



FACT SHEET

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

RH NO. 4

Reproductive Health (RH) Policy and Strategy

Highlights

Principles of the National RH Policy and Strategy

Implementation strategies and Approach

The National Reproductive Health Policy and Strategy was developed in 2001, in conformance with the regional vision articulated 10 years earlier at the ground breaking International Conference on Population and Development (ICPD), held in Cairo, Egypt. That vision defines reproductive health as “. . . a state of complete physical, mental and so-

Reproductive Rights embrace human rights recognized in . . . international laws. . . .

“ . . . the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so . . . ”

Principle 713, Program of Action, ICPD

cial wellbeing in all matters related to the reproductive system and to its functions and processes. ”
By 2017, the Government of Nigeria is committed to improve the quality of life of its people “through a significant reduction of maternal and neonatal morbidity and mortality, unwanted pregnancy and Sexually Transmitted Infections (STI), including mother to child transmission of HIV, and through the elimination of harmful practices (FGM) and sexual violence.”

A “WOMB to TOMB” Life Cycle Approach to improve RH of women and men.

At each stage of life, key implementation strategies will be brought to bear to address RH needs:

Adolescence: Promote gender equality, healthy sexual maturation; discourage early marriage

Marriage: Birth planning, family planning counseling, information, services

Pregnancy: prenatal care, safe delivery, postnatal care

Motherhood: Mothers’ and Newborn Health care

Parenthood: Manage/prevent abortion complications; treat infertility, encourage adoptions;-

Adulthood: Prevent/treat STIs, HIV/AIDs; discourage harmful traditional practices and violence against women; detect and treat cancers and non-infectious RH diseases

Key Implementation Strategies

1. Advocacy and Social Mobilization
2. Promote Healthy RH Behaviors
3. Provide equitable access to Quality Health Services
4. Build Capacity of Service Provide
5. Promote Research

ASSIGNMENT OF ROLES and RESPONSIBILITIES FOR IMPLEMENTING THE RH POLICY

Both the public and private sectors of Nigeria are assigned roles and responsibilities, from the Federal Ministry of Health (FMOH), the State Ministries of Health (SMOH), the Local Government Authorities (LGA), Communities and Non-Governmental Organizations (NGOs), Professional Groups (PGs) and the mass media.

FMOH

1. Regulate/Facilitate Implementation.
2. Set Guidelines.
3. Ensure compliance with laws, regulations, and so on.
4. Enable legal environment; Repeal contrary laws.
5. Protect people's rights from coercion based on free flow of information.

SMOH

1. Ensure availability of trained personnel
2. Ensure implementation within facilities occurs;
3. 3. Promote equity of facility distribution.
4. 4. Procure/distribute drugs.
5. 5. Encourage first level referral system;
6. Ensure distribution of supplies and Equipment
7. Collect, use, disseminate data
8. Mobilize/allocate resources
9. Promote health education

LGA

1. Motive community action
2. Train TBAs, VHWS in RH services.
3. Link TBAs and Midwives in local areas

NGOs

1. Collaborate with government;
2. Identify needs;
3. Train communities;
4. Assist in IEC;
5. Mobilization;
6. Launch pilot schemes.;
7. Assist LGAs;
8. Develop referral systems.

PGs

1. Train professionals;
2. Enforce monitoring of practitioners;
3. Support midwife training;
4. Develop curricula for community workers;
5. Add RH to all curricula.

MEDIA

1. Create RH awareness;
2. Disseminate information
3. Network with NGOs.