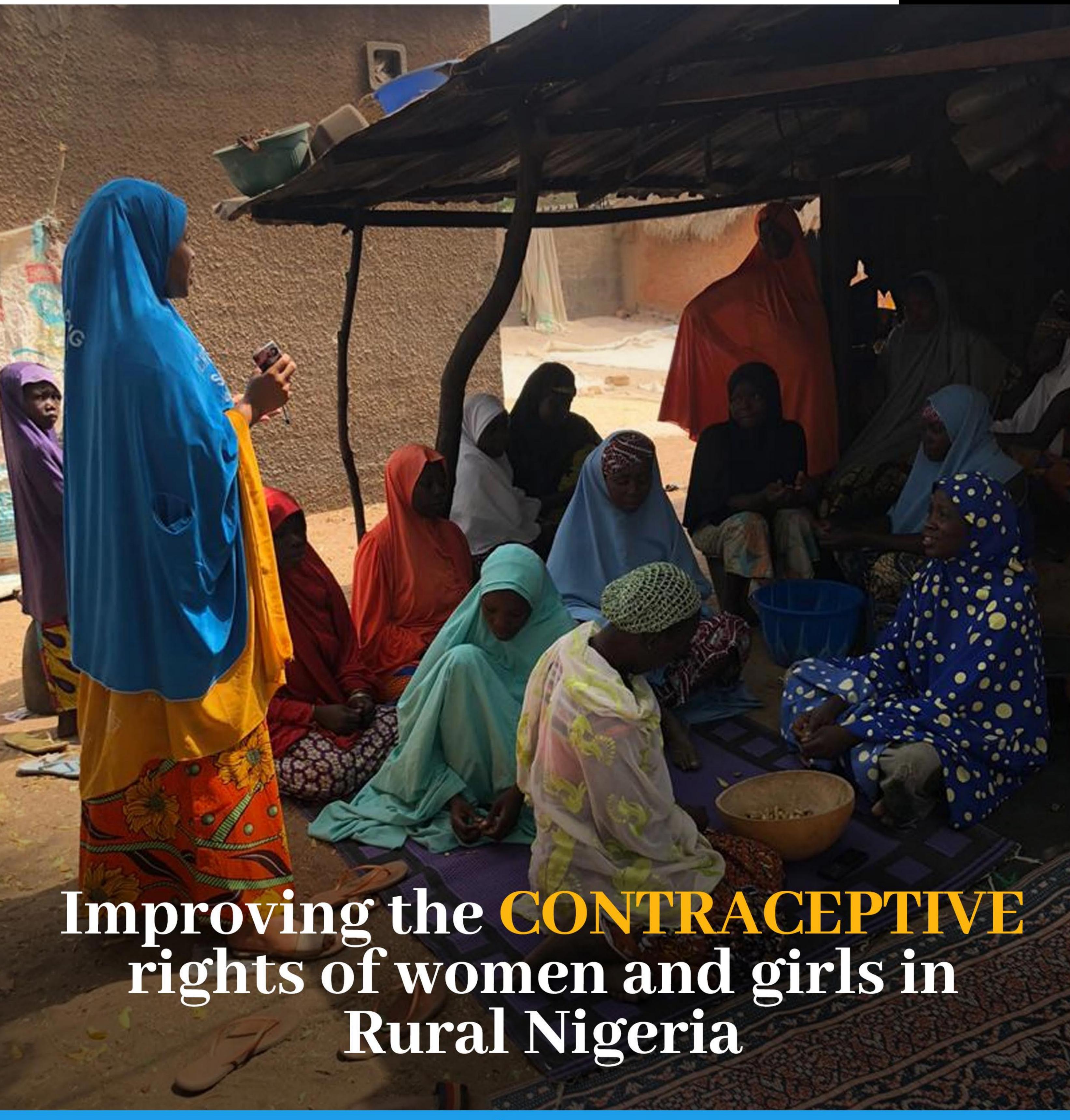
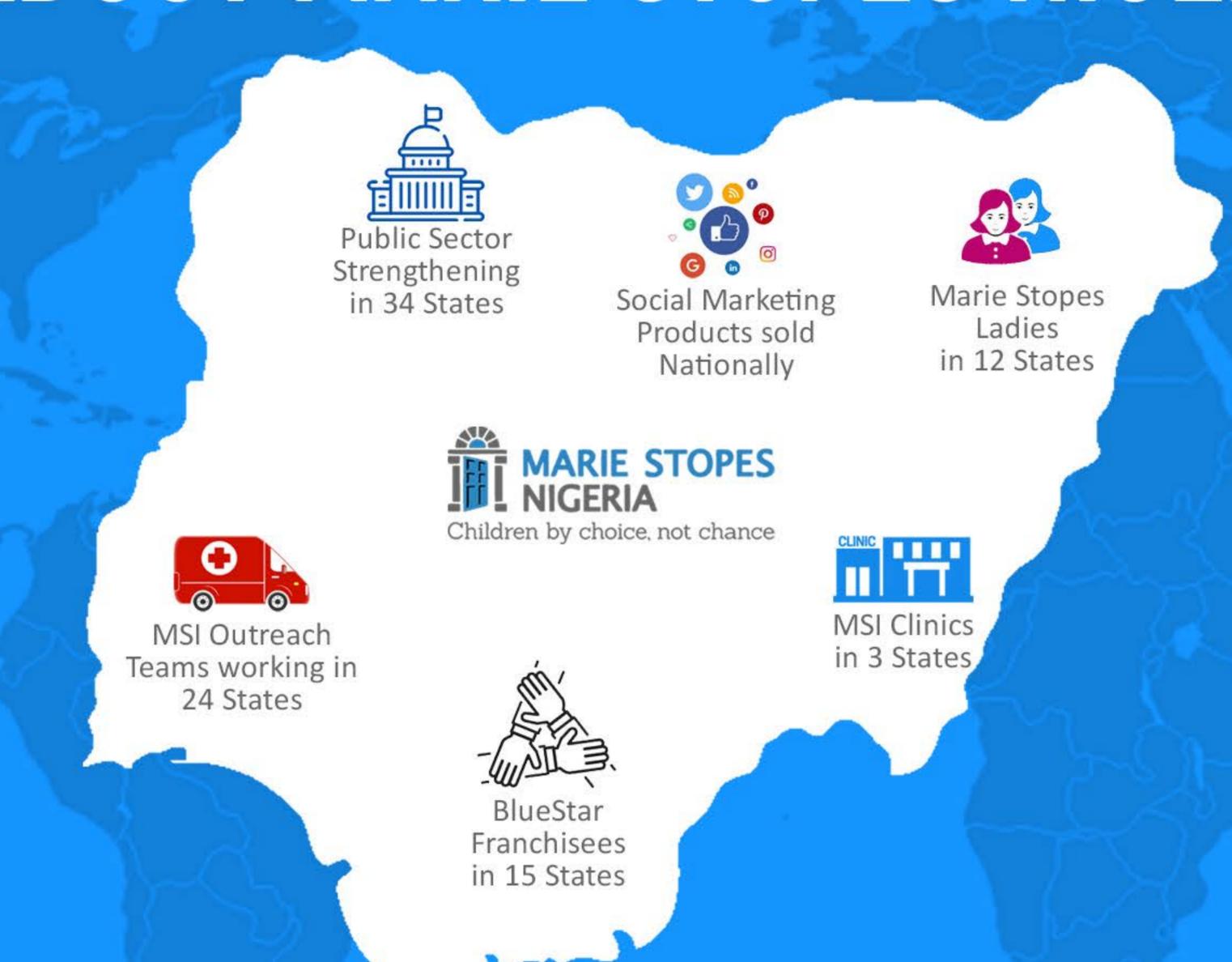


A Quarterly Newsletter of Marie Stopes Nigeria / Volume 3

October 2020



ABOUT MARIE STOPES NIGERIA



Editorial eam

arie Stopes Nigeria envisions a nation in which every birth is wanted. Our mission is to empower women and couples in Nigeria to have children by choice and not chance.

We are a leading not for profit organization that is specialised in quality sexual and reproductive health interventions. We are part of Marie Stopes International (MSI)'s global partnership and was founded in 2009. Since inception, MSION has worked collaboratively with the government of Nigeria at all levels to redefine quality in sexual and reproductive health; and with donors and civil society to increase access to quality and affordable sexual and reproductive health (SRH) services focusing on promoting universal access to contraception (family planning) for all people in Nigeria. Our programmes are implemented across 36 States and the Federal Capital Territory.

At MSION, we provide comprehensive SRH services that enable women all over the world to choose their futures. Our services across Nigeria are free from stigma and discrimination and non-judgemental from stigma, judgement, and discrimination, regardless of age, gender, location, background, marital or economic status. Our services include Contraception, Comprehensive Post-Abortion Care (CPAC), STI

testing and treatment, Maternal and child health care, plus Health Systems Strengthening.

