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

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NURHI Project Overview

– Funding
– Implementing Partners
– Vision
– Goal
– Objectives
– Sites

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• Nigerian women average 6 children over their lifetime.

• The population is expected to double within 25 years

• The use of modern family planning in Nigeria is very low- only 10% of married women used a modern contraceptive in 2008.

• Nigeria ranks second behind India on total maternal mortality statistics even though our population is just 2% of the world population.
The glaring gap is on women's health and children's health.

We know what works. We have the tools. And yet, progress has been too slow.

It is precisely in the areas of women's and children's health that we can make the greatest impact – for women, families and communities.

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NURHI Project

– Challenges
– Successes
– Lessons learnt, and
– Opportunities

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

- **Policy**
  - FP not prioritized
  - Little social, political and financial support for Family Planning

- **Weak Service Delivery System**
  - Poor provider capacity or skills
  - Vertical service delivery system (silos)
  - Side effects
  - Commodity stock-out syndrome
  - Lack of budget-line for RH/FP

- **Socio-cultural determinants**
  - Poverty
  - Level of literacy
  - Desire for large family size
  - Poorly spaced births that are too frequent, too many and too late or too early
  - Low contraceptive utilization
  - Poor knowledge of RH issues among religious leaders
  - Conspiracy theory and rumour over depopulation agenda associated with FP?
  - Social perception and secretive use
  - Myths, misconceptions, and mis-information
  - Side effects, infections and future fertility desire
NURHI Successes

• **Enabling Environment**
  – Increased government resources
  – Increased media coverage
  – Increased public support for FP

• **Service Systems**
  – Increase in percentage of facilities meeting quality standards
  – Increased CYP generation in high volume sites

• **Community**
  – Increase in number of leaders openly speaking out on FP
  – Increased community participation

• **Individuals**
  – Gaining confidence to access services
  – Motivated with facts, encouraged to talk to their spouses, peers and persuaded to access to access services, made supportive and responsive multiple media programs and radio/TV drama serials and spots.

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

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

• Inserted FP language in free MCH draft bill.

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Lessons Learned

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

• Involvement secured ownership and support

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Summary of Lessons Learned

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

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

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

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Opportunities conti...

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

• Appropriate Integration of Services
  – Increasing program efficiency and clients’ convenience

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

• Facilitating collaboration among faith-based organizations and traditional leaders could help to promote behaviour change and address practices that contribute to low contraceptive use and high maternal mortality
Engagement with Religious Leaders/How we did it?

• Maternal mortality was presented as an issue to religious leaders.

• They were then brought to a roundtable discussion to review the situation.
  – They studied and deliberated on the issue and issued communiqués that family planning/childbirth spacing was permissible and necessary in both religions (Islam & Christianity).

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

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

• **Institutional Capacities**
  - Issues identification
  - Communications and advocacy
  - Alternative solutions/Best practices

• **Approaches for Capacity Strengthening**
  - Partnerships
  - Technical Assistance
  - Skills Building
  - Fostering Linkages
  - Tools Development

• **Interventions essential to independence and sustainability of FBO/G**
  - Human resources development
  - Development/adaptation of technical and managerial tools and curricula
  - Adaptation, promotion and use of evidence-based best practices and strategies
  - Design of objective and output based institutional strategic and/or action plans
  - Development and implementation of well-tailored communication and advocacy plans
  - Improving management and financial systems and capability
  - Strengthening training approaches for key technical, managerial and leadership areas.
Capacities and knowledge gaps of faith-based organizations

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

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

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

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

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

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

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

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QUESTIONS
Thank You

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