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AFRICA

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Findings & Interpretation

Demographics (NE + SE)

A total of 1,023 respondents from the North East and South East participated in the FP2030 survey. Within these states, Imo (212 respondents) and Enugu (198 respondents) recorded the highest individual state counts, while Adamawa (76) and Taraba (63) were comparatively lower. By sex, 58 % of respondents were Female and 42 % were Male. Age-group distribution showed the majority (45 %) were aged 25–34, followed by 18–24 (29 %) and 35–45 (18 %). After merging older groups, 10 % fell into "Above 45."

FP2030 Awareness

Overall, 63 % (645/1,023) of respondents indicated they have heard of the FP2030 policy, while 37 % had not. Awareness rates varied by state: Enugu led with 81 % awareness, followed by Imo (79 %), while Bauchi (48 %) and Taraba (44 %) were the lowest. When comparing predictors of awareness, urban residents were much more likely to be aware (74 %) than their rural counterparts (49 %), whereas the gender gap was smaller (Females 65 % vs Males 60 %). This suggests residential area (urban/rural) is a stronger predictor of FP2030 knowledge than sex alone.

Implementation Barriers

After cleaning for inconsistencies, a barrier frequency analysis revealed the top 3 barriers across all respondents were:

1. Lack of awareness (238 mentions, 25 %)

2. Inadequate funding (185 mentions, 19 %)

3. Limited healthcare infrastructure (163 mentions, 17 %).

Breaking these down by area type:

- Urban: "Lack of awareness" (112), "Inadequate funding" (98), "Weak political will" (71).

- Rural: "Lack of awareness" (126), "Limited healthcare infrastructure" (101), "Resistance from traditional/religious leaders" (87).

This indicates that while "Lack of awareness" is universal, rural areas additionally struggle with infrastructure and cultural/traditional resistance, whereas urban communities perceive political will and funding as more immediate obstacles.

Recommendations

1. Targeted Awareness Campaigns in Rural Communities

Since "Lack of awareness" is the #1 barrier in both zones, and rural awareness is only 49 %, prioritize community-level outreach (e.g., town-hall sessions, local radio, and community health workers) in Taraba and Bauchi specifically. Tailoring messages in local dialects and leveraging influential traditional/religious leaders can help overcome cultural hesitancy.

Metrics to track: Pre- and post-campaign awareness surveys, number of community events held, and percentage change in rural awareness over three months.

2. Increase Funding & Infrastructure Support in Rural States

Given "Inadequate funding" and "Limited healthcare infrastructure" are critical in rural areas, partner with state health ministries to direct dedicated FP2030 budgets especially to Taraba and Bauchi.

Recommendations: Initiate public–private partnerships to upgrade rural clinics, train local nurses, and ensure a continuous supply of contraceptives.

Metrics to track: Number of rural clinics upgraded, monthly contraceptive stock levels, and service utilization rates over next two quarters.

3. Enhance Political Will & Coordination in Urban Centers

o   Urban respondents cite "Weak political will" as a top barrier. Convene a multi-stakeholder FP2030 roundtable in Enugu and Imo—bringing together local government, NGOs, and private sector—to secure commitments (e.g., budget line items, public endorsements).

o   Metrics to track: Number of high-level endorsements, new state budget allocations for FP programs, and follow-up policy memos issued within 90 days.

By implementing these recommendations—prioritizing rural awareness, infrastructure, and political coordination—Invictus Africa can measurably improve FP2030 uptake and mitigate the top barriers identified in this survey.