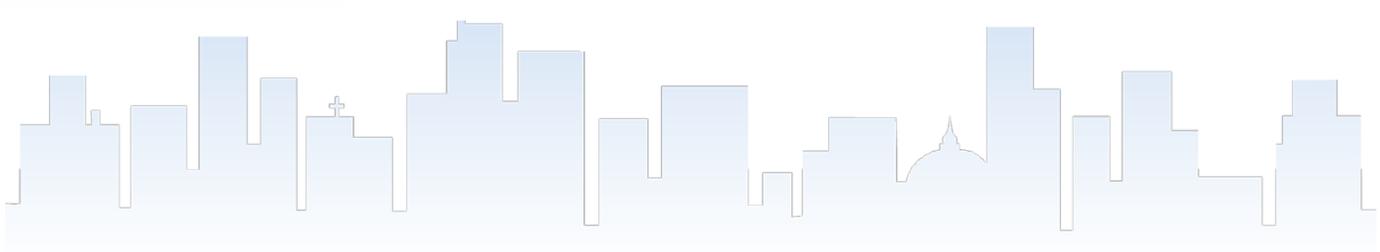


NURHI

Nigerian Urban Reproductive Health Initiative

Advocacy Strategy March 2011



Background

The Nigeria Urban Reproductive Health Initiative is designed to increase contraceptives use in selected urban sites in Nigeria (FCT, Kaduna, Ilorin, Ibadan, Zaria and Benin) with a focus on the urban poor. Through a strategic combination of economic and advocacy inputs the NURHI project aims to increase demand and supply, ultimately leading to long-term market driven sustainability. To enhance the environment for these supply and demand efforts, NURHI will undertake a variety of advocacy initiatives oriented towards increasing commitment and sociopolitical support for family planning primarily at the state and LGA level.

NURHI Advocacy Objective

Specifically, through its advocacy efforts NURHI seeks to: **Increase funding and financial mechanisms and a supportive policy environment for ensuring access to family planning supplies and services for the urban poor.**

While Nigeria already has excellent policies and strategic plans to guide reproductive health and family planning programming, the gap between policy and implementation at the State and LGA levels remains significant. Where implementation has begun, only limited attention has been given to family planning despite the evidence linking family planning (FP) with improved maternal and child health outcomes; both key to achieving the MDGs. The NPHCDA Ward Minimum Health Care Package (which complements the Integrated Maternal, Neonatal and Child Health strategy), targets an increase in CPR to 50% by the year 2012, but provides little indication of how achievement of this ambitious goal will be funded. National level working groups such as the Interfaith Forum on RH, and the RHCS Working Group, focus on facilitating policy implementation, but primarily at the National level.

Effective translation of policy to action at the State and LGA levels is critical for progress in the RH sector. This means making policies accessible to government, gatekeepers and influentials, and civil society at the state level and below; advocating for implementation resources; and facilitating planning processes to support policy implementation. For family planning specifically, advocacy is needed: to increase investment from government (public commitment and budget expenditure) including support for contraceptive supplies; to remove bottlenecks (commodities management, medical barriers and biases) within the system that hinder provision of FP services; to facilitate public private partnerships, and, to catalyze social acceptance (enabling environment) which influences service delivery structures, communities and households.

In this context, NURHI identified 4 key intervention areas to address the advocacy needs:

1. Developing advocacy strategies to guide advocacy implementation at the national and local (site) levels;
2. Mobilizing additional resources (budgetary and other) and policy support to improve family planning program quality and access for the urban poor;
3. Catalyzing high level and visible support for family planning (Healthy Timing and Spacing of Pregnancy) in selected urban sites; and

4. Facilitating replication and scale-up of models to new sites.

The development of this advocacy strategy is the first step in the process and will provide the framework for the subsequent advocacy activities.

NURHI Advocacy Partners

In addition to the core partners (CCP, JSI, CCPN and ARFH), NURHI identified several other collaborating partners to assist with different aspects of the program. For the advocacy component these include:

PPFN – the IPPF affiliate that works on all aspects of family planning and is an active member of the Interfaith Forum for RH;

Advocacy Nigeria – an NGO that undertakes advocacy with religious and women’s groups on FP, as well as building advocacy skills among partners;

IPAS – a local organization that focuses on providing safe abortion services, but also undertakes RH advocacy through women’s groups;

HERFON – a local advocacy NGO 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; and

DEVCOMS– an organization of journalists that focuses on development and health issues in Nigeria.

In addition to the above local organizations, two other projects funded by the Gates Foundation, **Advance Family Planning (AFP)** and **Futures Institute support for the Urban Reproductive Health Initiative**, will provide additional support for the NURHI advocacy work.

Advocacy Core Groups (ACG)

In the effort to ensure that all partners are involved and aware of their responsibilities individually and collectively to creating an enabling FP policy environment at both the National and NURHI city level, the NURHI project helped to form the Advocacy Core Groups (ACG) at both the state and national level. The ACG will be a key facilitator in engaging stakeholders and key decision makers to help increase funding and financial mechanism, political support for improving access to family planning supplies and services for the urban poor. In doing this, the group will work in collaboration with NURHI and project partners to develop advocacy strategies to guide advocacy implementation activities at the national and local (site) level. These strategies are informed by the assessments conducted in year one of the NURHI project, and were developed with key stakeholders including Federal Ministry of Health (FMOH); State Ministry of Health (SMOH); Local Government Areas (LGA); project partners; media representatives from the private sector; professional associations and other groups working on RH in NURHI sites.

The ACG will ensure high level and visible support for family planning in selected urban sites, engaging groups, religious leaders, opinion leaders and influential persons in the society to speak publicly in favor of FP, and also to ensure that all achievements is replicated in additional project sites as well as in other locations.

Advocacy Assessments

In preparation for the advocacy strategy development, the NURHI team and its' partners undertook a number of assessments to inform the process.

The NURHI team implemented a **net mapping exercise** at the national and site levels to identify key stakeholders and constraints (who influences whether those who want to use modern family planning methods have access to them; Who are the relevant actors; How are they linked; How influential are they; and What are their goals?). At both the national and site levels, the results of the exercises demonstrated that the policy makers at the federal and state ministries of health levels play very important roles on the availability of the FP methods. At each level of the programme the vested interests of the critical stakeholders, including the service providers, affect the status of the contraceptives security. Among the key challenges identified included:

1. Logistics issues – transport, storage and distribution;
2. Rivalry among implementing partners;
3. Lack of coordination for service provider trainings;
4. Lack of knowledge of FP activities;
5. Poor service provider interaction with clients; and
6. Data collection redundancy.

DEVCOMS did an assessment of the **media environment** in each of the sites. Key results from this exercise included:

1. Most media personnel are aware of several family planning methods but the popular ones among them includes; Condom (69%), Birth Control Pills (59%), IUD (31%), Withdrawal method (21%), Injection method (24%) and abstinence (21%).
2. A number of journalists have not been trained in FP. The ratio of trained respondents to the untrained ones is 2:3.
3. The interest of the respondents towards family planning is average as 53% have actually written in support of family planning while 47% have not.
4. 91% of the managements of the respondents' media organizations were co-operative, 4% did not co-operate while 5% of the respondents were uncertain.

HERFON conducted a similar exercise around the **policy makers**. Findings from this assessment indicate:

1. Non-commitment of sufficient funds for FP especially at the local government levels.
2. Low awareness and advocacy towards acceptability of FP services.
3. Religious leaders neither support nor preach on FP.
4. Religious Leaders, (Muslim and Christian) agreed that FP should be a method for child birth spacing, but the number of children should not be determined by a third party or by law.

Finally, the Futures Institute facilitated implementation of the **Family Planning Effort (FPE)** scoring process at the site levels as well as collaborating with the Association for Reproductive and Family Health (ARFH) conducting **in-depth interviews with key stakeholders** in each site. While these data are still in the process of being analyzed, initial results confirm the recurring sensitivities and challenges that FP programmes face at all levels.

Responses from the FPE indicate that key influencers may potentially overestimate the percentage of budgetary contribution by the government for family planning. Variation in responses related to national level policies indicates a need to review and disseminate current policies. Initial suggestions from preliminary analysis of the in-depth interviews include::

1. Justification for FP should be centered on individual level issues, not national level development issues (population growth and economic development).
2. Using local data will be important in framing the problem for advocacy messages, especially in areas where the program appears to be either under or overestimated (current focus on urban women).
3. Language is important i.e. using unmet need vs. avoid unwanted births.

Advocacy Strategy Implementation

As noted above, NURHI has identified a set of collaborating partners to assist with the advocacy work, each with a specific niche. In addition to supporting implementation of the site-based objectives developed during the strategy workshop, these partners will conduct activities at the national level that strengthen and/or reinforce the site-based efforts.

National Level Collaborating Partner Activities

IPAS is responsible for implementing advocacy activities:

1. Build FP advocacy skills among the 7 national women's groups with whom IPAS works

DEVCOMS is responsible for implementing advocacy activities:

- 1) Advocacy visits to media owners and managers to encourage media buy-in;
- 2) Sensitization workshops and capacity building for journalists and news media outlets to help educate and encourage media coverage of family planning issues in Nigeria;
- 3) Encourage media discourse at the state and LGA level on increasing budgetary allocation for FP;
- 4) Organize media appearances for high level advocacy stakeholders and prominent leaders including area traditional and religious leaders to speak in favor of FP;
- 5) Organize media coverage for all relevant NURHI related activities and events;
- 6) Organize special media forums around special events such as Safe Motherhood Day, World AIDS Day, World Population Day, MNCH Weeks,, World Breastfeeding Week, and other related national events;
- 7) Document and monitor all NURHI and other FP related activities as they relate to NURHI in the media; and

- 8) Disseminate various featured stories, media releases such as testimonies from family planning proponents.

Spitfire Approach

The NURHI advocacy site level strategies were developed using the Smartchart 3.0 tool developed by Spitfire Strategies, (<http://www.spitfirestrategies.com/>). Spitfire outlines a step-by-step process to develop strategic communication and advocacy approaches for programs.

Abuja, Federal Capital Territory (FCT)

Background

The Abuja Federal Capital Territory (FCT) is the seat of Nigeria's Central Government, but it is now also one of Nigeria's largest cities in its own right. The FCT comprises six Area Councils. A 2009 survey by the city government estimated the population at more than 1.8 million residents, and the city continues to grow with attendant growth of slums that are safe havens to the very poor and vulnerable groups. An estimated 500,000 women of reproductive age make Abuja, FCT their home.

The health infrastructure in Abuja is well developed and well functioning by Nigerian standards. The close linkage between national and local policies results in an overall enabling environment for family planning services. Public health facilities are the major providers of FP services in FCT. The popularity of these facilities is a direct result of easy access and affordability of FP commodities. Some facilities even provide integrated FP and HIV services. However, there is room for improvements. Staff shortages at health facilities limit the quality of services provided, including the ability to integrate health services across departments. Commodity stock-outs are an on-going challenge. FCT policies supports free MNCH services, but do not explicitly include family planning. Thus not all facilities are able to offer family planning services. However, the recent establishment of a Primary Health Care Management Board, is an indication of the FCT government's commitment to improving basic health services at the community level.

Demand creation activities are limited in general, and there are few leaders to speak publicly in support of family planning, especially among the religious and traditional leadership communities. Child spacing/family planning is well accepted within the context of reduction of maternal mortality and stakeholders know of and recognize the importance of making progress on the Millennium Development Goals.

