

The
People
Company



Gates Foundation

Communications Execution Strategy

What This Document Covers

This document presents a bold, insight-driven communications strategy built on a clear understanding of our audience.

From a compelling big idea to PR, thought leadership, and grassroots activations, we've mapped out how we'll show up, stand out, and drive impact. We've also defined how we'll distribute, track, and measure success.

Summary From Inception Plan (What we know)



The Core Mandate

To develop an actionable communications plan that drives improved access, quality, and uptake of PHC services, especially for women and children by translating strategy into bold, locally relevant storytelling and execution.



Strategic Goals

- Build public trust and behavioural change in PHC usage
- Improve donor awareness and funding of PHC
- Strengthen community engagement via local champions

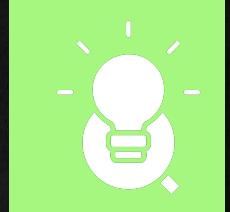
Stakeholder Map

- Government Bodies
- Global & local donors
- Corporate and Philanthropic partners
- Community Influencers



Critical Insights for Comms Strategy

- PHC must be trusted to be used
- One-size doesn't fit all. Solutions must reflect local realities
- Communication is essential: Visibility, education, and community ownership are key to driving behavioural change.



Crafting The Narrative

Communications Approach For PHC

What The Campaign Aims To Delivers Across Board

At its core, this campaign will be crafted to inspire belief, from those who fund change, and those who need it. For donors and partners, that means making impact feel real and grounded in lives, behavioural change, and built trust. For everyday Nigerians, it means reintroducing PHCs as reliable, accessible, and made for them, not as last-resort options, but as their first step to a healthier life.

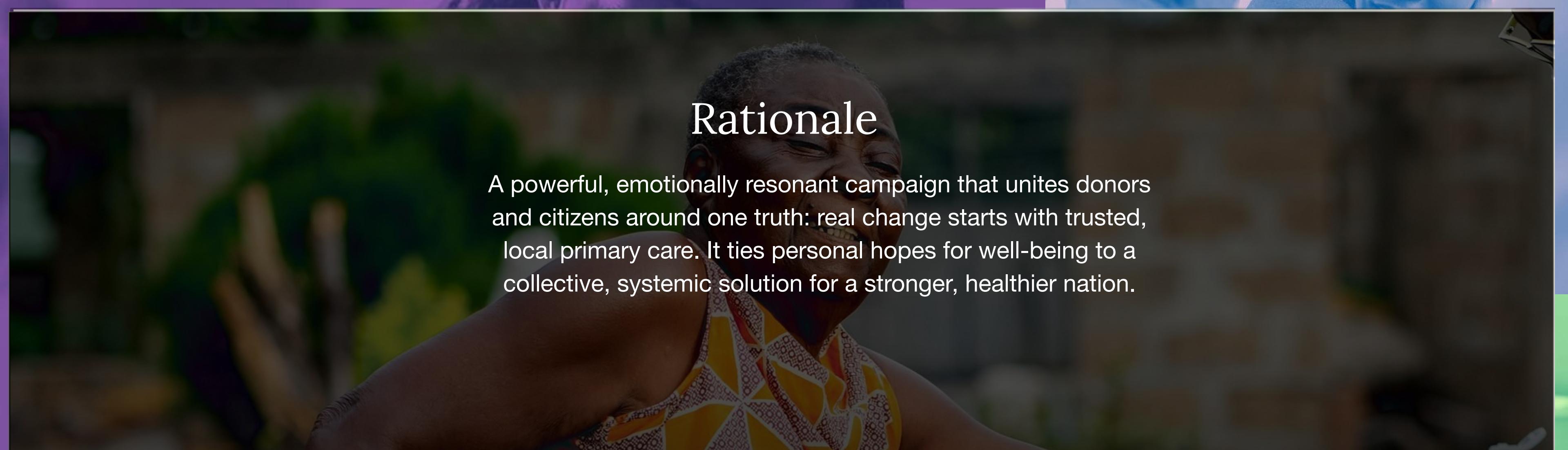
In summary, this campaign will **reconnect Nigerians to care they can trust** and shows funders the **real, measurable impact** of building and contributing to PHC. It is designed to drive uptake and prove impact where it matters.

The Big Idea

The Core Message For This Campaign

My Healthy Nigeria, Starts With PHC.

The big idea is the compass that guides every tactical initiative, setting the tone for our language and communications throughout the campaign.



Rationale

A powerful, emotionally resonant campaign that unites donors and citizens around one truth: real change starts with trusted, local primary care. It ties personal hopes for well-being to a collective, systemic solution for a stronger, healthier nation.

Essence

A healthier Nigeria lifts us all. This campaign sounds the alarm, exposing the cracks in primary healthcare and demanding the attention they deserve.

Creative Territories

Care That Begins Close to Home

Shine a light on how real health progress starts in our local clinics and communities.

Stronger Systems, Stronger Lives

Illustrate the link between better PHC systems and everyday stability, education, work, parenting, productivity.

The Pulse of the Nation

Position PHC as the heartbeat of national progress - a signal of how much a nation values its people.

Every Life, Every Voice

Center citizen voices and human stories to make the campaign inclusive, grounded, and real.

Comms Execution Strategic Framework

Execution Framework

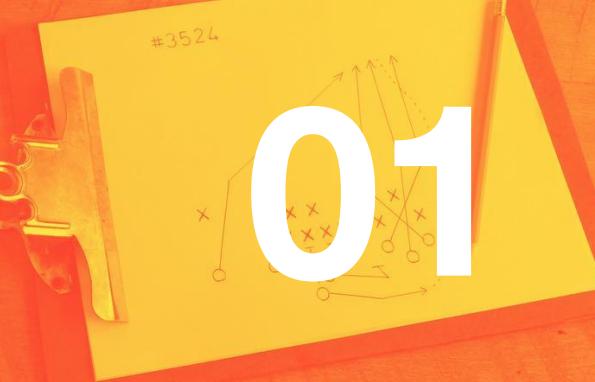


Content Playbook

Public Relations & Events

Influencers & Thought Leaders

Grassroot Activations



Content Playbook

Public Relations & Events

Influencers & Thought Leaders

04

Grassroot Activations

Closer to Care
The Real Matter

The Public File
PHC Reform Summit
Fireside Chats with Trailblazers

Influencer Health Campaigns
PHC Visitation
Content Seeding
Social Commentary

PHC Champions
Door-to-Door Drives
Market Sensitisation
PHC Matters with Nurse Amina

Promotion & Distribution

- TV: DSTV, Channels, Africa Magic, NTA
- Radio: Wazobia, Liberty FM, etc.
- Digital: YouTube, IG, TikTok

Measurement & Evaluation

- Viewership (TV/Radio ratings, online views)
- Episode recall
- PHC service referrals uptick

- Op-eds, white papers, policy briefs
- Channels TV, BusinessDay, Premium Times
- LinkedIn & Twitter/X

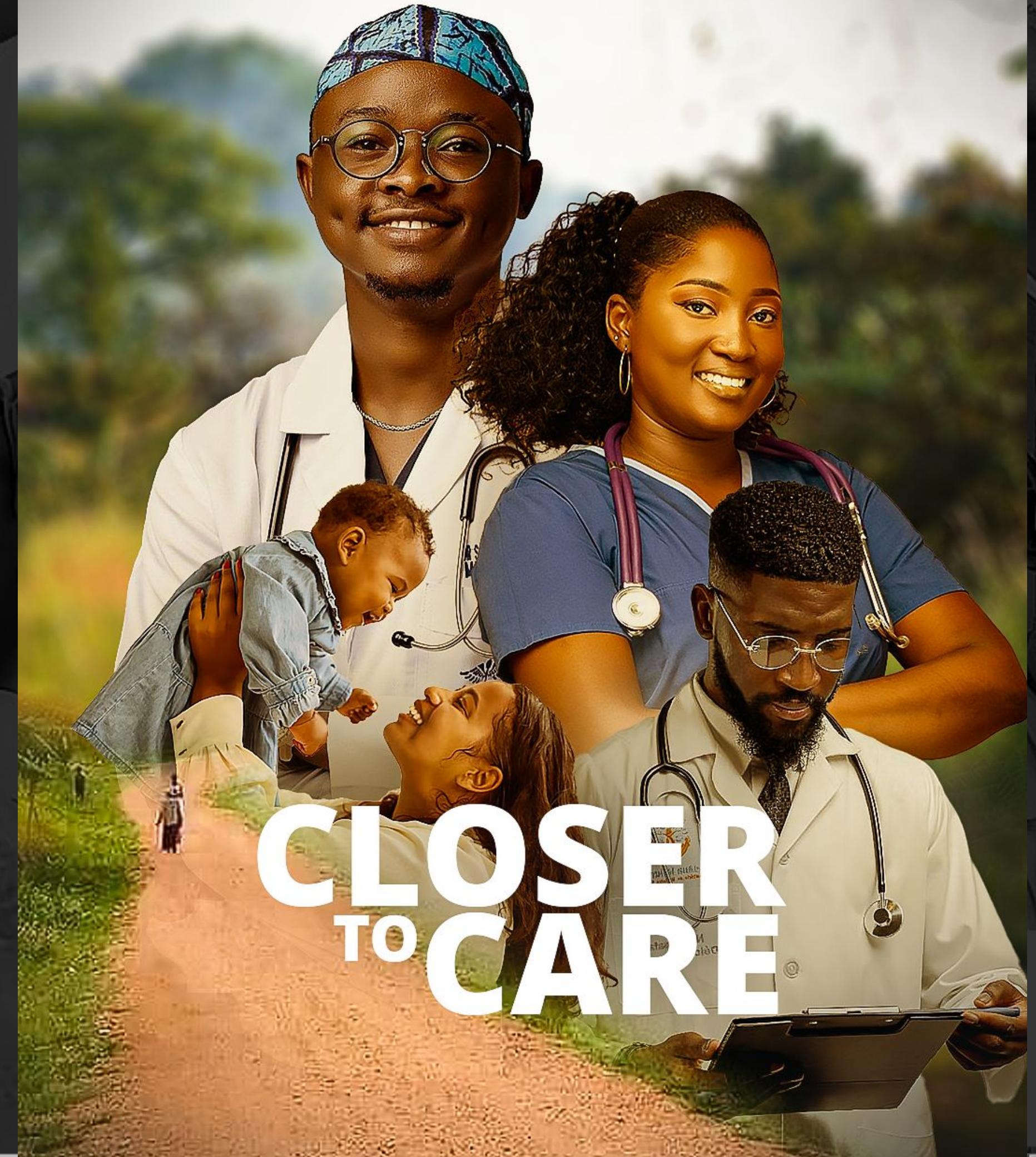
- Media citations
- Policy mentions
- Donor/policymaker engagement tracked

- Instagram, TikTok, YouTube, Twitter
- Live appearances at PHC events
- PSA videos, campaign song

- Engagement rates
- Reach & virality (hashtags, impressions)
- Sentiment & recall analysis

- Local markets, homes, motor parks
- Town union meetings
- Printed IEC materials, local broadcasts

- No. of household visits
- Referrals made
- Knowledge retention (pre/post)
- Attendance & logs



Closer To Care

Taking The Message To TV

Closer To Care

Set in a vibrant Nigerian neighborhood, this emotional TV drama series explores the interconnected lives of everyday people navigating love, dreams, health, and hard choices. At the center of their world stands the local Primary Health Care (PHC) center—a quiet but steady presence in their most vulnerable moments.

From a teenage girl confronting menstrual taboos, to a couple wrestling with family planning decisions, to a father learning how to support his wife through childbirth—each episode brings intimate, real-life health struggles to the screen. Told with heart, humor, and cultural truth, the series spotlights how personal choices and community support shape a healthier future.

