



ESMPIN

Expanded Social Marketing Project in Nigeria

*My healthy family,
my pride and joy!*



Policy Briefs



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TRANSFORMING LIVES THROUGH MEDIA
AROUND THE WORLD

▶ 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 health. 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 manufacture 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.

ICON KEY



Implementation Strategy



Achievements



Gaps Addressed



Policy Recommendation

▶ **SIR BRIGHT EKWEREMADU,**

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For more **ESPMIN** 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



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POLICY BRIEFS



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POLICY BRIEF

01

Use of Co-packed Low osmolarity ORS & Zinc Tablets in Childhood Diarrhea Management

Implementation Strategy



Dehydration caused by diarrhea is a major cause of child morbidity and mortality in Nigeria, with a prevalence of 10.2% among those under 5. With this high prevalence, only 33.7% of children receive ORS and only 2.3% receive zinc during an episode of diarrhea (NDHS, 2013). In 2013, ESMPIN partnered with CHI Pharmaceuticals for the pioneer local production of co-packed low osmolarity ORS and Zinc for management of childhood diarrhea as recommended by the WHO.

Achievements



This landmark initiative facilitated local market growth for locally produced ORS and Zinc, which has since seen the participation of other local manufacturers. This has also strengthened the national policy on use of co-packed ORS and Zinc for diarrhea management. Through collaboration with federal and state ministries of health (F/SMoH), continuous advocacy ensures product requisition and distribution to health facilities. Use of SFH nationwide distribution networks has ensured regular access to, and availability of the products, in the private sector (pharmacies, hospitals and proprietary patent medicine vendors, or PPMVs). Demand generation activities has resulted in an increase in knowledge and use with about 50%¹ of caregivers who understand that use of combination of ORS and Zinc is appropriate treatment for diarrhea in children under 5.

Gaps Addressed



Engagement and support of private sector manufacturers for local production of ORS and Zinc. In supporting local manufacture of ORS and Zinc, SFH committed to providing the manufacturer with linkages to our extensive wholesale and retail networks across the 36 states of Nigeria (and the FCT), thereby potentially catalyzing and accelerating access to ORS and Zinc.

Strengthening national policy implementation on use of ORS and Zinc combination in management of childhood diarrhea

Building demand for ORS and Zinc among caregivers through generic mass media campaigns and strategic community mobilization

Training, detailing and supporting health care providers including PPMVs to promote the use of ORS and Zinc

Policy Recommendation



Prioritize procurement of locally manufactured ORS and Zinc by federal and state governments to further stimulate the market for local production

Routinely sensitize healthcare providers on standard administration of ORS/Zinc tablets for diarrhea management in children

POLICY BRIEF

02

Implement Task Shifting Policy

Implementation Strategy



ESMPIN project worked to increase access to and demand for family planning and child survival products and services while working with the private sector to ensure the growth and sustainability of these products and services in the market. Leveraging the task shifting policy of the government of Nigeria, the project trained community health extension workers, or CHEWS, on demand creation and quality service provision in 18 states. The CHEWs offered services to contacts willing to take up a FP method—methods that cannot be offered by the CHEWS, such as the long acting methods were often referred to another health facility.

Achievements



This approach improved FP modern method uptake through targeting and providing service to the 70-80% of people who fail to complete their referrals (i.e. redeemed referrals) due to reasons such as distance to the health facilities, provider absenteeism at health facilities, unfavorable provider attitudes and long waiting time at facilities, and perceived high cost of FP services.

Gaps Addressed



Continuous advocacy to relevant ministries, departments and agencies (MDAs), stakeholders including professional bodies on implementation of task shifting policy

Technical support to ministry of health and other relevant MDAs to enable understanding of the task shifting policy in order to facilitate effective implementation

Capacity building of service providers (CHEWs) on FP

Supportive supervision visits (SSV) to trained CHEWs in intervention communities to ascertain provision and quality of services in accordance with approved standard as well as address identified gaps

Policy Recommendation



Inclusion of FP training in the curriculum of Colleges of Health Technology to ensure adequate FP training of CHEWs

Ample provision of FP job aids to health facilities to guide FP service provision in line with standard guideline
Continuous SSV for FP providers in health facilities to ensure improved performance

Full implementation of task shifting policy will make a major contribution in expanding access to health services to the poor and vulnerable population in intervention communities, and in turn increase the national contraceptive prevalence rate

POLICY BRIEF

03

Mentoring and Supervision of Healthcare Providers at the State Level

Implementation Strategy



A common problem observed by ESMPIN project with many of the health facilities, especially in the more rural locations, is provider absenteeism. Since supervision of health workers by the SMOH officials is poor at this level, the providers take advantage of this lapse. They either use official hours to attend to personal issues or run personal businesses. Similarly, hospital clients suffer long waiting times or are spoken rudely to. In other cases, young unmarried girls are discriminated against and denied services. All these combined discourage some clients from accessing services at the health facilities despite availability of free services.

Achievements



The project facilitated collaboration with local and state governments' health department staff to provide supervision and monitor quality of care in health facilities in project intervention communities. This involved the community leaders who worked with the team to improve accountability from staff at health facilities.

Gaps Addressed



Mentor providers in health facilities by state and LGA health coordinators

Provide opportunities to present and address unique issues faced by FP providers during service provision in their health facilities. Providers are limited to monthly or quarterly FP provider meetings which are group gatherings and insufficient in addressing the issues faced.

Improve healthcare providers' attitude towards work by reducing absenteeism of providers in rural communities

Policy Recommendation



Collaboration among implementing partners and private sector stakeholders to ensure combination of technical, logistic and human resources needed to support effective mentoring

Budgetary allocations for health to include administrative and training costs to cover the mentoring scheme or plans

Periodic reporting and updates for all mentoring programs with follow-up and feedback (such as quarterly/ bi-annual reports)

POLICY BRIEF

04

Capacity of Healthcare Providers

Implementation Strategy

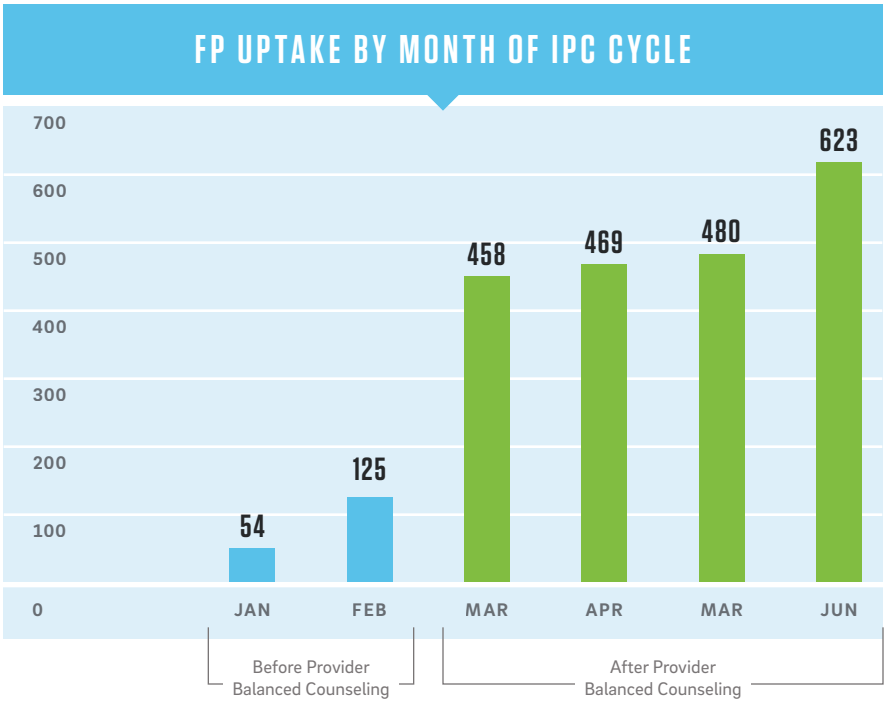


The ESMPIN project conducted update training for public and private healthcare providers using clinical presentations, FP commodities detailing and the balanced counseling strategy (BCS), a strategy designed to be interactive and client-friendly. This strategy improved quality of counselling sessions provided by providers. Supportive supervisory visits were conducted with trained personnel in intervention communities to ascertain provision of services in accordance with approved standard as well as address identified gaps. These interventions were carried out in project communities where the interpersonal communication strategy was implemented to increase demand and uptake of family planning and child survival products.

