



NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE

Accessing Health Care and Family Planning in Nigeria

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Nigeria Behind the Headlines:
Population, Health, Natural Resources and Governance
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OUTLINE

- Maternal Health Headlines
- Access to Family Planning Services
- Programming for Success
- Take Away Points

HEADLINE TRENDS

Pregnant women in Nigeria die due to Government's negligence

— according to Center for Reproductive Rights' new report

- Most of the global number of maternal death happens in Nigeria
- MMR is shockingly high: 545/100,000 - Nigeria
 - Compare with 150/100,000 – S/Africa
- Lack of financial and political commitment from the government creates significant barriers for pregnant women seeking maternity care
 - “Nigeria has an obligation under human rights law to protect and guarantee every woman’s right to safe pregnancy and childbirth. It has no excuse for failing to live up to its commitments.”
 - said Luisa Cabal, Director of the Center’s International Legal Program.
 - 91% of Nigerians live in poverty (less than \$2/day)
- *Nigeria is ranked 187 out of 191 nations on per capita expenditure on health which was \$10.00 in 2006. If Nigeria is to reach its Millennium health targets this amount has to be tripled.*

Key Indicators of Health

- Nigerian women average 6 children over their lifetime.
- The use of modern family planning in Nigeria is very low- only 10% of married women used a modern contraceptive in 2008. (NDHS)

Statistics

- Pop - 167million
- CPR - 10%
- MMR - 545/100,000
- U5 - 157/1000
- Infant - 75/1000
- ANC - 58%
- Delivery - 39%

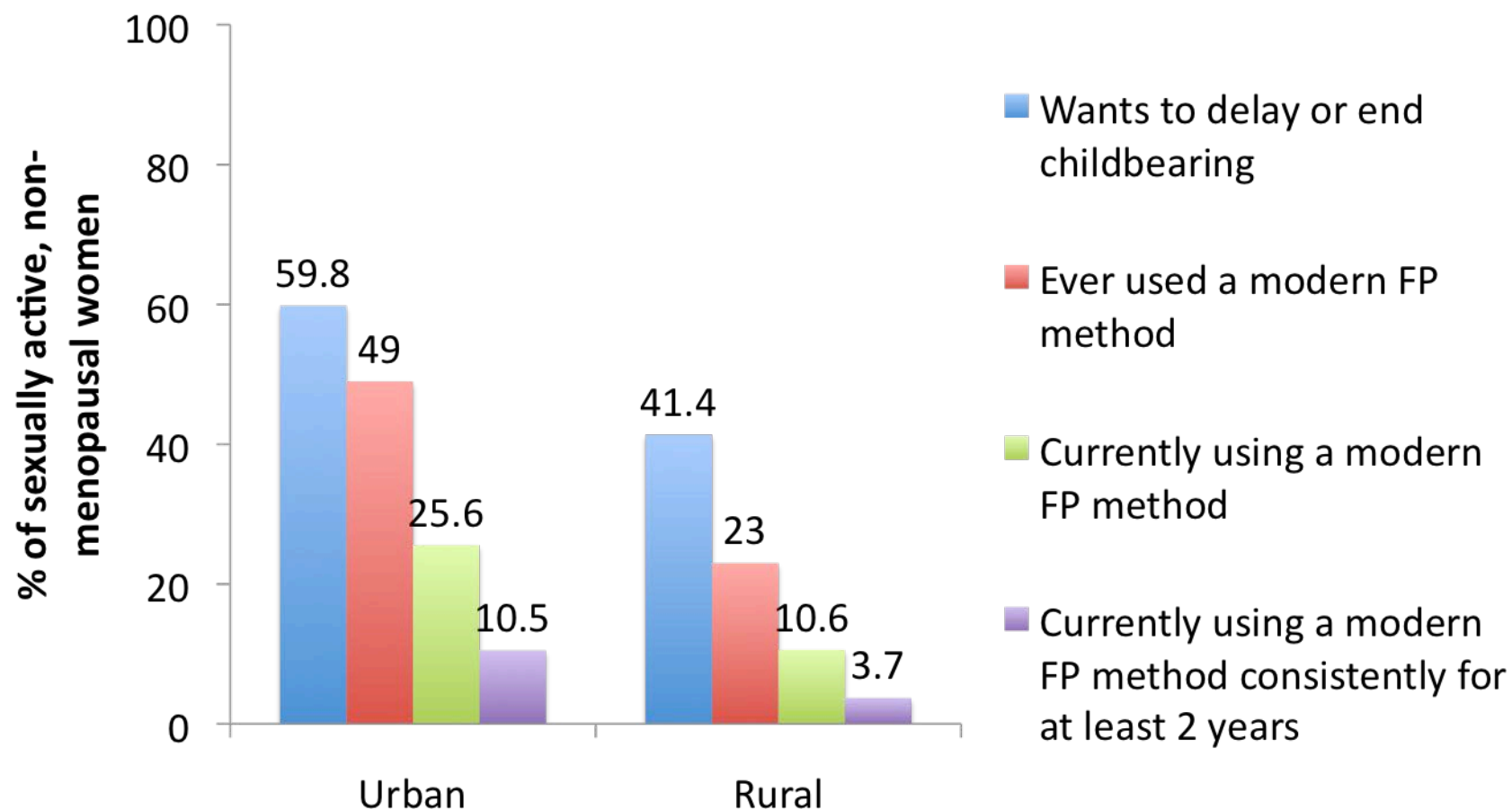
2006 Census; NDHS 2008

- Nigeria ranks second behind India on total maternal mortality statistics even though our population is just 2% of the world population...
- We know what works. We have the tools. And yet, progress has been too slow.

