

HEALTHY WOMEN, HEALTHY HOME, HEALTHY STATE!!!

(Fact Sheet)



BACKGROUND

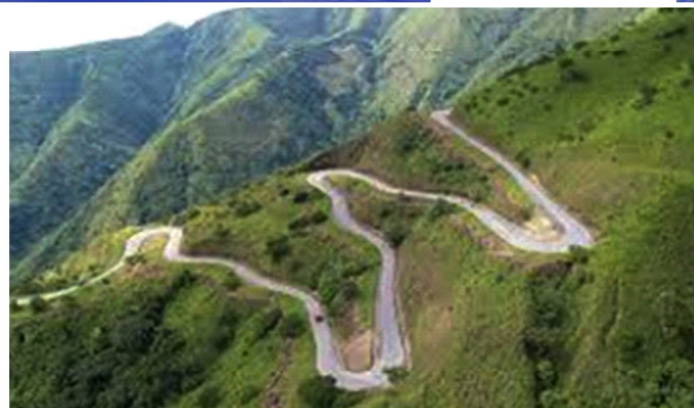
The projected population of Taraba State is 3,213,744 and an annual growth rate of 2.96% (NPC 2006). Women of Reproductive Age (15 - 49 years) stand at 877,000 (NDHS 2018). These women form a significant portion of the state work force and therefore have a lot to contribute to the economic development of the state.

Results from NDHS 2013 indicates that 1,549 maternal deaths per 100,000 live births are recorded annually in the North-Eastern part of Nigeria, which is higher than the National average which stands at 576 per 100,000 live births.

Record indicates that 13 out of every 100 women in Taraba state intend to use family planning methods but are faced with myriad of challenges ranging from poor knowledge of family planning methods and their benefits (7.5%) and where to access these services (NDHS 2018).

Importantly, the state is burdened with high rate of unintended and unwanted pregnancies resulting from early exposure to sexual activities with 1 in 5 girls getting pregnant between the ages of 15 - 19 years and this is compounded by the low modern Contraceptive Prevalence Rate of 8.6%. (NDHS 2018).

Though its commendable that the state has recently created a family planning budget line of Thirty Million Naira (N30,000,000.00), there is a need to ensure the timely release of this money to fund family planning activities as this will ensure the sustainability of family planning interventions as they are mostly donor driven.



ACTIONS REQUIRED

- ▶ The executive should ensure approval and timely release of fund to implement family planning activities.
- ▶ Track spending and utilization of FP funds as part of the Legislative oversight functions.
- ▶ The state Ministry of Health should help develop a Costed Implementation Plan for FP.
- ▶ Domestication and implement Task Shifting and Task Sharing Policy and Health Insurance Scheme.
- ▶ Strengthen integration of Family planning into the state LMCU.
- ▶ Training, retraining and redistributing trained Health care providers.
- ▶ Engagement of Traditional and Religious leaders and the creation of more media content to address misconceptions.

KEY ISSUES

- ▶ Non-funding for family planning activities by the relevant State Ministry, Department and Agencies.
- ▶ Inadequate and uneven distribution of skilled health care providers.
- ▶ Weak logistic systems, limiting access to contraceptives by target beneficiaries.
- ▶ Non-Availability of state FP Costed Implementation Plan in the state.
- ▶ Non-Adoption and Domestication of Task Shifting and Task Sharing policy.
- ▶ Non-Adoption and implementation National Reproductive Health Bill.
- ▶ Non-adoption and implementation of National Health Insurance Scheme.
- ▶ Myths and Misconceptions on the uptake of modern contraceptives.

BENEFITS

- ▶ About 40% reduction in Maternal and Infant Mortality Rates.
- ▶ Improved Family planning use which has a direct impact on socio-economic development and improved security for the clients.
- ▶ Significant contribution to economic growth, state GDP and eventual attainment of the Sustainable Development Goals.
- ▶ Reduction in unwanted/unplanned pregnancies that could lead to life threatening complications.
- ▶ Childbirth Spacing enables mothers to regain their health, gives enough time and opportunity for mothers to love and provide attention to their husbands and children and give time for women personal advancement.



