



ESMPIN

Expanded Social Marketing Project in Nigeria

*My healthy family,
my pride and joy!*



Technical Briefs



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THE ESMPIN PROGRAM

▶ THE EXPANDED SOCIAL MARKETING PROJECT IN NIGERIA (ESMPIN) IS implemented by Society for Family Health (SFH) Nigeria under the United States Agency for International Development (USAID). The five-year (April 2011 – March 2016) social marketing project is nationwide and focuses on 22 priority states in Nigeria (11 in the north and 11 in the south).

ESMPIN contributes to USAID's development objective of improving the health of women and children in Nigeria, by increasing the use of modern family planning methods and child health products in Nigeria. SFH implements ESMPIN in partnership with the Association for Reproductive and Family Health (ARFH), BBC Media Action (BBC MA) and Population Services International (PSI).

ESMPIN's success is measured directly by its Intermediate Result (IR), which works to achieve sustained use of family planning, maternal, neonatal and child health methods and products. The ESMPIN IR is further divided into four Sub-IRs:

- 01 *Ensuring methods and products are available, accessible and affordable.*
- 02 *Improving knowledge, attitude, perception and practices of healthy behavior.*
- 03 *Sustaining collaborative partnerships with private health providers.*
- 04 *Improving capability of the commercial/private sector to locally manufacture health products.*

CONTENTS

Overview	04
----------	----

Acronyms	05
----------	----

TECHNICAL BRIEF 1

▶ **CASE STUDY 1** **06**

Community participation in program implementation: Lessons learned from the Expanded Social Marketing Project in Nigeria (ESMPIN)

- 2.1 Introduction
- 2.2 Selection of frontline workers
- 2.3 Monitoring & supervision of IPCAs
- 2.4 Monitoring of health care service providers at PHCs & secondary level
- 2.5 Community mobilization
- 2.6 Sustainability

▶ **CASE STUDY 2** **08**

Strengthening FP practices through CBD approach

- 2.1 Introduction
- 2.2 Overview of ESMPIN CBDA approach
- 2.3 Conclusion

▶ **CASE STUDY 3** **09**

Strengthening diarrheal prevention and management through community-based distribution approach

- 3.1 Introduction
- 3.2 Implementing Community-Based Distribution (CBD) of child survival products in hard-to-reach areas

TECHNICAL BRIEF 2

▶ **CASE STUDY 4** **10**

Collaboration with IPs: Achieving more through collaboration and leveraging

- 4.1 Introduction
- 4.2 Collaboration with JSI, FH+ and MSION
- 4.3 Leveraging on CHAI
- 4.4 CBD partnership/collaborative partnerships for increased acceptance of FP services ARFH

▶ **CASE STUDY 5** **11**

Achieving more through project integration-How integrating programmes helped increase malaria commodity uptake

- 5.1 Introduction
- 5.2 ESMPIN health objectives
- 5.3 Project integration

TECHNICAL BRIEF 3

▶ **CASE STUDY 6** **12**

Sustaining ESMPIN gains and strides

- 6.1 Introduction
- 6.2 Implementing project goals and objectives
- 6.3 Ensuring post-programme sustainability

TECHNICAL BRIEF 4

▶ **CASE STUDY 9** **14**

The role of community leaders in fostering male involvement in maternal and child health

- 7.1 Introduction
- 7.2 Fostering spousal support
- 7.3 Identification of organized/functional male groups

▶ **CASE STUDY 10** **15**

Working with government's commitments: the ESMPIN experience

- 8.1 Introduction
- 8.2 Working with state and non-state actors
- 8.3 Improving the government contribution for project implementation
- 8.4 Lessons learned
- 8.5 Conclusion

▶ **CASE STUDY 11** **18**

Effective engagement of religious/traditional leaders- the role of advocacy

- 9.1 Introduction
- 9.2 The role of advocacy
- 9.3 The result
- 9.4 Conclusion



OVERVIEW

▶ THIS TECHNICAL BRIEF PRESENTS KEY LEARNINGS, BEST PRACTICES AND experiences from implementing the Expanded Social Marketing Project in Nigeria (ESMPIN) between April 2011 to August 2016. Case studies will be used to highlight best practices, lessons learned, results, challenges, experiences and achievements in the different aspects of the project. The four volumes in the series will focus on:

TECHNICAL BRIEF 1

Community Participation in Program Implementation: Lessons learned from the Expanded Social Marketing Project in Nigeria (ESMPIN), strengthening FP practices, diarrheal prevention and management through community-based distribution approach

