Partners:

THE NATIONAL PRIVATE HEALTH SECTOR ENGAGEMENT STRATEGIC PLAN FOR FAMILY PLANNING SERVICES

FEDERAL MINISTRY OF HEALTH
ABUJA, NIGERIA

AUGUST 2020

The National Private Health Sector Engagement Strategic Plan for Family Planning Services

Federal Ministry of Health

Abuja, Nigeria

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FOREWORD

Self-Care is the ability of individuals, families and communities to prevent illness, promote health, maintain health and cope with ill health and disability, with or without the support of a health wellness provider. In view of the rapidly growing population of Nigeria and the consequent pressure on available resources for providing qualitative health care services, it is necessary to build the capacity of individuals and communities to reduce total dependence on health facilities for services they could provide for themselves. Self-Care is an integral and complementary component of the overall health care system. Self-Care benefits include reduced workload on Health workers, increased access to Sexual and Reproductive Health (SRH) and Health Services in a safe and private space and leveraging on innovations and digital platforms to access or deliver safe and appropriate health care services.

The process of developing the National Self-Care Guidelines commenced with a planning meeting followed by a stakeholders meeting in January 2020, to draw up and agree on advocacy priorities for a road map for Self-Care. This was followed by a virtual inception meeting in July 2020, focused on the context of Self-Care, delivering the Self-Care Disk Project, summary of WHO Guideline on Self-Care and the rationale for adaptation as well as update on the advocacy roadmap for development of Self-Care. This initiative continued with work on the zero draft from 8th to 10th October, 2020 to produce the first draft, the contents of which was reviewed and validated to ensure that the strategic objectives were appropriate to the Nigerian context. A costed action plan was developed and aligned to the objectives, targets/milestones were set and indicators developed from 3rd to 5th November, 2020. The costing of the Guidelines was finalized at a two day meeting from 29th to 30th January, 2021.

The National Guideline on Self-Care for Sexual, Reproductive and Maternal Health and the costed Implementation Plan (CIP) contains services that require self care, which must be regulated and guided from the higher national level. Government and all stakeholders and Partners will work to achieve holistic implementation of these services.

Dr. E. Osagie Ehanire, MD, FWACS
Honourable Minster of Health

November, 2020

ACKNOWLEDGEMENT

The Federal Ministry of Health in collaboration with the World Health Organization (WHO), White Ribbon Alliance, Society for Family Health (SFH), Pathfinder International, Population Services International Washington, JHPIEGO, Pharmacist Council of Nigeria, Community Health Practitioners Registration Board, State representatives and other critical stakeholders agreed on the modalities, scope and Road Map for the practice of Self-Care in the country. Deliberations at the various meetings held emphasized the need for a National Guideline on Self-Care.

The Ministry appreciates the immense contributions of members of the National Reproductive Health Technical Group for their critical review and technical input into the entire process. World Health Organization (WHO), Society for Family Health (SFH) and Pathfinder International are appreciated for their financial support.

The technical contributions of the Editorial Team including the Self -Care Trailblazers Group at the Global level and Ugonwa Unaogu of CHAI with the Costed Implementation Plan are highly commendable.

Finally, I appreciate the highly dedicated staff in the Reproductive Health Division under the leadership of Dr. Kayode Afolabi, the Director and Head, for their diligence and hard work. To all others who contributed to the realization of the National Guideline for Sexual, Reproductive and Maternal Health you are highly appreciated.

Dr Salma Ibrahim Anas, MBBS, MWACP, FMCPH
Director Family Health Department
Federal Ministry of Health

Contents

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LIST OF CONTRIBUTORS

S/N	Name	Organization
1.	Salma Anas-Kolo	FMOH
2.	Kayode Afolabi	FMOH
3.	L. K. Bako-Aiyegbusi	FMOH
4.	Binyerem C. Ukaire	FMOH
5.	Lawrence Anyanwu	FMOH
6.	Isikong Patricia	FMOH
7.	Remi Bajomo	FMOH
8.	Gabriel Ortonga	FMOH
9.	Ugochukwu Alex	FMOH
10.	Ovuoraye John	FMOH
11.	Temitope Bombata	FMOH
12.	Elizabeth Oluyomi	FMOH
13.	Amosu Iyabo	FMOH
14.	A.O. Sekoni	Consultant
15.	Seth Akutson	Co-Consultant
16.	Abiodun Florence	Kogi State Ministry of Health
17.	Adewole Adefalu	John Snow Inc./Access Collaborative
18.	Amina Aminu Dorayi	Pathfinder International
19.	Anyasi Helen	FHI 360/AHNI SIDHAS
20.	Atoyese Dehinbo	GHSC-PSM
21.	Awosika Flora	Lagos State Ministry of Health
22.	Caleb Aromeh	Marie Stopes Nigeria
23.	Chiugo Nwangwu	Options Consultancy Services
24.	Chizoba Onyechi	Breakthrough Action Nigeria
25.	Dafe Victor	SOGON-PAS
26.	David Adeyemi	Clinton Health Access Initiative

S/N	Name	Organization
27.	Ekenem Isichei	ASG/ACIOE Associates
28.	Elizabeth Asikhia	Jhpiego
29.	Emeka Okafor	SFH/IntegratE
30.	Emmanuel Ajah	Marie Stopes Nigeria
31.	Emmanuel Atuma	Jhpiego
32.	Faramade Alalade	Breakthrough Action Nigeria
33.	Fatima M. Bunza	PSI Nigeria
34.	Gebi, Usman I	IHP
35.	Hadiza Joy Marcus	Jhpiego Nigeria
36.	Hannatu Abdullahi	IHP
37.	Idowu Adebara	Federal Teaching Hospital, Ido Ekiti
38.	Jaiyeola Oyetunji	IHP
39.	Jennifer Anyanti	Society for Family Health
40.	Joachim Chijide	UNFPA
41.	Joy Hadiza Marcus	Jhpiego
42.	Kanu Onyekachi	Marie Stopes Nigeria
43.	Kosi Izundu	Pathfinder International
44.	Majekodunmi Omololuoye	FHI 360/AHNI SIDHAS
45.	Mariya Saleh	GHSC-PSM
46.	Moriam Olaide Jagun	M-Space
47.	Moses Odenyi	Marie Stopes Nigeria
48.	Ngozi Nwosu	NPHCDA
49.	Nkiru Duru	AAFP
50.	Ochanya Idoko-Asuelimhen	Marie Stopes Nigeria
51.	Ogechi Onuoha	Marie Stopes Nigeria
52.	Ogheneruno Ugboduma	GHSC-PSM
53.	Olajimi Latunji	John Snow Inc./Access Collaborative

S/N	Name	Organization
54.	Olufunke Falade	IHP
55.	Olufunke Fasawe	Clinton Health Access Initiative
56.	Olumuyiwa Ojo	WHO
57.	Oluwayemisi Femi-Pius	Pathfinder International
58.	Ronke Atamewalen	Options Consultancy Services
59.	Sakina Amin-Bello	Pathfinder International
60.	Sani Ochepo	dRPC-PAS
61.	Seyi Gansallo	Clinton Health Access Initiative
62.	Sikiru Baruwa	Population Council/IntegratE
63.	Simidele Onabajo	NAFDAC
64.	Stanley Ukpai	dRPC-PAS
65.	Suleiman Yakubu	WHO Consultant
66.	Taiwo Johnson	JHU-CCP PPFP Project
67.	Ugochukwu Okoye	Society For Family Health
68.	Ugonwa Unaogu	Clinton Health Access Initiative
69.	Victoria Omoera	Lagos State Ministry of Health
70.	Yusuf Nuhu	Pathfinder International
71.	Zainab Saidu	Clinton Health Access Initiative

Acronym	
BMGF	Bill and Melinda Gates Foundation
CCW	Central Contraceptives Warehouse
CHAI	Clinton Health Access Initiative
CHIPS	Community Health Influencers, Promoters and Services
CIDA	Canadian International Development Agency
CP	Community Pharmacy
CPR	Contraceptive prevalence rate
DFID	Department for International Development
DFID	Department for International Development
DKT	Dharmendra Kumar Tyagi
DMPA-SC	Depo-Medroxyprogesterone Acetate Sub-cutaneous
DPH	Department of Public Health
DPS	Department of Pharmaceutical Services
FGN	Federal Government of Nigeria
FHD	Family Health Department
FMoH	Federal Ministry of Health
FP	Family Planning
HF	Health Facility
MAN	Manufacturers Association of Nigeria
MSION	Marie Stopes International Organisation of Nigeria
M-SPACE	Middle Space Multi-Links Concept
NAFDAC	National Agency for Food and Drug Administration and Control
NBS	National Bureau of Statistics
NDHS	Nigeria Demographic and Health Survey
NFPCP	National Family planning Communication Plan
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
NHPF	National Health Promotion Forum
NPC	National Population Commission
PFCD	Pricing, Funding, Communication and Distribution
PCN	Pharmacists Council of Nigeria
PHC	Primary Healthcare Centre
PMA	Performance Monitoring and Accountability
PPFN	Planned Parenthood Federation of Nigeria
PPMV	Proprietary Patent Medicine Vendor
PSN	Pharmaceutical Society of Nigeria
SBC	Summary of benefits and Coverage
SDG	Sustainable Development Goals
SFH	Society for Family Health
SHIS	State Health Insurance Scheme
SMoH	Sate Ministry of Health
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organisation
WRA	Women of Reproductive Age
PSE	Private Sector Engagement

Executive Summary

Family Planning has significant effect on maternal, newborn and child mortality rates, the health and wellbeing of individuals and societies and subsequently increased labour market productivity leading to increased GDP per capita and development. It is therefore an indicator of progress for the SDG goals.

The Nigeria Family Planning Blueprint (2019-2023) proposes a target of 27% mCPR for women of reproductive age by 2023. This is based on an estimated 3% yearly growth from the 2018 mCPR of 17.6% for all women. This target is feasible but will require a progressive increase in the number of women reached with contraceptives from 7.1 million in 2020 to 9.7 million by 2023. Achieving this target requires greater commitment from all actors in the public and private sector.

In conjunction with the Federal Government, donors and partners play a vital role in the funding, procurement, and distribution of FP commodities in Nigeria. External funding contributed up to 88% of the total funds expended on procurement of FP commodities delivered via the public sector supply chain in the past 7 years. In this regard, the NGOs have also contributed significantly through public private partnerships. Contribution by state governments has been limited to logistics and last mile distribution of commodities to the public health facilities while the organized private sector is yet to make a mark in the FP landscape.

The private sector in Nigeria has the potential to play critical roles in the FP landscape, however, the structure of the funding, level of institutional capacity, cultural and market factors have contributed in limiting the scale and volume of private sector leadership.

