

This project book is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION-Nigeria and do not necessarily reflect the views of USAID or the United States Government.

Preface

What an exciting time the past seven years have been for Breakthrough ACTION-Nigeria! With USAID's support, we have collaborated with national, state, and local government leaders, traditional and religious leaders, community members, and journalists to improve the health and well-being of people across Nigeria.

To our partners and colleagues, thank you for your support and collaboration. Together, we have helped shift social and gender norms so that couples are now becoming equal partners in sustaining their families' health. Because of our joint efforts, pregnant mothers are seeking antenatal care, families are sleeping under life-saving mosquito nets, more people with tuberculosis are receiving treatment, and COVID-19 vaccination rates are up. In short, we have improved the lives of millions of mothers, fathers, children, and babies across Nigeria.

Breakthrough ACTION-Nigeria has implemented SBC activities using both time-tested approaches such as community engagement and mass media campaigns, and innovative approaches such as human-centered design and behavioral science.

To our fellow public health colleagues, this booklet provides an overview of Breakthrough ACTION-Nigeria activities and approaches. We invite you to learn more about our project and [access the resources we developed](#). We hope they can guide you as you champion social and behavior change within your communities.

With gratitude,



Dr. Shittu Abdu-Aguye,
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Contents

1. Project Overview	01
2. Reproductive, Maternal Newborn and Child Health, Malaria and Nutrition	18
2.1 Community Volunteers and Referrals for Services	
2.2 Mass Media, Mobile Phones and Digital	
2.3 SBC and Advocacy Support to ITN Campaigns	
3. Special Initiatives Addressing Social Determinants.....	46
3.1 Community Capacity Strengthening	
3.2 Women’s Empowerment Groups	
3.3 SBC Advocacy Core Groups- Religious and Traditional Leaders	
4. Tuberculosis	75
5. Risk Communication and Community Engagement	87
6. Cross-Cutting Initiatives	104
6.1 Gender	
6.2 Provider Behavior Change	
6.3 Public Sector Capacity	
6.4 Private Sector Engagement	
7. Research, Monitoring, Evaluation and Learning	129
8. Conclusion	137



For more
information about the
**Breakthrough
ACTION-Nigeria**
project





Chapter 1

Project Overview



Introduction

Breakthrough ACTION-Nigeria was the United States Agency for International Development's (USAID) flagship SBC project in Nigeria from 2018 – 2024 under the prime implementation of the Johns Hopkins Center for Communication Programs (CCP) with sub-partners Save the Children US, Viamo, ThinkPlace, ideas42 and the Nigeria Centre for Communication and Social Impact (CCSI). At a total investment of more than \$100 million dollars over seven years, Breakthrough ACTION-Nigeria was the largest Social and Behavior Change (SBC) buy-in ever funded by USAID.

The project worked closely with a wide spectrum of Federal and State Ministries of Health programs, departments, and agencies, USAID Implementing Partners, and other key stakeholders to co-create SBC materials, implement SBC activities and improve SBC capacity and coordination.





Its goal was to increase the practice of priority health behaviors in the areas of malaria, maternal newborn and child health, including nutrition (MNCH+N), family planning/reproductive health (FP/RH), tuberculosis (TB), Coronavirus-19 (COVID-19) and Global Health Security (GHS) priority zoonotic diseases at the national and sub-national levels.

The Intermediate Results (IR) of the Breakthrough ACTION-Nigeria project were:



IR1: Improved individual and social determinants of health to facilitate adoption of priority behaviors.



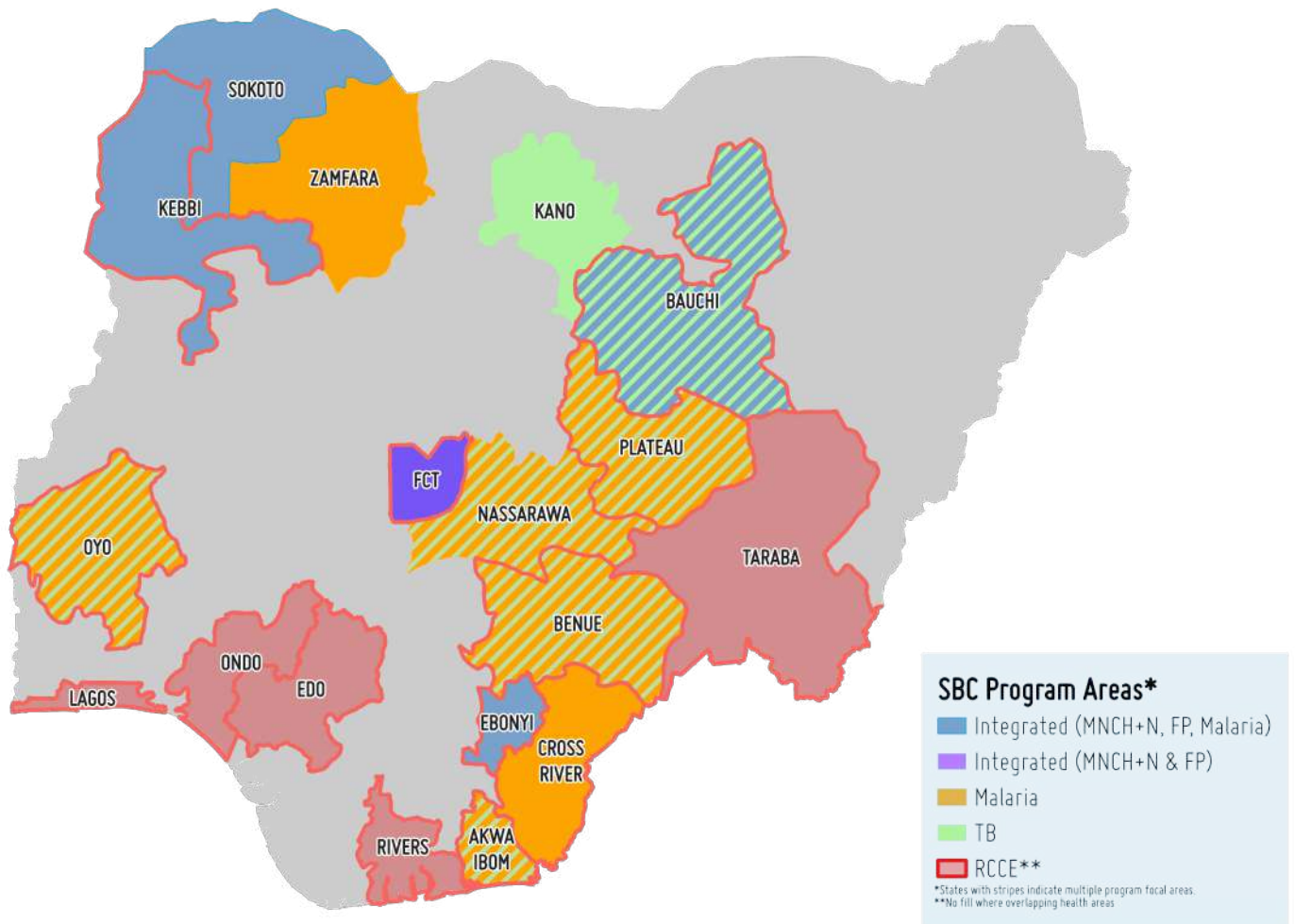
IR2: Strengthened SBC monitoring, coordination, and quality across United States Government investments.



IR3: Strengthened public sector systems for oversight and coordination of SBC.

Geographic Coverage and Priority Health Behaviors

The project operated at the national level on coordination, collaboration and SBC capacity-strengthening and implemented activities in 17 of the 36 states and the Federal Capital Territory (FCT) of Nigeria, with a differing set of priority health behaviors for each state (see map).



Breakthrough ACTION-Nigeria Project Map



The project focused its efforts on increasing the uptake of 17 reproductive health, maternal, newborn and child health, nutrition and malaria (RMNCH+NM) priority health practices in five “Integrated SBC” States: Bauchi, Kebbi, Sokoto, Ebonyi and the Federal Capital Territory (FCT); and focused on six priority malaria control behaviours in seven States: Akwa Ibom, Benue, Cross River, Nasarawa, Oyo, Plateau and Zamfara. TB SBC activities to increase TB testing and case-finding were implemented in seven states: Akwa Ibom, Benue, Cross River, Nasarawa, Oyo, Plateau and Kano. The project also supported other states where there were disease outbreaks including Edo, Lagos, Ondo, Rivers and Taraba.

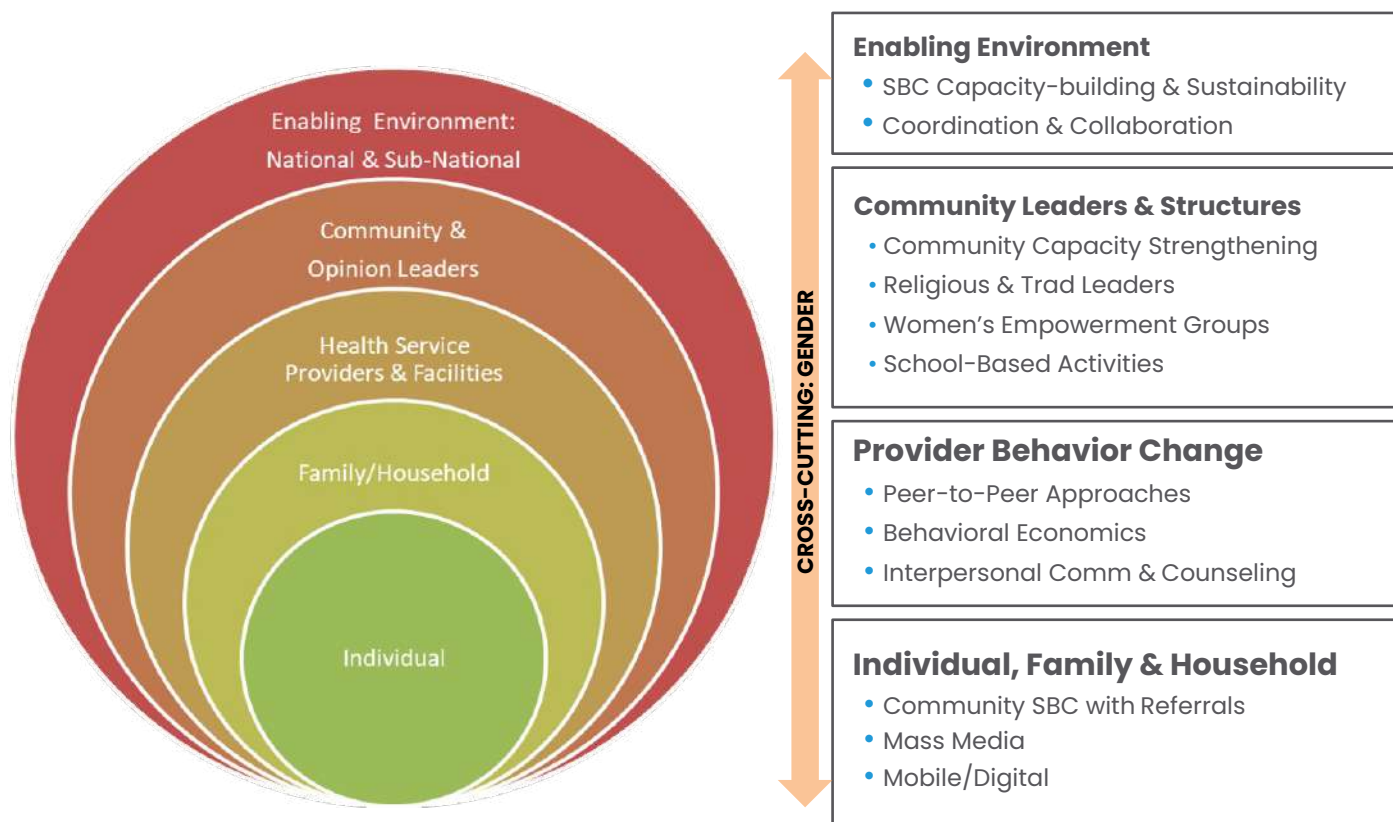
MNCH+N PRIORITY BEHAVIORS	FP PRIORITY BEHAVIORS
<ol style="list-style-type: none"> 1. Complete at least four ANC visits and up to eight 2. Deliver at health facility 3. Full vaccinations per Nigerian policy 4. Provide essential newborn care 5. Initiate breastfeeding within 1 hour of delivery 6. Breastfeed exclusively during first 6 months 7. IYCF for 6–24 months 8. Nutrition counseling for Pregnant Women <p>Seek prompt and appropriate treatment for:</p> <ol style="list-style-type: none"> 1. Diarrhea 2. ARI 	<ol style="list-style-type: none"> 1. Use modern contraceptive methods
	MALARIA PRIORITY BEHAVIORS
	<ol style="list-style-type: none"> 1. Sleep inside insecticide-treated nets (ITNs) 2. Take intermittent preventive treatment in pregnancy (IPTp) 3. Seek prompt care for fever 4. Test before treatment 5. Adhere to full course of artemisinin-based combination therapy 6. Adhere to full course of Seasonal Malaria Chemoprevention (SMC)



Theory of Change

Breakthrough ACTION–Nigeria’s Theory of Change model was adapted from the socioecological model, a multi-level approach used to understand the socio-cultural and environmental determinants, as well as the relationships and structural factors that affect behavior. The Theory of Change recognized the centrality of communities, households, and the service delivery system to effect desired changes. SBC interventions were implemented at each of these different levels as shown below; at the individual, family and household, health provider, community leadership and enabling environment. Gender issues were cross-cutting across all the levels and were mainstreamed into all the interventions.

Project Interventions at Differing Levels of Influence



Integration and multi-channel approaches for comprehensive health impact.

