



I am a New Nigerian: **Developing Communication Support for Nigeria's Health Sector Reform**

DFID Department for
International
Development

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I am a New Nigerian: **Developing Communication Support for Nigeria's Health Sector Reform**

Summary

Increasing consumer awareness and strengthening community involvement in health are critical factors in a health sector reform (HSR) programme. In 2003, the Federal Ministry of Health (FMoH) of the Government of Nigeria (GON) developed a Health Sector Reform Programme, designed to improve the health delivery system which was on the verge of collapse after a long period of neglect. Among the priority areas of work were strengthening the management and delivery of priority health services and the underpinning health sub-systems, increasing consumer awareness of their health-related rights and responsibilities, and increasing community voice and involvement in defining health priorities.

In 2006, as part of its ongoing assistance to FMoH on HSR, PATHS developed and implemented a three month mass media and community outreach campaign called *I am a New Nigerian*. The campaign focused specifically on the FMoH's HSR programme. The mass media component involved television spots,

radio spots and newspaper advertisements, featured in local, regional and national media. The outreach component, which was implemented in the PATHS focal states of Ekiti, Enugu, Kano and Jigawa involved road shows, song contests, and community awards. The campaign was produced and implemented by a professional communication agency, contracted through a public Request for Proposals. The *New Nigerian* campaign was designed to tie in to the ongoing *Better Health Begins with You and Me* interventions that were already running in all the PATHS-supported states. The *Better Health Begins with You and Me* campaigns provided consumers with health information around priority health issues, and created demand for improved services.¹

The biggest challenges of the campaign were related to logistical and management issues of the outreach component leading to a lack of coordination between the advertising agency contracted to develop the campaign and local Non Governmental Organisations (NGOs) and Community Based Organisations (CBOs) in some of the states. Key lessons for implementation of large-scale multi-channel campaigns in such a culturally diverse and multi-lingual environment include the:

- need for very strong management and monitoring from concept to completion;

- need for very clearly defined expectations and obligations of all partners from the outset (including government, private sector, and NGO partners);
- need to establish a real collaboration with local partners, building on the comparative strengths of each e.g. local NGOs have superior knowledge about their local situation.

Despite these challenges, a formal evaluation showed that the *New Nigerian* campaign² reached many people and influenced the attitudes of millions of Nigerians. Nationally, an average of 23 percent of adult Nigerians (approximately 18 million people) was exposed to the campaign messages. The percentage exposed was considerably higher in PATHS-supported states (47 percent compared to 19 percent in non-project states). More than one third (37 percent) of respondents were convinced of the need for personal involvement in improving the health of the people in their community. Again, this belief was more widespread in PATHS-supported states (54 percent compared to 34 percent in non-project states).

Investment in the campaign was substantial, however it was quite cost-effective. On a per capita basis, the costs break down was as follows:

Indicators	# of people	Naira cost per person
Number reached – 23% exposed	18,611,600	10
Number that discussed campaign issues with others – 30% of those exposed	5,602,092	32
Number that took relevant actions – 22% of those exposed	4,150,387	43
Number that became convinced of the need to be personally involved – 10%	1,861,160	96
Number that became convinced of the need for community involvement – 7%	1,340,035	134

1 The state Behaviour Change Communication (BCC) interventions are documented in a separate PATHS Technical Brief entitled: *Better health begins with you and me – Changing behaviours and social norms.*

2 The survey was conducted by RMS using their Omnibus survey in November 2006. Survey teams interviewed a total of 4967 men and women of reproductive age across the 37 states of the federation, including Abuja.

Introduction

In 1999, the new civilian government of Nigeria inherited a health delivery system that was on the verge of collapse after the long years of military rule. In 2003, the FMOH conducted wide consultations about, and analysis of, the challenges facing the health sector. From their findings they concluded that:

- communities and health consumers were not sufficiently empowered to demand and advocate for their health rights;
- services provided were unresponsive to the demands of consumers and communities;
- communication efforts were poorly designed, resulting in limited behavioural change on the part of both consumers and communities; and
- community participation in health was limited.

In response, the FMOH developed a major Health Sector Reform initiative highlighting the issue of increasing consumer awareness of rights and responsibilities, and community involvement in defining health priorities and fostering positive changes in the health sector.

From 2004, PATHS was engaged to assist the Minister of Health and his team to implement the HSR initiative through interventions at many levels. While other components of PATHS work focused on supporting policy, governance, health systems strengthening, and improvements in the quality of services, the focus of the communications work was on supporting advocacy efforts for HSR across line ministries within the three tiers of government; internally within the FMOH itself; and among the public. Early work involved the development of an HSR Communication Strategy, the compilation of an advocacy kit and talking points for HSR which was used by the Minister and his team in visits to the six regions; in individual meetings with Governors, Health Commissioners, development agencies and the private sector; and in fora like the National Council on Health.

As the Minister took the HSR agenda out to the regions, it was felt that the HSR agenda was beginning to take hold within government. However, among the public, it had very little visibility. The

Minister therefore felt it necessary to move the agenda out to the public on a broader scale. There was also a need to set the agenda for HSR before public attention shifted inevitably towards the forthcoming national elections. This Technical Brief focuses on the HSR strategy.