This document highlights engagement models for private sector (public-private partnerships and commercial) engagement in the FP space and presents an investment case for FP service delivery. A quasi-market based approach that leverages on the commitment of the public sector and the donor community to address factors limiting the ability of market forces to drive the FP funding, procurement, and distribution process is considered ideal. This approach recognizes that low purchasing power, cultural orientation and other significant factors can limit the capacity of the private sector to lead and proposed interventions to address those challenges.

This Quasi-Market Based Approach outlines the role of the private sector in Nigeria within the context of a supporting role for the donor agencies and the public sector. It should be noted however that interventions that influence effective demand generation must be collaboratively pursued in such a manner that meets the mandate of all stakeholders as this provides a sustainable pathway.

The conclusion here is that, the donor community's contribution should also focus on strengthening the market proposition that the FP market represents while appropriate pricing framework will attract investors in public-private partnership arrangements. Helping the private sector ameliorate the factors impending effective demand, particularly low purchasing power and high operational costs will yield sustainable dividends in FP service delivery.

1.0: Background and Preamble

According to the World Health Organisation, "Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy." The demographic dividends of family planning is therefore particularly high in countries with high fertility.

Universal access to family planning can accelerate progress across the 5 SDG themes of People, Planet, Prosperity, Peace, and Partnership.[3] Empowering women to choose the number, timing, and spacing of their pregnancies touches on many multi-sectoral determinants of health vital to sustainable development, including women's education and status in society. Without universal access to family planning, the effectiveness of other interventions aimed at achieving sustainable development will be less, will cost more, and will take longer to achieve.[3]

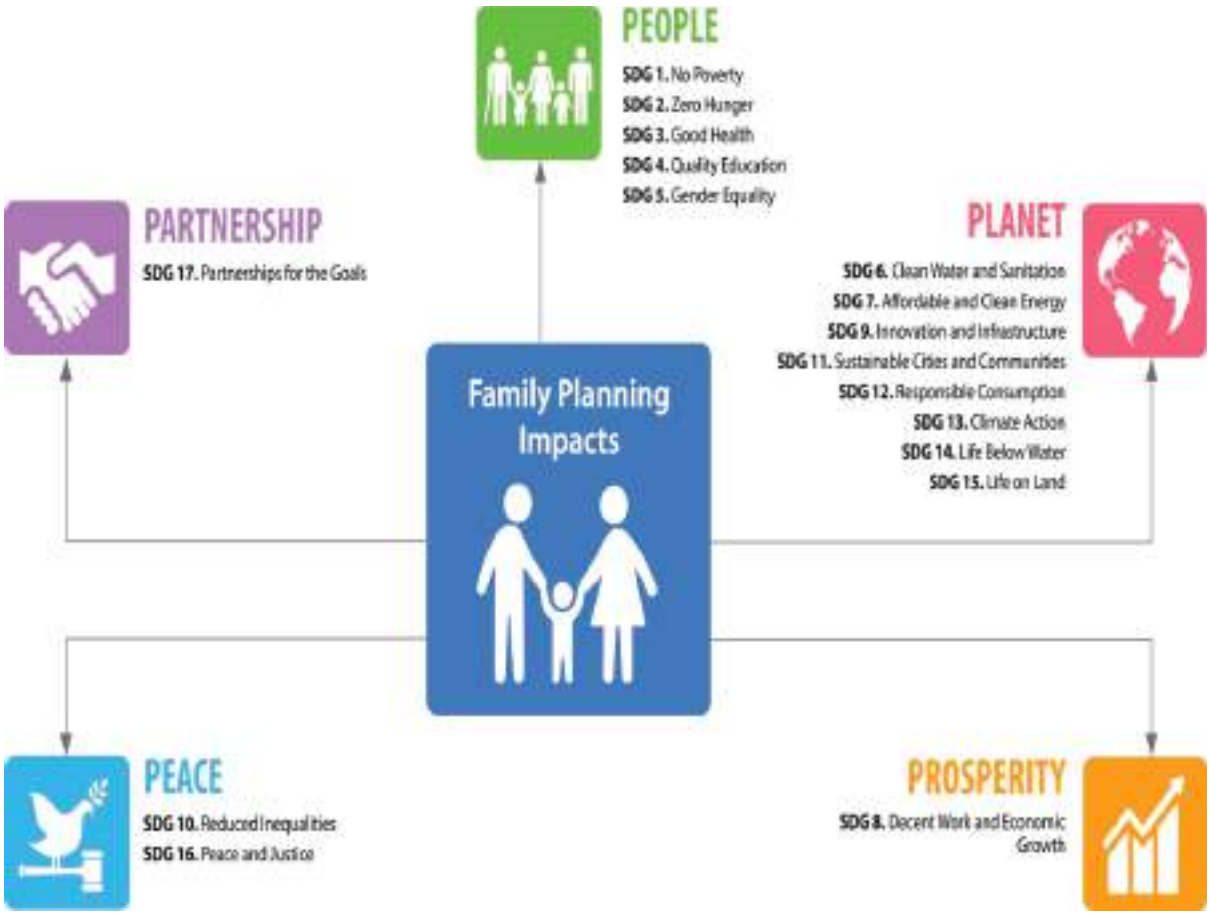


Figure 1: Impact of Achieving SDG 5 Target 5.6 on Sustainable Development.

Source: Starbird E, Norton M, Marcus R. Investing in family planning: key to achieving the sustainable development goals. Glob Health Sci Pract. 2016; 4(2):191–210

Expanding access to family planning has been shown to be an effective investment in nation building and development. In developing countries, an estimated three dollars has been reportedly saved on maternal and newborn care for every dollar spent on contraceptive services.[1] Meeting family planning goal in the Sustainable Development Goal (SDG) 5 on gender equality and women empowerment target 5.6 (Ensure universal access to sexual and reproductive health and reproductive rights) can increase the annual growth rate of real GDP/capita by about 77%.[1,2] The private health sector in Nigeria is an important source of primary healthcare; it constitutes about 38% of the health facilities in the country providing about 55% of family planning services and an estimated 60% of the total health care services.

As at 2020, of the 1.1 billion women requiring family planning interventions, 842 million have access (75.8%) while 270 million do not. According to the SDG indicator 3.7.1, less than half of the need for modern family planning services was met in Middle and Western Africa. In Nigeria, that number is an average of 40.5%, evidence that the demand for FP services remain largely unmet, though significant increase in access has occurred over the years.

The global partnership for Family Planning (FP2020) was established in 2012 with the goal of reaching 120 million women and girls with modern contraceptive methods by 2030. The partnership promotes universal access to FP products and services and is therefore a critical global benchmark. Since its inception, the FP2020 partnership has recorded unprecedented achievements in the utilization of modern family planning methods by women of reproductive age with an additional 46 million users over a period of 6 years (2012 – 2018).[4] Achieving the FP2020 goal will prevent an estimated 100 million unintended pregnancies, 50 million abortions, 200 thousand pregnancy/childbirth-related maternal deaths, and 3 million infant deaths.[4]

The indicators for Nigeria based on April 2016 – May 2018 data published by the John Hopkins Bloomberg School of Public Health and the Bill and Melinda Gates Institute for Population and Public Health in the 2020 Performance Monitoring and Accountability (PMA) report (Table 1) show that overall FP usage during the reporting period grew from 19.9 to 24.2% but was more significant among married women from 22.5 to 27.6. Also, total unmet need decreased from 20.4 to 16 .6% and 27 to 22.6 for all women and married women respectively over the same time period.

Table 1: Family Planning Usage in Nigeria

	2016		2017		2018	
	All	Married	All	Married	All	Married
	%		%		%	
All Methods	19.9	22.5	21	24	24.2	27.6
Modern Methods (mCPR)	14.9	16.3	14.7	16.1	17.6	19
Long Acting/Permanent	2.8	3.9	3.1	4.5	4.2	6.2
Tradition Methods	2.2	2.3	3.2	3.4	2.4	2.4
Total Unmet Need	20.4	27	19.1	25.4	16.6	22.6
For Limiting	5.7	8.1	5.6	7.9	4.5	6.5
For Spacing	14.7	18.9	13.5	17.5	12.1	16.2
Total Demand	40.2	49.5	40	49.4	40.8	50.2
Demand Satisfied by Modern Method	37.1	33.0	36.8	32.6	43.1	37.9

Adapted from Family Planning Brief PMA2020[5]

The PMA report also shows considerable variation in mCPR across states, for example although the national average for use of modern contraceptive method among women of childbearing age is 19%, this varies considerably from as high as 25.5% in Lagos to 7.8% in Kano (Table 3). At the same time, evaluation of the role of income distribution on demand for modern contraceptives shows a positive correlation between wealth and effective demand for all types of contraception (Table 4). This is in consonance with the finding that the proportion of women of reproductive age (WRA) with an unmet need for modern contraception is much higher among women living in households in the poorest wealth quantile than among women living in households in the richest quintile (92% versus 45%).[1]

