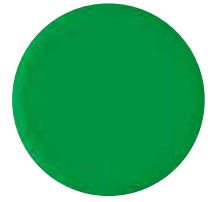




FEDERAL MINISTRY OF HEALTH



Family Planning Services
Safe and Trusted

National Family Planning Communication Plan (2017-2020)

Strategy for Increasing the use of Modern Contraceptives in Nigeria

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FOREWORD

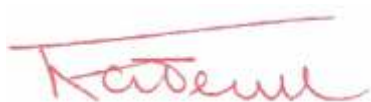
Nigeria has over the last twenty years developed and implemented plans and strategies to address the country's persistently low Contraceptive Prevalence Rate (CPR) with no significant improvement. In 2012, the Federal Ministry of Health (FMOH) and the United Nations Population Fund (UNFPA) commissioned a study to evaluate available data on Barriers to Utilization of Family Planning (FP) and propose high impact interventions to strengthen Family Planning programmes in Nigeria. Amongst others, the recommendation of the study was the need for an aggressive Family Planning Communication Campaign focusing on the identified barriers to uptake of Family Planning services in Nigeria.

The FMOH, National Primary Health Care Development Agency (NPHCDA), Representatives of the 36 States Ministry of Health and FCT in collaboration with UNFPA, relevant Development Partners and a Team of Nigerian Behaviour Change Communication (BCC) Experts developed the National Family Planning Communication Plan (NFPCP) and the New National Family Planning Logo (NFP Logo), "The Green Dot", to effectively meet the identified gaps in Family Planning communication so as to increase the uptake of Family Planning services.

This document provides a framework to guide the development and implementation of the National Family Planning Communication Campaigns with the overall goal of decreasing maternal and infant morbidity and mortality rates in Nigeria by focusing on increasing the knowledge of over 7.3 million Women of Reproductive Age (WRA) who are currently non-users but have unmet need to start using Modern Family Planning methods to enhance the achievement of the national Contraceptive Prevalence Rate (CPR) target of 36% by December 2018. If this category of women are convinced to use modern contraceptives to meet their Family Planning needs, they will help to influence others. This document will also serve as a useful national reference tool on Behaviour Change Communication and Demand Creation interventions that can be adapted, modified and used by States in Nigeria to meet State-specific CPR targets.

The formal launch and eventual rollout of the National FPCP and the New National Family Planning Logo will promote open discussions and aid easy identification of outlets that will be providing quality Family Planning services in Nigeria.

While using this opportunity to appreciate stakeholders' contributions to Government's efforts at providing free Family Planning services in Public health facilities across the country, the FMOH wishes to re-affirm the Federal Government's commitment to a shift in approach towards creating the enabling environment for scaling up of Family Planning interventions that will rapidly accelerate the achievement of 36% CPR in Nigeria by December 2018.



Professor Isaac F. Adewole, FAS, FSPSP, FRCOG, DSC (HONS)
Honorable Minister of Health
Federal Ministry of Health Abuja,
Nigeria February 2017

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The development and finalisation of the National Family Planning Communication Plan (NFPCP) and the New National Family Planning (NFP) Logo “The Green Dot” went through inclusive development and critical review processes by various Stakeholders whom the Federal Ministry of Health (FMoH) would like to acknowledge.

The Ministry wishes to commend the United Nations Population Fund (UNFPA) for providing technical and financial supports in the development and in the rollout of the National FPCP and the New National FP Logo. The commitment and technical guidance of UNFPA's Ms. Adeola Olunloyo (UNFPA BCC/Advocacy Program Officer) and Mrs. Nike Adedeji (UNFPA National Program Specialist FP/RHCS) is particularly commendable.

We appreciate our International Consultant, Dr. Everold Hosein, for the development of the Communication for Behavioural Impact (COMBI) Strategy and the team of National Consultants, Mr. Obasi Ogbonnaya and Mr. Bola Kusemiju for facilitating the review and finalisation of the New National FP Logo and the National FPCP respectively.

The invaluable contributions and inputs of Officers from NPHCDA, States Ministry of Health and our esteemed partners including DFID/MNCH2, HC3, Palladium, NURHI, FHI360 International, Population Council, SFH, NPopC, CCPN, Marie Stopes, Evidence4Action, Pathfinder International and others throughout the process of the development of the National FPCP and the New National FP Logo are acknowledged and appreciated.

Finally, the FMoH would like to appreciate the leadership played by Dr. Kayode Afolabi (Head, Reproductive Health Division) and Mrs. Patricia Freeman (Head, Health Promotion Division) and their team members for their collective efforts in the development of this document.

The Federal Government of Nigeria looks forward to further collaboration and support from all Stakeholders in its efforts to achieve the National target of 36% CPR by December 2018.



Dr. Adebimpe Adebisi, mni
Director, Family Health Department

LIST OF CONTRIBUTORS

CONTRIBUTORS

Dr. Adebimpe Adebiji, mni	FMoH
Dr. Wapada Balami, mni	FMoH
Mr. Lawrence Anyanwu	FMoH
Mrs. Temitope Bombata	FMoH
Mr. Alex Ugochuckwu	FMoH
Dr. O.S. Oyeniya	FMoH
Mr. J.T. Akinlabi	FMoH
Dr. Nike Awolola	FMoH
Ms. A.I. Ugwuegbu	FMoH
Mr. Oladipupo Oginni	FMoH
Mr. Chris Elemuwa	NPHCDA
Mrs. Theresa Abah	NPHCDA
Dr. Ndaeyo Iwot	PHCDB, FCT
Hajia Momoh Mariam	PHCDB, FCT
Mr. Francis Okwonkwo	PHCDB, FCT
Mrs. Ify Mbanugo	PHCDB, FCT
Mrs. Rejoice Bala	GSPHCDA
Mallam Saleh Abdu	Sokoto SPHCDA
Mallam Baffa Mohammed Dawaki	Jigawa SPHCDA
Mallam Ibrahim Y. Darai	Jigawa SPHCDA
Mrs. Juliana Ezeogo	SMoH, Ebonyi
Mrs. Aishatu Hammed	KSPHCDA, Kaduna
Mr. Hamzat Ibrahim	KSPHCDA, Kaduna
Mrs. Hussaina Abdulsalam	SPHCDB, Zamfara
Mr. Kabiru Danja	SPHCDB, Zamfara
Mr. Nasiru Yakubu	SPHCDB, Zamfara
Mr. Manir Madaha	KSPHCDA, Katsina
Mr. Abba Musa Y.	KSPHCDA, Katsina
Mrs. Aisha Abdullahi R.	KSPHCDA, Katsina
Mrs. Rosemary Adegbulu	OSPHCB, Ondo
Mrs. Yetunde Akinyosoye	OSPHCB, Ondo
Mr. Buhari Shehu Mallami	SPHCDA, Sokoto
Mr. Saleh Abdu	SPHCDA, Sokoto
Mrs. Sadia Moh'd	SPHCDA, Sokoto
Mrs. Rahinat Alihu	BPHCDA, Bauchi
Mrs. Aisha Hamed Luman	BPHCDA, Bauchi
Mr. Mamman Musa	BPHCDA, Bauchi
Hajia Sa' Natala	SMoH, Kano
Mr. Shehu Dabo	SMoH, Kano
Mrs. Josephine Utume	SMoH, Benue
Mr. Godwin Osi	SMoH, Ebonyi
Mr. Patrick A. Ngbe	SMoH, Cross River

Mrs. Therasa Aleka	SMoH, Cross River
Mrs. Martha E. Basse	SMoH, Cross River
Mrs. Nnena Ibeawuch	SMoH, Imo
Mrs. Innocentia Chukwunyere	SMoH, Imo
Mr. Basse E. Duke	SMoH, Cross River
Mr. Mukhtar Ibrahim Gaya	HC3, Nigeria
Mrs. Bridget Nwagbara	FHI 360
Mr. Aondoaseer Leonard-Angelo Viashima	Marie Stopes Int'l
Mrs. Rakiya Idris	SFH
Mr. Ben Williams	SFH
Mrs. Fola Richie-Adewusi	Evidence for Action
Ms. Fortune Mgbangson	UNFPA

CORE TECHNICAL REVIEW TEAM

Dr. Kayode Afolabi	FMoH
Mr. M.M. Lawal	FMoH
Mrs. Patricia Freeman	FMoH
Mrs. Ladidi K. Bako-Aiyegbusi	FMoH
Mr. David Sunday Oyeleke	FMoH
Mrs. B. Hajara Yaki	FMoH
Mrs. Iyabode Deborah Jokodola	FMoH
Mrs. Queen Evelyn. U. Agbanyim	FMoH
Mrs. Elizabeth Oluyomi	FMoH
Dr. Gabriel Ortonga	FMoH
Mrs. Philomena Obi	NPopC
Mrs. Jane Ene Ibanga	NPHCDA
Ms. Adeola Olunloyo	UNFPA
Mrs. Nike Adedeji	UNFPA
Dr. Auwalu Kawu	FHI360
Dr. Mariya Saleh	FHI360
Dr. Shittu Abdu-Agunye	HC3, Nigeria
Mrs. Juliana Nathaniel	MNCH2
Mr. Olusegun Sangowawa	Population Council
Mr. Pascal Azubuike	SFH
Mrs. Khadijah Nuhu-Ibrahim	NURHI
Mrs. Nike Ayodele	CCPN
Hajia Halima Abdullahi	Marie Stopes Int'l
Mr. Lucky Palmer	Marie Stopes Int'l
Miss Oluwakemi Sowale	Pathfinder International
Mrs. Al-Kauthar Ladan	Pathfinder International
Dr. Habeeb Salami	Pathfinder International
Mr. Bola Kusemiju	National Consultant
Mr. Obasi Ogbonnaya	National Consultant

CONSULTANTS

Dr. Everold Hosein	International Consultant (NFPCP)
Mr. Bola Kusemiju	National Consultant (NFPCP)
Mr. Obasi Ogbonnaya	National Consultant (NNFP Logo & NFPCP)

FAMILY PLANNING LOGOs DESIGN TEAM

Mr. Samson Azeez	Transparency Publication Limited
Mr. Arnold Agure-Dam	Greydots Innovative Limited
Mr. Utibe Ukim	Workstation Limited
Mr. Adewunmi Emoruwa	Gatefield Nigeria

FAMILY PLANNING LOGO PRETEST TEAM

Mr. Obasi Ogonnaya	National Consultant
Mr. M.M. Lawal	FMoH
Mrs. Ladidi K. Bako-Aiyegbusi	FMoH
Mrs. Hajara B. Yaki	FMoH
Mrs. Iyabode Deborah Jokodola	FMoH
Mrs. P. Ezioma Madu	FMoH
Mrs. Queen Evelyn. U. Agbanyim	FMoH
Mr. Felix Habila	GSPHCDA
Mrs. Omowunmi George	SMoH, Lagos
Mr. Muazu Garba	SMoH, Niger
Mrs. Nana Yusuf	PHCDB, FCT
Mrs. Lydia Banker	SMoH, Kaduna
Mrs. Ene Etim	SMoH, Cross River
Mrs. Mary Egwu	SMoH, Cross River
Mrs. Blessing Kaka	SMoH, Imo
Mrs. Funke Oyenehin	OSPHCDA, Ondo

EXECUTIVE SUMMARY

Between 1989 and 1993 the Federal Ministry of Health developed and rolled out a National Information, Education and Communication (IEC) campaign to promote Family Planning services in Nigeria. The national communication campaigns included the branding of a National Family Planning/Child Spacing Logo to mark outlets and sites providing Family Planning services in the country. At the end of the campaigns, there was a significant increase in Contraceptive Prevalence Rate (CPR) from 6% to 16% in 1993 in Nigeria but this achievement was not sustained due to the absence of Strategic National Communication Plan to guide Family Planning communication interventions at the National, State, Local Government Area and Community Levels in Nigeria. However, pockets of discrete Family Planning communication activities were supported by few Development and Implementing Partners which did not result in the desired impact.

