This policy brief presents 2014 family planning effort (FPE) scores based on assessments given by family planning (FP) experts of Nigeria. The FPE index has since 1982 to assess the strength and coverage of national family planning programs. Ninety countries participated in the 2014 round compared to 81 countries in the 2009 study. The Bill and Melinda Gates Foundation and USAID funded the 2014 study that was implemented by Avenir Health’s Track20 Project and Palladium Futures Group’s Health Policy Project.

METHODOLOGY AND DATA

Family planning efforts are rated by 10-15 experts of the country. The experts included:

- Government officials of population and health agencies;
- Heads/managers of private agencies and nongovernment organizations (NGOs);
- Leaders of health provider groups including family doctors, obstetric and gynaecologists; and
- Individuals from academe, media, and civil society organizations.

FPE scores were obtained through a questionnaire detailing specific program inputs and efforts. A local country manager identified and contacted national FP experts who rated their country’s family planning efforts using a scale from 1 to 10 (“1” for non-existent or very little effort and “10” for very strong effort). The program inputs are categorized along four components of FP programs: policy, services, monitoring and evaluation, and accessibility:

- **Policy** – covers national policies on fertility reduction and family planning, legal age of marriage, the support of public officials, level of program leadership, regulations affecting contraceptive supplies and advertising, the involvement of other public agencies, and domestic funding of the FP budget.
- **Services and support functions** – include service delivery mechanisms such as private sector involvement, social marketing, postpartum services, home-visiting, and community-based distribution (CBD); and support functions including administrative structure, civil bureaucracy responsibility in carrying out FP directives, training, personnel performance, logistics, supervision, use of mass media, and incentives.
- **Evaluation (M&E)** – refers to record-keeping, evaluation, and use of data by management.
- **Accessibility** – refers to the population’s access to specific contraceptive methods, access to safe abortion, reversibility of long-acting and permanent methods (LAPM), and overall quality of family planning services.

RESULTS

Nigeria’s total FPE score in 2014 was 41 compared to 34 in 2009 (Fig. 1). Three out of four components also registered higher scores in 2014, with ratings mostly in the high 30s. The Policies component improved the most, followed by Accessibility and then Services. The 2014 rating for the Evaluation component was slightly lower than that of 2009.

The Accessibility score in Figure 1 excludes new items introduced in 2014 – access to implant and emergency contraception, counseling on sterilization permanence, and removal of IUDs or implants. Inclusion of the new items, however, does not change the Accessibility score.

Sub-component results are in Figure 2 below.

Figure 1. FPE Scores: Nigeria 2009 and 2014

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1 Although Avenir Health coordinated the Nigeria FPE study and prepared this brief under Track20, the Health Policy Project of the Futures Group is in charge of preparing the global FPE report.

Policy. The scores of individual policy items varied widely. The highest scoring were non-restrictions on contraceptive advertising (80%), seniority of program leadership (66%), and the involvement of other ministries (64%). The lowest score went to enforcement of the female legal age at marriage (24%). Domestic funding of the FP budget was estimated at 31 percent of total needed.

Services and support functions. The highest 2014 scores went to private sector and civil bureaucracy involvement, and social marketing (49-56% range). Incentives to encourage FP adoption (11%) and home visits (18%) scored the lowest.

Evaluation. Scores of items under the component were in the 31-41% range. Client record-keeping, clinic reporting and feedback was the lowest rated.

Accessibility. Individual ratings varied widely. The highest scores went to short-acting methods: condom (81%), pill (62%), and injectables (58%) while the lowest went to male and female sterilization (6% and 12% respectively). The latter scored as low as access to safe abortion. Scores for implant and IUD insertion and removal, along with EC, were in the 30 to low 40s. Overall quality of FP services scored 45 percent.

CONCLUSIONS
Nigeria’s FPE ratings in 2014 indicate notable progress in Policies and Access, slight improvement in Services, but decline in Evaluation efforts. The country’s FPE scores, however, are still very low compared to most other countries in the region. Much more efforts are needed to significantly improve Nigeria’s FP policy and program environment.

RESEARCH AND POLICY IMPLICATIONS
For FP2020, Nigeria commits to increasing FP use to improve maternal and child health significantly as well as equity and access for the poorest women by promoting supportive policies and partnering with the private sector, civil society, traditional and religious institutions and development partners. Interventions include increasing funding for contraceptive procurement; improving the logistics system; working with state and local governments to secure complementary budgets for FP services; training more community health workers to provide FP services including long-acting and reversible methods; emphasizing especially girls education; stimulating private sector involvement through lowered contraceptive prices by removing import duties and other regulatory barriers; and improving demand through social marketing and addressing socio-cultural barriers such as large family size preference, religious restrictions, and women's lack of decision-making power.

Nigeria’s 2014 FPE results can be used for further policy analysis, planning and advocacy to help attain FP objectives. For example, research can delve more deeply into problems in enforcing the age at marriage policy, constrains to undertaking home visits, barriers to sterilization provision and acceptance, or types of incentives (including non-monetary) that can motivate providers and clients. The results of such research can inform actions such as:

- Advocacy to national and local leaders to support a) enforcement of the legal age at marriage for girls for health and social development reasons; b) increased funding for the FP program; and c) data-based monitoring and evaluation at all levels to support policy and planning.
- Program planning to improve access to and use of long-acting and permanent contraceptive methods.

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