Breakthrough ACTION-Nigeria employed four Integrated SBC best practices to improve message comprehension, reduce message fatigue, and maximize health impact across multiple health behaviors. The project created synergistic effects through mutually reinforcing, multi-channel interventions at the community level and on mass media, mobile, social media and digital.



Integrated SBC Best Practices Employed by Breakthrough-ACTION Nigeria

Gateway behaviors known to influence adoption of other health behaviors

- Antenatal Care
- Facility Delivery
- Immunization
- Family Planning,
- Insecticide-treated Nets (ITNs)
- Exclusive Breastfeeding
- Infant and Young Child Feeding (IYCF).



Life stage approach that segments priority health behaviors by the life stage of the audiences.

Life Stage:

- Early Pregnancy (First 6 Months)
- Late Pregnancy, Birth and the First Weeks After Birth
- Couples with Infants and Children Under 5 Years.
- All Couples of Reproductive Age

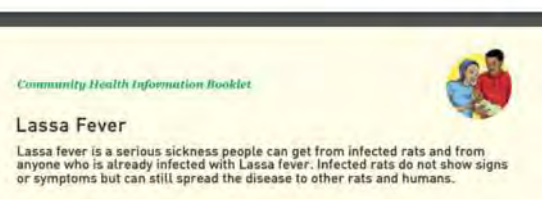


An **Umbrella theme and platforms** tied the different health topics into an overarching, unified identity connecting all communication platforms.



Cycling Overlay. This approach layers health-specific messages concurrently on top of the messaging on the integrated platforms to increase intensity on selected topics at key points in time (e.g. seasonal malaria messages) or place (e.g. localities that have a high prevalence of TB) or both (e.g. lassa fever messages).

Lassa Fever messages incorporated into community activities in affected LGA's and on radio.





Key Learnings and Approaches that Drove

Breakthrough ACTION-Nigeria's Success:

Breakthrough ACTION-Nigeria was notable not only for what was achieved, but also for how it was achieved.



Learning, adaptation and innovation drove results:

Breakthrough ACTION-Nigeria monitored and evaluated its processes, outputs and outcomes, and continuously shared insights and learnings with all those involved in project implementation, from project staff to government representatives, and community members. Frequent evidence-based reflection and analysis sparked innovations and adaptations to address evolving health needs and challenges more effectively. Creativity and calculated risk-taking were encouraged and took place effectively.



Evidence-based and audience-centered approaches bring about effective solutions:

The project embraced an evidence-based, human-centered design approach to solve health behavior challenges. The process began with a discovery phase that involved reviewing existing research, looking at approaches that succeeded in the past, and engaging in deep empathetic conversations with community members, service providers, and other stakeholders to gain insights on health challenges and to co-design solutions. This process yielded innovative, contextually appropriate, and community-owned interventions that measurably increased the uptake of priority health behaviors.

Approach and methods

Opportunity dialogues
Walk-throughs with partners and stakeholders were held in Abuja, Sokoto, Bauchi and Birnin Kebbi to share the insights and opportunities identified during the Define Phase, and to build alignment with the priorities and activities of partners and key stakeholders.



Imagine workshop
A two day Imagine workshop was held in Sokoto to generate multiple ideas to address the insights and opportunities. This was an interactive and collaborative workshop with stakeholders, partners and target audiences in attendance. The workshop generated and refined ideas and selected the most promising to prototype and test.

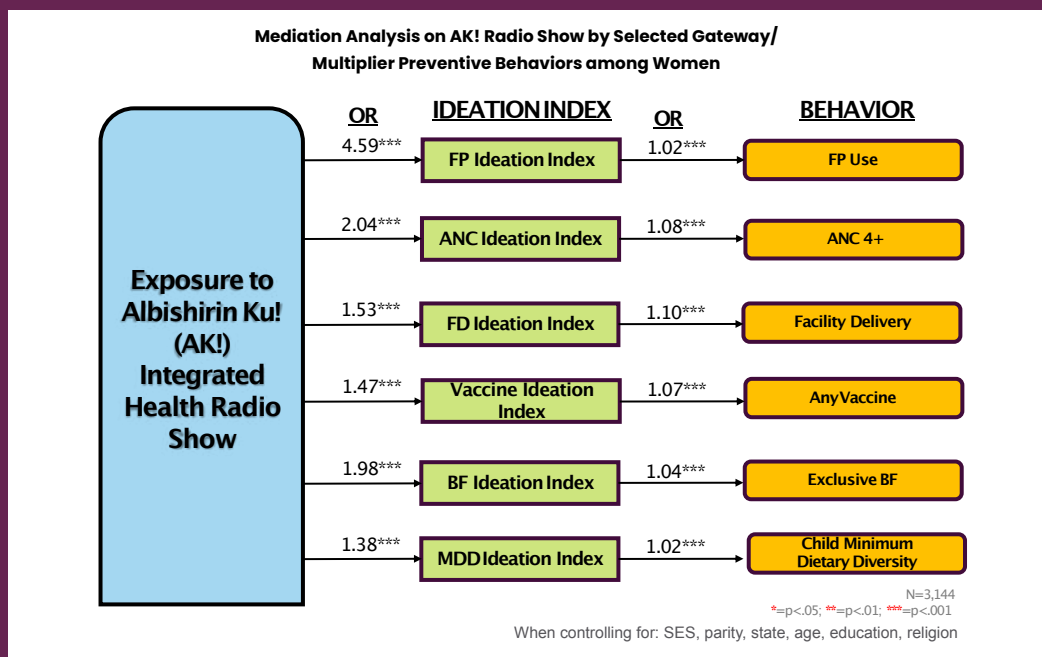


Rapid prototyping
After the Imagine workshop rapid low-fidelity prototypes of the selected ideas were developed to test with target audiences.



Addressing underlying health determinants led to positive effects on multiple health behaviors:

Breakthrough ACTION-Nigeria focused on affecting ideational factors strongly associated with each priority health behavior. Ideational factors are cognitive, emotional and social determinants that influence the way people behave. Results from the secondary analysis of Breakthrough RESEARCH's Behavioral Surveillance Survey data showed that the integrated SBC community and mass media interventions increased positive determinants of health, and thereby increased healthy behaviors across a wide array of health areas.



Community Health Worker referral system increased uptake of Primary Health Care services:

Breakthrough ACTION-Nigeria implemented a large-scale community health worker intervention that engaged over 16 million community members, made 2.2 million referrals for health services of which over 1.2 million were completed. This contributed an average of 18% to the uptake of all the priority health services provided in the focal areas. The lessons learned from this experience will be useful for future community health worker initiatives in Nigeria.



Empowered local communities generated their own resources to address social and structural determinants of health and increase sustainability:

The project worked with community members, resource persons and leaders who are trusted and know their communities best to design and lead truly impactful and sustainable community-led approaches for normative change. These included Women's Empowerment Groups, SBC-Advocacy Core Groups, Ward Development Committee community capacity strengthening initiatives. Many of these approaches are continuing without project support.



“Learning-by-doing” collaboration led to improvements in Public Sector SBC Capacity:

Throughout implementation, the project built strong partnerships and collaborated with Government of Nigeria partners at the national, state and local levels to co-design and co-implement SBC solutions that are aligned to Government priorities. Using this learning by doing approach and traditional trainings, SBC practitioners at community, LGA, State and national levels, gained knowledge in theory as well as practical and relevant experience to design and implement evidence-based and audience-centered SBC.



Private sector engagement increased through aligned agendas and enlightened self-interest:

The project's partnership with Airtel Telecommunications and 140 Media Houses resulted in unprecedented levels of private sector engagement and support for SBC initiatives in Nigeria for a total contribution of more than \$4,000,000 over the life of the project.



Setting new standards and SBC best practices:

Breakthrough ACTION-Nigeria set new standards and best practices for social and behavior change in Nigeria, and advanced SBC practice worldwide.





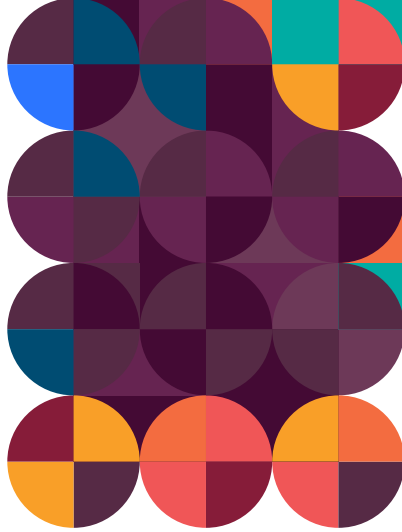
Chapter 2

Reproductive, Maternal Newborn and Child Health, Malaria and Nutrition



2.1

Community Health Volunteers And Referrals for Services



Community Health Volunteers

and Referrals for Services

Introduction

Community Health Workers are widely recognized as a key component of health promotion and service delivery at the community level. However, delivering quality community level initiatives at scale requires a high level of effort, expertise and funds, including sufficient training, job aids and commodities, stipends, supervisory support and monitoring systems.

Breakthrough ACTION-Nigeria implemented at as large a scale as possible with the funding available and achieved coverage of over 50% of wards in our 12 focal states. While substantial, to achieve national coverage is beyond the scope of any project and requires government ownership, funding and support. Working with the government at the state and national level, from the onset, was key to Breakthrough ACTION's approach. When we started the project in 2018, the Government of Nigeria's Community Health Influencers, Promoters and Services (CHIPS) program was at the conceptual stage and had not yet rolled out.

We intentionally leveraged this and set out to ensure that the community volunteers that Breakthrough ACTION-Nigeria recruited, trained and supported (in partnership with the state governments) were aligned with the vision of CHIPS. In this way, when the CHIPS program

The CHIP in CHIPS



(Community Health Influencers, Promoters and Services). Breakthrough ACTION-Nigeria Community Volunteers were focused on Influencing and Promoting health in their communities and wards. They referred people for Services, though did not provide services themselves.



became active at the community level, Breakthrough ACTION–Nigeria’s volunteers could be easily transitioned into CHIPS to achieve sustainability. During the project, we collaborated with National and State Primary Health Care and Development Agencies and partners to incorporate some of the lessons and experiences learned by Breakthrough ACTION–Nigeria into their strategies and approaches.

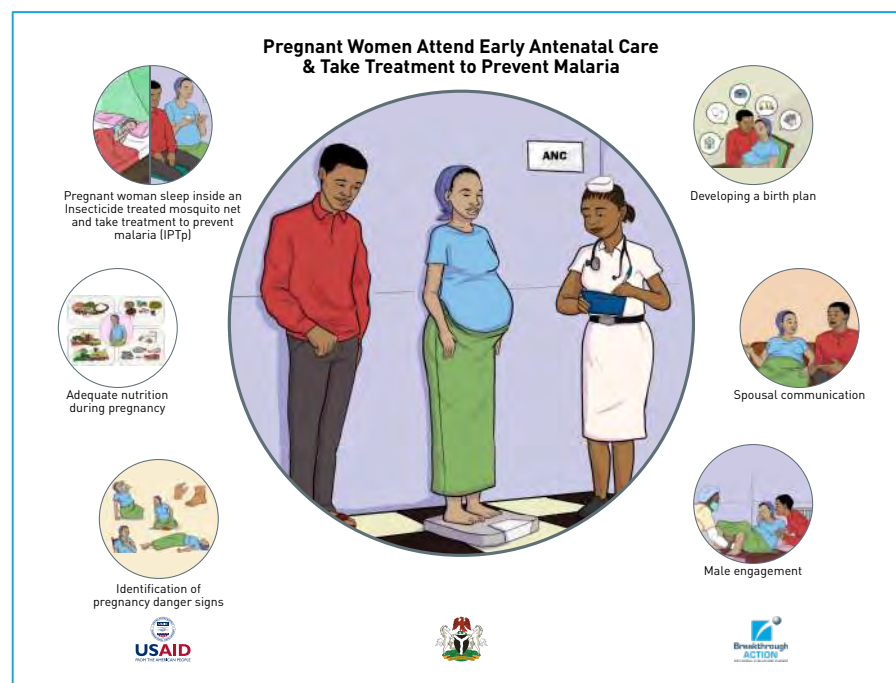
Implementation Approach



Training. Over 3,100 Breakthrough ACTION–Nigeria Community Volunteers, and 234 LGA supervisors, were trained how to educate and motivate community members to adopt the priority health behaviors and address gender norms.



Job Aids and Tools. Working with the government, various communication tools were developed, taking into consideration literacy levels, and translated into local languages for use by CVs. These included training manuals, pictorial community banners and flipcharts, dialogue guides, a MNCH+N booklet, pre-recorded audio messages, referral booklets, monitoring tools and systems, and others.





Activities. The CVs actively engaged community members, 15 days of every month, through household visits, compound meetings, community health dialogues, affinity groups, community events (festivals, weddings, and naming ceremonies), town hall meetings, market storms and other approaches.



Referrals for Services. A comprehensive referral system linked the community SBC efforts to Primary Health Care services. During each session, CVs referred people in need of services to the nearest health facility for ANC, postnatal care, immunization, family planning, and treatment of common illnesses such as malaria, ARI and diarrhea among others. CVs also learned to screen and refer children under five for malnutrition management.





Monitoring, Review and Adaptation. Each month, the CVs reported their data into a project monitoring system. The project tracked the number of people reached on each health topic, number of referrals made and completed, and, during the last year, the proportion of services provided by the Primary Health Care facilities (PHC) in the focal wards that were due to Breakthrough ACTION-Nigeria CV referrals. Data was shared during bi-monthly LGA review meetings among CVs, supervisors, LGA social mobilization teams, WDC representatives and Officers in Charge of health facilities to review achievements and challenges and make adjustments to community engagement activities, as needed.

