

August 2011



Nigerian Urban Reproductive Health Initiative

Demand Creation Strategy

Introduction

NURHI Background

The Nigeria Urban Reproductive Health Initiative is designed to increase contraceptive use in selected urban sites (FCT, Kaduna, Ilorin, and Ibadan in Phase 1, and Zaria and Benin in Phase 2) in Nigeria, with a focus on the urban poor. Through a strategic combination of service delivery, communication, and advocacy inputs the NURHI project aims to increase demand for and supply of family planning, ultimately leading to long-term market driven sustainability. To enhance the environment for the supply and demand efforts, NURHI will undertake a variety of advocacy initiatives oriented towards increasing commitment and sociopolitical support for family planning primarily at the state and LGA level.

NURHI Demand Creation Component

Specifically, through its demand creation efforts NURHI seeks to ***develop consumer-first interventions for creating demand and sustaining use of contraceptives among marginalized urban populations***

In Nigeria, investments on the demand side are desperately needed to publicly open the dialogue and establish the social acceptability of family planning; to increase (accurate) knowledge about methods and access points; to bring family planning discussion into everyday life, particularly amongst couples; and, ultimately to increase and sustain use. To this end, NURHI's robust, evidence-based communication strategy will operate at multiple levels and will be closely interwoven with supply side activities. Our approach to demand will empower consumers to adopt family planning by making it a part of everyday life. In addition to simply increasing demand for contraceptives as an end goal, NURHI will test the theory (Proof of Concept) that a significant investment in demand can drive supply, optimally to a point where FP is a sustainable social norm so that products and services are supported by market demand.

Our demand creation approach is to empower consumers to adopt family planning by capitalizing on key life events—sexual initiation, marriage, childbirth, end of childbearing--as natural opportunities for discussion and adoption of family planning. Through this strategy we will position FP as a natural part of life and:

- Foster dialogue around family planning – in the home, on the street, at work, in the media
- Increase understanding, appreciation and social approval for family planning
- Reinforce existing contraceptive use and reduce discontinuation
- Improve knowledge and perceptions of family planning methods and the fertility cycle

The strategy that follows was developed through a participatory three-day workshop, with representatives from the four initial intervention cities, NURHI team members, collaborating partners and selected representatives from creative communication agencies.

The NURHI core team and two collaborating partners, ARDA and DevComs, further refined the content produced during the workshop.

This strategy will be reviewed and refined as the results of the formative research are further analyzed and other data become available, including the baseline survey. Of particular import will be issues related to access to media across SES quintiles, as well as identifying predictors of current FP use that will help guide content development for our interventions as will the pretesting process. In addition, we will look critically at whether and how best to roll out youth focused interventions under the overarching framework, given the broad definition for youth (18-30).

Context

Nigeria had a thriving family planning program in the 1980's and early 90's, including the adoption of a national ministry approved family planning logo. Unfortunately, changes in donor priorities and support for FP efforts led to a decline in the intensity of family planning promotion efforts in Nigeria. As a result, trends in fertility, contraceptive use and method mix have remained relatively the same over the past 10 years. With national TFR at 5.7, CPR at 10% and unmet need at 20%, there is a pressing need to reinvigorate family planning efforts at the national, state and city levels.

The goal of the Nigeria Urban Reproductive Health Initiative is to increase the contraceptive prevalence rate in selected urban areas of Nigeria by 20 percentage points. There are three primary ways to increase the proportion of women in these cities using a modern contraceptive method:

- 1. Increase the need for FP;**
- 2. Convert unmet need to met need for FP (increase use); and**
- 3. Reduce method discontinuation (increase duration of use).**

By increasing the proportion of women who want to delay, limit or stop childbearing, or in other words, the proportion of women with a need for FP (assuming that a certain proportion of women with a need for FP start using FP) contraceptive use would increase.

By increasing the proportion of women that begin using FP once they decide to limit or space their pregnancies (in other words, convert a greater proportion of unmet need into met need) this would also increase the proportion of women using a contraceptive method.

Finally, by reducing the proportion of contraceptive users who discontinue using their contraceptive methods and therefore increase the duration of use among contraceptive users, it would also increase the overall proportion of women using a contraceptive method.

Results from Secondary Analysis of NDHS 2008

NURHI conducted a secondary analysis of the 2008 Nigerian DHS focusing on key influences of these three outcomes: need for FP, use of FP and duration of use. The analysis looked at both direct and indirect influencing factors:

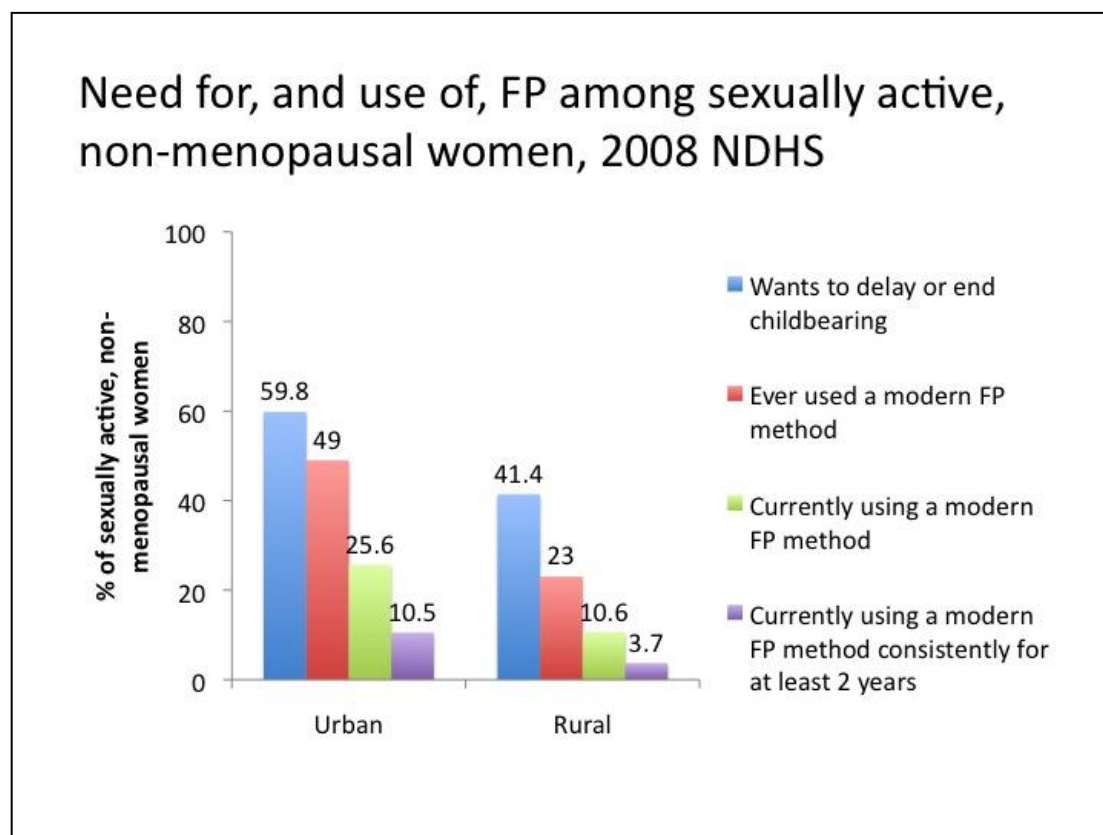
Direct Influences:

1. Desired family size
2. Female autonomy
3. Gender preference
4. Knowledge

Indirect Influences:

1. Poverty
2. Cultural norms

Poverty is defined as the bottom 3 wealth quintiles within the urban subsample of the DHS, while religion and residence in the North or South of the country were considered proxy measures for culture.



