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All views, opinions, contributions and short stories should be forwarded to the editor: [hsani@sfnigeria.org](mailto:hsani@sfnigeria.org)

## PSRHH Ends its Seven Year Journey on a High Note

Nigeria is a large country with a fair number of communities and spots where behaviours that could increase the risk of contracting HIV are practised. This is particularly worrisome in face of the fact that Nigeria has many states in the generalised phase of the HIV/AIDS epidemic. It was against this backdrop that the United Kingdom's Department for International Development (DFID) supported the development and implementation of the Promoting Sexual and Reproductive Health and HIV/AIDS Reduction (PSRHH) programme in Nigeria. Society for Family Health (SFH), ActionAid International Nigeria (AAIN), and Population Services International (PSI) were the implementing partners of the programme, which worked with civil society organisations, community

based organisations, peer educators and faith based organisations. One of the lessons that emerged from the inception phase of the programme was the need to scale up the interventions among key target populations. To do this, the PSRHH partners recognised that the strategy deployed by the programme had this potential, and consequently commenced a painstaking testing and documentation of the programme approach, its challenges and successes.

### About The PSRHH Programme

The project, Promoting Sexual and Reproductive Health and HIV/AIDS Reduction in Nigeria (PSRHH), popularly known as "Make We Talk", was life changing to those that participated in and implemented it. One major output of the PSRHH

is the development of a sustainable behaviour change model that would increase knowledge and promote favourable attitudes, leading to the adoption of safer sexual and reproductive health practices among key target populations. A core team that comprised a cross section of the implementing agencies at different levels was set up. At the national level, were Population Services International (PSI), Society for Family Health (SFH), the National Action Committee on AIDS (NACA), ActionAid International Nigeria (AAIN) and Crown Agents. At the community level, were Civil Society Organisations (CSOs), Community-Based Organisations (CBOs), and Faith-Based Organisations (FBOs), who worked with the support of committed and dedicated teams of

*continues on page 3 ...*



# Window into our world



Only those willing to move around the village square can get a full and deeper appreciation of the many sides of the big masquerade. Public health in Nigeria is a big masquerade, necessitating the moves we make at SFH to continuously contribute, and in a significant manner, to tackling the issues in the interest of the poor and underprivileged. We have expanded our portfolio and teams in response to these challenges.

As our operations have grown, so have the number of stakeholders to whom we are responsible. There is the need to remain accountable through proper reporting and feedback on the activities of the Society for Family Health. These realities inform the conception and production of the maiden issue of our new newsletter, which is now in your hands.

Enhancing Lives will function in the best tradition of public communication journals. It will report on issues and developments in the activities and life of the Society for Family Health and all its stakeholders. It will provide in-

formation, education, and advocate for best practices in our core areas of focus.

Enhancing Lives will capture in print the many activities of our various Divisions and Programmes. Due to a higher publication frequency than an Annual Report, Enhancing Lives will assist in the process of documentation and building a strong database for the institutional memory of our organisation. This newsletter will strive for the highest attainable standards in content and aesthetics, seeing as it will provide a window into the world of the Society for Family Health.

If you are a stakeholder of SFH, whether as a staff, partner, intervention community member, funder, media, service provider – Enhancing Lives is your newsletter. Read it. Contribute to it. Enjoy it.

**Sir Bright Ekweremadu**  
*Managing Director*

 **Enhancing Lives**

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**THE SOCIETY for FAMILY HEALTH**

*...Creating Change, enhancing lives.*

# Emerging concerns as a result of the end of PSRHH

Even though Make We Talk programme is officially over, there is the need to ensure that the gains of the project are sustained.

Suggestions by MWT staff included:

- The PEP manuals and training workshops should be made available to all partners, including CSOs and CBOs.
- Sustainability of CBOs funding for monthly activities, office space, through linkages,

training in proposal writing and fund raising activities.

- Continuous use of road shows and the encouragement of community drama and street theatre in the PSRHH sites. (These reinforces whatever activities that CBOs carry out and ensures continued reminders of the presence of CBOs in these sites).
- Periodic rebranding of

MWT sites to ensure the presence of messages in the sites

- Continuous training of CBO members and collaboration for HCT services in sites for service provision and ensuring behaviour maintenance.
- Encouraging other projects within states to implement the PEP model for sustained impact and economy

of scale.

- Government and the private sector were very instrumental to the success of PSRHH, and these relationships should be encouraged. Leveraging on corporate bodies and industries as an aspect of corporate social responsibility through supporting emergent and youth focused CBOs would be an excellent way of supporting host communities.

SFH and AAIN staff.

## Programme Objectives

The principal objective of the project was to facilitate behaviour change among persons whose lifestyles could make them vulnerable to HIV infection. The Make We Talk implementers selected various populations, including female sex workers, youth (both male and female), transport workers and uniformed service men, and adopted peer education as the strategy to facilitate this change. Peer educators were carefully selected, with qualities such as ability to communicate clearly and persuasively with their peers, good interpersonal skills, non-judgmental attitudes and respect for peers and persons living with HIV and AIDS (PLWHAs). During the programme, in partnership with many community based organisations and communities, a key achievement was the development of the Peer Education Plus model (PEP).

