

NURHI 2

Advocacy Strategy

June 2016

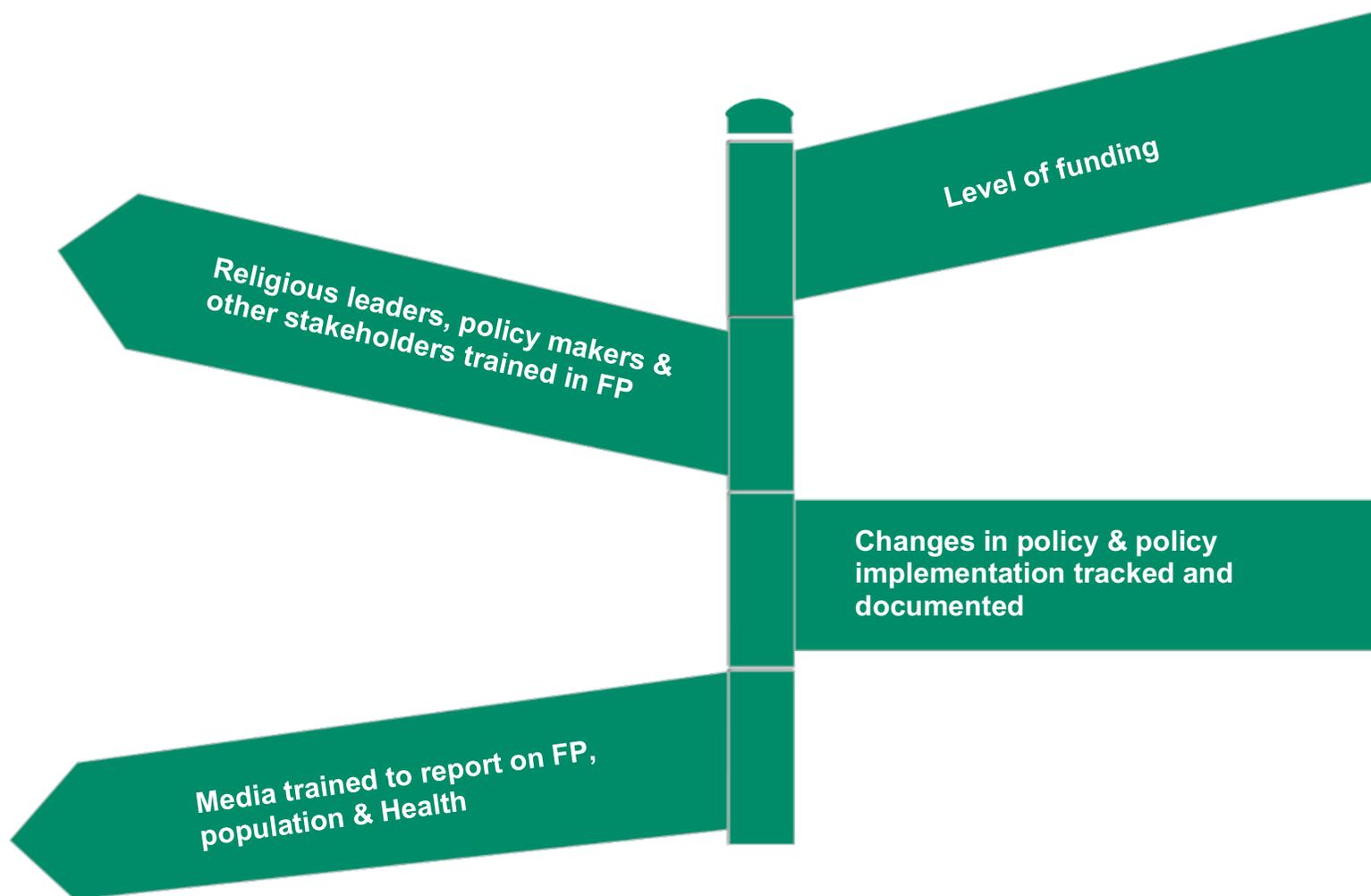


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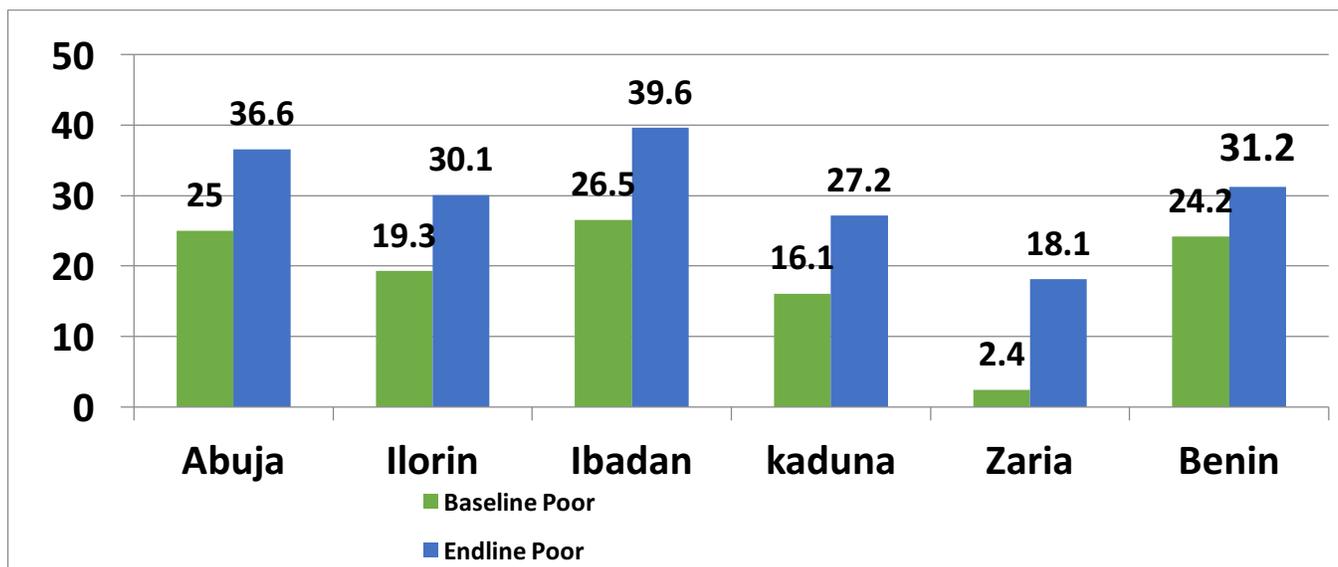
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Introduction

The second phase of the Nigerian Urban Reproductive Health Initiative (NURHI 2) will use a proven strategy to increase the contraceptive prevalence rates in three states in Nigeria: Lagos, Kaduna and Oyo States. The first phase of the project (2009 – 2015) focused on the urban poor, and increased modern contraceptives use in six Nigerian cities, Abuja FCT, Kaduna, Ibadan, Ilorin, Benin City, and Zaria. Through a strategic combination of innovative approaches, NURHI successfully addressed the sociocultural, provider and policy barriers to achieving an average 11.5 percentage point increase in modern contraceptives use (mCPR) in these cities between baseline and end line. In Kaduna and Oyo States, where NURHI had been implemented, NURHI 2 will enhance scale-up and sustainability; in Lagos State NURHI 2 will replicate the model state-wide.

mCPR among Women in the two lowest quintiles at baseline (2010) and endline (2014) in NURHI Intervention cities