Monitoring Data Outputs and Results: Geographic Coverage: Integrated vs. Malaria States

From April 2018 through March 2024 Breakthrough ACTION-Nigeria Community Volunteers:

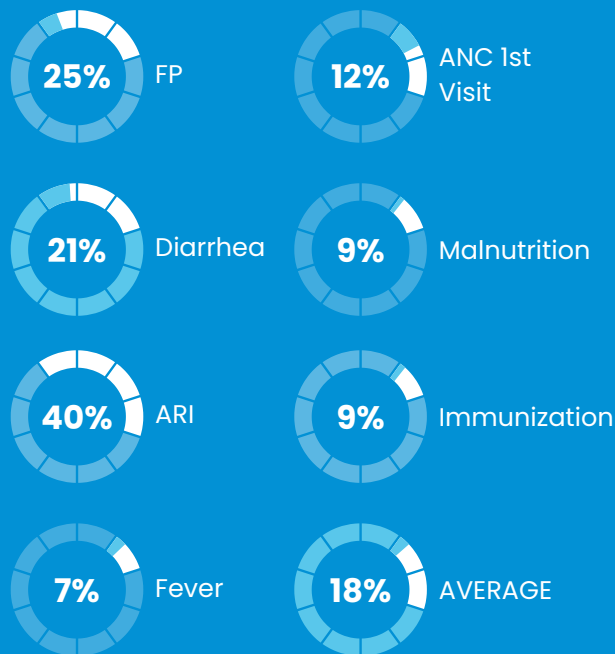
Engaged
16,065,856
Community Members

Made
2,276,383
Referrals for Health
Services

- Out of which 1,205,994 sought Services at Health Facilities
- Representing a 53% Referral Completion Rate

Of all the priority health services provided at the facilities, **18%** on average were due to Breakthrough ACTION-Nigeria volunteer referrals, with a range from **7-40%** depending on the type of referral.

Percent of facility uptake that resulted from Breakthrough ACTION-Nigeria community referrals (FY24 Q1)



COVID-19 Suspension. These numbers would have been higher, but all in-person community activities were suspended for six months during the COVID shut-down from April-September 2020, followed by a slow and deliberate re-start from the period of October 2020-March 2021 to ensure that our staff, community volunteers and the communities where we worked were safe. We did not want the volunteers to spread COVID to the rural areas where they conduct activities, so we erred on the side of caution.

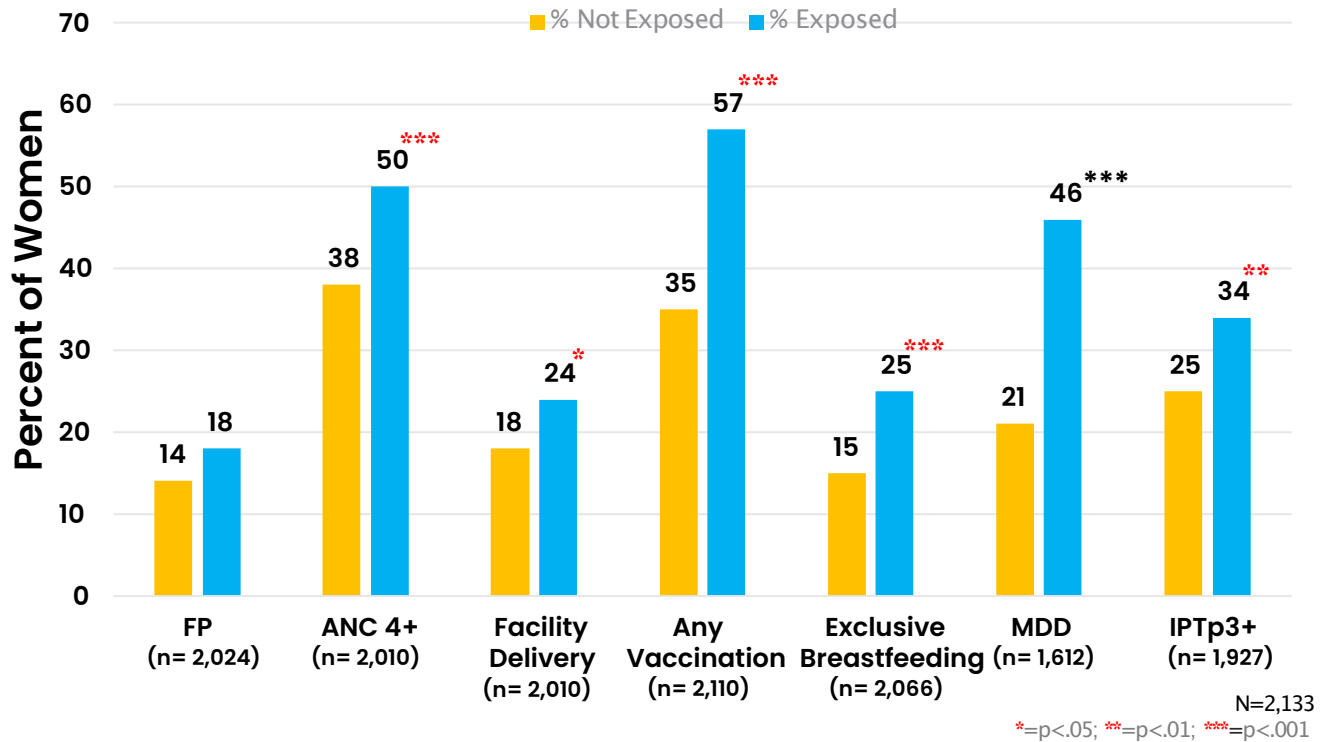




The Integrated Community Activities had positive effects on multiple behavioral outcomes

% of Women Who Practiced Priority Behaviors by Exposure to Integrated Community SBC Activities

Gateway/Multiplier Preventive Behaviors



Women who participated in Integrated Community Activities were significantly more likely to practice multiple gateway preventive behaviors than women who did not participate, including: at least four ANC visits during pregnancy, Facility Delivery, Exclusive Breastfeeding, Minimum Dietary Diversity and IPTp at least 3 times during pregnancy.



Halima Salisu: Empowering Families through Family Planning

Halima Salisu, a 32-year-old community volunteer from Bauchi, Bauchi LGA, Dankade ward, Unguwan Makera, worked tirelessly to educate her community about the importance of family planning. Despite facing initial resistance from some community members, Halima remained steadfast in her mission to empower families and promote healthier lifestyles. In her role as a community volunteer, Halima conducted house-to-house visits and compound meetings to share essential information on family planning.

However, she encountered a significant challenge when she encountered a mother-in-law who opposed the idea of family planning, believing it to be taboo.

Undeterred by this obstacle, Halima approached the situation with patience and determination. She engaged the mother-in-law in thoughtful dialogue, using visual aids provided by Breakthrough ACTION-Nigeria to illustrate the benefits of family planning. Through multiple meetings and discussions, Halima gradually changed the mother-in-law's perspective, highlighting how family planning could lead to better health outcomes for both mothers and children.

Finally, the breakthrough came when the mother-in-law agreed to support her son and daughter-in-law in accessing family planning services. This victory not only marked a personal triumph for Halima but also represented a significant step forward in promoting reproductive health within her community.

Reflecting on her experience, Halima emphasizes the importance of education and dialogue in breaking down barriers to family planning. She believes that by empowering families with knowledge and support, they can make informed decisions about their health and well-being. Halima's dedication to empowering her community highlights the vital role that community volunteers play in driving positive change.



Zainab's health dialogue session sparks life-changing improvements in Maryam's life

Maryam Abubakar, from Jos Jarawa community in Plateau State had never attended antenatal care (ANC) during her three previous pregnancies and lost all three. She had fever during the pregnancies, medicated herself, and suffered three stillbirths in four years. During her next pregnancy, she attended a compound health dialogue facilitated by Breakthrough ACTION-Nigeria Community Volunteer Zainab Yunus. Zainab discussed the benefits of early ANC registration and attendance, the importance of spousal support for ANC, and the dangers of delivering at home.

"Having listened to Aunty Zainab; I approached her after the meeting to explain my situation... She referred me to the Primary Health Center in Jos Jarawa, and thanks to God, they took very good care of me, and I delivered a healthy baby. So, I am now urging all pregnant women to visit healthcare facilities as soon as they become pregnant because of the dangers of malaria to pregnant women. I appreciate the project for taking it upon themselves to do this work. "

Maryam Abubakar Haruna, Community Member.

Malaria during pregnancy can result in anemia, miscarriage, and premature and low birth weight babies. Attending ANC greatly increases the likelihood that pregnant women will prevent malaria by taking intermittent preventive malaria treatment during pregnancy (IPTp) and sleeping inside insecticide-treated nets every night, among other benefits.

More pregnant women in the communities where Breakthrough ACTION-Nigeria operated have embraced the need for ANC and IPTp while fostering a culture of spousal support and safe deliveries.





Mass Media, Mobile Phones and Digital



Mass Media, Mobile Phones and Digital

Introduction

Breakthrough ACTION-Nigeria implemented a wide range of transmedia interventions on radio, television, mobile phone, and social media that were co-created with the government, implementing partners, community members and other key stakeholders. The co-creation process placed users and communities at the center of designing messages and ensured ownership.

We developed Integrated Health SBC platforms that addressed multiple RMNCH+NM health messages simultaneously that were continuously broadcast in the five Integrated SBC states. And we developed health-specific, “vertical” media interventions that focused on one health message on a selected topic (e.g. fever care) that were broadcast intermittently (eg. seasonally during the rainy season for Fever Care) across all project states.

“Transmedia” is the dissemination of the same message content across multiple channels.



Breakthrough ACTION-Nigeria’s media interventions were highly creative and innovative.

The **“Mama Put” fever care radio and TV spots** used humor to deliver messages promoting prompt care seeking for fever, testing before treatment, and adherence to prescribed treatment. The main character, played by famous Nollywood actor, Ada Ameh, was a small restaurant owner named “Mama Put”, a middle-aged woman with a biting sense of humor. She didn’t have much patience for foolishness and got her point across with ironic examples to

point out the absurdity in their behavior. These spots were broadcast across 11 states on radio, television, mobile phones on Airtel 421, as well as social media.



The Albishirin Ku! (Glad Tidings in Hausa) **radio drama** had four major innovations that resulted in very high popularity and reach of the show.



First, the shows were born from a human-centered design (HCD) process that engaged community members, health providers, community leaders, local scriptwriters and producers, and other stakeholders in the design and implementation of the programs resulting in cultural relevancy and resonance with the listening audience.

Second, the shows had a unique format. Through edutainment, each drama followed the life of a fictitious young couple with social issues and health behaviors interwoven into their plots. The radio dramas focused on one health theme each week and unfolded from a different point of view each day—from the couple, a health worker, a religious or community leader, a mother-in-law, a traditional leader or community influencer. Episodes broadcast in Hausa five times a day on weekdays in five-minute segments. During weekends, all segments broadcast together as a 25-minute program.



Third, because of this short 5-minute format, people were able to access the shows on mobile phone on-demand for free through Airtel 421 interactive voice response, further increasing access.

Fourth, interactive mobile games on Airtel 421 were developed based on the Albishirin Ku! radio drama called *Kacici Kacicin* (meaning Quiz in Hausa). The game reinforced priority behaviors through gamified content where callers won points mastering important health and social concepts.

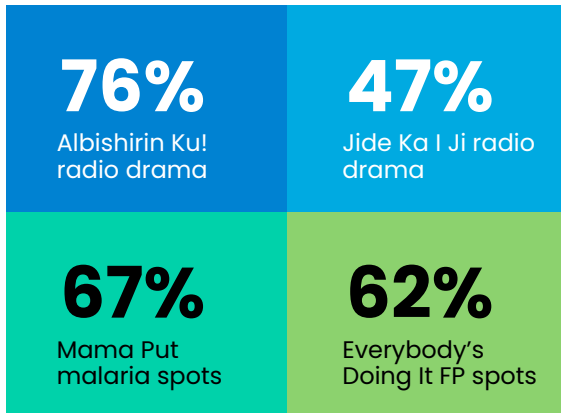
Subsequently, the success of Albishirin Ku! format inspired an Igbo language version in Ebonyi state called **Jide Ka I Ji** (“Well done” in Igbo).