TECHNICAL BRIEF 2

Collaboration with IPs: Achieving more through collaboration and leveraging, and how integrating programs helped increase malaria commodity uptake

TECHNICAL BRIEF 3

Sustaining ESMPIN gains and strides, capacity building activities, cost-effectiveness and value for money of the ESMPIN project

TECHNICAL BRIEF 4

The role of community leaders in fostering male involvement in maternal and child health, influencing government's commitments: the ESMPIN experience and effective engagement of religious/traditional leaders- the role of advocacy

ACRONYM	MEANING
AOR	Agreement Officer Representative
ARFH	Association for Reproductive and Family Health
ANC	Antenatal Clinic
ACT	Artemisinin-Based Combination Therapy
BBCMA	British Broadcasting Corporation Media Action
BCC	Behavior Change Communication
BCS	Balanced Counseling Strategy
CBD	Community-Based Distribution
CBDA	Community-Based Distribution Agent
CHI	Chi Pharmaceuticals
CHEW	Community Health Extension Workers
CHW	Community Health Worker
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organization
CUS	Children Under 5
CYP	Couple Years of Production
CWC	Child Welfare Clinic
DHIS	Data Health Information System
EBF	Exclusive Breastfeeding
ESMPIN	Expanded Social Marketing Program in Nigeria
EC	Emergency Contraception
FCT	Federal Capital Territory
FGD	Focused Group Discussion
FMOH	Federal Ministry of Health
FOMWAN	Federation of Muslim Women Association of Nigeria
FP	Family Planning
FY	Fiscal Year
HCC	Health Communication Coordinator
HCP	Health Care Providers

ACRONYM	MEANING
HF	Health Facility
ICCM	Integrated Community Case Management
ICM	Integrated Case Management
IEC	Information, Education and Communication
IPCA	Interpersonal Communication Agents
IPC	Interpersonal Communication
IR	Intermediate Results
IUCD	Intrauterine Contraceptive Device
ITD	Inception to Date
JHU	Johns Hopkins University
KII	Key Informant Interview
LAMs	Long Acting Methods
LEA	Local Education Authority
LGA	Local Government Area
LoE	Level of Effort
LLIN	Long-Lasting Insecticide Treated Nets
LOP	Life of Project
MAPS	Malaria Action Program for States
MCH	Maternal and Child Health
MCSD	Malaria and Child Survival Department
MDK	Media Dark Kit
MOS	Month of Stock
MEMS	Monitoring and Evaluation Management Services
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Rate/Ratio
MNCH	Maternal, Newborn and Child Health
NAFDAC	National Agency for Food and Drugs Administration and Control
NAPPMED	National Association of Proprietary and Patent Medicine Dealers
NAN	News Agency of Nigeria

ACRONYM	MEANING
NDHS	Nigeria Demographic and Health Survey
NEMCM	National Essential Medicines Coordination Mechanism
NPHCDA	National Primary Healthcare Development Agency
ORS	Oral Rehydration Solution
PCN	Pharmaceutical Council of Nigeria
PBCC	Provider Behavior Change Communication
PoU	Point of Use
PMIS	Performance Management Information System
PPMV	Patent Proprietary Medicine Vendor
PSI	Population Services International
Q	Quarter
RDT	Rapid Diagnostic Test
RH	Reproductive Health
SBCC	Strategic Behavior Change Communication
SDM	Standard Days Method
SDP	Service Delivery Point
SHOPS	Strengthening Health Outcomes through the Private Sector
SFH	Society for Family Health
SMOH	State Ministry of Health
SMS	Short Message Service
SPSS	Statistical Package for Social Sciences
SOML	Saving One Million Lives
SPO	State Program Officer
Sure-P	Subsidy Reinvestment Program
TOT	Training of Trainers
USAID	United States Agency for International Development
USP	United States Pharmacopeia
WDC	Ward Development Committee
YTD	Year to Date
YTNA	Ya Take' Ne Arewa

CASE STUDY 1 ▶

Community Participation in Program Implementation: Lessons Learned from the Expanded Social Marketing Project in Nigeria (ESMPIN)

1.1 Introduction

Community participation served as a means of identifying and mobilizing local resources within a community. It also built consensus and support for health programs on a broad scale. Recognizing the influential role that community leaders and members can play in project implementation and societal development, ESMPIN designed activities that engaged these key groups at the program level. The goal of these strategies was for communities to take collective responsibility of project implementation, as well as the monitoring and supervision of field program agents such as the inter-personal communication agents (IPCAs). Evidence shows that community participation helps community projects succeed and sustain. This document details areas of community participation under the six-year ESMPIN projects and also suggests key strategies to promote community participation in projects in sub-Saharan Africa.

