

Advocacy: the NURHI approach

Overview

The Nigerian Urban Reproductive Health Initiative (NURHI), funded by the Bill and Melinda Gates Foundation, is designed to increase the use of modern family planning methods among the urban poor in six cities: Abuja, Ibadan, Ilorin, Kaduna, Benin City, and Zaria. Nigeria is one of four countries implementing urban reproductive health initiatives; other countries implementing similar projects include Kenya, Senegal, and India.

NURHI assists national, state and local government and private health services to expand access to and demand for modern family planning through four key approaches:

- **Strengthening Service Delivery:** NURHI works with networks of private and public sector health services to improve the quality and availability of a full range of family planning methods.
- **Generating Demand for FP Services:** The “Get it Together” campaign utilizes entertainment education radio programs and harnesses the reach of radio and television with the power of face-to-face communication through a network of social mobilizers to drive modern family planning use.
- **Advocating for Support:** NURHI works with partners at national, state, city, and community levels to leverage greater support for the family planning program.
- **Research, Monitoring and Evaluation:** NURHI strategies and approaches are research and monitoring data driven.

NURHI is managed by the Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs (JHU-CCP) in partnership with the Center for Communication Programs Nigeria (CCPN) and the Association for Reproductive and Family Health (ARFH).



Abdulkarim Sulaiman, Chairmen of the Interfaith Forum, Zaria

Introduction

In 2009, when the NURHI Project began, Nigeria already had excellent policies and strategic plans to guide reproductive health and family planning programming. In fact, one objective of the Integrated Maternal, Neonatal and Child Health Strategy was a 50% increase in contraceptive prevalence by 2012. Unfortunately, the government provided little indication of how it would fund achievement of this ambitious goal. While there were a few national working groups focused on policy implementation at the national level, only limited attention was given to family planning at state and local levels. Consequently, the family planning program was largely funded by external donors, the health system paid little attention to family planning, and many media journalists and local leaders were vocally opposed to family.

In a bid to ensure access to and support for family planning services for the urban poor, NURHI undertook advocacy initiatives primarily at the state and LGA levels. Three years later, state and LGA governments have committed increased budgetary support for family planning, media reporting is more pro-family planning, and leaders are more vocally supportive of family planning

nationally and in the four first phase NURHI cities of Ibadan, Ilorin, Abuja, and Kaduna. NURHI partnered with four key organizations to design and implement its advocacy agenda: the Health Reform Foundation of Nigeria (HERFON), Advocacy Nigeria, Development Communications Network (DEVCOMS), and the Futures Institute. NURHI constituted and works with Advocacy Core Groups in each city, and the National Family Planning Action Group (FPAG) at national level.

This technical brief shares the step-by-step process NURHI used to strengthen support for family planning services in the four Nigerian cities of Abuja, Kaduna, Ilorin and Ibadan between 2010 and 2013. Following the midterm evaluation in 2012, NURHI is implementing similar efforts in Benin City and Zaria as well.

Implementation Process

Step 1: Engage stakeholders to define and take part in the family planning advocacy agenda

During its first 18 months, NURHI introduced the project to the Federal Ministry of Health (FMOH), State Ministries of Health (SMOH), donors and other family planning partners. NURHI staff became regular participants in national forums for stakeholder coordination. NURHI staff introduced the project to key policy makers, stakeholders and leaders at SMOH, local government and community levels in each of the four initial cities. Through these activities, NURHI identified pressing advocacy issues, in collaboration with its key advocacy partners:

- HERFON – a local advocacy organization whose network of change agents advocate with government and elected officials, as

well as traditional and religious leaders, on issues of health policy and reform.

- DEVCOMS – a civil society org that works with a network of journalist to focus on development and health issues in Nigeria.
- Advocacy Nigeria – a civil society organization that advocates with religious and traditional leaders as well engages women groups at the community level to advance access to FP reproductive health and maternal and child health and gender based relations.

In addition to these local organizations, two other projects funded by the Bill and Melinda Gates Foundation, Advance Family Planning (AFP) and Futures Institute came on board to support NURHI advocacy work.