In early 2006, at the request of the Minister of Health, PATHS started work with the FMOH, and with other public and private sector partners to design, develop, and implement a three-month mass media and community outreach campaign to promote HSR. The campaign aimed to build on the slogan already tested and established in the PATHS-supported states, *Better Health Begins with You and Me*. However, it was also felt that the campaign should try to gain the public's attention and support in an entertaining and lively way, in the full understanding that the campaign was going to have to compete with commercial media campaigns that were trying to draw public attention. To do this, the campaign needed a catchy idea that would work at the level of mass media, but could also be reflected in activities at community level. As a result, the team developed the concept of "*I am a New Nigerian*".

What is a New Nigerian? A New Nigerian is a person who is no longer satisfied with the lack of social services for their family and community, but who is also willing not just to display their dissatisfaction but to embrace the notion that they also have an important role to play in bringing about change. A New Nigerian gets involved and finds out what he or she can do to change the situation.

The campaign was thus not trying to solicit a specific health-related action from people e.g. going to a clinic for an ANC check-up or going for a TB test, but was trying to set a tone and establish a positive attitude towards the health sector reform process in general. So the call to action was more an encouragement to a new way of thinking, by urging people to get involved in shaping their own lives and improving their health; by making their voices heard; by showing they were willing and able to change as long as the government was changing too; and by becoming, through their actions, *New Nigerians*.

The *I am a New Nigerian* campaign was meant to sum up the vision of health sector reform. The key message was that the health system is not working the way it should be, but we all have a responsibility to make it better. The government in its stewardship role has a responsibility to ensure the availability and

affordability of quality health services to its citizens. Citizens, in turn, have a responsibility to adopt healthy lifestyles and prevent and manage health problems at the individual and family level.

The *New Nigerian* campaign was a change from the usual PATHS process of facilitating and supporting change within the project's five focal states. The campaign was requested with some urgency (given the conditions mentioned above) and was intended to be national in scope, through the auspices of the FMoH, while simultaneously having a deeper penetration within each of the PATHS-supported states. The plan was that the FMoH would support the campaign in other states through its own financial support for national roll-out.

The New Nigerian Campaign

KEY STEPS:

Developing the New Nigerian campaign

1. **Hiring a competent advertising agency with relevant experience**
2. Developing a strong campaign concept
3. Producing an effective mass media campaign
4. Producing an effective community outreach component
5. Monitoring and evaluating the campaign

Hiring a Competent Advertising Agency With Relevant Experience

PATHS developed a Request for Proposal (RFP) and a creative brief (see following page), and invited a number of communication agencies to tender for the contract. The creative brief provided all the background information required by the agencies to develop their proposals.

Six agencies attended the tender briefing. Out of the six agencies, four submitted proposals that included oral presentations. The selection criteria included creative ability, experiences in similar campaigns, response to the Creative Brief, and personnel to support the account. The advertising agency awarded the contract demonstrated strong creativity and strong event management experience. Event management involved activities that were similar to community outreach activities, but were more focused around marketing a single product. PATHS also hired a campaign manager to act as the supervisor and liaison between PATHS, its partners at federal and in state levels and the advertising agency. The campaign manager oversaw

The New Nigerian Creative Brief

<p>Overarching Theme:</p>	<p>Key Audiences:</p>
<p>Better health begins with you and me.</p> <p>This theme promotes the idea that the goals of HSR will only be achieved through the involvement of all Nigerians.</p> <p>Better health is not only the right but is also the responsibility of every Nigerian.</p>	<p>Primary audience: general public. Secondary audience: leadership at all levels</p>
<p>Supporting Themes: (need to be pre-tested)</p>	<p>Key Benefits:</p>
<p>I am a New Nigerian... or I am a proud Nigerian... or I am the New Nigeria... ...and I am doing something about it.</p>	<p>You will achieve better health for you and your family by being part of the process. You can make a difference.</p>
<p>Strategic Approach:</p>	<p>Design:</p>
<p>In order for the HSR to work, it needs the meaningful engagement of all Nigerians. The <i>Better Health</i> campaign uses the slogan <i>Better Health Begins with You and Me</i>. This is already well established and is well received in PATHS focal states. This slogan highlights the need of Nigerians to get involved in improving their health.</p> <p>The concept of the New Nigerian pushes this approach even more aggressively. It makes clear that the New Nigerians are actively taking responsibility for themselves and not just waiting for the world to change around them.</p> <p>They need to get people to identify with the concept of the New Nigerian – a person who is very positive about his or her future – a person who is not going to tolerate the old ways of inefficient and inadequate services – a person who is no longer satisfied with empty promises – a person who knows that things are now different – a person who is willing to contribute to that better future.</p>	<p>These spots will have different people saying slightly different things about who they are as New Nigerians and what they expect of a New Nigerian, but all focusing in the end on demanding better health services and being engaged in trying to improve their own situation. So they are active in pursuing a better Nigeria and in demanding a better Nigeria from their leaders and colleagues. These New Nigerians can come from all walks of life - the private sector, the public sector, the health services system or rural and urban communities.</p>
	<p>Implementation:</p>
	<p>The New Nigerian is strong, passionate, energetic and full of vitality. The tone should reflect these characteristics.</p> <p>In order to illustrate this concept, the production company should propose to start with a few scripted fictional radio and television spots using actors. They also plan to start using, as soon as possible, actual role models whose personal goals, beliefs and achievements embody the concept of the New Nigerian. Eventually they will phase out the fictional characters. They plan on adding new spots, using actual role models, throughout the campaign.</p> <p>Role models for the spots could be well known and respected national reformers e.g. the DG of NAFDAC. They will also use people who have had an impact in the PATHS-supported states - nurses or doctors in improved health facilities, clients who have been cured of TB, mothers who have had safe delivery, fathers who have taken their wives to hospital, community leaders who have supported a community emergency transportation fund, DRF etc.</p>