At Marie Stopes Nigeria, we do not do one-size-fits-all. We keep our clients at the centre of our intervention and tailor services and approach to address the unique challenges of the client. We employ several channels of service delivery to ensure no one is left behind. These include,



Centres: These are MSION operated clinics. Our centres set the standard for our services. Centres provide quality sexual and reproductive health services including family planning, cervical cancer screenings and treatment, vaccinations, well woman and laboratory tests.



The BlueStar Healthcare Network (Social Franchise Channel): These are private-sector provider network managed by MSION under the 'BlueStar' franchise. MSION supports these private providers with training, quality assurance, branding and demand generation support.



Outreach: We have been very successful in reaching women and girls, those underserved populations in remote locations, lacking reproductive health services through our outreach channel.



Marie Stopes Ladies (MSL): These are community-based healthcare

providers who deliver services door-to-door or from their own homes to women within their communities.



Public Sector Strengthening

(PSS): MSION works collaboratively with the government to strengthen the health system through training of providers on long-acting methods of FP. By the end of 2019, MSION had supported the scaling up of service providers' training and supportive supervisions to over 5500 providers but currently supports over 2,100 public sector facilities and providers in 35 states.



Social Marketing: MSION uses modern management and marketing techniques to provide quality reproductive health care, child spacing and associated products that aim to reduce infant and maternal deaths.



Contact Centre: MSION's service delivery channels are reinforced by a toll-free free hotline for clients. Our contact centre provides professional, non-judgmental and confidential SRH information, counselling and referrals as part of our continuum of care.

Our Contact Centre numbers are:

0800-00-22252 (Toll-free); 22252 (Charges apply)

9 0908-00-22252.



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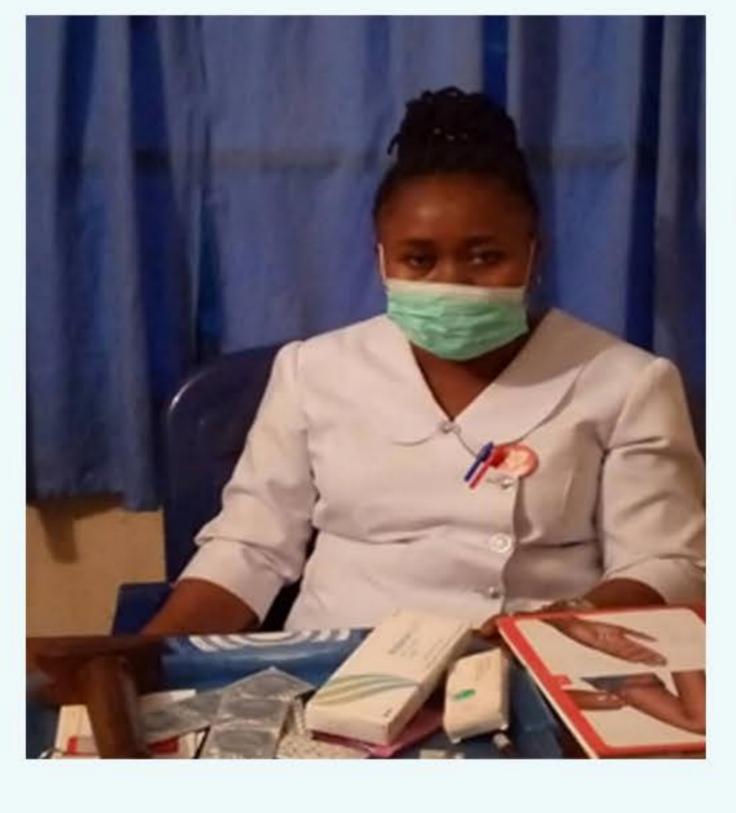
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COVER STORY

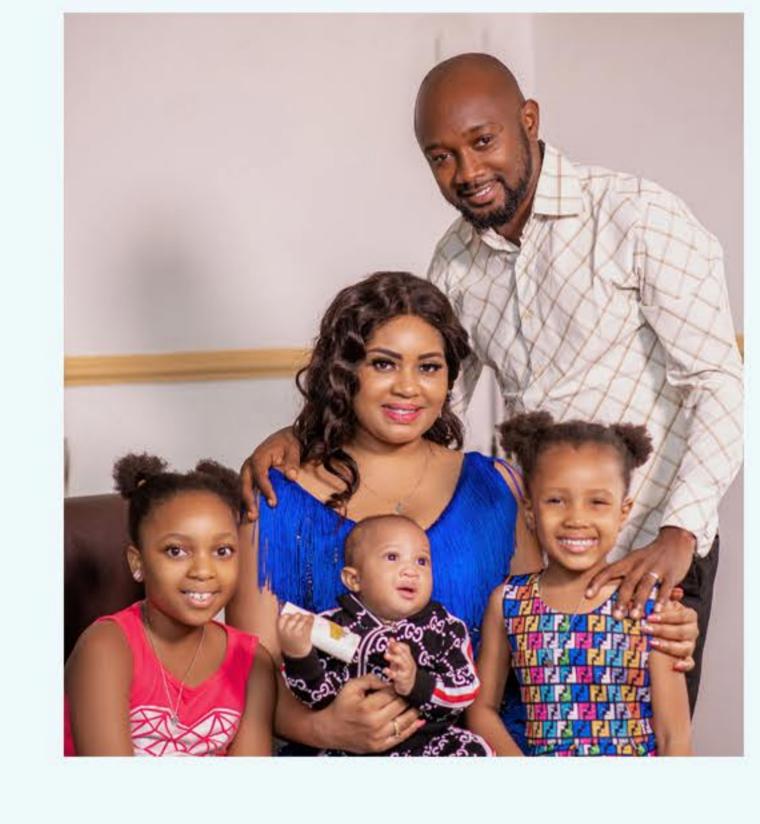
Improving the contraceptive rights of women and girls in rural Nigeria



SPECIAL FEATURE

-Ewu Ukwu: A ride against the tide of Reproductive Health Cultural Norms in Mbaise

- The Audacity of Choice



CLIENT SPOTLIGHT

- The Daches: Our Contraceptive Journey

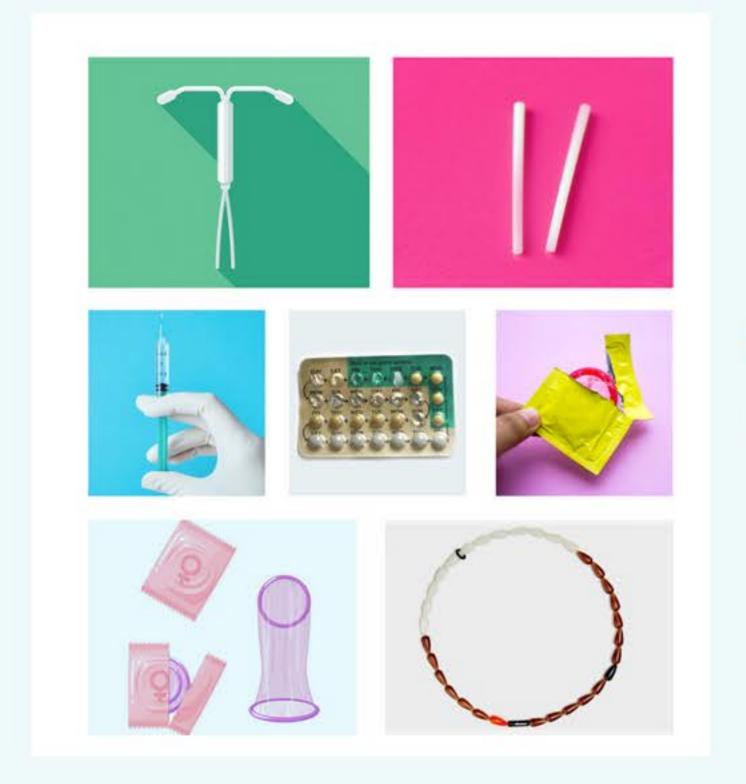
- We have found a Messiah!



PROGRAMME GIST / EVENTS

- Courtesy Visit with the Minister

- Addressing Safety Concerns in the Conduct of SRH Competency Training for Frontline Health Providers amidst COVID
- Enabling Reproductive health Choice and access for the girl child



GUEST COLUMN

Contraception: Flipping the Focus



Your Body, Your Choice, Your Future.

am excited to share with you the Marie Stopes International (MSI) 2030 strategy – Your Body, Your Choice, Your Future. This new strategy will define the focus of MSI work for the next ten years (2021-2030). It is bold, audacious and client centred. By 2030, the MSI partnership envisions a world where no abortion will be unsafe, and every individual will have access to contraception. The new strategy is defined by 6 Pillars namely: 3 Access Pillars and 3 Enabling Pillars.

The Access Pillars focus on service to clients: **(1) Leave No One Behind:** Under this pillar MSI will continue to fill gaps in service provision, to reach those without alternative access, closing gaps in service delivery for vulnerable populations. **(2) We will build a Strong Private Sector,** diversify our service offering, provide a unique country-level integrated service delivery option that is reinforced by a sustainable MSI centre that ensures every woman and girl will be only one contact away from a safe provider. **(3) Client-Powered Sexual Reproductive Health and Rights (SRHR):** under this pillar, we will put control in the hands of our clients while raising standards in the sector. Through strategic interventions, we will remove barriers for safe services and harness digital technology to expand access to self-administered SRH products.