## The Peer Education Plus (PEP) Model

The PEP model was developed and tested in Nigeria through

an 18-month process involving a total of 26 sites spread throughout the country, and was designed to engage key target populations in the process of developing positive behaviour change. The PEP model was initially designed and implemented in half of the 26 high risk sites identified for the programme while the other half were denied implementation of PEP (until after 18 months). Results showed that PEP sites exhibited higher levels of risk reduction behaviour compared to non-PEP sites. Lessons learned were incorporated into the new intervention and PEP was retested in 13 new sites for another 12 months. The model was thus further refined, and finalised. Currently, the PEP model consists of a clear package of interventions, centred on peer education, but with the integration of other elements (such as the formation or nurture of community based organisations) into a single unified programme allowing for differences in com-

munities and sites. The PSRHH programme printed copies of the PEP model in user friendly format so that other CBOs and CSOs can implement the model with minimal support.

## Implementing the PEP model programme in communities

In each community in which PEP was implemented, the programme began with community entry, processed through to peer sessions among key populations within the community, which lasted for about six months, and then would end in a phase down process that would include the formation and nurture of

a local community based organisation. All over Nigeria, youth, sex workers and other groups were trained as peer educators and empowered with accurate information about HIV/AIDS and other related health issues.

As a result of the programme, peer educators embarked on programmes ranging from inter personal communication with fellow peers, parent child communication workshops, street drama and plays with HIV issues addressed, as well as rallies and sensitisation in schools and churches promoting ab-

*continues on page 4*



# Ending PSRHH (MWT) The Jos style!

From the Jos team

**M**ost of the field staff in the Jos regional office joined SFH at the commencement of PSRHH. Isn't that interesting! The project offered the staff the opportunity to learn new things and work com-

fortably with various communities and partners. The ending of the project therefore brought with it mixed feelings. Feelings of fulfillment, disappointment, joy, sadness, suspicion, uncertainty and above all gratitude:

**Fulfillment:** That they all con-

tributed to the overall success of the PSRHH programme in Nigeria.

**Disappointment:** That the programme seemed to come to an end so soon.

**Joy:** That the skills and knowledge acquired during the programme and the experiences gained made a difference to their lives and the lives of the communities with whom they have worked.

**Sadness:** That they will no longer work directly with/through communities with their different peculiarities, at

least on this programme.

**Suspicion:** What do other programmes have to offer in terms of community interventions?

**Uncertainty:** What are the next steps?

**Gratitude:** To the communities for their support and the PSRHH management for giving them the opportunity to work in the PSRHH programme.

And in the hearts of all the staff: We will definitely do it all over again if need be!

continued from page 3

stinence. These programmes had impact on lives of community members, resulting in change in risk behaviour among youths and sex workers. Many young people as a result of the programme have chosen abstinence and reported cases of STIs have been reduced to the minimum.

In 2007, the youth CBOs all over the country which emerged as a result of the PEP process formed a coalition, the Concerned Youths Organisation (CYO).

## Ending PSRHH

Officially, PSRHH a.k.a. "Make We Talk" (MWT) clocked seven (7) years in 2008 and was slated to end, but to stakeholders—SFH, CSO, CBOs, various host communities, the project should never be brought to an end. Its achievements were far reaching and life changing: bringing together people of diverse character, professions, beliefs and education to achieve a common goal of imparting knowledge and skills in order to develop people and communities. The programme provided a forum

for the different community target groups to meet, discuss, and carry out activities, and served as a rallying point for community development. Many CBOs were formed as a result of the programme; about 160 in all, in communities all over Nigeria. Many of the CBOs had a mix of youth (both male and female), transport workers and community influencers as members.

PSRHH's many achievements included:

- The development of an evidence based theory driven effective and sustainable model for behaviour change that can be rapidly scaled up in communities.
- PSRHH was appointed a member of the State Action Committee on AIDS (SACA) in many states, including Sokoto and Kebbi.
- PSRHH supported CBOs took the lead in behaviour maintenance and fund raising activities in their communities.
- The formation of a coalition of MWT CBOs.
- The development of an evidence based strategy for

reaching female out of school youth using skills acquisition/income generation activities and targeting special events including naming ceremonies and weddings.

- Stigma and discrimination against PLWHAs drastically reduced through advocacy to FBOs.
- Increased parental support for the participation of youths in "Make We Talk" interventions.
- Increased health-seeking behaviour amongst high-risk groups
- Reduction in multiple partnering among transport workers and uniform service men and increased HCT uptake
- Increased level of confidence and self esteem among CBO members, especially female out of school youth, and a reduced incidence of teenage pregnancies and abortion within sites
- The development of a process of communicating evaluation data in a timely and appropriate manner to communities and stakeholders, aiding programme imple-

mentation.

- Combining the enter-educate approaches with community focused activities allowing activities to reach very large audiences
- The creation of avenues where community members and stakeholders meet to share updates, best practices, challenges and chart ways forward through established platforms within the communities.

The ending of PSRHH came with mixed feelings: a sense of achievement and success at the fruitful completion of the project, but the recurring question within the hearts of all who had worked on the project was 'what next for our MWT communities?' For the over 400 communities where the project had been implemented, the realisation suddenly dawned that the MWT programme really was ending, but so did a quiet determination that they as communities were well able to stand on their own feet to maintain all the great things that had resulted during the programme.

## A corper's experience with PSRHH

**A**s one new to community work, breaking into fieldwork was exciting and exhilarating, as it gave me an opportunity to experience directly the endless opportunities available when communities are involved in programmes designed to improve their standard of living. I watched in amazement as young people, undergraduates, graduates, police men and women, masons, transport workers and female sex workers worked with us to achieve one common goal; giving people factual, accurate and honest information about HIV/AIDS. The idea that NGOs were only interested in popularising the use of condoms was corrected, as right before my very eyes, lives were changed for the better, successful business ideas sprung forth from CBOs, social scientists became 'Doctors', and many chartered a direct life course for themselves.