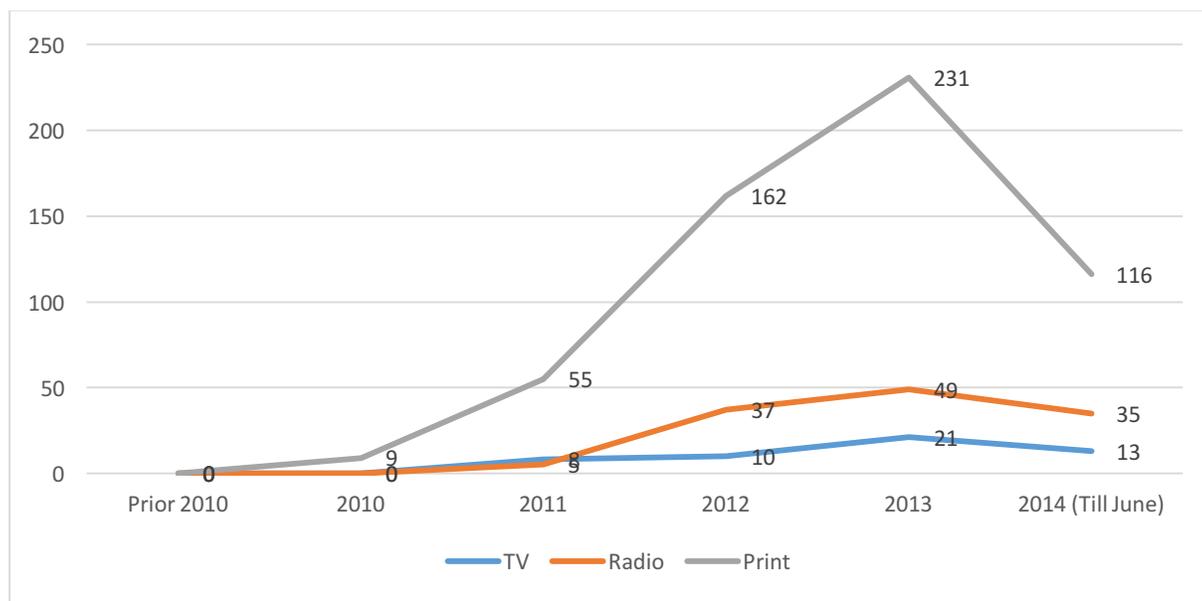
Context of NURHI Phase I Advocacy Strategy

NURHI's advocacy component complemented service delivery and demand generation efforts to ensure an environment where policy makers, religious and traditional leaders, and the media were very supportive of family planning (FP). This enabling environment increased access to quality FP services through improved policy actions, including the establishment of FP budget lines, funding, and expenditures in over 80% of the intervention project LGAs.

Advocacy Core Groups, which acted as community voices for FP, provided leadership in all the NURHI advocacy efforts, both at the state, LGA and community levels. The establishment of the Interfaith Forums engendered dialogues with religious leaders in each city to build consensus, promote male involvement and ensure that religious leaders signed off on statements in support of FP. Budget Task Teams were created to support budgeting, monitoring of the budget approval processes, and reporting on FP budget performance. These teams were then able to provide data on the health of FP funding and use it to advocate with policy makers for improved funding at the State and LGA levels.

Working with the media on FP advocacy was a key strategy developed to achieve NURHI advocacy results. All media-based advocacy efforts were intensively monitored, tracked and recorded. The involvement of the electronic and print media in FP coverage and reportage on advocacy and public dialogues on FP in the six NURHI increased community voices in support of FP, funding of FP by the state and local governments, reduction of sensitivities and acceptance of FP as a critical intervention for maternal health and survival. FP coverage jumped from zero in 2010 to a record high (“tripled”) over the period of NURHI 1..

Tracked Media results (2010-2014)



National level Advocacy/Collaboration:

NURHI’s work complemented and contributed to the achievement of national strategies, plans, and targets towards improved RH/MNCH in Nigeria, and in particular, the uptake of modern family planning services. Through periodic stakeholders’ sensitisation meetings and advocacy visits, the government through the Federal Ministry of Health (FMOH) was engaged by NURHI, as a member of the FP/RH partnership. NURHI also provides technical assistance to the FMOH in the review of strategic policies through the National Reproductive Health Working Group (NRHWG), the Core Technical Committee (CTC) of the MNCH Programme, the Supply Chain Management Committee and the Technical Working Group on National Population Policy. In collaboration with other partners, NURHI contributed significantly to the Free FP commodity policy adoption by the Federal Government of Nigeria in April 2011 and in the preparation of the Federal Government Position Paper for the July 2012 London Summit on FP. Furthermore, NURHI facilitated the establishment of the Association for Advancement of Family Planning (AAFP), a coalition of partners working on family planning for national level advocacy. This group coordinates the biannual National family planning conference. NURHI played key facilitating roles in the 2012 and 2014 National FP Conferences, working closely with the other partners within the AAFP.

Key Learnings from NURHI Phase 1 Advocacy Efforts

Using data to inform the advocacy strategy design is critical to a successful strategy implementation

Investment in formative research, including Key Informant Interviews (KII) involving policy makers, religious/traditional leaders and other key stakeholders elicited the critical overarching advocacy issues and consumer based solutions that helped in site-specific approaches and solutions.

The implication of Ideational Factors in NURHI

Using the 10 ideational factors (Knowledge,

Advocacy:	Beliefs/Attitudes, Approve Government Officials Speaking on FP, Approve Religious Leaders Speaking on FP, Perceived Self-Efficacy, Perceived Peer Behaviour, Perceived Peer Support, Personal Advocacy, Contraceptive Use, Spousal discussion of FP and Spousal Discussion of Family Size) predictors were also critical in bringing about the desired changes in the policy maker, religious and other lead opinion leaders in support of FP.
Policy actions positively impact on access to FP	The commitment, support and policy actions of policy makers on FP programme is critical to bringing about the desired changes to funding and expenditures on FP, opportunities for procurement of consumables, recruitment/deployment, training and re-training of staff, supervision and infrastructure needs. These critical components of the FP programme, when available, increase both the quality of and access to FP services.
State/City-specific strategies and nuances are necessary to increase family planning uptake	State/city-specific strategies were essential to program effectiveness with recognition of each city/state distinct nature. Demand and services were tailored to the needs of each city. This flexibility positively yielded to improved acceptance and environment for expanded dialogues and high uptake of the FP services.
Continuous Monitoring and De-brief of Policy Makers Stimulates Policy Inaction to Action	The regular de-brief and feedback to the policy makers, including the State Commissioners of Health and LGA Chairpersons, not only informed them about their own performances and action/inaction, but also challenged them to take action, particularly when their LGAs lagged behind in the score-cards. Budget tracking, using the budget tracking tool was a viable means to creating evidence to improvements in policy response and actions.

Challenges in NURHI Phase 1 Advocacy:

The few challenges observed in NURHI in Phase 1 Implementing period were mostly due to structural and political issues that Nigeria experienced during the period. In Kaduna, the weak policy environment which was marred by problems of insecurity disrupted some advocacy efforts at the community level. Also, the 5-year period of project implementation included the electioneering and campaign periods, marked by frequent changes of policy makers and leaderships, particularly at the LGAs. Other challenges included:

Weak political will: Though stakeholders and policymakers and other leaders made promises and allocated budgets to show support for FP, this was never forthcoming. The disbursement of funds for FP was inconsistent, and many LGAs still needed continuous dialogues to allocate and expend funds for the same.

Inadequate state and LGA budgets: Approved funds were not released for use in some states and local government levels, leaving FP coordinators and public facilities without the funding they needed to do their jobs. It also resulted in the persistent scarcity of consumables and funds for supervision. The bureaucratic nature of the civil service hindered even the empowered FP coordinator from personally discussing her predicaments with her superiors, except

through the NURHI Advocacy Core Group.

Attrition of key personnel: Re-deployment/transfers, retirement and even outright sack/replacement of LGA caretaker committees created vacuums in some local government leading to fluctuating levels of commitment. These indeed created clogs in the wheel of successful advocacy.

NURHI Phase 2: Supportive Environment (Advocacy)

The Context: Phase 2 of the Nigerian Urban Reproductive Health Initiative (NURHI) Project commenced implementation in October 2015 in Kaduna, Lagos and Oyo States. The project is designed to scale-up the successful NURHI 1 models and also ensure institutionalization and sustainability of the evidenced best practices to achieve the massive increase in mCPR by 12.5 % points in these states over the project's 5-year period (2015 – 2020). The initiation of the NURHI 2 project is very timely. The FMOH together with the key partners and stakeholders launched and adopted a National FP Scale-up Plan (Blueprint) in November 2014. The National FP Blueprint articulates the goal of the government of Nigeria to expand and strengthen the national FP program and to increase the country's contraceptive prevalence rate (CPR) to 36% by 2018. To reach this goal, Nigeria needs catalytic change and programs that not only improve health indicators at the state level but spurs changes at the community levels as well. The NURHI Phase 2 Project (2015 – 2020) aims to be the catalyst: a proven strategy that would increase CPR in the three project states, and also provides the evidence, strategies, technical assistance and incentives necessary for replication in non-intervention states.

The NURHI 2 vision is, therefore, “a Nigeria where supply and demand barriers to contraceptive use are eliminated, and family planning becomes a norm”, especially at the structural, services, and community levels that drive an increase in CPR in Kaduna, Lagos and Oyo States. NURHI 2 strategy represents a holistic approach to advocacy, service delivery, and demand generation. The supportive environment, will, therefore, be strongly linked, mutually dependent and reinforce to the other components.