DEFINITION OF TERMS

- **Family Planning (FP):** An informed decision by an individual or couples on how many children to have and when to have them using modern contraceptive methods.
- **Maternal Mortality:** Death of a woman while pregnant, within 42 days of childbirth or termination of pregnancies.
- **Reproductive Age:** Women of age 15-49 years and men aged 15-59 years.
- **Contraceptive:** A device or drug which can be used to delay/space pregnancy by preventing conception.
- **NPC:** National Population Commission.
- **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.
- **Contraceptive Prevalence Rate (CPR):** Percentage of women between 15 - 49 years who are practicing or whose sexual partners are practicing any form of contraception.
- **LMCU:** Logistics Management Coordination Unit.



SOLICITING LEGISLATIVE SUPPORT IN IMPROVING WELLBEING OF MOTHERS AND CHILDREN THROUGH FUNDING AND POLICY REFORMS IN FAVOUR OF FAMILY PLANNING

(Role of the Legislators)



BACKGROUND

Taraba state has a projected population of 3,213,744 (NPC 2006) and an estimated population of Women of Reproductive Age (15 - 49 years) of 877,000 (NDHS 2018). These women form a significant portion of the state work force and therefore have a lot to contribute to the socio-cultural and economic development of the state.

It is important to state that the state is burdened with high rate of unintended and unwanted pregnancies resulting from early exposure to sexual activities with 1 in 5 girls getting pregnant between the ages of 15 - 19 years and this is compounded by the low modern Contraceptive Prevalence Rate of 8.6% (NDHS 2018).

Though it's commendable that the state has recently created a family planning budget line of Thirty Million Naira (N30,000,000.00), there is a need to ensure the timely release of this money to fund family planning activities as this will ensure sustainability of family planning interventions as they are mostly donor driven.



ACTIONS REQUIRED

- ▶ Support the domestication and implementation of Task Shifting and Task Sharing Policy and Health Insurance Scheme.
- ▶ The Legislature should ensure the timely release of fund to implement family planning activities.
- ▶ Track spending and utilization of FP funds as part of the Legislative oversight functions.
- ▶ Collaborate with Policy makers, Religious leader's Traditional leaders and community leaders to speak publicly in support of family planning.

KEY ISSUES

- ▶ The policy Environment for family planning is weak as most National Policies that should drive FP uptake have not been formally adopted and disseminated (Costed Implementation Plan, Task Shifting and Task Sharing Policy and the State Health Insurance Scheme).
- ▶ Non- funding for family planning activities.
- ▶ Prevailing myths and misconceptions as a result of culture and religion to family planning have been a hindrance to service uptake by women.

BENEFITS

- ▶ About 40% reduction in Maternal and Infant Mortality Rates.
- ▶ Improved Family planning use which has a direct impact on socio-economic development and improved security for the clients.
- ▶ Significant contribution to economic growth, state GDP and eventual attainment of the Sustainable Development Goals.
- ▶ Reduction in unwanted/unplanned pregnancies that could lead to life threatening complications.
- ▶ Childbirth Spacing enables mothers to regain their health, gives enough time and opportunity for mothers to love and provide attention to their husbands and children and give time for women personal advancement.

HEALTH INDICIES

KEY INDICATORS	VALUES	SOURCE
Maternal Mortality Rate	1549/100,000	NDHS 2013
Infant Mortality rate Under 5	392/1000	DHIS 2017
Unmet FP needs	13.1%	NDHS 2018
Modern Contraceptive Prevalence Rate (MCPR)	8.6%	NDHS 2018
Contraceptive Prevalence Rate	10.3%	NDHS 2018
Population WRA	877,000	NDHS 2018
Total Fertility Rate	5.3%	NDHS 2018



DEFINITION OF TERMS

- **Family Planning (FP):** An informed decision by an individual or couples on how many children to have and when to have them using modern contraceptive methods.
- **Maternal Mortality:** Death of a woman while pregnant, within 42 days of childbirth or termination of pregnancies.
- **Reproductive Age:** Women of age 15-49 years and men aged 15-59 years.
- **Contraceptive:** A device or drug which can be used to delay/space pregnancy by preventing conception.
- **NPC:** National Population Commission.
- **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.
- **Contraceptive Prevalence Rate (CPR):** Percentage of women between 15 - 49 years who are practicing or whose sexual partners are practicing any form of contraception.
- **LMCU:** Logistics Management Coordination Unit.



