

CIVIL SOCIETY MEETING REPORT

11 OCTOBER 2017
THE SHERATON HOTEL
ABUJA, NIGERIA



BACKGROUND

FP2020 organized a CSO meeting in collaboration with the Association for the Advancement of Family Planning (AAFP) on October 11, 2017, at the Sheraton Abuja Hotel, Nigeria. The FP2020 –AAFP CSO meeting served as a platform for the exchange of ideas around key issues in family planning in Nigeria and provided an opportunity for CSOs to reflect on their work in accelerating the momentum towards universal access to family planning information, services, and supplies.

MEETING OBJECTIVES

1. Strengthen civil society engagement and coordination in achieving FP2020 goals
2. Identify and prioritize advocacy opportunities to support and accelerate progress towards Nigeria's commitments to FP2020

SUMMARY

A total of 115 participants attended, including representatives from donor agencies and partners working on FP landscape, FP CSO Advocacy Working Groups from 16 states and the federal capital territory, National Council for Women Societies (NCWS), media, FP2020 youth network, persons with disabilities, religious and traditional leaders, and members of AAFP Board of Trustees.

Discussions, questions, and observations characterized the seven sessions that also included a breakout session. Several key avenues of advocacy for family planning availability and use – policy, youth, funding, commodities, health workers, and health facilities – were reviewed and discussed and the meeting participants were tasked with providing solutions to specific challenges in each. A key outcome of the meeting was the drafting of a CSO action plan which charted future activities to support and accelerate progress toward country commitments to FP2020.

SESSION 1: OPENING REMARKS AND FP2020 OVERVIEW

Beth Schlachter, the FP2020 Executive Director, examined the purpose and role of FP2020 in the global family planning partnership. She thanked the donors and AAFP Board of Trustee members and welcomed all participants to the meeting. She acknowledged the active youth involvement in the FP movement, especially noting the 120 under 40 winners from Nigeria. She shared her hopes for the future growth of the FP2020 presence in the country through partnership with CSOs. Ms. Schlachter welcomed the FP2020 CSO focal point in Nigeria, Dr. Ejike Oji, and expressed appreciation for the work that has

been done by FP2020's first youth Reference Group representative, Margaret Bolaji, who also is from Nigeria.

Dr. Ejike Oji, AAFP Chairman and Nigeria FP2020 CSO Focal Point, expressed delight about the success of the meeting and provided background on his organization, AAFP. He noted that AAFP, formerly known as the Family Planning Action Group (FPAG), was later organized as an association to ensure FP services are free. Their advocacy efforts have led to the government committing \$8.3 million annually to FP services, funding which had previously been provided by donors, that subsequently saw an additional \$3 million annually dedicated to commodities. Since that time, renewed advocacy efforts saw the government commitment increase to \$4 million during the 2016 National FP Conference. Currently, Dr. Oji said, AAFP is committed to ensuring that states are involved in the FP movement, and called for constructive partnerships, including CSO support, during the national budget process. He acknowledged that FP2020's support will encourage CSOs to work even more, especially in-country, as more efforts are intensified to ensure Contraceptive Prevalence Rate (CPR) is improved.

Dr. Oji also spoke about the importance of accountability, particularly in data collection. Additionally, he urged civil society organizations to include young people and adolescents in advocacy efforts to improve FP provision, noting that they were a significant group of users whose contraceptive needs were not being met. This unmet need is compromising the country's social and economic advancement and development. Dr. Oji implored participants to begin at home in their families, talking and working with young girls and boys, who he called the "seen but not reached." He noted that providing individual youths with FP information would empower a significant number to plan and manage their sexual activities.

Dr. Adebimpe Adebisi, Director, Family Health Department, Federal Ministry of Health, in her opening remarks expressed delight at being able to participate in the FP2020 CSO meeting. She noted that Nigeria, the most populous country in Africa, has an annual growth rate of 3.2%, high total fertility rate (TFR) of 5.5, low CPR of 15% and low unmet need of 16%, noting that Nigeria will double its population by 2050 if nothing is done. She lauded the partnership between FMOH and donors to promote free FP services, including youth friendly services and urged CSOs to bridge the gap between government and citizens to ensure appropriate implementation of approved budget for health financing, which will contribute to achievement of the country's renewed and expanded commitment to FP2020 at the July 2017 Family Planning Summit in London. She also expressed her appreciation to FP2020 and AAFP for hosting the meeting and thanked all partners for attending.