The Supportive Environment as an Intermediate Outcome for NURHI 2:

The NURHI 2 advocacy strategy and efforts will be geared towards achieving increased support by key stakeholders for FP at the State and LGA level.

In this regard, NURHI 2 advocacy will enhance dialogues on family planning among national, State, Local Government Area (LGA), and community leaders and stakeholders, to further legitimize public discussion and enable policy makers to support policy “asks” such as funding and staff for family planning services. The positive shift in FP social norms must be evidenced by, “Increased support by key stakeholders for FP at the State and LGA levels in Kaduna, Lagos and Oyo States”.

Increased funding and expenditures, public statements from public figures in support for FP of support from public figures which is structural evidence of the beliefs, values, aspirations and fears of community and government leaderships.

The Advocacy Outputs are:

- Level of funding (Funds spent at the State and LGA levels documented)
- Religious leaders, policymakers, and other stakeholders trained in FP
- Changes in policy and policy implementation tracked and documented
- Media trained to report on FP, population, and health

Strategic Approaches:

The existence of the Free FP Commodity Policy, a commitment by government to a national FP goal of 36% CPR by 2018 and a National Blueprint to reach that goal are strong indicators that Nigerian environment is increasingly favourable to FP. However, there is still a great deal to do at the national, state, and LGA levels to operationalize policy statements and allocate budgets to make contraceptives, consumables and trained staff available to all women at the various levels of need.

Stakeholder engagement to achieve NURHI 2 Advocacy Outcome

NURHI 2 will develop a plan to continue its work in engaging and educating stakeholders (including political, traditional, and religious leaders) and encouraging them to use their influence in support of family planning. In addition, NURHI 2 will focus on practical, results-oriented advocacy at the State and LGA levels to facilitate a positive policy environment in Lagos, Kaduna and Oyo States, as well as at the national level of discourse.

At the **national level**, because of the vital importance of the national level conversation around FP, and NURHI's integral role is to sustain participation in the national level advocacy agenda, liaising with and contributing to goals set by the Association for the Advancement of Family Planning (AAFP), FMOH and FP partners/donors. This will focus mainly on advancing the replication and scalability agenda, including supporting the operationalization of the national blueprint, and collaborating and liaising with partners, donors, and government to sustain FP toward the achievement of the national goal of 36% by 2018.

At the **State and LGA levels**, NURHI will have a specific set of advocacy objectives to accomplish in partnership with the Advocacy Core Groups (ACG), the Interfaith, media and other partners in each State to advocate for implementation of relevant policies and release of budgets that support FP provision. There is already an ACG in Kaduna and Oyo (set up in the first years of NURHI) that has been instrumental in fostering a positive FP environment in that state. In Lagos State, NURHI will work with the Lagos State Advocacy Working Group (LAWG). NURHI 2 will also collaborate with other key stakeholders and government on task shifting and other priority issues. The Budget Tracking Team (BTT), will continue to track budgets and together with the ACG follow up for release of FP funds.

Media advocacy

NURHI 2 will expand and sustain the partnership with Development Communications Network (DEVCOMS) and engagement of the news media in telling positive stories about FP and covering public figures who talk about FP. The media will be trained in strategic advocacy skills to make them more effective. Alliances will be built with media owners and houses to support strategic dialogues on FP issues. Activities for media advocacy include:

- Journalist training to teach reporters how to tell the story of FP, how to make it relevant, and how to dispel myths and misconceptions with their writing.
- Support for media coverage of FP stories, discussions of FP by politicians and leaders. The editorial and ownership level of media houses to advocate for covering these stories.
- Tracking of these stories in the press to measure how FP discussion changes over time.

The specific advocacy plan for each State are stated below:

State Specific Advocacy Plan

Kaduna State

Context:

The landscape in Kaduna is a very promising one, with the State Ministry of Health fully leading in the development of partner/interventions coordination dashboard (map). The State Primary Health Care Under One Roof (PHCUOR) strategy is gradually gaining momentum in structure and outlook and the State Costed Implementation Plan (CIP) for Family Planning (Blueprint) is almost ready for adoption. These two developments place the Saving One Million Lives (SOML) initiative in a very strategic place for repositioning FP funding matters in the State. The Kaduna advocacy efforts will, therefore, intensify efforts

to achieve and sustain full political commitment and policy actions for FP, working closely with the SOML Initiative, PHCUOR, partner agencies and domestic collaborating partners to leverage on opportunities. These key stakeholders will be targeted to work in close collaboration with NURHI to strategically enhance dialogues on FP and achieve improved policy actions to support budgetary expenditures on FP and ensure adequate availability, deployment and retention of skilled providers for a minimum of the 3-year period in each facility. Furthermore, efforts will be geared towards improving and elevating the social construct, understanding and acceptance of FP socially in Kaduna State and to institutionalize the role of media champions in FP policy dialogues and advocacy.

Advocacy Issues in Kaduna State:

- Need to increase funding mechanisms
- Weak human resource
- Poor social acceptance of Family Planning
- Family planning not a priority to media owners and executives

Objective:

- Functional budget lines released and utilized by 2017 for CIP implementation
- Kaduna State government commits to the deployment and retention of at least 90% skilled FP service providers at FP units across NURHI 2 High-Volume Sites by the end of 2017.
- 80% of identified and engaged targeted religious and traditional leaders speak publicly about FP during sermons/ council meetings and on media.
- 70% Media professionals actively engage policy makers and opinion leaders on accountability for FP programs by 2018.

Decision Makers
Chairman Committee on Health, Kaduna State House of Assembly
Director, Economic Planning, Ministry of Budget and Economic Planning
Commissioner of Health, Kaduna State Ministry of Health
Executive Secretary, Kaduna State Primary Health Care Agency
Director, Appointment and Promotions Local Government Service Commission
Assistant Director, Medicals, Local Government Councils Health Department
Council of Ulama

Christian Association of Nigeria (CAN)

Jama'atu Nasril Islam (JNI)

The External Environmental Challenges/Opportunities

External Challenges	External Opportunities
Cultural orientation	PHCUOR
Religious misconception	SOML
Staff attrition	255 PHCs in Kaduna State Political wards
Staff posting	Proposed free MNCH
Security threats	Political will by new administration
Political transition	Strong partner presence
Government policies like the preaching bill proposed by the Governor and the law on pension scheme.	Home for health in MOBEP
	CTC
	CSOs

Functional budget lines released and utilized by 2017 for CIP implementation

Decision Makers	Audience 1	Audience 2	Audience 3	Audience 4
Audience Target	Chairman Committee on Health KSHoA	Director Economic Planning MoBEP	Commissioner of Health KSMoH	ES KSPHCA
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Requires additional knowledge on FP and its implication for MM reduction. He has a reputation of hard work devoted to saving women’s lives within a clinical setting. He is a surgeon. Has set a pace for personal and organized provision of free medical services which is the basis for his political success	Requires additional knowledge on FP and its implication for MM reduction.	Requires additional knowledge on FP and its implication for achieving the SOML benchmarks and successful take off of the PHCUOR	Requires information/ knowledge of local data and human resource issues prevailing in Kaduna Very practical and result oriented and seeks to know where and what the gaps are in public health matters. Has a history of supporting the NURHI project as well as other partners.
Core Concerns Value Barriers	Values human life and health and believes no obstacle can prevent the saving of lives. He is driven to succeed and is already a champion among his peers Competing demand for dwindling resources.	Values human life and understands that health is necessary for economic development. The State Government desire to fulfil promise of capital projects amidst dwindling resources	Values human life and believes MNCH as an overall approach to saving lives is key to improving the health of the populace Interventions should fit into the Kaduna State strategic direction for health working through the CIP.	Values preventive medicine as a public health professional/ consultant. Wants to succeed in her new position as a political appointee. Agency set up process is slow Distraction from political events and competing priorities from programming and institutional re-organization.
Allies:	(Desk officer MOBEP & Special advisor and counsel to Executive Governor)			

By end of 2017, Kaduna State government commits to the deployment and retention of at least 90% skilled FP service providers at FP units across NURHI 2 High Volume sites.

