ADVOCACY: Promoting an enabling environment for adolescent reproductive health

DESCRIPTION:
Advocacy has been an essential component of Ku Saurara! from the very beginning. Before the start of Ku Saurara!, talking about adolescent reproductive health (ARH) in northern Nigeria was taboo. Reproductive health programs of any type faced strong opposition from leaders in religious and government sectors, so advocacy was crucial to the initial launch of project activities. Through diligent efforts of project leaders, mobilization of community leaders and a coalition of youth service organizations; hundreds of visits educating opinion-leaders facilitated open conversation about once controversial topics. Many staunch opponents became committed champions for both Ku Saurara! and adolescent reproductive health issues.

As an openness toward family planning and other related topics became pervasive, many organizations and activists became empowered to speak out, demonstrating to Ku Saurara! the need to unite these voices through forming advocacy coalitions. Ku Saurara! offered strategic advocacy trainings to these established networks that benefited hundreds and equipped them with advocacy kits, guides and resources to propel their health initiatives forward.

APPROACHES:

- **Continued Stakeholder Engagement** – The Ku Saurara! project team and collaborating partners conducted advocacy visits to community, religious and elected leaders, distributing state-specific information tailored to the different audiences and continued to engage these stakeholders throughout the five phases of the project over a 10-year period.

- **Sensitization Workshops** – Numerous workshops were conducted for policy makers and media personnel to help increase knowledge of reproductive health issues in the twelve Northern states the project worked.

- **Support for State Level Advocacy Networks** – The KS project helped to establish revitalize and support of advocacy networks in five states: Kaduna, Kano, Katsina, Bauchi, Jigawa that included members of Advocacy Nigeria, Packard Leadership and Development Mechanism (LDM) fellows, and local NGOs working for the advancement of young people's reproductive health in their area. The KS team facilitated advocacy trainings that led to the development of action plans within each of the advocacy networks.

- **Creation of Advocacy Materials** - With support of community leaders and advocacy networks the KS team produced a simplified advocacy guide that facilitates the establishment of advocacy networks and distributed state specific materials and advocacy kits tailored to target audiences.
RESULTS:
Ku Saurara! advocacy activities resulted in:

• Public declarations made by state officials, including the signing of endorsement letter by the former president of the first republic Alhaji Shehu Aliyu Shagari, the Emir of Zazzau Alhaji Shehu Idris, the Sultan of Sokoto, and influential Counsel of Ulamas in favor of supporting adolescent reproductive health services.

• Development of 5 advocacy networks (one in each state) in which 88 activists from 81 organizations who developed and implemented 10 action plans.

• Implementation of 230 advocacy activities with community, religious and elected leaders in twelve states.

• Distribution of 1,000 state-specific pamphlets; 21,000 Advocacy Action Kits; and 300 Advocacy Guides.

• Participation from over 270 government officials, parents, civil society group members, media representatives and Christian and Muslim leaders in twelve advocacy workshops.

• Commitments by radio stations in all initial 12 program states to air the radio program free of charge.

Project impact evaluation data demonstrated a significant increase in the perceived social support for contraceptive use and follow-up data also showed a positive relationship between campaign exposure and the perceived social support for contraceptive use.

The Advocacy Networks’ efforts contributed to:

• Building of a MCH clinic in Batagarawa, Jibiya local government, Katsina state;

• Increased state government budgets on health in Bauchi and Kaduna states; and

• Increased and continuous funding of free maternal health services in Kano state.

LESSONS LEARNED
Coordination and collaboration among stakeholders takes significant time and resources to develop but critical to success. During the project’s first year Ku Saurara! worked diligently to dispel misconceptions commonly held by many community leaders, such as that the project promoted premarital sex through education on adolescent sexuality. Through extensive pre-testing and focus group discussions, the project was able to ensure consensus on all of the materials and messages it produced.

Positioning the promotion of delayed childbirth instead of condemning early marriage helped to avoid controversy and rejection. To avoid controversy around the phrase “early marriage,” Ku Saurara! staff worked to keep an open dialogue with officials and gatekeepers around ‘delaying childbearing’ where they were initially unreceptive to talk of ‘delayed marriage’.

MATERIALS DEVELOPED:
Advocacy Action Kit
Simplified Advocacy Guide