

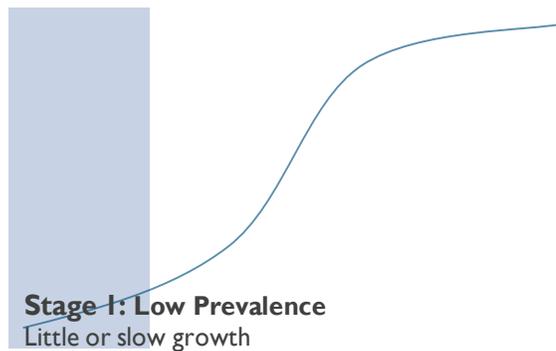
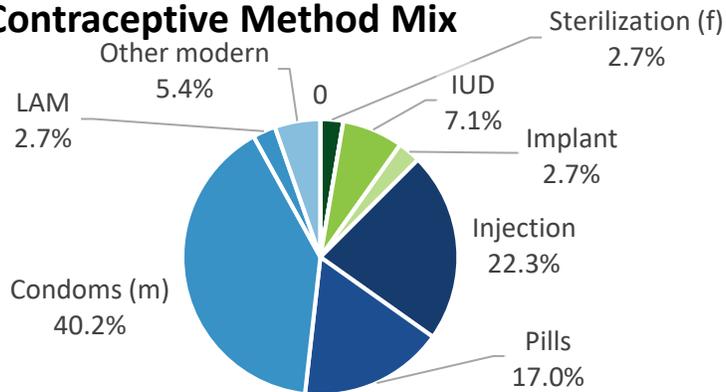


# Nigeria Actions for Acceleration



## Country Snapshot

### Modern Contraceptive Method Mix



mCPR (AW vs. MW) (year)	15% vs.13%
FP2020 mCPR/CPR goal	27% AW
Unmet need (MW)	26%
Demand satisfied (MW)	34%
*Track 20	

## FP2020 Commitment

Commitment objective	The Government of Nigeria in collaboration with its partners and private sector pledges to achieve a modern Contraceptive Prevalence Rate (mCPR) of 27Percentage among all women by 2020.
Policy commitment	<p><b>2017:</b> Collaborating with states, donors, and other stakeholders on a health insurance scheme to make household FP expenditures reimbursable.</p> <p>FMoH will invest in working with local and international Non-Governmental Organizations, Civil Society Organisations, Faith Based Organisations, Traditional and Religious leaders as well as other Government line ministries and parastatals to address socio-cultural barriers and limitations to FP services in communities through the following policies</p> <p><b>2012:</b> Nigeria will take action to improve equity and access to family planning for women with lowest socio-economic status which includes promoting policy formulation and actions that support maternal and child health at all levels, and partnering with the private sector, civil society, traditional and religious institutions and development partners.</p>
Financial commitment	<p><b>2017:</b> Increasing annual allocation for contraceptives to \$4M from 2018</p> <p>Ensuring total disbursement of \$56M to the states through its Global Financing Facility and IDA loans.</p> <p><b>2012:</b> Nigeria commits to provide an additional US \$8.35 million annually (current US \$3 million) over the next four years (2016) for the procurement of reproductive health commodities. This is an increase of \$33.4 million over the next four years, or 300Percentage.</p> <p>Nigeria will work with the state and local governments to secure complementary budgets for family planning and reproductive health service delivery. Nigeria also plans to realize the health financing goals laid out under the National Strategic Health Development Plan, the institutionalization of the support for primary health services provided by the SURE Program, and meet or exceed the Abuja Declaration health financing commitments.</p>

