



# ESMPIN

Expanded Social Marketing Project in Nigeria

*My healthy family,  
my pride and joy!*



## Success Stories



**USAID**  
FROM THE AMERICAN PEOPLE



**MEDIA ACTION**  
TRANSFORMING LIVES THROUGH MEDIA  
AROUND THE WORLD

## FOREWORD

► THE ESMPIN PROJECT IS A SOCIAL MARKETING PROJECT IMPLEMENTED by Society for Family Health (SFH) along with the Association for Reproductive and Family Health (ARFH), BBC Media Action (BBCMA) and Population Services International (PSI). The goal of the project is to improve the health of women and children in Nigeria by increasing use of modern family planning methods and child healthcare providers. To achieve this, the team worked to increase access to family planning (FP), reproductive health (RH) and child health products; increase use of health products and practice of health behaviors; generate support from all sectors for social marketing as an important part of a total market approach; and improve the viability of local manufacturing of key health products.

As an integrated project, ESMPIN had quality and scale as its implementation focus. The project therefore used several distinct channels to promote healthy practices among separate target groups in the areas of family planning, malaria, diarrhea and nutrition. The intervention strategies were implemented one at a time or together over a period of time with the aim of changing behavior. The project also used approaches proven over time to design and deliver these messages to the target groups.

To achieve scale, ESMPIN designed and implemented several approaches, some with a nationwide spread, while others focused on 22 states in Nigeria (including the Federal Capital Territory). This document therefore provides a brief outline of specific approaches used by ESMPIN as well as some program outcomes recorded during and after field implementation.

► SIR BRIGHT EKWEREMADU, *Managing Director, Society for Family Health*



## Acknowledgment

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► **DR. JENNIFER ANYANTI**, *Chief of Party, ESMPIN Project*

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## STORIES ON

CAPACITY  
BUILDING

## Going Higher ... How ESMPIN Empowers

▶ “YOU MAY NOT KNOW IT, BUT THIS project empowered me a great deal in notable ways. But key among the many ways is the financial fulfillment I realized from this project as an IPCA. Prior to working on the project, I desired to further my education but had no means to achieving it. But with the salary gotten whilst working as an agent, I was able to fix my motor bike, take JAMB lessons and also register for University Matriculation Exams.”

These are the words of Veronica, an IPC agent from Izzi LGA of Akwa Ibom state. The USAID-funded ESMPIN project employed IPC agents within designated intervention communities to create awareness of its behavior health objectives. It did so by increasing the knowledge of men and women of reproductive age on FP, malaria and diarrhea. The ESMPIN project pays these agents a monthly stipend for this work.

Besides being trained to become an

asset to communities, the project also provides some financial benefits which helps to better the lives of its agents. Veronica worked for the 6-month Cycle 8 period and is reported to have passed the University Matriculation Exams (UME). She currently awaits admission into the university. In her words: “I am very happy with SFH for supporting me to actualize my dreams.”

Similarly, Marvis Unuagbor also joined the Igarra LGA IPCA team in Edo state when she was at the lowest ebb of her life.

Being a divorcee with four children to care for, securing the job of an agent was a dream come true. She had debts to pay and was unable to get any form of job to bail her out. “The monetary reward was my sole aim of participating in the program... with this I could make end meets and get myself out of debts” she says. She has now set up for herself a mini restaurant with a refrigerator where she sells food and cold drinks.

“My morale was dampened when I considered the load of work at first and I felt like quitting. But when the first allowance came, my vigor was renewed... and as the months passed by, my financial status changed from being neck-deep in debts to becoming a thriving business owner. This was nothing but simply a miracle.”

“

**I am very happy with SFH for supporting me to actualize my dreams.”**

## From a Retiree to a Provider

► RUTH HOSEA IS A NURSING SCHOOL graduate who now resides in Gbagalape, Abuja with her husband and three children. Although now retired, she is still very much in the business of advocating for healthy behavior in her community. She tries, as much as possible, to be part of any health campaign that comes into her community, including immunization, LLIN campaigns and

women empowerment. She was also an IPCA with the ESMPIN project where she, along with other community members, created awareness and demand for child survival products and child spacing. Even after the project exited her community, she was identified as a satisfied user of modern family planning methods who would carry on the message after the life of the project.

During her time with SFH as an IPC agent, she decided she would dedicate herself to learning something new that would benefit her family and the wider community. She saved a little from her monthly stipend for the duration of the intervention. As soon as the active phase of the project ended, she set out to procure items to stock her new shop and became a proud proprietary patent medicine vendor. When asked what her main reason for opening up a PPMV outlet was, she responded: “For years, I have been a nurse but never thought of something like this. ESMPIN made me aware of how PPMVs are the first point of call for people here in Gbagalape, from small diseases like headaches to even big ones like malaria. If not treated correctly by PPMVs, even a small disease like diarrhea can kill within a short time. That is just a waste of life.”



