

IMIX CHIGACHE

A Quarterly Newsletter of Marie Stopes Nigeria / Volume 2

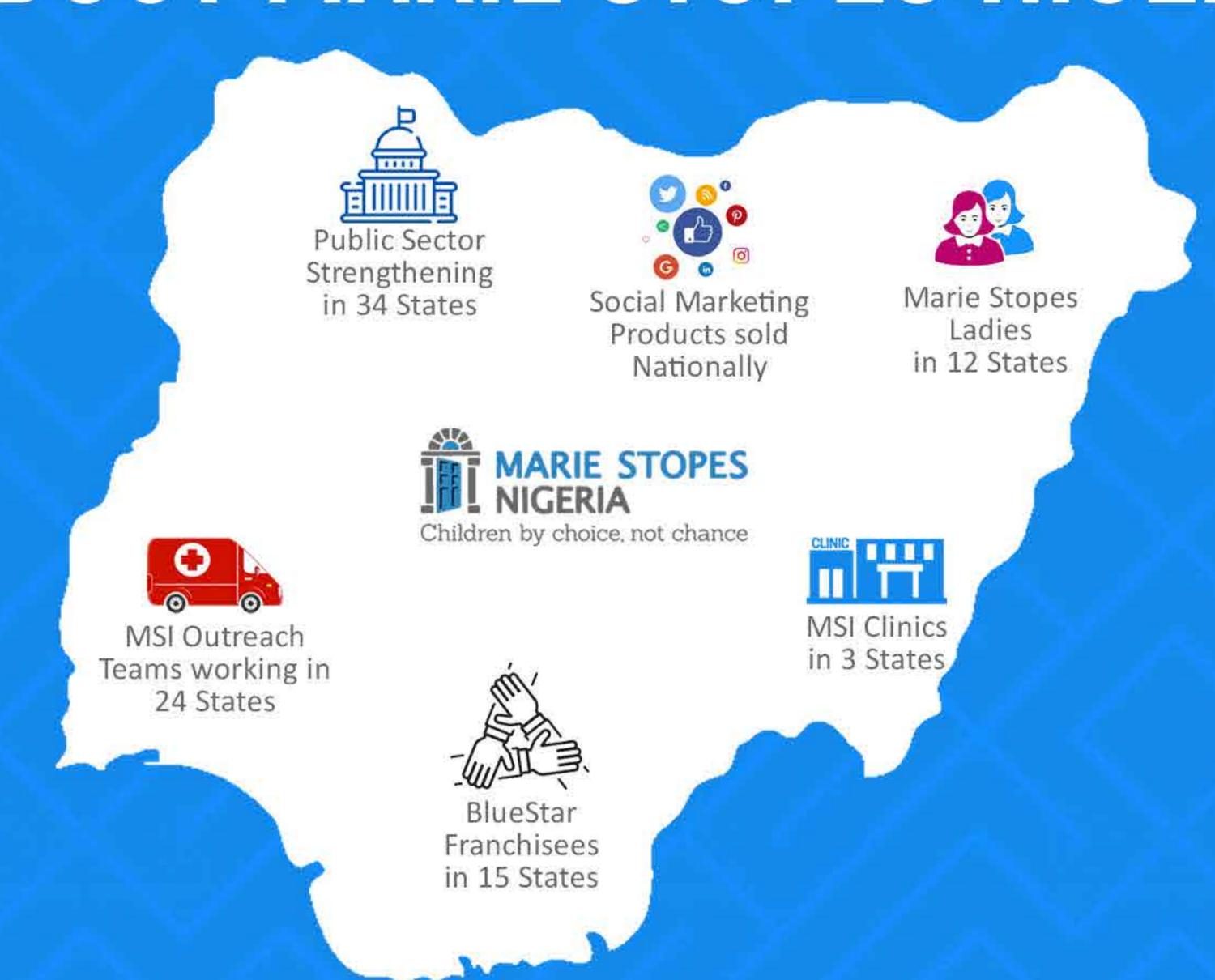
July 2020

Sustaining Family
Planning and Sexual
Reproductive Health
Service Delivery
amidst CVID-19.





ABOUT MARIE STOPES NIGERIA



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)

© 0908-00-22252.



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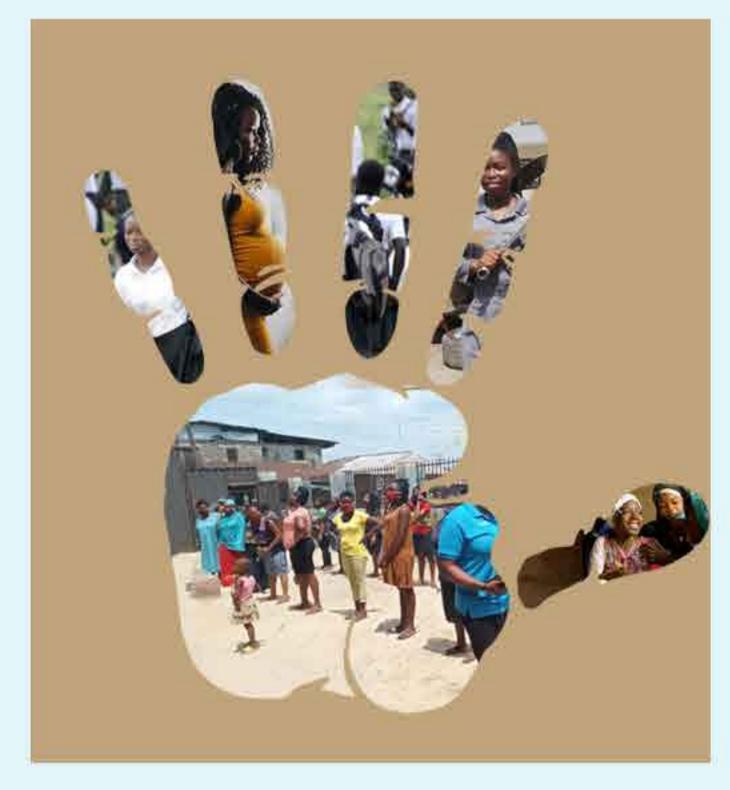


COVER STORY

Sustaining Delivery of Family Planning and Sexual Reproductive Health Service amidst COVID-19

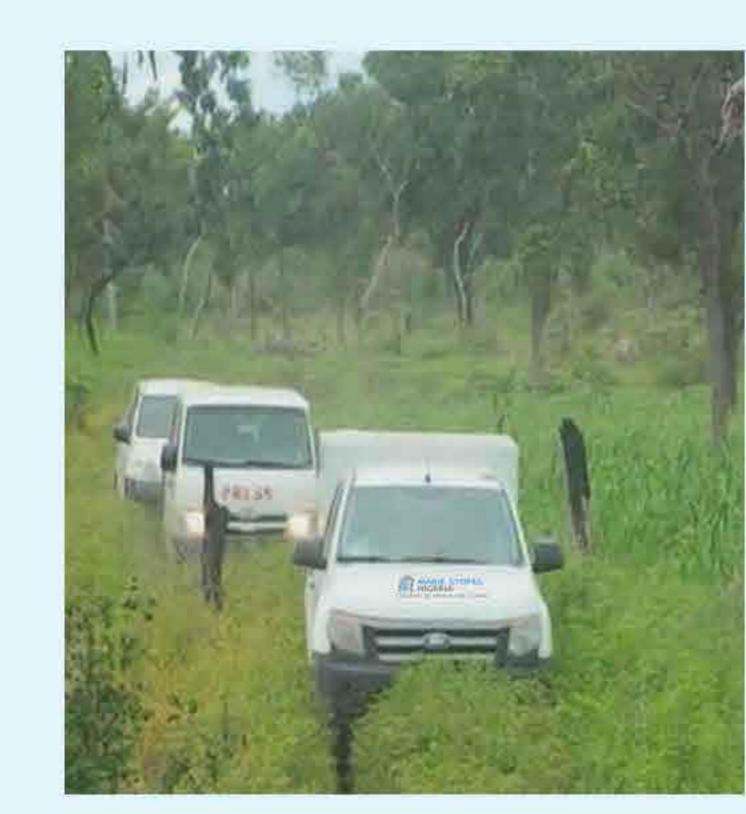


Health System Strengthening Series: How Marie Stopes Nigeria is Strengthening National Human Resources for Health



CLIENT SPOTLIGHT

- Our Destiny in our hands!
 - Role Model Grandmother
 - Partner support in Family Planning



PROGRAMME GIST / EVENTS

- Taraba Government Partners with Marie Stopes to Reach Rural Communities with Family Planning Services
- Reaching Underserved Communities in Rural Cross River State with Family Planning Services
- MSION Outreach Service

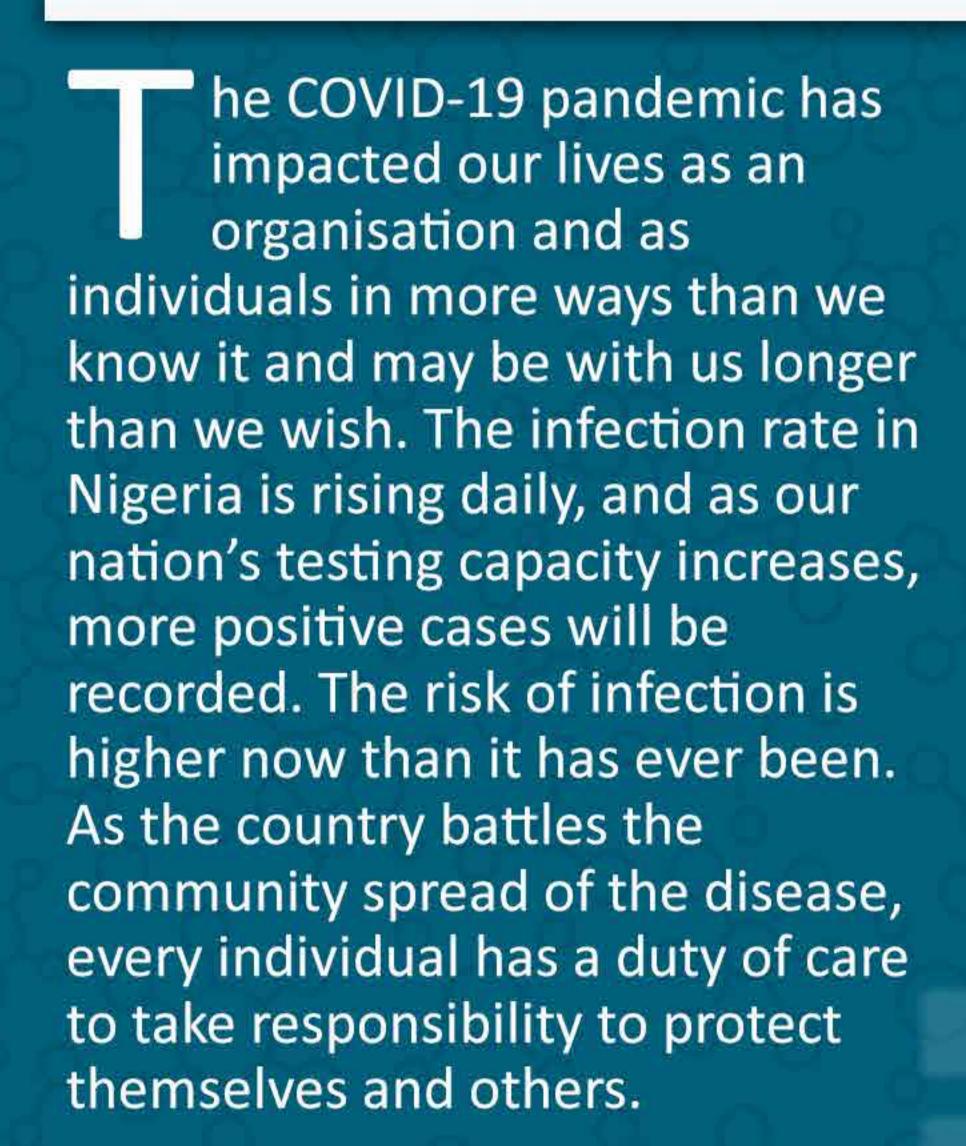


GUEST COLUMN

Breaking the Silence: The Victim of Sexual and Gender-based Violence and the Nigerian Legal System



COLLECTIVE RESPONSIBILITY AGAINST COVID-19



Marie Stopes Nigeria has shown leadership and responsibility in protecting staff, providers, and clients from COVID-19 infection. Since the outbreak, we have proactively responded with guidelines directing team members' activities and provided appropriate Personal Protective Equipment (PPE) to all team members as applicable to different roles. The provision of PPEs was extended to our third-party providers and members of the immediate family of team members. Our preparedness and proactive actions have seen us sustain service provision and achieve massive results at a time most organisations shut down operations and stayed home.