MEN AS PARTNERS IN REPRODUCTIVE HEALTH, FROM ISSUES TO ACTION

(Male Involvement)



BACKGROUND

Taraba state has a projected population of 3,213,744 million (NPC 2006) and an estimated population of Women of Reproductive Age (15-49 years) of 877,000 (NDHS 2018). These women form a significant portion of the state work force and therefore have a lot to contribute to the socio cultural and economic development of the state.

Results from NDHS 2013 indicates that 1,549 maternal deaths per 100,000 live births are recorded annually, which is higher than the National average which stands at 576 per 100,000 live births.

Record indicates that 13 out of every 100 women in Taraba state intend to use family planning methods but are faced with myriad of challenges ranging from poor knowledge of family planning methods and their benefits (7.5%) and where to access these services (NDHS 2018).

Importantly, the state is burdened with high rate of unintended and unwanted pregnancies resulting from early exposure to sexual activities with 1 in 5 girls getting pregnant between the ages of 15- 19 years and this is compounded by the low modern Contraceptive Prevalence Rate of 8.6%. (NDHS 2018).

Though its commendable that the state has recently created a family planning budget line of Thirty Million Naira (N30,000,000.00), there is need to ensure the timely release of this money to fund family planning activities as this will ensure the sustainability of family planning interventions as they are mostly donor- driven.

Result from studies have shown that 1 in 5 women have expressed opposition to contraceptive use from spouses and significant others which could have partly contributed to the low modern CPR in Taraba state which stands at 8.6% (NDHS 2018). Amongst women who are using contraceptives, 55.6% of them expressed dissatisfaction using modern methods and hence the need to engage men and convince them to use contraceptives which will go a long way in reducing the burden of pregnancy and related complications when unplanned (PMA 2020).



ACTIONS REQUIRED

- ▶ Men to be supportive partners and play key role in decision-making of their wives Family Planning preference.
- ▶ Men to seek family planning information and utilize it for the benefits of their families.
- ▶ Men to serve as change agents in the family and community to mitigate myths and misconception on family planning.
- ▶ Men FP champions to engage other men in their communities to promote gender equity in RH/FP.

BENEFITS

- ▶ Significant decrease in maternal and infant mortality rates.
- ▶ Reduction in unwanted/ unplanned pregnancies that could lead to life threatening complications.
- ▶ Reduction of maternal mortality by 40% through childbirth spacing and the promotion of maternal health and family wellbeing.
- ▶ When a woman spaces her births, she can pursue a career and do business leading to her improved wellbeing for the overall benefit of the family.
- ▶ Childbirth Spacing enables mothers to regain their health, gives enough time and opportunity for mothers to love and provide attention to their husbands and children and give time for women personal advancement.

KEY ISSUES

- ▶ Minimal male partner involvement in family planning decision making.
- ▶ Prevailing cultural, religious and gender norms hindering family planning service uptake.
- ▶ High maternal deaths in the community due to high number of high-risk pregnancies and births.
- ▶ The Patriarchal nature of the society which encourages male dominance in family related issues.
- ▶ Myths and Misconceptions on the uptake of modern contraceptives.