When it dawned on me that this would not go on forever, I began to ask questions 'What would happen to the CBOs?', 'How many of them would be able to sustain this work?', 'What measures had been built in the programme to help it stay alive?'. Men like Kunle in one of the CBOs in Jos gave me the answers; a Yoruba man far away from home, he at times single handedly kept the Make We Talk flame burning in his community. The CBO to which he belonged stood out amongst its peers as a one that continued to surpass expectations as they used the training and exposure afforded them by SFH to source for support from other NGOs,

the government, and individuals. They put up exceptional programmes and turned their self-acquired office space into a business outfit that constantly attracted young people, creating the needed environment to facilitate behaviour change and maintenance. As an individual, Kunle proved to have been positively affected as he made a life for himself and his family. Being continually involved in other programmes designed by SFH such as the Priorities for Local AIDS Control Efforts (PLACE), he has proved his mettle and has attained economic independence.

Therefore, although the end of the programme comes with apprehension and fear, I am assured that the wise and dedicated among them have the capacity to keep the flame of Make We Talk burning. As one person in the team said succinctly:

*".....I have used the experience I gained from PSRHH to talk to my family about sexual reproductive health especially since all my kids are girls, I have also been able to hold seminars in my church....."* Staff, Jos

All in all, PSRHH was a worthwhile experience!

## Transport worker: family happier

**M**r. B.O, a 42 year old man with four children, is a Transport Worker Peer Educator in Ojota International Motor Park (Lagos 2 Site). He is now happier both at home and in his place of work.

Mr. BO's interests were in women and alcohol previously, till he had an encounter with the Make We Talk (MWT) programme in his motor park. This gave him the ability to assess his risk of contracting HIV and AIDS as a result of his behaviour, and informed a wise decision.

In his words, " I dey carry plenty women around this garage after work in the evening. Every evening we dey sit under one tree, drink and carry different women around before, but

*since when Make We Talk people, especially our Oga Charles, don dey teach us about how we go plan our life, treat disease like gonorrhoea, we no dey waka waka and stop to drink. He teach us many things. He brings people to test us for HIV, after the test, when I see say I no get HIV e make me change. I stop to waka waka and all the money I dey spend before for women, don save. My family dey happy because I dey pay my children school fees on time, buy food for house and buy clothes for my wife now. Me, I be Peer Educator. I dey teach other people for this garage and them dey happy too because them no dey spend money carelessly and their family too dey happy".*

## A Father Shares his experience of MWT

**M**allam A is a parent in a community, one of the sites that Society for Family Health in Sokoto State, Northern Nigeria is carrying out the Make We Talk intervention. His son J is one of the out of school youths trained as peer educators.

Baban J, as he is popularly called, shared his skepticism about MWT when it came into his community. He says, "Like every other parent in the community, I did not trust the programme because here in the North, it is believed that HIV/AIDS and Reproductive health issues are related to promiscuity, so I thought that it would just corrupt our children".

Despite his misgivings, he reluctantly allowed J to participate in peer education sessions with some other young boys in the community. To his amazement, he began to see positive changes in J, such as his com-

mitment to academics, and support in household chores. J also stopped staying out late and began to display a sense of responsibility at home.

It was then that Baban J realized the impact MWT was making on not only on his son but also a good number of young people in the community. He says, "I then made it a responsibility to talk to parents in the community to allow their children participate in MWT activities, and support them as well. I make out time once in a while to participate in their meetings and I am so impressed with what they are doing."

Mallam has been an influencer and a source of support to the youths in the community, from where they carry out their BC activities.

# Marina Youth Foundation

**M**arina, a semi-urban community in Calabar, just like other high-risk communities, was an infamous haven for drug addicts. Multiple sex partnering was a way of life. This was until the SFH team entered the community and initiated the programme “Make We Talk”.

After the launch of the programme, the training of staff of the CBO’s, Marina Youth Foundation took the lead in behaviour change programmes with activities such as community drama, IPC, rallies and development projects such as Bob-a-job and sanitation within the community which the community leader supported with the purchase of tools such as shovels and wheel barrows for the process.

MYF became the envy of other local CBOs as they began to receive funding from sources outside the MWT programme. Currently, other community based organisa-

tions are eager to be trained to equal or even surpass MYF in their respective communities.

An influencer has this to say about the success of the project in her community, *“My work with female sex workers was indeed an awesome experience, taking them through building self esteem, communicating, negotiating and skills HIV and AIDS and STIs prevention and treatment and HIV counselling and testing. It was an opportunity that made me appreciate others and become less judgmental of people’s behaviour. I came to terms with the fact that it’s up to you to become responsible by yourself. This you do by looking out for a need and reaching out to meet that need. I will definitely miss those opportunities to communicate knowledge and skills to FSWs, contributing to a culture of evidence-based decision-making that promotes sustained behaviour*

*change”.*

Naturally, anyone would feel that all FSWs in the brothel would receive a programme of this magnitude with open arms; but it some of the sex workers, the programme seemed to be a distraction. Happily, it affected and changed the lives of those that embraced it. Many brothels adopted a policy of no

condom no sex, to which all sex workers within the brothel would subscribe, building collective efficacy for 100% condom use on a larger scale. MWT also built the capacity of other development partners to adopt the PEP model and through this, lessons learnt within the programme could be scaled up to new communities all over Nigeria.