SESSION 2: REVIEW OF THE ROLE OF FP2020'S COUNTRY SUPPORT TEAM

Eva Ros, Director of Country Support at FP2020 Secretariat, described how the FP2020 partnership works in its 69-member countries, noting Nigeria was among the first 41 countries to make a commitment at the 2012 London Summit.

Ms. Ros explained the country support team, which focuses on countries' commitments to family planning, works to broaden stakeholder engagement through working with focal points at the Ministry of Health, donor partners, and now, with civil society, through the newly established CSO seat in the focal point structure. Every 18 months, FP 2020 hosts a regional meeting where countries share key learnings and best practices while working together to develop their action plans for meeting their FP2020 goals. The Anglophone Africa Focal Point meeting was held in early November 2017 in Lilongwe, Malawi while the Francophone meeting will be held in the first quarter of 2018.

She highlighted the country team's work with family planning High Impact Practices (HIPs) as a strategy to strengthen family planning services. Currently the country partners have received 18 HIPs briefs which fall into three categories:

1. Enabling Environment for advocacy and policy making.
2. Social Behavioral Change for demand generation.
3. Service Delivery practices that can increase uptake of FP services.

Ms. Ros introduced the Rapid Response Mechanism (RRM), a small grants program that supports time sensitive opportunities that can help FP2020 achieve its goal of 120 million more women having access to more contraceptives. The RRM specifically supports projects in the areas of technical assistance, advocacy, training, and increasing access to hard to reach and marginalized groups. She shared the RRM application website which has resources to guide the applicants – <http://www.familyplanning2020.org/microsit/mm>

SESSION 3: USING FP DATA FOR MONITORING PROGRESS AND ADVOCACY

Jason Bremner (FP2020), **Adenike Jagun**, and **Biyi Adesina** (Track20) discussed how family planning data is key to measuring and reporting on program improvements, monitoring progress, and conducting advocacy for strategic decision-making. Mr. Bremner explained that measuring progress can draw from many sources through data collection. Outside of the usual five-year Demographic and Health Survey (DHS), program implementers in the country currently rely on the Track20 team.

Ms. Jagun and Mr. Bremner further described the FP2020 partnership's new approach to measuring a country's progress through the Track20 Family Planning Estimation Tool (FPET) that measures core indicators based on survey and routine data. Mr. Adesina presented family planning data and discussed how it is used to inform decision-making processes and the impact of FP use across the country. Mr. Bremner stated that surveys and health statistics are usually reviewed and harmonized to design a reporting process as well as a progress report.

Track 20 focuses on building the capacities of in-country MOH and Monitoring and Evaluation Officers to analyze data to inform decision making. **Track20 uses all available data to produce model-based estimates annually.** The challenges to accurate reporting include variations in reporting rates from public and private sector Service Delivery Points (SDP) and inadequate dedicated staff time for data collection. The Track20 team recommended areas where states should focus their efforts in improving FP implementation, with respect to their current contraceptive prevalence rate. For instance, states with a low contraceptive prevalence rate (less than 35%) should work to improve policies that control/impair access to family planning.

Discussion

Dr Kaduru, from Young People for Global Health, asked if any family planning data were available to CSOs and if there were any data dissemination practices with respect to Nigeria's FP2020 commitments. Ms. Jagun responded, saying that both raw and analysed data were available online through Track20's website. Another participant noted there was not enough information on the importance of FP to the public and Biyi Adesina agreed, noting that this gap presents as an opportunity for action around advocating for FP awareness. Another question focused on the lack of disaggregated data at the state level. The panelists responded by saying that CSOs are encouraged to track progress of commitment by actively engaging the government. In-country information/data is needed to track commitment progress and Track20 works with National Reproductive Health Technical Working Group (NRHTWG) to review data both at national and state levels. NDHS survey can include disaggregated data on FP from local government level and communities.

