



Nigerian Urban Reproductive Health Initiative

**ADVOCACY MODEL AND TOOLS:
KEY STEPS AND HOW-TO-USE
GUIDE**

September/October 2012

THE NURHI ADVOCACY MODEL

Non-use of family planning (FP) in Nigeria, resulting in very low Contraceptive Prevalence Rate (CPR) of 10% [based on the 2008 National Demographic and Health Survey-NDHS) Report] has been attributed to prevailing sociocultural sensitivities and policy inaction towards the FP programme. For the NURHI project to reverse the situation and achieve a rapid improvement in the policy environment for FP in the NURHI project cities, the Project developed an innovative advocacy strategy in order to achieve critical policy changes at the national federal ministry of health level, as well as in the project cities (Abuja FCT, Kaduna, Ibadan, Ilorin, Benin City and Zaria), states and local government areas.

Based on a consumer-driven approach, NURHI implemented an Advocacy model that engendered stakeholder consensus building, media advocacy and use of the Advocacy Core Group (ACG) as the community voice for policy change. The Advocacy Model followed these **steps**:

- ***Stakeholders Engagement:***
 - Engagement of the Federal Ministry of Health on NURHI Project
 - Engagement of the key policy makers and leaders at the state (SMOH), Local governments and community levels, for partnership and support
 - Key stakeholders engagement and consensus building for the project

- ***Formative Research and Analysis (Issues identification, determination, analysis, reporting and dissemination):***
 - Family Planning Effort Index assessment
 - Key Informant Interviews on policy environment for FP
 - Assessment of the Knowledge, Attitude and Practices of the media practitioners to Family Planning
 - Stakeholders Analysis

- ***Consensus Building with key stakeholders at national and city-specific levels:***
 - Formation of FP partners' forum at the Federal Ministry of Health level
 - Formation of the site-specific Advocacy Core Groups (ACG),
 - Identification of FP Champions/influentials
 - Budget Task Teams to support and influence budget processes and decisions

- ***Participatory Advocacy Strategy Design:***
 - Key stakeholders, ACGs & Advocacy Collaborating Agencies involvement in strategy design/development/adoption workshop
 - Broad NURHI Advocacy Strategy document adopted

- Site-specific Advocacy Strategies developed and adopted
- Formal engagement of indigenous Advocacy Collaborating Agencies (DEVCOMS, Advocacy Nigeria & HERFON)
- ***Strategy Implementation***
 - National/ Federal level FP Advocacy and policy dialogues
 - Site-specific advocacy policy dialogues through the ACGs
 - Use of FP Champions & Influentials to promote FP
 - Massive Media Advocacy and coverage of NURHI activities, FP news and related interventions, including tracking of media coverage
 - Generation of massive public dialogues on FP (print, TV, radio and Internet)
 - Sub-agreements and planned interventions by the NURHI Collaborating Agencies (HERFON & Advocacy Nigeria and DEVCOMS)
 - Dissemination in National & International Conferences & meetings
- ***Training to increase skills and competences***
 - Spitfire Advocacy Training (for ACG, religious/traditional leaders and FPPN)
 - Budgeting for FP training for public sector (states and local governments) and NURHI staff
 - Use of Advocacy Materials for ACG –led advocacy efforts
 - DEMPROJ/RAPID training for NURHI staff
 - RAPID validation and presentation training for NURHI staff, selected ACG, BTT and media members
 - Strategic Visioning and Organizational Development Training
 - Proposal Writing & Resource Mobilization
- ***Advocacy materials Development and use***
 - Participatory stakeholder approach
 - National advocacy materials/Kits
 - Site-specific Advocacy materials/Kits
 - Training of the ACGs on use of advocacy materials
 - Use of the Advocacy materials to support message delivery
- ***Community Based advocacy and linkage to social mobilizers***
 - Identification of community based groups and leaders
 - Engagement of community leaders and leaders of community groups
 - Training of community leaders on FP message delivery

- FP Message Delivery to members by Community Groups Leaders and linkage to Social Mobilizers (Get-it-Together Crew)
- ***Follow-up and Monitoring Mechanisms***
 - Quarterly review meetings of ACGs
 - Quarterly review meetings of Budget Task Teams
 - FP Budget and expenditure Tracking
 - Annual site-specific plan implementation reviews
 - Continuous follow-up and review meetings
 - NURHI Mid-term review to track results of programme efforts
 - Re-programming of strategies, if necessary
 - Scale-up of successful interventions
 - Advocacy for replication by partners
 - Sustainability of the ACGs for post-NURHI advocacy

All NURHI Advocacy Approaches and Tools are available on the NURHI toolkit website:

<http://www.nurhitoolkit.org/program-areas/advocacy>

NURHI ADVOCACY TOOLS

NURHI ADVOCACY STRATEGY DOCUMENT

The strategy document was produced using the standardized steps in spitfire advocacy guideline (*Advance Family Planning Document/Manual*). It contains the key objectives and activities to be carried out under the NURHI advocacy

How to Use the Advocacy Strategy Document:

- Collected from the NURHI Office (National or Sites)
- Contains the NURHI Advocacy Goal and site-specific objectives, and
- Details of target Audiences, Messages, Activity Plans and,
- Activities of the Collaborating Agencies and Means of Monitoring/Evaluation of progress/achievements
- Document guides implementation of specifically determined advocacy efforts to achieve site-specific objectives and the broader projects advocacy goal.

TOOLS FOR FORMATIVE RESEARCH FOR NURHI ADVOCACY

A. Key Informant Interviews (KII) Questionnaire:

The KII questionnaire is used for face-to-face interviews and data collection from key stakeholders to determine their knowledge and attitude towards family planning programme. The tool can be used on individuals and relevant FP/RH groups.