The Enabling pillars focus on means of achieving success. (1) We will move from fund securing to fundraising across a more diverse network, continue to generate our funds as a social business and steward our finances and provide value for money. (2) We will build strong partnerships at global and country programme levels, continue our work with government and partners to remove policy restrictions (3) We will transform ourselves to be transformative for our clients.

In the last five years, we implemented the MSI 2016-2020 Strategy 'Scaling-Up Excellence which focused on Universal access and reaching one woman at a time. Working over three pillars (1) Scale and Impact which delivered increased scale and impact at a lower cost per clients served, (2) Quality which set the standard for clinical quality and client-centred care, and (3) Sustainability which built long term sustainable services delivery models that go beyond donor support.

As a global partnership, MSI achieved exciting results. We served **32 million** women and girls with contraception, added **11 million** new users of contraception, provided **17.2 million** safe abortion and post-abortion care services, and built a strong partnership with our partners. As a country programme, MSI Nigeria served **7.38 million** Women and girls with contraception, added **3.7 million** new users of contraception, provided **1.05 million** post-abortion care services, and built a strong partnership working government and our partners. Our partnership with the Ministry of Health has been key to the success of our work. By end of 2019, our reach is across 603 LGAs in 36 States, serving clients in both urban and rural areas.

I wish to personally thank all MSION team members. You are amazing, and your dedication and hard work underpin our success. I urge you to stay focused and remain committed as we make giant strides into the new decade.



CERVICAL CARICER

is Preventable, Detectable & Treatable



Get screened or take the vaccine at Marie Stopes clinics

LAGOS: 105, Itire Road, Lawanson, Surulere, Lagos.

ABUJA: 29, Ekukinam Street, Utako, Abuja.

BENIN: 2B, Aruosa Street, Sakponba Road, Benin, Edo State.

- 0800 002 2252 (Free),22252 (Charges Apply)
- 09080022252

IMPROVING THE CONTRACEPTIVE RIGHTS OF WOMEN AND GIRLS IN RURAL NIGERIA



On the road to Gurjiya, a community in Garko Local Government Area of Kano State, you soon notice life becoming more rural after leaving the outskirts of Kano city. Cars and homes made of bricks are soon replaced by motorbikes, donkeys, men and women on foot, and homes made of mud, drying fields of corn and millet and scantily clad children playing in the open streets. Maryam Garba is a 33-year-old mother of 10 living in this farming community with her husband and co-wives. Maryam's husband has over 20 children. The household depends on their subsistence farming for survival, an income that is too meagre to meet their needs. All 10 of Maryam's children were delivered at home without skilled birth attendance. The

nearest health post is 4 kilometres trekking distance, but Maryam would not visit the health post because aside distance and cost, it is not permitted for her to be touched by a male provider. Though Maryam desired to space her children, she had several barriers that hindered

A Nigerian woman gives birth to an average of 5.5 children in her lifetime.

access to contraception. Maryam represents many women in rural parts of Nigeria (North and South) who have multiple and unspaced births that predispose them to risks of injury, a cycle of poverty and death.

A Nigerian woman gives birth to an average of 5.5 children in her lifetime. Socio-cultural norms such as preference for large families, cultural and religious tenets, myths that link contraceptives with infertility and women's lack of decision-making power over their sexual and reproductive health limits her uptake of contraceptive services. Access to contraception and maternal and newborn health care is recognised globally as essential to creating a

MARIE STOPES NIGERIA

COVER STORY

healthier future for women and families. Yet, access to this life-saving intervention remains challenging for many women who live in rural Nigeria, are poor, and sexually active unmarried women (including adolescent girls).

Nigeria's FP2020 indicators show the country has made progress at improving women's access to services. From 13% mCPR among all women (married and unmarried) in 2017 to an estimated 14.8 by end of 2020. There has been a steady increase in new FP users added year on year from 1.4 million new users in 2017 to an estimated 2.8 million by end of 2020.

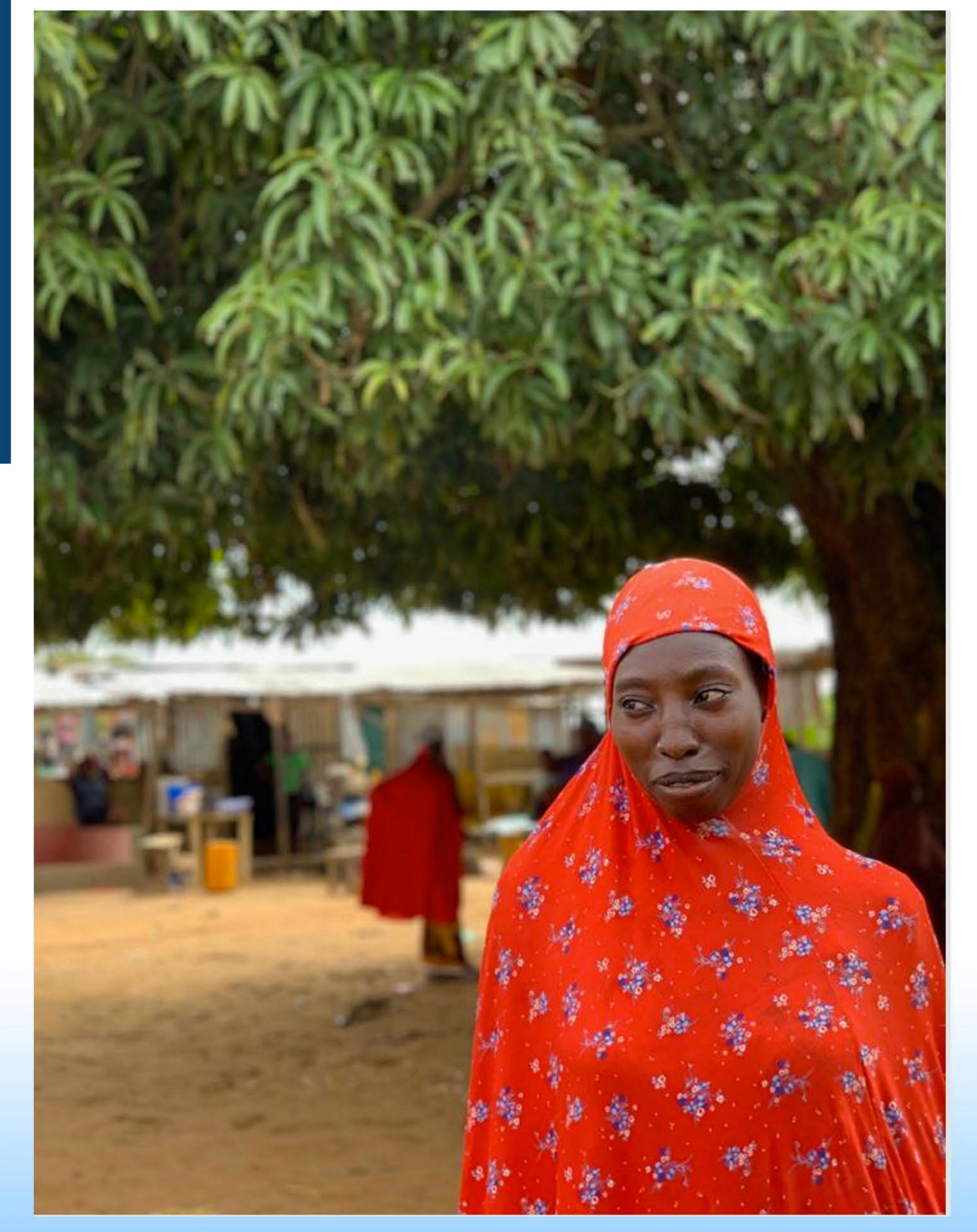
Recognising this, the Nigerian government in 2017 committed to achieving a modern Contraceptive Prevalence Rate of 27% by 2020 among all women aged 15¬–49, regardless of marital status. We are now at the twilight of 2020, is the Nigerian nation closer to this commitment?

Nigeria's Demographic Health Survey (NDHS, 2018) shows a modern contraceptive prevalence rate (mCPR) of 12% among currently married women age 15-49 and 28% among sexually active unmarried women. While knowledge of modern contraceptive methods is high, 98% among sexually active unmarried women and 94% among currently married women; a huge gap exists between knowledge of contraceptives and access to service.

Access gap grows wider between sexually active married and unmarried women, and between women living in poverty and those in wealth. Sexually active unmarried women have an 85% demand for FP but more than half of this demand (48%) is unmet. Likewise, a woman living in the lowest wealth quintile is 5 times less likely to be using a modern method of contraception when compared to a woman living in the highest wealth quintile.