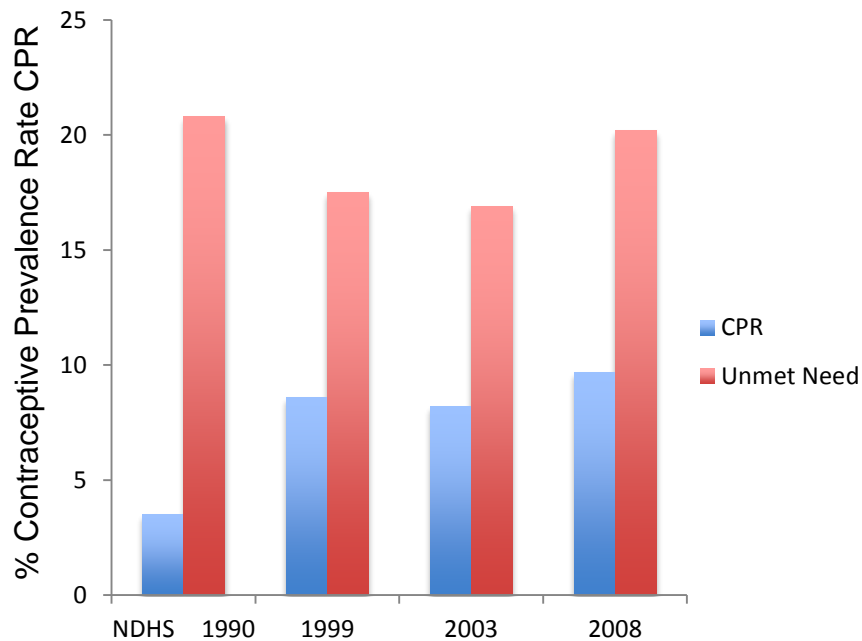
Access to Family Planning Services

- Genuine access to abroad method mix involves many factors:
 - the availability and affordability of a variety of contraceptive methods
 - community members' awareness and understanding about these methods, and their ability to overcome the various barriers to obtain the method of their choice
 - Personal preferences
 - social norms
 - gender preferences
 - women's education
 - rural or urban residence
 - perceived acceptability of family planning
 - Source of knowledge
 - Couples age differentials and ability to negotiate, and
 - Poverty
- In any community, identifying fertility preferences and the determinants of contraceptive intentions and use is essential.
 - Such information help guide strategies that will be effective in reducing the number of unintended and/or unwanted births.
 - The resultant fertility decline will help stem high mortality and engender sustainable population growth and economic prosperity even in the most remote settlements, as demonstrated by the UN Millennium village project in a settlement in Zaria – Pampaida.
 - NURHI Project continues to demonstrate this requirements for programming with community generated information and data analysis

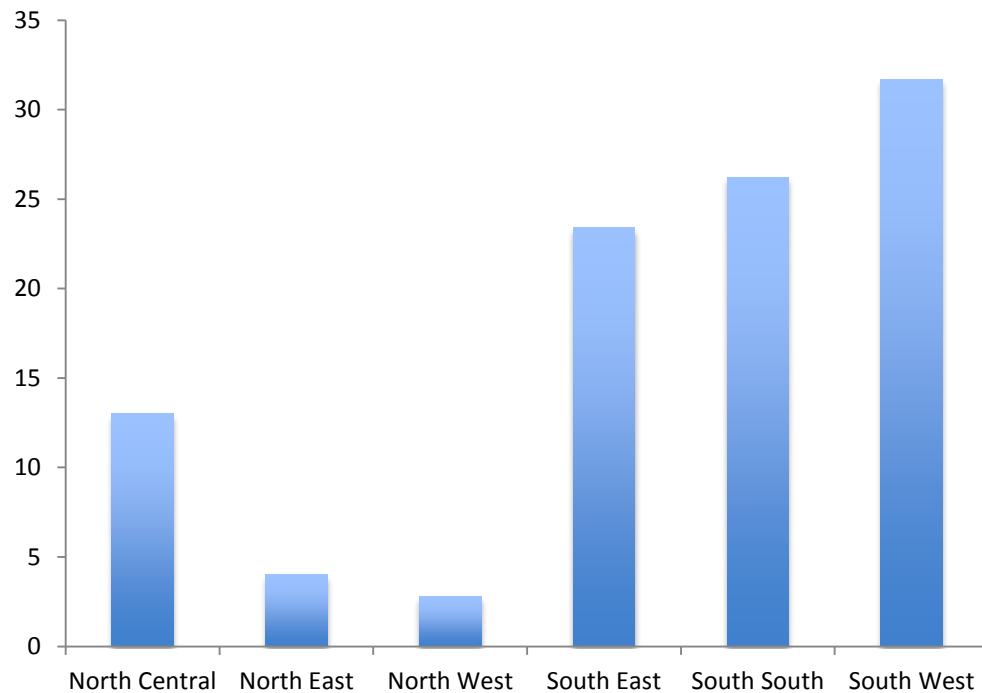
Need for, and use of, FP among sexually active, non-menopausal women, 2008 NDHS



