



**AFRICA HEALTH
BUDGET NETWORK**

**THE MOTION TRACKER
APPROACH:
FP2030 COMMITMENTS
PROGRESS REPORT**

THE *m*OTION TRACKER

Reporting Period: *January to December 2024*

Contents

ACRONYMS	3
MWANMedical Women’s Association of Nigeria	3
NMANigeria Medical Association	3
SOGOSociety of Gynecology and Obstetrics of Nigeria	3
ACKNOWLEDGEMENT	4
EXECUTIVE SUMMARY	5
CHAPTER 1: INTRODUCTION	9
Objectives	11
CHAPTER 2: METHODOLOGY USED	12
Sampling technique	12
Data Sources	12
Data collection techniques	12
Data collection timelines	13
CHAPTER 3: PROGRESS BY PARTNER CONTRIBUTIONS	14
CHAPTER 4: MEDIA COVERAGE AND VISIBILITY [1-2 pages]	63
CHAPTER 5: OVERALL RECOMMENDATIONS AND CONCLUSION [1-3 pages]	68
Recommendations	68
Conclusion	69
ANNEXES	70

ACRONYMS

AHBN	Africa Health Budget Network
AYP	Adolescent Youth Policy
BHCPF	Basic Health Care Provision Fund
CAAP	Collaborative Advocacy Action Plan
CCW	Central Contraceptive Warehouse
CHIPS	Community Health Influence Promotion and Service
CLMS	Contraceptive Logistics Management Systems
CSOs	Civil Society Organizations
DHIS	District Health Information System
EPMM	Ending Preventable Maternal Mortality
FMoH&SW	Federal Ministry of Health and Social Welfare
FOMWAN	Federation of Muslim Women Association of Nigeria
FP	Family Planning
HCWs	Health Community Workers
H-IUD	Hormonal Intrauterine Device
IUD	Intrauterine Device
LARC	Long-Acting Reversible Contraceptives
LGA	Local Government Area
LMA	Last Mile Assurance
LOC	Local Organizing Committee
MC	Modern Contraceptives
mCPR	modern Contraceptive Prevalence Rate
MMR	Maternal Mortality Ratio
MPCDSR	Maternal, Perinatal Death Surveillance and Response
MWAN	Medical Women's Association of Nigeria
NCH	National Council on Health
NGO	Non-Government Organization
NHIA	National Health Insurance Authority
NHMIS	National Health Management Information System
NHSRII	Nigeria Health Sector Renewal Investment Initiative
NMA	Nigeria Medical Association
NSHDP2	National Strategic Health Development Program II
PHC	Primary Health Care
PPFP	Post-Partum Family Planning
PSE	Private Sector Engagement
RH TWG	Reproductive Health Technical Working Group
RMNCAEH+N	Reproductive Maternal Newborn Child, Adolescent and Elderly Health Nutrition
SOGON	Society of Gynecology and Obstetrics of Nigeria
SRHR	Sexual Reproductive Health and Rights
SWAp	Service-Wide Approach
TBA	Traditional Birth Attendant
UHC	Universal Health Coverage
VAPP	Violence Against Persons Prohibition
WCBA	Women of Child-Bearing Age

ACKNOWLEDGEMENT

In making the project and reporting a success, the role of the Federal Ministry of Health and Social Welfare (FMoH&SW) is highly recognized as a key player in the Family Planning (FP) Program, especially the Family Health Department of the FMoH&SW. The department host the Reproductive Maternal Newborn Child, Adolescent and Elderly Health Nutrition (RMNCAEH+N) secretariat. The Family Planning Division of the FMoH&SW is also recognized.

Our appreciation is extended to the Kano State Government, especially the Ministry of Health that is responsible for coordinating the FP program in the State. The government has been open to working with other stakeholders in the state to promote FP services for improved uptake.

Moreover, we acknowledge the efforts of key partners including the – Association for the Advancement of Family Planning (AAFP) and the FP2030 Secretariat that all supported in advocacy for promoting family planning accountability and transparency.

We would also like to appreciate the invaluable feedback of all the NGOs at the national and Kano State that provided their contributions to the progress made towards the FP2030 commitments in this report.

The Africa Health Budget Network (AHBN) team comprising Dr. Aminu Magashi Garba, Amina Haladu, Dr Opeyemi Adeosun, Sadiq Malami and Abigail Ogah played important roles and their effort is recognized. The Support from the Samasha Medical Foundation team is also well appreciated.

EXECUTIVE SUMMARY

With funding and collaboration with Samasha, an NGO based in Uganda that provides technical support on the Motion Tracker, the Africa Health Budget Network in Nigeria (AHBN) used the Motion Tracker which was developed by Samasha to track progress on FP2030 commitments. These commitments unite key actors from the government, civil societies, young people, private sector and donors among others. The Motion Tracker is to effectively translate global commitments into local action by fostering partner participation and engagement to realize these global commitments. The Nigeria FP2030 commitment document was officially launched on 9th March 2022 by the Honorable Minister of Health after several stakeholders' meetings and consultations were held. The commitments ranged from policy/political, financial, and service delivery.

The adoption of the Motion Tracker Approach (MTA) in Nigeria is critical to providing accountability mechanisms for tracking her FP2030 commitments as agreed by all relevant stakeholders. This Approach is a CSO-led for achieving government commitments through *building alliances, driving change* and *strengthening accountability*. In Nigeria, the Motion Tracker was first used in the year 2022 to track progress and report the contributions of key stakeholders working to ensure that the eight commitments Nigeria made on FP2030 are met. Africa Health Budget Network in Nigeria is serving as a neutral convener, bringing together CSOs conducting advocacy, promoting accountability and implementing family planning programs and will galvanize efforts of other stakeholders towards using the Motion tracker in Nigeria.

The Nigerian Government committed to eight commitments towards achieving FP2030. There are various commitments which are at different progress level as shown in the findings of this report. Working through the eight commitments, strengthening integration of family planning into Nigeria's socio-economic development has been one of the main priorities of the FP program in Nigeria. All stakeholders are aware of the need to institutionalize all the initiatives and strategies of the Nigerian government which are driven towards improving Sexual and Reproductive Health Rights (SRHR) and in turn Maternal Newborn and Child Health (MNCH) and reproductive health of adolescents and young people. There is considerable effort and progress on the integration of FP services into health service package while considering the adolescents and young people.

The Federal Ministry of Health and Social Welfare (FMoH&SW), having also developed and revised the Family planning investment case (Blue print) has disseminated the document across all the 36 states of the federation plus the Federal Capital Territory (FCT). However, the level of implementation depends on the political will, support from donor partners, advocacy level in various States and state priorities in integrating FP programs into Reproductive Maternal Newborn, Child, Adolescent and Elders Health plus Nutrition (RMNCEAH+N). The National Health Insurance Authority (NHIA) Operational Guideline has also been developed in 2023 to help implement the 2022 NHIA Act. The adoption and domestication of this Act into the State level insurance scheme is critical in order for all citizens including adolescents to benefit optimally from the scheme. Although, stakeholders have observed some gaps in the level of FP services provided in the operational guideline, discussions are ongoing to expand the services beyond basic FP methods such as provision of condoms, counseling and education on FP.

On the engagement of the private sector to improve modern Contraceptive Prevalent Rate (mCPR) in the country, the implementation of Private Sector Engagement Strategy (PSE) which has been

developed and disseminated is ongoing. It has become prioritized by stakeholders especially with the dwindling of donor fund. Public-Private Partnership investment into providing better FP services across the country is improving, but not enough to expand access to high-quality FP commodities across all parts of the country including some hard-to-reach areas. This partnership is critical in all areas of FP programs especially in logistic and supply chain with a view to reduce stock out rates which is a major setback militating against the progress of FP2030.

Nigeria made some level of progress in FP financing in the year 2024 when compared to the previous years. For the first time, the FMOH&SW has a dedicated budget line for FP and allocated two billion Naira for FP commodity procurement. This is progress as Nigerian government also paid its counterpart fund towards procurement of FP commodities in the year 2024. At the state level, there had also been some level of financial commitments in some States including Delta, Ondo, Lagos among others. Stakeholders have also developed some accountability mechanisms including score cards and frameworks to track financial commitments

Implementing social and gender norms that's hinder women and girls and other vulnerable groups has been paramount to stakeholders. Several stakeholders' events have been held to discuss this issue as most strategic documents and policies have mainstreamed gender into them following global best practices and recommendations. In the Nigeria FP program, available data has been used to inform evidence-based policy actions and program strategies at all levels. However, there is a need to improve political will to drive implementation of relevant policies and guidelines to promote SRHR.

Information was gathered from stakeholders working to promote FP services in Nigeria. These include Ministries, Departments and Agencies of the government starting from the FMOH&SW, National Primary Health Care Development Agency (NPHCDA) and the National Health Insurance Authority (NHIA) among others. In addition, contributions of donor partners such as United Nations Population Fund (UNFPA), World Health Organization (WHO), Bill and Melinda Gates Foundation (BMGF) and the World Bank etc. Also, in the list of contributors are other international NGOs -Clinton Health Access Initiative (CHAI), Options UK, Pathfinder and Marie Stopes (MSI). Local NGOs such as Society for Family Health (SFH), Association for the Advancement of Family Planning (AAFP), AHBN and others working with the government to achieve FP2030 were also contacted for their contributions. Some Media groups, youth-led organizations and associations / professional bodies such as the Nigeria Medical Association (NMA), National Association of Nurses and Midwives, Federation of Muslim Women Association of Nigeria (FOMWAN) and Christian Health Association of Nigeria etc. were also contacted. Above all, there was contribution from both the state actor and organizations (international and local) supporting the Kano State government in enhancing the FP program.

Validation of this motion tracker report and consultative meetings with all relevant stakeholders held in September 2025 at the National level and Kano State where AHBN works collaboratively with Samasha to implement a project on Strengthening Accountability for Women's Health. Participants made further contributions and reaffirmed the various activities in this report. The validation meetings also identify gaps and offer evidence-based recommendations for improvement to achieve FP2030 commitments made by the Nigerian government. The report captures what these various stakeholders contributed to achieving the FP2030 commitments mainly in the year 2024.

Table 1 Summary of the findings

COMMITMENTS	THEMATIC AREA	NUMBER OF PROCESS INDICATORS	PROGRESS STATUS
Commitment 1: <i>To strengthen integration of family planning into Nigeria's socioeconomic development frameworks and plans as a key facilitator of Human Capital Development and Universal Health Coverage to achieve Demographic Dividend by 2030.</i>	Enabling policy environment	5	
Commitment 2: <i>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.</i>	High Impact practices	6	
Commitment 3: <i>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 program supplies by 2030.</i>	Contraceptive Commodity Security	5	
Commitment 4: <i>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.</i>	FP Financing	5	
Commitment 5: <i>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,</i>	System responsiveness to individual rights and needs	4	
Commitment 6: <i>Establish sustainable systems at national, state and LGA levels to</i>	Emergency preparedness	5	

<i>respond to the SRH Needs of all citizens in humanitarian/fragile contexts, health emergencies and natural disasters.</i>	response and resilience		
Commitment 7: <i>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</i>	Social and Gender Norms	4	
Commitment 8: <i>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.</i>	Data and Evidence-Informed Decision Making	5	

Description of reporting partners A total of 61 partners reached responded during this reporting period.

These partners are categorized as illustrated in the Table below.

Table 2: Description of reporting partners

Category	# of organizations	Commitment							
		1	2	3	4	5	6	7	8
Government	14	X	X	X	X	X	X	X	X
Donors/UN Agency	8	X	X	X	X	X	X	X	X
International NGO	9	X	X	X	X	X	X	X	X
Local NGOs	20	X	X	X	X	X	X	X	X
Adolescent/ Youth-led Organizations	4		X	X	X		X	X	
Professional Bodies/ Private (for profit) Company	6			X		X	X		X
Total reached	64 (84%)								
Initial Target	76								

CHAPTER 1: INTRODUCTION

Supported by the WHO definition of FP¹, the FP Global Handbook for Providers states that, “All people have a right to determine whether and when to have children, how many and with whom”. Inadequate government investment in sexual and reproductive health especially use of modern contraceptives (MC) to prevent unintended or closely spaced pregnancy in Women of Child-Bearing Age (WCBA) including adolescent girls, contributes to this high Maternal Mortality Ratio (MMR) in Nigeria². It is no longer news that by 2050, Nigeria will be the most populous country after India and China, according to Statista. Nigeria’s population will hover around 410 million people. The journey to the 2050 population figure is already at play today as Nigeria currently has one of the highest maternal mortality rates in the world, and it’s the 3rd highest in Africa.

Nigeria, with one of the highest Fertility Rates (total birth per woman) of 5.2^{3 4} contributes 10 percent of the global death for pregnant women⁵. MC use has been proven to improve health and livelihood of women in many countries. Beyond cultural & religious beliefs, this high fertility rate is mostly caused by limited access (due to stock-out and unaffordability) to FP commodities for women leading to sexually transmitted diseases, mis-timed/unplanned pregnancies, high-risk pregnancies and unsafe abortion (especially among adolescents and unmarried) contributing to high MMR. Identified non-health effects include high school drop-out by adolescent girls, limited women participation in the workforce which consequently increase poverty by impeding their financial independence and empowerment, thereby improving economic development⁶.

FP2030 is a global effort to improve on the FP2020 initiative, which was launched in 2012, aimed mainly at expanding FP services in developing countries including Nigeria. Although some progress was reported for the country on FP2020, there were however some persistent challenges including low modern Contraceptive Prevalent Rate (mCPR) of 12% for married women, high unmet need and limited access among others. FP2030 builds in the previous agenda and adopts a more inclusive, rights-based approach focusing on sustainable and equitable family planning services.

Most of the commitments that the Nigeria Government made aligned with global and regional best practices. They are aimed to deliver concrete and ambitious actions to promote the reproductive and sexual health of WCBA, (15-49 years). Such commitments which are later highlighted in this document are designed to address the context specific needs of women, adolescents and young people.

