NATIONAL ADVOCACY STRATEGY

FOR REPRODUCTIVE MATERNAL NEWBORN CHILD AND ADOLESCENT HEALTH plus NUTRITION (RMNCAH+N) PROGRAMME

Federal Ministry of Health
Abuja, Nigeria

July 2020

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DIAGRAM

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GLOSSARY

ANC	Ante-Natal Clinic
ARHEC	African Regional Health Education Centre
ARMNM	Accelerated Response to Maternal Neonatal Mortality
BHCPF	Basic Health Care Provision Fund
CF	Communication Forum
CCP	Center for Communication Programs
CMAM	Community Management of Acute Malnutrition
CSO	Civil Society Organization
CS-SUNN	Civil Society Scaling Up Nutrition in Nigeria
DMPA-SC	Depot Medroxy Progesterone Acetate- Subcutaneous
EBF	Exclusive Breastfeeding
FBO	Faith Based Organization
FCT	Federal Capital Territory
FMoH	Federal Ministry of Health
FP	Family Planning
GBV	Gender Based Violence
HDI	Human Development Index
HIV/ AIDS	Human Immuno-deficiency Virus/ Acquired Immune Deficiency Syndrome
HP+	Health Policy Plus
ITN	Insecticide Treated Net
LGA	Local Government Area
mCPR	Modern Contraceptive Prevalence Rate
MOFBNP	Ministry of Finance Budget and National Planning
MOLP	Ministry of Labour and Productivity
MOIC	Ministry of Information and Culture
MMR	Maternal Mortality Rate
IRMNCAH+N	Integrated Reproductive Maternal Newborn Child Adolescent Health plus Nutrition
NDCF	Nigeria Development Communication Forum

NDHS	Nigeria Demographic and Health Survey
NHMIS	National Health Management Information System
NHPF	National Health Promotion Forum
NPHCDA	National Primary Health Care Development Agency
NPHNAYP	National Policy on Health and Nutrition of Adolescent and Young Persons
NPHDAYP	National Policy on Health and Development of Adolescents and Young Persons
NPC	National Population Commission
NURHI	Nigerian Urban Reproductive Health Initiative
OTP	Outpatient Therapeutic Program
PPP	Public Private Partnership
PHC	Primary Health Care
PHCUOR	Primary Health Care Under One Roof
RMNCAH+N	Reproductive Maternal Newborn Child and Adolescent Health plus Nutrition
SDG	Sustainable Development Goals
SDPs	Service Delivery Points
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SM	Safe Motherhood
SPHCDA	State Primary Health Care Development Agency
SP for IPT	Sulphadoxine-Pyrimethamine for Intermitent Preventive Treatment
STI	Sexually Transmitted Infection
TCI	The Challenge Initiative
UHC	Universal Health Coverage
UNICEF	United Nations International Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

FOREWORD

The 2016 National Health Policy focuses on providing stakeholders with a comprehensive framework for harnessing all resources for health development towards the achievement of Universal Health Coverage (UHC). This is in accordance with the provision in the National Health Act (2014), which is in tandem with the Sustainable Development Goals (SDGs).

The National Health Policy identifies Reproductive, Maternal, Newborn, Child and Adolescent Health plus Nutrition (RMNCAH+N) as a priority programme with a goal to reduce "maternal, neonatal, child and adolescent morbidity and mortality in Nigeria, and to promote universal access to comprehensive sexual and reproductive health services for the adolescents and adults throughout their life cycle".

The achievement of the goal of RMNCAH+N within the context of Universal Health Coverage requires strong political commitment at the highest level and adequate funding without which, all intentions remain wishes. Securing political support exemplified by policy articulation and increased resource allocation requires strong advocacy targeted at critical decision makers at all levels of government – Federal, State and Local.

This National Advocacy Strategy for RMNCAH+N programme would serve as an effective tool to guide advocacy efforts to achieve the necessary enabling environment for RMNCAH+N at all levels. It will also empower advocates with the information, skills and tools they need to secure commitment and buy-in of policy and decision makers, thereby ensuring the health and general wellbeing of women, newborn, children and adolescents.

We count on the partnership, and continuous support of all stakeholders in the public and private sectors, including the development Organizations, non-government and civil society organizations, professional associations, regulatory bodies, academia, research institutions, and media for successful implementation of this National Advocacy Strategy for RMNCAH+N programmes.

Dr. Osagie Emmanuel Ehanire, FWACS, MD
Honourable Minister of Health
Federal Ministry of Health, Abuja, Nigeria
July, 2020

ACKNOWLEDGEMENT

On behalf of the Federal Ministry of Health, I wish to extend my gratitude to the representatives of organizations who contributed to the development of the National Advocacy Strategy for Reproductive Maternal Newborn Child and Adolescent Health plus Nutrition (RMNCAH+N) Programme.

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My unalloyed gratitude goes to the various partners who provided technical support to the process that produced this final document. These partners include the Nigeria Centre for Communication and Social Impact (CCSI), Health Policy Plus (HP+), Palladium, Society for Family Health (SFH), Association for the Advancement of Family Planning (AAFP), Civil Society for Scaling Up Nutrition in Nigeria (CS-SUNN), Planned Parenthood Federation of Nigeria (PPFN), Family Health Advocates in Nigeria Initiative (FHANI), Marie Stopes International Organization of Nigeria (MSION), Pathfinder International, Association for Reproductive and Family Health (ARFH), ACCOE Foundation, USAID, Breakthrough ACTION-Nigeria (BA-N), and Nigerian Inter-Faith Action Association (NIFAA).

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Finally, I commend the Officers of the Health Promotion Division of the Department of Family Health under the leadership of Mrs. Ladidi K. Bako-Aiyegbusi, Director/Head, Health Promotion Division, for the team work. Your hard work, commitment and dedication towards the achievement of the broader goal of the Reproductive Maternal Newborn Child Adolescent Health plus Nutrition (RMNCAH+N) Programme in Nigeria are highly commendable.

Dr. Salma Ibrahim Anas-Kolo, MBBS, MWACP, FMCPH
Director/Head, Department of Family Health Department
Federal Ministry of Health, Abuja

EXECUTIVE SUMMARY

The Federal Ministry of Health has the mandate of leading and coordinating all efforts towards achieving Universal Health Coverage (UHC) in Nigeria in line with Sustainable Development Goals (SDGs). This mandate involves developing various instruments that enable the operationalization of the various interventions articulated in the UHC package. The National Health Policy which is one of the instruments identifies Reproductive, Maternal, Newborn, Child and Adolescent Health plus Nutrition (RMNCAH+N) as a priority programme to contribute to achieving UHC in Nigeria. Consequently, a National RMNCAH+N Strategy (2018–2022) was adopted to *reduce Maternal, Neonatal, Child and Adolescent morbidity and mortality in Nigeria and to promote universal access to comprehensive sexual and reproductive health services for adolescents and adults throughout their life cycle.*

The achievement of the goal of RMNCAH+N within the context of Universal Health Coverage requires strong political commitment at the highest level and adequate funding without which, all intentions remain wishes. Securing political support exemplified by policy articulation and increased resource allocation requires strong advocacy targeted at critical decision makers at all levels of government – Federal, State and Local. Such advocacy need to be well defined, laid out and well articulated including audience identification and analysis, understanding their positions, the messages to be passed across, appropriate channel to adopt for message dissemination as well as defining the expected outcomes/end results. It is against this background that the Federal Ministry of Health and partners in the RMNCAH+N response at national and state levels came together to formulate the National Advocacy Strategy for RMNCAH+N programme (2020-2024). The document was developed using the global SMART Quick Win Approach.

The strategy is organized under nine Chapters as follows: the introduction, strategic advocacy for RMNCAH+N definition, situation analysis of RMNCAH+N issues, goal and objectives of RMNCAH+N components, analysis of national strategic decision-makers, RMNCAH+N advocacy messages, RMNCAH+N advocacy plan of action, monitoring and evaluation of Advocacy Strategy and roles and responsibilities of stakeholders in RMNCAH+N Advocacy.

The section on situation analysis defines the problem and its magnitude with concrete evidence (data), the implications of inaction or delayed actions and highlights of advocacy issues that need to be addressed under each component. The document identifies key decision makers (primary and secondary) who will need to be engaged by the Advocacy Team considering the value they add to the process of attaining Universal Health Coverage and RMNCAH+N goal, directly or indirectly.

The advocacy message for each decision maker or group of decision makers based on their relevance and importance under different components were highlighted. These messages could be reviewed and strengthend as the case may be at the stage of implementation.

The operationalization of the strategy is a 5-year activity timeline of specific actions and the expected quick wins. The outome and impact of the advocacy effort will be measured using the Monitoring and Evaluation framework while the last section highlights key partners and their roles and responsibilities. Some of the results by which this advocacy strategy will be measured include increased funding for RMNCAH+N including Health Promotion programmes, upward review of maternity leave to 6 months, improved staffing at PHC level, expansion of DHIS to include indicators for Health Promotion, Adolescents and young peoples's Health and Sexual and Reproductive Health of Persons With Disabilities (PWDs), and strengthening Health Promotion coordination structures at National and sub-national levels.

CHAPTER ONE

INTRODUCTION

The Federal Republic of Nigeria consist of thirty-six States, plus Federal Capital Territory (FCT) and 774 Local Government Areas (LGAs) with a total population of 140 million in 2006 and a projected population of 208 million in 2019 (National Population Commission). The country has an estimated growth rate of 2.60%, and it has been projected that the population will grow to 396 million by 2050, making Nigeria the world's third largest population behind India and China. The country has a young population structure with children aged under 15 years constituting 45% and young people (10-24 years) making up 33% of the population. Women in the reproductive age group, children under five years and the elderly (at least 65 years) make up 22%, 20% and less than 5% of the population respectively. Consequently, Nigeria has a high dependency ratio of 73.3% (National Population Commission Census Report, 2006).

Box 1:

Compendium of relevant National Policies, Plans and Laws

- National Policy on the Health and Development of Adolescents and Young People in Nigeria
- National Policy on Infant and Young Child Feeding (2010-2015),
- Childs' Right Act 2013
- National Child Health Policy (2013-2018)
- National Health Act, 2014
- National Strategic Plan of Action for Nutrition in Nigeria (2014-2019)
- Every Newborn Action Plan (2016)
- National Reproductive Health Policy (2017)
- National Family Planning Communication Plan 2017
- National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls (2018)
- Strategic Plan for the Implementation National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls (2019)
- National Health Promotion Policy (2019)
- National Policy on HIV/AIDS (2019-2021)
- Nigeria Family Planning Blueprint (2019–2023)
- National Strategic Plan for Health Promotion (2020–2024)
- Knowledge Management Guideline for Health Promotion (2020-2024)
- National Advocacy Strategy for RMNCAH+N programmes (2020-2024)

According to Nigeria's Constitution, ensuring the health of the citizens is a primary and shared role of all the three tiers of government (Federal, State and LGAs). This commitment is also clearly stated in the 2016 National Health Policy that focuses on providing stakeholders with a comprehensive framework for harnessing all resources for health development towards the achievement of Universal Health Coverage (UHC), as provided for in the National Health Act (2014) which is also in tandem with the Sustainable Development Goals (SDGs). The National Health Policy identifies Reproductive, Maternal, Newborn, Child and Adolescent Health plus Nutrition (RMNCAH+N) as a priority programme with a goal to reduce, "maternal, neonatal, child and adolescent morbidity and mortality in Nigeria, and to promote universal access to comprehensive sexual and reproductive health services for the adolescents and adults throughout their life cycle" *(National IRMNCAH+N Strategy, 2018–2022)*.

The adoption of an IRMNCAH+N Strategy in 2018 was an expression of the firm commitment of the Federal Government of Nigeria, through the Federal Ministry of Health, to rapidly achieve the goal of UHC by ensuring that communities have increased opportunities to access quality services. This can only be achieved with States, LGAs and other key stakeholders, including the donors and development partners playing their complementary roles. Ensuring the reality of this vision requires not only positive changes in behaviour and mind set, increased demand for services, and quality improvements on the supply side, but also requires further improvements in the policy, governance (funding and social accountability), leadership, and ownership. These strategic contents of the programme require well directed and aggressive advocacy efforts for achievement of the sustainable supportive environment at all levels.

Whilst the Federal Ministry of Health coordinates, drives the development, adoption and implementation of all the health policies and plans, partners are expected to provide the necessary technical backstops and support the mechanisms for necessary buy-in and/or adaptation by the states and other key stakeholders within the federated system of governance. Apart from the existence of the National IRMNCAH+N Strategy (2018-2022), which is the main policy directive for this RMNCAH+N Advocacy Strategy document, there are other existing national policies and associated strategic plans and legislation for all the thematic components of RMNCAH+N (Box 1). In addition, some states have also developed, adopted and or adapted relevant policy instruments, guidelines, protocols and laws relating to the RMNCAH+N thematic areas.

However, weak commitment to policies, weak coordination structure and mechanism, and inadequate budgetary appropriation/release/expenditures particularly by the government, constitute a major handicap to achieving the RMNCAH+N vision in Nigeria. It is therefore imperative and urgent that strategic advocacy by major stakeholders be undertaken to draw the attention of government to these gaps as well as to harness opportunities provided by these policies and plans as the first step. Political leaders and other actors need to know that putting in place policies, plans and legislations are not end in itself, but a means to an end.

CHAPTER TWO

STRATEGIC ADVOCACY FOR RMNCAH+N

Advocacy as a science, seeks to achieve the desired changes for effective, supportive and enabling environment for an issue such as RMNCAH+N programmes in Nigeria. Such supportive environment, evidenced by the existence of the National RMNCAH+N policies and strategies as well as adequate funding and good governance with accountability, will also require the existence of:

- Sustainable political commitment and supportive actions of policy and law makers, and key stakeholders including NGOs, donors and partners for increased access to high quality RMNCAH+N services by Nigerians who need such services;
- Buy-in, commitment and supportive actions of stakeholders, donors and partners towards sustainable improvement of the quality of RMNCAH+N services;
- Prioritisation of RMNCAH+N programmes and improved funding on sustainable basis;
- Guaranteed health care system that provides and guarantees access to high quality RMNCAH+N services where individuals live, play and work.

Broadly, improved supportive environment for RMNCAH+N services essentially focuses on achieving the existence and institutionalization of the necessary mechanisms and frameworks that will ensure the required increases in access to sustainable and quality RMNCAH+N services. The National Advocacy Strategy for RMNCAH+N, an integral part of the main policy document (*The National IRMNCAH+N Strategy 2018–2022),* is thus a necessary tool to achieving these results.

From strategic advocacy perspective, key factors that hinder effective implementation of national RMNCAH+N programmes revolve around decisions and actions in the policy environment and governance. These include poor implementation of policies, plans and programmes underlined by lack of relevant budget lines and/or poor budgetary allocations/release/expenditures. Other issues include poor political commitment marked by mere rhetorics than sustainable actions, socio-cultural barriers (compounded by myths and misconceptions), high cost of services and care, weak coordination and linkages among partners; inadequate human resources and lopsided distribution between the rural and urban areas, poor quality of services, poor community ownership and poor social accountability. These result in poor and inequitable access to essential and high impact interventions, poor health-seeking behaviours among the intended beneficiaries and sub-optimal quality of health care services.

In designing SMART advocacy solutions, the intention is therefore not to only focus on these issues but also articulate advocacy interventions that must address specific RMNCAH+N thematic issues elicited from evidence-based situation analysis.

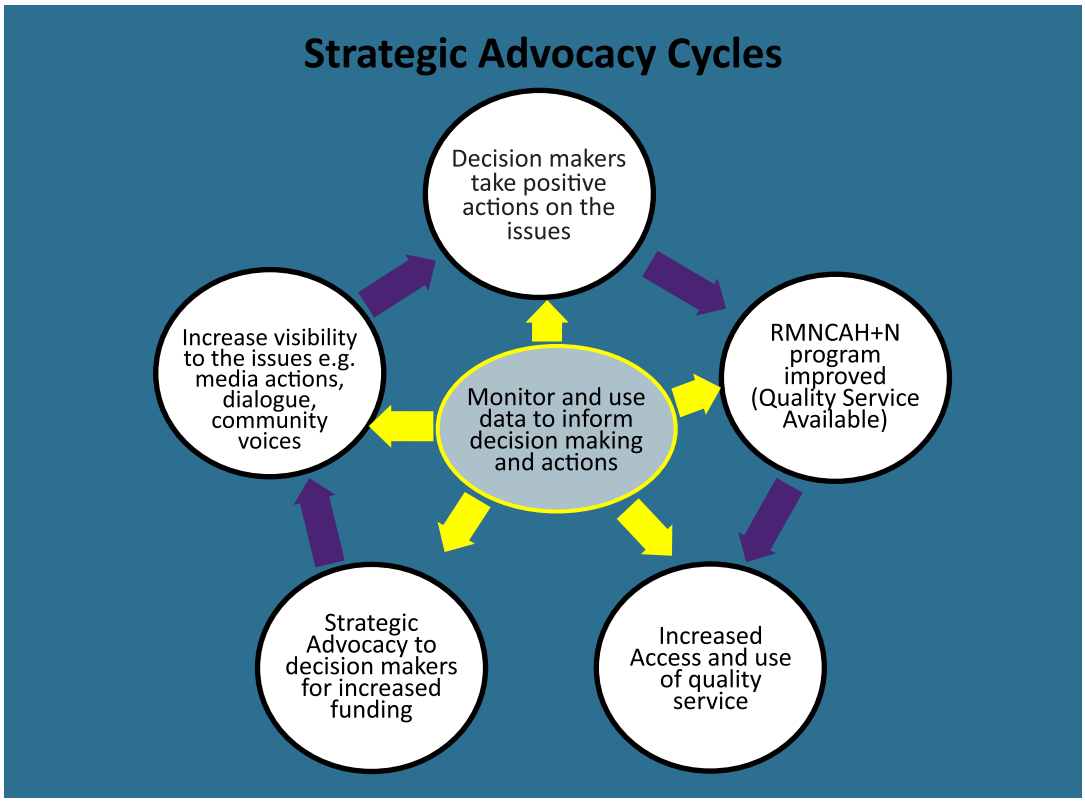
Strategic Advocacy Cycle

Strategic advocacy is the active support of an idea or cause expressed through strategies and methods that influence the opinions and decisions of people (policy and law makers) and organisations (government institutions). Strategic advocacy is usually implemented at three broad levels: Policy level, Institutional level and Community level.

Policy level advocacy involves engaging with legislators and policy makers and focuses on the creation, reviews/reforms, implementation of policies, laws and regulations, funding/budget, governance and systems. I*nstitutional level* advocacy engagement is focused on technocrats and other state actors directly responsible/accountable for advocacy issues related to institutional and programme performance and direction. Religious leaders, traditional leaders, media and other stakeholders constitute the *community level* audience for advocacy. Intervention activities at this level primarily focus on, for example, male involvement, community empowerement, dialogue and participation, voice amplification and accountability.

Strategic advocacy leads to a scientific and dynamic process of continuous decision making and actions focused towards the long-term achievement of the broader impact of a programme at all levels. Strategic Advocacy often follows a cyclic process guided by continuous monitoring, reviews and use of data for inform decision making at each stage of the process as illustrated in Diagram 1.

Diagram 1: *Strategic Advocacy Cycle*



The *Strategic Advocacy Cycle* is hinged on evidence, data review and use (at the centre of the framework) to guide and inform decision making at each stage of the

process. This is the first step in commencing any advocacy intervention. A robust literature/data review therefore paves the way for identification and prioritization of key advocacy issues and provides insight and facts that support the desired change.

The next step on the framework is determined by the issues prioritized and could commence with any of the stages in the cycle in no particular order; For example, if policy and budget line supporting the program and services are available but patronage is low, the issue will be 'Access and Use'; It could be 'Visibility and Media action' if knowledge about the program and services is poor even though services are fully funded and exists; Or 'Improved quality of service provision' if everything else is in place except trained and appropriate/adequate health workforce.

Positive Action by Decision-makers - This is achieved through advocacy and intentional but strategic engagements with the media in addition to policy makers and legislators who have the mandate to effect policy actions, like review of policy and budget line creation. It is an important step in the process because it lays a solid foundation for programming at institutional and community levels especially where the system and service provision need to be strengthened.

Improved quality of RMNCAH+N services - Here, advocacy activities are targeted at technocrats and state actors. This could involve priming and engagement of management teams and technical staff through trainings, coaching and mentoring. A typical example is an advocacy effort aimed at securing increased human resources for health, human centered design approach to services and, constant availability of health commodities and consumables.

Increased access and use of RMNCAH+N services - With the system strengthened and quality services in place, the next line of advocacy would be to address issues around accessibility of the services and its use by the community. Advocacy here is typically targeted at community based development and support groups, religious and traditional leaders through series of dialogues to do the following:

1) Self-identify issues around access and use;
2)Project community voice and demands through development associations to the next level of governance;
3) Monitor and support accessibility measures put in place;
4) Monitor and support use of services.

Increased access could be achieved through fixed and continuous conduct of outreach programs, community transportation drive for those in need and, community donations to sustain implementation of the measures.

Advocacy for increased funding for RMNCAH+N services - This is typically inevitable because improved services often responds to increased demand for services which in turn drives a need for increased budgetary allocation. Activities to support this process is enriched by additional data gathered through implementation of the last three steps, with strong media involvement. Advocates are therefore more richly positioned to achieve results because the 'ASK' resonates and is amplified at all levels of the process across the community and institutional levels.