It is a story of hope, resilience, and transformation — told not with lectures, but with compelling characters and drama that reflect real life.

Genre: Emotional Drama / Social Impact Series

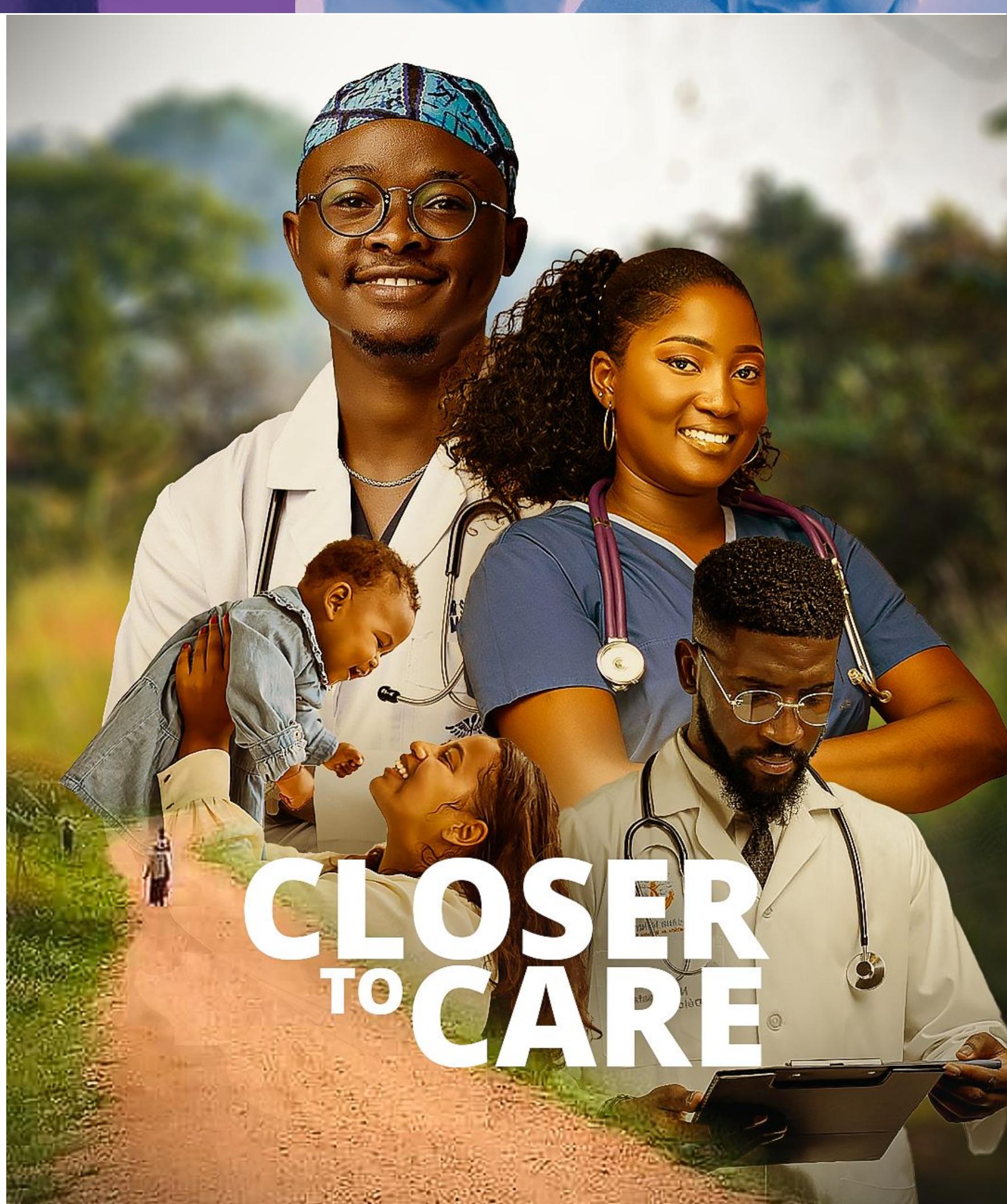
Format: 30-minute episodes (TV or Digital Series)

Language: English / Nigerian Pidgin / Local Dialects (as needed for authenticity)

Location: Nigeria (Urban/Mid-Urban Neighborhood)

Impact

- It humanises the PHC system through relatable characters,
- Drives emotional connection and perception shift,
- Encourages real behavioural change and PHC uptake,
- And serves as an accessible learning tool embedded in entertainment



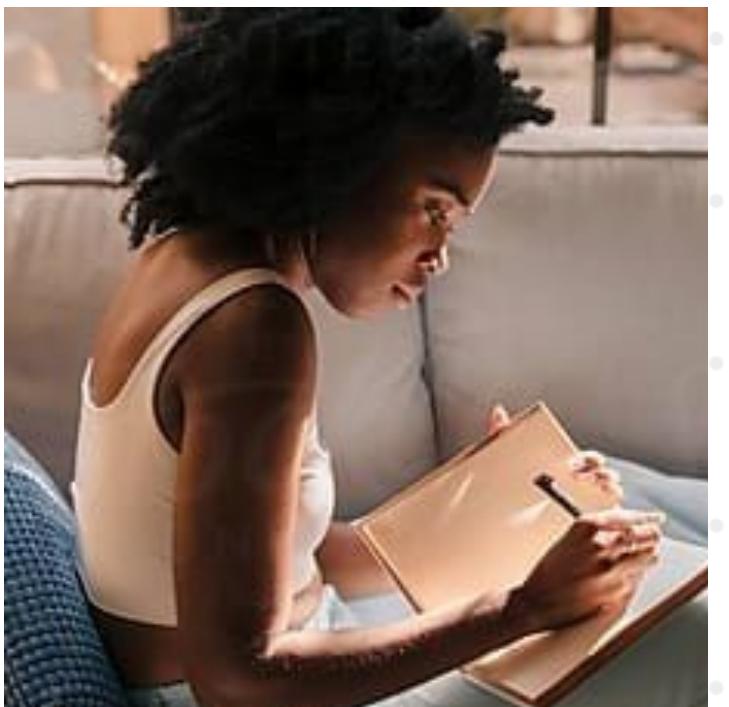
Production Design

The show's visual style is warm, grounded, and intimate — capturing the quiet beauty and everyday chaos of a Nigerian community. Natural light, handheld shots, and rich textures bring the world to life. Think MTV Shuga and I need to Know.

The PHC is functional but worn — peeling paint, handmade posters, and paper files stacked high. It's not polished, but it pulses with life, community, and care. Sunrise, the surrounding neighborhood, is colorful and layered — a blend of tradition, noise, and culture.

Each character's space reflects who they are: Hauwa's home is frozen in time; Banjo's is modest and practical; Diyyah's is cluttered with clothes, gadgets, and her ever-present ring light. Costumes mix local fabrics and modern styles to show identity, class, and aspiration.

The color palette leans into warm earth tones — rust, clay, mustard — with pops of brightness from clothing and props. Recurring elements like candles during power outages or a broken clock at the PHC subtly reflect systemic cracks and human resilience.



How We Intend to Deliver the PHC Message

If you have been affected by any of the issues raised in this show, or need confidential counselling please call the NACA helpline,

6222

Operators are available between 8am to 8pm daily.
Terms and conditions apply.

Go to
www.mtvshuga.com
for more information

End Frames /End Credits Health Hotline / SMS
(QR CODES can be featured here)



POLL

Shuga Fam, Should Moh go ahead with the wedding?

Yes, so her parents don't suffer the consequences of losing their home

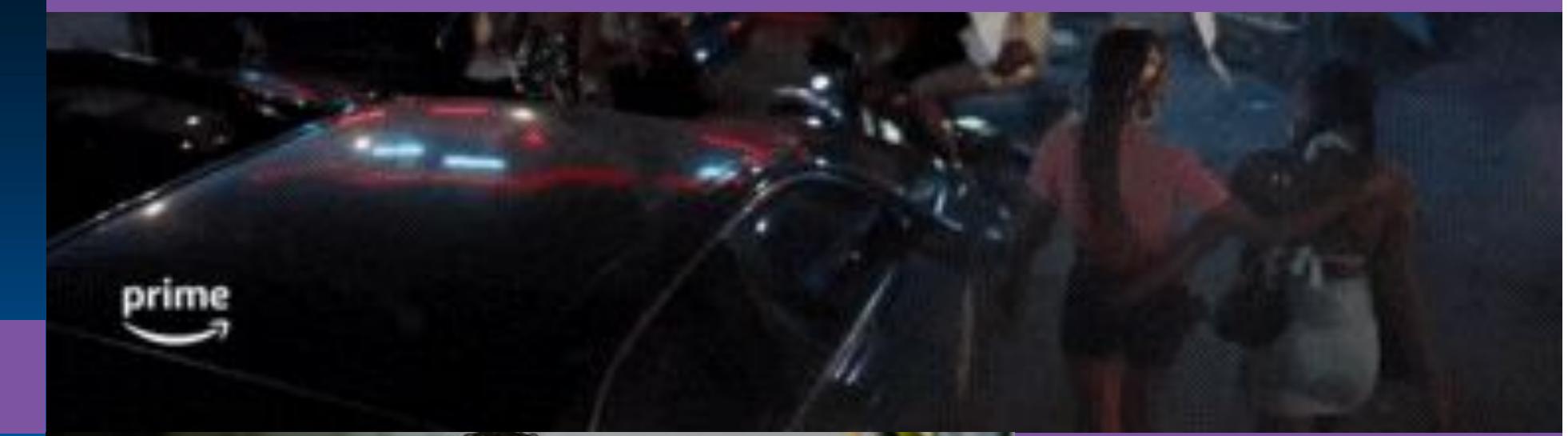
No, she should leave home and go for the NITECH competition instead

I don't know

Mid-Episode “Did You Know?” Moments



Logo Pop Ups



Character-Led Education Moments

Episodic Breakdown

Episode	Health Focus (PHC Issue)	Story Summary (Lead Character + Episode Brief)
1	Emergency Care/ First Aid	Baba Bello collapses unexpectedly at home during a heated argument. Dr. Hauwa rushes her to the under-equipped PHC. During the chaos, Diyyah's bag gets switched with her mother's, leading to missing passports and their forced stay in Nigeria. The poor state of the clinic sets the tone for the season.
2	PCOS & Adolescent Reproductive Health	Amina's Silence – A withdrawn 15-year-old girl hides her symptoms of painful, irregular periods. She collapses at school, leading to a PCOS diagnosis. Dr. Hauwa learns to connect with young people while fighting myths around menstruation and fertility.
3	Neonatal Jaundice	A new mother delays bringing in her yellow-skinned baby due to reliance on herbs. The baby's health deteriorates until PHC intervention saves the child. Focus on early signs, treatment, and cultural delays in care.
4	Malaria Testing and Prevention	Musa's Redemption – Musa's outreach fails when women mock the use of mosquito nets. When one of their children falls critically ill, the community reconsiders. Musa earns back their attention and uses the moment to teach.
5	Antenatal Care & Safe Pregnancy	First Time, First Risk – Temi, a first-time pregnant woman, refuses to visit the PHC, waiting for her husband to return and take her to a distant private clinic. She shows signs of gestational diabetes and preeclampsia. Hauwa must intervene before it's too late.
6	Childhood Immunisation & Vaccine Confidence	Radio Panic – Popular host Tunde Musa spreads vaccine misinformation on air. Mothers skip appointments. Dr. Hauwa appears on the same show, using a personal story to change minds. A live caller's testimony turns the tide.
7	Sickle Cell Crisis & Genotype Testing	A child with undiagnosed sickle cell collapses. His parents don't know his genotype. The PHC stabilizes him and introduces awareness campaigns about early genotype testing.
8	Teenage Pregnancy & Reproductive Education	A teenage girl faints at a market stall. PHC discovers she's pregnant and has been hiding it. The episode explores shame, consent, and how families avoid uncomfortable conversations.
9	Family Planning & Birth Spacing	Nurse Blessing hosts a family planning awareness event. Few women attend due to stigma. One woman, Ronke, reveals she's pregnant again barely a year after her last child. Others slowly open up as the discussion centers around rest and survival, not judgment.
10	Uterine Fibroids & Infertility	Mama Chika's Roots – Chika, a loud and humorous market woman, secretly suffers from heavy bleeding and miscarriages. She swears by herbal remedies until she collapses. At the PHC, Hauwa diagnoses her with fibroids. The episode shows respect for tradition while advocating safe care.
11	Rhesus Factor & Miscarriages	A woman comes in after multiple miscarriages. Tests reveal she is Rh-negative and was never given Rhogam. Mama Bello's own history of miscarriages resurfaces. The truth begins to heal her broken relationship with Hauwa.
12	Menopause & Andropause	What's Wrong With Me? – Estranged couple Chief Abiola and Comfort both show symptoms of midlife hormonal changes. After counseling, they learn about menopause and andropause. Hauwa, thinking her own symptoms are menopausal, learns she's actually pregnant — with Banjo's child.