1.2 Selection of frontline workers

During the project, community leaders were encouraged to actively participate in ESMPIN planning activities. The selection of inter-personal communication agents (IPCAs), who led the program's field level social and behavioral change communication (SBCC) activities within the selected communities, made a considerable impact on the program's

success. The selection of the right IPCA is very important for program acceptance and sustainability. Given their familiarity with various candidates, community leaders are likely to select the individuals who will implement planned activities. In addition, their involvement helps ensure accountability of the IPCAs not only to the program, but also to the community when the community itself selects them. This accountability was observed across all the ESMPIN IPC implementing states.

1.3 Monitoring and supervision of IPCAs

Monitoring a program keeps a program on track to deliver on key objectives. Community leaders, when engaged early, tended to be involved in monitoring and supervising frontline workers, including IPCs and health care facility workers. This ensures that program funds are put to the best use. These community leaders and some influential community members also participated in review meetings, monitored IPC sessions, provided venues for special sessions, and shared lessons learned from these meetings to other community forums. An example of such community forums include the ward development committees (WDC), which are community structures responsible for health and development within wards and are an important part of the health system. Their participation enhanced accountability, which contrib-



uted to improving FP and general health care delivery. It also provided a feedback platform between IPCAs and their community leaders.

1.4 Monitoring of health care service providers at PHCs and secondary level

Community assistance in monitoring service providers guaranteed the following key components of the program:

- ▶ Availability of personnel, a key challenge to service delivery at the primary health care level. Community leaders visit the facilities on a regular basis to make sure that the health care workers are available to provide services to community members. In some cases, under the auspices of the ward development committee, community members also advocate for appropriate staff assignments to the community PHC to provide services.
- ▶ Community leaders also give feedback between service providers and community members based on issues that affect community members' health and make sure issues are followed up appropriately.

- ▶ Price of commodities is a key challenge in project communities. Community leaders sometimes take it upon themselves to check that the HCP at public facilities adhere to the free commodity provision as designed by the government.

1.5 Community Mobilization

Community mobilization is the act of encouraging and engaging communities through mass sensitization activities to participate in the program. Communities gain a sense of program ownership and are empowered to keep it going. Community mobilization at the mosques and churches forms a vital part of every ESMPIN intervention. These leaders enlightened community members before and during the IPC implementation program and made intervention easier for the IPCAs. This form of support was observed across most IPC implementation states.

1.6 Sustainability

Community participation is one of the most important components of the program to guarantee stability. One major factor is the availability of funds (whether they are sourced from the government, private institutions, or donor organizations). However, community participation is key in ensuring program continuity at the community level, especially in the absence of donor funds. In this regard, community participation cannot ensure the sustainability of intense IPC activities alone, but involving the community is a way to ensure that the benefits brought by a development program will be maintained after program interventions have ended and exited the communities. The ESMPIN program has recorded cases of IPCAs and CBDAs forming into groups after exit to sustain program activities with the support of community leaders and other inherent groups. ■



Community leaders visit the facilities on a regular basis to make sure that the health care workers are available to provide services to community members."

CASE STUDY 2 ▶ Strengthening FP Practices Through CBD Approach

2.1 Introduction

Family planning remains a key strategy in reducing maternal mortality. Together with antenatal care, safe delivery and postnatal care. In addition, contraceptive use results in reduced maternal mortality, improved school attendance and economic outcomes, especially for girls and women. The CPR figures from CBD states are much poorer (Jigawa: 0.6%; Katsina: 1.1%; Kebbi: 1.2%; Zamfara: 1.3%)¹

2.2 Overview of ESMPIN CBDA approach

The USAID-funded ESMPIN project implemented community-based distribution (CBD) of family planning products in hard to reach areas of northern Nigeria (Kebbi, Zamfara, Katsina and Jigawa states). This approach represents an objective means of bridging the accessibility, affordability and availability gap among rural populations. The CBD strategy employs community organization, structure, and institutions to promote the use of and provide non-clinical family planning services.