Increased visibility: Having set this in motion from the beginning, emphasis will now be laid on media monitoring, follow up trainings and reviews, data provision, technical and promotional support of media platforms and grassroot RMNCAH+N campaigns to sustain visibility of RMNCAH+N issues at all levels.

The process of advocating for change is therefore a continuous process until the change is achieved. New issues requiring further actions may emerge in the course of the interventions. Similarly, even when the objective in focus is achieved, other emerging issues may also be identified to stimulate further advocacy efforts in support of the programme. In effect, one advocacy visit/meeting/dialogue with a primary audience may not achieve the desired result. This may require several visits, engagement of secondary audience(s), assistance of an influencer to the primary target audience or involving more advocates into the partnership. Such engagement(s) must be backed up with convincing evidence and demonstration of how the response of policy makers to the issues have spiral positive effect on other issues such as economy, security and poverty.

Purpose of National Advocacy Strategy for RMNCAH+N Programmes

The National Advocacy Strategy focuses on addressing the key identified issues through evidence-based dialogues and advocacy to achieve informed decision making for sustainable change and supportive environment for RMNCAH+N programmes at all levels of implementaion. Broadly, national advocacy efforts for RMNCAH+N programmes will seek to achieve:

- Financial resourcing of RMNCAH+N programmes and its implementation;
- Availability of adequate human resources for health and deployment to bridge the existing gaps and shortfalls at the various levels of service delivery;
- Functional systems that support seamless operations and delivery of services;
- Improved political commitment, leadership support and increased buy-in particularly by the policy and decision makers at all levels;
- Increased transparency and accountability of government resources;
- Appropriate legislations, governance, voice and oversight to push the health agenda as may be required to achieve improved programme performance;
- Structural empowerment and ownership of the RMNCAH+N programme at the critical levels of implementation.

The process of developing this national advocacy strategy was participatory and driven by the available evidences using the global SMART Quick Win Approach. It draws also from the National IRMNCAH+N Strategy document providing the main direction on the situation of RMNCAH+N in Nigeria, whilst at the same time refraining from re-inventing the wheel in terms of contents. The process of developing this document involved experts and key stakeholders in evidence-based RMNCAH+N dialogues at both the national and state levels (Government-Federal & States, donors, development partners, CSOs, academia, professional groups and FBOs).

CHAPTER THREE

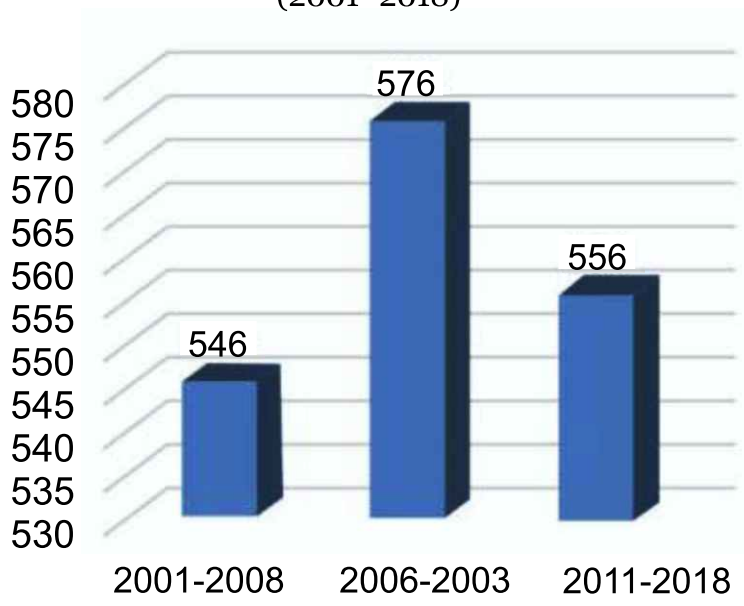
SITUATION ANALYSIS OF RMNCAH+N ISSUES

This section focuses on demonstrating knowledge of the issues through an indepth analysis of the current situations and defining key approaches and actions required for improvement by key actors in the decision making arena. The situation analysis helps to clearly bring out the extent of the problem, what has been and is being done, the successes, the gaps and thoughts on how the gaps might be addressed through effective, innovative and result oriented engagement strategies. The section analyses all the components of RMNCAH+N in sequential order (Safe motherhood, Family Planning, Newborn, Child, Adolescent Health and Nutrition including Health Promotion which is a cross cutting issue). It also examines situations of Persons With Disabilities' access to RMNCAH+N services and health financing at the national level through the instrumentality of annual national budgets.

SAFE MOTHERHOOD

Despite Nigeria's economic advancement, it is yet to make the expected rapid progress to protect women and children from preventable diseases and deaths. Currently, 1 in every 22 women faces a lifetime risk of dying from complications of pregnancy and childbirth. Thus Nigerian pregnant women are more vulnerable to die due to pregnancy and childbirth complications than almost anywhere else in Africa or the world.[1] Notwithstanding the global drop in maternal mortality ratio by 38% between 2000 and 2017, Nigeria with a reported MMR 512/100,000 live births[2] (though an improvement over the 2013 estimate) remains one of the highest in the world, contributing 14% of global maternal deaths. In Nigeria,

Figure 1: Maternal Mortality Ratio (2001 -2018)



[1] World Bank Data Bank: https://data.worldbank.org/indicator/SH.MMR.RISK accessed on 15 August 2018. The World Bank statistics identify the lifetime risk for women in Nigeria (the whole country) as 1 in 22. Given the much higher rates of mortality in the northern States, the lifetime is probably much higher. Only two other countries in the world have a higher lifetime risk: Chad (1 in 18) and Sierra Leone (1 in 17). Somalia is on a par with Nigeria at 1 in 22. By comparison, Niger is 1 in 23 and DRC is 1 in 24. For the whole of Sub-Saharan Africa, it is 1 in 36 and on average, for all lower middle income countries, it is 1 in 130.

[2] NDHS 2018

regional differences are evident with the ratio being the highest (far more than national average) in North East and followed by North West.

According to WHO, these deaths are largely preventable or the causes easily treatable. The main causative factors include bleeding after delivery (haemorrhage), unsafe abortion, sepsis (post-delivery infection), malaria, obstructed labour and eclampsia (hypertensive diseases of pregnancy) with each accounting for between 11% and 23% of maternal deaths in Nigeria (see figure 2).

Figure 2: Causes of maternal death by % contribution to MMR

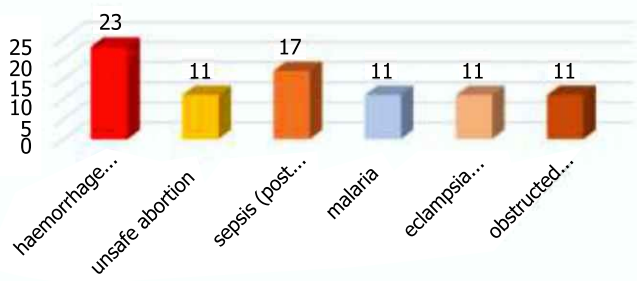
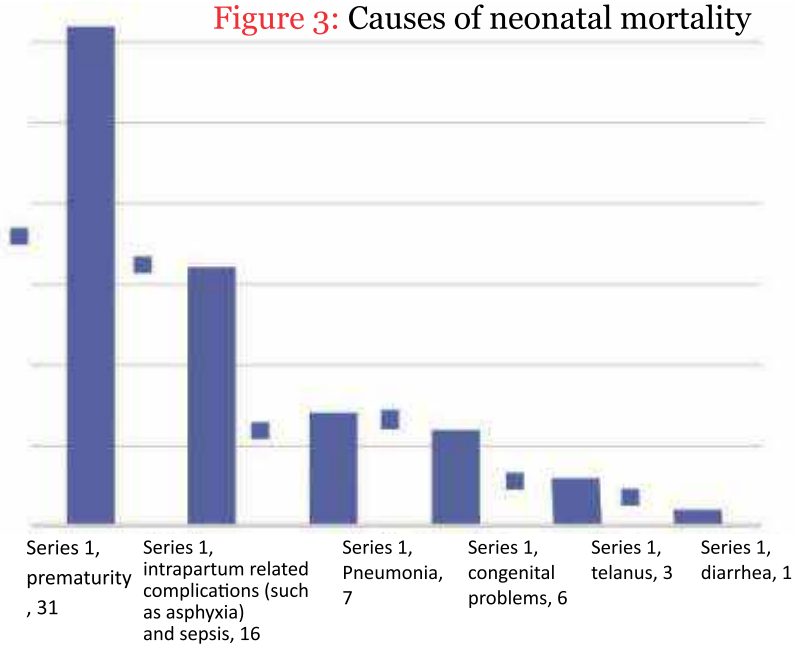


Figure 3: Causes of neonatal mortality



The neonatal mortality rate which is closely linked to maternal mortality is on the increase from 37 per 1000 live births in 2013 to 38 per 1000 live births in 2018 with leading causes as prematurity and intrapartum related complications (such as asphyxia and sepsis) while other minor causes are Pneumonia, congenital problems, tetanus, and diarrhea (Figure 3). There is also a high level of still births with estimated annual rate of 43 per 1,000 live births in 2015[3] and an absolute figure of about 317,000 still births in 2015[4] with majority of the still births fresh; an indication that they may have occurred in labour and childbirth and therefore are largely preventable.

These figures are however marked with differences between the urban and rural areas (with the rural often consistently higher but lower in urban areas), between the educated and uneducated as well as wide regional variations across the six geopolitical zones. Available evidence reveals that women in Northern States are at

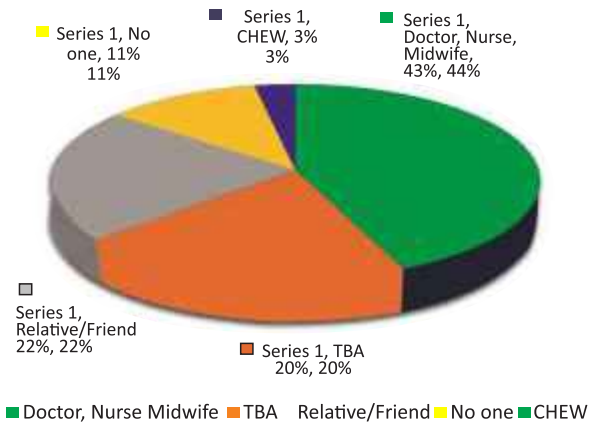
[3] UNICEF: Maternal and New Born Health Parities in Nigeria, Key facts
[4] Friday Okonofua et all: Prevalence and determinants of stillbirths in Nigerian referral hospitals: BMC Pregnancy & Child Birth: 2019

much higher risks than those in the south. For example, in the North East region, maternal mortality is three times higher than the national average.[5]

It is universally acknowledged that skilled care before, during and after childbirth can save the lives of women and their newborn. However, utilization of maternal health care services remains less than optimal in most parts of the country. NDHS 2018 report reveals that Antenatal care (ANC) by skilled providers which help to detect early and treat promptly any abnormal obstetric condition is only 67%. The proportion of mothers with 4 ANC visits is only 57% (though the current best practiceas prescribed by W.H.O is 8 visits). Pregnant women who received 3 or more doses of SP for IPT reduced from 23% to 16.6% while the proportion of pregnant women aged 15-45 who received two or more doses of Tetanus toxoid is only 61.7% in 2018.

In addition, the proportion of women who gave birth between 2013 and 2018 and who delivered their last child with the help of a skilled provider (Doctor, Nurse, or Auxiliary midwife), increased to 43% from 39% (Figure 4), while the proportion of mothers that delivered in a health facility and had post natal check within two days increased marginally from 36% in 2013 to 39%, and 40% to 41.8% respectively between 2013 and 2018. These coverages are no doubt low and put huge doubt of Nigeria's potential and capacity to achieve SDG 7.

Figure 4: Assistance during delivery



It is worthy of note that although there is a budget line and funding for Safe Motherhood, the appropriated budget at the federal level is only a minute proportion of what is needed while another concern is that what is appropriated is never fully released. At the state level, many states do not have Safe Motherhood specific budget line but Safe Motherhood programmes are funded as an integral part of the larger reproductive health which is grossly underfunded.

Box 2:
Advocacy issues for Safe Motherhood

- Prioritisation of Safe Motherhood
- Adequate financing
- Linking plans with funding
- Release of budget appropriated
- Infrastructural upgrade
- Systems strengthening
- Adequate Medical supplies

Recognizing this unacceptable situation and the close link between maternal and perinatal health, indicating that an effective and efficient Safe

[5] The North East region has 1,549 maternal deaths per 100,000 live births while the Nigeria country ratio is 560 per 100,000 live births. Maternal Health in Nigeria: Facts and Figures, African Population and Health Research Centre, Nairobi. 2017. http://aphrc.org/wp-content/uploads/2017/06/APHRC-2017-fact-sheet-Maternal-Health-in-Nigeria-Facts-and-Figures.pdf

Motherhood intervention ensures that pregnant women receive high quality care for optimum health of the mother and newborn during pre-conception period, pregnancy, ante-natal, childbirth and post-natal, Nigeria developed the National Roadmap on Accelerated Reduction of Maternal and Neonatal Mortality in Nigeria (ARMNM, 2019) *to reduce maternal and neonatal deaths through the provision of timely, safe, appropriate and effective healthcare services before, during and after childbirth.*

This roadmap articulates the most essential actions to increasing both the demand for quality services and their delivery focusing on the political, financial, social and other actions needed to support the delivery of the right care at the right time even in the very hard to reach areas. The Roadmap positions Nigeria to attain its goal of reducing the current mortality rate by more than 90% to fewer than 30 lives lost by 2030. Thus, the call for efforts at putting issue relating to maternal mortality on the front burner of policy and decision makers especially in terms of resource distribution and creating the needed enabling environment that would change the safe motherhood landscape in Nigeria.

Maternal and newborn mortality rate is a performance measurement for national development - Human Development Index (HDI) and is critical in assessing effectiveness of the political leadership of any country. It is therefore imperative that a commensurate rapid progress in saving the lives of women and children from preventable deaths during pregnancy, delivery and childbirth will raise Nigeria's HDI and rank from the current ranking of 158 out of 189 countries and territories[6].

FAMILY PLANNING

Nigeria has one of the lowest modern Contraceptive Prevalence Rates (mCPR) in Africa. Family Planning (FP) is universally acknowledged as one of the most and cost-effective ways of achieving improved maternal health and demographic dividends especially reduction in maternal mortality. Evidence from research studies show that successful Family Planning contributes to between 25% and 30% reduction of under five and maternal deaths respectively. Consequently, series of efforts have been made globally and nationally to reposition Family Planning. Yet the use of modern family planning methods in Nigeria has consistently remained below expectation over the past three decades with the country's current modern Contraceptive Prevalence Rate (mCPR) of 12 percent (NDHS 2018); though with marked differences between the urban and rural areas (18 percent versus 8 percent). The regional differences, for example shows 2 percent in North-East and 29 percent in the South-West.

Though unmet need for FP declined from 20 percent in 2008 through 16 percent in 2013 and to 10 percent in 2018, this is still considered high. Likewise, there are short birth intervals (spacing of pregnancies), with 25% of the births showing less than 24 months birth interval. The low use of modern family planning/contraceptives contributes to high fertility rate (5.3), poor maternal mortality ratio (512/100,000 live births) and critical child health situation. It is interesting to note that while TFR is 5.3, the wanted fertility rate among women is 4.8, an indicaton that Nigerian

[6]Human Development Report 2019: Inequities in Human Development in the 21st Century, Nigeria. {Online} Available at: hdr.undp.org

women are currently having, on average, 0.5 more children than they want (NDHS 2018). This means that more women will like to limit pregnancy/child birth if they are empowered, able to make decisions and have access to quality family planning services. In addition, the contribution of the adolescents (15-19 years) to TFR is significant considering high Adolescent birth rate of 120 per 1000 live births.

Nigeria participated in both global FP summits in 2012 and 2017 respectively that sought to reposition FP globally. At the 2012 summit, as a way to accelerate the reduction in maternal, newborn and child deaths, Nigerian Government committed to expanding access to and use of FP services targeting a Contraceptive Prevalence Rate of 36% by the year 2018. Following the 2017 summit, the target was rebased to 27% modern Contraceptive Prevalence Rate by 2020. A major outcome of the 2012 London Summit was the development of the first Nigeria's Family Planning Blueprint (Scale up Plan 2014 –2018) as a major step towards achieving the 2012 commitment. It has as its overarching goal to increase women's use of FP services thereby increasing the mCPR to 36% from 10% as a measure to reduce maternal mortality by 75 percent and infant mortality by 66 percent across Nigeria by 2018. Although costed, the funding for implementation was not fully provided. The reality around the over-ambitious goal of 36% caused the country to rebase the mCPR target to 27% by 2020 before the 2017 London summit, and this is also retained in the revised National Family Planning Blueprint (2019–2023).

Box 3:

Advocacy issues for Family Planning

- More trained and motivated personnel
- Equitable distribution of providers
- Recognition of FP as socio-economic agenda
- Financing the CIP
- Availability of consumables, contraceptives & equipment
- Functional Last Mile Distribution system funded by Government
- Budget line for FP, timely and 100% release of appropriation
- Additional SDPs and Infrastructural upgrade

There are also ancillary policies, national plans and strategic frameworks, guidelines, manuals and protocols to strengthen family planning response nationally by way of increasing human resource for Family Planning, creating sustainable supportive environment, increasing funding and scaling-up quality family planning service delivery in rural areas, increasing awareness, adoption of positive behavioural change among men, women and adolescents and other young persons (age 15 to 24) and ultimately increasing demand for services. These policies, plans and manuals include:

- The National Family Planning Communication Plan (2017-2020);
- National Condom Strategy (2017-2020);
- National Guidelines and Training Manuals for the Introduction and Scale-up of DMPA-SC self-injection 2019;
- Manual for the Training of Doctors, Nurses/Midwives and Community Health Extension Workers on Postpartum Family Planning (2016);

- National Task Shifting and Task Sharing Policy for Essential Health Care Services in Nigeria (2014 & 2018) and its Standard of Practice (SOP) 2018;
- National Guidelines to Scale-up Private Providers' Access to Government's Free Family Planning Commodities in Nigeria.

The several policy actions only succeeded in achieving a modest increase of the national mCPR from 10% 2013 to 12% in 2018 (NDHS 2018). Unfortunately, this increase is still far from the rebased target of 27% mCPR by 2020. This slow pace can be attributed to very limited funding at all levels which has made Family Planning dependent on donors. For instance, the sum of N1.2bn was allocated within the 2018 proposed budget, as counterpart funding for the procurement and nationwide distribution of contraceptive commodities. This allocation was a far cry from expected provisions of the $122.5m required for family planning programmes in 2017, as indicated in Nigeria's costed document for Family Planning (Nigeria Family Planning Blueprint Scale Up Plan 2014).

Other issues include poor infrastructure, weak political will in most states, biases of political and policy actors against FP, lack of recognition of FP as a key socio-economic development driver and, dearth of skilled workers despite the window of opportunities created to train Community Health Extension Workers (CHEWs) to provide injectables and Long Acting Reversible Contraceptives (LARC) in line with the new Task Shifting and Task Sharing Policy. In addition, the resistance of the male folk to family planning despite direct and indirect benefits remain key advocacy issues targeting male dominated structures (Governance, decision making and religion) at the community level.

NEWBORN AND CHILD HEALTH

Child survival is a pointer to the socio-economic and health development status of a country. Thus, newborn and child health care services should be available at all levels of the health care system throughout the country. The poor newborn and child health indices for Nigeria have been attributed to limited coverage at all levels. The negligible improvement noticed over the years are below the various targets set in relevant child health policies and plans. In Nigeria, the under-five mortality rate which dropped from 152/1000 live births (NDHS, 2008) to 128/1000 live births (NDHS 2013) increased slightly to 132/1000 live births (NDHS, 2018).

By this figure, Nigeria contributes about 10% of global under-five mortality. This also means that 1 out of every 8 children born in Nigeria, is likely to die before the age of five. In addition, there has been a slight reduction in infant mortality, from 75 (NDHS 2013) to 67 dealths per 1,000 live births (NDHS 2018), but these rates are no doubt still high when compared to global rates. Some of the conditions contributing to under-five mortality (these are identified as deaths occurring in the neonatal period) include but not limited to prematurity, pneumonia, diarrhea, malaria, malnutrition and HIV. Most of these causes are preventable and treatable, but caregivers of children under-five have inadequate capacity to address them due to limited information, socio-cultural issues, inability to pay, gross inadequate and inequitable distribution of health personnel especially in rural areas, distance to

point of care and poor access or non uptake of Family Planning.

Under-five deaths are higher in rural settings than in urban settings. Again, only 31% of children, age between 12 and 23 months receive all basic vaccination against childhood illnesses. One major factor in a child's dying is the mother's fertility behavior. For instance, the probability of a child dying in infancy is much greater among children born to mothers who are too young (under age 18) or too old (over age 34), children born after a short birth interval (less than 24 months after the preceding birth), and children born to mothers of high parity (more than three children). This reinforces the place of family planning in child survival.

Box 4:

Advocacy issues for Newborn and Child Health

- Inadequate trained and poorly motivated personnel
- Poor health infrastructure
- Gross inadequate and inequitable distribution of health personnel
- Funding gaps: No dedicated budget line for Child Health, and timely release of 100% appropriation
- Inadequate insurance coverage
- Not linking policies and plans to funding
- Poor implementation of PHCUOR policy

Key policy issues with newborn and child health programmes in Nigeria include;

- inadequate skilled health workers that have been trained on case management of childhood illnesses especially at the primary health care level;
- poor health infrastructure and equipment to manage common childhood illnesses;
- delay in accessing care (e.g. transportation problems);
- non-existent or poor implementation of National/State Health Insurance Scheme (in some of the States and LGA);
- inadequate implementation of child health policy nationally (including Child's Rights Act);
- funding contraints, and
- poor implementation of Primary Health Care Under One Roof.

