

IMPROVING MATERNAL HEALTH IN ANAMBRA STATE

(Fact Sheet)



BACKGROUND

Anambra State, known as the "Light of the Nation", has a projected total population of 5.8 million people. The state has a total of 575 Primary Health Care Centres, 37 secondary and 2 tertiary facilities across the 21 LGAs in the State. 194 of the total 614 public health facilities in the state do not provide family planning services due to capacity gaps and non-domestication of task shifting and task sharing policy in the state. Anambra State has 1.3 million women of reproductive age (WRA) and records a maternal mortality rate of 286 per 100,000 live births; this implies that 3,718 Women of Reproductive Age die annually from child birth.

In addition, 174,200 women of reproductive age have unmet family planning needs in Anambra state. Those that do have access are denied services due to their inability to pay the service fee for family planning consumables. The State is in dire need for a family planning costed implementation plan to guide health administrators to effectively plan for family planning service.



ACTIONS REQUIRED

- ▶ His Excellency, the Executive Governor should approve and direct the release of appropriated funds for Family Planning implementation.
- ▶ The State Accountant General should facilitate the processing and release of approved funds for family planning activities.
- ▶ The Honourable Commissioner for Health should approve the domestication of the Task Shifting and Task Sharing policy.
- ▶ The Honourable Commissioner for Health should facilitate the approval and release of funds for the development of the the State Costed Family Planning Implementation Plan.
- ▶ Traditional and Religious leaders should talk to their subjects and members on the benefits of Family Planning.
- ▶ Media should air accurate and correct information to address myths and misconceptions about family planning.

ANAMBRA STATE MATERNAL HEALTH INDICES

KEY INDICATORS	VALUES	SOURCE
Infant Mortality Rate	12.6%	DHIS
Under 5 Mortality Rate	20.1%	DHIS
Unmet Need Rate	9.6%	NDHS 2018
Maternal Mortality Ratio	286/100,000	NDHS 2013
Total fertility Rate	5.3%	NDHS 2018
Women of Reproductive Age (WRA)	1.3m	NPopC
Modern Contraceptive Prevalence Rate (mCPR)	17.2%	NDHS 2018

KEY ISSUES

- ▶ No costed family planning implementation plan to guide family planning activities in the state.
- ▶ Non-domestication of the national task shifting task sharing policy policy.
- ▶ Inadequate funding of family planning activities in the state.
- ▶ Payment of service fee for family planning commodities by women who utilize services.

BENEFITS

- ▶ Reduction in maternal deaths and improved quality of life of Anambra people.
- ▶ Avert maternal death by 33 percent.
- ▶ Increase the health and socio-economic well-being of families.
- ▶ Improved Gross Domestic Product(GDP) of the state.
- ▶ Adequate resources can be committed to each child, hence children would have better quality of education and life.



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.
- **Under Five Mortality Rate:** the probability (expressed as a rate per 1000 live births) of a child born in a specified year dying before reaching the age of five if subject to current age-specific mortality rates.
- **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.

WHY MEDIA SHOULD SUPPORT FAMILY PLANNING

(Role of Media)



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ACTIONS REQUIRED

- ▶ Use media platforms to disseminate technically appropriate and culturally sensitive family planning messages.
- ▶ Use media platforms to demystify myths and misconceptions.
- ▶ Use media platforms to create demand for modern Family Planning services.
- ▶ Use media platform to demand accountability for Family Planning services from Duty Bearers.

BENEFITS

- ▶ Women of reproductive age, families and communities knowledgeable about FP methods and their benefits.
- ▶ Increased uptake of modern family planning services leading to healthier and more productive mothers and families.
- ▶ Reduction in the number of women that die from pregnancy and child-birth related complications.

KEY ISSUES

- ▶ Limited knowledge and awareness of family planning and its benefits.
- ▶ Low demand for family planning services in the communities.
- ▶ Few publications with the low quality and content of Family planning in the media.
- ▶ Myths and misconception around family planning information and services in the communities and on the media.
- ▶ Limited family planning discussion within public space.

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IMPROVING MATERNAL HEALTH IN ANAMBRA STATE

(Role of Policy Makers)



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174,200 women of reproductive age have unmet family planning needs. Those that do have access are denied services due to their inability to pay the service fee for family planning consumables. The State is in dire need for a family planning costed implementation plan to guide health administrators to effectively plan for family planning service.

194 health facilities do not have trained family planning services providers that can offer the full spectrum of family planning services due to the non-domestication of the task shifting and task sharing policy in the state.

Policy makers are vital in facilitating the processes that will address and turn around the current trend within the state health systems.



ACTIONS REQUIRED

- ▶ His Excellency, the Executive Governor
 - Approve and direct release of funds for family planning activities.
- ▶ Honourable Commissioner for Economic Planning
 - Increase budget allocation to health and family planning by extension.
- ▶ Honourable Commissioner for Health
 - Recommend and facilitate the approval and release of funds for the development of a State Costed Family Planning Implementation Plan (CIP).
 - Approve and release funds for the domestication of the National Task Shifting and Task Shifting Policy and the training of Health Care providers on the new skill sets required.
 - Facilitate increase budgetary allocation for Family planning.
 - Facilitate public education on the benefits of modern methods of Family Planning.
 - Facilitate family Planning commodities security.

BENEFITS

- ▶ Reduction in maternal deaths and improve the modern contraceptive uptake rate thereby improving the quality of life of Anambra people.
- ▶ Avert by about 33% maternal death in the state.
- ▶ Improved health of women of reproductive age as a result of enhanced family planning service delivery.
- ▶ Increase in number of skilled health care providers across facilities offering Health Care Services.

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KEY ISSUES

- ▶ Non-Approval and release of funds budgeted for Reproductive Health and Family Planning.
- ▶ No Costed Family Planning Implementation Plan (CIP).
- ▶ Non-Domestication of the National Task Shifting and Task Sharing Policy.



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ROLES OF TRADITIONAL AND RELIGIOUS LEADERS IN SUPPORT OF FAMILY PLANNING

(Role of Religious/Traditional Leaders)



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Meeting the Family planning needs of our teeming population is key to improved maternal and child health outcomes given that family planning is the most cost effective means of preventing maternal mortality and child morbidity. Traditional and Religious leaders supporting family planning can help create the systemic behaviour change needed to facilitate uptake of FP service.



ACTIONS REQUIRED

- ▶ Make public statements in support of family planning.
- ▶ Use the pulpits and other platforms to speak to their congregations on the benefits of modern Family Planning and encourage their uptake.
- ▶ Integrate family planning messages in publications and sermons.
- ▶ Facilitate enabling environment for family Planning discuss during Religious and Community events.

BENEFITS

- ▶ Reduction in maternal deaths and improve the modern contraceptive uptake rate thereby improving the quality of life of Anambra people.
- ▶ Avert by about 33% maternal death in the state.
- ▶ Increase the health and socio-economic well-being of families.
- ▶ Adequate resources can be committed to each child; hence children would have better quality of education and life.

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KEY ISSUES

- ▶ Religious Biases towards Family Planning.
- ▶ Some negative Socio-cultural perceptions about family Planning hindered uptake of the services.
- ▶ There are a number of myths and misconception on Family Planning around communities in the state.



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