SESSION 4: Perspectives of the FP2020 Movement in Nigeria

This session provided a platform for the in-country FP2020 focal points – AAFP, FMOH, UNFPA, and USAID - to share key learnings and experiences in providing leadership for FP program implementation in Nigeria.

Dr. Ejike Oji, CSO focal point discussed how the role of civil society cannot be overemphasized as they are very important in ensuring that the activities of the government are properly implemented. In Nigeria's FP landscape, CSOs were instrumental in advancing much of Nigeria's recent success in FP,

including the 2012 London commitments, the \$4 million increased funding for commodity procurement, free contraceptive services at public health facilities, and more. Other key areas in FP that will require advocacy interventions of CSOs include:

- Implementation of the Abuja declaration that allocated 15% of the total national budget to health
- Stronger budget analysis
- Budget tracking to promote accountability by the government
- Establishment of a peer review mechanism through the Governor’s forum to address issues at the state level, such as last mile distribution of commodities
- Strategic outreach to young people, the “visible-hard-to-reach”
- Effective engagement of the interfaith forum and the Community Based Organizations, CBOs to address myths and misconceptions around contraceptives and family planning

Dr. Kayode Afolabi, the Ministry of Health (MOH) focal point, noted that since the 2012 London Summit, FP2020’s partnership with FMOH has become a rallying point for FP program interventions in Nigeria. He expressed his appreciation of the presence of FP2020 in global and regional settings, including Anglophone and Francophone countries, and the effectiveness of the regional focal point meetings. Dr. Afolabi also stated that national activities have been supported by some FP focused projects such as Palladium, which supports quarterly meetings where challenges of FP interventions are being addressed and solutions proffered. He also noted that data generated by Track20 has contributed immensely to the performance as the data enhances evidence based advocacy.

Dr. Afolabi emphasized that government has committed to the development of the Costed Implementation Plan (CIP) at the national level and increased funding to \$4 million for the procurement of commodities. However, commitments at the state level have remained poor. He called on CSOs to advocate for improved FP at the state level and to particularly focus on:

- Development and launching of the CIP process at the subnational level (three states have done this; 10 have developed but have not launched their CIPs, while others are at various stages of developing their CIPs)
- The adoption and implementation of the Task Shifting Task Sharing (TSTS) policy by the states that will address the challenge of limited human resources in health
- Last mile distribution of FP commodities for improved FP services

Dr. Afolabi said that FP decision makers in the various states make smarter decisions when they use the costed implementation plans in their planning process; he urged participants representing states to employ CIPs as a planning tool. He also emphasized the importance of the relationship between state governments, CSOs, and implementing partners for progress in the implementation of Nigeria’s FP2020 commitments. To do this, there must be strong collaboration with other states as well as with development partners.

Adenike Adedeji, UNFPA focal point, thanked FP2020 and the government for acknowledging UNFPA’s expertise in FP programming and shared that her core mandate is to work with FP focused partners and the government. She also stated that in 2012 when the national CPR was about 8.2% and the government committing \$2 million to commodity procurement, her partnership with USAID, DFID,

and the Canadian government led to the establishment of a basket fund for FP. UNFPA assisted FMOH to commit additional \$1 million to commodity procurement from 2012-2016. With FP2020 initiative, the focus has increased with many achievements. For example, \$12 million was needed a year to provide commodities but due to increase in number of new users, about \$16 - \$18 million yearly is needed for commodity procurement. She noted the following challenges:

- Inadequate monitoring and supportive supervision to ensure an efficient supply chain
- The need to address myths and misconceptions about contraception to improve demand creation

Dr. Pamela Foster, USAID focal point, noted that USAID was a founding partner of FP2020 and has supported the partnership in the following areas:

- Harmonization and translation of the FP demographic dividend messages to accelerate realization of the FP2020 goals
- Networking with the CSOs and development of advocacy kits
- Data collection and utilization of quality data globally and nationally to ensure the government is accountable to their commitments