Very high levels of recall and engagement with Breakthrough ACTION–Nigeria health content on mass media and mobile



Omnibus Survey

September 2023



Airtel 421 Partnership

From August 2019 through March 2024



40,841,264

calls made to listen to
BA–Nigeria content



6,998,722

callers made the calls



107,839,163

minutes listening
to content

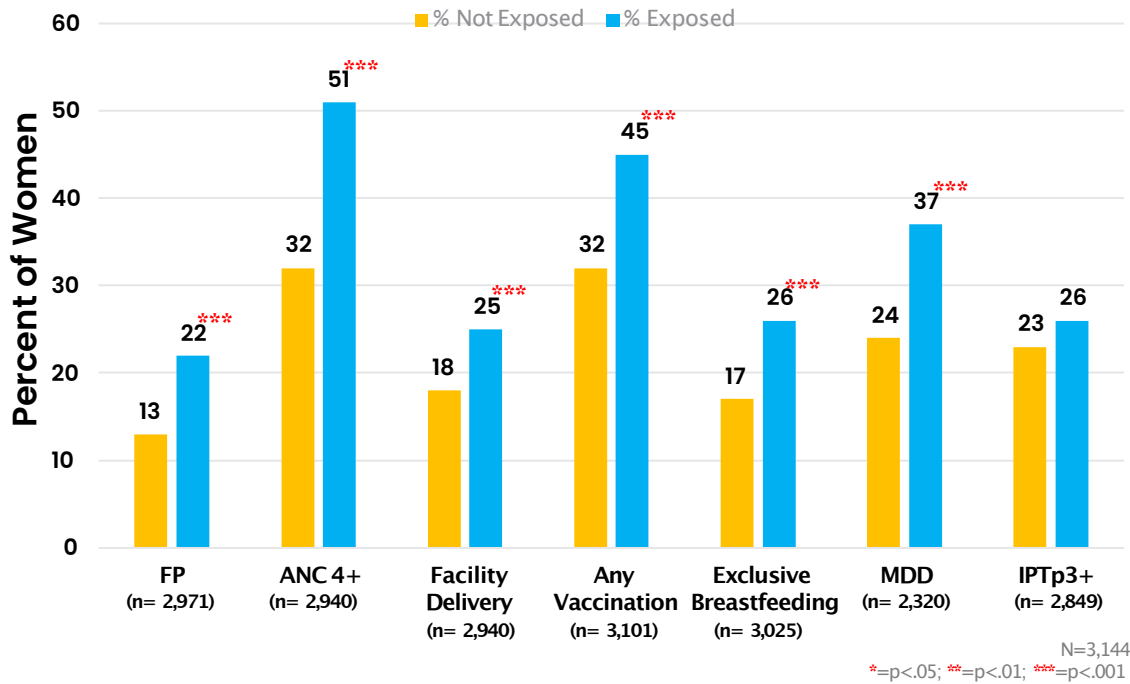




The media interventions had positive effects on multiple behavioral outcomes

% of Women Who Practiced Priority Behaviors by Exposure to Albishirin Ku! Radio Show

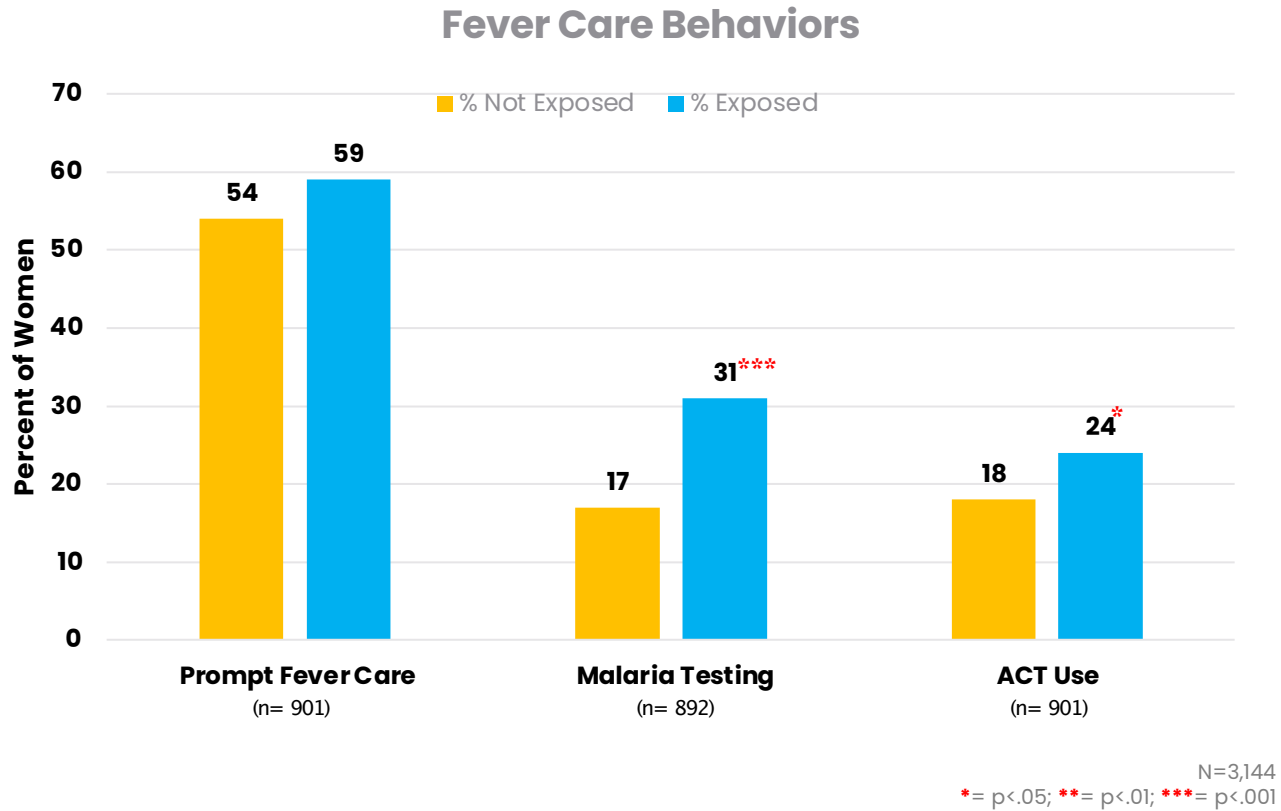
Gateway/Multiplier Preventive Behaviors



Women exposed to Albishirin Ku! were significantly more likely to practice multiple gateway preventive behaviors than women not exposed, including: Family Planning, at least four Antenatal Care visits during pregnancy, Facility Delivery, Exclusive Breastfeeding, and Minimum Dietary Diversity.



% of Women Who Practiced Fever Care Behaviors by Exposure to Mama Put Radio Spots



Women exposed to Mama Put radio spots were significantly more likely to practice multiple fever care behaviors than those not exposed.

Fatima Muhammad's Story

When Fatima Muhammad Auwal first heard the radio program *Albishirin Ku!*, she knew immediately that the show could change her children's lives for the better. Right away, she wanted to start by getting them immunized against childhood diseases. But she couldn't take action because, she says, "it's not my call."

It was Fatima's husband, Muhammad Auwal Sulaiman, who made health decisions, and he was influenced by his eldest sister, who said vaccines were linked to infertility. Soon, though, Fatima had convinced him to listen to the radio program on her phone.

The episodes about immunizations struck him, too. He learned that he could be doing more to protect his family from measles. “Every time it hit, my children were severely infected, and I thought I’d lose them,” he recalls. “We’d try all sorts of treatments – herbs, the traditional medicine. There was nothing we didn’t try.”

The radio drama, produced by the Breakthrough ACTION-Nigeria project, convinced Muhammad to immunize their youngest daughter. Soon, they saw that the baby didn’t get as sick as her siblings.

“The Albishirin Ku! show has been highly impactful on us as a family,” he says. “It has strengthened our bond ... We’ve also learned about childbirth spacing and how to improve the health and well-being of our children.”

Fatima says, “When you’re from a large family, it’s pretty hard to dispel the misconceptions your family members have around ... immunizations.”

The Albishirin Ku! show followed the life of a fictitious young couple, their stories interwoven with social issues and conversations about health behaviors. Each week, the show focused on one health theme and it unfolded from a different point of view each day – from the couple, a health worker, a religious or community leader, a mother-in-law, a traditional leader or a community influencer. Episodes were broadcast in Hausa five times a day on weekdays in five-minute segments.

Because of the short format, people didn’t only have to listen on the radio. Like Fatima, and millions of others they could also access the program on their mobile phones through a free call-in number. From August 2012 to March 2024, 6,011,760 callers made 34,958,762 calls listening to Albishirin Ku! content for 86,778,732 minutes.

The show was created through a human-centered design (HCD) process that engaged community members, health providers, community leaders, local scriptwriters and producers and other stakeholders in the design and implementation of the programs. This meant the shows were culturally relevant and resonated with the listening audience.

About 45% of women exposed to Albishirin Ku! vaccinated their children as compared to 32% of women not exposed. In addition to immunization, those exposed to Albishirin Ku! were significantly more likely to practice multiple preventive behaviors than women not exposed, including: family planning, antenatal care, facility delivery, exclusive breastfeeding, and minimum dietary diversity.

Based on her new knowledge, Fatima is spreading the word about immunizations and Albishirin Ku! in her conservative Bauchi State community. Many of her neighbors are convinced. Even her sister-in-law, who had avoided vaccinations because she feared that they would lead to infertility, is planning on immunizing her stepson.

“There is not a single person in my family who hasn’t embraced immunization,” she says.

“I can stand tall and declare that Albishirin Ku! has changed me. It has changed me, and I have changed others.”

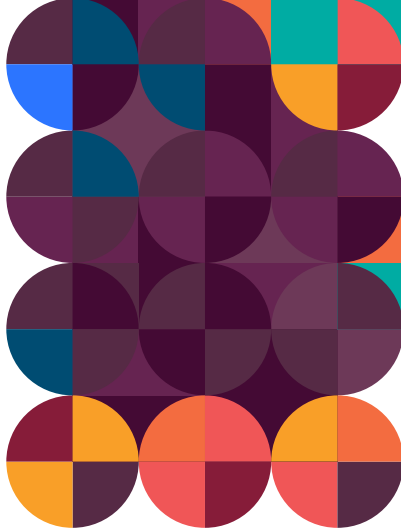
Her husband agrees: ***“My behaviors have changed and that’s the truth.”***





2.3

SBC & Advocacy Support To ITN Campaigns



SBC & Advocacy Support To ITN Campaigns

Between 2018 and 2024, the US Government's Presidential Malaria Initiative (PMI) distributed 53,502,066 insecticide treated nets (ITNs) in Nigeria. The net distribution campaigns were conducted once every 3 years in 11 states. This contributed towards a large reduction in malaria prevalence in Nigeria over the years from 27% in 2015 to 22% in 2021.

Breakthrough ACTION-Nigeria's role in ITN campaigns was to provide SBC support to increase net acquisition, utilization and care, and to advocate for increased state government commitment of funding and in-kind contributions for the campaigns. We worked in close collaboration with other USAID implementing partners who provided technical and logistics support during the campaign.

Advocacy engagements focused on deepening the contribution, participation and commitment of all agencies of the state and local governments throughout the campaign period including religious and private stakeholders' participation.



The Governor of Cross River State, Senator Bassey Otu



During the campaign, SBC interventions were focused on capacity building for media and demand creation personnel who are trusted by communities who include traditional and religious leaders and town announcers. They then use their platforms such as radio and television to encourage and counsel community members on the importance and correct use of the ITN.



Town Announcer

Breakthrough ACTION-Nigeria trained distribution point health educators and provided large pictorial banners to educate people about proper use and care of the nets at the point of distribution. This is important because the nets should be aired under a shade for 24 hours before hanging and sleeping inside it. This simple information, if missed, can lead to a negative experience because of possible skin reaction to the insecticide and resulting non-use of the ITN.



Distribution Point Health Educator. Zamfara.

After the campaign, Breakthrough ACTION-Nigeria worked with town announcers, religious leaders, community health workers, as well as the media, to promote care and use of the ITNs, especially in LGAs where hanging rates were low.



Rolling up when not in use extends life of ITN, Benue State



Results

Outputs and Results

Provided SBC & Advocacy Support to

18

ITN Distribution Campaigns in 11 PMI Focal States over 7 years



Conducted media orientations with

352 news media personnel

to help inform the general public



Contributed to the achievement of **91%** to

100%

ITN redemption rates across the 11 PMI states.



Printed and distributed

21,505

large vinyl pictorial banners to aid the Distribution Point Health Educators (DPHEs).



Trained and mobilized

10,215

Town Announcers to mobilize communities in 3,839 wards across all states



Trained

21,505

DPHEs who encouraged and counseled community members how to air, hang and care for nets

As a result of advocacy activities, state and local governments increased their commitments.

The equivalent of over US\$2,800,000 was made in cash

and in-kind contributions by state and local governments to support the ITN Campaigns.

In-kind contributions included warehousing, security support, support for campaign ad-hoc staff, free jingle airing, venues for trainings, provision of vehicles and fuel for campaign supervision and monitoring and more.



Trained

352

LGA health educators

during the state training of trainers specifically on demand creation interventions to train ward supervisors and distribution point health educators directly.





Chapter 3

Special Initiatives Addressing Social Determinants



3.1

Community Capacity Strengthening



Community Capacity Strengthening

Introduction

Through an innovative adaptation of Save the Children's Community Action Cycle (CAC), Breakthrough ACTION-Nigeria worked hand-in-hand with Primary Health Care Development Agency staff and other key stakeholders at the state and local government levels to empower Ward Development Committees (WDCs) to plan, finance, and implement their own health initiatives within their communities. The project provided training, supportive supervision and technical assistance but did not provide funding. The WDCs had to generate their own funding to implement their activities.

Breakthrough ACTION-Nigeria's approach started with sustainability and community ownership in mind at the outset. We focused on building the capacity of WDCs because they are existing community structures representing the community's voices and interests recognized by the National Health Act and the National Health Promotion Policy. They are, however, unpaid voluntary positions often with little guidance, technical support, or supervision.

This was a very innovative approach, and with innovation comes some calculated risk. At the outset, we didn't know how many of the WDCs would commit to raising their own funds until we tried it. When we started this approach in 2019 in 75 wards, we thought that it would be a huge success if we got half of these wards to actively commit to it. As it turned out, only one ward did not commit (and two wards could not continue due to security challenges). The remaining 72 wards have been continuously implementing and funding activities since then to date.



From 2019 to 2024, the approach was expanded from the initial 72 WDCs to 659 WDCs, this includes 218 wards where the State Primary Health Care and Development agencies in Bauchi, Kebbi, Sokoto, Ebonyi and FCT expanded the initiative without direct BA-Nigeria involvement or supervision.

Community Health Action Resource Plans (CHARPs)

A key to success was the CHARPs that each WDC developed with monthly micro-plans. The CHARPs were in two stages. The first stage focused on delivering immediate benefits to the community such as:

The infographic consists of four vertical panels, each with a white icon in a circle at the top and a corresponding text description below. The background of the panels is a gradient of colors: dark grey/black for the first, teal for the second, green for the third, and purple for the fourth. Large numbers 1, 2, 3, and 4 are overlaid on the background of each panel respectively. The first panel shows a bus icon and text about transport. The second shows a money bag icon and text about renovating facilities. The third shows a pregnant woman icon and text about delivery kits. The fourth shows a hospital icon and text about information boards.

