour and use of condoms for protection against STIs	1000 selected health facilities	FMOH SMOH LGAs NGOs	Increase in use of condoms against STIs	Annual reports MHMIS report	NIL
Integrate counselling on self breast or prostate examination in RH services	1000 selected health facilities	FMOH SMOH LGAS NGOs	Health talks on FP, Maternity services including post natal care	Annual Reports	"

Promote regular cervical cytology screening and prostate specific antigen measurement (PSA) by clients in RH services	1000 selected health faciliies	FMOH SMOH LGAS NGO	Number of cervical cytology and/or PSA reequested	Annual Reports Clinical ReportNIL	"

Strategy 3: Equitable access to quality services **Objective 1: To expand access to health services for tumours of reproductive organs**					
Renovate existing facilities to offer health care services for tumours of reproductive organs	1000 selected Facilities	FMOH NPHCDA	Number of healthcare facilities renovated	Annual Report M&E Report	Nil
Strategy 3: Equitable access to quality services **Objective 2: To improve quality of healthcare for tumours of reproductive organs**					
Procure and supply equipments appropriate for level of care of each of 1000 facilities	1000 selected facilities	FMOH NPHCDA	Number and type of equipment supplied	Annual Report M&E Reports	NIL
Provide/ rehabilitate equipments and supplies to existing cancer treatment centres and at least one per zone	Cancer treatment centres and selected facilities 1 per zone and FCT	FMOH	Number of facilities equipped	Annual Reports M&E Reports	2,000,000

Strategy 4: ***Capacity building***					
Objective: ***To strengthen capacity management of tumours of reproductive organs***					
Train 1000 nurse/midwives in management of tumour of reproductive organs (RH) services [including ordinary	1000 selected facilities	FMOH SMOH	Number of nurse/midwives trained Number of training conducted	Training Report Annual Report	NIL

inspection of the cervix and cytology services)					
Train 1000 medical officers in management of tumour of reproductive organs (RH Curriculum)	1000 selected facilities	FMOH SMOH	Number of medical officers trained Number of training conducted	Annual Reports	NIL
Train two nurses from each of 7 specialised centres in specialised management of cancers of reproductive organs.	7 selected facility	FMOH	Number of nurses trained	Annual Report	14,000
Train 2 physicians from each of 7 specialised centres in management of tumours of reproductive organs.	14 physician from seven selected centres	FMOH	Number of physicians trained in assisted conception technologies	Annual Report M&E Report	30,500

Strategy 5: Research Promotion quality services

Objective: To improve research Management of Tumours of Reproductive Organs

Conduct a community based, nation-wide research on the Epidemiology of cervix, prostate, breast.	Nationwide	FMOH	Number of research conducted	Research report Annual Report	7,500
Support research on cancer management in the seven centres.	Seven specialised centres	FMOH	Number and types of research supported	Research Report Annual reports	35,000

MENOPAUSE AND ANDROPAUSE

Strategy 1: Advocacy and Social Mobilisation

Objective: To improve Political Commitment and Community Support for the cause of the aged

Activities	Target	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
Advocate for the establishment of health insurance plan for the elderly	National	FMOH	Number of advocacy visits conducted	Annual Report	-
Sensitise media practitioners and community members on problems of menopause and andropause	National	FMOH	Number and category of media practice and community groups sensitised	Media Report Annual reports	-

Strategy 2: Promotion of Healthy Reproductive behaviours

Objective: To promote health seeking behaviour of the elderly at menopause/andropause

Activities	Target	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
Develop IEC materials on menopause and andropause	National	FMOH	Number and type of IEC materials produced	Annual Report M&E Report	5,000
Distribute IEC materials on menopause and andropause to all SDPs	National	FMOH	Number and type of IEC materials distributed	Annual Reports M&E reports	1000
Disseminate public awareness messages on menopause and andropause	National	FMOH	Number and types of messages disseminated	Annual reports Media Reports	15,000

Strategy3: Equitable access to quality services ***Objective: To improve healthcare services for menopause and andropausal concerns***					
Activities	**Target**	**Responsible Agency**	**Objective Verifiable Indicators**	**Means of Verification**	**Cost ('000)**
Produce and disseminate information on home care and coping strategies for common problems of menopause and andropause	All SPDs	FMOH	Number of information booklet produced and distributed	Annual Report	15,000
Include drugs use for treating symptoms of menopause in essential drug list.		FMOH	Number of drugs included in essential drug list	Annual Report	NIL
Strategy 4: Capacity Building ***Objective: To enhance capacity for management of menopausal/andropausal problems***					
Activities	**Target**	**Responsible Agency**	**Objective Verifiable Indicators**	**Means of Verification**	**Cost ('000)**
Train 2 nurses from each of 1000 selected facility on counselling and management for menopausal/andropausal problems (ref. Curriculum)	1000 selected facilities	FMOH	Number of nurses/midwives trained	Annual Report Training Report	NIL
Strategy 5: Research Promotion Objective: To conduct operations research on menopause/andropause					
Support operations research on care of menopause and andropause	7 selected zonal facilities	FMOH	Number of research supported	Research Report Annual Report	15,000

ANNEXTURE 1

SUMMARY COST ESTIMATES
(in millions Naira)

	SAFE MOTHER -HOOD	FAMILY PLANNI NG	ARH	STI, HIV/AIDS	HP	INFERTI LITY	TUMOR OF REPRODUC- IVE ORGANS	MENOPAUSAL ANDROPAUSE	TOTAL
Advocacy	117	30	5	HEAP	35	-	10	-	197
Health Promotion	215	25	115	HEAP	100	6	24	21	506
Equitable Access to quality services	8,180	6,610	176	HEAP	-	2,450	2,000	15	19,431
Capacity Building	20	257	125	HEAP	50	44.5	44.5	-	541
Research	122	35	27.5	HEAP	5	7.5	42.5	15	254.5
Total	**8,654**	**6,957**	**448.5**	**-**	**190**	**2,508**	**2,121**	**51**	**20,929.5**

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