



Family Planning/Childbirth Spacing Services Advocacy Kit



Kwara State





The Need to Create a Specific Budget Line for Family Planning/ Childbirth Spacing in Kwara State

Fact Sheet



Kwara State Health Statistics

Population:	2.3 million
CPR:	26%
Annual Growth Rate:	4.5%
Unmet Need:	30%
Infant Mortality:	50-103/1000
Under 5 Mortality:	50-185/1000
Neonatal Mortality:	50/1000
Maternal Mortality:	980/100,000

Kwara State Health Strategic Development Plan 2010 - 2015

Funding for safe motherhood and FP/CS programmes at the state and local government levels is inadequate. Current funding for FP/CS is subsumed under the reproductive health budget.

The Current Situation

Kwara State has an annual maternal mortality rate of 980 per 100,000 live births (2003 NDHS Report on the North Central Zone). This rate is almost double the national average of 545 per 100,000 live births (2008 NDHS). When a mother dies, the likelihood of the child surviving is very low.

The contraceptive prevalence rate (CPR) is 26.4% and unmet need for family planning/childbirth spacing (FP/CS) is 30%, among women of reproductive age in North Central Zone to which Kwara State belongs.

Secondary analysis from the 2008 national demographic and health survey (NDHS) reveals that 69% of the urban poor in Ilorin do not use any form of contraception.

Government Interventions

To address the maternal mortality situation, the state government passed the Safe Motherhood Law and in 2010 launched the Integrated Health Records Card Programme. It also established the community health insurance scheme and launched the Malaria Free Kwara Campaign. All these were to help reduce the maternal mortality rate and contribute to the achievement of millennium development goal 5 - Improve Maternal health.

The state government allocated 2 million naira in the 2011 budget for reproductive health services including family planning. Due to competing needs of other reproductive health services, however, the budgeted FP/CS funds were absorbed by other programmes and were not disbursed for FP/CS.



Maternal Health among Urban Poor* in Kwara State

Contraceptive Use

No Method	69%
Folkloric Method	2%
Traditional Method	6%
Modern Method	23%

Delivery Assistance

None	6%
Doctor	9%
Nurse/Midwife	76%
Auxiliary Midwife	6%
Relative/Friend	2%
Other	1%

Secondary Analysis of NDHS 2008



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

Unless there is a budget line dedicated to FP/CS this will continue to happen as FP/CBS is yet to be positioned as the bedrock of all safe motherhood interventions in the state. Also the lack of funds for FP/CS programmes have resulted in most health facilities in Kwara State not providing FP/CS services. There is a particular need for FP/CS among urban poor.

Actions Required

- ✦ Create a budget line dedicated to FP/CS in the annual health budget at the state and Local Government Area levels
- ✦ Release allocated fund and ensure that they are used specifically for family planning
- ✦ Speak publicly in support of family planning and encourage the utilization of modern contraceptives to space or limit births
- ✦ Promote the integration of family planning/childbirth spacing into all health and development programmes

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.

The Need to Improve Funding for and Utilization of Family Planning/Childbirth Spacing in Kwara State

Policy Brief



"...I Support Child Spacing." HRH, The Emir of Ilorin, Alhaji Sulu Gambari

Background

Kwara State has a population of approximately 2.4 million people. Data from the State Health Development Plan 2010 - 2015 report a high maternal mortality rate of 980 deaths per 100,000 live births, almost double the national average of 545 deaths per 100,000 live births (2003 NDHS Report on the North Central Zone, 2008 NDHS). The cause of these maternal deaths can be attributed to many factors, including complications arising from high risk pregnancies and childbirth. Some of these deaths can be averted by the use of modern contraception.

The Contraceptive Prevalence Rate (CPR) in Kwara State is only 26%, however, and the unmet family planning/childbirth spacing (FP/CS) is about 30%. Furthermore, secondary analysis based on estimates from the 2008 National demographic and health survey reveals that 69% of the urban poor in Ilorin do not use any form of contraception and about 7.5% who desire to use a modern contraceptive to space births do not have access.