Distribution & Promotion

Closer to Care

State	TV & Radio Broadcast (Incl. Satellite)	Digital Promo
Lagos	<ul style="list-style-type: none"> - Terrestrial: Channels TV, AIT, Silverbird, TVC - Radio: Cool FM, Wazobia FM, Naija FM - Satellite: Africa Magic Family (DSTV/GoTV), Africa Magic Yoruba, Rave TV (DSTV 113), Soundcity (DSTV/GoTV) 	<ul style="list-style-type: none"> - Strong IG, TikTok, Twitter campaigns - YouTube full episodes + shorts (This is with a call to action for viewers to catch the full episodes)
Abuja (FCT)	<ul style="list-style-type: none"> - Terrestrial: NTA Abuja, AIT Abuja - Radio: Kiss FM, Cool FM Abuja, Nigeria Info Abuja - Satellite: Africa Magic Urban (DSTV), AIT (DSTV 253, GoTV 93), Arise News (DSTV/GoTV) 	<ul style="list-style-type: none"> -Facebook & IG shorts ads directing people to the episodes on YouTube
Kaduna	<ul style="list-style-type: none"> - Terrestrial: Liberty TV & Radio, DITV, KSMC - Radio: Arewa Radio, Nagarta Radio - Satellite: Liberty TV (DSTV 180, StarTimes 113), Arewa24 (DSTV 261, GoTV 101, StarTimes 140) 	<ul style="list-style-type: none"> - Facebook full length movie (very active in Kaduna) -YouTube Hausa-subtitled/dubbed versions
Kano	<ul style="list-style-type: none"> - Terrestrial: ARTV, NTA Kano - Radio: Radio Kano, Express FM, Rahma Radio - Satellite: Arewa24 (DSTV 261, GoTV 101), Liberty TV (DSTV 180), Africa Magic Hausa (DSTV/GoTV), StarTimes Hausa bouquet 	<ul style="list-style-type: none"> - Facebook, TikTok, WhatsApp (widely used) - Audio drama spin-off for low-literacy groups

-Languages: Hausa, Yoruba, Pidgin.

-Airing Schedule:

Primary Airing: Thursdays & Sundays (Prime Time: 6:30pm – 6:45pm)

Repeat Broadcasts: Saturday mornings (10:00am)

Frequency: 2x per week per station

Season Length: 12 weeks

Satellite TV Stations (National/Regional Highlights)

- **Africa Magic Family (DSTV/GoTV)** → Pan-Nigeria family-friendly slot.
- **Africa Magic Yoruba / Hausa / Urban** → Regional language penetration.
- **Arewa24 (DSTV/GoTV/StarTimes)** → Essential for Kaduna/Kano (Hausa-first content hub).
- **Liberty TV (DSTV/StarTimes)** → Strong Arewa following (Kaduna/Kano).
- **AIT, Channels, Silverbird, Arise (DSTV/GoTV)** → National credibility, policy elites.
- **Rave TV, Soundcity (DSTV/GoTV)** → Youth/urban Lagos audiences.

Measurement - Closer to Care

Objective	Key Metrics	Measurement Methods	Success Indicators
1. Reach & Awareness	- TV/Radio ratings - Satellite reach (DSTV/GoTV/StarTimes) - Digital impressions/views - Community screening attendance	- Nielsen, GeoPoll, station logs - YouTube/Meta/TikTok analytics - Champion field reports	20M+ cumulative viewers/listeners 200+ screenings across 4 states
2. Engagement & Retention	- Repeat viewership (TV/YouTube) - Social mentions (#CloserToCare) - WhatsApp forwards - Viewing club participation	- Ratings trends, YouTube retention - Social listening dashboards	60–70% weekly retention 50K
3. PHC Uptake & Behavior Change	- PHC visits & referrals - On-site service uptake - Participation in weekly challenges	- MoH/PHC records - NGO partner reports	10–15% uplift in PHC visits 20+ services per activation 500+ challenge entries
4. Policy & Donor Influence	- Donor orgs engaged - Policy briefs/mentions - Media coverage	- Public File reports - Event logs, media monitoring	10+ donor partners engaged 5 policy briefs 100+ media mentions
5. Inclusion & Equity	- Gender participation % - Rural penetration (LGAs covered) - Accessibility adoption	- KAP surveys - Partner reports	50% women/youth reached 50 rural LGAs activated 100% accessible content

Budget For Closer To Care

\$2.6k Pre-Production	\$47.5k Crew	\$36.2k Talent	\$201.9k Equipment	\$61.5k Welfare/ Logistics	\$26.5k Location	\$21.0k Post- Production
Covers all the planning and preparation activities before filming begins, including concept development, scripting, scheduling, and production design.	Payment for the technical and creative professionals, directors, producers, cinematographers, sound engineers, and other essential staff who bring the show to life.	Covers fees for on-screen personalities such as actors, or guest appearances who feature in the show.	Rental or purchase of cameras, lighting, sound gear, and other technical equipment required for filming and production.	Expenses for transportation, accommodation, feeding, security, and general welfare of the crew and talent during the production period.	Costs for securing filming venues, permits, set construction, and location management to create the required environments for the show.	Editing, sound design, color grading, graphics, and any special effects needed to polish and finalize the show for broadcast or distribution.

Exchange Details - \$1.00 - ₦1,600.00

Total: \$397,406.25

The Real Matter

SHOW



The Real Matter

Real Matter is a compelling radio drama series that uses the power of storytelling to explore real-life health challenges faced by everyday Nigerians. Each week, listeners are drawn into vivid, emotional stories—told in Pidgin English—that reflect what they've seen at the bus stop, heard at the salon, or lived through in their own families.

Through relatable characters and grounded plots, the show tackles everyday health issues: childbirth, family planning, STIs, gender norms, child nutrition, mental health, domestic violence, and more. At the heart of each story is the quiet but essential presence of the Primary Health Care (PHC) system — portrayed not just as a building, but as a lifeline.

Told with warmth, drama, and cultural authenticity, the series makes PHC feel personal, trusted, and necessary. Every episode ends with a clear, actionable message — guiding listeners to where and how they can access free or low-cost health care services around them.

Format: 15-minute episode

Language: English / Nigerian Pidgin / Local Dialects (as needed for authenticity)

Impact Goals

- Build trust in PHCs through culturally grounded storytelling
- Deliver accurate health info in an emotional, memorable way
- Reach low-literacy and low-data audiences through Pidgin-based radio
- Reinforce behavior change through consistent end-of-episode calls to action



Episodic Breakdown (Episode 1-6)

Episode	Health Focus (PHC Issue)	Story Summary (Lead Character + Episode Brief)
1	Belle No Be Miracle	<p>Efe's life is pure hustle. Between fixing braids in front of her shop, borrowing food from Mama Esther next door, and managing her restless children, every day feels like survival mode. She suspects another pregnancy when her period doesn't come—but she can't even afford baby food for the ones she already has. Her best friend, Tola, suggests she visit the local health center to learn about family planning. Efe is hesitant—she's heard rumors, especially about injections “spoiling the womb.” But stress pushes her to the clinic, where she meets a kind nurse who listens and explains everything without judgment. When Efe tells her husband Monday, he explodes. He accuses her of wanting to “be like those women wey dey waka anyhow.” Their fight gets ugly and public, and the gossiping neighbors fuel the fire, referencing another woman in the compound whose family planning method “made her barren.” But in a moment back at the salon, surrounded by women who understand her struggle, Efe makes a different choice. For the first time, she chooses her own health. She returns to the clinic, signs up for a method that works for her, and takes control of her future.</p>
2	That Needle, No be you Get Am	<p>In a small boys' quarters in Bariga, 21-year-old Samson, an aspiring musician, shares razors and “loud pipe” needles with friends. Samson is preparing for a big audition. But when his friend falls ill, he starts questioning their lifestyle. After a health worker comes for outreach, he learns about HIV and the dangers of sharing needles—even for tattoos or shaving. When a test confirms his fears, he must decide whether to hide or seek help.</p>
3	Wetin Dey Do My Wife	<p>Halima, once lively, now avoids her baby and cries at night. Musa complains to elders, who suggest she's possessed. But a visit to the PHC center reveals she's battling postpartum depression. With counseling and support, Halima starts recovering—and Musa learns to listen.</p>
4	The Child No Be Machine	<p>Bilkisu's family can't afford protein regularly. When her condition worsens, her mother takes her to the clinic where a nurse explains anemia and how to enrich common meals. With simple diet changes, Bilkisu improves and returns to school stronger.</p>
5	Na Only You Dey Feel Am	<p>Baba Tunde has been struggling with chest pain and night sweats. He hides it, believing “na stress.” He avoids the clinic out of pride. His wife begs him to go, especially after their neighbor dies. Eventually, he gets diagnosed with tuberculosis—but early treatment saves him. The story explores fear, masculinity, and stigma around illness.</p>
6	Period No Be Curse	<p>In a public school in Ajegunle, 13-year-old Chisom stains her skirt and gets mocked by classmates. Chisom skips school after the incident. Her teacher, Miss Bimbo, notices and helps organize a PHC nurse to speak to the girls. Meanwhile, the story exposes how poverty, shame, and silence make menstruation difficult for young girls.</p>

Episodic Breakdown (Episode 7-12)

Episode	Health Focus (PHC Issue)	Story Summary (Lead Character + Episode Brief)
7	Small Belle Dey Kill Person	In Aba, 22-year-old Loveth chooses to terminate a pregnancy using herbal concoctions from her neighbor. Loveth ends up bleeding dangerously and is rushed to the PHC. She survives, but it sparks a debate among her peers. Through her experience, the episode explores how misinformation and desperation put lives at risk.
8	Why You No Talk	In Mararaba, 6-year-old Aliyu doesn't speak clearly. His mother thinks he's "slow" or "possessed." Aliyu avoids other kids and struggles in school. A friendly PHC worker refers his family for speech therapy. Slowly, Aliyu begins to improve. The episode spotlights how early detection can change a child's future.
9	Wetin Kill My Pikin	In Port Harcourt, 24-year-old Blessing loses her baby during childbirth at home with a traditional birth attendant. Blessing went into labor late at night and couldn't reach the PHC. Her story is told in reflection as her sister decides to register early and prepare for her own delivery. The episode is raw and emotional, showing what's at stake.
10	Na Wetin You Chop	In Makoko, 30-year-old Jide works as a fisherman but constantly has stomach pain. He drinks herbal bitters every morning to "cleanse his body." Jide dismisses the pain until he collapses. The nurse at the PHC diagnoses severe worm infestation. He learns about clean water, hygiene, and regular deworming. The story also touches on children in the community getting sick from dirty surroundings.
11	11. No Be Madness, Na Mind	Rita, a 28-year-old tailor in Warri, has been feeling "somehow" for months — always tense, chest tight, can't sleep, and bursts into tears without warning. Her neighbor jokes that she's "running mad," and even her mother tells her to go for prayers. Rita hides her struggle but it gets worse when a customer confronts her about a wrong order and she breaks down. A regular client who works at the PHC suggests she come in. There, a counselor explains anxiety and how stress affects the body. Rita starts weekly check-ins at the clinic and finds slow, steady relief — realizing she's not "mad," just overwhelmed, and deserving of care.
12	Dem Say Make I No Immunize	In Kano, 32-year-old Aminu refuses to let his wife take their baby for immunization. He's heard in the mosque that it's a government plan to sterilize Muslims. His wife, Zulai, is quietly afraid — she's lost a child before and knows what sickness can do. After a community health worker does a house-to-house visit and explains the real science behind vaccines (in Hausa and with empathy), Zulai convinces her husband to visit the clinic. There, they meet other parents and see healthy children who've completed their vaccines. Aminu's mindset begins to shift. The episode tackles cultural fears, misinformation, and how dialogue opens minds.