Over 24 years later, the mCPR remained stagnated at 10%. To create an enabling environment for scaling up of Family Planning interventions that will rapidly accelerate the achievement of 36% CPR in Nigeria by December 2018, the Federal Ministry of Health (FMoH) and the United Nations Population Fund (UNFPA) commissioned a study in 2012 to evaluate available data on barriers to utilization of Family Planning (FP) services and propose high impact interventions to strengthen FP programmes in Nigeria. The study identifies the need for aggressive demand creation and communication campaigns, as one of the seven strategic priority areas to effectively reposition Family Planning programming and increase utilization of Family Planning services in Nigeria.

The National Family Planning Communication Plan (NFPCP) was drawn substantially from the experience of private sector in consumer communication, the document is hinged on the Communication for Behavioral Impact (COMBI) strategy which has been used in over 20 countries to increase uptake of social and health services through strategic blend of a variety of communication interventions intended to engage individuals, families and communities in adopting a desired behavior such as the use of modern contraceptives.

The overall goal of the National Family Planning Communication campaigns is to decrease maternal and infant morbidity and mortality by increasing the knowledge and use of modern FP methods among Women of Reproductive Age (15-49 years) in Nigeria thereby generate 7.3 million Women of Reproductive Age new users of modern Family Planning methods by December 2018 in Nigeria.

The NFPCP spells out the steps to rebranding of Family Planning services through the official launch and presentation of the NFPCP and the New National FP Logo "The Green Dot" that will generate public discussion and assist Nigerians to locate where they can get quality, safe and trusted Family Planning services in both public and private health facilities across the country.

The five Integrated Strategic Communication Actions Model proposed in the NFPCP postulates that a variety of communication interventions are needed to engage individuals and families to adopt recommended healthy behaviors or actions. If the strategic communication actions are effectively implemented, as proposed in the NFPCP including the launch of the New National Family Planning Logo 'The Green Dot', the country will witness significant increase in CPR by December 2018.

RATIONALE

Family Planning indices in Nigeria are presently very poor with Total Fertility Rate at 5.5, any method of Contraceptive Prevalence Rate (CPR) at 15% (10% modern methods and 5% traditional methods), high family planning knowledge (any method 85% female and 95% male, modern method 84% female and 94% male) and high unmet need for Family Planning at 16%. Apart from current pockets of discrete communication activities being implemented by few Development and Implementing Partners, there is no concerted national communication plan to guide Family Planning communication activities at the State, Local Government Area and Community Levels in Nigeria.

To address the afore-mentioned unacceptable indices, a robust national multimedia Family Planning and Demand Creation Communication Campaign has to be put in place for Nigeria focusing on increasing knowledge and uptake of Modern FP methods to generate 7.3 million Women of Reproductive Age new users of modern Family Planning methods to achieve the target of 36% Contraceptive Prevalence Rate (CPR) by December 2018.

The National Family Planning Communication Plan (NFPCP) will provide strategic guidance and direction to all Organizations And Partners with a mandate in Demand Creation and Behavior Change Communication (BCC) for Family Planning communication programming in Nigeria. The NFPCP is detailed and flexible for modification, adaptation and use at the State, Local Government Area and Community levels in Nigeria.

The planned rollouts of the National Family Planning Communication Campaigns along with the launch and promotion of a New National FP Logo are intended to raise public awareness and increase demand for Family Planning services in Nigeria. Accurate information and standardized messages on the quality and safety of Modern Contraceptive Methods will be disseminated through the formal launch of the NFPCP while different outlets providing Family Planning services in Nigeria will be marked or identified with the New National Family Planning Logo.

Family Planning Advocates, Managers And Programmers will find the NFPCP as a useful Advocacy Tool for resource mobilization and allocation for effective implementation of critical communication activities in the five key integrated strategic communication actions areas covered in the document. Essentially, the NFPCP complements the Nigeria Family Planning Blueprint (Scale-Up Plan, October 2014) in focusing and addressing Demand Generation (due to the current low demand for FP services and commodities) which has remained a significant barrier to increasing CPR and one of the seven strategic priority areas singled out for special attention under the Nigeria Family Planning Blueprint (Scale-Up Plan), if Nigeria is to achieve the 36 percent CPR by December 2018.

Overall, the NFPCP is the most recent and strategic document developed to guide the development and execution of National FP Communication Campaigns and the implementation of effective and impactful FP Demand Creation Programmes at all levels in Nigeria.

HOW TO USE THIS DOCUMENT

The National Family Planning Communication Plan (NFPCP) provides a national framework to guide FP communication interventions at all levels in Nigeria. However, States and Implementing Partners currently working or planning to work on Family Planning Demand Creation in the country are free to adapt, adopt, modify and use the Integrated Strategic Communication Actions articulated in the NFPCP based on State peculiarities (barriers, unmet needs, etc.) to achieve their individual State specific CPR targets.

In adapting this NFPCP as reference for use in developing State-specific Family Planning communication campaigns, States are to ensure common national vision of working towards the achievement of the National target of 36% CPR by December 2018 in line with the goals outlined in the National Strategic Health Development Plan (NSHDP) of the Federal Ministry of Health.

To foster ownership of the NFPCP and the New National FP Logo and to ensure sustainability of the FP programme interventions, it is important to ensure the buy-in of all key Stakeholders including the Federal, State and Local Governments, Development Partners, Civil Society Organisations (CSOs), Traditional and Religious Leaders, the Mass Media, Organised Private Sector, Non-Governmental Organisations (NGOs) and Community/Faith Based Organisations (C/FBOs).

The FMoH and relevant Government Agencies will ensure that copies of the NFPCP and Templates of the New National Family Planning Logo are distributed to stakeholders for use in designing their FP communication campaigns across the country.

ACRONYMS

ACPN	Association of Community Pharmacists of Nigeria
BCC	Behavior Change Communication
BFPF	Business Partnership for Family Planning
CBO/As	Community Base Organization/Associations
CHA	Christian Health Association
CHEWs	Community Health Extension Workers
COMBI	Communication for Behavioural Impact
CORPs	Community Oriented Resource Persons
CPR	Contraceptive Prevalence Rate
CSMC	Communication and Social Mobilisation Committee
CSOs	Civil Society Organisations
FBOs	Faith Based Organisations
FCT	Federal Capital Territory
FEC	Federal Executive Council
FGoN	Federal Government of Nigeria
FHI	Family Health International
FPA	Family Planning Advisors
FPCT	Family Planning Core Team
FPCC	Family Planning Communication Core Team
FMCs	Federal Medical Centers
FMoE	Federal Ministry of Education
FMoH	Federal Ministry of Health
FMoI&C	Federal Ministry of Information & Culture
FMoWASD	Federal Ministry of Women Affairs and Social Development
FOMWAN	Federation of Muslim Women Association of Nigeria
FAQs	Frequently Asked Questions
GoN	Government of Nigeria
HCSI	Health Care Strengthening Initiative
HMH	Honourable Minister of Health
HOD	Head of Department
HPD	Health Promotion Division
ICT	Communication Information Technology
IEC-	Information, Education and Communication
IMC-COMBI	Integrated Marketing Communication for Behavioural Impact
ISCAM	Integrated Strategic Communication Actions Model
IPAS	International Pregnancy Advisory Services
IPC/C	Inter Personal Communication and Counseling
ISCAM	Integrated Strategic Communication Actions Model
LARC	Long Acting Reversible Contraceptive
LGA	Local Government Area
LGAHOD	Local Government Area Head of Department
MCPR	Modern Contraceptive Prevalent Rate
MDAs	Ministries, Departments and Agencies
MOH	Ministry of Health

M-RIP	Massive, Repetitive, Intense and Persistent
NACHCP	National Association of Community Health Care Practitioners
NAFDAC	National Agency for Food and Drug Administration and Control
NAHAP	National Association of Hospital and Administrative Pharmacist
NFPCP	National Family Planning Communication Plan
NAWOJ	National Association of Women Journalists
NAPA	National Association of Pharmacist in Academics
NANNM	National Association of Nigerian Nurse and Midwives
NBCCCG	National Behaviour Change Communication Consultative Group
NCH	National Council on Health
NDHS	Nigerian Demographic Health Survey
NFPCPC	National Family Planning Communication Plan Coordinator
NFPCPM	National Family Planning Communication Plan Manager
NMA	Nigerian Medical Association
NOA	National Orientation Agency
NPHCDA	National Primary Health Care Development Agency
PAN	Pharmaceutical Association of Nigeria
PHC	Primary Health Care
PHCB/FCT	-Primary Health Care Board/Federal Capital Territory
PMVs	Patent Medicine Vendors
PPMV's	Proprietary Patent Medicine Vendors
PPFN	Planned Parenthood Federation of Nigeria
Prs	Public Relations
PS	Permanent Secretary
RFP	Request for Proposal
RH	Reproductive Health
RHD	Reproductive Health Division
SBCC	Social and Behavior Change Communication
SFH	Society for Family Health
SMoH	State Ministry of Health
SPHCDA	State Primary Health Care Development Agency
SPHCDA B	-State Primary Health Care Development Board
SOML	Saving One Million Lives
SFPWC	Special Family Planning Working Committee
SPHCDA	State Primary Health Care Development Agency
SOW	Schedule of Work
SPPS	Standardized Power Point Slides
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nation International Emergency Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
WDC	Ward Development Committee
WHO	World Health Organization
WRA	Women of Reproductive Age

CHAPTER 1

INTRODUCTION

1.1 The Global Context

Family Planning (FP) is one of the most cost-effective ways to prevent maternal, infant and child morbidity and mortality. It can reduce maternal mortality by reducing the risk of unintended pregnancies, the number of abortions, and the proportion of births at high risk. It has been estimated that meeting women's need for Modern Contraceptives would prevent about one-third of all maternal deaths, through saving 140,000 to 150,000 lives per year (Global Family Planning Summit, 2012).

Among women of reproductive age in developing countries, 867 million (57%) are in need of contraception because they are sexually active but do not want a child in the next two years. Of these, about 222 million (26%) do not have access to Modern Methods of contraception, resulting in significant unmet need. The London Summit on Family Planning of July 2012 offered an opportunity to generate global commitments to increase demand and support for family planning by making high quality family planning services more available, acceptable and affordable.

The Summit was used to mobilize global communities in the areas of policy, financing, commodity and service delivery to support the rights of additional 120 million women and girls in the world's 69 poorest countries to use contraceptive information, services and supplies without coercion or discrimination by 2020. The goal was to prevent a staggering 100 million unintended pregnancies, 50 million abortions, 200,000 pregnancy/childbirth-related maternal deaths, and 3 million infant deaths.

At the end of the Global London Summit on Family Planning, the Government of Nigeria pledged US\$8,350,000 annually for the next four years in addition to the initial commitment of US\$3,000,000 for the procurement of reproductive health commodities which includes family planning.²

1.2 The Nigerian Context

With more than 175 million people, Nigeria is the most populous country in Africa and the seventh most populous country in the world. With an annual population growth rate of 3.2 percent and a total fertility rate of 5.5, Nigeria is projected to be the third most populous country behind India and China by 2050.³

Despite being Africa's largest economy and with considerable donor investment in the health sector, Nigeria's health indicators remain among the poorest in the world. According to NDHS 2013, Maternal Mortality Ratio (MMR) was 576/100,000 live births which accounts for 10% of global maternal deaths and Infant Mortality Ratio was 47/1000 live births. Nigeria is noted for high risk pregnancies, high risk births (nearly two-thirds of births fall into this category) and high risk fertility behaviors: Too young-

before 18 years of age; too old-after 35 years of age; too close together-less than 24 months apart; and too many birth order-4 and above. In 2012 alone, Nigeria recorded about 7 million births.³

According to projections from the 2006 Population and Housing Census, Nigeria had a population of 175,074,668 by the end of 2013 with 36,756,680 (21% of total population) being Women of Reproductive Age (15-49 years). Currently, 16% WRA have met needs and about 84% are non-users of Family Planning methods.

