REDUCE MATERNAL & CHILD MORTALITY – SUPPORT FAMILY PLANNING/CHILD BIRTH SPACING IN DELTA STATE

(Fact Sheet)

BACKGROUND

Delta state has established a Health Insurance scheme. This scheme covers all the 500 Health Facilities (primary, secondary & Tertiary) of which 420 of them are offering Family Planning (FP) services. About 50% of the service providers have been trained to offer the full range of Family Planning (FP) services.

Currently, the State has established a dedicated budget line for FP in 2019. The 25 Local Government Areas (LGAs) have been positioned to do same with the recent constitution of the Local Government Health Authorities. This will enable the State take ownership and drive its FP Programme.

Studies show that for every 100,000 live births, 188 women lose their lives in the process of childbirth (UNDP Report, 2015) and FP can save 56 of these women. In Delta State 133,543 women want to use a FP method but despite this will, they cannot get it (NDHS 2013). An additional 350,277 women need to take up a FP method before 2020 for the State to align with the national goal of 27%. Consequently, Government as a necessity should release money for FP both at State and Local Government levels to combat existing barriers to FP uptake and change this narrative. Delta State government has created a budget line for family planning in the 2019 fiscal year with a sum of 8,500,000 Naira out of 9,523,152,893.66 Naira health budget. The amount budgeted for family planning as per capital spending for family planning is approximately N8 only per woman of reproductive age and it is grossly inadequate.

KEY ISSUES

- FP Programme in the state is mainly funded by Donors/ Implementing Partners.
- Inadequate funds allocated to FP Budget line.
- The Policy Environment for Reproductive Health/FP is poor as most National Policies that should drive FP uptake have not been formally adopted and disseminated.
- The State is yet to to fully take up the role of driving and coordinating all health programme.

ACTIONS REQUIRED

- Increase funding for Family Planning at the State and LGA levels.
- Establish Family Planning Budget Lines in the 25 Local Government Area annual budget.
- Release of FP budget and ensure it is used for FP programme.
- Domesticate and implement relevant Reproductive Health (RH) Policies (Task Shifting and Task sharing Policy and State FP - CIP).
- Domesticate the Primary Health Care Under One Roof Policy (PHCUOR).

BENEFITS

In 2017, using the FPET analysis from the utilization of FP data in the State resulted in:

- 61,000 unintended pregnancies will be averted.
- 22,000 unsafe abortions will be averted.
- 360 Women would be saved from dying while pregnant.

INDICES

- **Total population - 4,975,526 (2006 Census)**
- **Growth Rate (GR) - 3.2%**
- **Women of Reproductive Age (WRA) - 1,094,616 (22%)**
- **Contraceptive prevalence rate (CPR) - 16.5%**
- **Unmet Needs - 23.7 (NDHS, 2018)**
- **Total Fertility Rate (TFR) - 4.1 (NDHS, 2013)**
- **Maternal Mortality Rate (MMR) - 188/100,000**
- **Adolescents who have begun childbearing - 9.9 (NDHS, 2018)**
- **Married Women who heard of any of modern method - 94.4 (NDHS, 2013)**
- **Delivery in the health facility - 59.6 (NDHS, 2018)**

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 / termination of pregnancies.
- **Contraceptive Prevalence Rate:** Percentage of women between 15-49 years who are currently using or whose sexual partners are currently using at least one form of contraception regardless of the method.
- **Women of Reproductive Age:** Generally defined as women aged 15-49 years.
- **Contraceptive:** A device or drug which can be used to delay/space pregnancy by preventing conception.
- **Unmet Needs:** The percentage of persons of reproductive age who want to use contraceptive either to space or limit child bearing, but do not have access to them due to unavailability or lack of information.
- **High Risk Pregnancy:** A pregnancy where the mother is younger than 18years or above 35 years or where the time from 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 & CHILD MORTALITY – SUPPORT FAMILY PLANNING/CHILD BIRTH SPACING IN DELTA STATE

(Role of Media)

BACKGROUND

The Media which is a veritable source of information sharing, do not have mapped out programmes on Health and Family Planning resulting in poor reportage of Family Planning activities in the State. Even key international Days such as the World Population Days, WCD, etc which the media would have used as platforms to create positive buzz around FP are not often celebrated in the State contributing to poor visibilty for FP.

Currently Delta State has a dedicated and funded budget line for FP in 2019 to the tune of 8.5 Million. Following the precedence set by the State , the 25 Local Government Areas (LGAs) have been positioned to do same with the recent constitution of the Local Government Health Authorities. These will strengthen the State and LGAs to take ownership and drive its FP Programme.
Studies show that for every 100,000 live births, 188 women loose their lives in the process of childbirth (UNDP Report, 2015) and FP can save 56 of these women.

