

FAMILY PLANNING: A CATALYST FOR ECONOMIC GROWTH IN ABIA STATE (Fact Sheet)



BACKGROUND

More than 2,345 women in Abia State die from childbirth and pregnancy related causes annually. Contraceptive prevalence rate (CPR) in Abia State has dropped from 16% in 2013 (NDHS) to 12.9% in 2018 (NDHS). This is far from the projected 36% that must be achieved by the year 2020 for Abia State to effectively respond to the Family Planning (FP) needs of the population, and to the national FP CPR goal of 27%.

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| Projected Population | 3,727,300 (NPC, 2016) |
| GDP growth rate | 7% |
| Women of Reproductive Age | 820,006 (NPC 2016) |
| Maternal Mortality Ratio | 286 per 100,000 live births (NDHS 2013) |
| Contraceptive Prevalence Rate | 12.9% (NDHS 2018) |
| Unmet FP need | 28.5% (NDHS 2018) |
| Fertility Rate | 5.3 children (NDHS 2018) |



ACTIONS REQUIRED

- ▶ Support increased funding for family planning interventions. The funds would support the provision of consumables, demand creation, logistics, re-training, monitoring, supervision, information management and provision of quality Family Planning services.
- ▶ Ensure the domestication of the Task Shifting/Task Sharing policy and provide an enabling environment for its implementation.
- ▶ Speak publicly in favor of FP and its benefits and encourage community members to use modern FP services.

KEY ISSUES

- ▶ The FP Programme is neglected despite being a key pillar in achieving Safe Motherhood, maternal health and improved quality of life for women of reproductive age and their families.

Inadequate funding for FP programme deprives this critical population group the required funding to facilitate their right to

- ▶ access quality FP services.

In addition, Abia State is challenged by inadequate skilled human resources for family

- ▶ planning service delivery.

This problem could be mitigated if the National Task Shifting and Task Sharing Policy (TSTS) is domesticated to empower the existing pool of community health extension

- ▶ workers (CHEWs) to provide FP services (ABSPHCDA PIA 2018).

Decision makers, including religious and traditional leaders, who exercise significant influence on governance and community actions need to do more to support positive behavioral change and actions for improved access and use of modern FP services.

BENEFITS

- ▶ Increased number of women accessing and utilizing quality FP services.
- ▶ Increased number of FP Providers across the State.
- ▶ Reduced maternal and infant morbidity and mortality.
- ▶ Healthier women, children and men and families.
- ▶ Improved State health indices.
- ▶ Improved State economy.
- ▶ Increased State gross domestic product.



DEFINITION OF TERMS

- **Infant Mortality Rate:** the number of deaths under one year of age occurring among the live births in a given geographical area during a given year, per 1000 live births occurring among the population of the given geographical area during the same year.
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- **Unmet Need Rate:** the percentage of women of reproductive age, either married or in a union, who have an unmet need for family planning – those who want to stop or delay child bearing but are not using any method of contraception.
- **Maternal Mortality:** the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.
- **Total Fertility Rate:** the number of children who would be born per woman (or per 1000 women) if they were to pass through the child bearing years bearing children according to a current schedule of age-specific fertility rates.
- **Contraceptive Prevalence Rate:** partners who are currently using at least one method of contraception, regardless of the method used. It is usually reported for married or in-union women aged 15 to 49.

BRINGING FAMILY PLANNING TO THE FRONT BURNER

(The Role of the Media)



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| Fertility Rate | 5.3 children (NDHS 2018) |



Ikpirikpi-ogu (War dance) in Abia State

ACTIONS REQUIRED

- ▶ Allocate time and resources to educating the people of Abia on modern family planning methods and their benefits.
- ▶ Promote accountability in governance as it relates to FP.
- ▶ Create awareness on available modern FP services and monitor the level of modern FP services utilization or otherwise.
- ▶ Remove broadcast tariffs on social news items like FP.
- ▶ Increase news reportage on FP.
- ▶ Educate the public on modern FP methods.
- ▶ Publicize facilities that have high service quality.