# FRSC Drives HIV/AIDS awareness by example

**M**r PP is a trained PE who hails from Ondo State and is a senior officer at the Federal Road Safety Commission at Ojodu Berger. He gave an interesting parallel of his life prior to the MWT programme, as he confessed to multiple non

marital partners without using condoms. In his words *“I do not believe in condom use and its effectiveness but with the introduction of the Make We Talk programme at Ojodu site, especially among my fellow uniformed service men, I now know the importance of condom use, especially as the*

*HIV status of these sexual partners is unknown to me’.*

A senior nursing officer at the medical department in the Commission feels major impact was made in reducing stigma and discrimination within the FRSC. She says *“We want this Make We Talk programme to continue in this command because initially, despite being in the medical field, I did find myself stigmatising against persons*

*living with HIV and AIDS until a particular session which is called ‘giving a face to HIV,’ when a PLWHA from Hope Worldwide Inc facilitated the session, It was then that I really believed that HIV is real and does not show for face, and it dawned on me that anybody can be infected. I now know that anybody can get infected, but it takes everyone to stop HIV.”* The promotion of care and support to PLWHAs is an important aspect of any HIV and AIDS intervention.

## A brothel with of difference

**D**eep within Ipodo in Ikeja, the capital of Lagos state, is a brothel with a difference. It is one of Make We Talk (MWT) intervention sites in Lagos. It is one brothel that is easy to find because of its popularity within Ikeja, as it has existed for a number of years, is well sited close to a busy market, and runs an open door policy for visitors. In this brothel, there are over 17 girls, aged between 17 and 25 years. It is a well-structured brothel run by a director, a manager, 2 bar men and a chairlady, like a fair number of brothels in Nigeria. These various positions

have different responsibilities. The director is at the apex of administration while the chairlady is an influencer who enforces discipline based on the policies that govern the Female Sex Workers (FSWs) in the brothel.

Make We Talk team has worked, through the brothel hierarchical structure for over 2 years using the PEP model. Prior to the MWT intervention, the Female Sex Workers (FSWs) did not use condoms consistently, mainly due to trust of their regular clients/boyfriends and the desire to make more money, as they charge a premium fee for non-

use of condoms.

A policy of 'no condom, no sex' was instituted by the girls within the brothel, and enforced by the hotel management, with the assistance of the chairlady, who is one of the influencers within the brothel. This policy has been in place for more than a year, sustained by the management of the brothel. The cooperation of the girls has made this policy effective. As one of the girls put it: *"For this place anybody wey no gree use condom, e money na sara (it will not be returned) because all the ashewo go shout for him head and no body go carry am". Hear what another girl said: "I be newcomer for here but the day that I came, na director tell me say na condom everybody dey use for here. If I no fit dey use condom, mean say I no go*

*fit stay here because if I no use condom with every customer, I go pay fine. He tell me about disease and belle (pregnancy). Chairlady herself talked to me about the same thing. Since wey I come here, I dey disease and pregnancy free because I dey use condom every time with everybody. I like here because everybody cooperate to use condom".*

The chairlady who is a trained MWT Peer Educator (PE), ensures that all the girls are well informed of reproductive health issues and adhere to the 'no condom, no sex policy'. She also extends her peer education activities to other brothels within the area, as she would like other FSWs to benefit from the MWT intervention.

## Orientation for new personnel

**S**ixty staff drawn from head office and 16 regional offices of Society for Family Health were the target, as the Human Resources Division pulled everyone to Edo House for a special orientation programme for new staff. The orientation programme was to acquaint new staff on the vision, mission and structure of SFH operations and strategic plan.

Managing Director, Sir Bright Ekweremadu gave an overview of the history of the Society for Family Health and provided insights into the company's ongoing five-year strategic plan.

The inductees were taken on a tour of the SFH Head Office complex and received a briefing on the various Directorates of the company. The Director-

ates are General Administration, Programmes, Technical Services, Global Fund, Field Operations and ENR. All Directorates and Divisions within SFH made presentations on their functions and gave an overview of the various components that make up the Society for Family Health. The new personnel were also able to air their views and first impressions about SFH. These included

- An organisation with committed and dedicated staff,
- A place for serious business,
- A wonderful place to work.
- An equal opportunity employer and,
- A place for personal and organisational advancement.



# 2009 SFH Annual Retreat

Otukpo, Benue State

**S**ociety for Family Health Annual Management Retreat took place in January 2009 at Otukpo, Benue State. The theme of the retreat 'Meeting the Challenges of a Rapidly Expanding SFH', gave rise to insightful discussion among all present. The Managing Director, in his ground breaking presentation, enjoined everyone to learn the fine art of managing success, such as that recorded with SFH winning of the Women's Health Project, Global Fund Malaria Round 8, and Enhancing Nigeria's Response to HIV/AIDS grants. He further commented on the need for all to remain focused as we build on our strengths and restructure for greater efficiency.

Issues discussed at the retreat included the need for realistic base-lines, documentation and strengthening process of BCC activities; reorganisational of systems with emphasis on senior management and divisional roles and responsibilities and the scaling up of BCC activities.

The major outcome of the Retreat

was the restructuring of Society for Family Health. New Directorates were created, and are:

- Global Fund Projects, with Ronke Ladipo as Director,
- Technical Services, has Jennifer Anyanti as Director,
- Field Operation's Director is Wale Adedeji,
- Programmes Directorate, has Obi Oluigbo as Director,
- Enhancing Nigerian Response to HIV and AIDS programme with Omokhudu Idogho as director.

The office of the Chief Operating Officer (COO) was created to replace the erstwhile office of Deputy Managing Director, with Joe Odogwu as the new COO.