B. Family Planning Efforts Score (FPE) Assessment Tool: This is a standard tool developed by the Futures Group/Institute to determine the FP environment. Policy makers and other stakeholders involved in FP programme complete the tool to communicate on the FP situation in a particular country, state and/or Local government area. Individuals and relevant groups can use this tool.

C. Media Stakeholders Analysis Tool: This is a simple questionnaire that was used to determine the knowledge, attitude and response to FP information, use and programme by journalists and other media staff. Individuals and relevant groups can use this tool

How to Use the Tools (KII, FPE & Media KAP Assessment tool)

- Convene a meeting with target individual or groups
- Explain the purpose of the assessment and benefits of the assessment
- Assure on the ethical/confidentiality of information received
- Gain the consent of the Interviewee(s)
- Ask the questions according to the tool's content
- Write down the response (s)
- Collate and analyze the data

- Produce the result
- Produce a policy brief from the result
- Disseminate/Use the result, as required.

FP RESOURCES ASSESSMENT TOOLS

A). Assessment of Resources Available for Contraceptives Security (CS)

B). NURHI FP Budget Tracking Tool: The Tool serves as a checklist for desk tracking and analysis of FP responsive/supportive policy actions by the government. The tool tracks FP budget allocations and actual expenditures on the various components of the FP programme. It also indicates for comparative analysis, allocations and expenditures at each level and each fiscal year. Used at the end of each budget year, before a new budget development for the following year.

How to Develop and Use the Assessment Tool:

- Draft the Assessment/tracking tool based on the components of the FP programme activities
- Review the draft tool with key stakeholders to make necessary inputs
- Field test to validate the tool
- Further Review, Finalize and ensure adoption of the tool by stakeholders
- Use the tool to track budgetary allocations and expenditures on FP and collect data
- Collate and Analyze the data
- Produce report
- Translate report into policy brief (s)*, as may be required
- Disseminate and share the information in a policy dialogue and call for action.

SITE SPECIFIC NURHI TOOLS

NURHI Site-specific Policy Briefs: A supportive one-page brief developed to provide information to policy makers and stakeholders from the results of the budget tracking exercise and used for dialogue with policy makers

THE NURHI Advocacy Materials/Kits (National & Site-Specific):

The advocacy materials/kits are used to support policy dialogue and advocacy. Depending on the target audience, the materials explains the FP issues in focus, using evidence-based data to inform the target audience on why and what actions should be taken to bring about the desired action/change.

How to Use the Advocacy Materials/kits:

- Identify the FP advocacy issue/problem to be addressed

- Determine the desired change or solution to the problem
- Identify the target audience for desired change
- Identify the key influential (s) and secondary audience
- Determine the mode of contact/interaction with the target audience
- Select the appropriate advocacy material(s) to support the dialogue
- Meet with the target audience on the FP issue
- Present/discuss the issue in focus
- Deliver the message to the primary audience, drawing attention to the benefits of action vs. inaction to the issue
- Use the advocacy material (s) to support the presentation
- Leave the material(s) behind with the audience for further reading and understanding of the issues, message and desired action

RAPID tools: The Resources for Awareness of Rapid Population Impact on Development (RAPID) is an advocacy tool used to engage policy makers and leaders in dialogue on the need to recognize and plan for effective population management and also on the role of effective and sustained FP programmes on the future wellbeing of the people. A site-specific RAPID has been developed for each NURHI site.

How to Use the Tool:

- Identify your target audience(s)
- Understand his/her/their interest/focus
- Select your RAPID presentation slides accordingly and based on time allotted/available for presentation
- Select slides you are comfortable and at ease with. Never attempt to present all the slides in a RAPID presentation at a dialogue/discussion, it is exhausting, time consuming and can be confusing to your audience(s).
- Organize an advocacy dialogue with target audience
- Introduce the issue in focus
- Explain why the RAPID tool is being presented to the audience
- Explain the use of the tool to support the discussion
- Be mindful of your choice of words; “population management” is safer than “population control”
- Always appreciate your audience(s) for his/her/their role in policy making and implementation; it’s a morale booster!
- Present the RAPID (selected slides in PowerPoint Presentation)
- Pay particular attention to your “ASK” i.e. policy response. It should be within the scope of your target audience(s)
- Allow for questions and clarifications
- Encourage discussion and feedback on the content of the tool
- Summarize the key issues, implications raised and benefits for policy action
- Conclude the discussion/dialogue
- Share supportive advocacy materials
- Thank the audience and commit to follow up in future

ACRONYMS

ACG	- Advocacy Core Group
CSO	- Civil Society Organization
BTT	- Budget Task Team
DEMPROJ	- Demographic Projection
DEVCOMS	- Development Communications Networks
FCT	- Federal Capital Territory
FP	- Family Planning
FPE	- Family Planning Effort
FPPN	- Family Planning Providers Network
FMOH	- Federal Ministry of Health
HERFON	- Health Reform Foundation of Nigeria
KII	- Key Informant Interviews
LGAs	- Local Government Areas
NURHI	- Nigeria Urban Reproductive Health Initiative
RAPID	- Resources for Awareness of Population Impact on Development
RH	- Reproductive Health

ATTACHMENTS

1. KEY INFORMANTS INTERVIEW QUESTIONNAIRE

(Developed by the FUTUTRES Institute for NURHI Formative Research, used in partnership with NURHI and Association for Reproductive and Family Health- ARFH))