Distribution

Radio station Mapping

State	Recommended stations	Language	Projected Weekly Reach	Transmission Belt
Kano	Freedom Radio, Rahma FM, Cool FM Kano	Hausa, Pidgin	3M	Mid day, Evening belt
Kaduna	Alheri FM, Liberty Radio, KSMC	Hausa Pidgin	2.5M	Mid day, Evening belt
Lagos	Wazobia FM, Radio Lagos, Top Radio, Naija FM, Faaji FM, Kwenu FM	Hausa, Pidgin, Igbo, Yoruba	4M	Morning , Mid day and Evening Belt
Abuja	Nigeria Info, Kiss FM, Wazobia FM, Kapital FM	English, Hausa, Pidgin	2M	Mid day, Evening belt
Awka, Onitsha	- ABS Radio Awka - Authority FM Nnewi - Purity FM Awka - Urban Radio Enugu	Igbo and Pidgin	4M	Morning , Mid day and Evening Belt

-Total Stations: 12

-Languages: Hausa, Yoruba, Pidgin, Igbo

-Airing Schedule:

Primary Airing: Thursdays & Sundays (Prime Time: 6:30pm – 6:45pm)

Repeat Broadcasts: Saturday mornings (10:00am)

Frequency: 2x per week per station

Season Length: 12 weeks

Budget For The Real Matter

\$2.3k Pre-Production	\$3.8k Crew	\$6.7k Talent	\$28.9k Equipment	\$3.1k Welfare/ Logistics	\$4.6k Location	\$7.8k Post- Production
Covers all the planning and preparation activities before recording begins, including concept development, scripting, scheduling, and sound design.	Payment for the creative professionals, voice actors, producers, sound engineers, and other essential staff who bring the show to life.	Covers fees for voice actors, or guest appearances who feature in the show.	Rental or purchase of recording equipment, microphones, audio mixers, and other technical equipment required for recording and production.	Expenses for transportation, accommodation, feeding, security, and general welfare of the crew and talent during the production period.	Costs for securing studio venues, permits, set construction, and location management to create the required environments for the show.	Editing, sound mixing, and any special effects needed to polish and finalize the show for broadcast or distribution.

Exchange Details - \$1.00 - ₦1,600.00

Total: \$57,567.50

02

Public Relations & Events

The Public File

Strategic PR Storytelling for PHC Reform in Nigeria

The Public File

The Public File is a strategic, **data-driven** storytelling platform advancing Primary Health Care (PHC) reform in Nigeria. It transforms evidence and frontline insights into compelling narratives that influence policymakers, donors, and the media. By aligning research, journalism, and advocacy, it positions PHC reform as both urgent and investable.

From Data to Reform: What We Aim to Achieve

- **Influence Elite Discourse** → Reframe how PHC is prioritized in government, donor, and private sector agendas.
- **Equip Policymakers & Donors** → Deliver clear, persuasive insights on PHC financing, workforce, and return on investment.
- **Sustain Reform Pressure** → Highlight achievements while exposing systemic gaps to drive accountability.
- **Build Narrative Infrastructure** → Develop a lasting network of storytellers, researchers, and editors to keep PHC central in national conversations.

How It Works

1. Intelligence Gathering

- Journalists within the Gates Foundation network surface frontline PHC stories, coverage gaps, and reform narratives.
- These raw insights feed directly into The Public File's editorial workflow.

2. Editorial Transformation

- The Public File enriches journalist inputs with data analysis, policy framing, and comparative insights from Tracka, WHO, and state MoHs.
- This produces evidence-based narratives designed to shape reform priorities.

3. Amplification & Distribution

- Narratives are strategically positioned in elite media, policy briefs, donor platforms, and global development forums.
- Journalists' original reporting is simultaneously highlighted and syndicated, broadening reach and reinforcing credibility.

4. Feedback & Influence Loop

- Policymakers, donors, and media gatekeepers engage with these stories.
- Citations in memos, donor reports, and roundtables are tracked, informing both The Public File's editorial agenda and journalists' future reporting.

Together, The Public File and Gates Foundation journalists form a unified ecosystem: combining data authority with media penetration to ensure PHC reform remains at the top of national and donor agendas.

Distribution & Amplification Strategy

The Public File deploys a layered distribution and amplification strategy to ensure PHC reform narratives resonate across national, regional, and international platforms. This approach strengthens influence within Nigeria while embedding the reform agenda in wider African and global development conversations.

National Distribution & Amplification

Platform	Tactic
Traditional Media	Syndication through <i>BusinessDay</i> , <i>Channels</i> , and <i>Premium Times</i> to shape national narratives
Digital & Social	LinkedIn Pulse, Twitter/X Threads, Instagram Reels to reach influencers and policy audiences
Donor & Policy Channels	Monthly briefings, reform roundtables, and syndication toolkits for high-level engagement
Syndication Toolkit	Monthly content packs for partner editors and bloggers
Localization	Translate key stories into Hausa and French to extend reach across regions and international donor communities
Events	Present white paper data at PHC Roundtables and donor forums

International Distribution & Amplification

To amplify influence beyond national policy and donor conversations, the Public File will deliberately engage trade, sectoral, and international development media. These platforms provide a critical bridge between PHC reform and broader economic, social, and global health narratives.

Media Type	Target Platforms	Tactics for Leverage	Intended Impact
Trade & Sector Media	<i>BusinessDay (Health & Economy), The Africa Report, Financial Nigeria, HealthCare Africa Magazine, Nigerian Health Journal</i>	Op-eds and features linking PHC reform to workforce productivity and competitiveness. Sector-specific supplements (health, pharma, insurance, workforce).	Position PHC as an economic enabler; attract corporate CSR leaders and private-sector investors.
Regional Trade & Sector Media	<i>African Business Magazine, The EastAfrican (Health & Development), Ventures Africa</i>	Commission features and interviews on PHC as a driver of human capital and regional stability.	Situate PHC reform as part of Africa's competitiveness and human development agenda.
International Development Media	<i>Devex, Health Policy Watch, The Lancet Global Health, BMJ Global Health, Global Health NOW (Johns Hopkins)</i>	White paper distribution, PHC Index dashboards, and reform briefs published or cited. Engagement in editorial partnerships and Devex events.	Secure donor attention, showcase Nigeria as a case study, and influence global PHC funding priorities.
Cross-Sector Development Media	<i>World Economic Forum Agenda, Brookings Africa in Focus, OECD Development Matters, Chatham House Africa Programme</i>	Policy commentary, data-driven op-eds, and participation in development webinars/podcasts.	Elevate PHC reform beyond health — showing links to education, trade, and governance.

Program Vision

The PHC Intelligence Unit is Nigeria's premier platform for strategic, data-led storytelling on health reform. It shapes policy and donor discourse, drives visibility, and positions PHC as a national priority.

STRATEGIC OBJECTIVES

1. Influence elite narratives on PHC with consistent, agenda-setting content.
2. Equip decision-makers and funders with digestible, persuasive data.
3. Build a network of reform-minded storytellers, researchers, and editors.
4. Amplify reform wins, surface gaps, and drive sustained pressure for change.

Target Audience	Segment	Why They're Critical
	 Federal/State Policymakers	Gatekeepers of reform, budgeting, and health policy.
	 Donor Agencies & Global Funders	Can align funding with PHC needs and amplify stories.
	 Private Sector/CSR Leads	Can see PHC as investable through clear ROI narratives.
	 Media Decision-Makers	Control publication and framing in major outlets.
	 LinkedIn KOLs & Policy Influencers	Carry narratives into policymaker/donor circles.

Core Program Components

1. Research Network + Intelligence Cell

A behind-the-scenes editorial team and research unit that powers all content.

Team:

- Health policy researchers
- Journalists/editors
- Data analysts
- Visual storytellers

Function:

- Weekly data mining from Tracka, WHO, state MoHs
- Identifying reform gaps and framing stories around them
- Developing white papers, briefs, and compelling stories



Content Sequence (6-MONTH CYCLE)

Month	Focus	Output
M1	Financing Gaps	Op-ed + Snapshot + LinkedIn Campaign
M2	Workforce Crisis	Longform Feature + Podcast
M3	Community Trust	Mini-doc + Testimonial Series
M4	Tech & PHC Data	White Paper + Infographic
M5	ROI of PHC	Visual story + Policy Op-ed
M6	Roundtable Prep	Reform Brief + Engagement Pack

SPECIAL SERIES & FORMATS

- “The PHC Index”: Quarterly reform dashboard (budget, trust, coverage)
- “State of the State”: Spotlight reports on select PHC-performing states
- “What the Data Says”: LinkedIn video explainers featuring KOLs
- “PHC Voices”: Human-interest column from PHC frontlines (weekly)

Monthly Output Cadence

Output Type	Description	Audience
Op-eds	Topical, persuasive, data-backed.	Donors, policymakers, press.
Infographics & Snapshots	1-pagers with reform gaps, PHC impact stats, and ROI.	Ministers, DGs, CSR leads.
Longform Features	E.g., <i>"How PHC cut maternal deaths in Ondo."</i>	National dailies, Devex, Health Policy Watch.
White Papers	Deep dives on investment models, financing needs, data systems.	Think tanks, donors, media.
LinkedIn Mini-Campaigns	Pulse articles, carousels, quote cards from thought leaders.	KOLs, global donors.
TV/Docu-Series (every 6 months)	Stories from PHC frontline told cinematically.	Public, influencers, policymakers.

Distribution & Amplification Strategy

Platform	Tactic
Traditional Media	Syndicate via BusinessDay, The Cable, Channels, Premium Times.
Social Media	LinkedIn Pulse, Twitter/X Threads, Instagram Carousels, Reels.
Newsletters	Curated monthly briefing to donor desks, MoH, CSR leads.
Syndication Toolkit	Monthly content packs for partner editors and bloggers.
Languages	Translate key stories into French, Hausa for regional relevance.
Events	Present white paper data at PHC Roundtables and donor forums.

INTEGRATION WITH OTHER PROGRAMS

- Fellowship Outputs → Intelligence Unit: Best stories from journalists become Public File content.
- White Papers → Roundtables: Serve as evidence base for policy dialogue.
- Community Advocacy → Narrative Fuel: Frontline insight feeds data-driven stories.

MONITORING, EVALUATION & INFLUENCE TRACKING

Metric	Tool
Publication frequency	Monthly editorial tracker
Engagement	Google Analytics, Twitter/X metrics
Citations in policy	Manual and automated media scans
Donor references	Track funding memos, event usage
Syndication impact	Editor network feedback, media pickups

INTEGRATION WITH OTHER PROGRAMS

- Fellowship Outputs → Intelligence Unit: Best stories from journalists become Public File content.
- White Papers → Roundtables: Serve as evidence base for policy dialogue.
- Community Advocacy → Narrative Fuel: Frontline insight feeds data-driven stories.