The above graph illustrates the proportion of all sexually active, non-menopausal women in Nigeria who have a stated need for FP (either to delay or end childbearing), who have ever used or are currently using a modern FP method, and who have used a modern method for a substantial amount of time (defined as at least two years). **There is a high**

need for FP among urban women who are of reproductive age: 60% of urban women already have a need for FP while a difference between current use and need for FP suggests that about 60% of the need for FP that currently exists is unmet. The difference between ever and current use suggests that **there is a high level of method discontinuation**. About 50% of women who have tried a modern method are no longer using it. Many contraceptive users (about 60%) don't use the method for a longer period of time, further suggesting that method discontinuation may be important.

It is also worth noting that the difference between need and ever use is relatively small, suggesting that many women with a need for FP try a modern method. However, we don't want to overstate this comparison, since it is not clear when that ever use occurred.

So, while the project will certainly want to attempt all three approaches, one interpretation of the data in this graph is that **the biggest bump in CPR may come from increasing sustained use of contraception by decreasing method discontinuation**.

In contrast, rural women would benefit from all three approaches equally. Need for FP is much lower than among urban women, fewer rural women have ever tried a method although discontinuation is an equally large problem, and there is a high level of unmet need for FP.

Direct Influences on FP

Analysis of the four key influences suggests that both **ideal family size and FP knowledge are important influencing factors for both the need for, and use of, FP among urban women in Nigeria. Household decision-making may affect need for FP but does not appear to effect use.**

Once a contraceptive method is adopted, a woman's preference for smaller families, for boys or girls, and even knowledge of methods is unrelated to the duration of use of that method. Having a preference for either sons or daughters was unrelated to contraceptive use, duration of use or stated need for FP.

Indirect Influences on FP

In looking at the influence that cultural norms and poverty have on the direct influencing factors, the data suggests that Muslim women living in the North are much less likely than other women to have a preference for small families, to participate in household decision-making and to be aware of three or more FP methods. Whereas, Muslim women living in the South are more likely than other women to know 3 or more methods and to report participating in household decision-making. Non-Muslim women in the South are the women most likely to express a preference for children of a specific gender. These findings suggest that **regional influences are more powerful than religious** in determining a women's preference for ideal family size, participation in household decision-making and knowledge of FP methods.

Poverty has an influence on ideal family size, knowledge of FP methods and participation in household decision making. Wealthier women (in the upper two

wealth quintiles) are more likely than less affluent women (lower three wealth quintiles) to desire a smaller family, to participate in household decision-making, and to know at least three FP methods. However, a woman's wealth status and cultural norms do not appear to have a strong effect on duration of use, once she adopts FP.

In looking at the influence of cultural norms on the need for and use of FP the data suggests that NURHI focus demand generation in the following ways:

- **To increase need for FP among urban poor focus on decreasing ideal family size; and**
- **To increase use of FP, among women in the North (especially among the poor) focus on increasing knowledge of FP.**

Influence of Exposure to FP messages

Exposure to FP messages can have an effect on FP knowledge and possibly household decision-making. Regardless of wealth status, women exposed to FP messages were more likely to participate in household decisions and were more likely to know three or more FP methods than women not exposed to FP messages. It is logical to deduce that exposure caused the increase in knowledge. However, the direction of causality for household decision-making is less certain, since women with greater autonomy in the household may also be more likely to see FP materials, due to their greater mobility and control over media. Exposure does not appear to have any effect on ideal family size or on gender preference. It is not clear whether FP messages can't affect these variables or whether prior FP messages do not target these factors and therefore show little or no effect.

The NDHS provides a framework for understanding exposure to mass media among residents in urban Nigeria. Media usage habits are positively associated with both education and household wealth. The majority of households in urban areas (over three-quarters) have access to radio. Listening to radio at least once a week is very common among women and men across all surveys. Radio and television are the most common sources of messages on family planning for both men and women in urban areas. However, within this data it is important to note that there are significant segments of the population in urban areas who have limited exposure to the mass media. Overall, approximately 18% of urban residents reported no access to mass media (newspaper, radio or television). The percentage with no reported exposure ranges from a low of 8% in the South West (Ibadan) to a high of 20% in North Central cities (e.g. Kaduna and Zaria). Looking at the NDHS data from the perspective of wealth cohorts, 42% of urban respondents classified as "poor" reported that they have no weekly exposure to mass media. Thus in all the NURHI sites it will be critical to develop innovative outreach strategies to deliver information about family planning to the poorest communities.

Weekly use of newspaper, radio, and television among **urban** women by selected background characteristics, Nigeria 2008

	Newspaper	Radio	Television
Age			
15-23	5.5	41.1	51.1
24-32	7.9	44.3	49.8
33-49	7.1	44.2	43.9
Education			
None	0.2	31.1	18.2
Primary	1.2	37.1	35.9
Secondary or more	9.9	47.7	59.1
Religion			
Muslim	4.5	46.3	41.2
Other	8.2	41.4	52.5
SES			
Lower two wealth quintiles	1.7	31.3	20.1
Upper three wealth quintiles	9.6	49.5	63.2
Region of residence			
South	7.9	42.7	53.5
North	4.9	44.0	38.7
Source: 2008 Nigeria DHS All differences significantly different ($p < 0.05$) with exception of radio use by region of residence			

Results from Formative Research in Ibadan and Kaduna

NUHRI conducted several Focus Group Discussions (FGD) with male and female community members in both Kaduna and Ibadan in an effort to understand key influencing factors on the demand (or lack thereof) for FP and help identify individual and social barriers to FP use in urban areas of Nigeria.

Several key themes regarding popular perceptions of family planning emerged from the FGD:

1. Education for children is one of the key benefits to having a smaller family: Respondents in the FGDs stated that one of the primary benefits to having a smaller family was the ability for children to get a better education. Families with fewer children could afford to send their children to school.
2. The burden of FP use is on women, but they do not feel much ability to take control of this decision, as the husbands are the ones to make the decision about family size.
3. Wives are responsible for initiating conversations about family planning but they must be strategic in how they initiate the discussion, first making sure that the husband is in "the right frame of mind."
4. FP is difficult to discuss and discussion requires lots of knowledge.