Nigeria's FP2020 indicators show the country has made progress at improving women's access to services. From 13% mCPR among all women (married and unmarried) in 2017 to an estimated 14.8% by end of 2020. There has been a steady increase in new FP users added year on year from 1.4 million new users in 2017 to an estimated 2.8 million by end of 2020. The country did not record progress in closing the unmet need gap for modern contraceptive which increased from 23.1% in 2017 to 23.7% in 2019. The same trend is reported in unintended pregnancies which increased from 3.3million in 2017 to 3.4 million in 2019. More investment is needed to close the unmet need gap and give women access to services. This will require the collaborative effort of government at all levels, civil society, and donors to address access barriers at all levels – household, community, service delivery point and policy.

National estimates show that Nigeria has an annual adolescent FP demand of 900,000; more than half of which are unmet, and 2.5 million unintended pregnancies yearly.



Global estimates show that by 2030, Nigeria will be home to the highest number of people living in extreme poverty (24%). By the same year, an additional 19.1 million Nigerian women will be demanding FP services which necessitate a need to prioritize equity in access to family planning. Seeing the inequity in services between the poor and the rich, deliberate and increased investment in universal access to contraceptives to bridge the equity gap is needed from government and all stakeholders to ensure women get the information and services they need to determine whether and when to become pregnant. The focus should be on dispelling myths and misconceptions about family planning, expanding training of providers and the provision of FP services and supplies to the last mile (especially in rural settings), and enabling an environment in which women and girls make informed choices on their health.

By Marie Stopes Nigeria's estimation, if the total demand for contraception in Nigeria is satisfied, the number of unintended pregnancies and abortions would drop by 77%. By enabling women to reach their fertility intentions, Nigeria will be taking the first step in lifting them and their families from poverty. For example, if women are empowered to plan their births from a large family size of 7-9 children to 4 or fewer children per family), this will increase household income per person. The additional income saved from a larger family size could protect the family from economic shocks, food insecurity and while enabling investment in education for their children and an overall improvement in the family's standards of living.

Since 2009, MSION has provided high-quality sexual reproductive health and rights services in Nigeria and recorded more than 24 million client visits. In the last 5 years, we have seen a 4-fold increase in clients receiving their choice in family planning service through various channels of service delivery that

tailors services to the needs/location of clients.

On October 22, Maryam Garba took up a contraceptive method during a mobile outreach in her community. She explained to our staff that "I never did any child spacing since I married". Asked why she was not

The outreach service is one of Marie Stopes channels of service delivery that specifically target and reaches the poor and most marginalized and underserved locations.

able to take up FP until she gave birth to ten children she said, "I can't go to the hospital to see a male nurse for family planning services, my husband will not allow me. My religion does not allow a man who is not my husband to touch my body. But when I was told by a local community mobiliser that Marie Stopes was visiting our village and that the providers are women, I obtained my husband's permission to take up the free FP service. I am happy because I can wait a long time without giving birth. Thank you and God bless your organization". Joyful Maryam said before leaving the outreach site.

The Outreach service is one of Marie Stopes channels of service delivery that targets and reaches the poor and underserved persons and locations. The team's ability to geo-map and use routine operational data to locate services sites that reach the poorest of the poor is exceptional. In 2019, over 60% of clients served by the Outreach team lived in extreme poverty. In 2020 alone (January to September) MSION's 23 Outreach Teams have visited 3,568 poor communities across 349 Local Government Areas in 27 States.





#TakeResponsibilty #COVID19Nigeria

COVID-19 SYMPTOMS

ANYONE WITH COUGH AND/OR FEVER(OR HISTORY OF FEVER IN THE LAST 2 WEEKS) WITH ONE OR MORE OF THESE SYMPTOMS



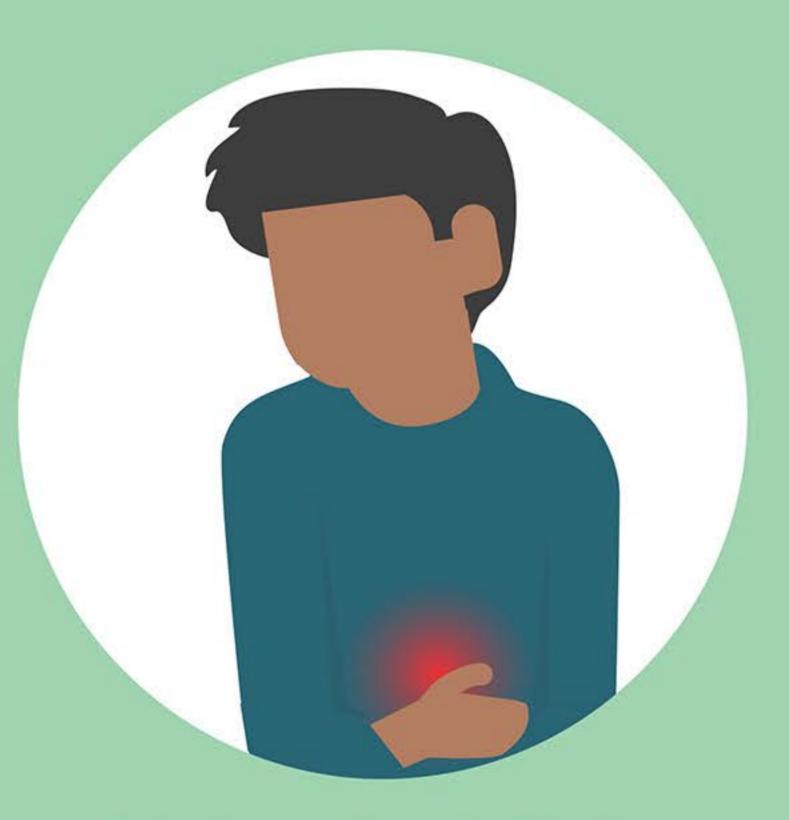
Headache



Breathing Difficulty



Runny Nose



Abdominal Pain



Sore throat



Shivering/Chills



Body Pain



Sudden Loss of taste and smell



Fatigue & Tiredness





EWU UKWU: A RIDE AGAINST THE TIDE OF REPRODUCTIVE HEALTH CULTURAL NORMS IN MBAISE

ertility is celebrated among the Igbos in South-Eastern Nigeria. Several socio-economic and cultural factors such as son preference, stigma and discrimination ascribed to childlessness and other relevant practices across most communities bolstered frequent childbearing among Igbo women; sometimes in conditions that threaten their lives. Among the Mbaise people in Imo State, the ewu-ukwu custom is celebrated to honour a woman after her tenth child. A goat is slaughtered, and a feast is made in honour of the woman. This custom is seen as an index of accomplishment and self-actualization for women. While this custom has waned, it is noteworthy that the quest to be celebrated as fertile shores up high fertility among women in Mbaise community and carries high risks of maternal and infant mortality which are themselves exacerbated by poor health amenities.

Mrs Mgbeoduru Victoria is a sexual and reproductive health service provider at Nnarambia Health Centre, a high-volume facility (deliveries happen at the clinic) in Ahiazu Mbaise Local Government Area in Imo state. She was trained on Long-Acting Reversible Contraceptive (LARC) by Marie Stopes International Organisation Nigeria in 2015. Before her selection and training, Victoria like most women in the predominantly catholic community disliked artificial contraceptives. She also had primary infertility that was a source of worry for her.

The training gave her a new perspective and understanding of family planning, not as a ploy to make women infertile but an intervention to help women and couples achieve their fertility intentions. Victoria mobilized her staff at the health facility, and they started sensitizing people to accept Family Planning services. "We would sensitize women during child welfare



There are many women in the community whose stories are yet to be heard

and antenatal clinics and visit communities to educate and correct the myths and misconceptions people have already tagged FP with" she recalled.

Victoria has become the fulcrum for sexual reproductive health and contraception in her facility and town. She and her team of mobilisers would travel long distances into communities with the bad road network and sometimes security

challenges during in-reach activities to educate men and women on benefits of family planning and render services.

She notes that the sensitization began paying off gradually, one woman at a time, requests for FP services began to come in. "Today, awareness is growing, and clients now walk in at their pace and time to take up services. Some will tell me 'sister,' you see this pregnancy, please insert Family Planning method as soon as I deliver'. She recalled with joy a particular woman who already had seven children and the one she delivered in January 2020 was her 8th child. After her delivery in January, Victoria was counselled on family planning before she left the facility. "I was excited one morning when this lady walked into the clinic and took up a Family planning method and thanked me excitedly for encouraging her to take up an FP method after her delivery at the facility."

Victoria notes that issues of side effects are being resolved through balanced counselling by giving the women the necessary support. She notes that there are many women in the community whose stories are yet to be heard and to ensure that these women have access to contraception, she would sustain the advocacy efforts with communities to enable more women to make their choices for the development of the family, community and the nation According to Victoria, Marie Stopes entry into Mbaise has improved women's health. "I am convinced that a lot of maternal death has been avoided because of the services our women take up" she said. Victoria is grateful to the Ministry of Health in Imo state and the dedicated staff of Marie Stopes Nigeria in Imo state who have supported her tirelessly in her effort to improve the reproductive health and well-being of the Women in Mbaise.



STAFF SPOTLIGHT

LONG SERVICE AWARDS TO SERVING EMPLOYEES

At Marie Stopes International Organisation Nigeria (MSION), we value and celebrate our team, our number one brand ambassadors. This September, the Country Director presented Long Service Award to 11 deserving team members that have rendered dedicated services to the organisation for five years. It is an appreciation of their dedication and reinforces employee engagement and retention. Congratulations to our September 2020 awardees!