HEALTH INDICIES

KEY INDICATORS	VALUES	SOURCE
Maternal Mortality Rate	1549/100,000	NDHS 2013
Infant Mortality rate Under 5	392/1000	DHS 2017
Unmet FP needs	13.1%	NDHS 2018
Modern Contraceptive Prevalence Rate (MCPR)	8.6%	NDHS 2018
Contraceptive Prevalence Rate	10.3%	NDHS 2018
Population WRA	877,000	NDHS 2018
Total Fertility Rate	5.3%	NDHS 2018



DEFINITION OF TERMS

- **Family Planning (FP):** An informed decision by an individual or couples on how many children to have and when to have them using modern contraceptive methods.
- **Maternal Mortality:** Death of a woman while pregnant, within 42 days of childbirth or termination of pregnancies.
- **Reproductive Age:** Women of age 15-49 years and men aged 15-59 years.
- **Contraceptive:** A device or drug which can be used to delay/space pregnancy by preventing conception.
- **NPC:** National Population Commission.
- **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.
- **Contraceptive Prevalence Rate (CPR):** Percentage of women between 15 - 49 years who are practicing or whose sexual partners are practicing any form of contraception.
- **LMCU:** Logistics Management Coordination Unit.



THE MEDIA: SAFEGUARDING THE DEATHS OF MOTHERS AND CHILDREN THROUGH FAMILY PLANNING

(Role of the Media)



BACKGROUND

Taraba state is endowed with a lot of natural resources. These resources can only be optimally harnessed for the growth and development of the state when the population is healthy.

The state has a projected population of 3,213,744 (NPC 2006) and an estimated population of Women of Reproductive Age (15 - 49 years) of 877 (NDHS 2018). These women form a significant portion of the state workforce.

Record indicates that 13 out of every 100 women in Taraba state intend to use family planning methods but are faced with myriad of challenges ranging from poor knowledge of family planning methods and their benefits (7.5%) and where to access these services (NDHS 2018).

Importantly, the state is burdened with high rate of unintended and unwanted pregnancies resulting from early exposure to sexual activities with 1 in 5 girls getting pregnant between the ages of 15 - 19 years and this is compounded by the low modern Contraceptive Prevalence Rate of 8.6%. (NDHS 2018).



ACTIONS REQUIRED

- ▶ Allocating more airtime to educating the populace on healthy timing and spacing of pregnancies and births and the consequences of not using modern methods of childbirth.
- ▶ Investigate and report in news and programs how FP program respond to the need of the people.
- ▶ Shift from mere coverage and reportage of maternal, newborn and child health and FP/CBS issues to reviewing and determining responsibility and accountability on the part of government.
- ▶ Determine the availability and access to services, quality of services as well as whether people are using the services or not and why not.
- ▶ Supporting to advocate for funding of childbirth spacing services.
- ▶ Sustaining campaign on Social Behavioral Change Communication on all misconceptions associated with Family Planning/Childbirth Spacing.

KEY ISSUES

- ▶ Inadequate reportage to family planning issues to draw attention of decision makers in prioritizing FP.
- ▶ Inadequate media content on family planning issues.
- ▶ Inadequate investigative news reportage and programming on how family planning programs improves the overall health and wellbeing of the citizens.
- ▶ Inadequate campaign on Social Behavioral Change Communication on all misconceptions associated with Family Planning/Child spacing.

HEALTH INDICIES

KEY INDICATORS	VALUES	SOURCE
Maternal Mortality Rate	1549/100,000	NDHS 2013
Infant Mortality rate Under 5	392/1000	DHIS 2017
Unmet FP needs	13.1%	NDHS 2018
Modern Contraceptive Prevalence Rate (MCPR)	8.6%	NDHS 2018
Contraceptive Prevalence Rate	10.3%	NDHS 2018
Population WRA	877,000	NDHS 2018
Total Fertility Rate	5.3%	NDHS 2018

BENEFITS

- ▶ Significant decrease in Maternal and Infant Mortality Rates.
- ▶ A better-informed society leading to an increase in uptake of Family Planning Services.
- ▶ Reduction in unwanted/unplanned pregnancies that could lead to life threatening complications.



DEFINITION OF TERMS

- **Family Planning (FP):** An informed decision by an individual or couples on how many children to have and when to have them using modern contraceptive methods.
- **Maternal Mortality:** Death of a woman while pregnant, within 42 days of childbirth or termination of pregnancies.
- **Reproductive Age:** Women of age 15-49 years and men aged 15-59 years.
- **Contraceptive:** A device or drug which can be used to delay/space pregnancy by preventing conception.
- **NPC:** National Population Commission.
- **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.
- **Contraceptive Prevalence Rate (CPR):** Percentage of women between 15 - 49 years who are practicing or whose sexual partners are practicing any form of contraception.
- **LMCU:** Logistics Management Coordination Unit.