Interactive Component:

They also propose to encourage Nigerians to participate in this campaign. This can be done by a national contest as well as state contests in PATHS current and future focal states. One possibility is to encourage people to nominate **“New Nigerians”** or write and submit a song about someone that they know. The successful nominees could be featured in a spot, with the nominator given some sort of prize or recognition. Our goal is to get people excited and involved in the campaign. They are looking for a way of shifting Nigerians’ attitudes and behaviour about their role in instituting change. This is from the perspective of better health for everyone.

Potential reach

The campaign will run in at least the following areas:

State	Population (millions)
Benue	4.2
Ekiti	2.4
Enugu	3.3
FCT Abuja	1.4
Jigawa	4.3
Ibadan/Oyo	5.6
Kaduna	6
Kano	9.4
Lagos	9
Total	45.6

Planned exposure:

radio spots: 4x/day x 30 days x 4 months = 480 times

TV spots: 2x/day x 30 days x 4months = 240 times

Radio shows: weekly in every state

State level contests, community mobilization, advocacy, private sector involvement, national print media

all aspects of design and implementation of the campaign. The manager had a long track record in international advertising, and BCC campaign design and management. He, in turn, reported to the PATHS' National Communication Advisor and the Programme Technical Advisor. These three acted as the management team for the campaign. This turned out to be a crucial factor in helping to resolve issues around the community outreach component.

KEY STEPS:

Developing the New Nigerian campaign

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2. **Developing a strong campaign concept**
3. Producing an effective mass media campaign
4. Producing an effective community outreach component
5. Monitoring and evaluating the campaign

Developing a Strong Campaign Concept

The *New Nigerian* campaign needed to appeal to all Nigerians through the mass media (including television, radio, newspapers and billboards) and at community level. Working from the creative brief, the advertising agency developed a strong campaign concept that used the game of football to highlight teamwork and used Nigerian national colors and high-level personalities to convey the message, "I am a *New Nigerian*". Football is a passion in Nigeria, and the timing was perfect, with the World Cup coming up in 2006.



Better Health logo for New Nigerian campaign

Several illustrations of the campaign were developed and pre-tested using focus group discussions (FGDs) in five states that included the four PATHS focal states and the Federal Capital Territory, Abuja. Pre-testing of the concept through FGDs showed that most people, regardless of age, gender and geographical location, liked the concept and identified with the *New Nigerian* values, particularly the football team idea that "every team member has a part to play". It was significant that most people liked the idea of high profile figures, such as government ministers and directors general, dressed in sports outfits. "This shows us that government is serious and is coming to talk to us at our level", they said.

The campaign management team found that viewing the pre-test FGD videotapes was informative and insightful and helped them to work with the advertising agency on the creative development phase. After viewing the results, the campaign management team in PATHS (International Consultant, Campaign Manager, National Communication Advisor, and Principal Technical Advisor, with inputs from the Minister) had extensive discussions with the advertising agency which helped to sharply focus the campaign. Because the *New Nigerian* campaign needed to address diverse audiences, the campaign had to be illustrated through well-known and culturally relevant personalities across Nigeria. They included the following:

- The Minister of Health who was committed to health sector reform;

- The Director General of NAFDAC who wanted affordable quality medicines for everyone;
- The Chairman of the Zamfara State Hospital Management Board who listened to community members on how best to improve services;
- The Permanent Secretary of the Lagos Health Services Commission who believed that patients should be treated like kings and queens;
- A rural trader supporting his village health committee to improve community services;
- A farmer supporting his village health committee to improve community services; and
- A musician (Doctor Fresh) who wanted to make a change for the better.

In addition to these seven profiles, the management team also approved an eighth spot that was to kick-off the campaign by explaining the purpose and need for HSR in Nigeria. With approval granted, the advertising agency produced storyboards, scripts and artwork.

***“I am New Nigerian” Rap Song
by Dr. Fresh***

I am a New Nigerian
 And I say
 I deserve a better country
 I deserve a government that cares
 I deserve good schooling for my children
 Schools that are as good as anywhere in
 Africa or better

I am a New Nigerian and I want to work
 harder too

I deserve to have good treatment when I get
 sick
 Immunization for my children against
 deadly diseases
 Safe delivery for my newborn children
 I deserve good and affordable drugs to help
 my family get better

And I believe that to deserve this I also
 need to work harder
 To help my community get the health
 services it needs
 To get better clinics
 To make sure my children are immunized
 properly
 To encourage my wife to visit the health
 centre early in her pregnancy
 To buy medicine from only registered
 practitioners
 To get a better life
 My name is Doctor Fresh
 And I am a New Nigerian
 I believe better health begins with you
 And me.