All together, the retreat afforded the management the opportunity to review the past, see where there were shortcomings and chart the way forward with a plan for the future. The retreat included a courtesy call to the Ochi'Idoma, H.R.H. Elias Ikoyo Obekpa, who educated SFH staff on the history of Idomaland, and its cultural practices. It ended with a concert by the popu-



**Mr. Joe Odogwu**  
Chief Operating Officer



**Dr. Omo Idogho**  
Director ENR



**Dr. Jennifer Anyanti**  
Director Technical Services



**Dr. Oloronke Ladipo**  
Director Global Fund Project



**Mr. Obi Oluigbo**  
Director Programmes



**Mr. Wale Adedeji**  
Director Field Operations

lar Bongus Ikwue, who sang many of his hits from the past, leaving SFH staff dancing and clamouring for more.

## Highlights of Training in Nairobi, Kenya

**S**ociety for Family Health is an organisation that grows, develops and improves by learning. Coupled with the fact that the organisation has an insatiable quest for learning, it was imperative that there should be training on Knowledge Management. To this end, two members of staff from the FP/RH division

of SFH, Anthony Nwala and Onyedikachi Epuchie were sponsored on a 5-day training trip on "Developing and Implementing an effective Knowledge Management Strategy". The training was held on September 21st to 25th at the Grace House Resort, Nairobi, Kenya. The Centre for African Family Studies (CAFS) located in

Nairobi, Kenya facilitated the training.

Sixteen people from six (6) African Countries participated. Participants were drawn from Zambia, Ethiopia, Zimbabwe, Uganda, Nigeria and Kenya. In the course, Knowledge Management (KM) was explicitly defined as the process of generating, analysing, packaging and disseminating information within and outside the organisation in order to harness the intellectual ability within to improve innovation over time. There

was an array of activities carried out during the training. Different facilitators lectured on topics pertaining to KM.

It is also note worthy that all participants found the presentations made by the SFH team interesting and thought provoking. As a result, Anthony and Onyedikachi were invited to facilitate during the Knowledge Management training being organised by the Asame organisation in Nigeria at Valencia Hotel from the 19th to 24th of October, 2009.



*Ambassador Karl Hofmann, President, Board of Directors and CEO, Populations Services International (PSI)*



*Toasting to SFH/PSI relationship*

# PSI president visits Abuja

*Abuja Nigeria, August 6, 2009 - Ambassador Karl Hofmann, President, Board of Directors and CEO, Population Services International (PSI), visits the, Society for Family Health.*

**A**mbassador Karl Hofmann's visit to Nigeria was the second since he became President of PSI. It was long awaited by SFH staff who welcomed him in the usual courteous and friendly Nigerian style.

The two-day visit began with a general introduction to all staff present at the SFH Head Quarters. A press conference immediately converged at the

same venue in which journalists present were curious to know reasons for this prestigious visit, as well as his plans for the organisation and the country as a whole. His trip was concluded with a cocktail party in his honour at Nicon Luxury Hotel, Abuja.

Watch this space for additional stories on the PSI President's visit.



*Hofman dancing at the reception.*



*Hofmann with PSI staff in SFH. From left: Prof. Shima Gyoh, Zana Somda, Dr Olufemi Faweya, Karl Hofmann, Patti Galvez, Moussa Abbo, Dr. Laila Gardezi and Sir Bright Ekweremadu;*



*Hofmann with directors of SFH*

# British Minister of State for Foreign Affairs visits Mpape

Ivan Lewis MP, the British Minister of State for Foreign and Commonwealth Affairs, was recently in Nigeria to assess how the just PSRHH programme touched lives of Nigerians ahead the launch of the new ENR project. The Abuja Field Team hosted the Minister in one of the Make We Talk communities at Mpape, an suburb nestled in one of the hills near the Maitama district of Abuja, Federal Capital Territory (FCT) with a population of about 5,000 persons consisting of both indigenous residents of the and persons from other parts of Nigeria. It has a large population of youths, many who are either out of work or self employed. Mpape is a

site where a project called the peer ethnographic evaluation research (PEER) project was piloted among female out of school youth (FOSYs), alongside interventions for other key target populations.

The visit started with a courtesy call on the Chief of Mpape and members of the traditional council. The chief, commenting on the impact of the project in his community, noted among other highlights the reduction in stigma and discrimination against HIV/AIDS infected persons, who now openly declare their HIV status. He pledged continued support for such programmes that would bring development to the community and help improve their lives.

The minister interacted with community leaders and youth from the community, including members of the PEER approach programme to assess the impact of the PEER project on their lives and their community. The community leaders commended the programme as the major contributor to the reduction of teenage pregnancies in the community, an observation equally shared by the youths. The youths also unanimously agreed that there had been a significant improvement in



**TOP:** Ivan Lewis MP;  
**BELOW:** Ivan Lewis, British Minister for International Affairs with members of the PEER group.

parent child communication following the intervention. The youths noted the appreciable increase in condom availability and use in the community among young persons who were sexually active.

The Minister, in his remarks scored SFH high marks for a job well done, adding that the British government is proud to be associated with the success of the PSRHH project in Mpape community and Nigeria at large. He further elaborated that a new programme would soon be launched by DFID, promising that the British government would continue to support development of youth and community programmes in Nigeria. The Minister was entertained with Gbagyi traditional dance and Drama performance by members of Community Development and Youth Initiatives – a MWT CBO in Mpape.



# Mosquito ad, “Draughts” wins Grand Prix at 4th LAIF Awards

**B**y adopting a completely different tack in presenting the challenges posed by mosquitoes to man, the Society for Family Health and its advertising agency, TBWA Concept have won the Grand Prix at the Lagos Advertising and Ideas Awards Festival (LAIF). The winning advert is the television commercial, ‘Draughts’, which uses the technique of irony and contrast to show the deleterious consequences of malaria attacks. The ‘Draughts’ ad features players engaged in the board game of draughts, popular in Nigeria’s rural areas and among the urban poor. In the presentation, two players of contrasting physical proportions play. One is a huge man, the other short slim character. The small man on sighting a mosquito on his friend’s face, slaps him in a bid to kill the mosquito. The other man reacts angrily to the slap, as unfortunately, his friend does not manage to kill the mosquito, so there is no evidence of the reason for the slap. Not appreciating the supposed assistance from his playing partner, the bigger man then sets out on a course of revenge, the conclusion of which is left to the imagination of the viewer.

‘Draughts’ is one in a series of adverts called *The Slap* developed by SFH, Roll Back Malaria Partners (including the National Malaria Control Programme of the Federal Ministry of Health) and TBWA to address the challenge of cutting through the clutter

in media to drive home the message of increased vigilance and protection against the ‘common’ mosquito by everyone. The campaign has several other treatments, including one where a palace messenger slaps a traditional chief in public also in a bid to kill a mosquito on the chief’s face. The objective in all cases is to use irony and humour to demonstrate how dangerous mosquitoes really are to humans.

TBWA developed the campaign concept while Flint Productions, an indigenous production company managed the production of the commercial following approval by the Advertising Practitioners Council of Nigeria (APCON). The ad, in its various treatments addresses the need to tackle the issue of mosquitoes as causative agents of malaria and highlights the danger posed by malaria, particularly to children under five years and pregnant women. The commercials ran in the last quarter of 2008 as well as the second and third quarters of 2009.

The Lagos Advertising and Ideas Festival is the Nigerian equivalent of the Lions Advertising Festival that holds in Cannes, France. It is open to all advertising agencies operating in Nigeria and their works produced in the preceding year. It is now in its fourth year. Industry professionals traditionally constitute the jury, while 2 external jurors from outside Nigeria have been part of the panel since



the first edition. TBWA, which collaborated with SFH on this project, entered in 19 categories and won 14, including the Grand Prix.

The campaign itself had its origins in the award to SFH of the Principal Recipient of the Global Fund for AIDS, Tuberculosis and Malaria Grant Round 4 Phase 2. The GF grant aims to reduce the impact of malaria on Nigerians, through the promotion of the use of Long-Lasting Insecticide treated Nets, preventive therapy for pregnant women to protect both the mother and baby, and appropriate effective treatment of malaria. SFH was selected to implement the behavioural change communication component for both the public and private sectors.

SFH invited three leading marketing communication agencies to present creative proposals in line with procurement guidelines. After initial screening, SFH called two agencies to participate in a capacity building exercise to enhance their appreciation of current issues around malaria conducted in collaboration with the Federal Ministry of Health and the National Malaria Control Programme, and were asked to develop final materials using their newly acquired knowledge. The creativity of the TBWA proposals captivated the SFH team, and has now won the plaudits of the jurors at LAIF. Kudos to SFH, The Roll Back Malaria Partners and TBWA for a job well done!



*A group photograph with the Etsu Nupe and the Niger State Governor*

## SFH leads LLINS distribution campaign

**W**ith a focus on Niger and Ogun States, The Society for Family Health (SFH) is leading a mass distribution campaign for greater availability and use of Long Lasting Insecticidal Nets (LLINs) across Nigeria. LLINs are one of the cost effective interventions in the reduction of malaria. It forms part of Nigeria's response to the prevention of the disease. The grand objective of the prevention effort is a mass campaign to distribute LLINs to every household in the country. Studies show that several countries have used these campaigns in reaching beneficiaries and strengthening LLINs coverage and use, with a corresponding drop in malaria cases and deaths. The Federal Ministry of Health's Malaria Control Programme and the Roll Back Malaria partners are facilitating the project. Members of the RBM partners include the World



*BELOW: Advocacy visit to the Ogun State commissioner for LG and Chieftaincy.*

Health Organisation (WHO), United Nations Children's Fund (UNICEF), SFH, and United States Agency for International Development (USAID) and the UK Department for International Development (DFID). Additional resources from donors and partners including the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), are supplementing the Government's response.



*A group photograph with Niger State police Commissioner.*

The selection of SFH to implement the campaigns in Niger and Ogun States is attributed to its highly rated status as one of the foremost Nigerian-managed, non-governmental organisations, which has made significant contribution in the country's health and development sector. As part of its strategy towards a successful implementation of the project, SFH aims to involve the state governments at all levels in the planning, implementation and post-intervention stages of the campaign.

Studies reveal that though malaria is preventable, treatable and curable, about 97% of Nigeria's population is at risk of the scourge with an almost year round transmission of the parasite.

The country currently has 25% of the disease burden in Africa, with an estimated \$12 billion loss in treatment costs and annual productivity. Mostly affected are children under five, pregnant women and the poorer sections of communities.

## LLINs Mass Distribution Campaigns

### SFH Begins Advocacy Visits

**K**ey management and programme staff of the Society of Family Health (SFH), led by Dr. Hajo Sani conducted an advocacy visit to top Government functionaries in Niger State as a prelude towards the implementation of the LLINs campaign in the state.

An overwhelmingly positive response was received from the Niger State Government. The highlight of the visit was mutual agreement on the appointment of the highly respected traditional ruler, the Etsu Nupe, Alhaji, Dr. Yahaya Abukar, CON, as the Roll Back Malaria Ambassador for the campaign in Niger State. He is also the Chairman of the Niger State Council of Traditional Rulers. The Etsu Nupe will play a significant role in reaching the grassroots of the state to build consensus and promote the campaign.

