FEDERAL MINISTRY OF HEALTH

FP 2030 Nigeria

Commitment

TRANSCORP HILTON, ABUJA

9th March, 2022

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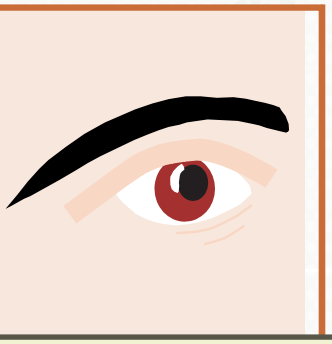
COUNTRY'S 2030 VISION STATEMENT



"By the end of 2030, Nigeria envisions a country where everyone including adolescents, young people, populations affected by crisis and other vulnerable populations are able to make informed choices, have equitable and affordable access to quality family planning and participate as equals in society's development".

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COMMITMENT
OBJECTIVES

Focus Area:
Expand the Narrative and Shape the Policy Agenda

1

OBJECTIVE STATEMENT

To strengthen integration of family planning into Nigeria's socio-economic development frameworks and plans as a key facilitator of Human Capital Development and Universal Health Coverage to achieve Demographic Dividend by 2030.

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Rationale

The inadequate allocation of resources is a major challenge for implementing the good plan Nigeria has on family planning. Hence, expanding the narrative of family planning from being majorly a health issue to a development issue will provide the opportunity to prioritize family planning as human capital and socio-economic development issue and for the achievement of the Sustainable Development Goals (SDGs).

Nigeria as a pre-transition country has a high fertility rate of 5.3 and a very youthful population bulge. The current scenario and resulting challenges which a country like Nigeria is facing will be effectively addressed if FP is strengthened and prioritized as a national development agenda, with strong leadership commitment and funding to be universally accessible to all so that the necessary catalyzing impact of FP will be achieved. This will in effect transform the country and enable the achievement of necessary demographic transition that will be desired.

Repositioning FP as a national development agenda will enable the much-required shared responsibility at all levels of government and the private sector for FP and as well increase the commitment of leadership and stakeholders to full investment and accountability to FP. In effect, efforts will be engendered to effectively ensure the universal access of everyone to quality information and services in the community. Key indicators to be measured to determine progress for this objective include Total Fertility Rate, Under Five Mortality Rate, Life Expectancy and Modern Contraceptive Prevalence Rate.

STRATEGIES

1. Frame the FP narrative with an emphasis on the economic benefit/value of family planning at all levels
2. Promote FP as a national priority for achievement of improved quality of life and sustainable development
3. Update existing Investment Case for FP as a key developmental program and use as an advocacy tool to engage leadership and policy makers to promote inclusive budgeting for FP investment and accountability
4. Review existing FP Policies in order to identify critical gaps impeding equitable access to FP and delineate strategic steps to improve FP outcomes especially for young people and underserved populations
5. Integrate FP services (including adolescent responsive services) into the minimum service package for UHC and ensure full coverage of FP under the NHIS.
6. Strengthen stakeholder networks and coordination platforms to enhance integration and investment in FP.
7. Identify and position critical stakeholders (FMOH+CSOs) to engage Federal Ministry of Finance, Budget, and National Planning (FMFBNP) for inclusion in the review and development of national socio-economic development plan
8. Engage Religious and traditional leaders as allies in engaging FMFBNP in preparation and implementation of socio-economic strategy development
9. Unbundle the FP contributions to human capital development and the SDGs.
10. Deploy periodic dissemination of impactful visualization models and scorecards at national and subnational levels to demonstrate cost-savings related to procurement costs, reduced hospitalization, morbidity and mortality, financial gains from women in the workplace.

2 OBJECTIVE STATEMENT

To increase family planning access and choice from 12% mCPR to at least 27% through scaling up evidence-based, high impact practices that meet individual and family needs and rights-based services through total market approach by 2030.

Rationale

Nigeria has a rapidly growing population, with current population estimates at over 200 million (2021 NPopC projection), out of which about 46 million are women of reproductive age (WRA). With a total fertility rate (TFR) of 5.3, Nigeria's population is likely to reach 401 million by 2050, becoming the fourth most populous country on earth. (2021 NPopC projection) The low level of FP uptake is a major factor in the fertility pattern and population growth rate. The modern Contraceptive Prevalence Rate (mCPR is only 12% despite several efforts over the past decades, which calls for adoption of more innovative strategies and channels of service delivery. The private sector channels have proven to be viable as data indicates the sector provides about 60% of FP services even among the poorest women in Nigeria (provide reference). According to the NPHCDA Health Facility Assessment 2019, there are only 8,389 functional primary health care facilities out of the 25,607. This is grossly inadequate and cannot meet the needs of all women of reproductive age in Nigeria. Hence there is a need to employ high impact strategies to rapidly scale-up the provision of FP service.

There is also a huge opportunity to expand FP use for postpartum/post-abortion women, as only about 1% of women who had facility delivery use modern contraceptives within 6 months of delivery, despite the significant evidence that demand for FP is high during that period (provide reference).

STRATEGIES

1. Revision and dissemination of national policies and guidelines on Sexual Reproductive Health and Rights to ensure enabling environment for evidence-based HIPs for Family Planning.
2. Strengthen routine provision of FP, including PPFP information and services in all service delivery points and existing platforms such as ANC, PNC, MNCH weeks, outreaches and Immunization campaigns
3. Address the high demand for FP in the immediate post-partum and post-abortion period through high quality counseling and service at all service delivery points and scaling up services across all health facilities in the country
4. Adopt cost-effective integrated capacity-building approaches for FP
5. Scale up and coordinate the introduction of new and underutilized contraceptive technologies in order to expand choice for women and their families.
6. Broaden the public sector FP service delivery base through targeted infrastructural and human capacity development towards getting additional 50% functional health facilities to provide comprehensive FP information, services and supplies.
7. Continuous engagement with the private sector so as to improve access to quality FP services and involvement of the sector in national FP coordination platforms, like the NRHTWG
8. Implement the private sector engagement strategy to expand access to high-quality FP services
9. Scale up advocacy and local funding for the national contraceptives' procurement and support cost for last mile delivery of FP commodities, through implementation of the national guidelines for state funded procurement of FP commodities.
10. Intensify an integrated delivery of FP and PHC services through developing and rolling out a national integration plan that ensures FP is well situated within national PHC-Under-One Roof system in alignment with other integration plans including the Optimized Integrated Routine Immunization Sessions (OIRIS), the National Emergency Maternal and Child Health Intervention Centre (NEMCHIC) and Community Health Influencers, Promoters and Services (CHIPS).

