



FP/RH LEADERSHIP DEVELOPMENT PROJECT

**LEADERSHIP DEVELOPMENT FOR TRADITIONAL AND
RELIGIOUS LEADERS IN FP/RH**

A REFLECTION OF NIGER STATE INTERVENTION: OUPUT AND OUTCOMES

State Dissemination Document

(Niger State)

September 2012

1.0 BACKGROUND:

The leadership development project for traditional leaders was a 3 year (February 2009-2012) project implemented by the Development research and project centre (dRPC) with funding from the USAID. The project which was implemented in two phases had another component: Leadership development project for political leaders (LDP) targeting political office holders, as well as health policy makers and service providers was implemented in 3 states (Niger, Niger and Niger).

The project had an overall goal: *Create a cadre of transformative leaders from amongst traditional, religious and political leaders to inspire change, communicate accurate information and support emerging trends in favor of accessing family planning and reproductive health (FP/RH) services.*

It had as its objectives the following:

- To expand the commitment and capacity of traditional and religious leaders to become transformative FP/RH champions.
- To equip traditional and religious leaders with the knowledge and resolve to communicate accurate information, to enable them make enlightened proclamations on FP/RH and to inspire others to change views, attitudes and practices.
- To expand their capacity (the traditional and religious leaders) to support government's FP/RH programs by creating an enabling environment and contributing to system change.

Project strategies: the following strategies were adopted and utilized to achieve the goal and objectives of the project. These are:

- Establishment of leadership development forum.
- Establishment of mentoring program
- Creation of alumni networks

2.0 LDT INTERVENTION IN NIGER STATE: OUTPUT AND OUTCOMES

Output 1:1: Leadership Development Forums (LDFs)

International LDF (International study visits)

3 international study tours were organized to two countries in North and West Africa (Egypt and Mali). These countries were chosen because of the cultural and religious similarities they share with communities from the project states and also because of the successes they have achieved in FP/RH services delivery.

The first tour which took 7 male Islamic opinion leaders to Egypt was followed by a tour to Mali by 4 female Islamic scholars from each state. A second tour to Egypt was conducted and it involved 5 female Islamic scholars from each state and 5 male Islamic opinion leaders.

The Mali study tour

A study tour for female Islamic scholars from the 3 projects states was organized and supported by the project. 4 female Islamic scholars from each state took part in the tour. The aim was to increase their knowledge and skills on current Islamic concepts, perception and perspectives of FP/RH.

Mali was chosen due to its similarities (cultural and religious) with the project states, and also due to the presence of many reputable and experienced Islamic Women focused and led organization that have had a long history successful interventions in FP/RH. 4 women Islamic scholars drawn from women Islamic organizations represented Niger state for the study tour to Mali.

While in Mali, the female Islamic met with similar women Islamic groups and secular women focused and led NGOs. In addition they visited health facilities providing FP/RH services and interventions.

At the end of the visit, participants developed State Action Plan (SAP) that outlined activities they will conduct to promote uptake and access to FP/RH services. The participants were also included in the study tour to Egypt alongside their male counterparts from the states.

The Egypt study tour

An international study tour to Egypt was undertaking selected community and religious leaders. The goal of the tour was to expose the leaders to current Islamic perspectives and consensus on family planning and reproductive health. During the tour, participants took part in the following:

- Meeting and dialogue with the Grand Mufti of Egypt.
- Meeting and dialogue with the Sheikh Al- Azhar University Cairo.
- Visits to selected health facilities
- Visited the Ministry of Family and Population Cairo Egypt.
- Visited Islamic research academy Cairo.

- Visited Infectious disease hospital Alexandria

In addition to these meetings and visits, participants also participated in the following workshops:

- Leadership and problem solving workshop
- Strategic planning workshop
- Socio-change and communication skills

The participants comprised 3 traditional (all males) leaders and 4 religious (all males). At the end of the tour each participant was facilitated to develop an individual action plan (IAP) for post tour activities that seeks to promote acceptance of FP/RH during the step-down training (In-country LDF).



Participants to the first Egypt study tour in a group photograph.

Output 1.2: In-country LDF (State LDF)

The Egypt study tour participants (Level 1 Champions) were on return home supported to step-down the study and share experiences with 30 selected 30 Islamic Opinion Leaders (ISOLS). This group became known as the level 2 champions. The goal was to increase the critical mass of ISOLs in the state that will promote and champion the cause for increase availability, access and uptake of FP/RH services in the state. Each of these level 2 champions also developed IAPs.



A cross section of female FBO participants during FBO capacity building training workshop and experience sharing February 2012

Output 2: Mentoring Program

To further increase champion's skills in plan implementation, communications skills, problem solving skills, and application of innovative approaches to overcoming challenges in communities, a mentoring program was organized for the level 1 and 2 champions.

Qualified and experience consultants were identified and recruited locally. The consultants were supported by the dRPC project staff. As part of the mentorship, Champions were regularly met one-one to review their plans, implementation status, challenges and opportunities.

The program lasted throughout the project life.

Output 2:1 Champion's IAP implementation

A summary of the champion's IAPs showed that they planned and implemented the following with support from dRPC and mentorship from the consultants.

- I. Public pronouncements promoting FP/RH services were made using different media and forum. These included, during preaching, Friday sermons, marriage and naming ceremonies, adult literacy classes and on electronic media: radio and television.
- II. Advocacy and sensitization visits were conducted to other stakeholders especially to states houses of assemblies and line ministries to get their support for improved maternal health services provision and uptake.

Output 3: Creation of Alumni Networks

To encourage sustainability beyond project life, champions were supported and facilitated to set up a state champion's alumni association, and a network for states alumni associations (comprising associations from the 3 project states).

The primary goal of the alumni associations is to ensure the presence in each state of a vibrant, well informed and well motivated critical mass of highly respected community leaders that not only believe in the importance of MCH and FP/RH, but also that which continues to remain engaged, to promote MCH and FP/RH access and uptake, and also recruit others to the cause for greater access.

The network that brings the 3 alumni together was aimed at encouraging cross fertilization of ideas, and experiences amongst the states. By the end of the project, all 3 states associations have been duly formed and registered with the relevant regulatory authorities. In addition, they have all developed annual plans to guide their activities.

OUTCOMES

While the end of project evaluation to establish outcomes is currently on-going, evidence from routine monitoring and mentorship program of the project, indicate the achievement of the following outcomes:

- I. Public discourse around the issue of FP/RH which had been something of a taboo is now done openly and at many occasions by leaders otherwise opposed to any such discourse. This has been established by the number and types of pronouncements made by political, traditional and religious leaders.
- II. The project has succeeded in creating a more receptive community and stakeholders for further programming especially with interventions that seek to strengthen services delivery and access for FP/RH.