Development and Population

- In your opinion, what do you see as the three most pressing development challenges for the LGA today?
- Are there any other issues that are of particular concern to you?
 - If the respondent did not mention any health problems, ask: What do you think are the most critical health issues affecting the country today?
- How would you describe the population size of the Country?
Too high, high, just right, low, too low
Why? _____
- How would you describe the population size of the LGA?
Too high, high, just right, low, too low
Why? _____
- How serious is the population growth of the LGA on a scale of 1 to 10, with 1 being not very serious and 10 being very serious?
- What do you see as the main consequences of continuing population growth?
 - a. _____
 - b. _____
 - c. _____
 - d. Don't know _____
- In the following development sectors, do you think rapid population growth has a positive, negative or no effect:

a. Economic development	+	-	0
b. Political stability	+	-	0
c. Employment	+	-	0
d. Health	+	-	0
e. Education	+	-	0
f. Housing	+	-	0
g. Environment	+	-	0
h. Agriculture/ food production	+	-	0
- What do you think should be done to slow rapid population growth? If you have more than one suggestion, please rank in order of most important or having the greatest impact.
 - 1 _____
 - 2 _____
 - 3 _____
 - 4 Don't know
 - 5 Other _____

National policies

- Are you familiar with any policy on Family Planning in the Country? Yes No
- If yes, name _____
- Does the policy give sufficient priority to reproductive health and family planning?
Yes No Don't know
- Have you ever received a copy of the FP policy? Yes No
- Is this policy being implemented in the LGA? Yes No
- If it is not, why? _____
- What do you think can be done to get the LGA government to implement this policy?

- Do you know of the LEEDS? Yes No
- Do you believe there is a relationship between family planning and achieving the Millennium Development Goals? Yes No Don't know
- Do you think family planning could play a role in helping to achieve the following Millennium Development Goals? (Yes, No, Don't know)
 - a. Goal 1: Eradicate extreme poverty and hunger
 - b. Goal 2: Achieve universal primary education
 - c. Goal 3: Promote gender equality and empower women
 - d. Goal4: Reduce child mortality
 - e. Goal 5: Improve maternal health
 - f. Goal 6: Combat HIV/AIDS, malaria and other diseases
 - g. Goal 7: Ensure environmental sustainability
 - h. Goal 8: Develop a global partnership for development

Family Planning

- How would you describe the use of family planning in the LGA?
Too high, high, just right, low, too low
Why? _____
- What are the most important FP priorities in this LGA(Probe for Community based family planning, Long acting permanent method , LAM, any other natural method)
- Who is currently funding family planning activities in the LGA?
- How do you feel about the level of funding for family planning that is provided by the government? Is it too little, enough, too much?
- Is there a family planning project that is ongoing in the LGA? Yes No Don't know
- If Yes, is it Public/ Private funded?
- What do you think the role of the government should be in supporting family planning?
 - a. Setting legal and policy frameworks
 - b. Creating service standards/protocols
 - c. Providing services through government facilities

- d. Providing special adolescent focused services
 - e. Providing contraceptives and other FP commodities
 - f. Supporting information, education, and communication (behavior change communication) programs
 - g. Other _____
 - On a scale of 1 to 10, how important is family planning in achieving the LGA's development goals with 1 being not very important and 10 being very important?
 - In your own view, what are the barriers to people in the LGA not wanting to use family planning services?
-

- Do you know of any reason why urban slum dwellers may not want to use family planning services?
- In your own view, do you think providing family planning services to urban dwellers should be a priority? Yes No
- Why _____
- Do you know of people living in the urban slum in this LGA that are using any form of modern contraceptive? Yes No
- From what you know or have heard, are there couples who would like to use modern method of family planning, but are not currently using any method? Yes No Don't know
- Would you say that the percentage of women who would like to use a method of family planning, but are not using any method is:
< 5%, between 5%-10%, between 10%-20%, >20% (best guess)
- Do you think that the HIV/AIDS epidemic has affected family planning?
Yes No Don't know
 - If yes, in what ways? _____
 - If no, in what ways? _____
- In your opinion, is there a relationship between use of family planning and women's health? Yes No Don't know
 - If yes, ask: What is the relationship (or the links) between family planning and women's health?
- An important issue is maternal death (deaths related to pregnancy or childbirth). What would you say are the 2-3 most important causes of maternal deaths in the country that you are aware of?
 - a. _____
 - b. _____
 - c. _____
 - d. Don't know
- Are there actions that should be taken to help reduce the number of women who die from pregnancy or childbirth?
 - a. _____
 - b. _____

- c. _____
- d. Don't know
- What are the possible barriers to integrating family planning into the following health services:
 - a. Maternal and Neonatal Health _____
 - b. HIV/AIDS _____
 - c. Postpartum Care _____
 - d. Post abortion Care _____

Advocacy and Data for Decision Making

- Is your organisation involved in conducting advocacy for Family Planning in the State
Yes () No () Don't Know ()
- If yes, what activities ? _____
- If No, why not _____
- Do you remember at any time in during the last three years, when the state government openly declared their support for family planning?
- If yes, was there any action that followed this open declaration?
- Is the LGA government concerned about the Family Planning needs of people living in urban slums? Yes No
- Do you/ your organisation ever needed to make use of data generated from Family Planning? Yes () No() Don't know ()
- If yes where do you/your organisation source information or data on family planning? _____
- What information does your organization need to increase family planning use? [Probes: Is information needed on long-acting and permanent methods? Hormonal methods? Barrier methods?]
- Which of the following is your preferred method for receiving information about population and reproductive health?
 - a. Face-to-face briefings
 - b. Attending seminars/events
 - c. Written materials given directly to you
 - d. Written materials sent to you
 - e. Newspapers
 - f. TV
 - g. Radio
 - h. E-mail messages
 - i. Text messages
 - j. Other _____
- Is there anything you would like to tell us about population growth, family planning, or maternal health that we did not ask you?
- What are the barriers to using data and FP/RH information for decision-making? [Probes: Data access, Data quality, Technical capacity, Political, social, economic environment]

- Can you tell us about any other challenges that you have experienced in using data or information to make reproductive health decisions?
 - What can be done to address these barriers?
 - Which of the following is your preferred method for receiving information about population and reproductive health?
 - a. Face-to-face briefings
 - b. Attending seminars/events
 - c. Written materials given directly to you
 - d. Written materials sent to you
 - e. Newspapers
 - f. TV
 - g. Radio
 - h. E-mail messages
 - i. Text messages
 - j. Other _____
 - Of the methods you noted, which one is most preferred?