11. Provide policy-driven and enabling environment for accelerated introduction of new and innovative contraceptive methods and strengthen use of self-care interventions to increase access and uptake of FP
12. Provide client-centered and human right-based integrated sexual and reproductive health and right service delivery including cervical cancer and gender-based violence using the Family planning platform.

Timeline: Over the next three years, progress will unfold as fol lows:

S/N	Activity	Timeline
1.	Develop or adapt relevant scale -up strategies and plans for implementation	December 2021
2.	Implement new policies (like private sector engagement strategy) and guidelines (like the self -care guideline) that support UHC and improve access to commodity funding locally.	June 2022
3.	Train providers and other regulatory groups	June 2023
4.	Review implementation and address gaps	December 2022
5.	Cover at least 70% of all possible channels of family planning service delivery including public and private with training and equipment	December 2023

OBJECTIVE STATEMENT 3

To strengthen the national family planning supply chain with a view to reducing stock out rates below 20%, increasing end-to-end data visibility and enhancing nationwide capacity for last mile assurance of family planning programme supplies by 2030

Rationale

The FMOH monitors the FP supply chain through the Procurement and Supply Management (PSM) subcommittee, which includes the Reproductive Health (RH) Division of the FMOH and partners involved in FP supply chain. This subcommittee is responsible for the contraceptive commodity security through annual forecasts, tracking and reviewing annual forecasts, contraceptive procurement progress, distribution to states and service delivery points.

The overarching issue that is to be addressed by the commitment objective related to the FP supply chain is the stock out of contraceptives at the service delivery points. The issue impacts significantly on the capacity to deliver FP services and finds its root in the following challenges across the thematic sub-areas of quantification, procurement storage and distribution:

- Incomplete or non-reporting from public and private sector health facilities
- Poor quality of available consumption data
- Non-availability and limited capacity to use LMIS reporting tools at some HFs
- Insufficient government counterpart funding (for contribution to the Basket Fund)
- Delays in obtaining various waivers required for clearing of commodities

- Administrative bottlenecks at the ports
- Long lead-times resulting from global manufacturer's capacity (Limited product options)
- Inadequate funding for last mile distribution by state governments
- Poor warehousing conditions at state level

In an effort to increase end-to-end visibility across the National FP supply chain, a number of initiatives and data platforms have been rolled-out over the years. These include the NHLMIS, the Global FP VAN, Last Mile Assurance activities and the FP Dashboard. These are targeted towards the public health sector and although they have improved visibility within this sector, the integration and interoperability between the data platforms is yet unestablished. The private health sector data opacity persists and remains a significant challenge in terms of under-reporting, data loss and data demand and use.

Some of the challenges in the procurement process include the delays in approving the supply plan to commence procurement, timely release of funds, recent global shortages of some FP commodities which has led to increasing lead-times and difficulty getting necessary waivers for customs clearance and administrative bottlenecks at the ports. All these occasionally cause depletion of emergency stock levels (i.e. below minimum of 9 months of stock) at the national warehouses.

The FMOH is responsible for long-haul distribution, while the state and local governments are tasked with the LMD. The long-haul distribution while largely effective is still plagued with bottlenecks related to delayed state reports, limited funding and commodity unavailability and delay in implementing scheduled distributions. Similarly, there are challenges with the last mile distribution to the SPDs. Presently, LMD of contraceptives

with the last mile distribution to the SPDs. Presently, LMD of contraceptives across the 36 states and the FCT are saddled with sustainability challenges as they are majorly donor/partner driven. Key challenges in the state-level commodity distribution include inadequate resources; particularly funding for commodity transportation. Previously, States raised money for distribution using a cost-recovery model derived from user fees charge for proving Family Planning services in public health facilities. However, the removal of user fees in 2011 resulted in a loss of this income at state level. This limitation in funds to support distribution costs to health facilities has stalled distribution and increased stock out rates. The Federal Ministry of Health with support from UNFPA has developed National Guidelines for state-funded procurement of contraceptive and this intervention presents a unique opportunity to increase domestic resource for Family Planning but also to mobilize resources for Last Mile Distribution for contraceptives.

STRATEGIES

1. Strengthen decision-making for National FP commodity quantification, supply planning and procurement at national and subnational levels
2. Mobilize domestic and sustainable financing from state and non-state actors for the Last Mile Distribution of contraceptives
3. Implement the National Guidelines for state-funded procurement of contraceptives with an emphasis on the dedication of 7-10% of the resources to last mile distribution.
4. Roll-out strategic partnerships with the private sector for effective integrated last mile distribution of family planning programme supplies
5. National and sub-national roll-out of Last Mile Assurance activities for improved accountability of the management of family planning programme supplies

Strengthen private sector reporting on national data platforms and databases (including the NHMIS and NHLMIS) through the deployment of digital transformation models

Timeline

S/N	Activity	Timeline
1.	National guidelines for state-funded procurement of contraceptives rolled out	August 2022
2.	Sustainable financing plan for Last Mile Distribution of Family Planning Programme Supplies is rolled out at national and sub-national levels	December 2023
3.	Public-private sector summit on Family planning supply chain and data visibility	April 2022
4.	Linkage of National and state Warehouse Management information systems, National Health Management Information System , National Health Logistics Management Information System and Global FP VAN completed	December 2024
5.	Last Mile Assurance of Family Planning programme supplies rolled out in 36 states and FCT	December 2025

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Focus Area:
Increase, Diversify and Efficiently Use Financing

OBJECTIVE STATEMENT 4

(FINANCIAL OBJECTIVE);

To improve financing for FP by allocating a minimum 1% annually of the National and State Health budgets equivalent to N4.7 Billion and N6.9 Billion respectively and leveraging both existing and additional innovative domestic financing mechanisms to increase financing for FP by 2030.

Rationale

The trend in allocation of the national health budget to FP has been consistently inadequate to meet the growing program needs. The proposed minimum 1% of the national health budget allocation to FP at all three tiers of government is to bridge identified gaps for commodity procurement, last mile distribution, systems strengthening, demand side financing and advocacy. Reprioritization of FP as an avenue to mainstream demographic dividends and a key component of UHC will allow for strategic changes within the current fiscal space. Positioning FP as an essential component of the government economic recovery and growth plan (ERGP) also needs to be backed up with adequate funding at all levels. Strategic engagement of the private sector and non-health actors will contribute towards improving efficiencies, complement funding and strengthen total market approach.