Budget For PHC File

\$106.8k

Content Production,
Promotion &
Placement

Covers cost of all activities related to the creation and dissemination of the platform's content materials. It includes the costs for writing, shooting, editing, and then marketing the show to the target audience.

\$4.8K

Monitoring & Evaluation

Cost of all systematic processes to track the show's performance and impact. It measures metrics such as ratings, viewership, social media engagement, and overall audience feedback to assess the project's success.

Exchange Details - \$1.00 - ₦1,600.00

Total: \$111,600.00

PHC Summit

Where Vision Meets Action: Convening Nigeria's Health Reform Champions

PHC Summit

The PHC Summit is designed as a bi-annual high-level convening platform to accelerate reform and sustain visibility for Nigeria's Primary Health Care (PHC) agenda. Unlike ceremonial conferences, it will function as a strategic influence engine — where data meets storytelling, and where commitments from government, donors, and partners are reinforced by evidence.

Through live data showcases, powerful narratives, and curated thought leadership, the Summit will:

- Reframe PHC as a national development priority, not a donor-dependent service.
- Translate fragmented PHC interventions into a coherent reform agenda visible to policymakers and funders.
- Sustain accountability pressure while mobilizing long-term investment and political will.

Strategic Priorities

- Demonstrate Progress → Showcase tangible health outcomes (maternal health, workforce, access) with data dashboards.
- Deepen Engagement → Bring together government, donors, CSOs, frontline workers, and media in structured dialogue.
- Mobilize Investment → Present ROI-backed investment cases and pathways for funders.
- Strengthen Political Will → Secure visible commitment from high-level leaders (ministers, governors, legislators).
- Elevate the Narrative → Use human-centered storytelling to shift perceptions of PHC from charity to a pillar of national development.



Event Venue

Maiden Edition



10am



150 Guests



Transcorp Hotel, Abuja



**Transcorp
Hilton
ABUJA**

How the Summit Works

Event Design

- Frequency & Duration: Twice annually; half-day (4–5 hours).
- Format: In-person (invite-only) with hybrid access for global stakeholders.
- Location: Abuja.

Touchpoints

- Pre-Event: Curated invitations, donor briefing packs, media amplification, venue experience design.
- Event Flow: Opening remarks → Progress showcase (data-driven) → Impact storytelling → Panel dialogue → Investment pledges → Fireside chat with PHC trailblazers → Closing.
- Post-Event: Donor engagement pack, recap video, targeted PR, and structured follow-up dialogues.

Influence Pathway

1. Evidence Translation → Convert raw PHC data (Tracka, WHO, MoH) into dashboards, scorecards, and ROI briefs.
2. Narrative Curation → Pair data with frontline stories to blend credibility with human impact.
3. Audience-Specific Messaging → Policymakers (briefs), donors (ROI narratives), public/media (impact stories).
4. Amplification Loop → Syndication, digital campaigns, and donor packs extend Summit influence beyond the event itself.

Promotion, Distribution & Measurement

Promotion & Distribution

- Elite Media Partnerships: Syndication with BusinessDay, Premium Times, Channels.
- Digital Storytelling: LinkedIn campaigns, Twitter/X explainers, Instagram reels with reform champions.
- Donor Engagement: Policy/donor packs before and after the Summit, including state-level investment cases.
- Localization: Hausa and French translations to broaden regional and donor resonance.

Monitoring & Evaluation

- Reach: Publication frequency, audience size, social media analytics.
- Engagement: Policymaker/donor readership, editor feedback.
- Policy Uptake: Citations in memos, donor reports, and roundtable discussions.
- Donor Alignment: Evidence of Summit outputs used in funding decisions and program design.
- Narrative Shifts: Visibility and tone of PHC in media, budgets, and policy speeches.

5. Sustaining Momentum Beyond the Event

The Summit is not an endpoint but a catalyst. Momentum will be sustained through post-event visibility, integration into other convenings, and deployment of thought leaders.

How We Sustain Momentum

- Post-Summit PR: Recap videos, donor packs, op-eds, and digital campaigns keep PHC in public discourse.
- Editorial Integration: Insights from the Summit feed into *The Public File* and other Gates-supported communications.
- Donor Accountability: Quarterly follow-ups using Summit commitments as benchmarks.

Leveraging Existing Platforms

To avoid duplication and extend reach, Summit outputs will be embedded into major convenings, including:

- Nigeria Health Summit
- African Union Africa Health Forum
- WHO Africa Regional Committee
- Devex Development & Impact Events
- Global Digital Health Forum
- UHC Day / Global Health Week (Geneva, New York)
- Nigeria Governors' Forum Health Roundtables

At these forums, PHC narratives will be advanced through report launches, speaking slots, and media amplification, ensuring that stories seeded at the Summit reverberate across policymaking and donor spaces.

Thought Leadership as Sustenance

A core group of champions will serve as PHC ambassadors, sustaining urgency and credibility across events:

- Prof. Muhammad Ali Pate – Minister of Health; signals political ownership.
- Dr. Chikwe Ihekweazu – WHO; elevates Nigeria's PHC globally.
- Dr. Obiageli Ezekwesili – Governance advocate; frames PHC as accountability and development.
- Waziri Adio – Governance reform advocate; reinforces transparency and accountability in PHC commitments.
- Sidney Sampson – Youth and civic leader; amplifies PHC reform through grassroots and next-generation voices.

How They'll Be Used:

- At the Summit: Fireside chats, keynotes, storytelling segments.
- In Media: Authoring op-eds, granting interviews, reinforcing narratives.
- In Advocacy: Representing PHC at donor forums, state roundtables, and global events.
- As Ambassadors: Maintaining visibility year-round, ensuring PHC remains central to donor and policy conversations.

To accelerate reform and sustain visibility, the **PHC Summit** will serve as a bi-annual high-level gathering of Nigeria's most influential health stakeholders, from government leaders and global donors to civil society, frontline workers, and media.

The Summit is more than a ceremonial event. It is a strategic platform to:

- Showcase **tangible impact** from ongoing PHC interventions
- Foster **co-creation and dialogue** between funders, implementers, and policymakers
- Drive **funding commitments** and deepen multi-sector collaboration
- Reframe PHC as a **national development imperative**, not a charity case

Through powerful storytelling, live data showcases, and a focused call to action, the PHC Summit brings visibility to what's working, accountability to what's not, and renewed urgency to what's next.

Summit Objectives

1. Demonstrate Progress

Showcase real-world outcomes from PHC investments — from improved access to better health outcomes.

2. Deepen Engagement

Create meaningful interaction between state actors, donors, CSOs, and local influencers.

3. Attract Sustained Investment

Present compelling investment cases with data-driven ROI narratives.

4. Strengthen Political Will

Use high-level presence to affirm government commitment and mobilize further action.

5. Elevate the Narrative

Use curated stories, voices, and visual media to reframe PHC as a foundation for Nigeria's economic and human development.



Fireside Chat with PHC Trailblazers

An Extension of the PHC Summit

What it entails

As part of the PHC Summit, a fireside chat with experts in the field of PHC helps to bring more authenticity to the PHC narrative. The fireside chat makes the PHC Summit authentic, relatable, and media-friendly, while giving thought leaders a stage to influence donor commitments. It's the missing link between grassroots realities and policy/donor action

What Will This Look Like?

Engage respected voices in health, policy, and economics to shape the national narrative.

Leverage their authority to influence government policy, drive donor alignment, and legitimize campaign goals.

Use popular, relatable figures to humanize public healthcare issues, spark viral awareness, and mobilize citizens at scale.

Dr. Chikwe Ihekweazu

Current Role: Assistant Director-General, Health Emergency Intelligence & Surveillance Systems,

World Health Organization (WHO)

Former Role: Founding Director-General, **Nigeria Centre for Disease Control (NCDC)**

A deeply respected leader in global and Nigerian health, he transformed the NCDC into a powerhouse, bridging international credibility with national relevance and symbolising what's possible when institutions are empowered and accountable.



Prof. Muhammed Pate

Current Role: Coordinating Minister of Health & Social Welfare, Nigeria

Past Roles:

- Global Director, Health, Nutrition & Population at **World Bank**
- Former Minister of State for Health
- CEO, National Primary Health Care Development Agency (NPHCDA)

As Coordinating Minister, he is a key architect of PHC reforms and national health strategy, respected by donors, governors, and partners for his data-driven, non-political approach that lends credibility and alignment to the My Healthy Nigeria campaign.



Dr. Obiageli Ezekwesili

Key Roles:

- Former Vice President, **World Bank Africa**
- Former Minister of Education & Solid Minerals, Nigeria
- Co-founder of **Transparency International**
- Convener, **#BringBackOurGirls Movement**
- Founder, **#FixPolitics**

A globally respected governance advocate, she brings sharp credibility, civic influence, and mass appeal, merging elite respect with grassroots resonance. Her fearless, high-integrity voice drives urgency and public accountability, positioning My Healthy Nigeria as a serious, reform-minded campaign.



Public Relations & Advocacy

Output	Metrics	Tools
Op-Eds & Features	Publication count, readership stats	Media syndication reports
Event Coverage (Summits, Townhalls)	Attendee count, livestream views, media mentions	Registration data, media logs, video analytics
White Papers & Briefs	Downloads, citations	Document tracking, citation scans

PHC Summit Budget Summary

\$24.4k Event	\$3.9k Content/Visual Production	\$5.9k Human Resources	\$7.2k Branding & Ambiance	\$6.4k Technicals	\$15.6k Catering & Drinks	\$17.4k Thought Leaders' Management	\$6.0k Logistics	\$12.3k Media Amplification	\$1.4k Agency Monitoring
Overall event setup, coordination, venue arrangements, and core execution costs.	Development of creative assets, videos, photography, and other visual content for the summit.	Covers payments for event staff, ushers, coordinators, and other support personnel.	Design and installation of branded materials, décor, stage design, and ambiance to create the right summit atmosphere.	Sound, lighting, stage equipment, projectors, and other technical infrastructure needed for seamless delivery.	Meals, refreshments, and beverages provided to guests, speakers, and participants.	Honorariums, travel, accommodation, and welfare for speakers, panelists, and key thought leaders.	Transportation, movement of equipment, and general coordination of materials and personnel.	Publicity through traditional and digital media, influencer engagement, and PR to amplify summit visibility.	Oversight, supervision, and reporting by the agency to ensure smooth execution and accountability.

Exchange Details - \$1.00 - ₦1,600.00

Total: \$100,845.31

03

Influencer Engagement

Engagement Framework

Celebrity Influencers

Who Are They?

Actors, musicians, media personalities, comedians, and social figures with large fan bases and mass appeal. Their influence is emotional and cultural—they help humanize the issue and spark national conversations.

Roles

- Drive public awareness and emotional connection to the campaign
- Appear in PSAs, short films, and storytelling content
- Lead hashtag trends and viral content
- Make personal appearances at campaign activations and town halls

Deliverables

- PSA videos and health skits
- Social media amplification of campaign messages
- Billboard appearances
- Event appearances
- Photoshoots

Frequency

- 3–5 major content drops per quarter (PSA, event, or docu-style video)
- Social media posts (coordinated to campaign calendar)
- 2 live appearance at campaign events or initiatives 6 months (summit, LGA visit, community event)

Channels

- Instagram and TikTok (primary platforms for visual and viral content)
- YouTube (long-form stories, vlogs)
- Twitter/X
- Offline event engagement

Engagement Playbook

Celebrity Influencers

PHCs Visitation

The celebrity influencers will visit select PHC centres not as dignitaries but as listeners. They will sit with health workers to hear their stories, greet mothers in waiting rooms, engage with patients in wards and give symbolic gifts courtesy of Gates Foundation.