- 1** Community transport systems to provide free transport to health services for pregnant women, children under five, and other emergencies
- 2** Funds to renovate health facilities and procure health commodities
- 3** Delivery kits for pregnant women
- 4** Community health information boards to track health data

These activities provided immediate benefits and were very visible to the community, increasing the reputation and standing of the WDC members, who are unpaid. The community recognition was a big motivating factor for the WDCs.





“Before the CHARP training we didn't develop plans because we didn't realize it was important to do and didn't know how to do it. Before, we only had meetings once or twice a year because we didn't know how to manage the WDC. The CHARP is very important to the WDC and every aspect of running the government and our homes because it helps us do our jobs right.”

Mande Shamaki Shuni, Shuni Ward, Dange Shuni LGA, Sokoto



The second stage focused on strengthening WDC capacity by:

1. Addressing gender disparities in healthcare through tailored training and forming Gender Economic and Empowerment Sub-Committees within WDCs;
2. Equipping WDCs with SBC strategies to promote health-seeking and preventive practices;
3. Strengthening WDCs' leadership and management skills including financial management, decision-making and stakeholder collaboration, and encouraging community involvement in decision-making.



The National Primary Health Care and Development Agency (NPHCDA) participated and learned from this approach and institutionalized WDC guidelines, registers, and tracking tools ensuring standardized approaches and setting the stage for wider implementation throughout the nation. This built on and served to strengthen the existing system and processes they had in place to guide WDCs in achieving their mandate



“The CHARP training made us realize all the mistakes we’ve been making in executing most of the committee’s work. For example, before the CHARP training, we did not have a work plan that outlined tangible and achievable tasks, nor did we track our progress. We also didn’t have a bank account, so saving and tracking money was difficult. Additionally, the CHARP process has increased dialogue among members and the confidence and ability of members to play a part in the WDC actively.”

Dahiru Ibrahim Yero, Makama A Ward, Bauchi LGA, Bauchi



The Community Capacity Strengthening approach fostered a community-led process where interventions were tailored to local contexts, aligning with available local resources and empowering communities to monitor and evaluate the impact of their solutions, thereby fostering sustainability and efficacy.



WDC Reporting Guide



Important note: This reporting guide is intended to foster in-depth discussions during all WDC meetings at community levels, it is to be maintained by the secretary



USAID
FROM THE AMERICAN PEOPLE



EUROPEAN UNION



Results

Outputs and Results

\$146,459

generated by WDCs for implementation of their health activities resulting in:

64,495

Pregnant Women transported for ANC

32,586

Pregnant Women transported for Facility Delivery

120,473

Children line-listed for Immunization

108,744

newborns received their first dose of immunization

161,405

children and adults transported for treatment of illnesses and emergencies

658

WDCs purchased consumables/non-consumables for Health Facilities

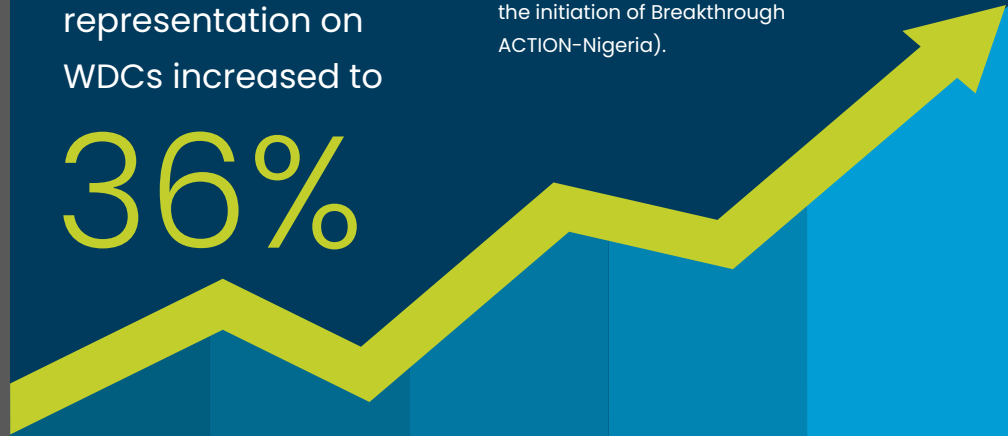
382

WDCs conducted repairs/construction for Health Facilities

Women's representation on WDCs increased to

36%

(up from less than 10% prior to the initiation of Breakthrough ACTION-Nigeria).



659

WDCs



11,997

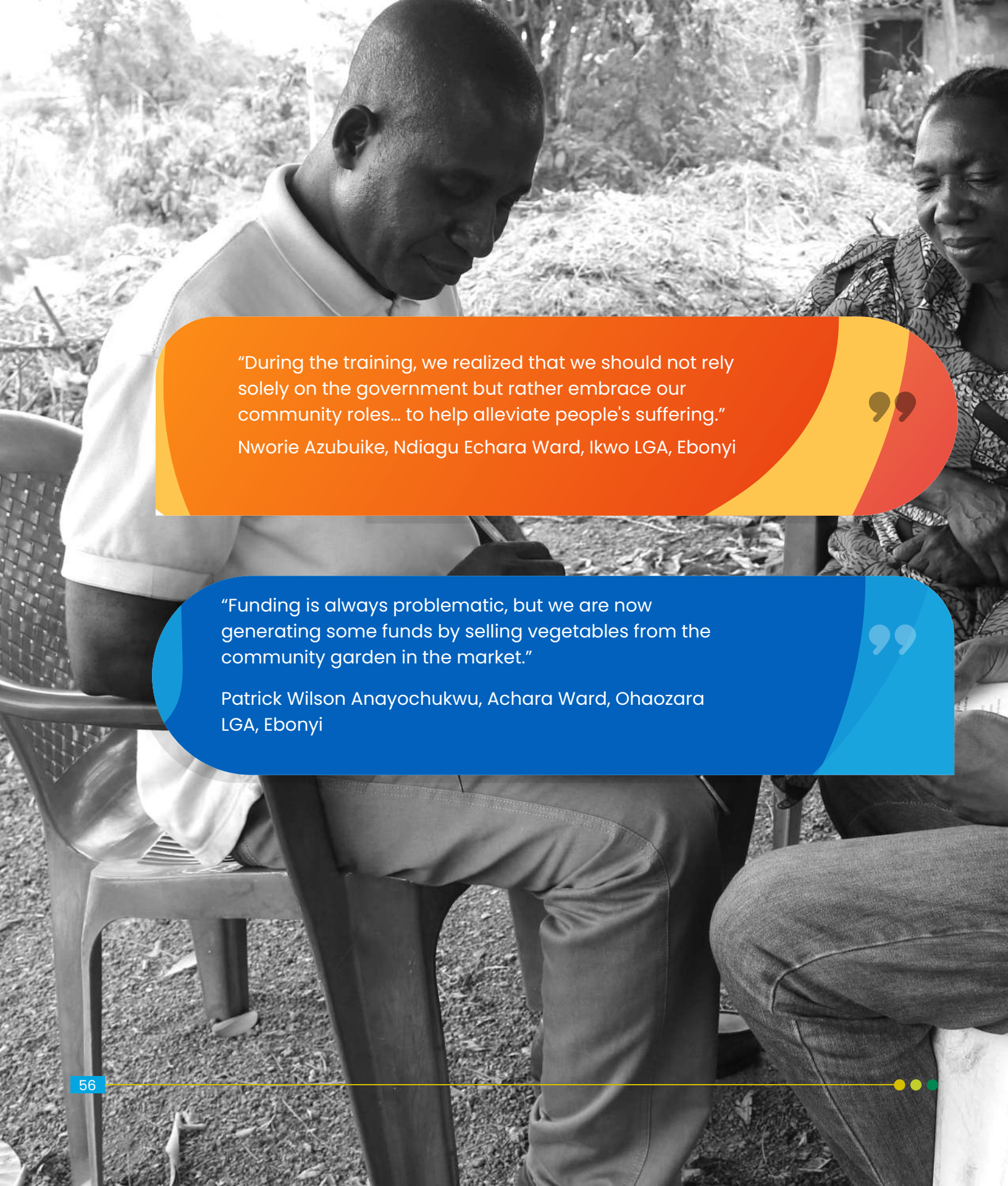
WDC members



“I appreciate the way we have been groomed at the grassroots level. We have frequent coaching sessions with the Breakthrough ACTION community capacity-strengthening staff and explore how we should go about the activities of the WDC. We receive joy from having these meetings because we always learn a lot.”

Abdullahi Labbo, Shanga Ward, Shanga LGA, Kebbi





“During the training, we realized that we should not rely solely on the government but rather embrace our community roles... to help alleviate people’s suffering.”

Nworie Azubuike, Ndiagu Echara Ward, Ikwo LGA, Ebonyi

“Funding is always problematic, but we are now generating some funds by selling vegetables from the community garden in the market.”

Patrick Wilson Anayochukwu, Achara Ward, Ohaozara LGA, Ebonyi

WDCs Support Volunteer Drivers to Transport Pregnant Women Who Need Care

Since 2019, Breakthrough ACTION-Nigeria has been working with Ward Development Committees (WDCs) to plan, fund and implement their own activities to improve the health of their communities. One of the initiatives that many WDCs chose to support has been to develop and fund networks of volunteer drivers to help moms and babies get the care they need.

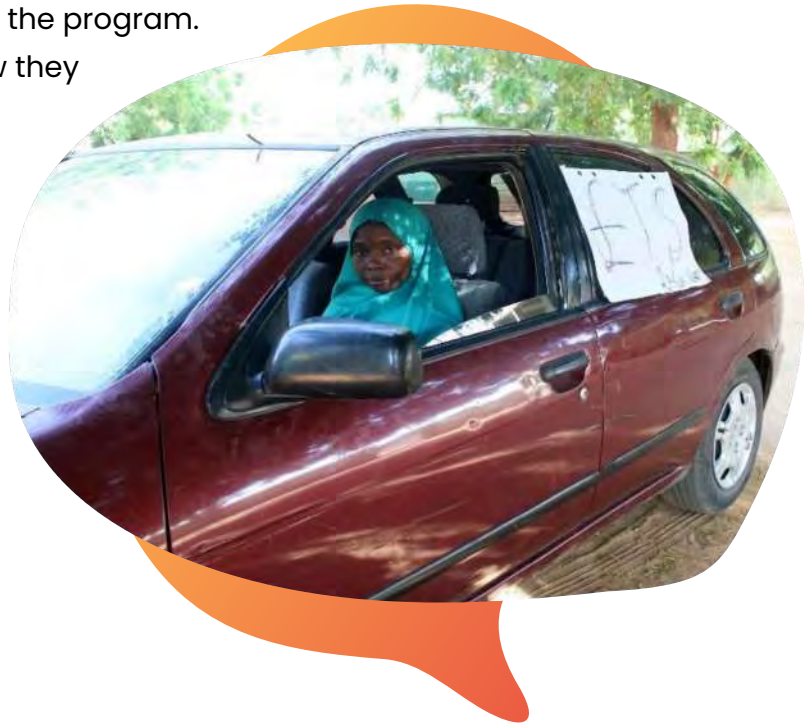
In Nigeria's Bauchi state, pregnant women in rural wards often have difficulty accessing health care, be it prenatal visits or delivering their babies at a medical facility. The terrain is challenging, making it difficult to trek to the hospital, while flooding often blocks the way from May to October. Most importantly, they often can't afford to pay for needed transportation. These barriers can become life-threatening when a pregnant woman cannot access care swiftly and when needed.

WDCs have collaborated with the National Union of Road Transport Workers and the Amalgamated Commercial Motorcycle Riders Association of Nigeria in five Nigerian states to provide a community-based emergency transport program. While the WDCs provide fuel, drivers of the two unions and other vehicle owners within the community volunteer their time, for free, to create a service available and accessible 24 hours a day, seven days a week. Drivers say service to the community and community recognition are key motivating factors to do the work.

“Many of the volunteer drivers who typically drive taxis, motorcycles, tricycles or ambulances for a living tell us they do this because they want to help others,” says Ummulkhairi Gambo, who works on the program.

“Many have numerous stories about how they helped save the lives of mothers and babies through a difficult time.”

Across the five states — Bauchi, Kebbi, Sokoto, FCT and Ebonyi — lists with drivers' names and numbers are posted at health centers across different communities to increase quick access in the case of emergencies.





Women's Empowerment Groups



Women's Empowerment Groups (WEG)

Key insights from the Maternal Newborn Child Health and Nutrition (MNCH+N) formative assessment conducted by Breakthrough ACTION-Nigeria in 2019 indicated that many women did not have the agency or ability to make decisions and take actions concerning health care for their families and themselves. This was influenced by gender roles and financial control within the family, as well as peer pressure and societal norms in communities.

Conceived through a human centered design process, the Women's Empowerment Group (WEG) approach aimed to address these issues by creating safe spaces outside the home, where groups of women support each other, become economically empowered, and learn about RMNCH+NM. The project rolled out the WEG approach, also called Hasken Mata ("Women's Light" in Hausa) in Bauchi, Kebbi and Sokoto States in 2019, and then expanded the activity to Ebonyi and the Federal Capital Territory (FCT) in 2022.

Each WEG brought together a group of 15-35 women committed to their health and the well-being of their children and family. Groups met on a regular basis to:

- Share and learn about RMNCH+NM health behaviors;
- Learn new business management and livelihood skills;
- Contribute to communal savings, obtain and repay business loans; and receive emergency health funds and other vital support when needed.