Table 2: Modern Contraceptive Prevalence Rate by State

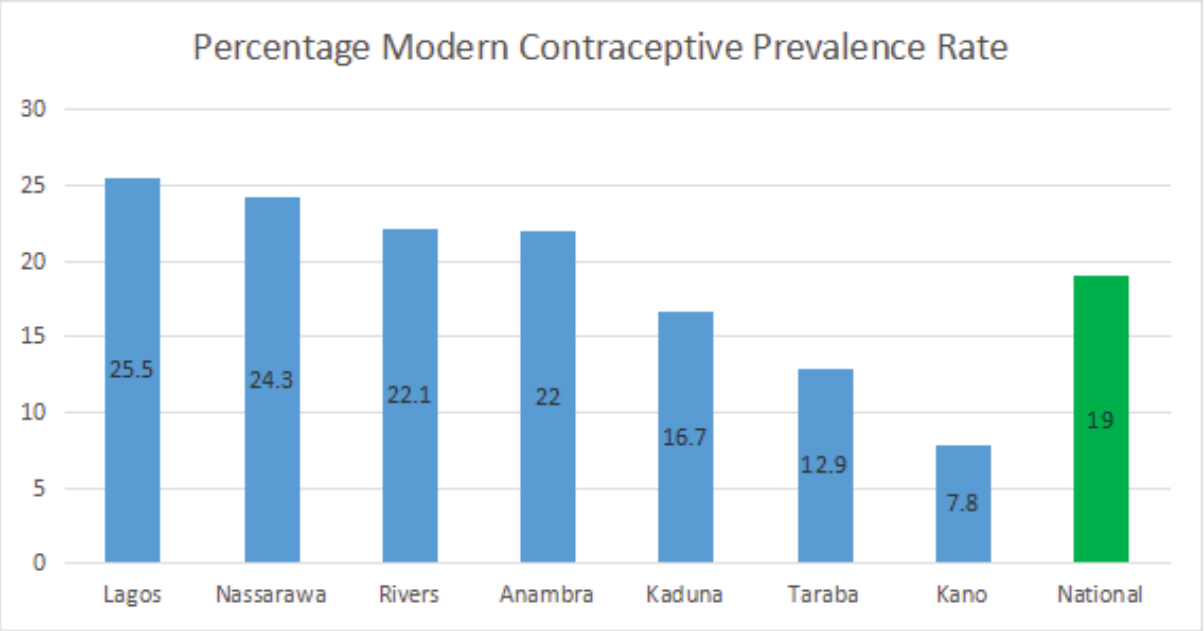
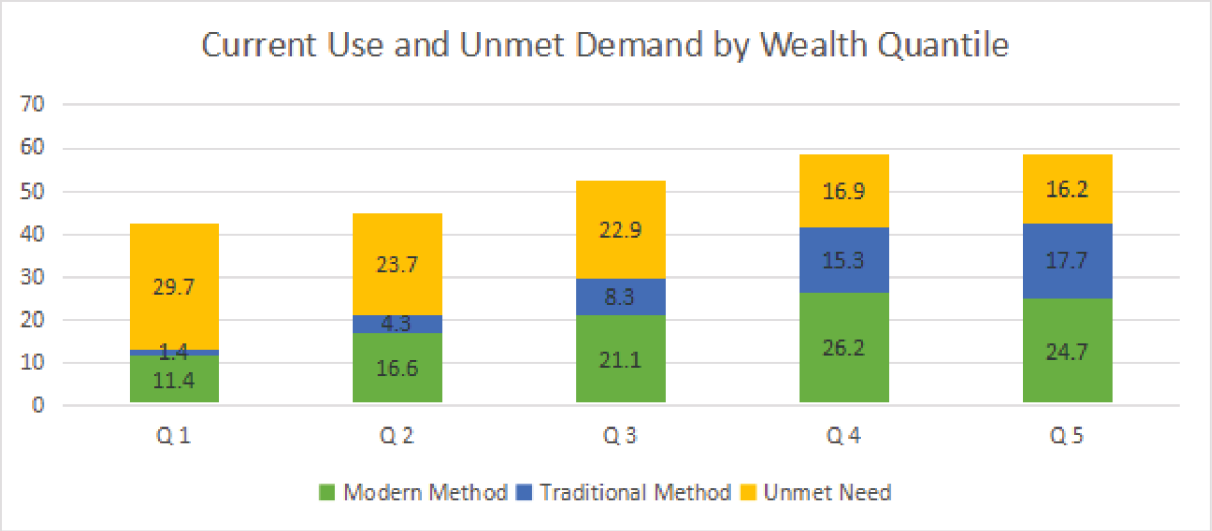


Table 3: Contraceptive Demand by Wealth Quantile



Q1 = Poorest Quantile
Q5 = Wealthiest Quantile

The Nigeria National Family Planning Blueprint[7] was developed by the Federal Ministry of Health and relevant stakeholders to guide the implementation of a well-articulated strategy to holistically address gaps in FP service provision. One of the strategies is the development of the private sector engagement strategic plan, a policy document to guide the process of increasing indigenous private sector investment for FP in Nigeria. The current FP Blueprint (2019-2023) set a target of 27% Modern Contraceptive Prevalence Rate (mCPR) for the

country, a downward revision from 36% earlier targeted in the previous FP Blueprint (2013-2018). This represents a projected 3% annual growth rate from the current mCPR of 17.6%.

To promote universal access to healthcare, the National Policy on Public Private Partnership for Health in Nigeria (2005) recommends the participation of the private for profit and not-for-profit organizations including health providers, religious and other voluntary organizations, communal bodies, and individuals in the provision and financing of health care services.[8] In addition, the 2017 National Reproductive Health Policy[9] provides guidance on the pathway to universal access to comprehensive sexual and reproductive health services that meets the changing reproductive health needs of all Nigerians throughout the life cycle. It specifically identifies achieving desired and intended fertility as a key area of focus. This policy also supports the pursuit of effective partnership and collaboration between various health actors, engagement of private sector and the civil society and strengthening governance to effectively coordinate the partnership and collaboration. The two policy documents mentioned above demonstrate that the private sector plays a vital role in health system development, and provide the policy backing for exploring several public-private partnership models in this document.

2.0: Private Sector Engagement (PSE) in Family Planning

Private sector engagement can be defined as the deliberate, systematic collaboration of the government and the private sector to move national health priorities forward, beyond individual interventions and programs.[10] PSE is considered highly beneficial when the engagement demonstrates a clear added value for all parties, improves public health, promotes transparency, and avoids conflicts of interest. Increased indigenous private sector investment for FP in Nigeria will promote true ownership of FP programming, reduce over-dependency on donor funding and ensure supply of commodities and consumables to service delivery points (SDPs) across both rural and urban areas, thus, preventing stock-outs and ensuring contraceptive commodity security. However, comprehensive and sustainable growth of the private sector market is required to ensure uninterrupted FP service provision for the growing numbers of users at the last mile in Nigeria. Private sector engagement can be in the form of inform of public-private partnerships (PPP) or private for profit. The PPP involves cooperation and risk sharing between public and private organizations, under contractual agreements, for activities that result in new and better products or services that no single organization in either the public or the private could produce alone.

The adoption of the Total Market Approach (TMA) for FP programming by the country will ensure that both public and private sectors maximize their comparative advantages and contribute to sustainable access to a wide range of FP commodities. Creating and strengthening platforms for building capacity and engagement of these public and private sector actors will therefore promote the total market approach and address the mistrust that sometimes exist between the two actors. These platforms will also present avenues for sharing information, data and planning joint programs. A major challenge with previous attempts at public-private mix in healthcare in Nigeria has been lack of effective partnerships resulting in weak and ineffective coordination of the numerous stakeholders and active participants in the health sector. It is therefore necessary to understand the operation of different players, their strengths and weaknesses, and based on such understanding, establish new relationships that will entail the act of learning, compromise, and

understanding and shared responsibilities. Capacity building for the public sector will help players to understand the nuances of the private sector and the business model of private organizations. This will manifest as effective collaborations, an essential element for building home grown solutions for FP objectives.

Providing leadership, commitment and governance by developing and reviewing policies around FP commodities including self-care products, building a robust and resilient health system, resource mobilization and carrying out the oversight function of regulating quality of care are core functions of government in the health sector. At this point in time, there is however a great need to also create streamlined systems and structures aimed at creating platforms for engagement. Training leaders in government/ public sector and the organized private sector (corporate organizations) to recognise the huge role FP is playing in sustainable development globally and the opportunities inherent in deploying FP as a tool is considered central to successful engagement of the private sector in Nigeria. Private sector actors in FP service provision include private hospitals, private clinics, nursing homes, maternity homes, community pharmacies (CPs), faith based organizations (FBOs) and Patent and Proprietary Medicine Vendors (PPMVs).

2.1: Current Role of the Private Sector in FP Service Delivery

Evidence exists that a high proportion of contraceptive users obtained their commodity from the private sector (NDHS 2018)[12] with the vast majority of young unmarried WRA relying on the private, non-clinic based providers (PPMVs and CPs). The private sector also delivers the bulk of certain FP commodities (male condom, oral pills, and emergency contraception) to women of reproductive age. However, longer acting contraceptives which represent a significant portion of FP demand are led by the public sector. According to the task sharing task shifting FP SOP, private health facilities can provide the full method mix of FP commodities. However non-clinic based providers like PPMVs and Community Resource Persons (CRP) can stock and refill pills and injectables, provide condoms, counselling and referral services because they are not sufficiently trained. However, ongoing pilots and proof of concept surveys suggest that certain categories of PPMVs and CRP can safely provide injectables and implants.

Figure 2: Nigerian Contraceptive Market Composition (*Source: FP Watch Outlet Survey, 2015)*

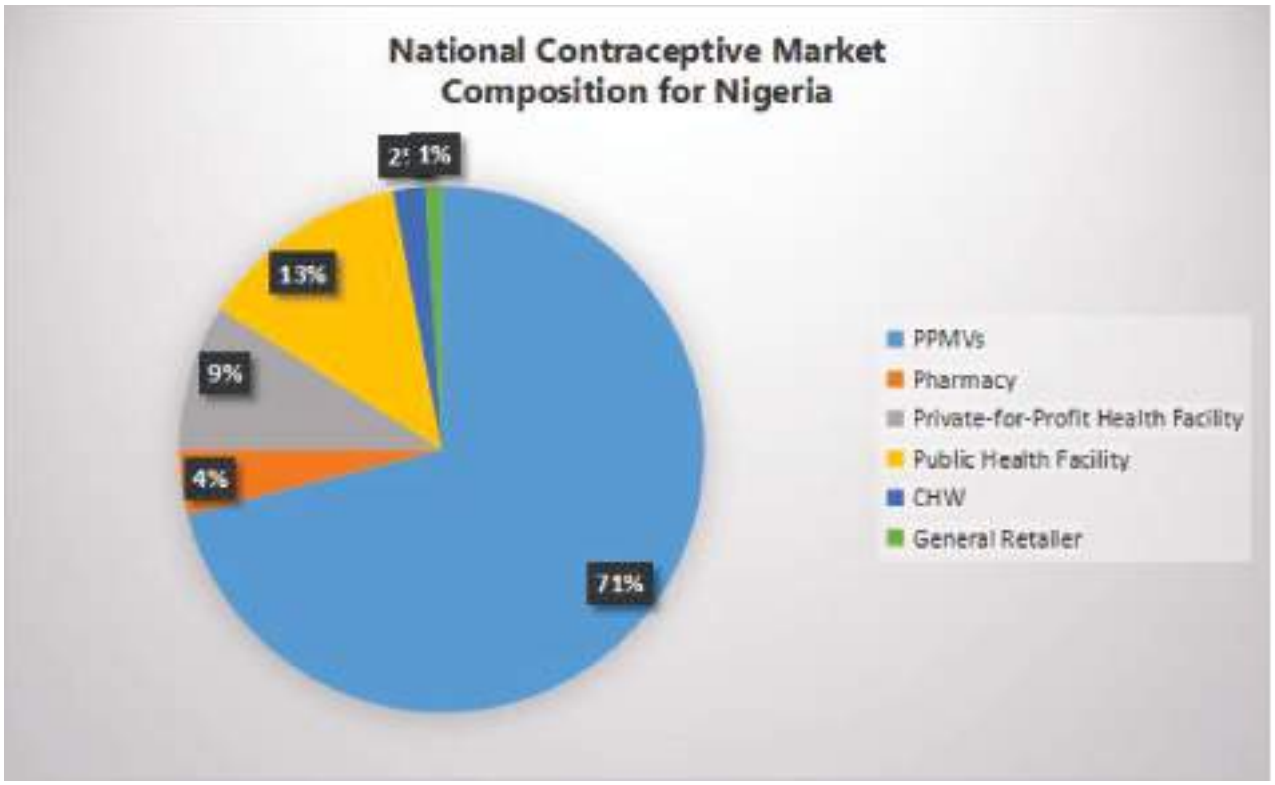
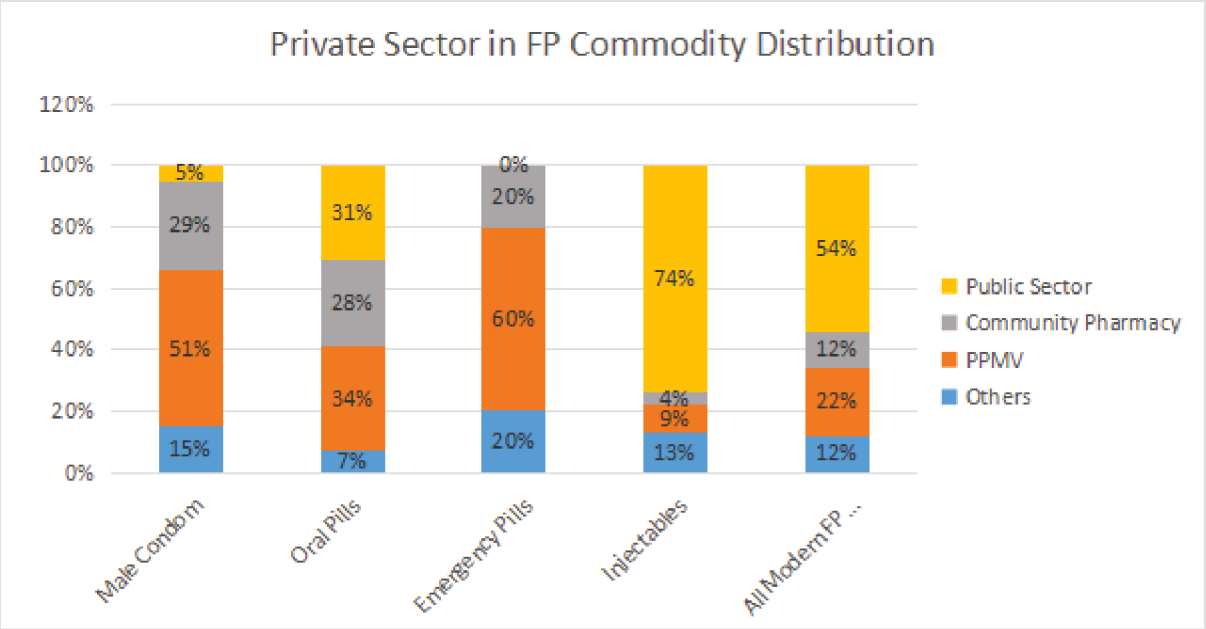