 - Is there anything you would like to tell us about population growth, family planning, or maternal health that we did not ask you?
-

Please indicate your opposition, support, or neutrality for the following statements:

	Opposed	Neutral	Support
Government speaking openly in support of FP			
It is acceptable to speak about FP directly, not in relation to other health issues			
It is only acceptable to speak about FP in relation to other health issues, such as maternal and infant health			
It is a good idea to discuss FP as a way of reducing economic burdens on households			
It is acceptable to speak about FP in relation to employment opportunities			
FP planning should only be discussed as a way to space births			
FP should be discussed as a way to both space and limit births			
Families should opening discuss FP, including with in-laws			
A married couple should openly discuss FP			
It is acceptable to opening discuss FP with close friends			
It is appropriate to openly discuss FP in a religious gathering			
The government should allocate and disburse funds directly for FP commodities			

The Government should provide free FP commodities in clinics			
The Government should institutionalize a policy on family size			
The Government should offer special benefits to couples with a small family size			
<p>The following groups should have access to information related to FP:</p> <ul style="list-style-type: none"> Unmarried adolescents <ul style="list-style-type: none"> Girls Boys Married adolescents Single women Newly married women wanting to delay their first birth People who are HIV+ People with physical or mental disabilities 			
<p>The following groups should have access to services related to FP:</p> <ul style="list-style-type: none"> Unmarried adolescents <ul style="list-style-type: none"> Girls Boys Married adolescents Single women Newly married women wanting to delay their first birth People who are HIV+ People with physical or mental disabilities 			

2. FAMILY PLANNING EFFORTS SCORE QUESTIONNAIRE

(Produced and used by the FUTURES Institute in partnership with NURHI and Association for Reproductive and Family Health-ARFH)

FAMILY PLANNING PROGRAM STUDY

CHARACTERISTICS AND STRENGTH OF EFFORT

- This questionnaire is intended to provide LGA level family planning information from experts who are very familiar with local family planning programs and services. However, there are also questions referring to some national level family planning policies and programs that are anticipated to be relevant at the LGA level. The first two sections of the questionnaire (Policy and Stage Setting Activities and Service and Service Related Activities) are repeated to ask similar questions about the national and LGA level. Please pay attention to the category titles which indicate when the question is referring to the national level and when it is referring to the LGA level. The responses will provide information on the strength of effort of these programs.
- Throughout this questionnaire we refer to “the family planning program.” In most countries there is only one large-scale program, and usually it operates under government auspices. The focus is on the LGA picture of family planning activities through this government program. If these are merged with maternal and child health activities please focus on the family planning aspects.
- Please do not complete questions for which you lack information – other respondents in your state or LGA may handle those. Please confer with other individuals as you wish, and answer the items simply in your personal capacity, giving your own best judgment. All responses are entirely confidential.

To give a summary picture of program effort, please rate the following items. Score each item from 1 to 10, where 1 represents non-existent or very weak effort and 10 represents extremely strong effort. Try to answer each item; omit it only if you lack information.

Component	Description	1= Non existent to 10= Extremely strong									
		1	2	3	4	5	6	7	8	9	10
NATIONAL POLICY AND STAGE-SETTING ACTIVITIES											
Policy on fertility reduction and family planning	Extent to which government policy stresses family planning for demographic reasons over health reasons or is simply neutral or opposed.	1	2	3	4	5	6	7	8	9	10
Statement by leaders	Extent to which the head of government, as well as other officials, speak publicly and favorably about family planning at least once or twice a year	1	2	3	4	5	6	7	8	9	10
Level of program leadership	High level of seniority of the director of the national family planning program and whether director reports to a high level of government	1	2	3	4	5	6	7	8	9	10
Policy on age at marriage	Extent to which legal age at marriage for females is set at 18 years or higher and is enforced	1	2	3	4	5	6	7	8	9	10
Import laws and legal regulations	Extent to which import laws and legal regulations facilitate the importation of contraceptive supplies or extent to which contraceptives are manufactured locally	1	2	3	4	5	6	7	8	9	10
Advertising of contraceptives allowed	Extent of freedom from restrictions on advertising of contraceptives in the mass media	1	2	3	4	5	6	7	8	9	10
Involvement of other ministries and public agencies	Extent to which other ministries and government agencies assist with family planning activities (e.g., delivery of supplies, services, information, education) or other population activities	1	2	3	4	5	6	7	8	9	10