Discussion

Many perspectives emerged from the discussion. Several young people in attendance cited their capacity and experience in FP advocacy, but noted they were still not included in high level discussions. One woman noted she had done significant rights-based family planning programming in her state over the previous 11 years, yet was still not included in the FP conversation with the State Ministry of Health or the Governor. Another participant was disappointed by the exclusion of disabled users in FP provision, evidenced by the lack of wheelchair-accessible facilities and the poor level of service delivery from health workers. Dr. Afolabi noted this was a matter of concern of the Federal Ministry of Health, and that improvements in health services to disabled persons would soon be seen by the public. Another participant wanted to know the state governments' roles in engagement with CSOs and the federal government. Another participant referred to Dr Oji's interest in involving the Governors' Forum in implementing Nigeria's FP2020 commitments, suggesting that a member of the Forum be appointed a Governors' Point Person for FP2020.

Other comments and suggestions

- There should be programming and funded projects on accountability for FP financing to ensure FP services are free in public health facilities. CSOs are urged to develop strategies on accountability.
- There is a need to promote access to FP information to young people before they can access commodities. The National FP Communication Plan, with the Green Dot logo, has just been launched for implementation as this will enhance access to FP services.
- Inter-state FP conferences should be encouraged to foster competition among the states on best practices in FP service provision.
- The National Bureau of Statistics (NBS) should strategically explore the expertise of young people for collecting data.

- CSOs should leverage the commitments made by the Governors’ Wives Forum during the RMNCAH + Nutrition program organized by the First Lady’s project, Future Assured, to advocate for improved Reproductive, Maternal, Newborn, Child, Adolescent Health (RMNCAH) and Nutrition uptake in their various states.
- There should be deliberate efforts to engage the Ward Development Centers (WDCs) to address inadequate services at the grass root levels.



SESSION 5: CSO Perspectives on Key Challenges in Nigeria Part 1

In this session, **Professor Oladipo Ladipo**, President/CEO of Association for Reproductive & Family Health (ARFH), led a discussion about the different modern methods of contraception, and why FP plays an important role in the overall progress of a country. He highlighted the three rationales of family planning programming:

1. High maternal mortality rate as evidence and an entry point for FP programming in Nigeria.
2. Human rights, which sees access to FP as a right for every person.
3. Demographic dividend, which estimates the quality of life and the success of a nation, when reviewing the age quintiles of the national population.

Prof. Ladipo emphasized the need to train other types of health workers – such as nurses, midwives, and community health extension workers (CHEWs) – to lighten the dependence on doctors in providing FP services. He also encouraged the use of FP champions, including committed leaders in religious, traditional, and social institutions, as a very important tool in promoting awareness and understanding of family planning benefits.

Discussion

One question centred on how to tackle the challenge of recruiting religious leaders, who often exclusively preach abstinence and consider family planning to be promoting “sexual immorality.” Prof. Ladipo explained that very little can be done to moderate sexual activity and the responsibility still lies on advocates for FP to ensure that citizens engaging in sexual activities were aware of the SRHR and had access to any FP commodity or service they needed to protect themselves and plan their future. He shared a story of a student in the University of Ibadan who had lost her life in the process of getting an unsafe abortion. Her friends and colleagues at the university banded together to provide FP information and to promote non-prescriptive FP methods and products to ensure such a needless death would not be repeated on their campus.

Participants put forward the following challenges to involving young people in the FP conversation:

1. Advocacy to make youth and adolescents aware of their sexual and reproductive rights, i.e. “reach them, teach them.”
2. Too many clinics charge users for FP commodities that should be provided for free.
3. The need to train a more diverse population of health workers to widen the reach of FP services and commodities.
4. Research to track outcomes and communicate evidence-based data to the public and uptake of FP in the country.

Also noted in this session were the efforts of the CSOs to accelerate the adoption of relevant policies such as the RH Policy, which could bring provision of free contraceptive services at public facilities, and the Task Shifting Task Sharing Policy. However, full implementation of these policies has remained a challenge. Prof Ladipo encouraged everyone to spread awareness of FP and raise their concerns to health workers who charge for services that should be free. He further explained that without proper use of FP, Nigeria would not achieve its SDGs.