## PROVIDER-TURNED-IPC VOLUNTEER IN KADUNA

THE ESMPIN PROJECT, WHICH IS FUNDED BY USAID, AIMS to reduce infant and maternal mortality partly through preventing unplanned pregnancies. Unplanned pregnancies result in numerous abortions which obviously claim the life of the child while putting the mother's life at risk. This risk is heightened by the fact that abortion is illegal in Nigeria and therefore the service is rendered mostly by medical imposters.

Alhaji Kabiru is the health provider for Kikinba PHC in Kaduna state where IPC cycle 6 was being implemented. He testified that the rate of abortion reduced drastically within the community, based on the reduced number of complications from abortions. He draws this conclusion from the number of cases he personally handled within various times. Before the intervention, very few women visited the facility for antenatal care or child welfare clinics.

However, the tide has changed. An uptick in clients were recorded with the implementation of the project. Before the IPC project intervention, the health facility merely recorded

between 20-25 clients for both the ANC and CWC services weekly. However, during the intervention period, the figures rose between 60-75 clients weekly. He feared that the tide may turn when the project exits the community.

In order to sustain some tempo of the project afterwards, he opted to wear the ESMPIN IPC jackets while accompanying the IPCAs on their work. He was able to learn how to conduct IPC following the ESMPIN dialogue framework.



**During the intervention period, the figures rose between 60-75 clients weekly.**

## STORIES ON

DEMAND  
CREATIONNo Entry!  
(Ba Shiga!)

▶ BA SHIGA, MEANING “NO ENTRY,” IS one of the most popular inscriptions you see on people’s doors in northern Nigeria. It is often used as a code to prohibit anyone, mostly men, from entering a household without consent from the head of the house. This practice is in accordance with the Islamic religious injunction that male non-relatives aren’t allowed into that home or household uninvited, especially if there are married women or unmarried youth present.

In one of the suburbs of Abuja, Nigeria, an IPCA came into contact with Malam Kabiru, who had the Ba Shiga inscription in front of his door, and this made it tough for agents to relay health messages to him and his family. The IPCA pair who covered Kabiru’s section of the community were men and as such could not gain



entry into Malam Kabiru’s household.

Malam Kabiru, who resides in Ushafa (a suburb), but works as a security guard in town, has two wives and 11 children. He was unaware of FP and couldn’t be bothered. As the intervention commenced, the IPCA pair attempted to engage Malam Kabiru on his way to work, but he always seemed to be in a hurry. Nevertheless, having heard of testimonies of others who benefited from the IPC intervention, Malam Kabiru invited the IPCAs over to his house for a session.

“

**Health matters are a solution to our problems which God offers; why then should we deny ourselves and remain in ignorance?”**

“Health matters are a solution to our problems which God offers; why then should we deny ourselves and remain in ignorance?” he asked.

Throughout the session, Malam Kabiru wished he had taken a few minutes to listen to the IPCAs earlier. He even attempted to blame the IPCAs for not coming earlier to enlighten his wives on the child spacing component.

The IPCA explained to him that omitting his residence from their earlier visits wasn’t an oversight but out of respect for the sign at the entrance door. After the session, Malam Kabiru encouraged both wives to receive the health facility FP referral forms and they both visited the clinic the following day. A follow-up call to the home revealed that both women had adopted the injectibles method. They had even started talking to family members with unmet needs and succeeded in convincing a visiting member who also took up a method. Despite these successes, a remarkable outcome from all these events was the changed entrance door inscription the IPCAs met at the follow-up call. Malam Kabiru had actually erased the old inscription and replaced it with another saying: “Ba shiga; sai dai ta dali lin kiwon lafiya,” meaning no entry except for matters of health.





## “We Want to Buy MAGIC”

THESE WERE THE EXACT WORDS OF IPC contacts within Robiyan IPC community of Ogun State, Nigeria. These contacts had witnessed IPC sessions in groups at home or at health facilities where the disinfecting power of P&G PUR Purifier of Water was demonstrated. After these sessions, they sought resupplies at PPMVs where they refer to the commodity as “magic.”

Contaminated water remains a leading cause of diarrhea in Nigeria. Research shows that although many Nigerians know that poor hygiene contributes to diarrhea, many assume that once the color of water is clear, then it is safe to drink.

The USAID-funded ESMPIN project promotes the point of use (PoU) water treatment using WaterGuard Plus

and P&G PUR Purifier of Water. IPC agents informed their contacts that germs are invisible and that people can only be sure that their water is safe to drink when the water has been disinfected. They also informed these contacts on where to source these products and how to use them.

Mrs. Azeez, a 25-year-old mother of three in Robiyan community, refers to P&G PUR Purifier of Water as a fast and cost-effective method of treating household drinking water.

“We no longer boil water. Once we pour P&G PUR Purifier of Water into the water, it quickly works its purifying magic. After pouring it into the water, stirring for 5 minutes, allowing it to settle, we sieve it and we are ready to drink.”