KEY ISSUES

- ▶ Government commits to universal health coverage through improved and sustainable primary healthcare delivery for the citizens. The State allocates 7.9% of its total budget to the health sector (N1,457.00 per capital expenditure). More work is needed to achieve the 15% allocation recommended by the WHO.
- ▶ The FP Programme is neglected despite being a key pillar in achieving safe motherhood, maternal health and improved quality of life for women of reproductive age and their families.
- ▶ Low media publicity on Family Planning myths and misconception
- ▶ Most media outfits do not know the benefits of FP to maternal and child health or to human development resulting in low media coverage and reporting of FP in state.
- ▶ Decision makers, including the religious and traditional leaders, who exercise a lot of influence on governance and community behaviors need to do more to support positive behavioral change and actions for improved access and use of quality FP services.
- ▶ General awareness, literacy level and acceptance of modern FP services and benefits thereof is still low.
- ▶ Cultural and social factors that encourage couples to have many children have not helped matters.
- ▶ Some religious sects forbid the use of modern contraceptive methods other than the natural billings method. This situation has continuously increased cases of unwanted pregnancies and abortions.

BENEFITS

- ▶ Increased number of women accessing and utilizing modern FP services.
- ▶ Improved health of the less privilege.
- ▶ Increased government funding for FP.
- ▶ Reduced maternal mortality and morbidity rates.
- ▶ Increased uptake of FP services.
- ▶ Improved State health indices.
- ▶ Improved State economy.
- ▶ Increased State gross domestic product (a healthy woman contributes more to the State economy).



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CATALYZING ECONOMIC GROWTH THROUGH INCREASING FUNDING FOR FAMILY PLANNING IN ABIA STATE (The Role of the House of Assembly)



BACKGROUND

More than 2,345 women in Abia State die from child-birth and pregnancy related causes annually. Contraceptive prevalence rate (CPR) in Abia State has dropped from 16% in 2013 (NDHS) to 12.9% in 2018 (NDHS). This is far from the projected 36% that must be achieved by the year 2020 for Abia State to effectively respond to the Family Planning (FP) needs of the population, and to the national FP CPR goal of 27%.

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Abia State House of Assembly

ACTIONS REQUIRED

- ▶ The Honorable Members of the Abia State House of Assembly to support funds releases for FP.
- ▶ Honorable Members of the Abia State House of Assembly should speak publicly in support of FP.
- ▶ Appropriate more funds in the State Health budget for family planning to improve and upgrade service provision.
- ▶ Foster FP program supports through constituency projects, especially at the facility level.

KEY ISSUES

- ▶ Government is commended for its commitment to universal health coverage through improved and sustainable primary health care delivery for the citizens. This is evidenced by the allocation of 7.9% of Abia State total budget to the health sector (N1, 457.00 per capita expenditure). This is less than half of the minimum 15 percent level recommended by the WHO.
- ▶ Increasing the allocation to the Health sector would directly meet the necessary provisions for quality FP services in Abia State.
- ▶ State FP programme is grossly neglected despite being a key pillar to achieving Safe Motherhood, maternal health and improved quality of life for women of reproductive age and their families.
- ▶ Inadequate funding for the FP programme deprives this critical population the required funding to facilitate their right to quality FP services.

BENEFITS

- ▶ Family planning will reduce maternal and infant morbidity and mortality.
- ▶ It will make Abia women, children and men healthier.
- ▶ Improved State health indices.
- ▶ Improved State economy.
- ▶ Increased State gross domestic product.



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INCREASING SUPPORT FOR FAMILY PLANNING THROUGH FUNDING

(Role of Executive Secretary, State Planning Commission)



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A Cross Section of Participants during the Net-Mapping Exercise in Abia State

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ACTIONS REQUIRED

- ▶ Support fund allocation for FP interventions in the State.
- ▶ Ensure that the budget code to FP is sustained in the health sector annual budget.

KEY ISSUES

- ▶ Government commits to universal health coverage through improved and sustainable primary health care delivery for the citizens.
- ▶ The State allocates 7.9% of its total budget to the health sector (N1,457.00 per capita expenditure). More work is needed to achieve the 15% allocation recommended by the WHO.
- ▶ The FP Programme is neglected despite being a key pillar in achieving Safe Motherhood, maternal health and improved quality of life for women of reproductive age and their families.
- ▶ Inadequate funding for the FP programme deprives this critical population group the required funding to facilitate their right to access quality Family Planning services.