Utilization and Demand for Contraceptives

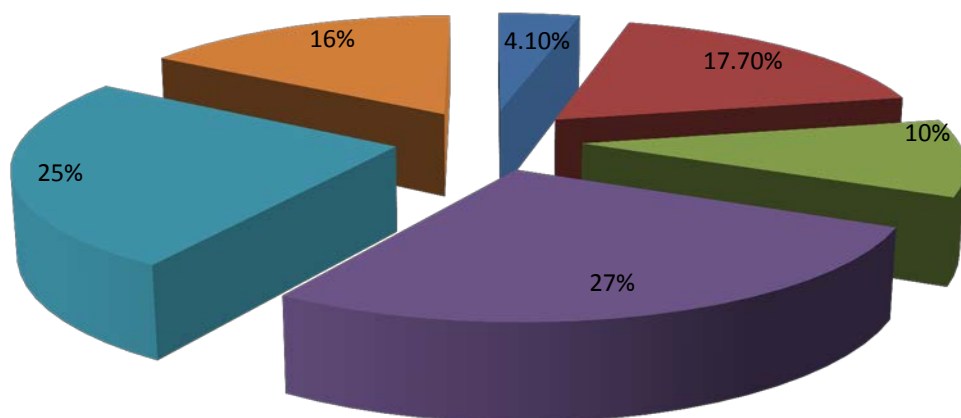


Zonal Trend in Contraceptive Use



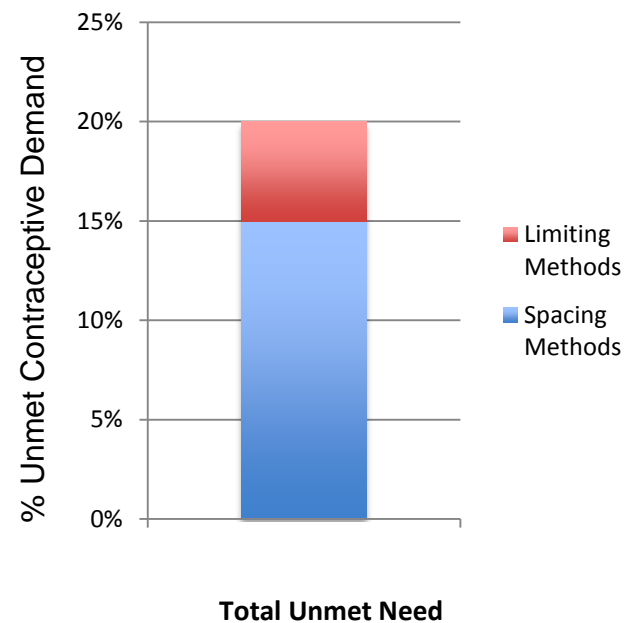
Source: 2008 NDHS

Current use of Family Planning Methods

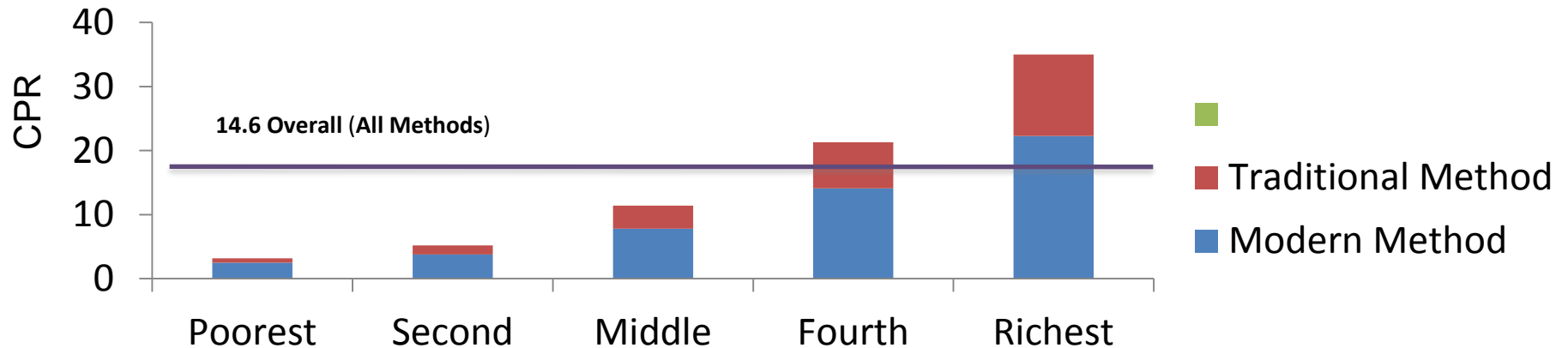


■ Female sterilization
 ■ Pills
 ■ IUD
