This document reflects the country context, opportunities, challenges, and priorities developed by FP2020 focal points for Nigeria in collaboration with the FP2020 Secretariat and other partners during the Anglophone Africa Focal Point Workshop in Kampala, Uganda in April 2016. FP2020’s focal point representatives are from the government and two donor organizations, usually UNFPA and USAID, and serve as the key representatives of FP2020 in-country. They coordinate with each other, the government, partners and other stakeholders, and the FP2020 Secretariat to drive progress on the country’s family planning goals. These opportunities, challenges, and priorities serve as the foundation of the shared agenda of action across the next 12- to 18-month horizon.

COUNTRY CONTEXT

- Nigeria contributes about 15% of the global maternal deaths burden, with about 111 women and girls in dying every day due to preventable pregnancy and child birth related complications (every hour 5 women die). Maternal deaths have declined by more than 50% compared to 1990 however reduction in MM has stagnated in the last 5 years
- The national family planning (FP) goal is 36% CPR by 2018 and the national CIP was developed in 2014 highlighting states’ contribution to the goal.
- In 2015, Nigeria’s estimated all women mCPR was 12.1%, growing at 0.6% per annum since 2012
- mCPR trends disaggregated by age for 15-19 years and 20-24 years vs other age groups show a decline among married women of these age groups but mCPR increased among unmarried women/girls of the same age groups.
- The national average CPR has marginally improved from 13.3% (2008) to 15.4% (2013), and the number of states with a CPR less than 15% declined from 24 (2008) to 19 (2013). Unmet need also declined from 20% (2008) to 16% (2013). There was a doubling of CPR in 9 of the 36 States and Lagos has the highest with CPR of 41% and 22 States (that is more than 50%) have a CPR above the national average.
- Supply chain interventions has improved availability of contraceptives at SDPs between 2012-2015 using resources from basket funds with resources from Government and donors
- 4 states have started developing CIPs to create blueprints for action and five are in process
- Minister of Health is an FP champion, offers new opportunities for leadership. FMoH has provided strong leadership for National Family Program
- Method mix is highly skewed towards short-term methods (87.6% of users), Even though only 30% of public health facilities are currently providing LARC as at 2015, there has been an increase from 10% in 2012 with a five-fold increase in CYP of LARC issued to states between 2012 and 2015
- Implementation happens in the states and health is on concurrent list and states are autonomous

OPPORTUNITIES

- **Supply Chain**: National Supply Chain Integration Project (Funding from Global Fund GFATM) presents an opportunity for last mile delivery of contraceptives
- **New Government Policies on Human Resources for Health**: National Health Act and Basic Health Care Fund linked to one functional PHC per ward) concept – new funding for capacity building and deployment of Health Care workers. Task shifting policy to CHEWS and National Primary Health Care Development Agency – Midwives Service Scheme for rural posting;
• **Financing for Health:** World Bank Save One Million Lives (SOML) Project–Performance based financing (loan). National Health Insurance Scheme and Community Based Health Insurance. Global Financing Facility–RMNCAH funding through government and World Bank

• **Subnational level commitment:** State level funding (Government Counterpart Contribution) for demand creation activities in 16 states. Development of state costed implementation plans for FP and State Health Development Plans 2016 - 2020

• **Private Sector Engagement:** Social marketing–SFH Nigeria for promotion of condoms for dual protection and other contraceptives such as EC; government support to private sector for supply of commodities in Lagos and Kaduna

**CHALLENGES**

• State-level buy-in and funding: more attention needed to develop state plans; critical for budget appropriation and procurement

• Youth: further programmatic investments needed to support married and unmarried youth

• Demand generation: Ideal family size remains high and unmet need is low in North. Increased investments in demand generation needed

• Delivery channels for injectables and LARCs: insufficient trained healthcare workers to administer injectables and LARCs

• Supply chain: Commodity availability to local service providers through enhanced supply chain is needed to reduce reported stock outs

• Data use: PMA2020, Track20, NDHS, NHMIS, Smart Surveys and other sources of FP data but data analysis and performance management needs further attention and capacity building

• Financing: Delays in counterpart contribution from government to basket funds for procurement of contraceptives for the public sector

**PRIORITIES**

1. **Improve programming:**
   a. Coordinate and support technical assistance in the development of state CIPs.
   b. With FP2020 focal points, convene Accelerating Scale up of High Impact Practices for Youth in collaboration with technical partners and core conveners.
   c. Examine potential of private sector to deliver new demand approach; invest in National BCCC Strategy finalization, dissemination and implementation.
   d. Make functional RH TWG Sub Committees. Focus on Post-Partum FP as a key intervention. Scale up specific evidence based youth focused interventions that have potential for huge impacts. Engaging men and boys in FP and integration with MH/PMTCT

2. **Mobilize resources:** Support government in strengthening FP in GFF investment case, ensure demand generation and training for LARCS and injectables included. RRM: Examine catalytic investments to accelerate progress

3. **Shape healthy markets:** With government and donors, examine supply chain innovations.

4. **Use data to improve accountability and decision-making:** With Track20, PMA2020, SOML, TSU and FP2020 focal points develop dashboard and review data annually to examine where potential for further ROI in public and private sector channels exists. Propose use of data should be used to revise CPR targets in new 2016 – 2020 Strategic Health Development Plan in line with current trajectory of growth and potential growth trends

5. **Build broad-based movement and high level support:** Identifying a high level FP advocates or ambassadors such as first lady