5. Choosing a family planning method is viewed as a highly medicalized decision: Method choice depends on the body system and doctor's advice – a woman needs many tests and exams before a choice can be recommended
6. Family planning is considered to be very risky compared to other risks related to pregnancy: Abortion and Sterilization are considered highly risky, IUDs are often included in the “Most Risky” category. Modern FP methods were seen as riskier than other risks related to child bearing such as having a child before the age of 18 years, having consecutive births close together or having more than 6 children. Natural family planning methods were seen as less risky compared to modern methods.
7. Respondents have a positive view of integrating family planning into other health services.
8. Fear of family planning still persists: Fear of discussion and approval of spouse, fear of destroying relationships, fear of testing, and fear of health consequences and side effects.

Respondents repeatedly stated thoughts that family Planning is not easy to use; FP is seen as highly medicalized, the side effects are burdensome, and it is difficult to discuss.

The social mapping assessment findings included:

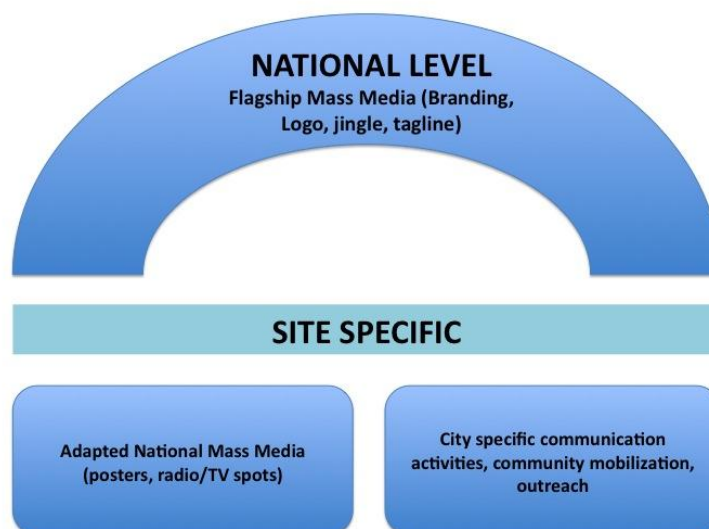
1. Male respondents drew more expansive maps of their community- indicating that men have greater mobility in the community.
2. In general there was high awareness of health outlets (pharmacies, PMV, PHC, hospitals) in the communities but low awareness of where to access FP and FP outlets
3. Government providers are perceived as more affordable than private providers but private providers are perceived as providing higher quality services
4. Key factors influencing respondents preferences for facilities include: hours of operation, cost, proximity, availability of services and staff attitudes.
5. Meeting spots for men include: political party offices, places of worship, shopping complexes, vulcanizing joints, sports grounds, bars and street corners.
6. Females recognized schools, places of worships, community leaders' palaces and restaurants
7. There was little difference between older and younger participants in their designated meeting spots/ places of social interaction.

Demand Creation Strategy

A. Approach

The NURHI demand creation strategy will have three main levels of implementation. Overarching activities such as branding of the communication initiative and flagship mass media activities will be conducted at the national level. At the site level two strategies will be utilized. First, communication strategies and associated activities developed at national level for all NURHI sites will be adapted to ensure site specificity and rolled out. Second, sites will utilize this demand creation strategy to develop and implement communication activities that are specific to their needs. The above three levels of implementation will ensure that the overall communication initiative is unified and work synergistically for maximum impact.

The levels of communication activities can be illustrated as:



With media interventions and promotional activities rolling out at different population levels, the demand strategy will use a complimentary phased approach around messaging to build positive attitudes and motivate behavior change around sustained use of modern family planning methods. The messaging emphasis will evolve in the following phases:

Phase 1: General Awareness Creation and Establishing Basic Knowledge

Under this strategy, activities will start with high visibility and intense frequency messages focusing on awareness of family planning services and basic family planning knowledge to ensure high exposure to family planning concepts, messages that support use in daily life contexts and an attractive new logo to signal the availability of services. The initial phase of the strategy across all emphasis cities will include radio and television spots, billboards, newspaper and magazine inserts and other short, quick attention creating activities. New media like mobile phones; social networking sites etc. will also be used. The short, high

visibility activities will take place in the 4 phase 1 cities. At the local level, NURHI will support local media outreach including DJ announcements, community outreach around facilities, and road shows for example.

Phase 2: Providing more detailed information and positive images of Family Planning Choices

Following the initial burst of publicity to signal the reemergence of family planning choices, NURHI will roll-out its longer term media products that will provide urban audiences with a more thoughtful discussion of their family planning options and choices. These media products will include on-going radio programming, television series (involving music, film or reality), and media that allow for greater participation including questions and answers, competitions and personalized advice. Recommendations for suggested types of programs to reach different audience groups are detailed below.

Phase 3: Tailored Images and Information

NURHI will supplement its flagship radio and television programs with continued promotional spots, community media activities and outreach, and other customized city based activities. NURHI will determine the exact mix of activities in consultation with media partners and the city teams based on priority audience groups, facility readiness, and other factors to ensure a maximal synergy of effects.

As the demand program matures, NURHI will phase out of a general promotional approach towards demand creation activities that focus on specific audience groups responding to the priority needs and feedback elicited from audience members.

Linking

The NURHI Demand Generation activities will link and coordinate with the other three key project components of service delivery (including both the public and private providers), quality improvement and advocacy. The diagram outlined below highlights how the two components of Communication and Advocacy link directly with Service Delivery. Together, they can change the way family planning is embraced and used in Nigeria.



The relationship between Demand Creation and these other NURHI platforms are mutually beneficial: the service delivery outlets and advocacy networks provide opportunities and outlets for expanding the mass media's reach into the target communities and reinforcing the messages while the demand creation activities will enhancing their interventions by creating a demand for and improving approval of FP services; therefore strengthening the overall impact NURHI program.

B. Understanding NURHI's Audiences

Urban Lifestyles

NURHI is working in six of the largest urban areas in Nigeria. The population in all of NURHI's cities exceeds 1 million residents. The cities are all densely populated with tightly packed housing and few open areas. Data presented in the NDHS provide a glimpse into the general quality of life and standards of living in urban areas. Over half of Nigeria's population lives in urban areas and of those urban dwellers, over 60% live in slums (MLE technical working paper).

In cities served by NURHI, approximately 85% of urban households have access to electricity. While electrical supply is becoming more consistent, access to water is a growing issue throughout Nigeria that is also affecting urban areas. Data from the 2008 NDHS suggest that only 20% of urban residents have piped water, other residents receive their water through trucked in supply or through community pumps and boreholes. Another indicator of standards of living in urban areas is access to flush toilets. This indicator is more variable across NURHI's cities than access to electricity and water. Data from the DHS reported in the MLE Nigeria technical working paper show that access to

flush toilets is increasing in the Southern cities, but decreasing in the more Northerly ones (65% in Abuja and Edo state and 20% in Kaduna state).

Access to electricity facilitates ownership of durable consumer goods. A majority of households own radios (83.5%) and televisions (69% in urban areas throughout Nigeria, and over 80% in NURHI cities). However, ownership of refrigerators has decreased in all NURHI cities. In 2008, refrigerator ownership ranged from a high of 50% in Abuja to a low of 27% in Ilorin.