Table 4: Private Sector in FP Service Provision



(*Source: NDHS 2018*)

Attempts at promoting universal access to FP services through public private partnership and engagement with the commercial pharmaceutical retailers have been largely successful. A pilot study conducted in Lagos and Kaduna state[12] recorded success in the inclusion of private health facilities in the public sector supply chain for FP commodities purchased by the FGoN. The FMoH and the private SDPs had a MoU stipulating the fixed price for each of the commodity type. This project led to an increase in contraceptive use by WRA specifically:

- Access to a wider range of FP methods and services
- Increase in uptake across all FP methods offered
- Increase in the number of new clients demanding FP services
- Reliable linkage framework for the flow of commodities from the public sector to the private facilities.

The success recorded led to the development of the National Guidelines to Scale Up Private Providers' Access to Government's Free Family Planning Commodities in Nigeria in July 2017[13] while access to public sector FP commodities continues in the pilot states. The research report of the Evidence Project[14] also demonstrated that with training, mentorship and support it is feasible for PPMVs to administer injectable contraceptives and longer lasting methods and satisfy client expectations. This report guided the revision of the task sharing task shifting policy[15] which has expanded access by increasing the array of services provided by these service providers.

2.2: Objectives of the National Private Sector Engagement in Family Planning Strategic Plan

I. Identify potential areas for public-private partnerships and private health sector engagement in FP service provision
II. Highlight the role of government in effective engagement with the private sector that will lead to the achievement of Nigeria's FP2020 goal

III. Propose an investment plan for private sector engagement in FP service provision
IV. Produce the private sector engagement strategic plan which will guide full involvement of this sector in national family planning activities

2.3: Methodology

The methodology for the development of this document involved data collection in multiple overlapping stages

Stage one

- Desk review; literature search; review of documents from a wide array of sources including national policies, strategies, reports, protocols, regulations, and other government or program-related FP financing or service delivery documents. Grey literature, information from websites of partners, donors, implementing agencies, UN agencies, FP2020 and Federal Ministry of Health; publications from peer review journals were also analysed.
- Mapping and categorization of all private sector actors was carried out.
- Telephone conversations and exchange of mails with diverse stakeholders was made to extract information that aided the writing and presentation of a draft strategy document.

Stage two

- Stakeholders' meeting was convened to review the outcome of the desk review, brainstorm and contribute technical feedbacks to guide the next stage. Thereafter the reviewed draft PSE strategic document and interview guide were developed.
- Subsequently, in-depth interviews were carried out with diverse stakeholders who are members of the NRHTWG. Apart from generating new information, this enabled the verification and validation of some of the information gathered during the desk review. The qualitative data collected was analysed thematically generating six themes namely:
  Proposed Financing and Production Ecosystem, Proposed Procurement and Supply Chain Ecosystem, Program and Service Delivery Ecosystem, Data Reporting Ecosystem, Advocacy, Demand Generation Ecosystem.
- Situation analysis and projections for future scenarios was conducted based on information collected from stages one and two
- A draft of the private sector engagement strategy plan was developed and shared with the coordinating committee.

Stage three

- A second stakeholders' meeting to achieve consensus, validate and approve the draft was convened.
- Inputs from stakeholders were collected at this meeting incorporating areas of concerns and amendments as required resulting in a further review of the draft

- Development of validated and approved private sector engagement strategic plan for family planning in Nigeria.
- Presentation of the private sector engagement strategic plan for family planning in Nigeria at the NRHTWG meeting to disseminate findings.

Background to Section A

Presenting the PPP models and commercial organization (private for profit) models side by side in this document is based on the understanding that:

A. Showcasing the diversity available within the private sector is an acknowledgement that there is a role for every segment of the private sector to play in the FP space

B. This approach presents a holistic view of the ecosystem

i. Exposing all readers to the various options available thereby making way for a more informed engagement of the various segments of the private sector

ii. Recognises that a single organization can operate the two models consecutively (they are not mutually exclusive)

iii. Presents information which can help organizations signpost potential stakeholders within their network to areas of good fit

iv. Making it possible for an organization to switch from commercial to PPP or vice versa depending on organizational objectives and growth

SECTION A: THEMATIC EXPLORATION OF PRIVATE SECTOR ENGAGEMENT IN FAMILY PLANNING IN NIGERIA

Table 5: Theme one - Financing and Production Ecosystem

Current state of funding for FP
▪ The Government of Nigeria, along with donors, contribute to a basket fund for family planning commodity procurement. ▪ Of the $104 million disbursed from 2011 to 2018, the FG was responsible for 12.8%. Other funding stakeholders include UNFPA (34.9%), DFID (34.5%), USAID (11%) CIDA (4.4%) and BMGF (2.4%). ▪ Non-existent procurement at state level due to national policy. However, states are expected to provide support services. ▪ Incomplete release of committed funds. From 2011 to 2019, $19 million was committed but less than $15 million was released. ▪ Delay in the release of counterpart funding from the FGoN ▪ Private sector importation and distribution of FP commodities is largely limited to non-injectable commodities.
Challenges to funding for FP
▪ FG funding commitment is insufficient ▪ Funding gap sometimes results in inadequate access to FP commodity mix ▪ Zero budgetary provision by states for product procurement. ▪ Non-inclusion of FP commodities in the Social Health Insurance ▪ Donor fatigue ▪ Poor government fund commitment, current donor funding and inherent subsidy has crowded out private sector participation for certain commodities.

Proposed Financing and Production Models

	Models to Explore
Public-Private Partnership	❖ Establish drug revolving fund using: Seed stock from Government and Donors Seed stock from Private Philanthropic Contributions Seed stock donated by corporate organizations in Nigeria (CSR) ❖ Social marketing of FP commodities ❖ Donors could give loans to the FGoN which can then be accessed directly by the private sector
Private for Profit	❖ Direct financial contribution by the private commercial sector into the national FP purse to purchase commodities ❖ NHIS to cover total cost of FP services for clients ❖ Investment in local and regional production of commodities by pharmaceutical companies and investors ❖ Financial institutions to expand lending to the health sector and provide technical assistance on business practices ❖ Microfinance banks to develop FP loan products for entrepreneurs (PPMVs and CPs) ❖ Leveraging on online purchase (e-commerce) delivered directly to the consumer

Compared to investment in pharmaceuticals like antibiotics, the private sector exhibits lukewarm interest in investing in production of FP commodities based on the assumption that the Government is providing the products for free. Bringing local investors on board to manufacture the commodities locally is highly desirable to increase the number of players in the FP space.

Challenges to local production of FP commodities include:

- Sourcing of raw materials for production: There is an urgent need to revive the local petrochemical industry which is a good source of raw materials for the pharmaceutical industries. This will ease the challenges associated with importation including sourcing for forex, fluctuation in the exchange rate, delay at the ports and other global issues such as pandemics.
- Smuggling and importation of fake and substandard products: Trade malpractices including smuggling and importation of fake and sub-standard FP products which is a threat to local pharmaceutical investment should be curbed since consumption of products with poor efficacy and high failure rate will discourage consumers from using the original product. National agency for food and drug administration (NAFDAC) and the standard organization of Nigeria (SON) should be engaged to ensure that the market is free from adulterated products. This will make the manufacturing environment comfortable and encourage investment.

Proposed role of Government

Creating an enabling environment for financing and production of FP commodities will require that Government provides leadership, commitment & accountability in the following areas:

1. Resource mobilization and tracking for:
    a. Philanthropists, indigenous and international development partners, private commercial organizations (Financial institutions, Telecommunications, Oil & Gas, Hospitality industry, Foundations, Donors, Partners, Corporations etc)
    b. Global Financing Facility, Basic Health Care Provision Fund and National Health Insurance Scheme

    Increased funding from the federal government to ease operational cost for the private sector participants in the FP space is desirable. At the same time, some FP commodities can be imported solely by the government and distributed at subsidized prices to the private sector which helps to control the price within a narrow range thereby increasing access.