Prior to the introduction of PUR, she got her water from the community borehole and boiled it, then waited for it to cool before drinking. This process she considers time consuming and expensive. She was delighted to be introduced to the product and now considers it a more effective way of treating water.

“

**We no longer boil water. Once we pour P&G Purifier of Water into the water, it quickly works its purifying magic.”**

## How a Radio Drama Saved My Son's Life

► JIMMY ANINEGE IS A FATHER OF three children residing in Ogoja LGA of Cross River State who loves listening to the radio. He enjoys one of SFH radio dramas 'One Thing at a Time' (a radio comedy focusing on many sexual health issues, geared towards all men and women of reproductive age in southern Nigeria).

"I am a proud beneficiary of SFH intervention through a radio drama: 'One Thing at a Time.' My wife and I had almost lost our son to diarrhea despite several treatments given to him by his doctor, which includes ORS, but unfortunately yielded little result as my son was gradually drying up day by day despite several medical attention. That

faithful morning, I took a drive from home and as it is in my habit tuned my radio when I heard the radio program sponsored by SFH and the discussion was centered on diarrhea prevention and treatment. For the first time I heard of the complete treatment of diarrhea with ORS and Zinc, I quickly communicated to my wife and we purchased ORS and Zinc (co-packed) which worked like magic. Indeed, that segment was a life-transforming moment because we didn't only learn how to handle diarrhea at our home, which saved my son; we also learned ways to prevent our kids from diarrhea. Now, my son and his siblings live diarrhea-free because we tuned to 'One Thing at a Time.'"

As the secretary of Ogoja LGA in Rivers State, he attended one of the town hall meetings conducted for policy makers. There, he described how one of his children suffered from diarrhea and got back on track as a result of the step-by-step guide provided in the radio program. He explained that the program provided a comprehensive answer to diarrhea management. To Jimmy, the radio program came through for him and his family and he considers the mass media a major influence in the area of quality health care. Jimmy implored his colleagues to listen to health programmes on radio for a healthier society.



## THE LUCY STORY

THE ESMPIN PROJECT HAS ALSO BEEN ABLE TO REACH OUT TO terrorist attack victims in the IDP camps. The story of Lucy Albert and her husband, who came from a little town in Borno State (northeast Nigeria) called Gwoza, is typical of such interventions among vulnerable groups.

At 35, Lucy has already given birth eight times and lost two children in infancy; one at birth and another at less than six months. About a year ago, she fled their home in Gwoza after the invasion of the notorious Boko Haram sect. She now lives with her husband and their six surviving children in a small hut at the IDP camp located behind Games village (in Abuja).

In an attempt to empower the lives of vulnerable children, the ESMPIN project extended its community-level implementation to this IDP camp. The IPCAs and health care providers were mobilized to these camps: the IPCAs created demand on family planning during these outreach efforts while the provider offered services.

Lucy was engaged by an IPCA during one of the IPCA sessions and referred for FP. Lucy decided to visit one of the makeshift service delivery points set up by SFH. Here she was counseled by a trained provider who, afterwards, offered her one of the LTM—IUCD.

The ESMPIN team followed up with Lucy to get feedback on the method adopted but found one of her little boys had a fever. He was tested with RDT in one of the malaria-

testing booths and the result came out positive. His mother was encouraged to obtain an ACT and commence treatment immediately.

Lucy is one of the many persons who benefited from the ESMPIN intervention within the IDP camp. Although this outreach was impactful, the enormous need shows that much more still needs to be done.



**The ESMPIN project has also been able to reach out to terrorist attack victims in the IDP camps.**



## REACHING OUT TO TEENAGE MOTHERS



**AKPARABONG, ONE OF THE ESMPIN intervention community located in Ikom LGA of Cross River State, has a river as its major source of water supply. During their sessions, IPC agents demonstrated the use of PUR to treat drinking water and also encouraged community members to treat diarrhea using ORS and Zinc, especially among children in the community.**

Perpetual and Elizabeth are adolescent mothers residing in Akparabong community. During the IPC intervention, these mothers met with the IPC agents and their children who were suffering from chronic diarrhea and have been administered antibiotic without result.

"Thank God for water treatment options like PUR and all the agents who enlightened us; we wouldn't have known how to manage it (diarrhea)."

The IPC agents conducted their sessions with emphasis on causes of diarrhea and correct treatment which prompted their immediate purchase of ORS/Zinc tablets. A recent follow-up shows that the children have since recovered fully while the young mothers now use water guard plus in disinfecting their drinking water.

## Dispelling Family Planning Myths

► A PAIR OF IPCAS ENGAGED ROSE

Samson, a resident young mother of two living in Orozo, on a discussion over FP. She initially objected with the ensuing conversation:

**Rose:** Even when I take my child for immunization and there is an ongoing health talk on family planning, I step outside to excuse myself. I only return after they are done due to my disgust for FP. I do this because I don't want to even become tempted to try it. I have seen three of my sisters who have had issues with this family planning. Go Away!