Step 2: Conduct a formative assessment of the family planning advocacy environment

While NURHI engaged stakeholders, it also conducted formative research. To better understand the family planning landscape in the four initial cities where NURHI works and in Nigeria as a whole, and to inform advocacy strategies, NURHI conducted several assessments during its discovery year phase (the first 12 months of the project):

- In 2010, the NURHI team implemented a net mapping exercise at the national level and in two cities (Kaduna and FCT) to identify key stakeholders, how they influence the decision making on family planning, and their take on crucial challenges to the FP program NURHI disseminated its findings during a one-day stakeholders meeting on World Population Day in July, 2010.

- NURHI contracted an independent consultant to conduct an assessment of resources available for family planning at State and LGAs for each of the four initial states, and shared results with the key stakeholders at the state and LGA levels.
- The Futures Institute and its local partner, the Association for Reproductive and Family Health (ARFH), assisted NURHI to conduct a Family Planning Effort (FPE) score assessment in each of the four initial cities. This involved asking local family planning experts to rate four main components of their family planning programs: policies, services, record-keeping and evaluation, and access to family planning methods.
- The Futures Institute and ARFH also conducted Key Informant Interviews on the family planning policy environment with key stakeholders in each of the four first initial cities.
- HERFON assessed the family planning policy environment among policy makers, health officials and religious leaders at state and local government levels.
- DEVCOMS conducted a rapid assessment and analysis of the family planning knowledge, attitudes, and practice (KAP) among its network of journalists in the four cities.
- Advocacy Nigeria conducted an assessment of family planning knowledge and attitudes among political, traditional, religious, and media stakeholders at the federal level and in the four initial cities.

Step 3: Strengthen and form advocacy networks

NURHI convened a meeting of donors and critical family planning partners to discuss the national family planning program and how to move it forward. During this meeting, stakeholders defined priority issues for advocacy at national level, and agreed that there was a need to get the FMOH to prioritize and fund family planning. Stakeholders formed the National Family Planning Action Group to influence national family planning policy implementation.

Following this meeting, NURHI participated in stakeholder meetings with the Honorable Minister of Health on how to further reposition of family planning in the national health program. These meetings continued until November 2011, when the Family Planning Action Group in collaboration with FMOH hosted the 1st National Family Planning Conference in 2010.

NURHI also convened meetings with family planning stakeholders in each of the four first-phase cities. During meetings, participants identified key advocacy issues specific to their cities and formed Advocacy Core Groups (ACGs). The ACGs comprised key stakeholders, including community members and the state government family planning coordinators and LGA FP supervisors. Each ACG serves as the think tank and helps to facilitate the development and implementation of the site-specific advocacy strategies. The ACG meets frequently (Monthly/Bi-monthly/Quarterly, as necessary) to respond to site advocacy strategy implementation and to review achievements and activities. The ACGs identified influential people in their cities who support family planning and are willing to speak publicly in its favor. The ACGs were further trained in advocacy skills and FP messaging to enable them to become pro-active frontrunners in driving policy change and actions for improved access to FP.

NURHI also formed Budget Task Teams to influence the budgeting processes and decisions by the State and LGAs.

In addition, NURHI entered into performance based sub-agreements with HERFON for advocacy among policy-makers, DEVCOMS for advocacy among radio, TV, and print journalists, and Advocacy Nigeria for advocacy among traditional and religious leaders. These organizations worked closely with the ACGs and the NURHI teams while also making tremendous institutional strengthening gains.

Step 4: Design advocacy strategies for each city

In 2010, NURHI facilitated an Advocacy Strategy Design Workshop to design four city-specific and one national advocacy strategies based on the formative research results and available 2008 National Demographic and Health Survey (NDHS) report. NURHI advocacy staff and partners, FMOH, SMOH, and two ACG members from each of the four initial cities participated in this exercise, using the Smartchart 3.0 tool developed by Spitfire Strategies. Spitfire outlines a step-by-step process to define and prioritize advocacy issues and develop results and evidence-based advocacy strategies. NURHI used the workshop as an opportunity to train participants in the Spitfire approach while designing city-specific and national strategies.

Following the workshop, NURHI combined the four city-specific advocacy strategies into one strategy document. The project shared this document with the ACGs from each city for review and revision. The project shared this document with the ACGs from each city for further review and revision. These revised strategies were used to develop city-specific advocacy plans. Each

year, the ACGs prepares an annual work plans, which they review and updated quarterly.

NURHI records success stories highlighting achievement such as improved access to FP services, increased FP budget lines and expenditures for FP consumables as well as support to FP received from the religious and traditional leaders.

Step 5: Design advocacy strategies for each city

NURHI and its collaborating partners supported the ACGs to drive and implement their site-specific advocacy strategies through a number of activities:

Developing advocacy materials and tools

NURHI organized a Materials Development Workshop to assist the Advocacy Core Groups (ACGs) and Federal Ministry of Health (FMOH) to produce national and site-specific advocacy materials and tools. Representatives from the four cities (Abuja, Kaduna, Ibadan, and Ilorin) ACG and FMOH developed their own advocacy kits during this workshop. The advocacy kits use evidence to bring key FP issues into focus and emphasize the action that need to be taken by the target audience to bring about change.

Following the workshop, ACGs and FMOH pre-tested and revised the kits. NURHI produced the kits and policy briefs for each city and then conducted one-day orientations on their use with each of the four ACGs. The materials produced include a position paper, a one page policy briefs and fact sheets. The ACGs, FMOH and other advocacy groups, as well as partners use advocacy kits and briefs to support policy dialogue with policy-makers, opinion leaders, religious and traditional leaders.

The Futures Institute assisted NURHI to prepare city-specific RAPID (Resources for Awareness of Rapid Population Impact on Development) tools and booklets that show the current trends in population growth, projections for future population growth and its effect on the environment, social services, the economy, health, and development. The RAPID tools include slides that can be used to stimulate dialogue concerning the role of effective and sustained family planning programming.

Training to strengthen advocacy skills

Spitfire Advocacy Training: Following the advocacy strategy design and materials development process, NURHI used the Spitfire approach to train the ACGs in advocacy skills to strengthen their capacity to support project advocacy efforts and strategy implementation. NURHI also trained the Family Planning Practitioners Network (FPPN) members in advocacy skills to strengthen their capacity to support NURHI advocacy efforts and their own strategy implementation.

Budgeting for Family Planning: The Futures Institute conducted training for NURHI, state and local government staff in family planning budgeting, using the Spectrum FAMPLAN Model. The training gave participants a better understanding of how to budget for family planning and why they need to be involved in the process. Participants formed a Budget Task Team for each city that assists government Family Planning Coordinators to prepare annual budgets for family planning, advocate to make family planning budgets part of the annual budgetary approval process and to track and report on budget release and expenditures.

Use of NURHI Advocacy Kits: NURHI conducted a one-day orientation in each city for the ACGs on

how to use the sites specific advocacy kits and briefs and for advocacy dialogues.

DEMPROJ/RAPID training: The Futures Institute trained NURHI staff on the DEMPROJ/spectrum FAMPLAN model and RAPID tool development. The site-specific ACGs were trained on the population-based models and how to present the RAPID advocacy tool produced for each city.

RAPID validation and presentation training: The Futures Institute trained NURHI and the selected ACG, Budget Task Team and media representatives in the use of the site-specific RAPID tools during dialogue sessions and advocacy meetings with opinion leaders, policy-makers, media owners and editors, and other representatives.

Community FP Advocacy training: The ACGs conducts one-day training sessions for several community groups. The focus is on providing correct information about family planning and its benefits during question and answer sessions and teaching group members to discuss family planning with others.

Media Advocacy

DEVCOMS designed a Media Advocacy Strategy, drawing on information learned from the Media Stakeholders Analysis conducted during the first project year. The assessment identified health reporters and media representatives that the project could work with in each of the four first-phase cities; it also indicated that many media representatives harbored misconceptions and incorrect information about family planning and were reluctant to support family planning through the media due to “sensitivities” expressed by local opinion-leaders.