2. Develop and revise supportive policies
    a. Reduction vs total removal of import tariffs and regulations for importers
    b. Pharmacy bill to allow patent medicine stores to stock the complete mix of FP commodities
    c. Provision of sustainable financing from development banks for procurement of commodities and provision of services
    d. NHIS to cover total cost of FP commodities and services in all its insurance plans
3. Develop regulations to ensure the manufacturing environment is conducive for investors

- Regulation to promote regular power supply to manufacturers. Constant public electricity supply will result in low operating cost which will reflect in low cost of locally manufactured products including FP commodities
- The Economic Recovery Growth Blueprint (ERGB) should be promoted. The ERGP is a Medium-Term Plan for 2017 – 2020, developed for the purpose of restoring economic growth while leveraging the ingenuity and resilience of the Nigerian people. The aim of ERGP is to tackle the causes of the recession and ultimately change the national economic trajectory in a fundamental way. Focused implementation of the plan over the next four years is dependent on a strong political determination, commitment and will at the highest level. All the MDAs will have their different roles in implementing the Plan, but a Delivery Unit in the Presidency is driving the implementation of key ERGP priorities. The Ministry of Budget and National Planning coordinates plan-implementation and monitoring and evaluation. Integrating the PSE strategy into this plan will provide strong national coordination and input to the strategy
- Reviving the economic development plan for the country which was jettisoned by previous administration will send a clear signal on the policy orientation of government and provide guidance for investment planning in the private sector
- The economic sustainability plan must be implemented, government should ensure that the regulations for accessing the CBN intervention fund is not too stringent for manufacturers to utilize in stabilizing the industry
- Efforts at ensuring that local industries producing spare parts for the manufacturing industry e.g. Ajaokuta steel industry is ramped up to ensure sustained supply and avoid over-dependency on import which can leave local manufacturers stranded.
- Product standardization for locally manufactured commodities, monitoring and enforcement of standards for FP commodities available in the open market.
- Streamlining the process of product registration for local manufacturers and waiver for product registration to incentivise local manufacturers
- Assist pharmaceutical companies to obtain WHO prequalification
- State governments planning to finance FP procurement should engage with the private sector in developing their procurement plan.

Table 6: Theme two - Procurement and Supply Chain Ecosystem

Current state of the procurement and supply chain
▪ Public sector procurement of FP commodities from overseas vendors is implemented by the United Nations Population Fund (UNPF). ▪ Private sector procurement is implemented by independent pharmaceutical companies and organizations ▪ From the central warehouse in Lagos, FP commodities are transported to state warehouses, the states are responsible for the last mile distribution to the service delivery points. ▪ For distribution of public sector commodities to the private sector service delivery points, the products are distributed from the central warehouse by social ventures organizations and NGOs.

Proposed Procurement and Supply Chain Models

	Models to Explore
Public-Private Partnership	❖ Joint quantification and purchase of commodities for public and private sectors (Private sector purchases directly through UNFPA) ❖ Public sector commodities to be distributed at private sector service delivery points ❖ Release of soon-to-be expired FP products from government and partners to the private commercial sector ❖ Private sector to build skill and capacity of public sector human resource on supply chain functions to improve operational efficiencies ❖ Private sector to participate in forecasting, supply planning and procurement, as well as warehousing and inventory management ❖ Strengthen all the national data management platforms to ensure inclusion of all SDPs in the country ❖ Develop a unified e-LMIS solution to include logistics data from private sector SDPs ❖ CSR transportation of commodities (in-kind contributions)
Private for Profit	❖ Direct importation by pharmaceutical companies from international manufacturers and markets ❖ Open market procurement for sale by retailers ❖ Private sector involvement in last mile distribution at a cost. ❖ Outsourcing transport for distribution of commodities from the national warehouse to states ❖ Strengthening private sector organizations inventory and warehousing standards to meet WHO standards on good warehousing practices and extant national rules. ❖ Use of technology in FP programming e.g. Vendor-Managed Inventory System ❖ Online FP commodity ordering and supply from online players ❖ Developing and creating new innovations in IT systems for tracking and monitoring of commodity distribution

	❖ Development of multipurpose Apps To improve access to services (e.g. address of nearest source of commodity PPMVs, CP, HF) To source for FP commodities To track movement of commodities across states, within states and across SDPs

A well-functioning supply chain is required for geographic access to high quality products and commodities. The FP procurement supply chain ecosystem faces a range of challenges, from poor forecasting, unavailability of transport, warehousing and inventory management to last mile distribution. This has led to frequent stock outs, redundancy of efforts, higher costs and expiry of some products leading to wastage. Private sector initiatives have contributed to addressing the challenges faced by supply chains by increasing efficiency and extending private sector expertise to the public sector. Engagement of the private sector will leverage on the logistics systems of this sector to enhance efficiency of the supply chain thereby preventing stock-outs at service delivery points and improving access to FP commodities. Available information on private sector supply chain is however sparse. It is majorly focused on donors and partners' franchises who supply commodities. This needs to be expanded and strengthened.

Other challenges include:

- None of the FP commodities is manufactured locally
- Local distribution is still heavily supported by donor funding.
- Subsidized nature of the distribution crowds out the profitability of private sector interventions for certain commodities
- Inadequate training of providers at the service delivery points
- Reporting/data entry errors arising from improperly trained supervisors which has reduced over time with ongoing training
- Lack of program integration (eg FP with HIV, TB and malaria)/programs running in parallel
- Individual level job insecurity and mistrust at the level of the healthcare worker
- Employer insecurity over losing skilled staff
- Poor coordination of inter-facility commodity transfer to prevent stock out and expiry on the shelf
- Private facilities not releasing logistics data to LGA FP supervisors

Creating an enabling environment for private sector engagement in FP in-country supply chain will require that Government:

1. Reviews FP commodity distribution regulatory policies, procedures and guidelines relating to drugs including the National Essential Medicines List, drug registration, quality control, and authenticity verification procedures.
2. Sign MoUs with an expanded array of partner private sector organizations
3. Upgrade all data capturing platforms to virtual real-time platforms
4. Link all SDPs (public & private) including the Electronic Health Records [master facility register] to the National Health Logistics Management Information System {NHLMIS}
5. Upgrade the tools for forecasting and build human resource capacity for FP quantification, deploy enterprise resource package for inventory management and other supply chain functions etc.

6. Set-up a committee for pooled-state procurement
7. Engage with the private sector including regulatory and accrediting bodies to develop a total market approach for forecasting and supply planning
8. Support community-based distribution of FP commodities by volunteers and humanitarian organizations using fixed (kiosk) and mobile teams

Table 7: Theme three - Program and Service Delivery Ecosystem

	Proposed Models
Public-Private Partnership	❖ Capacity building of the private and public sector health providers by regulatory agencies ❖ Community-based provision of FP services by volunteers using fixed and mobile teams ❖ Social franchising ❖ Build-Own-Operate or Build-Own-Transfer, Refurbish and Repair models for public health facilities. ❖ Private sector service providers can move with public health mobile health units to facilitate FP service delivery during outreach services ❖ State contributory health insurance scheme ❖ Aligning efforts in service provision with demand creation ❖ Corporate organizations to provide reproductive health information and services as part of the integrated health services in their organisation to address needs of members and their dependents ❖ Online training and post-training supportive supervision for SDPs in addition to trainings (private health facilities, CPs, PPMVs)
Private for Profit (Private Retail, Private health facilities)	❖ Partnerships to extend favourable pricing of commodities to private health facilities, Patent Medicine Shops and distributors ❖ Engagements to improve quality of private commercial Patent Medicine Shops and distributors ❖ Training at the point of service delivery using virtual platforms and on-site face to face methods ❖ Mandatory updated training for renewal of annual license ❖ Social marketing ❖ Supervision and mentorship of Patent Medicine Shops owned by PPMVs and community pharmacies by regulatory agencies and professional organizations ❖ Online sales and counselling for FP commodities ❖ Deployment of technology: Telemedicine ❖ Development of Apps to book clinic appointments, provide information and counselling, ongoing training ❖ Electronic health records ❖ Self-care for FP: Private sector sales of DMPA SC, with emphasis on self-injection ❖ Incorporating FP, STI treatment, pregnancy related, newborn care and treatment of childhood illnesses as integrated services by private sector SDPs

The challenges with FP service delivery in the private sector revolves around ensuring that:

- Access to contraceptive services including information and counselling of good quality which are scientifically and medically appropriate.

- Poor communication and coordination within and among the various professional groups and associations in the private sector.
- Poor integration among players in the private sector leading to difficulty in program harmonization.
- Inadequately skilled healthcare workers

Creating an enabling environment for private sector engagement in FP service delivery will require that Government:

1. Perform its oversight function in FP programs by formulating and revising policies
    - The Task Shifting/Task Sharing Policy to enable PPMVs with health related training to administer other long acting FP methods to promote access
    - Policy to support tiered accreditation of PPMVs will expand service delivery potentials of this group of service providers.
    - Develop a system and an approach to domesticate revised policies across the three tiers of government. This will improve policy translation into action such as ensuring that PPMVs are captured in national and state level trainings designed to build capacity.
2. Engage with regulatory bodies to ensure quality of care through mandatory update training prior to professional accreditation and renewal of operating licence; development of guidelines and SOP. Some of these professional regulatory bodies include Pharmacist Council of Nigeria, Medical and Dental Council of Nigeria, Nursing and Midwifery Council of Nigeria, Community Health Practitioners Registration Board of Nigeria (CHPRBN) and State Hospital Management Boards for hospitals.
3. Engage with professional associations to provide mentorship and supportive supervision to FP providers and SDP. Some of these professional associations include Society for Obstetrics and Gynaecology of Nigeria (SOGON), Nigerian Medical Association (NMA), Nigerian Association of Nurses and Midwives (NANM), Association of Public Health Physicians of Nigeria (APHPN), National Association of Community Health Practitioners of Nigeria (NACHPN), Pharmaceutical Society of Nigeria (PSN) and National Association of Proprietary and Patent Medicine Dealers (NAPPMED).
4. Extend all capacity building programs to the private sector and strengthen both sectors with deployment of technology and digital platforms (digital training modules, modular learning systems, reducing didactic sessions, follow-up, digital refresher training videos).
5. Standardize training institutions and accreditation for healthcare professionals
6. Expand self-care approaches in the country, linking telemedicine to online provision of services (commodity distribution). Harnessing the potentials of emerging strategies especially m-health in the form of hotline, interactive website/platform, will improve the health indices.
7. Harmonize data collection points from the public and private FP service delivery points including sales data, call centre data, social media data and online campaign data; referrals from call centres to referral facilities and partnering clinics into the national health management information system (NHMIS) virtual dashboard to aid quantification and forecasting.

8. Support operational and applied research on FP to generate new ideas, monitor policy implementation, improve program development and management activities, and disseminate research findings and feedbacks to the private commercial sector.
9. Improve linkage, referral and coordination between the public and private sector to improve overall quality of service.
10. PPP may encourage private sector partners to take over some public health facilities and expand scope and quality of available services including FP.
11. Increase investment and support for digital technologies that minimize human interaction and are time and cost efficient in the areas of information sharing, training and development, capacity building, supportive supervision, commodity supply, data reporting and ecommerce.

