NURHI

NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE

Engaging Faith-Based Organizations in response to Maternal Mortality: NURHI Experience

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Kabir M. Abdullahi

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
Center for Communication Programs

JSI Research & Training Institute, Inc.

ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH ARFH

CENTER FOR COMMUNICATION PROGRAMS NIGERIA

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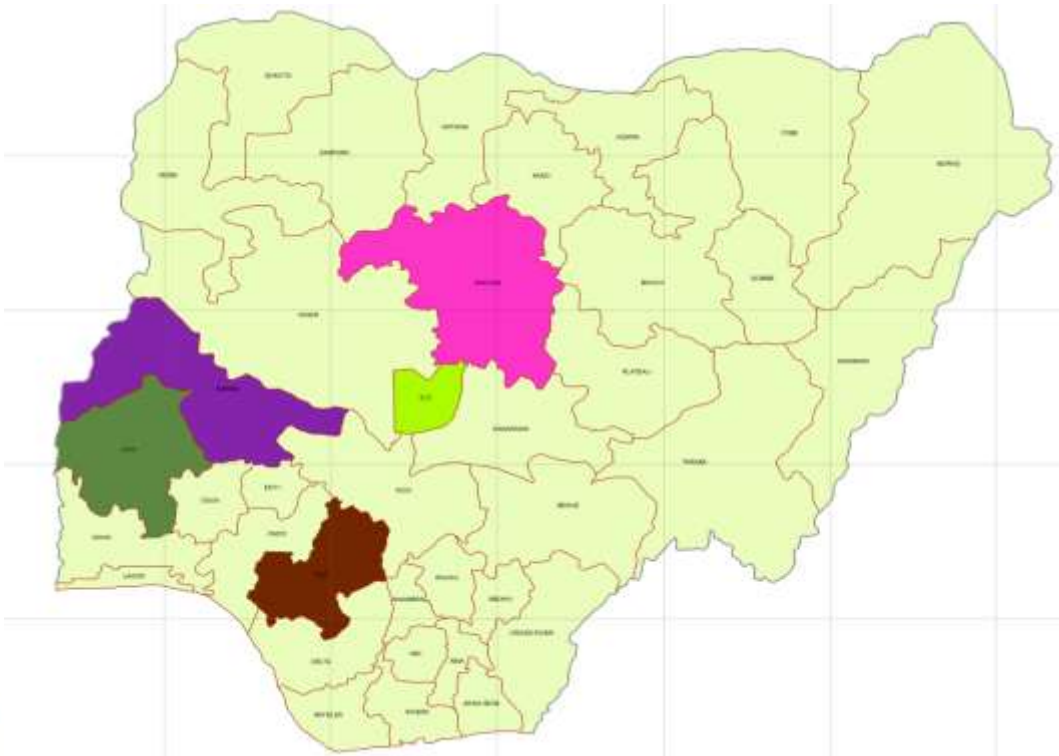
NURHI Project Overview

- Funding
- Implementing Partners
- Vision
- Goal
- Objectives
- Sites



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Background

- Nigerian women average 6 children over their lifetime.
- The population is expected to double within 25 years
- The use of modern family planning in Nigeria is very low- only 10% of married women used a modern contraceptive in 2008.
- Nigeria ranks second behind India on total maternal mortality statistics even though our population is just 2% of the world population..

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Background conti…

- The glaring gap is on women's health and children's health.
- We know what works. We have the tools. And yet, progress has been too slow.
- It is precisely in the areas of women's and children's health that we can make the greatest impact – for women, families and communities.

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NURHI Project

- Challenges
- Successes
- Lessons learnt, and
- Opportunities

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CRITICAL ISSUES/CHALLENGES

- Low and stagnant CPR
- Limited FP discussions
- Limited knowledge of methods
- Concerns around method safety
- Issues of quality around services
- Commodity Stock-outs
- Little social, political and financial support for FP
- FP not prioritized

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Challenges/Determinants?

- **Policy**
  - FP not prioritized
  - Little social, political and financial support for Family Planning
- **Weak Service Delivery System**
  - Poor provider capacity or skills
  - Vertical service delivery system (silos)
  - Side effects
  - Commodity stock-out syndrome
  - Lack of budget-line for RH/FP
- **Socio-cultural determinants**
  - Poverty
  - Level of literacy
  - Desire for large family size
  - Poorly spaced births that are too frequent, too many and too late or too early
  - Low contraceptive utilization
  - Poor knowledge of RH issues among religious leaders
  - Conspiracy theory and rumour over depopulation agenda associated with FP?
  - Social perception and secretive use
  - Myths, misconceptions, and mis-information
  - Side effects, infections and future fertility desire

NURHI Successes

- **Enabling Environment**
  - Increased government resources
  - Increased media coverage
  - Increased public support for FP
- **Service Systems**
  - Increase in percentage of facilities meeting quality standards
  - Increased CYP generation in high volume sites
- **Community**
  - Increase in number of leaders openly speaking out on FP
  - Increased community participation
- **Individuals**
  - Gaining confidence to access services
  - Motivated with facts, encouraged to talk to their spouses, peers and persuaded to access to access services, made supportive and responsive multiple media programs and radio/TV drama serials and spots.

