

INVESTING IN CHILD BIRTH SPACING FOR BETTER HEALTH

(Fact Sheet)



BACKGROUND

Bauchi state has a population of 6.8 million (NPC 2015) with women of childbearing age being 1,490,000. The child birth spacing (CBS) statistics of the state reveals that majority of women of reproductive age (15-49 years) are unable to access CBS information and services resulting in the maternal mortality ratio 1549/100,000 higher than the national average of 576 maternal deaths per 100,000 live births and an estimated 6.5 percent of married women using modern contraceptive methods (NDHS Report 2018). The average woman in Bauchi has 8.1 children in her lifetime this is higher than national average of 5.7 (NDHS report 2013). Although for the past three years, government has consistently allocated 15 percent of the state budget to the health sector, and in the 2018 fiscal year created a Budget line for Childbirth spacing (CBS) to the tune of N190 Million. This amount though huge but the per- capita spending for CBS is only N127 per women of reproductive age (WRA). To this end, more efforts need to be geared towards allocating more resources and ensuring timely release of budgeted funds. This will facilitate accessible and quality CBS Services to be provided to 1.4 million WRA who need them, implement the state Costed Implementation Plan (CIP) and achieve the state contraceptive prevalence rate (CPR) goal of 17 percent.



ACTIONS REQUIRED

- ▶ Increase the per capita spending of women of reproductive from the current N127 to N350 by allocating NGN 490,000,000.00 to CBS in the state annual budget.
- ▶ The Executive Governor approves and directs the release of approved funds for CBS services.
- ▶ Recruit more CBS service providers, ensure balanced deployment and spread of CBS services in all public facility to improve uptake of service.
- ▶ Policy makers, religious and traditional leaders should publicly speak in support of Childbirth Spacing.

MATERNAL HEALTH INDICES BAUCHI		NATIONAL AVERAGE
Total fertility rate	8.1 (2013)	5.7 % (2013)
Adolescents who have begun childbearing	40.7% (2018)	18.7% (2018)
Maternal Mortality Ratio	1549/100,000 (2013)	576/100,000 (2013)
Delivery in Health Facility	21.8 (2018)	39.4 (2018)
Unmet need for Family Planning	20.8% (2018)	19% (2018)
Married women who heard of any one modern method	66.8% (2013)	85.2% (2013)
Contraceptive Prevalence Rate	6.5 % (2018)	17% CPR (2018)
ANC attendance	55.8% (2018)	67% (2018)
% with postnatal check-up in first 2 days after birth	42.0% (2018)	41.8 (2018)

KEY ISSUES

- ▶ Non-releases of annual budgetary allocation for childbirth spacing.
- ▶ Recurrence of contraceptives and consumables stock out.
- ▶ Skilled personnel are inadequate for childbirth spacing services.
- ▶ Childbirth spacing services are not provided in all the public facilities in the state.
- ▶ Socio-cultural myths and misconception around childbirth spacing is still a barrier to uptake of CBS information and services.

BENEFITS

- ▶ Childbirth Spacing is one of the most effective methods in reducing Maternal and Child Mortality.
- ▶ Improved childbirth spacing use has a direct impact on the socio-economic development of Bauchi women and children.
- ▶ Improved Childbirth Spacing uptake will reduce Government spending on health care.
- ▶ Improve the health indices of Bauchi state.



DEFINITION OF TERMS

- **Child Birth Spacing:** An informed decision by an individual or a couple on when to have children using modern methods.
- **Maternal Mortality:** Death of a woman while Pregnant, within 42 hours of birth 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.
- **Contraceptives:** A devise or drug that can be used to delay/space pregnancy by preventing conception.
- **Reproductive Age:** Women aged 15 – 49 and men aged 15 – 59.
- **Unmet Needs:** 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 35 years or where the time of 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.
- **Costed Implementation Plan:** Five Years Roadmap of targeted activities on Child Birth Services.
- **NDHS:** National Demographic Health Survey.



CHILD BIRTH SPACING FOR A HEALTHIER FAMILIES

(Male Involvement)



BACKGROUND

Religion, culture and low level of male partner involvement are some of the obstacles affecting childbirth spacing uptake in Bauchi state. Men have critical role to play in ensuring that women have access to childbirth spacing services. They play critical role because they are trusted, respected and their opinions on issues are relied upon by their women and extended family.