Table 8: Theme four - Data Reporting Ecosystem

	Proposed Models
Public-Private Participation	❖ Use private sector to supplement public sector data in order to provide full market view of all commodity needs in the country ❖ Develop portals or online platforms for sharing data between public and private sector on commodity uptake and needs to provide "whole market view" and enable evidence based decision-making at all levels
Private for Profit	❖ Link consumption (market) data from private service delivery points into NHMIS ❖ Improve data visibility using online platforms and dashboard ❖ Data collection from private commercial SDPs on out of pocket expenditure

FP services carried out by the private sector is mostly uncaptured except those linked through social mobilization where data is actively tracked by programs. This is a missing gap, there is an urgent need to build and strengthen linkages from the private sector through the LGA to the state and into the national health management information system (NHMIS). Data tools including facility registers should be made available, collected regularly by the M&E officer, collated and reported. Paper tools are used at the SDP, LGA and state level while electronic platform is used at the national level. An electronic platform for data capture and reporting is ideal for all SDPs. Previous MNCH programs where e-data capture was practiced at SDP level reported end-user errors as a challenge bevelling the usability of electronic platform. Pilot testing of Android phone apps to collect FP data at SDP unto a server is currently ongoing. Continuous capacity building will be required in-order to take this to scale. For the private sector, it is important to delineate the two types of data: data for logistics and data for service delivery. Data for service delivery should be reported into the NHMIS platform (% of facilities that provide FP services; % of facilities trained to provide services, how many FP services was provided). Improved data reporting using mobile phones will enhance efficiency in tracking commodity availability, stock outs, supplies, capacity building, demand generation activities and M&E. The private commercial sector is time focused and will be more receptive and compliant with electronic data reporting and monitoring.

Creating an enabling environment for private sector FP data efficiency will require:

1. Market analysis to determine consumption rate and pattern for improved quantification, forecasting and information system. Market surveys will provide information on FP acceptance and activities needed to improve uptake.
2. Leveraging on IT for forecasting (Data mining, big data, and artificial intelligence).
3. Data collection from private and public sector through the existing FP dashboard into NHMIS. The consumption data thus generated is useful for forecasting. Harmonization of all data reporting tools, monthly data submission and validation meetings with the private sector to establish familiarization and capacity building is needed.
4. Private sector actors to show evidence of reporting before renewing of license, supervising authority should ensure that data tools are available, Routine DQA exercise etc.

5. Upgrading the existing virtual dashboards for synchronized data capture and management, FP quantification, forecasting, inventory management and distribution from the private. In the meantime, it is important to leverage on the existing platforms and migrate later when it can accommodate data from the private sector, development and adaptation of existing tools to ensure that they are user friendly, providing feedback to the SDPs on analysed data.
6. Ensuring quality of data submitted on the platform through availability of trained human resource at the LGA to collate and validate data from both public and private sectors

Table 9: Theme five - Advocacy

The World Bank 2020 Global Economic Prospects Report stipulates that emerging markets and developing economies like Nigeria's are expected to shrink by 2.5% in 2020 as a result of COVID-19 pandemic related factors. Sustainable strategies geared towards development and nation building is therefore highly desirable at this point in time. In linking sustainable development to the demographic dividends of FP, advocacy groups that promote population control and economic development must therefore be actively involved in developing strategies for private sector engagement in the FP space in Nigeria. Currently, the organized private sector plays passive roles in the FP space in Nigeria through supporting previous policy suggestions on recommended number of children per family and in this regard provides medical treatment for staff and maximum of 4 children each per family. For active engagement of the organized private sector, it is essential that advocacy should be extended to respective private sector organs, while government, partners and donors put their objectives on the table. It is believed that this will help in carving out a clearly defined role for the private sector to play and subsequently effective engagement can commence. Involving all the different representatives of the private sector as key stakeholders at the table when discussions are starting before making decisions for their sector and keeping them in the loop as the process unfolds will help design a holistic system that fits both the public and private sectors in the FP space. Greater involvement will also make the private sector more receptive to procedures, programs and FP related CSR activities. The same process should be replicated by the technical working group at the state chapters. Engagement of the organized private sector including multinationals, financial institutions, hospitality industry, oil & gas entities, Manufacturers Association of Nigeria (MAN) and Telecommunications will generate interest in providing complimentary FP services through CSR activities such as supply and logistics support for last mile distribution, sponsor trainings and donation of consumables.

Creating an enabling environment for private sector engagement in advocacy for FP will require:

1. Expanding the scope and constitution of the NRHTWG to integrate private sector actors in discussions and deliberations. Creating a subgroup with mandate to strengthen engagement with the private sector and other relevant institutions.
2. Advocacy for increased involvement of the private sector in FP policy formulation, planning, program implementation and coordination, and greater inclusion of organized private sector as active stakeholders at all levels of government.
3. Need for expanded stakeholders forum (including community gatekeepers, religious and traditional leaders) to discuss and brainstorm across the thematic areas to address the key pertinent issues and map the way forward for implementation.
4. Integration of the private sector plans in state annual FP action plans to ensure ownership and inclusiveness.
5. Advocacy to organized private sector (including Banks, insurance organizations and the HMO's) to include full spectrum of FP services in the basic package offered to their staff and in their services.
6. Leveraging on existing private sector activities including social functions, conferences and programs
7. Advocate with airline and logistic companies to transport FP commodities at a reduced fee.

8. Engage youth social media influencers, leaders of social and community groups as FP champions.
9. Align and harmonize the approach for data gathering and transformation into communication tools to ensure that up-to-date information is available in easy-to-digest format for advocacy.
10. Engage with technology companies to develop ICT solutions/platforms that will improve access for FP services e.g Telemedicine, payment solutions.
11. Federal ministry of finance should give tax relief/rebate for private sector organizations that invest in the FP space through CSR.

Key Stakeholders

1. Manufacturers Association of Nigeria
2. National Union of Road Transportation Workers (NURTW)
3. Banks (financial Sector)
4. Telecommunications
5. Oil and Gas
6. Academic/Educational Institutions
7. University Health Services
8. Technology companies
9. Trade Associations e.g. market women trade associations.
10. Private Sector Health Alliance of Nigeria/CACOVID
11. Aviation Sector
12. Logistics/Freight Companies

Table 10: Theme six - Demand Generation Ecosystem

	Proposed Models
Public-Private Partnership	❖ Social marketing ❖ Market research and product information ❖ Edutainment – Big Brother Naija, Nollywood ❖ Private sector driven community mobilization on campuses of tertiary institutions and other community settings ❖ State and private sector driven community mobilization during carnival celebrations ❖ Gender mainstreaming into provision of youth friendly FP services ❖ Involvement of women groups in women empowerment and education schemes ❖ Male involvement in FP ❖ Strengthening partnerships with media organizations to promote FP as a corporate social responsibility. (Sponsorship of mass media messages, digital media messaging, radio/television drama or playlets) ❖ MTV Shuga
Private for Profit	❖ Private sector channels and brands used to promote FP commodities (eg sanitary towels) ❖ Generate public and policy dialogue on FP issues including male involvement and adolescent RH ❖ Collaborate with stakeholders in undertaking educational campaigns to deliver FP health messages ❖ Develop programs that disseminate accurate and high quality FP information and data ❖ Advertising agency to promote FP as a product ❖ Private sector generated national campaign (Music industry) ❖ Media organizations using their structures and systems to promote FP services through discounts, free airtime and incorporation of FP in their routine broadcasts/programs. ❖ Training of CPs and PPMVs in demand generation activities ❖ Use of online platforms to improve visibility of FP commodities and services ❖ Use of social media to generate conversations around FP products and services

Demand creation is a key strategic priority in promoting uptake of FP commodities and services in Nigeria. This can be achieved by developing targeted, tailored, and accurate information and delivering it through accessible communication channels to all key segments of the society. The National FP Blueprint highlighted the need to utilise opportunities in the public and private sectors, including health and non-health sectors, with joint engagements and integration of youth friendly services. The poor indices recorded among young unmarried women by the NDHS makes young people a vulnerable group requiring targeted interventions. Furthermore, initiatives by the private sector to utilize new media to increase reach to young people in Nigeria such as MTV Shuga were reported as being successful by the World Bank.[16]

The Family Planning Communication Plan (2017-2020) is designed to guide the harmonization, development and implementation of strategies geared at promoting sustained demand generation. This includes the branding of outlets offering FP counselling and services, "The Green Dot" is a symbol that signifies safe and trusted quality FP services. Branding of facilities will promote visibility of services in public and private service delivery points and encourage uptake.

Creating an enabling environment for private sector engagement in FP demand generation will require:

1. Social marketing organizations engage with the population using social media platforms. These e-platforms should be explored and strengthened to address emerging issues in demand generation; correcting myths and misconception and reaching young people with information.
2. Hot lines to access free information without having to visit a facility and ask questions have been used successfully in programs targeting young people and should be utilized at all levels.
3. In times past, FP demand generation has not been a favourite of corporate organizations' CSR activities with interest more focused on maternal and child health. Integrating FP into MNCH programs might provide a good buy in for willing organizations.
4. Developing FP messaging and advocacy with the entertainment industry, blogs and working with social media/community influencers on demand generation activities with proven track record in programing.
5. It is essential that the government assigns a specific role to the private sector in the promotion and implementation of the national FP campaigns to create an effective market for FP products, this will increase demand for FP products and patronage for local commodities when they become available. The emphasis for the commercial sector is for products in high demand achieving this will stimulate investment in the local manufacture of commodities.
6. Demand creation efforts should also address cultural/religious, social and gender bias against FP which significantly restricts use of FP services through targeted intervention with identified community influencers as champions.
7. Government should engage the National broadcasting commission through advocacy/roundtable discussion to review regulatory restrictions on airing FP related broadcast at certain periods during the daytime.
8. Greater use of mass media, social media, digital media, medical detailing and digital marketing in correcting myths and misconceptions surrounding FP and adoption of the new national FP logo by private sector operatives in the country.
9. Encourage private sector to support the integrated digital program platforms in the form of SMS, web platform, call centre and social media to energize demand creation. Development of youth friendly websites to cater for the teeming population of young people in the country is an essential strategy for demand generation, information sharing and linkage to services.
10. Government should engage the private sector on development and implementation of activities in the National Communication Plan and other national and state community level engagement plan/ implementation.

Concluding Remarks

Fostering meaningful partnerships with all relevant segments of the private sector will ensure that contraceptive commodities are consistently available at all levels of the healthcare delivery system and promote availability in diverse market segments. However, this must be monitored and regulated by government for individuals to have access to contraceptive services and information of good quality which are scientifically and medically appropriate.

SECTION B: INVESTMENT CASE FOR FAMILY PLANNING

3.0: Capacity for Private Sector Participation in Family Planning Delivery

To evaluate the capacity of the private sector to invest in the FP value chain, we evaluate the competitiveness of the local health care and pharmaceutical industry. Porter's Diamond – a tool for national competitiveness analysis is employed.