As of 2024, Breakthrough ACTION-Nigeria had facilitated women in four states and FCT to form **242** groups with a total membership of **4,708** women.



Breakthrough ACTION-Nigeria did not provide any financial support to the WEGs, but only technical assistance with how to set up the groups, leadership and financial management skills, health activities, and technical support



Binta Haruna, the Leader of Women Empowerment Group Hasken Mata (Women Light) in Ningi, Bauchi State, Demonstrates Healthy Food Preparation for Women in Her Group

Results

Outputs and Results

The Women's Empowerment Group approach worked, increasing women's access to both health knowledge and finances. Building their confidence allowed them to have more independence and the ability to make decisions that served their families' health.

Findings from Breakthrough ACTION-Nigeria's 2024 post-cycle assessment showed that participation in WEGs:

Provided opportunities for income generation.

WEGs collectively amassed
 **\$239,589**
via contributions

More than
 **1 in 4 WEG members**
actively engaged in income-generating activities as a result of their participation in the WEG.

Increased women's confidence in discussing health and social issues with their spouses.

77% of respondents reported both spouses making healthcare decisions, compared to **31%** in the pre-assessment.

89% of respondents reported increased spousal communication, compared to **41%** in the pre-assessment.

76% of respondents agreed that women freely interact with spouses and the community on health matters, compared to **26%** in the pre-assessment.

Improved knowledge of priority health behaviors.

99% of respondents knew key health messages compared to

43% in the pre-assessment.


Led to improvements in healthy behaviors





Maryam Maigari, a 24-year-old from Kalgo community in Kebbi State, attended ANC throughout her most recent pregnancy, and introduced a more diversified diet to her family due to participation in the local WEG. Maryam had this to say about her WEG experience:

“Now look at my vegetable garden. I eat from it, my family eats from it, and I even give it to my neighbors. I want to expand my vegetable garden so I can sell and generate income for my weekly WEG contribution since my husband now assists me in taking care of the garden, and he is in support. I want to say a very big thank you to Breakthrough ACTION-Nigeria for bringing WEG to our community. This is an eye opener to us women and our husbands.”

A woman wearing a patterned headscarf and a matching patterned dress is operating a manual mill. The mill is a large, metal, hand-cranked device mounted on a wooden frame. She is holding a blue cloth or bag. In the background, there is a simple building with a corrugated metal roof and a wall with decorative square patterns. The scene is outdoors, likely in a rural area.

Increasing Incomes and Empowering Rural Women in Nigeria

L In Yeldu Arewa local government area of Kebbi State, Amina Yakubu, a mother of six, had a small business selling tiger nuts. Her husband also runs a small-scale business. But despite their best efforts, they were finding it difficult to pay hospital bills, the children's school fees and meet other family needs. Things were so difficult they were even struggling to afford food.

When Amina learned of a Women's Empowerment Group (WEG) in her area that had been started by Breakthrough ACTION-Nigeria, she decided to join. She contributed what she was able to--which was not very much--and waited for the day when she could take a loan from the group to expand her business. It was a huge sacrifice for her, especially when her family's situation was not immediately improving. Amina persevered though and at the first

share-out was loaned enough money to buy a grinding machine, which sells for around N115,000 (approximately US\$130 at the time).

The machine became a vital source of income in addition to the grain and nuts she sold, and as a result she was able to send one of her children back to school. Her child had been unable to attend school because they could not afford the fees. She also used the money in other ways to support her family's needs like paying for hospital bills.

“I want to say a very big thank you to Breakthrough ACTION-Nigeria for introducing this beautiful thing [WEG] into our community. Look at me... I was able to buy a grinding machine and use it to assist and support my family in almost all areas, and I am seeing the benefit. I even advised my friend, who is in the same women empowerment group as me, to use her money after the second share out to buy her grinding machine. She did this and is enjoying it, too.” Amina Yakubu.

Amina's business expanded and she no longer struggles to attain the bare minimum. She has come to understand women's empowerment as a collective effort. She reached out to a relative who was in dire straits and employed her to oversee the grinding machine. This relative, Hauwau Sani, joined the WEG and began to save as Amina did. In time, she too took a loan from the group and bought her own grinding machine. She is now able to support her family.



SBC Advocacy Core Groups- Religious & Traditional Leaders and other Opinion Leaders



SBC Advocacy Core Groups-

Religious & Traditional
Leaders and other Opinion Leaders

It is widely recognized that religious and traditional leaders are highly influential in all aspects of peoples' lives in Nigeria. They have great influence over social normative perceptions and practices and are in a position to create positive and sustainable change within communities. Many projects and programs have sought to engage them over the years. Breakthrough ACTION-Nigeria's innovations, however, differed in several important ways that has led to high levels of active engagement and sustainability

1. Time and effort were invested in building and maintaining relationships and trust, dating back to 2015 during the previous USAID HC3 project. Starting in 2018, Breakthrough ACTION-Nigeria was able to build on and expand those relationships.
2. We effectively reframed the issues to make them directly relevant to the core moral and religious mandate of the leaders guided by the cultural principles of 'Adalci da Kyautatawa' in Hausa and 'Egbe bere Ugo Ebere' in Igbo—terms for fairness and justice. These terms tapped into the cultural identity and emotions of leaders and community members, spurring action.



Instead of the project asking the question:

"What can you do for us to achieve our project health objectives?"

We, in effect, asked the religious and traditional leaders:

"What are the moral and religious implications of one of the highest maternal and child mortality rates in the world?"

"What role can the religious and traditional leaders play to improve this in your congregations and communities?"

What are the religious and traditional perspectives on gender equality and the practice of the priority health behaviors?"

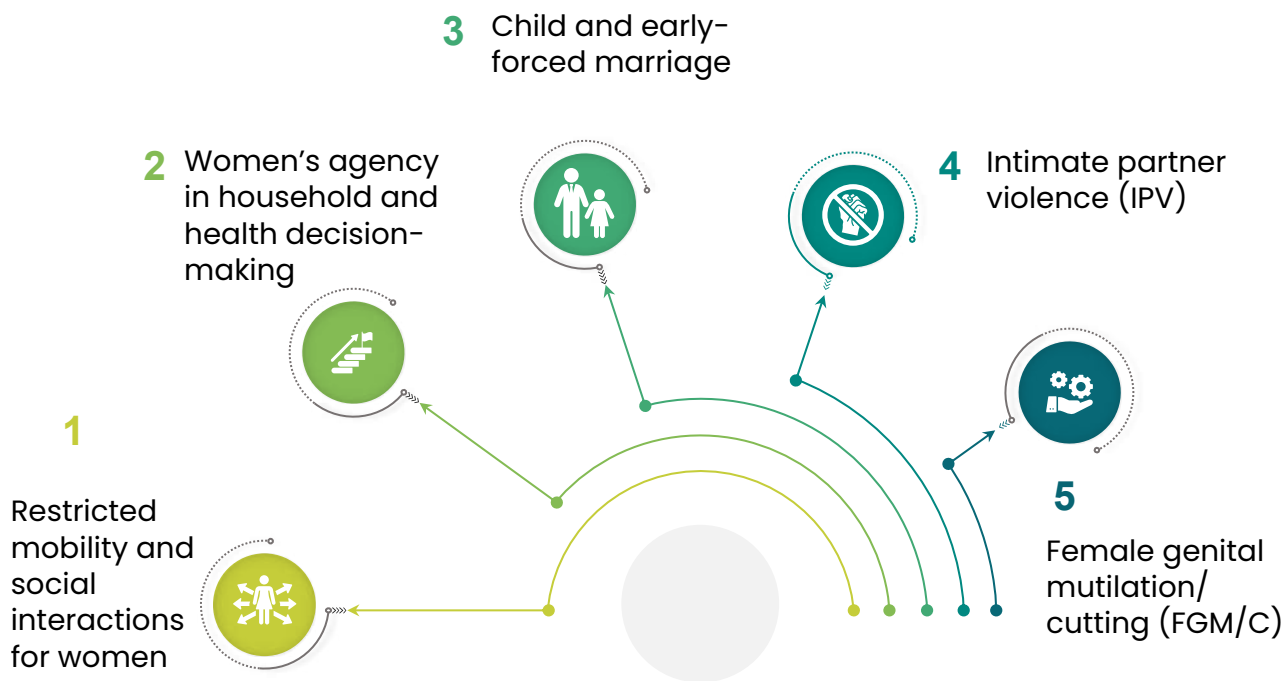
3. They were not paid for their participation or activities, further enhancing their credibility among their followers, as they were perceived as genuinely supporting the health and gender issues they were promoting, and not just doing it for money.
4. Structures were established at the State and Local Government levels (SBC Advocacy Core Groups) that enabled systematic interaction and engagement of the religious and traditional leaders with other opinion leaders in the health and development sectors including government officials, community service organization representatives, women groups, media personnel, and other community opinion leaders. The State Ministry of Health or State Primary Health Care Development Agency (as applicable) and Local Government Primary Health Care Department served as the SBC-ACG Secretariats, and their Executive Secretaries/Chairmen served as Chairpersons.
5. The SBC-ACGs developed their own semi-annual work plans at the State and LGA levels. Work plans detailed activities each group planned to implement over a six-month period. SBC-ACGs monitored their work plans during quarterly review meetings. This resulted in sustained engagement and implementation of activities for years.

47 SBC- ACGs were established

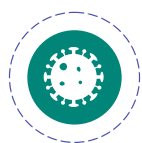
at the State and LGA levels
in **5 states** with **1,650**
religious and traditional
leaders as members



SBC-ACGs focused on positively influencing priority health behaviors and the social and gender norms that influence them including:



Periodic capacity-strengthening sessions with each SBC ACG group reinforced religious and traditional leaders' understanding, clarified values, and increased their ability and commitment to address:



Essential RMNCH+N and malaria health issues and emerging diseases of public health importance such as COVID-19, mPOX, Lassa fever and Yellow fever.



Gender and social issues, using values clarification and dialogue-based approaches.



Deep-rooted beliefs, myths, and misconceptions.



SBC-ACG members promoted priority health issues and gender norms by:

Modelling the positive changes they advocated.

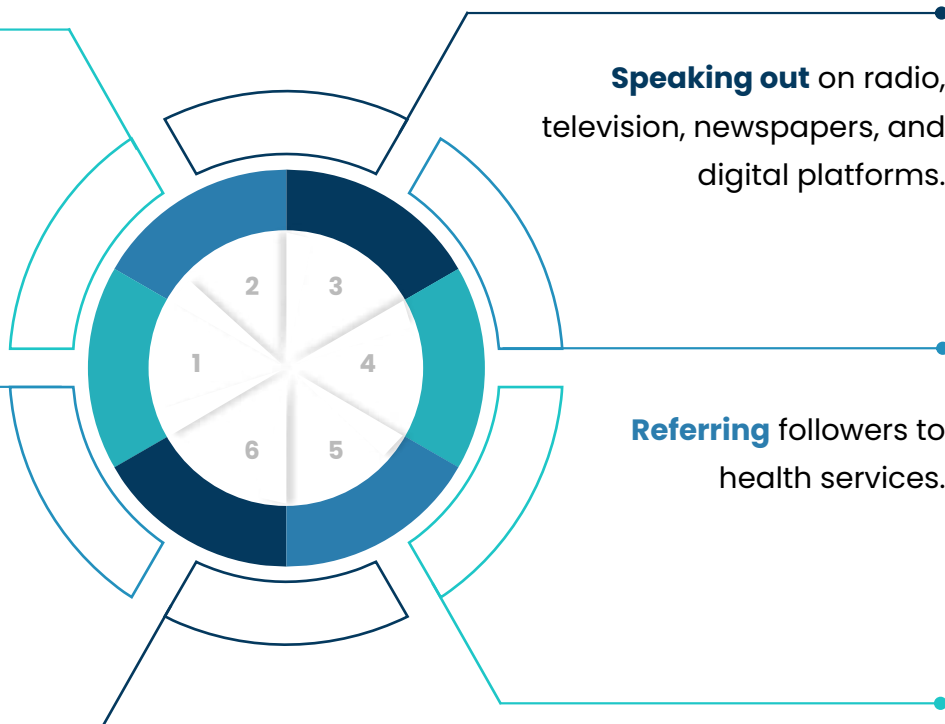
Speaking out on radio, television, newspapers, and digital platforms.

Mentoring other traditional and religious leaders who were not SBC-ACG members.

Referring followers to health services.

Integrating health and gender messages into their religious sermons.

Participating in symposiums to discuss, deliberate and agree on health and gender issues in alignment with religious perspectives.



1,650
religious and
traditional leaders in
five states



Conducted
14,090
"Speak Outs"

**Reaching
6,756,698
people**

with messages
supporting positive
social and gender
norms and priority
health behaviors.

“Having the caliber of people identified as members of Bauchi State ACG is an indication that long-awaited success in the promotion, acceptance and utilization of modern childbirth spacing has finally come” **Hajiya Hadiza M. A. Abubakar, First Lady – Bauchi State.**



“The coming of Breakthrough ACTION-Nigeria helped us realize our collective roles in impacting health positively using our different platforms as leaders.” **Dr. Joseph Nwibo – Vice Chairman, Christian Association of Nigeria, Ebonyi State.**

“Through the knowledge gained from Breakthrough ACTION-Nigeria, I am able to speak out and talk to pregnant mothers on the importance and benefits of ANC and delivery in a health facility” **Alhaji Abubakar Jiya – Etsu Rimba. Abaji Area Council, FCT.**



“Breakthrough ACTION-Nigeria bringing different religious clerics to come together despite differences in our thoughts and perspectives is not easy, I must say well-done Breakthrough ACTION-Nigeria. Everyone knows I am one of the most controversial people, but someone is an enemy of what he does not understand, I later understood that with the Quranic verses and the scientific evidence I became convinced of what the project is propagating. I have since become an advocate and have been preaching to people to accept vaccines and other interventions so they can benefit from the change”

Sheikh Hussain Yusuf Mabera, Sokoto.





