



# Improving access to life-saving reproductive health commodities in Nigeria

## Challenges and achievements

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# Nigeria- RH at a glance..

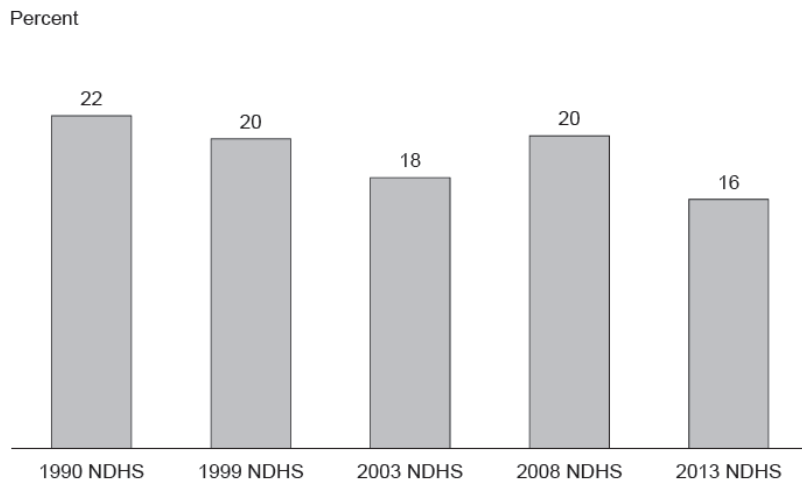
Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to several surveys, Nigeria 1990, 2003, 2008, and 2013

Method	1990 NDHS	2003 NDHS	2008 NDHS	2013 NDHS
<b>Any method</b>	6.0	12.6	14.6	15.1
<b>Any modern method</b>	3.5	8.2	9.7	9.8
Female sterilisation	0.3	0.2	0.4	0.3
Pill	1.2	1.8	1.7	1.8
IUD	0.8	0.7	1.0	1.1
Injectables	0.7	2.0	2.6	3.2
Male condom	0.4	1.9	2.4	2.1
LAM	u	1.4	1.6	0.4
<b>Any traditional method</b>	2.5	4.3	4.9	5.4
Rhythm	2.1	2.1	2.1	2.2
Withdrawal	2.0	1.3	2.0	2.5
Folk method	0.6	1.0	0.9	0.7
<b>Not currently using</b>	94.0	87.4	85.4	84.9
Total	100.0	100.0	100.0	100.0
Number of women	6,880	5,336	23,578	27,830

LAM = Lactational amenorrhoea method

u = Unknown (not available)

**Figure 7.2 Trends in unmet need for family planning**



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## Challenges to uptake of modern FP

- Poorly funded program
  - Commodity stock outs frequent
  - Under the table payment for consumables and services
  - Last mile logistics issues
- Weak health systems
  - Lack of trained providers
- Socio-cultural barriers
  - Modern methods generally low acceptance, but particularly EC, FP and implants
- Issues with the ‘decentralized’ governance structure- having to engage with each state

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## UNCoLSC alignment with Nigeria RMNCH goals

- Increasing political will and commitment to RMNCH issues
- Focus on young people (Nigeria's population made up of 25% young people)
- Saving One Million Lives (SOML) initiative- ambitious target of averting one million maternal and child deaths
- Huge challenges with RMNCH commodities in general
  - Pooled procurements under 'free' MNCH programs
  - Poor logistics
  - Poor quality or counterfeit products/lack of local manufacturers
  - For three underutilized FP commodities: poor knowledge; high cost; regulatory barriers

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## Improving civil society engagement

- Multi-country grant from the John Templeton Foundation (March 2014-May 2016)
- Collaboration between FP advocates from the Global North and South to get civil society involvement in the country implementation process
- Focus on increasing attention to the three underutilized FP products- EC, implants and FC



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## Achievements

- Comprehensive mapping of all FP/RMNCH Advocacy-focused CSOs in the country
- Targeted engagement in the country implementation working group, which led to the development of the Country Implementation Plan
- National advocacy for improved RH ecosystem
  - ✓ Task-shifting policy passed
  - ✓ EC now on country's Essential Medicines List
  - ✓ Government FP2020 funding commitment still an issue
- Sub-national engagement and capacity building of CSOs (Kaduna and Ebonyi)
- South-South collaboration/technical and experience sharing mission to Senegal by colleagues from Nigeria and Cameroon

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## Next steps:

- National dissemination of the Country Implementation Plan- to get buy-in at the sub-national level
- Strategic engagement with new government to get RH on its agenda
  - Advocates already met with the President Transition Team and articulated the issues
- Continue to strengthen CSO involvement and engagement into the country process

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## Acknowledgements

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For most women, including women who want to have children, contraception is not an option; it is a basic health care necessity.

-- Louise Slaughter