CURRENT SITUATION

Statistic shows that 1,549 women die from complications of pregnancy and delivery out of every 100,000 live births; this is higher than the national average of 576 (NDHS report 2013) While an estimated 6.5 percent of married women are using modern contraceptive methods (NDHS Report 2018) The average woman in Bauchi has 8.1 children in her lifetime this is higher than the national average of 5.7 (NDHS Report 2013). Bauchi state happens to be one of the states with low contraceptive prevalence rate reason being largely that men perceive childbirth spacing as more of female responsibility hence, low involvement of male partners in childbirth spacing decision resulting in low uptake of CBS services in the state.



ACTIONS REQUIRED

- ▶ Men as supportive partners: since men play a key role in decision-making, foster men as allies in FP and MCH services.
- ▶ Men as clients: encourage men to seek health information and services.
- ▶ Men as change agents in family and community: help men examine gender norms that negatively affect their lives. Encourage men to engage other men in their communities to promote gender equity in RH/FP.

MATERNAL HEALTH INDICES BAUCHI		NATIONAL AVERAGE
Total fertility rate	8.1 (2013)	5.7 % (2013)
Adolescents who have begun childbearing	40.7% (2018)	18.7% (2018)
Maternal Mortality Ratio	1549/100,000 (2013)	576/100,000 (2013)
Delivery in Health Facility	21.8 (2018)	39.4 (2018)
Unmet need for Family Planning	20.8% (2018)	19% (2018)
Married women who heard of any one modern method	66.8% (2013)	85.2% (2013)
Contraceptive Prevalence Rate	6.5 % (2018)	17% CPR (2018)
ANC attendance	55.8% (2018)	67% (2018)
% with postnatal check-up in first 2 days after birth	42.0% (2018)	41.8 (2018)

KEY ISSUES

- ▶ Women are not part of decision making in the family even when it comes to issues of their health and do not have economic autonomy to do so.
- ▶ Gender misconceived roles and male dominance are some of the issues affecting access to CBS information and services.
- ▶ Dominant cultural and religious barriers that make women to seek for permission on issues that affect them.
- ▶ The male gender perceives childbirth spacing as more of female responsibility hence, low involvement of male partners in childbirth spacing decision.
- ▶ Some of the men are not adequately informed about CBS.

BENEFITS

- ▶ Improved the wellbeing of the family and community.
- ▶ Reduction of maternal mortality by 40% through childbirth spacing and this promotes maternal health and family wellbeing.
- ▶ Improved economic growth because more women will be empowered to participate in economic activities contributing to improving the wellbeing of their family and the development of Bauchi State.
- ▶ Healthier and happy women leading to more productivity and healthier, happy homes.



DEFINITION OF TERMS

- **Child Birth Spacing:** An informed decision by an individual or a couple on when to have children using modern methods.
- **Maternal Mortality:** Death of a woman while Pregnant, within 42 hours of birth 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.
- **Contraceptives:** A devise or drug that can be used to delay/space pregnancy by preventing conception.
- **Reproductive Age:** Women aged 15 – 49 and men aged 15 – 59.
- **Unmet Needs:** 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 35 years or where the time of 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.
- **Costed Implementation Plan:** Five Years Roadmap of targeted activities on Child Birth Services.
- **NDHS:** National Demographic Health Survey.



THE ROLE OF THE MEDIA IN PROMOTING CHILD BIRTH SPACING

(Media Brief)



BACKGROUND

Bauchi state has a population of 6.8 million (NPC 2015) with women of childbearing age being 1,490,000. The child birth spacing (CBS) statistics of the state reveals that majority of women of reproductive age (15-49 years) are unable to access CBS information and services resulting in the maternal mortality ratio 1549/100,000 higher than the national average of 576 maternal deaths per 100,000 live births and an estimated 6.5 percent of married women using modern contraceptive methods (NDHS Report 2018) The average woman in Bauchi has 8.1 children in her lifetime this is higher than national average of 5.7 (NDHS report 2013). Although for the past three years, government has consistently allocated 15 percent of the state budget to the health sector, and in the 2018 fiscal year created a Budget line for Childbirth Spacing (CBS) to the tune of N190 Million. This amount though huge but the per-capita spending for CBS is only N127 per women of reproductive age (WRA). To this end, more efforts need to be geared towards allocating more resources and ensuring timely release of allocated funds. This will facilitate accessible and quality CBS Services to be provided to 1.4 million WRA who need them, implement the state Costed Implementation Plan (CIP) and achieve the state contraceptive prevalence rate (CPR) goal of 17 percent.