Other government functionaries were visited includ-

ing the state Commissioner of Health. During the visit to the office of the Niger State Commissioner for Health, Dr. Ernest Nwokolo, a member of the SFH team gave an in-depth view into the reasons for the campaign and described the nature of SFH/Niger State Government collaboration, as this would ensure successful implementation of the campaign. Areas in which both parties reached mutual consensus during the visit were the proper definition of households, and how to make optimum use of the limited time available for planning and implementation. Fears were also allayed on the possibility of leakage of LLINs allocated to Niger State into neighbouring States. Other areas discussed included the constitution and inauguration of the State LLIN Campaign Coordinating Network LCCN.

Another visit was made to

the office of the Commissioner of Local Government and Chieftaincy Affairs in Ogun State who was represented by the Permanent Secretary in the Ogun State Health Ministry. Others present at the occasion were the Chairman of the Association of Local Governments of Nigeria (ALGON) and top directors in the ministry. Various issues were discussed including the proper enumeration of wards in the LGAs, the need for a plan of action spanning from the time of inauguration of the State LCCN to the period of the distribution proper. Both the permanent secretary and state Chairman of ALGON welcomed the campaign believing it will positively affect the people of the state by reducing morbidity and mortality due to malaria. Both promised to play the necessary roles in ensuring the success of the campaign.



*Oba Sikiru Adetona with Sir Bright Ekweremadu and Dr Ronke Ladipo*

## Advocacy visit to Awujale of Ijebuland on the Distribution of Long Lasting Insecticide Net (LLIN)



*Members of council of Obas*

**“K A B I Y E S I O O O O !”**  
That was the greeting on every lip on September 22, 2009 as Sir Bright Ekweremadu led nine other officials of the Society for Family Health, and staff of the National Malaria Control Programme (NMCP) of the FMOH and the Country Coordinating Mechanism of the Global Fund on a courtesy visit to Oba Sikiru Adetona, the Awujale of Ijebuland.

Following the nomination of the first class traditional ruler as the Net Ambassador for Ogun State, the team paid him an advocacy visit, to inform the Awujale as well as seek his support for the LLIN mass campaign coming up in December 2009 in the state.

The Executive Secretary, Ogun State Primary Healthcare Development Board and the State RBM unit joined the delegation. The delegation waited for a while in the expansive courtyard of the Awujale but were soon ushered into the presence of the Oba, seated in all his royal paraphernalia and assisted by seven other Obas from different traditional councils in the State.

The Executive Secretary, OGUN Primary Health Care Development Board (PHEC-ADEB), was the MC of the advocacy event and after introductions, the Deputy Director in the FMOH, Mrs Chioma Amajoh, gave a goodwill message from the Honourable Minister for Health, the NMCP and the CCM and also thanked the

Oba for seeing the delegation and gave him a complete brief on the purpose of the visit.

Sir Bright Ekweremadu, leader of the SFH team, gave a brief talk on the vision and mission of SFH and the plan to open an office in Ogun State in the nearest future by virtue of the increased activities of SFH in the state. He read out SFH’s prayers to the Awujale and formally presented him with the letter from the CCM nominating him as the State net ambassador for Ogun state.

Oba Adetona, the Awujale, received the letter wholeheartedly. He appreciated the burden of malaria in Nigeria and extolled the timeliness of the LLIN campaign in Ogun State. He also consented to an appointment for a second

meeting. That meeting would feature a smaller group of executives who would visit to clarify the expected role and functions of the Net ambassador. The team also presented advocacy items to the Awujale and the supporting Obas.

### **Members of the delegation**

1. Sir Bright Ekweremadu
2. Dr. Ronke Ladipo
3. Pharm. Wale Adedeji
4. Dr. Ernest Nwoko
5. Idowu Akanmu
6. Ifeanyi Ume
7. Pharm. Jibola Lawal
8. Emeka Okafor
9. Mrs. Chioma Amajoh – NMCP
10. Mr. Emma Cousins - CCM

## SFH Consortium wins new DFID HIV and AIDS programme

**E**nhancing Nigeria's Response to HIV & AIDS (ENR) programme is an HIV prevention and an institutional strengthening programme whose goal is to contribute to Nigeria's achievement of the Millennium Development Goal (MDG)

The programme focuses on reducing the spread of the HIV epidemic and mitigating the impact of AIDS on the lives of the most-at-risk and vulnerable groups. Its purpose is to ensure sustained behavior change in these groups, which comprise young people, commercial sex workers and transport workers. ENR is supported by DFID, which signed, on January 19th, 2009, a 100 million pounds reimbursable contract to be managed by the consortium of six organisations. The contract is for six years and 40% of its value comes in the form of products, including condoms and contraceptives.

SFH is the managing partner

for the contract. Other partners are:

- i. ActionAID International Nigeria
- ii. Population Services International (PSI)
- iii. Options Consultancy
- iv. Benguela Health (PTY)
- v. BBC World Service Trust
- vi. Population Council
- vii. Crown Agents for Procurement.

The programme will operate at both the state and federal levels and will promote:

- i. Strengthened stewardship and coordination of the roles of the federal and state governments for an effective, multi-sectoral and evidence-

based HIV/AIDS response.

ii. Improved and increased institutional and resource capacity of CSOs, engaged in HIV/AIDS.

iii. Improved appropriate behaviours conducive to safer sexual practices arising from increased knowledge and access (availability and affordability) to safer sex products including condoms.

iv. Improved targeting of interventions through better knowledge obtained from monitoring and evaluation (M&E), surveys and research around HIV and AIDS.

