

Report of the 1st quarter NRHTWG meeting held at Rock View Royals from 2nd - 4th March 2020

Objective of the meeting

- Develop the unified FP2020 work plan
- Agree on the unified plan to monitor implementation and
- Share updates from partners on Reproductive Health issues

Participants

Participants for the meeting were drawn from CHAI, SOGON-PAS, WHO, UNICEF, UNFPA, dRPC-PAS, TCI, RH coordinator from Nasarawa, River, plateau and Ebonyi state, AAFP, PSN, JHPIEGO, DFID, TRAC 20, Pathfinder, Integrate E and M-SPACE

Opening remarks

The Director, Family Health Department, Dr. Salma Anas Kolo, who was unavoidably absent due to other official engagement, was represented by Director/Head RH Division, Dr. Kayode Afolabi. He brought greetings from FMOH and thanked the Chairman for his commitment towards the success of the meetings. He said that the support by partners has been tremendous, noted that many stakeholders have aligned their work plans with the Government which is commendable. However, he recommended that the unified work plan should include Safe Motherhood and Obstetric Fistula. He appreciated the input of the sub-committees and noted that the membership of the subcommittees will subsequently be reconstituted to address current gaps.

Meeting Methodology

The Methodology adopted for the meeting were power point presentation, Group work discussion and plenary presentation by the subcommittee team leads

The first presentation was on reconstitution of the Sub-Committees of the National Reproductive Health Technical Working Group by Dr Kayode Afolabi head of family planning division FMOH, his presentation was the sub committees and anchor organizations which are Demand generation-Breakthrough action/TCI, service delivery-Marie stoppe/IHP+, PSM-UNFPA/CHEMONICS, Advocacy, Accountability and resource mobilization-Pathfinder and dRPC, Monitoring, coordination, evaluation and Research-CHAI/TRAC 20, Sub committees on new technologies-SFH/ACCESS

He stated that the reconstitution became necessary because some committees have serious functionality issues, such as irregular meetings, inability to present reports to the NRHTWG, overlapping, and under-representation of some key stakeholders such as professional groups and MDAs.

The second presentation was on Update on RH/FP in Nigeria by Dr. Kayode Afolabi. The presentation center on Update on Nigeria in context, government funding, strategic interventions,

FP BLUE PRINT 2.0, Expanding FP method MIX, other Emerging Issues, and impact of growing our mCPR.

key issues raised after the presentation were 208 million population-1 out of 5 Africans is a Nigerian, mCPR - 12%, CPR-17%, National target of mCPR-27%, The trends in contraceptive prevalence, and the Nigeria, Family Planning Blueprint 2019-2023, Elimination of Obstetric fistula, Safe motherhood, Strategic intervention, 3rd quarter 2019 government fund release, 52.1% of FP facilities provided FP services, 29 states have costed implementation plan, 22 state have operationalized/ implemented TSPs, 87.5% of hospital in Lagos have DMPA-SC in stock, sept 2019, The FP Blue print 2019-2023 has been printed and ready to be launched alongside with PFP document, Introduction of Levoplant, LNG-IUS and progesterone vaginal ring into the method mix, Sexual Reproductive Health is a human right but has been neglected in Humanitarian setting so should be given focus.

Comment/responses

- Partners assigned to the sub-committees should be considered based on the period of their projects in the country.
- The portion of Family Planning in Universal Health Coverage is low therefore should be given priority
- Reproductive Health should be fully represented in the Review of Basic Health Care Provision Fund and part of it should be allocated to Family Planning
- National Guidelines for State funded FP commodities procurement should be extended to private sector
- Advocacy to Governors to direct funds for Family Planning.
- Family planning Coordinator for Ebonyi State observed that Rotary is training on LNG-IUS without involving the State Family Planning Coordinators. Rotary was advised to align with government agenda Prof Lufadeju explained that apart from 150 providers trained by FMOH, there has been no other training however meetings can be arranged for further discussions.
- Introduction of Levoplant is to add to the method mix and also to cover up for the visibly stock out of Jadelle.