 ■ Injectable
 ■ Male Condom
 ■ LAM

Unmet Need

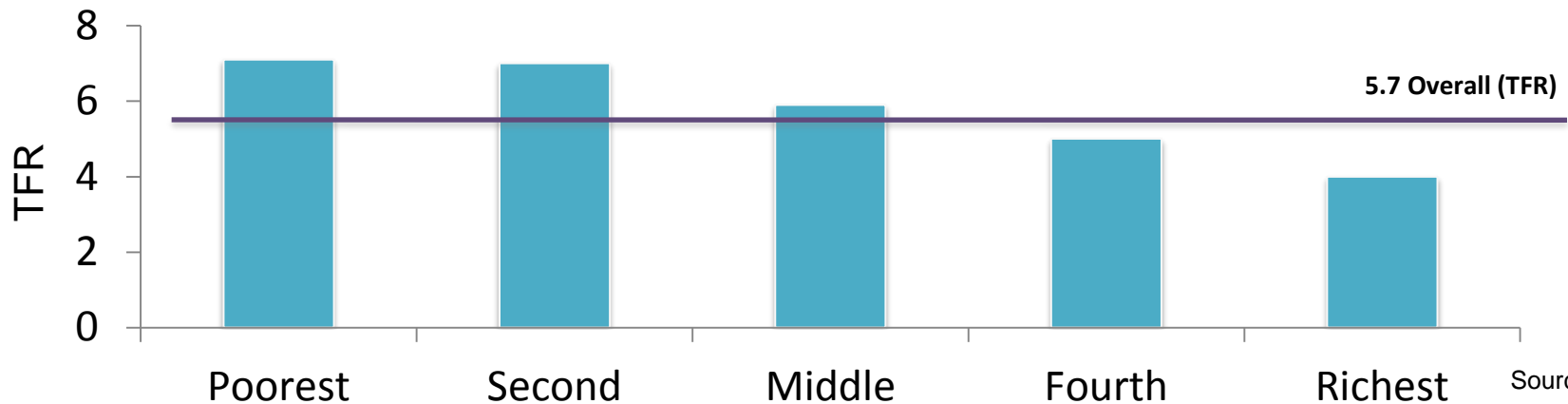


Use of contraceptives among married women by Wealth Quintile



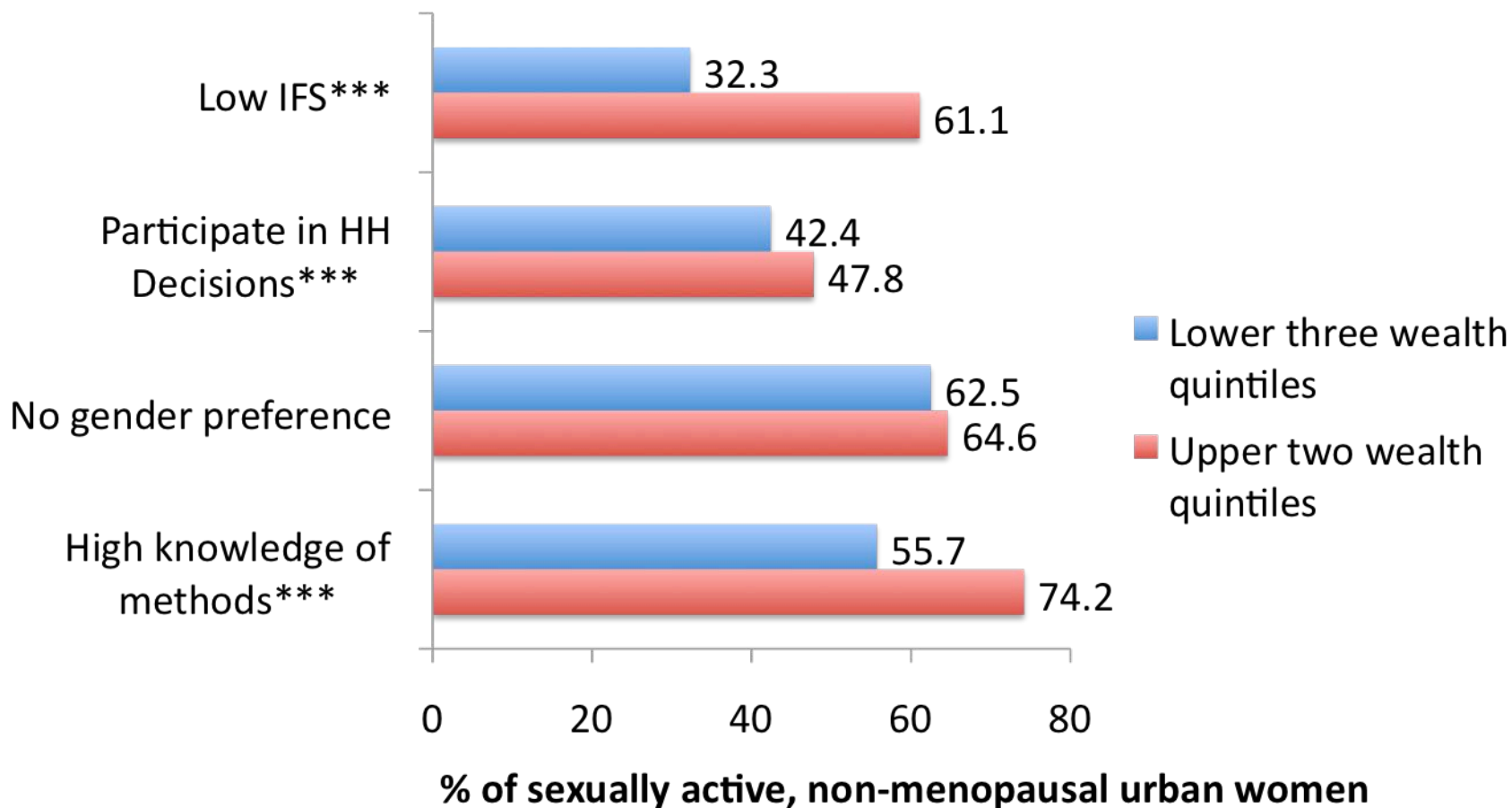
Source: 2008 NDHS

Total Fertility Rate by Wealth Quintile



Source: 2008 NDHS

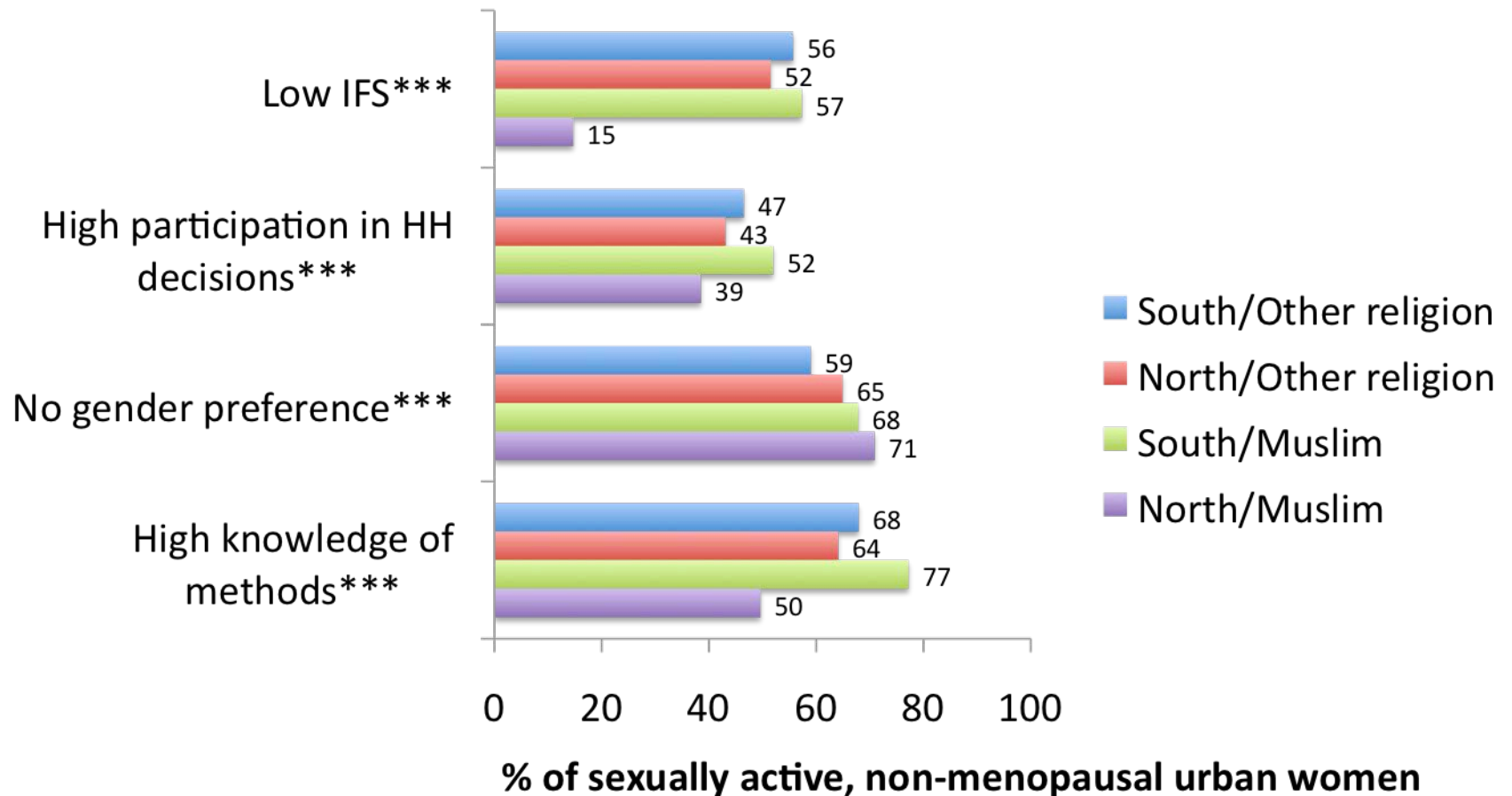