Objective 1: Executive Secretary of Primary Health Board promptly approves release of fund for family planning by Jan 2011

Context: Commodity stock-outs are a continuing challenge for facilities that offer family planning services. While there may be some opposition to FP, overall there is fairly good political support. The key issues at the program level are prompt disbursement of budgeted funds to allow for timely procurements and also the low level of resource allocation. There are competing funding priorities within the FCT budgets. The NURHI Project has established a Core Advocacy Group (ACG). Members of the ACG are selected from the representatives of the Government, FBOs, Traditional/Religious leaders, etc. In addition, the FCT PHC Board (PHCB) exists. Some potential challenges include inadequate advocacy skills in the collaborating organizations and allies. The forthcoming elections may also be an important factor in NURHI advocacy. The Position is to fortify and amplify the messages by involving the ACG in addressing FP funding

Primary and Secondary Audiences: The Executive Secretary (ES) of the Primary Health Care Board is the primary audience for this activity, while the Director of Primary Health Care and the Director of Finance are secondary audiences.

Audience – Executive Secretary of the Primary Health Care Board		
Theme and Message	Tactics	Indicators
<p>Theme With your support we can attain our MDG on maternal health</p> <p>Message Increase in the annual budget line for family planning from N2 million to N5 million will address stock-out syndrome and improve quality of service</p>	<ul style="list-style-type: none"> • ES to participate in NURHI Advocacy Strategy workshop • Develop advocacy fact sheet on increased funding for FP • ACG and FP coordinator conduct advocacy visit to ES. • Appreciate ES contribution at workshop • Get his feedback on issues raised at workshop • Decorate ES as family planning ambassador • ES to institutionalize the increase in funding from 2M to 5M. • ES to advocate for inclusion of FP in Free ANC • Convince ES to support MCH week. 	<p>Process:</p> <ul style="list-style-type: none"> • ES attends workshop • Draft fact sheet shared with Central office. • Conduct of advocacy visit <p>Outcome:</p> <ul style="list-style-type: none"> • Release of funds by December 2010 • Formal confirmation of increment from 2M to 5M by March 2011 • Family planning included in Free ANC package

Messengers Dir. PHC, FP coordinator, Media, NGOs, ACG		

Audience - Director, Primary Health Care		
Theme and Message	Tactics	Indicators
<p>Theme With your support we can attain our MDG on maternal health</p> <p>Message Increase in the annual budget line for family planning from N2 million to N5 million will address stock-out syndrome and improve quality of service</p>	<ul style="list-style-type: none"> Facilitate the formal engagement of AMAC Join ACG and FP coordinator to meet with PHCB executive secretary. Attend and make presentation at the MCH week activity sponsored by PHCB in AMAC. Obtain support from the executive director PHCB for additional FP outreach. 	<p>Process:</p> <ul style="list-style-type: none"> Speech at AMAC engagement includes FP budget line increase. Leads advocacy visit Presentation includes FP line budget increase. <p>Outcome:</p> <ul style="list-style-type: none"> Release of funds by December 2010 Formal confirmation of increment from 2M to 5M by March 2011
Messengers FP coordinator, Media, NGOs, Advocacy Core Group		

Audience - Director, Finance		
Theme and Message	Tactics	Indicators
<p>Theme With your support we can attain our MDG on maternal health</p> <p>Message Increase in the annual budget line for family planning from N2 million to N5 million will address stock-out syndrome and improve quality of service</p>	<ul style="list-style-type: none"> Develop advocacy fact sheet on increased funding for FP Conduct advocacy visit to Finance Director 	<p>Process:</p> <ul style="list-style-type: none"> Director promises to push for FP budget increase <p>Outcome:</p> <ul style="list-style-type: none"> Release of funds by December 2010 Formal confirmation of increment from 2M to 5M by March 2011
Messengers Exec Sec PHCB, Dir. PHC, FP coordinator, Media, Advocacy Core Group		

Strategic Choices:

Decisions to Make	Audience 1	Audience 2	Audience 3
Audience Target	Executive Secretary PHCB	Director PHC	Director Admin / Finance
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Sharing Knowledge: Inadequate supply of FP commodities / equipment resulting in stock-out and low service quality Reinforcing: budget line for increase	Same	Same
Core Concerns Value Barrier	In favor of child spacing and not population control as a strategy for promoting FP.	Commitment to increase in CPR and ultimate reduction in MM.	Proper disbursement & adequate retirement of funds released.
Theme	Support the attainment of the MDG on maternal health	Same	Additional investments in FP will make commodities accessible and ultimately save millions of women's lives
Message: Value Barrier Ask Vision	Child spacing impacts on all the MDG goals. Increase in budget line from 2-5 million will address stock-out syndrome and improve quality of service	Reduction in MMR	Investment in FP will improve maternal health
Messengers	Dir PHC, FP coordinator, Media, MDGs, NURHI collaborating partners	FP coordinator, Media, NGOs	E.S. PHC, Dir. PHC, Media, NGOs / CSOs

Communication Activities:

Tactics	Timing	Assignment	TASKS	Budget
Audience 1 Bwari Area Council	All Year Round	1. Inter-personal contacts / follow-ups	<ul style="list-style-type: none"> Determine the content of text message Expand audience list Text messages to expanded audience Collate/ create data base of phone numbers of expanded audience Network with GSM providers to cover expanded audience Use of text message at convenient time 	TEXT 5600 text x N5.00 N28.00 – 200ppl
	Quarterly	2. Text messages/ messaging		
	Continuing process	3. Prime phone calls		
	All Year Round	4. Involving FP Role models for Advocacy visits	<ul style="list-style-type: none"> Capacity building of Role models. Use fact sheet at training. Source and provide other IEC 	CBD 8 role models x 2 days 4 resource persons x 2 days Venue/Meals/MI & E

		<p>5. Organize press briefings for stakeholders of FP</p> <p>6. Work with close relations and allies, traditional institutions, religious leaders and FBOs to create voice and champion FP</p>	<ul style="list-style-type: none"> • Advocacy visit to the Chairmen/ Emirs. • Build capacity of stakeholders (audience 1,2,3,4,5,6,7) on FP using a domesticated tool kit/ fact sheet • Identify theme of the briefing • Identify the media to cover the briefing/event • Identify stakeholders attending the briefing • Get as many media groups as possible to cover. • Write letters of invitation to participants/pay courtesy visit/ follow up phone calls to ensure participation • Coordinate (same key message) speeches to be read at briefing 	<p>Group transport. Fliers/ brochures/ fact sheets ACG allowance = 10 x 5,000 = 50,000</p> <p>8 audience x 1 4 resource persons x 1 Meals/ Venue MI & E = 8 X 5,000 = 40,000</p> <p>DEVCOM Venue/ Meals = N 750.000 for 15 media houses</p> <p>ADVOCACY NIGERIA</p>
Audience 2 AMAC Area Council	Twice a year	1. Collaboration with Children's parliament as advocates for FP	<ul style="list-style-type: none"> • Identify their locations/secretariat • Pay courtesy visits • Understand their agenda to take full advantage 	<p>PARLIARMENT Group Transportation ACG allowance</p>

	All Year Round	2. Collaboration with celebrity Icons to champion FP cause	<ul style="list-style-type: none"> Identify and collate list of celebrities. Pay advocacy visits to celebrities. Provide IEC and advocacy materials. Pin as FP champions after acceptance Engage them in FP campaigns design 	<p>Charlie boy Oputa; Gbenga Arulegba; John Kennedy</p> <p>Group Transport ACG allowance 10 x 5,000 = 50,000</p>
	All Year Round	3. Collaboration with National assembly members representing AMAC	<ul style="list-style-type: none"> Identify assembly members from both AMAC and Bwari Identify chairs of house committees and their aides (Mamora, Iyabo, Datung, Saudatu) to sign on position paper. Provide IEC and advocacy materials/ fact sheet 	<p>IPAS PPFN DEVCOM</p> <p>Group Transport ACG allowance 5,000 x 10 = 50,000</p> <p>ADVOCACY NIGERIA</p>
Audience 3 Sa Peyi Garki, Emir of Karu, Emir of Karshi, Emir of Jiwa, Emir of Bwari, Esu of Bwari,	All year round	1. Inter-personal Contact 2. Work with Religious leaders, FBOs, Women leader to add voice to advocacy efforts. 3. Religious/ Traditional Events as platform for promoting FP as a normal way of life. 4. Work with youth		

		<p>leaders and heads of households to promote FP.</p> <p>5. Use of photo albums</p>	<ul style="list-style-type: none"> • Partner with hospital/organization to get relevant statistic inclusive of names and age. • Obtain consent of relatives to use pictures • Compile photo album. 	<p>ALBUM Ten pics. capacity N500</p>
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Objective 2: Two Area Council Chairmen and Two Area Council Chiefs or Emirs publicly declare their support in the media for family planning by January 2011

Context: Local traditional leaders and religious leaders are influential in shaping community values and norms. To date, very few of these leaders have spoken out in favor of family planning services. The silence on these issues is due in part to lack of knowledge about family planning and the impact that these services have on women and children’s health overall. There is also uncertainty on the religious doctrinal position on family planning. There is motivation to see communities achieve the Millennium Development Goals and to be perceived as a leader who takes care of the community. Some internal assets are the existence of a group of strong constituents & experience of ACG, e.g. SA Islamic Affairs, and the availability of some grants (finances). Inadequate technical capacity can pose some challenges as will the forthcoming elections and gaining support of other traditional leaders. The position will be to fortify and amplify the messages in the context of maternal mortality.

Primary and Secondary Audiences: The AMAC and Bwari Area Council Chairmen along with the Emir and Etsu of Bwari as well as Sa- Peyi Garki are the primary audience for this activity. The secondary audiences include the local council members and the wives of the AC & BC Chairmen.

Audience – AMAC- Bwari Chairmen & Sa- Peyi Garki- Emir and Esu Bwari		
Theme and Message	Tactics	Indicators
<p>Theme Healthy Family, Healthy Society</p> <p>Message Speak publicly of your approval and support for family planning services. Child spacing is an important health service that reduces the number of dangerous unintended pregnancy. Supporting this request will provide political support, as you will be recognized as a women and children’s health champion.</p>	<ul style="list-style-type: none"> • Advocacy visit to AC Chairman to promote public speaking by traditional institutions • Stress importance of traditional and religious institutions. • There are no spokespersons • Develop fact sheet on FP and healthy living • Adorn all as FP champions • Convene a meeting of all FP stakeholders by LGA • Chairmen and Chiefs declare support for FP • Include FP in all public speeches by Chairmen and Chiefs, especially during Eid Kabir and MNCH week • Use clips from Chairmen and Chiefs’ speeches for radio and TV spots & programs 	<p>Process:</p> <ul style="list-style-type: none"> • Chairmen, Emirs and chiefs attend stakeholder meeting. • Fact sheet developed • FP champions adorned. <p>Outcome:</p> <ul style="list-style-type: none"> • Four public officials make a public statement of support for family planning between January – May 2011 • Four public statements in favor of family planning/year captured by media

Messengers Advocacy Core Group, Dept of Health Reps, Council Members & Wives

Audience - Council Members		
Theme and Message	Tactics	Indicators
<p>Theme Healthy Family, Healthy Society</p> <p>Message Speak publicly on your approval and support for family planning services. Child spacing is an important health service that reduces the number of dangerous unintended pregnancies. In supporting this request, you will be recognized as a women and children's health champion.</p>	<ul style="list-style-type: none"> • Advocacy visit to AC and Council members to encourage their support in promoting public speaking by traditional institutions • Stress importance of traditional institutions. • There are no spokespersons • Develop fact sheet on FP & healthy living • Celebrate all as FP champions • Convene a meeting of all FP stakeholders by Area Councils • Include FP in public speeches by Council Members, especially during • Eid Kabir and other religious festivals • MCH week 	<p>Process:</p> <ul style="list-style-type: none"> • 4 Council members attend stakeholders meeting. • 4 Council members attend MCH week <p>Outcome:</p> <ul style="list-style-type: none"> • Four public officials make a public statement of support for family planning by January 2011 • Four public statements in favor of family planning/year captured by media

Messengers Advocacy Core Group, Dept of Health Reps

Audience - Council Chairman's Wives & Women Leaders		
Theme and Message	Tactics	Indicators
<p>Theme Healthy Family, Healthy Society</p> <p>Message Encourage your husbands (the council chairmen) to speak publicly on approval and support for family planning services. Child spacing is an important health service that reduces the number of dangerous</p>	<ul style="list-style-type: none"> • Advocacy visits to women leaders to promote public speaking by FP advocates. • There are no spokespersons • Develop fact sheet on FP and healthy living • Recognize all as FP champions • Convene a meeting of all FP stakeholders by LGA • Wives and women leaders declare support for FP • Develop/use special ringtone to demonstrate support for family 	<p>Process:</p> <ul style="list-style-type: none"> • Wives attend stakeholders meeting. • Wives declare support for FP publicly. • Song sample/ sound sample developed <p>Outcome:</p> <ul style="list-style-type: none"> • Four public officials make a public statement of support for family

<p>unintended pregnancies. In supporting this request, you will be recognized as a women and children's health champion.</p>	<p>planning</p>	<p>planning by January 2011</p> <ul style="list-style-type: none"> • Four public statements in favour of family planning/year captured by media
<p>Messengers Advocacy Core Group, Dept of Health Reps</p>		

Strategy:

Decisions to Make	Audience 1	Audience 2	Audience 3
Audience Target	Bwari Council Chairman	Wife of Council Chairman	Women Leaders
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Reinforcing	Reinforcing	Sharing Knowledge
Core Concerns (Values and Barriers)	Professional Aspiration	Recognition as a woman leader	Women's Welfare & Society
Theme	Healthy family, healthy society	Family health, women's economic empowerment	Healthy Society
Message: Value Barrier Ask Vision	Value: passionate for women and children's health. Barrier: Inadequate fund, non-involvement of men in FP Ask: Innovate means of increasing funding for FP/ Influencing chair for media involvement Vision: Increase availability/ accessibility to FP services increase.		Barrier: Lack of Knowledge on FP
Messengers	District Heads/ Chiefs and ACG	Dept of Social Development/ ACG	Advocacy Core Group/ Wife of Sa Peyi Garki

Decisions to Make	Audience 4	Audience 5	Audience 6
Audience Target	Emir and Esu of Bwari	AMAC chairman	Head of Department of Health
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Sharing Knowledge	Building will	Reinforcing
Core Concerns Value Barrier	Religion / Family Health	Attainment of MDGs	Professional Aspirations
Theme	Healthy Family and Health Society	Emotional	Healthy society
Message: Value Barrier Ask Vision	Value: Social health concerns for community PPLG Barrier: Lack of knowledge on FP Ask: Enlighten and create awareness on women's health Vision: Increase accessibility to FP services	Value: Interested in political (success) Bureaucracy Barrier: Tight schedule, Competing programs Ask: More commitment to Maternal health (FP) Vision: Bringing FP to the front burner of health agenda of the Area Council. Prioritizing FP in the areas of health in the Area Council.	
Messengers	Advocacy Core Group	Head of Health Sa-Peyi Garki	Supervisory Councilor for health Area Council FP Coordinator Area Council Health Education officer

Communication Activities:

Tactics	Timing	Assignment (Tactics)	TASKS	Budget
Audience 1 E.S. PHCB		1. Develop a 1-minute visual sharing a victim' story/testimonials	<ul style="list-style-type: none"> Identify health center/victim for story/testimony Capture testimony in a recording 	Will be featured in Radio Corp
	CCPN	2. Design advocacy toolkit and position paper with space for dignitaries to sign as advocates/ proponents.	<ul style="list-style-type: none"> Domesticate the advocacy toolkit / fact sheet for AMAC & Bwari. 	Selection=N Honorarium x 2=N MI & E x 2=N
	CCPN	3. Generate mass email campaigns and caller - tune	<ul style="list-style-type: none"> Develop email template. Create caller tune. Identify communication network. Partner with network provider to make caller tune available on target audience phones. 	
	CCPN	4. Package drama-sketch with FP themes	<ul style="list-style-type: none"> Determine drama theme Engage script writers Script writing workshop Feature celebrity icon in drama Seek sponsors, partners and air drama in series 	

	December 7 th 2010	5. Advocacy visit to ES PHCB	<ul style="list-style-type: none"> Partner with other soaps to include FP issues in their drama 	
	November 9 th 2010	6. Decorate ES as FP ambassador	<ul style="list-style-type: none"> Appreciate ES contribution @ workshop Get his feedback on issues raised at workshop (financial mechanism to sustain the increase in FP budget sought for next year) 	70 Cloth banners x 3,000 = 210,000 300 copies of brochure
	November 17 th to 24 th 2010	<p>7. Latch on / Piggy back on MNCH week in November</p> <p>8. Mai Lafia weekly community visits / out reach</p> <p>9. Piggy back on 16-days activities on VAW (Violence Against Women)</p>	<ul style="list-style-type: none"> Produce NURHI MNCH support banners, photocopy brochure etc. Health talk to women on integration services provision used as platform to introduce the NURHI project. 	NURHI collaborating partners

Objective 3: Two Prominent religious leaders publicly declare support for modern family planning by June 2011

Context: Religious leaders are influential in shaping community values and norms. To date, very few of these leaders have spoken out in favor of family planning services. Both Christianity and Islam are accepting of family planning, however not all methods are accepted. The silence on these issues is due in part to lack of knowledge about family planning and the impact that these services have on women and children’s health overall. There is also uncertainty on the religious doctrinal position on family planning. Support from leaders is motivated by the desire to see communities achieve development goals, as well as the desire to be perceived as a leader who takes care of the total well being of the community.

Primary and Secondary Audiences: Mal. Muhammad Abdullah and the FCT Christian Association of Nigeria (CAN) Chairman are the primary audience for this activity. The special advisors to these men are the secondary audiences.

Audience – Mallam Muhammad Abdullahi & Special Advisors		
Theme and Message	Tactics	Indicators
<p>Theme Muslim Ummah need child spacing for family health and survival</p> <p><i>Waizal Mau udatu suilat Biayi zambin kutilat”</i> (“If they were asked for what sin they were killed”)</p> <p>Message Speak publicly about your approval for child spacing services. Child spacing is an important health service that improves the health and survival of mothers and children. As a respected leader, you can provide necessary guidance on planning for family health and finances.</p>	<ul style="list-style-type: none"> • Advocacy visit to Mallam Muhammad Abdullah to commend his commitment to child spacing and safe motherhood in Islam. To request a positioning of child spacing in Islam and modern methods. • Lobby visit to the Mallam Muh’d in preparation for Nov 10th • Advocacy visit to the FCT/CAN Chairman • FP presentation at the meeting of FCT/CAN • FP Q & A forum with other respected clerics documented by media. • Use FOMWAN Bwari meeting @ Dutse Alhaji to discuss barriers to child spacing and safe motherhood 	<p>Process:</p> <ul style="list-style-type: none"> • Mallam approves of advocacy visit and undertakes tasks. • Other clerics attend Q and A forum on FP. <p>Outcome:</p> <ul style="list-style-type: none"> • Mallam Muhammad Abdullahi makes a public statement of support for family planning by June 2011 • Four public statements in favor of family planning/year captured by media
<p>Messengers: SAs for Religious Affairs, Advocacy Core Group</p>		

Audience – CAN chairman & Special Advisors		
Theme and Message	Tactics	Indicators
<p>Theme Christian families need child spacing for family health and survival</p> <p>Message Speak publicly about your approval for child spacing services. Child spacing is an important health service that improves the health and survival of mothers and children. As a respected leader, you can provide necessary guidance on planning for family health and finances.</p>	<ul style="list-style-type: none"> • Advocacy visit to CAN chairman to commend CAN commitment to FP and sustained support of modern FP method use. • Advocacy meeting with other key clerics to foster public support of FP documented by media. • Church declaration by cleric promoting use of modern FP contraceptives. 	<p>Process:</p> <ul style="list-style-type: none"> • CAN chairman and other key clerics honor invitation to meeting • CAN chairman and clerics make positive FP statements to media <p>Outcome:</p> <ul style="list-style-type: none"> • CAN Chairman makes a public statement of support for family planning by March 2011 • Four public statements in favor of family planning/year captured by media
Messengers SAS for Religious Affairs, Advocacy Core Group		

Strategy:

Decisions to Make	Audience 1	Audience 2	Audience 3
Audience Target	Mallam Muhammad Abdullahi, and CAN Chairman	S.A. Islam S.A. Christianity	
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Building will	Reinforcing	
Core Concerns Value Barrier	Value: Women's health, Islamic view on FP, Christian view of FP Barrier: Focus on modern method	Value: Islamic position Barrier: Focus on Modern Methods is not seen as a necessity.	
Theme	Muslim Ummah need child spacing for family health survival		
Message: Value Barrier Ask Vision	Muslim women need child spacing. Muslim needs an interpretation and position on mental, physical and financial planning. Quote: <i>Waizal Mau udatu suilat Biayi zambin kutilat</i> ("if they were asked for what sin they were killed")	Ask: Frame child spacing in the context of all round planning. Vision: Muslim women need child spacing.	
Messengers	S.A. Religious affairs. Muslim women organization. Reference will be made to his sermons.		

Communication Activities:

Tactics	Timing	Assignment	Tasks	Budget
Audience 1 Mallam Muhammad Abdullahi and CAN Chairman	December 10, 2010	<ol style="list-style-type: none"> 1. Advocacy visit to Mallam Muhammad Abdullahi to commend his commitment to child spacing and safe motherhood in Islam and request a positioning of child spacing in Islam and modern methods from Mallam Muhammad. 2. Advocacy visit to CAN Chairman to declare CAN's commitment to FP and continue to propagate modern FP method use. 	<ul style="list-style-type: none"> • Source local FP data • Document all of Mallam's FP support activities. • Source various fatwa on FP • Package advocacy folder • Source local FP data • Document CAN support for FP • Package advocacy folder 	<p>Group transport ACG allowance= N10,000</p> <p>Group transport ACG allowance= N10,000</p>
Audience 2 S.A. Islam, S.A. Christianity	November 8, 2010	<ol style="list-style-type: none"> 1. Advocacy / lobby visit to the Imam in preparation for Nov 10th 2. Eid celebration 'dining/ feasting' at Lagos Street Masjid @ Kubwa, as a forum to discuss, child spacing and safe motherhood in Islam. 3. FOMWAN Bwari meeting @ Dutse Alhaji as platform to discuss barriers to child spacing and safe motherhood. 4. Use review and refine workshop @NURHI FCT to discuss CAN position on FP with S.A. Christian religion. 	<ul style="list-style-type: none"> • SA Islam to conduct visit • Partner with the Masjid imam to promote FP by means of sermon • Distribute flyers/IEC at the Masjid • Flyers/ IEC in local language with FP logo. • Distribute T-shirts, Hijab etc 	<p>Transport x 2 =N4,000</p> <p>Loud speaker= N1000 Chairs: N10 X 50=N500 ACG allowance=N20,000</p>

Collaborating Partner Activities in Abuja FCT:

Advocacy Nigeria is responsible for implementing advocacy activities:

Objective 1

1. Development and production of site-specific advocacy materials targeting each core group
2. Advocacy visit to the Emir
3. Spitfire advocacy training for traditional, Religious and FOMWAN /NIREC Leaders in FCT
4. Stakeholder engagement meetings with Advocacy Nigeria network members

Objective 2

1. Identification of the key religious/traditional FOMWAM /NIREC leaders in FCT
2. Compilation of the above leaders list for FCT
3. Advocacy visit to state lawmakers with identified traditional, religious and faith based organization leaders in FCT
4. Convene interfaith forum to promote the Integration of FP into the existing NIREC activities
5. Interview the above leader on FP issues Conduct stakeholder engagement meetings with Advocacy Nigeria network members

HERFON is responsible for implementing advocacy activities:

Objective 1

1. Advocacy visit to AC Council members to encourage their support in promoting public speaking by traditional institutions
2. Advocacy visits to women leaders to promote public speaking by FP advocates

Objective 2

1. Advocacy visit to Mallam Muhammad Abdullah seeking his commitment to child spacing and safe motherhood in Islam;
2. Advocacy visit to the FCT/CAN Chairman;
3. Advocacy visit to CAN chairman to commend CAN commitment to FP and sustained support of modern FP method use; and
4. Advocacy meeting with other key clerics to foster public support of FP documented by media.

DEVCOMS is responsible for implementing the following advocacy activities:

1. Advocacy visits to media owners and managers to encourage media buy-in;
2. Sensitization workshops and capacity building trainings for journalists and news media outlets to help educate and encourage media coverage and reporting of family planning issues in Nigeria;
3. Organize media coverage for all relevant NURHI related activities and events;

4. Organize special media forums around special events such as Safe Motherhood Day, World AIDS Day, World Population Day, MNCH Weeks, World Breastfeeding Week, and other related national events;
5. Organize media appearances for high level advocacy stakeholders and prominent leaders including area council members, council chiefs and religious leaders to speak in favour of FP;
6. Document and monitor all NURHI and other FP related activities as they relate to NURHI in the media;
7. Link the media with identified NURHI FP 'Champions' and spokespeople; and
8. Disseminate various featured stories, media releases such as testimonies from family planning proponents.

IPAS is responsible for implementing the following advocacy activities:

1. Provide technical support and Input to factsheet
2. Embed Women's groups leadership to be part of the advocacy visit to female leaders to discuss FP issues
3. Conduct 1day Family Planning sensitization and capacity trainings for women's' groups members
4. Women's Groups members Advocate for an official Christian & Islam position on FP
5. Attend and provide technical support for Advocacy visit
6. Embed FOMWAN National leadership in Bwari meeting
7. Support FOMWAN AMAC meeting and embed National FOMWAN leadership

KADUNA

Background

Kaduna is one of the southern-most cities in “Northern Nigeria.” The state has a population of more than 6 million people, and about 1 million live in Kaduna City. The health infrastructure in Kaduna highlights many of the challenges faced by the state. Even by Nigerian standards, maternal and child mortality is high. Service delivery sites are not well equipped and have staffing and commodity shortages. While about 30% attend antenatal care (ANC), only 10% of women deliver in a health facility. Not all health care facilities offer family planning services. NGOs such as PPFN and SFH have continued to ensure contraceptive availability in Kaduna; However, there is a trend of increasing uptake of FP service provision among private hospitals and clinics, PMVs and wholesale pharmaceutical shops.

The population in Kaduna is a mix of Christians and Muslims. Overall, the culture is conservative and family-centered, regardless of religion with a preference for larger families. Sensitive topics such as family planning are not openly discussed. People hold many misconceptions about family planning services, fearing negative effects on their health and future fertility.

Demand creation activities are limited in general and there are few leaders who speak publicly in support of family planning, especially among the religious and traditional leadership communities. Some FP champions do exist in Kaduna State, created under a leadership program cohort supported by funds from the Packard Foundation. Among the champions are religious and traditional rulers.

Objective 1: To create a budget line for contraceptive procurement, logistics and distribution in the annual budget of the Kaduna State Ministries of Health and Local Government by 2012.

Context: Lack of skilled personnel and commodity stock-outs are a continuing challenge for providing family planning services in Kaduna. The Kaduna State government is committed to free MCH policy but is silent on commitment to FP as a critical component of the program. Due to perceived sensitivities, there is little policy debate or direct funding for family planning services. The framework for family planning service provision exists within a formal policy vacuum. Nonetheless, many groups in the state including policy makers, religious leaders and non-governmental organizations support the services.

There are competing funding priorities within the state and LGA budgets. The key issue is having a defined budget for family planning to facilitate prompt disbursement of funds for timely procurements and planning for services.

Primary and Secondary Audiences:

The Commissioners for Finance, Budget and Economic Planning are the primary audience for this activity. The Commissioners for Health, Ministry of Local Government, LGA Chairmen (3), Women Affairs and Social Development, Ministry of Chieftaincy Affairs and Ministry for Local Government are secondary audiences.

Audience - Commissioners for Finance & Budget and Planning		
Theme and Message	Tactics	Indicators
<p>Theme: We cannot afford not to have child spacing embedded in the FMCH if we are to achieve a sustainable health delivery in Kaduna State.</p> <p>Message: Support SMOH line item request for family planning services in the state budget.</p> <p>Supporting this request will provide political mileage value</p> <p>You will be recognized as a women's health champion</p> <p>Child spacing reduces the</p>	<ul style="list-style-type: none"> • Cost analysis of family planning budget requirement vis-a-vis the current situation • Intensive face-to-face interaction using a roundtable, preceded by a dinner • Round table on family planning with women's group representatives • Clinic visits • Appearance on radio and TV programs • SMS Mapping using web and mobile interface, in phone-in programs to show groundswell of demand; (linked to case 	<p>Process:</p> <ul style="list-style-type: none"> • # of advocacy interactions conducted • # of participants at round table • # of calls recorded on SMS maps <p>Outcome:</p> <ul style="list-style-type: none"> • Cost analysis report produced • FP commodities line item in SMOH annual budget proposal

<p>incidence of unintended and unwanted pregnancies, and lowers the overall cost for delivery of healthcare.</p> <p>Child spacing is a cost effective service that should be high on the SMOH preference list of priorities.</p> <p>Funding for child spacing will lead to a reduction in maternal mortality</p> <p>Funding for child spacing will assist Kaduna to meet the MDG targets</p>	<p>testimonies on maternal mortality using radio and TV talk shows, phone in programs; - including press release and publications in local newspapers (English and Hausa).</p> <ul style="list-style-type: none"> • Visit to religious leaders, and forums • Advocacy visit to eminent personalities and opinion leaders • Community Dialogue. 	<ul style="list-style-type: none"> • FP commodities line item in final annual state budget.
<p>Messengers: Advocacy Core Group, NCWS, Governor’s FMCH Programme Adviser</p>		

Audience – Commissioner for Health		
Theme and Message	Tactics	Indicators
<p>Theme: We cannot afford not to have child spacing embedded in the FMCH if we are to achieve a sustainable health delivery in Kaduna State.</p> <p>Message: Insert line Item in the SMOH budget for family planning services, including cost of procurement and M & E.</p> <p>Supporting this request will provide political mileage value.</p>	<ul style="list-style-type: none"> • Cost analysis of family planning budget requirement vis a vis the current situation • Intensive face-to-face interaction using a roundtable, preceded by a dinner • Round table on family planning with women’s group representatives • Clinic visits • Appearance on radio and TV programs • SMS Mapping using web and mobile interface, in programs to show groundswell of demand: 	<p>Process:</p> <ul style="list-style-type: none"> • # of advocacy interactions conducted • # of participants at round table • # of calls recorded on SMS maps <p>Outcome:</p> <ul style="list-style-type: none"> • Cost analysis report produced • FP commodities line item in SMOH annual budget

<p>You will be recognized as a women's health champion</p> <p>Child spacing reduces the number of dangerous unintended pregnancy and lowers the overall cost for delivery of healthcare.</p> <p>Child spacing is a cost effective service high on the SMOH preference list of priorities.</p> <p>Funding for child spacing will lead to a reduction in maternal mortality</p> <p>Funding for child spacing will assist Kaduna to meet the MDG targets</p>	<p>(linked to case testimonies on maternal mortality using radio and TV talk phone in programs;)</p> <ul style="list-style-type: none"> • Including press release and publications in local newspapers • Advocacy visit to religious and community leaders to create additional support. 	<p>proposal</p> <ul style="list-style-type: none"> • FP commodities line item in final annual state budget
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Messengers: Advocacy Core Group, NCWS, Governor's FMCH Programme Adviser

Audience – Commissioner for Local Government		
Theme and Message	Tactics	Indicators
<p>Theme We cannot afford not to have child spacing embedded in the FMCH if we are to achieve a sustainable health delivery in Kaduna State.</p> <p>Message: Insert line item in the Local Government budget for family planning services, including cost of commodities logistics and distribution.</p>	<ul style="list-style-type: none"> • Cost analysis of family planning budget requirement Vis a Vis the current situation. • Intensive face-to-face interaction using a roundtable. Preceded by a dinner • Round table on family planning with women's group representatives • Clinic visits • Appearance on radio and TV programs • SMS Mapping using web and mobile interface, in programs to show groundswell of demand: (linked to case testimonies on maternal mortality using radio and TV talk phone in programs;) 	<p>Process:</p> <ul style="list-style-type: none"> • # of advocacy interactions conducted • # of participants at round table • # of calls recorded on SMS maps <p>Outcome:</p> <ul style="list-style-type: none"> • Cost analysis report produced • FP commodities line item in SMOH annual budget

<p>Supporting this request will provide political mileage value</p> <p>You will be recognized as a women’s health champion</p> <p>Child spacing reduces the number of dangerous unintended pregnancy and lowers the overall cost for delivery of healthcare.</p> <p>Child spacing is a cost effective service high on the SMOH preference list of priorities.</p> <p>Funding for child spacing will lead to a reduction in maternal mortality</p> <p>Funding for child spacing will assist Kaduna to meet the MDG targets</p>	<ul style="list-style-type: none"> • Including press release and publications in local newspapers 	<p>proposal</p> <ul style="list-style-type: none"> • FP commodities line item in final annual state budget
<p>Messengers: Advocacy Core Group, NCWS, Governor’s FMCH Programme Adviser</p>		

Strategy:

Decisions to Make	Audience 1	Audience 2	Audience 3
Audience Target	Commissioner for Finance	Commissioner for Health	Governor
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Sharing Knowledge	Sharing Knowledge	Reinforcing Action
Core Concerns Value Barrier	Getting Political Mileage and Women's Health Champions. Reducing MMR.	Sharing Knowledge	Political Mileage Women's Health Champions Achieving MDGs.
Theme	We cannot afford not to have child spacing embedded in the FMCH if we are to achieve a sustainable health delivery in Kaduna State.		
Message: Value Barrier	<ul style="list-style-type: none"> • Political Mileage Value • Recognition as a women's health Champion • Link FP/Child spacing to lowering of unintended pregnancy/lower cost for delivery of healthcare. • Use cost effectiveness of child spacing program to rank/ratchet high on 		

Ask	<p>preference list of priorities.</p> <ul style="list-style-type: none"> • Insert Budget Line Item in the FMCH Framework including cost of procurement logistics and M & E. 		
Vision	<ul style="list-style-type: none"> • Reduction in MMR • Meet the MDG Targets 		
Messengers	<ul style="list-style-type: none"> • Advocacy Core Group • NCWS • Governor 	Governor's MCH Adviser	Ahmed Markafi

Communication Activities:

Tactics	Timing	Assignment	Tasks	Budget
Audience 1 (Commissioner for Finance, Commissioner for Health & Commissioner for LG)	March 2011	Site/National	<ul style="list-style-type: none"> • Cost Analysis FP budget requirement vis a vis the current situation 	500,000.00
		NURHI Kaduna	<ul style="list-style-type: none"> • Prepare a concise budget advocacy brief and fact sheet for key audiences and air documentary to drive home the issue 	1,350,000.00
			<ul style="list-style-type: none"> • Strengthen the capacity of Kaduna ACG in budget advocacy and communication 	650,000.00

	June 2011 (To capture the attention immediately after transition of political leaders/appointed policy makers)	NURHI Kaduna	<ul style="list-style-type: none"> Intensive face-to-face interaction using a roundtable, preceded by a dinner 	950,000.00
	February 2011		<ul style="list-style-type: none"> Intensive advocacy and sensitization visits to traditional and religious leaders to create community level voice on FP 	185,000.00
	May 2011		<ul style="list-style-type: none"> Generate discussions on FP by organizing community dialogue and meetings to foster discussions of FP as a norm. (Conduct 9 community dialogues) 	900,000.00
	June 2011 (weekly within the third quarter, and fortnightly in the fourth quarter)		<ul style="list-style-type: none"> SMS Mapping using web and mobile interface, in programs to show groundswell of demand (linked to Case testimonies on maternal mortality using radio and TV talk phone in programs;) 	1,000,000.00
	Monthly starting from	NURHI Kaduna	<ul style="list-style-type: none"> Press release and publications in local newspapers 	120,000.00

	March 2011, following full complement of NURHI intervention activities		<ul style="list-style-type: none"> • Leverage work of other stakeholders and existing partners with sound structures 	200,000.00
	April – May 2011		<ul style="list-style-type: none"> • Conduct media advocacy and work with media to amplify the message and reach vast audiences 	600,000.00
	May/June 2011		<ul style="list-style-type: none"> • Conduct an open space meeting for religious leaders (2 separate meetings; Muslim and Christians clerics) 	700,000.00
	June/July 2011		<ul style="list-style-type: none"> • Conduct clinic visit with high level stakeholders 	400,000.00
	May/June 2011		<ul style="list-style-type: none"> • Conduct roundtable on child spacing for women’s group as part of process of creating groundswell of advocates for FP (NCWS, Market women, etc) 	350,000.00

Objective 2: To advocate for the inclusion of child spacing/FP in the draft bill for free MCH, and passage of the bill by the Kaduna House of Assembly by the end of 2012.

Context: A free maternal, neonatal and child health bill is under debate in the Kaduna State Legislature. There is a feeling of goodwill towards the passage of this bill; however it does not include provision for free family planning services within the MNCH package of services. There was little policy debate or discussion of funding for family planning services. The bill has not yet been passed. There is uncertainty over future disposition of the new government towards this bill following the January 2011 elections.

Primary and Secondary Audiences: The Kaduna State Legislators, especially Health Committee are the primary audience for this activity.

Other Primary Audiences include the Speaker of the House Committee on Women Affairs, the House Committee on Economic Planning, and the House Committee on Finance.

The secondary audiences are: The Executive Governor of Kaduna State, the Attorney General and Commissioner for Justice, the Commissioner for Women Affairs/Health/Local Government/Chieftaincy, and the Kaduna House of Assembly Majority and Minority leaders.

Other audiences with influence include: The wives of the Executive Governor and the Speaker, the State Chairperson of Political Parties and the National Council of WOMEN Society (NCSWS).

Audience – Kaduna State Legislators & Health Committee		
Theme and Message	Tactics	Indicators
<p>Theme Build a lifesaving legacy</p> <p>Message: Pass the Free MCH bill that includes a provision for free family planning services as an integral part.</p> <p>Supporting this bill will show your responsiveness to people’s needs</p> <p>Kaduna State will be a reference point for MCH in Nigeria</p> <p>Passage of the MCH Bill will</p>	<p>Phase 1 is get language into the bill</p> <ul style="list-style-type: none"> Intense local scan on the status of the bill, identify potential champions or allies to support passage of the bill. <p>Phase 2 is to get the Legislature to pass the bill</p> <ul style="list-style-type: none"> Identify and mobilize allies, including face to face interactions with: Chairman, Council of Chiefs; Emir of Zaria; MCH Partners to support MCH Bill with FP language; Religious leaders; & Roundtable interaction with 	<p>Process:</p> <ul style="list-style-type: none"> # of advocacy meetings conducted # of allies recruited <p>Outcome:</p> <ul style="list-style-type: none"> Cost analysis report produce FP language included in the final Bill; Bill presented in the

<p>open the doors for more donor funding</p> <p>The MCH Bill will assist Kaduna to meet the MDG targets and actualize state plans</p> <p>The MCH bill will lead to a reduction in maternal mortality</p> <p>Passage of the bill will result in improved women's productivity</p>	<p>House Health Committee</p> <ul style="list-style-type: none"> Public hearing on the revised FMCH with FP bill Highlight documentaries and testimonials (through radio and other medium) from women and families who have been affected by maternal mortality and complications from childbirth. 	<p>legislature</p> <ul style="list-style-type: none"> MCH Bill with FP passed by Legislature
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Audience - Executive Governor		
Theme and Message	Tactics	Indicators
<p>Theme Build a lifesaving legacy</p> <p>Message: Request the Legislature pass a Free MCH bill that includes a provision for free family planning services as an integral part.</p> <p>Supporting this bill will show your responsiveness to people's needs</p> <p>Kaduna State will be a reference point for MCH in Nigeria</p> <p>Passage of the MCH Bill will open the doors for more donor funding</p> <p>The MCH Bill will assist Kaduna to meet the MDG targets and actualize state</p>	<p>Phase 1 is get language into the bill</p> <ul style="list-style-type: none"> Intense local scan on the status of the bill, identify potential champions or allies to support passage of the bill. <p>Phase 2 is to get the Legislature to pass the bill</p> <ul style="list-style-type: none"> Identify and mobilize allies, including face to face interactions with: <ul style="list-style-type: none"> Chairman, Council of Chiefs Emir of Zaria Governor's Wife Religious leaders Display pictures of women who died during childbirth in Kaduna State House of Assembly Gallery (once the Bill is on legislative agenda) Support and participate in the public hearing of the FMCH plus FP bill 	<p>Process:</p> <ul style="list-style-type: none"> # of advocacy meetings conducted # of allies recruited <p>Outcome:</p> <ul style="list-style-type: none"> Cost analysis report produce FP language included in the final Bill; Bill presented in the legislature MCH Bill with FP passed by Legislature

plans		
The MCH bill will lead to a reduction in maternal mortality		
Passage of the bill will result in improved women's productivity		

Audience - State Attorney General

Theme and Message	Tactics	Indicators
<p>Theme Build a lifesaving legacy</p> <p>Message: Approve the Legislature's passage of a Free MCH bill that includes a provision for free family planning services as an integral part.</p> <p>Supporting this bill will provide legal backing for provision of FP in Kaduna</p> <p>Kaduna State will be a reference point for MCH in Nigeria</p> <p>No religion is against family planning and protecting women's and children's health</p> <p>Being a legal champion for the rights of women and children will make your mark as a good legal draftsman and advisor to the State Governor</p> <p>The MCH Bill will assist Kaduna to meet MDG targets and actualize state plans.</p>	<p>Phase 1 is get language into the bill Intense local scan on the status of the bill, identify potential champions or allies to support passage of the bill.</p> <p>Phase 2 is to get the Legislature to pass the bill Identify and mobilize allies, including face to face interactions with:</p> <ul style="list-style-type: none"> - Chairman, Council of Chiefs Emir of Zaria - Religious leaders - Legal societies <p>Public hearing of the FMCH plus FP Bill.</p>	<p>Process:</p> <ul style="list-style-type: none"> • # of advocacy meetings conducted • # of allies recruited <p>Outcome:</p> <ul style="list-style-type: none"> • Cost analysis report produce • FP language included in the final Bill; • Bill presented in the legislature • MCH Bill with FP passed by Legislature

Strategy:

Decisions to Make	Audience 1	Audience 2	Audience 3
Audience Target	Kaduna State Legislators	Executive Governor of Kaduna State	Kaduna State Attorney General
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Building Will	Sharing Knowledge	Re-enforcing actions
Core Concerns Value Barrier	<ul style="list-style-type: none"> Perceived political implication of non-re-election. Legislators’ calendar year or session ending. 	<ul style="list-style-type: none"> Not enough time to represent. If bill is rejected by the house. 	<ul style="list-style-type: none"> Barrier: Might be classified as a “bad legal adviser” to State/Government.
Theme	<ul style="list-style-type: none"> Positive Impact on State Health Sector Providing legal backing for FP. Legacy of Bill Use bill to campaign for FP. 	<ul style="list-style-type: none"> Legacy for the governor and his regime. Use bill to campaign for re-election. Ownership/Sense of fulfillment. 	<ul style="list-style-type: none"> A good legal draftsman or advisor to governor and State. Ownership.
Message: Value	<ul style="list-style-type: none"> Kaduna State/Legislators as reference point for bill passage. Responsive to Kaduna people’s health needs. Opened doors to donor’s/IPs Political (positive or negative) funding efforts. 		

Barrier	<ul style="list-style-type: none"> Using FP to actualize MDGs and State Plans. No religion is against FP. No justified political implication. 		
Ask	<ul style="list-style-type: none"> Successful passing of the bill with FP as integral message 		
Vision	<ul style="list-style-type: none"> Reducing MMR Improved women's productivity. 		
Messengers	Legislators: Chairman Council of Chiefs (Dr. Shehu Idris)	Governor: Wife	Attorney: Speaker, Kaduna House, Ilorin and Attorney General.

Communication Activities:

Tactics	Timing	Assignment	Tasks	Budget
Audience 1 (Legislators)				
Phase 1 is get language into the bill	January 2011 onwards	NURHI/Advocacy Nig.	<ul style="list-style-type: none"> Conduct intense local scan on the status of the bill. Identify potential champions or allies to support passage of the bill. 	20,000.00 30,000.00
	February 2011	NURHI/AN/SMOH	<ul style="list-style-type: none"> Secure commitment on, and the insertion of FP/Child Spacing into the Free MCH bill by the legal drafting department of 	285,000.00

Phase 2 is to get the bill to pass the bill	March 2011	NURHI/ACG	<p>the Ministry of Justice through the State Ministry of Health</p> <ul style="list-style-type: none"> Identify potential champions or allies to support passage of the bill 	45,000.00
	March 2011	NURHI/Demand Creation/AN	<ul style="list-style-type: none"> Conduct advocacy visits to relevant allies and the State Attorney General 	140,000.00
	After take off or in collaboration with Demand Creation Radio Activities	NURHI/Demand Creation/AN	<ul style="list-style-type: none"> Coordinate media activities for collection and collation of testimonies from Radio Corps program on maternal mortality experiences in Kaduna 	3,000,000
	July 2011 onwards (After political transition)	NURHI/ACG/AN	<ul style="list-style-type: none"> Conduct high level advocacy to the KDSHA relevant Committee for the passage of the Free MCH bill with FP/Child Spacing language 	250,000.00
	August 2011	NURHI/AN	<ul style="list-style-type: none"> Pay advocacy visit to the Emir of Zaria to inspire support for passage of Free MCH bill 	Ditto in Objective 1

	August 2011	NURHI/ACG/AN	<ul style="list-style-type: none"> • Mobilize allies and MCH partners to support MCH Bill with FP languages 	650,000.00
		NURHI/ACG/AN	<ul style="list-style-type: none"> • Conduct roundtable interaction with House Committee on Women Affairs, Appropriation, etc 	450,000.00
		NURHI/Demand Creation/DEVCOM	<ul style="list-style-type: none"> • Use Media to generate testimonies of maternal and neonatal deaths and the effects on families • Develop and produce evidence -based briefs for policy makers which demonstrate the benefits of integrating FP into Free MCH to government, women and families 	3,000,000.00
		NURHI/CCPN	<ul style="list-style-type: none"> • Conduct advocacy visit to relevant allies 	1,050,000.00
		NURHI/ACG	<ul style="list-style-type: none"> • Mobilize allies such as women's group to support passage of bill through rallies to the House of Assembly 	250,000
		NURHI/ACG		485,000.00

		NURHI/DC-BCC-AD	<ul style="list-style-type: none">• Conduct community sensitization program on TV/Radio and print media	750,000
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Collaborating Partner Activities in Kaduna:

Advocacy Nigeria is responsible for implementing advocacy activities:

Objective 1

1. Identification of the key religious/traditional leaders/ FOMWAM /NIREC leaders in at NURHI cities.
2. Compilation of the above leaders list for Kaduna
3. Advocacy visit to the Emir of Zaria.
4. Advocacy visit to state lawmakers with identified traditional, religious and faith based organization leaders
5. Stakeholder engagement meetings with Advocacy Nigeria network members.

Objective 2

1. Engage FP champions among the religious, traditional leaders and FOMWAN (site-level)
2. Capacity building for advocates
3. Development and production of site-specific advocacy materials targeting each core group
4. Spitfire advocacy training at site for religious, traditional and FOMWAN leaders
5. Stakeholder engagement meetings with Advocacy Nigeria network members.

HERFON is responsible for implementing advocacy activities:

Objective 1

1. High level Advocacy Visit to the Honorable Commissioner of Health;
2. High Level Advocacy visit to the Commissioner of Local Government Affairs;
3. High level Advocacy Visit to the State house of Assembly Committee on Health; and
4. Advocacy visit to the Commissioner of Finance.

Objective 2

1. Contracting an ally who will be providing a technical assistance between the programme and the State House of Assembly;
2. Advocacy visit to the Emir of Zaria;
3. Advocacy visit to the House of Assembly;
4. Advocacy visit to the Governors Wife; and
5. Advocacy visit to the Governor.

DEVCOMS is responsible for implementing advocacy activities:

1. Advocacy visits to media owners and managers to encourage media buy-in;
2. Sensitization workshops and capacity building for journalists and news media outlets to help educate and encourage media coverage of family planning issues in Nigeria;
3. Organize media appearances to help set an FP agenda and advocate for contraceptive procurements in the budget;

4. Media engagement with Kaduna state legislators and health committee members to advocate for the inclusion of child spacing/FP in MCH policy;
5. Organize media coverage for all relevant NURHI related activities and events;
6. Organize special media forums around special events such as Safe Motherhood Day, World AIDS Day, World Population Day, MNCH Weeks,, World Breastfeeding Week, and other related national events;
7. Document and monitor all NURHI and other FP related activities as they relate to NURHI in the media; and
8. Disseminate various featured stories, media releases such as testimonies from family planning proponents.

IPAS is responsible for implementing advocacy activities:

1. Hold stakeholders roundtable and dinner to include IPAS Partners in Kaduna
2. Conduct 1 day Family Planning sensitization and capacity trainings for women's group members
3. Sponsor 4 members each from the women's groups to attend roundtable
4. Sponsor 3 women's group leaders to be part of TV/ Radio programs
5. Meetings with Identified key stakeholders to mobilize their support for NURHI work
6. Mobilize 100 women's group members to attend Public hearing and show support for the FMCH plus FP legislation

IBADAN

Background

Ibadan is one of the pioneer cities for MCH and FP in Nigeria. Oyo State has an approved family planning policy in place, which covers Ibadan city. Ibadan also embraces all the National policies in support of RH/FP, which is reflected in the current health strategies. Oyo state is one of the pilot NHIS states, offers free maternal and child health care for children under 5 years. FP is widely accepted in the state. Despite the relatively high level of support for FP and the approved FP policy, the state has to make some strides if it hopes to achieve the MDGs. The contraceptive prevalence rate (CPR) in Ibadan remains low at 21.9% (2008 DHS), while unmet need of Family Planning is put at 18.0% (2003 DHS). Maternal mortality is at 262deaths/100,000 live births and infant mortality at 7 deaths/1000 live births.

Ibadan is endowed with human resources- many hospitals have adequate mix of qualified health professionals. Family planning services are available at stand-alone FP clinics, (UCH, ARFH, Adeoyo, PPFN) in addition to several teaching and general hospitals that tend to offer more method mix. Some FP services are provided in an integrated approach that allows client access to various services (MCH, HIV/AIDS, etc). Primary FP methods include IUCD, Injectables, Norplant & Oral Contraceptives – IUCD is prevalent in Adeoyo while Norplant is in UCH. Public health facilities are a major source of the long lasting methods while condoms and pills are commonly available at the Patent Medical Vendors (PMVs).

Objective 1: Strengthen institutional framework to implement the FP component of the national RH policy in the state.

Context There is a need to reinforce Ibadan’s political leaders’ achievements and dedication to FP and MCH by implementing the family planning component of the national RH policy and increasing the budget line item for FP to further reduce maternal death in the state.

The NURHI project has access to strong technical expertise and funding to support the committed advocacy core group that is currently active in Ibadan. The project’s objectives align with Ibadan’s strong commitment to achieving the MDGs and can compliment the coalition of donors and development projects currently being implemented in the state. There are champions that have been trained many years back under PPFN and ARFH but have been dormant and need to be reinvigorated. The initial commitment of the state in promoting maternal health is an asset and the determination of the state to be at the lead of MDG achievement

Challenges to achieving the objectives include reconciling the conflicting agendas and budgets for other health programs and coordinating across the health areas and MDGs. The impending elections pose a threat of uncertainty for political will to support FP as well as potential economic meltdown. Poverty and poor access to services for the urban poor are barriers to increasing use of contraceptives among the most at risk populations. Public proclamations from key government decision makers, prominent community and religious leaders are required to support the implementation of FP services and integration into existing MNCH policies. In addition, increased budgeting for family planning and contraceptive commodities would help to alleviate these barriers.

Primary and Secondary Audiences: The Speaker, Chair of the Committee on Health and the Commissioner of Health are the primary audiences for this activity. The secondary audience is the Director of PHC

Audience – The Speaker Chair, Committee on Health		
Theme and Message	Tactics	Indicators
Implementing the family planning component to the existing RH policy will prevent needless maternal death in the state and the legislators will be seen as the pace setter and champion for improving the health of mothers and families in Oyo State.	<ul style="list-style-type: none"> • Scan personal profile and background • Pay an informal, courtesy visit to the Speaker at the golf course • Generate public discussions with mass media including: <ul style="list-style-type: none"> – Press briefing on FP/MM – Live program on radio / TV – Feature stories & personal testimonies in the press • Contract the Drafting of a bill on Family Planning to be presented 	<p>Process:</p> <ul style="list-style-type: none"> • No of visits conducted. • No/caliber of people met during visits • No of articles on FP in the press, and messages on the radio and TV • Level of acceptance of FP issues by the Speaker <p>Outcome:</p>

	<p>in the House.</p> <ul style="list-style-type: none"> • Mainstream FP issue into special event, International Women’s Day, Population Day, safe motherhood day, World AIDS Day, etc. 	<ul style="list-style-type: none"> • Increased knowledge of FP and its relevance to the MDG • Pronouncement made in relation to FP • Speaker presents the issue to the house and facilitate the process for the legislation of the bill • Members of the house approve the passage of the bill
<p>Messengers: Advocacy Core Group, Commissioner for Health, NURHI team</p>		

Audience – Commissioner for Health		
Theme and Message	Tactics	Indicators
<p>Oyo State is a leader in promoting maternal health. Including family planning in the current RH policy can help achieve the MDGs and reduce maternal mortality in the state. Oyo State can be the first state in Nigeria to achieve the MDGs.</p>	<ul style="list-style-type: none"> • Scan personal profile and background • Conduct an informal meeting at Golf Club • Invite to join the NURHI Facebook and make contributions to the NURHI website blog • Utilize mobile technology to create Telephone/Text Messages, SMS updates • Conduct one on one Advocacy Visits • Invite to NURHI special events 	<p>Process:</p> <ul style="list-style-type: none"> • No of visits conducted • No of Comments / contributions made on the NURHI Face book Page and website blog <p>Outcome:</p> <ul style="list-style-type: none"> • Pronouncements made in relation to FP • Commissioner speaks openly in favour of legislation of a FP framework and bill
<p>Messengers: Advocacy Core Group, Director PHC, NURHI team</p>		

Strategy:

Decisions to Make	Audience 1	Audience 2	Audience 3
Audience Target	Speaker House of Assembly	Committee on Health	Commissioner for Health
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Sharing Knowledge: Lack of separation of FP Policy from RH Policy Building Will: Readiness to pass FP Bill.	Same	Reinforcing:
Core Concerns Value Barrier	FP as key to achieving MDG in the State. FP may not be seen as a distinct program that needs separate policy decision.	Same Same	
Theme	Support the promulgation of FP Bill	Same	Same
Message: Value Barrier Ask	FP makes achievement of the MDG goals possible. Passing of FP Bill enhances the status of the State as Pace Setter. Lack of political will. State Assembly to pass FP Bill.	Reduction in MMR	Passing FP bill will improve maternal health. Passing FP Bill will reduce Maternal mortality. Support the move to get the House of Assembly pass the FP Bill.
Messengers	Commissioner for Health, State FP Coordinator, ACG	Same	Dir. PHC, Media, ACG

Communication Activities:

Tactics	Timing	Assignment	TASKS	Budget
Audience 1 Speaker, HOA	January - May	<ul style="list-style-type: none"> - Scanning of personal profile and background. - Involve ACG in the visit - Generate Public discussion with mass media. - Draft a bill on FP 	<ul style="list-style-type: none"> • Determine the people involved • Pay informal / courtesy visit to the Speaker • Engage the Speaker on one on one discussion. • Use press briefing, Life Programs and Features stories and testimonies. • Engage a consultant to draft a bill on FP 	Transport / Refreshment 5 X 3 X N5000 = N75,000 Group Transport / Refreshment 10 X 5000 X 3 = N150,000 10 X 50,000 = N500,000 N1,500,000 CALLS 5600 calls x N125 N700, 000 for 200 people Venue/Meals/MI & E for 100 X 5 ACG allowance for production and production itself N200,000
	Continuing process	<ul style="list-style-type: none"> - Mainstream FP issues on special events. 	<ul style="list-style-type: none"> • Identify theme of the briefing • Identify the media to cover the briefing/event • Identify stakeholders attending the briefing • Get as many media as possible to cover. • Write letters of invitation to personalities and participants/pay courtesy visit/ follow up phone calls to ensure participation • Coordinate (same key message) speeches to be read at briefing • Provide materials for fact sheet 	
	All Year Round	<ul style="list-style-type: none"> - Preparation of fact sheets 		

<p>Audience 2 Committee on Health</p>	<p>Quarterly</p>	<p>– Collaboration with Committee members as advocates of FP</p>	<ul style="list-style-type: none"> • Pay courtesy visits. • Provide IEC and advocacy materials/ fact sheet 	<p>PARLIARMENT Group Transport ACG allowance 10 x 5,000 = 50,000</p>
<p>Audience 2 Committee on Health</p>	<p>Quarterly</p>	<p>- Collaboration with Committee members as advocates of FP</p>	<ul style="list-style-type: none"> • Pay courtesy visits. • Provide IEC and advocacy materials/fact sheet 	<p>PARLIARMENT Group Transport ACG allowances 10 x 5,000 = 50,000</p>
<p>Audience 3 Commissioner for Health</p>	<p>All year round</p>	<ol style="list-style-type: none"> 1. Interpersonal Contact 2. Invite to Programs. 	<ul style="list-style-type: none"> • Pay visits 	<p>Group Transport ACG allowance 10 x 5,000 = 50,000 Gifts N5000 x 5 = N25, 000</p>

Objective 2: Increase budgetary allocation for FP from current 1 M Naira to 10 M Naira

Context: There is a need to encourage decision makers with budgetary authority to expand on their support for MCH by increasing their funding commitment for FP. Competing health priorities seeking budget may pose challenges to this objective. Upcoming elections may pose a challenge in addition to finding others in the system to support the financial allocations for FP. The position is to fortify & amplify the messages in the context of MCH.

Primary and Secondary Audiences: The Director of Finance and the Director of Budget are the primary and secondary audiences respectively for this activity.

Audience - The Director of Finance		
Theme and Message	Tactics	Indicators
Increasing the budget line for FP and ensuring the release of funds will help the State's achievement of the MDGs. You can be known by your electorate as a strong supporter for maternal and child health in the state and committed to the achievement of the MDGs and reducing maternal mortality in Oyo State.	<ul style="list-style-type: none"> • Scan personal profile and background • Pay a courtesy visit • Create financial and economic impact data fact sheets • Conduct one on one meetings • Invite to NURHI events • Invite to CTU for the technocrats • Invite to join the NURHI Facebook page • Utilize mobile technology to create Telephone/Text Messages, SMS updates 	<p>Process:</p> <ul style="list-style-type: none"> • No of meetings held • No of events attended • No of comments / contribution made. <p>Outcome:</p> <ul style="list-style-type: none"> • Increased acceptance by DF for increased budget line and release for FP • % Increase on FP budget in the state
Messengers: State Advocacy Core Group, NURHI team		

Audience - Director for Budget		
Theme and Message	Tactics	Indicators
Continue the State's commitment to improving the health of its people and promote the productivity of the population by supporting the increase in investments in health. You can improve the health of families and the work force in Oyo state by increasing the budget line for FP from 1 million to 10 million Naira.	<ul style="list-style-type: none"> • Scan personal profile and background • Courtesy visits • One on one meetings • Invite to NURHI special events • Invite to CTU for the technocrats • Invite to join the NURHI Face book page • Invite to NURHI special events • Send email updates • Utilize mobile technology to create Telephone/Text Messages, SMS updates 	<p>Process:</p> <ul style="list-style-type: none"> • No of meetings held • No of events attended • No of comments / contribution made in support of FP <p>Outcome:</p> <ul style="list-style-type: none"> • Increase in the amount committed to FP in the State from 1 million to 10million Naira.
Messengers: FP coordinator, NURHI team, State Advocacy Core Group		

Strategy:

Decisions to Make	Audience 1	Audience 2	Audience 3
Audience Target	Director of Finance	Director of Budget	Commissioner for Health
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Sharing knowledge Building will	Sharing knowledge Building will	Reinforcing
Core Concerns Value Barrier	Improving health of people No established policy on FP	Same	Reputation Technical Skill
Theme	Healthy family, healthy society	Family health, reduction in maternal mortality	
Message: Value Barrier Ask Vision	Value: reduction of maternal mortality Barrier: Inadequate funding. Ask: Increasing funding for FP from N1m to N10m. General well being of women and healthy family through increase availability of commodities.		
Messengers	Commissioner for Health, FP Coordinator, ACG	Commissioner for Health, FP Coordinator, ACG	FP Coordinator, ACG

Communication Activities:

Tactics	Timing	Assignment (Tactics)	TASKS	Budget
Audience 1 Director of Finance	January - August	<ol style="list-style-type: none"> 1. Scanning of personal profile and background. 2. Involve ACG in the visit 	<ul style="list-style-type: none"> • Determine the people involved • Pay informal / courtesy visit to the finance Director • Engage the Director on one on one discussion. 	Transport / Refreshment 5 X N5000 = N25,000 Group Transport / Refreshment 5000 X 3 = N15,000
Audience 2 Director of Budget	January - August	<ol style="list-style-type: none"> 3. Scanning of personal profile and background. 4. Involve ACG in the visit 5. Send Emails / SMS 6. Invitation to CTU for technocrats 	<ul style="list-style-type: none"> • Determine the people involved • Pay informal / courtesy visit to the finance Director • Engage the Director on one on one discussion. 	Transport / Refreshment 5 X N5000 = N25,000 Group Transport / Refreshment 5000 X 3 = N15,000 N20,000 Transport allowance plus MIE.

Objective 3: Integrate FP services into existing MCH U5/MDG Fund

Context: There is enough budgetary allocation in the current MCH budget and lawmakers are readily comfortable with the existing MCH program. However, inadequate staffing can pose a challenge in addition to the possible complications with integrating family planning into the current MCH program. The position is to amplify the current messages and build on the support for achieving MDG 5.

Primary and Secondary Audiences: The State MDG focal person and the Commissioner of Health are the primary and secondary audiences for this activity.

Audience – State MDG focal person		
Theme and Message	Tactics	Indicators
Integrating FP into MCH services is a cost effective way of achieving MDGs. FP contributes to healthy mothers and children and by integrating FP services into the MCH/U5 MDG and increasing budgetary allocation for FP commodities you can achieve the goal more efficiently.	<ul style="list-style-type: none"> • Scan personal profile and background including visits to religious leaders • Pay a courtesy visit • Conduct one on one advocacy meetings • Create data fact sheet highlighting the cost benefits to investing in FP • Hold Lunch Hour Birthday celebration • Invite to NURHI special events 	<p>Process:</p> <ul style="list-style-type: none"> • No of advocacy visits conducted • Pronouncements of willingness to integrate FP into MDGs • No of NURHI activities attended by the MDG focal person <p>Outcome:</p> <ul style="list-style-type: none"> • FP services effectively integrated into MCH/U5 services • % Increase in the budgetary allocation by the MDG office for procurement of FP commodities
Messengers: Commissioner of Health, Advocacy Core Group, Governor’s Wife		

Audience – Commissioner for Health		
Theme and Message	Tactics	Indicators
By helping to facilitate the integration of FP into MCH/U5 MDG, you can be instrumental in contributing to reducing state maternal mortality and achieving the MDGs for Oyo State.	<ul style="list-style-type: none"> • Courtesy visits • Hold Alumni Association cocktail For the commissioner • Invite to participate in a Talk Show on FP (radio), with phone-in • Invitation to NURHI special events 	<p>Process:</p> <ul style="list-style-type: none"> • No of meetings held to discuss MDGs and FP • No of public interactive forum attended by the Commissioner where the linkages between MDGs and FP are discussed <p>Outcome:</p> <ul style="list-style-type: none"> • Pronouncement to help facilitate the integration of FP into MCH/U5 MDG
Messengers: PHC Director, Advocacy Core Group		

Strategy:

Decisions to Make	Audience 1	Audience 2	Audience 3
Audience Target	MDG Focal Person	Commissioner for Health	Deputy Chief of Staff
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Building will	Reinforcing	Building will
Core Concerns Value Barrier	Value: Women's health Barrier: Conflicting agenda	Value: Professional reputation. Barrier: Fear of ceding of power to MDG Focal person	
Theme	Achievement of MDG goals through integration will enhance status of the State Focal Person	This will enhance the personality status of the Commissioner	
Message: Value Barrier Ask Vision	FP will help quicker achievement of MDG goals Looking at FP as added burden Integrate FP into MDG funding.		
Messengers	Commissioner for Health	FP Coordinator / ACG	Commissioner for Health / ACG

Communication Activities:

Tactics	Timing	Assignment (Tactics)	TASKS	Budget
Audience 1 MDG Focal Person	January - August	<ol style="list-style-type: none"> 1. Scanning of personal profile and background 2. Involve ACG in the visit 	<ul style="list-style-type: none"> • Determine the people involved • Pay informal / courtesy visit to the MDG Focal Person • Engage the MDG Focal Person on one on one discussion. 	Transport / Refreshment 5 X N5000 = N25,000 Group Transport / Refreshment 5000 X 3 = N15,000
Audience 2 Commissioner for Health	January - August	<ol style="list-style-type: none"> 1. Scanning of personal profile and background. 2. Involve ACG in the visit 3. Send Emails / SMS 4. Invitation to CTU for technocrats 	<ul style="list-style-type: none"> • Determine the people involved • Pay informal / courtesy visit to the Commissioner • Engage the Commissioner on one on one discussion. 	Transport / Refreshment 5 X N5000 = N25,000 Group Transport / Refreshment 5000 X 3 = N15,000 N20,000 Transport allowance plus M&IE.

Collaborating Partner Activities in Ibadan:

Advocacy Nigeria is responsible for implementing the following advocacy activities:

Objective 3

1. Advocacy visit to state law makers / MDG with identified traditional, religious and faith based organization leaders in Ibadan

Objective 2

1. Development and production of site-specific advocacy materials targeting each core group
2. Spitfire advocacy training at site for Traditional, Religious and FOMWAN Leaders in Ibadan
3. Conduct stakeholder engagement meetings with Advocacy Nigeria network members

HERFON is responsible for implementing the following advocacy activities:

Objective 1

1. Advocacy visit to the Speaker of the House
2. Advocacy visit to the House Committee Chairman on Health; and
3. Advocacy visit to the Commissioner of Health.

Objective 2

1. Advocacy visit to the Director of Finance; and
2. Advocacy visit to the Director of Budget.
3. Advocacy visit to the Assembly Health Committee

Objective 3

1. Advocacy visit to the State MDG focal person; and
2. Advocacy visit to the State Commissioner of Health.

DEVCOMS is responsible for implementing the following advocacy activities:

1. Sensitization workshops and capacity building for journalists and news media outlets to help educate and encourage media coverage of family planning issues in Nigeria;
2. Encourage media discourse on the state-level objective of increasing budgetary allocation for FP, promote the integration of FP services into the MCH and MDG fund, and advocate for the implementation of an FP component into existing RH policies;
3. Organize media coverage for all relevant NURHI related activities and events;
4. Organize special media forums around special events such as Safe Motherhood Day, World AIDS Day, World Population Day, MNCH Weeks,, World Breastfeeding Week, and other related national events;
5. Sensitization workshops and capacity building trainings for journalists and news media outlets to help educate and encourage media coverage and reporting of family planning issues in Nigeria;

6. Document and monitor all NURHI and other FP related activities as they relate to NURHI in the media; and
7. Disseminate various featured stories, media releases such as testimonies from family planning proponents.

IPAS is responsible for implementing the following advocacy activities:

1. Make technical Input to draft Bill and follow through on all Legislative Advocacy processes
2. Dr. Oji to make statement in the Media on FP during awareness days such as World Population Day, World AIDS day, and safe motherhood day
3. Mobilize 100 women's group members to attend Public hearing and show support for the FMCH plus FP legislation
4. Conduct 1 day Family Planning sensitization and capacity trainings for women's group members
5. Provide technical support for creation of financial and economic impact data fact sheets
6. Provide technical support for the creations of data fact sheet highlighting the cost benefits to investing in FP

ILORIN

Background

A scan of the FP environment in Ilorin and discussions with stakeholders reveals that with regard to provision of FP services, there are challenges regarding commodities, equipment and personnel transfers. To a large extent, issues surrounding the quality of services stem from a lack of adequate resources at the State and LGA levels. Demand creation activities are limited in general and there are few leaders to speak publicly in support of family planning. Child spacing/family planning is well accepted within the context of reduction of maternal mortality and stakeholders know of and recognize the importance of making progress on the Millennium Development Goals.

Objective 1: To create a budget line for FP services at the state level under which funds for FP are released on time at the State and LGA level.

Context: It is encouraging to note that some funds are already being provided for FP and there is an Act passed by the state government in support of reproductive health and Safe Motherhood, under which a line budget item can be established. While there may be some opposition to FP, overall there is fairly good political support. The key issue is on level of resource allocation and competing priorities within the State and LGA budgets.

Primary and Secondary Audiences: The Commissioner for Health and the Commissioner for Finance are the primary audiences for this objective. The Speaker of the House of Assembly and the Chair of the House Committee on Health are secondary audiences.

Audience: Commissioner for Health and Commissioner for Finance		
Theme and Message	Tactics	Indicators
<p>No woman should die giving birth</p> <ol style="list-style-type: none"> 1. Community with access to quality FP and reduction in MMR 2. Create budget line of X% for FP by April 2011 3. Creating budget line will reduce MMR for achievement of MDGs 4. Timely release of funds for FP will contribute to increased quality of life 	<ol style="list-style-type: none"> 1. Personal Contacts – initial visits (using data and statistics – state and national; government policies/bills, emotional appeal (testimonies?)) 2. Follow up meetings 3. High level of advocacy visit using eminent personalities (retired permanent secretaries, Wazira of Ilorin, Chief Imams, Women leaders: FOMWAN, CAN, Community associations, NCWS) 4. Capacity building for ACG 5. Outreach with Legislators 	<ol style="list-style-type: none"> 1. 10% of the 15% health bill established 2. Establishment of budget line for FP in state budget 3. Tracking of release of funds on time for implementation
Messengers: PS, DF, FP Coordinator; D/R PHC, C4H, DF; Governor's wife		

Strategy:

Decisions to Make	Audience 1	Audience 2	Audience 3
Audience Target	Commissioner for Health	Commissioner for Finance	Commissioner for Economic & Planning.
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Reinforcing: budget line for increase	Sharing Knowledge: Inadequate supply of FP commodities / equipment resulting in stock-out and low service quality Building will.	Sharing Knowledge: Inadequate supply of FP commodities / equipment resulting in stock-out and low service quality Building Will.
Core Concerns Value Barrier	In favor of child spacing and population control as a strategy for promoting FP. Competing health issues other than FP.	Commitment to proper disbursement & adequate retirement of funds released. Limited financial resources.	Support reduction in Maternal Mortality. Political will to defend FP budget among others
Theme	Support a budget line for FP component of Health	Same	Additional investments in FP will make commodities accessible and ultimately save millions of women's lives
Message: Value Barrier Ask Vision	Effective FP enhances the achievement of all the MDG goals. Creating a budget line will address stock-out syndrome and improve quality of service. Other competing socio-economic issues. For a FP budget line in the State votes. Available and affordable FP commodities.	Reduction in Maternal Mortality. Same. Same Same Reduction in Maternal mortality	Investment in FP will improve maternal and family health. Same Same. Same. Healthy mothers and family.
Messengers	Dir PHC, FP coordinator, Media, NURHI collaborating partners	Commissioner for Health, FP coordinator, Media, NGOs	Commissioner for Health, Media, NGOs / CSOs

Communication Activities:

Tactics	Timing	Assignment	TASKS	Budget
Audience 1 Commissioners of Health, Finance	All Year Round	1. Inter-personal contacts / follow-ups	<ul style="list-style-type: none"> • Package advocacy folder • Source local FP data • Package advocacy folder • Use Phone call at convenient times <ul style="list-style-type: none"> – Find out convenient time to call – Find out when it is convenient time to meet 	Transport and refreshment for ACG members N5000 X 10 X 10 = N500,000
	Quarterly	2. Text messages/ messaging	<ul style="list-style-type: none"> • Determine the content of text message • Expand audience list • Text messages to expanded audience • Collate/ create data base of phone numbers of expanded audience • Network with GSM providers to cover expanded audience • Use of text message at convenient time 	TEXT 5600 text x N5.00 N28.00 – 200pple
	Continuing process	3. Organize press briefings for stakeholders of FP	<ul style="list-style-type: none"> • Identify theme of the briefing • Identify the media to cover the briefing/event • Identify stakeholders attending the briefing • Get as many media as possible to cover event. • Write letters of invitation to participants/pay courtesy visit/ follow up phone calls to ensure participation • Coordinate (same key message) 	CALLS 5600 calls x N125 N700, 000 for 200 people 8 audience x 1 4 resource persons x 1Meals/ Venue MI & E = 8 X 5,000 = 40,000 DEVCOM Venue/ Meals = N 750.000 for 15 media houses

	All Year Round	4. Capacity building of ACG members.	<p>speeches to be read at briefing</p> <ul style="list-style-type: none"> • Source and provide other IEC • Development and use of fact sheet at training 	<p>200 ACG members (4 batches) 8 resource persons x 2 days Venue/Meals/M&IE N1,200,000</p>
<p>Audience 2 State Assembly Speaker, others.</p>	Twice a year	1. Pay advocacy visit to the Speaker, House Committee on Budget.	<ul style="list-style-type: none"> • Do personality scanning of the Speaker and Committee members. • Pay courtesy visits to intimate the Speaker on the FP budget line. • Provide IEC and advocacy materials. <ul style="list-style-type: none"> – Recognize as FP champions after acceptance – Engage them in FP campaigns design • Visiting all the audience group • Provision and distribution of fact sheet 	<p>ACG allowance and transport N5000 X 100 = N500,000</p>
	All Year Round	2. Visit all the other audience members		<p>Group transport and lunch for 50 people</p> <p>Group Transport ACG allowance 10 x 5,000 = 50,000 ACG allowance and transport N5000 X 100 = N500,000</p>

Objective 2: To encourage leaders to speak out publicly in support of FP (sermons, public gathering, volunteer to be champions, assist in winning over the opposition, etc.)

There are many organized religious and CSO groups in Ilorin. In general these groups appear supportive of FP. However, there are few public opportunities at which FP is discussed so people are not aware of the acceptability of FP. There is also a newly organized forum for FP in the form of the Advocacy Core Group.

Audience: Religious Leaders (Imams, Pastors, Emirs)		
Theme and Message	Tactics	Indicators
<p>Child spacing – a sure guarantee for healthy life status</p> <p>A stitch in time saves nine</p> <p>Speak publicly to show your support for FP. Play your part to make sure your community is healthy. FP avoids unnecessary deaths</p> <p>Healthy living for all</p>	<ul style="list-style-type: none"> • Letter writing • Town hall meeting (when high level officials visit – meetings with elders, etc.) • Religious retreat to put FP on Religious Leader agenda (for sermons and other proclamations) • Equipping advocates/Capacity building: provision of basic materials, skills and information; include 1 minute messages that can be shared. Determine what is to be on message for RLs, ACGs, Eminent Personalities; CSO leadership • Provide public platform for “voices” (RLs, CSO leadership, etc.) radio, TV, press, etc. (AN, DEVCOMS) • Regular coverage of FP advocacy events and other FP topics • Identify network of journalists and strengthen capacity (NURHI orientation, FP content, link with ACG members and other 	<ul style="list-style-type: none"> • # of Imams making sermons on FP in the mosques in the LGA city site • # of Pastors speaking favorably on FP in their churches in the LGA city site

	<p>spokespersons</p> <ul style="list-style-type: none"> • Coverage of advocacy and other NURHI activities • Advocacy visits to media directors/owners 	
<p>Secondary Audiences: Influentials (e.g. Waziri, Governor’s wife); Pastors, Emirs, Imam (Current champions)</p>		

Audience: Youth Leaders and Other CSO Leaders		
Theme and Message	Tactics	Indicators
<ul style="list-style-type: none"> – A stitch in time saves nine – Speak publicly to show your support for FP. – Play your part to make sure your community is healthy. – FP avoids unnecessary deaths. – Healthy living for all. 	<ul style="list-style-type: none"> • Flash Mobs (youth) • Sporting events/activities • Drama production • Testimonials • Mobilization of women’s groups to support FP and budget line issues. • Capacity building for leaders (advocacy skills, content) • Link leaders with journalist network 	<ul style="list-style-type: none"> • # of leaders in the state speaking out publicly in favor of FP • # of different CSO leaders of group speaking out publicly on FP in the state
<p>Messengers: CSOs, Advocacy Core Group</p>		

STEP 3: Strategic Choices

Decisions to Make	Audience 1	Audience 2	Audience 3
Audience Target	Emir of Ilorin	Olofa of Offa; Olomu of Omuaran; Oloro of Oro; Olupoi of Ajase Ipo.	Baloguns; Alanguas; Mogajis; Youth Leaders; Women Groups; NURTW; ACOMORAN.
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Sharing Knowledge Building will	Sharing Knowledge Building will	Sharing Knowledge Building will.
Core Concerns Value Barrier	Value: Positive Islamic view on FP. Barrier: Focus on modern method	Value: positive traditional view on FP. Barrier: Focus on Modern Methods is not seen as a necessity.	Same. Same
Theme	Muslims need child spacing for family health survival.	Community members need FP for the general well being of the family.	Community members need FP for the general well being of the family
Message: Value Barrier Ask Vision	Muslim women need child spacing. Muslim needs an interpretation and position on mental, physical and financial planning. Quote: Relevant Quran passage to support FP.	Women in general need not die from too many childbirths. Ask: Frame child spacing in the context of all round planning. Vision: Muslim women need child spacing.	There is need to reduce maternal mortality in our domain.
Messengers	ACG	Baloguns, Mogajis	ACG

Communication Activities:

Tactics	Timing	Assignment	Tasks	Budget
Audience 1 Emir of Ilorin; Olofa of Offa; Olomu of Omuaran; Oloro of Oro; Olupo Of Ajase Ipo.		1. Advocacy visit to these first class rulers to support child spacing and safe motherhood in Islam and society. 2. Package advocacy folder	<ul style="list-style-type: none"> • Source local FP data • Document all of Mallam’s FP support activities. • Source various fatwa on FP • Create Advocacy materials • Source local FP data • Document the rulers support for FP. 	Group transport ACG allowance= N10, 000 X 5 X 10 = N500,00 Group transport ACG allowance= N10, 000 X 5 X 5 = N250,000
Audience 2 Baloguns; Alanguas; Mogajis; Youth Leaders; Women Groups; NURTW; ACOMORAN.		1. Advocacy / lobby visit to the traditional chiefs. 2. Organize Phone in programs to promote discussions on FP.	<ul style="list-style-type: none"> • Partner with FOMWAN and other women groups to promote FP. • Distribute flyers/IEC. • Flyers/ IEC in local language with FP logo. • Distribute T-shirts. • Partner with the media for the purpose 	Transport x 25 =N5, 000 = N125,000 Loud speaker= N1000 Chairs: N10 X 50=N500 ACG allowance=N20, 000 N200,000

Collaborating Partner Activities in Ilorin:

Advocacy Nigeria is responsible for implementing the following advocacy activities:

Objective 1

1. Identification of the key religious/traditional/ FOMWAM /NIREC leaders in Ilorin
2. Compilation of the above leaders list for Ilorin
3. Advocacy visit to state lawmakers with identified traditional, religious and faith based organization leaders in Ilorin

Objective 2

1. Identification of the key religious/traditional/ FOMWAM /NIREC leaders in Ilorin
2. Development and production of site specific advocacy materials targeting each core group
3. Spitfire advocacy training at site for Religious and Traditional and FOMWAN /NIREC Leaders
4. Stakeholder engagement meetings with Advocacy Nigeria network members.

HERFON is responsible for implementing the following advocacy activities:

Objective 1

1. Visit to the commissioner of health;
2. Visit to the commissioner of finance; and
3. Visit to the state Assembly.

Objective 2

1. Advocacy visit to religious leaders and chiefs;
2. Intra country study tour for religious leaders to see best practices on FP
3. Sensitization Workshop for youth on FP.

DEVCOMS is responsible for implementing the following advocacy activities:

1. Advocacy visits to media owners and managers to encourage media buy-in;
2. Sensitization workshops and capacity building for journalists and news media outlets to help educate and encourage media coverage of family planning issues in Nigeria;
3. Encourage media discourse at the state and LGA level on increasing budgetary allocation for FP
4. Organize media appearances for high level advocacy stakeholders and prominent leaders including area traditional and religious leaders to speak in favor of FP;
5. Organize media coverage for all relevant NURHI related activities and events;

6. Organize special media forums around special events such as Safe Motherhood Day, World AIDS Day, World Population Day, MNCH Weeks,, World Breastfeeding Week, and other related national events;
7. Document and monitor all NURHI and other FP related activities as they relate to NURHI in the media; and
8. Disseminate various featured stories, media releases such as testimonies from family planning proponents.

IPAS is responsible for implementing the following advocacy activities:

1. Embed Women's groups leadership to be part of the visit
2. Embed Women's groups leadership to be part of the high level advocacy visits with traditional and religious leaders
3. Mobilize 100 women's group members to attend Public hearing and show support for FMCH plus FP legislation
4. Conduct 1 day Family Planning sensitization and capacity trainings for women's groups members
5. Hold meetings with key legislators to ensure their support for FP Policy change