

NIGERIA FAMILY PLANNING BLUEPRINT (2014)

Summary of Sections that Most Apply to Reproductive, Maternal, Newborn, Child, and Adolescent Health:

BLUEPRINT OVERVIEW

The Nigeria Family Planning Blueprint was created as a result of the commitments made by the Federal Government of Nigeria (FGON) at the 2012 London Summit on Family Planning to increase funding by an additional \$8.35 million annually to bridge identified gaps in Family Planning (FP) and Reproductive Health (RH) needs in Nigeria. The Government also pledged to undertake the following key steps to ensure increased uptake of FP/RH services: Support Advocacy, Strengthen Accountability, Improve Supply Chain, Increase Contraceptive Supply, Promote Best Practices, and Support New Innovations. The Blueprint provides a roadmap for achieving FGON commitments for improving access to family planning and reducing maternal mortality through a concerted effort to scale up family planning over five years, from 2013 to 2018.

BLUEPRINT OBJECTIVES

The overarching goal of the Blueprint is to improve women's use of FP services, including increasing Contraceptive Prevalence Rates from 15% to 36% and contributing to the reduction of maternal mortality by 75% and infant mortality by 66% at the national level by 2018. The Blueprint's overall objectives are to:

- Provide accurate and comprehensive information on FP methods to every segment of the population
- Ensure all states contribute a minimum of 50% of the funds they require for adequate FP service delivery each year
- Ensure all health facilities (including PHCs, private and faith based) have adequately trained staff to provide long-acting reversible contraceptive (LARC) services nationwide
- Strengthen contraceptive logistics management to ensure contraceptive availability in all health facilities
- Improve routine data management at all levels of the health care delivery system for smooth tracking of FP progress

STRATEGIC PRIORITIES

The six priority areas of the policy and their associated areas of intervention include:

- *FP demand generation and behavior change communication:* Provide targeted, easily-accessible and accurate information to all segments of the populace

- *FP financing:* Set up family planning standard budget lines in federal, state and local budgets
- *Staff and training:* Build capacity of providers and training institutions and support health systems in delivering high-quality FP services
- *Private sector delivery channels:* Increase coverage and access to high-quality integrated FP services and commodities
- *FP coverage in the Primary Health Care (PHC) system:* Improve access to high-quality integrated FP services, including provision of counselling and delivery of all methods except sterilization
- *Forecasting and distribution logistics:* Strengthen the federal, state, and local FP structures to better coordinate and monitor all supply chain activities to ensure prompt distribution of commodities

KEY ACTIVITIES

The Blueprint outlines six priority activity streams, which include:

- *Demand generation and behavior change communication:* To sustain support for FP at highest policy level and promote public dialogue, specific demand generation activities will be targeted at high priority groups such as adolescents, young people, and unmarried women. FP education will be incorporated into classwork, and teachers equipped to support the sexual and reproductive health needs of youth and adolescents. Peer educators will be trained and adolescent and youth friendly services mainstreamed into pre-service and in-service trainings of health care providers at all levels.
- *Service Delivery:* To ensure wide availability of service delivery capabilities and develop modalities for addressing gaps, trainings for health workers will be increased, both in general and in terms of immediate scale-up needs for specific family planning methods.
- *Supplies and commodities:* To focus on resolving distribution challenges of FP commodities from State stores to Local Government Areas and down to service delivery points, the

FGON will work to ensure that the last mile of the supply chain of commodities to local health centers is strengthened.

- **Policy and Environment:** To improve the enabling environment for FP, the government will review policies and strategies to ensure that FP is appropriately integrated. Specific advocacy will also be conducted to ensure that policies and guidelines for FP promote rather than hinder access to it, especially for under-served population, faith-based groups and youths. The Federal Ministry of Health (FMOH) and partners will also create and support advocates at all levels who can play key roles in ensuring that FP remains in the limelight for both policy making and domestic funding.
- **Financing:** To address the limited financial commitment to FP within the various government budgets, the FMOH and partners will advocate for increased funding within national budgets, in addition to funding secured from development partners and the private sector.
- **Supervision, monitoring and coordination:** Efforts will be undertaken to make the National Reproductive Health Technical Working Group (NRH TWG) more effective and efficient by ensuring a standardized schedule of meetings and list of meeting attendees. Existing data, supervision and monitoring tools will be developed to consistently and closely track a revised list of FP indicators. An executive dashboard will be developed to easily track progress across the key FP indicators jointly managed by the Department of Planning, Research, & Statistics (DEPRS) and Department of Family Health (DFH) at the federal level and monitor progress towards the national goal. The dashboard will be tracked as part of regular NRHTWG meetings.

ROLES OF THE STATES IN IMPLEMENTATION

While the majority of the activities outlined in the Blueprint are meant to be undertaken at the federal level, the document also mandates key roles for Nigeria's state governments. The FMOH developed the Blueprint to provide a framework for reaching Nigeria's overall Contraceptive prevalent rate (CPR) target of 36%. Reaching this goal will also require significant state-level leadership and coordination in the planning and implementation process. This document is designed to serve as a foundation and set of principles for designing state-level implementation plans across the country.

States will need to follow a similar process to that of the FMOH in creating state-level Blueprints. Each State will:

- Engage stakeholders beyond the State Ministry of Health to include the state primary healthcare agencies, department of health of the Ministry of Local Government and Chieftaincy Affairs, religious and traditional leaders and the private sector.
- Identify specific priorities to scale up family planning. Consideration should be given to areas of the health system

requiring attention, such as service delivery, supply chain, demand generation, policy and financing. Technical assistance will be provided by FMOH and other partners.

- Set Contraceptive Prevalence Rate (CPR) Objectives to contribute to reaching the national target of 36%.
- Create a costed plan based on identified priorities and state level CPR objectives. State level plans will lay out critical activities and the costs of completing them.

FUNDING FOR BLUEPRINT IMPLEMENTATION

National and state level plans will be used as key advocacy tools to demonstrate both the needs for and potential impacts of new funding to resource implementation of the Blueprint. The plans outline clear activities, spending requirements, and performance management and indicator tracking as the basis for advocacy messaging and funding requests. Besides seeking additional commitments, the FMOH and SMOHs will ensure that funding is released in accordance with all commitments.

The national and state Blueprints must be living documents to set direction and measure progress towards concrete milestones, outcomes, and impacts. To ensure that proper information is collected a performance management framework will be developed consistent with ongoing M&E initiatives. The framework will allow States to track their own goals, as well as provide the FMOH with a clear picture of FP progress and gaps at the national level.

FOR A COPY OF THE NIGERIA FAMILY PLANNING BLUEPRINT POLICY, PLEASE VISIT:

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ABOUT CHAMPIONS FOR CHANGE:

Champions for Change (C4C) invests in visionary local leaders and organizations to sustainably improve health outcomes for women, children and youth in Sub-Saharan Africa. C4C achieves large-scale impacts through advocacy, leadership development, organizational strengthening, and grant making. In Nigeria, C4C's national network is advocating for improved reproductive, maternal, newborn, child, and adolescent Health (RMNCAH). In Kenya, C4C works to prevent and combat Non-Communicable Diseases (NCDs) among young people through locally-led advocacy.

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