Percent of urban women with favorable proximate factors, by wealth status



Source: 2008 Nigeria DHS

P-values: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

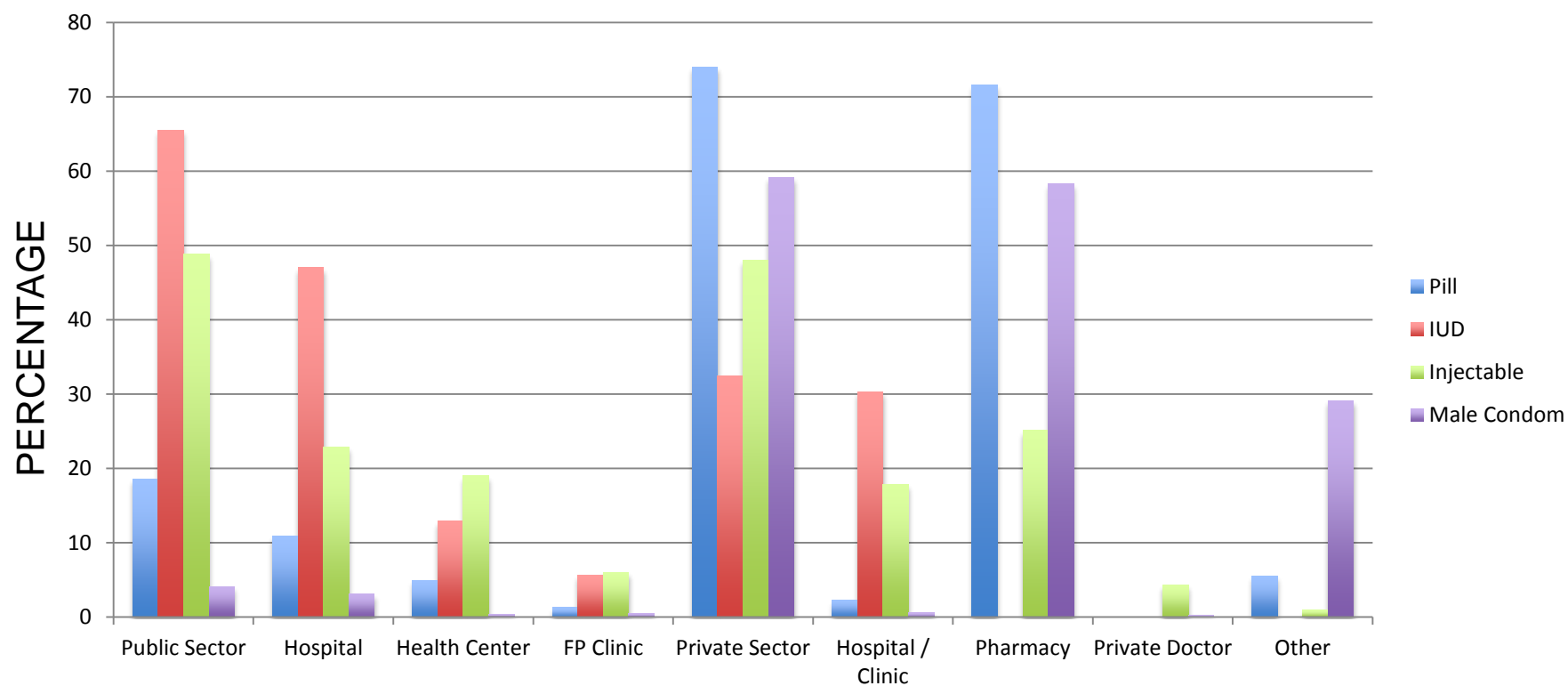
Percent of urban women with favorable proximate factors, by religion and region of residence