FP/CBS can play a major role in improving maternal, newborn and child health. FP/CS alone can help avert high risk pregnancies and reduce maternal deaths by 32% (Cleland J. et al. 2006. Family

Planning: the unfinished agenda. *Lancet* 368:1810-27). Successful family planning programmes can enhance the health of the mother, the well-being of the family and contribute significantly to state development goals.

Government Interventions

In the last few years the state government, working in collaboration with key stakeholders, formulated and implemented policies, programmes and interventions to ensure the reduction of maternal deaths in the state.

Major strides recorded in the State include:

- Passage of the Safe Motherhood Bill into law
- Launch of the integrated health records card programme
- The Malaria Free Kwara Campaign
- Establishment of the community health insurance scheme

All these recent successes were designed to contribute to the reduction of the maternal mortality rate and the achievement of millennium development goal (MDG)5 - improve maternal health. The attainment of MDG 5 will contribute significantly to the achievement of the other health



and development goals including MDG 1 - Eradicate extreme poverty and hunger; MDG 2 – Achieve universal primary education; MDG 3- Promote gender equality; MDG 4- Reduce child mortality; MDG 6- Combat HIV/AIDS and MDG7 - ensure environmental sustainability.

The efforts of the government are impacting the lives of people living in Kwara State. There are still major gaps, however, in the provision of comprehensive health services, particularly in the area of (FB/CS) programmes.

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Kwara State Health Strategic Development Plan 2010 - 2015

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Unmet Need to Space/Limit	10%
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Secondary Analysis of NDHS 2008

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The need to create a budget line for Family planning

The government allocated 2 million naira in the 2011 budget for reproductive health services including FP/CS. Due to competing needs of other reproductive health services, however, the budgeted funds for FP/CS were absorbed by other programmes and never disbursed.

Unless there is a budget line dedicated to FP/CS this will continue to happen as FP/CS is yet to be positioned as the bedrock of all safe motherhood interventions. Also the lack of funds for FP/CS has resulted in most health facilities in Kwara State not providing FP/CS services. Services are either inadequate or inefficient where they are provided.

The Federal government recently began providing free contraceptives to States. State governments are expected to adequately fund FP/CS programmes to ensure that contraceptives are available to all individuals and couples who desire to space or limit births. Funds need to be guaranteed yearly for FP/CS programmes and services to save women from dying.

Actions Required

- ✦ Establish a specific budget line at the state and local government levels for family planning/child birth spacing
- ✦ Ensure that these funds are used for family planning programmes and services including equipment, commodity logistics management, distribution, supportive supervision and demand creation
- ✦ Ensure timely release of budgeted funds across all tiers of government
- ✦ Establish partnership with the Health Systems Development Project (HSDP II), especially in the area of training FP/CS service providers
- ✦ Advocate with legislators to appropriate and secure funds solely for family planning programming on a yearly basis

The Need to Improve Funding for and Utilization of Family Planning/ Childbirth Spacing in Kwara State

Role of the Legislature



Kwara State House of Assembly

In Kwara state about 980 maternal deaths occur per 100,00 live births annually (2003 NDHS Report on the North Central Zone). Women die as a result of getting pregnant too early, too frequent or too late. Family planning as an essential pillar of safe motherhood, if used effectively can reduce maternal deaths by 32% (Cleland J. et al. 2006. *Family Planning: the unfinished agenda. Lancet 368:1810-27*). This means that in Kwara State hundreds of women can be saved by family planning.

Kwara State recently passed the Safe Maternity Law to ensure a reduction in maternal mortality and currently allocates N2.5 million for family planning under the reproductive health budget line. However, due to competing needs of other reproductive health services, the budgeted family planning funds are absorbed by other programmes and never disbursed for family planning purposes. Family planning is essential in achieving the main objectives of the law, which is to reduce maternal mortality.

Inadequate funding of family planning programmes has resulted in the poor status of family planning service provision in the state. Irregular supply and stock-outs of commodities, obsolete equipment and inadequate trained personnel are due largely to lack of dedicated resources at the state and local government level. To ensure maternal, newborn and child survival in Kwara State, cost effective interventions like family planning need to be given priority.