*Adjustment for inflation needs to be considered yearly.

STRATEGIES

1. Ensure release and efficient use of the FP component of the Basic Health Care Provision Fund for family planning interventions including robust community-based distribution of appropriate family planning commodities.
2. Ensure innovative financing mechanisms in areas such as health insurance (private and public), special development funds and other forms of private sector support.
3. Strengthen monitoring and accountability of budgetary processes including release of funds (increase in budget allocation, cash backing and release)
4. Reduce inefficiencies in FP financing using digital technology including digitization, public-private partnerships, and other cost-effective outsourcing strategies/mechanisms.
5. Expand Partnerships with public and private sector non-health actors to mobilize funding streams for Family Planning financing

Timelines

S/N	*Milestone*	*Timeline*
1	*Secure federal and state buy -in to allocating the calculated 1% of their health budgets to finance FP program.*	*2022*
2	*Mapping of private sector and non -health stakeholders to expand the resource base for domestic FP funding (present annual fiscal analysis emphasizing existing gaps)*	*2022*
3	*ICT landscape analysis for digitalization of FP programming in public and private sectors*	*2022*

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RIGHTS & NEEDS

Focus Area:
Improve system responsiveness to individual rights and needs.

5

OBJECTIVE STATEMENT

Strengthen the National and Sub National multi-stakeholder Accountability Mechanisms including CSOs (FP Motion tracker and scorecards)and the media structures to include key indicators for measuring and monitoring individual rights and needs by December 2023 through facility health and ward health development committees, SLAMs, RMNCAEH+N, NRHTWG,

Rationale

To ensure individual rights and needs are protected and clients are able to access quality family planning services which are readily available, non-discriminatory with privacy, confidentiality and informed choice at the centre of client's satisfaction

- Individual rights and needs are fundamental human rights and must be respected.
- An accountability mechanism ensures that stakeholders are willing to take responsibility for one's actions.
- All accountability mechanisms must be effective, transparent, and inclusive of all stakeholders.

- The accountability framework covers national and sub national level (State, LGA and Ward) levels
- The accountability mechanism will contain three interconnected processes – ***monitor, review and act*** – aimed at measuring, learning and continuous improvement.
- It links accountability for resources to results, i.e., the outputs, outcomes and impacts they produce.

STRATEGIES

1. High level advocacy to Hon. Ministers/Commissioners of Health, Finance Budget and National Planning OAGF, NGF, Agencies under the Presidency (SGF, National Population Commission, Bureau of Public Procurement, SDG Office), the parliament at the national and sub national levels to re-energize and re-organize the stakeholders' accountability platforms.
2. Strengthen accountability mechanisms, framework, plan and tools through the review, updating, implementation and dissemination.
3. Capacity building of key facility health and ward health development committees, CSOs, youths, media, vulnerable groups, health professional bodies and the private sector stakeholders on the updated accountability frameworks and plan.
4. Bi-annual monitoring and feedback of accountability mechanism, framework and plan to leaders at national and sub-national levels including the Local Governments and at the Ward levels.
5. Work with relevant MDAs (Federal Ministry of information, NOA, NAPTIP, Social welfare dept of the FMOWA, National Human Rights Commission) CSOs, youth and women groups, media and private sector to identify negative practices and reduce discrimination, including vulnerable groups and improve the involvement of men in reproductive and fertility issues such as policymaking and service delivery.

6. Reposition AYSRH and expand access to rights-based, youth friendly, FP information and services within public and private sector through implementation of all policies and guidelines that promote adolescent and youth agency to access a full range of FP methods at all levels.

7. Expand dialogues with all stakeholders, in particular the faith based and community leaders to promote shared understanding and decision making about FP

8. Advocate to relevant authorities to ensure enforcement of laws and strategies that promote gender rights, gender parity and equal opportunities (include 1 or 2 example of the laws) Child Rights act, VAPP act

9. Ensure strengthening of human and institutional capacity to supervise, monitor and coordinate gender-based activities at all levels

S/N	Milestone	Timeline
1.	National review and dissemination of accountability mechanisms, framework, plan and tools	December 2022
2.	Reconstitution of membership of national and sub -national accountability platforms in 36 states and FCT	January 2023
3.	Capacity building of accountability platforms in 36 states and FCT	June 2023
4.	Bi-annual monitoring and feedback of accountability mechanisms rolled out at National and Sub-national levels (36 states and FCT, including the Local Governments and at the Ward levels)	December 2023

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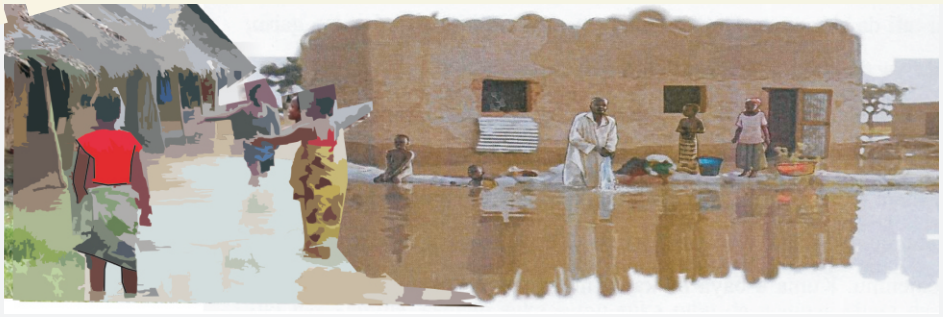
RIGHTS & NEEDS

Focus Area:
Improve system responsiveness to individual rights and needs.



EMERGENCY PREPAREDNEDNESS RESPONSE AND RESILIENCE

6

OBJECTIVE STATEMENT

Establish sustainable systems at national, state and LGA levels to respond to the SRH Needs of all citizens in humanitarian/fragile contexts, health emergencies and natural disasters.

Rationale

Nigeria has been faced with a number of complex humanitarian and public health emergencies. These include conflicts associated with insurgency in the North-East and banditry in the Northwest, the Cameroonian Refugees situation in the South-South and North Central, Flash Floods and most recently the COVID-19 pandemic, nationwide.