Overall, almost $\frac{1}{4}$ of urban households own a motorcycle or scooter. This is the most common means of mobility owned by urban households in all cities except Ibadan. In the South-West (Ibadan), a car or truck is the most commonly owned means of transport. These data indicate the high reliance on public transport to facilitate the mobility of urban residents.

The information presented here suggests a profile of the wealth index of Nigerian city residents. The MLE technical working paper divides wealth status into three categories, “poor”, “middle” and “rich.” Overall, the population of urban areas divides roughly into thirds across the three categories (29% are poor, 33% middle, and 38% are rich); however, there is considerable regional variation with a higher proportion of “poor” residents in more Northerly cities and almost half the residents of cities in the South West considered “rich.”

Reflecting the demographics of Nigeria in general, over 40% of urban residents are below the age of 15 and approximately 5% are over the age of 65. Thus approximately half the residents in urban areas are of reproductive age and in current need of family planning related information and services.

Female Headed Households: Recent NDHS data show an increasing trend in the number of female-headed households in urban areas. Overall approximately 20% of households in urban areas are female-headed. Research indicates that female-headed households tend to be poorer and living in more disadvantaged circumstances (source: MLE Technical Working Paper).

Youth Mobilization: Young people aged 15 - 29 represent over half of the population of women of reproductive age (WRA) and constitute the most important audience for this program. However, they are by no means a homogeneous group and our segmentation and approach to youth will reflect the diversity found within this cohort. The demand strategy presented in this document addresses the needs of the “older” youth audience, specifically young people over 18 and those already in longer-term relationships. In meeting the needs of younger, unmarried sexually active youth, NURHI will develop a separate strategy later in the project.

NURHI’s follow-on youth strategy will focus its efforts on strengthening services in sites able and willing to provide confidential and supportive access to information, counseling and methods. Among these will be existing youth friendly service (YFS) facilities,

pharmacies and PMVs, social sector entrepreneurs, university health centers, and other sites supported by youth serving organizations identified through our mapping exercise. Within this context we will further concentrate our efforts on ensuring access among those in the lower SES groups, as well as those in tertiary, trade and other educational institutions prevalent in urban settings. Within YFS sites and non-clinical FPPN members, NURHI will place additional emphasis on other services of relevance to youth such as STD and HIV prevention, emergency contraception, and counseling. We will also explore the designation of a subset of pharmacists and PMVs as YF sites.

On the demand side for youth, echoing the themes of the current “Slice of Life” positioning presented in this document, NURHI will focus information and counseling for youth towards planning of the future family, including delay of marriage, first birth, and spacing between pregnancies. NURHI will also work with youth to encourage them to become the vocal advocates for the services and quality of life that expect for themselves and their future families. Thus the youth demand strategy will effectively use both a push and a pull approach to inspire and require youth oriented services. To reach young urban Nigerians, NURHI will focus on mobilization activities using key ‘ambassadors’ and influential peers from our target groups (i.e. hairdressers, dressmakers, DJs, athletes, motodriver, etc.) as well as social media and outreach through youth gathering places such as sports fields and dance halls.

AUDIENCE COMMUNICATION PROFILES & STRATEGIES

Urban Dwellers – General Audience

Audience Profile: Expensive crowded housing, living at close quarters to the neighbors, long commutes on crowded buses through congested streets and high prices for food, utilities and other daily necessities are the realities of life for many residents in Nigeria's cities. However, the city dwellers enjoy a bustling, modern environment with access to many of the amenities of modern life, including schools, health care, markets, entertainment and other recreation. Motorcycles and scooters are a common form of transport other than public buses.

Communication Objectives

Increase percentage of the general audience who:

- Have correct information about different FP methods.
- Know where to access FP services.
- Recognize the Family Planning Provider Network (FPPN).
- Engage in discussion about FP and FP methods at the household (especially with spouse) and community level with peers.
- Believe FP is a normal life decision that everyone does.
- Approve of FP and believe others in their community do too.
- Have overall positive perception of FP methods.
- Increases the percentage of audience willing to invest resources to access FP.

Key Issue:

Family planning is a way of life. Survey shows a community that supports women and child spacing produces healthier, intelligent and emotional physically-psychologically fit/healthy children.

Key Promise:

Low maternal mortality and better health lead to community financial stability.

Support Points

- Islam and Christianity support child

Call to Action:

- *Discuss child spacing with*

<p>spacing.</p> <ul style="list-style-type: none"> • Yearly, 545 women die per 100,000 births. • People believe that planned families are happier and more financially secure 	<p><i>your family and neighbors today.</i></p>
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Suggested communication interventions:

- High visibility campaign branding & logo exposure
- Recognizable animations and ringtones
- Radio magazine programs
- Linkages and tie-ins to special events and celebrations

Young Unmarried Women

Audience Profile: In urban Nigeria, young unmarried women typically live with relatives, either immediate family members or aunts and uncles, in the city. They work to help support their family, with the type of work largely depending on family educational and economic background. Many young unmarried women hold administrative support positions in companies and small businesses or work in retail or customer service positions. These young women see themselves as modern and aspire to a life with modern amenities such as cellphones, attractive clothing and jewelry.

Communication Objectives

- Increase the percentage of sexually active young unmarried women who believe that using FP is a normal life decision.
- Increase percentage of sexually active young unmarried women who have the correct information about FP methods that can be used to delay pregnancy.
- Increase the percentage of sexually active young unmarried women who can appropriately weigh risk of FP use as against other every day risks.
- Increase the percentage of sexually active young unmarried women who know a place where they can comfortably and confidently access family planning services.
- Increase percentage of sexually active young unmarried women who use modern FP methods to avoid unplanned pregnancy and abortion.
- Increase the percentage of sexually active young unmarried women who are willing to share accurate knowledge and safety of FP with their peers.

Rebecca

Rebecca is a responsible and practical 25-year old bank clerk living in the urban area of Pappe with her mother and two siblings, Tunde and Mary. As the oldest child and the only professional in a single parent household Rebecca carries most of the responsibility for the family's upkeep including rent, food, clothing, school fees etc. Rebecca aspires to be well off not just for the sake of an extravagant lifestyle but more to ensure that she can provide her family with all their wants. She is inspired by TV programs such as the Oprah Winfrey show which guides her life decisions and "Who Wants to be a Millionaire" which gives her hope. She is fascinated by strong independent women such as Michelle Obama and Dora Akuyinili and believes that one day she will be like them. Rebecca spends her limited free time with her boyfriend Patrick and on occasion socializing with some of her girlfriends. Although Rebecca does not want kids right now she is currently not using family planning however there have been a couple of occasions where she has had to use emergency contraceptives.