One Man's Journey from Adversary to Advocate through Dialogue

Mallam Idrisu Ibrahim is a powerful influencer and religious leader as the chief Imam of Sarkin Bwari Central Mosque in the Federal Capital Territory (FCT). Mallam discouraged his followers from practicing most of the priority health behaviors the government promoted. Mallam did not believe in the effectiveness of immunization for children, for instance, and actively discouraged his followers from immunizing their children. He prevented health workers from immunizing his own children, even banning staff of the Bwari Area Council Health Department from visiting his household during house-to-house immunization exercises.

To change his attitude, the Bwari Area Council Health Department invited Mallam to join the Social and Behavior Change Advocacy Core Group (SBC-ACG), a group of traditional,



religious, and women leaders who promote priority health practices among their communities. Nonetheless, he continued to speak against most priority health practices, arguing that religious teachings supported his beliefs.

During SBC-ACG learning sessions with Breakthrough ACTION-Nigeria, Mallam's fellow Imams corrected every point and proof Mallam made against priority health behaviors. The SBC-ACG co-chairman and religious leaders also engaged with him privately to correct his justifications for opposing health practices.

Over time, Mallam Idrisu went through a remarkable transformation. He began encouraging women to access health facilities and services and infused his religious teachings with information about immunization, antenatal care (ANC), exclusive breastfeeding, and seeking services from health facilities. He also changed his family's health practices.

“As an SBC-ACG member, ... I have to practice these priority health behaviors, which I am not used to. I do them now. Like immunization for my children, exclusive breastfeeding, seeking prompt care at the health facility, and ANC.... As a religious leader, you must practice what you preach, or the people will think you are misleading them,”

Mallam Idris Ibrahim



Now Mallam's wives also help him to promote priority health practices among women. "During the Ramadan fasting, women usually have sessions of Tafseer too, just like the men do. My wives are the ones who disseminate these priority behaviors to the women... My wives follow up with other women who do not go for ANC or take their children for immunization," said Mallam.



Chapter 4

Tuberculosis



Tuberculosis

Prior to 2019, Nigeria's case notification rate for tuberculosis (i.e., the proportion of those with TB that receive treatment) was one of the lowest in the world (less than 24%).

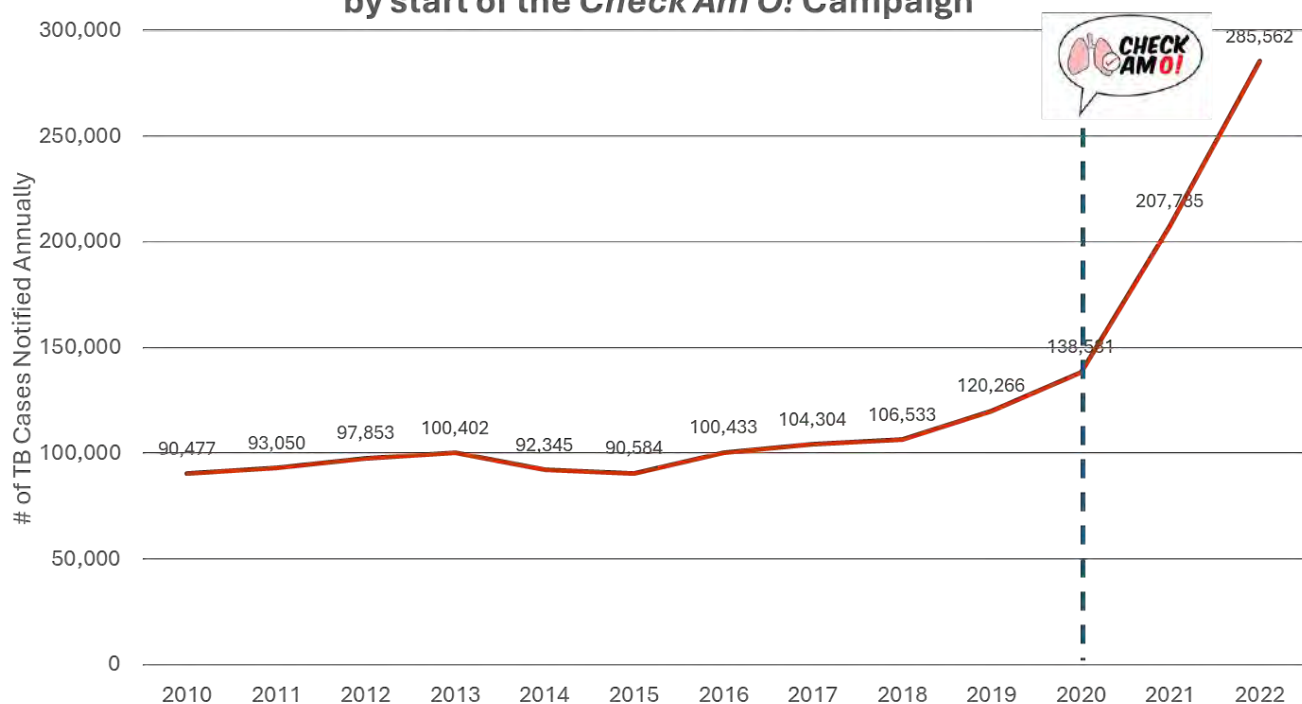
With over 200 million people and the highest TB burden in Africa, and sixth highest in the world,

this poor outcome had an outsized negative impact on achievement of global TB goals for more than a decade.

This began to change for the better starting in 2019 due to improvements in the accessibility and quality of TB service delivery. Then the rate of increase accelerated dramatically in 2021 with the start of the "Check Am O!" campaign in December 2020 and other SBC interventions that Breakthrough ACTION-Nigeria developed and implemented with the NTBLCP and partners (see the Graph below).



Trend in Annual Number of TB Cases Notified in Nigeria by start of the *Check Am O!* Campaign



As described in the NTBLCP’s “Compendium of Best Practices 2018–2021” a broad array of interventions and best practices contributed to these improvements, in both SBC and service delivery. The introduction of “Check Am O!” was like a match that lit a rocket of acceleration in TB case finding, in concert with the improvements in availability and quality of TB services.

Prior to 2019, investments primarily focused on improving TB services, including diagnostics and clinical services, with little investment in TB social and behavior change.

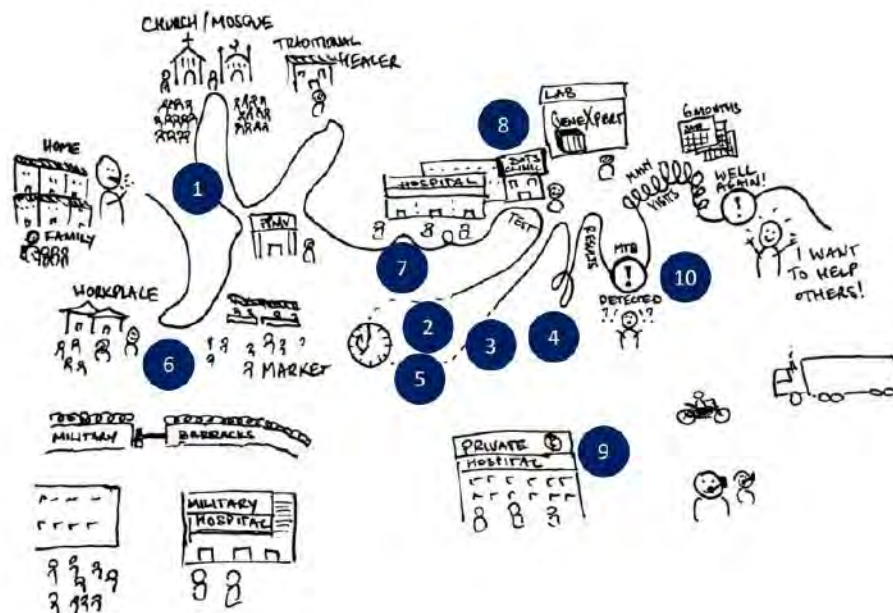
In the National TB Prevalence Survey Report 2012 the FMOH identified the need for increased demand creation to help improve case notification rates as one of the top priorities. The United States Agency for International Development (USAID) has been the leading development partner to respond to this need, investing over \$9 million between 2018–2024 in TB SBC interventions through the Breakthrough ACTION–Nigeria Project, out of a total USAID TB investment of over \$270 million from 2003 to 2023.

Social and Behavior Change Approach

Human-Centered Design. Breakthrough ACTION–Nigeria, the National TB, Leprosy, and Buruli Ulcer Control Programme (NTBLCP) and its partners followed a human-centered design methodology to unravel social and behavioral determinants influencing TB behaviors. The process began by understanding the lived experiences of TB patients and survivors, healthcare workers, and stakeholders. This analysis uncovered four key insights (as below):

1. individuals take a long journey, literally and figuratively, before they attain proper treatment for TB;
 2. there are real and perceived costs in getting diagnosed for TB, despite free testing and treatment;
 3. TB related stigma among communities and healthcare workers inhibits care-seeking; and
 4. myths and misconceptions about TB and fear-based approaches to SBC were prevalent.
- These insights guided the co-creation of a suite of interdisciplinary SBC solutions aimed at connecting people who have TB symptoms with testing and treatment, as described below.

KEY INSIGHTS: A JOURNEY THROUGH TB



We realized that just because we've invested so heavily in making sure [TB] services were available, it didn't mean that people would demand those services.

Debby Nongo, USAID Nigeria HIV/AIDS and TB Office

Coordinated country-wide implementation of SBC activities. Breakthrough ACTION Nigeria supported the NTBLCP to strengthen coordination of SBC activities and innovations across all the states in Nigeria, leveraging other donor funds, instead of just USAID-funded focal states alone. This ensured wider reach beyond Breakthrough ACTION-Nigeria implementing states. In addition, capacity building on the National Advocacy Communication and Social Mobilization Guideline was provided across all the 36 states and the FCT. This support ensured no state in Nigeria is left behind in the introduction of SBC in their TB control program.

Implemented the **first national unified TB Social and Behavior Change (SBC) campaign– “Check Am O!”**. The campaign placed users at the center and was co-designed with TB stakeholders to be relatable to the priority audience of peri-urban dwellers based on an intensive human-centered design approach (see Development Documentary) encouraging anyone with a



cough lasting more than 2 weeks to seek TB testing and for their friends, family and associates to support them to do so. With the onset of the COVID-19 pandemic, the messages were adapted to address TB within the context of COVID-19. The campaign's **mass media and social media approach** included animated videos on television and social media and radio spots in five languages.

The **community activities** engaged communities with high TB prevalence using “hype” vehicles and community mobilizers, while service delivery partners provided testing services at fixed points in the community. The collaborative approach ensured supply met demand and brought services to the people who needed them most. Other activities in these TB hotspots included working through known and trusted community actors, patent medicine vendors, religious leaders and affinity groups such as market and trade associations to refer suspected TB cases among their clients, congregants and members.

Breakthrough ACTION-Nigeria also worked with NTBLCP to expand **mobile and digital** interventions and increase the capacity of the **National TB Call Center**, including expanding the number of trained operators, adding an Interactive Voice Response (IVR), and replacing the 11-digit phone number with a short code (3340) to ease recall and enable more effective cross-promotion on the mass media including a USSD *3340# for use on short message services (SMS). Also, the locations of the nearest testing and treatment centers in each local government area were made available on **social media**. The TB spots also were available **on-demand via mobile phone** on Airtel’s 4-2-1 service.

National TB Testing Weeks

In March 2022, Breakthrough ACTION-Nigeria, as the Chair of the 2022 World TB Day and the Chair of the National ACSM Technical Working Group, got the consensus of the NTBLCP and all implementing partners to expand the 2022 World Tuberculosis Day commemoration over a week period coupled with outreaches and access to testing all over the country. This then set in motion what evolved into three regularly scheduled National Testing Weeks each year, in March, May (devoted to Child Testing), and August. The objective was to create massive nationwide discussion about TB and provide immediate access to screening and testing as much as possible. Strong NTBLCP leadership and partner coordination has ensured continuity.