<p>Programmatic commitment</p>	<p><b>2017:</b>  Expanding implementation of its task-shifting policy to include patent medicine vendors and community resource persons to improve access to Family Planning (FP) services in difficult-to-reach areas and among disadvantaged populations.</p> <p>Using its Minimal Initial Service Package for SRH, especially for its national preparedness and response where humanitarian crises occur.</p> <p>Removing regulatory barriers and taking to scale access to new contraceptive methods such as sub-cutaneous DMPA injections.</p> <p>Transforming its last-mile distribution of health/FP commodities, using a push-model system, and collaborating with the private sector for optimal transportation, haulage and tracking of commodities using its electronic logistics management solution.</p> <p>Investing in a robust accountability system that tracks and reports annually real-time, domestic resource Family Planning expenditures at national and state levels.</p> <p>Increasing the number of health facilities providing FP services in each of its states and federal territory to 20,000.</p> <p>Leveraging on 10,000-functional primary health care facilities to foster positive attitudes about planning families.</p> <p>Partnering with all stakeholders and gatekeepers to reduce sociocultural barriers to use of FP services through multiple demand generation platforms.</p> <p>Collaborating with line ministries to ensure the provision of age appropriate SRH information to youth through the Family Life Health Education Curriculum and youth-friendly services in health facilities and other outlets.</p> <p><b>2012:</b>  Nigeria commits to train at least 3,700 community health workers (CHWs) to deliver the range of contraceptives, particularly long-acting and reversible methods (LARMs) and support task shifting so CHWs in rural areas can provide multiple methods.</p> <p>Nigeria plans to focus on education, especially education of girls, and build on the impact of market interventions. The Nigerian Government will improve the supply of contraceptives in the country through stimulating the private sector; lowering the price of contraceptives through removal of import duties and other</p>
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	<p>regulatory barriers; and strengthening the in-country logistics system that ensures commodity availability at the facility level. On the demand side, Nigeria will increase awareness and demand for FP services.</p> <p>Finally, Nigeria will use demand generation and social marketing approaches to mitigate socio-cultural barriers such as preference for large families, religious restrictions, and women's lack of decision-making power.</p>
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### **CIP/RH Strategy Priorities**

1. Scaling up demand generation interventions to promote FP as a social norm
  2. Expanding access through Task shifting policy and Community Based Distribution of FP
  3. Increasing access to quality FP Services through capacity building of Health Care workers
  4. Improving distribution to the last mile to ensure reduction of stock outs
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### **Nigeria's Priorities**

*Priorities: please outline 4-6 clear priorities for the next 18 months. These priorities should be in-line with existing agreed focus areas, whether those be in a Costed Implementation Plan (CIP), an RH Strategy, a Health, and Development Strategy, or the like.*

1. FP Commodity and Service expansion - DMPA SC, Post-Pregnancy FP (PPFP) and Progesterone Vaginal Ring
2. Financing for FP including Innovative Approaches and Resource Tracking through Basket Funds expansion to include states, BHCPF, and Health Insurance
3. Informed PUSH Integrated Supply Chain management and use of appropriate innovation and technologies (including Microsoft NAVISION software) for strengthening Logistics Management Information System (LMIS) and end to end visibility of commodity data
4. Revising the FP Blue Print to include emerging issues and supporting drafting states CIPs (Embedding rights based approach in the national and states CIP blue prints, including FP in Humanitarian situations)
5. Review of enabling policies for improved Adolescent and Youth FP information and services

## Focal Point, Secretariat, and Partners Actions

**Priority #1: FP Commodity and Service expansion - DMPA SC, Post-Pregnancy Family Planning (PPFP) and Progesterone Vaginal Ring:** To expand FP services in the 36 states + FCT through integration of PPFP/Post Pregnancy FP services in ANC, delivery, and immunization programs by Dec 2019