Key Issue: Proper use of FP methods is safe and effective.	
Key Promise: FP prevents unplanned pregnancy.	
Support Points: <ul style="list-style-type: none"> • Unprotected sexual intercourse leads to unplanned pregnancy and all its ill effects • Knowledge of FP helps young unmarried women to plan their future. • If she uses a family planning method for prevention of pregnancy, she will avoid all its ill effects and achieve her life goal. 	Call to Action: <i>Visit a health facility for proper FP counseling.</i> <i>Adopt a FP method.</i>

Young Unmarried Men

Audience Profile: Young men arrive in the city to earn money and return some to their families. They may have a variety of living arrangements, with relatives or a small room in a shared space, all of which are designed to save as much money as possible. Types of work vary depending on education level, but the reality is that good jobs can be hard to come by for young men and it can take a while to feel settled and secure in the city. While making ends meet can be difficult, the opportunities of city living are great. There are plenty of places for all income levels to relax with friends in the evening to enjoy good times as the city buzzes all around.

Danjuma

Danjuma is a 21 year old Okada rider living alone in a rented room in Dutse. Danjuma is a huge fan of Manchester United and his weekend is mostly spent watching the premier league at TV/video halls. On weekends when Manchester or a close rival isn't playing, Dajuma takes his girlfriend to the Millennium park. Dajuma has recently purchased a phone and is obsessively trying to figure out and learn about its various functions. He has even programmed his phone to change ring tones with each caller. Dajuma is currently not thinking about family planning, however does use condoms for the purposes of preventing HIV.

Communication Objectives

- Increase the percentage of young men who believe that that using FP is a normal life decision.
- Increase the percentage of young men who believe that they have a responsibility to use FP.
- Increase the percentage of young men who speak with or initiate discussion about FP with their partners.
- Increase the percentage of young men who use FP or actively support their partners' use of FP to avoid unplanned pregnancy and/or abortion.
- Increase the percentage of young men who initiate knowledgeable, discussion about FP with them peers
- Increase the percentage of young men who use condoms to prevent unplanned pregnancies and/or STDs, including HIV/AIDS.

Key Issue: Consistent use of FP will prevent unplanned pregnancy.	
Key Promise: The use of FP will enable you and your partner to achieve your aspirations.	
Support Points: <ul style="list-style-type: none"> • Unplanned pregnancies lead to stress and financial hardship • Happiness is not in the number of children you have but how are able to take care of them. • Unplanned pregnancies jeopardizes your future and your child's • FP to prevent unplanned pregnancy is available in a facility near you 	Call to Action: <i>Get it together with your partner to talk about FP</i> <i>Encourage your partner's use of FP to prevent unintended pregnancy</i>

Younger Married Couple (Lower SES)

The younger married couple feels social pressure to have babies and raise a family. It is the tradition and it is expected for all but the most educated couples. Often a pregnancy can be the motivation for a marriage among young adult couples. Young couples feel a lot of “life pressure” from a variety of sources. It can be hard to make ends meet for young couples. Good jobs are hard to come by and job security is uncertain. Housing rents are high in the city and spaces are small. Since family may not be close at hand, there are additional expenses for childcare and household help, or maybe a younger cousin is living with the couple to help out. However, it means more people to feed and support for the young couple that is just starting out. On top of that they are trying to save for household items such as cooking utensils, furniture, electronics and hopefully some transport so they can enjoy a better life in the city.

Andrew and Stella

Andrew 25 and Stella 22 are a young couple with two kids, Ben and Grace, who are respectively 3 and 2 years old. They met in high school when Andrew was a senior and Stella a sophomore. After a short dating period Stella gets pregnant and thus had to dropout of school. Soon they got married and moved into a one-room apartment in a *face-me face-you* complex located in the urban slum areas of Kakuri. Albeit this unfortunate incident, both are trying hard to make the best out of it. Andrew has through time moved up the chain in the garage he works at and is now considered to be one of the best mechanics. Combined with Stella’s earning as a trader they have a monthly income of about 40,000 Nira. To supplement their income Andrew has purchased an Okada that he rents out. This allows Stella to indulge in some new jewelry and clothes on special occasions and Andrew to maintain his occasional *partner*.

Andrew and Stella have a very moderate lifestyle, most evenings are spent watching TV after dinner. They are avid followers of the TV program “*I pass my Neighbour*”. On weekends Andrew likes to watch his football, however if there are ceremonies to attend or families to visit that is given a priority. Andrew and Stella are members of trade unions and interact closely with their peers. Religion also plays a major role in both their lives and they closely try to follow the teaching of the religious leaders. Andrew aspires to own his own garage, and set up a corner shop for Stella. Both feel one of the reasons for their current situation is lack of higher education and thus aspire to give their children a much better education than they had. Given their current circumstance Stella is not ready to have a third child; however, she is not aware of family planning methods or where she can get services. Andrew is also not aware of family planning however he does use condoms when he has sex with his girlfriend.

Communication Objectives

- Increase the percentage of married couples that believe there is a safe and modern contraceptive method available to them that fits their life style, personal needs and aspirations for the future.
- Increase the percentage of couples that believe that using FP is as normal a normal life decision.
- Increase the percentage of couples that can appropriately weigh the risk of FP use as against other every day risks.
- Increase the percentage of couples that have a full and accurate understanding of modern FP methods (options, benefits, management of side effects, “relative” risks).
- Increase the percentage of young couples (newly married, couples with one child, and couples with 2 or more children) not currently using a modern FP method that visit a FP facility and/or adopt a modern FP method for birth spacing or limiting purposes.
- Decrease the percentage of couples that stop using family planning for less than two years between pregnancies.
- Increase the percentage of couples who consider cost for FP an important household expenditure OR who build expense for FP into the household budget.
- Increase the percentage of couples who openly discuss their family planning needs.
- Increase the percentage of married couples that believe in consistent use of FP.

Key Issue:

Modern FP methods are safe and available and help to space their children for healthy family.

Key Promise:

FP improves well being of the family and strengthens the bond of love between the couple.

<p>Support Points:</p> <ul style="list-style-type: none"> • Having pregnancies too close together can cause severe health complications for the mother or death. • Planned families enjoy peace of mind and financial security • FP products are available in various outlets (hospitals, clinics, & FP centers at both public and private. 	<p>Call to Action:</p> <p><i>Visit the nearest FP centre for information and quality service</i></p>
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OLDER COUPLE (LOWER SES)

The older couple is more established in their lifestyles and in their community. They already have children and they are more established in their line of work; although enough money to meet all their expenses is always a concern. Typically they will have many of the basic necessities that they can afford, but there is always more to save towards and aspire to. School fees, utility costs, cellphone airtime, transport and food are constant drains on the family resources.

Alabi and Igbawi

Alabi and Igbawi Agbenuso are an aspiring middle class couple in their mid-thirties married with three children aged seven, six and two and a half. The Agbenusos are a committed Muslim family living in a well-furnished one bedroom apartment with a TV and radio in a *face-me face-you* compound in Okey-Oyi, Ilorin. Alabi is a vulcanizer, while Igbawi contributes to the family's household income working as a tailor. When the going gets rough Igbawi supplements their income by selling purified cold water in the market she works at. On weekends Igbawi attends various special occasions and takes the three kids to visit the extended family. Alabi however likes to spend his weekend hanging out with his friends.