The visits will be amplified through videos and pictures for social media amplification and PR distribution.

Content Seeding

To further amplify the campaign and create maximum reach and awareness, the celebrity influencers will feature in key content to drive connection and trust amongst beneficiaries.

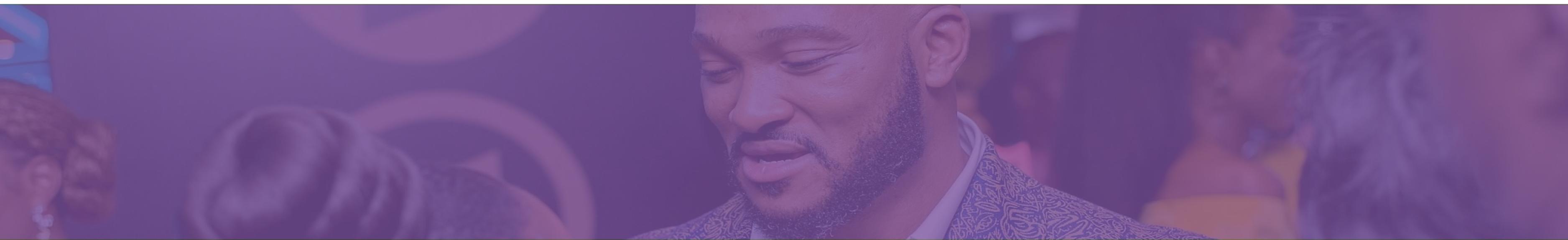
Key Content Integrations;

- Campaign Video
- Campaign Theme Song
- Amplifying Episodic Content Series

Social Commentary

They will also amplify, translate and localise the work of the thought leaders to the masses with their platform.

This will include social commentary from their perspective of what a thought leader does with their own personal reflection.



Recommended Celebrity Influencers



Aisha Yesufu

Social Justice Advocate

Bold and widely respected for speaking truth.



Dr. Chinonso Egembra

Medical doctor | Health influencer

Trusted health educator known for simplifying medical information.



Funke Akindele

Actress | Filmmaker

One of Nigeria's most relatable storytellers through her movies.



Chude Jideonwo

Media Entrepreneur

Renowned for capturing vulnerable human stories that inspire empathy and action.



Ali Nuhu

Actor | Northern Icon

Deep reach across Northern Nigeria.



Rahama Sadau

Actress | Filmmaker

Prominent Kannywood star with strong influence in Northern Nigeria.



Uzee Usman

Actor | Producer

Respected across Kannywood and Nollywood with strong roots in Northern communities.



Tomike Adeoye

TV Host | Content Creator | Actress

Deeply loved for her authenticity and value-driven content. Leads a strong community.

[**Full Influencers list here**](#)

Measurement & Evaluation For Influencer Engagement

Activity	Objective	KPIs (Quantitative & Qualitative)	Measurement Tools/Methods	Expected Outcome
PHC Visitation	Humanise health workers & PHCs, build emotional connection	No. of PHCs visited. Quality of interactions (stories shared, testimonials captured). Social engagement on visitation content (likes, comments, shares, reach)	Field reports from PHCs. Social media analytics	Strong community trust, emotional storytelling, visibility for PHCs and campaign
Social commentary	Translate thought leaders activities into relatable narratives	No. of posts/stories/videos. Engagement rate (comments, shares, saves). Sentiment analysis of comments. Media mentions/PR pickup	Social media analytics. PR monitoring tools	Increased awareness & understanding of campaign, cultural/local relevance, positive sentiment
Content seeding	Drive campaign visibility & sustained conversation	No. of seeded content pieces. Participation in campaign video/song. Reach & impressions of campaign content. Hashtag usage & trending moments	Social listening tools. Hashtag tracking. Campaign analytics dashboards	Greater visibility, higher recall, virality, sustained buzz across digital platforms

Budget For Influencer Engagement

\$147.2k

Influencer
Engagement

Covers fees for influencers and content creators who feature in the campaign.

\$37.5k

Engagement of
Nano influencers

Covers fees for nano influencers and content creators who amplify the messages and posts of top influencers in the campaign.

\$7.5k

Monitoring Tool

Covers the cost of Digital Metric trackers used to measure our campaign & metric performance throughout the campaign.

\$937.5

Community
Management

Covers the cost of managing the social media pages and engaging with growing digital communities throughout the campaign.

Exchange Details - \$1.00 - ₦1,600.00

Total: \$193,125.00

04+

GrassRoot Activations

PHC Champions

We are taking the campaign to the grassroots by connecting with the beneficiaries leveraging key influential figures in rural communities.

PHC Champions

Why: To drive increased utilization of PHC centers, tackle misinformation and cultural myths around healthcare, foster a sense of local ownership and pride in primary healthcare

Where: Rural and peri-urban communities in our target locations, regions with strong community leadership or social structures (e.g. town unions, cooperatives, religious groups)

Who They Are: Community health workers, Midwives and nurses at local PHC centers, Religious and traditional leaders, Popular market women or youth leaders, Local Entertainers, Teachers and school heads

Duration: 6 months

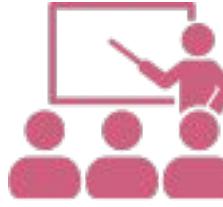


PHC Champions

Execution Roadmap



Identification & Recruitment



Training & Orientation



Activation & Engagement



Incentives & Recognition

PHC Champions

Identification & Recruitment

Stakeholder Partnership & Buy-in

- Engage Local Government Authorities (LGAs) and Community Development Areas.
- Collaborate with the PHC Coordinator or Health Education Officer at the LGA level.
- Secure endorsement letters for the program.
- Gain access to ward-level data on health uptake to identify areas with the most need.
- Receive recommendations from LGAs and shortlist
- Screening and engagement



PHC Champions

Identification & Recruitment - Selection Criteria

Trustworthiness

- Has a history of responsible behavior and community service
- Is respected by both elders and youths

Communication Ability

- Can clearly explain issues in the local language or pidgin
- Comfortable speaking in public or in group settings

Influence

- Has access to spaces where people gather (church, market, motor park, youth hangouts)
- People listen when they speak

Willingness to Advocate

- Demonstrates passion or interest in health-related issues
- Willing to invest time in learning and helping others

Diversity & Inclusion Consideration

- Ensure a mix of gender, age, and roles (e.g. a respected youth leader, a midwife, a local imam)
- Prioritize people from underserved subgroups (e.g. ethnic minorities, people with disabilities)

PHC Champions

Training & Orientation

Once PHC Champions are selected, they will undergo a 1-day intensive bootcamp-style training per LGA, designed to equip them with the knowledge, skills, and confidence to become powerful grassroots advocates for primary health care.

Duration: 1 full day (8:00 am – 5:00 pm)

Venue: PHC center hall, LGA secretariat, or community town hall

Facilitators: Local PHC officials, health educators, NGO trainers, and a communication specialist

Participants: 15–30 champions per session

Language: Local language or Pidgin for better understanding

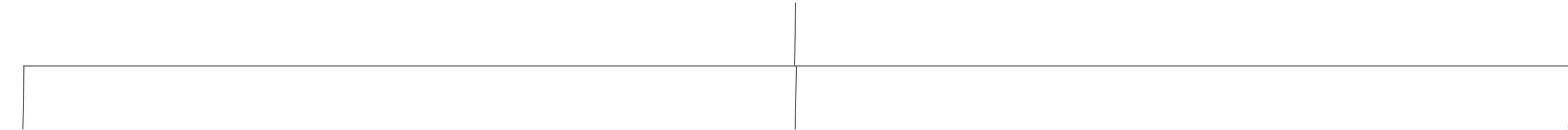
Activations & Engagements

Door to Door Drive, Market Sensitization

Door To Door Drive

Door-to-door drives are a personalized, high-impact mobilization strategy where PHC Champions visit households in their communities to build awareness, foster trust, and encourage the use of local Primary Health Care (PHC) centers. These visits help address individual concerns, counter health misinformation, and guide families (especially vulnerable groups like mothers, the elderly, and caregivers) toward timely health-seeking behavior.

Execution Strategy Framework



Pre-Drive Planning

Mapping: Champions work with PHC officials to map out streets, compounds, and high-density areas within their coverage zones.

Schedule: Set dedicated days or time blocks when most households are likely to be home.

Pairing: Champions move in pairs (gender-balanced if possible) for safety and effectiveness.

Approach & Engagement

Door to Door Engagement
Calls to Action
Feedback Collection
Monitoring & Reporting

Visibility

PHC Champions will oversee the deployment of visibility assets from pamphlets, to signposts, banners, branded vests, branded police posts amongst others.

Activity Flow for the Door to Door Outreach

This flow illustrates how the PHC Champions take the outreach **directly to the doorstep of beneficiaries**, engaging households in their own environment. This outreach will bridge the access gaps, further build trusts, ensure inclusivity, collect real insight and drive behaviour change

Morning Briefing & Target Review

Set out to assigned communities

First round of visits focusing on the Heads of the House

Short debrief & break

Second round of visit focusing on shops, caregivers, mothers, elders etc

Lunch Break and Rest

Group Chat for general Q&A

Wrap up and daily reporting

PHC MATTERS

With Nurse Amina



PHC MATTERS WITH NURSE AMINA

PHC Matters with Nurse Amina is a warm, engaging health radio show that brings primary health care (PHC) to the people in plain, everyday language. Hosted by a witty, street-smart nurse, each 10-minute episode breaks down key health topics — from menstruation and family planning to child nutrition, infections, and mental health — using real-life examples, common myths, and clear, practical advice.

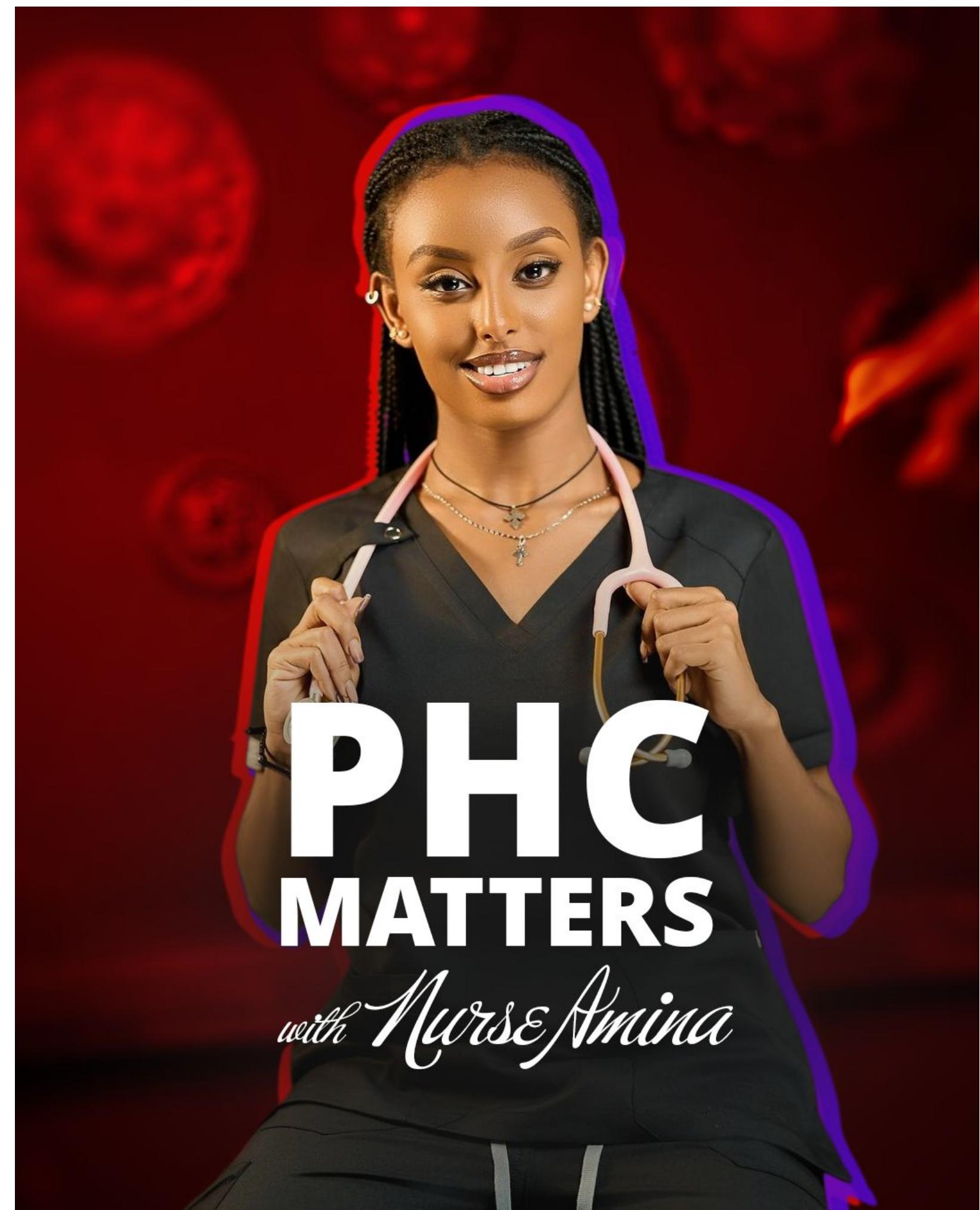
The nurse isn't just a host — she's a trusted neighbourhood aunty. She listens, she laughs, she corrects gently, and she empowers. Her name changes by region to reflect local familiarity: Nurse Amina in the North, Nurse Titi in the South, Nurse Ada in the East — helping the show feel truly grounded in the community.