ACTIONS REQUIRED

- ▶ Media professionals should shift from mere coverage and reportage of CBS activities to reviewing and asking for accountability in Governance; investigative and developmental Journalism on CBS.
- ▶ Monitor Government investment and actions on CBS and communicate to the public.
- ▶ Allocate free Airtime and spaces to project voices of childbirth spacing in the media.
- ▶ Engage in public dialogues with decision makers, religious, traditional and community leaders on issues of childbirth spacing.
- ▶ Celebrate CBS champions and encourage all stakeholders to play their part.

MATERNAL HEALTH INDICES BAUCHI

NATIONAL AVERAGE

MATERNAL HEALTH INDICES BAUCHI		NATIONAL AVERAGE
Total fertility rate	8.1 (2013)	5.7 % (2013)
Adolescents who have begun childbearing	40.7% (2018)	18.7% (2018)
Maternal Mortality Ratio	1549/100,000 (2013)	576/100,000 (2013)
Delivery in Health Facility	21.8 (2018)	39.4 (2018)
Unmet need for Family Planning	20.8% (2018)	19% (2018)
Married women who heard of any one modern method	66.8% (2013)	85.2% (2013)
Contraceptive Prevalence Rate	6.5 % (2018)	17% CPR (2018)
ANC attendance	55.8% (2018)	67% (2018)
% with postnatal check-up in first 2 days after birth	42.0% (2018)	41.8 (2018)

KEY ISSUES

The media is known for setting the agenda, influencing what people think and believe. As a result, the media is powerful in influencing not only human behavior but also policy change. The media has been identified as a key influencer in amplifying voices related to maternal and child health issues. Therefore, the need to actively involve the media in dispelling myths and misconceptions about childbirth spacing (CBS) as well as holding decision makers accountable to fund CBS programme in the state. However, most media outfits do not see CBS as key to maternal and child health or to human and societal development resulting in low media coverage and reporting of CBS in Bauchi state.

BENEFITS

- ▶ Increased the media contribution to the social wellbeing of the people.
- ▶ Increased media accountability to issues of human development.
- ▶ Increased accountability among policy makers on childbirth spacing.
- ▶ Consistent reportage by the media will get to sharpen their skills to carry out advocacy and engagement activities effectively.



DEFINITION OF TERMS

- **Child Birth Spacing:** An informed decision by an individual or a couple on when to have children using modern methods.
- **Maternal Mortality:** Death of a woman while Pregnant, within 42 hours of birth 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.
- **Contraceptives:** A device or drug that can be used to delay/space pregnancy by preventing conception.
- **Reproductive Age:** Women aged 15 – 49 and men aged 15 – 59.
- **Unmet Needs:** 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 35 years or where the time of 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.
- **Costed Implementation Plan:** Five Years Roadmap of targeted activities on Child Birth Services.
- **NDHS:** National Demographic Health Survey.



INVEST IN CHILD BIRTH SPACING FOR A HEALTHIER CITIZENRY

(Role of Policy Makers)



BACKGROUND

Bauchi state has a population of 6.8 million (NPC 2015) with women of childbearing age being 1,490,000. The child birth spacing (CBS) statistics of the state reveals that majority of women of reproductive age (15-49 years) are unable to access CBS information and services resulting in the maternal mortality ratio 1549/100,000 higher than the national average of 576 maternal deaths per 100,000 live births and an estimated 6.5 percent of married women using modern contraceptive methods (NDHS Report 2018) The average woman in Bauchi has 8.1 children in her lifetime this is higher than national average of 5.7 (NDHS report 2013). Although for the past three years, government has consistently allocated 15 percent of the state budget to the health sector, and in the 2018 fiscal year created a Budget line for Childbirth Spacing (CBS) to the tune of N190 Million. This amount though huge but the per- capita spending for CBS is only N127 per women of reproductive age (WRA). To this end, more efforts need to be geared towards allocating more resources and ensuring timely release of allocated funds. This will facilitate accessible and quality CBS Services to be provided to 1.4 million WRA who need them, implement the state Costed Implementation Plan (CIP) and achieve the state contraceptive prevalence rate (CPR) goal of 17 percent.