The SFH consortium will implement the ENR programme with certain key principles in mind, including commitment to:

- Local Ownership and Stewardship
- Alignment with the Three Ones, which are one national HIV and AIDS framework, one strategic

Plan and one monitoring and evaluation system

- Gender Equity
- Ensuring rights-based approaches
- Ensuring interventions are evidence-based
- Balancing HIV prevention with treatment needs
- Using a targeted approach to reach the most vulnerable
- Good governance and transparency.

The programme will be implemented at the national level in conjunction with NACA and three line ministries: Federal Ministries of Health, Women Affairs and Education, and also with the national networks for CSOs. At the state levels, it will work with the equivalent of the ministries and the State Agencies for the control of AIDS. It will be executed in eight states, namely Benue, Nasarawa, Kaduna, and Cross River States. Others are Lagos, Ogun, and Akwa Ibom States. One additional state is yet to be selected. SFH and its partners have the demonstrated ability, commitment, and expertise to measurably improve the health of the Nigerian people and build the capacity of institutions to respond effectively to the HIV epidemic.

### Millennium Development Goals (MDGs)

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a Global Partnership for Development

## Panacea to safe water

**T**he Nigerian National Water Supply and Sanitation policy adopted in January 2000 proclaims access to adequate, potable water and sanitation the right of every Nigerian. The frequent cases of diarrhoea reveal that the policy is yet to be realized. One in

three Nigerians does not have access to improved water supply in the urban centres, while residents access water from unhygienic and contaminable source in the rural centres, frequently leading to outbreaks of diarrhoea.

A top SFH priority is reduction of the high incidence



of illness and deaths caused by diarrhoeal disease associated with unsafe water. Through its maternal and child health programme, SFH is using Water Guard to deliver safe water to households. Water Guard is an innovative, practical and

cost-effective intervention which guarantees access to safe water. The simple formula consists of a bottle of chlorine solution used to disinfect water at point of use. It inactivates microbial pathogens that cause diarrhoea. Use of Water Guard has been reported to reduce diarrhoea episodes by a remarkable 30-50%.

Have you bought a bottle of WaterGuard today?



## SFH Field Office addresses nationwide & contact persons

		ABUJA FCT	ADAMAWA STATE
		Grace Yisa Society for Family Health 9 Port Harcourt Crescent Area 11, Garki, Abuja. Tel:08034530238	Micheal Ochogwu Society for Family Health Behind Karewa Primary School Karewa /Maskare Layout Jimeta Adamawa State. Tel: 08036195077
BAUCHI STATE	BENUE STATE	BORNO STATE	CROSS RIVER STATE
Afiya Gofwan Society for Family Health Sindaba House Federal low Cost Housing Bauchi. Bauchi State Tel: 08035913929	Zakari Mohammed Society for Family Health ASHBY Plaza (Top Floor) No. 7, New Bridge Road, (Beside U.B.A. Plc), Makurdi, Benue State. Tel:08035864698	Abare Galadima Society for family Health No. 8A Shehu Laminu Way GRA Maiduguri Borno State. Tel: 08035983371	Bartholomew Odio Society for Family Health Plot 214D,First Avenue State Housing Estate Calabar. Tel:08055140921
EDO STATE	ENUGU STATE	IMO STATE	KADUNA STATE
Chris Meka Society for Family Health Benin Regional Office 14 Gapiona Street, off Benoni, GRA. Benin City Tel: 08033284963	Chidinma Anaso Society for Family Health 11/13 Ezillo Street, Near Brown and Brown Centre, Independence Layout, Enugu Tel:08035892229	Kingsley Ezenma Society for family health Plot LM City Garden Estate MCC/Uratta Road Opp. Imo State Housing Co-operation. Owerri, Imo State. Tel: 08034008839	Ibrahim Galla Society for Family Health Plot No 18b,Dawaki Road Off Isa Kaita Road,Malali GRA. Kaduna 08034079079
KADUNA STATE	KANO STATE	LAGOS STATE	NASARAWA STATE
Rekiya Sani Ahmed KADSACA Office No.20 Katuru Road, Opposite NAF Club Unguwar Kaduna. Tel:08037866278	Yusuf Dayyabu Society for family Health No 30. Farm Center Lane, Masalachi Crescent Off Sokoto Road, Kano Tel: 08034516144	Philomena Ekrikpo Society for Family Health Awaye House, 2nd Floor Lagos/Badagry Expressway (Coker Bus Stop), Orile Iganmu, Lagos Tel: 01-7730508-9	Abdulsamad Salihu ENR Nasarawa Field Office: Nasarawa State AIDS Control Agency (NASACA) 3, Almakura Street, Off Shendam Road Lafia, Nasarawa State. Tel: 08030644746
ONDO STATE	OYO STATE	RIVERS STATE	SOKOTO STATE
Bimbo Faloye Society for Family Health No 8, Sam Olukayode street, Alagbaka GRA Akure (behind NDLEA office). Akure 08037194173	Tunde Ogungbenro Society for Family Health 10, Okunola Abass Street, off Are Avenue, Opposite UK Application Office, New Bodija, Ibadan, Oyo State Tel:08077016414	Oluchi Ofurum Society for Family Health 2nd floor Excelsis Complex, Temple Ejekwu Street (Off Aba Road) by TEXACO Station Artillery, Rumuogba Port Harcourt, Rivers State. Tel:08033534983	Farouk Musa Yusuf Society for Family Health Old Airport Area, Off Gusau Rd. Opposite Sultan Abubakar III Friday Mosque, Sokoto Tel: 08036095279



For our beta health, me and my  
wife de take our time before anoda belle



Waka go any health care centre wey dey near you for more tori.