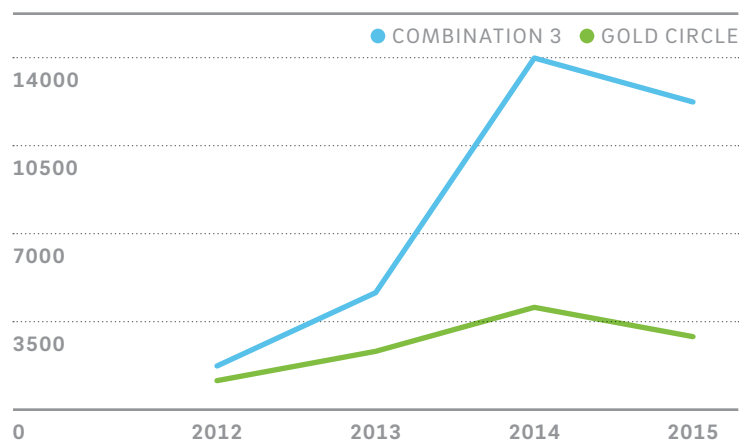
ARFH employed the CBD approach in creating demand for family planning methods through information, education and communication and other means of motivating community members to accessing services at fixed delivery points and/or doorstep service delivery.

2.3 Conclusion

The CBD approach effectively addressed family planning methods accessibility, availability and affordability gaps, which have been noted to be the major issues hindering uptake in these hard-to-reach rural areas. Through the ESMPIN door-to-door service delivery and the CBDA product resupply chain, products were sourced at more affordable rates, compared to the open market. And since the CBDAs were resident community members, availability was regularly guaranteed unlike the frequent FP methods out-of-stock challenges in the health facilities.

Key approach to achieving increased uptake under the ESMPIN program is the social and behavior change activities including advocacy events, use of IEC materials and other community outreach and mobilization activities. CBD's key strength was its engagement of influential community leaders in providing information, education and communication geared towards changes in knowledge, attitudes and practice. Most importantly, spousal support promoted by male CBDAs during male gatherings represents one of the most effective strategies that increased uptake in these hard to reach rural areas. This is largely because men in these communities make most of the decisions. It fostered male approval for increased uptake of family planning products. ■

Graph below shows sales trend for Combination 3 and Gold Circle Condoms in the Gwaram Local Government Area of Jigawa State from the beginning of the project.



CASE STUDY 3 ▶ Strengthening Diarrheal Prevention and Management Through Community Based Distribution Approach

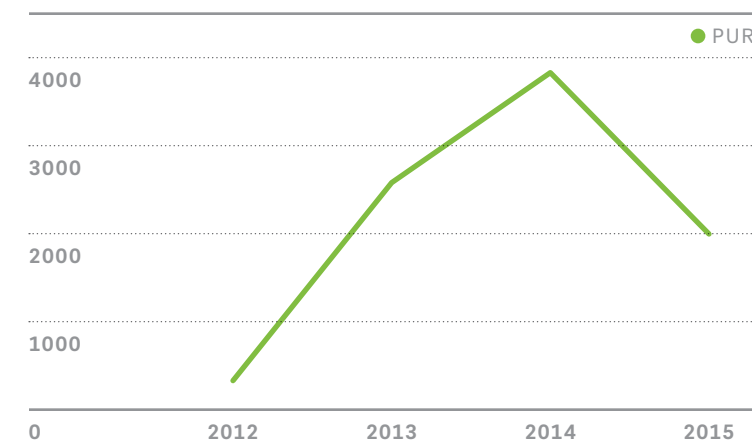
3.1 Introduction

In Nigeria, about 64 million people do not have access to safe drinking water and more than 29 million people openly defecate. Rural communities are two and a half times less likely to have access to safe drinking water than their urban counterparts. Only 28 percent (36 percent for urban dwellers) of them have access to improved sanitation. Additionally, the North Western Zone accounts for the majority of Nigeria's rural area population.²

3.2 Implementing community-based distribution (CBD) of child survival

During IPC sessions, the CBDA provides male and female caregivers with information on effective and routine hand washing techniques with soap, the point of use water treatment for diarrhea prevention, and treatment of diarrhea with ORS/Zinc. During these sessions, the CBDA carried child survival products (co-packed ORS/Zinc, Water guard and PUR) and sold these products to those willing to buy. The CBDAs worked closely with the ward development committee (WDC) members in conducting their activities. The WDC were made up of influential local, religious and ward heads, who led advocacy efforts at the community and local level and provided oversight to the CBDAs. ■

Sales Trend for PUR in Gwaram LGA.



1. National Population Commission (NPC) [Nigeria] and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International 2. UNICEF Nigeria Fact Sheet: Water, Sanitation & Hygiene in Nigeria

CASE STUDY 4 ▶

IPS: Achieving More Through Collaboration And Leveraging.