Odazie Emmanuel Driver and Administrative Assistant



Tansi Nick **Community Mobilization**



Osih Chidiebere **Driver and Administrative** Assistant



Faloye Abimbola Regional Manager, South West



Taiwo Anne Strategic Research Manager



Ogbonna Patience Clinical Training Officer



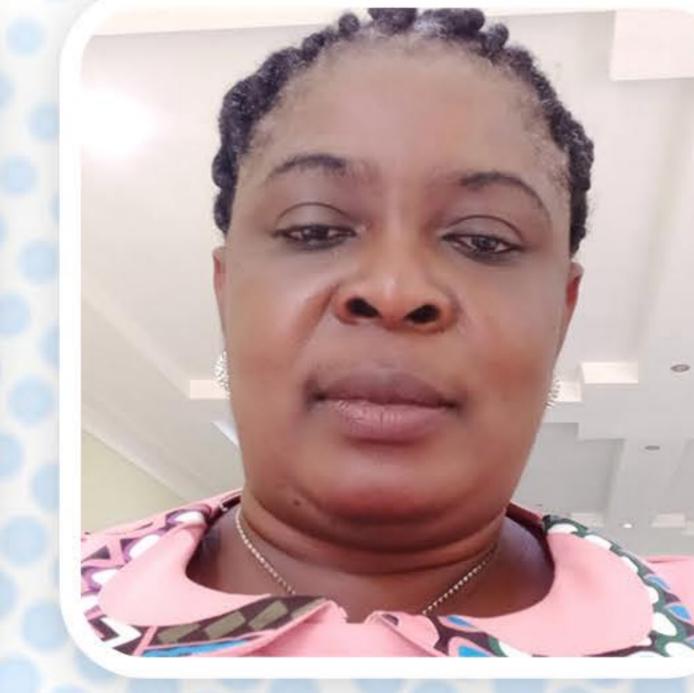
Obasi Raphael Inventory and Asset Management Coordinator



Ozuzu Promise Outreach/Investment Funding Manager



Ume Ngozi Clinical Training Officer



Abua-Onuorah Stella Clinical Training Officer



Balogun Jaiyeola Director, Human Resource and Administration

Page | 09

- Cynthia and Dachung Daches



Cynthia and Dachung Daches is a couple who began their contraceptive journey with Marie Stopes International Organisation Nigeria (MSION). Over ten years, MSION has supported the family to make informed reproductive health choices that have enabled them to plan and space birth on their terms. Below is an excerpt of an interview with the Daches to share their contraceptive journey. They have three children - Simi, ten years old, Sophia, six years and six months old Jason, their youngest baby.

MEET THE DACHES

Cynthia: My name is Cynthia Daches, I am 32 years old from Kaduna State. I am married to Dachung Daches. I sell kids clothing and am studying for my master's degree.

MARIE STOPES

Children by choice, not chance

Dachung: I am Dachung Bitrus Daches. I work with the public sector (telecoms company). I am from Plateau State, and I'm married to Cynthia Daches.

Cynthia: I started my family

planning journey after my first child. We got married very early. Things were not as rosy or comfortable, so we needed to do something. I was in school and we just needed to balance things up. I could not keep having kids continuously while I was still in school, also the thought of fees and how to take care of the kids and all that. So, that is why we decided to start family planning.

Dachung: I came across Marie Stopes from a friend who used to work there. He assisted me in understanding what they do, that was when I was able to link up my wife to talk to him and see if it was okay by

Cynthia: After he told me about their services and the outreach they were running at that time in Jos, I quickly went over to the venue, and then after counselling and talks with the staff there, I was able to know what was suited for me and I went for the Implanon.

MARIE STOPES NIGERIA Children by choice, not chance

RETURN TO FERTILITY

Cynthia: I didn't have any problem transitioning or taking in (getting pregnant) immediately after I took out my Implanon. I had so many people trying to dissuade me from family planning based on the assumption that once you go on any family planning method, you will not be able to have kids again. I know this is not true, because when I was ready for another child, I took out my Implanon, it didn't take long for me to get pregnant.

Dachung: I think it just took 2 or 3 months for Sophia, then the next child, I think we just did another three months.

Cynthia: Yes, the first one was three months after I took it out and then the second one was four months after. It doesn't stop you from getting pregnant; it doesn't affect your fertility in any way. I'm a witness.

Dachung: There were so many things to dissuade us from getting us to do this family planning, but I can say that we were able to beat the cultural, the societal and the religious part of that 'theme' of not getting pregnant after having family planning. It (family planning) has helped us; we got pregnant at the time we wanted. We have an adorable family, three kids and all of them are well planned.

Cynthia: Despite cultural, societal, religious pressure and dissuasion from family planning, I stood my ground because; at the end of the day, it's my body, I know my pocket, I know my capabilities. So, I needed to rest, I needed to face other things, and I knew that having kids back to back will not afford me the opportunity to run what I wanted – my education, my business and be carrying babies and the whole stress.

> It was our future, it's the future of our children, so we needed to agree first, and we did.

PARTNER SUPPORT

Cynthia: My husband has been really supportive. He was the one who introduced Marie Stopes to me.

Dachung: It was our future, it's the future of our children, so we needed to agree first, and we did. We had an absolute unified agreement to run the family planning. Because I'm someone that my father won't mind if I have ten children, so I was thinking in that direction, you know. But together we believed in what we wanted to do, and it has helped us. Planning your family is helpful for everybody – it's not just for her, it is not just for me but both of us. Even our kids, they run around trying to hold the baby.

Cynthia: Yes, my eldest daughter would hold the baby sometimes.

Dachung: And then we have each other's time. I still have her time and she still has my time – that's the fantastic one out of everything.

ADVICE TO COUPLES

Cynthia: As a woman, this body – it needs rest. You need to rest. You can't be having kids every year. Your body needs to rest to regain your strength and for your sanity.

Dachung: To all the couples who seem to be sceptical about going for family planning, I'll tell you that ours is a testimony. It has helped both of us. So, don't think about it like it's something that cannot be done or a fearful thing worrying about if you can ever have kids after the first one. Well, we are proofs, and we can stand day in and day out and tell everybody.

Cynthia: It didn't stop us from having more, it didn't obstruct our fertility, it worked perfect for us and we recommend it fully.

Dachung: And it gives you time for each other. My brother, it gives you time for each other, do you understand? You can have her time if you say you just want to have her time and have that discussion.

Cynthia: Our first daughter, Simi, she's ten years old, and Sophia the second is six and our baby, the final one – his name is Jason, he's six months old.





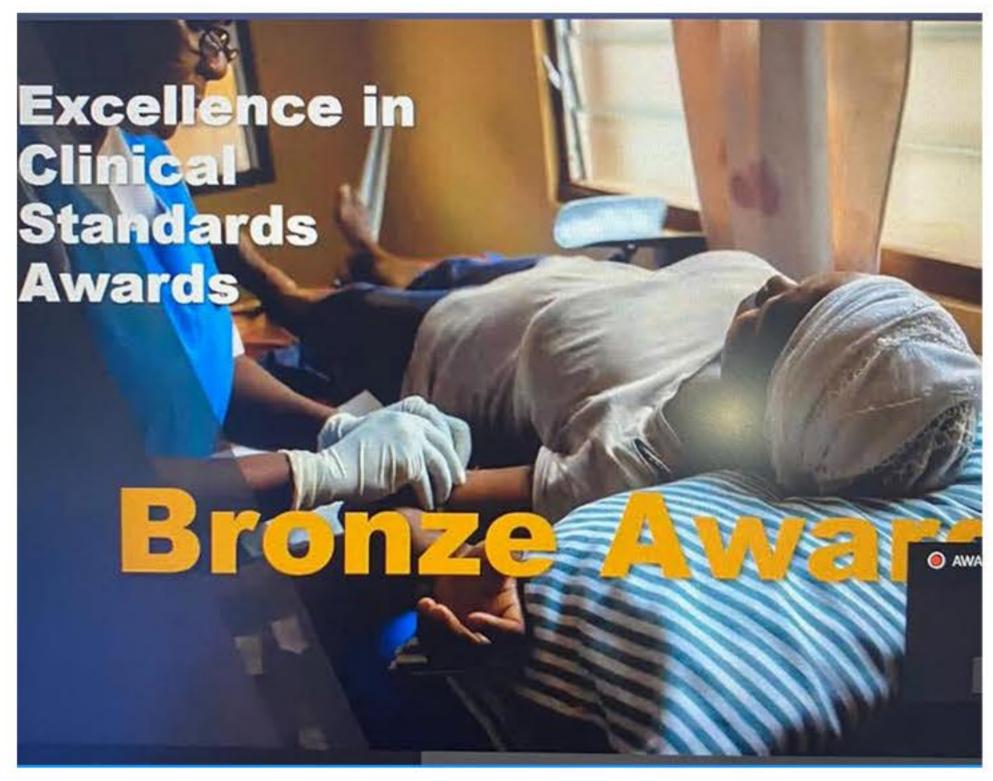
ADVOCACY VISIT TO OYO STATE POLICE PUBLIC RELTIONS OFFICE BY THE SAFIRE **TEAM**