**IPCA:** If you would permit us, Ma'am, we would like to know which methods your sisters used.

**Rose:** Injection of course... is family planning not injection? They all became so... fat, and my eldest sister bled profusely for about a month.

**IPCA:** Look at this page on my flipchart *(the IPCA displays her IPC flip chart showing the different child spacing options)*. All these are various methods of spacing your children. Family planning is not just injection alone; we also have the

natural method and condoms that will not affect your body system in any way.

Rose was immediately captivated with Cycle Beads and the IUD. She welcomed the idea that FP could be done without a pill or an injection. After the routine IPC explanation, Rose accepted a referral form for FP counselling.

"God will bless you. I will go right away to the health facility. Please give me three referrals, one for me and two for my sisters. I will explain this to them and make sure they go to the hospital as well," she said.

The above discourse portrays a typical scenario of the ESMPIN IPCA daily activities. Most of the contacts encountered are initially hostile to FP messages. However, the IPCAs use messages on malaria and diarrhea as entry points to gain initial acceptance. The IPCA in the above conversation actually commenced the discussions with Rose on malaria and recorded a favorable response from her.

However, when the FP topic came up, she vehemently resented it. Kudos to the IPCA who employed all the skills acquired to persuade such contact towards accepting the expected FP behavior. Through her probing skills, she realized that behind this resentment, Rose considers her last pregnancy a mistake about which her husband was unhappy. They capitalized on this need for FP to convince her.



**Kudos to the IPCA who employed all the skills acquired to persuade such contact.**

## Fostering Spousal Support

IN DELTA STATE, A MOTHER OF TEN, pregnant with her eleventh child, was sent packing by her husband because he was not in support of the pregnancy which he saw as a burden and as the mother's fault. The ESMPIN IPCAs came into contact with this woman and offered a session on the benefits of attending ANC during pregnancy and also the benefits of child spacing. After, she was given a referral and encouraged to visit the health facility after delivery to take up an FP method.

The IPCAs further contacted the community leader, a trusted and influential advocate for child spacing, in order to lead the visit with the husband. They discussed the ESMPIN male involvement curriculum, which centers on the role of men in pregnancy, labor and child spacing. The presence of the community leader alone made the husband more receptive to the discussion, knowing his community leader has his best interests at heart. With encouragement from the community leader and IPCAs, the husband attended the next male involvement session where he announced that he has taken his wife back and is ensuring that she routinely visits the ANC (as previously discussed during the session) so that mother and child can receive adequate care. He has also taken the initiative to discuss child spacing with his wife so that his family will not face the challenges of unplanned pregnancy again.

In an intervention community in Cross River, the experience during

house-to-house IPC sessions was negative, that the head of household did not accept the message. It was almost impossible for someone to accept a referral when the head of household was present or nearby.

A few women during the IPC session shared their experiences with using modern contraceptives from unqualified providers who administered three doses of injectables as a single dose for one year of protection. This was quite common in this community due to the women's fear of their husbands' objections, which deterred them from openly accessing quality FP services from the health care facility. The team paid advocacy to the clan head to solicit support for women's health and the community in general. The team, spearheaded by the clan head, conducted male involvement sessions focusing on the role of men in pregnancy, labor and child spacing.

The sessions were never conducted without a reminder, using the town crier, which always resulted in a good turnout of men. They were given a take-home assignment that required them to discuss the theme of the day with their spouses as well as other male neighbors. The efforts were not fruitless: as more men participated in the male group sessions, they were seen supporting their partners, which was evident in a friendlier atmosphere of IPC sessions. More women accepted referrals and there was a good number of spousal support visits to the health facility for FP services.

## LITTLE NAZIFI GETS THE CHANCE TO LIVE

THE USAID-FUNDED ESMPIN PROJECT IMPLEMENTS CBD IN FOUR northern states of Nigeria that lack healthcare facilities. Through this approach, volunteers are trained to conduct IPC on specific health thematic areas of child spacing, malaria and diarrhea. However, their core deliverable is to sell over-the-counter child spacing and child survival commodities within select communities. New users are referred for FP counseling to the closest HF. In this way, the target population benefits through sales or referral after an interactive session. Shamsiyya Danliti, a 25-year-old woman living within Sara community of Gwaram LGA in Jigawa state, is one of the beneficiaries of this exercise. Before the project implementation in her community, she had lost five children which was attributed to non-spacing of births.

Many of her children died from malnutrition and lack of proper care shortly after birth. During the implementation period in 2011, Shamsiyya was engaged by one of the CBDAs on a one-on-one discussion on child spacing and child survival. This encounter gave her hope. After being referred for FP, she sought and obtained the permission of her husband to be offered FP services, which boosted her confidence. She later conceived and gave birth to a baby boy in 2012. As a token of their appreciation, she and her husband named the boy after the CBDA Nazifi, who referred her for FP.