The National Family Planning Communication (NFPC) Campaign activities will aim to increase the knowledge of about twenty (20) percent of the 36,756,680 Women of Reproductive Age (WRA), an approximated 7.3 million WRA who do not wish to get pregnant now or ever again and are not currently using any Family Planning method resulting in unmet need to start using modern Family Planning methods. This will enhance the achievement of the national target of 36% CPR by December 2018 and also will contribute immensely to the reduction in the maternal and infant mortality and morbidity in Nigeria. The target of 36% CPR by December 2018 is in line with the goals outlined in the National Strategic Health Development Plan (NSHDP) of the Federal Ministry of Health.

1.2.1 Contraceptive Prevalence Rate (CPR) Across Nigeria

Results from the 2013 Nigeria Demographic and Health Survey showed that only 10% of currently married women of reproductive age (15-49 years) are using a modern contraceptive method, with wide disparities among the regions in Nigeria (24.9% in South West, 16.4% in South South, 12.4% in North Central, 11% in South East, 3.6% in the North West and 2.7% in the North East) as well as disparity in the States as shown in Figure 1 below. The modern Family Planning method mix predominantly used comprises of condoms, pills and injectables.

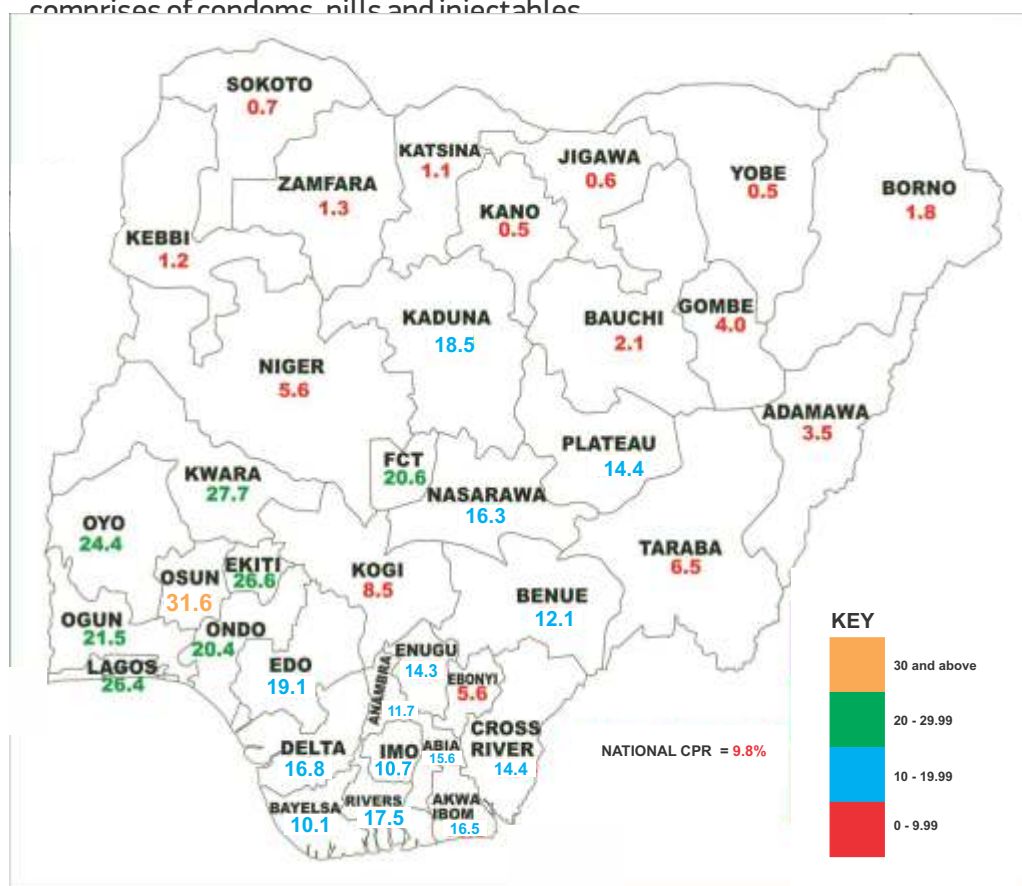


Figure 1: Current use of modern contraceptive methods married by Women of Reproductive Age (15-49 years) per State (NDHS 2013)

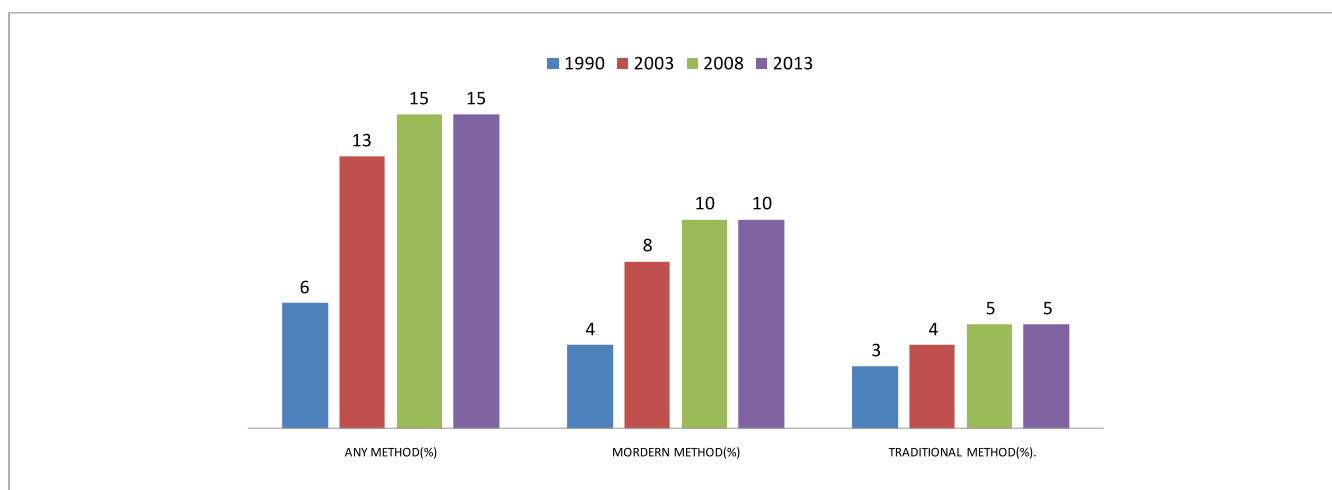


Figure 2: Trends in Contraceptives Prevalence Rate 1990-2013 (NDHS 2013).

There is a significant gap between knowledge and use of modern contraceptives in Nigeria, especially as it affects Long Acting Reversible Contraceptives (LARCs). According to NDHS 2013, while 83.8% of Nigerian female are knowledgeable about modern Family Planning, only 15% of women of reproductive age are currently using any form of Family Planning method (10% for modern and 5% for traditional Family Planning methods). Hence, Nigeria has continued to observe poor contraceptive trends that have persisted between 1990 and 2013 as shown in figure 2 above.

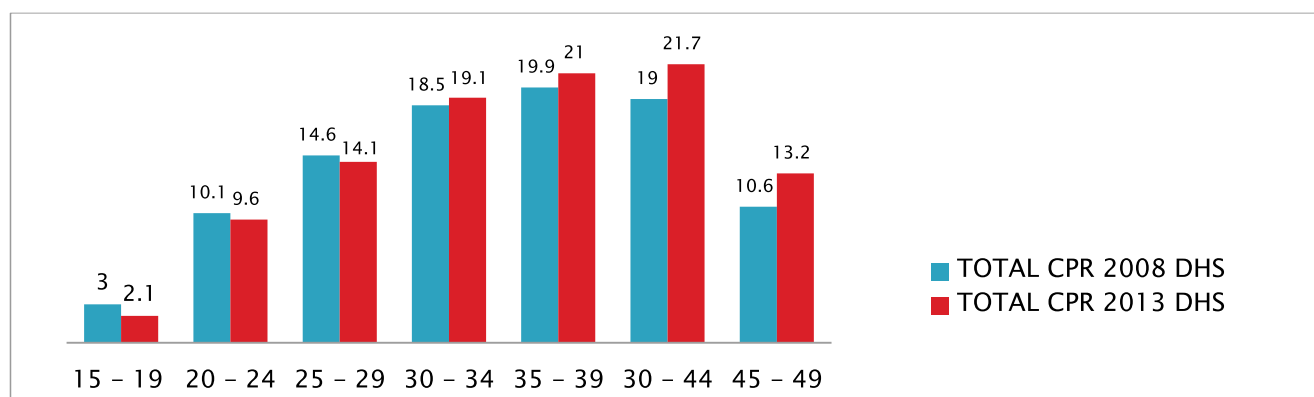


Figure 3: Comparison of total CPR Trends by Age in Nigeria

Likewise, Adolescent and young women within the age ranges of 15-19 years and 20-24 years have the lowest contraceptive prevalence rate in Nigeria as shown in figure 3 above. Thus, adolescents and young women within the age ranges of 15-19 years and 20-24 years should be deliberately targeted in the National Family Planning Communication Campaigns based on the fact that they have the lowest Contraceptive Prevalence Rates in Nigeria.

1.2.2 Unmet Need for Family Planning

“Unmet need” represents the proportion of women who have expressed a desire to either space or limit their childbearing but are not using a Family Planning method. Available statistics indicate that there is a significant and persistent unmet need for Family Planning in Nigeria: 18% in 1999, 17% in 2003, 20% in 2008 and 16% in 2013 (NDHS 2013).

Thus, in order to reach the national goal of 36% CPR by December 2018, 7.3 million Nigerian women who currently have unmet need will need to be convinced to use Modern Contraceptive Methods by 2018. Reaching the 7.3 million new users will be the focus of the National Family Planning Communication Campaigns and the New National Family Planning Logo.

1.3 FMOH's Response to Increase CPR and Improve Family Planning Situation in Nigeria

Between 2012 and 2014, the Federal Ministry of Health (FMOH) took some strategic actions and steps aimed at addressing the current trends of low CPR in Nigeria and the need to increase the utilization of Family Planning services in Nigeria. These include:

1.3.1 Desk Review of Studies on Barriers to Utilization of Family Planning in Nigeria (2012)

For better understanding of the persistent low CPR in Nigeria, in 2012 the FMOH with support from UNFPA Nigeria conducted a desk review of studies on Barriers to utilization of Family Planning in Nigeria.³ The Bill and Melinda Gates Foundation (BMGF) also supported the FMOH to conduct a Landscape Exercise for the Nigeria Family Planning Programme to identify strengths and weaknesses with a view to recommending appropriate interventions for improvements. Based on the findings from the studies, the following were identified as the key barriers to acceptance and utilization of family planning services in Nigeria:

- Fertility related barriers
- Method related side effects
- Myths and misconceptions
- Opposition to women using Family Planning due to socio-cultural, religion and spousal objections.
- Health systems barriers such as supply, unskilled and unfriendly health care providers

The findings of the studies once again highlighted the fact that in the past 24 years Contraceptive Prevalence Rate for modern Family Planning methods has been stagnant. Amongst others these studies recommended the urgent need for Nigeria to pursue an aggressive Demand Creation-communication Campaigns to reposition Family Planning and to increase utilization of Family Planning services.

1.3.2 Development of Reproductive Health Commodity Security (RHCS) Strategic Plan (2011-2015)

Reproductive Health Commodity Security (RHCS) is a concept used to refer to a situation where men and women of reproductive age are able to choose, obtain and use contraceptive and other reproductive health commodities where they live and work. The concept was initiated when it became clear in the early 2000s that there was increasing demand for contraceptives including condoms due to a number of reasons including the perceived success of Family Planning programmes as well as increasing effort to curb the HIV/AIDS pandemic all in the midst of dwindling financial resources channelled to address the situations.

In the bid to address the above situation, key Stakeholders globally initiated the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) as a tool to help countries develop and implement strategies to secure essential supplies for Family Planning and Reproductive Health

programmes. Nigeria was the first country to use the SPARHCS' Tool to conduct an assessment of the Family Planning/Reproductive Health (FP/RH) programme which resulted in the first National Reproductive Health Commodity Security Strategic Plan (2003 – 2007).

Some of the major accomplishments achieved from implementation of the RHCS Strategic Plan 2003 – 2007 included the repositioning of Family Planning to become a major issue in the Government Agenda; increased availability of contraceptive commodities due to improved mobilization and use of financial resources for procurement and distribution; human resource development in the area of commodity management; improved male involvement in Family Planning and increased participation of Stakeholders in planning and implementation of FP/RH interventions.

The development and implementation of the RHCS Strategic Plan 2011 – 2015 was to consolidate on the achievements of the previous plan and further address the gaps identified in the FP and Reproductive Health (FP/RH) programme landscape. The RHCS Strategic Plan 2011– 2015 is divided into seven components including Context, Commitment, Capital, Commodities, Capacity, Client Demand and Utilization as well as Coordination. The objectives and issues addressed in each of the above mentioned components were duly considered in the development of the Nigeria Family Planning (FP) Blueprint (Scale-Up Plan).

The National Family Planning Communication Plan and the New National Family Planning Logo richly draws from the contents of the 'Client Demand and Utilization' Component of the RHCS targets to give flesh to the Demand Component of the Nigeria Family Planning Blueprint towards increasing knowledge about Family Planning and promoting its acceptability among Nigerians of reproductive age.

1.3.3 The Nigeria Family Planning Blueprint (Scale-Up Plan, 2014)

Following the commitments made by Nigeria Government at the 2012 London Summit on Family Planning to create conducive environment for the delivery and access to high-quality Family Planning services across the country, the Federal Ministry of Health (FMoH), with support from donors and implementing partners, developed the Nigeria Family Planning Blueprint (Scale-Up Plan) in October 2014. The overarching goal of the Blueprint is to increase the use of FP services by Women of Reproductive Age thereby increasing the CPR from 15% to 36% and to contribute to the reduction of maternal mortality by 75 percent and infant mortality by 66 percent across Nigeria by December 2018.

The Nigeria Family Planning Blueprint is a five-year costed scale-up plan, containing well-articulated strategy that addresses existing gaps in the provision of high-quality Family Planning services to Nigerians within the reproductive age. The Blueprint's activities are structured around seven (7) basic areas of the health system for Family Planning that are most relevant to achieving Nigeria's target of 36 percent CPR. The areas covered by the Nigeria FP Blueprints include Demand Generation and Behaviour Change Communication, Service Delivery, Supplies and Commodities, Policy and Environment, Financing, Supervision and Monitoring, and Coordination.

Amongst others, the Blueprints sets in place the framework objective of providing accurate and comprehensive knowledge of FP methods to every segment of the population through easily accessible channels to generate Demand and change behaviour, ensure that every State in Nigeria contributes at least 50 percent of the funds it requires for adequate FP service delivery every year. In addition, the achievement of the set targets in the document requires concerted effort of not only Governments at the Federal, State and Local Government Area (LGA) levels but also from the Communities, Civil Society Organizations, and the organised Private Sector.

1.3.4 Development of the National Family Planning Communication Plan and the New National Family Planning Logo

1.3.4.1 First National Family Planning Communication Campaigns

Prior to 2012, the first ever National Family Planning Logo¹ fondly called “Nigeria's New Baby” was developed, produced and promoted by the Family Health Services (FHS) Project in 1989 under the supervision of Mr. Bola Kusemiju, then the National Program Officer with the Population Communication Services of the Johns Hopkins University. FHS project was a collaborative project between the Federal Government of Nigeria (FGoN) under the then Department of Population Activities (DPA) of the Federal Ministry of Health and the Government and People of the United States of America under the United State International Development (USAID)/Nigeria Mission.

In August 1988, a Logo Working Group consisting of members from the Government, Planned Parenthood Federation of Nigeria, and the Information, Education and Communication (IEC) Component of Population Communication Services of the Johns Hopkins University was formed to begin the design process of the logo. A National Family Planning logo design competition then took place.

The Health Education Branch (now Health Promotion Division) of the FMOH pre-tested the five (5) Logo designs shortlisted out of the 123 submitted designs among 480 people in 4 health zones of the country.

The design showing a couple carrying an infant with the map of Nigeria against a green background was chosen. A pretest of that design was carried out. More than 90% of people in Lagos with whom the design was pretested understood and embraced it. In October 1989, the then Minister of Health approved the design as the First National Family Planning Logo.

The Logo Working Groups chose an advertising agency, and a public relations firm to promote the logo and an outdoor firm to distribute and paste the logo materials. The logo was promoted nation-wide through Media, Interpersonal and Community Mobilization events and activities.

The media promotional efforts consisted of 2 phases:

- The 1st phase (3 months) was designed to bring visibility and recognition to the logo as a symbol for Family Planning/child spacing and/or Family Planning products services availability across the country. Some of the media vehicles used included stickers, posters, metal badges, radio, TV, and newspapers

- Phase 2 involved motivation activities to increase use of Family Planning Or Child-spacing Methods in Nigeria. In September 1991, Rear Admiral Augustus Aikhomu (now late) on behalf of the President, launched the National Family Planning Logo at the National Theatre, Iganmu, Lagos in the presence of other dignitaries which included the Minister of Health (now late), Market Women's Association Leaders, President of the Nigerian Labour Congress, State Commissioners of Health, Traditional and Religious leaders, etc.

The National Family Planning (FP) Logo was used as common marker for both Public and Private Sector Family Planning services outlets in Nigeria. It was also used strategically to re-position Family Planning

programme by presenting clear FP benefits to intended audiences thereby raising FP awareness, knowledge and use in the country. The National Family Planning Logo project paved the way for Family Planning to be seen as a key component of sexual and reproductive health in Nigeria, it facilitated positive attitudes toward Family Planning and created a supportive environment for promotion of Family Planning services in the country.



Figure 4: A summary achievement of the first National Family Planning Multimedia Campaigns in 1993

1.3.4.2 Second National Family Planning Communication Campaign

Based on the findings from the Studies on Barriers to Utilization of Family Planning in Nigeria in 2012, the need for the development of another robust National Family Planning Communication Campaigns in Nigeria became mandatory. Both the FMOH and UNFPA convened a Stakeholders' Consultative Meeting from 6-7 November 2014 to identify appropriate communication approaches to address the barriers to Family Planning uptake in Nigeria.

Between November 2014 and October, 2016, Six Stakeholders' Consultative Review Meetings were held apart from several core team meetings to critically review the draft National Family Planning Communication Plan to ensure it was robust, diverse and technically appropriate and accurate. Dr Everold Hosein (international consultant), Mr. Ogbonaya Obasi and Mr. Bola Kusemiju, renowned Nigerian Social and Behavior Change Communication (SBCC) experts, were engaged by the FMOH through UNFPA to provide technical assistance during the core team meetings to develop, review and finalize the National Family Planning Communication Plan.



Figure 5: Stakeholders trained on COMBI Strategy in Abuja (8-13 Nov.,2014)

CHAPTER 2

THE NATIONAL FAMILY PLANNING COMMUNICATION CAMPAIGN: COMMUNICATION FOR BEHAVIOURAL IMPACT (COMBI) STRATEGY

The Communication for Behavioural Impact (COMBI) Strategy is a dynamic and proven approach that has been used in over 20 countries to increase uptake of social and health services (WHO, 2014). COMBI strategically blends a variety of communication interventions to engage individuals and families in considering recommended behaviour and to encourage the adoption and maintenance of that behaviour.

The COMBI Strategy effectively integrates Health Education, Information, Education and Communication (IEC), Community Mobilization, Private sector Consumer marketing research communication techniques and experiences into its development while proposing sets of communication activities with potential for impacts to promote the adoption of specific, precise behavioural outcomes in health.

2.1 Pre-requisites for Increasing Contraceptive Prevalence Rate (CPR) in Nigeria

By adopting the COMBI Strategy, successful execution of this National Family Planning Communication Plan (NFPCP) to lead to 36% increase in contraceptive use in Nigeria by December 2018 will require the following three pre-requisites to be met by the FMoH, FCT and the 36 States:

- i. The current “service delivery points” providing Family Planning services need to be increased from about 31% to 89% in response to the increased demand for Family Planning services that will be generated through the implementation of the communication interventions proposed in the NFPCP. As at April 2017, out of the 34,000 public health facilities in Nigeria, 11,076 (32.6%) are offering modern Family Planning services. However, in June, 2017 the total number of Health Facilities (Public and Private) providing Family Planning services in Nigeria is 24,053.
- ii. There should be a heavy scale up of services before, during and after the official launch of the NFPCP and the New National Family Planning Logo (“The Green Dot”) especially at the community levels. All Family Planning Providers must be trained on Competency-Based Interpersonal Communication and Counselling (IPCC) to provide sensitive and client-centred counselling, care and services.
- iii. Where feasible, Family Planning services should be available at any time and every day in public health facilities and not only on special days of the week as it is the practice currently.

2.2 Goal and Objectives of the Family Planning Communication Campaign

2.2.1 Goal of the National FP Communication Campaign

To decrease maternal and infant morbidity and mortality by increasing the knowledge and use of modern contraceptives among women of reproductive age (15-49 years) in Nigeria.

2.2.2 Specific Behavioural Objective

The recommended Specific Behavioural Objective (SBO) for the key primary audience is to have *7.3 million more women of reproductive age who said they do not wish to get pregnant now or ever again in Nigeria use a modern Family Planning method leading to a 36% Contraceptive Prevalence Rate (CPR)'' by December 2018*

The SBO is not focused on those women who say they have no need of contraceptives, although from an outsider perspective they may be in need either because they are at risk of death with another pregnancy or for any other reasons including being too young, too old, having had too many children, and having children who were too close together.

Our social development conscience suggests that we should worry about these groups of women, but from a strategic point of view it is more important to focus first on those who have expressed their desire not to become pregnant at the moment or never again. If we can get this category of women to use modern contraceptives to meet their need, then they can help influence others. The first obligation, therefore, is to help those who want contraceptive services to avoid pregnancy to get Family Planning services

2.2.3 Communications Objectives of the National Family Planning Communication Campaign

The sets of communication objectives to be promoted during the national FP Communication Campaigns include:

- Increase the proportion of women who are knowledgeable of modern Family Planning methods from the current level of 83.8% to 95% by the end of 2018.
- To achieve 50% coverage of couples who discuss Family Planning issues by the end of 2018.
- To achieve 50% coverage of political leaders and decision makers in Nigeria who openly speak in support of Family Planning by the end of 2018.
- To achieve yearly release of at least 50% of the funds required by each State for adequate Family Planning service delivery by the end of 2018.

2.3 Key Audiences

In-line with FMOH policy and framework plan on Behaviour Change Communication Strategy for the National Reproductive Health Policy in Nigeria, the key intended audiences under the National FP Communication Campaign will be reached at three levels: i) Community and individual ii) Health systems and iii) Socio-political levels“.

2.3.1 Community and Individual Level: Primary Audiences

The intended primary audiences are an approximated 7.3 million women who say they do not wish to get pregnant now or ever again and who are not using a Family Planning method resulting in unmet need. However, the community and individual level is made up of the women, men and young people in their reproductive years who need comprehensive and factual information to make informed choices of modern family planning methods. Hence, the primary audiences are expected to:

- Seek correct and factual information about modern Family Planning methods from a health facility or outlet that has the New NFP Logo "The Green Dot" conspicuously displayed;
- Use modern Family Planning methods to space or limit births;
- Discuss Family Planning with spouse(s) and or partner(s).