ADVOCACY VISIT TO THE TIKAU EMIRATE



DR. CHINWE OCHU, HEAD OF PREVENTION, PROGRAMMES AND KNOWLEDGE MANAGEMENT, NCDC ALONGSIDE MSION TEAM MEMBERS AFTER THE 4TH MSION WEBINAR SERIES



MSION WINS THE MSI GLOBAL AWARD



DRHA 3RD R WITH MSION SOUTH WEST TEAM MEMEBERS AT THE REGIONAL SUPPORT OFFICE



PARTICIPANTS AT THE ABIA PROVIDER TRAINING



PARTICIPANTS AT THE SOKOTO PROVIDER TRAINING



MALE INVOLVEMENT SESSION AT ANGWAN JAJI, POTISKUM LGA, YOBE



H.E AISHA UMMI GARBA EL-RUFAI WIFE OF THE KADUNA STATE GOVERNOR WITH PACKS OF BACKUP



BACKUP PRESENTATION TO H.E AISHA UMMI GARBA EL-RUFAI FOR RAPE RESPONSE IN KADUNA STATE





SERVICE PROVISION AT THE WASSA IDP CAMP, ABUJA ON WORLD CONTRACEPTION



OUTREACH TEAM MEMBERS CLIMBING UP TO A SERVICE SITE AT KAKWE COMMUNITY, BOKI LGA, CROSS RIVERS



WORLD CONTRACEPTION DAY MEDIA APPEARANCE ON THE WEEKEND SHOW ON



AKWA IBOM OUTREACH VISIT TO OKORITAK COMMUNITY, IBENO LGA, AKWA IBOM



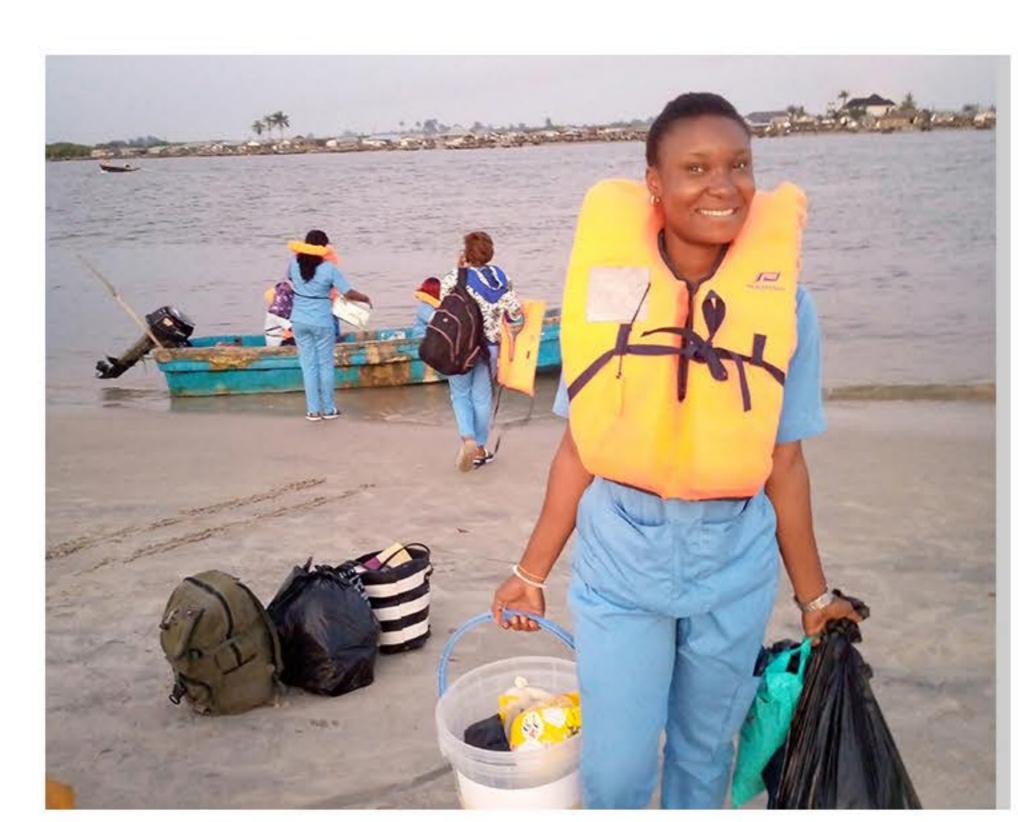
MSION HEAD OF MIS OLUGBENGA OMISILE WINS MSI I SIGHTS AWARD FOR CHAMPIONING THE POWER OF ROUTINE DATA



WINNERS OF PLAN NOW SOCIAL MEDIA CHALLENGE



SENSITIZATION VISIT AND AWARENESS CREATION ON FP TO A GROUP OF WOMEN ON THE FARM IN BENUE STATE.



TEAM VISIT TO OKORITAK COMMUNITY, IBENO LGA, AKWA IBOM



MSION TEAM HEADING TO GADARA COMMUNITY IN SHANONO LGA, KANO



UNFPA COUNTRY REPRESENTATIVE, MS. ULLA MUELLER AND THE DEPUTY COUNTRY REPRESENTATIVE, MS. ERIKA GOLDSON VISIT MSION SUPPORT OFFICE



WE HAVE FOUND THE MESSIAH!

Christian faith, it was Andrew (in the gospels) who first met Jesus. So profound was his experience that he quickly ran to his brother, Peter and declared, "we have found the Messiah." Peter came and heard for himself, and the rest as they say is history.

To discover a treasure is one thing but to get so excited as to share it with others is remarkable. It is exciting when the newly found treasure is 'satisfaction with a contraceptive method'. People often keep such personal matters as their use of contraceptive to themselves to avoid reproach. Therefore, sharing such with a younger sibling and a close friend is noteworthy.

On April 14th, 2020, in a small community of Eteafia in Mkpat Enin LGA of Akwa Ibom state that 25-year-old Agnes Samuel Idongesit met Marie Stopes Nigeria team. A single mother of a one year plus old daughter, she was worried about the path her life had taken since getting pregnant two years ago. Her boyfriend at the time whom she thought loved her abandoned her to her fate. Life had become a struggle for her

Agnes said she never wanted her sister to make the same mistake as she had and was prepared to support her make better choices.



L-R: AGNES, MARY AND IMAOBONG

since then. So, it was a big relief when she heard of an in reach scheduled in a community one hour walk away from her village. She came and was impressed with what she saw and heard that she took up an implant (Jadelle). Unknown to the team, Agnes walked back home to share what she learned with her younger sister and another friend. The three then walked back to the venue of the in-reach only to discover that the team had gone. The girls returned home very distraught and frustrated.

Three months after, the MSION team scheduled another in reach, this time, it happened to be in Agnes village! MSION's Community Mobilisation Officer (CMO) was working with the community-based mobilisers on July 13th 2020 to create demand for service at the in-reach site when an excited Agnes ran up to him. Although the CMO did not recognise her, Agnes quickly recalled the events of April 14th and asked what the CMO was doing in her village. Upon learning the purpose of the visit, she ran

back home and returned to the in-reach site with her 19 years old sister, Mary and a 26-year-old friend Imaobong Lawrence. They were so excited that fate had blessed them with a second chance. Agnes said she never wanted her sister to make the same mistake as she had and was prepared to support her make better choices and prevent unintended pregnancy. Mary and Imaobong were counselled and both took up contraceptive methods of their choice. Agnes has promised to support Marie Stopes' effort in her community and beyond to ensure adolescent girls and other young women like her learn about the relevance of contraceptives in their lives and are helped to access services safely. Contraceptive use is helping many adolescents and young women in Akwa Ibom to take back control of their lives. As more and more in reaches are taken to hard to reach areas, it is hoped that many more will be allowed to take control of their destiny instead of victims of circumstance.





in collaboration with



Virtual meeting

Theme: Addressing Safety Concerns in the Conduct of SRH Competency Training for Frontline Health Providers amidst COVID-19



Dr. Kingsley Odogwu Director, Clinical Services, Marie Stopes Nigeria

Speakers:



Dr. Kayode Afolabi Director, Reproductive Health, Federal Ministry of Health



Dr. Chinwe Ochu
Head of Prevention, Programmes and
Knowledge Management,
Nigeria Centre for Disease Control
(NCDC)

Also featuring experience sharing from states and partners

Zoom meeting ID: 890 7427 0087

Date: 8th October, 2020 | Time: 11:00am

#MSIONWebinarSeries

he disruptions to the health system caused by the COVID-19 pandemic impacted sexual and reproductive health (SRH) service provision as fear of infection impacted both provider and clients, limiting uptake and service provision. The training of service providers is one SRH intervention area that is badly affected due to government regulations on social distancing and restrictions to crowd and gathering of persons. Organisations working on sexual and reproductive health have been bothered by the need to sustain SRH service provision amidst a pandemic and required to understand what protocols must be put in place to achieve safety of staff, providers and clients while sustaining services and other interventions.