"If someone had told me that it is just a family planning message that will change my life and make me this happy in my lifetime, I wouldn't have believed it. Thank you Nazifi and SFH for this opportunity."



**The ESMPIN IPC program continues to record results by contributing to reduced child (and maternal) morbidity and mortality.**

Today, little Nafizi is three years old and recently has gained a younger sibling. Shamsiyya was also able to achieve this after going on break from the FP method.

The ESMPIN IPC program continues to record results by contributing to reduced child (and maternal) morbidity and mortality by giving these children a chance to live healthier.

## STORIES ON

SERVICE  
PROVISIONOffering Long-Lasting FP Methods  
Made Me a Happy FP Provider

► CHRISTY DAVID IS A REGISTERED nurse/ midwife working with primary health care (PHC) Katari, Kachia local government, in Kaduna State. Before the ESMPIN intervention in her community (Katari), she offered only oral pills, injectables and condoms. Her facility used to also record an average client flow of eight monthly visits.

Many of the women in the community who accessed the facility for deliveries desired some form of birth spacing; most of them showed little interest in short-acting methods. However, the lack of skill in offering the long-acting methods limited the offers available to this large pool of women. When all attempts to train Christy and her other colleagues failed, she resorted to sponsoring herself to be trained on FP to meet the increasing

demand. She recounted instances where she was frustrated to tears, being unable to help women who had up to nine live births and were in dire need of a long term method. She said, “With the support of my husband, I paid for the training which spanned a six-week period both in practice and theory by the Planned Parenthood Federation of Nigeria (PPFN) in Kaduna.” With the commencement of the IPC implementation, IPCAs began to enlighten women on the various forms and benefits associated with the various methods. As this continued, women started demanding the methods they believed were better suited them.

“It makes me happy that I am now capable in my field of work and can make some woman smile or happy, but most important to me is the fact that she smiles and lives because I gave her hope and an opportunity to control her health. I am a happier family planning provider now!”

As a result, the average number of monthly client flow for FP surged to about 35. For many of these providers, being able to satisfy the demands of their clients (after their skills have been adequately built) gives them much contentment and joy.

“

**It makes me happy that I am now capable in my field of work and can make some woman smile or happy.”**



## Saving Lives with ORS and Zinc

► DIARRHEA REMAINS A MAJOR killer of children under five in Nigeria. It accounts for about 11 percent of child mortality as it claims the lives of approximately 100,000 children annually. Though an easily curable ailment, late and inappropriate treatment contributes to these alarming figures. Many caregivers fail to recognize early diarrhea danger signs and even when they do, most health providers offer wrong medications.

USAID-funded ESMPIN diarrhea intervention project creates awareness on the correct treatment of diarrhea using ORS and Zinc at the caregiver and provider levels. PPMVs are stocked with medicine and are also trained on how to prescribe and administer the combined treatment correctly. IPC agents, on the other hand, inform caregivers during one-on-one and group sessions about recognizing diarrhea danger signs, their implications, as well as the correct treatment. This strategy of supply and demand has helped avert untimely deaths among many children within the country.



“

**ORS and Zinc is the magical medicine that stopped my child's diarrhea within 12 hours of starting.”**

One such beneficiary of the IPC sessions is Suwaiba Sulaiman, a caregiver from Tsakuwa community of Katagum LGA. She is a young mother of three but lost two of her children to diarrhea at very young ages. According to her story, she lost these children due to lack of information on proper preventive measures as well as incorrect treatment. Thus, she believes diarrhea to be a killer disease with no cure.

“ORS and Zinc is the magical medicine that stopped my child's diarrhea within 12 hours of starting,” she says. Suwaiba, who had minimal contact with other community members, had the opportunity to engage an IPCA at home who discussed these remedies with her. Coincidentally, one of her children came down with diarrhea. Though filled with apprehension, she followed the IPCA's advice to purchase and administer ORS and Zinc as prescribed. According to Suwaiba, the result was phenomenal. She is now more active in her community and has become an advocate for ORS and Zinc.



### ZAINAB, THE MCH ACTIVIST

ZAINAB ABUBAKAR, A PREGNANT woman of the Giade community in Bauchi State, attended a special ANC session. The ESMPIN HCC led discussions on need for ANC checkups and IPT as vital medications for preventing malaria. He also addressed FP myths and misconceptions, especially around side effects and to fertility. Since attending this session, Zainab has taken it upon herself to spend her weekends educating other pregnant women on the benefits of ANC, exclusive breast feeding and family planning. She has proved to be quite successful in motivating pregnant women to go to the health facilities for ANC and has become a role model to many women in the community. In the future, she promises to form a women's group to support her in community mobilization.

## From a Beneficiary to an Advocate of Modern FP Methods

► ON EXITING THE THEATER, EZE SAID: “Oh, is this all about this the whole thing? I thought family planning was a difficult process. I didn’t even feel anything after the insertion. First I was scared because of what other women say about family planning. But I summoned courage because of my trust and relationship with your agents after they came to my house.”