Key activities of the New Nigerian campaign

1. Eight TV spots illustrating how people from various levels and sectors were making a difference in improving the health of Nigerians. Aired on the National TV network in English, Pidgin, Igbo, Hausa and Yoruba;
2. Eight Radio spots with similar messages on national radio network and on selected stations in Abuja, Ekiti, Enugu, Kano, and Jigawa. In English, Hausa, Igbo, Pidgin and Yoruba;
3. One radio jingle that carried the theme song by Dr. Fresh;
4. Press advertisements in selected national and state newspapers in English and local languages;
5. Community contests in the PATHS-supported states to identify a song that best captured the key messages of the campaign. Ekiti, Enugu, Kano and Jigawa each held a gala event to pick a state winner. The winners of the state contests competed in a gala event in Abuja;
6. A *New Nigerian* community award in each of the four PATHS-supported states;
7. Sixty four road shows in selected communities throughout the states of Ekiti, Enugu, Kano and Jigawa. These shows promoted the campaign and picked contestants for the song contest; and used local talent and local languages;
8. A wind-up national event in Abuja. Similar to the state events to choose the state winners. The event featured Dr. Fresh, the musician who wrote the campaign theme song, the Minister of Health and the Director General of NAFDAC, and state representatives, including the Jigawa State Health Commissioner and Permanent Secretaries as well as community leaders from the four states.



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Producing an Effective Mass Media Campaign

While the *New Nigerian* campaign was national in scope, PATHS focused more on the four states in which it operated. PATHS provided financial support for broadcasting radio and television spots through the national broadcasters, FRCN (Radio) and NTA (television). In the four PATHS-supported states there was a stronger mass media emphasis, and more focus on community mobilisation activities. While national coverage should normally involve more than four languages, at state level the cost of doing this was prohibitive. Thus, the team decided to use the predominant languages to reach the largest possible audience within budgetary constraints. For television Pidgin was used in the South, Hausa in the North and English in both the North and South. For radio the same language distribution as television was used, with Igbo added in the South Eastern regional stations and Yoruba in the South Western regional stations.

To ensure high production value of the TV spots, the creative team watched the popular television stations and selected examples of TV spots that matched the desired standard. The team also spoke to individuals in the advertising industry and asked for their recommendations. The campaign management team and the advertising agency jointly interviewed and reviewed the portfolios of production houses and agreed to contract the best candidate.

Planning the production was complicated because there were several personalities and multiple locations to consider. Together with the TV producer, the campaign management team reviewed the eight storyboards and decided on limiting production to four locations and repeating a number of shots in all the spots, in order to save both time and money. To represent the North, they used a Kano rural setting. To represent the South, they used Ephe rural location in Lagos State. For all football game shots, they used the University of Lagos Sports Complex. For controlled environment shots, they used a Lagos TV production studio.



The DG of NAFDAC gets ready to do her New Nigerian TV spot



The Honorable Minister of Health scores a goal as a New Nigerian!

CASE STUDY:

Busy VIPs and Tight Schedules

Producing TV spots involving high profile personalities such as the Federal Minister of Health, the Director General of NAFDAC, the Permanent Secretary of the Lagos Health Services Commission and the Chair of the Zamfara State Hospital Management Board was very challenging. The management team gave priority to producing the high-level personality TV spots. They wrote letters to the VIPs explaining the *New Nigerian* campaign and the request to shoot their TV spots. The team also asked the VIPs to allow them a minimum of half a day and a maximum of one day to do the video shooting. The VIPs all found it difficult to meet that request. The team kept following up with their offices. As the weeks went by, the team decided to start working on shooting the TV spots that used actors such as the rural trader and the farmer. As the team started preproduction, they received a call from the Minister of Health's Assistant telling them that the Minister was going to Ibadan for an event and would return via Lagos. If they were able to do the shoot during the Minister's stopover in Lagos, the Assistant would arrange for the Minister to be available. The team seized the opportunity. Working with the producer, they quickly secured the Lagos University Sports Complex as the location and the producer's team worked out preproduction and logistical arrangements. They also invited the Chair of the Zamfara State Hospital Management Board to Lagos so that they could use the same location. They also recorded the radio spots and shot the photo stills for the print media during the same shooting period. This worked well.



A New Nigerian TV spot recording on location in northern Nigeria

Media Buying

As a three-month campaign, the *New Nigerian* campaign required high media intensity and wide public exposure in a relatively short time. The media strategy included TV and Radio spots, newspaper advertising and billboards. After reviewing the proposed media schedule, the amount allocated to radio, newspapers and billboards was not enough to make the needed impression. The management team also found that there was no reserve to cover the advertising rate increases that occurred during the FIFA World Cup that was coinciding with the *New Nigerian* campaign. Since *New Nigerian* was based on a football concept, the plan was that the TV spots would reach the large World Cup audiences. A decision was made to eliminate billboards (which are very costly both to produce and place, but create high exposure in the right locations) from the media mix and allocate the savings to radio, TV, and newspapers. The campaign ended with eight different television and eight different radio spots (45 seconds each), one TV and radio jingle (45 seconds) which used the Dr Fresh *New Nigerian* theme song, and a variety of print advertisements (full page, quarter page and teasers).

High costs of national media campaigns

National coverage for radio and television spots is costly under normal circumstances. The advertising rates for the World Cup were prohibitively expensive. As a result, the PATHS team decided to place *New Nigerian* spots around other programmes with high ratings, such as main news bulletins. They ended with a schedule that had good reach and frequency across the three media.

