

|

NURHI

Nigerian Urban Reproductive Health Initiative



**THE REPORT OF STAKEHOLDERS ANALYSIS CONDUCTED IN
FIVE STATES ON FAMILY PLANNING SERVICES
(IBADAN, ABUJA, ILORIN, BENIN-CITY, KADUNA AND ZARIA)**

**SUBMITTED BY
HEALTH REFORM FOUNDATION OF NIGERIA (HERFON)**

**TO NURHI
NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE**

APRIL 2010

ACRONYMS

- NURHI - Nigeria Urban Reproductive Health Initiatives**
- FP - Family Planning**
- MOH - Ministry of Health**
- LGDH - Local Government Department of Health**
- NGO - Non Governmental Organisations**
- LGs - Local Governments**

Executive summary

This study was part of the NURHI's step to identify the key actors and to assess their knowledge, interests, positions, alliances, and importance related to its vision. This allows managers to increase support for this program. This analysis was conducted to allow *NURHI* managers detect and act to prevent potential misunderstandings about and/or opposition to the NURHI program.

DATA COLLECTION

Data for this study were collected from interviews conducted in five states across Nigeria (Oyo, Kaduna & Zaria, Benin, Kwara, and Abuja). Data were categorized and analyzed by using open-ended questionnaire.

Findings revealed a broad range of views with respect to the acceptability and the impediments to successful implementation of FP services in the states.

Stakeholders: Stakeholders in a process are actors (persons or organizations) with a vested interest in the policy being promoted. These stakeholders, or "interested parties," can usually be grouped into the following categories: international/donors, national political (legislators, governors), public (ministry of health [MOH], social security agency, individuals, labor, unions, medical associations, and medical providers both commercial and private non-profit (non-governmental organizations, civil society, and users/consumers).

This report identifies stakeholders based on their influence on the policy being promoted. The target respondents are the policy makers. The findings suggest that the information needs for these groups vary from more specialized and narrow in scope to general and wide (e.g. across disciplines).

The findings of this study show that stakeholders can be very different from each other. Stakeholders' characteristics and behavior are not clear cut, but vary along more than one spectrum. Implications for the FP are therefore the need to account for *variety* across a spectrum of uses, such as different methods of FP.

Finally, the findings of this study provide evidence of:

- The need for more and proper advocacy about FP and the various Choices.
- The need to educate the men , especially the uneducated on the advantage of family planning
- The need to improve FP visibility by creating a strong awareness through the creation of FP advocates among various women
- The need for the women to get easy access to the services
- The need to reduce inefficiencies.

From this list it is evident that a strong Advocacy will perfectly create a Nigeria where barriers to family planning/Child spacing use are eliminated, particularly among the urban poor.

1.1. BACKGROUND

Family planning is said to be one of the 10 great public health achievements of the twentieth century. The ability of individuals to determine their family size and the timing and spacing of their children has resulted in significant improvements in health and in social and economic well-being. Smaller families and increased child spacing have helped decrease rates of infant and child mortality, improvement in the social and economic conditions of women and their families, and improvement in maternal health.

In furtherance to above, NURHI-Nigerian Urban Reproductive Health Initiative a five year project awarded in September 2009 ,funded by the Bill and Melinda Gates Foundation to reduce barriers to family planning/Child spacing use and increase the contraceptive prevalence rate in selected urban areas of Nigeria came as a rescue.

NURHI intends to harness the potential of Nigeria's dynamic urban environment to improve services and promote healthful lifestyles and reduce pressure on the urban health infrastructures in the country. In order to achieve its objectives, NURHI with the assistance of the collaborating partners conducted a stakeholder's analysis of the project to determine whose interest

should be taken into account when developing and/or implementing the program.

1.2. AIMS OF THIS STUDY

This study was an effort to understand the context in which FP services unfold in some selected states in Nigeria. The study identified the project's stakeholders, assessed their interests on FP and the ways those interests could affect its implementation. Perspectives were also collected on how to improve FP among the mothers at home.

1.3. METHODOLOGY -The study was conducted for two days and was guided by stratified sample techniques with an open-ended questionnaire distributed to the selected respondents. The questionnaires were distributed in the first day with interactions between the interviewer and the respondents.

The second day was used for the collection of the questionnaires.

1.4 DATA ANALYSIS

Due to limited resources and the time, three local Governments were chosen from each state except the FCT where only two LGs were chosen according the programe operational location so as to have a representative sample. A total of 39 respondents were interviewed each from the three chosen LGs.

S/N	STATES	MOH	LGDH	RELIGEIOUS LEADERS	MEDICAL PRATITIONERS	NGOs	TOTAL
1	IBADAN	8	8	8	9	6	39
2	ILORIN	8	6	8	11	6	39
3	ABUJA	7	7	6	9	10	39
4	BENIN CITY	8	6	7	9	9	39
5	KADUNA	7	7	10	8	7	39
6.	ZARIA	-	9	11	10	9	39
	TOTAL	38	43	50	56	47	234

According to the table above, the respondents made up of 39 each from the states above and the Federal capital territory Abuja, the total of forty -five questionnaires were actually directed to be sent out and thirty nine were mandatory for collection. This indicates the return rate of the questionnaires as 82.4% because 6 questionnaires were either not collected or returned.

Table showing each category as a percentage of the total population of respondents (234).

CATEGORY	MoH	LGDH	RELIGIOUS LEADERS	MEDICAL PRACTITIONER	NGOs	TOTAL
PERCENTAGE	16.2%	18.4%	21.4%	23.9%	20.1%	100%

2.0 FINDINGS

The exercise lasted for two days in each of the state, and the following were the findings:

- All respondents have sufficient knowledge of Family planning
- All the stakeholders are lovers of family planning but some hide under the pretence of religion or peers believe.
- Although Health education on family planning is given in most Health Centers, the quality and mode differs.
- At the Local Government level, Family planning is usually part of Maternal and Child Health services.
- The Medical Practitioners respondents agree to the necessity of Family Planning as part of efforts to improve Maternal and Child Health, while the specialist Doctors respondents did not include family planning services in their practice.
- Religious Leaders, both Muslim and Christian agreed that FP should be a method for Child spacing , but the number of Children should not be determined by a third party or by law.
- The NGOs respondents are deeply involved in family Health Services in general, and use FP as an integral part of promoting Healthy life style of the society.

2.1 IDENTIFIED OBSTACLES TO FAMILY PLANNING SERVICES

- Low level of literacy especially of the female gender
- Non cooperation of Men
- The need for Husband consent before it is done, which in most cases not guaranteed because of the misconception that FP leads to infidelity in marriage.
- Non commitment of sufficient funds for FP especially at the local government levels.
- At the Local Government level, there are no much awareness and advocacy towards acceptability of FP services.
- At the Religious leaders level, their believe and preaching towards FP is not much supportive.
- Then in each household, it is believed that the husband is the head, most of the Husbands especially the illiterates are very strong barrier to FP services.

2.2 RECOMMENDATIONS

- For FP service to be effective, there should be a very strong advocacy tailored towards the users
- There should also be a way of integrating FP services with other child/maternal health care services for effectiveness and time saving
- There should be an orientation for the Household heads on the benefits of FP services
- A high level advocacy should be paid to selected traditional and religious leaders for more qualitative and educative discussion on FP so that they could become a good FP advocates
- NURHI should also conduct a high level advocacy to the commissioners of Health in all the focal states for their maximum support and cooperation on FP issues in their states.

2.3 CONCLUSION

The responses to the questionnaire were very positive on the whole, although the range of stakeholder type has not been as broad as was originally hoped for. However, knowledge of, and interest, in the FP has grown in the various categories visited and it is likely that further stakeholders will have an input into future developments.

Finally, in order to have a more in-depth analysis next time, there should be enough resources which would allow the researcher visit more stakeholders who could also have a very useful opinion as in-depth stakeholder analysis would seek to specify the expectations, perceptions and constraints for each stakeholder, and to identify any gaps that might exist between expectations and perceptions.

3. Questionnaire

Most stakeholder analysis methods assume that stakeholders are aware of a project and have already indicated an interest in it. As this project is not yet well known to most of the stakeholders, it was decided to send out the questionnaire in the first day to promote awareness and gauge interest. The questionnaire was administered through direct interaction with all stakeholders ; unfortunately in some cases some of the stakeholders felt reluctant to collect the questionnaire, not surprisingly, most of these people were the once their questionnaire were not collected.

The questionnaire asked the following questions (see annex 1)

Stakeholder Interview Questionnaire

Date:

City:

Introduction

We are from Health Reform Foundation of Nigeria (HERFON), we are conducting a study on behalf of Nigerian Urban Reproductive Health Initiative (NURHI) to explore the opinions of several important actors who are interested in removing the barriers to family planning/ Child spacing particular among the urban poor. As an important actor, it is crucial for us to obtain your opinion/ that of your organization.

We plan to conduct about 25 interviews to produce a general report on the opinions of the major stakeholders. The information obtained through these interviews will be for the direct use of the analysis team, and will be presented in a general report to NURHI without identifying individual opinions.

We would want you to help us respond to the following questions without bias.

Your Opinion

	State Ministry of Health	
1	What are the various steps taken so far by the ministry to improve family planning?	
2	Are there laws passed or yet to be passed that is for or against family planning?	

3	What are the general things the government has done on family planning?	
4	How is the government encouraging the Public Health practitioners towards effective delivery of family planning services?	
5	What are the barriers to its effective implementation?	
6	How would Government try to spread family planning information and also improve on its services to people?	
Local Government Health Department		
7	What steps have been taken so far to encourage FP at the Local Government level?	
8	How Committed is the LG to Family Planning?	
9	What are the identified barriers to FP and steps taken so far to address the problems?	
RELIGIOUS LEADERS		
10	What is your religious denomination?	
11	What do you understand about family	

	planning?	
12	How would you advise your congregation concerning family planning?	
13	Are there any specific instructions according to your religion that is against family planning?	
14	Tell us your general view about family planning?	
MEDICAL PRACTITIONERS(PRIVATE, PUBLIC)		
15	What is the name of your Hospital?	
16	Your general opinion about the Family planning	
17	How often do people come for FP?	
18	What are the ways you have been encouraging or discouraging FP?	
19	What are the identified barriers to FP and its possible solutions?	
NON GOVERNMENTAL ORGANIZATIONS WORKING ON REPRODUCTIVE HEALTH AND SOCIAL SERVICES		
20	What is the name of your organization?	
21	Can you tell us some of your areas of interest?	

22	Is there any activity or programme you know that is working in family planning in the state?	
23	What areas have you been working to improve the acceptance of family planning?	
24	What are your general views about family planning?	