2.3.2 Health Systems Level: Secondary Audiences

The health system level is made up of the Health Service Providers, Traditional Birth Attendants (TBAs), Community Based Distributors (CBDs), Community Health Extension Workers (CHEWs), Community Oriented Resource Persons (CORPs), Pharmacists and Patent Medicine Vendors. Their ability to give accurate information to guide the clients in making informed decisions and choices on the most appropriate method of Family Planning to use is crucial to the effective implementation of the activities in the NFPCP.

2.3.3 Socio-Political Level: Tertiary Audiences

The socio-political level is made up of the political leaders and policy makers (the Legislators, Governors, LGA Chairmen, etc.) decision makers, health administrators and managers, etc. They all influence the level of resource allocations through policies. Hence, this level is an important constituency for Family Planning promotions in Nigeria. Thus, the NFPCP recognizes the need to have a strong advocacy linkage in the implementation of proposed communication interventions especially in addressing the Family Planning needs of the primary audiences.

Critical audiences to be reached through Advocacy (as well as through Communication Interventions) are the influentials including the Religious and traditional Institutions and Faith Based Organizations that command large followerships. These critical audiences influence and determine people's values and perceptions and are strong credible sources on Family Planning information and services at National, State, LGA and Community levels in Nigeria.

2.4 “Communication Keys” and Selected Key Messages for Intended Audiences

The “Communication Keys” under the NFPCP are those critical issues to be addressed or communication dimensions (key messages, sources, channels, etc.) that can open the door of engagements to intended audiences (mainly individuals and families) and that will facilitate their adopting specific behaviours leading to the use of Modern Contraceptives and Family Planning services



Figure 6: The “Communication Keys” emerged from the analysis of the key barriers to Family Planning (NDHS 2013).

The “communication keys” that will be used during the National Family Planning Communication Campaigns will involve the development and airing of general standardized messages, providing basic information on modern Family Planning methods' safety, dispelling false beliefs and myths about specific Family Planning methods, and encouraging spousal dialogues and male involvements. The key Family Planning message point for all segments of key audiences under the National Family Planning Communication Campaign will be **“Modern Family Planning Methods: Safe and Trusted”**.

The implementation of the NFPCP will include using this standard message on all materials to be developed, produced and used for the National Family Planning Communication Campaigns and the New National Family Planning Logo.

For each cadre of audience listed below, **samples of standardized messages** are provided in the NFPCP Document for use across-communication channels and communication-support materials at National, State and LGA levels (with slight modifications) for each specific audience.

Women

The **“Communication Keys”** will specifically address women with unmet Family Planning need and would ensure they are:

- **Persuaded** (counselled) that all Family Planning methods provided at public health facilities and private outlets are very safe, very effective and have been used by millions of women for years with no harmful effects, especially when used appropriately.
- **Persuaded** (counselled) that once a woman has stopped using a modern Family Planning method, she will be able to get pregnant again if she wants to.
- **Made to understand** that every Family Planning method, like every medication, has side-effects which can easily be managed and that if there are major problems with a method, another Family Planning method can be used, a woman is also advised to use a method that is appropriate for her.
- **Made to understand** that Family Planning providers at public health facilities and private outlets are trained and are ready to discuss all the woman need to know about how to access Family Planning services.
- **Convinced** that it is fairly easy to locate Family Planning service delivery points and outlets (where the new Family Planning logo is displayed) and that even if it is a little difficult, it is worth the efforts in order to avoid an unplanned pregnancy.
- **Persuaded** that all religions say use of Planning methods is fine and that her religious leader endorses it.
- **Persuaded** to discuss and jointly take decisions on modern Family Planning method to use with her husband to delay the next birth or not having any more and ensure a healthy family.
- **Made to know** where Family Planning services sites are by the massive promotion of the sites through the use of the new National Family Planning Logo.
- **Made to know** that Family Planning services and commodities are free in all public health facilities.

Men

- Made to know that they can discuss about Family Planning services with the nearest Service Providers so as to be well informed about child spacing for health and well-being of the family.
- Convinced to discuss and jointly take decisions with their partners or spouses about the use of Family Planning services.

Health Workers

- Requested to provide information on the various modern Family Planning methods so that clients can make informed choices on the most appropriate methods for them
- Requested to use available Job Aids in order to provide quality Family Planning services to clients.

Teachers

- Requested to include information on Sexual and Reproductive Health including Family Planning services into the Family Life HIV Education school curricula in order to provide their students with basic accurate information on Family Planning services while dispelling rumors and misconceptions.
- Requested to convince parents through Parents Teachers Associations to talk to their children and wards on Family Planning once they start to ask questions on the subject.

Political Leaders, Policy Makers

- Requested to make statements supportive of Family Planning services in public gatherings and be seen as champions of human development.
- Convinced to enact laws promoting Family Planning issues to advance their political credibility.

Religious Leaders, Community Leaders and Traditional rulers

- Made to get knowledge about how respective faith approves Family Planning methods to have healthier and happier congregations/followers/community members
- Convinced to use congregational meetings and sermons to encourage men and women of reproductive age to obtain Family Planning services from trained providers for healthier and more knowledgeable community.
- Convinced to use the pulpits to make positive statements about Family Planning services so that community will be better informed and live healthier lives.

Community Members

- Convinced to use public meetings/gatherings as forum to encourage men and women of reproductive age to obtain Family Planning services from Trained Providers for knowledge and better living.

The Media

Persuaded to be a concerned Media Practitioner, write and publish positive articles and news stories that promote high quality Family Planning and reproductive health services in the country.

Non-Governmental Faith/Community Based Organizations (NGO/FBOs/CBOs)

- Convinced to use the existing channels of information to disseminate key messages on Family Planning methods for a better informed people on Family Planning.
- Made to dispel rumors and misconceptions that impede the uptake of modern Family Planning methods in the community.

2.5 The Federal Ministry of Health's Collaboration With Relevant Ministries, Departments and Agencies (MDAs) on the National Family Planning Communication Campaigns and the New National Family Planning Logo

Nigeria has over the last twenty years developed and implemented plans and strategies to address the country's persistently low Contraceptives Prevalence Rate (CPR) with no significant improvement. Since public awareness of Family Planning (FP) can be enhanced by increasing its public visibility, the Federal Ministry of Health will liaise and engage in strategic collaboration with other relevant ministries in wide dissemination of accurate information about FP methods and their availability in the effort toward the achievement of the 36 percent CPR by December 2018.

In particular, FMoH will ensure that key messages to be disseminated through such collaborations will include information on general FP promotion, choosing FP methods (for use in the short and long term), the importance of FP methods, FP services safety, dispelling false beliefs and myths about specific FP methods, and promoting male involvement. FMoH's collaborations will help to sustain support for Family Planning from the highest policy levels and promote public dialogues on Family Planning at all levels across the country.

In-line with one of the key activities recommended under the Demand Generation and Behaviour Change communication strategy in the Nigeria Family Planning Blueprint (Scale-up Plan, 2014), FMoH will engage in collaborative partnerships with critical Ministries Departments and Agencies (MDAs) to ensure the conducts of the following critical efforts highlighted below:

2.5.1 Integration of Family Planning into School Health Programmes

In collaboration with the Federal Ministry of Education (at Federal level) and State Ministries of Education (at State level), the Family Life and HIV Education (FLHE) Curriculum for both Junior and Senior Secondary School will be reviewed and upgraded to support the goal of disseminating appropriate FP messaging to adolescents and young people. FMoH will work collaboratively with the Federal Ministry of Education and Teachers Unions to train teachers and update relevant training materials.

2.5.2 Expanding FP Efforts to include Teachers and Peer Educators

Family Planning will be incorporated into classroom settings. Teachers will be equipped to adequately support the sexual and reproductive health needs of adolescents and young people. Peer Educators will be included in the proposed LGA level Family Planning Trainings and Orientations under the NFPCP Campaigns. Trained Peer Educators will be used to disseminate FP information and messages including using them to link young people to service delivery points, if and when they need the services.

States will collaborate with the State Ministries of Education and Youth Development and include Teachers and Youth-based organisations as Peer Educators (in and out of school youth) during the training of the volunteers so as to reach the young people effectively.

2.5.3 Promotion of Family Planning as Social Responsibility

Media Organisations have a major role to play in promoting and creating a conducive environment for Family Planning promotion and programming in Nigeria. Media Organizations with good networking,

can creatively close the high gaps between Family Planning knowledge and use by setting the national agenda to address barriers that impede FP adoption and use in the country.

FMoH will develop partnerships through the National Behaviour Change Communication Consultative Group (NBCCCG) or existing relevant structure with Federal, State and Private Media Stations in Nigeria to promote Family Planning as a social responsibility.

FMoH will sensitise media owners and executives in Nigeria to devote more time to the promotion of Family Planning as part of their organisations' social responsibility. Each Media Organization will be encouraged to freely air messages, slogans or jingles promoting FP services use in Nigeria. Hence, media organizations shall be provided with media kits containing necessary information Family Planning services.

FMoH will also explore collaborative options with the National Orientation Agency (NOA) and other Federal Government owned information agencies to use their channels to promote Family Planning in Nigeria. Family Planning messages will be incorporated into ongoing health campaigns.

2.5.4 Reaching Special Populations with Family Planning Information and Messages

The NFP Communication Campaigns will use multi-media approaches to reach the general public including the vulnerable populations in Nigeria. Specific Demand Generation efforts will be targeted to identify high priority audiences including adolescents, Young people, Married and Unmarried women.

Appropriate Family Planning messages will be developed and included into school focused materials. In addition to the promotional and instructional materials that will be produced for wide distribution at healthcare facilities and within communities in Nigeria.

2.5.5 Modifying the “Communication Keys” for States in Nigeria

In launching and implementing the National Family Planning Communication Campaigns, each State Ministry of Health in Nigeria can modify and determine which of the “Communication Keys” in this National Family Planning Communication Plan are more relevant and appropriate in addressing the unmet need of women within reproductive age (using a variety of communication interventions).

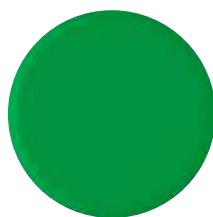
2.6 Re-Branding the National Family Planning Communication Campaign and promoting the New National Family Planning Logo

Re-branding the National Family Planning Communication Campaign is a way of quickly reminding Nigerians that “Family Planning services are available”, “modern Family Planning methods are safe and trusted”. “The Green Dot” will be launched to promote the National Family Planning Communication Campaigns in Nigeria as well as serve as a symbol for outlets that provide Family Planning services in the country. In a diverse, multi-ethnic and religious society like Nigeria, logos (especially when they are illustrative) are prone to mis-interpretations. The main criteria used in designing the New National FP Logo included simplicity, abstract in nature, ease of description and recall.

The New National FP Logo (“The Green Dot”) was designed, pretested (amongst others) and chosen as the most preferred by respondents through Focus Group Discussions (FGDs) conducted in eleven States and FCT representing the six geopolitical zones of the country. The pretest results showed

“The Green Dot” was considered “simple, non-controversial, easy to describe” and raised no national sensitivity issue across the six geopolitical regions.

Based on lessons learnt from other countries, the New National Family Planning Logo, “The Green Dot” (Figure 7 below) might first appear as an abstract symbol but once it is formally launched, promoted through Multi-media and outdoor platforms, and further explanations provided using person-to-person communication channels, the public will understand what it represents and the promises it offer, that is a quick memory aide for the location of outlets where the public can get quality, safe and trusted Family Planning services in both Public and Private health facilities across the country .



Family Planning Services

Safe and Trusted

Figure 7: New National Family Planning Logo, “The **Green Dot**”

2.7 The Integrated Strategic Communication Actions Model

The NFPCP is hinged on the Integrated Strategic Communication Actions Model (ISCAM) with the following key components namely: Administrative Mobilization/Business Partnership for Family Planning/Public Relations, Community Mobilization, Advertising, Personal Selling and Point of Service Promotions. The ISCAM draws substantially from the experiences in private sector consumer communications.