Following the Media Advocacy Strategy, DEVCOMS trained print and electronic media journalists during 2-day workshops on family planning and

its links to health and development. DEVCOMS established a database of trained media representatives in each city who it invites to cover family planning activities, including those organized by NURHI.

DEVCOMS also works with its media contacts to create opportunities for interviews and discussions with ACGs, FP Champions, policy-makers, and NURHI representatives. Members of the DEVCOMS network also cover family planning activities, and write feature articles; they were crucial in popularizing the “Get it Together” campaign.

DEVCOMS and NURHI track the volume of family planning coverage in the media as a means of monitoring its impact.

Community-Based Advocacy

NURHI compiled a list of community groups and leaders, with the assistance of ACGs and advocacy partners. In 2012, NURHI supported the ACGs in each of the four initial cities (Abuja, Kaduna, Ibadan, Ilorin) to organize a one-day meeting of leaders from up to 25 community groups in each LGA. During these meetings, ACGs discussed family planning and its link to development, corrected misconceptions about family planning and made appointments to attend meetings of individual community groups.

Following these initial meetings, ACGs have conducted one-day training sessions for several community groups. The focus is on providing correct information about family planning and its benefits during question and answer sessions and teaching group members to discuss family planning with others. The ACGs involve NURHI Social Mobilizers in these sessions so they can refer interested members to family planning services.

As of early 2013, NURHI had identified and trained approximately 500 community based leaders with the purpose of building support for Family Planning use and to promote community-based advocacy for family planning use by addressing health concerns and the fear of side effects.

Budget Tracking

NURHI formed and trained Budget Task Teams in each city to prepare annual budgets for family planning, which are essential components of the city and state budgets. Budget Task Teams use the Budget Tracking Tool prepared by NURHI to monitor how family planning budgets are being released and used.

Each quarter, the team compiles a report that compares family planning expenditures against the approved budget. They share these reports with the ACGs and project staff to de-brief policy-makers about how the budgets are really being used. This approach has contributed to the achievement of high-level support from policy makers to improve expenditures on family planning programs.

Step 6: Monitor and follow-up strategies and systems

NURHI established a system to monitor implementation of Advocacy Strategies and make adjustments as required. The system involves quarterly meetings and reviews by ACGs and Budget Task Teams, family planning budget and expenditure tracking, and reporting/ de-brief and other stakeholders. If weaknesses or challenges are identified through this process, NURHI, ACGs and Budget Task Teams take corrective actions to achieve desired objectives.

Each year, as part of the NURHI work-plan development process, project staff meet with the

ACGs, government staff and other stakeholders in each city to review progress on site-specific advocacy strategies and decide what activities needs to take place in the following year. NURHI shares these recommendations with the ACGs, which prepare annual advocacy plans. NURHI reviews and integrates city-specific plans into its annual workplan.

The MLE Mid-term Survey provided useful information concerning public attitudes and knowledge about family planning that NURHI advocacy efforts have contributed to. NURHI used this information to fine-tune its advocacy plans. The MLE Endline Survey will also provide information concerning attitudes and approval of family planning as a means of evaluating the contributions of NURHI advocacy efforts.

NURHI utilizes an interfaith forum as a platform for engaging Christian and Muslim religious leaders together to address issues in support of family planning and childbirth spacing.

Step 7: Scale up and Replication

In the fourth year of the project (2012/2013), NURHI scaled up to two additional cities, Benin City and Zaria:

- In Benin City, NURHI replicated the innovative ACG approach to build consensus and achieve improved policy environment for FP. A site-specific ACG was formed and the group was trained in advocacy skills. A Site-specific advocacy kit was developed to support effective policy dialogues and advocacy.
- In Zaria, NURHI modified its approach, since Zaria shares similar sociocultural and demographic environment with Kaduna (both being in the same State). The Kaduna ACG was enlarged to also cover advocacy needs in Zaria. The conservative nature of the population in Zaria also demanded that more attention be paid to sociocultural sensitivities particularly from the religious leaders.