



Family Planning/Childbirth Spacing Services Advocacy Kit



Federal Capital Territory





Sustaining Free Family Planning/ Childbirth Spacing Services through Adequate Funding Processes in FCT

Fact Sheet



Family Planning Provider at Kubwa General Hospital counseling client

Current Situation

The Federal Capital Territory (FCT) is one of the fastest growing cities in Nigeria. It has a population of 1, 836, 193 (2010 FCTA Estimate) and a growth rate of 9%. Women of reproductive age account for 23% of the population (419,991). In 2009, 1, 926 women died as a result of complications in pregnancy (2010 FCTA Estimate).

Other data from the Federal Capital Territory Administration (FCTA) in 2010 estimate that only 20.8% of the married women in the FCT are using any modern method of Family Planning/Childbirth Spacing (FP/CS), despite about 88.5% having heard of any modern method.

About 69% of secondary and primary health care facilities in Abuja are situated in AMAC and Bwari. Out of this, 7% are either inadequately equipped or not well attended by clients.

Government Interventions

Government set up the FCT Primary Health Care Development Board (PHCDB) in August 2010 to ensure focused and efficient Primary Health Care Service providers were trained in modern FP/ CS methods in January 2011.

Responding to the high total fertility rate (TFR), the Federal Government recently announced that FP/CS commodities would be supplied free of charge to FCT and mandated that cost recovery funds be used for logistics. Access to these commodities and services is still poor due to the absence of budget line for logistics.

The FCT Health and Human Services Secretariat (HHSS) also launched the FCT free ante-natal care services programme and scaling up to all the Area Councils in November 2010.



The Challenges

Family planning commodities are provided free to FCT by the Federal Government. There is however, a need for the FCT Primary Health Care Development Board (PHCDB) to set up a separate budget line for family planning. This funding should adequately cover training, data management, demand creation and infrastructure.

The fact that the growth rate experienced by the FCT is the highest in Nigeria suggests that there will be an increase in demand for FP commodities especially in urban poor communities.

Definition of Terms

Family Planning / Childbirth Spacing - An informed decision by an individual or a couple on how many children to have and when to have them and using modern contraceptive methods to adequately space pregnancies.

Maternal Mortality - Death of a woman while pregnant or within 42 days of childbirth or termination of pregnancy.

Contraceptive Prevalence Rate - Percentage of women between 15-49 years who are practicing or whose sexual partners are practicing any form of contraception.

Urban Poor: Women of reproductive age in the poorest, poorer and middle wealth groups (as defined by NDHS) living in urban areas.

Reproductive Age: Generally defined as women aged 15 - 49 years and men 15 - 59 years.

Contraceptive - A device or drug which can be used to delay/space pregnancy by preventing conception.

Safe Motherhood - A set of interventions that work to ensure the survival, health and wellbeing of a mother and her newborn from conception through childbirth and infancy. Also includes the transference of meaningful information and skill to achieve adequate spacing and number of pregnancies according to the desires of the mother.

Unmet Need - The percentage of persons of reproductive age who want to use contraceptives but do not have access to them either due to unavailability or lack of information.

High Risk Pregnancy - A pregnancy where the mother is younger than 18 years or above age 34 years, or where the time from the last birth to the next is less than 24 months apart or where the parity (number of pregnancies resulting in delivery) is 5 or higher.

Maternal Health among Urban Poor* in FCT

Contraceptive Use

No Method	76%
Traditional Method	5%
Modern Method	20%

Unmet Need

Unmet Need to Space/Limit	13%
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Place of Delivery

Home	43%
All Public Facility	33%
All Private Facility	24%

Delivery Assistance

None	4%
Doctor	19%
Nurse/Midwife	51%
Auxiliary Midwife	2%
TBA	4%
Relative/Friend	18%
Other	20%

Secondary Analysis of NDHS 2008

*Urban poor refers to women who are in the lowest three wealth quintiles as defined by the NDHS.

Actions Required

- ✦ The AMAC Chairman should advocate for family planning and adequately support it
- ✦ The Executive Secretary, FCT PHCDB and Honourable Secretary Health and Human Services Secretariat (HHSS) should defend and facilitate the approval and implementation of the budget
- ✦ The Emirs of Garki, Jiwa, Karshi and Karu should continue to speak publicly in support of family planning/childbirth spacing and advocate to their Area Council Chairmen to allocate funds for family planning/childbirth spacing services
- ✦ The Honourable Minister for FCT should include the proposed budget line for family planning in the 2011 Supplementary Budget and kindly approve adequate budgetary funding for family planning
- ✦ The Bwari Area Council Chairman should speak publicly in support of FP/CS in Bwari
- ✦ The Emir of Bwari and Esu should continue to speak publicly in support of family planning/childbirth spacing and advocate to their Area Council Chairmen to allocate funds for family planning.

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Role of the Legislature



The Federal Capital Territory (FCT) is one of the fastest growing cities in the world, with a population of 1,836,193 and a growth rate of 8.9% annually (2010 FCTA Estimate). It has a population density of 210 persons per square kilometre. Demographic futuristic planning is needed to manage available resources while providing optimum health services. This became paramount when in 2009 alone 1,926 out of 419,991 pregnant women in the FCT died as a result of pregnancy and childbirth related complications (2010 FCTA Estimate).

The Federal Government is currently implementing a policy of free provision of family planning/child birth spacing (FP/CS) commodities to enhance family planning nationwide. Despite this, funding for implementation of the FCT FP/CS programme (a key component of Maternal and Newborn Child Health (MNCH) is still inadequate. There is also no permanent plan in place for the effective implementation of all components of FP/CS activities. The Primary Health Care Development Board (PHCDB) has created a budget line to support the implementation of FP/CS programmes in FCT.