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Actions Required

- ✦ Appropriate funds for family planning services annually
- ✦ Ensure that appropriated funds are used effectively for family planning programmes
- ✦ Enact supporting laws to ensure sustained funding for family planning programmes at the state and LGA levels.



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Role of the Executive



Family in Ilorin, Kwara State



State Ministry Offices

Many women die everyday in Kwara State from preventable causes related to pregnancy and childbirth. These deaths have become commonplace as the state accounts for 980 maternal deaths per 100,00 live births (2003 NDHS Report on the North Central Zone). This figure almost doubles the national average. High risk pregnancies among others are contributing factors to these preventable deaths. Women die as a result of getting pregnant too early, too soon, too frequently or too late. The death of a mother will likely result in the death of the newborn or infant. Family planning is an essential pillar of safe motherhood, and if used effectively, can help avoid high risk pregnancy and consequently reduce maternal deaths by 32% (Cleland J. et al. 2006. *Family Planning: the unfinished agenda. Lancet 368:1810-27*). Improving family planning/ childbirth spacing programmes in Kwara State could save hundreds of women and children.

Kwara State recently passed the Safe Maternity Law to ensure a reduction in maternal mortality and currently allocates N2.5 million for family planning under the reproductive health budget line. However, due to competing needs of other reproductive health services, the budgeted family planning funds are absorbed by other programmes and never disbursed for family planning purposes. Family planning is essential in achieving the main objectives of the law, which is to reduce maternal mortality.

A major challenge of family planning service provision stems from challenges regarding commodities, obsolete equipment and inadequately trained personnel. This is largely due to a lack of dedicated resources at the state and Local Government Area (LGA) levels. To ensure maternal, newborn and child survival in Kwara State, cost effective interventions like family planning need to be prioritized.

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Actions Required

- ❗ Create a specific budget line for family planning services at the state and encourage the Local Government Authorities to do same
- ❗ Ensure that these funds are released on time and efficiently use to support family planning services
- ❗ Advocate for increased appropriation and sustainable institutional funding sources for family planning programmes



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Role of Traditional and Religious Leaders



"I support child spacing." HRH, The Emir of Ilorin, Alhaji Sulu Gambari

Many women die everyday in Kwara State from preventable causes related to pregnancy and childbirth. These deaths have become commonplace as the state accounts for 980 maternal deaths per 100,000 live births (NDHS 2003 Report on the North Central Zone). This figure almost doubles the national average. High risk pregnancies among others are contributing factors to these preventable death. Women die as a result of getting pregnant too early, too soon, too frequently or too late. The death of a mother likely results in the death of the newborn or infant.

Family planning is an essential pillar of safe motherhood, and if used effectively, can help avoid high risk pregnancy and consequently reduce maternal deaths by 32%. (Cleland J. et al. 2006. Family Planning: the unfinished agenda. Lancet 368:1810-27). Although the state has passed the safe motherhood bill into law to ensure a reduction in maternal mortality. Family Planning services which is the pillar of safe motherhood is still very weak as the budgeted funds are absorbed by other programmes and never disbursed for Family Planning purposes. In addition there exist socio-cultural and religious belief and practices that prevent women from utilizing and enjoying the full benefits of family planning.

Women and couples need to know that our cultural and religious beliefs are in support of family planning. The community and religious leaders should provide factual information to individuals and families that will encourage them to exercise their reproductive right and have the kind if family they desire.

"...I had been an opponent of family planning due to lack of knowledge. No one has ever told me the real benefits of family planning... But, with all I hear, I am no more opposing family planning and ready to give my wife a 100% support. I am also ready to support this Project in my own little way because it is not only beneficial to individual families but to the entire society at large. I will become a fervent supporter from today".

- Pastor L. A. Bamidele, Secretary Irepodun LGA

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Actions Required

- Become a champion for family planning: Speak publicly in support of family planning
- Influence implementation of the Safe Motherhood Law and other legislation to ensure couples have access to life-saving child spacing programmes and services
- Support advocacy for the creation of a specific budget line for family planning programmes and services in the State and Local government annual health budgets
- Ensure men and women in your domain have access to family planning information and services



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