To address these concerns, the Federal Ministry of Health in collaboration with Marie Stopes International Organisation Nigeria (MSION) on Thursday, October

8th organised a webinar on the theme 'Addressing Safety Concerns in the Conduct of SRH Competency Training for Frontline Health Providers amidst COVID-19'. The Webinar facilitated knowledge and experience sharing on how organisations working on sexual and reproductive health can sustain their interventions and services while ensuring compliance of COVID-19 protocols and guidelines. Speakers from the Federal Ministry of Health, the Nigeria Centre for Disease Control and Marie Stopes International Organisation Nigeria addressed different concerns and shared valuable experience and protocols to guide organisations.

Dr Kayode Afolabi, Director,
Reproductive Health, Federal Ministry
of Health discussed the topic
Addressing SRH Training Needs and
Concerns Amidst COVID-19. Dr Chinwe
Ochu, Head of Prevention, Programmes

and Knowledge Management, NCDC discussed the topic 'How can Corporate Organisations Maintain and Facilitate COVID-19 Responsibility: A Case of Conducting Training of Providers. Dr Kingsley Odogwu, Director, Clinical Services, Marie Stopes Nigeria discussed MSION's Perspective on Sustaining Training Post COVID-19 Lockdown. State Ministries of Health from Abia, Ogun, Zamfara and Sokoto shared state-specific experiences and how MSION's support has helped the states to sustain training amidst the pandemic.

Over 150 participants from ministries of health and implementing partner organisation attended the session and benefited so much on how partners can conduct training while maintaining COVID-19 guidelines and compliance.



PROGRAMME GIST

FG PLEDGES SUPPORT FOR MARIE STOPES NIGERIA



L-R. SIR EFFIOM N. EFFIOM MSION CD, DR. OLORUNNIMBE MAMORA
MINISTER OF STATE FOR HEALTH

igeria's Minister of State for Health, Dr Olorunnimbe Mamora, has commended Marie Stopes International Organisation Nigeria (MSION) for the essential reproductive health services they provide to women and families across Nigeria and pledged Federal Ministry of Health's support.

The minister disclosed this when the Country Director, Effiom Nyong Effiom, led senior management team on a courtesy visit to the minister, in Abuja on Thursday 5th October. Dr Mamora emphasized that services rendered by MSION are procured by "students, workers and people across cultural divides of the Nigerian demographics" hence the need for collaboration and partnership to strengthen availability, accessibility and affordability of the services provided to Nigerian women. The Country Director Effiom N. Effiom in his speech, informed the minister that Marie Stopes works collaboratively with government at national, state and LGA levels to strengthen the health system. He noted that the organisation offers comprehensive sexual and

reproductive health services that enable women all over Nigeria to choose their reproductive health future through tailored service delivery channels that ensures equity in service provision and uptake.

He appreciated the good collaboration that exists between MSION and the FMoH noting that

'Our partnership with the Ministry of Health is key to the success of our work in Nigeria". Effiom briefed the Minister of the organisations 2030 strategic focus and how critical partnership and support of the government of Nigeria is to attain success under the new ten years strategy. He noted that under the past strategy (2016 – 2020), MSION delivered high-quality contraception and PAC to women and girls wherever they live. Specifically, 7.38 million women and girls were using a method of contraception provided by MSION, 3.7 million additional women accessed contraception, and 1.05 million Post-abortion care

The new strategy is focused on bold goals. These include (1) Reach at least 120 million clients (2) 1 in 4 women have their demand met for contraception by 2030 (3) 1 in 3 women have their demand met for safe abortion by 2025 (4) Gold standard (score 7-9) in 3 quality indices (5) All countries to see improved access to SRHR by MSI influencing laws policies and the enabling environment.

services were provided.



4TH L- SIR EFFIOM N. EFFIOM MSION CD, 5TH L - DR OLORUNNIMBE MAMORA MINISTER OF STATE FOR HEALTH, OTHER MEMBERS OF MSION SMT AND MINISTRY OF HEALTH DIRECTORS

——Page | 17 ——Page | 18



A man can impregnate several women every day for nine months; but a woman can only get pregnant once in nine months, regardless of the number of times she ovulates or the number of eggs she produces during each circle of ovulation. This reality will naturally prompt questions like, why is the pressure of contraception and family planning on the female gender? Why do we have limited choices of contraception for men? Some other questions that get asked are: Can men truly feel a vaginal ring, coils, or diaphragm? It is only fair to ask these questions, right? So let us dig in a bit to explore the various discussion points that have emanated from this long-standing debate.

What is contraception?

Contraception is commonly understood as the use of artificial methods or other techniques, by choice, to prevent the occurrence of pregnancy. During sexual intercourse, if a man's sperm reaches one of the woman's eggs (ova), the woman will get pregnant, expectedly. Therefore, contraception is an effort to prevent

this from happening, through a process that keeps the egg and sperm apart, thus, stopping egg production and preventing the combined sperm and egg (fertilised egg) from attaching to the lining of the womb. This effort and process are what contraception or family planning is all about. Every individual reserve the right to choose if and when to have children. Like it is said, your body,

What contraception choices are available and to which gender?

Minding the opening paragraph of this piece, one would expect that the contraceptive choices available to men should double, if not triple the choices available to the women. Unfortunately, the reverse is the case. For the women, the methods



available include Intra-Uterine Device (IUD), contraceptive implant, injectables, regular contraceptive pills, female condoms, emergency contraceptive and Tubal Ligation. That is seven in number if you were counting. For the men folks, the gender capable of serving many women pregnancy as and when they so please, without any limitation, except those orchestrated by the supreme being, there are largely two effective methods, the male condoms and vasectomy (sterilization). Let us focus on the choices available to men and why many men are still reluctant to embrace the use of contraception.

In the early days and up till now for many men, they rely on the withdrawal method, where a man pulls out just before ejaculation. This method is not effective as it holds high risk, for unintended pregnancy, imagine the uncertainty surrounding precision of withdrawal by a man at such cloud-nine-like moments.

Male condoms are effective in preventing unintended pregnancies and sexually transmitted infections when used correctly and consistently. The failure of many to use a condom during sex is hinged on excuses and claims which include, lower sexual satisfaction (as skin or flesh contact is deemed to yield more pleasure), unavailability of the right size of condoms, unavailability of condoms at moments of heat, how boring and uncomfortable the use of the female condom could be, and most commonly, ignorance, as many forget that the use of condom prevents more than unwanted pregnancy, it prevents STIs. The last established method of contraception for men is Vasectomy, otherwise called sterilization. This is a permanent method which is deemed irreversible

Male condoms are effective in preventing pregnancies and sexually transmitted infections when used correctly and consistently.

and if at all, it can only be done through a complex surgical procedure. How well have men embraced this? Not so well. Not even many advocates of male contraception through vasectomy have opted for the contraceptive method.

Why are men hesitant to embrace contraception?

The reasons are not far fetched and they include: (1) Limited contraceptive methods for the male folks (2) The fear of vasectomy which is a permanent method (3) The myth that if you get a vasectomy done, you may be unable to have an erection to have sex afterwards, procreate or become impotent as many loosely use the expression (4) The concerns over unending what-ifs, which often spring many questions (5) Cultural factors (6) Religious belief (7) Absence of common access to the service (8) the fear of women that their men may not be able to satisfy them sexually and they may become incapable of having children in the event of any unfortunate incident to their children; (9) superstitions and some other reasons, including the fear of the unknown.

How then do we move out of this injustice to the female gender?

We need to refocus on the gender that holds greater overpopulation threat and can cause more damage in terms of procreation or reproduction. I am strongly advocating that the focus on who should take contraception should shift from the female gender to their male counterpart and this would mean that beyond the botched efforts that we have seen during the testing of some male contraception in India, and the news that an injectable male contraceptive which lasts approximately 13 years had completed a clinical trial in same India, scientists focusing on sexual and reproductive health across the world would need to double efforts to produce safe, available, accessible and affordable short-term and long term contraception methods for men. With a variety of options to choose from to make choices just as the women can do presently, that the advocacy for refocusing of contraception demands on the right gender – the male gender – can yield the desired impact. Young men who are yet to get married and start having children but are sexually active can also stay active safely without the fear of or total disregard for unwanted pregnancy. But until then, men should act more responsibly by using condoms.

Fire Condoms, whether Fire Xtacy which is studded, ribbed, contoured and flavoured or Fire Xtra which is super-dotted, flavoured and with extra time lubricant, have proven to be a credible brand that gives comfort and greater stimulation, an experience that is next to the highest rate skin2skin, using the street parlance.



















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January - September Results/Impact

OVER 2.3 MILLION CLIENTS SERVED

More than 2.322 million persons across Nigeria received their choice of reproductive health service provided through Marie Stopes Nigeria's health systems strengthening interventions in the public and private health sectors as well as through direct service delivery through our Marie Stopes Ladies, Outreach and Centres (clinic) channels.