SESSION 6: CSO Perspectives on Key Challenges in Nigeria Part 2: Women’s Rights and Youth

This session highlighted the rights of women and young people to access FP services in Nigeria. The Country Director of IPAS, **Hauwa Shekarau**, and Youth Reproductive Health Advocates **Jennifer Amadi & Nnamdi Esemé**, discussed women’s rights issues and youth engagement in Family Planning. Ms. Shekarau listed the key components of quality FP which includes information, counselling, and choice of method. She called for the depoliticizing of FP use, noting that certain demographics intended to have extremely large families to have a bulkier share of votes in the future. The youth advocates encouraged more intense tracking of FP data, for instance girls under 15 who try [and succeed or fail] to access FP. They called on data management system creators to include young people in the process of survey taking, as data pushes advocacy and policy creation. They also encouraged advocacy for training young people to hold active roles in the FP supply chain and in training to provide FP services to adolescents.

The following recommendations were raised by participants:

- Operationalization of the National Adolescent Reproductive Health Policy to promote access to SRH information by young people.
- Proper training of service providers to provide comprehensive and correct family planning information for informed decisions.
- Address the demographic dividend rationale of family planning.
- Involve young people in the review of the National Adolescent RH Policy, particularly because two out of Nigeria’s 12 renewed London commitments seek to address the SRH needs of young people.
- Enhance access to SRH information by young people to promote peer learning.



SESSION 7: Key Issues from the Two Panels

Dr. Ejike Oji led a discussion on the key issues that emerged from the two panels. The following questions and challenges emerged:

- What can the government of Nigeria do to get full engagement of youth after facilities are built and health workers appropriately trained, and how can civil society support?
- Policy-makers/politicians usually only work to get votes in their future elections. How is FP relevant to politicians seeking votes?
- What efforts are being made to tie FP services to NHIS?
- Is there an opportunity to create an umbrella body for adolescent and youth groups?
- Culture, tradition, and poverty are typical barriers to FP use in the Nigerian space – what can be done to break them down?
- The current age range for women of reproductive age is 15-49 years. Is there a need to widen the age range to include more sexually active young people?

Other key questions and comments raised from the two panels were:

- What are the roles of CSOs to ensure government provides adequate and comprehensive SRH services for young people?
- How can SRH peer learning be promoted in Nigeria?
- How can high-profile women groups, e.g. the International Federation of Women Lawyers (FIDA), the National Association of Women Journalists (NAWOJ), and others be engaged to fight for women's rights to FP services?
- What sustainability plan is provided for the already existing youth networks by government and partners?
- How can the reproductive health needs of adolescents aged 10 -14 be addressed?
- How can the human right rationale of FP be addressed by the interfaith forum to ensure access to FP services to all, particularly SRH services for young people?
- There is need to include SRH information in Family Life and Health Education (FLHE) curriculum for in-school youths.
- Evidence based information is needed to promote knowledge of FP.

SESSION 8: Breakout Session

After a discussion to prioritize focus for CSO engagement, participants were asked to produce group-sourced solutions to the following common FP problems/issues:

- Barriers to young people providing services
- How to capture and share data on early adolescents
- How to ensure commodities reach last mile
- How to get state governments to invest in FP
- How to amplify CSOs voices around the country

The work from the breakout sessions is summarized in the table below.