Successes Conti…

- **Visibility of NURHI and goodwill created at Policy, Institutional and Programmatic levels.**
  - Fostered leadership and Champions
  - Supportive service policies promoted
  - Human and financial resources allocated
  - Endorsements by traditional and religious leaders + Important personalities garnered.
  - Pronouncements aired, leaders speaking out
  - Demand creation through media, BTL items & youth SM activities.

- **Budget-line for FP created.**

  In Kaduna:
  - At LGA level, with each of the 23 LGAs mandated to vote N500,000 for FP services.
  - SMoH has submitted a memo to the Executive Gov. for the creation of a budget line with 12million allocated to cover procurement of supplies, logistics, distribution, training & supervision.

- **Inserted FP language in free MCH draft bill.**

Lessons Learned

- Comprehensive site assessment
  - Informed targeted intervention vis-à-vis resources
  - Appropriate choice and use of terminologies critical
  - Recognition of the most appropriate entry points

- Involvement secured ownership and support

Summary of Lessons Learned

- Vigorous, committed leadership
- Support from scientific evidence based on empirical research
- Advocacy through multiple channels (meetings, publications, and the media
- Inter-sectoral collaboration, both within the government and with the private sector
- Coalition, collaboration, partnership and international support.

The opportunities

- Supportive policies
  - National RH policy
    - Lay groundwork for family planning service delivery
    - Establish **favorable laws and regulations**
      - Approval and regulation of contraceptives
      - Promotion of contraceptives in the mass media
      - Sale and distribution of contraceptives or delivery of services
      - Availability of **contraceptive supplies**
  - Emerging **financial support** for family planning programs
  - Operational (service delivery) policies

- Contraceptive Security
  - Free contraceptive policy
  - Performance improvement approach to strengthen human resource systems

Opportunities conti…

- Client-Centered Care
  - Clients needs guide planning and implementation of services
  - Quality services
  - Targeting poorer communities

- Appropriate Integration of Services
  - Increasing program efficiency and clients' convenience

Opportunities conti…

- Effective Communication Strategies
  - Existing communication outlets
  - Use of systematic process to develop and conduct communication
  - Use of mix of three communication channels
    - Mass Media, Interpersonal, Community, Web

- Facilitating collaboration among faith-based organizations and traditional leaders could help to promote behaviour change and address practices that contribute to low contraceptive use and high maternal mortality

Engagement with Religious Leaders/How we did it?

- Maternal mortality was presented as an issue to religious leaders.
- They were then brought to a roundtable discussion to review the situation.
  - They studied and deliberated on the issue and issued communiqués that family planning/childbirth spacing was permissible and necessary in both religions (Islam & Christianity).

- They recommended that Imams/Pastors and other religious leaders speak and advocate for the use modern methods of childbirth spacing/FP in mosque and churches.

Capacities and skills in engaging/communicating with religious leaders and other faith-based groups

- Institutional Capacities
  - Issues identification
  - Communications and advocacy
  - Alternative solutions/Best practices
- Approaches for Capacity Strengthening
  - Partnerships
  - Technical Assistance
  - Skills Building
  - Fostering Linkages
  - Tools Development
- Interventions essential to independence and sustainability of FBO/G
  - Human resources development
  - Development/adaptation of technical and managerial tools and curricula
  - Adaptation, promotion and use of evidence-based best practices and strategies
  - Design of objective and output based institutional strategic and/or action plans
  - Development and implementation of well-tailored communication and advocacy plans
  - Improving management and financial systems and capability
  - Strengthening training approaches for key technical, managerial and leadership areas.

Capacities and knowledge gaps of faith-based organizations

- **Management Capacity**
  - Inconsistent capacity in ***analytical rigor*** and management practices
  - Non-participatory leadership, and minimal financial and managerial transparency, and a ***weak long-term vision for institution***
  - Limited experience in ***packaging and presenting information*** to diverse audiences
  - *Few have good leadership and clear goals and objectives, but their progress is hampered by inadequate financial, managerial and human resources*.

- **Technical Capacity**
  - Poor knowledge of reproductive health information
    - Poor understanding of obstetric emergencies and danger signs in pregnancy
    - In ability to link evidence of the relationship between maternal death and the spacing and number of births and age at delivery, and theological misinterpretation
  - Limited capacity in training and scale up resources, teaching aids, information packs, media support
  - Limited capacity in engaging both the public and private sector

Policies and funding priorities required to increase the role of faith-based organizations to improve MNCH

- **Greater emphasis on, and resourcing of Health Promotion**
  - National Health Promotion policy Adopted on January 11, 2009.
  - Drive to reform the health sector particularly through the execution of the following thrusts:
    - Improving Community Participation
    - Improving Access to Quality Health Services
    - Improving Availability of Health Resources and their management
    - Strengthening the National Health System and its management
    - Reducing disease burden

- **Leadership Development**
  - We need to develop a critical mass of advocates amongst traditional and religious leaders to foster greater understanding of the role of RH/FP in reducing maternal morbidities and mortality

Evidence/research that would sustain momentum on work similar to NURHI Project

- Best models for quality and performance improvement
- Assessment of determinants and deterrents of successful integration of FP into other services
- Regular client satisfaction surveys
- Routine monitoring of service utilization and commodity data
- Regular assessment of contraceptive security status
- Assessing the effectiveness of implementing strategies
- Cost of delivering MNCH services
- Burden of induced abortion on the health care system

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QUESTIONS

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Thank You

kabir_mabdul@yahoo.com
kabdullahi@nurhi.org
www.nurhi.org