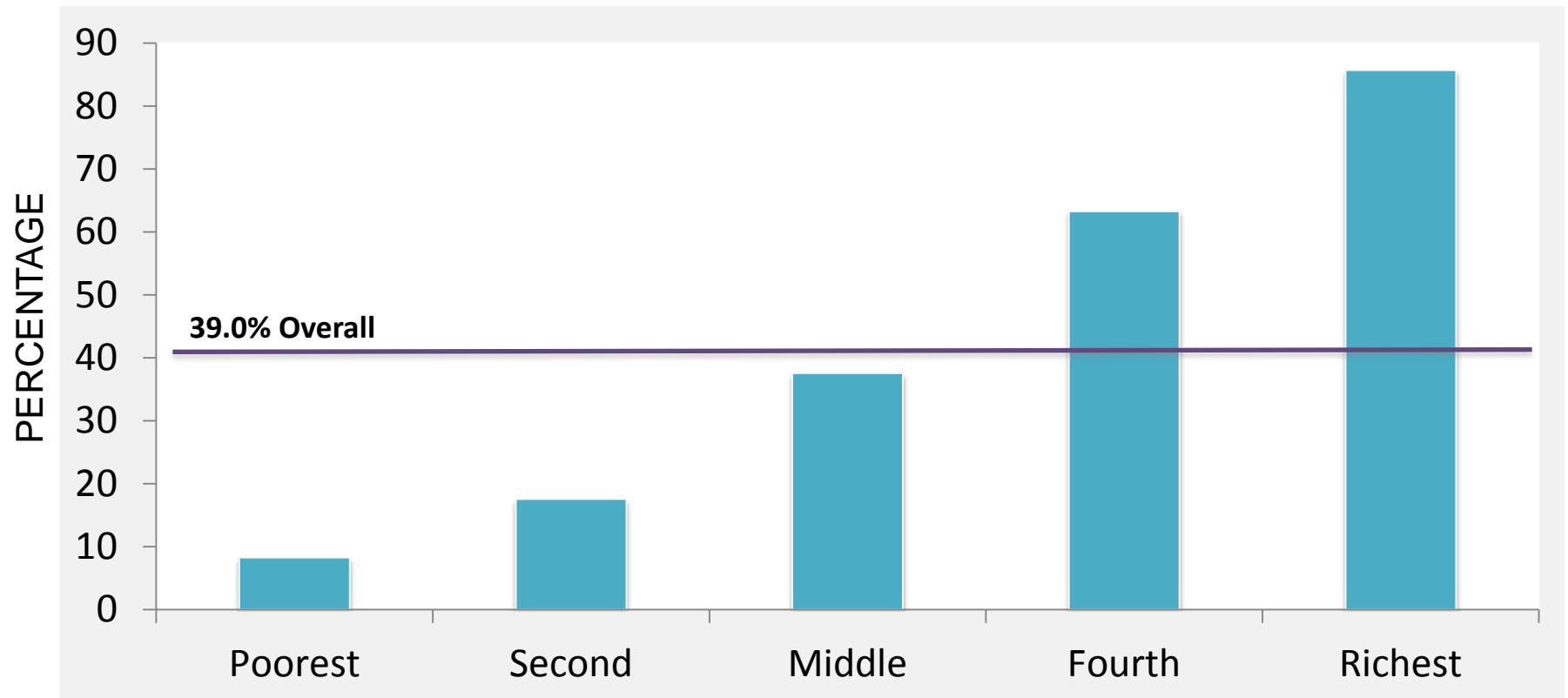
Source: 2008 Nigeria DHS

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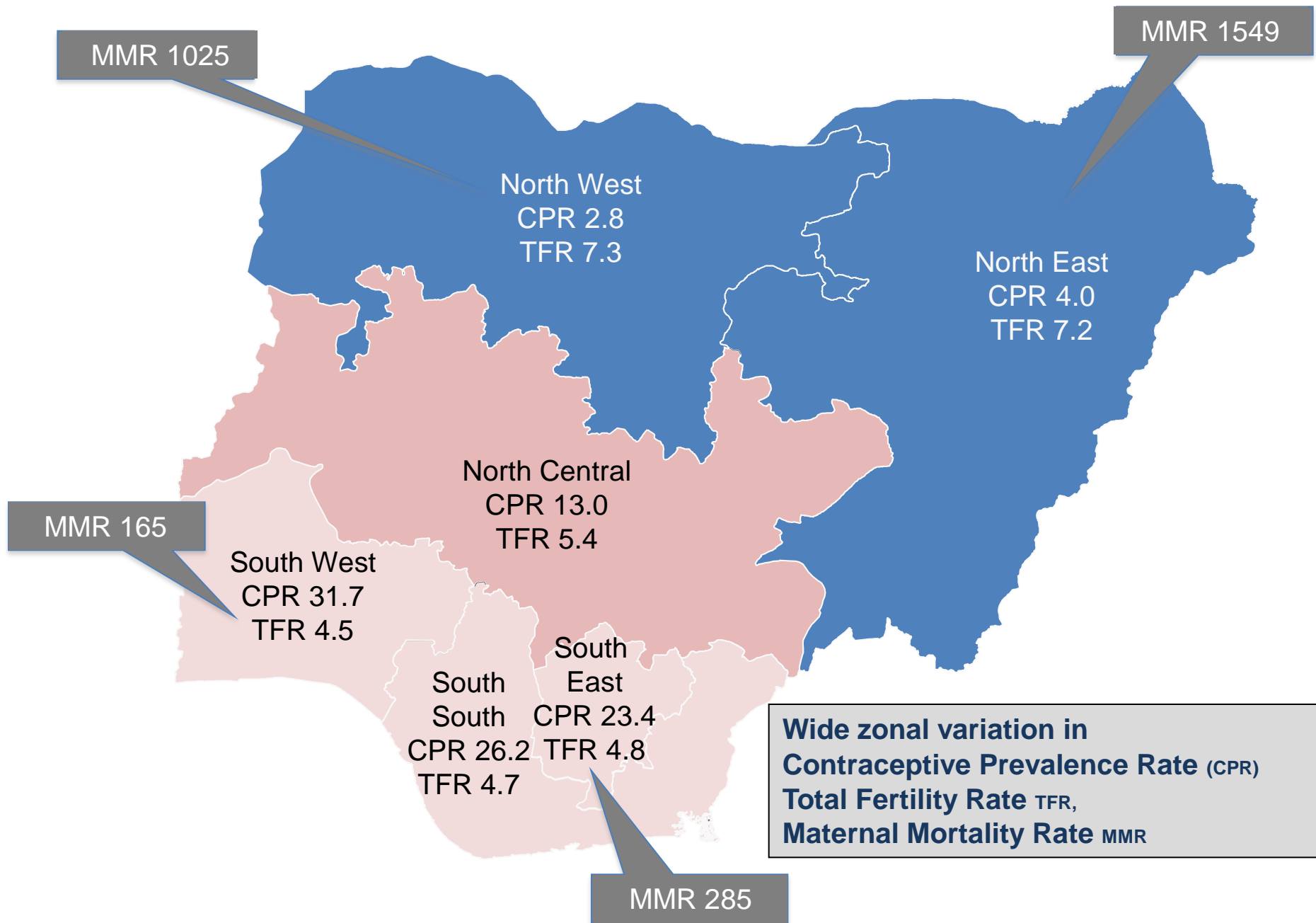
Source of Contraceptive



Birth assisted by health personnel (percentage) by wealth quintile



Source: 2008 NDHS



Summary

- **Use of FP services**
 - Low and stagnant CPR
 - Limited knowledge of methods
 - Limited FP discussions
 - Concerns around method safety
- **Availability and affordability**
 - Issues of quality around services
 - Commodity Stock-outs
 - Costs
- **Social norms and enabling environment**
 - Little social, political and financial support for FP
 - FP not prioritized

