

## Case Study Fact Sheet

### Background

Globally, studies have shown that conflict-affected and forcibly displaced women and girls face increased risks of maternal morbidity, mortality, and gender-based violence; higher risks of sexually transmitted infections (STIs); greater risks of unintended pregnancy; and heightened risks of unsafe abortion and its associated complications.

Contraceptive services and post-abortion care (PAC), are therefore included in internationally accepted standards for humanitarian health responses.

In June 2019, the Women's Refugee Commission (WRC) conducted a [case study](#) of contraceptive service delivery in Maiduguri and Jere Local Government Areas in Borno State, northeast Nigeria, which has been the site of an insurgency led by Boko Haram and associated fractured groups for more than a decade.

While multiple reports have documented the sexual and reproductive health (SRH) needs of women and girls in northeast Nigeria since the onset of the crisis, this case study is the first to focus specifically on contraceptive service delivery and PAC in this region.

This case study documents the important work that humanitarian actors, the government of Nigeria, and other stakeholders are undertaking to provide contraceptive services to internally displaced persons (IDPs) and host communities. It also highlights challenges and presents recommendations specific to contraceptive service delivery, including staff training and supervision; supplies; adolescents' access; community engagement; and PAC.

### Key Findings

- Women and girls affected by the Boko Haram insurgency reported that they had **higher demand for contraceptives after displacement**. While overall knowledge of the importance of contraceptive methods was high among women, it was lower among men and adolescents. Knowledge of specific methods was moderate for women and low to very low for men and adolescent boys.
- While **short-acting contraceptive methods were widely available, emergency contraception (EC) and long-acting reversible contraceptives (LARCs) were much less available, while PAC services were even less available**.
- **Barriers to contraceptive methods and services** – as well as PAC services – included health provider turnover and shortage, lack of skilled providers, commodity shortages, and community stigma around contraceptive methods.
- **Adolescents and unmarried women experienced heightened stigma** from community members and providers.
- Despite barriers and stigma, **community mobilization and health service delivery have successfully reached women** to inform them of the importance of contraceptives and child spacing, which has encouraged women to use contraceptive services.
- Despite Nigeria's strict abortion laws, **women and girls report that abortion is still very common**; however, many, especially girls, resort to unsafe and clandestine abortions.

### Top Recommendations

- **Donors and partners** (e.g., government, United Nations agencies, and nongovernmental organizations) **should invest in effective and promising strategies**, such as adolescent safe spaces, to ensure partners can engage adolescents on important SRH topics and provide youth with confidential access to a full range of contraceptive methods.

- Partners should coordinate with government health agencies and the United Nations Population Fund (UNFPA) to **ensure providers and health facility staff are well trained**, including on counseling and values clarification and attitude transformation, and have opportunities to develop, practice, and maintain their clinical skills.
- The government, UNFPA, and partners should **transition from the provision of Minimum Initial Service Package (MISP) and Inter-Agency Emergency Reproductive Health (IARH) kits**, which were appropriate at the onset of the crisis, **to full comprehensive contraceptive service provision** and procurement of specific contraceptive commodities to meet demand, as recommended in protracted crises.
- Partners should work with government health agencies and providers to ensure all health facilities provide a robust method mix, including LARCs and EC; have a sufficient number of staff trained in contraceptive and PAC services; and have adequate and consistent stocks of commodities, supplies, and equipment to **implement quality, confidential contraceptive and PAC services**.
- Government agencies should collaborate with partners to **ensure EC is available to all clients** rather than only to those seeking clinical management of rape services, as mandated under Nigeria’s 2017 National Guidelines for Emergency Contraception.
- Partners should **strengthen and expand community mobilization efforts** that include community members and influencers, such as traditional birth attendants, community leaders, religious leaders, men, and boys.
- Partners should **facilitate the dissemination of materials about contraception** to reduce stigma and combat misinformation; **build support for child spacing** and the use of contraceptives, including LARCs and EC; and **raise awareness of SRH services**, including the availability of PAC.

### Women’s Refugee Commission

The Women’s Refugee Commission improves the lives and protects the rights of women, children, and youth who have been displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

The full case study, *Gap between Supply and Demand for Contraceptive Services in Northeast Nigeria*, is available at <https://www.womensrefugeecommission.org/research-resources/contraceptive-services-gap-nigeria/>.

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