- On television, a grand total of 139 spots were broadcast (in English, Pidgin and Hausa) on the National TV network.
- On radio, a grand total of 3,073 spots were broadcast (in English, Hausa, Igbo, Pidgin and Yoruba) on the national radio network and on selected local stations in Abuja, Ekiti, Enugu, Kano, and Jigawa.
- In the press, 43 English and local language advertisements were run in selected national and state newspapers (e.g. Guardian, This Day, and PUNCH).

The campaign cost approximately N23/person to reach them over 500 times with the same message;

or N85/person, assuming 55% of the population was adults with 60% media access.



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Producing an Effective Community Outreach Component

The community outreach component took place in the four PATHS-supported states. It was intended to be coordinated with local community mobilization activities; so that the message of being a *New Nigerian* was linked to the *Better Health Begins with You and Me* slogan which was being used to discuss health priorities in each state. The community outreach component of the *New Nigerian* campaign had several activities including road shows, song contests, community recognition awards, state finals that selected state finalists to contest at the national final event. These activities were organized and conducted with the purpose of providing HSR information to individuals and communities and encouraging them to get directly involved in discussions with their communities and health services to foster positive change in the health sector.

"I appeal to you to use your positions, your talents and your resources to deepen and widen the aim of the *Better Health Begins with You and Me* campaign in your public and private lives. The government will continue to play a stewardship role, very well, to provide the necessary facilities and resources to ensure that all Nigerians have physical and financial access to quality and efficient health care services."

Eyitayo Lambo, Minister of Health on the occasion of the national event

Road shows and song contests

The first community outreach activities in each state were the road shows and the start of the song contests. The idea was to expose as many communities as possible to the *New Nigerian* campaign and to simultaneously make the idea participatory and fun. Song contests have been used successfully in many countries to bring an issue to the public in a medium that everyone intuitively likes and can participate in. In largely rural populations where literacy is low, songs are an important medium. Retention of oral information is very high, and songs are a powerful traditional medium for information transfer³. The idea was to have small communities hold song contests around the key ideas behind the *New Nigerian* campaign and then to have a selected number of auditioned groups perform their songs during the road shows.

The road shows were sub-contracted to a marketing group which has offices throughout Africa, and had years of experience conducting road shows that promote ideas or products, especially in the area of health promotion. The group has large lorries that

³ In Ghana in the early 1990s, the Water Utilization Project (WUP), funded by CIDA, gathered 100s of songs sung by local musicians (in the six local languages) about topics as varied as guinea worm, diarrhea, pump maintenance, and malaria. They were used in ongoing radio health programmes and were by far the most requested programmes for many years. In Uganda in the mid 1990s, the DISH project, funded by USAID, used a national song contest called Hits for Hope to address HIV prevention among youth. The winning songs—all done originally by local amateurs—were professionally produced then played on radio and sold on cassettes for public consumption. For many months the songs were top of the local "hit parade". In both cases, millions of young people knew all the words to all the songs, and so the messages get through to a huge audience.

were equipped to become performance stages with banners, PA systems, and a team of highly trained performers, including a host. The concert stage was rigged on the top of the lorry. The backdrop to the stage had two large imposing banners, one of the Minister of Health and the other of the regional personality, with the text written in the regional language. The main presenters were well known radio personalities and therefore had a special connection with the audience. They played local popular songs and the *New Nigerian* jingle to set the scene. They called community leaders or NGO representatives or local health officials to the stage to say a few words about their endorsement of the *New Nigerian* campaign. They also interspersed the *New Nigerian* messages throughout the song contest.

In each state the advertising agency and marketing group were contracted to conduct 16 local road shows. Each was in a different state Local Government Area (LGA), during which a local

New Nigerian song contest was held. The original intention for the song contests was to have preliminary auditions of those groups wanting to compete, and then reducing the final number of groups to four or five who would then compete during the road show. This process was shortened due to problems around local logistics and support. However, there were still five or six groups performing at each of the road show venues.

PATHS introduced the advertising agency and marketing group to the PATHS state teams and their local partners so that preplanning and publicity could begin. After an orientation to the community outreach component, the state team partners and NGOs were very enthusiastic about collaboration and offered information about communities, road show sites, and the best days and times to conduct the song contests and publicity activities.

Following the introductory visits, there was an expectation that the advertising agency and

New Nigeria road show performance in ??? state (please check for language on banner)





New Nigerian Road Show in ???

marketing group would work closely with state teams and partners in planning and publicizing the road shows and song contests. However, in the initial state, Enugu, there were problems and conflicts relating to budgetary issues. Time pressures were very tight, and the advertising agency decided to go it alone with the road shows and song contests. This seriously reduced the tie-in with other local activities and links to on the ground knowledge and capacity for planning. External factors also played a part: the road shows took place in the rainy season which made it difficult to reach outlying communities and meant many farmers (men and women) were busy when the road shows took place.

Lessons learned from the Enugu experience were carefully reviewed. As a result the advertising agency and marketing group put considerable effort into closer cooperation with local partners in the three other states supported by PATHS.

Despite the challenges, the song contests worked because they were simple, fun and informative. Local artists were asked to compose a song that best expressed the themes of the *New Nigerian* campaign i.e., “*I am a New Nigerian*” and “*Better Health Begins*

with You and Me”. Some simply adapted the *New Nigerian* jingle and added some of their own words. Others adapted local popular songs. Audience participation at the road shows was very strong with the audience being involved in choosing the winner.