Group	Topic	Problem Statement	Solutions	CSOs Roles	Immediate Next Steps
1	How can we make CSOs' voices heard?	Lack of effective partnerships between CSOs and government	<ul style="list-style-type: none"> • Strengthen the existing CSOs coalition/networks to have proper coordination. • CSOs should engage in regular interactions with government to create an enabling environment for both partners. 	<ul style="list-style-type: none"> • CSOs should identify themselves to foster a common cause. • CSOs should be responsible and accountable to themselves. 	<ul style="list-style-type: none"> • Walk the Talk – CSOs should have a register and coordinating body. • Coalition should have an agenda/plan/parameter with which they can assess their progress.
2	How can we get the government to invest in FP and track commitments /include in NHIS?	Lack of FP a priority among state politicians/governments	<ul style="list-style-type: none"> • Evidence based communications • Strategic advocacy • Increased demand 	<ul style="list-style-type: none"> • Advocate for freedom of information act. • Identify stakeholders, youth groups and technocrats. • Generate local data to support advocacy. • Galvanize action i.e. pulling resource together. 	<ul style="list-style-type: none"> • Identify states without budget line and CIP for FP. • Collaborate with Department of Health Planning, Research and Statistics (HPRS) of state Ministries of Health (SMOH) to get rate data at the local level.
3	What are the barriers to young people providing services?	Lack of youth friendly services integrated into existing facilities	<ul style="list-style-type: none"> • Update curriculum (pre-and in-service) to include training of young people and integrate adolescent FP services into an existing curriculum. 	<ul style="list-style-type: none"> • Advocate for recruitment of young people as CHEWs. • Seek out medical students' association and offer to train them on FP services for young people. 	<ul style="list-style-type: none"> • Training current providers in Interpersonal Communication and Counselling but specifically targeting new providers focusing on value clarification. • Advocacy to president to student associations in universities to offer voluntary trainers on FP services for adolescents and youths.

4	How do we capture and share data on early adolescents?	Limited surveys that capture 10-14-year old and limited sharing of data.	<ul style="list-style-type: none"> • Encourage increased surveys to incorporate age group 10-14 years. • Independent surveys should be encouraged. • Indirect access to information using dialogue meetings, compound meetings, sensitization meetings, etc. • FLE should be included in primary school curriculum. • Use of the media (traditional and new media) 	<ul style="list-style-type: none"> • Continuous advocacy to relevant stakeholders (NBS, National Population Commission, NPoPc) • Community engagements using strategies of data collection as identified. • CSOs should incorporate 10-14-year olds into existing program. 	<ul style="list-style-type: none"> • Sensitize CSOs • Advocacy visits to NBS, NPoPC, etc.
5	How do we address socio cultural barriers to family planning uptake?	Lack of community leadership/rights awareness	<ul style="list-style-type: none"> • Behavioral change communication with moral Gatekeepers (Opinion, Traditional/Religious leaders) • Empower community leadership with FP information • Incorporate FP messages into community events • Use train/trusted service providers as true FP messengers • Strengthen PHCs as a source of credible information on family planning • Intensify/Increase health education on the harmful effect socio cultural practices against family planning. 	<ul style="list-style-type: none"> • Identify and document current harmful socio-cultural practices that hinder FP uptake • Develop a list of credible opinion leaders • Develop multipurpose intervention approaches on how to address socio cultural barriers to FP uptake. 	<ul style="list-style-type: none"> • Identify other CSO(s) working on FP • Develop Joint intervention approach with other CSO • Identify and document current harmful socio-cultural practices that hinder FP uptake.
6	How can we ensure commodities reach last mile?	Supply chain is broken, not reaching facilities.	<ul style="list-style-type: none"> • Get commitments from state governments. • Media partnership. • Tracking by CBOs 	<ul style="list-style-type: none"> • Engagement of Ward Development Centers (WDCs), civilian Joint Task Force (JTF), women groups and youth groups. • Formation of state CSO coalition. 	<ul style="list-style-type: none"> • Form CSO coalition on reaching the last mile. • Advocacy to UNFPA and FMOH. • Evidenced based advocacy to Governor's forum. • Follow up at sub national level.

Summary of recommendations

1. FP uptake can be improved through:
 - Advocacy for young people to have access to SRH information and services
 - Clinical trials to determine the effectiveness of contraceptive choices
 - Training of skilled manpower
 - Research by higher institutions on progress, access, impact and acceptability
2. Young people should participate in the review of the National Adolescent RH policy, and should include provision of SRH information in FLHE curriculum for in-school adolescents and consequently promote peer learning.
3. There is need to operationalize the National Adolescent RH policy to promote access to SRH information by young people.
4. There should be provision for emergency response to evidence based information domiciled within the Federal Ministry of Health.
5. There is need to address the demographic dividend of FP to promote uptake.
6. A more robust data collection should include surveys that incorporate age group 10-14 years, data from independent surveys, dialogues, as well as data from students enrolled in FLHE programs, etc.
7. High profile women groups such as FIDA, NAWAOJ, NCWS can be engaged to advocate for women's rights to FP uptake.
8. CSOs should partner with stakeholders at the sub national level to address key factors affecting last mile distribution of contraceptives.
9. CSOs should leverage on existing partnerships with the government and other key stakeholders to ensure full implementation of commitments by the government.
10. CSO engagement with the interfaith forum and CBOs can address myths and misconceptions of FP.
11. There should be an FP2020 focal point from the Governor's forum as this will enhance accountability at the sub national level.
12. CSOs collaboration with the HPRS department of the FMOH to generate accurate data especially at the local level that will enable states desire for CIPs. In view of this, the good use of data for evidence based advocacy will be projected appropriately in the next FP conference.
13. CSOs' engagement with CBOs, women groups, youth groups, as well as media partnerships to monitor last mile distribution, will enhance accountability at the state level.

MEETING CONCLUSION

The meeting ended with a discussion from breakout sessions. Participants suggested potential solutions to key challenges (see table above) to effective family planning use across the country. They assessed several perspectives of the current policy status and quality of service delivery of family planning in Nigeria as well as future activities necessary to advance family planning across the country. A common thread was the need to include young people and adolescents in FP policies and program design. Available studies and data clearly show regulatory barriers, poor state of service delivery, limited number of healthcare workers trained to provide FP services, socio-cultural barriers, and restricted access to different types of contraceptives as obstacles to family planning uptake.

There is a need for a widespread call for more inclusive FP policies, especially for young and/or disabled persons and young people. The recognition that the present policies and service delivery states do not address the needs of the population is a step in the right direction and the participation of the crowd in proposing solutions to challenges in FP provision showed what needs to be done to improve implementation of FP processes in the country. The solutions identified by participants of this meeting will inform a draft CSO plan in response to Nigeria's FP2020 commitments and will be part of the Nigeria FP2020 country action plan.



PARTICIPANT LIST

#	First Name	Last Name	Organisation
1	Comfort	Agada	Kogi
2	Okpe	Comfort	Benue
3	Yaya	Hammari	Gombe
4	Grace	H. Zegi	Niger
5	Balogun	Oluwakemi	Ogun
6	Shehu	Muhammed Makarfi	Kaduna
7	Oji	Idika	Abia
8	Mukhtar	Muhammad	Kano
9	Felix	Ekiye	Rivers
10	N.	Ashenanye	Nasarawa
11	Musa	Muazu Musa	FCT
12	Sani	Umar Jabbi	AAFP
13	Brian	Adinma	AAFP
14	Danjuma	Abdullahi	Ummah Support Initiative
15	Emmanuel	Oricha	BetterWorld Initiative
16	Gerald	Ukor	Basic Health Foundation
17	Safiya	Ibrahim Ogoh	National Council of Women Societies, NCWS (Lagos)
18	Judd-Leonard	Okafor	Daily Trust Newspaper
19	Frank	Ajufo	Vision FM
20	Nnadi	Doris	KISS FM
21	Emeka	Anakor	TV360 NEWS
22	Abdulahi	Haruna	WEM MEDIA
23	Chierenyo	Chumah	ARMED FORCES RADIO

24	Olalekan	Olatunji	TV360 NEWS
25	Arowole	Ibinuke	CORATV
26	Joseph	Kamri	ITV
27	Yuman	Bidam	ITV
28	Bukola	Afeni	NEWSDAY ONLINE
29	Adedotun Olawale	Bashorun	GARNET DIGITAL MEDIA
30	Toyin	Adebanyo	DAILY INDEPENDENT
31	Ogbonna	Okezie	CORETV
32	Bulak	Afsa	NTA
33	Chinwendu	Chijioke	Health Focus
34	Marcus	Fatunmole	NIGERIA HEALTH ONLINE
35	Abiodun	Adeyemi	International Society of Media in Public Health
36	Ebenezer	Ahulko	International Society of Media in Public Health
37	Aza	Azinia	International Society of Media in Public Health
38	Bola	Kusemiju	AAFP
39	Phillipa	Mommah	AAFP
40	Kayode	Afolabi	AAFP
41	Chris	Agboghoroma	AAFP
42	Oladipo	Ladipo	AAFP
43	Ejike	Oji	AAFP
44	Chinwe	Okeonu	AAFP
45	None	None	FHI360
46	None	None	Community Health Research Initiative

47	None	None	Budgit
48	Francis	Ohanyido	West African Academy of Public Health
49	Salma	Kolo Anas	MNCH2
50	None	None	White Ribbon Alliance Nigeria
51	Keyinde	Oshinowo	Association for Reproductive and Family Health
52	None	None	Future Assured
53	Okai	Haruna	PPFN
54	Jagun	Adenike	Trac20
55	Adesina	Biyi	Trac20
56	Sandra	Agbanye	CHEDHEM
57	Sandra	Jordan	FP2020
58	James	Kiane	WHO
59	Ian	Askew	WHO
60	Jason	Premmer	FP2020
61	Fatima	Askira	BOWDI
62	Kehinde	Ibiteme	NEXT GEN
63	Lucky	Anyanwu	NHW
64	Gloria	Oputeh	FIRST INITIATIVE
65	Mary	Oricha	FIRST INITIATIVE
66	Nwala	Anthony	Society for Family Health
67	Isaac	Ebenezer	AAFP
68	Hauwa	Shekarau	IPAS
69	Fatima	Muhammed	SFH/A360
70	Dr Adebimpe	Adeniyi mni	FMOH
71	Dr Kehinde	Adeniyi	FMOH

72	Nike	Adedeji	UNFPA
73	Mr. Peter		FMOH
74	Pam	Foster	USAID
75	Mustapha	Yauri	YNAN
76	Izuwa	Greg	FMOH
77	Edoamaowo	Udeme	UNFPA
78	Anyanwu	Lilian	AFRYPOD
79	Oyindamola	Adedapo	HERFON
80	Aanu	Rotimi	HERFON
81	Johnson	Udeani	
82	Ikechukwu	Egbulam	DEOCDF
83	Comfort	Okpe	
84	Nnamdi	Eseme	BAZE UNIVERSITY
85	Jennifer	Amadi	AFRYPOD
86	Shamwil	Hassan	AFRIXAN
87	Gorgeleen	Ekon	IY WAHD
88	Elvis	Okolie	IYAFP
89	Alheri	Nehemaiah	AAFP
90	Adebisi	Adenipetun	LGHI
91	Oluwaseun	Ayodeji	STEP
92	Muazu	Muhammad	Every Girl Every Woman Initiative
93	Rabiu	Umar M.	PBDEDP
94	Blessing	Timidi Digha	African Girl Child Devt & Support Initiative
95	Ayani	Bless-me	Global Girls Hub Initiative
96	Aderibigbe	Costly	Value Female Network

97	Opalola	Tosin	Value Female Network
98	Nzobiwu	Obiamaka	AFRYPOD
99	Okoh	Priscilla	Accord for Community Development
100	Okoli	Chukwuanu	Knit Together Initiative
101	Gimbiya	Akapson	CGE
102	Zainab	Aminu Gurin	CGE-PHRI ZARIA
103	Aisha	S. Waziri	UNFPA-YAGI
104	Onyinye	Edeh	STRONG ENOUGH GIRLS EMPOWERMENT INITIATIVE
105	Onyeka	Akunna	SOUTH SAHARAN SOCIAL DEVELOPMENT ORG
106	Winifred	Imoyera	HACEY
107	Priscilla	Usiokonito	BRAVEHEART INITIATIVE
108	Ajibulu	Faderera	SWAG INITIATIVE
109	Bolaji	Mercy	SWAG INITIATIVE
110	Dayboso	Chibuike	W/AFP
111	Margaret	Bolaji	NUHRI
112	Brenda	Effiom	BrenCare Foundation
113	Laz	Ude Eze	AFRYPOD
114	Immaculate	Ude-emeh	
115	Chijioke	Kaduru	