The Agbenuso's have very close ties with their community. They are in good standing with their neighbors, the associations they belong to, their extended families and various religious and community leaders. Both Alabi and Igbawi have visions of becoming more successful, Alabi wants to see himself one day having his own apprentice and owning an Okada that he can rent out; while Igbawi sees herself having her own stall in a corner of the market. They also want to give their children a good education, a house where they can have more space to run around in. Alabi and Igbawi are both independently concerned about family planning. They feel they would like to maintain a small family size and would like to be able to either space or limit children; however, neither has been able to bring up the issue and discuss it openly.

Key Issue:

Family planning prevents unplanned or mistimed pregnancy, promotes mother and child health and can reduce the stress and burden on the entire family.

Key Promise:

Life is better and beautiful when you plan your family.

<p>Support Points:</p> <ul style="list-style-type: none"> • FP improves socio economic status by having time/health to improve income opportunities. • Less worry will keep the man from growing old prematurely. • FP resources/commodities are available in all health centers nearest to you at an affordable price. • There are skilled FP providers in the health centers to counsel and help you make informed decision. 	<p>Call to Action:</p> <p><i>For better life, use FP services today!</i></p>
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Older Women (over 30 years)

The profile and lifestyles of older women in urban Nigeria can vary considerably; however, it is typical for women, once in their thirties, to be raising children. A significant percentage of older middle-aged women are also considered the head of their household, and thus bear sole economic responsibility for their children's well being.

Amina Yusuf

Amina Yusuf is the second wife in a polygamous marriage living in Gegele Illorin. Amina was married at a young age and has given birth to four children, one of whom has died. Being in a polygamous marriage has forced Amina to fend for her and her children's needs. To this end she has initiated several home based businesses such as a poultry farm, which did not get her very far. Eventually Amina persevered in getting her education and got a diploma in secretariat studies. She is now working as a clerical officer at a local government office and raising her three children.

Amina at this point has no desires to have additional children; however, she does not have any specific information about family planning methods. She would benefit most from either long term or permanent methods.

Communication Objectives

- Increase percentage of older women who have the correct information about FP methods that can be used to delay and/or space pregnancy.
- Increase the percentage of sexually active older women who can appropriately contextualize risk of FP use as against other every day risks.
- Increase the percentage of sexually active older women who know a place where they can comfortably and confidently access family planning services.
- Increase percentage of sexually active older women who use modern FP methods to avoid unplanned pregnancy and abortion.

Key Issue:

Learning the correct information on the benefits and effectiveness of FP especially long acting methods.

Key Promise:

Using a modern family planning method will remove fear of an unplanned pregnancy and give you adequate time to take care of your family and further your education.

Support Points:

- Work place policy discourages frequent births/maternal absences.
- Likely spousal /parental approvals
- Available of health facilities providing LAPM.

Call to Action:

Visit the nearest health care center to inquire about the long-term acting FP method of your choice.

Communication Activities and Approaches

Activity	Description	Main Audience Segment	Linkages
Campaign Branding	<ul style="list-style-type: none"> • Logo (re-invigorate) • TV Spots • Radio Spots • Jingle – signature tune • Print Media and Public Adverts (on buses, at transport hubs, billboards, clinics, FPPN, etc.) • Revitalizing FP in the sites 	General Audience	Connected to all NURHI Objectives, materials and media messaging, NURHI team to harmonize campaign with all NURHI activities
Animation	<ul style="list-style-type: none"> • TV shorts, Cell phone animation (use as screen savers, themes, short animated clips) • Print (cartoon ads in newspaper + magazines) 	General Audience Young married couples and Key influencers	Links with Campaign and radio programs key themes
Traditional Media			
TV 'Flagship' Program	<ul style="list-style-type: none"> • A “reality” show with two unmarried couple per episode or a film script or music video competition • Explore myths, misconceptions, fears about FP, ideal family size • Give FP messages in a subtle, fun and interesting way • Prizes will be given at the end of the show 	Young women and Men (married and single)	
Radio Magazine Program	<ul style="list-style-type: none"> • Format to include: Radio Corps style testimonials, Drama, Anti Sabi type question and answers, perhaps including a call in show component. 	Young Couples (newly married or yet to be married)	
TV Spots	<ul style="list-style-type: none"> • Rebranding of health facilities (conducive environment of commodities, cheaper) 	Married couples Older women	

Special Event Days	<ul style="list-style-type: none"> Special event days (holidays, awareness days, etc.) 	General Audience Older Couples Older Women	
Concerts	<ul style="list-style-type: none"> Concerts put on in each state with local popular artists and will include other activities such as: dance, comedy, drama. Can have family planning counseling provided on site. Artistes can be FP Ambassadors 	Young Women Young Men	
FP Ambassadors or Peer educators (in lieu of proposed Youth Caravans)	<ul style="list-style-type: none"> Identifying key educators and spokespeople/leaders among key target audience groups (i.e. hairdressers, vulcanizers/mechanics, market vendors, students, etc.) who have direct links to our target audience Can provide both peer education and also information dissemination Mobilizing of groups to attend NURHI events, concerts, flash mobs, etc. 	Young Women Young Men Young Couples	Links with Radio program, FPPN referrals, and community mobilization events & concerts.
New Approaches – Social Mobilization and Interactive Activities			
Flash Mob	<ul style="list-style-type: none"> Conducted at public places such as universities, motor parks, etc Focus on short and sharp messages Choreograph dancing and music with activities and FP information. 	General audience Young Women Young Men	Prelude to concerts and will also serve as an advert for the NURHI media and youth caravan campaigns
Community Mobilization and People Promotions	<ul style="list-style-type: none"> Human mascots printed with FP messages positioned at various spots in public places (motor parks, markets) Market Place Promotions: Pick a choice music or tune, dance, trained FP provider to talk/disseminate FP methods, satisfied clients from near by community clinics to testify 	Young Women Young Men Married & Older Women	
Activities at Assalat/Nasfat and women	<ul style="list-style-type: none"> Liaise and obtain buy-ins of leaders A trained FP provider to give 10 minutes talk on FP 	Older Women	

fellows club	<ul style="list-style-type: none"> • Distribute FP IEC materials • Identify FP champions • Offer other services EC BP taking weighing, eye, sights etc 		
New Approaches – New Media and Technologies			
Facebook	<ul style="list-style-type: none"> • Logo, campaign slogans and provocative comments that spark discussion • Interactive discussions, questions and answers for NURHI audiences 		Linking with the project campaign and website
Cellphone messaging / Blackberry pinging	<ul style="list-style-type: none"> • Link messaging with project FB page and website • Have SMS or call –ins for competitions, quizzes, radio programs, FP updates 		Linking with the overall NURHI branded campaign and Facebook and website
Hotline	<ul style="list-style-type: none"> • Clients to flash FP provider • Can provide answers to questions about FP 		Linking with current hotline networks in cities

Family Planning Providers Networks

A key strategic approach of the NURHI Project is the creation of the Family Planning Provider Networks (FPPN) in each urban site. The FPPN will be loosely associated networks of family planning providers of all types—from large clinical providers to private physicians, nurses, and pharmacists. These networks will provide the framework through which the activities of the project will be carried out to maximize the impact of its interventions in such areas as improvement of quality service, integration of FP, demand creation for FP commodities and services, branding and marketing. The operational parameters will be in line with the provisions of national policies and regulations especially as highlighted in the National Family Planning and Reproductive Health Service protocols.