Decision Makers	Audience 1	Audience 2	Audience 3
Audience Target	ES KSPHCA	Director Appointment & Promotion LGASC	Assistant Director Medicals LGC Health Department
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Requires information/ knowledge of local data and human resource issues prevailing in Kaduna Very practical and result oriented and seeks to know where and what the gaps are in public health matters. Has a history of supporting the NURHI project as well as other partners.	Requires information/ knowledge of local data and human resource issues prevailing in Kaduna	Requires information/ knowledge of local data and human resource issues prevailing in Kaduna
Core Concerns Value Barriers	Values preventive medicine as a public health professional/ consultant. Wants to succeed in her new position as a political appointee. Agency set up process is slow Distraction from political events and competing priorities from programming and institutional re-organization.	Values human life and is passionate about women's health issues. General shortage of health staff in and across the State	Values human life and the need for high standard in service provision General shortage of health staff in and across the State.
Allies:	Dir. PHC LGAs & Dir. PHC LGSC)		

80% of identified and engaged/ targeted religious and traditional leaders speak publicly about FP during sermons/ council meetings and on media.

Decision Makers	Audience 1	Audience 2	Audience 3
Audience Target	Chairman Council of Ulama	CAN	JNI
Readiness Stage 1: Sharing Knowledge Stage 2: Building Will Stage 3: Reinforcing	Requires detailed knowledge on FP, its benefits and implication for MM and IM. Is an opponent of FP. Very strict Islamic scholar, a family man well respected by his peers and the Emirate. An author with a great deal of good will. He is not western educated.	Although previously engaged in phase I, still require detailed knowledge on FP and its benefits especially its implication for MM and IM reduction in Kaduna. Are supporters of Family planning with a deeper concern for the welfare of youth in Kaduna.	Although previously engaged in phase I, still require detailed knowledge on FP and its benefits especially its implication for MM and IM reduction in Kaduna. Are supporters of Family planning with a deeper concern for the welfare of youth in Kaduna.
Core Concerns Value Barriers	Values human life and most likely to interpret FP strictly according to Islamic injections. Has limited knowledge/ exposure to development issues and Family planning	Value human life and peaceful co-existence in Kaduna. Have moderate knowledge and exposure to development issues and MM data. Have a representative in ISSA	Value human life and peaceful co-existence in Kaduna. Have moderate knowledge and exposure to development issues and MM data. Have a representative in ISSA
Allies:	IF & Traditional leaders		

Advocacy Asks to the Decision makers (Using the Five-Point Message Box & Messenger):

FUNDING MECHANISM	
Decision maker's Name:	Chairman House Committee on Health
Decision maker's Core Concerns:	Dearth of resources and competing priorities
Objection:	Competing priorities (40% of MM and current cost of care will be reduced)
SMART Ask:	Support and ensure that 40% of the RH budget is allocated for FP, retained and utilized annually.
To What End?:	40% of maternal deaths will be reduced and women will thank you for this singular act
Decision maker's Name:	Director Economic Planning, MoBEP
Decision maker's Core Concerns:	Dwindling resources
Objection:	State' desire to fulfil promise of capital projects to citizens
SMART Ask:	Support and ensure that 40% of the RH budget is allocated for FP, retained and utilized annually.
To What End?:	Reduction of maternal deaths by 40% through promoting FP and frees up resources for capital projects which would otherwise be spent as cost of care
Decision maker's Name:	Commissioner of Health, KSMoH
Decision maker's Core Concerns:	Coordination of multiple State resources to achieve Administration strategic objectives
Objection:	There is an existing budget for MNCH which includes FP
SMART Ask:	Support and ensure that 40% of the RH budget is allocated for FP, retained and utilized annually
To What End?:	Family planning as a key component of RH/ MNCH delivers 40% of the overall goal freeing up resources for Government to address other development issues.
Decision maker's Name:	ES KSPHCA
Decision maker's Core Concerns:	Skilled personnel shortage
Objection:	Competing demand for staff (It will improve the health of women and reduce presentation of sickness care)

FUNDING MECHANISM	
SMART Ask:	Deploy and retain skilled FP personnel in NURHI 2 HVS to justify State Government investment and improve women's health.
To What End?:	Women's health status will be improved and you will be seen as an FP champion.
Messenger Name: ACG- INITIATIVE FOR SOCIAL SECTOR ADVOCACY	

HUMAN RESOURCE	
Decision maker's Name:	ES KSPHCA
Decision maker's Core Concerns:	Skilled personnel shortage
Objection:	Competing demand for staff (It will improve the health of women and reduce presentation of sickness care)
SMART Ask:	Deploy and retain skilled FP personnel in NURHI 2 HVS to justify State Government investment and improve women's health.
To What End?:	Women's health status will be improved and you will be seen as an FP champion.
Decision maker's Name:	Director Appointment and Promotion, Local Government Service Commission
Decision maker's Core Concerns:	Dearth of skilled personnel across the State
Objection:	Human resources cuts across all health components
SMART Ask:	Deploy and retain skilled FP personnel in NURHI 2 HVS to justify State Government investments and achievement of SOML targets
To What End?:	Women's health status will be improved and you will be seen as an FP champion.
Decision maker's Name:	Assistant Director Medicals, Local Government Area/ Council Health Department
Decision maker's Core Concerns:	Dearth of skilled personnel across the State
Objection:	Deployment after 2 years is a policy
SMART Ask:	Deploy and retain skilled FP personnel in NURHI HVS to justify State Government investments and achievement of SOML targets
To What End?:	Service uptake standards will be maintained and cost of preventive care reduced to free up personnel/ staff hours.
Messenger Name: DR. PAUL MANYA DOGO (Dr. P.M Dogo)	

SOCIAL ACCEPTANCE	
Decision maker's Name:	Chairman council of Ulama
Decision maker's Core Concerns:	Family planning and child birth spacing is just a form of birth control. Morality of the Ummah is at risk.
Objection:	It does not conform with Islamic tenets (What is the provision on the matter)
SMART Ask:	Maternal mortality can be reduced by 40% if women have their pregnancy at 24 month's interval because it is a key requirement for safe motherhood. Support the Kaduna State Government in reducing MM through child birth spacing.
To What End?:	Maternal mortality and morbidity will be reduced and you will be recognized as safe motherhood champion
Decision maker's Name:	CAN
Decision maker's Core Concerns:	High value for human life and need for peaceful co-existence in Kaduna, value for Christian fellowship and equity in governance
Objection:	
SMART Ask:	Support and endorse child birth spacing to save women's lives in Kaduna State
To What End?:	The smallest unit of worship and fellowship is the family. Families need child birth spacing to successfully build and morally educate children in order to fellowship with God.
Decision maker's Name:	JNI
Decision maker's Core Concerns:	High value for Islamic education and equity in Governance. Peaceful co-existence in Kaduna and priority for human life
Objection:	It must conform with Islamic teachings and tenets
SMART Ask:	Support the Kaduna State Government in reducing MM through child birth spacing.
To What End?:	Maternal mortality and morbidity will be reduced and you will be recognized as safe motherhood champion
<p>Messenger Name:</p> <p>Alhaji Muhammad Bala Tijjani, Hakimin Doka (District Head of Doka)</p> <p>Reverend Shekwolo</p> <p>Mal Abdulkarim Suleiman</p>	

WORKPLAN

Objective	Next Steps/ Input Activities	Communication Channel	Estimated Budget	Person(s) Responsible	Timeline
Functional budget lines released and utilized by 2017 for CIP implementation	Conduct resource analysis on completed CIP to identify funding gaps	FACT SHEET	Staff Time	Palladium	June
	-Review advocacy briefs/ -kit Develop one-pager/2 paged fact sheet showing	ADVOCACY KIT	Staff Time	NURHI	Week 4 April 2016
	Advocacy visit to: -Commissioner of health -Commissioner MoBEP -State House of Assembly -Ministry of Women Affairs -ES -Forum of Permanent Secretaries	ADVOCACY VISIT ROUND TABLE ADVOCACY BRIEFINGS	N120,000	ISSA	May 2016

Indicators of Progress

Anticipated Outputs:	Anticipated Outcomes (Quick Wins):
Report of resource analysis on funding gaps	Budget Released and Expended on FP Activities
Advocacy Kit, One pager, Advocacy Brief developed	
6 Advocacy Visits Conducted	

Objective	Next Steps/ Input Activities	Communication Channel	Estimated Budget	Person(s) Responsible	Timeline
Kaduna State government commits to the deployment and retention of at least 90%	Conduct staff and skill gap analysis in NURHI HVS.	Analysis report/ advocacy brief	Staff Time/ PIA	NURHI	July 2016
	Advocacy visit to ES KSPHCA	MOU	Staff Time	ISSA	July 2016

skilled FP service providers at FP units across NURHI HV sites by the end of 2017.	Advocacy to Director Medicals included in Advocacy visits to LGA Chairmen/ persons	Oral presentation Advocacy briefs Report on staff-skill analysis	N300,000	Alhaji Bala Tijjani/ ISSA	July - September 2016
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Indicators of Progress