Populations affected in humanitarian and fragile contexts are approximately 8.7 million people in the North-East states (Borno, Adamawa and Yobe). Banditry violence has exposed 21 million to insecurity in Zamfara, Kaduna, Niger, Sokoto, Kebbi and Katsina states. About 66,899 Cameroonian refugees have relocated to host communities in Akwa-Ibom, Benue, Cross River and Taraba States. The index case of COVID-19 in Nigeria was announced on 27th February 2020 and by Mid-July 2021 over 169,206 confirmed cases of COVID-19 and over 2,126 mortalities has been recorded by the NCDC

"Improving access to contraception within an emergency response is a safe, effective, and cost-effective method of preventing unintended pregnancies and reducing maternal and newborn deaths, unsafe abortions, and pregnancy-related morbidities. Global data suggests that an additional 29% of maternal deaths could be reduced through the provision of contraception for women who desire to prevent or delay pregnancy at that time". However, as health systems are compromised in humanitarian/fragile contexts, public health emergencies and natural disasters access to contraception often decreases. It is noteworthy that even in these situations, the SRH needs (including contraceptive needs) of the affected populations do not cease to exist. Displacement and insecurity may even increase people's desire and need for contraception, at the same time as they experience increased barriers to access. Those fleeing an emergency may not be able to bring their contraceptives with them or obtain contraceptives at their site of refuge. Conflict, natural disasters and restrictions with public health emergencies such as COVID-19 are known to also expose women and girls to increased risks of sexual violence and subsequent unwanted pregnancy. "Further, people continue to have sex lives during an emergency. Women may wish to postpone or cease bearing children in emergencies for many reasons, including avoiding exposing newborns to the risks of displacement. The disruption of family and social support structures can further pose challenges, particularly for adolescents who, without access to adequate information and services, can be more at risk of exposure to unsafe sexual practices. It is therefore vital that contraception is properly integrated into humanitarian response and those services and supplies are made available to meet the demand in the affected population from the onset of an emergency".

STRATEGIES

1. Ensure that SRH is fully integrated, adequately costed and financed in multi-stakeholder national emergency preparedness response and resilience plans

2. Strengthen national, state and LGA level capacities for the implementation of the Minimum Initial Service Package for Reproductive Health in Emergency situations and the use of the Preparedness Toolkit for Sexual and Reproductive Health Care in Emergencies

3. Strengthen national capacities of government (program managers, supply chain managers and frontline health workers) and partners on the quantification, prepositioning, management of emergency supplies (Interagency RH kits, PPEs etc.) and integration into the national health product supply chain.

4. Deploy and/or scale-up access to innovative self-care interventions for Reproductive Health in humanitarian and fragile contexts (e.g., DMPA-SC self-injection)

5. Strengthen coordination, collaboration and partnership at national, state and LGA levels, including community-based mechanisms (including young people and vulnerable populations), on emergency preparedness response and resilience.

6. Establish a national monitoring and accountability mechanism for the implementation of sustainable systems at national, state and LGA levels to respond to the SRH Needs of all citizens in humanitarian/fragile contexts, health emergencies and natural disasters.

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Social & Gender Norms

Focus Area:
Transform Social and Gender Norms

7

OBJECTIVE STATEMENT

To reduce social and gender norms hindering women and girls' agency and autonomy, and access, including those of men, young people, people living with disability and key vulnerable populations, to rights-based family planning information and services by 2030

Rationale

- Social norms and expectations are evidently driving high fertility desires (up to about 7.4 children per woman in some states) in the country. It is noteworthy that self and partners opposition to FP is high (close to 30%) and over 25% of 15–19-year-old women in the northern part of Nigeria have already begun childbearing.

- Percentage of adolescent 15-19 years old who have begun childbearing in Nigeria is 18.7% (23% in the North; 8% in the South). mCPR among young people aged 15 – 19 years is only 2% in married women and is 15% in unmarried sexually active young women. The proportion of sexually active youth who want no additional children or want to postpone having children but are not using a modern contraceptive method for married (15-19) 12% and for unmarried sexually active women is 23%

- Experience of violence: Among women aged 15-49, 31% have experienced physical violence and 9% have experienced sexual violence; 6% of women have experienced physical violence during pregnancy. Spousal violence: 36% of ever-married women have experienced spousal physical, sexual, or emotional violence. The prevalence of one or more of these forms of spousal violence was higher in 2018 than in 2008 (31%) and 2013 (25%). Based on the evidence above, Gender-based violence is high in Nigeria, which is expected to be aggravated by the effect of the COVID-19 pandemic lockdown measures across the country.

STRATEGIES

1. Work with important stakeholders including religious, traditional and women groups and service providers in the private and public sector to improve the agency and choice, build the autonomy of women and girls in taking decisions, tackle opposition to family planning and empower women.

2. Recommit to widespread intersectoral collaborations with other Ministries, Departments and Agencies (MDAs)[such as the Ministries of Justice, Education, Youth and Sports, Women Affairs, Humanitarian Services and others as well as other bodies such as the National Human Rights Commission, National Orientation Agency (NOA), CSOs] to enact and implement policies that protect the rights of women, children and girls including right to girls' child education.

3. Work with local and international partners to facilitate learning and to establish and strengthen practices to address the influence of social and traditional norms and practices in a wide range of interrelated RMNCAEH+N issues in the country. properly tackle discrimination against individuals, underserved communities, poor and vulnerable individuals.

4. Work with relevant agencies and women groups to identify and properly tackle discrimination against individuals, underserved communities, poor and vulnerable individuals.

5. Implement a gender synchronized approach to male involvement, enhance respect of women's bodily autonomy, increase couple communication (in general and about fertility desires and FP) and joint decision-making.

6. Reposition AYSRH and expand access to rights-based, youth friendly, FP information and services through implementation of all policies and training manuals that promote adolescent and youth agency to access a full range of FP methods at all levels.

7. Promote civil society (including private sector) and media participation in identifying negative practices and promoting positive behaviors that protect the sexual reproductive health and rights of women, young people and other vulnerable groups.

8. Expand dialogues with all stakeholders, in particular the faith based and community leaders to promote shared understanding and decision making about FP

9. Enforce laws and strategies that promote child rights, gender rights, gender parity and equal opportunities.

10. Strengthen human and institutional capacity to supervise, monitor and coordinate gender-based activities at all levels

S/N	ACTIVITY	TIMELINE
1.	Identify and strengthen the involvement and leadership of government existing Communities of Practice to influence social norms	June 2022
2.	Develop and/or adapt communication and enlightenment materials on key social and gender practices that are harmful to RMNCAEH+N and begin to use them	December 2022
3.	Plan and begin systematic engagement process with religious, cultural and traditional leaders on gender barriers and gender justice for health with the aim of buildi ng their willingness and capacity to engage in the process	March 2023
4.	Establish a social norms sub -committee under all major coordination platforms that FMOH uses especially the RMANCAEH+N Coordination platform and invite widespread multi-stakeholder participation from all MDAs and bodies that work on human and woman rights	December 2022

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Data & Evidence-Informed Decision Making

Focus Area:
Drive Data and Evidence-Informed Decision Making

OBJECTIVE STATEMENT

8

To reinforce the use of data to inform evidence-based policy actions and program strategies at all levels through improved accountability in data generation and empowerment of data producers and users by 2030.

Rationale

- Use of evidence including setting a realistic target and consistent use of tools and processes to track progress, including use of consensus meeting using FPET was responsible for success in most of the eleven countries that made progress towards their FP2020 goals

- There is a need to ensure we set realistic targets by using available data. For instance, the current FP Blueprint targets reaching the goal of 27% by 2024, which requires our annual mCPR increase is 5.1%. However, using our historical data, Nigeria grows by an annual rate of only 0.4%. In addition, the global average is 0.7%. (Source Track20 Analysis of data 2012 - 2020). Data generation, transmission and use has been consistently poor in the country.

- Data generation, transmission and use has been consistently poor in the country.
    - Generation/transmission: Many reporting public and private facilities still do not report accurately nor timely and most private facilities do not report into the national reporting system (DHIS2). There is a shortage of manpower to record data at facility level leading to challenges in getting facility level data to the M&E for input into the reporting system. There is also poor coordination between FP units and the M&E units. There is also inadequate provision to capture key FP data from private and community levels service delivery (Community pharmacists and PPMVs).
    - Data visualization and quality/analysis: There is poor quality of data at the community level and limited proficiency in data management and analysis by the data officers.
    - **Data use:** There is dearth of capacity to use data for decision -making at all levels and inadequate platforms to analyze data for use. Although scorecards to view and review performance are available, many states do not have and/or are using these score cards

- Based on a recent demand curve analysis represents the likely maximum mCPR that could be reached given the level of demand (Track20), there is a need to target different strategies at different regions of the country, which can only be done by specific focus and consistent analysis of routine data.

STRATEGIES

Consider actions related to shaping the policy agenda, transforming social and gender norms, and improving systems.

1. Strengthen the use of country data (statistics, surveys, studies etc.) to set realistic goal and modeling to focus on priority interventions to scale.

2. Harmonize the national FP data hubs (DHIS-2, eLMIS, FP dashboard & any other family planning visualization) into one uniform platform and under one monitoring framework for ease of data collection, use and accountability.

3. Define key indicators and be systematic in using digital monitoring and analysis techniques such as the FPET to track progress. Indicators should measure progress across the spectrum for instance:
    - Enabling environment including financing and funding of data infrastructure at all levels financial protection, FP in overall government policies ownership and accountability structures etc.
    - Processes such as contraceptive supply chain and elimination of stock-outs and availability of trained providers and services, including in crisis-affected parts of the country
    - Outputs especially information and service provision such method information index and quality of services provided, storage systems etc.
    - Outcomes including mCPR, demand satisfied unmet needs of FP, etc.
    - Impact such as adolescent birth rates and other demographics, pregnancies averted etc. (to be detailed in the FP Commitments results framework)

4. Establish and leverage n existing data platforms and processes across the country such as the annual/bi-annual data consensus, LMCU, state FP reviews TRAC meetings, review and re-supply meetings etc. o bring stakeholders (policy makers, programme managers and others together to review, discuss and use data as basis for decisions such as for annual and quarterly FP work plans and activities including supply planning, etc.

5. Identify and utilize opportunities to strengthen and optimize capacity of data producers and users with an emphasis on implementing incentives to motivate private health sector reporting and FP data demand and use.

Timeline

S/N	Milestones	TIMELINE
1.	Annual FPET estimates and data Consensus Meetings are institutionalized	January 2022
2.	Improved reporting rates by private health sector institutions on the DHIS2	June 2024
3.	Data infrastructure is upgraded to optimize the functionality of NHMIS, NHLMIS, FP dashboard, WMIS	March 2024
4.	Existing national and state level policies/strategies/plans reviewed with revised evidence-based targets	On-going
5	Existing opportunities for strengthening and optimizing capacity of data producers and users mapped and regularly updated at all levels.	March 2022

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COMMITMENT CONSULTATION PROCESS

The commitment-making process began with a declaration of intent to make FP2030 Recommitments made by Honorable Minister of Health Dr. Osagie Ehanire on the platform of the launch of the final FP2020 Report in January 2021. The Nigerian Federal Ministry of Health thereafter established a technical committee made up of the FMOH, UNFPA, WHO, TSU, CHAI and AHBN to commence the process in March 2021.The committee was tasked with the following responsibilities: Review all the available tools and resources for Nigeria's FP2030 recommitment process, Develop draft FP2030 Recommitments.

The technical committee undertook a preliminary stakeholder mapping exercise to ensure an inclusive and transparent process. Key outcomes of the process were the identification of the inter-sectoral collaborations required for a successful process, the active and early engagement of stakeholders including the National Human Rights Commission, CSOs and young people.

The membership of the committee also collaborated with Civil Society Organizations led by AAFP on April 22nd 2021 to facilitate conversations on setting the stage for FP2030 Commitments and the role of Civil Society in the development of robust accountability mechanisms for the FP2030 commitments and mobilizing civil society and youth-led organizations for the development, implementation and monitoring of FP2030 commitments at all levels.

The committee also reviewed the FP2030 Recommitment Toolkit Resources and recommended key National priorities and identified national frameworks, national policies, regional and global

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COMMITMENT CONSULTATION PROCESS

Commitments that the national commitments will be aligning with. Finally, the committee developed a zero draft of Nigeria's FP2030 Re-commitments, proposed key activities and developed a draft timeline for the completion of Nigeria's FP2030 re-commitment process.

A series of multi-stakeholder consultations with national and sub-national representation from government, development partners, CSOs, young people, academia, women groups, media were held to further refine the draft FP2030 recommitments and to consider feedback received from the FP2030 secretariat. Notably, the first stakeholder meeting for the FP2030 Re-commitment process held in Lagos on the 28th June - 2nd July 2021, the second stakeholder meeting held in Kano on 12th – 16th July 2021, the FP2030 focal point meeting held in Kano to review the feedback form the FP2030 secretariat from the 6th -10th September 2021 and the validation meeting for the FP2030 commitments takes place September 16th -17th 2021

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COMMITMENT ACCOUNTABILITY APPROACH

Nigeria will strengthen existing national and sub-national mechanisms to ensure mutual accountability for the FP2030 commitments. All existing accountability mechanisms and framework will be reviewed and updated at national and sub-national levels to include key stakeholders and indicators for measuring and monitoring individual rights and needs.