Focal Point Actions	Who	Timeline
1.1 State level dissemination of FP Communication Plan - Promote Behavioral Change Communication messages to foster positive perceptions about family planning.	FMOH (Dr Kayode Afolabi)  SBCC subcommittee of NRHWG & Partners  UNFPA	June 2018
1.2 Conduct quantification for DMPA SC and procurement	PSM Sub Committee led by FMOH	Dec 2017/Jan 2018
1.3 Disseminate Rollout Plan, National Scale up and Capacity building for Health Care workers for DMPA SC (including mobilization of resources)	FMOH and focal points	Mar – Jun 2018
1.4 Develop and disseminate Post-Partum/Post-Pregnancy Integration Guideline (ANC, Delivery, PMTCT, FP and Immunization, Postnatal Care)	FMOH and focal points	March - Sept 2018
1.5 Review National PPFP Strategic plan	FMOH/SMOHs/Partners	Feb – April 2018
1.6 Map PPFP/PP service provision	FMOH/ /SMOHs/Partners	Jan – March 2018
1.7 Build capacity of Health Care workers for PPFP (including mobilizing resources)	FMOH/ /SMOHs/Partners	Feb – Oct 2018
1.8 Ensure data use for PPFP prioritization	FMOH/Track 20	Jan - March
1.9 Scope PPFP opportunities targeting first time parents (adolescent mothers)	FMOH/ Track 20 /Partners/WHO	Jan - March
1.10 Advocate for PPFP Scale up in states	CSOs	March – Dec 2018

Secretariat Actions	Who	Timeline
1.1 Financial/Resource mobilization PFP, First Time Parents	RRM	Dec 2017 – Jan 2018

Partner Actions	Who	Timeline
1.1 Technical support for Post pregnancy FP scale up including First Time Parents scoping	PSI, Jhpiego, Ipas, Marie Stopes Intl. Organization of Nigeria, Pathfinder International, TSU, NURHI 2	Jan – September 2018
1.2. Technical support with community engagement strategies to increase PFP uptake in communities with high home delivery rates	CHAI, MSION, PSI, PLAN International	Jan – December 2018
1.3 Financial/Resource mobilization	UNFPA, USAID, BMGF. All FP focused donors	
1.9 Scoping first time parents PFP/PP opportunities	TA/WHO	Jan – March 2018

**Priority #2: Financing for Family Planning including Innovative Approaches and Resource Tracking through Basket Funds expansion to include states, BHCPF, and Health Insurance**

Focal Point Actions	Who	Timeline
2.1 Basic Health Care Provision Fund launch using GFF funds (pilot in 3 states)	FMoH/World Bank/CSO/ Focal Point	Jan 2018
2.2 Family Planning Business Case dissemination for mobilization of resources (donors and states) including contributions to the funding basket of commodities procurement and distribution	FMoH/ UNFPA/CSO/ Focal Points	March to Sept 2018
2.3 National FP consultative meeting of partners to track Nigeria's progress toward its FP2020 commitments	FMOH/Partners/ Focal points	July/August 2018
2.4 Tracking of government budgeting process, timely release, and utilization of appropriated FP funds both at the national and states levels	CSOs/Focal points	Quarterly Jan, April, July, Oct 2018

Focal Point Actions	Who	Timeline
2.5 Tracking of partners' commitment, timely release, and utilization of appropriated FP funds both at the national and states levels including GFF	CSOs/Focal points	Quarterly Jan, April, July, Oct 2018
2.6 Securing FP budget for advocacy activities of CSOs	CSOs/Focal points	Jan-Mar 2018

Secretariat Actions	Who	Timeline
3.1 Technical Assistance to Focal points on Dashboards for tracking state and national FP funding	Track 20	Jan – Dec 2018
3.2 Capacity building for CSOs in advocating and tracking FP progress to increase accountability	RRM	Jan – Feb 2018
Partner Actions	Who	Timeline
3.1 Funding support for CSO focal point for coordination of monitoring/tracking activities	UNFPA, USAID, BMGF	Jan – April 2018

**Priority #3:** Informed PUSH Integrated Supply Chain including Microsoft NAVISION software for LMIS for end to end visibility of commodity data

Focal Point Actions	Who	Timeline
3.1 Launch Microsoft Navision Software at national and state levels	FMOH/NSCIP	Jan 2018
3.2 Roll out of integrated distribution to health facilities from warehouse hubs	FMOH/SMoH/ UNFPA, CSO and focal points	Mar 2018
3.3 Monitoring of distribution and production of dashboard reports by state LMCU and national	FMOH/NSCIP/CS O	Feb/March 2018
3.4 Link the Navision dash board to the existing FP dash board	FMOH/Family Health Dept/Food and Drugs/Health Planning and Statistics/NPHCD A/Focal points	December 2018
3.5 Pilot the global VAN at the national level	FMOH/Focal points	Jan 2018