Group work

The guide to group work/discussion was presented by Professor Okpala TSU/FMOH to participants in order to develop a unified RH/FP work plan 2020 using the first year of implementation of the FP Blueprint 2019-2023 to align with the 5 thematic Areas in the Blueprint, and participants shared into 5 group.

Group Work Presentations by Sub-Committees

- Demand Generation Sub-Committee: group work was presented by Dr. Musa Reproductive Health Coordinator Nasarawa State. He stated that the group worked on three objectives and the activities are the same except for Activity 1 where two sub-activities were included.

Comments, observation and response

- Dr. Kayode Afolabi, Director/Head Reproductive Health Division made a cross cutting comment that emphasis has always been laid on States lacking behind for priority on investment. But he feels it should not be so rather emphasis should be on performance and other productive factors.
- The Chairman Prof. Olorin welcomed his comment adding that some States just sit back and wait for partners' support.
- Ebonyi State FP Coordinator noted that input on State where the activities will be held was not added and the presenter responded by saying it was an omission and it will be effected.
- The FP Coordinator for Plateau State said that the FLHE issues for students should be replaced with reproductive health issues because they don't have family. But the Chairman responded that FLHE is a global matter for everyone.
- Service Delivery Sub-Committee: Mrs. Edima Anthony from FMOH presented on behalf of the group, she stated that the group expunged from the template some activities that were already carried out by some partners and all others activities remained.

Comments/Observations and Responses

- The Chairman of the NRHTWG, Prof. Olorin made a cross-cutting comment and said that a lot of training is usually carried out but no corresponding evaluation to ensure transfer of knowledge and skills towards improved service delivery. Thus, his advice that it should be inculcated because it is important for RH Programming
- Mrs. Bako-Aiyegbusi, Director/Head Health Promotion Division said that the training manual for the youth is up-to-date with exception of the new method mix. But, the Chairman of the Sub-Committee responded that the group looked at the youth training manual again as it was reviewed in 2011, In line with the last comment, Dr. Kayode Afolabi added that the Partners should work with the States to identify those already trained, On same vain, Prof. Olorin also added that the Partners should always check their data base in order not to re-train those already trained.
- Procurement Supply Management Chain Sub-Committee: the group presentation center on objective 2 in the workplan which the group is advocating for it to be moved to Advocacy, Accountability and Resource Mobilization Sub-Committee. The Chairman of NRHTWG stated that more attention should be paid on liberating us from over-dependency on donor-funding and be proactive to use the Basic Healthcare Provision Fund to support the procurement of FP Commodities.
- Monitoring, Coordination, Evaluation and Research Sub-Committee: the group presentation was delivered by Dr. Gabriel Otonga of family planning department FMOH. The Sub-Committee added one objective and one sub-activity on Objective

Comments

- Dr. Magashi said it was good to know that the Sub-Committee has plans to collaborate with Nigeria Universities for research purposes as this will shorten their travel time and easy resolution of any gap identified.
- Advocacy, Accountability and Resource Mobilization Sub-Committee: Mrs. Remi Bajomo of FMOH presented on behalf of the Sub-Committee, she stated that they added a few things and changed the timelines for activities yet to be done.
- Mrs. Oluyomi of FMOH suggested that there should be zonal dissemination of printed documents to ensure that it actually gets to the States.

Day two presentations 3rd March 2020

The first presentation for the day two activities was presentation on motion tracker by Mikhail Aliyu M-SPACE-TSU and Dr Magashi from Africa Health Budget Network the objective of the motion tracker presentation was:

- To generate consensus amongst different stakeholders on what needs to be done to achieve the commitments
- To serve as a framework to guide implementation activities among different stakeholders
- To showcase and celebrate progress in Nigeria's achievement on FP indicators and ultimately her commitments

The second presentation was on tracking fp2020 commitments in relation to the FP blue print by Suleiman Gbadamasi of track 20 he stated that there are 18 FP Core indicators used globally to monitor progress in family planning. He informed the meeting that Track 20 is supporting Nigeria to monitor progress towards the achievement of the set targets and urged increased collaboration in order to make the needed impact.