Component	Description	1= Non existent to 10= Extremely strong									
		1	2	3	4	5	6	7	8	9	10
Percent of in-country funding of family planning budget	Extent to which total family planning/population budget is derived from in-country sources (e.g., 1 for 10 percent, 5 for 50 percent, 10 for 100 percent)	1	2	3	4	5	6	7	8	9	10
Percentage in-country allocation to purchase of family planning commodities	Extent to which the government allocate resources specifically for the procurement of family planning commodities	1	2	3	4	5	6	7	8	9	10
Effectiveness of procurement and distribution system for commodities	Extent to which CLMS adequately distribute family planning commodities	1	2	3	4	5	6	7	8	9	10
Presence of pro-poor family planning policies	Extent to which policies specifically target urban poor	1	2	3	4	5	6	7	8	9	10
Level of private sector involvement in providing family planning services	Extent to which the government encourages private sector involvement through either direct service provision or commodities	1	2	3	4	5	6	7	8	9	10
LGA POLICY AND STAGE-SETTING ACTIVITIES											
Policy on fertility reduction and family planning	Extent to which LGA policy or position concerns fertility, family planning and rates of population growth	1	2	3	4	5	6	7	8	9	10
Statement by leaders	Extent to which the LGA leaders as well as other officials, speak publicly and favorably about family planning at least once or twice a year	1	2	3	4	5	6	7	8	9	10
Level of program leadership	High level of seniority of the FP/RH coordinator in the LGA and the seniority of the state level FP/RH coordinator they report too.	1	2	3	4	5	6	7	8	9	10
Policy on age at marriage	Extent to which legal age at marriage for females is set at 18 years or higher and is enforced in the LGA	1	2	3	4	5	6	7	8	9	10
Involvement of other ministries and public agencies	Extent to which other ministries and government agencies assist with family planning activities in the	1	2	3	4	5	6	7	8	9	10

	LGA (e.g., delivery of supplies, services, information, education) or other population activities	
Percent of LGA funding of family planning budget	Extent to which total family planning/population budget is derived from LGA sources (e.g., 1 for 10 percent, 5 for 50 percent, 10 for 100 percent)	1 2 3 4 5 6 7 8 9 10
Effectiveness of procurement and distribution system for commodities	Extent to which CLMS adequately distribute family planning commodities with the LGA	1 2 3 4 5 6 7 8 9 10
Presence of pro-poor family planning policies	Extent to which LGA policies specifically target urban poor	1 2 3 4 5 6 7 8 9 10
Level of private sector involvement in providing family planning services	Extent to which the LGA government encourages private sector involvement through either direct service provision or commodities	1 2 3 4 5 6 7 8 9 10
NATIONAL SERVICE AND SERVICE-RELATED ACTIVITIES		
Involvement of private-sector agencies and groups	Extent to which private-sector agencies and groups assist with family planning or other population activities	1 2 3 4 5 6 7 8 9 10
Civil bureaucracy involved	Extent to which the civil bureaucracy of the government is used to ensure that program directives are carried out, and whether its senior officials take responsibility for program directives being carried out	1 2 3 4 5 6 7 8 9 10
Community-based distribution (CBD)	Extent to which areas of country not easily serviced by clinics or other service points are covered by CBD programs for distribution of contraceptives (especially rural areas)	1 2 3 4 5 6 7 8 9 10
Social marketing	Extent of coverage of the country by a social marketing program (subsidized contraceptive	1 2 3 4 5 6 7 8 9 10

	sales at low cost in commercial sector, especially in urban areas)	
Postpartum program	Extent to which all new mothers in the country receive postpartum family planning assistance.	1 2 3 4 5 6 7 8 9 10
Home-visiting workers	Extent of coverage of population by workers whose primary task is to visit women in their homes to talk about family planning and MCH	1 2 3 4 5 6 7 8 9 10

Component	Description	1= Non existent to 10= Extremely strong									
		1	2	3	4	5	6	7	8	9	10
Administrative structure	Extent to which administrative structure and staff at national, state and LGA levels are adequate to implement the family planning program	1	2	3	4	5	6	7	8	9	10
Training program	Extent to which training programs, for each category of staff in the family planning program, are adequate to provide personnel with information and skills necessary to carry out their jobs effectively	1	2	3	4	5	6	7	8	9	10
Personnel carry out assigned tasks	Extent to which all categories of family planning program staff (administrative, medical, paramedical, field) carry out assigned tasks effectively	1	2	3	4	5	6	7	8	9	10
Logistics and transport	Extent to which the logistics and transport systems are sufficient to keep stocks of contraceptive supplies and related equipment available at all service points, at all times and at all levels (National, state, LGA)	1	2	3	4	5	6	7	8	9	10
Supervision system	Extent to which the system of supervision at all levels is adequate (regular monitoring visits with	1	2	3	4	5	6	7	8	9	10

	corrective or supportive action)	
Mass media	Frequency and extent of coverage of mass media(Television and Radio) messages that provide population with information on family planning and service sites	1 2 3 4 5 6 7 8 9 10
IEC	Frequency and extent of coverage of IEC materials(Posters, leaflets, handbills etc) messages that provide population with information on family planning and service sites	1 2 3 4 5 6 7 8 9 10
Adolescent Programs	Extent to which activities are focused towards adolescents and encourage adolescents to access FP services	1 2 3 4 5 6 7 8 9 10
Youth Friendly Clinics	Extent to which services offer adolescents options other than abstinence(such as condoms and contraceptive counselling)	1 2 3 4 5 6 7 8 9 10
LGA SERVICE AND SERVICE-RELATED ACTIVITIES		
Involvement of private-sector agencies and groups	Extent to which private-sector agencies and groups assist with family planning or other population activities	1 2 3 4 5 6 7 8 9 10
Civil bureaucracy involved	Extent to which the civil bureaucracy of the government is used to ensure that program directives are carried out, and whether its senior officials take responsibility for program directives being carried out	1 2 3 4 5 6 7 8 9 10
Community-based distribution (CBD)	Extent to which areas of country not easily serviced by clinics or other service points are covered by CBD programs for distribution of contraceptives (especially rural areas)	1 2 3 4 5 6 7 8 9 10
Social marketing	Extent of coverage of the	

	country by a social marketing program (subsidized contraceptive sales at low cost in commercial sector, especially in urban areas)	1 2 3 4 5 6 7 8 9 10
Postpartum program	Extent to which all new mothers in the country receive postpartum family planning assistance.	1 2 3 4 5 6 7 8 9 10
Home-visiting workers	Extent of coverage of population by workers whose primary task is to visit women in their homes to talk about family planning and MCH	1 2 3 4 5 6 7 8 9 10
Administrative structure	Extent to which administrative structure and staff at national, state and LGA levels are adequate to implement the family planning program	1 2 3 4 5 6 7 8 9 10
Training program	Extent to which training programs, for each category of staff in the family planning program, are adequate to provide personnel with information and skills necessary to carry out their jobs effectively	1 2 3 4 5 6 7 8 9 10
Personnel carry out assigned tasks	Extent to which all categories of family planning program staff (administrative, medical, paramedical, field) carry out assigned tasks effectively	1 2 3 4 5 6 7 8 9 10
Logistics and transport	Extent to which the logistics and transport systems are sufficient to keep stocks of contraceptive supplies and related equipment available at all service points, at all times and at all levels (National, state, LGA)	1 2 3 4 5 6 7 8 9 10
Supervision system	Extent to which the system of supervision at all levels is adequate (regular monitoring visits with	1 2 3 4 5 6 7 8 9 10

	corrective or supportive action)	
Mass media	Frequency and extent of coverage of mass media(Television and Radio) messages that provide population with information on family planning and service sites	1 2 3 4 5 6 7 8 9 10
IEC	Frequency and extent of coverage of IEC materials(Posters, leaflets, handbills etc) messages that provide population with information on family planning and service sites	1 2 3 4 5 6 7 8 9 10
Adolescent Programs	Extent to which activities are focused towards adolescents and encourage adolescents to access FP services	1 2 3 4 5 6 7 8 9 10
Youth Friendly Clinics	Extent to which services offer adolescents options other than abstinence(such as condoms and contraceptive counselling)	1 2 3 4 5 6 7 8 9 10

Component	Description	1= Non existent to 10= Extremely strong									
		1	2	3	4	5	6	7	8	9	10

LGA RECORD KEEPING AND EVALUATION

Record keeping	Extent to which systems for client recordkeeping, clinic reporting and feedback of results are adequate in the LGA	1 2 3 4 5 6 7 8 9 10
Evaluation	Extent to which program statistics, surveys, and small studies are used by specialized LGA staff to report on program operations and measure progress	1 2 3 4 5 6 7 8 9 10
Management's use of evaluation findings	Extent to which LGA program managers use research and evaluation findings to improve the program in ways suggested by findings	1 2 3 4 5 6 7 8 9 10
Diffusion of	Extent to which information	

Information to other LGAs	is shared or spread from one LGA to other	1	2	3	4	5	6	7	8	9	10
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LGA AVAILABILITY AND ACCESSIBILITY OF METHODS AND SUPPLIES											
IUDs	Extent to which entire population has ready and easy access to IUDs	1	2	3	4	5	6	7	8	9	10
	How well does the IUD supply system operate in the LGA (it avoids stock outs or interrupted supplies and guarantees a reliable flow at local levels)	1	2	3	4	5	6	7	8	9	10
Pills	Extent to which entire population has ready and easy access to pills	1	2	3	4	5	6	7	8	9	10
	How well does the pill supply system operate in the LGA (it avoids stock outs or interrupted supplies and guarantees a reliable flow at local levels)	1	2	3	4	5	6	7	8	9	10

Component	Description	1= Non existent to 10= Extremely strong									
		1	2	3	4	5	6	7	8	9	10
Injectable	Extent to which entire population has ready and easy access to injectable	1	2	3	4	5	6	7	8	9	10
	How well does the injectable supply system operate in the LGA (it avoids stock outs or interrupted supplies and guarantees a reliable flow at local levels)	1	2	3	4	5	6	7	8	9	10
Female sterilization	Extent to which entire population has ready access to voluntary sterilization services for women	1	2	3	4	5	6	7	8	9	10

	How well does the supply system provide necessary equipment and medical supplies for female sterilization services at clinical facilities in the LGA?	1 2 3 4 5 6 7 8 9 10
Male sterilization	Extent to which entire population has ready access to voluntary sterilization services for men?	1 2 3 4 5 6 7 8 9 10
	How well does the supply system provide necessary equipment and medical supplies for men's sterilization services at clinical facilities in the LGA?	1 2 3 4 5 6 7 8 9 10
Condoms	Extent to which entire population has ready and easy access to condoms	1 2 3 4 5 6 7 8 9 10
	How well does the condom supply system operate (it avoids stock outs or interrupted supplies and guarantees a reliable flow at local levels)	1 2 3 4 5 6 7 8 9 10
Implants	Extent to which entire population has ready and easy access to Implants	1 2 3 4 5 6 7 8 9 10
	How well does the Implants supply system operate in the LGA (it avoids stock outs or interrupted supplies and guarantees a reliable flow at local levels)	1 2 3 4 5 6 7 8 9 10
Emergency Contraception	Extent to which entire population has ready and easy access to Emergency Contraception	1 2 3 4 5 6 7 8 9 10
	How well does the Emergency Contraception supply system operate in the LGA (it avoids stock outs or interrupted supplies and guarantees a reliable flow at local levels)	1 2 3 4 5 6 7 8 9 10

Please rate the general quality of family planning services in the LGA. (Good quality includes a focus on client needs, with counseling, full information, wide method choice, and safe clinical procedures.)	1 2 3 4 5 6 7 8 9 10
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INFLUENCES ON THE FAMILY PLANNING PROGRAM

Note that for the following questions the scale is different.

Forces affecting the family planning program can either strengthen or detract from its effectiveness. Check zero (0) if there is no difference either way; check a negative number from -1 to -5 if the influence is negative; or check a positive number from 1 to 5 if the influence is positive. (1 in either direction means little influence and 5 in either direction means strong influence).

Decentralization (the shift of decision making and resources from the central government to lower administrative levels)	-5 -4 -3 -2 -1 0 1 2 3 4 5
HIV/AIDS Programs	-5 -4 -3 -2 -1 0 1 2 3 4 5
Incorporation of family planning into a broader context of reproductive health	-5 -4 -3 -2 -1 0 1 2 3 4 5
Integration of family planning with other health services	-5 -4 -3 -2 -1 0 1 2 3 4 5
Changes in donor funding	-5 -4 -3 -2 -1 0 1 2 3 4 5
Changes in domestic government funding	-5 -4 -3 -2 -1 0 1 2 3 4 5
Changes in government political support for family planning	-5 -4 -3 -2 -1 0 1 2 3 4 5

How important is each of the following as a current justification for the LGA family planning program?
 (1 means negligible importance; 10 means great importance).

Reduce rate of population growth	1	2	3	4	5	6	7	8	9	10
Enhance economic development	1	2	3	4	5	6	7	8	9	10
Help women and men avoid unwanted births	1	2	3	4	5	6	7	8	9	10
Improve women's health	1	2	3	4	5	6	7	8	9	10
Improve child health	1	2	3	4	5	6	7	8	9	10
Reduce unmarried adolescent childbearing	1	2	3	4	5	6	7	8	9	10
Reduce unmet need for contraceptive services	1	2	3	4	5	6	7	8	9	10
Help women and men meet their desired fertility intention	1	2	3	4	5	6	7	8	9	10
Help women achieve their reproductive rights; choice of and when to have children	1	2	3	4	5	6	7	8	9	10

SPECIAL POPULATIONS

To what extent does the family planning program give particular emphasis to special populations? (1 means negligible emphasis; 10 means great emphasis)

Unmarried adolescents	1	2	3	4	5	6	7	8	9	10
Young married adolescents	1	2	3	4	5	6	7	8	9	10
Single women	1	2	3	4	5	6	7	8	9	10
Newly married women wanting to delay their first child	1	2	3	4	5	6	7	8	9	10
HIV positive	1	2	3	4	5	6	7	8	9	10
The poor	1	2	3	4	5	6	7	8	9	10
Rural populations	1	2	3	4	5	6	7	8	9	10
Urban populations	1	2	3	4	5	6	7	8	9	10
Postpartum women for counseling and contraceptive services	1	2	3	4	5	6	7	8	9	10
Post abortion women for counseling and contraceptive services	1	2	3	4	5	6	7	8	9	10

Final Questions:

A. You were invited to work with other individuals if you wished. Did you do so? Yes ___ No___

B. How long have you been closely acquainted with the LGA family planning program? _____
years

C. During most of this time, what has your relationship been to the program?

D. If you are an employee of the program:

Title: _____

Duties: _____

E. If you live outside of the country:

Number of visits to the country in the last two years _____.

Approximate total time spent in the country during the last two years _____

F. Any final comments or suggestions?

3. Participatory Research on the knowledge of Family Planning and its reporting by Journalists

(Developed by DEVCOMS for the NURHI project.)

QUESTIONNAIRE FOR JOURNALISTS

Dear Respondent,

The objectives of the questions are to determine your knowledge and perception as a Journalist on Family Planning issues. Your honest response to the questions would be appreciated. Your identity, response and opinion will be kept confidential and no name is required in filling the questionnaire. There are no wrong answers.

Thanks for your cooperation.

Section A. – Demographic information

1) Location

2) Sex: 1. Male... 2. Female...

3) What is the name of your medium? _____

4) Which category of media organization do you work?

Print TV Radio Online News Agency

5) What is your designation?

Reporter Correspondent Editor Other please specify _____

6) How long have you been reporting ? _____

7) What beat do you currently report? _____

8) Religion

African Indigenous Christian Muslim Others Specify _____

Section B-Level of training activities

9. Have you benefited from any Family Planning (FP) or reproductive health training activity?

1. Yes 2. No

Section C-Reports/ Stories done on Family Planning (FP)

10. Have you written or produced stories on Family Planning issues recently? 1. Yes 2. No

If No, why _____

11. List the activities you have carried out by choosing the appropriate number [Yes 1.], [No 2.]

S/N	Activities	1. Yes	2. No
1.	Features story		
2.	News story		
3.	Radio or TV Documentary		
4.	Interview		
5.	Others specify		

12. What challenges have you encountered in reporting Family Planning issues? _____

Section D: Knowledge about Family Planning

13. How many Family Planning methods do you know? Please list below

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Please indicate as relevant [True 1.] [False 2.] [Not sure 3.]

		1. True	2. False	3. Not sure
1.	Family Planning helps the total wellbeing of couples who adopt it			
2.	Family Planning pre-empts God, at such it is ungodly			
3.	The adoption of Family Planning should only be for Women			
4.	Using any Family Planning method makes sex less pleasurable			
5.	Side effects of Family Planning are enormous, thus it should be neglected			

Section E: Attitude to Family Planning

15. Please tick (✓) the column next to the statement below that indicates your level of agreement or disagreement with the statement. **Please read the statement very carefully.**

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	Family Planning issues are foreign to our culture, at such it should be discarded					
2.	Proper practice and knowledge of Family Planning aids good family life					
3.	Family Planning should not be discussed in the media					
4.	I am indifferent to Family Planning because of my religious belief					

Section F: Effects of ownership/house-style on reports of Family Planning

16. How co-operative is the management of your organization on Family Planning issues?

Very co-operative Co-operative Quite co-operative Not co-operative

17. What prominence is Family Planning given in your medium?

News item Opinion/ Editorial Regular column State any other _____

18. What obstacles do you face in reporting Family Planning issues?

Lack of up-to date information on Family Planning

Community pressure to avoid the issue

Fear of editorial staff and management to address the issues of Family Planning

Others specify _____

Thanks for your time in answering these questions.

4. QUESTIONNAIRE USED FOR TRACKING AVAILABLE RESOURCES FOR FAMILY PLANNING

Nigeria Urban Reproductive Health Initiative (NURHI) assessment of major stakeholders to track resources for Family Planning Commodity Security

Tool 1: Checklist for Ministries of Health and parastatals

Section 1. Introduction and purpose of study

This assessment is commissioned by NURHI in order to track resources for Family Planning Commodity Security at the Federal Level and in NURHI-supported states, local governments and health facilities. The finding from the assessment will enable NURHI to carry out targeted advocacy to mobilize and increase funding for Family Planning Commodity Security. We will appreciate honest responses to the questions asked. Confidentiality is assured.

Thank you.

Section 2: Information on organization/respondent

Name of the organization-----

Address-----

Telephone-----

E-mail-----

Website-----

Name of the Respondent-----

Position and Unit-----

Telephone-----

E-mail-----

Section 3: Questionnaire

1) Does the ministry/agency have a budget line for RH/family planning? Yes/No

2) If yes, from what year? -----

- 3) Is the budget line for a) Commodity supply b) training c) MIS d) IEC/BCC e) Policy development f) Advocacy g) others (specify)-----

- 4) What is the latest national/state RH Policy recommendation on funding for RHCS? -----

- 5) Who makes the decisions on FP in this ministry/parastatal? -----

- 6) Where do you source your FP commodities? -----
- 7) Who are the major funders of FP activities (in order of importance)?

- 8) What components of RHCS do they fund? -----
- 9) What FP commodities are more commonly available/purchased (in order of importance): -----

- 10) In your estimation, how much does the ministry/parastatal need for FP? -----

- 11) Are there funding shortfalls? Yes/No
- 12) What are the ministry's plans to address these funding shortfalls? -----

- 13) What are their results to date? -----

- 14) What future results are expected? -----

- 15) How are they expected to affect the funding shortfalls?-----

Section 4: Budget tracking

Total funding for RHCS	2010	2009	2008	2007	2006
Government					
UNFPA					
USAID					
DFID					
IPPF					
PSI (SFH)					
Other					
Other					
Other					

Government budget for RHCSⁱ	2010	2009	2008	2007	2006
Commodities					
Training					
Logistics					
Monitoring and supervision					
Other					

Amount spent on contraceptive commodities, distribution and logistics (N)	2010	2009	2008	2007	2006
Government					
NGO Provider					
Social marketing program					
Commercial sector					
Other					

ⁱ Probe to find out if government funds or support from partners

5. Nigeria Urban Reproductive Health Initiative (NURHI)

FAMILY PLANNING BUDGET TRACKING TOOL

1. Purpose of the Checklist

This checklist is used to track the public sector fiscal policy implementation on family planning within the broader strategy to achieve improved maternal health, maternal mortality reduction and the Millennium Development Goal (MDG) 5, at the state and LGA levels. The goal of the Nigerian Urban Reproductive Health Initiative (NURHI) is to improve family planning (FP) use by 20% mark in six urban cities, Abuja FCT, Kaduna, Ibadan, Ilorin, Benin City and Zaria. The State and LGAs leaderships hosting these cities have committed to improving their FP programmes, through increased budgeting and funding in order to achieve the much desired contraceptives security and quality services to those who need the services. A critical ingredient to sustaining the emerging policy environment and dialogues is to track fund availability and expenditures on the various FP programme efforts, using this tool.

2. Information Source (State/LGA/Area Council)

State:

LGA/Area Council

3. Details of FP Budgets (Allocation/Release/Expenditure):

Family Planning Programme Content	2010/2011 Financial Year			2011/2012 Financial Year			2012/2013 Financial Year		
	Allocation	Release	Expenditure	Allocation	Release	Expenditure	Allocation	Release	Expenditure
Contraceptives Procurement, Warehousing and Distribution									
Supervision and monitoring visits									
FP Training/Re-training									
FP Management Information Systems (MIS)									
IEC/BCC & Media-based Interventions									
FP Clinics Infrastructure/Construction, etc									
FP Equipment procurement									

FP Supplies & Materials Purchase/Procurement									
FP Policy Development & Advocacy									
Rents/Electricity /Water for Clinics									
Contraceptives Commodities & Service Delivery									
FP Review Meetings									
National Capacity Building Programmes									
Programme Evaluation/ Assessments									
External/Partner /International Resources									
TOTAL									

4. The percentage expenditure in relation to the allocated amount:

.....

5. The incremental percentage expenditure on Family Planning in relation to the preceding year (e.g. 2010/11 vs. 2011/12):

6. The main source of Family planning commodities:

.....

NOTE: Please attach any copies of confirmatory evidence on what is reported, available. The NURHI State Team Leader must confirm the data reported by signing below.

.....

NURHI STATE TEAM LEADER (STL)

_____ **DATE**