4.1 Introduction

ESMPIN, in its efforts and mandate to improve the lives of women and children, provide services aimed at creating demand and behavior change. However, in quite a number of states where ESMPIN was implemented, and especially in rural communities, these services were not readily available due to inadequate human resources, lack of equipment or commodities, availability of trained providers and other hindrances.

4.2 Collaboration with JSI, FH+ MSN

Collaboration with FH+, MSN: Family Health Plus project (FH+) is one of the projects anchored by MSN. An example is a collaboration event alongside them in a community in Imo state where uptake of modern FP methods especially Long Acting Reversible Contraceptives (LARCS). LARCS was observed to be low. On entry to the LGA, ESMPIN observed that one of the major challenges causing the low uptake was due to unavailability of trained LARC health providers. This resulted in low output for the ESMPIN project mandate of creating demand, as there was no access to complete service delivery for intending clients. Upon further inquiry for the low results, the available providers also informed that low client patronage as well as community members who were demanding for little or no service cost were discouraging them. In all of this, although ESMPIN was able to create demand for modern FP contraceptive use, the demand being created was not met due to these issues of limited FP options and cost of service.

Advocacy at the state level sought support to build capacity of providers in ESMPIN communities by participating in the FH+-led LARC trainings. The overall effect of this collaboration in the implementing community was uptake moved from five to



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834 clients in the period of January to June 2016 and the method acceptance mix went from zero LARCs to 68 in the same period.

4.3 Leveraging on CHAI

The same effort was replicated with CHAI across LGAs in Rivers State where ESMPIN ensured that referrals were made to the health facilities that had CHAI-trained providers on LARCs. The provision of the provider mentor-mentee program, still by CHAI, further strengthened service provision for the providers even after training. MIS results from ESMPIN cycles 7, 8 and 9 showed a substantial increase in FP uptake especially for LARC methods. This was most prominent for facilities with these CHAI-LARC-trained providers.

ESMPIN provided support to the diarrhea prevention and treatment capacity building and to service providers (health facilities and PPMVs) led by CHAI, through the provision of a total of 7,000 packs of co-packaged ORS/Zinc to the CHAI facilities in three LGAs (Akamkpa, Biase, and

Calabar municipality) in Cross River State.

In addition, project work-plans, challenges and updates were provided and shared at quarterly stakeholders meetings organized by CHAI, which further fostered the collaboration.

4.4 CBD partnership/collaborative partnerships for increased acceptance of FP services

Partnership and collaboration offer opportunities for enhanced mutual benefits and outputs. For years, partnerships and collaboration have been formed to promote a common course of action.

The community-based distribution component of the Expanded Social Marketing Project in Nigeria (ESMPIN) engaged in numerous collaborations and partnerships with government agencies at the implementing states and local government levels, traditional and religious institutions and other partners implementing family planning, malaria and diarrhea interventions (across Katsina, Jigawa, Kebbi and Zamfara states). ■

CASE STUDY 5 ▶

Achieving More Through Project Integration: How Integrating Programmes Helped Increase Malaria Commodity Uptake

5.1 Introduction

Over the years, donor development initiatives have steadily improved corporate focus to achieve better service delivery. This is because donors seek value for money for their funded health interventions. Integrating health programs have proven to be an important approach of achieving multiple outcomes through a single coordinated approach.

5.2 Project integration

The IPC strategy through a low-literate workforce was able to disseminate eight health objectives in communities across 22 implementing locations. This was done in two three-month phases for each of the six-month cycles. The first half of the cycle focuses on FP and all malaria-related topics, while the second half focuses on FP and diarrhea. Nutrition on the other hand is discussed all through the cycle only on a specific day of the week. ■



CASE STUDY 6 ▶ Sustaining ESMPIN Gains & Strides

6.1 Introduction

In order to expand and improve knowledge of, access to, availability of and effective and sustained use of FP/RH and child survival methods and products, the ESMPIN team implemented 10 (ten) cycles within the IPC intervention states by educating community members in areas of family planning, diarrheal management (prevention & treatment), malaria management (prevention and treatment) and nutrition (exclusive breast-feeding).