To further deepen trust and advocacy, select episodes will feature PHC Champions as guests, respected local figures who share personal stories, reinforce key messages, and encourage listeners to use and trust their local PHC centres. Together with the host, they build belief in the system and drive grassroots adoption.

Language: English / Nigerian Pidgin / Local Dialects (as needed for authenticity)

Impact

- Builds trust by speaking in a tone and name that feels local
- Makes health information easy to understand and act on
- Corrects misinformation without judgment
- Connects underserved listeners directly to PHC options around them



Episodic Breakdown

Episode	Topic
1	“Why to get Belle Dey Delay?” – Family planning, myths and facts
2	“Menstruation No Be Sickness” – Period hygiene and normalising menstruation
3	“No Be Every Rash Be Witchcraft” – STIs and skin issues
4	“How to Chop Well, Even If You Broke” – Nutrition for low-income households
5	Mama, No Carry Heavy Load!” – Pregnancy care and warning signs
6	Understanding STIs
7	Why My Pikin No Dey Grow Like Others?” – Child development and red flags
8	Wetin Be That Lump for Breast?” – Breast health and self-check
9	“Na Wetin Dey Make Your Back Dey Pain you?” – Age-related body pains
10	Malaria and Care
11	No Be Every Urine Problem Be Old Age(Prostrate)
12	Menopause No Be End of Woman

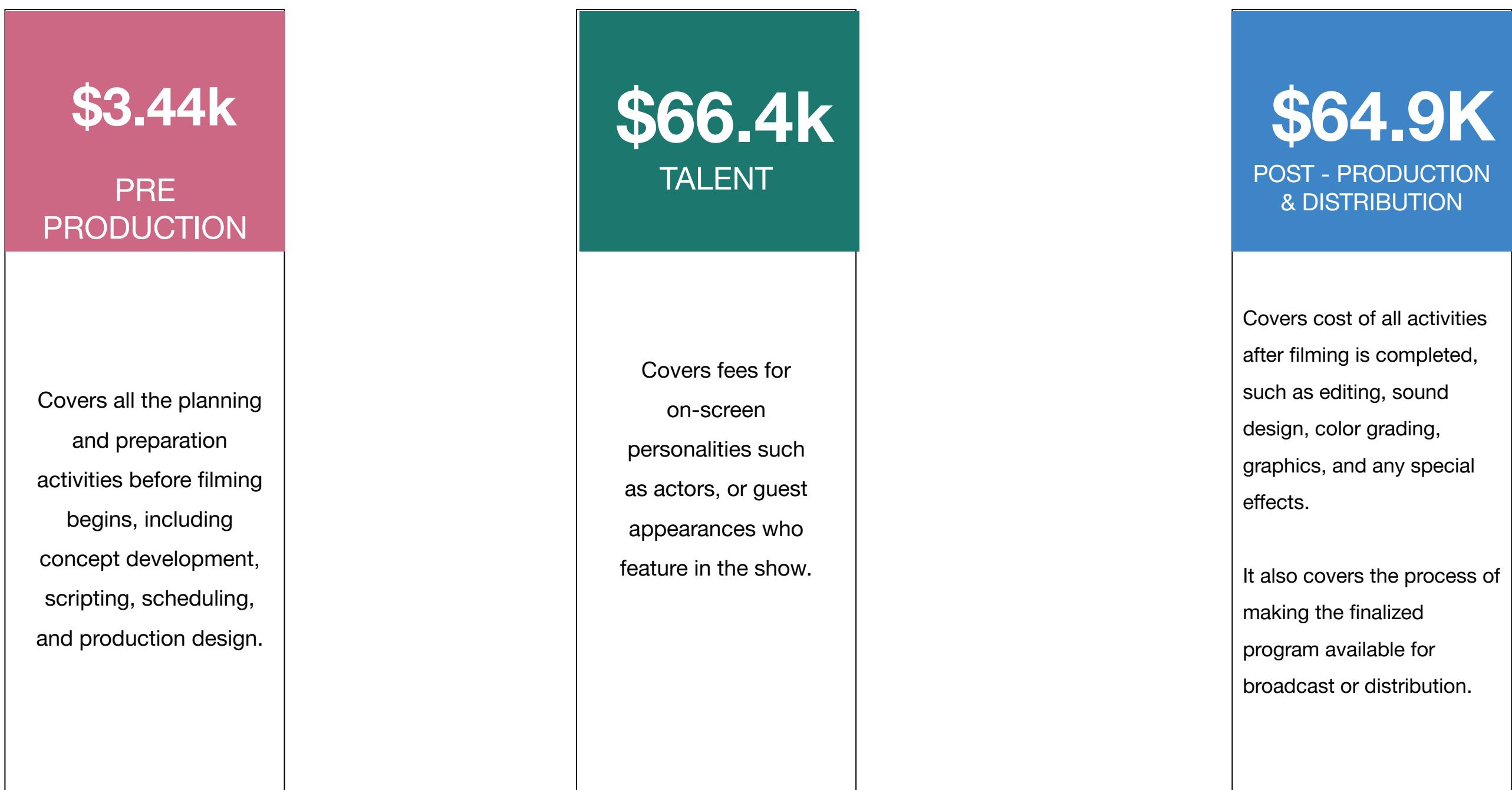
Show Breakdown



- **Opening Jingle / Montage** (1 minute): Catchy branded intro with theme music and show name
- **Welcome** (1 minute): Introduces herself and sets the tone and teases the topic of the day
- **Make I Yarn You Small** (5 minutes) : This is the main segment where she discusses the health topic for the day and breaks down common myths or misconceptions
- **No Forget This One/ Outro** (2 minutes) : Here, she speaks on a key tip/ take away from the episode and action item listeners should remember and she signs off warmly and encourages listeners to send in questions or feedback
- **Closing Jingle / Montage** (1 minute)

BUDGET SUMMARY			
SEGMENT	PARTICULAR	AMOUNT (=₦=)	AMOUNT (\$)
A	PRE PRODUCTION	₦5,500,000.00	\$3,437.50
B	TALENT	₦106,200,000.00	\$66,375.00
C	POST - PRODUCTION & DISTRIBUTION	₦103,800,000.00	\$64,875.00
SubTotal		₦215,500,000.00	\$134,687.50

Budget For PHC Matters



Exchange Details - \$1.00 - ₦1,600.00

Total: \$134,687.50

Grassroot Activation Metrics

Program	Metrics	Evaluation Method
PHC Champions	Number of household visits, referrals made, logbook submissions	Champion activity logs, LGA validation
PHC Palava (Stage Play)	Number of attendees, referrals, pre/post event knowledge gain	Short impact surveys, testimonial videos
Door-to-Door Drives	Reach, knowledge retention, PHC visit intent	Sampling surveys, follow-up tracking
Market Sensitization	Market reach, leaflet distribution, engagement	Observational logs, audio broadcast reach estimation

Promotion & Distribution

Distribution

Radio station Mapping

State	Recommended stations	Language	Projected Weekly Reach	Transmission Belt
Kano	Freedom Radio, Rahma FM, Cool FM Kano	Hausa, Pidgin	3M	Mid day, Evening belt
Kaduna	Alheri FM, Liberty Radio, KSMC	Hausa Pidgin	2.5M	Mid day, Evening belt
Lagos	Wazobia FM, Radio Lagos, Top Radio, Naija FM, Faaji FM, Kwenu FM	Hausa, Pidgin, Igbo, Yoruba	4M	Morning , Mid day and Evening Belt
Abuja	Nigeria Info, Kiss FM, Wazobia FM, Kapital FM	English, Hausa, Pidgin	2M	Mid day, Evening belt

-Total Stations: 12

-Languages: Hausa, Yoruba, Pidgin, Igbo

-Airing Schedule:

Primary Airing: Thursdays & Sundays (Prime Time: 6:30pm – 6:45pm)

Repeat Broadcasts: Saturday mornings (10:00am)

Frequency: 2x per week per station

Season Length: 12 weeks

Incentives & Recognition

Incentives & Recognition

Weekly Stipends for Active Champions

Purpose: To provide a token of appreciation and support Champions for their time, effort, and transportation costs during outreach activities.

Amount: A modest stipend (e.g., ₦10,000–₦15,000 weekly) per Champion, based on verified activity.