The Goals and Objectives of the FPPN include:

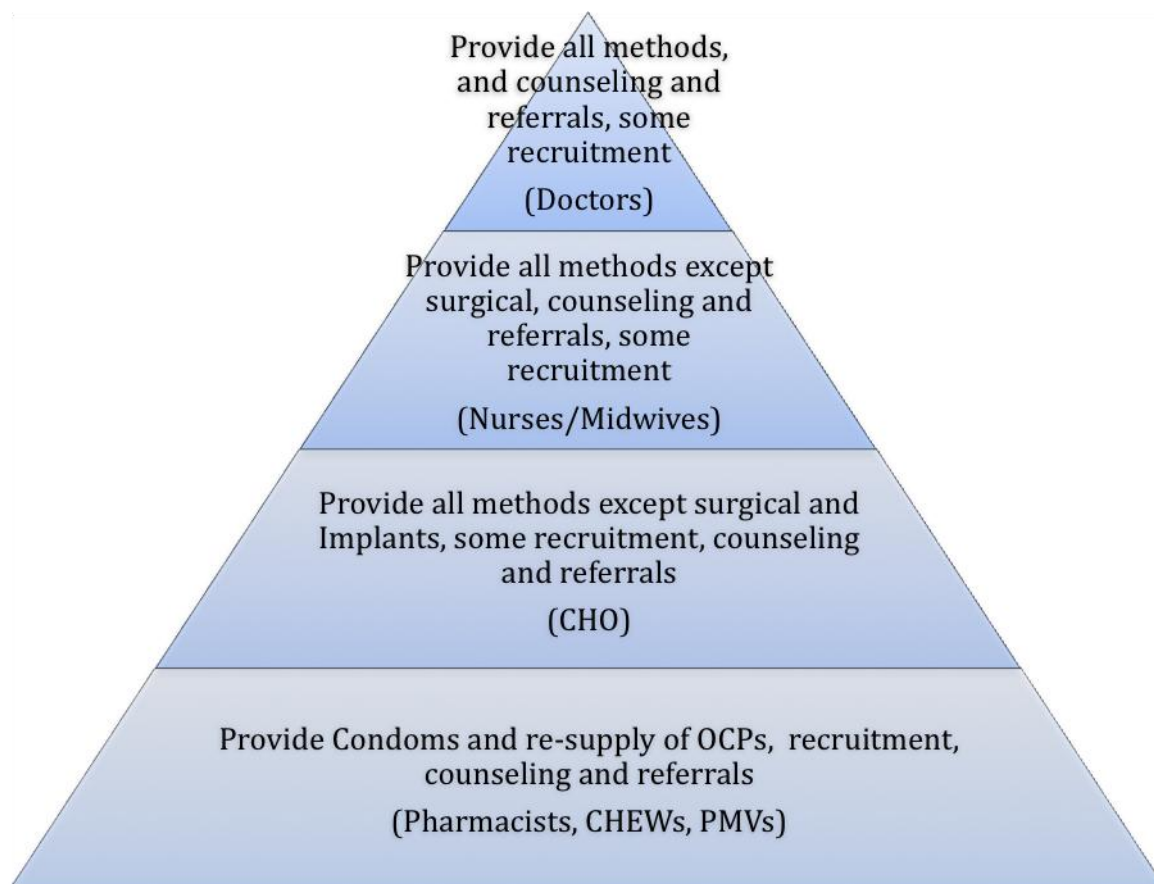
- Serve as an identified service delivery point within the target communities where consumers will access high quality FP commodities and services
- Create and sustain demand for FP commodities and services
- Sensitize members of the community on the benefits of FP
- Strive to minimize stock out of commodities for members thereby reducing unmet needs
- Help overcome barriers in FP Provision by changing provider norms
- Increase male involvement in FP within the target communities
- Dispel myths and superstitions around FP use in the target communities

NURHI will work closely with FPPN members to help them overcome barriers to providing FP products and services, ultimately changing provider norms around the provision of FP as membership of the network will carry attendant benefits including support for performance improvement, branding and marketing support.

The urban poor in these communities will have access to high quality FP products and services through this network: a strategy that fits directly to the NURHI vision of eliminating demand and supply barriers to FP use within the identified communities thereby increasing CPR by at least 20 percentage points

The FPPN can be visualized as a pyramid where the base of the FPPN will be NURHI's 'foot soldiers' helping to recruit the many people the providers encounter on a daily basis to adopt family planning. If the PMVs and Pharmacists are well trained they will contribute immensely to the **demand generation drive**.

Diagram of the NURHI FPPN



Providers are a trusted and influential source of family planning information and services. The encouragement and support of a health care provider is critical to increasing demand for family planning services. Under the FPPN, providers will receive updates and training in modern family planning methods. They will also receive logos, branding and promotional materials to identify them as a reliable source for modern FP advice and services.

The demand generation campaign will cross-promote the FPPN as a source of quality family planning. Public promotional materials will refer clients to the sites that feature the FPPN logo. The flagship media will also showcase FPPN sites and providers. The publicity through the demand materials will strengthen the link between the campaign and the improved service delivery.

The FPPN providers will also be a source of family planning demand generation. Through the FPPN skills training, providers will be encouraged to actively foster discussion with clients about family planning choices. FPPN sites will also contain attractive informational materials about family planning methods, which may prompt

clients seeking other services to also inquire about FP information and options. Through outreach, feature presentations and interviews FPPN providers will present trusted and reassuring support for the safety and effectiveness of modern family planning methods, thus encouraging greater use.

Communication Objectives

- Increase FP uptake through provision of quality FP services.
- Decrease barriers to access to FP (physical, information, commodities, etc).
- Increase public confidence in the safety and effectiveness of modern family planning methods

Key Issue:

Health care providers need to actively counsel and support clients to make the best family planning choices from among the methods available.

Key Promise:

Being a trusted source for family planning advice and services will build your reputation and support your practice.

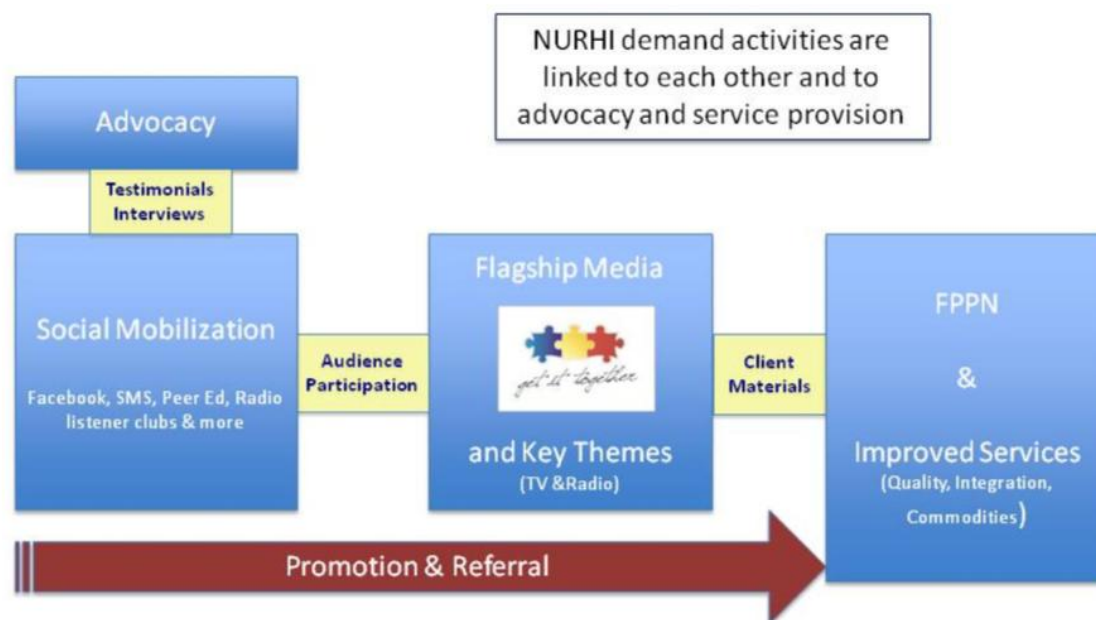
Support Points:

- Clients trust the advice and opinions of providers more than any other source
- Providers are the most important resource to dispel myths and misinformation about modern family planning methods
- Modern family planning saves women's lives; 545 women will die year in Nigeria per 100,000 births.
- Using modern family planning methods ensures better health and well-being for mothers and their children

Call to Action:

- *Be a provider of excellence, talk to your clients about modern family planning choices*
- *Ask your clients if you can help them make a family planning choice today*

Linking of Components



The diagram above describes how communication activities and other program components are integrated and mutually supportive. Below is a table describing in more detail some of the activities and the linkages between them.

Activity	Description	Linkages
Provider Training	<ul style="list-style-type: none"> Contraceptive Technology Updates Interpersonal counseling training 	Providers skilled to provide accurate and reassuring advice about safety of modern FP methods
Commodities	<ul style="list-style-type: none"> Commodities supply to FPPN Consultations on supply, method mix and forecasting 	Ensures methods are available to meet and sustain demand; Reduces discontinuation due to stock-outs
Referrals Database	<ul style="list-style-type: none"> Each FPPN member will have a referral database to support linkages between sectors and levels 	Providers able to direct clients to receive full range of services to meet their personal needs
FPPN Branding	<ul style="list-style-type: none"> Logo and promotional materials to identify sites and range of services offered 	Greater publicity and recognition for sites where FP is available
Publicity	<ul style="list-style-type: none"> Radio and TV shows 	Raises visibility of modern FP

	<ul style="list-style-type: none"> • Newspaper features • Promotional items 	and establishes trust in providers
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OVERVIEW OF AUDIENCES BY PRIORITY AND LEVEL

AUDIENCE	NATIONAL	MODIFIED by SITE	SITE SPECIFIC
General Public	Branding TV Spots TV SOAP++ MUSIC (signature tune/video/ring tone) Radio Corps TV Animation (cell phone, comics) National Assembly Flash Mob Make Over Show++ Website / Facebook Comedy ANL	Mobile Adverts (Car, buses, Ka-kin-a-pe) Maternal Mortality Memorial “MMM” Flash Mob State Assembly Hot line linkages Radio Magazine Program++ <ul style="list-style-type: none"> - Radio Corps Testimonials - ‘Aniti Sabi’ phone in show - Radio mock/comedy drama Radio Spots Flash Mobs++	Concerts Special event days (holidays, awareness days, etc.) Ariel Messages (Balloon, airplane adverts)
Young Professional Women	Black Berry ‘pinging’ Facebook	University Flash Mobs Hot line linkages	Concerts Radio Discussions Community Mobilization (university)
Young Men in committed relationships	Facebook	Flash Mobs (Parks, motor parks) Football Radio Drama Radio Magazine Program Hot line linkages	Concerts Radio Discussions Community Mobilization (AS-SALAT, etc. FBOs, CBOs, unions)
Couples (mid-low SES)	Facebook	Flash Mob (Markets) Radio Magazine Program Hot line linkages	Concerts Radio Discussions Community Mobilization (AS-SALAT, etc. FBOs, CBOs)
Couples (low SES)		Flash Mobs / Street theatre Radio Magazine Program Hot line linkages	Town hall meetings Community Mobilization (AS-SALAT, etc. FBOs, CBOs)
Older Women (> 30 yrs)	Facebook	Flash Mob (Markets) Radio Magazine Program Hot line linkages	Community Mobilization (AS-SALAT, etc. FBOs, CBOs)
Blue = Events crossing over multiple audiences ++ = Time Consuming Activity/ involves early scheduled planning (Year 2, 3) BOLD = Priority			

Implementation Plan

Responsibilities

Implementation of the strategy will require strong coordination from the NURHI team and its collaborating partners, along with specialized communication expertise from the private sector. To this end a smaller Demand Strategy working group identified and discussed specific areas of communication interventions and the mechanisms through which the work will be undertaken.

The table below summarizes this and the recommendations emerging from the discussion of key activities to be conducted under the NURHI demand creation objective.

NURHI Communication Activities

#	Activity Area	Mechanism	Action Point
1	Concept Development for Overarching Theme and Branding for Campaign/Program	Request for Proposal (Solicit responses from smaller agencies, including those participating in the workshop)	Develop RFP Develop Creative Brief
2	Production of Campaign Materials (Radio and TV PSAs, Jingle, Print – Billboards, Posters, etc.)	Request for Proposal (Solicit from Ad Agencies with strong production and distribution capacity)	RFP Ad agency selection
3	Radio Magazine Program (mixed approach – documentary, radio corps, Q&A/quiz?)	ARDA	NURHI to meet with ARDA to SOW and contract
4	TV/Video <ul style="list-style-type: none"> - Soap Series - Makeover Show 	Soap: Discuss integration of FP into Super Story Makeover: Investigate feasibility and requirements	NURHI team to discuss further concepts for overarching “flagship” TV program
5	Community Mobilization	CCPN to develop overall strategic approach that can be rolled out through site-based organizations	Develop ToR for CCPN
6	Flash Mobs	CCPN to develop overall strategic approach that	Develop ToR for CCPN

		can be rolled out through sites and/or as part of community mobilization	
7	Animation (for TV, cell phone; linked to other media)	LB Saacs	NURHI team to further discuss concepts and feasibility
8	Development of NURHI materials for FPPN, Service Delivery, Advocacy and Community Mobilization activities	CCPN to work with NURHI to develop and harmonize project materials	Develop ToR for CCPN
9	Development of NURHI Youth Caravan and Youth Initiatives <ul style="list-style-type: none"> - Peer educators - Community outreach - Concerts/music promotions 		NURHI to develop youth strategy

As noted earlier, these overarching media will be “linked” and coordinated with site-specific interventions, including sequencing with and around the service delivery component.