ACTIONS REQUIRED

- ▶ Increase the per capita spending of women of reproductive from the current N127 to N350 by allocating NGN 490,000,000.00 to CBS in the state annual budget.
- ▶ The Executive Governor approves and directs the release of approved funds for CBS services.
- ▶ Recruit more FP service providers, ensure balanced deployment and spread CBS services in all public facility to improve uptake of service.
- ▶ Policy makers, religious and traditional leaders should publicly speak in support of childbirth Spacing.
- ▶ Increase number of health facilities providing childbirth spacing services.

MATERNAL HEALTH INDICES BAUCHI		NATIONAL AVERAGE
Total fertility rate	8.1 (2013)	5.7 % (2013)
Adolescents who have begun childbearing	40.7% (2018)	18.7% (2018)
Maternal Mortality Ratio	1549/100,000 (2013)	576/100,000 (2013)
Delivery in Health Facility	21.8 (2018)	39.4 (2018)
Unmet need for Family Planning	20.8% (2018)	19% (2018)
Married women who heard of any one modern method	66.8% (2013)	85.2% (2013)
Contraceptive Prevalence Rate	6.5 % (2018)	17% CPR (2018)
ANC attendance	55.8% (2018)	67% (2018)
% with postnatal check-up in first 2 days after birth	42.0% (2018)	41.8 (2018)

KEY ISSUES

- ▶ Delay in approval and release of budgeted funds for childbirth spacing.
- ▶ Inadequate supply of contraceptives and consumables.
- ▶ Some Childbirth spacing services are not accessible because of distance of some health facilities to the community.
- ▶ Insufficient human and financial resources for childbirth spacing.
- ▶ Of the 1184 Health Facilities in the state, only 526 provide CBS services.

BENEFITS

- ▶ Increase the per capita spending of women of reproductive from the current N127 to N350 by allocating NGN490,000,000.00 to CBS in the state annual budget.
- ▶ The Executive Governor approves and directs the release of approved funds for CBS services.
- ▶ Recruit more FP service providers, ensure balanced deployment and spread CBS services in all public facility to improve uptake of service.
- ▶ Policy makers, religious and traditional leaders should publicly speak in support of childbirth Spacing.
- ▶ Increase number of health facilities providing childbirth spacing services.



DEFINITION OF TERMS

- **Child Birth Spacing:** An informed decision by an individual or a couple on when to have children using modern methods.
- **Maternal Mortality:** Death of a woman while Pregnant, within 42 hours of birth 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.
- **Contraceptives:** A devise or drug that can be used to delay/space pregnancy by preventing conception.
- **Reproductive Age:** Women aged 15 – 49 and men aged 15 – 59.
- **Unmet Needs:** 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 35 years or where the time of 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.
- **Costed Implementation Plan:** Five Years Roadmap of targeted activities on Child Birth Services.
- **NDHS:** National Demographic Health Survey.



THE ROLE OF TRADITIONAL AND RELIGIOUS LEADERS IN PROMOTING CHILD BIRTH SPACING



BACKGROUND

Religion, culture and poverty are some of the obstacles affecting childbirth spacing uptake in the state. Religious and Traditional leaders and institutions have proven their worth over the years by improving the understanding of their various communities and congregation, towards saving the lives of Women and children. They play a critical role because they are trusted, respected and are relied upon by the people who look up to them as leaders and role models.

CURRENT SITUATION

Statistic shows that 1,549 women die from complications of pregnancy and delivery out of every 100,000 live births; this is higher than the national average of 576 (NDHS report 2013) While an estimated 6.5 percent of married women are using modern contraceptive methods (NDHS Report 2018). The average woman in Bauchi has 8.1 children in her lifetime this is higher than the national average of 5.7 (NDHS report 2013). Bauchi state happens to be one of the states with low contraceptive prevalence rate reason being largely that CBS programmes have not been prioritized and messages related CBS in the holy books are limited for adequate consumption of the public and worshippers to dispel myths and misconception around CBS.

