

# POLICY IMPERATIVES FOR FAMILY PLANNING IN LAGOS STATE

DRAFT

## ABSTRACT

This brief summarizes action areas for promoting a more effective approach to achieve increased overall Contraceptive Prevalence Rate (CPR) for married women in Lagos state. The brief underscores that, to achieve a CPR goal of 74% in Lagos State by 2020, there is need for sustained increase in budgetary allocation and timely release of Family Planning (FP) consumables to stakeholders in the state.

## BACKGROUND

With the historic London Summit on Family Planning in 2012, the Federal Government of Nigeria developed the Nigeria Family Planning Blueprint which details specific family planning targets (36% CPR by 2018) for each state to achieve over a five-year period. Given the inability to achieve this objective, on July 11, 2017, at the Family Planning Summit in London, UK, the Federal Government of Nigeria updated its commitment to 27% CPR target by 2020. As a Federation each State must develop and implement a plan for contributing to the overall attainment of the family planning target for Nigeria.

# Contributing to the target: Lagos State Realities

The Lagos State Family Planning Costed Implementation Plan (CIP) was developed to guide the state to meet the Lagos-specific targets set within the national blueprint; In Lagos State, the current population is estimated at 25 million with a growth rate of 3.2%<sup>1</sup> on a land area of 356,861 hectares. Population density in Lagos State stands at about 4,193 people per square kilometre, far above the national average of 195 people per square kilometre. In addition, the Total Fertility Rate (TFR) has remained relatively stable at 4.1% against the national TFR estimated at 5.5% which puts birth rates at about 4 births per woman since 2003. Teenage Pregnancy Rate is 3.5%<sup>2</sup>

According to the findings from the Fourth Round of PMA2020 Lagos Survey conducted in 2017, 35.9 percent of married women of reproductive age (15–49) are using any contraceptive method; however, only 23.3 percent of these women are using modern FP methods predominantly comprised of short-term methods, notably condoms, pills, and injectables. Long Acting Contraceptive Prevalence Rate (sterilization, implants and IUDs) is 6.3%<sup>3</sup>. Furthermore, the unmet need for family planning (married women, age 15-49) is 20.9%<sup>4</sup>, while the median age at first birth in Lagos State is 24.5 which is much higher than the national median age of 20.2. The median age for marriage for Lagos State is also higher than the national average at 23.8 years. However, the median age of first intercourse in Lagos for women is 20.4 years and the teenage pregnancy rate is 3.5%, indicating a need to ensure strong FP access for young, unmarried women.

## What Needs to Be Done

Bearing in mind the peculiarities of Lagos State, it is important to consider the question of what needs to be done to ensure that Lagos state increases the overall CPR for married women to 74.3% by 2020, in order to fulfil the state's share of the National Blueprint.

This briefing suggests areas for action to address the challenges highlighted and promote a more integrated and effective approach to ensuring greater results and the realization of the target by 2020. In doing so, Lagos State will contribute to the national goals of increasing women's use of family planning services and reducing maternal mortality by 75 percent and infant mortality by 66 percent across Nigeria by 2030.

One of the key barriers to access for women in Lagos is the high out-of-pocket cost of consumables for the provision of long-acting and reversible contraception (LARCs), including the burden of personally paying for gloves, surgical blades and gauze/cotton wool. If the government of Lagos funds the provision of consumables in support of the FP Blueprint, it will **save the lives of mothers and children while promoting economic development at all levels.**

## What's at stake – the Great Imperative

Unmet need is highest among the poor. The two lowest wealth quintiles had **27.4% and 26.6% respectively compared to the highest wealth quintile which had 12.6%**.<sup>5</sup> More women are paying for FP services; more inequity on this indicator as 68% of female users in the lowest wealth quintile paid for FP services compared to 56% of the highest wealth quintile.<sup>6</sup> Despite the State Policy, more public health facilities report charging fees for FP services. As a result, there is only a modest increase in mCPR (married women: 1%/year on average)<sup>7</sup> – if there is no change this will be grossly insufficient to attain the State FP Blueprint target.

## Lagos State Family Planning Budget-line Items Over the Years (comparison)

AGENCY (MDA)	Y2017 APPROVED (NAIRA)	Y2017 ACTUAL (NAIRA)	Y2018 APPROVED (NAIRA)
MOH	22.24M	16.1M	186M
LSACA	14.5M	12M	NA
PHCB	50M	0	50M
<b>TOTAL</b>	<b>86.74</b>	<b>28.1</b>	<b>236M (WITHOUT LSACA)</b>

## Y2017 Funding Need (annual CIP): N1.372 Billion

In Lagos State, 8.86 percent of the total government budget in 2018 was allocated to health (Nigerian Naira (NGN) 92.676 billion). This put the Lagos State government allocation for health as proportionally higher than the national health allocation of 3.9% (without the newly passed 1% of the Consolidated Revenue Fund for the Basic Health Care Fund.) It should be noted that Family planning commodities are funded at the national level but the state is responsible for service provision funding. Of all 36 states, Lagos State was one of the first states to officially disburse budget monies directly for FP services. The state established NGN 16.8 million FP budget line in 2013; in January 2016, the Honourable Commissioner officially required all LGA governments to fund the cost of consumables for family planning.

Actual release of funds is yet to be tracked. In addition, the LGA budgetary committees have not established a separate line item for FP service; however, they do fund maintenance of primary

health facilities. Lagos State Government budget allocation for FP in the 2017 as a percentage of total funding needed for CIP per year was 6.3%, while the LASG actual Y2017 Budget spending on FP as a percent of total funding need (CIP) was 2.04%. However, it should be noted that the LASG 2018 Budget Allocation for FP as a percentage of total funding need of N1.158 Billion (2018 CIP) is 24%, a vast improvement over the Budget Allocation to FP for 2017.

## CONCLUSION

Nigeria and specifically, Lagos state has made progress in improving the use of contraceptives over the past decades. However, there is room for improvement even in the face of the identified achievements. **Most importantly, there is need to ensure sustained increase** in Budgetary allocation in coming years. This is consequent of the rising costs of service provision in the country. In addition, **timely release** of funds already allocated for effective FP implementation and FP consumables are essential for reaching Lagos' share of the national FP Blueprint.

By reaching the CPR goal of 74%, Lagos will:

- ⊕ Avert over **700,000 unintended pregnancies**
- ⊕ Prevent **79,000 unsafe abortions**
- ⊕ Save the lives of over **2,300 mothers** and **28,000 children**
- ⊕ Save over **11 billion Naira** in health care costs<sup>8</sup>

<sup>1</sup> Lagos Bureau of Statistics, 2018

<sup>2</sup> 1990 NDHS, 2003 NDHS, 2008 NDHS, 2013 NDHS. National Population Commission (NPC), Federal Republic of Nigeria and ICF International. 2014. Nigeria Demographic and Health Survey (NDHS) 2013. Abuja, Nigeria: NPC; and Rockville, MD: ICF International.

<sup>3</sup> Results from the Fourth Round of PMA2020 Survey in Lagos State, September 2017

<sup>4</sup> Results from the Fourth Round of PMA2020 Survey in Lagos State, September 2017

<sup>5</sup> Results from the Fourth Round of PMA2020 Survey in Lagos State, September 2017

<sup>6</sup> Results from the Fourth Round of PMA2020 Survey in Lagos State, September 2017

<sup>7</sup> Results from the Fourth Round of PMA2020 Survey in Lagos State, September 2017

<sup>8</sup> Impact Now 2015

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