The National RMNCAEH+N Multi-stakeholder Coordination Platform and the NRHTWG platforms have provided avenues for government and other stakeholders, including CSOs and YLOs at national and sub-national levels, professional associations, academia, commercial stakeholders, interfaith and traditional leaders and the private sector to interact, coordinate efforts and hold each other accountable. The FP2020 approved Motion Tracker tool has been used by the NRHTWG to track national financial and non-financial commitments. These platforms will be strengthened by including additional structures such as youth led organizations, women groups, interfaith groups, health professional bodies, people living with disabilities associations, Population TWG, Community of practice on demographic dividend, Nigerian Governor's Forum, Office of the Accountant General of the Federation and States, National and State Budget Offices, relevant health, and appropriation committees of the parliament at the National and sub national levels to enhance the processes of tracking the current (FP2030) commitments. The use of existing tools including the Motion Tracker and FP budget scorecards will be improved with better national data and analysis from key partners including Track20 and made more regular - quarterly and on annual basis. Presentations at both National and State RMNCAEH+N platform and TWG meetings will keep commitments visible, highlighting progress, and fostering partners' participation, engagement, and ownership to address bottlenecks and ensure mutual accountability.

The National and State RMNCAEH+N platform will ensure engagement and capacity of elected officials including members of national and state

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assemblies and ministry of finance officials by creating sub-committees for their engagement in tracking financial and non-financial commitments and address the gaps.

Mutual accountability where governments are obligated to deliver on the commitments they have made, and civil society partners are engaged to support the government to deliver on the commitments and monitor progress:

The Federal Government, through the Federal Ministry of Health (FMOH), initiated and led the recommitment process, and commits to providing leadership through the Platforms of Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health (RMNCAEH+N), National Reproductive Health Technical Working Group (RHTWG), Nigeria Roadmap for Harnessing Demographic Dividend (DD Roadmap) and Population Technical Working Group (PTWG) to coordinate and monitor the implementation of the commitment, using the motion tracker tool, score cards and the regular media engagement and press releases, in collaboration with Civil Society Organisations (CSOs), media groups, and youth-led organizations/networks. The commitment will be approved by Federal Executive Council (FEC) and signed off by Mr. President signaling the highest level of commitment in the country. FMOH commits to setting up a task team that will be embedded in the process of developing and implementing the new Economic Recovery and Growth Plan (ERGP) and any other national socio-economic development plans and frameworks. Further to the above, the Ministry commits to developing and sharing Annual Reports with FP2030 Partnership Secretariat and other stakeholders in-country. Engagement with the CSO and Legislative Interactive Platform on Budget will be sustained.

Bottom-up accountability approach that elevates the role of civil society and youth partners:

The participation and engagement of civil society and young persons at the sub national levels will be strengthened by ensuring adequate representation and participation in relevant committees and mechanisms of the RMNCAH + N platforms at State and LGA levels that track and report on financial and non-financial commitments.

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COMMITMENT ACCOUNTABILITY APPROACH

The FP2030 Country CSOs and Youth Focal Persons will be supported to establish loose advisory committees from their constituencies that promote two-way traffic of information sharing aimed at promoting mutual accountability.

The capacity of the CSOs and Young persons will be built through technical assistance by development partners and relevant government agencies to develop their accountability framework and skills to monitor progress made on a bi-annual basis. They would work with the Office of the Accountant General of the State, Budget Offices at State levels, relevant health, and appropriation committees of the parliament at the States and LGAs levels to enhance the processes of tracking the FP2030 commitments.

At the sub-national level, SLAMs which are multi-stakeholder coalitions made up of government, health professional associations, media, civil society, women groups, youth organizations, interfaith groups, people living with disabilities associations and traditional institutions will act as a bridge between government officials and citizens that promotes transparency and accountability of financial and non-financial commitments.

Meaningful participation of traditionally underserved and overlooked groups, for example, youth-led organizations through existing and new *inclusive* platforms, in implementation and monitoring of progress:

The Federal Government committed to an inclusive and meaningful participation in the development of the recommitment process. This was demonstrated through the full participation of State governments, the youth/youth-led organizations, civil society organizations, and implementing partners. Appropriate steps have been put in place to ensure continuous and inclusive engagement of the youth groups, women groups, and other vulnerable/marginalized population to collaborate with relevant Federal and State Ministries, Departments and Agencies (MDAs) in the Commitment implementation and monitoring process.

Participation of these stakeholders in the different platforms mentioned above for coordination, implementation and monitoring of the commitment will be ensured.

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Visibility and transparency in sharing information on country progress towards meeting the commitments:

Visibility and transparency are essential to monitor progress towards country targets by ensuring that information on progress made on the implementation of the country's commitments is available to all key stakeholders, including CSOs and the global community, in a timely manner. Nigeria will explore the use of new and existing platforms such as the National Family Planning Dashboard, FP2030 global resources, Track 20 Progress Brief, Technical Working Groups Monitoring Committees (Reproductive Heath Technical Working Group, National Population Management Committee, etc.), Development Partners' Forum, National FP Data Consensus Meeting, CSO Coalition Forum and Media Engagement Platforms as well as other relevant data gathering and reporting mechanisms to ensure visibility in tracking progress from budgeting, allocation, release and expenditure.

The institutionalization these structures will ensure that relevant authorities could be held accountable for their commitments and related actions/inactions. The roles of the public and private sectors as well as CSOs are crucial to support advocacy, track, and report country progress towards commitments. Success will be dependent on early engagement of all relevant stakeholders to institutionalize the process and ensure active involvement and participation. The establishment of a system for annual review of progress data through identified multi-stakeholder fora to monitor the country's commitments and develop country-specific self-assessment reports will be made available to the international and local communities through media and press releases.

TRANSPARENCY AND ACCOUNTABILITY PROCESS

Nigeria's FP2030 Partnership Recommitment process commenced on 26th January 2021 when the Honourable Minister of Health committed to provide leadership. This was at the FP2020 Event themed “FP2020 Celebrating Progress, Transforming for the Future”. After this, the Honourable Minister approved series of engagements with relevant stakeholders in-country to identify, discuss, agree on issues to be covered in

the country's commitment and produce draft Commitment for consideration.

The Federal Ministry of Health, leading and coordinating the process, set up a Technical Committee to develop the Concept Note, Timeline, and preliminary list of issues to be addressed through the recommitment process. Members of this committee were drawn from Reproductive Health Division, FMOH; United Nations Population Fund (UNFPA); World Health Organization (WHO); Clinton Health Access Initiative (CHAI); M-SPACE; John Snow Inc; and Africa Health Budget Network (AHBN). The initial output of the committee was the basis for the Honourable Minister's "Statement of Commitment to the FP2030 Partnership Agenda" which he made on 6th April 2021 at the last meeting of FP2020 Reference Group. The Minister pledged to work with other stakeholders for a smooth transition from FP2020 to FP2030 Partnership.

Formal and informal consultations and stakeholders' meetings took place and enabled participation of relevant individuals and organizations in the development, launching and dissemination of Nigeria's FP2030 Commitments. Some of the organizations included:

1. **Government**
   - i. Federal Ministry of Health
   - ii. National Primary Health Care Development Agency
   - iii. Federal Ministry of Women Affairs
   - iv. National Emergency Management Agency (NEMA)
   - v. State Emergency Management Agency (SEMA)
   - vi. National Population Commission
   - vii. National Health Insurance Scheme
   - viii. Cross River State Ministry of Health
   - ix. Lagos State Ministry of Health
   - x. Ebonyi State Ministry of Health
   - xi. Plateau State Ministry of Health
   - xii. Kano State Ministry of Health
   - xiii. Kaduna State Ministry of Health
   - xiv. FCT Health and Human Services Secretariat
   - xv. Borno State Ministry of Health
   - xvi. Kwara State Ministry of Health

2. Donors/Implementing Partners

i. United Nations Population Fund
ii. Bill and Melinda Gates Foundation
iii. Foreign, Commonwealth and Development Office
iv. World Health Organization
v. United States Agency for International Development
vi. John Snow Incorporated
vii. Pathfinder International
viii. Planned Parenthood Federation of Nigeria
ix. Marie Stopes International Organization of Nigeria
x. Ipas
xi. Society for Family Health
xii. Track20
xiii. Development Outcomes
xiv. JHUCCP Nigeria
xv. Africa Health Budget Network
xvi. ACIOE Associates
xvii. dRPC
xviii. Clinton Health Access Initiative (CHAI)
xix. MSD
xx. SOGON
xxi. Jhpiego
xxii. Touch Life Development and Health Initiative
xiii. Medical Women Association of Nigeria (MWAN)
xxiv. Reproductive Health Network of Journalists

3. Civil Society organizations

i. Association for the Advancement of Family Planning (AAFP)
ii. Africa Health Budget Network (AHBN)
iii. National Council of Women Societies (NCWS)
iv. Medical Women Association of Nigeria (MWAN)

4. Youth-led Organizations

i. Global Girls Hub Initiative
ii. Stand With a Girl Initiative
iii. African Youth and Adolescent Network on Population and Development (AfriYAN)
iv. Enhancing Communities Action for Peace and Better Health Initiative (e-CAPH)

5 Academia

i. University of Jos
ii. University of Ibadan
iii. Bayelsa State Medical University

6. Media

i. Network of Reproductive Health Journalist of Nigeria

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COMMITMENT ACCOUNTABILITY APPROACH

Social accountability mechanisms at the subnational level that engage civil society and citizens, including young people:

Nigeria's accountability mechanism adequately engages CSOs and citizens, including young people and other vulnerable populations to ensure adequate sub-national civic engagement in demanding accountability. All National platforms including the National Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health plus Nutrition (RMNCAEH+N) Multi-stakeholder Coordination Platform, the National Emergency Maternal and Child Health Intervention Center (NEMCHIC) and the National Reproductive Health Technical Working Group (NRHTWG) which are/shall be available at the Sub-National level, would be engaged to strengthen social accountability. All these platforms have significant participation from the CSOs.

Other platforms that ensure engagement of citizens at the Sub-National levels include the State Led Accountability Mechanisms (SLAMs), multi-stakeholder coalitions comprising Government, health professional associations, the media, civil society, and traditional institutions, will act as a bridge between Government officials and citizens to promote transparency and accountability of the financial and non-financial commitments; the Transparency, Accountability and Capacity (TRAC) platforms, which is a peer-to-peer mechanism between state leaders, NGOs and CSOs at the Zonal, State and LGA levels as well as the Inter-faith Fora, will bring religious and traditional leaders in contact and exact accountability on government decisions.

Alignment with other national processes for monitoring other country commitments such as EWEC, ICPD+25, etc.:

To ensure alignment with international, regional, and national processes, the country will continue to leverage on the existing platforms such as the Demographic Dividend Secretariat in the National Population Commission which coordinates and oversees Demographic Dividends; FP2030 Partnership; Technical Working Group on Health Care Financing as well as other relevant stakeholders at the National Assembly, Ministries of Women Affairs; Finance,

Budget, and National Planning; National Population Commission; National Bureau of Statistics; etc.

FP indicators will be incorporated as part of annual reporting to Every Woman Every Child Global Strategy (EWEC), International Conference on Population and Development (ICPD+25), Global Financing Facility (GFF), Universal Health Coverage (UHC) 2030, Sustainable Development Goals, Basic Health Care Provision Fund, local commitments in the national and subnational Family Planning Blueprint, the revised National Population Policy 2021, Mid-term Development Plan 2025-2030; 2030-2050, Long term perspective plan 2050 and Economic Recovery and Growth Plan, etc. The government will also strengthen existing platforms and identify new ones for CSOs to help shape commitments and to participate in implementation and monitoring of progress. Stakeholders shall ensure full participation of NGOs and Young People as members of the country mechanisms and structures to promote accountability and transparency.

The country will also build and strengthen synergies with PPPs through proactive engagements, while leveraging and integrating the FP2030 indicators into the existing monitoring framework. The Government and other stakeholders will ensure efficient deployment of the strategies outlined in the National Private Sector Engagement Strategy, particularly leveraging on the resource mobilization potential to address supply chain challenges.

The country process for annually (or more frequently) reviewing data on progress and sharing that data with partners.

The country currently has robust mechanisms to regularly review data. These mechanisms would be optimized in line with the country's intention to drive data and evidence-informed decision-making. There should also be a minimum of one annual data consensus meeting to validate national data for planning purpose

At the LGA level, data review and Data Quality Assurance (DQA) meetings are conducted monthly in order to feed into similar bi-monthly meetings, such as IMPACT team meetings, FP review and re-supply meetings and technical working

g group (TWG) meetings at the state level. State level data control rooms (Data Labs) bring program officers on a monthly basis, to review priority indicators and share findings with stakeholders as a way to strengthen evidence transmitted to the national level. At the zonal level, quarterly TRAC meetings enable government and partners from same geopolitical zones to review progress, learn from each other and take evidence-based decisions.

At the national level, both quarterly RHTWG and bi-annual FP technical review meetings provide avenue to review and update progress with government and relevant stakeholders, including private sector partners, CSOs, YLOs, donors, implementing partners and state level FP Coordinators. The RMNCAEH+N Platform is a new initiative that will also use data to track progress and share with high level government and private sector leaders for more strategic decision-making.

Remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights in approximately:

In the event of lack of progress, mechanisms are in place to ensure remedial actions are taken. These include ensuring appropriate people attend and participate in all relevant coordination meetings by sending timely reminders, regularly reviewing roles and responsibilities of stakeholders and following-up on actions and decisions. There are also robust measures and evidence-based processes for identifying, discussing and addressing data gaps and lapses at all operational levels. Current platforms being used have leadership teams that escalate issues to appropriate quarters and provide authority to implement remedial issues. As necessary, relevant Government institutions responsible for safeguarding the rights of citizens will be engaged to continue to pay appropriate attention to deliberate hindrances to, and violations of people's ability to access SRHR

In case of violations of sexual and reproductive health and rights, engagement is established and would be intensified with relevant Government Ministries, Departments and Agencies (MDAs) such as NAPTIP, Ministry of Justice, Ministry of Women Affairs and Ministry of Humanitarian Affairs, Disaster

Management and Social Development; Legal Aide Council, the Nigeria Police Force, Civil Society Organizations, Human Rights Commission other Partners and key stakeholders responsible for implementation of extant laws to work out modalities for improving implementation.

Funding of the above stated Accountability Approach:

Current accountability platforms (described above) are jointly funded by government and its partners. These include for instance the Review and Re-Supply Meetings (UNFPA); IMPACT Team Model (UNFPA), TRAC Meetings (BMGF), etc. All these platforms will be continued and advocacy will be intensified to ensure they are sustained.

Within governments there will be sustained advocacy to key policy makers (National and States Assemblies, Ministries of Finance, Budget, and National planning) to allocate more funds for accountability approaches. The FP 2030 commitment will be included in the Medium-Term Expenditure Framework and Fiscal Strategy Paper (MTEF/FSP) at the Federal level.

Advocacy will be carried out to local and international donors and philanthropists to secure their buy-in to provide funding for the FP 2030 commitment accountability approaches thereby expanding the fiscal space for accountability. In addition, advocacy will be conducted to organized private sector players including corporate bodies to generate funds and other relevant resources to support accountability approaches.

Technical Assistance needed to fully implement the above Accountability Approach:

The Federal and States Ministries of Health, National Primary Health Care Development Agency (NPHCDA), State Primary Health Care Development Agencies/Boards (SPHCDA/B) and other relevant line Ministries in collaboration with other stakeholders will provide a platform for providing necessary technical assistance and coordination.

The FMoH will leverage on existing TA platforms. These include, but not restricted to the Technical Support Unit (TSU), NRHTWG, Sexual and Reproductive Health Community of Practice (SRHCoP), Association for the Advancement of Family Planning (AAFP), Track 20 and FP Cape.

COMMITMENT ACCOUNTABILITY APPROACH

There is also more general, regular TA from major development partners including UNFPA, WHO, USAID as well as FP2030 Partnership.

In addition, there will be strengthening of these mechanisms at the sub-national levels, including the FP Advocacy Core Groups (ACGs), Advocacy Working Groups, Media forum, Interface forum, FPTWG and FP SBC Committees. In effect, the FMoH will deliver on its national accountability mechanism building on experiences of all stakeholders, including local and international donors and partners and ensure local ownership.

There will be strengthening of linkages with Civil Society Networks to improve programming, funding and increase visibility of FP as well as hold government to account.

Additional information:

To ensure that government at all levels live up to their promises, it is necessary for key members of the FP 2030 partnership (local and international) to conduct regular and sustained high level advocacy to facilitate complete and timely release of budgeted/pledged funds and other resources.

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COMMITMENT DEVELOPMENT AND LAUNCH TIMELINE

S/N	ACTIVITY	TARGETED PARTICIPANTS	SUGGESTED TIMELINES
1	National Launch of the Nigeria FP2030 Recommitments by the HMH	All in -country Stakeholders and Global Partners	9th March, 2022
2	Global Launch of the Nigeria FP2030 Recommitments by the HMH	Global Community	November, 2021
3	Sub-National Stakeholder Consultations on the basis of Focal States by Donor and Implementing Partners	FMOH, SMOH, Line MDAs at the federal and state levels Implementing Partners CSOs, Youth led Organizations, FBOs, CBOs	March - August 2022

i ACAPS Overview of Nigeria Northwest banditry overview, https://www.acaps.org/country/nigeria/crisis/northwest-banditry
ii UNHCR Operational update may 2021, https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR%20Nigeria%20-%20Cameroonian%20Refugees%20Operational%20Update%20-%20May%202021.pdf
iii NCDC dashboard 17th July 2021, https://covid19.ncdc.gov.ng/
iv Saifuddin Ahmed, Qingfeng Li, Li Liu, and Amy O Tsui, "Maternal Deaths Averted by Contraceptive Use: An Analysis of 172 Countries," The Lancet 380, no. 9837 (July 14, 2012), p. 111–125, https://doi.org/10.1016/S0140-6736(12)60478-4
v Minimum Initial Service Package MISP For Sexual and Reproductive Health (SRH) in Crisis Situations, https://iawg.net/resources/minimum-initial-service-package-distance-learning-module/unit-six-prevent-unintended-pregnancies
vi Minimum Initial Service Package MISP For Sexual and Reproductive Health (SRH) in Crisis Situations, https://iawg.net/resources/minimum-initial-service-package-distance-learning-module/unit-six-prevent-unintended-pregnancies

- vii Social norms and expectations drive high fertility desires and self/partner opposition to FP (29% opposed) – NDHS 2018
- 26% of women age 15-19 in the North have begun childbearing (compared to 19% nationally) – NDHS 2018
- Over 60% of women in the lowest wealth quintiles seek FP and PHC services in the private sector - Global Health: Science and Practice Journal – PMA2020

FP 2030 Nigeria Commitment

Launch of Nigeria's FP 203 COMMITMENT

and other Reproductive Health Policy Documents