MATERNAL HEALTH INDICES BAUCHI		NATIONAL AVERAGE
Total fertility rate	8.1 (2013)	5.7 % (2013)
Adolescents who have begun childbearing	40.7% (2018)	18.7% (2018)
Maternal Mortality Ratio	1549/100,000 (2013)	576/100,000 (2013)
Delivery in Health Facility	21.8 (2018)	39.4 (2018)
Unmet need for Family Planning	20.8% (2018)	19% (2018)
Married women who heard of any one modern method	66.8% (2013)	85.2% (2013)
Contraceptive Prevalence Rate	6.5 % (2018)	17% CPR (2018)
ANC attendance	55.8% (2018)	67% (2018)
% with postnatal check-up in first 2 days after birth	42.0% (2018)	41.8 (2018)

KEY ISSUES

- ▶ Dominant cultural and religious barriers to childbirth spacing have been a major hindrance to service uptake in the communities.
- ▶ High maternal death in the community due to increase number of high-risk pregnancies and births.
- ▶ Low level of male partner involvement in childbirth spacing decision making.
- ▶ Low awareness on CBS and its benefits.
- ▶ Low level of understanding of benefits of CBS by religious and Traditional rulers.

"For which of you intending to build a tower, sitteth not down first and counteth the cost, whether he have sufficient to finish it. Lest haply after he hath laid the foundation and is not able to finish it, all that behold it begin to mock him, saying this man begun to build and was not able to finish" - Luke 14:28-30 (Holy Bible)



ACTIONS REQUIRED

- ▶ Religious and traditional leaders make public statement in support of Child birth spacing and encourage their followers to use CBS services.
- ▶ Integrate child birth spacing in religious and social discourse and use every opportunity to speak on CBS.
- ▶ Traditional leaders commit to enlighten their wards on the benefits of child birth spacing.
- ▶ Religious and traditional leaders advocate to government and other key stakeholders to fund and support child birth spacing programmes.

BENEFITS

- ▶ It is the Joy of every leader to have healthy people in their communities because health is wealth.
- ▶ Childbirth spacing saves live and reduce the burden of maternal and child mortality, the mother and child will be healthy during the planning years.
- ▶ Childbirth spacing reduces the burden of healthcare on communities and free resources used for education and the other family and community need.
- ▶ When households are healthy the community thrives.

INFLUENTIAL VOICES

"Mothers may nurse their infants for two whole years for those who desire to complete the nursing period. It is the duty of the father to provide for them and clothe them in a proper manner. No soul shall be burdened beyond its capacity. No mother shall be harmed on account of her child, and no father shall be harmed on account of his Child. The same duty rest upon the heir. If the couple desire weaning by mutual consent and consultation, they commit no error by doing so. You commit no error by hiring nursing mothers, as long as you pay them fairly. And be wary of Allah, and know that Allah is seeing what you do" - (Qur'an 2:233)

"Prior to the advent of TCI child birth spacing was a very sensitive and delicate issue to discuss. I can remember even the health workers having issues discussing CBS with women of reproductive age, because of the kind of religious interpretation that was given to it. There were misconceptions on the part of the Islamic Clerics, they normally interpret CBS as controlling Population. But, after our interaction with them using the Islamic Perspective and sermon note a lot of them have now understood".

Alhaji Abdullahi Yakubu Marafa
(Former Grand Khadi Bauchi State, Chairman Shariah Commission)



DEFINITION OF TERMS

- **Child Birth Spacing:** An informed decision by an individual or a couple on when to have children using modern methods.
- **Maternal Mortality:** Death of a woman while Pregnant, within 42 hours of birth 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.
- **Contraceptives:** A device or drug that can be used to delay/space pregnancy by preventing conception.
- **Reproductive Age:** Women aged 15 – 49 and men aged 15 – 59.
- **Unmet Needs:** 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 35 years or where the time of 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.
- **Costed Implementation Plan:** Five Years Roadmap of targeted activities on Child Birth Services.
- **NDHS:** National Demographic Health Survey.