With the easing of lockdown by the

Federal Government of Nigeria through the Presidential Task Force (PTF), interstate travel and local flight operations have resumed in earnest. These come with increased risk of infection and spread of the virus if individuals do not take personal responsibility to adhere to safety protocols.

Based on these, it is the responsibility of every staff to protect themself when at work and off work. Self-responsibility will prevent further spread of the Virus. While MSION will continue to do all it can in line with Government guidelines to take key preventive measures, the virus will not stop spreading if people behave negligently by not taking basic safety measures. All team members must adhere to every one of MSION COVID-19 guidelines and the "Taking Responsibility" guideline. MSION has zero-tolerance for any violation and will mete out appropriate sanctions to all violators.

I urge every team member to make a personal commitment to the use of face mask, adherence to handwashing protocol, cough etiquette, and observance of safe physical distancing of 2 meters gap between you and others. Kindly stay away from large gatherings and comply with mandatory temperature screening at the office

and all public places. Let us #TakeResponsibility for a COVID free MSION and Nigeria!

My courageous colleagues, we have weathered the storm of the first half of the year quite well to the delight of many of our Country Program admirers and supporters. We made a presentation of our work during this COVID-19 pandemic at the Reproductive Health technical working group meeting of the Federal Ministry of Health (FMOH) on July 6th, and it was well-received. Our collective work during these difficult times was applauded. Dr. Salma Anas-Kolo, the Director, Family Health Department of the Federal Ministry of Health. In commending our efforts, she said, "You are doing an outstanding job. Keep it up". The Minister for Health Dr Osagie Ehanire commended MSION and described our response efforts as 'very exceptional'.

As always, thank you to everyone working hard to meet our expectations and to those who go the extra mile in many ways to keep to the vision. You are the difference that the world needs especially at this time. Do not stop giving this service to humanity; keep giving your best shots even against all odds.

- Effiom Nyong Effiom



Never wait until your symptoms get worse before seeing a doctor.

For quality and affordable healthcare services, visit Marie Stopes Clinic.

Our services include:











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

Abuja: 29, Ekukinam Street, Utako Abuja

Benin: 2B, Aruosa Street, Sakponba Road, Benin, Edo

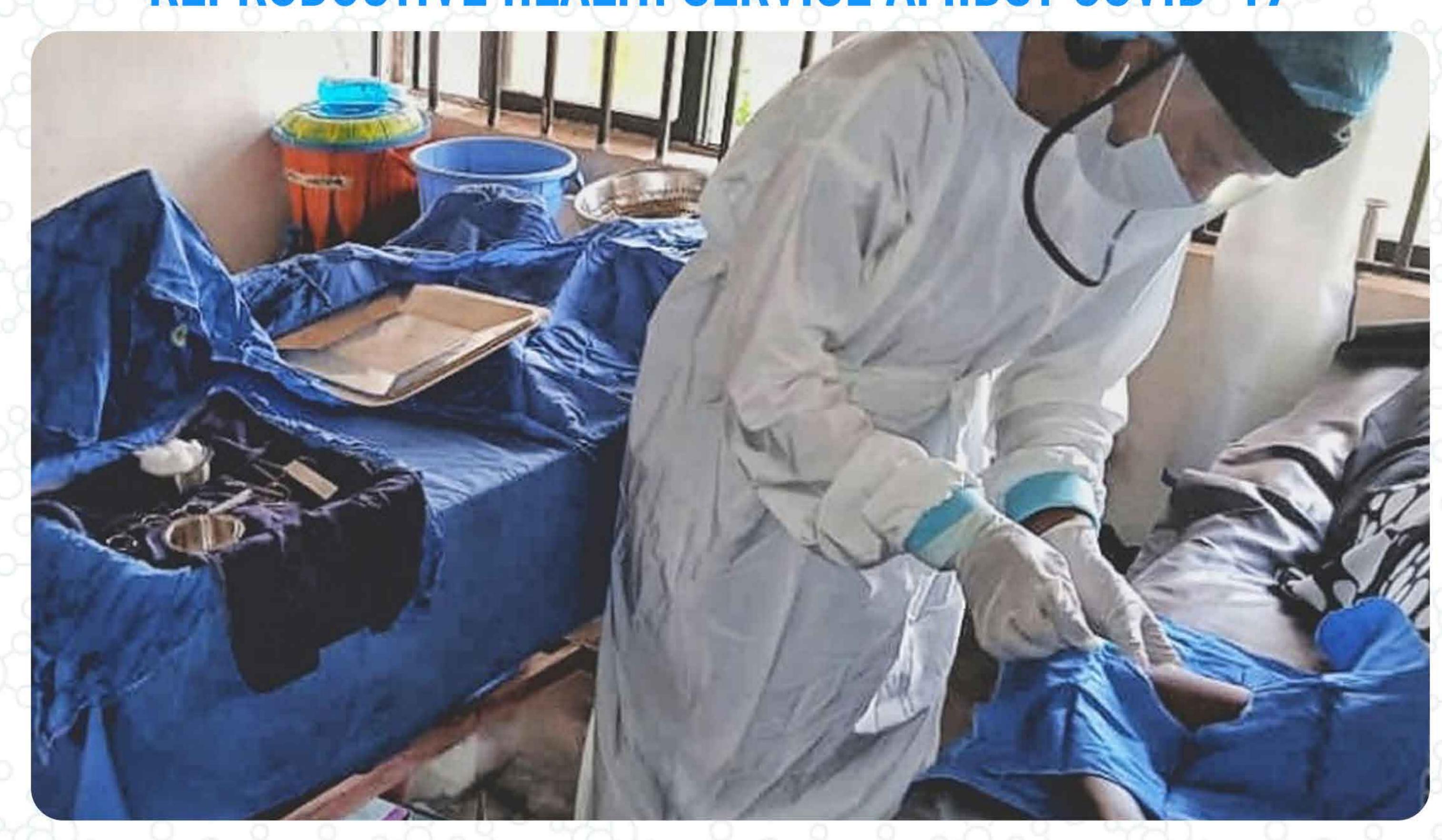




Whatsapp/SMS: 0908 00 22252

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SUSTAINING DELIVERY OF FAMILY PLANNING AND SEXUAL REPRODUCTIVE HEALTH SERVICE AMIDST COVID-19



igeria reported its COVID-19 index case on February 27th, and since then, infection is on the rise. As at 31st July 2020, 43,151 cases have been confirmed, 19,565 cases discharged, and 879 deaths recorded across the 36 states and Federal Capital Territory. National COVID-19 guidelines exist across sectors and a multi-sectoral national emergency operations centre was tasked with coordinating the national response activity.

The COVID-19 pandemic has caused significant disruptions to the normal living of Nigerians and impacted lives in more ways than ever imagined. It has overwhelmed Nigeria's already fragile health system, necessitating difficult decisions from our nation's leadership to balance the demands of responding to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery. The pandemic and lockdown expectedly impacted the provision of many services including sexual and reproductive health services as the provision of this

Between March and May 2020 (COVID-19 lockdown period), 772,628 Persons across Nigeria were using a family planning method provided by a Marie Stopes Nigeria service delivery channel.

critical services became more challenging.

Dr Kayode Afolabi, Director Reproductive Health Services at the Federal Ministry of Health (FMoH) identified these challenges to include that the pandemic exposed the fragility of the supply chain in Nigeria and globally as manufacturing, shipping and clearing logistics slowed

down or halted. There was also initial poor coordination of Reproductive Health (RH) /Family Planning (FP) Service provision due to the prohibition of meetings and gatherings at National and State levels. For instance, the first scheduled national distribution of contraceptive commodities to the 36 States and the Federal Capital Territory was delayed, resulting in commodity stock out at facilities. Routine RH/FP services were interrupted at tertiary, secondary and primary health facilities due to restrictions on movement even as available RH/FP guidelines lacked protocols to be followed in offering services during the COVID-19 pandemic. Another key challenge as identified by Dr. Afolabi included unavailability of Personal Protective Equipment (PPE) at health facilities which posed increased risk of COVID infection for providers and clients causing a sharp decline in uptake of FP services.

Notwithstanding the COVID-19 challenge, women's choices and MARIE STOPES
NIGERIA

rights to sexual and reproductive health care should be respected and prioritized. Women's inability to access services predispose them to reproductive health risks and complications. Lessons from the Ebola containment response in Sierra Leone showed that the people emerged from the lockdown with reproductive health emergencies like unintended pregnancies, sexual rights violations etc. Guided by this insight, MSION acted proactively to sustain service provision amidst the pandemic. Our frontline health

Service provision to women in remote and underserved locations was sustained through the Outreach and Marie Stopes Ladies channels.

every engagement: whether mobilisation or service delivery.

Using channel-specific strategies, MSION responded to the needs and peculiarities of the populations served. Marie Stopes clinics located in Abuja, Lagos and Edo used social media to educate audiences on Covid-19 and reinforced that MSION Clinics were open. Home delivery system was launched that delivered contraceptives, drugs (prescription and refills) and in some cases, took samples for laboratory tests based on clients' request. The clinic offered telemedicine service where the doctor had a phone consultation with the client upon running the requested tests to interpret and guide accordingly on the actions to take. Where clients could not get to the Clinics due to transportation constraints, clients were picked up with Clinic car for a fee and brought to the Clinic for services.

Through MSION's Blue Star Social Franchise Network, we supported private health providers to establish COVID-19 protocols required to keep their facilities open to serve clients. Working with these facilities, we took services closer to the homes of women using our out-post service delivery strategy while in an effort to sustain client mobilisation at this time, MSION adopted demand generation strategies that made greater use of community structures and gatekeepers such as town announcers and avoided crowd or clustering of persons in conformity with national and state guidelines. Daily productivity tracking of each team was very instructive as it ensured MSION maintained good value for the operational investment made during the lockdown period.

Service provision to women in remote and underserved locations was sustained through the Outreach and Marie Stopes Ladies channels. Outreach teams maintained flexible schedules with constant communications with Local Government Authority (LGA) Reproductive Health Coordinators and Primary Health Centres Facility In-charges to inform locations of a



workers in 2,343 public health facilities, 168 community-based delivery Network of Marie Stopes Ladies, 221 social franchise, 3 Marie Stopes Clinics of excellence, and 23 mobile outreach teams continued to provide a full complement of service during the lockdown. This was in furtherance of MSION's commitment to the woman at the centre of all our interventions and we exist to ensure she is served.

Our Response

MSION set up an internal COVID-19 response team with real-time rejoinders based on updates from teams across the country. We secured approvals (pass) from National and State ministries of Health that enabled our teams to move and work as essential health

locations and across states while developing channel-specific COVID-19 guidelines for service delivery to guide operations. This ensured standard of practice and care across the board, maintaining client and staff safety through MSION deployment of

Personal Protective Equipment (PPE)

workers even in most difficult

to all team members and service providers. This included the use of handheld infra-red thermometers, alcohol-based hand sanitizers, visors (face-shields), medical and generic face-and-nose masks, non-sterile gloves etc. We increased the supply of contraceptive commodities and consumables to avoid stockout while mainstreaming COVID-19 prevention messages into FP health talks across all channels and locations before



visit. Community-based Marie Stopes Ladies (low cadre healthcare providers) provided services for women living within their communities and environ.

MSION maintained services in 2,343 Primary Health Centres under Public Sector Strengthening (PSS) channel. Within this time, we increased support for last mile distribution (LMD) towards improved access by service providers at service delivery points of the available commodities within the states. MSION also sustained support to states all through the period to distribute stocks from state stores to facilities to facilitate re-distribution of received commodities from the FMOH. We also strategically increased commodity availability by moving commodities from low volume facilities to high volume facilities within states of operation. Strategic Data Collation process that clustered data collation meetings (applying COVID-19 precautionary standards for meetings), as well as the use of digital data collation, ensured activities were adequately captured.

Through our social marketing (SM) channel, we sustained last mile distribution of commodities using our network of wholesalers and retailers. A home delivery service for products (condoms) and retailer led linkage for prescription products was launched to expand access to quality products. We sustained the detailing and capacity building of providers on COVID-19 and maternal and child health using digital platforms (virtual tools). MSION service delivery channels were reinforced by a toll-free hotline for clients. MSION toll-free call centre

(0800 002 2252) remained in operation despite the lockdown to respond and provide confidential, non-judgmental, and professional sexual reproductive health counselling and referral for individuals to our various supported service delivery points.

Results

In the period March to May 2020

Results

In the period March to May 2020 (COVID-19 lockdown period), 772,628 Persons across Nigeria were using a family planning method provided through a Marie Stopes Nigeria service delivery channel. Through our services, we prevented 793,601 unintended pregnancies, 3,968 estimated maternal deaths, 19,781 estimated child deaths and 279,538 estimated unsafe abortions.

Knowledge Sharing

On June 13th 2020, MSION organised its second webinar series with the theme "Sustaining Family Planning and Sexual Reproductive Health Service Delivery amidst COVID-19" in collaboration with the Federal Ministry of Health (FMoH) and the Network of Reproductive Health Journalists Nigeria (NRHJN). At the event, MSION and FMoH engaged with policy, civil society, and media stakeholders to share experience and lessons learnt from sustaining services during the lockdown and the need to ensure services for women and girls amidst the pandemic. Effiom Nyong Effiom shared MSION experience in sustaining services amidst the pandemic and lockdown while Dr Kayode Afolabi, Director Reproductive Health services at the FMoH shared the perspective of the FMoH.

Dr Kayode noted that despite the initial lag in response, the FMoH took steps to address barriers to service provision and ensure that women have access to modern contraceptives amidst the COVID-19 pandemic. The Family Health Department secured the approval of the Health Minister to communicate to the states to sustain Reproductive Health and Family Planning information and services as essential health services. This was instrumental in ensuring that providers and partner organisations like MSION rendering reproductive health services continued to function without harassment. The Minister for Health's approval was secured and the distribution of contraceptive commodities to the states including



the FCT was conducted. The ministry developed an action plan for reproductive health and family planning service provision for inclusion in the National and State Level COVID-19 response plan of action. The FMoH also supported partners with contraceptive commodities for distribution to their supported service delivery sites.

Consequent to this second webinar series, the FMoH impressed by MSION's resilience and tenacity in sustaining service delivery and high performance at a time when most partners were on complete or partial shut-down, invited MSION to share the experience at the National Reproductive Health Technical Working Group virtual meeting held on July 6th. MSION's efforts at sustaining services amidst the COVID-19 pandemic has been described as exceptional by Nigeria's Minister for Health and his team including the various states ministries of health and other partners working in reproductive health and family planning in Nigeria.



HEALTH SYSTEM STRENGTHENING SERIES:

HOW MARIE STOPES NIGERIA IS STRENGTHENING NATIONAL HUMAN RESOURCES FOR HEALTH



he health workforce is an essential component of any functioning health system.

However, when a competent health workforce is lacking, clinical and public health services delivery including contraceptive services are impacted. The paucity of providers having the capacity to provide family planning services especially for long-acting reversible contraceptives (LARC) and permanent methods is among the barriers limiting family planning service provision and uptake.

Part of the barrier was that the National LARC training was 6 to 12 weeks long, was very expensive and resulted in a lack of trained LARC providers, which in turn was affecting LARC uptake.

To address this challenge, MSION with approval and support of the Federal Ministry of Health and working with other partners devised

A unique identifier of Marie Stopes family planning training is the competency support and follow-up.

a 7-day LARC training module (5 days of training and 2 days of practical) with guidelines for facilitators and participants designed and piloted over one year (in 2013). Following a successful pilot, the LARC training manual was signed off by the Federal Ministry of Health and was rolled out nationally. It took a year from identification of the barrier, to the signing off the training manual by the Federal Ministry of Health.

To increase training opportunity for providers, Marie Stopes has worked very collaboratively with the

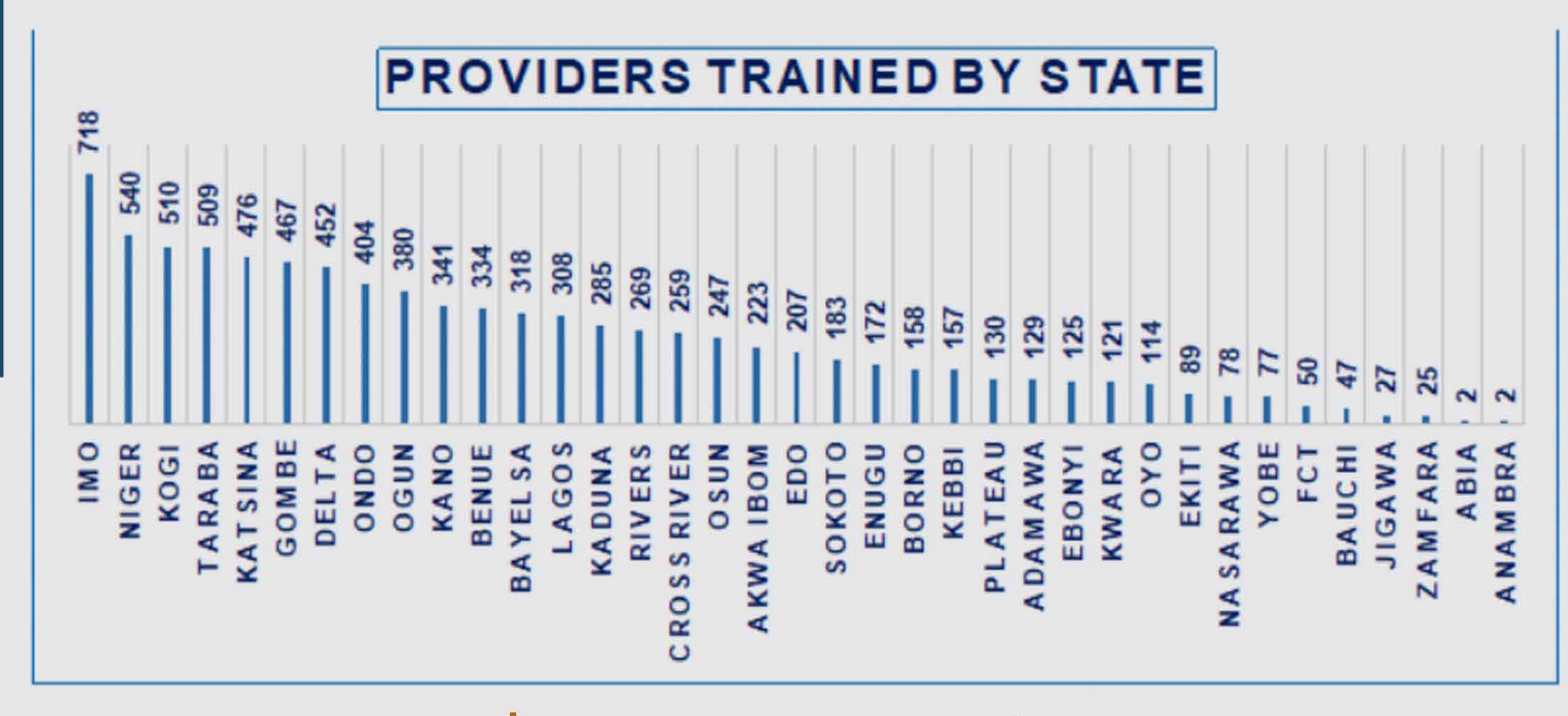
government through the Federal and States Ministries of Health and the Local Government Health Departments to train, equip and support providers on family planning and post-abortion care since inception in 2009.

Over these years (between 2009 and February 2020), MSION has trained 8,933 providers in Nigeria on family planning. 2,447 out of the trained 8,933 providers attended multiple trainings to strengthen their capacity on areas of a gap. This makes a total of 11, 380 providers that have attended Marie Stopes Nigeria organised training.

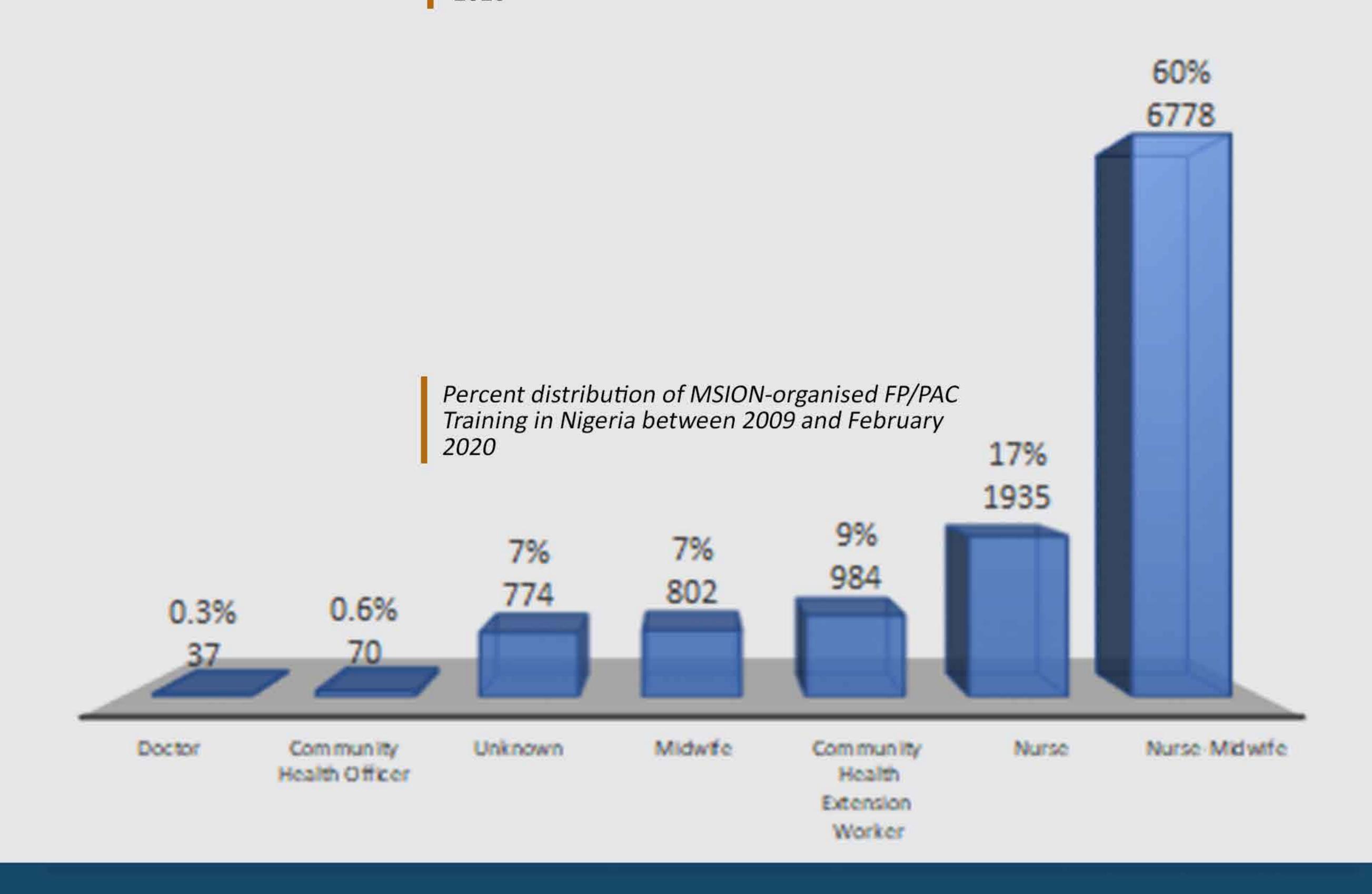
MSION training covers multiple family planning training types including Contraceptive Logistics Management System (CLMS), FP Education and Mobilization, FP Technology, LARC, Misoprostol, NXT, post-abortion care, and Post-Partum Family Planning (PPFP). After training,

providers are mobilised with essential commodities and consumables to help them commence service to women and families within their communities and catchment areas.

A unique identifier of Marie Stopes family planning training is the competency support and follow-up. Providers trained by MSION are followed up (supervised, supported and handheld) by experienced Quality Assurance focal team members until they attain competency. Also, MSION is the only family planning partner in Nigeria that has trained FP/PAC providers across all the 36 states and the Federal Capital Territory (FCT).



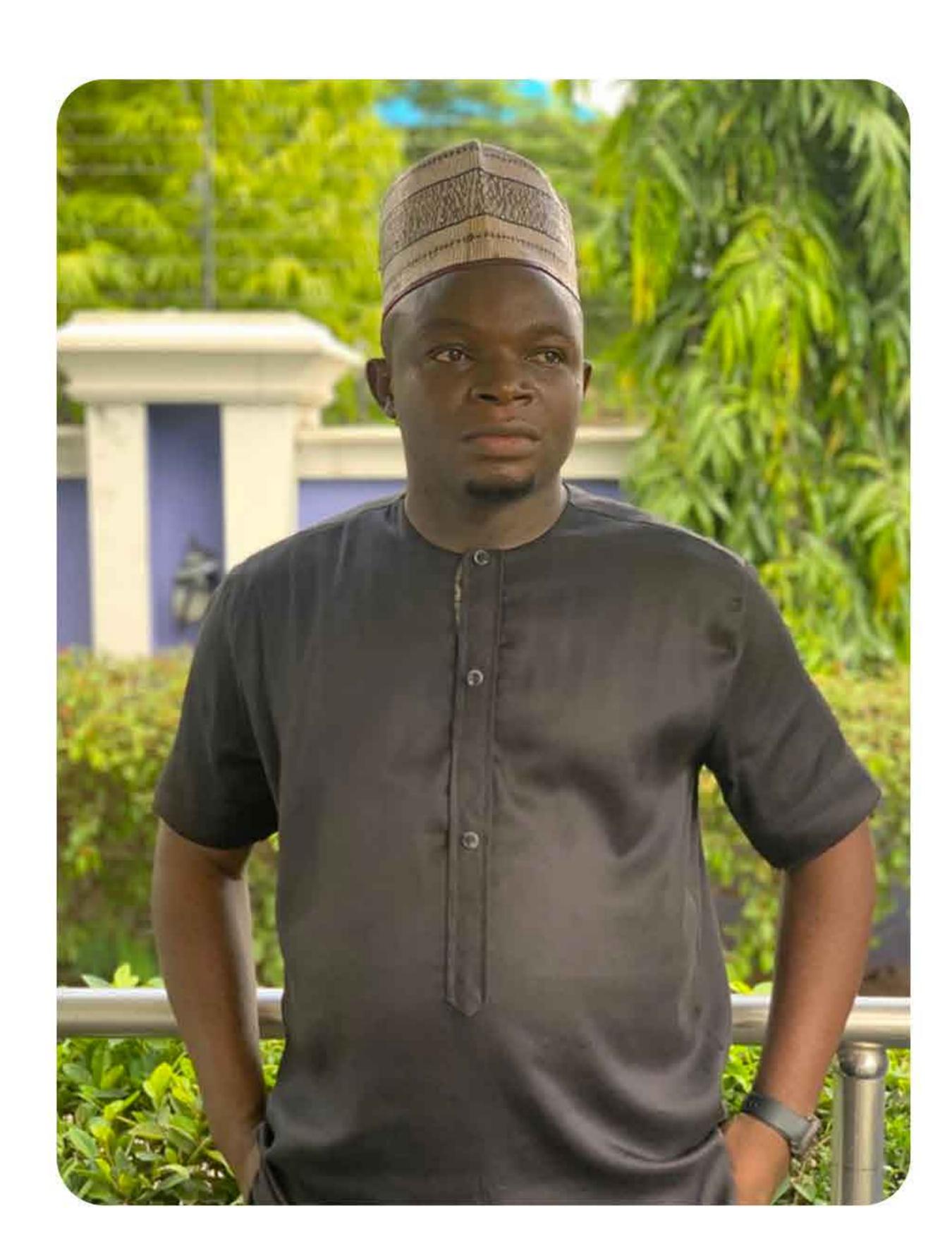
Percent distribution of MSION-organised FP/PAC Training in Nigeria between 2009 and February 2020



MSION training has covered multiple cadres of health workforce – doctors, nurses, midwives and Community Extension Workers (CHEWs). 60% of providers trained are nurse-midwife, 17% nurses, 9% Community Health Extension Workers (CHEWs) etc.

MSION's training is organised through a strong partnership between the organisation, the government, donors, other development partners and local communities. Donors such as DFID, USAID, UNFPA have supported MSION training over the years. MSION also works in consortia with other implementing partners in Nigeria to deliver high-quality FP training and post-training supportive supervision. MSION remains committed to sustaining providers training to ensure that women and families remain empowered with choice and access to services provided by a skilled provider.

Staff spotlight.



ABDUL LUKEMAN AGENYI

Facility and Administrative Assistant Abuja Support Office

Abdul, as he is fondly called, is one of the oldest staff of Marie Stopes International Organisation Nigeria (MSION). He joined MSION in April 2012. Abdul is a utility staff relied upon by almost all staff in the support office for one assistance or the other. Despite the teams' constant call on him, he will always wear a smile, never saying no to a request for support.

Abdul who refers to himself as a happy, honest and responsible person describes his work experience at Marie Stopes Nigeria as a beautiful journey that he looks forward to every day because of the friendly environment and team members.

Recounting his proudest moment as a staff of MSION, Abdul said being recognised during the 10th-anniversary celebration in 2019 where he received the MSION Utility Staff award and gift items will remain evergreen.

When he is not working, you will most likely find him listening to the news or analysing political issues.



ADISA RAIMI

Logistics and Fleet Manager, MSION

"Fleet management has to be something that you are passionate about, it is more than just a job, it's a calling."

These words capture the professional mantra of Adisa Raimi, MSION's Logistics and Fleet Manager who emerged as a finalist in the recently concluded MSI 2019 Outreach Fleet Awards. Adisa who refers to himself as a cool and calm fellow finds fulfilment in knowing that there are

capable hands that can manage the organisation's vehicles and record accident free trips.

While appreciating the Senior Management Team and the Procurement and Logistics Directorate for creating a conducive environment for him to thrive at MSION; he described being a finalist in the MSI 2019 Outreach Fleet Awards as a recognition for the entire country programme, and not just for him as an individual.

When Adisa is not managing vehicles, he is either watching football or getting inspired on how to manage vehicles better.



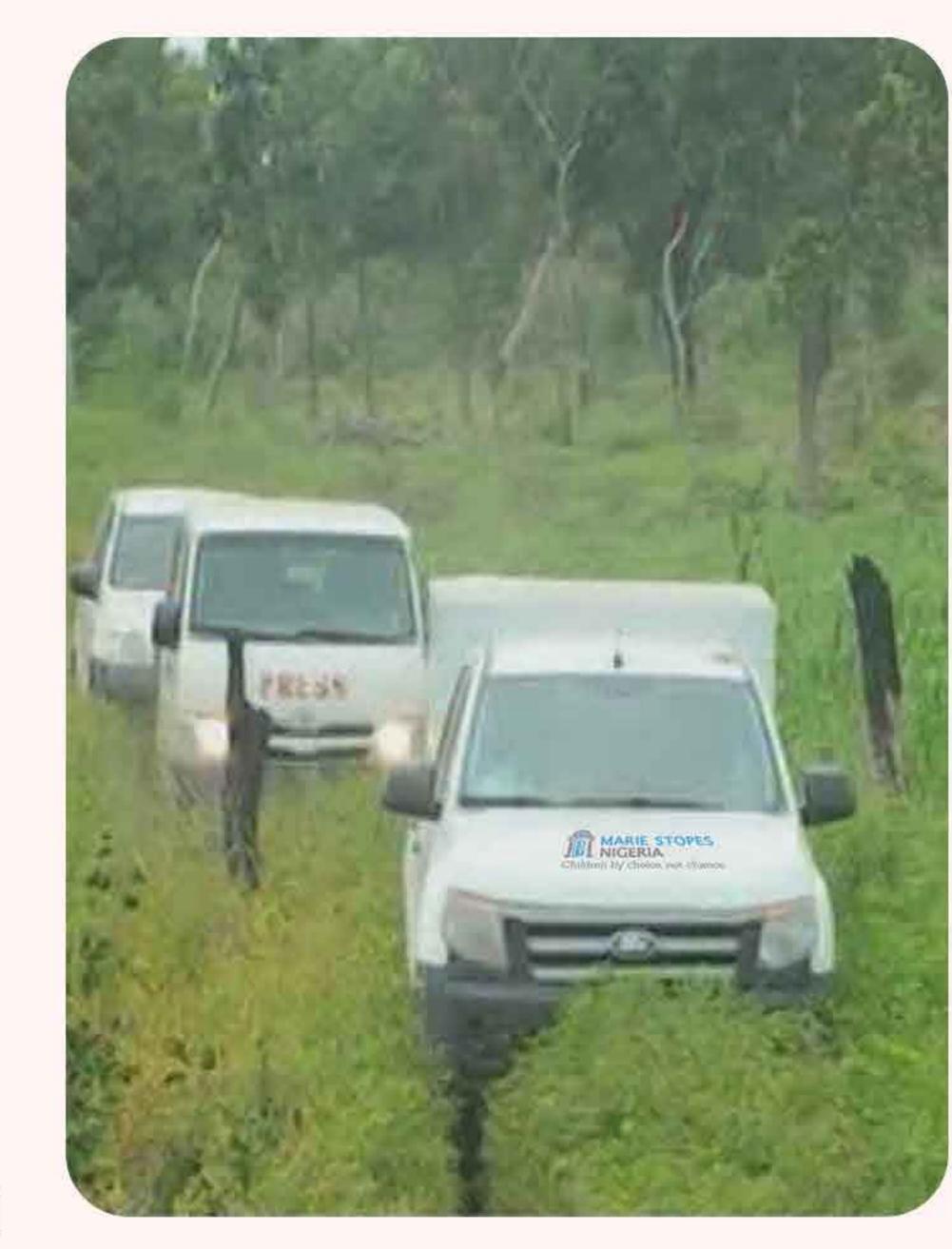
TARABA GOVERNMENT PARTNERS WITH MARIE STOPES TO REACH RURAL COMMUNITIES WITH FAMILY PLANNING SERVICES

Organization Nigeria (MSION), and the Taraba State Primary Healthcare Development Agency (TSPHCDA), collaborated with Hope Afresh Foundation to reach underserved communities in Taraba State with life-saving family planning information and services.

Bar. Anna Darius Ishaku wife of the State Governor and Chief Executive Officer of Hope Afresh Foundation initiated the intervention and on Wednesday, July 22 at Garin Makeri, Bali LGA flagged-off the one-week family planning awareness creation and service provision intervention that reached several communities in Bali and Gasol Local Government Areas.

The Governor's wife represented by her Special Adviser on Administration Mrs Nungerimam Dashe thanked MSION for the excellent work of providing services to rural communities and ensuring that rural and underserved populations are not left out of sexual and reproductive health services. She urged stakeholders, traditional leaders and individuals, to make the most of the services by promoting and supporting the uptake of family planning services in their communities as the intervention is organized to empower their communities to make informed reproductive health choices.

Garin Makeri is a farming community and typical of other communities served by the MSION outreach team in Bali and Gasol LGAs. It is hard to reach especially during the raining season because of thick vegetation. The community came into the spotlight when over 72 trafficked children aged between 3 to 17years from the community and its environs were rescued by the state government.



Children are precious gifts whose birth should be wanted and planned.



The Executive Secretary Taraba
State Primary Health Care
Development Agency, Aminu
Hassan Jauro represented at the
flag-off by the Director Community
Health Service, Chindo Usman
Zakari extolled the benefits of child
spacing in building a healthy family.
He encouraged women to take up
services while urging the men to
support them.

Speaking on behalf of MSION, Mr Ibrahim Yusuf State Behaviour Change Communication and Marketing Lead reaffirmed the importance of family planning and MSION's commitment to empowering women and families to have children by choice. He said children are precious gifts whose birth should be wanted and planned. He thanked the State Primary Healthcare Development Agency, the Governor's wife, and Hope Afresh Foundation for partnering with MSION on the intervention.

Alhaji Maigandi Manu Kaigama, the traditional ruler of Garba Chede Chiefdom, who supported one of his wives to take up a service appreciated the Governor's wife, Marie Stopes Nigeria and the Primary Health Care Development Agency for bringing family planning information and services to his people not minding the challenges of the COVID 19 pandemic. He pledged support to ensure the success of the intervention in his community.

The event was attended by the State Family Planning Coordinator, representative of the World Health Organisation (WHO) in Bali LGA, the Health Educator, Bali LGA and the traditional ruler of Garba Chede Chiefdom. A total of 447 women and girls took up various contraceptive methods over the one week.



MSION FP Training in Delta State with rep of State COVID19 Response Team (1st row 2nd L)



MSION CMO giving face masks to community members during a Door to Door Mobilisation



CMO Handing out Hand Sanitisers to Young Persons in Delta after a Youth Engagement Session



Dance welcome for the Taraba Governor's wife and the Taraba Outreach Team @ Makeri Community



Door to Door Mobilisation at Ayeteju Community, Benue State



Ebonyi Outreach Provider Conducting Temperature Check on a Client



Male involvement in family planning session with Jukun community leaders in Guma, Benue State



Group picture with Chief Iman (middle) of Sidi Saba Community in Lavunu LGA Niger State



MSION team member provides General FP Counselling to Client





MSION donates IEC materials to Yobe State Primary Health Care Management Board



MSION CD Effiom Effiom (R), Family Health Dir Dr Salma Anas-Kolo (L) _ advocacy visit to FMoH



MSION Enagaging over 400 Corps Members @ the Abuja NYSC Camp on the benefits of SRH (Pre-Covid)



MSION SMT Commendation Visit to Abuja



MSION Provider conducting temperature check on a client

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OUR DESTINY IS IN OUR HANDS!

eventeen-year-old Blessing Igbadekha and Bose Ajayi aged 18 came across Marie Stopes International Organisation Nigeria (MSION) during a mobilisation activity in their community (Akpuje in Edo State) for an outpost service delivery activity (in-reach). On the day of the in-reach, the girls walked into the venue wearing bold smiles, introduced themselves to the nurse and requested for contraceptive methods. After counselling, they chose the 3-year Implanon.

The bold actions of Blessing and Bose intrigued the Community Mobilisation Officer (CMO) as young people were rarely that confident and fearless in Family Planning uptake and often took up services with as much discretion as possible. The CMO engaged the girls to learn their motivation. Their response was more interesting. "Every girl has her life to live and we are choosing to take our destiny in our hands," they said. Both girls are final year secondary school students, they have seen how unplanned pregnancies disrupted girl's education in their community and were determined to prevent this from happening to them.

"My mother dropped out of school at the age of 19. Her younger sister also could not complete her secondary education. My two aunties were unable to get beyond secondary school. One thing was common among them which denied them better education and that is an early and unplanned pregnancy. My ambition is to finish secondary school, gain admission into the university and achieve my dream of being the first Lawyer in my family. But I have to protect myself to see my dream come true". Blessing Igbadekha informed the CMO.

A bold statement from a teenager in a community where the sexual and reproductive health needs of youths are overlooked and unmet. In their community, the prevalence of teenage pregnancy is high. For young girls especially, family



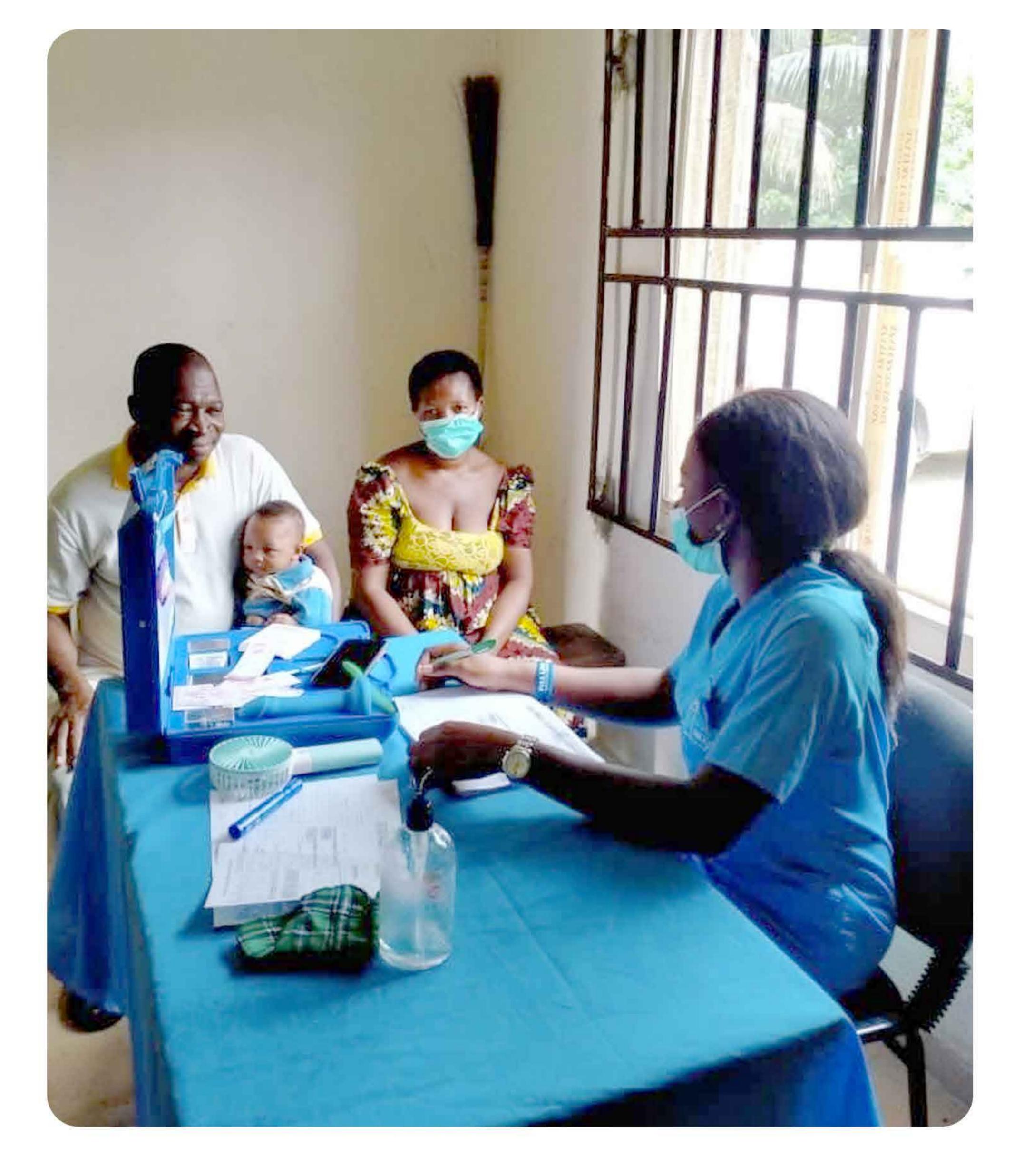
planning is considered a no-go area as adults in the community believe that abstinence is best for young and unmarried persons. However, Blessing and Bose like many adolescents in the community are sexually active and would love to prevent unplanned pregnancy. They intend to share their experience with their friends at school noting that "many of the girls have boyfriends, some two, some three and they have sex without protection. We know of some that have done abortion, without their parent's knowledge. We believe that with this protection in our body, we will prevent pregnancy and so will not do unsafe abortion and we will share this experience

with our friends".

Blessing and Bose believe that young girls should be allowed to access Family Planning to reduce the rate of unsafe abortion among their peers. Their story is one that depicts how capable youths are in taking charge of their sexual and reproductive health needs. With the availability of non-judgmental counselling, friendly providers and quality service delivery, young people can make informed decisions that will benefit their health and impact their future positively, in their community and were determined to prevent this from happening to them.



PARTNER SUPPORT IN FAMILY PLANNING



n many Nigerian communities, a woman requires the approval or support of her husband or partner to take up family planning (FP) services. Marie Stopes Nigeria and several partners working in the FP landscape put in efforts to see more men get involved and support women to access contraception. Though slowly, men FP advocates are coming on board one man after another. Mr Okon Akpan is a 58 years old Okada (Motorcycle) rider

The story of Mr Akpan also shows that focusing FP messaging on male counterpart can yield positive outcomes.

and has eight children. He lives and operates his Okada business in Ohoabo community, Ukanafun Local Government Area of Akwa Ibom state.

Edet Akaninyene Marie Stopes Nigeria Community Mobilisation Officer in Akwa Ibom got to know Mr Akpan when he engaged his bike services while conducting mobilisation in his community. They had a robust discussion on Family Planning - the different methods, and the benefits for the family, the children, husband and the wife.

Mr Akpan told the mobiliser how hard life has become as he could barely make enough to sustain his family and increasingly unable to train his children in school. He was happy to hear about family planning and promised to discuss it with his wife.

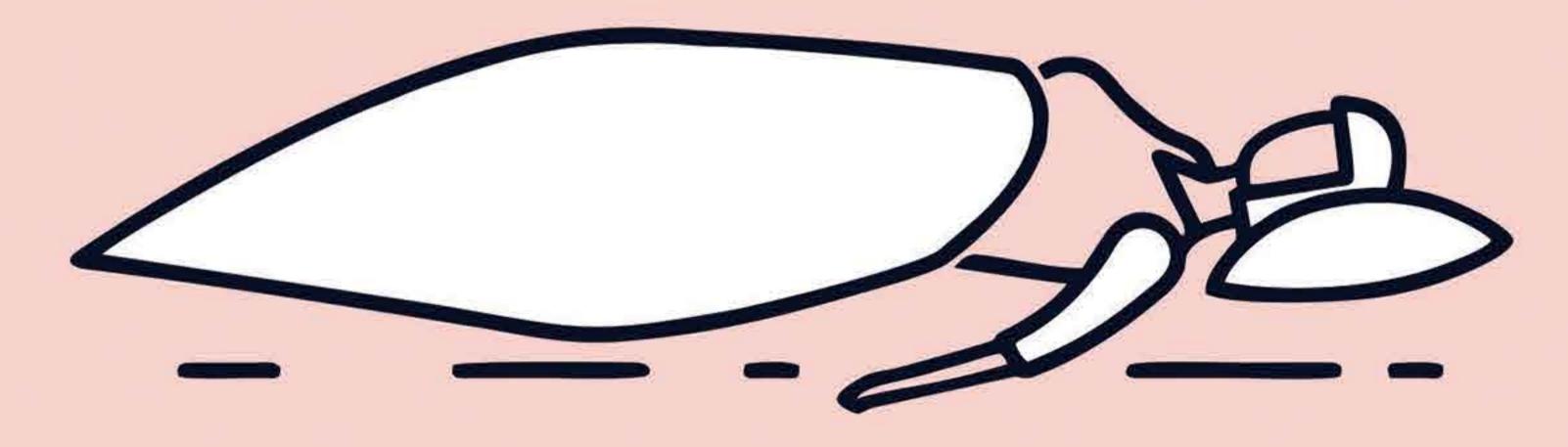
He did and both agreed to take up a method. Mr Akpan and his wife visited the Ikot Unah Health Centre, they were counselled and his wife Patience Okon Akpan took up her method of choice - 5 years Jadelle Implant. Visibly happy Mrs Akpan said "I thank Marie Stopes for having so much concern for women like me. With this (referring to her implant), I will be able to support my husband more and not worry about an unplanned pregnancy". Mr Akpan has become a Family Planning advocate in his community and is always seen talking to men about FP during meetings and other gatherings. The story of Mr Akpan also shows that focusing FP messaging on male counterpart will yield positive outcomes.

Children by choice, not chance



#TakeResponsibilty #COVID19Nigeria

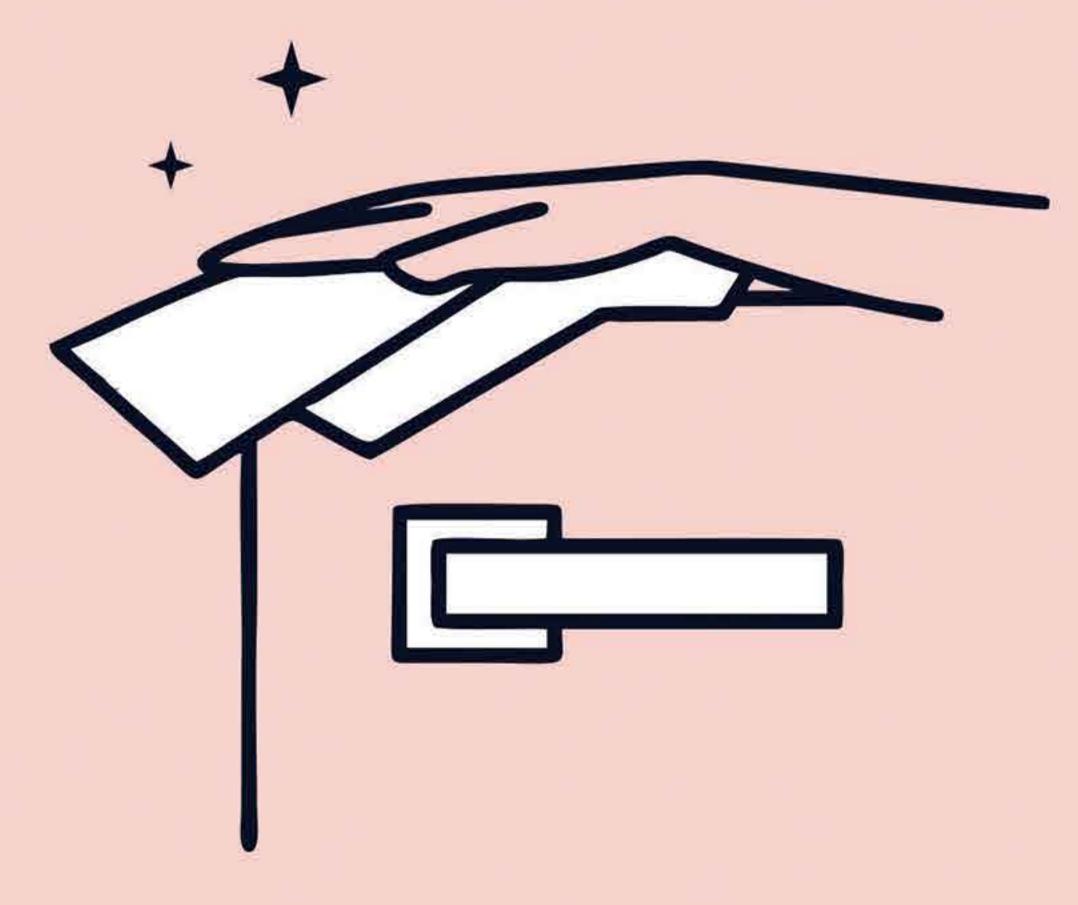
IF YOU ARE ILL PLEASE:



Stay home when sick

Cover your mouth and nose with a tissue when you cough or sneeze and dispose of the tissue immediately





Clean and disinfect frequently touched objects and surfaces

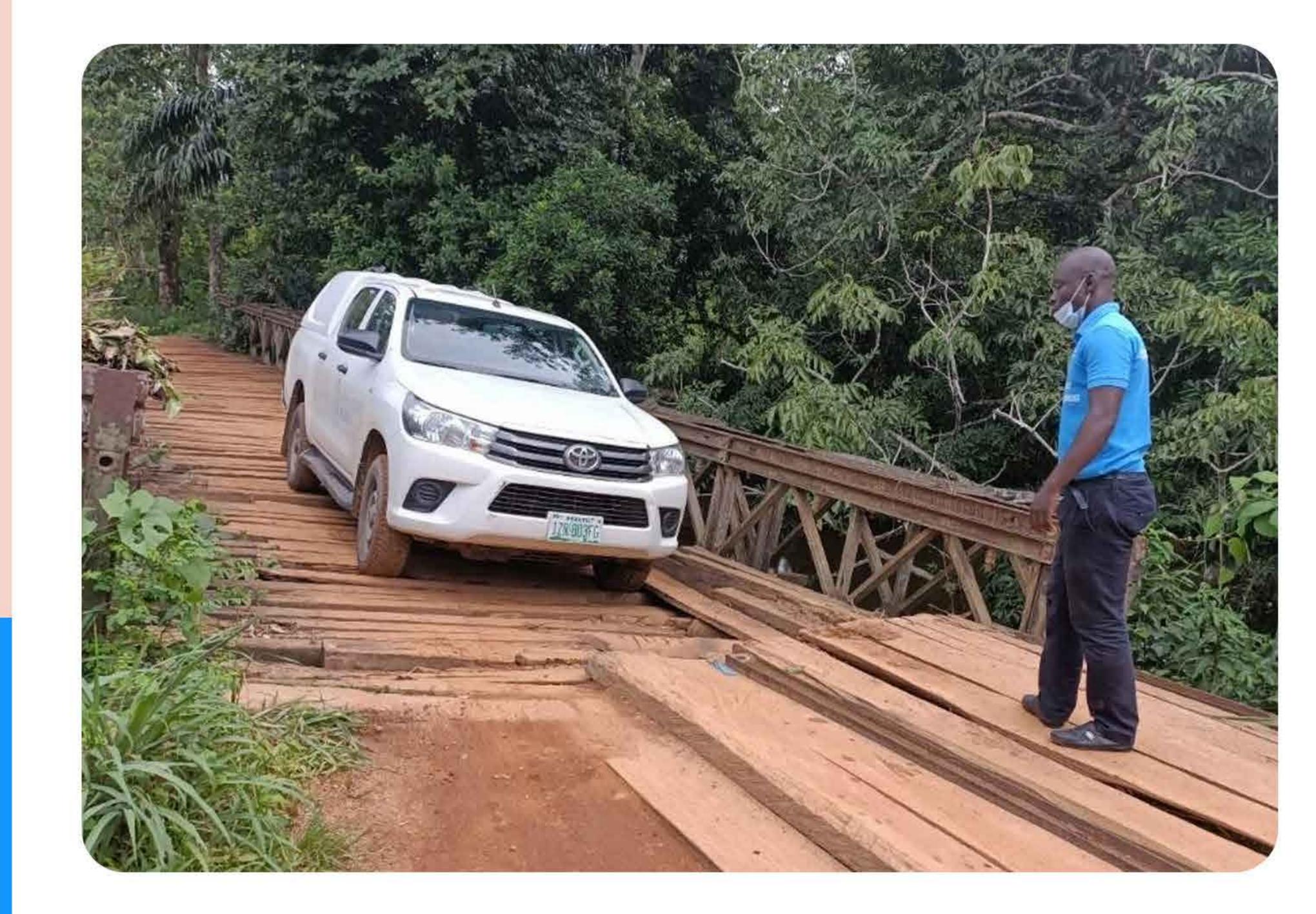




COVID19.NCDC.GOV.NG



REACHING UNDERSERVED COMMUNITIES IN RURAL CROSS RIVER STATE WITH FAMILY PLANNING SERVICES



lege is a rural community located in Cross River State Nigeria. It is seven hours drive from Calabar the state capital and nestled on the Nigeria side of the mountain range that separates Nigeria and Cameroon. It is home to a boisterous population who make their living from subsistence agriculture. An old rickety bridge (the Amukwung Bridge) is the only gateway into and out of the community that is without telephone connection. Once in the community visiting outreach teams are out of telephone reach with the outside world.

From Sunday 9th to Friday 17th July, the Ogoja outreach team worked in Obudu Local Government Area (LGA). In this period, they covered 20 communities, Alege plus 19 others. These communities situated along the Nigerian side of the Cameroun mountain belt, lack basic health infrastructures like Health Centres, qualified Health Care Providers, commodities, and consumables. In these communities, teenage pregnancy is high, as it is common to see girls aged 12 and 13 who have one or two children while married women have up to eight children

with little or no spacing.

To reach Alege, the teams' official
Hilux car was parked at the safest
end of the motorable road while
hired commercial motorcycles were
used to continue the trip with their
instruments. Twisting and turning,
the motorcyclists navigated the
bending hills and valleys to reach the
community.

Upon arrival, the courageous team was greeted by a cheering crowd of community members waiting to take up Family Planning services. The team anticipated the large turnout of clients because of the mobilisation and advocacy activities held with the community members and leaders.

They were proactive and applied MSION's team splitting approach and had mobilized four providers (two teams) instead of two providers (one team). The splitting teams ensured that all clients who came out for service were served. For the outreach team, the challenges to push on against all odds paled when communities turn out in their large numbers to take up services. At Alege, the community folks sang welcome folk songs and danced in excitement. The thank-yous and commendations from the community leaders and clients at the end of service provision showed their genuine appreciation for the services they have received and the anticipated benefits in better-planned families.

In line with MSION COVID-19 response guidelines, the team's group counseling and messaging integrated messages on COVID-19 and the benefits of hygiene and healthy lifestyles. While the outreach team could not provide masks to all who came out, they ensured a sitting arrangement that observed social distancing. They educated the community on the benefits of wearing face masks and other COVID prevention practices to keep themselves and their communities protected from infection. This is standard practice across all MSION service delivery channels and demand creation activities.



ROLE MODEL GRANDMOTHER



Besong Oshang Mary, 2nd from left

"when she go sabi man, I no go know, na only her I get, I no want wetin happen to me and her mother to happen to her". Mama Betty, Role Model Grandmother.

Okubuchi Community of Irruan Clan is an agrarian community in Boki Local Government Area of Cross River State. The community is located at the bottom of the hills in the northern Cross River mountain bordering Obudu Local Government Area. Young girls in the community are exposed to sexual health misadventures especially from Okada riders (motorcycle operators) who offer free Okada ride (a preference to long trekking) as a means of gratification for sex. This practice has contributed to rising teenage pregnancy, unsafe abortion, early and forced marriages. In the community, women have up to 8 or more children with little or no spacing.

The Ogoja outreach team learnt of the community and visited them.

To gain entry, the mobilisation team led by Friday Garand, the Ogoja

Outreach Community Mobilization

Officer applied different mobilization strategies like town

announcers, community dialogue, announcements in churches etc.
These strategies did not yield expected results until home visit approach targeting special home front influencers were implemented. The home visit approach provided an avenue to identify role model grandmothers who are influential in the community. One such role model grandmother is Besong Oshang Mary fondly called "mama Betty" in the community.

Mama Betty is a 42-year grandmother. She has a 15year old granddaughter named Ada Betty, daughter of Janet, Mama Betty's only child. When Janet got pregnant six months after giving birth to Betty, she attempted abortion and died from complications of unsafe abortion. Mama Betty suffered the same ordeal; she had Janet, Betty's mother at age 16. She got pregnant again and had an unsafe abortion that damaged her womb. Her inability to have children after her marriage caused a breakup of her marriage.

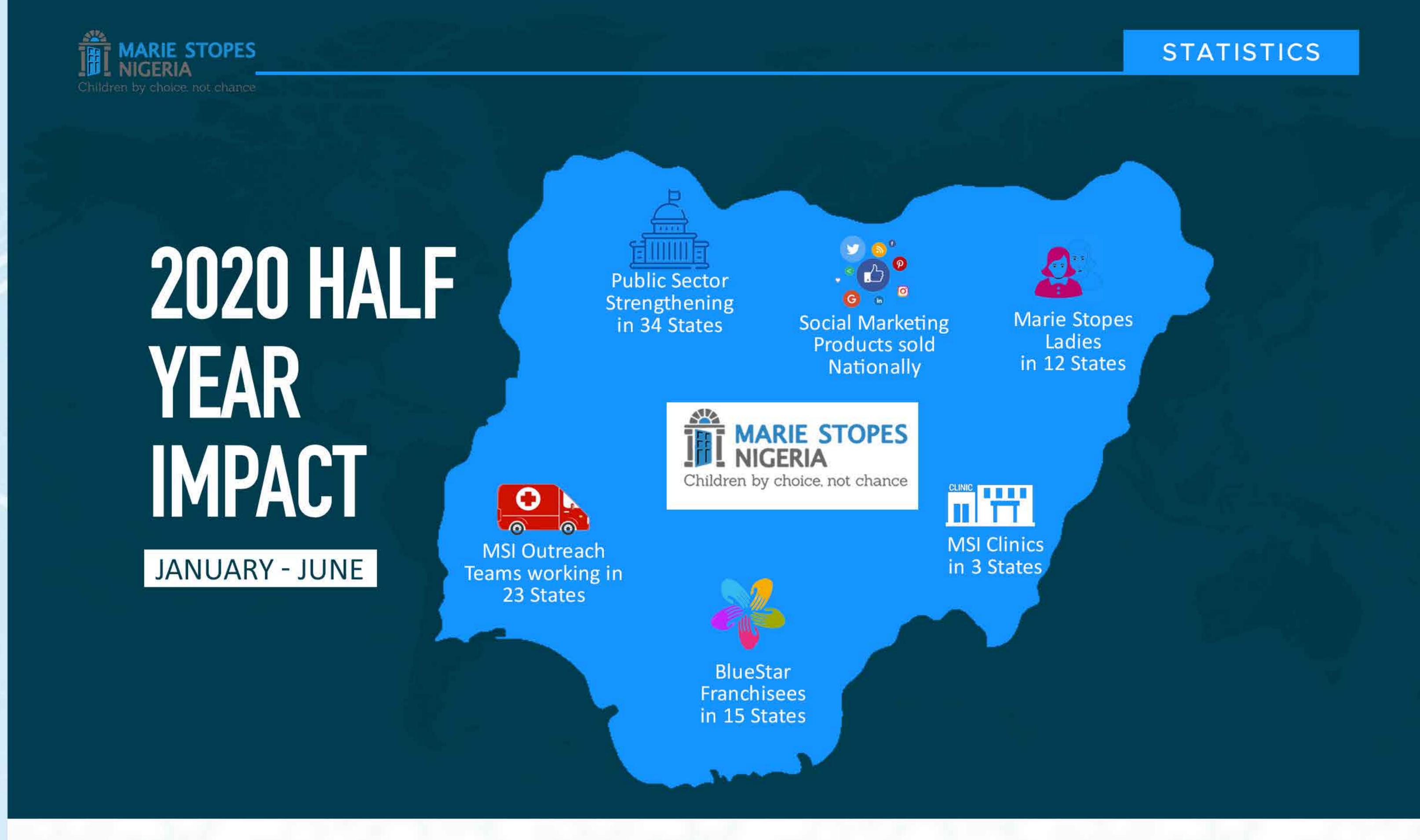
Mama Betty is afraid of losing her granddaughter to that same ordeal.

She, like the other grandmothers, was relieved when the Community Mobilization team brought Reproductive Health messages to them. They saw it as an opportunity to educate the girls and boys on reproductive health and pregnancy planning. Mama Betty supported Betty in taking up a Family Planning of her choice from the health centre located in their community.

When asked the reason for supporting Betty, she replied amidst tears and said, "when she go sabi man, I no go know, na only her I get, I no want wetin happen to me and her mother to happen to her".

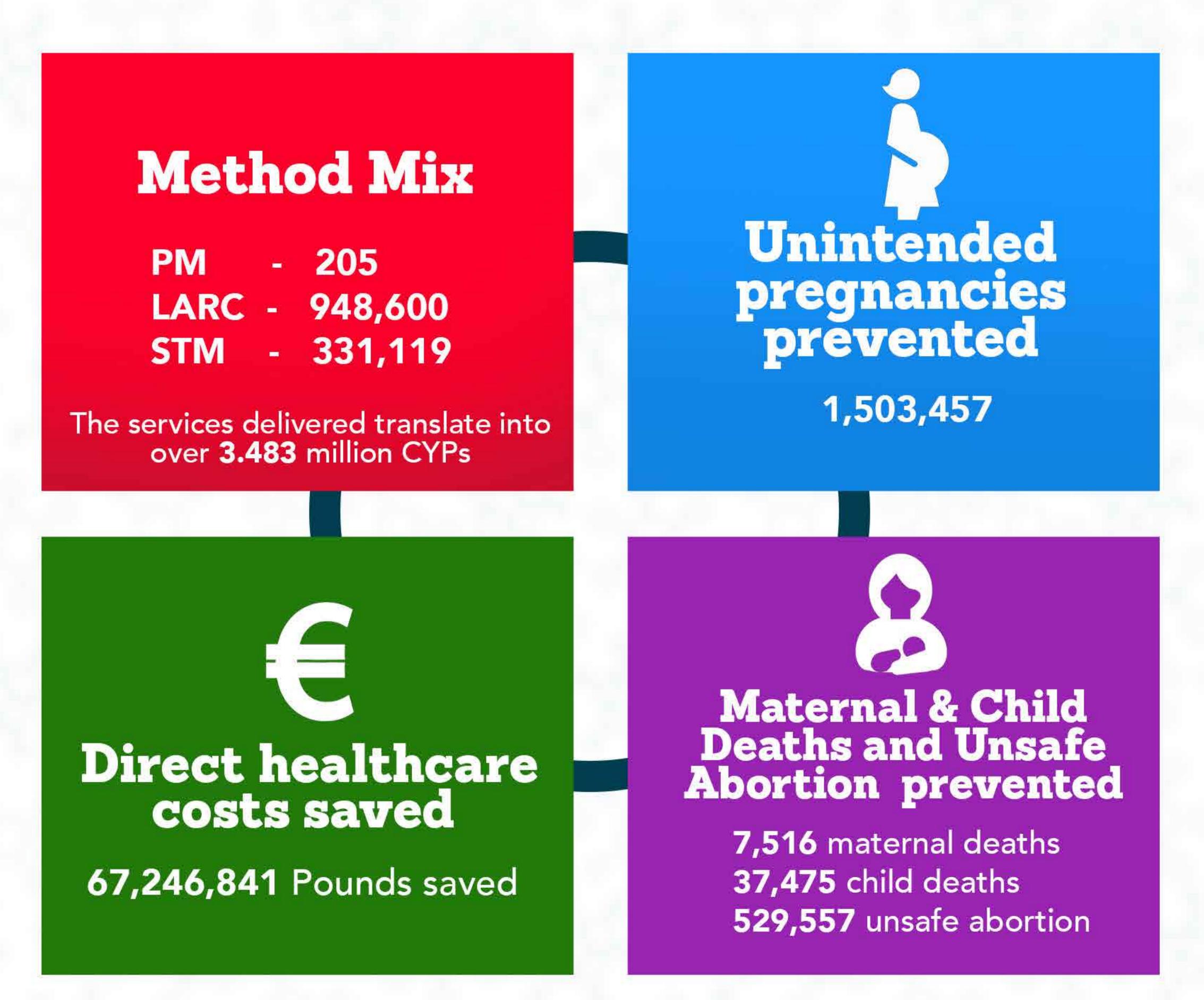
Betty is so happy with herself and had this to say, "this is jump am pass" (means she cannot be caught in the web of an unplanned pregnancy).

Mama Betty's acceptance of contraception and pregnancy planning has instilled confidence in potential clients especially adolescents who are no longer in fear and doubts. The outreach team visit to Okubuchi community on the 26th day of May 2020 saw 53 clients take up different contraceptive methods of choice.



1.474 million clients served

More than 1.279 million family planning services translating to 3,493,104 million CYPs delivered to over 1.279 million persons in Nigeria through Marie Stopes health system strengthening efforts in the public and private health sectors, as well as direct service delivery through MS Ladies, Outreach, and Centres in the past six months.



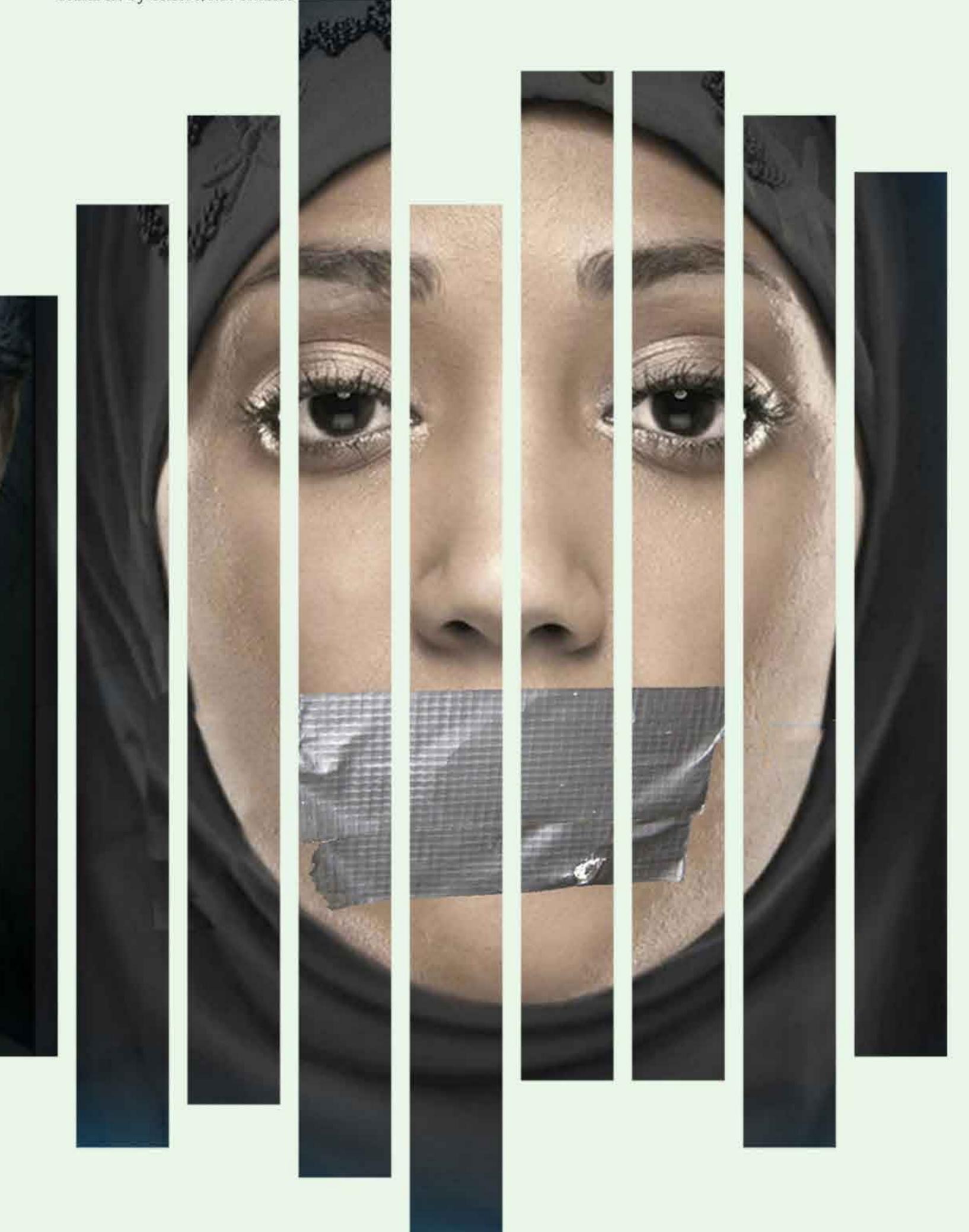
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GUEST COLUMN





GUEST COLUMN



BREAKING THE SILENCE

The Victim of Sexual and Gender-based Violence and the Nigerian Legal System

ita Tamuno (not real names) is a 17-year-old twin leaving in Port Harcourt, Rivers state with her father, a single parent. In mid-January 2020, Rita attended a party at a club where a group of boys raped her. She got pregnant from the rape. Too scared to tell her father about what had happened and the pregnancy, Rita kept mum and became withdrawn. She, however, confided in her twin, who confided in a close friend. Through this friend, Rita connected to a counsellor who counselled and worked with her to break the news of the rape to her father three months into her pregnancy. At five months and without antenatal care, Rita experienced complications that caused the baby to die in the womb. On July 6th, she was induced at a private hospital in Port Harcourt and gave birth to a dead baby. Rita and her family are living with the consequences of the rape. No charges were pressed, as they do not have the wherewithal for a legal battle, while the perpetrators roam the streets free.

Rita represents a lot of girls, women and boys who suffer sexual violence, live with the consequences of the action against them, and yet are unable to get justice because of the culture of silence and a challenging justice system.

What is Sexual and Gender-based Violence (SGBV)?

The United Nations defines
Gender-based violence as an act of violence that results in physical, sexual, or psychological harm or suffering to women, girls, men, and boys, as well as threats of such acts, coercion, or the arbitrary deprivation of liberty.

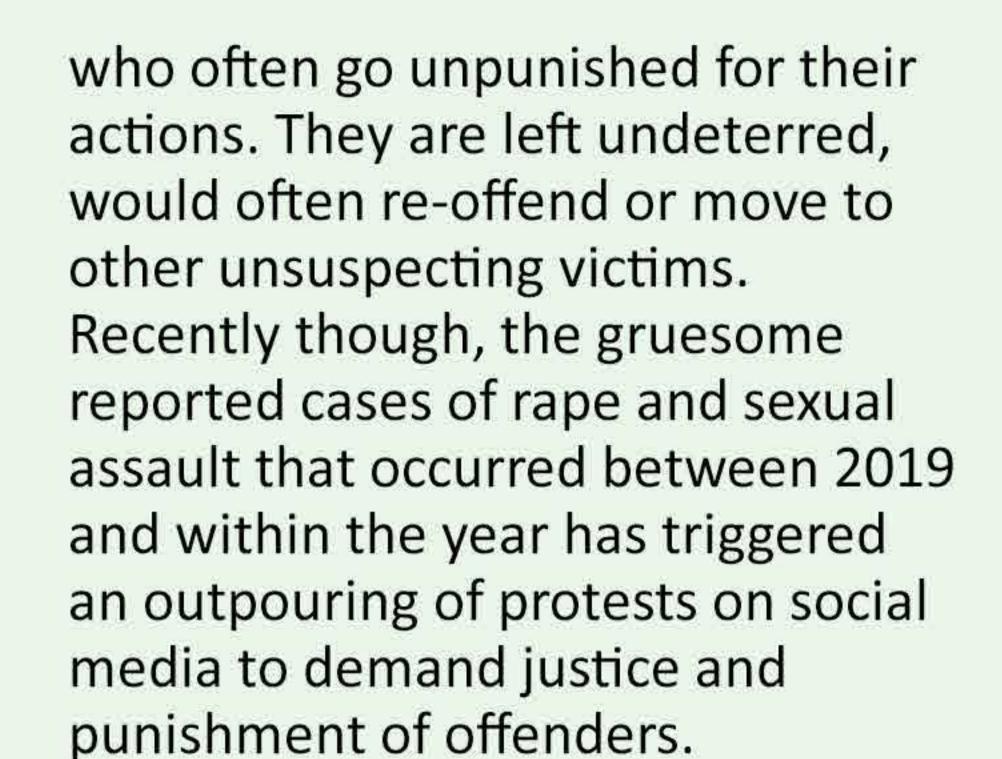
Who are the Victims of SGBV?

In Nigeria, SGBV is often targeted at women, girls, and young boys who are vulnerable and seen as easy targets. The Nigeria Demographic health survey, 2018 reported that

31% of women age 15-49 have experienced physical violence and 9% have experienced sexual violence. More than half of women (55%) who have experienced physical or sexual violence have never sought help to stop the violence; only 32% have sought help, often the women's own families are the most common source of help.

The stigma of being identified as a victim of SGBV, especially victims of rape and sexual assaults in a society that blames and shames victims, has made many victims and their families to choose the road of silence, rather than a report or take any action on the injustice suffered. Also, victims rarely seek help or report incidents to the authorities due to a culture of victim-blaming and the perceived indifference or snail speed of government agencies with responsibility to protect and or secure justice for the victim.

This silence and inaction for justice embolden perpetrators of SGBV



What legal framework exists around Sexual and Gender-Based Violence and Rape in Nigeria?

Section 34 of the Nigerian constitution provides that, "every individual is entitled to respect for the dignity of his (her) person and accordingly (a) no person shall be subjected to torture or inhuman or degrading treatment". This is the grundnorm of all laws on this. The Violence against person prohibition act (Laws of the federal republic of Nigeria 2015) is the principal law against all acts of SGBV. The Penal Code applicable to the Northern region protects against acts of rape and sexual violence. The Criminal Code that applies to the southern region of Nigeria criminalises rape and protects women from any form of unlawful assault. The Child's Right Act (LFN 2003) prohibits acts of sexual abuse on a child (defined as being less than 18). Nigeria has

also domesticated the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

Despite legislation and some ongoing efforts to protect women and vulnerable populations against violence, much remains to be done in protecting victims and prosecuting perpetrators as Nigeria still has one of the lowest reporting numbers on rape and sexual violence. Where matters are reported to the police, there have been complaints that cases are treated with levity or settled out of court as a domestic matter. There have been instances, where the table has been turned to make the victim the culprit for a wrongful accusation.

We commend the online sexual offenders register launched on 25 November 2019 to act as a deterrent and means of tracking down perpetrators of this act. We implore the National Agency for the Prohibition of Trafficking in Persons (NAPTIP) charged with the responsibility of updating the register to do so with every sense of responsibility. The Nigerian senate also recently passed the Sexual Harassment Bill to the house of representative for deliberation. We call on the National assembly to conduct a thorough deliberation to

ensure that the best interest of the victim and fitting punishment for offenders is upheld in the Bill. The Bill once passed into law will further criminalise all acts of sexual harassment, especially in schools and workplaces.

Recommendations:

- 1. Having a nationally representative data on the prevalence of different forms of violence can help monitor progress towards the elimination of violence against persons in Nigeria.
- 2. It is important to establish help centres for women, suitably equipped with rape kits and trained counsellors where women can be referred for help, and who would provide the needed support and succour for victims of SGBV in Nigeria.
- a. Marie Stopes Nigeria operates a contact centre which provides counselling and referral linkages on sexual and reproductive health.
- 3. It is pertinent that police stations in Nigeria are adequately furnished with rape kits to collect evidence of rape or have health centres with adequate facilities to collect such samples from victims of rape. This is very important because in cases of rape where it is often the word of the victim against the perpetrator, it is hard to prosecute a case successfully without any physical evidence.
- 4. There is a need for the Nigerian government to actively enforce SGBV laws and punish sexual violence offenders by ensuring that reported cases are successfully prosecuted.
- 5. There is also a need to provide training and education to police officers on proper handling of SGBV cases with desk officer for SGBV in every police station trained in handling cases.



MSION OUTREACH SERVICE

Interview with Jigawa (North West), Ebonyi (South East) and Oyo (South West) to share their experience of what it has been like to sustain family planning services in rural locations with difficult terrain and underserved populations at a time of COVID-19 pandemic. Below are excerpts from the discussion.



How are communities reacting to COVID-19?

Community members are aware of COVID-19. However, what they do not understand is the risks and the damage it can cause. The risk perception in a lot of these communities is low. They carry on their activities with very little application of personal responsibility for infection prevention advised by the Nigeria Centre for Disease Control (NCDC). A lot of these communities are poor and ignorant, so, even when they are aware of the preventative measures, they fail to comply with them because they are not sensitised to understand that practising preventive measures are important to protect self and others from COVID-19. There is also this

The experience of being able to prevent the spread of COVID-19. provision while ensuring that people remain motivated to seek care has been interesting.

erroneous belief that COVID-19 pandemic only affects rich people in urban areas.

MSION was proactive in mainstreaming COVID-19 health education into our routine sexual and reproductive health talk demand generation and group counselling health talks in the COVID-19 response guideline for outreach team. We have seen these work great to educate and clear the ignorance in these communities. For communities that have higher risk perception, the incorporation of COVID-19 health talk and the use of personal protective equipment and social distancing implemented by the team have seen sceptical and fearful communities relax and come out to take services.

How are women in the communities you visit responding to Family Planning services amidst COVID-19?

COVID-19 scare has not negatively affected the turnout of women for family planning services. Rather, we have seen an increase in uptake across communities. Being at home as a result of the lockdown afforded more women the time and opportunity to take up family planning services. This is because some women who would for instance go to markets in urban centres to sell farm produce could not because of the movement restrictions. So, they were home when the outreach team visited. For some, being locked down at home with their spouses was

the needed push that made them take the step to access family planning services to prevent unplanned pregnancies.



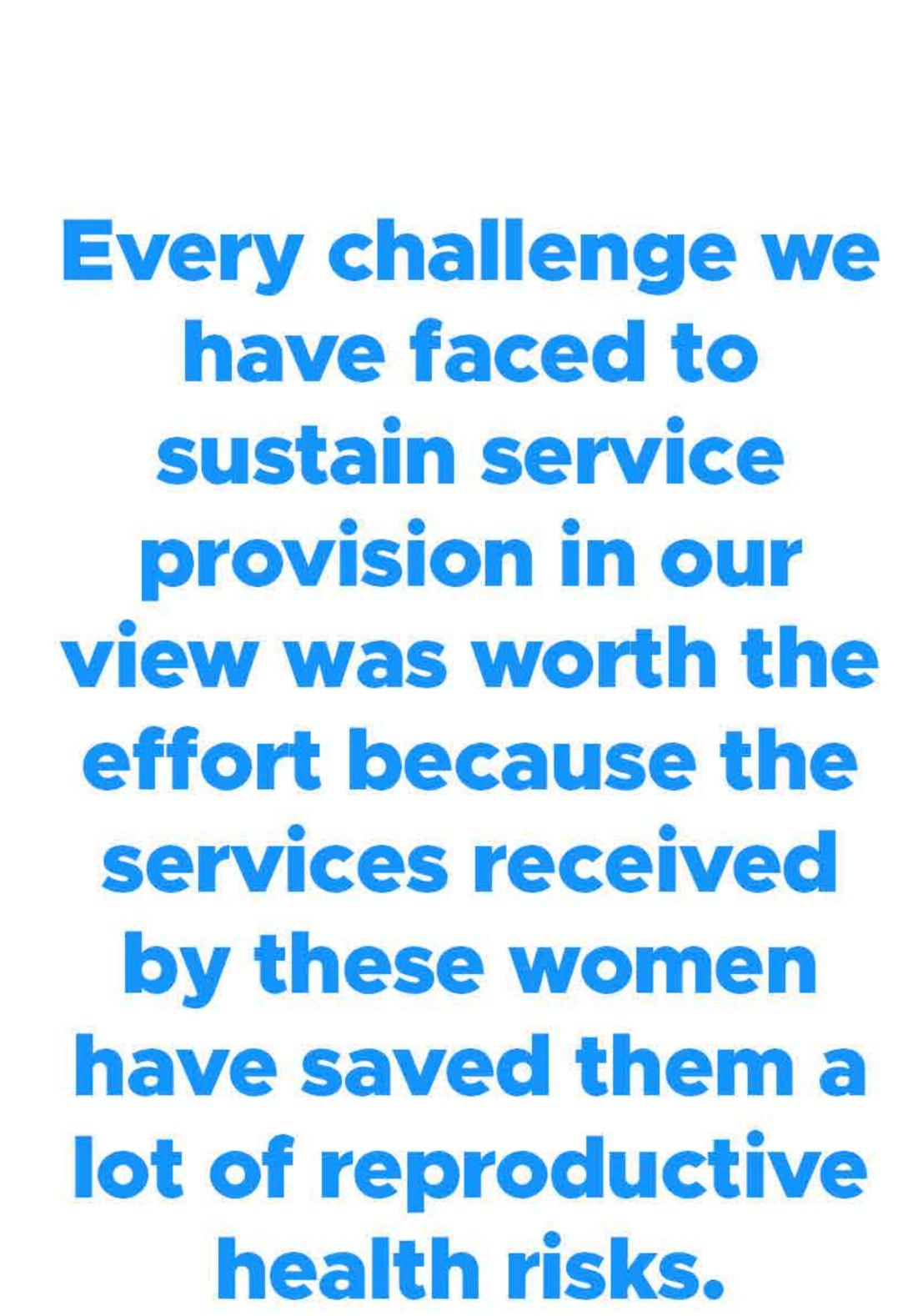
What are you doing differently to sustain FP service delivery?

The experience of being able to prevent the spread of COVID-19, sustain service provision while ensuring that people remain motivated to seek care has been interesting. We achieved all these because the office introduced COVID-19 service delivery, mobilisation and security guidelines. As indicated earlier, MSION's management and COVID-19 committee was very proactive and thought through all possible scenarios immediately the pandemic started and when it was reported in Nigeria. So, before the lockdown kicked in, we already received guidelines on how to sustain service delivery. Applying these guidelines and the changes that came with it such as enforcing social distancing, adherence to national and state-specific crowd gathering instructions, use of PPEs, door to door mobilisation, etc. are some things we did differently. Beyond providing sexual and reproductive health information and services to women in these communities, our teams sensitized them on COVID-19 and the various precautionary measures they can take to protect themselves and their loved ones.

Our teams were equipped with handheld thermometers and handwashing points. Every woman visiting our team had her temperature taken, they were all asked to wash their hands and social distancing was maintained. These were compulsory for service to be provided. Our teams were fully kitted in PPE – protective gowns, face shields and medical masks etc. This built confidence in women and offered the reassuring feeling of protection for the client and team members.

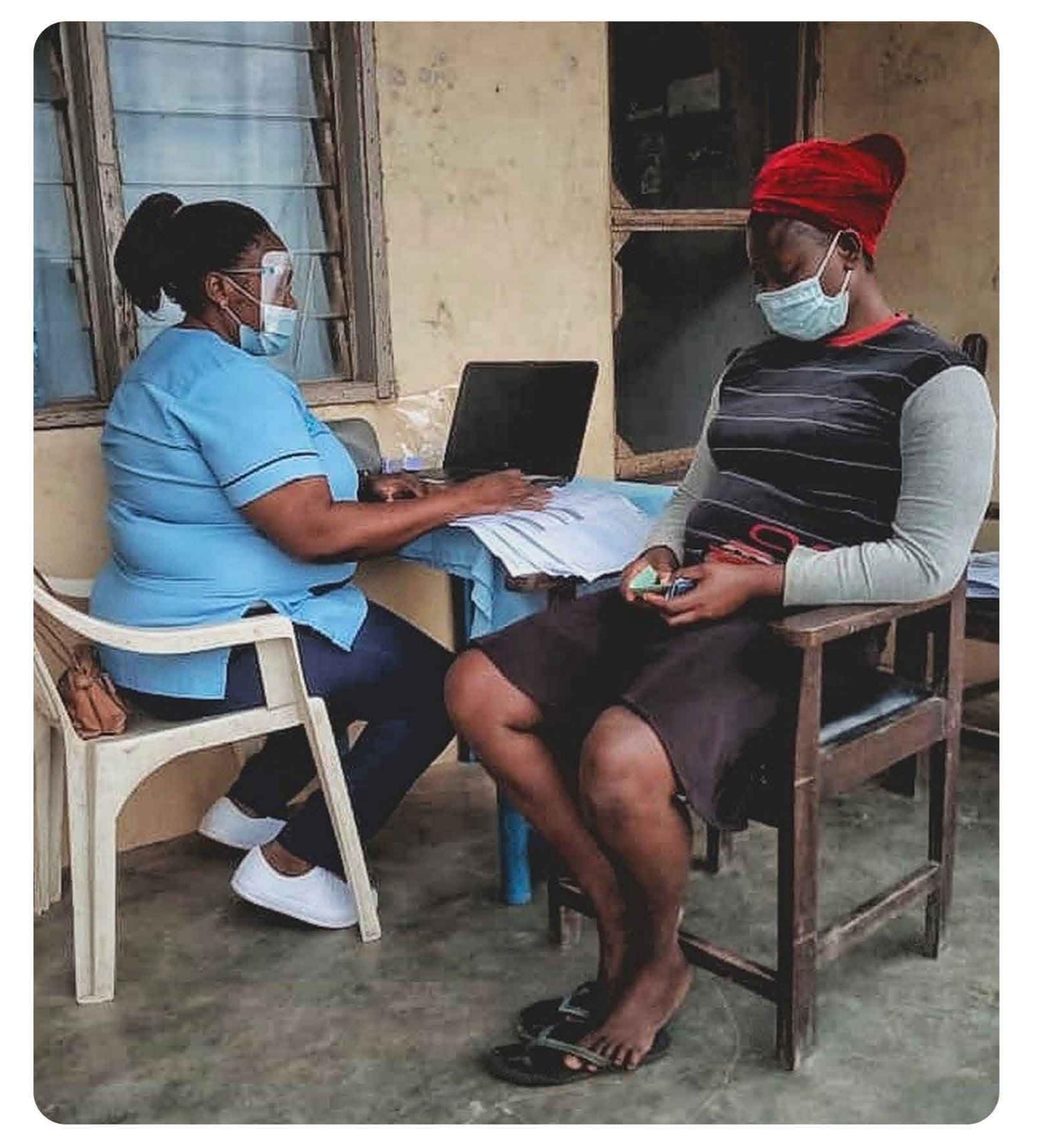
What has been your challenges?

The challenge experienced was at the beginning of the lockdown when we were restricted from



travelling to other states or between Local Government Areas (LGAs). This was short-lived as MSION secured approvals from National and State Ministries of Health that enabled us to move freely to continue service provision despite the lockdown and movement restrictions.

Also, the inability to conduct group counselling session because of crowd control measures has meant that they spent more time doing general health talk with each woman during individual counselling sessions that ordinarily would have focused on FP. Every challenge we have faced to sustain service provision in our view was worth the effort because the services received by these women have saved them a lot of reproductive health risks.









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