6.2 Implementing project activities

Some of the approaches employed under the IPC strategy include:

- ▶ Mobilization and sensitization of community members through IPCAs with sessions guided through a dialogue framework
- ▶ Programs with input from the SMOH in identifying communities with high need of RH, maternal and child survival for project implementation
- ▶ Male involvement sessions and other special sessions to improve male acceptance and cultural confidence
- ▶ Use of mass media and other media campaigns to buttress messages heard
- ▶ Private sector collaboration with key stakeholders (e.g. private facilities,

PPMV) to enhance state-wide acceptability and ownership of project

- ▶ Continuous training of PPMVs and consistent products and commodity supply
- ▶ Using evidence-based social marketing, absolute use of data and research to inform programming in different areas of the project

6.3 Ensuring post-programme sustainability

During the implementation of the project, a major objective was to ensure that the gains made during the project life span would not be lost. Strategies were therefore put in place to ensure that these gains are sustained:

- ▶ IPCs left behind in the communities after work
- ▶ Enlightened male groups in the communities
- ▶ Wall murals to serve as reminders on the projects key messages
- ▶ Use of the targeted special sessions
- ▶ Motivating community heads during the town hall meetings to become advocates
- ▶ CHEW-IPC strategy leaves behind
- ▶ CHEWs who continue to create demand and offer services
- ▶ New and existing SDPs which continue to offer services even after program exit ■



CASE STUDY 9 ▶ The Role of Community Leaders in Fostering Male Involvement in Maternal and Child Health.

9.1 Introduction

A community leader in this context is a designated individual selected to represent a group of people who are bonded by similar characteristics such as culture, belief and language. Community leaders play vital roles in leading, inspiring, guiding and directing the people. These roles cannot be over-emphasized, especially in a society where they lead by influencing key decisions that may make

or mar the family's progress (especially in the areas of reproductive health). This makes the position of men a sensitive one, which requires the need to positively empower them through the ESMPIN male involvement sessions. These sessions have proven to have the quality of content that leads to increasing the support of men in maternal and child health, thereby changing social norms around male involvement in women's health generally.

9.2 Fostering Spousal Support

In Delta state, a mother of 10, pregnant with her 11th child, was sent packing by her husband because he was not in support of the pregnancy, which he saw as a burden and the mother's fault. The ESMPIN IPCAs came in contact with this woman and discussed the benefits of attending ANC during pregnancy as well as the benefits of child spacing. She subsequently was referred and encouraged to visit the health facility after delivery to take up an FP method. This is a typical example of what occurs in an IPC intervention community.

The IPCAs further contacted the community leader, a trusted and influential advocate for child spacing, to lead the visit to the husband's place. They discussed the ESMPIN male involvement topics, which centers on the role of men in pregnancy, labor and child



“
The presence of the community leader alone made the husband more receptive to the discussion knowing his community leader has his best interest at heart.”

spacing. The presence of the community leader alone made the husband more receptive to the discussion knowing his community leader had his best interest at heart. With encouragement from the community leader and IPCAs, the husband attended the next male involvement session where he made it known to the group that he has taken back his wife and is ensuring that she routinely visits the ANC (as per previously discussed during the session) so that mother and child can be adequately taken care of. He has also taken the initiative to discuss child spacing with his wife so that his family will not be faced with the challenges of unplanned pregnancy again.

9.3 Identification of organized/functional male groups

In the Araromi community of Lagos state, the ESMPIN team paid for advocacy visits to the Baale in order to brief him on ESMPIN activities and seek his support and counsel on finding a way forward. The Baale, having realized the importance of the intervention and what his community stands to gain, commissioned a meeting of all registered groups in his community. The meeting ended with all group heads working together to come up with a work plan for their group activities which the ESMPIN team used to reach each group with male involvement messages. ■

CASE STUDY 10 ▶ Working With Governments: The ESMPIN Experience

10.1 Introduction

The Expanded Social marketing Project in Nigeria (ESMPIN) works to improve the lives of women and children in Nigeria, largely through social marketing strategies. It focuses on those most at-risk who usually reside in hard to reach, rural areas.

As a result of this, the project worked largely with the local government to conduct its activities while ensuring that the state government was aware and gave guidance to its activities. The state government was also updated on the progress that had been achieved and the learning recorded during implementation.