Secretariat Actions	Who	Timeline
3.1 Technical Support on inclusion of logistics data in FPET tool	Track 20	Jan – June 2018

Partner Actions	Who	Timeline
3.1 Capacity building on Global VAN	RHSC Coalition	Nov 2017, Jan 2018
3.2 Technical Support on visibility of logistics data	BMGF	Jan to Dec 2018
3.3 Technical support on linking Navision to existing FP Dashboard DB		
3.4 Technical support with cascading Nigeria FP dashboard to LGA level	CHAI	December 2018

**Priority #4: Revising Family Planning blue prints and states CIPs to include emerging issues**

(Embedding a rights-based approach in the national and states CIP Blueprints, including in the goal and each component of the CIPs; including FP in Humanitarian situations)

Focal Point Actions	Who	Timeline
4.1 Revision of National CIP to embed rights issues at the National and states levels (Prioritization using Family Planning data and modelling to identify areas of acceleration for states)	FMOH/Dr Afolabi	Sept 2018
4.2 Revision of National CIP and existing State CIPs to include issues of Family Planning in Humanitarian crisis situations on Adolescent & Young people and PFP	FMOH/Dr Afolabi/Partners	Sept 2018
4.3 CIP development at the state level (16 states) and inclusion of Family Planning in State Health Development Plans	FMOH/Partners	Jan to Dec 2018
4.4 Support the establishment of state advocacy working groups	FMOH/Dr Afolabi/all focal points	Jan to Dec 2018
4.5 Implement MISP +FP in Humanitarian situation	FMOH, SoE, NEMA,	March 2018

Secretariat Actions	Who	Timeline
4.1 Prioritization using FP data and modelling to identify areas of acceleration for states)	Track 20	Jan – June 2018
Partner Actions	Who	Timeline
4.1TA to leverage FP 2020 resources to embed rights issues in the CIPs at the National and states levels.	Palladium	Jan – March 2018
4.2 Technical and financial resources support for CIP development at the state level	BMGF, UNFPA, USAID	Jan – September 2018

**Priority #5:** Service availability expansion - Expanding and improving adolescent Family Planning services and scaling up task shifting at state level for Family Planning service expansion

Focal Point Actions	Who	Timeline
5.1 Conduct operations research on scaling evidence based approach to make providers and systems more responsive to adolescent RH needs	FMOH Focal Point (Dr Afolabi)	April 2018
5.2 Revise and disseminate existing guidelines on MISP for adolescent (include among others puberty education, parents' communication, gender norms, etc.)	FMOH (Dr Afolabi)/Partners	March 2018
5.3 Hold consensus building workshop linked to the demographic dividend on changing gender norms through a multisectoral approach – Ministry of Health, Ministry of Education, Ministry of Youth, and Ministry of Information under the leadership of Ministry of Budget & National Planning and Office of the Vice President	Office of VP, MoBNP, FMOH, CSOs, Focal points	June/July 2018
5.4 Conduct a Situation Analysis and update Strategic Plan for adolescent health in Nigeria	FMOH/FMoY	March 2018
5.5 Mobilize resources to scale up evidence-based ASRH interventions	FMOH, UNFPA, Partners and NGOs	Jan – Dec 2018

Partner Actions	Who	Timeline
5.1 Request for TA on adolescent interventions	WHO (Chandra)	Feb – April 2018
5.2 Rapid and sustainable scale-up adolescent FP service delivery best practices in support of service expansion	FMOH, NURHI 2 and other Partners	February – Dec 2018

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### **Looking Ahead:**

*Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and to identify potential Rapid Response Mechanism opportunities in your country.*

1. National FP Consultative meeting – July/Aug 2018
2. Multi Sectoral Consultative process on the Roadmap to Achieve Demographic Dividend
3. Dissemination of MICS5 Report – Dec 2017

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### **Funding Opportunities**

*Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?*