	Anticipated Outputs:	Anticipated Outcomes (Quick Wins):
	Skill Gap Analysis Report	Staff retained in position for minimum of 2 years
	Signed MoU	
	15 Advocacy visit conducted	

Objective	Next Steps/ Input Activities	Communication Channel	Estimated Budget	Person(s) Responsible	Timeline
80% of identified and engaged/ targeted religious and traditional leaders speak publicly about FP during sermons/ council meetings and on media	Production of both Christian and Muslim sermon brief.	Oral presentation Advocacy briefs Report on staff-skill analysis		Rev Nmadu Mal Abdulkarim	Week 4 April 2016
	Develop a one-pager Islamic views on FP brief for distribution			NURHI	Week 4 April 2016
	Advocacy visit to Chairman Council of Ulama		N25,000	Mal Abdulkarim/ IF/ ISSA	Week 4 April 2016
	Review and update list of religious leaders	Sermon brief	N350,000	NURHI	Week 4 April 2016
	Conduct training of religious leaders in zones annually		N1,500,000	NURHI/ ISSA	Week 4 April 2016
	Conduct Family planning messaging training for identified champions		N900,000	NURHI/ Consultant	Week 4 April 2016
	Conduct bi-annual review with ISSA, IF Zone I and IF Zone III		N410,000	NURHI	Week 4 April 2016

Indicators of Progress		
	Anticipated Outputs:	Anticipated Outcomes (Quick Wins):
	Christian and Muslim Sermon Briefs Produced (2)	80% of trained religious and traditional leaders speak out publicly about FP/
	One Pager Islamic views on FP brief produced	
	Advocacy visit conducted	Statements of support by religious
	Updated List of Religious Leaders	
	List of Religious Leaders trained	
	List of religious leaders trained on messaging	
	Two Biannual Reviews Conducted	

Lagos State

Context:

Lagos State is the commercial centre of Nigeria, though smallest in terms of expanse, it has the most dynamic population, representing practically all of the country's ethnic groups. The State has a population of about 23 million, with an annual growth rate of 3.5% . Almost all of its population resides in urban locations (92%) and it experiences a high level of rural-urban migration, and a large influx of people from other States in search of economic opportunities. The city of Lagos is one of the most densely populated and fastest growing cities in the world, with more than 100 slum communities.

Though government is funding Family Planning activities in the State, there is need for improvement as there are so many things such as infrastructure development, staffing, consumables that are not available. The State recently ordered that consumables must be provided free as against the past practice of paying for it before services are rendered. Majority of the Local Government Areas are however not funding family planning, which is making free services unattainable to residents as they have to pay for consumables. Transfer of trained FP staff in the LGAs to facilities where skills acquired would not be used is also militating against quality service for intenders.

Demand generation activities are limited in general, and only few leaders 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.

The recent development of a costed implementation plan (CIP) by the State would go a long way once it is adopted, there should be an improved funding for FP and the hope of meeting 72% CPR by 2018 will be achieved.

Advocacy Issues in Lagos State

- Family Planning funds in Lagos state continue to be minimal, and have not increased since the FP budget line implementation in 2013
- FP funding in Lagos is not sustainable as most funding for FP programs come from foreign donors

- Although commodities are provided free of charge for FP methods, an additional barrier to accessing services is the cost of consumables at the public and private level

Objectives:

- Increased funding for Family Planning at the state level by 25%
- Create FP budget line in at least 50% of the LGAs/LCDAs by 2017
- Create a budget line for Family Planning at the PHC Board by 2017
- Create a pool of 100 FP champions from the 10 LGAs with at least 80% speak actively, openly and act as community voices by 2018
- Integrate 80% of existing private sector FP providers into the state’s FP service delivery structure by 2020
- Build partnership with at least 20% state based media houses by 2018

Decision Makers
Honourable Commissioner for Health, Lagos State Ministry of Health
Honourable Commissioner, Local Government & Community Affairs
SA PHC Board
Permanent Secretary, PHC Board
E-I-C, Proprietors, GM, Publishers

The External Environmental Challenges/Opportunities

External Opportunities	External Challenges
Existing budget line at the state level	No budget line at the LGAs
Presence of coordinated donor funding/Technical Assistance	Poor commitment at the LGAs toward health matters
Sustained commitment of the Hon.Commissioner	Hard to reach environment
Presence of MCC/Flagship PHC’s	Family Planning not profit oriented in private sector
Existing functional WHC/CDC	Media highly commercialized
Good spread of private health facilities	Not enough media practitioners withadequate knowledge on Family Planning
Robust media presence	Political instability at the LGA level
Network of trained health media practitioners	

Advocacy Ask to the Decision Makers:

The Five-Point Message Box
Decision maker's Name: Dr. Jide Idris
Decision maker's Core Concerns: Reduction of maternal and child mortality
Objection: Inadequate funding
SMART Ask: To increase budget for FP at the state by 25% so as to move closer to achieving the projected CPR of 72% by 2018, which would have saved the state N11 billion on direct health care cost, prevented 2300 maternal death, 28000 under 5 death, 700,000 unintended pregnancies and 79,000 unsafe abortions
To What End?: Reduce maternal and child mortality
Messenger Name: Dr. Modele Osunkiyesi, Permanent Secretary, Ministry of Health

The Five-Point Message Box
Decision maker's Name: Hon. Segun Olulade
Decision maker's Core Concerns: He is politically ambitious, will do any thing that will boost his profile.
Objection: Conflicting priority
SMART Ask: To support the increase of budget for FP at the state by 25% so as to move closer to achieving the projected CPR of 72% by 2018, which would have saved the state N11 billion on direct health care cost, prevented 2300 maternal death, 28000 under 5 death, 700,000 unintended pregnancies and 79,000 unsafe abortions, with Epe LGA having second highest maternal death in the state in 2015
To What End?: To reduce maternal and child mortality in Lagos state
Messenger's Name: Lagos Advocacy Working Group

The Five-Point Message Box
Decision maker's Name: Hon. Folami Muslim Olohuntele
Decision maker's Core Concerns: Strong influence on the Executive Secretary

Objection: There are other political feasible priority areas
SMART Ask: To send a memo to all LGAs to create budget line for family planning, so that there will be access to family planning consumables.
To What End?: There would be improved maternal health indices at the LGAs
Messenger's Name: Commissioner for Health, Lagos Advocacy Working Group

The Five-Point Message Box
Decision maker's Name: Dr. Femi Onanuga
Decision maker's Core Concerns: Reduction of maternal and child mortality
Objection: There are so many conflicting priorities in the face of inadequate funding
SMART Ask: To increase budget for FP at the state by 25% so as to move closer to achieving the projected CPR of 72% by 2018, which would have saved the state N11 billion on direct health care cost, prevented 2300 maternal death, 28000 under 5 death, 700,000 unintended pregnancies and 79,000 unsafe abortions
To What End?: To reduce maternal and child mortality in Lagos state
Messenger Name: Director Family Health and Nutrition – Dr. F.F Oludara

The Five-Point Message Box
Decision maker's Name: Executive Secretaries
Decision maker's Core Concerns: They do not see health as campaign material as they are not feasible.
Objection: Conflicting priority
SMART Ask: To create budget line for FP services at the LGA level by 2017 and release N500,000 for FP consumables in 2017
To What End?: Reduce maternal and child mortality at LGA level
Messenger Name: Family Planning Champion in the LGA and supported by Lagos Advocacy Working Group

Workplan:

Objective	Input Activities	Channel of Communication	Person(s)/Group Responsible	Timeline	Estimated Budget
Increased funding for Family Planning at the state level by 25%	Conduct a resource assessment in the state MOH	Report of activity	SADGO – NURHI FP/RH Coordinator	April 4, 2016	Desk review
	Development of advocacy kit	Policy brief, legislature brief, traditional leaders brief, religious leaders brief developed	SADGO – NURHI STAA – NURHI HQ MOH - 2 LAWG – 2 Media - 2 Graphic Artist Facilitator/Consultant	May 2016	N600, 000. 00
	Advocacy visit to Honourable Commissioner MOH	Letter of request; Meeting and technical brief	STL LAWG X 5 RH/FP Coordinator Media X 3	May 2016	N60, 000. 00 X 5
	Advocacy visit to Chairman House Committee on Health	Letter of request; Meeting and technical brief	STL LAWG RH/FP Coordinator Media	May 2016 November/December 2016	N60, 000. 00 X 5
	Advocacy visit to Chairman House Committee on Appropriation	Letter of request; Meeting and technical brief	STL LAWG RH/FP Coordinator Media	November/December 2016	N60, 000. 00 X 2
	Advocacy visit to SA, PHC to the Governor	Letter of request; Meeting and technical brief	STL LAWG RH/FP Coordinator	May 2016	N25, 000. 00
	Advocacy visit to DA and budget officer LSMOH	Letter of request; Meeting and technical brief	STL LAWG RH/FP Coordinator	July 2016	N25, 000. 00

	Advocacy visit to Permanent Secretary Ministry of Health	Letter of request; Meeting and technical brief	STL LAWG RH/FP Coordinator	April 19 th	N25, 000. 00
	Advocacy visit to Director Family Health and Nutrition, MOH	Letter of request; Meeting and technical brief	STL LAWG	April 15, 2016	5 LAWG members @ 5,000 = N25,000 for transportation
Create FP budget line in at least 50% of the LGAs/LCDA s by 2017	Advocacy visit to Commissioner for Local Government and Community Affairs	Letter of request; Meeting and technical brief	STL LAWG RH/FP Coordinator Media	May 2016	N25,000 – LAWG N25,000 – Media
	Advocacy visit to Permanent Secretary, PHC Board	Letter of request; Meeting and technical brief	STL LAWG RH/FP focal person, PHC Board	May 2016	N25,000 – LAWG
	Advocacy visit to Executive Secretaries of the 10 focal LGAs	Letter of request; Meeting and technical brief	STL LAWG FP Champion MOH Media	June December	N25,000 – LAWG N25,000 – Media X 2
	Advocacy visit to Head of Administration of the 10 focal LGAs	Letter of request; Meeting and technical brief	STL LAWG FP Champion MOH	June	N40,000 – LAWG and champions
	Advocacy visit to Supervisory Councilors' on Health	Letter of request; Meeting and technical brief	STL LAWG FP Champion MOH	June 2016	N40,000 – LAWG and champions

	Advocacy visit to MOHs	Letter of request; Meeting and technical brief	STL LAWG FP Champion	April 27 th , 2016	N40,000 – LAWG and champions
	Presentation to the Community Development Advisory Council Executive meeting	Policy brief Meeting	STL LAWG FP Champion	3 rd week of July	N40,000 – LAWG and champions
Create a budget line for Family Planning at the PHC Board by 2017	Advocacy visit to PS PHCB Advocacy visit to DMS & DC Director of Account	Request letter Technical brief Meeting Report of meeting	STL, SADG LAWG STL, SADG LAWG	June November	N40,000 – LAWG and FP champions
Create a pool of 100 FP champions from the 10 LGAs with at least 80% speak actively, openly and act as community voices by 2018	Conduct Mapping of Champions at different levels from state, LGAs, Community level	Request letter to Ministry of Health, PHC Board	LAWG SADGO	April	N85,000
	Advocacy visit to identified high level champions	Advocacy Kit		2 nd week of July	N100,000
	Conduct orientation for champions on FP messaging (Community and State)	Advocacy kit Orientation	ADGO LAWG	April 25 th June 3 rd week	192,500

	Grand inauguration of FP Champions		PD, STAA, STL	August	
Integrate 80% of existing private sector FP providers into the state's FP service delivery structure by 2020	Advocacy visit to ES HEFAMAA	Request letter Meeting	STL, LAWG RH/FP Coordinator	April	
	Advocacy visit to Chairman AGPMPN	Request letter Meeting	STL, LAWG RH/FP Coordinator	May 2016	
	Advocacy visit to Chairman AGPNP	Request letter Meeting	STL, LAWG RH/FP Coordinator	May 2016	
	Develop technical brief on PPP	Policy brief	STL, LAWG RH/FP Coordinator	July 2016	
Build partnership with at least 20% state based media houses by 2018	Advocacy visit to key 10 state based media executives	Request Letter Visit	DEVCOM, SADGO	May – July 2016	DEVCOM
	Identify and train 20 health writers	Training	DEVCOM, SADGO	May 2016	DEVCOM
	Award to key stakeholders		SADGO	3 rd week September	DEVCOM/ End of year review
Anticipated Outputs			Anticipated Outcomes		
OBJECTIVE ONE: Report of resource analysis at state available Advocacy kit developed			OBJECTIVE ONE: Increased budget line for FP by 25%		

<p>Statement of commitment to increase FP funding by key stakeholders; Commissioner for Health, Chairman, House Committee on Health</p> <p>OBJECTIVE TWO: Statement of commitment of key stakeholders to create budget line for FP at LGA/LCDA level by 2017 and make available at least N500,000 for consumable in 2016</p> <p>OBJECTIVE THREE: Statement of commitment of key stakeholders to create budget line for FP at PHC board by 2017</p> <p>OBJECTIVE FOUR: FP Champions identified at different levels from state, LGAs, Community level. A directory developed.</p> <p>OBJECTIVE FIVE: Policy document on PPP for Family Planning is developed Training work plan developed</p> <p>OBJECTIVE SIX: Media executive statement of commitment to improved reportage on FP Journalists trained on FP</p>	<p>OBJECTIVE TWO: Budget line created for FP at LGA/LCDA level by at least 50% of the 10 focal LGAs and N500,000 released by each LGA for consumables</p> <p>OBJECTIVE THREE: Budget line created for FP at the PHC board by 2017</p> <p>OBJECTIVE FOUR: At least 80% of FP champions speak openly about FP</p> <p>OBJECTIVE FIVE The percentage of private providers trained</p> <p>OBJECTIVE SIX: Percentage of state based media houses reporting FP</p>
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Oyo State

Context

NURHI Phase 1 advocacy strategy was premised on a number of critical issues and challenges militating against family planning in Oyo State. Among the issues are lack of clear policy and strategic plan (document) for family planning, inadequate political will at State and LGA levels, infrastructure and equipment to facilitate the delivery of family planning, few FP service providers, inadequate financial resources due to poor funding of family planning, lack of budget line for FP, recurring commodity stock-outs and lack of fund to support FP commodity procurement and supplies. At the community level were issues of prejudices, biases, myths and misconceptions that are fueled by religious and traditional beliefs mostly championed by both religious and traditional leaders. Specific key achievements/results of NURHI Project Phase 1 Advocacy Strategy included the following: the 5 project LGAs integrated FP into annual budget; funding for FP increased from zero to over 13million with FP budget line established at both state and LGA levels; and there was a significant reduction in resistance to family planning at the community level with many religious and community leaders openly making public pronouncements in favour of family planning.

The aim of the advocacy strategy of NURHI Phase 2 is creating and building a supportive environment for family planning in rural and urban Nigeria. Though in NURHI Phase 1, some significant achievements were recorded, however, those critical issues militating against family planning programs and services still exist including, but not limited to, poor funding at State and LGA levels, over-centralization of decisions on resource allocation which places

FP at the rung of the ladder, the new budget framework that stifles the existence of a budget line for family planning, inadequate human resources to deliver quality services and weak infrastructure and supplies and logistics system.

Oyo State NURHI project team will operationalize this strategy to bring about: policy and opinion leaders making public statements in support of FP; increased funding for family planning at state and LGA levels - that family planning has a separate budget line, that fund allocated is released and used appropriately; pending RH/FP Bill is passed and assented to; and State government reviews its policy on embargo and employment of Nurses Midwives. The advocacy strategy will be delivered through systematic consultations and engagements with policy and law makers at State and LGA levels, media advocacy, and engagement with religious leaders, community advocacy and budget monitoring and tracking.

Advocacy Issues in Oyo State

1. Supportive Environment

- Lack of audience with the Executive Governor.
- Resistance from some religious groups (Issues with some religious sects (Catholic & Sumrah)
- Traditional leaders expecting gratification before they can speak in support of FP.

2. Funding

- The new funding code by the Federal Government to regularize budget pattern is limiting specific funding for FP.
 - Dwindling funding from general economic meltdown.
3. Persistent myths and misconceptions about FP

4. Inadequate staffing

- Staff attrition
- Retirement without replacement

5. RH/FP Draft Bill: Reading and Passage (CIP (Blueprint): Printing and launching).

Objectives:

- Policy and opinion leaders in State and LGAs make at least two public statements yearly in support of FP.
- Create and increase budgetary allocation by 20% and release fund for FP program from 2015 baseline.
- Pending RH Bill in the House of Assembly is passed and assented to by June 2017.
- State Government to review its policy on embargo on employment and deployment of Nurse Midwives for both State and LGAs facilities by June 2017.

Decision Makers	Allies
The Governor	Permanent Secretary, Ministry of Local Government and Chieftaincy Affairs
LGA Chairmen	Wife of Governor
Chief Iman, Ibadan	Chief of Staff
Olubadan in Council	Head of LG Admin
LGA Chief Imam	Medical for Health
CAN Chairmen	Permanent Secretary, Ministry of Health

Policy and opinion leaders in State and LGAs make three public statements yearly in support of FP.	
The Executive Governor LG Chairmen Permanent Secretary, MOLGCM Director of Budget & Planning Head of LG Admin	Medical Officer for Health Budget Officer Executive Secretary SPHCDA Permanent Secretary, MOH
Pending RH Bill in the House of Assembly is passed and assented to by June 2017.	
Hon. Speaker Majority Leader Chairman, HCOH	Minority Leader Clerk of the House Special Adviser on Media (Speaker)
State Government to review its policy (embargo) on employment and deployment of Nurse Midwives for both State and LGAs facilities by June 2017.	
The Governor	Chairman LGSC Permanent Secretary, MOLGCM Special Adviser to Governor (Labor) Permanent Secretary, MOH
E-I-C, Proprietors, GM, Publishers	

The External Environmental Challenges/Opportunities

External Challenges	External Opportunities
The prevailing economic situation *Perceived unstable political situation *Security concerns / issues *Changing policy direction of donors. *Dearth of health workers.	*The FP 2020 brings FP to the front burner. *SDGs present an opportunity to help us harness resources that will be available for FP program. *SOML *PHC under one roof *Pool of retired Midwives *Good media relationship *Good political will *Good community relationship

Advocacy Ask/Messaging

The Five-Point Message Box
Decision maker's Name: Executive Governor, Senator Isiaq Abiola Ajimobi
Decision maker's Core Concerns: Concerned about the well being of the people.

<p>Objection: There are other competing programs needing attention and funding. Inadequate fund from Federal allocation.</p>
<p>SMART Ask: Over 260/100,000 maternal death occur annually in Oyo State. Making fund available for FP programs will help avert death of women by about 40%.</p>
<p>To What End?: The standard of living of people of Oyo State will improve and the State will achieve its SDGs.</p>
<p>Messenger: Dr. Ipadeola</p>

<p>The Five-Point Message Box</p>
<p>Decision maker's Name: Chief Imam of Ibadan</p>
<p>Decision maker's Core Concerns: The welfare of women and children in his constituency.</p>
<p>Objection: Fear of reducing Muslim population.</p>
<p>SMART Ask: Identify with modern FP methods and make positive statement that will promote acceptance among the Muslim community. This will further increase at least by 50% the number of women requesting for modern FP.</p>
<p>To What End?: It will help to manage the available resources within the family while promoting their health and standard of living.</p>
<p>Messenger: Shaikh Salahuddeen Busairi</p>

<p>The Five-Point Message Box</p>
<p>Decision maker's Name: Permanent Secretary, Ministry of Local Government and Chieftaincy Matters</p>
<p>Decision maker's Core Concerns: She wants development to spread to rural areas.</p>
<p>Objection: Donors preference for cities.</p>
<p>MART Ask: Identify with FP program and make funds available for FP activities at the LGAs.</p>
<p>To What End?: Availability of funds will make quality FP program accessible in all LGAs and further promote maternal and child health. This will help diffusion effect seen in all the other LGAs where NURHI is not working presently.</p>
<p>Messenger: Mrs. Adekitan Adeagbo.</p>

The Five-Point Message Box

Decision maker's Name: Hon. Speaker of the House

Decision maker's Core Concerns: That many women are dying as a result of complications from pregnancies.

Objection: Bureaucracy entrenched in the legislative process will hinder him from achieving his desired goal.

SMART Ask: To hasten the passage of the RH Bill.

To What End?: The passage of the Bill into law will help to increase investment in FP and reduce maternal death by 40% in Oyo state. It will also make him a Champion for maternal health.

Messenger: Mrs. Adekitan Adeagbo

The Five-Point Message Box

Decision maker's Name: The Clerk of the House

Decision maker's Core Concerns: That many women are dying as a result of complications from pregnancies.

Objection: He is a civil servant and limited administratively to influence the passage of the Bill.

SMART Ask: Use your network and influence to hasten the passage of the Bill.

To What End?: He will be a champion of Maternal health and improve his profile.

Messenger: Pastor Wole Oladele

The Five-Point Message Box

Decision maker's Name: Permanent Secretary, MOH

Decision maker's Core Concerns: He is concerned about health issues of the citizens of the State.

Objection: He is very hierarchical and officious.

SMART Ask: To facilitate the process of lifting embargo on employment and deployment of medical personnel by making a presentation at Executive meeting and follow up with a memo to Chief of Staff.

To What End?: It will improve availability of staff and quality of service provision in the State.

Messenger: Alhaji Olaniyi

Workplan:

SMART Objective	Input Activities	Channel of Communication	Person(s)/Group Responsible	Timeline	Estimated Budget
Objective 1	Review and produce Oyo State advocacy kit (Fact sheet, policy brief)	Review meeting	NURHI, ANN, Media, MOH	May 2016	N350,000
Policy and opinion leaders in State and LGAs make at least two public statements yearly in support of FP.	Identify various opinion, and traditional leaders and community groups.	Phone calls, letters, one-on-one	PO-SBCCADG, POLA, Shaikh Busairi, Mrs. Awakan, Mrs. Adeagbo.	April 2016	NIL
	Formal and Informal meetings with allies.	Meetings, Calls, Text, letters	PO-SBCCADG, POLA, Shaikh Busairi, Mrs. Awakan.	May 2016	N50,000
	Conduct advocacy visit to Olubadan In Council	Letter, phone calls, visits	STL, PO-SBCCADG, POLA, Shaikh Busairi, Alhaji Dr. Titilope.	June 2016	N50,000
	Train Journalists / media personnel on FP issues.	Training	Alhaja Adedeji, Alhaji Adeniyi, STL, Mrs. Adeagbo, POLA.	May 2016	N370,000
	Train Journalists / media personnel on strategic advocacy skills.	Training	PO-SBCCADG, Facilitator, STL.	July 2016	N370,000
	Conduct advocacy visit to the Governor.	Visit	PO-SBCCADG, Facilitator, STL.	November 2016	N15,000
	Conduct advocacy visits to 15 LGA Chairmen and executives.	Calls, texts, visits	STL, Shaikh, Mrs. Adeagbo, PO-SBCCADG	August 2016	N15,000
	Organize interactive session between	Meetings	Shaikh, Alhaji Adeniyi, Mrs. Adeagbo, STL.	May-July 2016	N200,000

	the media and opinion leaders.				
	Track and record statements of support by Policy and Opinion leaders.	Documents	Mrs. Adeagbo, PO-SBCCADG	Apr- Sept. 2016	NIL
	Mainstream FP issues on International events	TV / Radio Appearance, Print Media	Mrs. Adeagbo, PO-SBCCADG	April-Sept. 2016	N250,000
Objective 2 Create and increase budgetary allocation by 20% and release fund for FP program from 2015 baseline.	Conduct advocacy visit to PS & Director of budget & planning.	Calls, Text, visit	PO-SBCCADG, STL	Sept. 2016	N15,000
	Conduct advocacy visit to PS Ministry of Finance.	Calls, Text, visit	Shaikh, Alhaji Adeniyi, Mrs. Adeagbo, STL.	June 2016	N15,000
	Conduct advocacy visit to Director of Finance & Admin in LGAs.	Calls, Text, visit	PO-SBCCADG, POLA, Shaikh Busairi	April 2016	N15,000
	Sensitization meeting with DFA & HLGAs	Meetings	Mrs. Awakan, Mrs. Adeagbo.	June 2016	N215,000
Objective 3 Pending RH Bill in the House of Assembly is passed and assented to	Hold Media Brief on RH Bill.	Meeting	PO-SBCCADG, Facilitator, STL.	Sept 2016	N100,000
	Conduct advocacy visit to the Chairman House Committee on Health	Calls, Text, visit	PO-SBCCADG, Mrs. Adeagbo	August 2016	N15,000

by June 2017.	Advocacy visit to the Speaker	Calls, Text, visit	Shaikh, Alhaji Adeniyi,	June 2016	N15,000
	Advocacy visit to Clerk of the House.	Calls, Text, visit	Mrs. Adeagbo, STL.	July 2016	N15,000
	Advocacy visit to the Minority Leader of the House.	Calls, Text, visit	PO-SBCCADG, POLA, Shaikh Busairi, Mrs. Adeagbo, STL	June 2016	N15,000
	Conduct RAPID presentation to the House Committee on Health.	PowerPoint presentation	STL, PO-SBCCADG, POLA, Shaikh Busairi	June 2016	N15,000
Objective 4 State Government to review its policy on embargo on employment and deployment of Nurse Midwives for both State and LGAs facilities by June 2017	Advocacy visit to Commissioner / PS Ministry of Establishment & Training.	Calls, Text, visit	Shaikh, Alhaji Adeniyi, Mrs. Adeagbo, STL.	August 2016	N15,000
	Advocacy visit to the Chairman Civil Service Commission	Calls, Text, visit	PO-SBCCADG, POLA,	July 2016	N15,000
	Advocacy visit to Chairman LGSC.	Calls, Text, visit	Shaikh Busairi	Sept 2016	N15,000
	Advocacy visit to the Commissioner / PS Ministry of Health	Calls, Text, visit	STL, Shaikh, Mrs. Adekitan	August 2016	N15,000
	Facilitate Memo of request for emergency employment of Nurse / Midwives.	Memo Writing	STL	July 2016	NIL