Table 11: Competitiveness of Nigeria's Health Care and Pharmaceutical Industry

PORTER'S DIAMOND

Ideal Conditions should reflect strong factor conditions (human, natural resource, and infrastructure), large and sophisticated demand profile, high level of competition and strong supporting industries (finance, equipment

- The pharmaceutical sector is dominated largely by few large firms and many medium scale enterprises.
- Relative high level of competition among players.
- Brand value is strong and critical for industry players
- Public sector remains dominant provider of health care services.
- Private sector provision of hospital/clinic services are limited mainly to the middle- and upper-income segment accounting for less than 25% of the population.
- Poorly developed National/State Health Insurance Schemes.
- Increased role of patent medicine vendors in commodity delivery due to relatively low number of community pharmacies in low income demographics.
- Securing WHO pre-qualification for our local manufacturers to position them for donor patronage

- Government to serve as catalyst
- Provide data on FP performance for stakeholders buy-in
- Ensure attainment of social goals
- Warrant Economic Efficiency
- Enact policies for Growth, Stability, Equity,
- Safeguard Security of investment
- Job creation goals

Firm Structure, and Competitive Rivalry

Factor Endowments

Government - - as catalyst for social goals & market stabilsation

Demand Conditions

Supporting Industries

- Brain drain of health care professionals
- Relatively good presence of standards among industry players.
- Relatively effective standards and regulatory framework.
- Poor infrastructural developments and institutions.
- Poorly regulated pharmaceutical Distribution Systems.
- Overall, private sector delivers 46% of all FP methods. Satisfying 100% of emergency pill demand and 95% of demand for male condoms.

- Lack of competitively priced access to finance for the private sector.
- Limited contribution from pharmaceutical R&D institutions
- Weak trade facilitation infrastructures.
- Presence of a fully functional national distributorship system for FP products, however, FP distribution structure is relatively subsidized by donor parties.
- Ports and Foreign Exchange Challenges still constitute challenges to competitiveness.

- Demand is relatively large, but on a per capita basis, is significantly low due to low purchase capacity.
- Strong demand among high-end consumers.
- High but ineffective demand for FP products by low-end market segment.
- Demand exist mainly for cheaper/subsidized/free FP commodities among mid-low-income groups
- Branding and quality are key considerations by high-end consumers.
- Health Insurance coverage of less than 6% implies weak purchasing power.

Operating Environment in Nigeria

4.0: Inferences from Capacity Analysis of the Private Sector

Table 12: Opportunities and Challenges for Private Sector Investment in FP

Area	Opportunities	Challenges
Funding	▪ Best long-term alternative funding for FP services is the Social Health Insurance Schemes at either Federal or State Level. ▪ Private sector funding of FP services is feasible if donor funding and government subsidies are completely removed.	▪ Social Health insurance in Nigeria is still not yet mandatory and poorly developed across the states. ▪ Private sector funding may lead to increased prices and reduced demand by lower income quintile.
Supply Chain Management	▪ The Private sector possesses the capacity to manage the supply chain infrastructure at both state and federal level. ▪ Partnerships with other logistics companies for easy transportation and delivery	▪ Subsidized nature of the current supply chain management infrastructure suggests that donor funding should not be eased out fast. ▪ Building Logistics infrastructures for SCM partnership to thrive
Service Delivery	▪ Community Pharmacies and Patent Medicine Vendors present a retail execution opportunity for FP Commodities. ▪ Capacity building of private sector providers and advocacy to remove regulatory limitations will significantly increase access.	▪ Limited current capacity of Community Pharmacies and PPMVs to deliver injectable FPs and address client needs. ▪ Transportation and storage for LMD
FP Communication	▪ The success of the MTV Shuga demonstrates private sector's capacity to deliver compelling FP communications with sustainable results. ▪ Communication partnerships with relevant stakeholders ▪ Social media engagement with key influencers	▪ Need for more funding to facilitate content delivery and distribution. ▪
Pricing	▪ Donor funding can be channeled towards private sector access to finance support with concurrent gradual easing of the existing subsidy on FP commodities.	▪ The relatively high poverty rate may impair effective demand.
Monitoring & Evaluation	▪ On the spot assessment of progress of FP stakeholder engagements and service delivery	▪ Capacity for M & E team to play key supervisory role to ensure compliance with set goals

4.1: Summary of Private Sector Capacity

The private sector, in some form, is already investing in Family Planning and Reproductive Health in Nigeria. However, achieving the FP targets set out in the Nigeria FP Blueprint demands increased role of all stakeholders.

The major challenges to achieving these targets can be categorized into five main domains:

i. Communication issues to reach remote areas
ii. Institutional Capacity to support service delivery
iii. Funding challenge of FP Commodities and Services by government
iv. Paucity of volume and poor quality of data on PF Issues
v. Appropriate policy framework for donors and players to key-in

The private sector already demonstrated capacity to lead in these main domains. However, the challenges itemized above, pose a limit to the contributions from the sector.

5.0: The Goal Post/Pillars for an Effective Market Based Approach to FP Delivery in Nigeria

Based on the earlier outlined challenges of FP delivery in Nigeria and the capacity analysis of the private sector, the following are outlined as the critical features to be met for an effective intervention

i. **Competitive Market-Based Pricing:**
Government should ensure that the pricing of the FP commodities presents a market opportunity for private sector investment. Local manufacturers should be encouraged by providing a level playing field with the provision of imports waivers and tax cuts to enable production of affordable FP commodities. Companies with CSR objectives should also be encouraged to invest in FP through the provision of tax holidays, waivers and incentives.

ii. **Mitigations for Market Failures:**
Measures to quantify and resolve market failures such as regular M&E must be carried out by stakeholders such as the NRH TWG and its sub-committees, with private sector participation

iii. **Cultural Barriers:** Removal of barriers and enhancement of capacities for service delivery

iv. **Service delivery:** Strengthen institutional capacity for commodity security at service delivery points

v. **Public Private Partnership (PPP)**
Institute a PPP arrangement that will allow for the Private Sector to drive the process with a strategic leadership framework by the public sector ensuring data improvement and visibility within the private sector.

A viable solution that would meet all the outlined conditions would require more than just the private sector to achieve. Long term commitment from both the public sector and the donor community will be required. A market-driven yet collaborative approach between the private sector, the public sector and donor organisations is hereby proposed.

The Heath Policy Plus brief[17] identified some blended finance opportunities that have the potential to mobilize additional resources to improve the sustainability of and access to family planning programs. The Blended finance approach has the potential to mitigate risks for private investors by means of concessional loans, guarantees, technical assistance funds and philanthropic support in moral suasions with a public private partnership etc *[see inbox for the case of Rwanda]*.

The challenge however, remains the issue of pricing policy and necessary favourable operating business environment that will attract investors and risk takers.

Investment Case in Reproductive Health [RH]: Rwanda Blended Approach with **Moral Suasions:**
"If Rwanda invests more in RH, substantial maternal and child lives will be saved".
Rwanda's proposition in reproductive health provides an insight into what other nations should emulate. The country estimated a saving of over US$331 million in maternal and infant healthcare costs by 2023.

These significant savings could be used to finance other activities within the health sector. Investment in reproductive Health, particularly, family Planning slows down population growth and decreases the pressure on the country's limited land space and alleviates some of the environmental consequences associated with overexploitation, deforestation, erosion, and loss of soil fertility.

Consequently, food security will improve. The prevalence of moderate to severe food insecurity drops from 20% to 7.8% by 2050 as a significant proportion of the population will have access to affordable quality food. This will significantly provide food subsidies.

Significant investment in Family Planning will result in the prevalence of child labour dropping from 13.0% in 2015 to 10.2% in 2050. Reduction in the prevalence of child labour will also have a significant impact on school (primary and secondary) completion rates as children will be able to concentrate more on studies rather than engaging in child labour.

Investing in Reproductive Health is a strategy to achieve both macroeconomic development and poverty alleviation. In Rwanda, substantial investment in Family Planning will lift over 2.5 million Rwandans out of poverty between 2015 and 2050. This means that poverty headcount will reduce by about 1%. By 2050, if Rwanda achieves mCPR of 70%, every US$1 invested in Family Planning will yield about US$402 benefits (i.e. savings) that cut across many sectors in Rwanda—the economy, health, education, agriculture, infrastructure.
Extracted from Business Case for family Planning in Rwanda (2019)

6.0: Proposing Investment in FP Delivery in Nigeria

Based on the current state of the FP commodity distribution in Nigeria and the analysis of the private sector, we propose a Quasi-Market Based Approach with the Donor Agency and Public Sector playing a supporting role. The following roles are recommended.

Table 13: Recommended Structure for an Effective Private Sector Investment in FP Delivery in Nigeria

Market Features	Roles		
PFCD	**Private Sector**	**Government**	**Donor**
Pricing	Negotiate with government and donor partners on base pricing of a basic FP product basket. Need to Invest in research and capacity building for a market price that will provide needed information to access the market for favourable ROI	Collaborate with the private sector to implement tariff waiver and other incentives that can reduce market price and cost elements Explore viable avenues in partnership with the private sector and donors to get emerging investors who may be looking to buy into the FP market. Explore market-based approach to influence pricing in order to open up space for both private sector players and donors	Commit to support interventions that reduce product pricing (e.g. mediate credit for bulk procurement) Play global advocacy roles and negotiate with international manufacturers to enable private sector access facilities. Consider other innovative financing mechanisms through patent capital and impact investments.
Funding of FP Commodities and Services	Access dedicated credit facilities to bulk purchase FP commodities. Play active frontal role in mobilizing resources for FP commodities	Make FP commodities and services compulsory part of NHIS and SHIS. Make Social Health Insurance mandatory and sponsor indigents. Commit to minimum annual procurement for indigent populations. Create and fund FP budget line and ensure timely fund releases with transparency	Provide revolving cheap credit facilities for FP Procurement. Support funding for cheaper new product development. Provide flexible and more accessible funding Create opportunities for PPMVs, CPs and private hospitals to access the BHCPF
FP Communications	Collaborate with Public sector and Donor partners to create and lead delivery of FP Communications – via all media platforms and within health care facilities (Hospitals, Clinics, PPMV and CPs)	Provide dedicated funding to FP Communication. Mobilize public-private coalition for FP communications. Provide promotion /awareness through relevant media.	Provide dedicated funding to promote awareness.
Distribution	Last mile distribution via private sector outlets including CPs and PPMVs. Supply government facilities as with other medical supplies.	Continue government support to distribution of FP services and Commodities at state levels. Modify regulations limiting	Continue Funding Support to capacity building of last mile providers (PPMV, CPs and Health Workers). Support advocacy to modify

	Improve warehouse and distribution network across the FP supply chain.	PPMVs and CPs in FP delivery.	regulations limiting FP delivery.
Local Manufacturing	Negotiate with government for incentives & waivers. Work on improving capacity and standard for WHO prequalification, accessing credits and tax reliefs. Invest in local manufacture	Provide tax incentives & waivers with support for new products development & ease of registration Simplify and streamline process for documentation, new product development in line with the ease of doing business strategy	Support local production capacity including franchise with International partners Provide technical support to build capacity for ensuring standards for local manufacture to include support Services for value chain strengthening such as subsidies

6.1: Proposed Implementation Steps

The proposed structure requires a significantly higher level of coordination and market-based approach. The approach recognizes that a significant proportion of FP Commodities are already delivered by the Private Sector and removing the market failures and institutional limitations of a market-based system will greatly increase satisfied demand for DP. These efforts coupled with a coherent unified National FP Communication Work-plan adequately funded by all stakeholders will focus government and donor efforts to essentially cultural orientation, FP program coordination and market failure mitigation.