Disbursement Criteria:

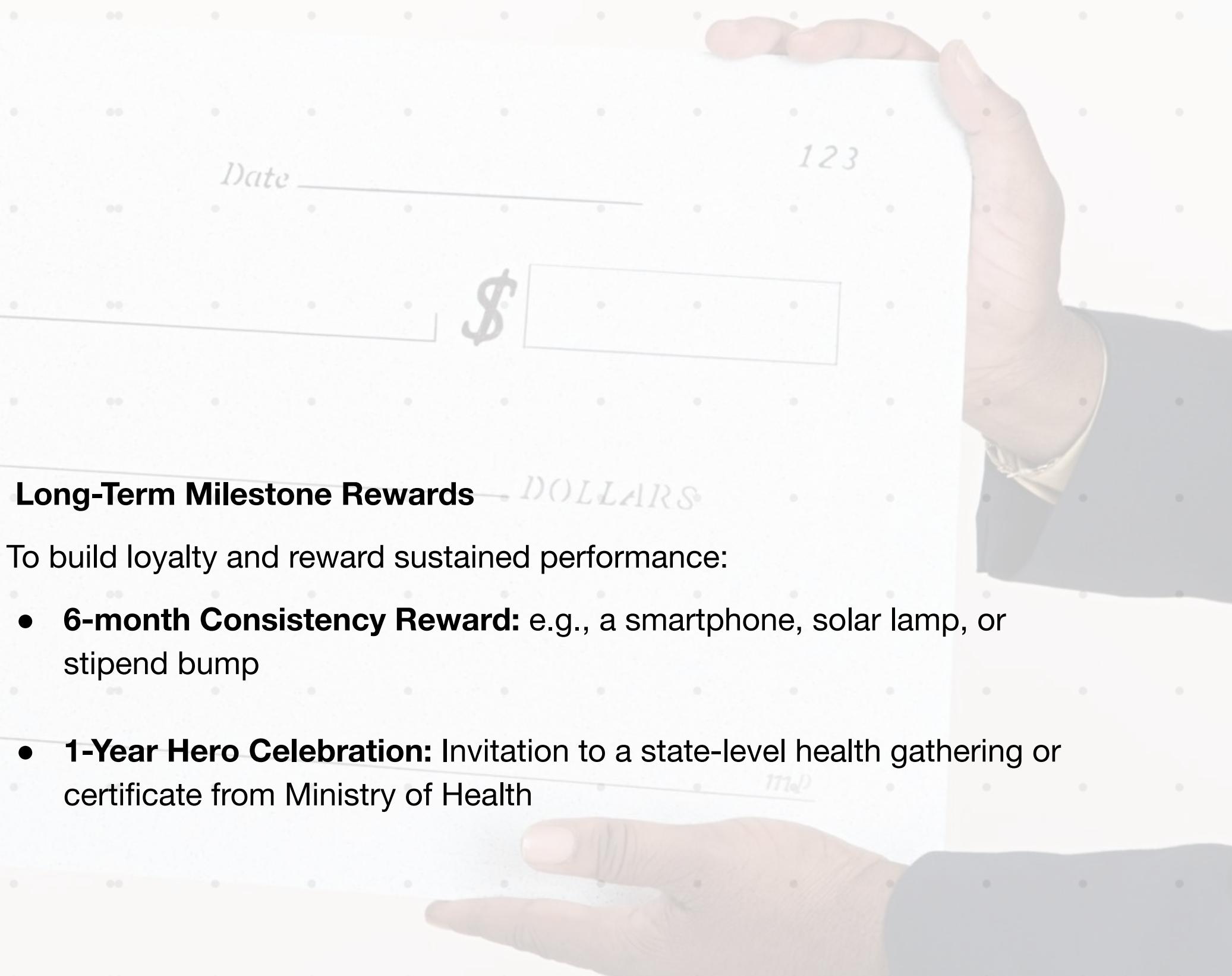
Minimum number of households visited (e.g., 20/month)

Participation in community engagements or sensitization sessions

Submission of Champion Logbooks or digital reports

Payment Method: Through mobile money or bank transfer

Oversight: Monitored by the LGA Health Officer or designated NGO partner



Long-Term Milestone Rewards

To build loyalty and reward sustained performance:

- **6-month Consistency Reward:** e.g., a smartphone, solar lamp, or stipend bump
- **1-Year Hero Celebration:** Invitation to a state-level health gathering or certificate from Ministry of Health

Core Visibility Tools & Touchpoints



Traffic/Directional Signages



Branded Parasols



T shirt

Core Visibility Tools & Touchpoints



Okada Jackets



Market Aprons



Bus Branding



Direction Signages

BUDGET FOR PHC CHAMPIONS

\$1.2k Recce Covers field visits and site inspections to assess proposed locations, logistics, and feasibility before execution.	\$9k Space Rental Costs of renting venues, grounds, or spaces where the outreach activities will be hosted.	\$85.2k Human Resources Payment of PHC Champions incentives, other staff, brand ambassadors, promoters, supervisors, and other personnel managing and running the outreach.	\$29k Training & Orientation Covers onboarding and training sessions for PHC Champions to ensure proper brand knowledge, activity flow, and engagement skills.	\$80.6k Activation Kits Production and procurement of branded materials, giveaways, uniforms, props, and engagement tools for the outreach.	\$3.1k Agency Monitoring Covers oversight, supervision, and reporting by the agency team to ensure quality control, compliance, and successful delivery of the outreach.
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Total: \$208,312.50

Risk Mitigation Plan

Anticipating and managing uncertainties

To safeguard the success of the campaign, a proactive risk management framework has been developed. This identifies key risks that may affect communication outcomes, content delivery, stakeholder confidence, and long-term adoption

We also propose specific mitigation actions that align with the campaign's strategic pillars.

We have identified possible risks that can challenge the campaign Performance:

- Political Transitions & Government Shifts
- Misinformation or Backlash on Sensitive Topics
- Production & Broadcast Delays
- Limited Rural Reach or Behaviour Change
- Donor or Public Scrutiny Over Fund Usage

Priority Risks & Mitigation Strategies

Risk Area	Risk Description	Impact Level	Mitigation Strategy	Owner/Lead
1. Political Transitions & Government Shifts	New appointments or changing state/federal priorities could delay partnerships, reduce access, or lead to sudden withdrawal of support.	High	- Secure multi-stakeholder buy-in beyond individuals (NPHCDA, State MoHs, Local Govs).- Frame campaign as non-partisan and nationally aligned with PHC agenda.- Host pre-campaign stakeholder roundtables to lock in verbal/written endorsements.- Regular government briefings to maintain visibility regardless of transitions.	Policy & Government Relations Lead
2. Misinformation or Backlash on Sensitive Topics	Topics like family planning, vaccination, reproductive health may trigger cultural/religious resistance or social media misinformation waves.	High	- Establish a Myth-Busting Rapid Response Team , made up of community leaders, media reps, and PHC experts.- Pretest content with diverse community groups before mass rollout.- Equip radio hosts and influencers with correct health facts , stories, and pre-approved responses.- Create FAQ/Hotline materials for call-ins and offline clarifications.	Content & Community Engagement Lead
3. Production & Broadcast Delays	Delays in production (TV, radio, print, OOH) or approvals may cause campaign timeline disruption.	Medium	- Build 2–4 week content buffers into the calendar.- Batch shoot and edit high-volume content (radio, PSA)- Secure early media slot reservations across priority stations.- Contract multiple production vendors to de-risk dependency.	Production & Media Manager
4. Limited Rural Reach or Behaviour Change	In some locations, cultural, language, or trust barriers may limit uptake despite wide content exposure.	High	- Use community PHC Champions to reinforce messages locally.- Localize stories using indigenous dialects and hyperlocal visuals .- Implement feedback loops (e.g. WhatsApp, LGA visits, PHC check-ins).- Leverage existing faith-based or market networks to host playback listening sessions.	Field Implementation Lead
5. Donor or Public Scrutiny Over Fund Usage	Stakeholders may question ROI or sustainability, especially if visibility does not translate into results.	Medium	- Track metrics using clear dashboards and utilization maps via the website.- Include donor/partner logos and case studies across platforms.- Hold bi-annual impact roundtables showcasing success stories and M&E reports.	Strategy & M&E Lead

Inclusion & Accessibility Plan

Inclusion & Accessibility Plan

Inclusivity is not an afterthought — it is central to the campaign's goal of building trust in PHC. Our inclusion and accessibility plan is rooted in **universal design principles, equity-driven representation, and intentional community engagement** that ensures every Nigerian, especially persons with disabilities (PWDs) and low-literacy audiences, can access, relate to, and act on PHC messaging.

Accessible Content Design

TV Drama (“Closer to Care”):

- All episodes to feature **subtitles in English** and **regional languages** (Yoruba, Hausa, Igbo).
- Include **sign language inserts** during key scenes for broadcast versions aired on NTA/Arewa24.
- Story arcs will feature a **character living with a disability**, showing their interaction with the PHC system.

Radio Drama & Shows:

- Use **clear speech, slow pacing**, and emotional storytelling for **low-literacy audiences**.
- Translate core episodes into **regional dialects**.
- Integrate **audio descriptions** of non-verbal actions

Digital and Print Assets:

- Visuals will have **alt-text** and **screen-reader compatibility** on MyHealthyNigeria.com.
- Avoid text-heavy designs; use **visual cues and pictograms** where possible.
- Color contrast and font sizes will be optimized for **low-vision accessibility**.

Inclusive Distribution Channels

Community Centers & PHC Clinics:

- Partner with LGAs to install **solar-powered audio devices** at PHCs to play drama episodes on loop.
- Use **printed comics/posters** with image-based storytelling in rural areas.

Transport Integration:

- Include **audio messages in keke/okada speaker announcements**, with regional versions.
- Equip buses used for campaign branding with **radio loops and translated jingles**.

Offline Accessibility for PWDs:

- Ensure **physical accessibility** at all grassroots events (wheelchair ramps, accessible toilets).
- Organize **sign-language interpreters** and **braille handouts** at PHC summits or local sensitizations.
- Train field teams on **disability etiquette and respectful communication**.

Inclusive Participation in Campaign Design

Representation in Content:

- Use **real testimonials from PWDs** in our radio and TV segments to show their challenges with health access.
- Feature **inclusive family models** (e.g., caregivers of disabled children) to widen relatability.

Advisory Group:

- Establish a “**Disability Inclusion Working Group**” as part of campaign steering. Members will include:
 - National Commission for Persons with Disabilities (NCPWD)
 - Associations like **CBM Nigeria** and **The Albino Foundation**
 - Grassroots advocates who live with disabilities

Feedback Mechanisms:

- Set up **toll-free hotlines** or WhatsApp surveys to collect feedback on how accessible the content is.
- Use **voice notes response prompts** in local WhatsApp groups to encourage participation from non-literate or visually impaired audiences.

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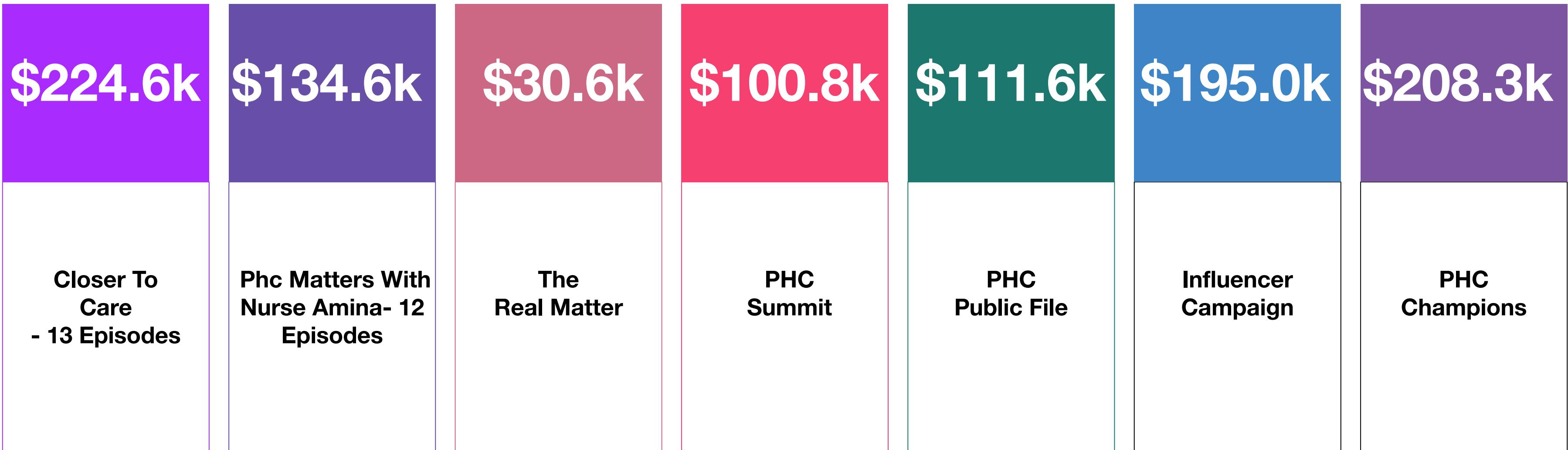
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Budget

Total Budget Summary



Agency Fee (15%): \$150,869.11
VAT (7.5%): \$11,315.18

Total: \$1,167,978.36

[See Full Sheet Here](#)

Thank You

Gates Foundation