10.2 Working with state and non-state actors

Routinely, ESMPIN worked together with the local and state governments in the selection of communities on the following:

- ▶ Determining the boundaries of the communities targeted
- ▶ Engaging the various stakeholders during the community entry
- ▶ Selecting people to engage as community level interpersonal communication agents (IPCAs) or community-based distribution agents (CBDAs)
- ▶ Selecting and using public sector health facilities where the community can be referred to if they opt to take up appropriate health services including family planning
- ▶ Conducting supervisory activities to ensure that the IPCAs or CBDAs were providing appropriate health information and services
- ▶ Collecting of service statistics and ensuring that these are communicated to the state authorities
- ▶ Overcoming challenges and bottlenecks that impede access to quality services or factors that make it difficult to adopt health behaviors when desired

10.3 Improving the government contribution for project implementation

Securing adequate funding for health service delivery at both state and local government levels has been challenging. However, a number of approaches have worked, mainly, the provision of governmental resources for program use and, in some cases, taking over the payment of community level personnel. Through advocacy, many of the LGAs have allowed the use of their offices for meetings, thereby reducing implementation cost. Beyond this, some LGAs, such as Aliero LGA, Kebbi have gone further to support the monetary payment of the community level personnel (CBDAs); Kaduna state also supported the payment of some IPCAs.

Improving government's supply of commodities

A major challenge in ESMPIN implementation has been meeting the demand created for family planning services by the project's IPCAs. One of the major reasons has been inadequate supply of commodities for service delivery. Gaps in the supply chain and product requisition led to regular shortages in availability at the time requested.

10.4 Lessons learned

Working with the government, however, revealed issues that may have implications for achieving desired objectives. Some of these are stated below:

► Capacity

While the capacity to perform at state and local government levels is high due to the skills of people in-charge (i.e. family planning coordinator), the major limitation is often the skill and capacity of other workers involved in FP/RH service provision. This

resulted in a lag on adequate service delivery, as the skilled FP Coordinators cannot always be everywhere. These capacity gaps were more obvious among workforce in the rural communities, especially in the primary healthcare facilities. One of the main reasons for the gaps was that health workers with a high level of skills usually preferred to stay in the more urban areas. The people in the rural areas are therefore usually of lower health cadre, less skilled, less experienced and probably had no direct training on the provision of family planning, especially Long Acting Reversible Contraceptives (LARCS).

Motivation for the governmental staff seems to depend on two main factors: adequacy and regularity of remuneration and availability of resources to carry out their work. The downturn in the economy at the end of the project led to delays in salary that affected motivation. This was, to some extent, overcome through the Provider meetings that made the service providers aware that their services were appreciated and acknowledged. The presence of the FP coordinators and both local government and state levels further emphasized the appreciation.

► Political Support

There has been open support for family planning programs in states and local government authorities. ESMPIN was able to capitalize on this support, even in the presence of negative community perceptions of family planning. Developmental partners, including the ESMPIN project, were able to depend on this form of political support to engage the various communities for its programs.

The political class is usually in support of developmental programs, even family planning interventions. This is seen as an opportunity to express their interest in the well-be-



ing of their people. Support can therefore be considered the norm for developmental programs that are not shrouded in controversy.

Nigerian rural communities usually look up to the various governmental authorities to guide them right. As a result, using authorities as an avenue for community entry is considered a good route. However, political considerations exist. If communities where the local government leaders are considered to be from a different political inclination, linking to the government can be counter-productive. It is advisable to take into consideration the political climate in determining how and when to use the political class in achieving effective community entry.

► Support from government staff

The first thing of note is that the average health worker in the state is anxious to contribute his/her lot to the health of the people in the community. Enthusiasm is usually the first response to any innovation that aims at improving their ability to provide services in their localities. This includes acceptance of new ideas and the promise of being able to

provide better services that more people will use, making them more useful to the community. However, what may impair this support includes low supply of commodities as well as limited manpower to deliver services. Programs such as ESMPIN, which mainly create demand for family planning services, need to develop mechanisms that empower public health facilities so that they can provide the services required in a manner that does not overwhelm them or divert their attention from providing other health services.

10.5 Conclusion

A positive change in government commitment has led to an increase in FP and MCH awareness and product uptake as well as spousal support. In addition, prospective projects and programs need to understand the value of advocacy for sustained government funding and support in order to sustain efforts in promoting FP & MCH objectives (particularly as it relates to realizing the 36% CPR target for Nigeria in 2018).



A major challenge in ESMPIN implementation has been meeting the demand created for family planning services by the project's IPCAs.”