However, the support of the legislature is required to ensure the availability of regular and sustained funding. A regular and sustainable budget line for CS will guarantee efficient and effective service delivery in terms of logistics, supervision, data management, demand creation, renovation of existing infrastructure and adequate supply of equipment and training of service providers for safer and speedy service delivery. It is important for the legislature to continuously approve and support the inclusion of FP/CS needs into the FCT Health Budgets.

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Actions Required

- ✳ Appropriate more funds in the FCT health budget for family planning/childbirth spacing to cover supplies, equipment, commodity logistics management, distribution, supervision and professional development of personnel
- ✳ Ensure that the approved budget is used efficiently for family planning through oversight functions
- ✳ Enact laws to ensure enabling policy environment and sustainable funding for the family planning/childbirth spacing programme and services.



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Role of Area Council Chairmen



There are 234 health care facilities in the Federal Capital Territory (FCT) out of which 69% Secondary and Primary Health Care (PHC) facilities are situated in AMAC and Bwari Area Councils alone. However, only about 7% are functioning to capacity (2010 FCTA Estimate). Women of reproductive age account for 23% of the total population.

A total of 1,926 women died in the FCT in 2009 alone as a result of complications in pregnancy and childbirths (2010 FCTA Estimate). Family planning (FP) and childbirth spacing (CBS) have found to be a cost effective intervention that can reduce up to 32% of maternal death (Cleland J. et al. 2006. *Family Planning: the unfinished agenda. Lancet* 368:1810-27).

The Federal Government recently made FP/CBS commodities free. However, current funding and future planning for other components of CBS especially logistics, supervision, training of personnel and data collection are weak and not sustainable. There is an urgent need for Area Council leadership to complement the efforts of the Federal Government adequately funding the specific budget line for FP/CBS programmes and services. Funding records show that by allocating additional funds in AMAC and Bwari Area Councils, 69% of services in the FCT will be significantly improved and a considerable proportion of maternal deaths averted in the two Area Councils.

“The AMAC will allocate resources for Family Planning in it's 2011 health budget and subsequent years; the health of our mothers is paramount and maternal mortality must be drastically reduced”
Alhaji Tanko Idris Muhammed,
Executive Secretary AMAC

“Death of women from child birth is not acceptable; without input from women, their can be no output from men”
Honourable Peter Yohana Ushafa,
CAN. JP
Bwari Area Council Chairman

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Actions Required

- ✳ Adequately fund a budget line for family planning/childbirth spacing in the FCT that includes provision of equipment, commodity logistics management, distribution, supervision and training of service providers
- ✳ Ensure that allocated funds are promptly released and efficiently used to strengthen family planning/childbirth spacing programmes and services in the Area Councils.



Sustaining Free Family Planning/ Childbirth Spacing Services through Adequate Funding Processes in FCT

Role of the Honourable Minister FCT



Abuja, the Federal Capital Territory of Nigeria, with an estimated population of 1,836,193 is one of the fastest growing cities in the world at a rate of 8.9% annually. Population density is 210 persons per square kilometre.

This makes demographic futuristic planning very important in order to manage available resources while providing optimum health services. There are 419,996 women (23% of the FCT population) but 1,926 of them died in 2009 alone as a result of pregnancy complications.

The Federal Government is currently implementing a policy on the provision of free Family Planning (FP) and Child Birth Spacing (CS) commodities intended to address the unmet need for FP/CS. This intervention is meant to improve family programme nationwide and reduce maternal death in a bid to achieve the Millennium Development Goal 5: Improved Maternal Health.

However, while FP/CS commodities are free, there is no adequate provision for other components of the FP programme in FCT. To realize the 35% reduction in maternal mortality (as stressed by UN Secretary-General Ban Ki-Moon during his visit to Nigeria) there is a need for regular allocation of funds to other vital components of the FP programme: including logistics, data management, service delivery, demand creation, training and infrastructure.

Actions Required

The Honourable Minister should kindly ensure that:

- ✚ The planned 2011 family planning/child birth spacing programme plan is implemented without delay. This will improve the provision and utilisation of family planning and child spacing services and in turn help in the reduction of maternal mortality and the achievement of MDGs 4 & 5 by 2015 in FCT
- ✚ Adequate funding is made for a budget line for family planning/childbirth spacing in the FCT annual budget.

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Role of the Honourable Secretary, Health



Family Planning Provider at Kubwa General Hospital (L) and Bwari (R) attending to clients



The Federal Capital Territory (FCT) has a population of 1,836,193 with women of reproductive age accounting for 23% (419,991). But 1,926 of these women died as a result of pregnancy related complications in 2009 alone (2010 FCTA Estimate).

Free family planning (FP)/childbirth spacing (CS) services will expectedly address this unmet need while generating an increased demand for FP/CS commodities. Planning and allocation of funds to other components of FP/CBS like training, demand creation, supervision, data management, equipment and infrastructure is priority for the free FP/CS programme to succeed. FP/CS is a key component to reduce maternal death and more importantly for Nigeria to attain its Millennium Development Goals (MDGs) by 2015.

Although the current CBS programme plan is commendable, it will be successful only if funding for all components is given equal priority, as do commodities.

Actions Required

The Honourable Secretary, Health and Human Services Secretariat is requested to:

- ✦ Facilitate the approval and implementation of family planning/child birth spacing budget line that is explicit on other components of the programme including; Contraceptive Logistics Management System (CLMS), trainings, equipment, infrastructure, demand creation and referral
- ✦ Facilitate the urgent implementation of 2011 and 2012 family planning/childbirth spacing programme plan

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"It is no longer news that Family Planning/ Child Birth Spacing can address all the MDGs"
Dr. Pauline Ganoel, former Honourable Secretary HHSS"



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