Eze Nwaneka, popularly called Mama Ejima, is 34 years old and lives in Ugwuoye in the Owerri autonomous community (one of the communities selected for ESMPIN project intervention) in Nsukka LGA in Enugu State. She is a petty trader and married to a peasant farmer in his late forties. Eze is a mother of eight children, all under the age of six due to her high fertility rate (she had given birth to two sets of twins in less than two years).

“My major worry was that my husband is a peasant farmer and he is already old and frail. We only manage to survive from the proceeds from my scanty kiosk. Now we have six children, the first child is six years old. He is the only one in school while others are not enrolled into school yet. Also, my mother’s younger sister gave birth to 12 children but died at her thirteenth pregnancy. It is quite unfortunate we didn’t know about family planning then. I am so happy I found the solution through you and I know family planning is good for every woman. I



plan to encourage and maybe invite all the women of reproductive age in my village to Nsukka for family planning.”

Eze is one of the numerous beneficiaries of the ESMPIN community intervention by adopting a modern method of FP (IUCD) after a contact with the IPCAs in the community. ESMPIN Enugu gathered that the entire village where Eze lives had held several meetings with respect to the couple’s situation to restrain them from giving birth almost every year but had on several occasions proved stillborn. But for the timely and “divine intervention,” according to the couple, of SFH via the ESMPIN project, both the couple and the community now have a sigh of relief. Soon after Eze (who is now a reference point to other WRA in the community by the PCAs) adopted a FP method, a good number of WRA are now convinced that modern FP is safe from the positive experience shared by Mrs. Eze, who says she never feels there is anything inserted into her body.

“**I plan to encourage and maybe invite all the women of reproductive age in my village to Nsukka for family planning.”**



## MY TWINS ARE EXCLUSIVE BREAST-FED BABIES

“MY TWINS ARE EBF BABIES AND I AM so proud of that. They will be six months tomorrow and I have been consistent with feeding them with only breast milk. These children did not visit the hospital for any health-related illness and breast feeding them helped me tend for their nutrition needs. Taking care of them wasn’t as stressful and clumsy as I thought it will be.”

During a grand baby show organized by SFH and other partners for the world breastfeeding week in August 2016, Grace Achipu emphasised the health benefits of breastfeeding, stating that exclusively breastfeeding was possible even for twins. As a housewife, she made sure the only thing she gave her twins (Gerald and Jumaima) was breast milk.

She explained that this made it easy for her as she didn’t have to spend money on baby food or baby feeding bottles. According to her, the exclusive breast feeding strategy ruled out the possibility of diarrhea from her kids and her children had never been to the hospital for any illness.

## STORIES ON

# ADVOCACY & COLLABORATION

## Community Leaders Ride on the Airwaves to Create Awareness on Family Planning

► THE ESMPIN PROJECT STRATEGICALLY engaged community leaders (traditional and religious leaders) through advocacy visits to increase support for project implementation. The support from these leaders has played a huge role towards the success of the project over the years.

The project typically planned a community event (town hall meeting) across all intervention locations to collectively pool together this support. Usually, after these events, community leaders commit themselves to speak to members of their cabinets on the health objectives as well as motivate community members to be engaged with IPC. This open show of support from this category of leaders has, through the past, contributed immensely to the success so far recorded. Nevertheless, the paramount leader for Tilde Fulani, an IPC intervention



community in Bauchi State, took their support a bit higher, to the airwaves.

Mallam Abubakar Mohammad, in collaboration with the WDC members as well as other traditional and religious leaders of the Tilde Fulani community, took the ESMPIN message to their local radio station that enjoys popular listenership within. This outcome is a result of the ESMPIN town hall meeting for which these influencers were able to take part.

The radio station, which serves the community and others close by, has

been in existence and allocates specific times to programs centered on health. Health talks usually focus on less sensitive issues such as malaria, polio, and measles. Mallam Abubakar, along with the other influencers, took advantage of this platform after the town hall meeting in February to discuss child spacing. A

series of other religious and community leaders were called in to contribute to these health talks on child spacing.

Discussion focused on child spacing, the activities of the IPCAs within the community, and so forth. They specifically tried to clear cultural and religious issues around FP. They talked about the need to visit HFs for FP counselling. They also reminded IPC contacts to bring the ESMPIN referral forms from the IPCAs with them to the HFs. The audience also had the opportunity to respond to the health program through the call-in and SMS platforms. One major outcome was that community members are now more accepting of the IPCAs and allow them into their homes for IPC sessions. In addition, FP counselling and method uptake has experienced incremental increase since this approach.



**Community members are now more accepting of the IPCAs and allow them into their homes for IPC sessions.**



## Keeping Buda Malaria-Free: The Story of a Community that Embraced Healthcare Through Constant Advocacy

BEFORE THE INTERVENTION OF Society for Family Health, the people of Buda in the Kajuru local government area of Kaduna State, Nigeria, were people living their normal lives without health-seeking behavior. It was a community where people did not take health related-issues seriously until they are critically ill.