BENEFITS

- ▶ Increased number of women accessing and utilising quality family planning services.
- ▶ Increased number of FP Providers across the State.
- ▶ Reduced maternal and infant morbidity and mortality.
- ▶ Healthier women, children and men and families.
- ▶ Improved State health indices.
- ▶ Improved State economy.
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IMPROVING SERVICE DELIVERY FOR FAMILY PLANNING IN ABIA STATE

(The Role of the Honourable Commissioner for Health)



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ACTIONS REQUIRED

- ▶ Increased fund releases for FP. This will ensure the provision of consumables, demand creation, logistics, re-training, monitoring, supervision, information management and provision of quality services.
- ▶ Domesticate the Task Shifting/Task Sharing policy and provide an enabling environment for quality FP service.

KEY ISSUES

- ▶ Government commits to universal health coverage through improved and sustainable primary health care delivery for the citizens. The State allocates 7.9% of its total budget to the health sector (N1,457.00 per capita expenditure). More work is needed to achieve the 15% allocation recommended by the WHO.
- ▶ The FP Programme is neglected despite being a key pillar in achieving Safe Motherhood, maternal health and improved quality of life for women of reproductive age and their families.
- ▶ Inadequate funding for the FP deprives this critical population group the required funding to facilitate their right to access quality FP services.
- ▶ In addition, the State is challenged by inadequate skilled human resources for FP service delivery. There are only 52 trained LARC Providers in the State who are expected to provide FP services to 233,701 women of reproductive age with unmet need for FP.
- ▶ This problem could be mitigated if the National Task Shifting and Task Sharing Policy (TSTS) is domesticated to empower the existing pool of community health extension workers (CHEWs) to provide FP services (ABSPHCDA PIA 2018).

BENEFITS

- ▶ Mobilizing CHEWs to provide FP services will ensure that about 2300 women are reached monthly with FP services.
- ▶ Increased number of women accessing and utilizing quality FP services.
- ▶ Increased number of FP Providers across the State.
- ▶ Reduced maternal and infant morbidity and mortality.
- ▶ Healthier women, children and men and families.
- ▶ Improved State health indices.
- ▶ Increased State gross domestic product.



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INCREASING VOICES FOR FAMILY PLANNING IN ABIA STATE

(The Role of Traditional/Religious Leaders)



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Cross-section of traditional Leaders from Abia State

ACTIONS REQUIRED

- ▶ Traditional and Religious leaders should speak publicly in favour of modern family planning
- ▶ Traditional and Religious leaders should educate their followers about the benefits of modern family planning use
- ▶ Traditional and Religious leaders should encourage their followers to take up modern family planning services by mainstreaming FP into religious sermons.

KEY ISSUES

- ▶ Government commits to universal health coverage through improved and sustainable primary health care delivery for the citizens. The State allocates 7.9% of its total budget to the health sector (N1,457.00 per capita expenditure). More work is needed to achieve the 15% allocation recommended by the WHO.
- ▶ The FP Programme is neglected despite being a key pillar in achieving safe motherhood, maternal health and improved quality of life for women of reproductive age and their families.
- ▶ Decision makers, including the religious and traditional leaders, who exercise a lot of influence on governance and community behaviors need to do more to support positive behavioral change and actions for improved access and use of quality FP services.
- ▶ General awareness, literacy level and acceptance of modern FP services and benefits thereof is still low.
- ▶ Cultural and social factors that encourage couples to have many children have not helped matters.
- ▶ Some religious sects forbid the use of modern contraceptive methods other than the natural billings method. This situation has continuously increased cases of unwanted pregnancies and abortions.

BENEFITS

- ▶ Reduced maternal and infant morbidity and mortality.
- ▶ Healthier women, children and men and families.
- ▶ Increased the economic wellbeing of mothers, children, households and the entire community.
- ▶ Improved State health indices.
- ▶ Improved State economy.
- ▶ Increased State gross domestic product.



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