CASE STUDY 11 ► Effective Engagement of Religious/Traditional Leaders: The Role Of Advocacy

11.1 Introduction

In most traditional societies in Nigeria, the religious leaders are the moderators of the religious life of the people. Being a religious leader imposes further duties. They are considered to embody moral values, which enables them to influence personal and family domains as well as attitudes and behaviors. They have access to extensive networks and communication channels, and thus play an important role in disseminating messages; shaping public opinion; and mobilizing volunteers. Religious and traditional leaders are best described as the decision makers, opinion leaders, gatekeepers, and influencers of any community. These two leadership institutions are highly respected, owing to the fact that their decisions are not challenged. They include Emir, district heads, chiefs (Emirate council); and religious leaders comprised of the chief Imam of the mosque and other religious scholars. They are characterized by their credibility, reliability, loyalty, trustworthiness, and popularity amongst the people.

11.2 The Role Of Advocacy

Advocacy is the key step towards desired behavior change. It is also a process of engaging individual or groups (TR and RL) who have influence on issues that impact the community and can draw attention to important family planning, reproductive health (FP/RH) and MCH issues; and also gain support and commitment to improving services and uptake for these health interventions.

Traditional rulers and religious leaders became more knowledgeable on FP, RH and

MCH health objectives as a result of the ESMPIN project. In addition, their commitment was a key achievement for ESMPIN. The team found that the traditional and religious leaders seemed to effectively influence the belief system relating to RH and birth spacing in the communities where implemented. They gave RH and birth spacing related messages through their sermons, counseling and pronouncements. They preached in places of worship (such as churches, mosques, at Ramadan sermons, wedding and naming ceremonies and Islamic schools and centers, etc.). Most religious leaders relied on the citations from religious books to support their reproductive health and birth spacing messages.

For instance, advocacy to community leaders led to a greater involvement of community and religious leaders and members. Especially the members of the ward development committee in the selection of community based distribution agents (trainees) across the four CBD states.

The state teams shared the aim and objectives of ESMPIN project with all community and religious leaders, and members of the ward development committee. The field project managers (such as the ARFH State project officers) also further solicited the support and cooperation of a wider group of stakeholders towards the successful implementation of the project.

Above all, the selections of the CBDAs cut across all wards within select LGAs of the four CBD states with guidance from government officials, traditional and religious leaders, opinion leaders, gatekeepers and Roll Back Malaria managers (RBMs).

In order to address the low patronage to



child spacing and child survival services and products in ESMPIN intervention communities in the four CBD states (Zamfara, Jigawa, Katsina and Kebbi), ARFH organized annual one-day conferences. The target audience were traditional and religious institutions from the four northern states where the community-based distribution component (CBD) of the project is being implemented. The essence of the conference was to acquaint the stakeholders and all traditional and religious leaders with the progress recorded and highlight the areas where their support was needed to address the identified challenges and sustain the recorded successes. After a successful conference, a communiqué was signed by the traditional and religious institutions and relevant stakeholders present. As an outcome, the project has recorded increased support from the religious and traditional leaders especially in the areas of educating and mobilizing community members on the ESMPIN health themes.

11.3 The result

The success of the ESMPIN project is due to the participation of the religious and traditional leaders, which is crucial in any community. One of the greatest unique

influences of these leaders is that they can change certain behavior of their people by emphasizing a particular issue during meetings with other council of elders, or by addressing community members directly. Their involvement increased public attention and influenced social norms and value.

Having established that the religious and traditional leaders are in authority in any given community, their roles in curbing the challenges in the community cannot be over-emphasized. ARFH-ESMPIN project being implemented in four northwest states (Zamfara, Jigawa, Katsina and Kebbi); states that have, so far, benefited from the support of the religious and traditional leaders in their various communities. Modern FP methods are often misconceived and distributed with cultural and religious connotation, creating barriers for their uptake. Instability in a community as a result of security challenge is a threat to any program implementation. These field managers liaise with security operatives or agents in the community in order to ensure the security of lives (for its agents and staff) and properties.

11.4 Conclusion

The most important outcome of the advocacy in ESMPIN Project was that it assisted communities' change perceptions and beliefs about FP/RH. This change seemed to be taking root generally within the communities, impacting men, women and adolescents equally. There were also some added benefits brought about by this change, particularly for women and young girls of reproductive age. Men expressed more willingness to allow their wives to visit health facilities for ANC sessions. Before the ESMPIN project, this was not the case.

“
The project has recorded increased support from the religious and traditional leaders especially in the areas of educating and mobilizing community members on the ESMPIN health themes.”

ESMPIN PARTNERS

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▶ 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



8 PORT HARCOURT CRESCENT AREA 11, GARKI, ABUJA · TEL: +234 (0) 709 822 1440, 709 822 1445, 709 822 147 · EMAIL: INFO@SFHNIGERIA.ORG

www.sfhigeria.org