With increased donor fatigue in Nigeria, health and gender advocates recorded first of its kind success of having a dedicated budget line referred to as *Counterpart contribution for FP commodities* in the 2024 appropriated budget of the Federal Ministry of Health (ERGP25212406). This win is backed by one of the key commitments of the FP2030, a global partnership supporting women’s and girls’ reproductive rights. The FP2030 Strategy is designed to harness innovative service delivery,

¹ WHO. Family planning/contraception methods. (2020) <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>

² <https://www.premiumtimesng.com/news/headlines/653524-2024-budget-again-nigerian-govt-fails-to-prioritise-family-planning.html>

³ World Bank Group, (2021). <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=NG>

⁴ Aaron O’Neill (2023), Statista - Fertility Rate in Nigeria from 2011-2021; <https://www.statista.com/statistics/382212/fertility-rate-in-nigeria/>

⁵ UNICEF (2017), Situation of Women and Children in Nigeria. <https://www.unicef.org/nigeria/situation-women-and-children-nigeria>

⁶ Boadu (2022). Coverage and Determinant of Modern Contraceptive Use in Sub-Sahara Africa; Reproductive Health 19(18). <https://doi.org/10.1186/s12978-022-01332-x>

data-driven approaches, policy prioritization, adolescent and youth leadership and sustainable partnerships to significantly reduce unmet FP needs and enhance overall well-being of women and adolescent girls. From the 2024 analysis on the impact of funding gap for the procurement of FP contraceptives by the UNFPA, gap of poor FP funding would result in 846,253 unintended pregnancies, 346,082 unsafe abortions and 10,280 maternal deaths.

This is in line with one of the initiatives of the current administration - Nigeria Health Sector Renewal Investment Initiative (NHSRII) launched in December 2023 which provides a strategic framework for transforming population health outcomes through the enhancement of primary health care (PHC) and RMNCAEH+N services nationwide. Anchored in a Sector Wide Approach (SWAp), the NHSRII leverages on the Basic Health Care Provision Fund (BHCPF), emphasizes community-based service delivery, focusing on strengthening the capacity of PHC facilities. According to a document presented on the NHSRII by the World Bank Group in November 2023, one of the key outcomes that this strategic vision would be guided by is progress in contraceptive prevalence. Thus, the government emphasizes on the contraceptive use under the newly revised RMNCAEH+N Strategy (2024-2029) and other health documents including the National Strategic Health Development Plan 2 (NSHDP2).

Aside the FP2030 commitments, targets have been set in other strategic documents and policies. For example, the RMNCAEH+N Strategy emphasizes the fact that gender and inequality issues are important elements in Nigeria's socio-economic development discourse and this majorly on the health of the people especially the female folks. Some of the targets set for FP by the Nigerian government in the Strategy include:

- 30% reduction in unmet need for FP among married female of reproductive age by 2028
- Increased total contraceptive prevalence rate from 17% in 2018 to 25.4% by 2028
- Increased modern contraceptive prevalence Rate (mCPR) from 12% in 2018 to 24.7% by 2028
- Increase the proportion of pregnant women delivered who received immediate family planning within 48hrs by 20% in 2028
- Increase the proportion of pregnant women who had PAC that received family planning within 48hrs by 20% in 2028

According to the Nigeria Demographic Health Survey (NDHS) 2023, some progress has been reported on some of the targets set. Although there is still a lot to be done to record one hundred percent achievement on each of the targets. Below are some of the progress reported:

- The contraceptive prevalence rate (CPR), that is both modern and traditional contraceptives is 20% among currently married women and 50% among sexually active unmarried women.
- Fifteen percent of currently married women and 38% of sexually active unmarried women use a modern contraceptives
- The met need for family planning from modern methods is 15% among currently married women and 38% among sexually active unmarried women
- The percentage of demand satisfied by modern methods is 37% among currently married women and 44% among sexually active unmarried women

The non-state actors especially the Civil Society Organizations (CSOs) or and indigenous NGOs in Nigeria have been playing a supportive role by setting up advocacy campaigns and generating attention for more investment and dedication by the government. They are also consolidating their efforts by working with donor partners and other relevant stakeholders to analyze the current strengths and gaps of the FP2030 commitments made by the federal Government of Nigeria (GoN).

To ensure universal understanding of the commitments, the Motion Tracker Approach (MTA) which is a CSO led approach for achieving government commitments through building alliances, influencing change and strengthening accountability has proven to be useful. The MTA is based on a six-steps approach and through purposeful concurrent partner engagement and participation at national and subnational level. Steps 1–3 of the MTA focuses on identifying, providing rationale and deconstructing FP/MNCH commitments and developing process indicators and by the sixth step, partners report their contributions toward the agreed-upon commitment process indicators.

Objectives

Specific objectives of the Motion Tracker are;

- I. To help Nigeria to track and promote accountability towards ensuring that global FP2030 commitments are translated into local action
- II. To harness the collective power of civil society, development partners and government (national and sub-national) to address the country's FP2030 commitments with enhanced strategic response
- III. To create a systematic approach to realizing the Nigeria FP2030 commitments through the support from individual organization and MDAs
- IV. To generate recommendations that can be used for action and improving Nigeria FP2030 commitments made by the governments and other stakeholders

CHAPTER 2: METHODOLOGY USED

Progress reached for country commitments is recorded using the following color-coded criteria:

COLOR	STATUS
ACHIEVED	Available information indicates that commitment/process indicator has been achieved
ON TRACK	Available information indicates that commitment/process indicator is not yet achieved, but on track to be achieved
NOT ON TRACK	Available information indicates that commitment/process indicator is not yet achieved, and is not on track to be achieved

The colour codes help the CSOs and other accountability partners to understand where significant progress has been achieved and where more work remains to be done to achieve the overall country's FP2030 Commitments.

Sampling technique

Purposive and snowballing techniques was used to select relevant organizations and government Ministries, Departments and Agencies (MDAs) from which information was collected. Purposive selection of organizations was based on a stakeholder mapping of organizations known to be contributing the achievement of FP2030. Most were also evaluated in the previous report meeting.

Data Sources

Both primary and secondary data sources were explored. Data was primarily generated from Key Informants and in various stakeholders' meetings and events. The secondary sources included review of documents, presentations and media outputs among others

Data collection techniques

The following data collection techniques were utilized:

Key informant interviews: Using the structured questionnaire developed on the FP2030 commitments process indicators, key informants amongst Development Partners, international NGOs, local CSOs and the Ministry of Health were interviewed.

The data collection tool consists of the process indicators grouped the six World Health Organization (WHO) Health System Strengthening Block, (1) Finance, (2) Health Information System, (3) Leadership and Governance, (4) Human Resource for Health, (5) Service Delivery and (6) Access to Essential Medicine. Each organization and relevant MDAs then provide data based on its contribution to any relevant indicator. A total of 39 process indicators were assessed to track Nigeria's FP2030 commitments.

Desk review: Also, a list of relevant documents was reviewed. Secondary data were collected by the review of some documents which included Project Documents and MoH Status reports, presentation

such as the presentations on the Overview of the Nigeria’s FP2030 Commitments, Nigeria Health Sector Renewal Investment Program/BHCPF Reform and the NPHCDA Strategic Priorities and Initiatives document, National Council on Health 2024. In addition, documents reviewed include those from partners - the FP2030 Stakeholder’s Accountability Meeting Report (AAFP/UNFPA), Communique of the 8th Nigeria Family Planning Conference and the Collaborative Advocacy Action Plan(CAAP) document developed by AHBN and partners, among others. Also, some relevant media outputs and websites of relevant organizations were reviewed.

Attending Stakeholders events: such as RMNCAEH+N meetings, trainings, and workshops. Other data collection modalities included phone calls and email correspondences. Data collected from partners is first reviewed and analyzed.

Data collection timelines

The data collection timeline was predominantly key activities each organization including relevant government’s Ministries Departments and Agencies (MDAs) contributed between January to December 2024. Table 3: Milestones achieved

Milestone achieved	Dates*
Planning (<i>Development of process indicators, stakeholder mapping, design of tool</i>)	
Data collection and analysis	10 th April 2025
Report writing	20 th April 2025
Partner validation meeting (National)	26 th August 2025
Partner validation meeting (Subnational)	18 th September 2025

* Indicate specific dates or broad periods

CHAPTER 3: PROGRESS BY PARTNER CONTRIBUTIONS

Commitment Objective 1: *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.*

1.1. Family planning investment case (Blue print) updated

Overall progress:

After the review and update of the Nigeria's FP blueprint (Investment case) 2020-2024 with a costed component for FP by the FMoH&SW and partners, domestication of the FP blueprint has occurred in almost all the states of the federation. In fact, several states have begun to implement this cost implementation plan as they now have a dedicated budget line for FP activities in their appropriated budget as indicated in the blueprint. With the expiration of the document, there is an ongoing plan for another review, although no key activity has commenced on the review.

No	Partners	Contributing activities
1.	FMoH&SW	• Revision of key National documents including Investment and Sustainability Plan; Contraceptive Logistics Management System Guideline; and Depo-Medroxyprogesterone Acetate Sub-Cutaneous/Self-Injection (DMPA-SC/SI) Expansion and Sustainability Strategy • The Nigeria FP blueprint (Investment case) 2020-2024, has a component called the FP costed implementation plan which has also been adopted in most states with technical support from the MoH
2.	UNFPA	• Provided technical support and assistance to the FMoH&SW on the dissemination and domestication of the FP investment case/blueprint across states. Also supported investment case and TMA for FP financing
3.	WHO	• Provided technical support and assistance to the FMoH&SW on the dissemination of the FP investment case/blueprint
4.	AAFP	• Organized the FP Stakeholders' Accountability Meeting and 8th Edition of the Biennial Nigeria Family Planning Conference. The Accountability meeting underlaid a follow-up engagement with the Commissioners of Health's Forum on the need for the subnational to approach FP from the standpoint

		of socio-economic development. Participated in developing the TMA for the FMOH Improved visibility of FP issues to increase investments at the national/Subnational levels through panel conversations and advocacy thrust in different fora
5.	AHBN	- Supported the FP accountability processes as an LOC member of the 8th FP Conference - Trained the media in budget advocacy and tracking
6.	Clinton Health Access Initiative (CHAI)	Provided technical support in the dissemination of the investment case across its focal states – Enugu, Rivers, Oyo, Ondo, Gombe, Kaduna and FCT
7.	ECCNI	Involved in drafting of policy document for the integration of family planning and cervical cancer screening services
8.	SWAG	- In partnership with FP2030, hosted a three-paced sessional webinar with over 100 participants (young people) each session to educate them on FP, create awareness on contraceptive and discuss the young collaborations in pushing for the implementation of FP policies - As a Youth-Led Organization, made specific commitments towards providing support in achieving FP2030 Nigeria commitments
9.	ARFH	Supported focal States (Gombe and Lagos) in the costed Implementation plan meeting
10.	OPTIONS/WCA Health	Established SLAMs across 12 states, leading to the establishment of budget line and securing released funding for FP
11.	NPC	Disseminated the NDHS of 2023 that speaks to FP data wholesomely

1.2. Family planning services (including adolescent responsive services) integrated into the minimum service package for UHC and NHIA

Overall progress: Advocacy for the implementation of the Adolescent Youth Policy (2019-20) which prioritized FP services and its inclusion continued. Also, the NHIA Operational Guideline has incorporated FP services including FP education, counseling and provision of basic FP commodities to enrollees including the vulnerable groups. However, a draft document called Family Planning Roadmap has also been submitted by the FMOH&SW to the NHIA for incorporation into the Operational Guideline, to ensure expanded FP methods beyond the provision of basic FP methods indicated in the guideline. Some State insurance schemes need to adapt the NHIA Guideline to provide FP services in line with the

improved recommendations to reach more adolescent and young women.

No	Partners	Contributing activities
1	FMoH&SW	- The Adolescent Youth Policy (AYP) developed by FMoH&SW which includes adolescents in the discussion of FP is being adopted by States. Discussion is ongoing with NHIA on the inclusion of broader FP methods in the UHC benefit package - Following the inclusion of FP in the UHC benefit package, services provided in the Guideline was inadequate, thus, the FMoH&SW is coordinating an ongoing effort to incorporate a FP Roadmap for better and expanded integration of more FP method into health insurance scheme
2	NHIA	- Reviewed and develop the NHIA guideline with other stakeholders which has incorporated basic FP methods including counselling and other services - Ongoing conversation with the FMoH&SW and partners on the varieties of FP methods to be included in the minimum health package.
3	R4D	Worked with other partners to support Family Health Dept of FMOH&SW develop a framework for integrating FP into the health insurance benefits package in collaboration with NHIA
4	SFH	Led the process with other partners to support Family Health Dept of FMOH&SW develop a framework for integrating FP into the health insurance benefits package in collaboration with NHIA
5	Clinton Health Access Initiative (CHAI)	Worked with community through CHIPS and TBA's in identifying women who have given birth and having them referred to facilities to family planning services. Immunization services etc
6	FP2030	- Socialized the Nigeria FP2030 commitments by mobilizing CSOs and other Youth-Led Organization to make commitments to support the government - Developed FP2030 Adolescent and Youth Strategy with special focus on prioritizing concerns of young people and championing youth leadership in promoting FP
7	Gem Hub Initiative	Through support from WACI Health, carried out the Bridging the Gap between SRHR (including Family Planning)/HIV and UHC in Nigeria. carried out a desk review and analysis as well as KII to officials at NACA, NHIA and CSOs to understand the present state of the BMPHS as it relates to SRHR

8	Pathfinder	Supported integration of PPFP in into routine services of focal states to ensure services are accessible
9	SWAG	Actively engaged with policymakers to advocate for the integration of Adolescent and Youth Sexual & Reproductive Health (AYSRH) into national and state health. Also participated in the development and domestication of policies such as the National Policy on the Health and Development of Adolescents and Young People in Nigeria.
10	HERFON	Participated in the review of the NHIA guidelines and advocated for inclusion of FP services and good use of the vulnerable group fund for women and adolescents' health

1.3 Gap analysis of current family planning policies conducted

Overall progress: After the FP Gap analysis that was conducted, there was a review of the analysis by stakeholders which then was presented, finalized and disseminated across the 36 States and the FCT. Efforts are ongoing by the FMOH to carry along all 36 states to resolve the gaps identified. Some of the states are responsive while others are yet to respond to issues including FP financing and service delivery gaps among others.

No	Partners	Contributing activities
1	FMOH&SW	The DFH and DPRS disseminated the policy evaluation factsheet developed previously to stakeholders to use for advocacy
2	UNFPA	Developed state-specific fact sheets to help advocacy processes in several states
3	WHO	Supported the development and implementation of health workforce strategies to address major human resource gaps impeding the achievement of UHC consisting of FP policies.
4	CHAI	Supported the FMOH&SW to disseminate the result of the gap analysis in CHAI focal states
5	SFH	SFH conducted policy gap analysis in Kano and later supported the domestication of some of the policies like Adolescent Health and Development Policy, FP procurement guidelines

6	TCI (The Initiative Challenge)	Developed state-specific fact sheets to help advocacy processes in several states
7	Lafiya	Supported the development of GP, Validation of the GP
8	Professional bodies	In Kano state, provided support during the integration of Gap analysis of FP Policies in the annual operational plan of the ministry of health. The Professional bodies included Nigerian Medical Association (NMA), the Medical Women's Association of Nigeria (MWAN), the Society of Gynecology and Obstetrics of Nigeria (SOGON), and the National Association of Nurses and Midwives among others.
6	Wellbeing Foundation Africa	- Sensitization and provision of commodities to ANC/Post natal clients in the fragile settings of Cross River state in partnership with UNHCR and in other 5 states - Gap analysis on the knowledge on FP services amongst nurse and midwives
7	OPTIONS/WCA Health	Helped Lagos, Gombe states and other states to include FP into the States insurance schemes

1.4. Stakeholder networks and coordination platforms are strengthened to enhance integration and investment in family planning

Overall progress: The Hon, Minister of Health and Social welfare inaugurated seven Technical Working Group (TWG) under the Nigeria Health Sector Renewal Investment Program (NHSRIP) one of which is the SWAp-RMNCAEH+N. There is also National RH TWG which is hosted by the RH Division of the Family Health Department. These TWG held quarterly meetings and review FP progress. There is also evidence of this TWG in several states of the federation including Kano State. The RMNCAEH+N Multistakeholder Coordinating Platform with more stakeholders was recently reorganized by the Minister to become the RMNCAEH+N Core Technical Group (CTG).

No	Partners	Contributing activities
1.	FMoH&SW	- Led the newly formed RMNCAEH+N TWG under SWAp and coordinated meetings of the TWG at the national level to enhance coordination of stakeholders and strengthening of integration and investment in FP - Held the Joint Annual Review (JAR) involving relevant stakeholders. At this meeting, stakeholders discussed MNCH and implementation of BHCPF through the SWAp initiative from which the FP

		program also benefits
2.	UNFPA	Supported FMOH&SW to conduct of meetings of the RMNCAEH+N TWG under the Sector Wide Approach (SWAp)
3.	WHO	Supports HRH AOP and JAR - Development and co-ordination HRH annual operational plan and conduct of joint annual review (JAR) applying the whole-of-government approach in collaboration with partners and other stakeholders.
4.	CHAI	Used the product introduction coordination MECHANISM (PSIM) for new and under- utilized commodities
5.	BMGF (The Challenge initiative)	Provided technical support to the FMOH&SW to review progress of FP policy adoption and implementation, take corrective measures, improve performance and plan ahead in collaboration with other partners.
6.	Population Council	Provided regular information to the NGOs and young people on FP events and updates in the region
7.	Options	Co-hosted a conference with NPHCDA and UHC forum where issues on FP were discussed in sessions. Options implemented an MNCH program in Kano state and a member of the FP Reproductive Health Technical Working Group (RH TWG). Offering TA and Capacity building to the FP health work force
8.	Gem Hub	Actively participated as a member of the Local Organizing Committee of the National Family Planning Conference 2024, aside being part of the technical committee, was active in communications; particularly on the social media
9.	AAFP	Spearheaded the 8th Nigeria Family Planning Conference in December 2024 facilitating discussions on FP investment and better integration into health system
10.	SFH	Stakeholder networks were supported including forming non-health sector collaboration to improve

		investment in FP, Youth Champions in Kano state
11.	Wellbeing Foundation Africa	Supported in the setting up of the RHMCHA-N coordination platform
1.5 Bi-annual dissemination of visualization models and scorecards conducted at national and subnational levels 		
<u>Overall progress:</u> The National Council on Health (NCH) and Joint Annual Review (JAR) held in 2024 and were attended by both national and sub-national stakeholders where presentations were made related to FP indicators. There were reports on FP coverage, access and distribution of commodities and financing among others. The CSO space through AHBN also organized routine meetings at the national and subnational (e.g. Kano State – FP/SRH TWG) where relevant FP data and scorecards were presented to stakeholders for prompt decision making. The media are also more involved, amplifying key messages on MNCH and FP across the country.		
No	Partners	Contributing activities
1.	FMoH&SW	- Coordinates the Joint Annual Review (JAR) of key stakeholders all over the country to review progress on key areas of the four pillars of the SWAp including RH and FP - Coordinated the bi-annual 2024 National Council on Health (NCH) attended by both the National and sub national stakeholders where data on RH and FP were presented - Quarterly MOC meeting held to report on progress all BHCPF Gateways especially the NPHCDA and NHIA, agencies concerned promoting RMNCAEH - NHMIS and DHIS2 provides information / visuals on the national / subnational progress on FP program implementation
2.	AAFP	Contributed in advocacy, awareness creation and dissemination of scorecards and other accountability mechanisms developed on FP
3.	ANHEJ	Amplified key FP messages via newspaper publications, online promotion and airing on radio and television
4.	AHBN	- Contributed in advocacy, awareness creation and dissemination of scorecards and other accountability mechanisms developed on FP - Contributed in the design and development of accountability tools such as the use the Motion Tracker

		Approach (MTA)
5.	ARFH	• Provided TA as members of the TWG, and printed NHMIS data

Challenges/bottlenecks affecting implementation

- *Slow progress on the implementation of the Adolescents and Youth Policy 2019-2023 which is due for review especially to revise some of the grey areas. Despite the commitments, the political will to provide better support for the sexual health of young people is poor*
- Some of the resolutions made at the National Council on Health (NCH) have not been implemented in some States such as the FCT. For example, the Resolution of NCH 2023 that all States should have a dedicated budget line for FP
- Advocacy visits for the implementation of key FP documents at the States level has been inadequate. These documents include Nigeria FP Blueprint, National Guideline for State-funded Procurement of FP Commodities and Nigeria's FP2030 Commitment, etc.
- Low media involvement at the subnational level to reach the populace with key FP messages more effectively

Recommendations/Advocacy priorities

- Intensify advocacy to ensure that not only basic FP services like condom and counseling are captured in the NHIA Guideline, but introduction of other improved technologies and FP packages
- Need to intensify advocacy towards improving financial investment specific for the promotion of the sexual and reproductive health of young people in Nigeria. This should include advocacy at the state level
- While the FP2030 Adolescent and Youth Strategy has been developed in Nigeria, there is need to develop a costed implementation plan for the strategy and this should be backed by advocacy visits to key decision makers especially at the subnational levels
- Intensify advocacy to promote the implementation of the pending gaps identified in the FP gap analysis
- There should be more media involvement at the subnational level to reach the populace with key FP messages more effectively

Commitment Objective 2: *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.*

2.1. New and underutilized contraceptive technologies conducted and scaled up

Overall progress: New and underutilized contraceptive technologies have been introduced across all States in Nigeria with trainings of health workers on its use conducted. Through advocacy and sensitization, there has been consistent scale-up of the latest introduced contraceptives and technologies (Levonplant, DMPA-SC and Hormonal IUDs) across all states. All these methods have been nationally accepted and the demand for them continues to grow. However, there are still gaps in the adequacy of trained frontline health workers and in the logistic distribution of some of the new technologies especially across rural and hard-to-reach health facilities

No	Partners	Contributing activities
1	FMoH&SW	• Launched a strategic document called DMPA-SC Expansion and Sustainability Strategy. This is now waiting for dissemination. • Increased number of health workers trained to provide FP services especially the Long-Acting Reversible Contraceptive (LARC) Methods • Sustained implementation of the Task-Shifting and Task-Sharing (TSTS) Policy which is enabling appropriate involvement of CHEWs, CPs and PPMVs in the provision of family planning services • Scaleup of training on DMPA-SI and H-IUD across the country • Monitoring and supportive supervision conducted on DMPA-SC/SI, H-IUD, at the facilities • Development of 2024 quantification of FP commodities to ascertain the country need. • Conducted Last Mile Assurance (LMA) spot checks at the Central Contraceptive Warehouse (CCW) Lagos, Gombe and Abia States Warehouses as well as selected health facilities in those States and warehouses of Implementing Partners in the States • Worked with UNFPA to coordinate the national Procurements of FP Commodities to ensure FP commodity security. • Some States contributed directly to procure FP commodities in 2024 using the National Guideline for State funded

		procurement of FP commodities e.g Lagos, Ondo and Delta States.
2	UNFPA	- Serves as the Country procurement agent and long-haul distribution of FP commodities in Nigeria - Worked with other stakeholders including the government to conduct capacity strengthening of HCWs on H-IUD scale up at the State-Level
3	AAFP	Convened high-level meetings of FP stakeholders for expert discourse on the effective strategies for expanding access to modern contraceptives. Also carried out several media chats to strengthen demand creation
4	CHAI	- Contributed technically to the new and underutilized contraceptive technology technical working group through product introduction coordination mechanism TWG. - Supported the scaleup and implementation monitoring of all new FP commodities in Nigeria: Levoplant, DMPA- SC and Hormonal IUDs across the CHAI focal states (FCT, Enugu, Ondo and Gombe)
5	SFH	Scale up capacity for trainers and healthcare workers on hormonal IUD and other FP technologies in focal state level
6	JHPEIGO	- Scale up capacity for trainers and healthcare workers on hormonal IUD and other FP technologies in focal state level including 168 PHCs in Ondo state - Under the USAID-funded project, the MOMENTUM project facilitated the rollout of self-injection services for FP to improve access to contraceptives through provider training and demand generation
7	Options	- Strengthening FP Integration within MNCH Service Delivery by advocating for the Integrating FP Services into Routine MNCH Care in PHC in Kano State, - Involved through the Kano SLAM in advocating for the Kano State Contributory Health Scheme (KSCHMA) in integrating FP services into its benefit package
8	DKT International	Actively supported the scale-up across states of the latest contraceptive technologies and other non-hormonal IUDs such as Lydia Cu-T and oral contraceptives. This is done through various initiatives such as community outreaches and capacity building programs for FP across 36 states and the FCT

		Also worked with three focal states (Kano, Kaduna and Lagos) to engage community mobilizers who are dedicated to continuous demand creation of critical FP commodities
9	ARFH	Trained and equipped more than a 1,000 Community Resource Persons (CORPS) to provide community service for DMI SC.
10	EngenderHealth	Scale-up use of hormonal IUD in four states (Bauchi, Sokoto, Kebbi and Plateau) by conducting a competent-based training about 600 frontline health workers
11	Wellbeing Foundation Africa	- Provided FP referral mechanisms through the Mamacare PNC classes for pregnant women across several primary health care facilities in Kwara, FCT, Lagos, Osun and Cross River States - Built capacity of 44 Midwives and Nurses on FP services and insertion in focal states

2.2 Private sector engagement strategy to expand access to high-quality FP services Implemented

Overall progress: Implementation of the disseminated Private Sector Engagement Strategy (PSE) has been prioritized by stakeholders. It was agreed that strategic engagement with the private sector is needed to improve uptake and accessibility of FP commodities. There were stakeholders' meetings involving the private sector to get a full buy-in of the sector towards expanding access to high-quality FP services. Although interested private sector stakeholders are inadequate in some states, the engagement meetings allowed stakeholders to discuss and plan public-private investment into providing better FP services across the country.

No	Partners	Contributing activities
1	FMoH&SW	- Organized a high-level private sector engagement forum on FP - Focused on implementing the Private Sector Engagement document and get the buy-in at the state level
2	UNFPA	Supported FMoH&SW to convene meetings and plan the private sector summit on sexual reproductive health and FP
3	AAFP	Effectively involved the private sector at the 8th FP Conference that they made commitments towards supporting the government with \$4 million (4.6 billion Naira)

4	CHAI	Supported FMoH&SW to convene meetings and plan the private sector summit on sexual reproductive health and FP towards expanding access to FP services
5	SFH	Supported FMoH&SW to convene meetings and plan the private sector summit on sexual reproductive health and FP towards expanding access to FP services.
6	PPFN	Supported engagements with the private sectors towards expanding access to FP services across facilities
	Wellbeing Foundation Africa	Organized high-level engagement in the FCT with a FP commodity manufacturer (Bayer) for free provision of commodities to health care facilities and women of reproductive age

2.3 National guidelines for state funded procurement of FP commodities implemented.

Overall progress: More states have committed funds in line with the National guidelines for state funded procurement of FP commodities which have been launched and disseminated to States. In 2024, States such as Lagos, Kaduna, Kano, Delta and Ondo committed some funding to FP commodities procurement among other implementation funding. Two States (Gombe and Ogun) released money to UNFPA for procurement of FP commodities in the year 2023. Rivers State also released 126 million naira for FP commodity procurement. Stakeholders including the FMoH&SW and UNFPA paid advocacy visits to several states to secure their commitment / buy-in for the implementation of state funded procurement of FP commodities. This engagement with state leadership and decision makers is continuous.

No	Partners	Contributing activities
1	FMoH&SW	- Engaged with States at different fora for the implementation of the National Guideline for State-funded Procurement of Contraceptives which was initially launched and disseminated. - About six States have begun using the procurement plan to procure FP commodities for the State. The documents spell out the procurement process. The States are expected to sign an MoU agreement with UNFPA on the procurement of FP commodities to the State. The UNFPA procures on behalf of the States for quality purposes
2	UNFPA	- There was mobilization of domestic resources to the tune of \$51,466 from three States government (Lagos, Ondo and Delta) where the National Guideline was disseminated. - Supported the State governments across Nigeria with FP commodity to drive to achieve the 27% mCPR

3	CHAI	• Provided technical support at the focal states in the domestication and dissemination of the National guidelines for state funded procurement of FP commodities.
4	Kano SMoH	• Developed guidelines for Kano- state funded Procurement of Child Spacing Commodities
5	AAFP	• Advocated to the State actors on the implementation of the State National guideline for State Funded Procurement for FP
6	Options	• Participated and provided Technical Assistance on policy guidance and capacity-building support to the state health authorities in aligning with the National Guidelines for State-Funded Procurement of FP Commodities
7	SFH	• Supported the domestication, printing and dissemination of guidelines for the Kano-state funded procurement of Child-spacing commodities
8	UKaid	• Supported the domestication of guidelines for the Kano-state funded procurement of Child-spacing commodities
9	Lafiya	• Supported the domestication of guidelines for the Kano-state funded procurement of Child-spacing commodities
10	A360	• Supported the domestication of guidelines for the Kano-state funded procurement of Child-spacing commodities
11	TEENSMATA	• Supported the domestication of guidelines for the Kano-state funded procurement of Child-spacing commodities
12	ARFH	• Worked as part of several TWG in focal states to support the scale up of funding for FP.
13	Engender Health	• Supported various advocacy processes to improve on the allocation of FP budget line and releases in focal states (Bauchi, Sokoto, Kebbi and Plateau) with key success stories
14	Wellbeing	• Joined other stakeholder in its focal states to advocate to the government to support the domestication of the FP

2.4 National guidelines on infrastructural and human capacity development developed.

Overall progress: The Nigeria Human Capital Opportunity for Prosperity and Equity (HOPE) Governance and PHC project appraisal document serves as a guideline as it highlights critical models to strengthen human capacity within PHC system including training of frontline health workers including FP providers. Also, national and subnational warehouses and FP clinics would be refurbished and expanded.

No	Partners	Contributing activities
1	FMoH&SW	• Provided guidance and coordination for the developing the infrastructural and human capacity • To provide oversight function and to set up the project steering committee on the HOPE project
2	WB	• Granted Nigerian government a sum of \$500 million to implement and promote governance including infrastructure and human capital
3	GFF	• Granted Nigeria a sum of \$70 million to strengthen the PHC program which includes FP interventions

2.5 Service providers at National and State level are trained on routine provision of FP.

Overall progress: Several training events have been conducted at the national and subnational levels for service providers on FP provisions including provision of FP services for young and adolescent population. Specifically, at the National level, Training of Trainers (ToT) conducted for two representatives per state (State FP Coordinators and NPHCDA Focal Officer at the state level) were on DMPA -SC/SI, Hormonal Intrauterine device (H-IUD), other LARC methods and Contraceptive Logistics Management Systems (CLMS). There is now better coordination of resources among stakeholders in many states, with trainings conducted reducing overlap and duplication of efforts at the states and LGAs.

No	Partners	Contributing activities
1		• Supported step down trainings at subnational levels. At the National level, ToT workshops are conducted to build the capacity of master trainers on FP, who in turn cascaded the trainings to the sub-National levels. E.g., trainings on DMPA -SC/SI, Hormonal Intrauterine device (H-IUD), other LARC methods and Contraceptive Logistics

	FMoH&SW	Management Systems (CLMS) - Increased number of health workers trained and are providing services especially the Long-Acting Reversible Contraceptive (LARC) Methods - Worked with partners to sustained implementation of the Task-Shifting and Task-Sharing (TSTS) Policy which is enabling appropriate involvement of CHEWs, CPs and PPMVs in the provision of family planning services
2	CHAI	- Supported trainings including hormonal IUDs specific trainings in all focal States to build capacity for master trainers, state trainers - Monitor implementation of the H-IUDs and others in health facilities in the focal states
3	SFH	- Service providers were trained in focal states (Kano, Nasarawa, Sokoto, Niger, Bauchi, Borno and Yobe) on counselling for FP services, youth friendly health services and contraceptive technology - Supported the scale-up of Hormonal IUD training of providers leveraging on the digital solutions developed by the R4S/LEAP project as well as generate demand through the IPCA strategy and Media. - Development of a digital training course on Hormonal IUDs currently utilized in country as pre-training material for Hormonal IUD training
4	AAFP	Provided technical support at trainings of health providers at the National and State level on routine provision of FP
5	PPFN	Supported capacity trainings of health workers to improve access and coverage to FP services at the facilities
6	WHO	Built the capacity of HCW at national, state, LGAs and at health facility levels of FP through training, supportive supervisions and technical assistance.
7	Marie Stopes (MSI)	supported states for training service providers in the health facilities to provide quality SRH services. Distributed Family Planning equipment including implant and IUD insertion kits to all the trainees
8	Professional Bodies	Conducted several training on FP in collaboration with various partners in Kano State. <i>The professional bodies included Nigeria Medical Association (NMA), Medical Women's Association of Nigeria (MWAN), Society of Gynecology and Obstetrics of Nigeria (SOGON), Federation of Muslim Women Association of Nigeria (FOMWAN), National Association of Nurses and Midwives</i>

	Wellbeing Foundation Africa	• Provided TOT on FP services and delivery to health workers and created adequate awareness across communities, in five focal states of Kwara, FCT, LAGOS, Osun and Cross River
2.6. FP service provision (including PPFP) integrated into existing platforms (ANC, PNC, MNCH, Immunization, Outreach)		
<u>Overall progress:</u> The integration of FP service into other health services is ongoing across the States. This has also been incorporated into several training curriculum developed for health workers where emphasis was laid on the importance of integrating FP services with other services such Antenatal/ Postnatal Care, social mobilization for immunization, health talk/counselling etc.		
No	Partners	Contributing activities
1	NPHCDA	• Conducted training of primary health workers at the state level on importance on incorporating FP in all other programs including counselling on FP is been done during antenatal and postnatal periods including immunization interventions • Follow up on the training manual on the importance of cross service provision including family planning services
2	NHIA	• Ongoing discussion with partners on reviewing the NHIA benefit package to include better FP services beyond condom use and counselling
3	Gem Initiative Hub	• Through the Teens Mom Project, targeted towards pregnant adolescents and young mothers in underserved communities in the FCT, Gem Hub promoted the uptake of modern contraceptives and access to the primary health care facility in the community
4	WHO	• Supported integrated health services (ANC, PNC, MNCH week, RI) strengthening, capacity building and scale up to improve service delivery, system strengthening and RMNCH activities.
5	Marie Stopes (MSI)	• Supported the training of service providers on counselling for service, youth friendly health services, contraceptive technology and PPFP • Provided long acting and permanent contraception to service providers across the country
6	SFH	• Supported the training of service providers on counselling for service, youth friendly health services, contraceptive technology and PPFP • Reached over 12,000 unmarried girls with life skills and Adolescent Sexual and Reproductive Health information

		and services in- Ogun, Nasarawa, Kaduna, Kano, Jigawa, Osun, Lagos and Oyo State Reached 925 adolescents and young persons with SRH messaging and service provision in Abia and Bauchi State
7	PPFN	Supported to ensure that FP services are provided along other health services at focal facilities
8	AHBN	Conducted advocacies to ensure FP services are included in the routine service provision at the facilities in Bauchi, Kano, Kaduna and Borno States
9	AAFP	Conducted advocacies to ensure FP services are included in the routine service provision at the facilities
10	ECCNI	Involved in creating awareness and advocacy for the integration of family and cervical cancer in Nigeria
11	SWAG	Sensitized women and girls, addressed social barriers at IDP camps on contraceptive use and encouraged them to carry out consultations with local health care providers to know suitable contraceptives. These campaigns have helped to debunk myths and misconceptions
12	ANHeJ	This media organization covered and published several reports on discussions and events where partners and governments strategically planned to better integrate FP into the minimum service package
13	ARFH	Consistently leveraged on existing systems like the ANC, MNCH Week and integrated structures in focal community
14	Engender Health	Leveraged on postnatal clinic, RI, outreaches to engage women and men in the health facilities and community using IEC and behaviour change materials
15	Wellbeing Foundation Africa	Through our Mamacare360 ANC and PNC programmes across several HCFs, FP counseling and referral of commodities to adolescents, women, partners, and communities were integrated in Kwara, FCT, Lagos, Osun and Cross River
16	J-PHIEGO	- In July 2024, through the AMPLI -PPHI project. conducted an outreach that reached over a million women across the country to introduced women to postpartum FP immediately after giving birth. - Birth companion initiative in Kano and Nasarawa states to assess the acceptability of birth companions during labor

Challenges/bottlenecks affecting implementation

- Some states have demonstrated inadequate political commitments in the allocation and release of funds for FP commodity and consumable procurement.
- Inadequate number of trained front line health care workers on existing and new contraceptive technologies is a challenge in several States.
- Participation of the private sector in FP program needs to improve - Inadequate FP data reporting by the private sector and Inadequate number of FP trained service providers in the private sector

Recommendations/ Advocacy Priorities

- Intensify advocacy to ensure States implement the National guideline on State funded procurement of FP commodities to improve political commitment and funding of FP
- Continued capacity building for frontline health workers on cross service provision to include the new FP technologies in the facilities is paramount
- Intensify advocacy for improved private sector participation in FP implementation including in data reporting at National and State levels

Commitment Objective 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.*

3.1. M&E, LMCU and HMIS teams at national and subnational level are trained on commodity quantification and supply planning and procurement

Overall progress: Conducted State trainings on commodity quantification, supply planning and procurement at subnational levels for Logistics officers. The State team progressed to train the LGA team and there were coordinated feedbacks from the cascade trainings at the LGAs. However, gaps still exists in the capacity and use of commodity quantification tools.

No	Partners	Contributing activities
----	----------	-------------------------

1	FMoH&SW	• Sustenance of Annual Quantification of FP Commodities' national requirements including quantities and costs • State-level Quantifications recently started in some states will guide relevant State authorities in determining how much to budget for procurement and last mile distribution • Logistics officers / ME officers in some states were trained by the national team s on commodity quantification and supply planning and procurement subnational levels
2	UNFPA	• Joined other partners to strengthen the capacity of M&E, LMCU and HMIS teams at State levels on commodity quantification and supply planning and procurement
3	NPHCDA	• Provided manual and technical support during FP quantification and supply trainings at the state level
4	WHO	• Supported quality of Care improvement at the health facilities, Monitor and Documentation for policy direction including capacity building on logistics and supply chain management.
5	SFH	• Supported the training of M&Es and LMCU staff on commodity quantification and forecasting. Thus, the focal states were supported to developed 4-year (2024-2028) FP and MNCH commodity and consumables by UNFPA and other partners
6	PPFN	• Provided technical support at trainings of FP and RH coordinators at the National and subnational level
7	AAFP	• Supported advocacies and sensitization on the training of logistics officer on commodities quantification
8	Options	• Engaged Key stakeholders and provided technical assistance to quantify FP commodity needs in Kano state as to enhance the forecasting and Supply Planning of FP and RMNCH commodities.
9	Lafiya	• Provided Technical Assistance in Kano state, during public sector contraceptive and maternal health request and funding needs from 2024 – 2028. FP Commodities re-supply meeting for health facilities

3.2. Domestic and sustainable financing strategy developed and disseminated for State and non-state actors

Overall progress: To improve domestic and sustainable financing, the 2023 Resolution of the National Council on Health (NCH) is that every State government should create a dedicated budget line for FP in the appropriated State budget. This Resolution is a strategic document and was widely disseminated to all States. Advocacy is ongoing in States yet to comply and those that need improved domestic fund investment.

No	Partners	Contributing activities
1	FMoH&SW	Organized the annual National Council on Health meeting for stakeholders from the national and States
2	UNFPA	Lead the team including partners at meetings convened to discuss on the development of the domestic and sustainable financing strategy. This strategy started with financial analysis of FP program to advocacy and fund release made by the FGoN and some State governments in 2024
3	BMGF	Supported with consultants and technical assistance on the on the development of the domestic and sustainable financing strategy
4	World Bank	Participated at meetings and provided technical expertise for the development of the domestic and sustainable financing strategy
5	WHO	Participated at meetings and provided technical expertise for the development of the domestic and sustainable financing strategy
6	AHBN	Provided inputs on areas of advocacy and sensitization for the development of the of the domestic and sustainable financing strategy
7	MSI	Provided inputs on areas of advocacy for the development of the of the domestic and sustainable financing strategy
8	AAFP	Provided inputs on areas of advocacy and sensitization for the development of the domestic and sustainable financing strategy
9	SWAG	Contributed to reducing stock-out rates through collaboration with SPHCDA and advocacy efforts led to increased focus on FP supply chain in states where SWAG operates.

3.3 Strategic partnerships with the private sector for effective integrated last mile distribution of family planning programme supplies rolled out.

Overall progress: Partnership with the Private Sector on last mile distribution has been strengthened although there are still gaps especially getting commodities to some hard-to-reach areas of the country. The FMOH conducted National distribution of FP commodities to some key private sector that in turn ensure that commodities reach the point of use. The private sector also sometimes independently secure commodities and distribute to facilities for use.

No	Partners	Contributing activities
1	FMOH&SW	- Conducted Nation-wide distribution of FP commodities with the involvement of private sector - Conducted LMA spot checks to the private sector warehouses and facilities and release commodities to the private sector
2	UNFPA	- Provided FP commodities to the FMOH&SW and conducted trainings to both private and public sector focused on last mile distribution - Support the FMOH&SW to ensure safety of FP commodities supplied to private and public facilities
3	DKT	Operated mainly in the private sector supporting FP commodity procurements and distribution. Now more into public through grant received from BMGF and others
4	PPFN	Provided FP commodities through the private sector to ensure supplies reach last mile
5	SFH	Provided FP commodities through the private sector to ensure last mile
6	MSI	Provided contraceptives through the private sector to ensure last mile

3.4 Last Mile Assurance (LMA) activities rolled out at national and sub national levels.

Overall progress: LMA activities are continuous in some selected States based on availability of resources. The Last Mile Assurance Programme Supplies Spot- Checks Exercise were conducted to the Central Warehouse - Contraceptive Central Warehouse, Decentralized Warehouses, and to Service Delivery Points. FP commodities were also distributed to the private sector to ensure LMA distribution from the States to the facilities; and

from the national to the States. However, there is need to expand LMA activities including supplies spot-checks to all States.

No	Partners	Contributing activities
1	FMoH&SW	- Ensured FP commodity safety across the country through public and private organizations that are involved in Last Mile Distribution (LMD) - Conducted Last Mile Assurance (LMA) spot checks at the Lagos Central Contraceptive Warehouse (CCW) and across all the regional warehouse Abuja, Sokoto, Kano, Rivers and Calabar. State warehouses were also visited as well as selected health facilities in those States - Worked with relevant organizations to monitor stock-out of FP commodities
2	UNFPA	- Contraceptive Logistics Management Systems Tools and Guidelines were reviewed - Supported the Federal Ministry of Health in the Last Mile Assurance Programme Supplies Spot- Checks Exercise. This is to: - While enforcing accountability of commodities collected and distributed, helped partners to better manage the FP supplies entrusted to them, by identifying supply chain capacity gaps, preventing fraud, and minimizing waste and losses. - Supported the government to be accountable at the Central and regional Contraceptive Warehouses
3	DKT International	Supplies some FP options to the country through the UNFPA e.g Levoplant
4	SFH	Supported last mile distribution of commodities from states to facilities, and from FMoH warehouse to some focal state.
5	PPFN	Supported last mile distribution of commodities from states to facilities
6	JHPEIGO	Supported to conduct trainings and demand generation activities on last mile distribution of commodities
7	MSI	Supported last mile distribution of family planning commodities federal store to the states
8	Professional	Participated and contributed to the development of Last mile assurance plan in Kano state

3.5 Private sector reporting on National data platforms and databases is reviewed & analysed.

Overall progress: Conducted review of Private sector reporting on National data platforms showed a little reporting from the sector. The data tools for private sector reporting on FP commodities and services have been reviewed to capture more salient points and ensure accountability. The review was also critical to ease private sector reporting and track indicators of interest.

No	Partners	Contributing activities
1	FMoH&SW	• Approved states where interested private sectors are operating to support FP • Reviewed reports on FP commodity and services of private sector on the national data platform Data tools have been reviewed and are now being used by the private sector. • Monitored activities of the private sector as it pertains to FP especially the LMD
2	WHO	• Provided technical assistance for State level activities (data quality management including periodic analysis and dissemination, meeting, training of State M&E Officers and FP Coordinators of FP data and reporting across 36 states and the FCT
3	SFH	• Supported Patent and Proprietary Medicine Vendors (PPMVs) and Community Volunteers (CVs) in focal states (Kano, Nasarawa, Sokoto, Niger, Bauchi, Borno and Yobe) with HMIS registers and reporting to nearby facilities for incorporation into the national DHIS2.
4	PPFN	• Provided relevant FP data on services provided for review and analysis across 36 states of the country

Challenges/bottlenecks affecting implementation

- Poor and inaccuracy commodity forecasting which affects quantification and supply planning is still common in several LGAs/facilities. This is sometimes as result of lack of capacity or poor commitment on the part of health workers
- Overdependence on donors funding for the procurement and logistics of FP needs to reduce while private sector stakeholders are encouraged to be more involve in last mile distribution (LMD) to enable commodities get to critical parts (rural and hard-to-reach) of the country
- There remains inadequate data from the private sector reporting on national FP data platforms despite the number of clients.

Recommendations/ Advocacy Priorities

- Need to Intensify advocacy at the subnational levels (States and LGA) for domestic mobilization of funds for continuous recruitment and capacity building of frontline health workers on quantification and supply planning of for FP commodities
- There is need for more involvement of the private sector in the logistic system of the FP commodities to ensure LMD across the country
- Advocate that States should institutionalize and ensure that data from the private sector is well reported on the national platform. The State should regulate this through adequate supervision

Commitment Objective 4: *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.*

4.1 Innovative financing mechanism guideline developed and disseminated

Overall progress: The FMOH&SW developed and disseminated the Private sector Engagement (PSE) Strategy with partner across all 36 states and the Federal Capital Territory. This is an innovative financing mechanism to secure sustained financing for FP Program. Beyond this Strategy, the government has also resolved in its 2023 National Council on Health (NCH) that all states should also contribute specifically to funding FP by having a dedicated budget line.

No	Partners	Contributing activities
1.	FMOH&SW	• PSE strategy disseminated across States as an innovative financing mechanism. If well implemented, better results can be achieved

		NCH 2023 Resolution necessary to improve subnational level funding of FP
2.	UNFPA	- Led the meetings with partners on implementing the SMART innovative financing mechanism guideline and templates - Led the analysis of the funding requirements to achieve FP2030, funding gaps, it's impact and estimated returns on investment of FP in Nigeria
3.	WHO	- Supported the country to translate Essential Health Service Packages into health workforce needs, cost, and the health, social and economic return on investment at PHC. - Engaged consultants to support all 36 States and the FCT on Health financing for the implementation and Tracking of the Basic Healthcare Provision Fund at Federal and States.
4	BMGF	Provided funding and technical support at meetings on developing the innovative financing mechanism guideline and template
5	AAFP	Collaborated with the FMoH to conduct multiple SMART advocacy visits and sensitization of the media which led to government's release of the \$4 million to the FP basket fund in 2024
6	R4D	- Facilitated some of the advocacy visits to key decision makers in the FMoH to get the \$4m FP counterpart fund released for the year 2024 for the procurement of FP commodities - Conduct of analysis of 2023/24 budget allocations for FP in the National Health budget
7	NPoPC	Participated and provided technical support at meetings convened for the development of the innovative financing mechanism guideline
8	NASS	Appropriated a dedicated budget line (2.2 billion Naira) for FP in the year 2024 as allocated by the FMoH
9	NHIA	Has integrated of FP in its insurance scheme with guideline considering the vulnerable groups

10	Options	- Supporting and contributing to Plenary sections on 8th NFPC and different fora on enhancing and strengthening domestic financing for FP. - Collaborating and providing technical assistance and capacity building for key stakeholders and the state health authorities on domestic resource financing and effective FP fund management.
11	Wellbeing Foundation Africa	Advocated for the domestic health financing of FP at, SWAp, MAMII and accountability platforms.

4.2 Annual allocation, disbursement, and expenditure to FP budget lines at both National and state level.

Overall progress: Nigeria Government recommitted to ensure sustainable financing for the national Family Planning Program by allocating \$4 million annually as counterpart fund into the FP basket funding for the procurement of FP commodities for the procurement of family planning commodities in 2024 and a dedicated budget line (2.2 billion naira) for FP was created in the 2024 appropriated budget. Three States also made contributions to the tune of \$51,000 while FP commodities for Lagos, Kano and Kaduna States were paid for by donor organizations (BMGF) to the tune of \$5,000,000

No	Partners	Contributing activities
1	FMoH&SW	- After non-appropriation for procurement of FP commodities for three years, the FGoN budgeted the sum of two billion naira (N2,000,000,000) in 2024 Appropriation. Four Million United States Dollars (USD4,000,000) repurposed for procurement of FP commodities. - Released \$4 million funding commitment and fulfil the minimum domestic financing requirement to access the counterpart fund from UNFPA and other donors - Three States (Lagos, Ogun and Delta) have so far released money to UNFPA for procurement this 2024 - Three states (Delta, Lagos and Ogun) also contributed about \$51,000 - Led / conducted advocacy visits with partners to the MoF, Ministry of Budget and National Planning on the release of FP fund
2	UNFPA	Committed over \$6 million counterpart fund and \$2 million matching fund for FP in Nigeria. Disbursed over \$8.7 million for FP commodity procurement in 2024

3	BMGF	- Committed and disbursed \$5 million on behalf of Lagos, Kano and Kaduna state governments for the procurement family planning commodities. - Supported the financial forecasting and analysis of the total and average cost of FP commodity per user per year from 2024 to 2030
4	FCDO	Supported the Nigerian government by disbursing over \$2.6 million for FP commodity in 2024
5	WHO	Supported Scale-up and monitor Quality FP services. Advocate for Kano State government funding of their State Strategic Health Development Plans (to increase domestic funding for health: Public & Private).
6	Clinton Health Access Initiative (CHAI)	- Engaged with the FMOH&SW on forecasting and modeling of the FP financing for the years 2024 to 2030 - Worked with FMOH doing advocacy to ensure release of 2024 FP budget, through supporting development of budget that was used to request for budget for FP financing.
7	National Advocates For Health (NA4H)	- Collaborated and provided support to intensify efforts on advocacy for sustainable FP financing, and access to quality FP services including procurement of FP commodities. - Conducted high level advocacy visits and innovative engagements with political actors and policy makers to put FP on the front burner.
8	Association of Nigeria Health Journalist (ANHEJ)	Health journalists under the auspices of the Association of Nigeria Health Journalists (ANHEJ) attended series of meeting organized by the Government including Bi-weekly ministerial press briefings, conducted series of media interviews and publications to amplify the need for the allocation, timely release and disbursement of the US\$ 4million allocated via BHCPF to FP by the Nigerian government.
9	AHBN	Conducted trainings that enhanced the capacity of CSOs and media to develop key advocacy messages to address funding gaps. Also, tasked the media to amplify messages requesting the Government on allocation and releases of FP budget
10	Ministry of Finance	Ensured release of the \$4m through the BHCPF to UNFPA as Government counterpart funding for procurement of FP services
11	Ministry of Budget &	Despite the pressure from other MDAs due to limited fund, Ensured the release of budgeted fund into the purse of the FMOH&SW

	Planning	
12	HERFON	Led a coalition of a CSOs and media advocating for a dedicated budget line for FP in the Federal Capital Territory (FCT)
13	SWAG	Participated in national and sub-national budget advocacy, contributing to the successful establishment of a dedicated budget line for Adolescent SRH across states in Nigeria
14	NAWOJ	Amplified the importance of FP financing by leveraging media platforms—radio, TV, newspapers, and digital spaces—to advocate for increased government commitment. Members engaged policymakers through interviews, investigative reports, and special features highlighting funding gaps and their impact on maternal health.
15	SFH	Advocated with others such as Lafiya, Kano SLAM, Options etc for 1% of health budget to be allocated for FP. However, Kano state got over 500 million naira disbursed to procure FP commodities through UNFPA/BMGF
16	Lafiya	Conducted Review Meetings on FP/ASRH/TWG allocations and releases.

4.3 Annual accountability reports and scorecards developed and disseminated on FP allocations and releases.

Overall progress: Reports have been developed on FP allocations and releases by stakeholders. The Motion Tracker Approach also gives opportunity for stakeholders to review the level of support and activities conducted towards achieving the FP2030 commitments

No	Partners	Contributing activities
1	FMoH&SW	- Engaged other stakeholders on various platforms presenting different accountability report including the JAR and reports at the NHC - Following guidelines in National Strategic Health Development Plan (NSHDP II), key RH activities were reviewed and M&E tracking was carried out on critical indicators

2	AAFP	Supported stakeholders and developed scorecards for monitoring the FP2030 commitments in collaboration with FMoH&SW, and others such as UNFPA, PPFN, CHAI and AHBN.
3	AHBN	- Led utilization of the Motion Tracker Approach as an accountability tool to track progress on FP2030 including financing - Engaged in advocacy using the findings to address the gaps
4	Kano SLAM	Review meetings and other activities on advocacy efforts to increase FP funding through budget tracking and public learnings and SPR Workshops
5	ANHEJ	Develop stories for online print and radio

4.4 Guidelines on Expanding Partnerships with public and private sector non-health actors developed.

Overall progress: A Private-Public Sector Partnership (PPP) arrangement / document which was developed by the Federal Ministry of Health with support from development partners is being used. This Private Sector Engagement (PSE) Strategy for RH/FP is different from the National FP Blueprint which guides national FP efforts, including engagement with private. It serves as a guide for PP sector collaboration. While this is being implemented, the process is slow and not fully explored to promote FP services across the country.

No	Partners	Contributing activities
1	FMoH&SW	- Coordinating partnerships between the public and private sector actors to mobilize funding streams for family planning program implementation. This is done with reference to the Private-Public Partnership document developed - Developed and disseminated a State of Health of the Nation Report for 2024. This incorporated all the contributions from the public and private sectors and CSOs
2	Clinton Health Access Initiative (CHAI)	Provided FMoH Technical assistance on the development of the guideline on Expanding Partnerships with public and private sector non-health actors.
3	Development	Supported FMoH to convene a meeting to review the Guidelines on Expanding Partnerships with public and

	Outcomes Support Center / Mid Space	private sector with partners.
4	WHO	Supported Mal-RMNCH Integration, implementation and monitoring. Also develop and implement mechanisms for Public-Private Partnership towards UHC

4.5 Digital tracker for FP finances developed and disseminated.

Overall progress: At the National level, a digital tracker for FP finances on allocations and releases, which is domiciled with UNFPA is available. There are plans to make it web-based to allow the public access to the available information. At the subnational level, it is quite difficult to follow up on FP allocations and release mostly due to non-specific allocation to FP services by many states

No	Partners	Contributing activities
1	FMoH&SW	UNFPA supported to develop an excel based FP finances on FP allocations and releases which has not been disseminated. There are plan to make it web based.
2	UNFPA	The National Basket Fund Tracker for FP commodity procurement was developed and disseminated and draft State-specific FP financing trackers was developed

Challenges/bottlenecks affecting implementation

- Funding gap persists in the FP program. There was delay in release of the budgeted and counterpart fund (\$4 million) for FP in 2024. In some States, funds were not clearly allocated to FP in the annual budgets, it was lumped under budget line for RH division. Also, the release for FP is generally poor at both national and subnational
- Moreover, there is no reliable information on the actual FP spendings in several states.
- Private Sector Engagement Strategy not fully implemented at the national and sub-national. The process is ongoing to identify how to get onboard more private partners especially in the area of logistics and LMD.
- Annual accountability reports and scorecards are inadequate in terms of data availability and frequency of reporting. In fact this is worse at the subnational level

Recommendations / Advocacy Priorities

- Intensify advocacy to reduce FP funding gaps at all levels promote more accurate and accessible digital tracking of FP finances at the national and subnational on allocations and releases
- Need to better implement the Private sector Engagement (PSE) Strategy at all levels as one of the innovative ways of domestic fund mobilization
- Make review and accountability process through scorecard development more frequent at all levels – quarterly or bi-annually

Commitment Objective 5: *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,*

5.1. Multistakeholder accountability mechanisms including CSOs (FP Motion Tracker and scorecards) strengthened at national and subnational levels

Overall progress: Under the Service-Wide Approach (SWAp) initiative of the current administration, a new RMNCAEH+N TWG was inaugurated. The Core Technical Group (CTG) consists of wider stakeholders meets regularly at the National level and also in some States (RH TWG) to review progress of RMCAEH including implementation of FP. These Groups also recommend corrective measures to improve performance of health workers at all levels. The Media also contributed to the accountability process by working closely with the government and CSO to showcase progress on FP

implementation while amplifying messages to the public.

No	Partners	Contributing activities
	FMoH&SW	- Coordinated with other development partners to conduct progress tracking on FP 2030 commitments in Nigeria - Works with CSO partners to prepares Country Report on commitment progress for inclusion in Annual Progress Report and the online accountability dashboard - In collaboration with CSO partners, led process of validating progress on FP2030 commitments - National RHTWG meetings to review progress of FP implementation, take corrective measures, improve performance and plan ahead - State RHTWG conduct meetings to review progress of FP implementation, take corrective measures, improve performance and plan ahead - Use of the FP Motion tracker to track commitments progress through stakeholders' activities, identifying bottlenecks and areas of advocacy to make improvement
2	AHBN	- Supported the FMoH&SW to evaluate progress made on FP2030 commitments through accountability framework and scorecard which includes stakeholder roles, monitoring and evaluation, reporting mechanisms, and enforcement measures - Conducted capacity building for CSOs and other stakeholders in FP on motion tracker approach - Support with advocacy and implementation of policy at national and subnational level (Bauchi, Sokoto, Borno and Kano) - Use of the FP Motion tracker as an accountability tool to track commitments progress through stakeholder's activities, identifying bottlenecks and areas to engage in advocacy for improvements
3	AAFP	- Organized the Nigeria FP accountability meeting of high-level stakeholders to evaluate progress made on FP2030 commitments through its developed scorecard which includes stakeholder roles, monitoring and evaluation, reporting mechanisms, and enforcement measures - Established an engagement platform involving all the state family planning coordinators where it gathers feedback from the subnational level. - The 8th Nigeria Family Planning Conference organized by the AAFP in 2024 December was instrumental to strengthening national and subnational stakeholders' accountability as reports on financial and technical efforts by several partners and government were released. UNFPA and TSI presented scorecards on FP interventions for several states

4	ANHEJ	• Amplified and published stories on how progress on the FP commitment could tracked and the training of the motion tracker and scorecards on print and online
5	State Ministry of Health	• Provided overall leadership and coordination support at the State level across all States in the country
6	Population Council	• Coordinates FP 2030 commitments, supports the government and NGOs • Track the progress of the commitment • Promotes mutual accountability • Pay advocacy to key stakeholders and decision makers in the government
7	NAWOJ	• Through investigative journalism, tracked FP budget allocations, releases, and utilization at federal and state levels, exposing discrepancies or lapses. • Create awareness during quarterly meetings on effective family planning resource mobilization and accountability
8	Options	• Supported in Kano and other states the participation in workshops, webinars, engagement of budget officers and facility FP focal persons. Supported data collection, analysis, and dissemination of FP accountability scorecards to monitor FP commitments • Through E4A MAMAYE, supported Lagos, Gombe and other to include family planning into their state insurance scheme
9	EngenderHealth	• Incorporated into trainings and other FP activities interventions to address gender-bias and providers-bias in focal states
10	Wellbeing Foundation Africa	• Contributed to policy advocacy, evidence dissemination (e.g., Annual Reports, 20-Year Impact Report), and media visibility (#MaternalMonday, #FrontlineFriday, a weekly advocacy program across health facilities, Communities, Schools and Media).

5.2. Advocacy efforts in place to domesticate laws and strategies that promote gender rights

Overall progress: Advocacy conducted led 35 of the 36 States in Nigeria to have domesticated the Violence Against Persons Prohibition (VAPP) Act which criminalizes physical and sexual abuse, domestic violence, rape, female genital mutilation and child marriage. Through advocacies conducted, many States committed to increasing access to Adolescent and Youth Sexual and Reproductive Health information and promote gender rights.

No	Partners	Contributing activities
1	FMoH&SW	Worked with relevant stakeholders in charge of promoting gender rights including the Ministry of Women Affairs. The 8th National FP Conference which held in December 2024 created a platform to engage with faith-based organizations traditional and religious leaders to promote gender rights including SGRH in their various communities
2	Federal Ministry of Women Affairs	Conducted engagement with key stakeholders to promote actions that endorse the development of women with equal rights and corresponding responsibilities
3	NAPTIP	- Consistent in the implementation of VAPP both at the national and subnational levels. - Involved in the advocacy at the state level, working with other relevant MDAs and security outfits to ensure gender rights

5.3 Commitments made to domesticate the laws and strategies made by relevant authorities

Overall progress: Several relevant laws, policies and strategic documents that promote FP in Nigeria have been developed and disseminated across the States. Such include VAPP, NHIA Act & Operational Guidelines, RMNCAEH+N Strategy, Adolescent and Youth Policy etc. However, while some many states have domesticated these strategic documents, there is a lot to be done around implementation, especially at the subnational.

No	Partners	Contributing activities
1	National Assembly	Passage of existing laws that promote gender rights and Universal Health Coverage (UHC) e.g. the VAPP Act, NHIA Act
2	State Assembly	Domestication of the Violence Against Persons Prohibition (VAPP) Act promote gender rights
3	National Human Rights Commission	Promoted and sensitized Government Agencies for the implementation of laws that promote gender rights

4	State Ministry of Women Affairs	• Mobilized women to advocate for the implementation of laws that promote gender rights
5	NAPTIP	• Involved in the advocacy in states that have domesticated VAPP to implement the Act, working with other relevant MDAs and security outfits to ensure gender rights
6	Stand With A Girl Initiative (SWAG)	▪ Integration of functional youth friendly services into selected health facilities and increase monitoring and evaluation of AYSRH data. ▪ A commitment tracker was developed by SWAG and is being used as an accountability mechanism to track actionable commitments made by these relevant authorities.
7	Wellbeing Foundation Africa	▪ Amplified FP and SRHR priorities through advocacy campaigns (#MaternalMonday, #TeenageTuesday, #FrontlineFriday), reinforcing national accountability frameworks and FP2030 scorecard monitoring.

5.4. Institutions and existing human resource trained to monitor and supervise gender-based activities

Overall progress: Certain government agencies such as the National Agency for the Prohibition of Trafficking in Persons (NAPTIP) and Human Rights Commission are creating awareness to Institutions and carrying out some gender-based activities. Implementation of the Violent Against Person Prohibition (VAPP) Act and other gender-related policies and guidelines has led to addressing many negative norms that fuel harmful practices for women and girls. This has also led to more enlightening / education about health of the female folk

No	Partners	Contributing activities
1	National Orientation Agency	• Mobilized, sensitized, and supported supervision of gender activities related to the VAPP Act, both at the National and 36 States of the federation
2	NAPTIP	• Build capacity of staff to supervise the implementation of gender rights laws and policies
3	WHO	• Emphasized on gender issues and promote gender-sensitive activities within the Nigeria health system • Strengthen institutional capacity in human resource planning, distribution and competencies to meet changing

population needs,

Challenges/bottlenecks affecting implementation

- Low participation of relevant MDAs such as the Human Right Commission, Ministry of Women Affairs, Ministry of Sport and Youth at State and National level in the gender rights activities
- Challenge with the implementation of the VAPP Act especially at the sub-national level as a result of poor funding and lack of political will
- Inadequate funds to scaleup trainings focused on monitoring gender-based activities

Recommendations / Advocacy Priorities

- Intensify advocacy to the leadership of relevant MDAs especially Minister and Commissioners of Women Affairs and Human Rights Commission to better promote gender rights
- Sensitization of Nigerian populace to better respect women and girls for the subnational government to implement the VAPP Act
- Intensify advocacy to mobilize more funds for gender-based trainings for staff of relevant MDAs and implementation of key activities

Commitment Objective 6: *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.*

6.1 SRH integrated and costed within multi-stakeholder national emergency preparedness, response and resilience plans

Overall progress: The use of the platforms of other RMNCAEH+N services such as Outbreak Response (OBR) and Supplementary Immunization Activities (SIAs) and MNCH Week among others to create awareness on FP and provide services has been emphasized in several Strategic documents and Plans. However, FP and other SRH rights are yet to be considered emergency or properly integrated and costed within emergency preparedness and response post COVID-19.

No	Partners	Contributing activities
1	FMoH&SW	• Through the RMNCAEH+N multi-stakeholder platform, there is some level of integration of SRH into the system. Discussions are ongoing on how to incorporate FP into MNH especially into post-partum and post abortion services across the country

2	Kano State Level Accountability Mechanisms (Kano SLAMs)	Promoted accountability via a multi stakeholder platform to respond to emergencies
3	AAFP	Organized interfaith conference to dialogue with faith and community leaders on the best strategies to mitigate the issues around misconception and non-acceptance of modern contraceptives

6.2 Preparedness Toolkit for Sexual and Reproductive Health Care in Emergencies reviewed, adopted, and disseminated.

Overall Progress: With the support of partners, there exists within the RH space toolkits showing Lifesaving skills, Modified lifesaving skills, Expanded lifesaving skills, EPMM, MPCDSR. These skills and adopted global initiatives are available and used in some Emergencies. The use of DMPA-SC/SI in hard-to-reach areas / medical emergencies has been documented in several quarters in Nigeria, but not adequately rolled out at the subnational levels.

No	Partners	Contributing activities
1	FMoH&SW	- Lifesaving skills, modified saving skills, expanded lifesaving skills, EPMM, MPCDSR are available and being used in Emergencies. - Use of DMPA-SC/SI in hard-to-reach areas / medical emergencies
2	WHO	Support implementation of the ANC guidelines for positive pregnancy experience at Federal and State Levels include in UHC.
3	SMoH	- Lifesaving skills, modified saving skills, expanded lifesaving skills, EPMM, MPCDSR are available and being used in Emergencies at the State level - Use of DMPA-SC/SI in hard-to-reach areas / medical emergencies at the State level
4	Stand With A Girl Initiative (SWAG)	Used developed advocacy tool to relevant authorities to ensure access and utilization of SRH information and services for women and girls in emergencies.
5	Pathfinder	Provided training support on emergency response tool kits
6	SFH	Provided training support to frontline health workers in focal LGAs of supported States on emergency

		response tool kits
7	MSI	Supported the Kano state stakeholders in reviewing the KSCHMA benefits package by redefining the existing healthcare services to improve healthier outcomes for mothers and newborns.
8	Options	Facilitated the integration of FP Services into minimum service package in Kano state
9	Wellbeing Foundation Africa	Project Oscar (neonatal jaundice screening & treatment) demonstrated the commitment to embedding lifesaving interventions into PHC and hospital systems, relevant to emergency preparedness for vulnerable newborns.
10	West African Institute of Public Health (WAHPH)	Provided trainings for young public health professionals on SRHR across the country

6.3 Capacity built on procurement, quantification and management of emergency supplies

Overall Progress: Nigeria's FMOH&SW in collaboration with partners have conducted several capacity building trainings at the national and across 36 States of the federation for relevant officers on quantifying for commodities towards Emergency supplies

No	Partners	Contributing activities
1	FMOH&SW	Collaborated with partners to conduct training on forecasting and quantification of FP commodities
2	WHO	Supported the development and maintenance of health workforce registries on the procurement and logistics at national & state level.
3	MSI	Provided technical support and assistance for quantification of FP commodities and supplies during emergency
4	Lafiya	Provided Technical Assistance during forecasting and quantification workshop. Other partners that supported the workshop were UNFPA, BMGF, MSF, DRPC, DKT, YPEAH
6	ARFH	Provided technical assistance to LMC unit for forecasting and quantification of FP commodities and last mile distribution to the health facilities in Kano

6.4 Access to self-care innovations for RH in humanitarian and fragile settings scaled-up

Overall Progress: Improving access and scaling up new and under-utilized FP commodities in humanitarian settings has become priority for both government and partners. These settings involving Persons with Disabilities (PWD), youths and adolescents and other vulnerable groups such as IDPs have been considered for reach on the DMPA-SC/SI and other methods. There are still however gaps in the number of persons reached with these commodities due to relative low number and inadequately trained workforce and sometimes availability of the commodities.

No	Partners	Contributing activities
1	FMoH&SW	Specific commodities such as DMPA-SC/SI and others are supplied to humanitarian and fragile settings
2	UNFPA	Improved access to new and under-utilized commodities in humanitarian settings
3	SMoH	DMPA-SC/SI supplied to humanitarian and fragile settings at the State level
4	SFH	Provided access to FP services at humanitarian and fragile settings in targeted states
5	MSI	Provided access to FP services at humanitarian and fragile settings in targeted states
6	ARFH	Provide access to FP(DMPA-SC/SI) in hard-to-reach area and security compromised areas in Kano, Yobe, Nasarawa and Gombe States

6.5 Strengthened coordination on SRH emergency response and resilience at national, state and LGA level

Overall Progress: There are established and functional SRH platforms at both the national and State levels. These platforms include the SWAp - RMNCAEH TWG and the RMNCAEH+N platforms.

No	Partners	Contributing activities
1	FMoH&SW	Coordinated emergency response through the TWG and RMNCAH coordination platform
2	SMoH	Coordinated through RMNCAH coordination platform at the State level

3	Population Council	Strengthened coordination RMNCAH coordination platform by ensuring meetings
4	State Ministry of Women Affairs	Sexual Assault Referral Center (SARC) – Ministry has led several coordination meetings with stakeholders to strengthen the functionality of SARC and service delivery
5	SWAG	Instrumental in fostering leadership in advocacy and inclusive programming, ensuring that health systems are responsive to young people's needs.
6	SFH	Solutions were deployed and coordination strengthened on SRH. Particularly on changing the technical delivery of the state TWG.
7	Education As A Vaccine	Partnered with the state primary health care board. PHC and State Ministry of health to link trained peer educators and young mentor mothers with PHC closer to them for easy access and SRH information and services.
8	Wellbeing Foundation Africa	Through Teenage Tuesday & Thrive Thursday programs, WBFA equips adolescents, women, and partners with knowledge and linkages to SRHR in fragile settings, reducing vulnerability to unsafe practices
6	ARFH	As a member of the RMNCAH Committee, strengthened SRHR state coordination meeting in Yobe, Kano, Nasarawa and Gombe by providing technical assistance and financial support

Challenges/bottlenecks affecting implementation

- There is still relatively inadequate integration of FP and SRH into emergency response
- Inadequate number of personnel trained on the use of the tool kits / DMPA-SC/SI to attend to IDPs and other vulnerable humanitarian settlements
- Poor coordination on SRH emergency response and resilience in some States and LGAs

Recommendations / Advocacy Priorities

- At the subnational level, there is urgent need to recruit and train additional health workers on the DMPA-SC/SI to attend to emergencies in humanitarian settings
- Better political will at the subnational level needed to integrate FP and SRH into emergency response
- Need for improved coordination on SRH emergency response and resilience especially at the subnational level in humanitarian settings

Commitment Objective 7: *To reduce social and gender norms hindering women and girls agency and autonomy, and access, including those of men, young people, people with disability and key vulnerable populations, to rights-based family planning information and services by 2030*

7.1 Gender responsive approaches to FP guidelines developed and disseminated

Overall progress: Recent documents developed on SRH including the RMNCAEH Strategy considers to a large extent the gender issues hindering the rights and access to SRH of women and girls. Also, the Adolescents and Youth Policy (AYP) 2020-2024 was disseminated to States to address the issues of gender and girl.

No	Partners	Contributing activities
1	FMoH&SW	• Adolescents and Youth Policy (AYP) that address the issues of gender and girls has been disseminated to all States • Coordinated meetings that ensure Gender responsive approaches to SRH issues
2	SMoH	• Efforts are being made by some States on the domestication of the Adolescents and Youth Policy
3	WHO	• Advocated for the use of the developed mapping tools for victim/survivor assistance and community-based complaints mechanisms (CBCMs) as captured in WHO PRSEAH (Preventing Responding to Sexual Exploitation Abuse and Harassment)
4	EVA	• Integrated male advocates in community dialogues and digital campaigns addressing reproductive health responsibilities and dismantling harmful gender expectations in FCT, Imo and Ebonyi. • Incorporated male voices in advocacy for the VAPP Act, emphasizing protections for women, men, and other vulnerable groups against violence

5	SWAG	Inclusion of SRHR – FP in the curriculum to train out-of-school adolescent girls on SRHR at the Wassa IDP camp Safe Space Safespace
6	Gem Hub	Inclusion of SRH – FP in curriculum for Teen Moms’ project, implemented in FCT, sensitizing adolescent girls and young women on gender norms, SRH information and linking them to socio-economic opportunities

7.2 AYSRH responsive policies and training manuals implemented

Overall progress: The Adolescents and Youth Policy (AYP) 2020-2024 has been developed, launched, and disseminated. While it has been adopted in some states, advocacy efforts/ engagements to domesticate and implement this policy are ongoing in other state. The document is also due for a review.

No	Partners	Contributing activities
1	FMoH&WS	- Adolescents and Youth Policy (AYP) has been developed, launched, and disseminated to States. - Continued to advocate to States to obtain sub-national levels stakeholders buy-in to ensure its adequately implemented
2	SMoH	Follow up supervision on the AYSRH responsive policies after trainings had been conducted at the LGA and PHC levels
3	AAFP	Before the 8th Nigeria FP Conference, there was A Youth Preconference where diverse AYSRH was repositioned through direct engagement of the youths and key experts, government and donor representatives and innovative ideas were rewarded with micro start-up funding
4	GemHub	Organized a webinar with young people, CSOs and representatives from relevant MDAs on the 13 of Dec 2024 to commemorate UHC Day, the focus was on access to SRHR
5	MSI	Supported the development Adolescent policy in Kano state.
6	Lafiya	Conducted AYHD policy and capacity development in focal states

7	EVA	Scaled up My Q&A and Frisky by EVA platforms, enabling young people to access confidential SRHR, Family planning, and safe abortion information and counseling through SMS, toll-free lines, social media, and the web
8	Private Sector	Facilitated trainings on some aspect of adolescent & youth policies conducted for staff of Local Government Health Authority (LGHA), CSOs and professional bodies across 44- LGAs in Kano State

7.3 Positive SRH behaviors promoted by civil society and media

Overall progress: Several Media houses and CSOs have continued to promote good SRH behaviors. This has been done through regular media and CSO engagements and events that provided key messages/information to be amplified at the national and subnational levels.

No	Partners	Contributing activities
1	FMoH&SW	There has been increasing involvement / awareness creation by the media on (Sexual and Reproductive Health Rights (SRHR) activities,
2	WHO	Involved in collaboration and advocacy agenda promotion to ensure support for continuity of SRHR services
3	AAFP	- Organized Media Engagement and Capacity Strengthening for Media Practitioners to understand the gender and social norms affecting SRH including in young people - Coordinated the implementation of the 8th National FP Conference where issues were discussed on SRHR and commitments made
4	AHBN	- Supported to convene the 8th Nigeria Annual FP 2024 Conference. It served as a platform to engage the media to promote FP in Nigeria - Supported the Media to engage with CSOs and organized several media events to promote better understanding of SRHR to be amplified by journalists
5	SFH	SRH behaviours are promoted by the Youth Champions and other social groups through trainings across the 44 LGAs in Kano state

		Conducted media campaign strategy for Hormonal IUD promotion.
6	HERFON	- Built capacity of CSOs within FCT on FP and positive SRH behaviour - Leverages on special UN days such as IWD and 16 Day Activism against GBV to conduct outreaches to promote SRH positive behaviors in the FCT
7	Gem Hub Initiative	- Organizing engagements with CSOs and media, and participating at media appearances to highlights the importance and benefits of adopting positive SRH behaviors and also encouraging the media and CSOs to promote positive SRH behaviors - Social media campaign on SRH and FP in particular
8	ANHEJ	Published stories that promoted SRH behaviors obtained through the conducts of interviews done with key government officials and CSOs
9	Lafiya	Supported KanSLAM (CSOs) to promote SRH positive behaviours
10	EVA	- Partnered with Document Women and ZIKOKO to share abortion survivor stories and produce content that challenges harmful gender and social norms around legalizing safe abortion. - Facilitated publication of four articles on the need for the movement to push for the legalization of access to safe abortion services in national newspapers to advance the campaign communication strategy. - Collaborated with FP2030 to organize community outreach in Bwari and Sabon Gari through HCW go raise awareness about different contraceptive methods
11	Vaccine Network	Mobilized CSOs and Media to disseminate FP information on their platforms

7.4 Faith based and community leaders are sensitized to promote shared understanding and decision making about FP.

Overall progress: Significant engagements have been conducted with faith based, traditional and community leaders which led to substantial acceptance and promotion of FP among them across the country. However, there is need to hold continuous engagements with them to sustain the momentum.

No	Partners	Contributing activities
----	----------	-------------------------

1	FMoH&SW	Using several platforms, engaged with traditional, religious and community leaders to promote SRHR and shared vision on FP implementation
2	AAFP	- Supported to convene pre-conferences on interfaith discussion during the 8th Nigeria Annual FP 2024 Conference to highlight the importance of their roles in FP service uptake - Spearheaded the convening sessions involving faith-based and community leaders during the 8th National FP Conference to provide them understanding on their roles towards FP services uptakes in their communities
3	SPHCDA	Sensitized Faith based and community leaders to promote decision making about FP at the State, LGA and community level
4	Options	- Took proactive steps to engage religious leaders, traditional institutions, men and boys as allies in advancing gender equity and respecting women's reproductive autonomy and supported women's reproductive choices. - Identified and trained male advocates to champion FP acceptance within communities, integrate GBV response services within FP programs, to challenge Harmful Practices through community dialogues.
5	SFH	Solutions on Key influencer engagement were deployed to the state and remarkable improvement is seen in promoting FP uptake among married women
6	MSI	work with faith based and community leaders to promote shared understanding and decision making about FP with community members.
7	EVA	Provided knowledge to the Feminist Narrative advocates (safe abortion campaign), on tracking deliverables, aligning activities with deadlines, and providing technical support to mitigate challenges
8	Professional Bodies:	Paid several advocacy visits conducted to sensitize the community leaders on understanding FP issues supported by partners and MoH, Kano. They include Nigeria Medical Association (NMA), Medical Women Association of Nigeria (MWAN), Society of Gynecologists and Obstetrics of Nigeria (SOGON), Federation of Muslim Women Association of Nigeria (FOMWAN)
9	Wellbeing Foundation Afi	Through MamaCare360 classes, engaged faith-based organizations, traditional leaders and community gatekeepers to break stigma and encourage male involvement in FP decision-making

10	SWAG	Engaged religious and community leaders in Wassa IDP camp on incorporating SRHR and FP messages
11	JHPIEGO	Engaged different stakeholders to promote improved access to self-injection services, including Faith based organizations and Community leaders

Challenges/bottlenecks affecting implementation

- The Media has not been adequately involved in SRHR activities reporting in terms of number of outputs and consistency of reporting
- Faith-based and community leaders are not also carried along regularly enough to sustain the drive on advancing FP acceptance in their communities
- There is no adequate participation and involvement of adolescents, youths and their parents in SRH discourse without which AYRH policies implementation would continue to be stalled

Recommendations/ Advocacy Priorities

- Stakeholders should intensify support for the media to report consistently on SRH and FP issues
- Intensify advocacy to government especially at the subnational to fund community sensitization and implementation of the AYSRH policies
- Need to regularly engage religious groups and faith-based organizations and institutions on SRH matters

Commitment Objective 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.*

8.1 FP goals and modelling of priority interventions conducted

Overall progress: The modelling of key FP interventions and reference to best practices within and outside Nigeria is one of key interest of the Nigerian government. States also leverage on the guidance from the national as stakeholders jointly meet to interact and exchange ideas. The modelling looks at the context of the State and the best approaches to implement FP program. However, there is still inadequate implementation of

FP goal modelling across all the HSS pillars by the several States

No	Partners	Contributing activities
1	FMoH&SW	With the support of partners, such as UNFPA and WHO developed the FP goal modelling which looks at the context of the State and the best approaches to implement
2	AAFP	Organized workshops to develop family planning indicators based on the local expectations to track Nigerian FP2030 progress achievements.
3	SFH	Supported participation of States in selected States at the FP goal modelling meetings.
4	TCI	Supported participation of States in selected States at the FP goal modelling meeting.

8.2 National FP data hubs are harmonized and easily monitored

Overall progress: The National FP hubs (NHMIS, DHIS2 and the National FP dashboards) have been fully harmonized. The NHMIS data feed into the DHIS2 and then into FP Dashboard. National FP dashboard is a national repository on information on FP in the country showing service delivery, health workers trained to provide FP services etc. The dashboard is now running, fully harmonized and being monitored with access to key stakeholders.

No	Partners	Contributing activities
1	FMoH&SW	Under the coordination of the FMoH&SW, the use of the Nigeria Health Logistics Management Information System (NHLMIS), Warehouse Management Information System (mSupply) and other data tools has resulted in some level of progress towards evidence-based decisions making in the FP program.
2	AHBN	Monitored the various FP data platforms such as NDHS and DHIS2 at the National level and focal states
3	Options	Collaborated with FP data focal persons in implementing facilities in Kano State and provided technical assistance in analyzing MNCH & FP data and for data harmonization and interpretation

4	ARFH	• Provided training for RMNCEAH+N M&E Officers on harmonizing FP data
5	Viamo	• developed quantitative instruments and an impact evaluation methodology to assess the impact of FP platform interventions, working with the Bill & Melinda Gates Foundation (BMGF) on data collection

8.3 Evidence-based data used for FP decision making

Overall progress: The FP dashboard has been made operational and it provides information on HR, consumption and stock outs. The data provided is being used to guide FP decision making in the country. The annual supplies program survey is also used by the country to guide FP decision making

No	Partners	Contributing activities
1	FMoH&SW	• The FP dashboard has been made operational and the FP dashboard is used to guide decision making as it shows data on HR, consumption and stock outs etc • UNFPA supplies program survey, this is an annual survey in Nigeria used for FP decision making
2	UNFPA	• Conducted annual supplies program survey which is used by the country to guide FP decision making
3	Pathfinder	• Supported and advocated for use of FP data for evidence-based decision making at National and selected States being supported
4	MSI	• Supported and advocated for use of FP data for evidence-based decision making at National and selected states
5	AHBN	• Gathered and use data to generate evidence-based advocacy strategies including scorecards to influence decision makers
6	SFH	• The state was supported data demand and Use as well as Data to Action (D2A) strategies and are utilizing it for decision making. This was clearly demonstrated during the development of the 4-year FP-MNCH quantification and forecasting.
7	Lafiya	• Provided Technical Assistance to Support LMCU Review meetings
8	Options	• Conducted baseline assessment to which FP Data was assessed for decision making

9	PPFN	• Provided service delivery data from their network of clinics to FMOH
---	------	--

8.4 Key indicators for tracking and measuring process using digital monitoring and analysis techniques are developed.

Overall progress: The Family Planning Estimation Tool (FPET) is currently being used by the FMOH&SW to come up with annual family planning estimates. Various stakeholders and partners have participated in meetings to discuss key indicators for tracking and measuring process using digital monitoring and analysis techniques.

No	Partners	Contributing activities
1	FMOH&SW	• The FPET was used to come up with annual family planning estimates.
2	Population Council	• Coordinated stakeholders through FMOH&SW to ensure discussions are held on key indicators for tracking and measuring process using digital monitoring and analysis techniques
3	GemHub	• Under the WELEAD Program Implementation at Wassa IDP camp, carried out an Endline evaluation showing an uptake in accessing FP services by women in the community
4	MSI	• Supported capacity building training of service providers in the health facilities to report complete and correct data to the national dash board

8.5 Family Planning private health sector data reporting, demand and use increased

Overall progress: More private health sector data reporting has been encouraged over the years. As more private sector actors are absorbed within the FP program on demand and use, awareness, the reporting tool were reviewed to make it easy and to encourage it use for reporting into the platform.

No	Partners	Contributing activities
1	FMOH&SW	• Provided user friendly data tools to the private health sector to increase data reporting, demand, and use

2	MSI	Mobilized private sector in selected states to ensure FP data reporting
3	Healthcare Federation of Nigeria (HFN)	Mobilized private sector groups to participate at FP data reporting meetings.

Challenges/bottlenecks affecting implementation

- Despite commitments made on the implementation of the FP goal modelling, some states are yet to fully implement
 - Inadequate number of private sector actors trained on the tools for data reporting
 - Data generated on FP from some quarters are incomplete, inaccurate and unreliable as some M&E Officers have not received adequate training
- Family Planning Estimation Tool (FPET) and other data reporting platforms in some states

Recommendations/ Advocacy Priorities

- Stakeholder need to intensify advocacy to States on the implementation FP goal modelling
- There is also need to better engage the private sector and improve on the quality of FP data generated across the country for better evidence-based decisions
- Need to train more M& E officers at the state level on the use of the relevant M&E tools in FP program

CHAPTER 4: MEDIA COVERAGE AND VISIBILITY [1-2 pages]

S/N	Title of the Story	Media House	Link	Date of Publication	Author
1.	Low family planning uptake, high fertility rate fuelling poor maternal, child health experts	Premium times	https://allafrica.com/stories/202412050159.html?utm_source=chatgpt.com	5 December 2024	Nike adebowale tambe

2.	Kano: Forging a path towards sustainable family planning strategy	Daily trust	https://dailytrust.com/kano-forging-a-path-towards-sustainable-family-planning-strategy/	26 december 2024	Misbahu shehu
3.	Nigeria Galvanizes Support to Meet its FP2030 Commitments	Fp2030	https://www.fp2030.org/news/nigeria-galvanizes-support-to-meet-its-fp2030-commitments/?utm	16 December 2024	Justin ngong
4.	Effective family planning key to national development – stakeholders	PUNCH	https://punchng.com/effective-family-planning-key-to-national-development-stakeholders/	5 December 2024	Lara adejoro
5.	FP2030: Nigeria govt restates commitment to achieve 27% contraceptive rate	Premium times	https://www.premiumtimesng.com/health/health-news/759467-fp2030-nigeria-govt-restates-commitment-to-achieve-27-contraceptive-rate.html?tztc=1	December 5 2024	Nike adebowale tambe
6.	Harnessing Private Sector Power for Family Planning Progress	Family planning news network FPNN	https://www.familyplanningnewsnetwork.org/the-fpnn-community-report/harnessing-private-sector-power-for-family-planning-progress?utm	5 December 2024	Alexander chiejina nigreria health watch
7.	Highlights from the 8th Nigeria Family Planning Conference	Association for reproductive and family health ARFH	https://arfh-ng.org/news-stories/highlights-from-the-8th-nigeria-family-planning-conference/?utm	6 december 2024	ARFH
8.	8th Nigeria Family Planning Conference Kicks Off with Renewed Commitment to FP2030 Goals	Family planning news network	https://www.familyplanningnewsnetwork.org/the-fpnn-community-report/renewed-commitment-to-fp2030-goals?utm	4 december 2024	Onyinye Oranezi, Nigeria Health Watch
9.	How High-Impact Practices Can Transform Family Planning in Nigeria	Family planning news network	https://www.familyplanningnewsnetwork.org/the-fpnn-community-report/how-high-impact-practices-can-transform-family-planning-in-nigeria	4 december 2024	Onyinye Oranezi
10.	Family Planning as a Catalyst for Change: Empowering Women and Communities in Nigeria	Family planning news network	https://www.familyplanningnewsnetwork.org/the-fpnn-community-report/family-planning-as-a-catalyst-for-change-empowering-women-and-communities-in-nigeria	6 December 2024	Onyinye Oranezi

11.	Family Planning: Experts Decry Low Male Involvement in Osun	Voice of Nigeria	https://von.gov.ng/family-planning-experts-decry-low-male-involvement-in-osun/	17 December 2024	Segun Adegoke
12.	TCI Showcases Progress Made in Improving Family Planning Access at 8th National Family Planning Conference in Nigeria	The Challenge Initiative TCI	https://tciurbanhealth.org/tci-showcases-progress-made-in-improving-family-planning-access-at-8th-national-family-planning-conference-in-nigeria/	17 December 2024	Anna Stember
13.	NPC Chairman, Hon. Nasir Isa Kwarra champions FP at 8th Nigeria FP conference	Facebook	https://web.facebook.com/story.php?story_fbid=896512262666439&id=100069230198933&rdc=1&rdr#	5 December 2024	National Population Commission
12.	Development of the 2025-2030 Kano State Family Planning Strategic Plan	Society for family planning	https://web.facebook.com/SFHNigeria/posts/the-kano-state-government-in-collaboration-with-the-bill-and-melinda-gates-found/593738989841419/?rdc=1&rdr#	2 December 2024	
15.	Access to FP services is crucial to improving MNCH & promoting economic growth.	Fp2030.org	https://www.fp2030.org/commitment-maker/nigeria/news/	December 2024	FP2030
16.	Husbands grant wives access to FP as economic crisis rises	PUNCH online newspaper	https://punchng.com/husbands-grant-wives-access-to-family-planning-as-economic-crisis-rises/	8 December 2024	Janet Ogundepo
17.	Family planning crucial for sustainable development — Kalu	Nigerian tribune	https://tribuneonlineeng.com/family-planning-crucial-for-sustainable-development-kalu/	5th December 2024	Kehinde Akintola
18.	Experts link poor maternal health to low FP uptake	Punch newspaper	https://punchng.com/experts-link-poor-maternal-health-to-low-family-planning-uptake/	4th December 2024	Lara Adejoro
19.	FG Reaffirms Commitment to Achieve 27% mCPR by 2030	Twitter x	https://x.com/Fmohnigeria/status/1864957763530441156	6 th December 2024	Federal Ministry of Health Nigeria
20.	The 8th Nigeria Family Planning Conference.	Linkedin	https://www.linkedin.com/posts/emmanuel-ajah-1b6902236_nfpc2024-familyplanning-conference-	12 December 2024	Emmanuel Ajah

			activity-7271160768480370688-G1w-/		
25.	Only 7.6m women use modern contraceptive methods in Nigeria, says FP2030 director	International Center For Investigative Reporting	https://www.icirnigeria.org/only-7-6m-women-use-modern-contraceptives-in-nigeria-says-fp2030-director/	December 4 2024	Mustapha Usman
26	The curtains close on the 8 th Nigeria Family Planning Conference 2024	Twitter x	https://x.com/ePharma4FP/status/1865191492056150204	7 th December 2024	ePharmacy for FP
27	FP2030: Nigeria govt restates commitment to achieve 27% contraceptive rate	Premium times	https://www.premiumtimesng.com/health/health-news/759467-fp2030-nigeria-govt-restates-commitment-to-achieve-27-contraceptive-rate.html?tztc=	5 th December 2024	Nike Adebowale Tambe
28.	Ensuring Nigeria's FP2030 Pledge Lives Up to Its Promise: Making the Case for Sustained Funding	Nigeria health watch	https://articles.nigeriahealthwatch.com/ensuring-nigerias-fp2030-pledge-lives-up-to-its-promise-making-the-case-for-sustained-funding/	19 October 2024	Alexender
29.	NFPC 2024: A Call For Sustainable Funding, Collaboration To Meet FP2030 Goals In Nigeria	Independent Newspaper	https://independent.ng/nfpc-2024-a-call-for-sustainable-funding-collaboration-to-meet-fp2030-goals-in-nigeria/	27 November 2024	Chioma uUmeha
30	FP2030: Nigeria needs more funding to meet target, says FG	Health wise	https://healthwise.punchng.com/fp2030-nigeria-needs-more-funding-to-meet-target-says-fg/	6 th December 2024	Idowu Abdullahi
32	January 2024 Newsletter	DKT International	https://www.dktinternational.org/news-insight/january-2024-newsletter/	29 January 2024	Chris Purdy, President, DKT International
24.	Fear and Misconceptions Keep Family Planning Out of Reach for Millions in Nigeria	HuMAngle media	https://humanglemedia.com/fear-and-misconceptions-keep-family-planning-out-of-reach-for-millions-in-nigeria/	7 th November 2024	Sadowu Bayawa
26.	WPD: TCI Urges Sustainable Family Planning Programme	Health reporters	https://healthreporters.info/wpd-tci-urges-sustainable-family-planning-programme/	8 November 2024	Muhammed Amaan

27.	Family Planning: FG urges state Gov'ts to fill \$32m funding gap	Health reporters	https://punchng.com/effective-family-planning-key-to-national-development-stakeholders/	May 8, 2024	Muhammed Amaan
-----	--	------------------	---	-------------	----------------

CHAPTER 5: OVERALL RECOMMENDATIONS AND CONCLUSION [1-3 pages]

Recommendations

1. There is need for stakeholders in FP space under the leadership of the FMOH&SW to review and update all relevant documents such as the FP Investment Case - Blue Print (2020-2024) which is outdated. There is need for the Blue Print to align with the current economy and complex nature of Nigeria. There should be involvement of stakeholders working at the subnational level to facilitate the adoption and domestication of the document and encourage location-specific implementation
2. While Stakeholders acknowledged the improvement in domestic mobilization of fund for the FP Program by the Federal Government, the improved allocation and release of FP fund at the national level should be sustained. The state and LGA also need to invest in FP for the FP commitments to be met by 2030
3. CSOs need to intensify advocacy and accountability at both the national and subnational using the motion tracker approach to engage the Nigerian government for timely fulfillment of its annual FP2030 commitments.
4. The need for improved sincerity and political will to invest in the needs of the ordinary Nigerian is pertinent. This goes especially for the vulnerable women, girls, adolescents and People with Disability (PWD) who should be protected by existing laws and policies such as the VAPP Act. The need to implement VAPP Act at the subnational levels is critical in achieving FP2030 commitments
5. Need to intensify advocacy to ensure the AYSRH policies are domesticated and implemented at the sub national levels. There is a need to prioritize implementation of planned activities related to the health and wellbeing of young ones using the gender responsive approach.
6. The collaboration between the government and partners to engage traditional and religious leaders, faith-based organizations need to improve. There should be regular meetings and engagement to make community members better understand and promote positive SRH behaviors provided through FP services.
7. Nigerian government and international donors should empower and fund local NGOs to support implementation and effective monitoring of the FP program
8. Collaboration with Private Health Institutions Management Agency (PHIMA) for Family Planning Data from private facilities should be adequately considered in future research and findings.
9. Some stakeholders recommended that the data should be disaggregated to ratios or percentages for easier understanding and comparison. There should be a better way to explain the progress not just using colors

Conclusion

The FP 2030 commitments were made with specific objectives and well-defined strategies to better integrate Family Planning (FP) in the development space, increase FP access and choice, reduce stock-out rate of FP commodities and mobilize more resources for FP. Furthermore, commitments were made towards emergency response of modern FP services. Overall, 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”

Nigeria has adequate strategies and policies to make FP uptake rate increase. These include Nigeria Family Planning Blueprint (Scale Up Plan), 2014 (Updated for 2020-2024), Nigeria postpartum FP strategic and implementation plan (2020), The National Private Health Sector Engagement Strategic Plan for Family Planning Services (2020).

To improve the modern Contraceptive Prevalent Rate (mCPR) which is now at 15% (NDHS 2023). the national government with other donor partners especially UNFPA provides FP commodities, but government has not allocated and release adequate fund to FP especially at the subnational levels. Timeliness of release of counterpart fund is also critical as Nigerian government released the \$4 million counterpart fund in the last quarter of 2024. If the financial challenges are not backed up by improved fund release, the 27% target will not be achieved in by 2030.

The World Health Organization (WHO) and SDG has provided good guidelines for social and gender norm. However, despite the adoption of this global document in Nigeria, implementation is inadequate especially at the subnational levels.

In addition, under the Service Wide Approach (SWAp) of the FMOH&SW, there is ongoing testing of the a newly designed PHC dashboard where real-time information on every PHC including FP would be reported. This initiative will reinforce the use of data and evidence-based decisions.

Furthermore, comparing the progress made in the last two years when the Motion Tracker was last used, Nigeria is on-track with most of the process indicators. However, progress is slow.

The validation meeting on the Motion Tracker Approach (MTA) reaffirmed the importance of evidence-based advocacy and inclusive stakeholder engagement in driving FP2030 commitments in Nigeria. The outcomes and recommendations emphasize the need for coordinated action, improved data systems, innovative financing, and strengthened community engagement to achieve tangible improvements in FP services. Stakeholders expressed readiness to work collaboratively to translate commitments into measurable results that advance the health and well-being of women, adolescents and others. During the validation of this report, consensus was reached by stakeholders on the need for improved coordination among partners to reduce duplication of effort and strengthen accountability. There may be need to conduct a more frequent evaluation and review of relevant indicators with more frequent specific milestones through which progress can be measured.

REFERENCES

1. WHO. Family planning/contraception methods. (2020) <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>
2. <https://www.premiumtimesng.com/news/headlines/653524-2024-budget-again-nigerian-govt-fails-to-prioritise-family-planning.html>
3. World Bank Group, (2021). <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=NG>
4. Aaron O'Neill (2023), Statista - Fertility Rate in Nigeria from 2011-2021; <https://www.statista.com/statistics/382212/fertility-rate-in-nigeria/>
5. UNICEF (2017), Situation of Women and Children in Nigeria. <https://www.unicef.org/nigeria/situation-women-and-children-nigeria>
6. Boadu (2022). Coverage and Determinant of Modern Contraceptive Use in Sub-Sahara Africa; Reproductive Health 19(18). <https://doi.org/10.1186/s12978-022-01332-x>
7. <https://healthreporters.info/fp2030-ahbn-samasha-convene-validation-meeting-to-strengthen-advocacy-accountability/>
8. <https://independentpost.ng/ahbn-partners-with-samasha-to-strengthen-family-planning-2030-commitments/>
9. <https://eagleeyes.com.ng/ahbn-partners-samasha-to-achieve-family-planning-2030-commitments/>
10. <https://paradigmnews.ng/fp2030-in-focus-as-ahbn-convenes-motion-tracker-validation-meeting/>

ANNEXES

Please list and attach all documents, materials and publications or any relevant information regarding project implementation.