The New Nigerian Community Recognition Award

The *New Nigerian* Community Recognition Award ran parallel to the song contests. Its purpose was to stimulate discussion about health among community leaders and their community members. The *New Nigerian* campaign management team tasked the advertising agency to establish a state committee to identify three communities that best served as examples of taking responsibility for improving the health of their members. The process of selecting the three communities involved the committees visiting communities and interviewing community members. The process engendered broad participation by community members and provided opportunities to discuss health issues, HSR and the *New Nigerian* message.

The advertising agency was also tasked to make short video documentaries of the three communities in each state. However, in the end, they were only able to make a short documentary of one community in each state.

State Finals Event

The final event in each state was planned as a gala night to bring together the State Governor, Commissioner of Health, state health officials, LGA health officials, community leaders, stakeholders and the media. It was envisaged that the State Ministry of Health (through the Commissioner of Health) would take ownership of the state finals event. This was achieved in Jigawa, Kano and Ekiti and to a lesser extent in Enugu, because the PATHS state teams had worked jointly with the state Health Commissioners to plan the events.

The state final events reinforced the *New Nigerian* campaign message and prepared the ground for the national event. The Commissioner of Health or his representative spoke about the HSR initiative and the *New Nigerian* Campaign in the context of his or her state. The song contest finalists performed

and the winner was announced. The *New Nigerian* Community Recognition Award community was announced, a short documentary video screened and an award presented.

The National New Nigerian Finals Event

The PATHS Abuja team involved the FMOH and the Minister of Health in the preparation of the national event right from the outset. FMOH prepared the guest list, printed invitation letters on their letterhead and mailed these to the invited guests. In this way, the national event was identified with FMOH. The audience included senior government health policymakers and professionals; representatives of the private sector organizations from Abuja and other states; PATHS state teams; song contest finalists and their community representatives; and media representatives. The event was a successful advocacy night for the FMOH. The Minister spoke about the HSR initiative and the *New Nigerian* campaign and its significance. The featured musician, Dr. Fresh, who composed and recorded the campaign theme song, entertained the audience. The four state finalists performed and the winner was Ashiru Garba from Kano. The Minister

Community leaders watch the New Nigerian roadshow



presented *New Nigerian* Community Recognition Award plaques to the four communities who had their traditional leaders among their delegations. The Director General of NAFDAC, who gave the vote of thanks, further reinforced the *New Nigerian* messages.

‘What they have experienced today, which is actually a culmination of hard work for three or four months, is unprecedented. It has never happened in this country. This is the first time that the Ministry of Health of the Government of Nigeria is de-emphasising government and emphasising on the participation of all stakeholders, from the community, village to all levels’.

Dora Akunyuli, Director General NAFDAC

The national event was a successful media event. It was reported on national TV and Radio networks the following day, and for several weeks in the national and regional newspapers. Songs of the four finalists were professionally produced and distributed to state radio stations which played the songs between radio programmes, emphasizing the *New Nigerian* message.



KEY STEPS:

Developing the New Nigerian campaign

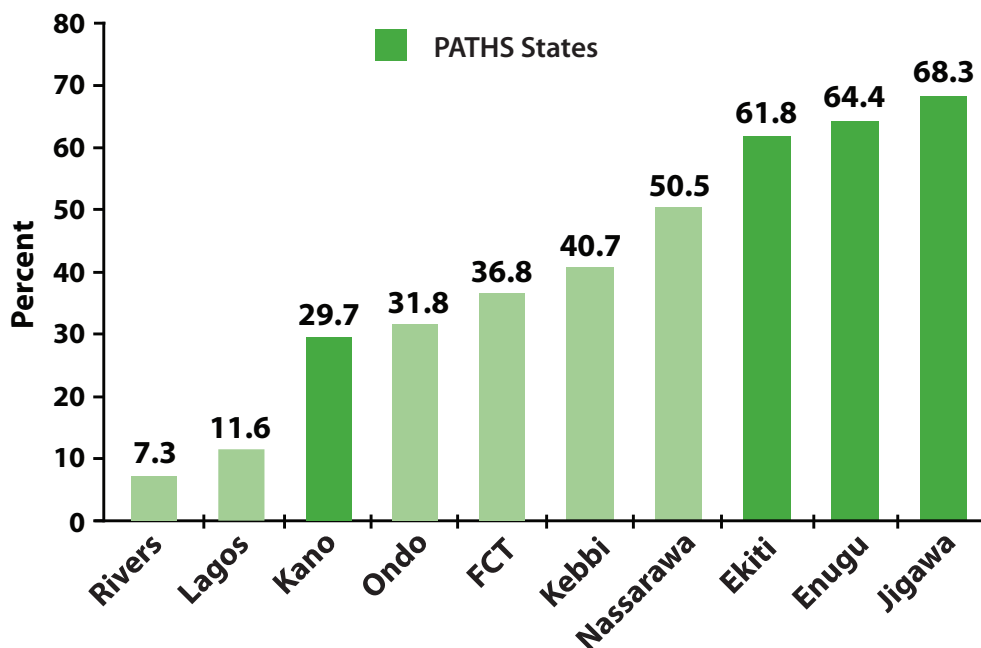
1. Hiring a competent advertising agency with relevant experience
2. Developing a strong campaign concept
3. Producing an effective mass media campaign
4. Producing an effective community outreach component
5. ***Monitoring and evaluating the campaign***

IMPACT

PATHS conducted a nation-wide quantitative survey in late 2006, several months after the *New Nigerian* campaign ended, to determine the impact of the campaign. They subcontracted the work to a Nigerian research organisation which had organised and conducted the national Nigeria Omnibus (Nigerbus) survey on a monthly basis since 1980. The survey affords companies and development partners in Nigeria a cost-effective opportunity to field questions relevant to their activities without the extra burden of organizing a full-fledged survey on their own. Nigerbus surveys rely on multi-stage stratified random sampling procedures to select respondents. During the November 2006 survey, trained fieldworkers interviewed a total of 4,967 men and women of reproductive age across the 37 states of the federation, including FCT.