At the inception of the intervention, it was difficult for IPCAs to convince members of Buda community that

spacing their children was the best way of providing quality health for the child and mother, or that sleeping under a mosquito net was the best way of preventing malaria for pregnant women, nursing mothers and their newborns.

From observation and interviews with people in the community, it was observed that women in the community did not visit the antenatal and post-natal clinics regularly and that they knew nothing about IPT

and ACT treatments for malaria.

As the intervention progressed, constant advocacy to community leaders and a series of IPC sessions with the leaders led to the transformation of some behavioral attributes that were associated with the community. The community leaders, with religious leaders, had a better understanding of the importance of the ESMPIN project as it translates to healthy, happy families. They constantly mobilized their community members for

they are known for (health promotion). Currently, the health facility in the community experienced an increase in the number of women natal visits, and above all, the health-seeking behavior in the community is presently very high, according to a nurse at the health facility in Buda. People are willing to spend money to access services in the event a stock-out occurs in the community public facility. They are also practicing it as well as sleeping under the LLIN. Most times they visit the clinic to offer money so that these commodities can be purchased for them, as stressed by the nurse.

“If the program ends in this community, I will use the drawing on the wall to enlighten the women every market day with Yusuf. I will always bring men and women close to the wall mural and we will discuss using the wall mural.”- District Head of the Buda community.

In appreciation, the community recounted all that Society for Family Health did for them through the promotion of malaria management and prevention in pregnant and nursing mothers. They wished that the program would continue, but the community leaders wanted to continue informally from where SFH intervention ends.

“

**I will always bring men and women close to the wall mural and we will discuss using the wall mural.”**

IPCAs to pass information and most times the community leaders (district head and village chiefs) move with IPCAs during their session to do the call to action.

The intervention, which enjoyed serious commitment from religious, opinion and community leaders, made huge impact in the Buda community. Unlike in the past, the IPCAs are more popular in their community for what



## Sustainability Through Collaboration

► DURING THE ENTRY PHASE OF THE intervention, the ESMPIN team identified a faith-based organization—SHIFAAH Foundation—working in the community in health-related areas.

SHIFAAH foundation is a faith-based, non-governmental organization founded by Dr. Oseni Tijani. The organization works mainly within Edo and Delta State in carrying out different community mobilization exercises in the areas of malaria, Lassa fever and diarrhea. SHIFAAH Foundation's campaign "Health and Wealth" is conducted on Auchi Radio every Wednesday using Pidgin English, with messages on personal hygiene and general sanitation. The organization also uses an interpersonal communication strategy involving IPCs in their interventions. There are also messages on malaria prevention and control.

In February 2013, the ESMPIN team met with the management of the foundation. The foundation was educated on the goals of ESMPIN project with emphasis on sustainability of the project's activities. The foundation was encouraged



to incorporate family planning messages in their interventions going forward. To facilitate knowledge transfer, conscious efforts were made between the ESMPIN team and the foundation to build the capacity of the foundation's volunteer staff in the area of family planning. There were joint community outreaches involving the volunteer staff and the ESMPIN IPCAs. There was also joint advocacy to the stakeholders in the community.

As the project prepares to exit the communities, the foundation has integrated family planning activities in their health interventions. The foundation has also agreed to absorb three ESMPIN IPCAs at the end of the cycle 3 in July. The three IPCAs will join their community volunteers

to continue the FP sensitization after the exit of ESMPIN.

Prior to ESMPIN IPCAs mobilization activities, family planning services were not very popular among the people and the foundation did not give issues of FP high importance. However, since the commencement of ESMPIN activities in Auchi, Jattu and Sabo, there has been great and significant improvement in the acceptance and uptake of family planning services. As a result, there was need for the program's continuation after the exit of the project. Service delivery points have also increased demand for products as a response to increased demand, resulting from community activities.

The program director, who also ensured the ESMPIN HCC conducted a step-down training on FP and maternal and child health to his staff (volunteers), said this would address the needs of women during his weekly community health awareness. The men and women in the community would also lead and practice better healthy behavior through proper enlightenment. The project's collaboration with SHIFAAH Foundation was a success story indeed.



**Service delivery points have also increased demand for products as a response to increased demand, resulting from community activities.**





## OUR WATER IS NOW SAFE FOR DRINKING!

IN RURAL NIGERIA, COMMUNITIES OFTEN HAVE THE ISSUE OF unsafe drinking water which is a major health problem for community members, especially children. Society for Family Health understands this challenge and conducts safe water interventions through its USAID funded project Expanded Social Marketing Project in Nigeria (ESMPIN) in many communities.

In Kabawa community of Lokoja LGA, Kogi State, Nigeria, families have suffered untold hardship due to the water challenges they face. The children and women in this community regularly traveled long distances to fetch water from the river (with the riverbank often surrounded by snakes during the raining season) and they suffer from diseases attributed to contaminated water.