The ISCAM postulates that a variety of communication interventions are needed to engage individuals and families to adopt a recommended healthy behaviour or actions. When the components (described below) are addressed holistically in a communication campaign, they lead to desired behavior outcomes. Effective implementation of the components of ISCAM will determine the success or otherwise of the National FP Communication Campaign.



Figure 8: Integrated Strategic Communication Actions Model (Everold Hosein)

2.7.1 Administrative Mobilization /Business Partnership for Family Planning (BFPF)/Public Relations

2.7.1.1 Administrative Mobilisation

Administrative mobilization begins with the HMH using existing administrative procedures of the Ministry to comprehensively brief and sensitise the entire staff of the FMoH (from the lowest rank to the highest), its Heads of Departments and Divisions, and the Agencies and Parastatals under the Ministry, other Ministries and Agencies, Professional Bodies, NGOs, Donors, Development and Implementing Partners, etc., on the launch of the NFPCP and the New National FP Logo, as the critical pathways to drive the National FP Communication Campaign thereby making Nigerians talk to each other about the campaign, and the need to take action themselves to promote the use of modern contraceptives in Nigeria.

The FMoH will also use the administrative mobilization action to keep critical stakeholders at National, State, LGA and Donor Communities levels in the loop on the development processes and the planned rollouts of the National FP Communication Campaign and the New National FP Logo.

Deliverables under Administrative Mobilisation

The following sets of campaign deliverables are needed for effective Administrative Mobilization by the FMoH and this will be anchored primarily by the Health Promotion Division (HPD) of the Ministry:

- I. Conduct of Stakeholders' Validation meeting for NFPCP and the New National Family Planning Logo.
- ii. Conduct of formal presentation of the NFPCP and the NNFP Logo to the HMH.
- iii. FMoH's formal presentation of the NFPCP, NNFP Logo and the NFPC Communication Campaign Rollout Plans to the National Council on Health (NCH) for Ratification and Approval.
- iv. Editing, formatting, printing and distribution of the NFPCP and the standard templates of NNFP Logo at the National launch and to the 36 States and FCT.
- v. Solicit and engage a NFPCP Consultant, a Media Consultant, an Advertising Agency and Public Relations Firm.
- vi. Brief and conduct orientations for the National FP Communication Campaign Programme Implementation Teams Members including the National FPCP Coordinator, the National FPCP Manager, the Behaviour Change Communication and the Donor Partnership Coordination Sub-Committees of the Reproductive Health Technical Working Group.
- vii. Prepare Standardized Power Point Slides (SPPS) on the NFPCP and the New National FP Logo for use in resource mobilization and sensitization efforts for the implementation of the NFPCP. The SPPS will ensure accuracy and consistency in messages and information being disseminated on the NFPCP and the New National FP Logo by the HMH, HMSH, PSH, FMoH Directors, Heads of Departments/Divisions as well as State and LGA Management staff before, during and after the National launch.
- viii. Ensure effective communications (through Ipads, Phones, recharge cards, Phone calls, Laptops, desk tops, data bundles, postages, etc.) on the NFPCP and the New National FP Logo before, during and after the official national launch and State rollouts (2017 – 2020)
- ix. Preparation and distributions of Internal Circulars, Memos, Letters and Invitations Cards of HMH on the NFP Communication Campaigns and the New National FP Logo to the President, Vice President, FEC Members, MDAs Development Partners, other key National and State FP Stakeholders.

- x. Distribution of Official Launch Program, copies of the printed NFPCP document, all information and promotional materials at the official launch.
- xi. Provision of refreshments during NFPCP Planning and Programme Implementation meetings.
- xii. Provision of refreshments at the official launch of the NFPCP and the NNFP logo at the National level.

2.7.1.2 Business Partnership for Family Planning (BFPF)

The Ministry of Health at National and Sub-national levels need to mobilize resources for effective and successful implementation of the activities proposed in the NFPCP for the National launch of the NFPC Campaign and the New National FP Logo.

In order to raise Private Sector funds in support of the implementation of the NFPC Campaigns activities, the FMOH will leverage on existing structures such as the Partnership and Coordination Sub Committee of the Reproductive Health Technical Working Group, The Challenge Initiative, etc to reach out to Private companies and Organisations (such as Cellphone Networks Providers, Banks, Supermarkets, Oil and Gas, Airlines, Auto companies, etc.) to fund different components of the National FP communication campaigns promotion gifts items such as Close User Groups cell phone and re-charge cards for volunteers (CORPs and Peer groups) that will be engaged in the implementation of the NFPCP at State and LGA levels or and through organized lucky draws and awards of prizes. The State and LGA Ministry of Health will also leverage on existing structures to mobilise resources at the Sub-national levels.

This component of the National FPCP and Communication Campaign is aimed at establishing an alliance with Donors and Private sector to build a long-term partnership that will ensure successful execution of the National Family Planning Communication Campaign as well as sustainability of Family Planning programmes in Nigeria. Private Sector funders and contributors to the BFPF platform will be discretely acknowledged to prevent insinuations of incentives being used to raise CPR in the country.

Resource mobilization for NFPCP implementation and rollout plans will also be explored through appropriate provisions in the existing national mechanisms and National Health-Related Policy documents or frameworks including the National Health Act (2014), the National Health Financing Policy and Strategy (2016-2020), the Basic Health Provision Fund, the Investment Care for Health, and the Investment Care for Family Planning of the FMOH developed in collaboration with the World Bank.

2.7.1.3 Public Relations Activities

The primary focus of the Public Relations (including press and media promotions) is to create and ensure maximum visibility for the official rollout events of the NFPCP and the New National FP Logo by making the national official rollout events memorable, topical and devoid of wrong perceptions and misgivings by the Nigerian public since FP is still a sensitive subject in the country.

In order to give the formal launch of the National Family Planning Communication Campaigns professional touch, a Public Relations (PR) firm and a Media Consultant will be engaged by the FMOH before the official launch of the National FPCP and the New National FP Logo through a competitive bidding process. Once engaged, both the PR firm and the Media Consultant will be supervised by the FMOH Head of Health Promotion Division.

The PR firm will develop and present to the FMOH and partners a complete PR plan or package for the formal presentation and launch of the NFPCP and the New National FP Logo for review and approval before PR activities are deployed. Terms of Reference (TOR) will be used for the

engagement of the PR firm and the Media Consultant.

Deliverables under the Public Relations Component

Under the supervision of the FMOH (Head, Health Promotion Division), the hired PR firm in collaboration with the Media Consultant will be responsible for the following:

a) The Pre-Launch Public Relations and Media Consultant Activities

Upon validation of the NFPCP by the FMOH (RHD and HPD), representatives of the FCT, States Ministry of Health, Primary Health Care Development Agencies, Partners, etc., the PR and Media Consultant will carry out the following Pre-Launch Activities:

- I. Print 5,000 Copies of the NFPCP document (for distribution at the official launch including five copies per LGA given to States Ministry of Health representatives for use at State and LGA level launches).
- ii. Produce 500 Standard HMH Letterheads for notifications of other Federal Ministers (e.g. Honorable Ministers for Information and Culture, and Women Affairs and Social Development, National Orientation Agency (NOA), etc.,) on the NFPCP, the New National FP Logo and the National FP Communication Campaign rollout plans including invitation to participate in scheduled media appearances to promote FP programmes in Nigeria.
- iii. Preparation of list of special invitees to the national official launch subject to the review and approval of FMOH (RH and HPD Divisions) at National level.
- iv. Produce 2,000 Standard HMH Invitation Cards for formal Invitation of the Special Guests including the President, the Vice President and FEC members, other Ministers, Governors, National Legislators, Donors and Implementing Partners, etc., to the national launch of the NFPCP, the New National FP Logo and National FP Communication Campaign rollout plans.
- v. Organise (in consultation with the FMOH/HPD) active social media on-line activities including blogging, Hashtag (#) Promotion, tweet-a-thon and live streaming of the NFPCP, FP Communication Campaign plans and the New National FP Logo.
- vi. Prepare and distribute Media invitation letters and Press Releases approved by FMOH (RH and HP Divisions).
- vii. Organise Two (2) Pre-Launch World Ministerial Media/Press Roundtable and Briefings for the HMH to announce and provide basic information on the National FP Communication Campaign and the New National FP Logo and answer questions on any aspects of the FP in Nigeria. [Note: Even though the HMH will speak on the New National FP Logo, he will not reveal “The Green Dot” until the formal national launch].
- viii. Develop and produce 1,000 approved copies of the National FPCP and New National FP Logo National Launch Program.
- ix. Create, maintain and work with a core set of national journalists, in collaboration with the FMOH Media and Publicity Relation Unit and HPD, to ensure effective coverage and reportage and secure high media visibility for the official launch of the NFPCP and the New National FP Logo in both print and electronic media and in international cable networks that are working in Nigeria.
- x. Develop and produce 200 approved copies of a Media Kit for distribution to Nigerian Journalists and Media Houses during the official national launch. FMOH and partners will approve the contents of the kits.
- xi. Develop and produce 100 approved Banners with appropriate FP messages or slogans and pasted at

- the national official launch venue and other strategic places in FCT (60 draw back and 40 flex banners).
- xii. Book and secure the official launch venue in consultation with the FMOH RH and HP Divisions.
 - xiii. Identify and engage seasoned Master(s) of Ceremony to anchor the official launch ceremonies.
 - xiv. Identify and engage a Life Band to perform at the official launch ceremonies.
 - xv. Identify and engage National Drama and Cultural Groups to perform at the official launch ceremonies.
 - xvi. Identify and engage Protocols, and Ushers for the official launch ceremonies in consultation with FMOH RH and HP Divisions.
 - xvii. Arrange Road shows around Abuja, FCT on the day after the official launch

(b). The Official Launch PR Activities

Under the supervision and guidance of the FMOH (FHD/HPD and RHD) primarily and other partners, the PR Firm and Media Consultant will facilitate the conduct of the following coordinated official launch activities:

- i. Organize a World Ministerial Media/Press Roundtable and Briefing for the HMH to announce and provide basic information on the NFPCP and the New National FP Logo and answer questions on any aspects of the FP in Nigeria. The media roundtable will take place two days before the official launch with inputs and coordination by the FMOH and Publicity Relation
- ii. Distribute media kits to journalists for use as news, features and documentary purposes. The media kit will contain electronic and hard copies of approved press releases, appropriate communication-support materials, promotional materials, official speeches related to FP in Nigeria and basic information on the NFPCP Communication Campaigns and the New National FP Logo. The contents of the media kits will be reviewed and approved by the FMOH (FHD/RHD and HPD) and given to Journalists working at National and State levels to use as Reference Tool and package on FP programs and services in Nigeria.
- iii. Organise key Press Interviews (two days before and on official launch day) with the HMH, Honorable Minister of State for Health, key FMOH Directors and officials and ensure consistency in basic information provided to Nigerian on the National FP Communication Campaign rollout plans and the New National FP Logo.
- iv. Organise live phone-in programme of 1 hour on Federal Radio Corporation of Nigeria (FRCN), the Nigerian Television Authority (NTA) to discuss Family Planning services in Nigeria and provide real time response to issues raised next day after the launch.
- v. Liaise with FMOH Website Manager and Media and Publicity Unit to develop contents and create active on-line Social Media Blogging, Hashtag (#) Promotion, Facebook, What'sApp, tweet-a-thon and live streaming of the NFPCP, National FP Communication Campaign plans and the New National FP Logo (before, during and post-launch).
- vi. Handle the development of a short video and audio bios and efforts of six regional FP Champions in Nigeria and the playback during official launch in consultation with FMOH (RH and HP Divisions) and partners.
- vii. Arrange Small reception for a core of National journalists after the national official launch events.