ACHIEVING SAFE MOTHERHOOD THROUGH FAMILY PLANNING FOR NATURE'S GIFT TO THE NATION

(Role of the Executives)



BACKGROUND

Taraba state has a projected population of 3,213,744 million with an Annual growth rate of 2.96% (NPC 2006) and an estimated population of Women of Reproductive Age (15 - 49 years) of 877,000 (NDHS 2018). These women form a significant portion of the state workforce and therefore have a lot to contribute to the economic development of the state.

Record indicates that 13 out of every 100 women in Taraba state intend to use family planning methods but are faced with myriad of challenges ranging from poor knowledge of family planning methods and their benefits (7.5%) and where to access these services (NDHS 2018).

Importantly, the state is burdened with high rate of unintended and unwanted pregnancies resulting from early exposure to sexual activities with 1 in 5 girls getting pregnant between the ages of 15 - 19 years and this is compounded by the low modern Contraceptive Prevalence Rate of 8.6%. (NDHS 2018).

Though its commendable that the state has recently created a family planning budget line of Thirty Million Naira (N30,000,000.00), there is a need to ensure the timely release of this money to fund family planning activities as this will ensure the sustainability of family planning interventions as they are mostly donor driven.



ACTIONS REQUIRED

- ▶ The Executive Governor approves and directs the release of approved funds for Family Planning services.
- ▶ The Executive council approves the development of state Costed Implementation Plan for sustainable implementation of family planning programs.
- ▶ Domesticated and operationalize the Task Shifting and Task Sharing policy.
- ▶ Policy makers should publicly speak in support of Family Planning.

KEY ISSUES

- ▶ Non funding of family planning by past administration.
- ▶ Average out-of-pocket expenditure prevents the poor women in the communities' access FP services.
- ▶ Inadequate skilled service providers and uneven distribution (skewed to urban areas).
- ▶ Recurring commodity stock-outs due to funding deficits and poor logistic management system.
- ▶ Prevailing cultural and religious barriers to family planning have been a hindrance to service uptake by women.
- ▶ Non-operationalization of relevant policy documents and guidelines on FP like Costed Implementation Plan, Task Shifting and Task Sharing Policy and National Health Insurance Scheme.

BENEFITS

- ▶ About 40% reduction in Maternal and Infant Mortality Rates.
- ▶ Improved Family Planning use which has a direct impact on socio-economic development and improved security for the citizens.
- ▶ Significant contribution to economic growth, state GDP and eventual attainment of the Sustainable Development Goals.
- ▶ Reduction in unwanted/unplanned pregnancies that could lead to life threatening complications.

HEALTH INDICIES

KEY INDICATORS	VALUES	SOURCE
Maternal Mortality Rate	1549/100,000	NDHS 2013
Infant Mortality rate Under 5	392/1000	DHIS 2017
Unmet FP needs	13.1%	NDHS 2018
Modern Contraceptive Prevalence Rate (MCPR)	8.6%	NDHS 2018
Contraceptive Prevalence Rate	10.3%	NDHS 2018
Population WRA	877,000	NDHS 2018
Total Fertility Rate	5.3%	NDHS 2018



DEFINITION OF TERMS

- **Family Planning (FP):** An informed decision by an individual or couples on how many children to have and when to have them using modern contraceptive methods.
- **Maternal Mortality:** Death of a woman while pregnant, within 42 days of childbirth or termination of pregnancies.
- **Reproductive Age:** Women of age 15-49 years and men aged 15-59 years.
- **Contraceptive:** A device or drug which can be used to delay/space pregnancy by preventing conception.
- **NPC:** National Population Commission.
- **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.
- **Contraceptive Prevalence Rate (CPR):** Percentage of women between 15 - 49 years who are practicing or whose sexual partners are practicing any form of contraception.
- **LMCU:** Logistics Management Coordination Unit.