For the purpose of the analysis, the research team defined exposure as the correct recall of campaign messages. With this definition, almost a quarter (23 percent) of respondents were exposed to the campaign nationally. This translates into an estimated 18.6 million adult Nigerians. Campaign exposure was higher for men (25 percent) than for women (21 percent). There were, of course, variations in campaign exposure by state, and by the level of intensity of campaign exposure. In general, PATHS project states, where there was a greater intensity of mass media and community activities, had the highest campaign exposure. Almost half (47 percent)

Percent exposed to the New Nigerian campaign in selected locations



Source: Nigerbus Survey, December 2006

of respondents from the four PATHS project states were exposed to the campaign compared to about 19 percent in non-project states.

Some of the specific results were as follows:

- On conviction about the need for personal involvement in health, more than one-third (37 percent) of the respondents were convinced of the *need for personal involvement in improving the health* of the people in their community. This belief was more widespread in PATHS-supported states (53 percent compared to 34 percent in the other states); among the wealthier respondents (45 percent of the respondents in the highest socio-economic stratum compared to 25 percent of those in the lowest stratum); and among the older respondents.
- On the conviction about *the need for community involvement in health*, people exposed to the campaign were more likely to report a conviction about the need for community involvement: 49 percent compared to 38 percent.
- On the *perceptions about recent changes in the health sector*, respondents in PATHS-supported states were significantly more likely to identify positive changes in the health sector than those in the other states (55 percent compared to 30 percent).

These results showed that the idea - improving Nigerians' health requires more active involvement of all Nigerians - was widely held and was an opportunity to build upon. In PATHS-supported states, in which significant work was underway to improve service delivery, respondents not only felt that they needed to be involved, but also readily identified improvements in the health services in their state.

Cost effectiveness

A key issue for large campaigns is their level of cost-effectiveness i.e. how much did it cost per person generally, and per person for those who actually shifted their attitude or behaviour as a result of being exposed to the campaign (the main objective of the campaign)? This campaign, which lasted only three months, was remarkably cost-effective. It reached an estimated 18.6 million Nigerians who were exposed to health reform information. Table 1 shows some of those costs. Comparison with other national level campaigns in other countries across Africa indicates that this cost was less than the international average⁴.

4 Health Communication: Lessons from Family Planning and Reproductive Health, Phyllis Piotrow et al, 1997

Table 1: Cost-effectiveness analyses of the *New Nigerian* Campaign

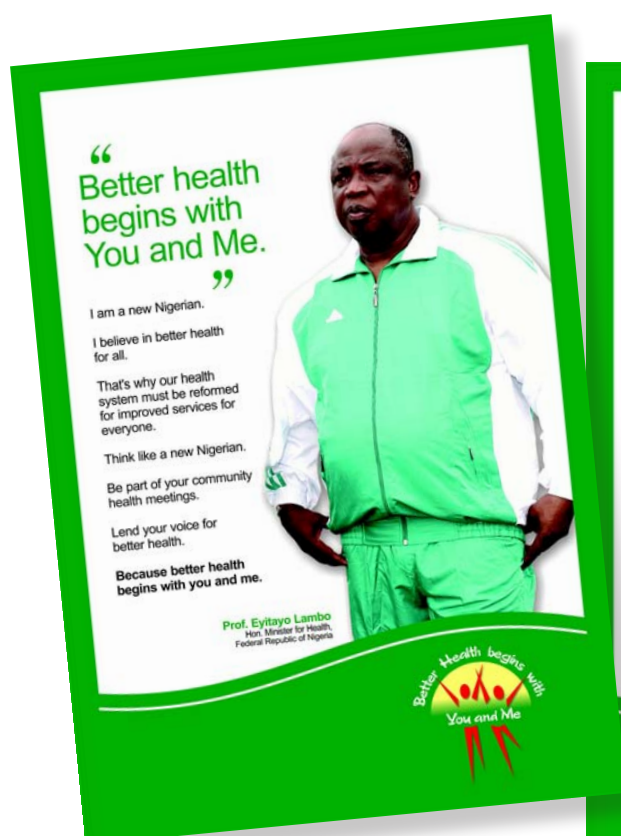
Indicator	Number of People	Cost per person in naira
Total Population	140,000,000	---
Adult Population – 57.8%	80,920,000	---
Number reached – 23% exposed	18,611,600	10
Number that discussed campaign issues with others – 30.1% of those exposed	5,602,092	32
Number that took relevant actions – 22.3% of those exposed	4,150,387	43
Number that became convinced of the need for community involvement – 7.2% (campaign effects)	1,340,035	134
Number that became convinced of the need to be personally involved – 10.0% (campaign effects)	1,861,160	96
Number that became better conversant with what the government is doing to improve health – 9.5% (campaign effects)	1,768,102	101

Note: Cost per person was obtained by dividing the total cost of the campaign by the number of persons reached or changed for each category.

