

# FACT SHEET

For LGA Key Decision Makers, Policy Makers, Policy Champions at State LGAs

RH NO. 5

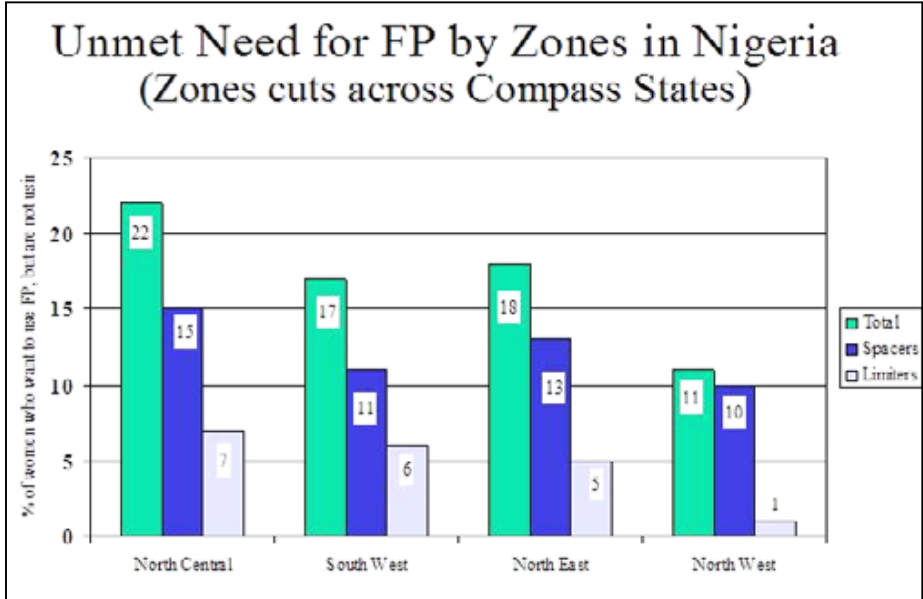
## IMPROVING ACCESS TO REPRODUCTIVE HEALTH SERVICE IN COMPASS STATES.

Women’s poor access to health care services is a situation that is of concern to the Government and members of the public in all parts of Nigeria. For many illnesses, women receive less than the standard treatments and their specific needs are often unfulfilled. Women continue to face several barriers to seeking reproductive health (RH) services, due to economic, socio-cultural and religious reasons, as well as the need to seek the husband’s consent before obtaining any services. These situations exist in spite of the monumental steps taken since the 1994 International Conference on Population and Development held in Cairo that endorsed reproductive and sexual health as basic human rights. For women living in rural areas and in communities that are not adequately served in other ways, the need for a solution to the problem of sub-standard quality and poor accessibility to reproductive health services is particularly urgent.

**Highlights**

**Commitment to action**

**Actions at State and LGA levels**



**COMMITMENT TO ACTION:** “The ultimate aim of this (reproductive health) policy is to serve as an effective national platform for strengthening reproductive health activities in Nigeria and facilitating the achievement of relevant global and regional goals in the interest of improved health, well-being, and overall quality of lives of all peoples of Nigeria.”

Professor A.B.C. Nwosu, Honorable Minister of Health, in the forward to the *National Reproductive Health Policy and Strategy: To Achieve Quality Reproductive and Sexual Health for all Nigerians*. FMOH. 2001.

### Key issues

Women may not be regarded as equally entitled to reproductive health services and other resources. Their needs may be seen as secondary to those of men.

Economic, traditional, religious, and other barriers prevent many women from gaining access to local reproductive health services.

Total Fertility Rates are high in COMPASS States.

Between 2% to as high as 59 % of women have no access to ante natal care.

There is a high unmet need for family planning (FP); between 11-22% of women who need FP are not using it.

There is low use of modern FP methods by men and women (especially young persons) who are sexually active (low contraceptive prevalence rates ranging from 3% to 13% in COMPASS States).

Very few women take steps to prevent malaria in pregnancy.

Less than half of all births are delivered by a skilled attendant.

Average age at marriage is low.

## AREAS FOR ACTION

### State Level

Disseminate information on relevant policies.

Promote the adaptation and implementation of national policies at State, local and community levels.

Set specific short to medium term health goals and objectives, including desired contraceptive prevalence rates and family planning service coverage rates.

Ensure contraceptive security, through the regular availability and accessibility of modern contraceptives at every service delivery point in line with national and state guidelines.

Strengthen the primary health care system to improve delivery of routine immunization and other maternal and child health services.

Identify and address specific barriers that limit the access of women to adequate health services.

Improve existing health facilities to meet national and state standards for women and child friendly health services.

Embark on health reform within the context of the State Economic Empowerment and Development Strategy

Provide support to increase community-based family planning services into other community based activities.

### LGA Level

Disseminate policies and guidelines regarding women and child friendly health services and implement prompt.

Provide support to integrate community-based family planning services into other community based activities.

Encourage community stakeholders, including religious and other opinion leaders, to advocate for reproductive health services.

Improve pregnant women's access to skilled care during pregnancy, delivery and post partum care.

Also identify and address barriers that limit the access of women and children to adequate health services.

Launch information, education and communication and behaviour change communication activities to improve the health seeking behaviour of individuals and households..

Mobilize local communities to initiate and participate in maternal and child health programs.