Group work

Dr. Ortonga Gabriel of FMOH guided participants on the expected output of the group work. Stakeholders were requested to return to their Sub-Committees and tease out key indicators based on the objectives earlier identified in the Costed Implementation Plan (CIP) Matrix. Thereafter, there was a plenary session during which participants made their inputs. The key inputs were as follows:

- Service delivery group: Trained Patent Proprietary Medicine Vendors (PPMVs) and Community Pharmacists (CPs) should be added to the facilities list on the FP Dash board for easy tracking.
- Demand Generation: Dr. Kayode Afolabi noted that demand generation activities should be tailored towards achieving the set goal.

Comments, observation and response

- Dr. Kayode Afolabi stated that FLHE do not have curriculum yet. He also asked where the Demand Generation got 2% and wants to achieve 60%. Mrs. Bako responded that it is

from feedback from the States and thought if States can leverage on the funds of SMOL and Partners then 60% can be achieved.

- Mrs. Oluyomi noted the Coordination, Monitoring, Evaluation and Research Sub-Committee were not consistent as they used numbers, percentage and proportion in their indicators. The Presenter Aiwonise from CHAI responded that they did that because they want indicators that are measurable

Day three activities 4th March 2020

The presentation was on last Mile distribution by UNFPA. The presentation thematic area were on supply chain Maps, Tools to provide SC visibility, SCM capacity assessment, Risk rating, program supplies report, spot check assessment and product traceability.

The second presentation was on Expanding FP choice project by Dr Layi Jaiyeola from JHPIEGO. The objective of the project presentation is

- To create and sustain national momentum on difficult implant removal
- To establish and equip model site for quality implant removal service
- Improve documentation, reporting and tracking implant removal

The third presentation was on family planning commodities financing landscape assessment by CHAI. The center on funding contraceptive in Nigeria, history of FP continue financing in Nigeria, progress towards achieving target CPR, health budgeting process at the national and sub national levels, contraceptive distribution process at, state level perspectives on funding contraceptive and donor's perspective on contraceptive financing

Fourth presentation was on Audio job aid for FP in Nigeria by Dr Jessica Ango from Shops Plus, her presentation basically centers on content development for FP, push content response rate, on demand content, identifying existing partnership for free access to FP content on demand and feedback from FP service providers

The last presentation for the day was on DMPA-SC: progress report on self-Injection by Dr Adewale Adefalu from integrates E. The thematic area of his presentation was on global snapshot, DMPA-SC journey in Nigeria, critical program priorities to achieve scale up from Q3 2019- 2022, progress in SDPs reporting DMPA-SC consumption and DMPA-SC self-injection status.

Next step

| Activities | Timeline | Responsible persons |
|---|---|---------------------|
| 1: Submission of meeting report to the HMH | 11 th March 2020 | FMOH |
| 2: clean up and costing of the unified work plan | 18 th March 2020 | FMOH/TSU |
| 3: work plan mailed to head of organization to indicate area of support | 20 th March 2020) | FMOH/HRH |
| 4: approved date for subsequent NRHTWG meeting | Q2 22 nd = 23 rd June 2020, Q3, 9 th = 10 th September 2020, Q4 1 st = 2 nd December 2020 | FMOH |

Opportunities identified for PAS project

- PAS through SOGON monitor and track the implementation of FP 2020 commitment (from 2018-2020) and disseminate the result of the finding (produce scorecard)
- PAS through SOGON monitor and track the allocation and releases for FP at the national levels (produce issues brief and scorecard)
- PAS through SOGON Advocate for the inclusion of the NRHTWG into the national steering committee of the Basic Health Care Provision Fund (BHCPF)
- PAS through SOGON Advocate to the Senate committee on health, Senate committee chairman on PHC and CD and chairman Senate committee on appropriation and finance, HM for finance budget and national planning for increased funding for FP
- PAS through SOGON Advocate for national guidelines for state funded family commodities procurement be extended to private sectors
- PAS through SOGON support the development of the national guidelines for state funded family commodities
- PAS through SOGON Advocate for 1% of the Basic Health Care Provision Fund be set aside for FP
- PAS through SOGON monitor and track the disbursement of US\$ 56million to the state government through the IDA loans and global financing facility