Indicators of Progress

Objectives	Anticipated Outputs	Anticipated Outcomes
OBJ. 1	<ul style="list-style-type: none"> • State advocacy kit reviewed and produced • Christian Perspective on RH Policy produced. • Conducted advocacy visits to the Governor by Sept. 2016 • Conducted at least advocacy visits to PS MOLGCM • Conducted 5 advocacy visits to traditional leaders and 10 opinion leaders by end of June 2016 	<p>Statement in support of FP by Governor and opinion leaders.</p> <p>At least 2 traditional leaders and 2 religious leaders make statements in support of FP.</p>
OBJ. 2	<ul style="list-style-type: none"> • Conducted at least 2 advocacy visits each to PS & Director, Ministry of Finance, Budget & Planning before Dec 2016. • Quarterly advocacy visits conducted to all Project LGAs by end of Year 1. • 1-day sensitization for DFA and HLGA in Sept 2016. • Conducted 2-day FP and media advocacy skills training for journalists and media personnel by Nov. 2016 	<p>Budget line for FP created in 10 new LGAs and FP budget increased in State and released from N13 million to N20 million by June 2017.</p>
OBJ. 3	<ul style="list-style-type: none"> • Held 1 media brief on the imperative of RH Bill to SDGs and maternal health. • Conducted at least 1 advocacy visit each to Clerk of the House, Chairman Committee on Health. • Conducted 2 advocacy visits to the Speaker HASS. • Made RAPID presentation to House Committee on Health. 	<p>RH Bill passed through the needed legislative process and assented to by the Governor.</p>

OBJ. 4	<ul style="list-style-type: none"> • Conducted 2 advocacy visits to PS LGSC and Chairman LGA Commission. • Conducted 3 advocacy meetings to Commission and PS MOH. • Conducted at least 2 advocacy visits to PS MLGCM by Dec. 2016. • Facilitated the Memo of request by PS MOH on the urgent need for recruitment of Nurse/Midwives. 	<p>Governor lifts embargo on employment of Nurses/midwives.</p> <p>At least 30% of retired Nurses / Midwives replaced with new ones.</p> <p>LGSC redeployed trained Nurse / Midwives to both rural and urban facilities.</p>
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Media Focused Advocacy Strategy in Collaboration with DEVCOMS.

Objectives

1. To build institutional partnership with selected media organizations in Lagos, Oyo and Kaduna States for improved coverage of Family Planning in the Media space by the end of year 2016
2. To create and sustain a network of at least ten (10) Family Planning champions per state, among media practitioners from Lagos, Oyo and Kaduna States by end of year 2020
3. To increase driven discourse around Family Planning in the media space

Scope of work

Kaduna State

- Sensitization/Capacity building workshop for media practitioners (reporters, on-air-personalities) on strategic advocacy skills for Family Planning
- Visit to chief executives of State based media organizations to build partnership for improved coverage of Family Planning
- Bi-annual media roundtable (for reporters) to discuss emerging issues on Family Planning
- Bi-annual Presenters' chatroom (for on-air-personalities) to discuss trending FP issues
- Feature write-up in newspapers every month
- Commentary on Family Planning on Radio, once a month on one radio station.
- Community Voices on Radio for one quarter (13 weeks).
- Media chats on Radio and/or Television on high point days to discuss Family Planning.
- GIT advertorials in six (6) newspapers
- Bi-annual field trip to communities and health facilities for first-hand information on Family Planning
- Coverage of NURHI events
- Tracking and documentation of media reports on Family Planning

Lagos State

- Sensitization/Capacity building workshop for media practitioners (reporters, on-air-personalities) on strategic advocacy skills for Family Planning
- Visit to chief executives of State based media organizations to build partnership for improved coverage of Family Planning
- Bi-annual media roundtable (for reporters) to discuss emerging issues on Family Planning
- Bi-annual Presenters' chatroom (for on-air-personalities) to discuss trending FP issues
- Feature write-up in newspapers every month
- Commentary on Family Planning on Radio, once a month on one radio station.
- Community Voices on Radio for one quarter (13 weeks).
- Media chats on Radio and/or Television on high point days to discuss Family Planning.
- GIT advertorials in newspapers
- Bi-annual field trip to communities and health facilities for first-hand information on Family Planning
- Coverage of NURHI events
- Tracking and documentation of media reports on Family Planning

Oyo State

- Capacity building workshop for media practitioners (reporters, on-air-personalities) for strategic advocacy skills for Family Planning
- Visit to chief executives of State based media organizations to build partnership for improved coverage of Family Planning
- Bi-annual media roundtable (for reporters) to discuss emerging issues on Family Planning
- Bi-annual Presenters' chatroom (for on-air-personalities) to discuss trending FP issues
- Feature write-up in newspapers every month
- Commentary on Family Planning on Radio, once a month on one radio station.
- Community Voices on Radio for one quarter (13 weeks).
- Media chats on Radio and/or Television on high point days to discuss Family Planning.
- GIT advertorials in newspapers
- Bi-annual field trip to communities and health facilities for first-hand information on Family Planning
- Coverage of NURHI events
- Tracking and documentation of media reports on Family Planning

Details

- Visit to the media houses is proposed to initiate a sustainable partnership for coverage of Family Planning as social responsibility by visited media organizations. Chief executives, line/health editors and other relevant executives are expected to be present at such visits.
- Sensitization/Capacity building meeting is aimed at equipping journalists with skills for reporting Family Planning. Participants will include newspaper, radio, television and online journalists in batch and on-air personalities in separate batch.
- Bi-annual media roundtable is proposed to be an interactive forum between the media and relevant FP stakeholders to discuss emerging issues on Family Planning. Topics for discussion will be selected based on peculiarities at the sites.
- Bi-annual Presenters' chatroom is proposed to be an interactive forum between on-air-personalities and FP stakeholders to discuss trending FP issues at the sites.

- Feature write-up in newspapers every month. Two newspaper features are proposed per site per month. More support is needed from NURHI officials in the sites to make available current reports, data on Family Planning in the sites. Small grant can be provided for dedicated journalists to embark on investigative journalism and produce issue-based reports on family planning.
- Commentary on Family Planning on Radio, once a month on one radio in each site. NURHI shall support with schedule of topics and write-up for the commentary.
- Community Voices on Radio for one quarter (13 weeks). We will work with NURHI STL and Advocacy officers in each site to provide resource persons for interviews. Apart from testimonies on FP, episodes will feature Vox Pop from the street and citizens' feedback episodes to address concerns (such as myths and misconceptions) on Family Planning.
- Media chats will be facilitated on Radio and/or Television on high point days to discuss FP in line with the celebration. As much as possible, the chats shall be live to allow for participation and contribution from listening audience. Such days are World AIDS Day, International Women's Day, Safe Motherhood Day, World Population Day, and World Contraception Day. Where live chat is not feasible, recorded sessions will be carried out and aired on Radio or television.
- GIT advertorials in newspapers. We propose two (2) newspapers per site – one with national focus and the other in the site's local language. The proposed newspapers are:
 1. Vanguard
 2. National Mirror
 3. Daily Trust, English
 4. Daily Trust **Hausa** (Aminiya)
 5. Tribune
 6. Alaroye (**Yoruba**) Newspaper or Magazine
- To avoid the challenge of inappropriate translation, it is advisable to have the Artwork from NURHI already translated to Hausa and Yoruba languages, in 3 x 3 column format as below.
- Field trip to communities and health facilities. This will be facilitated twice annually. Health facilities and communities will be visited by journalists (in a group tour) for first-hand information on happenings at the sites.