Delta State 133,543 women want to use a FP method but despite this will, they cannot get it (NDHS 2013). An additional 350,277 women need to take up a FP method before 2020 for the State to align with the national goal of 36%. Consequently, Government as a necessity should release money for FP both at State & Local Government Levels to combat existing barriers to FP uptake to change this narrative. The state government created a dedicated budget line for Family Planning in the 2019 fiscal year and allocated the sum of 8,500,000 Naira out of the 9,523,152,893.6 Naira – total budget for health. This amounts to approximately only N8 allocated per Woman of Reproductive Age which is a far cry from what it should be.

KEY ISSUES

- Poor Media engagement for Public Health and FP in particular, as only 29% of women have heard any FP message on radio, while just 25% have seen an FP message on TV (NDHS 2013).
- The media does not see FP/CBS as a key governance and development issue.
- There has been no conscious efforts by Government to train media persons and reporters on Family Planning reportage.

ACTIONS REQUIRED

- The Media should stimulate FP media discourse and Strengthen media collaboration around FP.
- Monitor government investment and actions on FP/CBS and disseminate information to the public on government's performance.
- Publish compelling stories as a form advocacy for FP/CBS.
- Project voices of FP champions.

BENEFITS

- FP/CBS issues becomes increasingly visible in the media.
- Policy makers become more accountable on FP/CBS issues.
- Improved well being of women and children in Delta State.

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REDUCE MATERNAL & CHILD MORTALITY – SUPPORT FAMILY PLANNING IN DELTA STATE

(Policy Brief)

BACKGROUND

Delta state currently has an active Health Insurance scheme which covers all the 500 Health Facilities (primary, secondary and Tertiary). About 420 of these health facilities offer FP services and 50% of the service providers have been trained to offer the full range of FP services.

Currently, the State has a dedicated and funded budget line for FP in 2019 to the tune of 8.5 Million Naira. Following the precedence set by the State, the 25 Local Government Areas (LGAs) have been positioned to do same with the recent constitution of the Local Government Health Authorities. These will strengthen the State and LGAs to take ownership and drive its FP Programme.

Studies show that for every 100,000 live births, 188 women lose their lives in the process of childbirth (UNDP Report, 2015) and FP can save 56 of these women. In Delta State 133,543 women want to use a FP method but despite this will, they cannot get it (NDHS 2013). An additional 350,277 women need to take up a FP method before 2020 for the State to align with the national goal of 36%. Consequently, Government as a necessity should release money for FP both at State & Local Government levels to combat existing barriers to FP uptake and change this narrative. Delta state governments has just created a budget line for family planning in the 2019 fiscal year with a sum of 8,500,000 Naira out of 9,523,152,893.66 Naira health budget. The amount budgeted for family planning as per capital spending for family planning is approximately N8 only per woman of reproductive age.

FP uptake is poor as most National Policies that should drive it have not been formally adopted and disseminated.

KEY ISSUES

- Inadequate functional FP Budget line.
- The Policy Environment for Reproductive Health/FP is nascent as most of National Policies domesticate that should drive FP uptake have not been formally adopted and disseminated.
- Non domestication of the Task Shifting Task Sharing Policy.

ACTIONS REQUIRED

- Adequate funding for FP budget in the State and LGA Annual Budgets.
- Domesticate and implement relevant Reproductive Health (RH) Policies (Task Shifting & Task sharing Policy, State Blue Print-CIP and PHCUOR).

BENEFITS

In 2017, using the FPET analysis from the utilization of FP data in the State resulted in:

- 61,000 unintended pregnancies will be averted.
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- 360 Women saved from dying while pregnant.

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THE ROLES OF TRADITONAL AND RELIGIOUS LEADERS IN CHANGING THE NARRATIVES OF FAMILY PLANNING IN DELTA STATE

(Role of Religious/Traditional/Community Leaders)

BACKGROUND

Traditional and Religious leaders in Delta state play a pivotal role in the acceptance or rejection of health programme including Family Planning. Survey reports show that myths and misconceptions around FP use contribute majorly to the low uptake of FP services. Less than 30% of Deltans said they have never heard their Religious or Traditional Leaders openly speak in favour of FP. Though the state currently has an active Health Insurance scheme which covers all the 500 health facilities (primary, secondary and Tertiary) and 420 of these health facilities offer FP services with over 50% of the service providers trained on the full range of FP services, most women still prefer to access health services from Traditional Birth Attendants (TBA).

KEY ISSUES

- There are significant cultural and religious beliefs amongst the people of Delta State creating barriers to the uptake of FP services.
- Low level of male partner involvement in FP decision making prevents women from using the services.
- Key Religious and traditional rulers in Delta state do not understand the benefits of Family Planning in human development and do not openly speak in favour of FP.

ACTIONS REQUIRED

- Policy makers, Religious leaders, Political leader, Legislators, Traditional leaders and community leaders speak publicly in support of FP.
- Religious and Traditional leaders to encourage male involvement in FP issues.
- Religious leaders to mainstream FP into religious sermons.

BENEFITS

- Reduction in the number of WRA that die as a result of pregnancy related complications.
- Increased male support FP.
- You become an advocate/champion of Women's health in the community.
- The life of family members will improve greatly.
- There will be relative peace in the family, community and society at large.

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