THE ROLE CIVIL SOCIETY ORGANIZATIONS' IN CHILD BIRTH SPACING FOR A HEALTHIER CITIZENRY



BACKGROUND

Bauchi state has a population of 6.8 million (NPC 2015) with women of childbearing age being 1,490,000. The child birth spacing (CBS) statistics of the state reveals that majority of women of reproductive age (15 - 49 years) are unable to access CBS information and services resulting in the maternal mortality ratio 1549/100,000 higher than the national average of 576 maternal deaths per 100,000 live births and an estimated 6.5 percent of married women using modern contraceptive methods (NDHS Report 2018). The average woman in Bauchi has 8.1 children in her lifetime this is higher than national average of 5.7 (NDHS report 2013). Although for the past three years, government has consistently allocated 15 percent of the state budget to the health sector, and in the 2018 fiscal year created a Budget line for Childbirth Spacing (CBS) to the tune of N190 Million. This amount though huge but the per- capita spending for CBS is only N127 per women of reproductive age (WRA). To this end, more efforts need to be geared towards allocating more resources and ensuring timely release of allocated funds. This will facilitate accessible and quality CBS Services to be provided to 1.4 million WRA who need them, implement the state Costed Implementation Plan (CIP) and achieve the state contraceptive prevalence rate (CPR) goal of 17 percent.



ACTIONS REQUIRED

- ▶ Advocate for increase in Child Birth Spacing funds, approval and prompt release.
- ▶ CSOs to pilot innovations and scale up proven child birth spacing interventions.
- ▶ Facilitate CBS interventions related to social and behavior change, advocacy and promoting improve access and increase knowledge and awareness to contraceptive use and client satisfaction.
- ▶ Track allocation, release and utilization of CBS Funds.
- ▶ Participate in the entire Budget circle process and set Accountability Mechanism.

MATERNAL HEALTH INDICES BAUCHI		NATIONAL AVERAGE
Total fertility rate	8.1 (2013)	5.7 % (2013)
Adolescents who have begun childbearing	40.7% (2018)	18.7% (2018)
Maternal Mortality Ratio	1549/100,000 (2013)	576/100,000 (2013)
Delivery in Health Facility	21.8 (2018)	39.4 (2018)
Unmet need for Family Planning	20.8% (2018)	19% (2018)
Married women who heard of any one modern method	66.8% (2013)	85.2% (2013)
Contraceptive Prevalence Rate	6.5 % (2018)	17% CPR (2018)
ANC attendance	55.8% (2018)	67% (2018)
% with postnatal check-up in first 2 days after birth	42.0% (2018)	41.8 (2018)

KEY ISSUES

The role played by Civil society organizations (CSOs) in the provision of high-quality Childbirth spacing programs like expanding services, funding CBS program, raising awareness, generating demand, and advocating for an improved enabling environment to ensure women and men make informed choice to whether, when and how many children they want to have; increased male participation, and traditional and religious leaders involvement in childbirth spacing is moderate and need to be intensify. The number of CSOs involved in CBS as against other reproductive health programme like HIV/AIDS leaves less to be desired.

BENEFITS

- ▶ Reduction of maternal mortality and Child mortality through uptake of CBS by WRA.
- ▶ Improve the quality of life and wellbeing of Bauchi State people.
- ▶ Consistent Evidenced based Advocacy by civil societies will bring about the Desired release of funds there by contributing their quota saving lives.
- ▶ CSO's will broaden and deepen their skills to carry out evidence-based advocacy effectively.

INFLUENTIAL VOICES

"Anyone who cannot carter for his family is worse than an Infidel"
(Timothy 5:8 (Holy Bible))

"The Bible supports Child birth spacing for the raising of godly children"
Reverend Shuaibu Byal (ECWA Seminary Bayara)

"Now we are using every opportunity to educate more Religious leaders on correct Messaging of CBS based on Islamic perspective" he said "There is a wave of attitudinal change among the Islamic Religious leaders. Some have gone a step further to get more knowledge on what the HOLY book says about CBS. Those mallams who were against it are now Champions because the facts from the Holy Quran are very glaring... It is now almost freely discussed in the Mosques, at learning centers and every gathering"

Sarkin Malaman Toro (Malam, Suleiman Usman)



DEFINITION OF TERMS

- **Child Birth Spacing:** An informed decision by an individual or a couple on when to have children using modern methods.
- **Maternal Mortality:** Death of a woman while Pregnant, within 42 hours of birth 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.
- **Contraceptives:** A devise or drug that can be used to delay/space pregnancy by preventing conception.
- **Reproductive Age:** Women aged 15 – 49 and men aged 15 – 59.
- **Unmet Needs:** 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 35 years or where the time of 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.
- **Costed Implementation Plan:** Five Years Roadmap of targeted activities on Child Birth Services.
- **NDHS:** National Demographic Health Survey.