(c). The Post-Launch Official Activities

The PR Firm and Media Consultant in consultation with the FMOH/HPD and the FMOH Media and

Publicity Relations Unit will carry out the following post-launch PR activities:

- i. Organise at least thirteen (from 2017 to 2020) Post-Launch HMH Ministerial Press Briefings and Media Roundtable or Conferences to keep the NNFP Logo and the FP Communication Campaign rollout plans in memory of Nigerians. One of the press conferences will be devoted to planned State Level FP Communication Campaigns launch activities.
- ii. Sustain (in consultation with the FMoH/HPD) active social media on-line activities including blogging, hashtag (#) promotion, tweet-a-thon and live streaming of the National FP Communication Campaign plans and the New National FP Logo. The PR firm and Media Consultant will document discussions and feedbacks on the official launch.
- iii. Engage and use existing Media Networks or Partners that have health correspondents in Nigeria (e.g. DEVCOMS) to ensure regular bi-monthly publication of 2,000 words feature articles in four major newspapers including NAN focusing on Family Planning satisfied users' personal testimonials and reflecting on how the "communication keys" were addressed.
- iv. Monitor and document press clips, the number of media publications, news and features write-ups on the pre, actual and post launch activities on the NFPCP, the New National FP Logo and the National FP Communication Campaign roll out plans.
- v. Organise and hold quarterly live phone-in programme of 1 hour on Federal Radio Corporation of Nigeria (FRCN), the Nigerian Television Authority (NTA), selected State Radio Stations, and on private radio and television stations to discuss Family Planning services in Nigeria and provide real time response to issues raised during the programmes.
- vi. Organize quarterly media coverages and reportages by Journalists for Family Planning stakeholders and partners involved in the National FP Communication Campaign Activities.

2.7.2 Community Mobilization

This component is primarily a State and LGA-focused Communication and Advocacy related sets of activities. The National Primary Health Care Development Agency (NPHCDA) which works primarily at the LGA level will provide leadership for the implementation of the Community Mobilization activities outlined in the NFPCP in collaboration with the States Ministry of Health.

The Community Mobilization component of the National FPCP is expected to be used to introduce Family Planning on the agenda of existing community platforms in Nigeria (religious, traditional, women, youth leaders, etc.) to sensitize the gate keepers on the National FP Communication Campaign and address the common barriers ("communication keys") to uptake of Family Planning services in the respective communities through the use of existing structures such as the community group meetings, partnership meetings, traditional media, music, song and dance, road shows, community dramas, home visits, Social and Behaviour Change Communication materials such as leaflets, posters, pamphlets, etc.

At various platforms at the community level, trained volunteers such as the Community Oriented Resource Persons (CORPs) and Peer Educators, Health Educators/Promotion officers or Staff of the Health Facilities will include 30-minutes highly participatory Family Planning discussions on their regular meeting agenda with community leaders, advocates and community members.

These discussions will highlight the importance of adoption of the intended FP behaviours by community members, identification of current problems of getting FP behaviours adopted, and responding to any questions participants might have or raise on FP services. State and LGA health teams (Director of PHC, Health Educator and FP/RH Coordinator) will be responsible for the coordination of Community Mobilization activities in their respective States and LGAs.

2.7.3 Advertising

Under the advertising component of the NFPCP, the FMoH (same for State and LGA counterparts) will execute an M-RIP (Massive, Repetitive, Intense and Persistent) multi-media campaigns on Radio, Television, Newspaper and digital to promote FP services at each level. In collaboration with partners, the FMoH (HPD and RHD) will hire a professional advertising agency through a transparent bidding process.

The FMoH (HPD) will send the sample Request For Proposal (RFP) with a Creative Brief and Terms of Reference (TOR) to selected competent and professional advertising agencies in Nigeria through direct e-mails or direct deliveries or newspaper advertisements with key selection and creative considerations criteria.

Under the guidance and supervision of the FMoH (HPD and RHD), the hired advertising agency will be responsible for the design/development and pretest of FP Concepts, New National FP Logo Templates, production and airing of FP Radio and Televisions spots (including outdoor media) on selected behavioural themes, development and production of FP communication-support materials including posters, badges, stickers, fliers, banners, etc. However, ALL draft designs and messages including slogans MUST be reviewed, pretested and approved by the FMoH (HPD and RHD) and partners.

The FMoH might choose to use the hired advertising agency (if it has the capacity) or engage a separate outdoor distribution company or any other viable options to distribute the FP Communication Campaign materials to the 36 States and FCT.

Deliverables under the Advertising Component

The Family Planning communication campaign materials and deliverables needed under the advertising component of the NFPCP include:

Pre and Launch Deliverables

- i 25, 000 Copies of the New National Family Planning Logo for distribution during the National Launch in Abuja and 300 CDs containing Camera Ready Standard final artwork or Template of the New National Family Planning Logo, “The Green Dot” will be given to States and collaborating Implementing Partners and NGOs for use at the State level.
- ii Development and production of approved 8-Minutes Video and audio drama on Recommended Behaviour for airing on selected Television and Radio Stations.
- iii Development of Ten 30-Seconds FP Sound Bites to be aired on selected Television and Radio Stations.
- iv Production of Two Types of 60-Seconds Radio and Television Spots/jingles each introducing the New National Family Planning Logo and the National FP Communication Campaign in 5 Nigeria Languages.

- v. Development of 4 Newspapers Ads Introducing the New National FP Logo and FP Communication Campaigns.
- vi. Production of 500, 000 A4 FP Handbills.
- vii. Production of 5, 000 A4 FP Advocacy kits containing Factsheets and Policy briefs.
- viii. Production of 500,000 FP Frequently Asked Questions (FAQs) in 5 Languages (Size A4).
- ix. Production of 1,000,000 A1 FP Posters (5 major languages) using “communication keys”:5 types.
- x. Production of 100,000 approved Danglers for Point of Service or Point of Sale Promotions (distribute to States during and after official launch).
- xi. Production of 250,000 FP Door/Car Stickers with approved FP Slogans.
- xii. Production and Erection of 150 Billboards with approved Family planning Messages in strategic places for the National Launch.
- xiii. Production and Erection of 250 Neo-Sign Boards with approved FP Messages in Strategic places in FCT for the National Launch.
- xiv. Production of 250 FP Wall Paintings and Murals in strategic locations.
- xv. Production of 10,000 copies of 4 pages “Communication Guide” for Volunteers such as Peer Educators and CORPs.
- xvi. Production of 10,000 Referral Slips for Volunteers such as Peer Educators and CORPs
- xvii. Production of 10,000 “the Green Dot” Logo Lapels/Badges for Volunteers such as Peer Educators and CORPs.
- xvi. Printing of Job Aids for FP service providers.
- xvii. Video coverage and albums of pre-and official launch events.
- xx. Development of approved Media Placement Plan, Costs and Airings of FP Spots and Messages on at least 36 State Radio Stations, 36 State TV Stations and 4 approved Zonal Radio Stations

2.7.4 Personal Selling, Interpersonal Communication and Counselling (IPCC)

The best place to persuade women (and men) that all contraceptives provided at Public health facilities and Private outlets are safe, effective and have been used by millions of other women for years with no harmful effects is at the individual, community and LGA levels through Interpersonal Communication and Counselling (IPCC). This has become more urgent in the light of limited number of health facilities currently providing FP services at the LGA and community levels. In order to ensure FP services are accessible to women and men in the communities especially rural and hard to reach areas, the NFPCP recommends effective use of existing networks of Community Oriented Resource Persons (CORPs) or Village Health Workers for FP promotions, mobilization exercises, counselling and referral services at the LGA and community levels. CORPs as

used in this context refers to Community Mobilisers or Peer Educators on health or social issues, Champions, Volunteers, Teachers, CBOs, Youth Based Organisations, members of Ward Development Committee (WDCs) and Village Development Committee (VDCs) and Ambassadors who conduct referrals to service delivery points.

At the State level, each State Ministry of Health (SMoH) and each State Primary Health Care Development Board/Agency (SPHCDB/A) will establish a Special Family Planning Working Committee (SFPWC) or adapt existing structure for personal selling which will oversee the utilization of the existing networks of CORPs (including Teachers and Peer Educators) and Village Health Workers (or relevant structures as applicable) including a review of their orientations and trainings.

Each Peer Educator will have conversation with up to 2 young females per week while each CORPs (or relevant structures) will visit up to 2 families in the assigned area per week and have conversation with any woman of reproductive age. At each discussion or visit, the Peer Educator or CORPs (or relevant structures) will introduce themselves as volunteers working with the LGA Health Department. They will continue to be source of counselling to each woman or young female who gets a modern contraceptive method and whenever there are reported cases of side-effects.

For national coverage, a total of 38,700 Community Oriented Resource Persons (CORPs) or relevant structures and 23,220 Peer Educators will be engaged to conduct house-to-house visits and person-to-person discussion respectively to promote the benefits of FP and encourage Women of Reproductive Age to adopt the healthy behaviours. On the average, it is estimated that 50 CORPs and 30 Peer Educators will be used per LGA (774 LGAs) under the National FP Communication Campaign. Each Peer Educator and CORPs (or relevant structures) will reach out to about 104 Women of Reproductive Age each per year. This will result to about 6,439,680 women reached every year in addition to the in-school that will be reached through the teaching of Family Life HIV/AIDS Education curriculum that contains a module on Family Planning.

In other to avoid duplications in locations where the Peer Educators or CORPs (or relevant structures) are already in existence as effective pool of Community Mobilizers, the same structure will be used under the NFPC Campaigns implementation to foster integration of Family Planning and other health programmes. In communities where there are currently no Peer Educators or CORPs (or relevant structures), the following criteria will be used to engage them:

- Willingness to be a volunteer
- Age range (15-45 years),
- Resident of the ward
- Ability to write and speak in simple English
- Fluency in the local language of the ward

I). Engagement of Peer Educators or CORPs (or relevant and existing structures)

In order to facilitate their active involvement in Family Planning service delivery after the formal launch of the National FP Communication Campaign at the State level, the HMH will liaise with and delegate the Honourable Commissioner of Health to inform the LGA HOD Health to issue letters of engagement, with

detailed TORs, to all 23,220 Peer Educators and 38,700 CORPs (or relevant structures) that will be engaged in the rollout of the National FP Communication Campaign. The letters will spell out the Family Planning situation and challenges in Nigeria with special focus on State FP situations, the purpose and benefits of the National FP Communication Campaigns, the roles and responsibilities of the Peer Educators and CORPs (or relevant structures), key messages for target audiences and calls-to-action, how to promote FP behavioural messages during house-to-house visits targeting where Women of Reproductive Age live.

ii). Training of Peer Educators and CORPs (or other relevant structures)

A Two-day FP training session to build capacity and Interpersonal Communication and Counselling (IPCC) skills will be conducted for the Peer Educators and CORPs at their respective LGAs. The Peer Educators and CORPs are expected to meet with their respective supervisors (Health Educators and RH Coordinators) at the LGA level preparatory to the conduct of the training sessions. The LGA Health Educator and RH Coordinators (Supervisors) will discuss the TORs with the Peer Educators and CORPs (or relevant structures), review with them their plans for person-to-person discussion or home visits in line with the communication guide for Peer Educators and CORPs. At the meetings with the LGA Health Educator and RH Coordinators and (Supervisors), badges, BCC materials and promotional items will be distributed to the Peer Educators and CORPs.

Each Peer Educator and CORPs (or relevant structures) will be given a large FP badge and special coloured reflective jacket, to which the badge will be affixed. Each Peer Educator and CORPs (or relevant structures) will receive a personally addressed letter from the most senior SMOH/SPHCDB official (the Commissioner of Health/Executive Chairman/Secretary) requesting their participation in the home visit programme and appreciating them for past effort to provide excellent maternal health care.