The campaign was cost-effective in terms of changing attitudes towards personal and community involvement in health sector reform, increasing awareness about governmental activities and policy measures to improve the health sector, and generally moving Nigerians to take relevant actions.

‘The *New Nigerian* was an impressive campaign. It managed to establish Health Sector Reform as a brand in the minds of the general public. It’s a pity it was very short. It needed to have been at least a two year campaign.’

Daniel Kure, CEO: Blake & Harper Advertising



Lessons Learned/ Recommendations

A large-scale campaign like the *New Nigerian* campaign was challenging to develop, manage, and coordinate. The fact that it took place in numerous states meant that every issue and problem was multiplied. Running nationally meant using a large amount of financial, technical, and human resources, with no guarantee of impact. However, if properly designed i.e. based on good theoretical underpinnings, good formative research, clear measurable objectives and indicators, strategic creative design, and good management and monitoring, such large-scale campaigns should achieve some level of success. Some of the key lessons from conducting the New Nigerian campaign include:

- The design, pre-testing, and production of materials was itself a large logistical challenge, because (as with every BCC campaign) *all* the campaign materials needed to be consistent and properly tested in every region and with multiple cultural groups to make sure the messages and materials were *locally* relevant, clear and appropriate.
- HSR is an abstract notion. It was more difficult to market than a specific product such as a bednet for malaria control or soap for personal hygiene. Its benefits were more general and less concrete, so it took considerable exposure to the idea for people to fully understand and engage in it. Ideally, given the nature and extent of the health situation in Nigeria, this campaign needed a minimum of 6-12 months, if not longer, to have the *New Nigerian* concept attract broader and longer-term attention as well as impact.
- The bidding process for the advertising agency needed to be rigorously conducted, with more ground checks than were done in this instance.
- For greatest impact, community outreach at the state level should be managed and implemented by local NGOs, government agencies and CBOs, working in close coordination with the advertising agency.
- Documentary photographic and video production of the project should have been tendered out to other professional production companies, rather than using the advertising agency's internal crew as the default group.
- If seeking private sector sponsorship is a key objective, a much longer timeline is needed to accommodate corporate budgeting and planning cycles. Approaches were made to many private sector corporations for sponsorship and support. While many of them expressed strong support for the topic, and for the creative approach being used in the campaign, all said that the lead time to make a decision was much too short for their budgeting cycles.
- Large national campaigns are likely to require external support from donors in the short- to medium-term due to the under-resourcing of the health sector. A positive way forward for future campaigns would be to agree some degree of cost-sharing, even if the government's commitment is relatively small.
- To build capacity, future campaigns should ensure that a federal level representative, ideally from the Health Promotion Department, shadows all aspects of the campaign development and implementation processes.



That said, the creative focus of the campaign did actually influence other large-scale national campaigns, for example the popular *Nigeria: the Warm Heart of Africa* campaign which was branding the whole country, and followed the New Nigerian campaign, used a remarkably similar approach to the *I am a New Nigerian* in its initial launch materials.

The *New Nigeria* campaign was designed and implemented under enormous time pressures which in the end always compromises planning and implementation (e.g. having to reach rural communities in the rainy season, when farmers are busy). The long-term support from Federal government for national roll-out of the campaign also did not materialize, which truncated the potential impact of the campaign. However, as short as the campaign was, it clearly demonstrated that there was a strong and increasing interest of Nigerians to want change, to seek change, and to understand and agree that it is not only the responsibility of government to implement that change and provide good health services. The campaign highlighted growing support for the

idea that all Nigerians, individually and collectively, should be directly involved in change if they want to see better health for themselves and for the whole population. And that is something that should be built upon in the future.

A Warm Heart of Africa advertisement In a national magazine

I am a Nigerian.
 I am one in 5 Africans.
 I am one in 8 Black people, anywhere in the world.
 I am a Nobel Prize Winner.
 An Olympic Gold Medallist.
 A Grammy Award Winner.
 A Soccer Champion.
 A Prince of the Vatican.
 An Oscar Nominee.
 A Giant of Literature.
 A Distinguished Scientist.
 A Musical Icon.
 I am a Nigerian.
 I am the HEART OF AFRICA.

“ Better health begins with You and Me. ”

I am a new Nigerian.
 I believe in better health for everyone.
 I believe medicines must be good, safe and affordable.
 Think like a new Nigerian.
 Play your own part.
 Take part in your community health meetings
 To demand better health.
Because better health begins with you and me.

Prof. Dora Akunyili
 Director General, NAFDAC



“ Better health begins with You and Me. ”

I am a new Nigerian.
 I believe in stronger local participation in health matters.
 That's why you should participate in your community health meetings to contribute your part.
 And demand your right.
 Think like a new Nigerian.
Because better health begins with you and me.

Alhaji Mohammed Kabir Janyau
 Executive Chairman, Zaria State Hospital Services Management Board




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Stella Babalola, PhD



Partnership for Transforming Health Systems (PATHS)



PATHS is a programme of collaboration with Nigerian partners to develop partnerships for transforming health systems in Nigeria. It is funded by the UK Department for International Development (DFID).

The PATHS Programme is managed by an international consortium on behalf of DFID. Members of the consortium are:

