

## **NURHI 2 Advocacy Plans in Kaduna State**

### **Context:**

The landscape in Kaduna is a very promising one, with the State Ministry of Health fully leading in the development of a 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 indigenous 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 3-year period in each facility. Furthermore, efforts will be made to improve and elevate 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:**

1. Need to increase funding mechanisms
2. Weak human resource
3. Poor social acceptance of Family planning
4. 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 HV 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 KSHOA
- - Director Economic Planning MOBEP
- - Commissioner of Health KSMOH
- - ES KSPHCA
- - ES KSPHCA

- - Director Appointment and Promotion Local Government Service Commission
- - Assistant Director Medicals Local Government Councils Health Department
- - Council of Ulama
- - CAN
- - JNI

**The External Environmental Challenges/Opportunities**

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

**Identifying the Decision makers:**

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
<p><b>Readiness</b>                      Stage 1: Sharing Knowledge                      Stage 2: Building Will                      Stage 3: Reinforcing</p>	<p>Requires additional knowledge on FP and its implication for MM reduction.</p> <p>He has a reputation of hard work devoted to saving women's lives within a clinical setting. He is a surgeon.</p> <p>Has set a pace for personal and organized provision of free medical services which is the basis for his political success</p>	<p>Requires additional knowledge on FP and its implication for MM reduction.</p>	<p>Requires additional knowledge on FP and its implication for achieving the SOML benchmarks and successful take off of the PHCUOR</p>	<p>Requires information/ knowledge of local data and human resource issues prevailing in Kaduna</p> <p>Very practical and result oriented and seeks to know where and what the gaps are in public health matters.</p> <p>Has a history of supporting the NURHI project as well as other partners.</p>
<p><b>Core Concerns</b>                      Value</p> <p>Barriers</p>	<p>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</p> <p>Competing demand for dwindling resources.</p>	<p>Values human life and understands that health is necessary for economic development.</p> <p>The State Government desire to fulfil promise of capital projects amidst dwindling resources</p>	<p>Values human life and believes MNCH as an overall approach to saving lives is key to improving the health of the populace</p> <p>Interventions should fit into the Kaduna State strategic direction for health working through the CIP.</p>	<p>Values preventive medicine as a public health professional/ consultant. Wants to succeed in her new position as a political appointee.</p> <p>Agency set up process is slow                      Distraction from political events and competing priorities from programming and institutional re-organization.</p>
<p><b>Allies:</b></p>	<p>(Desk officer MOBEP &amp; Special advisor and counsel to Executive Governor)</p>			

<b>Decision Makers</b>	<b>Audience 1</b>	<b>Audience 2</b>	<b>Audience 3</b>
Audience Target	Chairman Council of Ulama	CAN	JNI
<b>Readiness</b> 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.
<b>Core Concerns</b> 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
<b>Allies:</b>	IF & Traditional leaders		

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

<b>FUNDING MECHANISM</b>	
Decision maker's Name:	<b>Chairman House Committee on Health</b>
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 death will be reduced and women will thank you for this singular act
Decision maker's Name:	<b>Director Economic Planning, MoBEP</b>
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 mortality by 40% through family planning is preventive and frees up resources for capital projects which would otherwise be spent as cost of care
Decision maker's Name:	<b>Commissioner of Health, KSMoH</b>
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:	<b>ES KSPHCA</b>

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 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.
<b>Messenger Name:</b> ACG- INITIATIVE FOR SOCIAL SECTOR ADVOCACY	

<b>HUMAN RESOURCE</b>	
Decision maker's Name:	<b>ES KSPHCA</b>
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 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:	<b>Director Appointment and Promotion, Local Government Service Commission</b>
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 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.
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Decision maker's Name:	<b>Assistant Director Medicals, Local Government Area/ Council Health Department</b>
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.
<b>Messenger Name:</b> DR. PAUL MANYA DOGO (Dr. P.M Dogo)	

<b>SOCIAL ACCEPTANCE</b>	
Decision maker's Name:	<b>Chairman council of Ulama</b>
Decision maker's Core Concerns:	Family planning and child birth spacing is just a front for controlling birth. 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:	<b>CAN</b>
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:	<b>JNI</b>
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
<b>Messenger Name:</b> Alhaji Muhammad Bala Tijjani, Hakimin Doka (District Head of Doka) Reverend Shekwolo Mal Abdulkarim Suleiman	

## 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
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Kaduna State government commits to the deployment and retention of at least 90% skilled FP service providers at FP units across NURHI HV sites by the end of 2017.	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
	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

### 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

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