For Person-to-Person discussion and home visit, the Peer Educator or CORPs (or relevant structures) must give the woman counseled an information material, regardless of her level of literacy, to enable her reflect on the key points discussed on FP such as the various FP methods and the desired communication behaviours and actions to take including a short quiz of multiple-choice answers for potential clients to try and answer. The correct answers will be at the bottom of the page upside down.

iii). The Community Advocacy Visits by LGA Teams

The LGA team made up of the Head of the Department of Health (HOD Health), the FP Coordinator and the Health Educator will carry out the necessary Advocacy visits to the community gate-keepers to sensitize them on the National FP Communication Campaigns and to formally introduce the CORPs/Peer Educators (or relevant structures).

The LGA team will continue to provide the needed support to the Peer Educators and CORPs (or relevant structures) as they conduct Community Mobilization activities including helping them to arrange for Press Coverage of the launch of the Peer Educators/CORPs' community works, to secure the donation of branded gifts items from State and LGA business partners, as well as the collection of small gifts from the Private sector to be distributed to the Peer Educators and CORPs, as occasions demand, during the implementation of FP activities in the year.

iv). Peer Educators and CORPs Quarterly Review Meetings

The States Ministry of Health, SPHCDB/A and LGAs will hold a modest community social event at the LGA or community level in the first three months of the NFPC Campaigns to further introduce and honor the Volunteers such as Peer Educators and CORPs.

A quarterly meeting of the Peer Educators and CORPs (or relevant structures) will be facilitated by the State Ministry of Health/SPHCDA to review their performances, share experiences and challenges and feedbacks that can be used to modify and refine the Community Mobilization Communication activities. The meeting should include modest reception and interactions with light refreshments.

The Peer Educators and CORPs (or relevant structures) will not be paid but rewarded in other creative ways such as organizing “Thank-You” Ceremonies for them at the end of the year at zonal and LGA levels with a Senior State Government official in attendance during such ceremonies. The ceremonies will be held in the last quarter of the year, to commend the Peer Educators and CORPs (or relevant structures) and present them with the “Certificates of Recognition” along with branded promotional gifts (including branded mobile phones) donated or secured from the Private sector through the efforts of the Business Partnership for Family Planning (BPFP).

2.7.5 Outdoor and Point of Service Promotions

The outdoor promotion component of the NFPC Campaigns is all about effective distribution, pasting and displaying of the New National FP Logo and National FP Communication Campaign materials in strategic locations such as Public and Private Health Facilities, Government offices, Recreational Centres, small shops, Schools, Pharmacies, Patent Medicine Vendor Shops, hair and barbing salons, Market Places, Super Markets, and in other strategic public places for maximum visibility, recognition and impact.

The FMoH in collaboration with key FP partners will be responsible for getting some key National FP Communication Campaign materials centrally produced and distributed to all the 36 States and FCT. During the official launch, some of the National FP Communication Campaign materials will be given to the State representatives (Honorable Commissioners for Health, State Health Educators and State FP Coordinators). Once the National FP Communication Campaign materials arrive in the States, each State will make the necessary arrangements to distribute these National FP Communication Campaign materials to the LGAs and the LGAs will distribute to health facilities and communities. States are allowed to identify the best means or options for distributing the NFP Communication Campaign materials including the hiring of State outdoor distribution agency.

At State and LGA levels, distribution and posting of FP communication materials will be in phases and each phase will last for six months after which the promotional materials will be replaced. The promotional materials will be displayed in multiple numbers in selected sites and spots wherever men and women go for some kinds of health and social or community services.

CHAPTER 3

NATIONAL FAMILY PLANNING COMMUNICATION PLAN AND THE NEW NATIONAL FAMILY PLANNING LOGO CAMPAIGN PROGRAMME MANAGEMENT

3.1 Programme Management Steps:

In order to effectively manage the implementation of the activities in the National Family Planning Communication Plan (NFPCP) including the official launch of the plan and the New National FP Logo at the National level, the following Programme Management steps will be taken, with its replication or modification at the State level:

- a) Establish (or leverage on existing structure) a National Behaviour Change Communication Consultative Group (NBCCCG): The implementation of the activities proposed in the NFPCP will be managed through the formation of a Family Planning NBCCCG (and its equivalent at the State level) to be chaired by a senior FMoH Officer. Membership of the NBCCCG will comprise of officers from the FMoH, UNFPA, WHO and other appropriate key partners and Stakeholders. The NBCCCG will develop its own micro-implementation plans based on the Integrated Strategic Communication Actions Model to ensure effective implementation of the National FPC Campaign. The NBCCCG in collaboration with HPD will review and edit the draft Family Planning materials to be developed by the Advertising Agency and the promotional and launch materials by the Public Relation firm and the Media Consultant. The NBCCCG will be guided and receive appropriate technical assistance and support from the National FPCP Consultant.
- b) Appointment of a National Family Planning Communication Plan Coordinator (NFPCPC): One senior staff of the FMoH (HPD) will be designated the focal person responsible for coordinating the day-to-day execution of the NFPCP programme and will be called the National Family Planning Communication Plan Coordinator (NFPCPC).
- c). Appointment of a NFPCP Manager: One senior staff of the FMoH (HPD) will be assigned fulltime to be the NFPCP Manager working closely with the National Family Planning Communication Plan Coordinator (NFPCPC). The NFPCP Manager will deal with the fine details of implementation and will work in close collaboration with Zonal/State/LGA Health Education officers who will be designated at each level to be responsible for State/LGA implementation of NFPC Campaign activities at the respective levels.

- d). Engagement of a NFPCP Consultant: The FMOH, UNFPA and Partners will engage a National Consultant to provide technical assistance and support to the FMOH (FHD/HPD and RHD) in the implementation of the relevant activities including the Official National Launch of the National FP Communication Campaign and the New National FP Logo as set forth in the National FPCP. In consultation with the FMOH (FHD/HPD and RHD), the NFPCP Consultant will provide technical support and assistance to the NBCCCG for the effective implementation of the National Family Planning Communication Campaigns. He/she will also assist the FMOH to sensitize States to establish similar State Level NBCCCG or leverage on existing structures. The National FPCP Consultant must have demonstrated past and current experiences in conducting or handling similar assignment and be involved in the development processes of the NFPCP. The FMOH (FHD/HPD and RHD) will develop an appropriate Terms of Reference (TOR) for the NFPCP Consultant.
- e). Conduct Coordination Meetings: The National Behaviour Change Communication Consultative Group (NBCCCG) will meet every month for the first 3 months of National FPCP programme implementation. This is the most critical period of the National FPC Campaign. Later, meetings could take place every month after the NFPCP and the New National FP Logo are officially launched in Abuja, FCT. Each meeting will examine implementation plans/schedules (using the approved NFPCP work plan as guide) and document progresses, observations, recommendations and follow-up actions.

3.2 National Family Planning Communication Campaign Impact Evaluation

At the National and State levels, both the FMOH and States Ministry of Health (SMoH) will put in place a plan to constantly monitor the impact of the National FP Communication Campaigns, recognition and use of the New National FP Logo as a marker for outlets where FP services are available. Greater focus in-terms of impact will be on the increased uptake of FP commodities and effectiveness of the health facilities and community level activities to promote Family Planning services across the States.

In addition to quarterly monitoring of the progress of the NFPC Campaigns by the National officers, three options (separately or combined) are proposed for evaluating the impact of the National FP Communication Campaign as follows:

- a). The FMOH and Partners will engage, through a bidding process, a local research firm to conduct an impact evaluation of the National Family Planning Communication Campaign tracking exposure to and comprehension of the FP messages, and any behavioural trends.
- b). The FMOH and Partners will buy into the existing National surveys (such as NDHS) or State based surveys (such as PMA2020) to track the exposure and behavioural impact of the National Family Planning Communication Campaign.
- c). The FMOH and Partners will carry out Rapid Contraceptive Use Survey similar to the NDHS but focusing just on contraceptive use. At the end of 12 months, the results will be compared to the NDHS 2013 results on contraceptive use.
- (d) The research firm will arrange for a post-NFPC Campaigns measure of CPR levels as done in NDHS, prepare an Impact Report based on the results of the above tracking surveys, and the post-NFPC Campaign measure of CPR and FP behavior, using the 2013 NDHS CPR as a baseline. Results of the tracking surveys will be used to re-shape the communication effort, if necessary.

3.3 Checks and Balances

The following checks and balances are recommended for effective roll out of the National Family Planning Communication Campaign and the launch of the New National FP Logo:

- a) Each activity under the Integrated Strategic Communications Actions Model should have its own micro-implementation plans.
- b) A standardized New National FP Logo will be produced by the FMoH and distributed to all States as a national marker and brand for quality and safe FP services in Nigeria.
- c) Templates of NFPC Campaign promotional materials developed by the FMoH will be made available to States to adapt and use for the FP Communication Campaigns based on their State peculiarities and needs.
- d) The FMoH will be responsible for the production of adequate quantities of FP promotional materials that will take care of the official launch in Abuja, FCT.
- e) Each feature article to be written by the Media Consultant and selected journalists will be reviewed and approved by the FMoH for facts and accuracy before publication and should not be more than 2,000 (two thousand) words.
- f) Each press release written on the NFPC Campaign and the New National FP Logo by the Media Consultant will be reviewed and approved by the FMoH (HPD/RHD) and Media and Publicity Unit before they are issued to the Media for use.
- g) The selection of the Advertising Agency will be through RFP or Creative Brief and only those scored and shortlisted will be invited to make short presentations on their creative concepts and treatments before a designated committee made up of the FMoH (FHD/HPD and RHD) and the National BCC Consultative Group.
- h) All draft communication and advertising materials for use under the National FPC Campaigns will be reviewed, pretested and approved by the FMoH (HPD and RHD) and the National BCC Consultative Group before their final production and use.

CHAPTER 4

4.1. THE NATIONAL FAMILY PLANNING COMMUNICATION PLAN AND THE NEW NATIONAL FAMILY PLANNING LOGO SUMMARY OF COSTED WORK PLAN FOR NATIONAL LEVEL (2016 - 2020)

S/N	Component	Cost (N:K)
1	Administrative Mobilisation (Programme Management, Communications and Business Partnership for Family Planning - BFPF)	73,170,000
2	Media Consultant Engagement and Use of Social Media	38,250,000
3	Public Relations Firm Engagement and Event Management	22,120,000
4	Advertising Agency Engagement	435,867,300
5	Community Mobilisation	81,152,930
6	Personal Selling/Interpersonal Communication, Point of Service and Outdoor Promotion	67,422,000
7	Programme Monitoring and Impact Evaluation	150,296,000
	Grand Total	868,278,230

* Breakdown of budgets by component is available with the FMOH

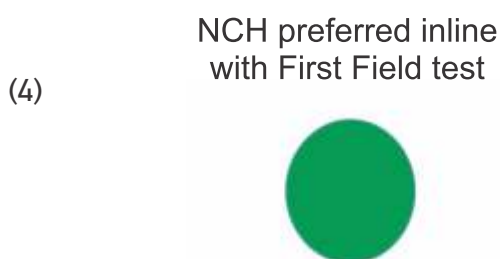
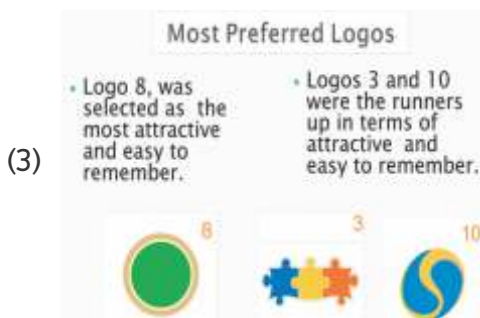
CHAPTER 5

APPENDICES

APPENDIX A:

Initial Logo designs which were subjected to inhouse pretest by Statkeholders at the COMBI training before the first field test.

IM-COMBI Training: In-house pretesting



APPENDIX B:

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FEDERAL MINISTRY OF HEALTH