SFH conducted a safe water intervention which introduced the community to household water treatment options and taught them how to treat drinking water with point-of-use water treatment products like WaterGuard Plus and P&G Water Purifier. The intervention also served as a forum to educate them on proper hand washing and the use of ORS and Zinc for diarrhea management, which increased their access to safe drinking water.

As a result of this intervention, community members maintained a clean environment, used purifier for their water and recorded fewer cases of diarrhea episodes, especially among children under five. Currently, the people of Kabawa are using water purifiers which they buy from local stores. PPMVs are also educating their environs and people in the neighboring communities about this healthy option.

Kogi State Ministry of Health  
Collaboration with Society for Family Health and Channels

commemorate

2016

World Water Day





# ESMPIN PARTNERS

## USAID

► We partner to end extreme poverty and promote resilient, democratic societies while advancing our security and prosperity.

## Society for Family Health (SFH)

► SFH is an indigenous, nonprofit, non-political, non-governmental organization in Nigeria with a mission to empower Nigerians, particularly the poor and vulnerable, to lead healthier lives. Working with private and public sectors, SFH uses social marketing and evidence-based behavior change communication to improve access to essential health information, services and products to motivate the adoption of healthy behaviors. SFH implements and demonstrates significant impact in various health fields including maternal and child health, malaria prevention and treatment, HIV & AIDS prevention, reproductive health, family planning and safe water systems. SFH also provides health products and clinical services to Nigerians in urban and rural areas, especially among the most vulnerable. SFH in collaboration with Population Services International (PSI) embraces opportunities for furthering its mission through partnerships with several international donors, Ministries of Health and other organizations to create health solutions that are built to last.

## The Association for Reproductive and Family Health (ARFH)

► ARFH, established in 1989, is a leading fully indigenous nonprofit and non-governmental organization in Nigeria, committed to improved quality of life of individuals and families by promoting and increasing access to quality health information and services. ARFH has a multi-skilled workforce with the capacity to design, implement and evaluate model initiatives, many of which have gained national and international recognition and are being replicated. Within the 28 years of existence, the organization has successfully managed and implemented over 150 innovative reproductive health and development projects across the 36 states and the FCT and other neighbouring countries – most of which have gained national recognition, shaped national responses to public health challenges and a number are presently replicated nationwide.

## BBC Media Action

► Established in 1998, BBC Media Action is the international charity of the BBC. Working with media and communication to help reduce poverty and support people in claiming their rights, our aim is to inform, connect and empower people around the world. BBC Media Action reaches some 200 million people through local broadcast partners, BBC channels (especially the BBC World Service), online, mobile and print platforms and through interpersonal communication. In

Nigeria, we work in partnership with more than 300 radio and TV broadcasters – more than any other development organization in the country. Since 1999, we have delivered more than 16 health governance projects reaching and engaging Nigerians across all 36 states and the Federal Capital Territory. About 8.6 million Nigerians listen to Ya Take Ne Arewa in the north, a Hausa radio programme produced under the Expanded Social Marketing Project in Nigeria (ESMPIN).

## Population Services International (PSI)

► PSI makes it easier for people in the developing world to lead healthier lives and plan the families they desire by marketing affordable products and services. A global health network of more than 50 local organizations, PSI focuses on serious challenges like a lack of family planning, HIV and AIDS, barriers to maternal health, and the greatest threats to children under five including malaria, diarrhea, pneumonia and malnutrition. A hallmark of PSI is a commitment to the principle that health services and products are most effective when they are accompanied by robust communications and distribution efforts that help ensure wide acceptance and proper use. PSI works in partnership with local governments, ministries of health and local organizations to create health solutions that are built to last.

## Go Deeper

For more ESMPIN project resources, please find the following online briefs:

**ESMPIN INTEGRATED HEALTH IMPLEMENTATION PROJECT**  
<http://bit.ly/2mPc47Z>

**SUCCESS STORIES**  
<http://bit.ly/2mhWcgb>

**BOOK OF ABSTRACTS**  
<http://bit.ly/2mlclSL>

**BOOK OF STANDARDS**  
<http://bit.ly/2mNtaD9>

**TECHNICAL BRIEFS**  
<http://bit.ly/2mldoSC>

**GUARD BOOKS**  
<http://bit.ly/2mSLIBb>

**POLICY BRIEFS**  
<http://bit.ly/2m2FoHX>

# ESMPIN

Expanded Social Marketing Project in Nigeria



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8 PORT HARCOURT CRESCENT AREA 11, GARKI, ABUJA

TEL: +234 (0) 709 822 1440, 709 822 1445, 709 822 147 • EMAIL: [INFO@SFHNIGERIA.ORG](mailto:INFO@SFHNIGERIA.ORG)

[www.sfhnnigeria.org](http://www.sfhnnigeria.org)