HEALTHY MOTHER, HEALTHY HOME, HEALTHY COMMUNITY!!!

(Role of the Religious/Traditional Leaders)



BACKGROUND

Taraba state is rich in culture with over 80 ethnic groups and two major Religions each with its distinct historical and cultural heritage. Community and Religious leaders have been proven to have a significant influence on their community members. They are recognized as custodians of community values, and as such they tend to influence the attitude and behaviors of their members.

Results from NDHS 2013 indicates that 1,549 maternal deaths per 100,000 live births are recorded annually, which is higher than the National average which stands at 576 per 100,000 live births.

Record indicates that 13 out of every 100 women in Taraba state intend to use family planning methods but are faced with myriad of challenges ranging from poor knowledge of family planning methods and their benefits (7.5%) and where to access these services (NDHS 2018).

Importantly, the state is burdened with high rate of unintended and unwanted pregnancies resulting from early exposure to sexual activities with 1 in 5 girls getting pregnant between the ages of 15- 19 years and this is compounded by the low modern Contraceptive Prevalence Rate of 8.6%. (NDHS 2018).

With these indices, it is important for community and religious leaders to play significant role in influencing their followers to adopt family planning for the overall wellbeing of the community.



ACTIONS REQUIRED

- ▶ Make Public statements in support of Family Planning/Childbirth Spacing services.
- ▶ Mainstream Family Planning/Childbirth Spacing in religious publications and sermons.
- ▶ Engage policy makers to enact laws and implement programs to enhance access to quality and affordable FP/CBS services.
- ▶ Encourage community members to utilize FP/CBS services to reduce maternal mortality and improve the health of mothers and babies.

BENEFITS

- ▶ Significant decrease in Maternal and Infant Mortality Rates.
- ▶ Reduction in unwanted/ unplanned pregnancies that could lead to life threatening complications.
- ▶ Reduction of maternal mortality by 40% through childbirth spacing which promotes maternal health and family wellbeing.
- ▶ When a woman spaces her births, she can pursue a career and do business leading to her improved wellbeing for the overall benefit of the family.
- ▶ Reduction in unwanted/ unplanned pregnancies that could lead to life threatening complications.

KEY ISSUES

- ▶ Dominant cultural and religious barriers to Family Planning/Childbirth Spacing have been major hindrance to service uptake in the communities.
- ▶ High maternal deaths in the community due to high number of high-risk pregnancies and births.
- ▶ Low level of male partner involvement in Family Planning/childbirth spacing decision making.
- ▶ Low awareness on FP/CBS and its benefits to the user.
- ▶ Some of the Religious and Traditional rulers are not adequately informed about CBS.

HEALTH INDICIES

KEY INDICATORS	VALUES	SOURCE
Maternal Mortality Rate	1549/100,000	NDHS 2013
Infant Mortality rate Under 5	392/1000	DHIS 2017
Unmet FP needs	13.1%	NDHS 2018
Modern Contraceptive Prevalence Rate (MCPR)	8.6%	NDHS 2018
Contraceptive Prevalence Rate	10.3%	NDHS 2018
Population WRA	877,000	NDHS 2018
Total Fertility Rate	5.3%	NDHS 2018

SCRIPTURAL BACKING

"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)

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 burden beyond its capacity. No mother shall be harmed on an account of 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 (Holy Quran)



DEFINITION OF TERMS

- **Family Planning (FP):** An informed decision by an individual or couples on how many children to have and when to have them using modern contraceptive methods.
- **Maternal Mortality:** Death of a woman while pregnant, within 42 days of childbirth or termination of pregnancies.
- **Reproductive Age:** Women of age 15-49 years and men aged 15-59 years.
- **Contraceptive:** A device or drug which can be used to delay/space pregnancy by preventing conception.
- **NPC:** National Population Commission.
- **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.
- **Contraceptive Prevalence Rate (CPR):** Percentage of women between 15 - 49 years who are practicing or whose sexual partners are practicing any form of contraception.
- **LMCU:** Logistics Management Coordination Unit.