At the institutional (facility) level are; attitudinal problems among health care workers (e.g. delay in providing care, delay in referral, etc), poor accountability of resources for PHCs, poor and inadequate trained health personnel, uncoordinated response due to non-availability of integrated health services and ineffective referral (due to logistics challenges). Community level issues include; weak community participation and ownership; delay in seeking and assessing care due to poverty, harmful and hindering local practices, poor education of caregivers and weak community drug revolving scheme.

ADOLESCENT HEALTH

Projections from the 2006 National Population Census Report puts Nigeria population at 214 Million (NPC, 2019) with adolescents (10-19 years) constituting over 23% of population, the census also showed young people (age 10-24 years) constitute 33% (NPC 2019). This implies that Nigeria has about 63 Millon young people as at 2019. Nigeria has a highly heterogeneous population, so also its young people, especially in terms of socio-demographic characteristics, health needs and vulnerabilities. The heterogeneity is explained in terms of in- and out-of-school, sexually and non-sexually active, physically challenged, urban-rural residency, urban slums livelihood and those in extreme poverty.

Box 5:
Advocacy issues for Adolescent Health

- Low prioritisation of adolescent and young people's health and development
- No budget line for adolescent health
- Inadequate funding for adolescent health at the national and state levels
- Weak involvement of adolescents and young people in program design and implementation
- Non-availability of age disaggregated data on adolescent health and development for decision making at the institutional level

Adolescents and Young people living in conflict areas or facing humanitarian crisis, including those displaced from their home settings by conflicts and insecurity, require different health, social and economic needs. Employment status, poverty, gender, teenage parenthood, level of education and marital status of adolescents have significant implications on their vulnerability. Adolescents living with HIV and others with sexual orientations may face discriminations and have greater barriers in accessing quality health services. In terms of gender, the girl-child has disadvantages compared to her male peer due to discriminatory social norms that constrain her opportunities, choices, voice, agency and development. Evidence abound of the various challenges adolescents and young people are exposed to especially in relation to sexual and reproductive health and rights but unfortunately, the response to these challenges has been worrisome and this affects the opportunities available to young people and incapacitates their ability to contribute to national development.

According to NDHS 2018, about 8 percent of adolescents age 15 to 19 have experienced sexual violence as compared to 6 percent in 2013. Mental ill-health is another issue in the lives of young people; worldwide 10-20 percent of adolescents experience mental disorders and neuropsychiatric conditions such as depression. Nigeria has a paucity of reliable mental health data and so it is difficult to have an accurate disaggregation of the significance of the problem. Globally, evidence shows that about half of all mental illnesses begin by age 14 and three-quarters by mid-20s. A significant proportion of young people commence sexual activity in adolescence, but the rate of contraception is low. Child marriage, unintended/teenage pregnancies and unsafe abortion have negated the development of young people especially the girl child. The proportion of teenagers who have begun childbearing rises rapidly from 2 percent at age 15 to 37 percent at age 19 (2018 NDHS). Adolescent girls are

also victims of trafficking within Nigeria, to African countries and to Europe with some of them saved by providence and able to return home.

Due to low use of contraceptives, abortion becomes the option available to this group of people. Available data shows that Nigeria has an estimated unintended pregnancy rate of 59 per 1,000 women aged 15–49, and approximately 56 percent of unintended pregnancies end up in abortion[7]. HIV is another health challenge that adolescents and young people have to contend with. For instance, the preliminary result of the 2019 Nigeria HIV/AIDS Indicator and Impact Survey indicates that HIV prevalence is less than 0.5 percent among both male and female adolescents (15-19 years). The HIV sero-prevalence rate among youths (20-24 years) is 1.3 percent for females and 0.4 percent for males. Even at that low sero-prevalence level, given the huge population of young people in Nigeria, over 300,000 young people were living with HIV in Nigeria in 2018.

A significant proportion of young people commence sexual activity in adolescence. The 2018 Nigeria Demographic and Health Survey indicates that about a tenth of adolescents ages 15-19 years (9.6%) have engaged in sex with a non-marital and non co-habiting partner within the last 12 months before the survey, of which only 35-65 percent reported using a condom the last time they had sex with such a partner. For male adolescents, 7.9% reported sexual activity in a similar context, and 56.6% reported using a condom at the last sex. Among the youths (20-24 years), the percentage that engaged in sex with a non marital and non co-habiting partner in the last 12 months before the survey was 16.3% for females, of which 40.5% used condoms, and for their male counterparts, 27.5% reported sex of which 64.75 used a condom at the last sex.

The level of unprotected sex is fairly high among adolescents (aged 15-19 years) and youths (aged 20-24) in Nigeria as reported by the 2018 Nigeria Demographic and Health survey (NDHS 2018). Among adolescents, 35 percent of females and 10 percent of males are sexually experienced while among youths, 86 percent of females and 47 percent of males are sexually experienced. Only 28 percent of unmarried sexually active female adolescents (15-19 years) use any method of contraceptives and 22 percent use modern contraceptive methods. Among unmarried female youths, 32 percent are current users of any method of contraceptives and 28 percent are current users of modern contraceptive methods. This development explains the high adolescent birth rate of 120 per 1000 live births.

Addressing Adolescents' malnutrition is in line with the Global Strategy for Women's Children's and Adolescents' health (2016-2030) whose goal is to survive, thrive and transform towards ending preventable deaths, ensuring health and wellbeing and

expanding enabling environments is very significant. The 2018 National Nutrition and Health Survey indicates that 18.7% of adolescent girls (15-19 years) have acute malnutrition and this is almost five times that of older women (20-49 years). Similarly, the 2018 NDHS also reported that 25% Adolescents 15-19yrs are thin in weight when compared with 6% of older women 20-49yrs. In translation, 1 in 4

[7]Bankole A, Adewole IF, Hussain R, Awolude O, Singh S, Akinyemi JO. The Incidence of Abortion in Nigeria. IntPerspect Sexual and Reproductive Health. 2015, Dec;41(4):170-81).

Adolescents girls and 1:16 older women are malnourished. The 2018 NDHS report on the micronutrient deficiencies of the adolescents show that 61% of adolescent girls aged 15-19 have anaemia while 57.3% of 20-49yrs older women have anaemia. This prevalence of acute malnutrition reporting more than four times higher for adolescents 15 to 19 years than adult women (20 to 49 years) with anaemia and myriads of disparity across the regions, highlights the urgent need to develop effective interventions to improve the nutrition of adolescent girls for positive birth outcomes and subsequent nutrition throughout the lifecycle. Improving nutrition in adolescent girls and boys is critical to improving the nutrition status of the entire population.

Overnutrition with its attendants' effect on non-communicable diseases in later years is also spanning across the human life course - all physiologic age groups or continnum of life. WHO in 2016, reported an obesity rate of 1% for male adolescents (age 10-19) and 2% for the females. Adolescent and Youth Friendly Health Services (AYFHS) in the country are restricted to a few areas and in only public sector rather than being widespread. For instance, an insignificant number of NGOs mostly in the South have established youth friendly clinics while efforts made to integrate this service into primary health care have not yielded the expected result.

Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) recognize specific actions to effectively respond to the different needs of the adolescents and young people and to remove barriers to access to relevant services and opportunities for improved health, well-being, and development. Major challenges faced by adolescents include Gender Based Violence (GBV), drug and substance abuse, child marriage, unintended teenage pregnancies, unsafe abortion and STIs including HIV/AIDS. Also are mental ill-health, poor hygiene practices, nutritional deficiencies; early and unprotected sex and unsafe cultural practices (SITAN FMOH 2018). Despite these challenges, adolescent health is still secondary in the national health care. Many advocacy efforts in the past have only yielded little dividends and this provides justification for renewed efforts at increasing commitment and investment of resources to adolescent health and development through innovative advocacy addressing the issues highlighted in Box 5.

NUTRITION

The 2018 National Nutrition and Health Survey, based on anthropometric measurements, indicate that 18.7% of adolescent girls (15-19 years) have acute malnutrition and 10.9% have severe acute malnutrition. The rate of malnutrition in adolescent girls is almost five times that of older women (20-49 years). The 2018 NDHS also reported that three-fifths (60.6%) of adolescent girls aged 15-19 have anaemia: 42.2% have mild anaemia, 11.6% have moderate anaemia, and 0.7% has severe anaemia. National figures are not available for male adolescents and young people. Alongside under-nutrition, Nigeria is also recording a growing problem of obesity among adolescents, particularly in urban areas and among upper socio-economic class families. WHO, in 2016, reported an obesity rate of 1% for male adolescents (age 10-19) and 2% for the female adolescents.

The issue of micronutrients deficiencies is even a matter of greater concern since its negative impact is not visible. Emphasis had been on food production as a means of

addressing malnutrition especially regarding wasting and stunting to the neglect of the issue of hidden hunger. The statistical evidences that micronutrients deficiencies are an enduring public health problem in Nigeria in spite of the supplementation, food fortification, bio-fortification and dietary diversification strategies with existing gaps in the coordination, monitoring, evaluation, accountability and awareness creation to drive the programmes to bring the necessary impact on a sustainable basis

Box 6:
Advocacy issues for Nutrition

- Non-Implementation of existing policies: The National Multisectoral Plan of Action on Nutrition and National Policy on Food and Nutrition
- Non-domestication of Nutrition Policy at state levels
- Inadequate budgets for Nutrition programs
- Low prioritization of nutrition issues
- Short period of maternity leave
- Poor coordination of nutrition response at the national and state levels
- Inadequate and low capacity of human resource
- Inadequate CMAM sites and at low scale up (only in few geographic locations)
- Poor integration of nutrition into health services.
- Poor water, sanitation and hygiene (WASH) practices
- Negative cultural beliefs and harmful practices (e.g. throwing away of colostrum)

NDHS 2018 indicated that only 41% of the children age 6–59 months received Vitamin A supplements in the six months prior to the survey and only 59% children 6-59months consumed vitamin A rich foods. Anaemia is a serious concern for children because it can impair cognitive development and is associated with long-term health and economic consequences but NDHS 2018 reported that 68% of children age 6-59 months are anaemic. Whilst the efforts against undernutrition have continued mainly for children <5years due to the intergenerational critical impact on later years, change in lifestyle, diet and economic circumstances have predisposed segments of the population towards overnutrition and emerging challenges. This duality of both undernutrition and overnutrition co-existing together in a community or household is referred to as 'double burden of malnutrition'.

Evidence of policy interventions addressing malnutrition in Nigeria including the extension of flexible maternity leave to enable working mothers' practice exclusive breastfeeding, zero water campaign scaling up Community Management of Acute Malnutrition (CMAM), etc in line with 2014-2019 Health Sector National Strategic Plan of Action on Nutrition has yielded some results as increased engagement of all stakeholders towards collaborative commitment on Manufacturers' commitment to adhere to food safety standards with nutritive fortificants. Some Government and stakeholders' commitment of varied resources at various tiers of care has improved

Exclusive Breast Feeding (EBF) rate from 17% to 29% and Wasting from 18% to 7% in NDHS 2003 and 2018 respectively.

In all these, the global nutritional targets of 50% EBF rate, less than 5% wasting and stunting <20% is yet to be reached, which calls for sustained innovative advocacy for multiple and effectively coordinated resources of multistakers to address the multifaceted challenges to food and nutrition security even in emergencies like conflict, disaster and epidemic/pandemic as the emerging and re-emerging trends globally and nationally.

HEALTH PROMOTION

Health Promotion is the process of enabling people to increase control over and improve their health. It covers a wide range of social and environmental interventions that are designed to benefit and protect individuals health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure (WHO). Following the adoption of Health Promotion concept by the Federal Government of Nigeria, the maiden National Health Promotion Policy (NHPP) was developed in 2006 to strengthen the health promotion capacity of the health system[6] .

The Nigerian Development Communication Forum, established in 2004 by Communication Officers in Partner Agencies was renamed Communication Forum (CF) in 2007 under the leadership of the Federal Ministry of Health with the responsibility to coordinate Health Promotion activities at all levels as contained in the NHPP. In 2018, the CF was renamed National Health Promotion Forum (NHPF) and membership was expanded to effectively serve as a multi-sectoral technical advisory platform aimed at strengthening collaboration on the implementation of the National Health Promotion Policy. Likewise, the 36 States Ministry of Health, FCT Health Department and the 774 Area Councils replicate same coordination role at the sub-national levels through existing State and Local Government Area Social Mobilisation Committees respectively. Milestones in Health Promotion activities in Nigeia include:

- National Health Promotion Policy (2006)
- First National Health Promotion Conference in Nigeria (2008)
- First Albino Conference in Nigeria (2009)
- Baseline Assessment of Health Promotion Best Practices in the six geo-political zones and FCT (2009)
- Second National Health Promotion Conference in Nigeria (2010)
- Assessment of selected health facilities on ease of accessibility of health care facilities and services for persons with disabilities in FCT, Abuja, Nigeria (2012)
- National awareness campaign against risk factors of Ebola (2014)
- National awareness campaign against risk factors of Lassa Fever (2016)
- National Family Planning Communication Plan (2017)
- Rebranding of National Family Planning Logo, Green Dot (2017)
- Revised National Health Promotion Policy (2019)
- First National Strategic Plan for Health Promotion (2020-2024)

- Knowledge Management Guideline for Health Promotion (2020-2024)
- National Advocacy Strategy for RMNCAH+N programmes (2020-2024)

Nigeria presents opportunities that if properly harnessed, would go a long way in enabling the implementation of health promotion interventions. These include the institutional arrangement that places health on the concurrent legislative list, which means that the statutory responsibility of each tier of government can be leveraged to play significant roles in health promotion; the policy environment for Public-Private Partnership (PPP); and an ever-growing availability of mobile technologies. Every major Policy document, ranging from the National Health Act (2014), the National Health Policy (2016) and the Second National Strategic Health Development Plan (2018–2022) is in concurrence that health promotion is Nigeria's means of *'reducing the overall burden of disease through behaviour and lifestyle changes'*[6] .

Box 7:

Advocacy issues for Health Promotion

- Inadequate appropriation for Health Promotion programmes at all levels
- Poor ownership and political will resulting in low prioritization of health promotion issues
- Absence of guidelines and Monitoring framework for standardization of health promotion practices
- Inconsistency in the nomenclature of entities and workforce responsible for health promotion at States and LGA levels
- Weak coordination of Partner's activities at all levels.
- Absence of platforms for media engagement for effective risk communication to public

However, what presents as a very favourable and conducive policy environment is starkly contradicted by the realities surrounding the institutionalisation of health promotion; the limitations and challenges of managing and implementing health promotion interventions and the complexities confronting Health Promotion as an evolving professional practice. Therefore, it is important that achieving a favourable turn-around and repositioning of health promotion activities at the national and state levels will involve a focus on the issues highlighted in box 7.

On the other hand, key advocacy issues at the institutional level are inadequate human resources, non-availability of regulatory systems, frameworks and structures, inadequate materials, equipment and infrastructure for the delivery of quality health promotion services. At the community level are *issues that* are centered around poor health seeking behaviour, ownership and accountability.

SEXUAL AND REPRODUCTIVE HEALTH OF PERSONS WITH DISABILITY

According to the World Report on Disability (2011), approximately 25 million Nigerians live with disabilities, with 3.6 million of them having very significant difficulties in functioning. It is estimated that about 13 million (representing 52%) of this population are women and girls. A National Baseline survey on Persons With Disabilities (PWDs) conducted by the Federal Ministry of Women Affairs estimates a national prevalence of 3.2%; with the lowest prevalence of disability in the FCT (0.6%) while the highest prevalence of 22.2% is in Sokoto State. Regional variations indicate that the North-West geopolitical zone has the highest prevalence of 5.0% followed by the South-East (4.5%), South-South 2.6%, North-East 2.4% and South-West 2.1% respectively. A casual observation of the number of persons with disabilities who are destitutes, beggars and homeless people across cities and rural communities are indicative that disability remains a huge challenge in the country.

Aside being a signatory to the United Nations Convention on the Right of Persons with Disabilities and its optional protocol in 2007 and 2010 respectively, Chapter Four of Nigeria's 1999 Constitution has enshrined in it the basic rights of all Nigerians. The most important of these rights is the "*Right to Life*". Unfortunately, many PWDs have been denied this right to health services as enshrined in Chapter Four of Nigeria's 1999 Constitution.

Box 8:

Advocacy issues for Health/Sexual Reproductive Health of PWDs

- Poverty limits their access to services
- No deliberate strategy to mainstream PWDs into Health Insurance Schemes
- Limited physical access to health facilities
- Discriminatory attitude of health workers
- No representation in health governance structure
- Inability to access various points of care and use of available equipment
- Lack of protection against sexual and domestic violence
- Weak structures to coordinate any response to SRHRs of PWDs/WGWDs at national and sub-national levels
- No legal provisions and framework to protect the health/SRH needs of PWDs
- Poor access to nutritional support by children of PWDs

In the past, governmental policy statements were doubtful, while other efforts to establish concrete laws were not followed through. For instance the origin, existence and validity of the 'Nigerians with Disability' Decree of 1993 promulgated under the military dispensation, was deemed to be controversial and therefore not implemented meaningfully.

In the current democratic dispensation, some attempts have been made to sponsor some critical bills at the National Assembly to secure and safeguard the rights of PWDs in the country. Fortunately, on 24th January 2019, the President signed the disability bill into law: Discrimination Against Persons With Disabilities (prohibition) Act 2018.

There is paucity of data regarding

the number of Women with Disabilities (WWDs) who have access to maternal health care services, because it is hardly conceived that WWDs actually have need for sexual and reproductive health services.

The current National Reproductive Health Policy and Strategy, the National Strategic Health Development Plan II, the National Strategic Plan on HIV/AIDS and a host of other national documents do not spell out concrete interventions for addressing the health concerns of PWDs, and these group of persons also require the minimum package of health and reproductive health services available to everyone, but unfortunately their special circumstances create barriers, and they are denied access to basic health and reproductive health services.

In addition, other issues identified as constituting barriers to access to health/SRH services by PWDs includes poor awareness and knowledge of SRH leading to inability of PWDs to identify health/SRH needs, poor access to health services, inability to afford the cost of health/SRH services, inaccessible infrastrcutures, lack of accessible information and the lack of sign language and other alternative communication means within the healthcare services and poor nutrition. Other factors are societal attitude, unfriendly attitude of health providers to PWDs, ignorance and inadequate capacity of service providers to manage clients with disabilities, non-inclusion of PWDs in all processes of designing, planning and implementation, exposure to sexual violence, lack of involvement in decision making and lack of capacity to engage, monitor and provide feedback to health planners, managers and policy makers including the lack of budgeting for disability inclusion.

All these are overlooked, and where some interventions are contemplated, they are usually unplanned, one-off and palliative with no concrete results, no monitoring and evaluation and no sustainability plan. Hence, Nigeria's national health policies and plans need to include mainstreaming and privision of disability specific services for persons with disabilities, as well as develop a holistic strategy that will systematically include the reproductive and health needs of these marginalised groups. It is therefore important that the needs of PWDs are integrated into RMNCAH+N advocacy at national and sub-national levels focusing on issues highlighted in box 8.

HEALTH BUDGET[8]

Sucessive administration at the national level has made strong statements and commitments to the health of the people and efforts made to provide fund within available resources. However, over the years, the provisions have never matched up with the requirements to provide comprehensive and quality health services to its people. Inadequate funding has over the years been identified as a critical factor in the performance of the health system and health profile outlook of the nation. Nigeria's

[8] Figures 5,6 & 7 sourced from Budget Office of the Federation (www. budgetoffice.gov.ng)

annual budget has grown more than 20-fold since the country's return to democracy in 1999, but with little impact on key development parameters. Nigeria's performance in almost every aspect of health including maternal health, newborn and child health, nutrition, mental health, sexual and reproductive health, and adolescent health has been below average. The poor state of the economy over the years may have explained poor funding of the health sector as seen in the allocation to health in the past 5 years (Table 9[9] and Figure 5) with the highest being 5.1% in 2015 and 3.9% in 2018 as against the 15% Abuja declaration in 2001.

Box 9: National Health Budget (2015-2019)

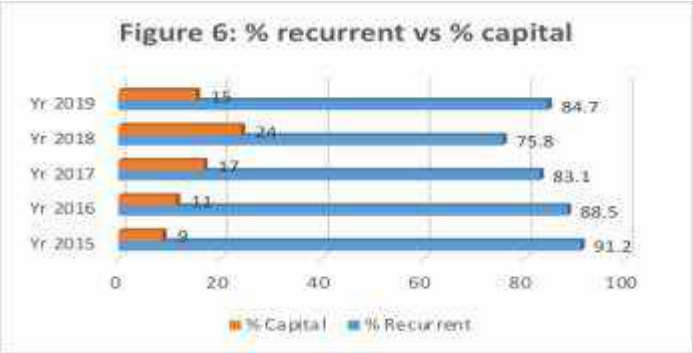
	Total budget	Health	% allocation to health
Yr 2015	5,067,000,000,000	259,751,742,847	5.1
Yr 2016	6,060,000,000,000	250,060,000,000	4.1
Yr 2017	7,441,175,486,758	304,190,961,402	4.0
Yr 2018	9,120,334,988,225	356,000,000,000	3.9
Yr 2019	8,920,000,000,000	372,717,300,000	4.1

Several policies and plans exist, however, funding do not match the provisions in these policies and plans and therefore creates a huge gap between what is required and what is made available. A further analysis (Box 10 and figures 6 and 7)[10] shows the skewness of the budget to recurrent expenditure accounting for as much as 91.2% in 2015 to 75.8% in 2018 leaving meagre 9% in 2015 to 24% in 2018 for capital expenditure. This is a development that explains inability to develop health infrastructure, funding of major programs and activities, inadequate equipment and consumables and high out of pocket expenses

Quite unfortunately too, budget implementation at the natonal level has been poor, thereby affecting sectoral allocations including health, showing gross under-release of appropriated fund. It is therefore a recurrent trend seeing budget release to health being grossly below what is contained in the budget document including the Appropriation Act.

Box 10: Health Budget: Recurrent vs Capital (2015-2019)

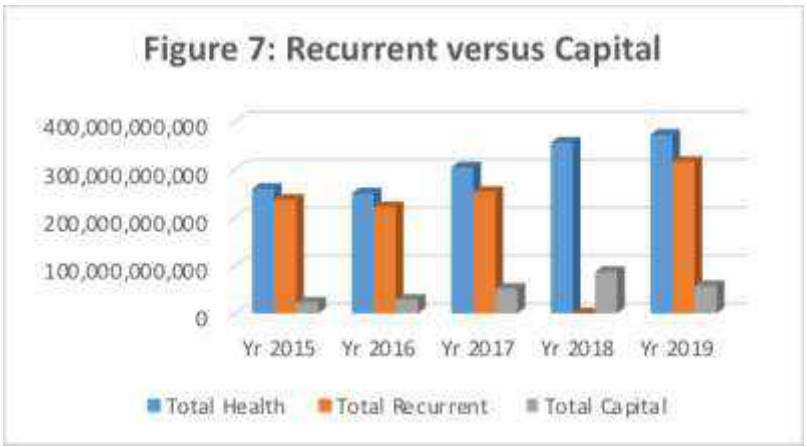
Year	259,751,742,847	Total Recurrent	Total Capital	% Recurrent	% Capital
2015	250,060,000,000	237,075,742,847	22,676,000,000	91.2	9
2016	304,190,961,402	221,410,000,000	28,650,000,000	88.5	11
2017	356,000,000,000	252,875,396,662	51,315,564,740	83.1	17
2018	372,717,300,000	269,970,000,000	86,490,000,000	75.8	24
2019	259.751.742.847	315.717.300.000	57.085.000.000	84.7	15



The budget may have shown some figures, however, there is no information on release for each year to enable a real determination of spending on health. If Nigeria hopes to reverse the trend of decline and realign its economy for inclusive growth, then increase in funding to health as an investment is a

[9] Budget Office of the Federation (www. budgetoffice.gov.ng)
[10] Budget Office of the Federation (www. budgetoffice.gov.ng)

necessity. Nigeria will need to significantly upgrade its health sector spending if the aspirations of government and the needs of all citizens are to be met. Over the years, allocations to the health sector at the federal level, relative to the budget size, continue to decline, falling from a 5.97% in 2012, to 4% in 2018 (figure 5). This trend may make the economic and developmental objectives of government, as contained in the Economic Recovery Growth Plan (ERGP) and other socio-economic development policies, nearly impossible to realize.



In 2001, the government of Nigeria, along with all African Union countries (under the famous Abuja declaration), pledged to spend 15% of its annual budget on health care. But the country has never been come close to reaching that goal. The result is that up to 70 percent of medical spending in Nigeria is out of pocket, forcing many with sudden health problems into debt or poverty. Currently, Nigeria is yet to fully implement its National Health Act (NHA) passed in 2014, which provides for a minimum of 1% Consolidated Revenue Fund (CRF) - money set aside to provide basic health packages for all Nigerians. Heightened advocacy by civil society will be required to ensure the tangible consolidation of the Basic Health Care Provision Fund as prescribed by the National Health Act 2014.

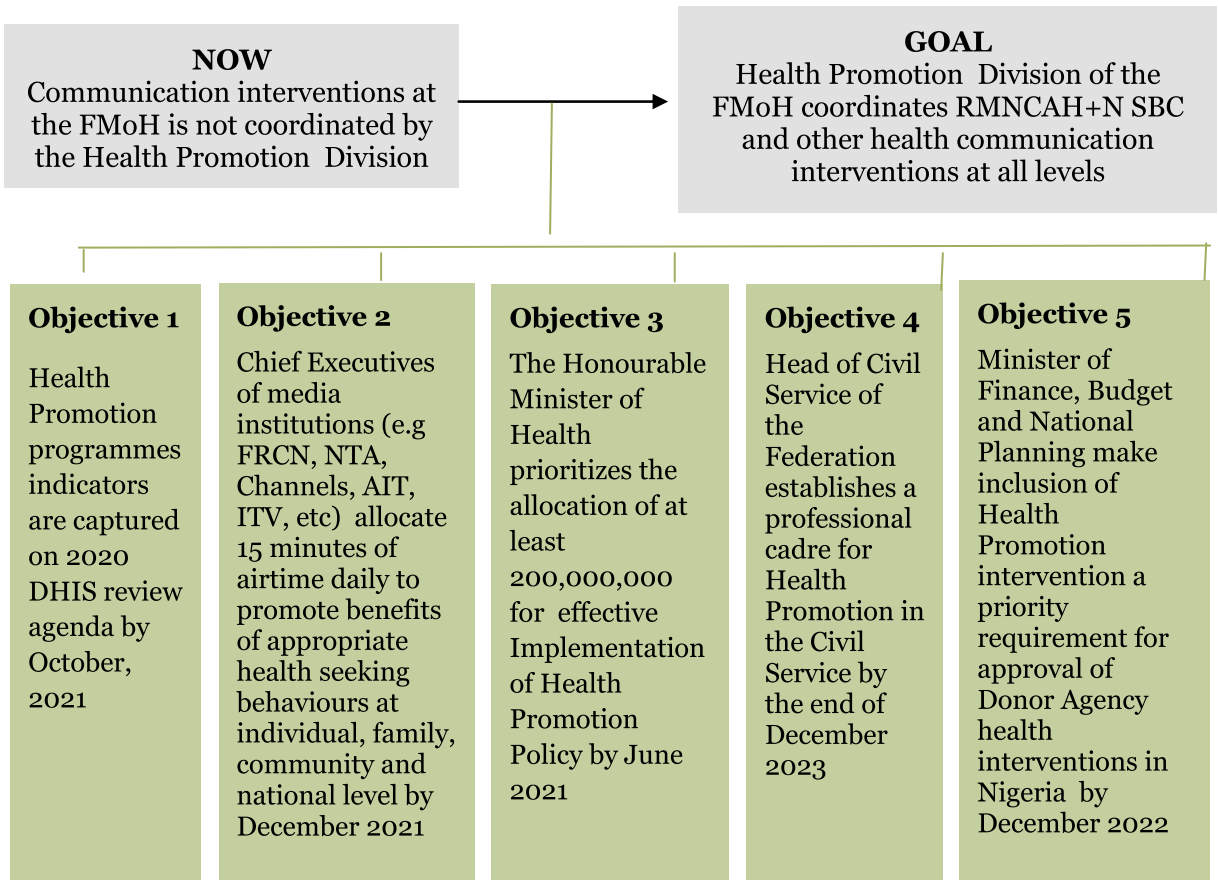
Several other commitments that are also linked to health such as education, provision of rural water and safe sanitation remain unmet, thereby contributing to poverty and rising inequality in Nigeria.

CHAPTER FOUR

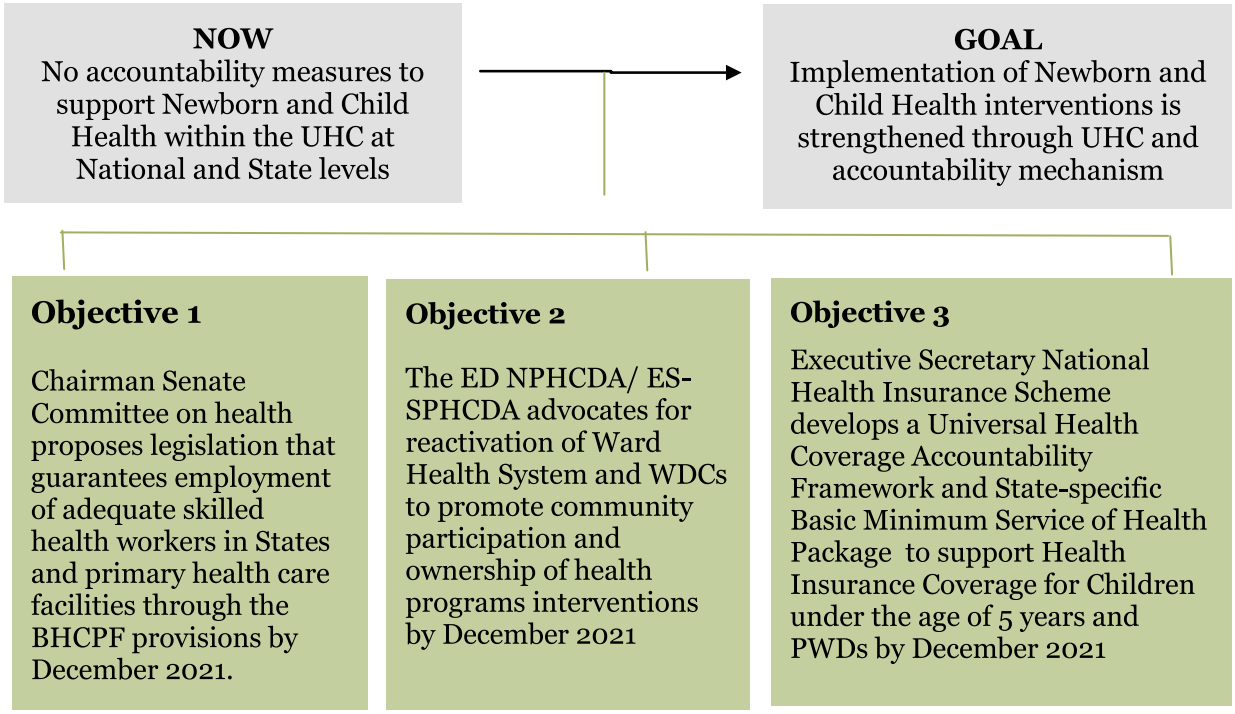
ADVOCACY GOAL AND OBJECTIVES OF RMNCAH+N COMPONENTS

This section of the strategy describes advocacy goals for Health Promotion, RMNCAH+N programme areas and the corresponding objectives addressing key advocacy issues. The objectives will drive the attainment of the overall RMNCAH+N goal. The broader goal for evidence based advocacy will focus on achievement of a sustainable enabling environment that assures increased access and use of quality RMNCAH+N services by all Nigerians within the context of Universal Health Coverage, evidenced by increased political will, leadership commitment and support, policy actions, adequate funding, accountability, effective coordination and voice at all levels

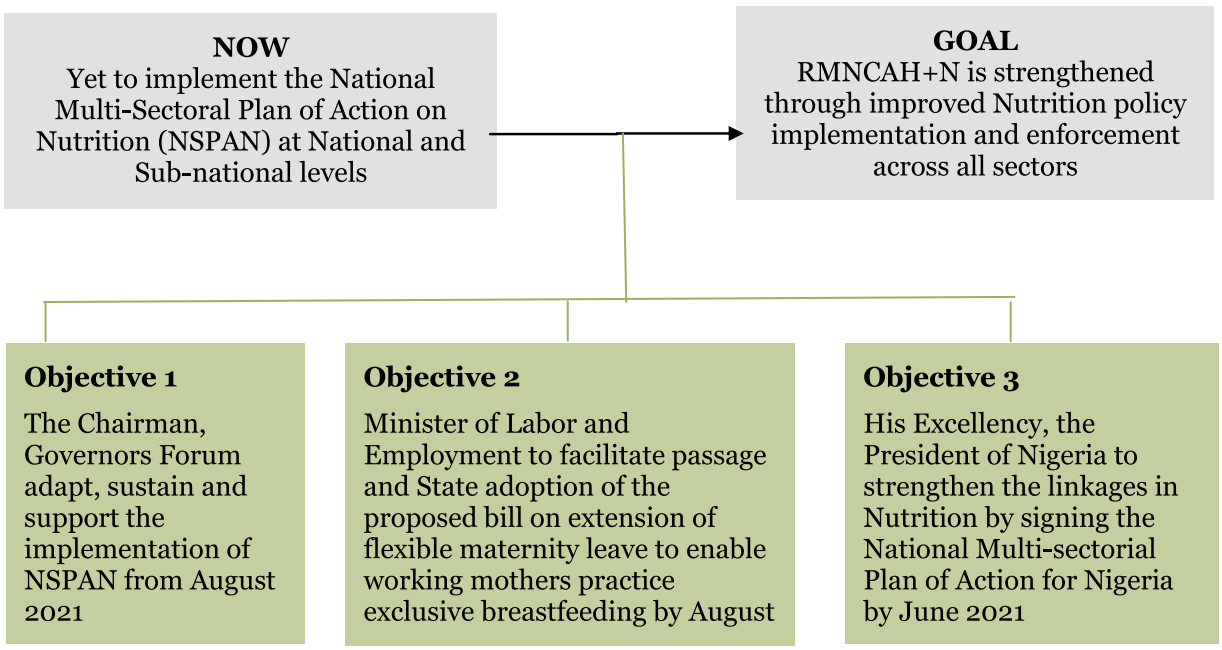
Health Promotion



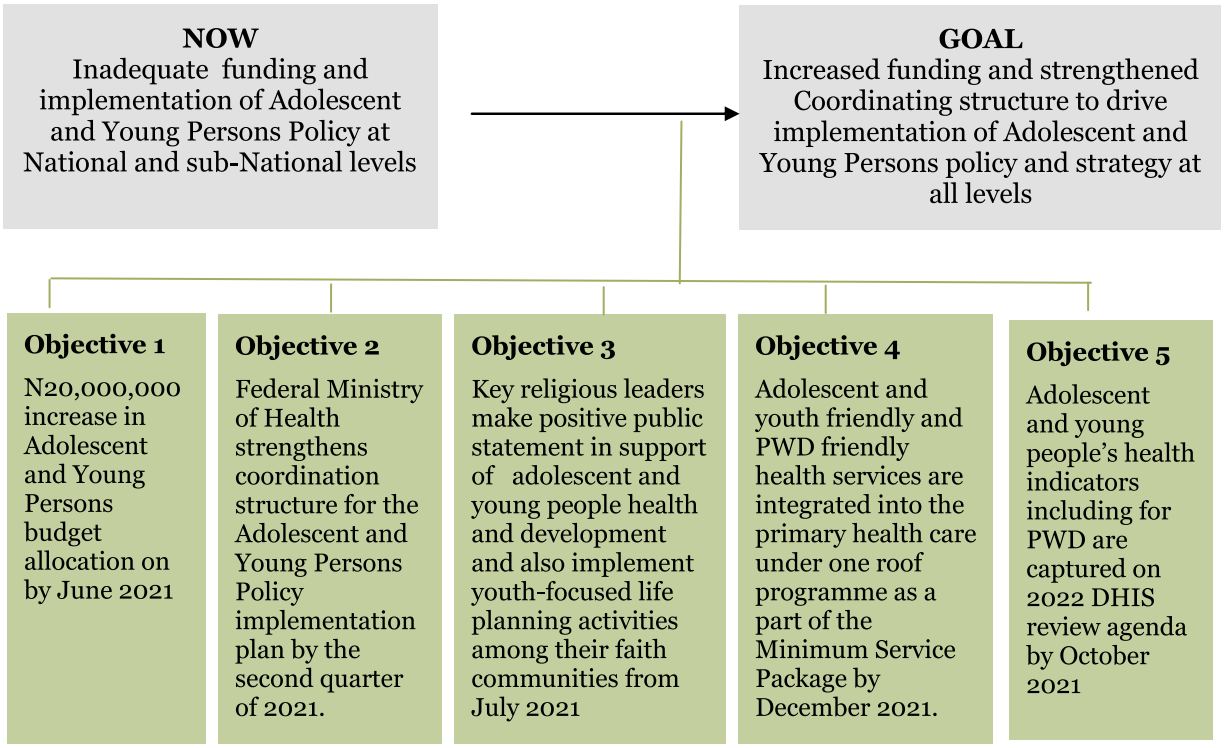
Newborn and Child Health



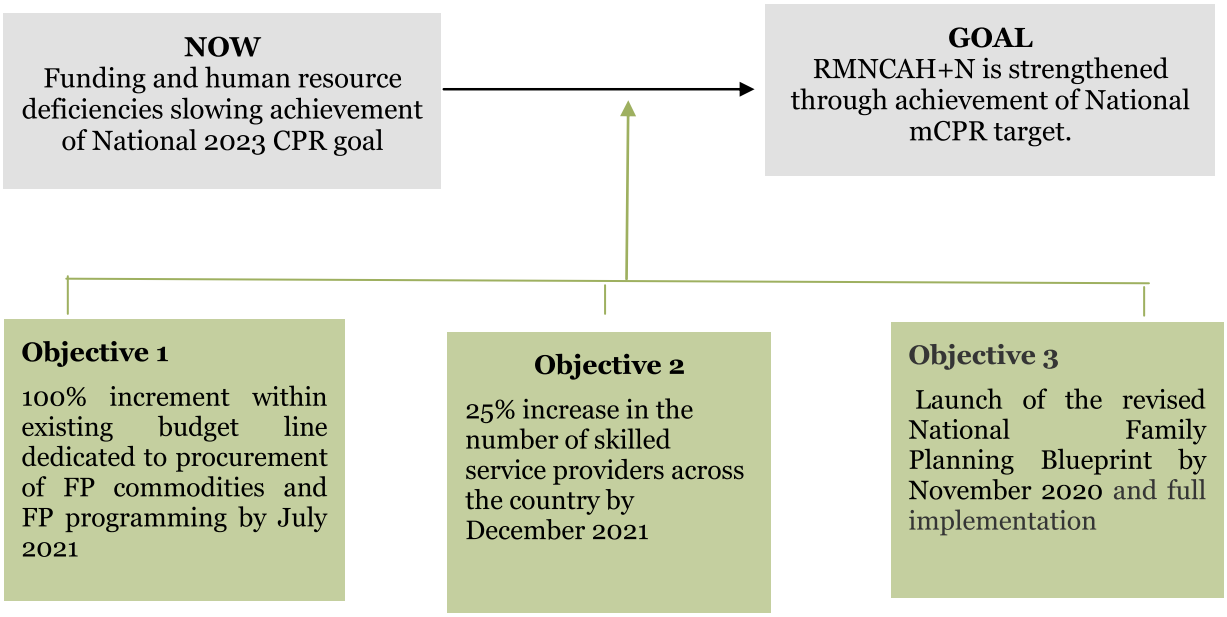
Nutrition



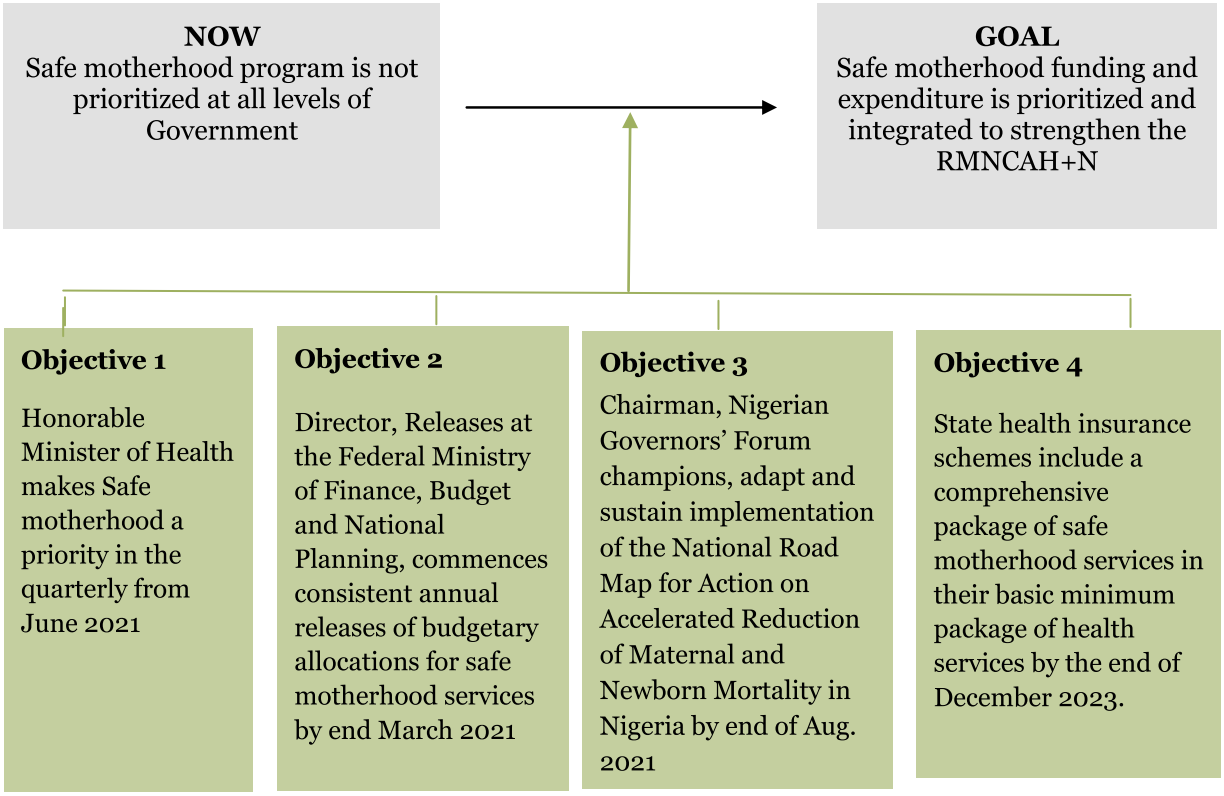
Adolescent Health



Family Planning



Safe motherhood



CHAPTER FIVE

ANALYSIS OF NATIONAL STRATEGIC DECISION MAKERS

The Decision maker (Primary audience) is the key target that will directly create the change the advocate seeks to achieve. A description of decision-makers for advocacy focuses on their core values, concerns and disposition to the subject matter for advocacy on RMNCAH+N. Similarly, the Secondary audiences are also chosen and listed based on their potentials, roles and relationships with the Primary audience. The choice of a decision maker depend on the issue in focus. This section is essentially a guide to determining and relating with the critical and important choices we make in this regard.

PRIMARY AUDIENCES	PROFILE	SECONDARY AUDIENCES
His Excellency, The President of the Federal Republic of Nigeria	The President's top priorities and concerns includes security, economic growth, diversification and Health (healthy lifestyle, nutrition, preventive and curative care), ending corruption and fighting insurgency. Goverment's investment in school feeding programs will form an entry point for advocacy on Nutrition and Child Health.	The Vice-President Her Excellency, Wife of the President of the Federal Republic of Nigeria The Chief of Staff to the President
Chief Executives of print and electronic media houses such as FRCN, NTA, Channels, AIT, EL, ITV, etc	Extremely busy people with high integrity, passion for business (profitability) and strong believers in government-media partnership and information dissemination. They bring varieties to broadcasting and their reach is wide and phenomenal. They believe that knowledge preceeds choices and actions; the more knowledgeable people are, the more they make informed choices, especially on their health. They have various programmes on health which can be leveraged on to reach the people. Therefore they must be engaged. Advocacy activity to them must be well	Honorable Minister of Information and Culture

PRIMARY AUDIENCES	PROFILE	SECONDARY AUDIENCES
	thought out, evidence based, and must also promote their brand for wider viewership.	
The Honorable Minister of Health	The Honourable Minister has a good understanding of how the system works and chairs the highest policy making body for health – The National Council on Health (NCH) which has all the State Commissioners of health as members. The NCH provides platform for consultation, dialogue and participatory decision making on health issues. The Minister is committed to improving the health outcomes of the country and achieving UHC that includes focus on the health of the adolescents and young people. The Minister is concerned about Nigeria's poor health indices, including high maternal, neonatal and child mortality and is committed to changing the narratives.	The Permanent Secretary, FMoH The Director, Family Health, FMoH The Director, Procurement, FMoH The Director, Planning Research and Statistics, FMoH
		The State Commissioners for Health Other allied Ministers – Education, Youth, etc
Honorable Minister of Finance, Budget and National Planning	The Honourable Minister is a key strategic person in the management of the economy including priority setting for the administration and resource distribution through annual budget. The Minister also has knowledge of special intervention funds from which RMNCAH+N could draw from. The Minister has the ears of the President who has confidence in the Minister and also trusts the Minister's judgement. The Minister understands the strong nexus between the economy and the health of the citizens and most especially women and young people. Thus, the Minister will buy into the argument that with increased funding for RMNCAH+N programmes, savings can be made for government to invest in other areas of the economy.	Chairman, Legislative Network for Universal Health Coverage Chairman, National Health Advocates Director, Budget and Expenditures State Commissioners for Economic Planning & Budget
Head of Service of the	The Office of the Head of Civil Service of the Federation (OHCSF) determines and	Honourable Minister of

PRIMARY AUDIENCES	PROFILE	SECONDARY AUDIENCES
Federation (HoSF)	approves what changes are required in the structure of any Ministry for increased effectiveness and efficiency, including career advancement, motivation, job satisfaction and performance. The starting point for any health program is awareness which influences health seeking behaviours and as such health education and promotion is important. With improved knowledge, diseases and ill-health are avoided and spending on medicare reduces. Therefore the HCSF can understand that a vibrant and functional Health Promotion structure with required capacity is strategic to the success of the Health Ministry. The HOCSF also understands the importance of health information to the entire population, particularly at the household level. With strong justification, the HOCSF can use the office to secure a review of the structure in the Ministry for the purpose of strengthening the Health Promotion Division.	Health Executive Director- NPHCDA
Director, Federal Ministry of Finance, Budget and National Planning	The Director plays a critical role in managing the implementation of the budget. Though rules and guidelines exist for budget implementation, Budget releases and spending are key determinants of the performance of the budget. Use of discretion comes with the understanding of some critical issues that impact positively on the well being of the people, especially women and children. The engagement of the Director backed with strong and convincing evidence to strengthen justification for releases for RMNCAH+N will win support for the programme.	Team Lead Basic Health Care Provision Fund (BHCPF) Team Lead Technical Support Unit (TSU) Executive Secretary/ Directors, State Primary Health Care Agencies/ Boards.

PRIMARY AUDIENCES	PROFILE	SECONDARY AUDIENCES
Executive Director, National Primary Health Care Development Agency	The Agency coordinates the implementation of RMNCHA+N programmes at the primary health care level which provides services to about 75% of mothers and children, especially in rural communities. It ensures that the required workforce (quantity and quality) is available at the PHC level through State Agencies for effective response. The Agency also has the mandate to strengthen community response to RMNCAH+N programmes by strengthening community structures through capacity development, and provision of guidelines for effective operations of the WDCs/CDCs/VHCs. The Executive Director of NPHCDA understands the issues, especially the poor health status of women and children which manifest in maternal and child mortality and can easily leverage resources for effective RMNCAH+N response at the PHC level.	Honorable Minister of Health Executive Secretary, National Health Insurance Scheme (NHIS)
Executive Secretary, National Health Insurance Scheme (NHIS)	The Executive Secretary understands the implications of lack of access to basic health services especially by the poor, and mostly women and children whose health profile is used to measure the country's demographic dividends. In Nigeria, access to health care depends largely on out-of-pocket expenses and in extremely poor societies, most people are unable to pay. The resultant effects are poor maternal and child health, malnutrition and other challenges. Health insurance is a sustainable intervention that removes the barriers created by inability to afford the cost of health care through the out of pocket system. The Scheme under the leadership of the Executive Secretary has a commitment to scaling up the Scheme to cover all Nigerians including the private sector, un-employed and people at the grassroots, especially women and children. The Executive Secretary/NHIS can justify to Mr President the need for improved funding of NHIS to	Honorable Minister of Health Executive Secretary/ Director, States Health Insurance Scheme WHO, World Bank Special Assistant to the Executive Secretary, NHIS

PRIMARY AUDIENCES	PROFILE	SECONDARY AUDIENCES
	strengthen the national response to RNMCAH+N, thus repositioning the Scheme for Universal Health Coverage and increase access for the poor and vulnerable population.	
Director, Planning Research and Statistics, Federal Ministry of Health	The Director is a Health Planner who understands the importance of data not only in measuring performance but in programs, sectoral and national planning. Also the Director ensures availability of disaggregated data needed for proper planning. In the DHIS 2, data on health promotion from other settings outside health facility, adolescents and PWDs with regards to nutrition, mental health, SRH, etc are not captured. It is therefore important that the DHIS2 is expanded to address these gaps to strengthen health planning and management at all levels. The Director knows that this step is beneficial to health development and will be wiling to work with relevant stakeholders to address gaps in data availability for more evidence-based programming.	Director, Family Health Department, FMoH Head/Gender, Adolescence, School Health and Elderly (GASHE) Division Director, Health Promotion Division, FMoH
Chairman, Senate Committee on Health Chairman, Legislative Network on Universal Health Coverage (UHC)	The Senate Committee on health/legislative committee on UHC performs oversight functions on implementing all policies and programs that facilitate the attainment of Universal Health Coverage. The Chairman is knowledgeable and understands the issues involved. The Chairman's motivation is to champion a natonal health agenda that expands coverage of health services to everyone especially the most vulnerable groups including PWDs, women and children in rural areas. The Chairman will use his position in the Senate to secure legislative buy-in to UHC including adequate appropriation and follow up to ensure release.	Deputy Chairman, Senate Committee on Health Chairman, House Committee on Health Clerk of the Committee on Appropriation Honorable Minister of Health
Chairman, House Committee on	The Chairman, House Committee on Health has a deep understanding of the issues and can facilitate increased budgetary allocation	Honorable Minister of Health

PRIMARY AUDIENCES	PROFILE	SECONDARY AUDIENCES
Health	to health by mobilising and influencing fellow Committee Chairmen especially those in Appropriation and Public Accounts for increased allocation to Health especially critical areas of RMNCAH+N programmes including Health Promotion.	Deputy Chairman, House Committee on Health Clerk of the Committee on Appropriation
Chairman, House Committee on Appropriation	The Chairman wields tremendous influence in the House, among colleagues, politicians and senior civil and public servants trying to lobby for funds appropriation or increase appropriations to sectors or programms they have interest in. The Chairman is also key to the Executive decisions in ensuring implementation of what is allocated to the priority programms of the Executive. With adequate understanding of the issues involved in RMNCAH+N, the Chairman can be persuaded to ensure adequate budgetary support.	Honorable Minister of Health Chairman, Senate Committee on Health Chairman, House Committee on Health
Chairman, Nigeria Governor's Forum	The Nigeria Governors' Forum has emerged as a political force of reckoning and it provides a platform for the Governors to share ideas, undertake peer reviews and take a common positions on national issues especially political and economic issues. They influence decisions at the national level. The Chairman is highly influential not just amongst the Governors but also among the party members and has the ears of the President on specific national issues. The Chairman can influence sustained increase in funds appropriated to health especially RMNCAH+N programmes including Health Promotion.	Chairperson, Nigeria Governor's Wives Forum Director General, Nigeria Governor's Forum Chairman, Legislative Network on Universal Basic Health Honorable Minister of Health Honourable Minister, Finance, Budget and National Planning

PRIMARY AUDIENCES	PROFILE	SECONDARY AUDIENCES
Chairman, National Committee on Nutrition	The School Feeding Program is a flagship program of the current administration and a demonstration of a commitment to improved nutrition among school age children. His Excellency, the Vice President of the Federal Republic of Nigeria chairs the National Committee on Nutrition. He demonstrates commitment to the welfare and standard of living of Nigerians, especially the poor and disadvantaged (women and children). With engagement, he will use his office to scale up current intervention, support a national law on extended maternity leave to 6 months and vote more resources for national nutrition program.	Honorable Minister of Health Executive Director, NPHCDA
President, Christian Association of Nigeria (CAN)	The Christian Association of Nigeria is a faith based amalgam of all Christian denomination in Nigeria. It's a mix of the "moderate" and the "conservatives" on some health issues such as family planning and access of adolescents to contraceptives based on religious and doctrinal inclinations. This has made it difficult for CAN to have a common position and give their support on these health issues. CAN agrees and acknowledges poor maternal and child health manifesting in high maternal, child and infant mortality. Likewise, CAN acknowledges high sexual activities among adolescents and young people resulting in unplanned pregnancy with a proportion resorting to induced abortion. However, the point of disagreement is the approach to solving these problems. The leadership (President) of CAN offers a window opportunity for an engagement that could persuade CAN to be more supportive of an effective response to MMR, IMR, CMR, teenage pregnancy and abortion.	Honorable Minister of Health Executive Director, NPHCDA Director, Department of Family Health, FMoH Director, Department of Planning, Research and Statistics, FMoH Director, Health Promotion, FMoH
President, Jama'atul Nasril Islam	Jama'atu Nasril Islam (JNI) is an umbrella body for the Nigerian Muslim community and through it, stands are taken on all issues	Honorable Minister of Health

PRIMARY AUDIENCES	PROFILE	SECONDARY AUDIENCES
(JNI)	including health based on beliefs and doctrines. The body also acknowledges issues around maternal, infant and child mortality and health of adolescents and young people. But, the point of dissagrement is the approach to solving these problems. His Royal Highness, the Sultan of Sokoto is the Head of Jama'atul Nasril Islam (Society for the Support of Islam) and also the President-General of the Nigeria Supreme Council for Islamic Affairs (NSCIA) and he understands the issues which makes him to be very passionate about the health of mothers and children and can use his position of influence to ensure effective support for RMNCHA+N issues.	Executive Director, NPHCDA Director, Department of Family Health, FMoH Director, Department of Planning, Research and Statistics, FMoH Director, Health Promotion, FMoH
Private Sector	The organized private sector is a critical arm of any sectoral response in Nigeria under Corporate Social Responsibility. The private sector is also aware of the various challenges in the health sector and their effects on the health of mothers, children, infants, adolescents and young people. They are aware of high morbidity and mortality rates and will support any initiative that could bring about reduction in these rates. However, they need to be well informed of the positive impact of their participation in RMNCAH+N on their businesses, either individually or collectively. With knowledge of these benefits, their support to RMNCAH+N programmes can be secured.	Head, Public Private Partnership Unit, FMoH Director, Department of Family Health, FMoH Director, Department of Planning, Research and Statistics, FMoH Director, Health Promotion, FMoH

CHAPTER SIX

RMNCAH+N ADVOCACY MESSAGES

The framing of Advocacy Call to Action (Advocacy Ask) is a very important step towards answering the queston of what message is communicated to the decision maker. In addition to data from the situation analysis, the content of this section will be used to generate briefs, speeches, short videos, Social and Behaviour Change (SBC) materials and other tools to support the advocacy process and efforts. The advocacy Ask must be as brief as possible and focused on the objective. This is because the target audience often may not have the time and patience to listen to long speeches. Thus, the choice of the bearer of the message/messenger should be equally important. The messenger must be articulate, confident, skilled in presentation and must be knowledgeable on the issue, the situation and the solutions (change) being sought. In addition, the mode of delivery of the message is very vital and adequate preparations must be made to ensure that the best approach is utilized. Message delivery can be done by a one-on-one and/or face-to-face or virtual discussion/dialogue/meeting. Messaging materials can be produced in the form of briefs, handouts, infographs, or any other form of audio visuals that can be used to support message delivery as well as provide more information to the target audience. Statements below are examples of messages and framing of messages that can be applied in various advocacy scenarios.

MESSAGES TO PRIMARY AUDIENCES	MESSAGES TO SECONDARY AUDIENCES
His Excellency, The President of the Federal Republic of Nigeria. As a primary audience, the key Ask to the President will depend on the objective of the advocacy effort. This could be on prioritization of RMNCAH+N including Health Promotion programme funding, as a key component of Universal Health Coverage, on governance and accountability for the programme, gaining public support of the programme, including amplifying the programme as key to achievement of Nigeria's economic growth and demographic dividend. The Ask should be specific and straight to the desired advocacy result.	**Her Excellency, The Wife of the President** Your Excellency, the Nigerian women and children are grateful to you for your efforts at improving their health and well being through your pet project. They equally appreciate your collaboration with wives of Executive Governors in addressing issues relating to health of women and children at the state level. No doubt, these efforts have significantly impacted positively on the general well being of mothers and children. Your Excellency, there is still more to be done. Maternal mortality ratio remains high at 556/ 100,000 live births. Under-five mortality is still high at 132/1000 live births. Only 19% of newborns receive breast milk within one hour of birth. Wasting among under-5 is 7% which is an evidence of poor nutrition. Abortion rate is 33% per 1000 women (15-49 years). Access to contraceptive is low due to non-availability of commodities and

MESSAGES TO PRIMARY AUDIENCES	MESSAGES TO SECONDARY AUDIENCES
	consumables. 37% of girls have begun child bearing at the age of 19. We solicit your support to help influence policy actions by doing the following: -Engage Mr. President to further prioritise the health of women, children and young people by increasing budget allocation to health especially RMNCAH+N programmes in the annual budget from 2021. - Lobby for a 100% budget increase within existing FMoH budget line dedicated to the procurement of Family Planning/Child Birth Spacing commodities/consumables to remove hidden costs that limit access of women and girls to FP/Child Spacing services. - Advocate for an increase to N200,000,000 in 2022 and annually for Adolescent and Young people's programmes - Advocate for an increase to N200,000,000 for Health Promotion programmes in 2022. -Engage with the National Assembly for adequate appropriation - Engage Honourable Minister of Finance, Budget and National Planning for total and timely release of appropriated budget
Honorable Minister of Health, FMoH 1. We would like to appreciate the HMH support for adolescents and young people's programme in the area of policies, guidelines, training manuals and capacity building for staff. However, adolescent and young person's health programme is grossly underfunded despite being a priority intervention in achieving Universal Health Coverage. Message: We humbly request that you kindly use your office to allocate the sum of N200 Million in 2022 Annual budget for Adolescent and Young Persons Program Implementation. 2. Honorable Minister, equally important is the increasing un-met need for Family Planning among adolescents, young persons and women of child-bearing age. This is not unconnected to the short supply of FP/child spacing commodities and consumables in Nigerian health facilities resulting in high teenage pregnancy, unsafe abortion and maternal mortality rates. Achieving full integration of RMNCAH+N	**Director Family Health, FMoH** The HMH has made giant strides in moving the Adolescent and Young Persons issues forward. A Policy guideline for implementation and a manual for training are some of the milestones achieved by the Ministry in the run up to ensuring that the Adolescent Program is strategically positioned for success. The Adolescent and Young Person's Health programme is grossly underfunded despite being a priority in achieving Universal Health Coverage for Adolescents and Young people. - We request that you use your esteemed office and influence to champion the advocacy for an increased allocation of N200,000,000 in the 2021 Annual budget for Adolescents and Young Persons Program.

MESSAGES TO PRIMARY AUDIENCES	MESSAGES TO SECONDARY AUDIENCES
programme is dependent on focused efforts in ensuring quality services across program areas. Reduction in maternal mortality and health expenditures can be achieved by: - A 100% budget increase within existing FMoH budget line dedicated to the procurement of FP/child spacing commodities and consumables and programming to remove hidden costs that limit access of women and girls to FP/Child Spacing services. - An increase to N200,000,000 in 2022 for Adolescent and Young people's programmes. - Prioritization and adherence to prompt allocation, release and expenditure of the funds is key to achieving the National target for RMNCAH+N.	- We equally request for strengthening of the ARH Desk for effective and result based coordination of the National Adolescent Health and Development response - We request for your support to increase allocation for Health Promotion programming at the National level to N200,000,000 in 2022
3. Achieving successful integration of RMNCAH+N services is hinged on effective coordination at the National level including a vibrant Health Promotion Strategy. The Health Promotion Division is responsible for anchoring all communication initiatives of the various programmes in the Federal Ministry of Health. The Division is prime and set to lead the implementation of all behavior change, demand creation and advocacy components of the RMNCAH+N strategy at the National and sub-national levels. The Health Promotion Division has zero funding for 2020 and this hampers its operations. It therefore humbly requests that you: - Create a budget line, prioritize and approve release of planned and budgeted funds for health promotion programming in the Ministry. - Lead the advocacy on a free 15-minute daily airtime to promote positive health seeking behaviours on electronic media such as FRCN, NTA, Channels, AIT, EL, ITV and DSTV as part of their Corporate Social Responsibility. -Lead the drive to secure at least N200,000,000 annual appropriation for health promotion from the Ministry of Finance Budget and National Planning for 2022. - Make strong justification and follow up for the creation of Health Promotion cadre by the Head of Civil Service of the Federation.	
Legislative Network for Universal Health Coverage Distinguished Senators and Honourable members, we would like to commend your support and commitment to the implementation of Universal Health Coverage in Nigeria. However, there are still gaps in the response which we know you can use your legislative (appropriation power) to address. The increasing un-met need for family planning/child-spacing among women of child bearing age and adolescents and young persons in Nigeria is strongly linked to the shortage of FP/child spacing commodities and consumables in our health	

MESSAGES TO PRIMARY AUDIENCES	MESSAGES TO SECONDARY AUDIENCES
facilities; ultimately resulting in high teenage pregnancy, unsafe abortion and maternal mortality rates. Reduction in maternal mortality and out-of-pocket health expenditures can be reduced by a 100% budget increase within existing FMoH budget line dedicated to the procurement of Family Planning/Child Birth Spacing commodities/consumables and programming to remove hidden charges in the provision of FP/Child Spacing services. We therefore request that you use your influence and power of appropriation to bring about the following: - Prioritization and increased allocation to RMNCAH+N programme in FMoH sectoral budget in 2021 budget and onwards. - Use your follow up/oversight mechanism to influence the release of appropriated fund/budget	
Honorable Minister of Finance, Budget and National Planning Economic growth, insecurity and end to corruption are the three priority areas of focus of the current administration. Economic growth is linked to healthy lifestyle (being championed by the administration) as healthy population are instrumental to economic development. Adoption of healthy life style is a function of awareness which is hinged on access to information through appropriate media and in the language that people understand. Health Promotion is a cross-cutting and unifying program area of the Ministry of Health that is key to delivering major programming outcomes. Health Promotion is key to reducing the overall burden of disease through behaviour and lifestyle changes. To address existing and emerging diseases and encourage positive health seeking behaviors in the populace, there must be a vibrant health promotion strategy delivered by those trained and equipped to do so as an integral part of all health interventions. The work in this area has been hampered for a long time due to lack of required fund. In order to reposition health promotion activities at the national level, the following are required: - A dedicated budget line for Health Promotion in the health sector annual budget for 2021 - Allocation of atleast N200,000,000 to health promotion in the health sector budget from 2022	
Director of Finance, Budget and National Planning - Prioritization and adherence to prompt release of Health Promotion budget.	
The Executive Director (ED), NPHCDA 1. We are aware of your efforts and achievements in championing the promotion of maternal and child	**Technical Advisor, NPHCDA** We would like to appreciate the efforts of the NPHCDA in providing the leadership

MESSAGES TO PRIMARY AUDIENCES	MESSAGES TO SECONDARY AUDIENCES
health at PHC and Community levels in Nigeria and we wish to commend you for this opportunity to meet you for discussions on the situation of child health in the country. Despite the efforts the country has made over the years, child health indices have remained poor as current statistics shows that, one in every eight Nigerian children die before they reach their fifth birthday. This is partly because of many direct and indirect factors including poor community participation and ownership of health programs/intervention. To mitigate this, we request the Executive Director to Champion the advocacy to States on reactivation of Ward Health System so that the Community Health Influencers Promoters and Services (CHIPS) Programme will be properly rolled out at State and LGA levels.	and necessary guidance in the implementation of key programmes of Primary Health Care Under One Roof and the Universal Health Coverage. This would not have been possible without your expertise and experience. - This is a solicitation on behalf of the Nigerian adolescents and young persons that you use your office and influence to support and present our case for the ED/NPHCDA to champion the advocacy to the State Agencies to adopt and adapt the National Adolescent and Young Persons Implementation Plan. - Secondly, to engage the State PHC Agencies to follow up with integrating youth friendly services into the PHCUOR. - Also for the Executive Director to engage with CAN and JNI to amplify their voices in support of attainment of optimal health and development for Nigerian adolescents and young persons within their faith communities. - Evolve an effective strategy for expanding health coverage to People With Disabilities (PWDs)
2. Equally appreciated is your unrelenting efforts in coordinating the State Primary Health Care Development Agencies and improving access to basic health care. We would like to bring to your attention that adoption, adaptation and implementation of Plan of Action for the Adolescent and Young Person Policy is critical to the achievement of the Adolescent Health Goals and Universal Basic Health Coverage. In addition, we note the poor access of PWDs (especially women and girls) to health services at the PHC level. Our humble request is that you: - Champion the advocacy to prime, stimulate and motivate State PHCD Agencies to adopt and adapt the National Strategic Plan for Health Promotion, the Policy Implementation Plan for Adolescents and Young Persons Health and Development for improved health outcomes. This will go a long way in paving the way for request to States to fully integrate youth friendly services for Adolescent and Young Persons into the PHC Under One Roof (PHCUOR). - Engage with JNI and CAN to amplify their voices in support of the ultimate goal of a healthy population especially PWDs, adolescents and young persons in Nigeria. - Engage the States for defined strategy and deliberate actions for expanding health coverage to PWDs (especially women and girls)	
3. Achieving success in the aforementioned programme areas, including Family planning, requires intensive focus on resolving issues around inadequate number of skilled service providers at the community service delivery points. We therefore request that you: - Engage with State PHC Development Agency Executive Secretaries to advocate for the implementation of the policy directive to employ skilled healthcare providers as enshrined in the Universal Basic Health Care Provision Fund.	

MESSAGES TO PRIMARY AUDIENCES	MESSAGES TO SECONDARY AUDIENCES
- Evolve a plan to train PHC workers on required skills to provide essential health services to PWDs	
Executive Secretary, National Health Insurance Scheme (NHIS) Nigeria has not made significant progress in reducing under-five morbidity and mortality. The under-five mortality rate in Nigeria still remains high when compared to global rates despite the decline from 152 (NDHS Report 2008) to 132 (NDHS Report 2018) deaths per 1000 live births. Many women are unable to access family planning services due to associated hidden costs for consumables. In addition, there is inadequate access of PWDs to quality health services partly due to poverty (high cost of services). This has hindered universal health coverage of women, children and PWDs. Our plea to the Executive Secretary are to: - Champion the advocacy for the extension of health insurance coverage under NHIS to the grassroots and also to include family planning services in the NHIS package. - Accelerate the integration of PWDs as a special disadvantaged group under the NHIS.	
Director Planning, Research and Statistics, FMoH We would like to congratulate your esteemed office on the recent review of the National DHIS system. Also worthy of note is the plan to conduct a subsequent review in 2022. The import of this advocacy visit is to bring to your notice that the heath indicators of health promotion, adolescent and young people and PWDs are currently not captured in the national DHIS and this has posed serious challenge on programming for these thematic areas. There is need to have access to the DHIS2 portal and ensure NHMIS tools are available at each service delivery point for data generation. - We humbly request that you use your good office to make inclusion of indicators for measuring health promotion services, health of adolescent and young persons and PWD on the Agenda for the next National Health Management Information System (NHMIS/DHIS) review process.	**Director, Gender, Adolescent, School Health and Elderly (GASHE)** **Director, Health Promotion** We would like to request that you use your good office to communicate the data gaps for health promotion, adolescent and young persons health and development and programming for PWDs to the Director, Planning, Research and Statistics to catalyze the inclusion of all relevant health indicators (such as health promotion, Adolescents and Young Persons and PWDs) into the next review of the National DHIS.

MESSAGES TO PRIMARY AUDIENCES	MESSAGES TO SECONDARY AUDIENCES
Chairman, Senate Committee on Health Distinuguished Senator, we are aware of your efforts and achievement in championing the promotion of mother and child health interventions in Nigeria and we wish to thank you for this opportunity to meet you to further discuss the situation of maternal and child health in the country. In Nigeria, current statistics show that one in every eight Nigerian child dies before they reach their fifth birthday while maternal mortality ratio is 556/100,000 live births. This is partly because there is acute shortage of skilled health workers in health facilities especially at the primary health care level throughout the country. To mitigate this, we request the Distinguished Senator to: - Propose a bill to the Senate for a Law on employment of at least two additional skilled health workers in all health facilities in Nigeria, in accordance with the Universal Health Coverage provisions - Champion the process of passing the bill into law	
Chairman, House of Representatives Committee on Health Honourable Chairman, your efforts and achievement in championing the promotion of maternal and child health interventions in Nigeria is laudable. We are grateful for this opportunity to meet you to further discussions on the situation of maternal and child health in the country. One in every eight Nigerian child dies before they reach their fifth birthday while maternal mortality is 512/100,000 live births. This is partyly due to acute shortage of skilled health workers in our health facilities, especially primary health care nationwide. To mitigate this, we request Your Honourable self to: - Lend your voice in support of the National Assembly's passage into Law the employment of at least two additional skilled health workers in all health facilities in Nigeria, in accordance with the Universal Health Coverage provisions - Speak publicly on the need for State PHC Development Agencies (SPHCDAs) to also address and enforce implementation of the bill when passed.	
Chairman, Nigerian Governors' Forum (NGF) Your Excellency, we are aware of your good works towards improving the health indices of your state and Nigeria at large. 1. Health Promotion is key to reducing the overall burden of disease through behaviour and lifestyle changes. The adoption of healthy life style is a function of awareness which is hinged on access to information through appropriate media and in the language that people understand. To address existing and emerging diseases	**Chairperson, Nigerian Governors' Wives Forum.** Your Excellency, we would like to commend your good work towards improving positive health seeking behavior and nutrition status in your state and Nigeria at large. As a Nutrition Champions in Nigeria, you have been speaking for improved nutrition, exclusive breastfeeding, improved allocation and release of budgets for nutrition and these are indeed very great

MESSAGES TO PRIMARY AUDIENCES	MESSAGES TO SECONDARY AUDIENCES
and encourage positive health seeking behaviors in the populace, there must be a vibrant health promotion strategy delivered by those trained and equipped to do so as an integral part of all health interventions. The work in this area has been hampered for a long time due to lack of required fund. Thus, there is a need to reposition health promotion activities in Nigeria. 2. The extension of maternity leave in Lagos, Enugu and Kaduna states to six months is a very laudable achievement. Meanwhile, undernutrition remains a silent crisis reducing economic advancement of Nigeria by at least 8% annually. According to NDHS Report 2018, Nigeria is currently the world second contributor to most stunted children (37% stunting) and 58% of women of childbearing age are anaemic (shortage of blood). Consequently, to address this problem, the Federal Ministry of Health developed the National Strategic Plan of Action for Nutrition (NSPAN). Full implementation of the NSPAN can reduce stunting by about 20%, thus lifting the nation out of this predicament. We therefore ask that you kindly: - Champion the implementation of the National Strategic Plan for Health Promotion by mobilizing your colleaques to domesticate the National Health Promotion Policy 2019 and NSPHP 2020-2024 - Champion the increase in fund appropriated/creation of dedicated budget line (as applicable) for Health Promotion at all levels in the health sector annual budget from 2021 - Fastrack the implementation of NSPAN in Nigeria by mobilising your colleagues to domesticate NSPAN in their states - Champion the implementation of the NSPAN by being the first to domesticate the NSPAN in your state - Include discussions on the implementation of the NHPP (2019), NSPHP (2020-2024) and NSPAN on the agenda of the NGF quarterly meetings - Make public statements that would encourage and strengthen commitment to the implementation of the NHPP(2019), NSPHP (2020-2024), and NSPAN	achievements. Meanwhile, undernutrition remains a silent crisis reducing economic advancement of Nigeria by at least 8% annually. According to NDHS Report 2018, Nigeria is currently world second contributor to most stunted children (37% stunting) and 58% of women of childbearing age are anaemic (shortage of blood). Health Promotion is key to reducing the overall burden of disease through behaviour and lifestyle changes. The adoption of healthy life style is a function of awareness which is hinged on access to information through appropriate media and in the language that people understand. Responding to these issues, the Federal Ministry of Health has developed the NSPHP and NSPAN. Implementing these 2 national plans can improve health seeking behavior and reduce stunting by about 20%, thus lifting the nation out of this predicament. We therefore ask that you kindly: - Use your influence to speak with His Excellency, the Governor to lead Executive Governors to domesticate NHPP (2019) and NSPAN in the state as well as facilitate the Governors through the NGF to fastrack the implementation of the NHPP (2019), NSPHP (2020-2024) and NSPAN nationwide - Include discussions on the implementation of the NHPP (2019), NSPHP (2020-2024) and NSPAN on the agenda of the NGWF quarterly meeting - Make public statements that could encourage the implementation of the NHPP (2019), NSPHP (2020-2024) and NSPAN in all the states in Nigeria
Honorable Minister of Labour and Employment The well-being of all Nigerians especially workers and by extension women and children is one of your top priorities. We also believe in your commitment, influence and capacity to support the adoption of the proposed national bill on extension of flexible maternity leave to six months to enable working mothers' practice exclusive breastfeeding by August 2021. The NDHS 2018 report shows that only 29% of Nigerian women practice exclusive breastfeeding which is very far from the target.	**Chairmen, House and Senate committees on Labour and employment.** We appreciate your contributions towards the provision of exemplary leadership in Nigeria today. Based on your influence, experience and commitment to saving lives in Nigeria, we find it paramount to bring to your notice that breastfeeding is yet to be a social norm despites its health benefits to

MESSAGES TO PRIMARY AUDIENCES	MESSAGES TO SECONDARY AUDIENCES
This is due to work demands that do not give them the opportunity for recommended breast feeding period. Exclusive breast feeding of babies within the first six months of birth is the best form of nurtition for babies to sustain their survival. In addition, research shows that mothers who breastfeed have a reduced risk of developing breast and ovarian cancers. At the current breastfeeding rate of 29% (NDHS Report 2018), an estimated 20,000 deaths from breast cancer are prevented (WHO); this could be doubled if the rate improves. The adoption of the proposed bill on extension of maternity leave to six months will enable working mothers (and by extension, more women in Nigeria) to practice exclusive breastfeeding which will contribute to a well-nourished and well- educated children that will grow into more productive labour force as adults could lead to a boost in GDP growth by as much as 11% annually. We therefore ask that you facilitate the adoption and presentation of this bill/proposal by: - Calling a meeting of stakeholders at the national level for discussion and consensus on the proposal - Using your power and influence to develop and present the proposal to the Chairmen, House and Senate committees on Labour and employment and support the process of drafting it into a bill - Making public statements that could encourage the passage of the bill into law	mothers/women and their children. Research shows that mothers who breastfeed have a reduced risk of developing breast and ovarian cancers in addition to reducing risk of post-partum hemorrhage. In addition, it also shows that at the current breastfeeding rate of 29% (NDHS Report 2018), an estimated 20,000 deaths from breast cancer are prevented (WHO); this could be doubled if breastfeeding rates improve. There is also evidence to show that children who have been breastfed perform better on intelligence test promising a brighter and better labour force for Nigeria in the long run. It is based on the foregoing that the RMNCAH+N proposes a best practice of extending maternity leave to six months. Four states have already adopted this policy (Lagos, Enugu, Kaduna and Ekiti) evidenced by improved nutrition indices. But this has yet to become a national agenda which we believe can become a reality with your support and influence. We therefore call on you to: - Lead and facilitate the passage of the bill on extension of maternity leave to 6 months - Make public statements that could encourage the passage of the bill into law
Chairman, National Committee on Nutrition The adoption of proposed bill on extension of maternity leave to six months will enable working mothers (and by extension, more women in Nigeria) practice exclusive breastfeeding which will produce healthy babies as well as contribute to improved health and well being of children and overtime to national development. Currently, only 29% of Nigerian women practice exclusive breastfeeding which is very far from the target set and global standard requirements. Mothers who breastfeed have a reduced risk of developing breast and ovarian cancers. At the current breastfeeding rate of 29% (NDHS Report 2018), an estimated 20,000 deaths from breast cancer are prevented (WHO); this could be doubled if the rate improves. There is evidence that well-nourished and well-educated children will grow into more productive labour force as adults, improvements in nutrition could lead to a boost in GDP growth by as much as 11% annually. We request that you kindly: - Engage the National Assembly to pass the bill into law - Make public statements that could encourage the passage of the bill into law	

MESSAGES TO PRIMARY AUDIENCES	MESSAGES TO SECONDARY AUDIENCES
Chairman Christian Association of Nigeria (CAN) We appreciate your leadership and ceaseless voice that has advanced public health issues in Nigeria such as maternal health, immunization, childbirth spacing, HIV/AIDs to mention a few. According to NDHS 2018, almost a fifth (18.7%) of adolescents females, age 15-19 years have begun childbearing and this rate of early marriage and childbearing is much higher in some regions, among the lower educated compared to those with higher education and among the rural-based young people compared to their urban peers. As a result of high level of unprotected sexual activities, rates of unplanned teenage pregnancy is on the increase and since these pregnancies are not planned, girls resort to unsafe induced abortion. For many reasons including socialisation, abstinence from sex among young people is uncommon, which makes the option of use of contraception inevitable to prevent complications and death arising from induced abortion. We request you to kindly: - Continue to amplify your voice for the Government to increase funding allocation for maternal, newborn, child, Adolescents and Young People's Health and Development as well as health promotion programmes - Advocate to religious leaders to respond to the changing needs of adolescents and young people (health and social well-being) with their voices and actions - Mobilise religious leaders in the Association to lend support to the use of modern contraceptives by women to reduce maternal morbidity and mortality - Advocate to religious leaders to support the promotion of safe care seeking behaviours	Religious Leaders Traditional leaders
President, Jama'atul Nasril Islam Your leadership and dedication to the advancement of public health issues in Nigeria such as Immunization, Childbirth spacing, HIV/AIDs is highly commendable According to NDHS Report 2018, almost a fifth (18.7 percent) of adolescents females, age 15-19 years have begun childbearing and the practice of early marriage and childbearing is much higher in several regions, and among the lower educated compared to those with higher education. It is also more among the rural-based young people compared to their urban peers. As a result of high level of unprotected sexual activities, rates of unplanned teenage pregnancy is on the increase and since these pregnancies are not planned, girls resort to dropping out of school and may resort to unsafe induced abortion. For many reasons including socialisation, abstinence from sex among young people is becoming uncommon, which makes the option of use of contraception inevitable to prevent complications and death arising from induced	Religious and Traditional Leaders Sultan of Sokoto

MESSAGES TO PRIMARY AUDIENCES	MESSAGES TO SECONDARY AUDIENCES
abortion. We request you to kindly: - Continue to amplify your voice for the Government to increase funding allocation for maternal, newborn child, Adolescents and Young People's Health and Development as well as health promotion programmes. - Advocate to religious leaders to respond to the changing needs of adolescents and young people (health and social well-being) with their voices and actions - Mobilise religious leaders in the Association to lend support to the use of modern contraceptives by women to reduce maternal morbidity and mortality. - Advocate to religious leaders to support the promotion of safe care seeking behaviours	
Chairman, National Inter-Faith Action Association (NIFAA) According to NDHS Report 2018, almost a fifth (18.7%) of adolescents females, age 15-19 years have begun childbearing and this rate of early marriage and childbearing is much higher in several regions, and among the lower educated compared to those with higher education as well as among the rural-based young people compared to their urban peers. As a result of high level of unprotected sexual activities, rates of unwanted teenage pregnancy is on the increase and since these pregnancies are not planned, girls resort to unsafe induced abortion. For many reasons including socialisation, abstinence from sex among young people is becoming uncommon, which makes the option of use of contraception inevitable to prevent complications and death arising from induced abortion. We request you to kindly: - Continue to amplify your voices for the Government to increase funding allocation for maternal, child, Adolescents and Young People's Health and Development and health promotion programmes. - Advocate to religious leaders to respond to the changing needs of adolescents and young people (health and social well-being) with their voices and actions - Mobilise religious leaders in the Association to lend support to the use of modern contraceptives by women to reduce maternal morbidity and mortality. We humbly request that you kindly: - Continue to amplify your voice for the Government to increase funding allocation for health promotion, maternal and child health as well as Adolescents and Young People's Health and Development programmes. - Advocate to religious leaders to support the promotion of safe care seeking behaviours	Religious leaders Traditional leaders

CHAPTER SEVEN

RMNCAH+N ADVOCACY ACTIVITY PLAN OF ACTION

Achievement of the advocacy objectives is realized through determination and articulation of activities that must be achieveable and timebound. The timeline for this strategy spans a period of 4 years (2020-2024). Activities are tied to quarterly timeframes allowing for pre-planning, planning and implementation of tasks. Following the advocacy cycle, additional tasks and activities may emerge and/or identified during the course of implementation and review of focused activities. Joint advocacy activities have been identified and the coordination will be facilitated by the Health Promotion Division of the Federal Ministry of Health.

Advocacy Activity Timeline for 2020 - 2024

Objectives	Activities	Channels	Advocacy Team	2020	2021				2022				2023				2024				Quick Wins
				Q4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	
1. *Accelerated launch of the revised National Family Planning Blueprint by November 2020 and jump start implementation*	Joint advocacy visit to present the Blueprint to the Honourable Minister of Health	*Memo to Hon Minister for Health on the Launching of the Blueprint. Scorecard on attainment of National mCPR target	Director, Family Health Department Head, Family Planning Head, Health Promotion HSRC, Donors/Development Partners	**X**																	Minister gives a date for the launching of the Bluerint National FP Blueprint launched and implementation takes off in earnest.
	Update to the Honourable Minister on Nationwide implementation of blueprint	Memo to Head of Family Health.	Director, Family Health Department Health, Family Planning	**X**	**X**																Minister makes public/ press statement on achievements with attaining the National mCPR target
2. *The Honourable Minister of Health prioritizes the allocation of budgeted funds for Health Promotion*	Advocacy visit to the Honorable Minister of Health Make presentation to the top management	Written Memo. Power point presentation One-pager justification on each RMNCAH+N including Health Promotion	Director, Family Health Department Divisional Heads, Reproductive /GASHE/ Health Promotion/	**X**																	- Health Promotion makes priority list in Q4. - Safe Motherhood makes priority list in Q4.

programmes from June 2021	on RMNCAH+N including Health Promotion	thematic areas.	Child Health/ Nutrition																	
	Appreciation and reinforcement visit to the Honourable Minister of Health	Written Memo. One-pager commendation and appreciation.	Director, Family Health Department Head, Health Promotion		**X**	**X**														- Periodic update of the management - Health Promotion makes priority list every Q1.
3. *A 100% increment within existing Family Planning budget line dedicated to procurement of FP commodities and FP programming by 2021*	Joint advocacy visits with Family Planning, Health Promotion, and Adolescent Health teams to the Honorable Minister of Health	Memo to Head of Family Health One-pager justification	Head, Reproductive Health, Head, Family Planning Branch, Head, Health Promotion HSRC, Donors/Development Partners	**X**	**X**	**X**	**X**													- Head of Family Health requests audience with the Honorable Minister of Health. - Advocacy visit paid to Honorable Minister of Health - Honorable Minister gives directive for Memo to FEC requesting for additional $2,000,000 to the existing $4,000,000 for the procurement of FP commodities/consumables and FP programming. - New $6,000,000 allocation to FP commodities and consumable procurement is included in 2021 budget proposal sent to MFBNP

	Joint follow-up advocacy visits with Reproductive Health and Adolescent Health to the ED NPHCDA	Advocacy brief Score card on attainment of National mCPR target	Director, Family Health Department Head, GASHE Adolescent Health Head, Family Planning Head, Health Promotion HSRC, Donors/Development Partners	**X**	**X**	**X**	**X**													
4. *Chief Executives of electronic media houses such as FRCN, NTA, Channels, AIT, EL, ITV, DSTV, etc allocate 15 minutes of airtime daily to promote benefits of safe care/ positive health seeking behaviours at individual, family, community and Global level by December 2021*	Media roundtable dinner with CEOs of at least 12 high-ranking media institutions (TV, Radio, Print, online/ web)	2-minute advocacy video message by the Honorable Minister of Health. Advocacy Brief on Health Promotion and RMNCAH+N Signature board	Director, Family Health Department Head, Health Promotion FMoH Media Network Network of People with Disabilities HSRC, donors/development partners			**X**	**X**	X												- Honorable Minister of Health affirms commitment to and participation at Media round table dinner. - CEOs in each category attend the round table dinner - CEOs sign MOU with FMoH. - Media networks append signature on one pager
	Appreciation, follow-up and reinforcement message to CEOs of at least 12 high-ranking media	2- minute advocacy video message by the Honorable Minister of Health. Scorecard on performance of	Divisional Heads, Family Health Department Head, Health Promotion FMoH Media Network			**X**	**X**	**X**												- CEOs in each category redeem promises made - Periodic updates of CEOs on performance of each media outlet

	institutions (TV, Radio, print and online/ web)	each media outlet	Network of Persons with Disabilities																	
5. *Chairman Senate Committee on Health proposes legislation that guarantees employment of adequate skilled health workers in States and primary health care facilities by December 2021.*	Conduct advocacy visit to Senate committee on Health and committee on appropriation	Oral presentation Advocacy brief	Director, Family Health Department Head, Health Promotion HSRC, donors/development partners Network of Persons with Disabilities			**X**	**X**	**X**												- Public/ press statement by Chairman in affirmation. - Chairman proposes bill to Senate. - Chairman champions passage of bill. - Bill is passed
	Follow up with Chairman Senate Committee on Health	Memo Team visit	Director, Family Health Department Head, Nutrition Head, Health Promotion HSRC, donors/development partners				**X**	**X**	**X**	**X**	**X**	**X**								
6. *The ED NPHCDA advocates for reactivation of Ward Health System to promote community participation*	Conduct advocacy visits to the ED, NPHCDA	Power point presentation. One- pager justification. Advocacy brief on Health Promotion coordination platform at	Director, Family Health Department Head, Health Promotion UNICEF		**X**	**X**	**X**													- ED NPHCDA concurs, affirms his support and fixes a date for advocacy meeting with the ES SPHCDA of 36 States and FCT -ED NPHCDA makes a public/ press statement promising to advocate to

and ownership of health programmes interventions by December 2021		community level																	the State Agencies on reactivation of Ward Health System
***7.** Adolescent youth friendly and PWD friendly health services are integrated into the primary health care under one roof programme as part of the minimum service package by December 2021.*	Joint advocacy visits with Child Health, Adolescent and Family Planning teams to ED NPHCDA	Advocacy brief on AYFHS Scorecard on Implementation of Adolescent and Young Persons Policy. Scorecard on Implementation of National Policy on SRHR of PWDs.	Director, Family Health Department Heads of Child Health, GASHE Adolescent Health and Health Promotion HSRC, Donors/Development Partners Network of Persons with Disabilities			X	**X**	**X**											- ED NPHCDA advocates to State Agencies on the integration of youth-friendly services into PHCUOR. - Status of integration of youth-friendly and PWD friendly services into PHCOUR is an agenda item on the NPHCDA and State Agencies' quarterly meetings
	Joint follow-up advocacy visits with GASHE, Child Health and Family Planning teams to ED NPHCDA	Advocacy brief on AYFHS Scorecard on Implementation of Adolescent and Young Persons Policy.	Director, Family Health Department Head, GASHE Adolescent Health Head, Health Promotion HSRC, Donors/Devel					**X**	**X**	**X**	**X**	**X**								

			opment Partners																	
8. *25% increase in the number of skilled RMNCAH+N Service Providers across the country by December, 2021*	Joint advocacy visits with Heads of Divisions (GASHE, Reproductive Health, Health Promotion, Nutrition and Child Health) to the ED NPHCDA	Advocacy brief on RMNCAH+N including HP Info graph on health workforce by cadre and location across the country Info graph on un-met need for FP and method mix Score card on attainment of National mCPR target Score card onperformance of RMNCAH+N including HP	Director, Family Health Department Head, GASHE Head, Reproductive Health Head, Health Promotion Head, Nutrition Head, Child Health HSRC, Donors/Development Partners Network of People with Disabilities				**X**	**X**												- TA/ED,NPHCDA secures date for advocacy visit. -Advocacy visit conducted to ED/NPHCDA - ED NPHCD advocates to State Agencies to implement the UHC conditions of employing at least 2 additional skilled health workers per health care facility. - ED NPHCDA includes update on employment of skilled health care workers on the NPHCDA and State Agencies quarterly meeting agenda.
9. *Executive Secretary National Health Insurance Scheme develops a Universal Health Coverage Accountability Framework to support Health Insurance*	Conduct an advocacy visit to engage with senior management of NHIS to develop and implement Accountability Measures on health	Checklist of Visioning workshop outcome	Director, Family Health Department Head, Child Health Head, Nutrition Head, Health Promotion HSRC, donors/devel		X	X	**X**	**X**												- Accountability measures developed and approved by ES/NHIS. - Technical brief on NHIS Accountability Measures developed for state Agencies. - Adherence to Accountability measures

Coverage for Children under the age of 5 years and PWDs by December 2021	insurance at grass root level.		opment partners Network of Persons with Disabilities																	is an agenda for NHIS.
	Follow up advocacy visit to the ES NHIS on implementation status of the Visioning workshop outcomes	Checklist of Visioning workshop outcome	Director, Family Health Department Head, Reproductive Health Head, Child Health Head, Health Promotion Head, Family Planning Branch HSRC, donors/development partners Network of People with Disabilities						**X**	**X**	**X**									
10. *The Chairman, Governors Forum Champions, sustain, adapt and support the implementation of National Strategic Plan for Health*	Joint engagement of Nigeria Governors Forum with Nutrition, RH and HP team on adaptation and implementation of NSPAN,	-Solicitation visit to Chairperson Governor' Wives Forum -Letter to NGF NSPHP Implementation Scorecard -NSPAN adaptation and implementation	Director, Family Health Department Head, Nutrition Head of Safe motherhood		**X**	**X**	**X**	**X**												- Chairperson Governor' Wives Forum confirms advocating to Chairman NGF - Presentations are made at NGF meeting. - At least 5 Governors adapt implementation of NSPHP, NSPAN and NRMARMNM

Promotion (NSPHP), NSPAN and National Road map *for Action on Accelerated Reduction of Maternal and Newborn Mortality in* (ARMNM) *by August 2021*	National Road Map on ARMNM and National Strategic Plan for Health Promotion	score card -ARMNM implementation scorecard -5-minute visual presentation at NGF meeting	Head, Health Promotion CSSUNN HSRC, donors/development partners Network of People with Disabilities																	- Status of NSPHP, NSPAN and NRMARMNM adaptation and implementation are an agenda item on NGF meetings.
	Joint follow-up visits with Nutrition, RH and HP team to the Chairman Nigeria Governor's Forum on status of adaptation and implementation of NSPHP, NSPAN, and National Road map on ARMNM	Appreciation and briefing memo to Chairperson Governor' Wives Forum NSPHP implementation Scorecard NSPAN adaptation and implementation score card ARMNM implementation scorecard	Director, Family Health Department Head, Health Promotion Head, Nutrition Head, RH Head of Safe motherhood CSSUNN HSRC, Donors/Development Partners						**X**	**X**	**X**	**X**								- 5 additional Governors adapt implementation of NSPHP, NSPAN and NRMARMNM per quarter - Status of NSPHP, NSPAN, NRMARMNM and ANRiN adaptation and implementation remain an agenda item on NGF meetings.
11. *Tripartrite committee in Ministry of Labor and Employment*	Engagement of Chairman Senate and House Committees	Fact sheet and Info-graph on breastfeeding and malnutrition trends in Nigeria	Director, Family Health Department		**X**	**X**	**X**													-Honorable Minister of Labour and Employment advocates to Chairman Senate and House Committees on Health.

facilitate the passage and State adoption of the proposed bill on extension of maternity leave to six months to enable working mothers' practice exclusive breastfeeding by August 2021	on Health through series of visits and presentations	Advocacy visit to Honorable Minister of Labour Advocacy visit to Chairman, Senate and House Committees on Health 5- minute visual presentation to the Tripartite Committee	Head, Nutrition Head, Health Promotion HSRC, donors/development partners																	- Committee Chairman confirms date for advocacy visit. - Chairman Committee makes a public/ press statement approval of bill on extension of maternity leave to 6 months. - Bill on 6-month maternity leave is passed.
	Follow-up on Chairman, Senate and House Committee on Health on passage of 6-month maternity leave bill	Appreciation, update and reinforcement visit to the Honorable Minister of Labour & Employment Advocacy visit to Chairman, Senate and House Committee	Head, Family Health Department Head, Nutrition Head, Health Promotion CSSUNN UNICEF					**X**	**X**	**X**										
12. *His Excellency, the President of Nigeria to strengthen the linkages in Nutrition by signing the*	Advocacy visit	Memo to the President through the Federal Executive Council Advocacy Visit	Honourable Minister for National Planning, Finance & Budget Hon. Minister				**X**	**X**	**X**	**X**										-Advocacy visit request letter acknowledged and endorsed -Follow up request lettr acknowledged and endorsed

National Multi-sectorial Plan of Action for Nigeria by June 2021		by the Nutrition Advocacy network/Coalition	of Health National Nutrition Advocacy Network/Coalition																	-Advocacy visit approved and conducted -President signs multi-sectoral plan of action.
13. *The Honourable Minister increases by at least N200,000,000 Health Promotion and Adolescent and Young Persons annual budget allocation from June 2021*	Advocacy visit to the Honorable Minster of Health	Memo to Head of Family Health. One-pager justification for allocation increment of Health Promotion and AYP programmes annual appropriation. One-pager proof of capacity for expenditure	Director, Family Health Department Head, Adolescent Health Head, Health Promotion HSRC, donors/development partners Network of Persons with Disabilities			**X**	**X**	**X**												- Head of Family Health requests audience with the Honorable Minister of Health. - Advocacy visit paid to Honorable Minister of Health - Honorable Minister of Health approves an increment in allocation to Health Promotion and Adolescent Health programmes - Health Promotion & Adolescent Health makes Ministerial priority list -Funds are released for Health Promotion & Adolescent Health activities
14. *Federal Ministry of Health strengthens coordination structure for the Adolescent and Young Persons Policy*	Joint advocacy visits with Family Planning Division to the Honorable Minister of Health	Memo to Head of Family Health. Scorecard on Implementation of Adolescent and Young Persons Policy.	Director, Family Health Department Head, Adolescent Health Head, Health Promotion		**X**	**X**	**X**	**X**												Minister gives directive on coordination of Adolescent and Young Persons Policy implementation. Ministry kickstarts the implementation of the policy

Implementation Plan by the second quarter of 2021	Joint appreciation and reinforcement visits with Family planning to the Honourable Minister of Health	Memo to Head of Family Health. Updated scorecard on Implementation of Adolescent and Young Persons Policy.	Director, Family Health Department Head, Adolescent Health Head, Health Promotion HSRC, Donors/Development Partners FMOH Media network		**X**	**X**	**X**	**X**	**X**											Minister makes public/ press statement on status of implementation.
15. *CAN and JNI religious leaders and policy makers make positive public statement on safe care seeking behaviour, safe motherhood and adolescent and young people health and development at national and sub-national levels from July 2021*	Round table discussion with CAN and JNI leadership	Advocacy brief on RMNCAH+N including Health Promotion, Family Planning, and AYPHD Scorecard on Implementation of Policies on RMNCAH+N including HP, Family Planning, and Adolescent and Young Persons Signature board	Director, Family Health Department Head, Health Promotion NIFAA HSRC, Donors/Development Partners. Network of Persons With Disability			**X**	**X**	**X**	**X**											- Joint statement from CAN and JNI on the urgency for intentional focus on RMNCAH+N including Health Promotion, Family Planning, and Adolescent and Young Persons Health and Development in Nigeria. - Communique signed by both organizations. - CAN and JNI present signature board to Honorable Minister of Health - CAN and JNI leaders at subnational levels publicly promoting safe health seeking behaviour especially as it relates to

																				RMNCAH+N issues
	Follow-up advocacy visits to CAN and JNI leadership	One-pager appreciation and reinforcement brief Scorecard on Implementation of Policies on RMNCAH+N including HP, and Adolescent and Young Persons Signature board	Director, Family Health Department Head, Health Promotion NIFAA FMOH Media network HSRC, Donors/Development Partners				**X**	**X**	**X**	**X**	**X**	**X**								- Statements from CAN and JNI on their achievements towards improving safe care/positive health seeking behavior for RMNCAH+N, including Family Planning, Adolescent and Young Persons in Nigeria.
16. *Health Promotion, Adolescent and young people and PWD's health indicators are captured on 2022 DHIS review agenda*	Consultative and dialogue meeting with DPRS, FMoH	Presentation on result areas in health promotion, adolescent and PWD"s health One page justification Illustrative list of indicators	Director, Family Health Department Head, GASHE Adolescent Health Head, Health Promotio HSRC, Donors/Development Partners Network of Personswith Disabilities				**X**	**X**												- Health Promotion indicators integrated into DHIS and data routinely collected - Adolescents and young people's health indicators integrated into DHIS and data collected routinely - PWD's health indicators integrated into DHIS and data collected routinely
	Advocacy visit to DHIS unit	One-paged brief	Health Promotion and Head, GASHE				**X**	**X**	**X**											

			Adolescent Health Team																	
17. *Minister of Finance, Budget and National Planning makes inclusion of Health Promotion intervention a priority requirement for approval of Donor Agency health interventions in Nigeria from December2022*	Make presentation to the top management staff of Ministry of Finance Budget and National Planning	Power point presentation. Health Promotion Advocacy Brief.	Director, Family Health Department Head, Health Promotion HSRC, donors/development partners Network of Persons with Disability						**X**	**X**	**X**	**X**								- Top management of the MFBNP affirm support of request, and makes Health Promotion a priority requirement for approval of donor Agency interventions - Periodic update of the Top Management of MFBNP
18. *Head of Civil Service of the Federation establishes a cadre for Health Promotion in the Civil Service by the end of December 2023*	Advocacy visit to the Head of Civil Service of the Federation	Health Promotion Brief One-pager justification 5-minute visual presentation	Director, Family Health Department Head, Health Promotion						**X**	**X**	**X**	**X**	**X**	**X**						

CHAPTER EIGHT

MONITORING AND EVALUATION OF RMNCAH+N ADVOCACY

Monitoring the progress of implementing this strategy is paramount. It will indicate progress and achievement of objectives while forming the baseline for programming and future review processes. The RMNCAH+N strategy provides guidance on monitoring at all levels including; Quarterly supervision of States by the Federal; Quarterly supervision of LGAs by the States, and; Monthly supervision of PHCs at LGA level. Available data gathering tools include:

- Health Management Information System (HMIS)
- Supervisory checklist and reports
- National FP Dashboard
- National Health Promotion Reporting platform
- Pre- and Post-Training Technical Reports
- Progress Reports
- Vital Statistics
- Surveys, e.g., Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS).

The indicators for monitoring the progress of the National Advocacy Strategy implementation are integrated into the workplan. Monitoring of progress and achievements of each advocacy effort is an integral part of each advocacy cycle. Each stage of the cycle requires reviews and re-planning, including initiation of fresh interventions that may be required toward the path of achieving set objectives.

The Health Promotion Division, working with Department of Planning in the Federal Ministry of Health will facilitate the development of a reporting template that clearly highlights objectives, outcome indicators and quick wins; forming a good fit with the RMNCAH+N Progress Reports.

The Health Promotion Division, working with Department of Planning will organize review meetings as part of its operational plan to assess implementation of this RMNCAH+N Advocacy Strategy. An Advocacy Impact Assessment Review will be conducted at the end of 2024 using corresponding HMIS, MICS, Smart Survey and DHS reports.

MONITORING AND EVALUATION FRAMEWORK

Activities	Output Indicators	Outcome Indicators	Quick Wins
Advocacy visit to the Honorable Minister of Health	# of signatures on signature board #Advocacy visits paid #Divisional Heads participating	% Increment made of HP budget allocation % Increment made of AH budget allocation % Increment made of SM budget allocation # of times HP makes priority list per year #of times AH makes priority list per year #of times SM makes priority list per year # Funds allocated and released to HP #Funds allocated and released to AH #Funds allocated and released to SM #Expenditure report of funds released for Hp,	- Head of Family Health requests audience with the Honourable Minister of Health. - Advocacy visit paid to Honourable Minister of Health - Honourable Minister of Health approves an increment in allocation to Health Promotion programmes - Honourable Minister of Health approves an increment in allocation to Adolescent Health programmes - Health Promotion makes priority list per quarter. - Safe Motherhood makes priority list per quarter - Divisional Heads at the FMoH, RMNCAH+N contributors and Media network append signatures on signature board.

Activities	Output Indicators	Outcome Indicators	Quick Wins
		AH and SM #Proportion of funds spent on PWD	
Media round table dinner with CEOs of at least 12 high-ranking media institutions (TV, Radio, Print, Online/web)	# of CEOs in attendance	# CEOs who pledge airtime at the dinner #CEOs who redeem pledged within the quarter	- Honorable Minister of Health affirms commitment to and participate at Media round table dinner. - CEOs in each category attend the round table dinner - CEOs sign MOU with FMoH.
Presentation to the top management staff of Ministry of Finance Budget and National Planning	#of Management staff present # of signatures on signature board	#Public statement made by Minister of FBNP on inclusion of Health Promotion intervention as a requirement	- Divisional Heads at the FMoH, RMNCAH+N contributors and Media network append signatures on signature board. - Top management of the MFBNP affirm request to include health promotion interventions as a requirement for approval of donor sponsored programmes
Conduct advocacy to Senate committee on Health and Senate Committee on Appropration	# Advocacy visits made # List of participants	# Public statements made #Media reportage #Bill passed	- Public/ press statement by chairman in affirmation. - Chairman proposes bill to Senate. - Chairman champions passage of bill. - Bill is passed
Joint advocacy visits with Adolescent Health to the ED, NPHCDA on reactivation of Ward Health System (WHS)	# Advocacy visits made by Heads of Divisions # Divisional Heads participating	# Public statements made #Media reportage #State Agencies who reactivate WHS #Times WHS is on Agency quarterly meeting agenda	-TA to ED NPHCDA concurs and fixes a date for advocacy visit to the ED NPHCDA -ED NPHCDA makes a public/ press statement promising to advocate to the State Agencies on reactivation of Ward Health System
Joint advocacy visits with GASHE, Child Health,	#Advocacy visits made	#Times ED makes	- ED NPHCDA advocates to State Agencies on the integration of youth-friendly services and PWD friendly

Activities	Output Indicators	Outcome Indicators	Quick Wins
Health Promotion and Family Planning teams to ED NPHCDA	by Heads of Divisions # Divisional Heads participating #Info-graph produced to support pitch	statement at meetings #Times youth-friendly services integration is an agenda item #States who integrate youth friendly services into PHCOUR #States who integrate PWD into services	services into PHCUOR. - Status of integration of youth-friendly and PWD friendly health services into PHCOUR as an agenda item on the NPHCDA and State Agencies' quarterly meetings
Joint advocacy visits by the FP team with Health Promotion, Adolescent Health and Safe motherhood teams to the ED NPHCDA	#Advocacy visits made #Divisional Heads participating #Info-graph produced to support pitch	#Times employment of skilled health workers is an agenda item at quarterly meeting with State Agencies #States that report implementing UHC employment provision	- TA, ED NPHCDA presents advocacy message to the ED NPHCDA and secures date for advocacy visit. -ED NPHCD advocates to State Agencies to implement the UHC conditions of employing at 2 skilled health workers per health care facility. - ED NPHCDA includes update on employment of skilled health care workers on the NPHCDA and State Agencies quarterly meeting agenda.
Joint advocacy visits by the FP team with Health Promotion, Child Health and Adolescent Health to the ED NPHCDA	#Advocacy visits made # Divisional Heads participating #Info-graph produced to support pitch	#States who adapt and implement policy %Increase in FP indices %Increase in PPFP	Minister gives directive on the accelerated implementation of the revised FP Blue print and Costed Implementation Plan. Minister engages for increased allocation to family planning
Engagement of senior management of NHIS to develop and implement Accountability Measures	# Senior management in attendance	#Actionable items on Accountability brief #Agencies who report receiving technical brief	- Accountability measures developed and approved by ES. - Technical brief on NHIS Accountability Measures

Activities	Output Indicators	Outcome Indicators	Quick Wins
on health insurance at grass root level.		#State Agencies who report update adherence to Accountability measure during meetings	developed for state Agencies. - Adherence to Accountability measures is an agenda item for NHIS.
Joint engagement of Nigeria Governors Forum with Nutrition, Health Promotion and Safe motherhood team on adaptation and implementation of NSPAN, implementation of the National Road map on ARMNM and implementation of the NSPHP	#Governors attending engagement # Times Chairperson Governor' Wives Forum was contacted #Questions and positive comments made during engagement	#Times NSPAN, ARMNM and NSPHP is an agenda item at NGF meetings #Governors who adapt/adopt NSPAN #Governors who implement ARMNM #Governors who implement NSPHP	- Chairperson Governor' Wives Forum confirms advocating to Chairman NGF - Presentations are made at NGF meeting. - 5 additional Governors adapt implementation of NSPAN, ARMNM and NSPHP per quarter. - Status of NSPAN, ARMNM and NSPHP adaptation and implementation are an agenda item on NGF meetings.
Engagement of Chairmen, Senate and House Committees on Health on extension of maternity leave to 6 months	#Members in attendance #Times Minister of Labour and Employment is reached	#Public statements made by Chairman Senate and House Committees on Health. #Media reportage #Increase in National breastfeeding rate	-Honourable Minister of Labour and Employment advocates to Chairmen Senate and House Committees on Health. - Senate and House Committee Chairmen confirms date for advocacy visit. - Chairmen Senate and House Committees makes a public/ press statement approval of bill on extension of maternity leave to 6 months. - Bill on 6-month maternity leave is passed.
Round table discussion with CAN and JNI	#participants at the discussion	#Media coverage of	- Joint statement from CAN and JNI on the urgency for intentional focus on Safe care/ positive health seeking

Activities	Output Indicators	Outcome Indicators	Quick Wins
leadership		statements #Executives who sign communique and signature board #Institutions who receive communique	behavior for RMNCAH+N, Family Planning, Adolescent and Young Persons Health and Development in Nigeria. - Communique signed by both organizations. - CAN and JNI present signature board to Honorable Minister of Health

CHAPTER NINE

ROLES AND RESPONSIBILITIES OF STAKEHOLDERS IN RMNCAHEN ADVOCACY AT ALL LEVELS

The RMNCAH+N Champions and stakeholders are made up of Governments at all levels that provide the leadership for the full implementation of the advocacy strategy. Whilst government and state actors have the full responsibility for good governance and mostly fall within the group of primary audience to effect the targeted change, champions and advocates may also exist among them.

Such champions often serve as members of the advocacy group, providing insight into the issues that may need to be resolved. Some may be identified as influentials who may open the doors to the primary/secondary audience. Other champions and stakeholders include the donors, development partners, CSOs/NGOs and advocacy networks, the private sector, academia, and individuals who are visible and stand out in their support to the government at all levels for the promotion of RMNCAH+N including Health Promotion programme.

Health Promotion Division , Federal Ministry of Health

- Provides leadership role;
- Serves as the national coordinating platform for RMNCAH+N advocacy efforts;
- Leads resource mobilization for national level advocacy;
- Ensures advocacy materials/kits/briefs development and use;
- Strengthens Media advocacy in support of RMNCAH+N including Health Promotion;
- Ensures identification and use of data for evidence-based advocacy, dialogues and decision making;
- Leads tracking, monitoring and review of performances;
- Provides technical backstopping and Support to States for:
    - Domestication of National Advocacy Strategy for RMNCAH+N programmes
    - Capacity building of State actors
    - Capacity building of the partners, including the CSO platforms/networks
    - State level SMART Advocacy strategy development

- State-focused advocacy materials/briefs development
- Conduct of annual review of strategic advocacy efforts
- Resource mobilization
- Media advocacy
- State level coordination.

Other Departments/Division/Unit/Programme, Federal Ministry of Health

The thematic components of the RMNCAH+N programme may statutorily be handled by the designated Departments, Divisions or Units of the Federal Ministry of Health. In this regard, such designated entities may be expected to:

- Identify thematic issues that may require advocacy response;
- Initiate and lead advocacy efforts on issues identified in collaboration with the Health Promotion Division;
- Serve as a source of data and evidence to inform advocacy asks and decision making;
- Facilitate and support consensus building of stakeholders for advocacy efforts;
- Mobilize necessary resources to support targeted advocacy activities;
- Generate data and evidence to confirm achievement of expected results and change;
- Support the annual advocacy strategy reviews through participation, funding and provision of feedback, evidence and reports on the performance of thematic areas.
- Stimulate and guide state level thematic area advocacy programming and actions in collaboration with the Health Promotion Division.

National Primary Health Care Development Agency (NPHCDA)

- Ensures allocation and release of adequate funding for RMNCAH+N including health promotion advocacy efforts within the PHC system;
- Conducts strategic advocacy to address relevant issues under the PHC system;
- Supports media advocacy efforts for RMNCAH+N including health promotion;
- Ensures identification and use of data for evidence-based advocacy, dialogues and decision making;
- Tracks, Monitors and reviews advocacy efforts for RMNCAH+N including health promotion.

State Health Promotion Division

- Domesticate the National Advocacy Strategy for RMNCAH+N programme;
- Build Capacity of State actors on Advocacy using SMART Approach;
- Coordinate state level advocacy efforts;
- Mobilize adequate resources to support state advocacy activities;
- Support media advocacy efforts;

- Track, monitor and review state level advocacy efforts.

State Primary Health Care Development Agencies & FCT PHC Board

- Ensure allocation and release of adequate funding for RMNCAH+N advocacy efforts within the State;
- Conduct strategic advocacy to address relevant RMNCAH+N issues;
- Support media advocacy efforts for RMNCAH+N including health promotion;
- Identify and use data for evidence based advocacy, dialogues and decision making;
- Track, Monitor and review advocacy efforts for RMNCAH+N including health promotion.

Local Government Area Health Promotion Units

- Develop RMNCAH+N Strategic Advocacy Guideline and annual plans;
- Ensure availability of resources for strategic advocacy for RMNCAH+N including health promotion;
- Support community-based media advocacy;
- Coordinate and support community based RMNCAH+N advocacy efforts;
- Track, Monitor and review community-based advocacy efforts;
- Build capacity of community-based advocacy actors, WDCs, CDCs and Groups on Voice and Accountability.

Donors and Development Partners

- Mobilize and contribute resources for RMNCAH+N strategic advocacy;
- Ensure integration of strategic advocacy into project design;
- Support national, state and LGA level strategic advocacy efforts, partnerships and coalitions;
- Ensure visibility to RMNCAH+N including health promotion and advocate for leadership commitment/actions for change;
- Support media advocacy at all levels;
- Support capacity building for strategic advocacy for RMNCAH+N including health promotion at all levels.

Organized Private Sector

- Champions efforts towards supportive RMNCAH+N including health promotion programme environment;
- Provides resources to support strategic RMNCAH+ N including health promotion programmes/initiatives;
- Supports media advocacy on RMNCAH+N including health promotion.

Civil Society Organizations/Non-Governmental Organizations/Networks (including Network of Persons with Disabilities)

- Conduct strategic advocacy on identified RNMCAH+N including health promotion issues;
- Form coalitions, networks and partnerships for strategic RMNCAH+N including health promotion advocacy;
- Track, monitor and review RMNCAH+N including health promotion programme performance using appropriate Scorecards;
- Ensure visibility of RMNCAH+N including health promotion as key to achievement of demographic dividend and sustainable development;
- Support media advocacy and work closely with the media to increase visibility and dialogue on RMNCAH+N including health promotion.
- Conduct multi-sectoral annual review of health spending at multiple levels

Professional Associations/Groups and Academia

- Ensure visibility to RMNCAH+N including health promotion programme concerns;
- Support strategic advocacy efforts on RMNCAH+N including health promotion;
- Track, monitor and review RMNCAH+N including health promotion programme performance;
- Align with the RMNCAH+N including health promotion coordination platforms at all levels;
- Support research and knowledge management on RMNCAH+N including health promotion concerns.

Community Structures (CDCs, WDCs, Associations/Groups)

- Serve as community voices on RMNCAH+N including health promotion concerns;
- Conduct strategic advocacy to decision makers at the LGAs for improved funding and services at the facility levels;
- Track and monitor RMNCAH+N including health promotion services at the facilities.

The Media in RMNCAH+N including Health Promotion Advocacy

Engagement and involvement of the media in strategic RMNCAH+N including health promotion advocacy is a very important step towards achieving the desired advocacy goal and objectives as well as for the broader RMNCAH+N including health promotion goals and objectives. The media (traditional, new plus the social media)

can be an ally or an impediment to the RMNCAH+N including health promotion programme efforts either by helping people to make healthy choices or otherwise.

When well informed and trained, the media can raise public awareness, inform listeners, readers and viewers about the programme, governance, issues, limitations, their potentials and expectations. The media can also mobilize stakeholders to play their part in promoting good health, positive behaviours and healthy choices. However, when the media does not have clear and accurate information, they can undermine efforts by sensationalizing issues and deter people from making healthy choices about their health and that of their families.

The Role of the Media in Strategic RMNCAH+N including health promotion Advocacy: The media being the fourth estate of the realm is primarily very critical and influential in stimulating processes of change in the management and governance of the health system. Whilst making the news, the media can effectively become champions of positive change by:

- Inspiring changes in policy decisions and actions, including funding for RMNCAH+N including health promotion programme;
- Stimulating clarity in political direction(s);
- Acting as checks and balances on political and policy issues;
- Creating news and stories around RMNCAH+N including health promotion issues;
- Igniting and inspiring passion and actions;
- Monitoring and reporting actions and responses of leaderships;
- Engendering voice and ensuring accountability;
- Providing scorecards to stimulate changes in RMNCAH+N including health promotion programming and interventions.

The Media Serves as Change Agents on RMNCAH+N including health promotion by:

- Popularizing RMNCAH+N including health promotion development – Brings forward new information to an existing story or exposes an entirely original news story.
- Producing human interest stories – Relates the story to social issues or discusses a person in an emotional way, as to generate interest or empathy in the reader, viewer or hearer.
- Showcasing local angle issues – Describes how the neglect of RMNCAH+N including health promotion issues affects people, local communities or economy.
- Reporting progress – Demonstrates human innovation, positive interactions, or willingness to meet the challenge presented.

- Reporting consequences – Relates identified and/or proven adverse effects of RMNCAH+N including health promotion on individuals, family, community and describes how such results may be used.
- Discussing emerging trends (usually informing the reader of why the trend is popular and what it means to them).
- Discussing conflicts – Explains a controversy often with opposing view points and positions.
- Using drama to invoke interests– Describes a conflict likely to invoke an emotional response or provides an editorial of such events.
- Reporting disaster –Describes the impact of negative situations (and usually describes either what brought them about, their effects, or what's being done about it).
- Linking events to timing and proximity – Relates a particular story (often as warnings or advice) to a specific region or event (such as a holiday or season).

Media advocacy activities may be conducted through:

- Print Media: Newspapers, Feature articles, Editorials, Human Interest Stories, News articles, Testimonials, Community Voices.
- Electronic Media: Radio and Television Chats, Panel Discussions, Documentaries/Reports, Investigative Reports, Human Interest Stories, News Items, Testimonials and Community voices.
- Social Media Platforms: WhatsApp, Facebook, Twitter, Instagram, You Tube, Blogs, etc

The media is actively involved in the celebration of National and International Days such as the Safe Motherhood Day, IMNCH Weeks, World Population Day, World Contraceptive Day. National Immunization Days, International Day for the Youth, International Day for the Girl Child, World AIDS Day, National Breast Feeding Week, World vasectomy Day, etc. The media plays key advocacy roles by generating public dialogues on RMNCAH+N including health promotion issues, prevailing policy gaps, governance as well as opinions and barriers to access to services which are considered in the discussion agenda.

Building the Capacity of the Media for Advocacy:

Successful partnership with the media advocacy requires more than just requesting the media to cover advocacy and other RMNCAH+N including health promotion programme events/activities. The media, including the managers and owners, must be trained on:

- The RMNCAH+N including health promotion programme (overview) and how to tell the stories;
- Strategic advocacy skills using the SMART approach;

- How to use data for informed advocacy and decision making; and,
- Effective alliance building and networking for RMNCAH+N including health promotion advocacy;

Appropriate skills improvements help the media staff to become proactive checks on RMNCAH governance and accountability. Alliances with the media and their representation in the RMNCAH+N coordinating platform at all levels, help to ensure adequate mainstreaming of the key issues in the public discourse domain and also to reinforce the place of health and population as key development agenda.

Monitoring of the Results and Outcomes of Media Advocacy Efforts:
RMNCAH+N including health promotion focused media advocacy activities can be effectively monitored and tracked for results through the use of tracking tools and checklists. Regular reviews with full involvement of the media can be instituted. Population based surveys can be conducted to elicit the impact of the increased media-based communication on RMNCAH+N including health promotion programme in the community.

Engaging Faith-based Organisations/Leaders
Historically, religious and faith-based organizations in Nigeria have contributed immensely in the provision of health care. They form a good proportion of the national health care delivery system and focus largely on maternal, newborn and child health care provisions, particularly in communities and rural areas. The need for amplification of the role of the faith-based leaders in RMNCAH+N including health promotion is that they are highly respected and are influential in the way their followers and communities respond to health care interventions and decisions. With particular reference to reproductive health and family planning, the opinions and attitudes of the faith leaders have had great influences on the status and acceptance of the programmes over the decades. Building the necessary consensus and collaboration with religious leaders has been key to programme implementation. The Interfaith Forums at the national and state levels are visible platforms for achieving the necessary dialogues and advocacy to gain the support of these leaders. In this regard, engaging the religious leaders has to be intentional and driven to achieve the following key objectives:

- Amplify their support for RMNCAH+N including health promotion programme and its components;
- Integrate RMNCAH+N including health promotion into their faith-based health systems and services;
- Actively transform the religious leaders as champions and advocates for improved RMNCAH+N including health promotion;

- Recognize their roles as key stakehoders in all decision making processes for RMNCAH+N including health promotion.

In effect therefore, engagement of the faith-based groups in RMNCAH+N including health promotion advocacy can be approached from the perspectives of targeting their leaders for support and positive actions and/or to serve as an advocacy platform or stakeholders for positive change for the programme. In this regard, the existing relationships through the Interfaith Forum at the National and State level platforms should be strengthened and sustained.

In conclusion, Faith Based Leaders and Organizations as advocates and champions for RMNCAH+N including health promotion can effectively:

- Amplify public statements in support of RMNCAH+N including health promotion programme interventions;
- Integrate RMNCAH+N including health promotion interventions into faith based health activities;
- Preach the benefits of RMNCAH+N including health promotion services among faith communities;
- Champion and advocate to decision makers to adequately fund RMNCAH+N including health promotion Programme;
- Address myths and misconceptions within faith communities for positive health seeking behavioural change;
- Promote RMNCAH+N including health promotion messaging in faith communities, particularly among the men, women and youth groups;
- Align with RMNCAH+N including health promotion coordination platforms at all levels to improve dialogues and understanding of RMNCAH+N including health promotion programme direction.

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CONTRIBUTORS

S/N	NAME IN FULL	TITLE	NAME OF ORGANISATION	DESIGNATION	E-MAIL	PHONE NO.
1	Kayode Afolabi	Dr.	FMoH	Director/Head, RHD	kayodeakinafolabi@gmail.com	08069365667
2	L. K. Bako-Aiyegbusi	Mrs.	FMoH	Director/Head, HPD	ladiaiyegbusi@yahoo.com	08033087892
3	Binyerem Ukaire	Dr.	FMoH/FHD	Director, Safe Motherhood	binyerem@yahoo.com	08033771175
4	Yaki Hajara .B	Mrs.	FMoH	AD/HP	yakihajara@gmail.com	08023631011
5	Jokodola I. Deborah	Mrs.	FMoH	AD/HP	debbiejokodola@yahoo.com	08037922862
6	Madu Ezioma P.	Mrs.	FMoH	AD/HP	eziomaonu2002@yahoo.com	08065011659
7	Helen Akhigbe-Ikechukwu	Mrs.	FMoH	CNO/MNCH	blessedakhigbe@yahoo.com	08035879443
8	Beatrice Ali	Mrs.	FMoH	CNO	2014nbali@gmail.com	08105248840
9	Boardman Helen	Mrs.	FMoH	CEO	helensco2005@yahoo.com	08037879904
10	Iniofan Inyang	Dr.	FMoH/GASHE	SMOII	iniaofoninyang01@yahoo.com	08132065682
11	Kalafere Philomena .O	Mrs.	FMoH/Nut.	HNO	kalafarephilomena@gmail.com	08060330675
12	Ali Hamza Zanna	Mr.	FMoH	COI/HPD	alizanna2@yahoo.com	08030761372

MDAs

13	YakubuOzohu-Sulieman	Dr.	NPHCDA	Consult Communication	osyakubu@gmail.com	08036899917
14	Murtala Abdal-Arahman	Mr.	NIFAA	Program Manager	murtada.abdalrahman@gmail.com	08039686733
15	Oji Sani Abdullahi	Mr.	NPHCDA	Information Officer	sanioji8@gmail.com	08034789408
16	Sandra Ogenyi	Mrs.	NPC	Statistician	sogenyi@yahoo.com	08037017094
17	Margaret Edison	Mrs.	NPC	Deputy Director, Population & Development	megeedison@yahoo.com	08020601962

STATES

18	Hassan Rasheedat O.	Mrs.	LSMoH	Director, H/Education	solar.hassan@yahoo.com	08023401214
19	Rahinatu Aliyu Tilde	Mrs.	BSPPHCDA	SHE	rtildealiyu@yahoo.com	08069170700
20	Mohammed Alhaji Usman	Mr.	NSPHCDA	SHE	muhammadpaiko2000@gmail.com	08131107568
21	Yusuf Umar Sauwa	Mr.	KBSPHCDA	SHE	sauwanpi2@yahoo.com	08060296511
22	Chukwu Chidinma D.	Miss	ASPHCDA	ASHE	chukwudinma89@gmail.com	08064695604

PARTNERS

23	Charity Ibeawuchi	Mrs.	CCP-NURHI 2	Senior Technical Advisor Advocacy	cibeawuchi@nurhi.org	08037173706
24	Hannah Lawani	Dr.	CCP-NURHI 2	Program Intern	lawani.precious2@gmail.com	
25	Olukunle Omotoso	Mr.	CCP-TCI	Program Manager	oomotoso@nurhi.org	08034239465
26	Dorcas Akila	Ms.	CCP-TCI	Program Manager	dakila@nurhi.org	07034902121
27	Kemi Oluwagbhun	Mrs.	CCP-NURHI 2	Program Manager Service Delivery	ooluwagbhun@nurhi.org	08034431543
28	Mojisola Odeku	Dr.	CCP-NURHI 2	Portfolio Director	modeku@nurhi.org	08033041538
29	Saratu Olabode-Ojo	Dr.	CCP-NURHI 2	Technical Director Programs	solabode-ojo@nurhi.org	08023114157 08037162598
30	Akinsewa Akiode	Mr.	CCP-NURHI	RME Director	aaakiode@nurhi.org	08037162598
31	Bridget Maduku	Ms.	CCP/NURHI 2	Program Logistics Assistant	bmaduku@nurhi.org	08098739000
32	Chinwe Onumonu	Mrs.	HP+ Palladium	Senior Advisor Advocacy	chinweokeonu@gmail.com	08033810975
33	Odusote Bamidele	Ms.	BA	Albright Stonebridge Group	b.odusote@acioe.com	09059132529
34	Oguntade Isaac Dare	Mr.	CS-SUNN	Program Associate	doguntade@cs-sunn.org	08054844588
35	Ejike Oji	Dr.	AAFP	Chair Technical management Committee	drejike@gmail.com	08037873991
36	Okoh J. Eneche	Mr.	AAFP	M&E Officer	oenenche2016@gmail.com	0703978034
37	Nkiru Duru	Mrs.	AAFP	Project Officer	nkiod@yahoo.com	08034712884
38	Okai H. Aku	Dr.	PPFN	Director	aoaku@ppfn.org	08033112666 08129129607
39	Bala Muhammed Tijjani	Alh.	Family Health Advocacy in Nigeria Initiative (FHANI) Kaduna	Chairman	bamoteejay@gmail.com	08037009741
40	Esther Agbon	Mrs.	Options-Evidence 4 Action Mamaye	Dep. Team Lead	e.agbon@options.co.uk	08060896686
41	Kezy Omo		Breakthrough Action-Nigeria	RMNCH+N Program Officer	kizzy@ba-nigeria.org	07035342623
42	Samto Atuanya		Pathfinder International	Communication/ Media Officer	satuanya@pathfinder.org	08030731124
43	Rahama Bungudu	Mrs.	MSION	Youth & Advocacy Officer	rahama.bungudu@mariestopes.org	08096364631
44	Oluyemi Abodunrin	Mr.	CCSI	TA-Program	oabodunrin@ccsimact.org.ng	08098082008
45	Ricketts Anderson S.	Mr.	ARFH	M&E Officer	rickets@arfh.ng.org	08057233643

46	Omale Jennifer	Ms.	ACCOE Foundation	Team Lead	j.omale@aa.org	07034630344
47	Olukunbi Okogun	Dr.	USAID	MCH-PMS	oolaokogun@usaid.org	09062234837
48	Ali Bwala	Mr.	OPTIONS Evidence 4 Action Mamaye	Senior. Evidence Advisor	a.bwala@options.co.uk	
49	Evelyn Oikpor	Mrs.	CCSI	Program Assistant	eoikpor@ccsimpact.org	
50	Ohemu Benson	Dr.	SFH	Communication Specialist	bohemu@sfhnigeria	08034492279

FACILITATORS

51	Khadija A.Ibrahim-Nuhu	Mrs.	KAIN Consult	Consultant Faciliotator	kain.consult.ng@gmail.com	08065288411
52	Yemi Osanyin	Mr.	NOTYL Consulting Services	Content and Editorial Consultant	notylservices@gmail.com; tayoosayin@yahoo.co.uk	08033234187 08023883462


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