Achievements



The project interventions greatly improved FP counselling services in these communities and addressed the challenge of poor quality FP counselling and services by providers and poor human resource development. There was a substantial and steady increase in the number of clients taking up a method after the BCS update.



RESULTS ▶ The graph shows result of intervention in Ajeromi-Ifelodun LGA, Lagos State within a six-month intervention cycle (JANUARY TO JUNE 2016)

Policy Recommendation



Staff working in health care units providing family planning should be targeted for on-the-job training in balanced counseling strategy

The training of family planning providers should always include training on balanced counseling strategy

POLICY BRIEF

05

Demand Generation for FP and Child Survival Commodities

Implementation Strategy



The ESMPIN interpersonal communications (IPC) strategy is implemented in six month periods (called "cycles") of intensive community-level interventions designed to create a burst of demand for family planning and child survival services through the activities of trained interpersonal communication agents. At the end of the six-months cycle period, the project exits the implementing community and repeats the process in another community. ESMPIN trained agents conduct sessions with men and women of reproductive age (M/WRA), community-based distribution (CBD) of FP and child survival commodities in CBD communities; mass media e.g. radio jingles, IEC materials, wall murals, billboards and send bulk SMS monthly to remind M/WRA of FP and child survival messages which they originally received during IPC sessions.

THE IPC CYCLE MODEL



Achievements

The IPC approach has recorded a total of 15,123,844 contacts from Cycles 1-10 (102% of target) as of December 2016 and generated 20,914 CYPs in Cycle 10 alone. Exposure to IPC messages encouraged the use of modern methods of FP, with 51.58% of persons exposed to IPC messages used modern methods while only 23.11% of unexposed persons used the methods. Method uptake during implementation rose from 33% to 41.2%. Six months after project exit, the rise continued and then plateaued at 42.7%. ESMPIN IPC strategy encouraged joint discussion of FP among partners. 63.00% of persons exposed to ESMPIN IPC had ever discussed FP with partners compared to only 36.25% of unexposed persons.



Myths and misconceptions around FP and child survival, resulting in incomplete knowledge and acceptance of FP and child survival services

Lack of spousal support for modern family planning; side effects of modern contraceptive methods

Correct diarrhea prevention and treatment amongst caregivers and health providers.



Rigorous and sustainable demand generation activities for FP and child survival

Continuous engagement of traditional and religious leaders to garner support for FP and child survival products, and services of local health manpower information system to plan, monitor and evaluate manpower needs in health facilities

POLICY BRIEF

06

Community Based Distribution (CBD) Intervention

Implementation Strategy



In hard-to-reach rural communities with limited access to health care facilities and trained providers, 2,180 trusted community members were trained as community-based distribution agents. One-on-one and group interpersonal communication (IPC) sessions were conducted and family planning and child survival products were distributed in the project communities. During project implementation, they formed CBD cooperative networks at local and state levels, with monthly contributions made from their transport stipends provided during monthly review meetings.

Achievements



Evaluation of the CBD approached showed that:

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Knowledge about FP was higher in CBD communities (55.5%) compared to non-CBD communities (32.1%)

.....

People living within CBD communities were three times more likely to be using a modern contraceptive method

.....

Spousal communication on family planning was higher (20.1%) in CBD communities when compared to non-CBD communities (7.2%)

Achievements

Sixty-four CBD cooperative networks were registered in each project implementation local government area of Zamfara, Kebbi, Katsina and Jigawa states where the CBD approach was implemented. They acquired the requisite bank accounts, constitution, office accommodation and leadership structures and linkages. The networks represent a viable medium of sustaining the strategy.

Gaps & Challenges

Institutional capacity is poor, hence recordkeeping and management practices remains a challenge. In addition, there's a lack of integration into existing government product supply chain and inadequate product seed funding to meet product supply needs on project exit.

Policy Recommendation

There is a need to integrate the CBD networks into the government FP product supply chain as last mile distributors as well as provision of governmental support in terms of institutional strengthening, supervisory oversight and product seed funding.

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, non profit, 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 non – profit 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 of 170 staff 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 Nigerian across all 36 states and the Federal Capital Territory. About 8.6million 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.