The services we have provided in the first 9 months of 2020 (Jan - Sep) will prevent an estimated:



2,472,421
Unintended pregnancies



1,035,056
Unsafe abortions



13,246 Maternal

deaths



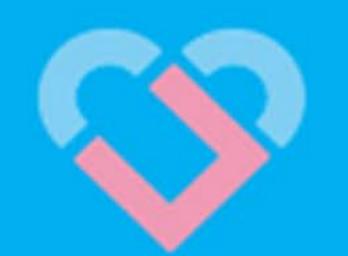
£112,973,086
Direct healthcare costs saved (British Pounds)



QUALITY OF CARE IN MARIE STOPES PROGRAMMES IN NIGERIA

Snapshot: Client Care

Satisfaction



64%

Likely to recommend MSI services to a friend

68%
Likely to return to MSI

88%
Agree MSI exceeded their expectations

Choice



83%

Were counselled on more than one method

87%

on the option to change method

Quality Info



88%

Counselled on potential side-effects

92%

Counselled on what to do if follow-up required

74%

Received just the right amount of information

uality of care is a critical part of sexual and reproductive health service delivery. Ensuring quality of care increases acceptance, uptake of services, the continuation of use, and recommendation of the services to others. Marie Stopes international organisation Nigeria (MSION) promotes choice whilst providing a full range of family planning (FP). Annually, MSION evaluates the quality of care from the clients' perspective through the annual client exit interview (CEI). Part of the objectives of the CEI is to understand the clients' experience on counselling, choice, safeguarding, privacy and confidentiality, pain management, provider-client interaction, and satisfaction with the services received from the service delivery channels. This is with the intent to ensure continuous improvement in the quality of care, inclusivity, and

client experience.

The CEI has a national scope and provides a snapshot of our client experience based on a representative sample of the typical clients served in a year. The total sample for the 2019 round was one thousand nine hundred and twenty-one clients (1921) of which 93% were FP clients. The interviews were conducted using a standardized, and structured questionnaire administered by trained interviewers.

Apart from other women of reproductive age, MSION is reaching vulnerable populations including adolescents, women with a disability and the poor.

Family Planning Client profile

Apart from other women of reproductive age, MSION is reaching vulnerable populations including adolescents, women with a disability and the poor. The fertility intention of all clients was mostly to delay birth until after two years (50%), limit births completely (30%), and to space birth births within two years (7%). The services taken up by clients were MSION core (family planning and post-abortion care) services. 44% of the clients were first time users. More than half (58%) of the clients were not using contraception three months before the survey, 24% were existing users who had continued to take up services in MSION supported facilities, while 18% changed from other providers to MSION. More than a third (38%) of the provider changers switched to a long-acting-reversible method for which MSION is renown.





Family Planning Method Mix

Despite that 64% of the FP clients had a method in mind before the visit, the providers still counselled on eight methods on the average, thereby allowing the client to make an informed choice. The top three methods preferred by clients include implant (58%), injectables (25%) and oral pills (11%).

Comprehensive Counseling

Effective client-centred counselling means that the providers can provide clients with all the information they need to make an informed and voluntary choice about their method. Eight in ten (83%) were counselled on alternative methods, potential side effects (88%), option to switch methods (87%). A vast majority of the clients were told what to do in the event of intolerable side effects (97%) and where to go for removal when needed (100%). Hence, 72% received comprehensive counselling based on the FP2020 method information index.

Pain Management:

Most of the FP/PAC clients (88%) affirmed that the provider first explained how they would help manage pain before the procedure. The majority (93%) reported that the provider checked throughout the procedure whether they were experiencing pain. Nine out of ten (91%) of clients felt that their provider did all they could to help with pain during the procedure and scored the amount of pain experience as low (2.2 on a scale of 0 (= no pain), to 10 (=very severe pain). The average pain score for PAC service was about average (4).

Provider-Client Interaction:

Client perceptions of their interaction with the provider before and during the service helps us understand if we are counselling and sensitively treating clients. Two in five (43%) of the one hundred and sixty-nine PAC clients felt they had enough support from the provider. More than two-thirds (64%) disagreed that the provider had a

negative opinion of them, 72% disagreed that the provider made them feel judged.

Client satisfaction:

Client satisfaction with each aspect of care was assessed. A vast majority agreed or strongly agreed that they were satisfied with provider respect (99%), the ease of understanding the provider (99%) and opening hours (98%). The price (84%), wait time (91%) and cleanliness (95%) of the facilities did not score as high. 64% of our clients are happy to recommend MSION providers to a friend, and 68% are likely to return MSION for a similar service. The vast majority (99%) of the clients strongly agreed or agreed that their overall experience with MSI was satisfactory and 88% affirmed that their expectations were exceeded.

Conclusion:

Marie Stopes is a client-centred organisation. We continually strive to improve our services to the woman and the results of the 2019 CEI has largely informed our strategies in 2020 to ensure growth and satisfactory service to every woman that walks through our door for service.

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THE AUDACITY OF CHOICE



mina Mohammad lives and works in Adamawa State, security compromised state in Northern Nigeria as Clinical Training Officer (CTO) for Marie Stopes International Organisation Nigeria. In this interview, she shares her experience in sustaining reproductive health freedom and access for women and girls living in fragile and humanitarian settings.

MEET OUR BOLD WOMAN:

As a CTO, I ensure clinical quality and Marie Stopes International (MSI) standard of care in service provision. I provide training, mentorship, and supervision for service providers. I support the providers from training until they attain competency in areas of counselling, infection prevention practices, medical emergency preparedness and service provision while facilitating proper documentation and monthly reports. I also facilitate the supply of commodities and medical supplies at Service Delivery Points.

I support 50 healthcare facilities. So, my typical day is spent at facilities working with providers to support

working with providers to support service provision. When I am not at the facilities, I am with government stakeholders such as the state reproductive health coordinator liaising for the availability of commodities and consumables to ensure there is no stock-out at facilities because the impact is costly for any woman denied service. At other times, I would be facilitating training for new providers.

My motivation for this job is the painful reality I live with every day. In our communities, I see and hear about the needless deaths or sufferings of one woman after another from childbirth complications, unsafe abortion, economic hardship and much more. This knowledge makes me work hard with the providers, going the extra mile to reach every woman that walks into our facilities with the service she desires. It feels good to see women wear a smile of satisfaction after service has been provided. They leave happy and assured that they are protected from the risks of an unplanned pregnancy

FACING THE OPPOSITION:

In Nigeria, uptake of contraception is low due to several reasons including myths and misconceptions. Women can sometimes be stigmatized for taking up service. In the northern region where I work, uptake of child spacing methods is even lower, cultural, and religious beliefs, discriminatory gender norms, ignorance, low partner support, poverty, etc. are some of the barriers women face in seeking safe sexual and reproductive health services. The providers and I do face push backs in the provision of services. This push back comes from the myths and misconceptions about contraception and post-abortion care.

We also face another level of push back caused by insecurity. I work in a security compromised region where Boko Haram insurgency, inter-tribal crisis, farmers, and herdsmen clashes constitute major barriers to service provision. We (including the clients and providers) deal with the fear that attacks could happen anytime while trying to access or



render Family

Planning/Reproductive Health services. There are times that we liaise with security personnel to accompany us to and from the communities just to serve women in remote locations with Reproductive Health services.

The negative impact of the Gag Rule is another level of setback. It has led to the denial of funding and limited resources to serve women who need Family Planning services. That means they will get pregnant, unplanned and some will go for unsafe abortion which could lead to complications and death. The Gag Rule is fueling unsafe abortion instead of preventing it. We also deal with opposition from anti-choice groups who look for every opportunity to attack or condemn what we do, calling us names.

INGENUITY IN A TIME OF COVID:

Contrary to early fears, COVID 19 has not negatively impacted my work at MSION. Due to the very proactive response of our senior management team and the COVID-19 committee

MSION is an exceptional Organization that does everything possible to give women choice

in providing guidelines for service delivery, demand generation, commodity supply, etc. we have sustained service provision even during the COVID-19 lockdown. All MSION channels of service delivery remained open and active. We mobilized more women and rendered more family planning services during the lockdown period compared to other periods. The increase in the number of women served was due to the ingenuity of the organisation in adopting demand generation and service provision strategies that conformed with COVID-19 national and state guidelines. We obtained clearance that allowed all MSION team members to move freely as essential health workers to facilitate service

delivery. The prompt deployment of PPEs allayed the fear of infection from both the provider and the client as there was the feeling of protection from infection when providers wore PPEs.

THANK YOU TO OUR DONORS:

Every day presents an inspiring story which reminds me that my work is essential. I remember the story of a woman who brought her two sexually active teenage daughters for contraception. She was initially opposed to the idea but later granted consent after counselling. Both girls eventually opted for long-acting and reversible contraception, which means long-term protection from unwanted pregnancy.

MSION is an exceptional Organization that does everything possible to give women choice. All these clients whom we have served could not have been reached without the funding support from our donors. You are the reason we can go the extra mile, the force behind all that we do. Thank you.



—Page | **25** — Page | **26**







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