It also provides a sustainable delivery pathway and an exit strategy for donors.

Table 14: Key Implementation Steps for Private Sector Leadership of FP Delivery in Nigeria

Intervention areas	Priority activities	Resources required	Indicators (outputs)	Assumptions
1. Market Segmentation to Identify Demand Features	**I. Assessment to determine demand features for market segmentation** **II.** Profiling WRA and young adolescents (10-14 years) in Nigeria to determine purchase capacity and service locations. **III.** Assessment of factors affecting FP methods uptake across different socioeconomic groups in the private sector. **IV.** Determination of size and features of segments that would require market mediation **V.** Establish FP commodity revolving fund	Consultants, funds for planning and inception meetings, researcher's data analysts. Seed Stock from Government Donors, Corporate organizations within & outside the country	**I.** Report of market segmentation for FP available. **II.** WRA profiles developed and disseminated. **III.** Factors determining FP uptake produced. **IV.** Market profiles produced and utilized for decision making. **V.** Availability of seed	**I.** Market segmentation reports available. **II.** Disaggregated population figures available. **III.** Population and socioeconomic survey reports are accurate and up to date. **IV.** All FP methods offered by private providers **V.** People are able to pay for FP commodities **VI.** Government, corporate organizations and

			stock	Donors provide seed stocks for FP commodity revolving fund
2. Price Studies to Determine Product Baskets and Optimum Pricing	**I.** Determination of optimum price points and product baskets for different market segments **II.** Conduct a willingness and ability to pay study among WRA for FP methods and services in Private sector **III.** Conduct survey among private sector providers to determine optimal supply price	Survey firms or consultants. Research assistants. Data analysts.	**I.** Price studies report capturing price thresholds determined and Provider price thresholds determined	**I.** Assuming Private sector providers offer FP **II.** Private sector providers willing to share market information **III.** WRA willingness and ability to access services from private providers. **IV.** Private providers charging some fee
3. Private - Public - Donor Negotiations to determine Price Feasibility and Implement Mitigation Measures for Key Market	**I.** Synthesize evidence generated from WTP study and provider surveys to determine optimum prices **II.** Determination and Implementation of measures to ameliorate market failures in low income segments (concessions, credit financing, performance	**I.** Result of WTP and provider surveys.	**I.** Optimal prices implemented. Monitoring reports and checklists **II.** Out of pocket payment	**I.** National estimates of out-of-pocket expenditure or the National Health account is available every year. Ethical approval will be given for the study

	credits etc.) **III.** Introduce FP into benefit package of health insurance schemes and BHCPF a. Advocacy to relevant agencies of FMOH (NHIS and NPHCDA) for inclusion of FP into the benefit package of health insurance and BHCPF.		costs minimized. **III.** FP included in BHCPF and Health Insurance	**II.** FGON will sustain counterpart funding for procurement of commodities
4. Revision of National Communication Plan	**I.** Review of National Strategy to highlight the funding requirements and sources for implementation of and alignment of unified National FP Communication Workplan with RH and FHE plans	Resource person, Advocacy kits, funding	**I.** Revised National FP Communication Plan **II.** Proportion of PS providers with Green Dot Logo Number of PS actors involved in advocacy	**I.** Funding available from both public and private sector
5. Build capacity and bridge institutional data limitations	**I.** Public Sector intervention to expand capacity of PPMV, CP and other policy-approved provider cadres to deliver FP commodities **II.** Build capacity of relevant providers responsible for data management in the	Consultants Funding	Number of private sector providers trained Number of FMOH staff trained	**I.** PS willing to fund capacity building of providers **II.** A user-friendly tool adapted for use by private sector providers

	private sector **III.** Build Capacity of FMoH key staff to for strategic & data roles including collection, analysis and use for decision making **IV.** Expansion of national health management information systems (DHIS2) to allow integration and upload of data from the private sector and analysis of data from the private sector **V.** Capacity building for private sector provider on use of DHIS2 **VI.** Post training supportive supervision for all cadres of healthcare workers by the public sector			**III.** Adoption of user-friendly platforms (SMS, mobile) will be available **IV.** State FP Coordinator managing collection and input of data from PS
6. Improve access to a wider range of FP methods and services to Increase uptake of all FP methods offered .	**I.** Support expansion of FP services to new and innovative private sector channels, such as virtual pharmacies **II.** Increase investment and support for digital technologies that minimizes human interaction and is time and cost efficient in the areas of information sharing, training and development, capacity building, supportive supervision, commodity supply, data reporting and ecommerce.	Advocacy, consultants, workshops and resource mobilization meetings	Increase in the number of new clients uptaking FP services Percentage of PS providers accessing products from public who send in reports Number of PS actors supporting procurement of FP product	**I.** Enabling environment for all FP methods to be offered at all levels **II.** Necessary infrastructures for service provision will be available **III.** PS providers will be willing to provide all methods

	III. Reliable linkage framework for the flow of commodities from the public sector to the private facilities **IV.** Mobilize funding from the private sector mechanism to support procurement of FP products. **V.** Encourage PPP such that private sector partners may be able co-manage public health facilities and expand scope and quality of available services including FP. **VI.** Linkage of private sector to new and underutilized contraceptive technologies to facilitate opportunities for women early in the introduction phase for such products. **VII.** Include the private sector in ongoing development and implementation of guidelines for procurement and other processes (quantification and forecasting) of FP commodities at the state level		Proportion of amount contributed by PS actors for procurement of FP products Number of PPP MOUs signed between public and PS	**IV.** Products and capacity available to provide services **V.** Sustained counterpart contribution from donors **VI.** Strengthened accountability mechanisms in place NHIS will be expanded to cover more clients
7. Mobilize private sector	**I.** Full integration of the private sector into the	Funds	Number of PS trained of	Willingness of PS actors to

involvement in supply chain ecosystem	quantification, procurement and distribution of contraceptive methods. **II.** Capacity building of private sector on forecasting and quantification of FP commodities **III.** Finalize the investment case for local production of FP commodities and mobilize private industry actors to support the initiative. **IV.** Develop and create new innovations in IT systems for tracking and monitoring of commodity distribution **V.** Outsourcing transport for distribution of commodities from the national warehouse to states and regions a. Conduct orientation meeting with transport/logistics companies on handling FP commodities **VI.** Outsourcing warehousing and inventory management to private organizations with key competency in that field to leverage professional expertise. a. Identification of private warehouses across the country b. Capacity		quantification and procurement Investment case available Number of PS actor using new IT systems to manage data Number of transport and logistics companies managing distribution of FP commodities to states	invest in manufacturing of FP commodities Availability of existing pharmaceutical companies willing to manufacture FP commodities Strict adherence to guidelines and handling of FP products by logistics companies and warehouses PS willing to invest in Apps development and utilization, and leverage on existing ones NAFDAC involved in authentication and quality assurance

	building for warehouse managers on handling FP commodities **VII.** Development of multipurpose Apps ● To improve access to services (e.g. address of nearest source of commodity PPMVs, CP, HF) ● To source FP commodities ● To monitor sales ● To track movement of commodities across states, within States and across SDPs			
8. Provide enabling environment for private sector engagement in advocacy for FP	**I.** Expand scope and constitution of the NRHTWG to integrate private sector actors in discussions and deliberations . **II.** Advocacy for increased involvement of the private sector in FP policy formulation, planning, program implementation and coordination, and greater inclusion of organized private sector as active stakeholders at all levels of government. **III.** Annual event to showcase the impact of CSR on the health sector; acknowledge and celebrate private sector actors actively engaged in the family planning space	Advocacy kits Funds	- Number of national FP meetings attended by private sector actors (source: meeting attendance sheet) - Percentage of Private sector participants in RH Policy developme nt meetings - Number of community gatekeepers reached through advocacy visits - Number of community	Private sector will be willing to participate PS ready to adhere, adopt and implement agreements from meetings Buy-in from all stakeholders for PS to provide FP services.

	IV. Expansion of stakeholders' forum (including community gatekeepers, religious and traditional leaders) to discuss and brainstorm across the thematic areas to address the key pertinent issues and map the way forward for implementation a. Development of advocacy kit		gatekeepers who are FP Champions	
9. Demand generation ecosystem to improve access to SRH/FP services in the private sector	**I.** Ensure private sector involvement in the review of the national communication plan. **II.** Facilitate Ethics Approval from NAFDAC approval for all communication materials for virtual marketing platforms **III.** Identify and engage PS actor to promote FP services **IV.** Engage social media influencers in promoting FP services (Entertainment Industry)	Funds Appropriate FP messages Advocacy kits	Ethics Approval Number of PS actor promoting FP services Number of FP messages promoted	Willingness of influencers to promote FP messaging

Table 15: Risks and Mitigations

Risks	Level	Mitigation
Inadequate funding on the part of government to allow for private sector continuous participation.	High	▪ Government to provide necessary funding.
Regulatory oversight with potentials to stifle Private Sector channels	Low	▪ Oversight function should encourage and not discourage the Private Sector.
Inability to find an affordable price point for lowest wealth quintile.	Low	▪ Donor funding and government focus on new product development. ▪ Mandatory provision of FP commodities under social health insurance schemes and health insurance subsidy for indigents.
Relatively High Product Pricing	Medium	▪ Mandatory provision of FP commodities under social health insurance and subsidy for indigents. ▪ Inclusion of Bulk Producers and API manufacturers in pricing negotiations. ▪ Dedicated Credit Facilities for Commodity Procurement and Distribution.

Concluding Remarks for Investment Case

The private sector can be supported to lead FP commodity and service delivery in Nigeria as this provides a more sustainable pathway. However, interventions that influence effective demand generation must be collaboratively pursued in such a manner that meets the mandate of all stakeholders.

Despite the donor fatigue, the donor community's contribution remains critical. However, such roles should focus on strengthening the market proposition that the FP market represents, while helping the private sector ameliorate the factors impending effective demand, particularly low purchasing power and high operational costs.

The public sector's role in coordinating the structure of the health care system, regulating the structure of health financing, particularly of social health financing and amelioration of limitations on CP and PPMV practice will be critical.

Based on the current state of the FP commodity distribution in Nigeria and the analysis of the private sector, the proposal herein is a Quasi-Market Based Approach with the Donor Agency and Public Sector playing a supporting role in terms of FP commodities Pricing, Funding, Communications and Distribution (PFCD).

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