Comment

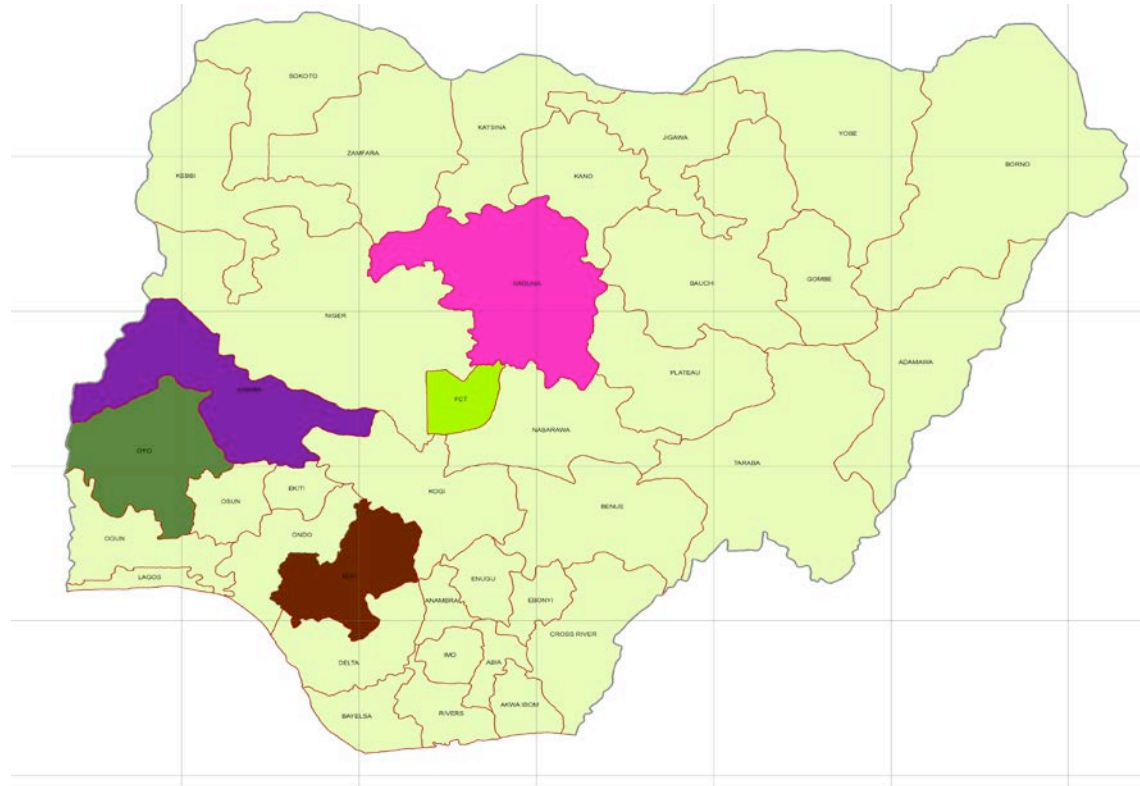
- Access to Reproductive Health and FP services in Nigeria is fragile, weak and dependent on donor funding
- Fertility remains high and contraceptive use is low, the road towards a two-thirds reduction in maternal mortality will be long
 - Poverty is clearly linked to both maternal mortality and service uptake; the health system needs to develop strategies that target poorer women
 - Skilled care is critical to reducing both maternal and neonatal mortality; encouraging facility based delivery where available is an important strategy for increasing uptake of skilled care
 - Skilled care without required equipment and supplies is not sufficient; political and financial commitment to equip facilities is crucial
 - Sustained reduction in maternal and infant mortality cannot be achieved without reinvesting in primary health care
 - Donor programs are an important source of financial and technical resource inflow, however strong coordination is required to maximize gains

Comment

- Government has not prioritized FP
 - There are no budget-line for FP, and where it exists, it is grossly inadequate
 - Commodity supply system is weak and under funded
 - Providers are inadequate, over stretched, and skills are limited to pre-service training
- Other consideration for great access services include
 - Political will for sustainability of policies
 - Health financing
 - The Health Budget
 - User charges and out of pocket expenses
 - Health
 - Human Resources for Health
 - Doctor-patient ratio particularly in the rural areas
 - Adequate personnel and equipment in referral facilities

NURHI Project Overview

- Funding
- Implementing Partners
- Vision
- Goal
- Objectives
- Sites



Programming for Success: The NURHI Experience

- **Enabling Environment**

- Increased government resources
- Increased media coverage
- Increased public support for FP

- **Service Systems**

- Increase in percentage of facilities meeting quality standards
- Increased CYP generation in high volume sites

- **Community**

- Increase in number of leaders (both traditional and religious leaders) openly speaking out in support of FP
- Increased community participation due to involvement

- **Individuals**

- Gaining confidence to access services
- Motivated with facts (both technical/benefits and theological), encouraged to talk to their spouses, peers and persuaded to access to access services
- They are motivated through multiple media programs (radio/TV drama serials and spots).

Lessons Learned

- Comprehensive site assessment
 - Informed targeted intervention vis-à-vis resources
 - Appropriate choice and use of terminologies critical
 - Recognition of the most appropriate entry points are also critical to building trust.
- Involvement and early engagement of stakeholders secured ownership and support
 - Coalition, collaboration, partnership and coordination would create a more sustainable system.

The opportunities?

- Supportive policies
 - Emerging **financial support** for family planning programs
 - Free contraceptive policy
- Use of mix of communication channels
 - Mass Media, Interpersonal, Community mobilization, Web and emerging social network opportunities for youth programming has shown promise
- Religious and traditional leaders are speaking out and declaring support for FP/CBS and we need to use their medium to engender greater momentum at the individual and community level
 - Coalition, collaboration, partnership and coordination would create a more sustainable system.

Now What?!?

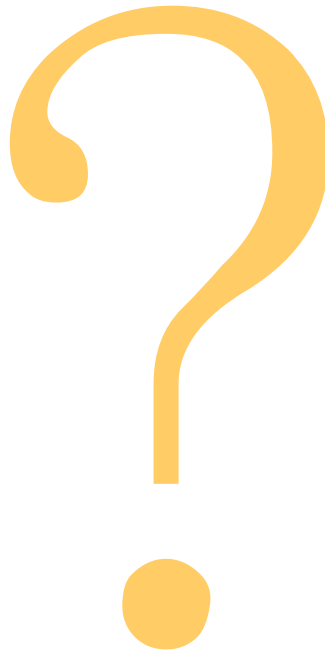
Some take-away points:



TAKE-AWAY POINTS

- Family planning, maternal and new born health care have substantial and measurable impact on the health of women and their families. Understanding the interplay of the variables provides insight into opportunities to improve access and utilization of FP/MNCH services.
- Disparities exist among states and between the different zones that might not be unconnected to the decentralized nature of the Nigerian health delivery, literacy levels, rural urban locations, and socio-cultural norms as demonstrated by the interplay of CPR and demographic variables. Programs must therefore place this differentials on their radar.
- Women who are poor and have little education have lower CPR indicating effect of socio-economic variable on service uptake.
- There is evidence to support male involvement in the use of FP services emanating from husbands' opposition.
- The analysis suggest that for programming in Nigeria efforts must target unmet needs and demand in southern Nigeria, while pursuing advocacy efforts targeted at knowledge, rights to health, and service subsidization in the north.

QUESTIONS





Thank You

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