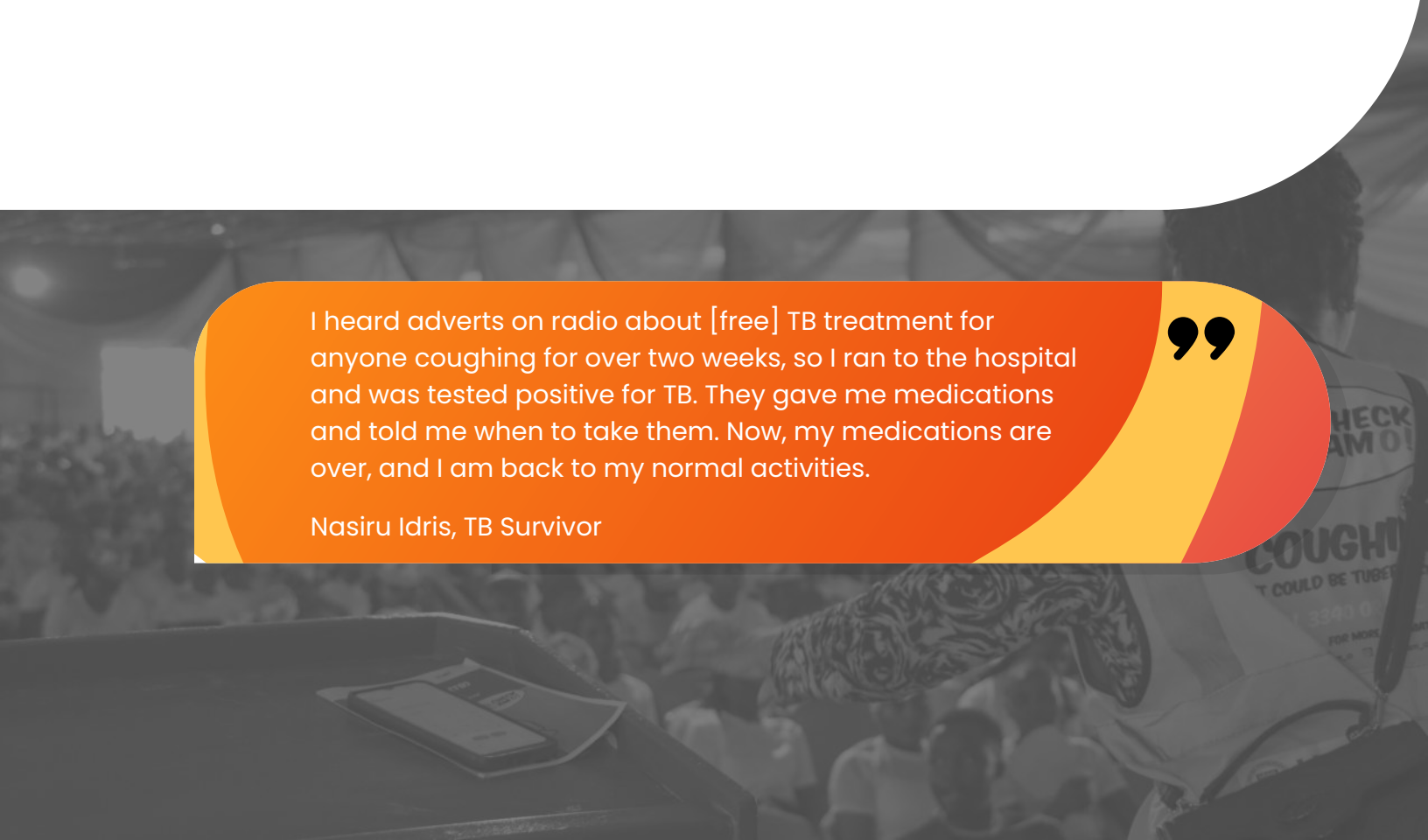


National Testing Week Outcomes					
NTBLCP Data*	Number of people encountered	Number screened	Number of presumptives identified	Number tested	Number diagnosed
August 2022	128,099	80,729	33,200	18,330	1,595
August 2023	482,958	422,844	108,972	91,243	8,174
Child Testing Week May 2023	635,401	331,595	91,406	82,086	4,054

I heard adverts on radio about [free] TB treatment for anyone coughing for over two weeks, so I ran to the hospital and was tested positive for TB. They gave me medications and told me when to take them. Now, my medications are over, and I am back to my normal activities.

”

Nasiru Idris, TB Survivor



National Youth Service Corps

The National Youth Service Corps (NYSC) is a compulsory one-year community service scheme for all Nigerian graduates. NYSC offers the largest platform for youth civic engagement in Nigeria, with an estimated 350,000 youth (“Corpers”) enrolled in the scheme annually. For a Corps member, the mandatory Service Year starts with a 3-week orientation course in a designated NYSC Camp in any of the 36 States and FCT followed by a 10-month assignment to fulfill their Community Development Service (CDS).

Breakthrough ACTION-Nigeria and the NTBLCP worked with the NYS Secretariat to incorporate TB education and free screening during the 3-week orientation program across every state.

**At the first collaboration
in August 2023,**

46,225

Corpers and support
staff were reached
with TB education

16,054

were screened for TB

1,504

were identified with
symptoms suggestive of TB



1,462 of the presumptive TB cases were tested, and **49** persons were diagnosed and placed on TB treatment*. Since then the NYSC has not failed to invite the NTBLCP in its orientation programs for youth corpsers.

Engaging Teachers in the Search for Missing TB Cases among Children

871 teachers were trained across 8 states to equip them with the knowledge and confidence to educate their pupils about TB and refer children and their caregivers for TB screening and tests.

Training on Interpersonal Communication and Counseling (IPCC) for TB service providers

Breakthrough ACTION-Nigeria trained 5,496 health managers and TB service providers across 8 implementing states on interpersonal communication and counseling in order to improve quality of TB services provided at the health services. A TB counseling guide was also produced as a job aid to facilitate proper counseling before and after a TB test.



Results

Outputs and Results



Mass Media

98,326

radio and **14,553**
TV spots aired

65%

recall rate of the
Check Am O!
campaign

(Omnibus Survey Sept 2023)



Airtel Mobile 4-2-1

497,988

individuals made

1,443,361

calls to 4-2-1 to
access TB information



Social Media

25,805,063

persons were reached
on social media



Community Activities

Conducted 16,934

community engagement
activities in high TB prevalence
locations through which

2,596,164

persons were reached
with TB messages

National TB Call Center:

1,204,044 calls were made to the National TB Call Centre between December 2020 and March 2024, including 8,258 referrals for TB testing, of which 4,950 (60%) disclosed that they tested and 1,479 (30%) reported testing positive for TB.

Community Referrals

401,651

presumptive TB cases
referred for testing

327,134

went for a
TB test

16,552

were confirmed
positive TB cases

Averting Tuberculosis Related Deaths Via Community Engagement

Like most of residents of his community, Alhaji Alhassan Jubril, a businessman and father of three living in Angwan Wuje-lele - a peri-urban community in Lafia Local Government Area (LGA) in Nasarawa State, Nigeria - was unaware of tuberculosis. In fact, knowledge of tuberculosis is low across the country, which is among the top 14 countries with the highest burden of tuberculosis in the world.

The Breakthrough ACTION-Nigeria project implemented a suite of intensive behavior change interventions in collaboration with the National and State Tuberculosis and Leprosy Control Programme (N/STBLCP) and partners. These interventions included a national mass media campaign (“Check Am O!”), interventions on social media and mobile phones, improvements to the National TB Call Centre, and intensive community engagement activities in high burden localities.

Alhassan attended one of the community sessions in June 2022 and it dawned on him that his three children might have been battling tuberculosis for the past four months. According to Alhassan, apart from coughing, the family had been experiencing fever and body weakness, which they had tried to treat through various native medicines that never helped.

Breakthrough ACTION-Nigeria community volunteers referred the family to the facility for tuberculosis tests, where they were all confirmed to be positive and since commenced treatment at the DOT center.

“I will forever remain grateful to the Breakthrough ACTION-Nigeria project for saving the lives of my children” - Alhassan Jubril

Breakthrough ACTION-Nigeria reached over 100 persons with tuberculosis messages at Angwan Wuje-lele during the community session with a total of 54 persons referred for testing and nine confirmed tuberculosis cases detected including Alhassan’s three children. All nine began treatment at the DOT center.





Chapter 5

Risk Communication and Community Engagement



Risk Communication and Community Engagement

Introduction

Risk Communication and Community Engagement is the application of social and behavior (SBC) principles and practices, “social science nods, two-way communication, rumor control, and participatory engagement to support communities in mitigating outbreaks and reducing their impact.” (USAID Ready Initiative 2022)

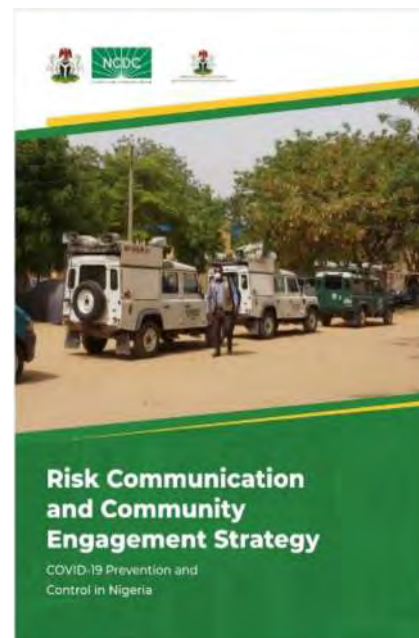
Breakthrough ACTION-Nigeria’s RCCE and Infodemic Management (IM) activities began in March 2020 assisting the Government of Nigeria with the emergency response to the COVID-19 pandemic and progressively expanded to emerging and re-emerging diseases and overall Global Health Security (GHS) agenda. The project provides direct technical assistance to Nigeria’s Public Health Institute, the Nigeria Centre for Disease Control and Prevention (NCDC) and collaborates with the Ministries of Health, Agriculture, and Environment, their departments and agencies, as well as other key One Health stakeholders, guided by a two-pronged approach:



RCCE Strategic Preparedness (Systems, Coordination and Capacity-Strengthening)

Breakthrough ACTION-Nigeria provided comprehensive support to Nigeria's RCCE Strategic Preparedness efforts in several ways:

- Provided technical support for the development of nine national strategies, policies, and guidelines that, for the first time, provided a framework for the RCCE technical area within health security and One Health coordination in Nigeria.
- Played a key role in supporting coordination and collaboration within the RCCE and One Health ecosystem by working with several coordinating bodies, including the National Risk Communication Technical Working Group (NRCTWG), the One Health Technical Committee (OHTC), and disease-specific Emergency Operations Centres (EOC) or technical working groups (TWGs), at both national and subnational levels.
- Fostered linkages with other health security pillars such as surveillance, emergency preparedness, immunization, infection prevention and control, environmental and vector control and research.
- Strengthened the capacity of 3,210 national, state and LGA public sector personnel across 35 states and the FCT to more effectively respond to public health emergencies.
- Strengthened the capacity of 7,224 community actors across 14 states and FCT to build community resilience for public health emergencies.
- Implemented and applied research grounded in behavioral theory to design data-driven RCCE interventions, SBC materials and strategic documents for RCCE programming.



- Developed and rolled out an in-person and online training curriculum, "Building Trust and Empathy (BTE)," to build healthcare workers' ability to more effectively and empathetically counsel clients who had concerns regarding the COVID-19 vaccine.
- Trained 4,758 healthcare workers using the BTE curriculum.



- Collaborated with the NCDC to build the infodemic management system providing dedicated technical assistance to build a system for rumor collection, analysis and use of data for decision-making.



- Organized a fellowship program for 29 media professionals to strengthen their capacity for quality news reporting and content production related to disease prevention, preparedness, and outbreak response using a One Health approach.

Results

Breakthrough ACTION-Nigeria made substantial contributions towards improving Nigeria's RCCE Strategic Preparedness, as measured by two independent, external evaluations: The Joint External Evaluation (JEE) and the Global Health Security (GHS) Index.

National Joint External Evaluation (JEE). The JEE and WHO IHR Benchmarks provide an external mechanism to evaluate a country's International Health Regulation (IHR) capacity for ensuring health security across 19 different technical areas/ action packages.

Breakthrough ACTION-Nigeria supported two of these categories: Risk Communication and IHR Coordination. As shown in the Table below, the JEE found improvements on both the RCCE and IHR Coordination indicators going from "Limited Capacity" in 2017 to "Developed Capacity" in 2023. A more comprehensive overview of Breakthrough ACTION-Nigeria's strategic preparedness activities and how they contributed to improvements in JEE scores can be found in [Breakthrough ACTION-Nigeria's Contribution to the 2023 JEE Capacity Level for Nigeria](#).



Nigeria Joint External Evaluation (JEE)
Assessment Scores: 2017–2023

Nigeria Joint External Evaluation (JEE) Assessment Scores: 2017–2023			
2017 JEE 2.0		2023 JEE 3.0	
Indicator	Score	Indicator	Score
R5: Risk Communication and Community Engagement			
R5.1	1	R5.1 RCCE System for Emergencies	3
R5.2	3		
R5.3	2	R5.2 Risk Communication	3
R5.4	2	R5.3 Community Engagement	3
R5.5	2		
P3: IHR Coordination, National IHR Focal Point Functions and Advocacy			
P2.1. A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR	2	P3.1. National IHR Focal Point functions	3
		P3.2. Multisectoral coordination mechanisms	3
		P3.3. Strategic planning for IHR, preparedness or health security	3
<p>1 Between the two measurement periods, the number of RCCE indicators went from five to three, and the number of IHR Coordination indicators were expanded from one to three.</p> <p>2 Red= No capacity; Orange= Limited capacity; Yellow= Developed capacity; Light green= Demonstrated capacity; Green= Sustainable capacity.</p>			



GHS Index. The 2021 GHS Index Report also showed large improvements in Nigeria’s Risk Communication score between 2019 and 2021, the latest available data at the time of this writing. In fact, Nigeria’s risk communication score increased by 33.3 points from 50 in 2019 to 83.3 in 2021 (see chart), which was one of the biggest increases in the world of any indicator in the GHS Index Report. In comparison to other nations, Nigeria catapulted to the rank 15 out of 195 for risk communication in 2021.

RCCE Response (Community Engagement and Demand Generation)

Breakthrough ACTION–Nigeria supported NCDC and other One Health Partners to design, adapt and implement behavior change and communication activities that enable readiness, response, and recovery from emerging pandemic threats, known endemic threats and other infectious disease outbreaks, using a re-enforcing multi-channel approach.

COVID-19 PANDEMIC RESPONSE

Initial Emergency Response. The first COVID-19 case in Nigeria was announced on February 28, 2020, and Breakthrough ACTION–Nigeria’s RCCE activities began in March 2020. At the onset of the COVID-19 pandemic, Breakthrough ACTION–Nigeria supported the RCCE Pillar of the Nigeria Centre for Disease Control (NCDC) and the Presidential Task Force (PTF) with technical assistance to adapt and contextualize strategies, plans, tools, templates and materials to support response activities urgently needed by the country. We worked with NCDC to rapidly develop and disseminate informational materials via mass media, mobile, social media, and print.

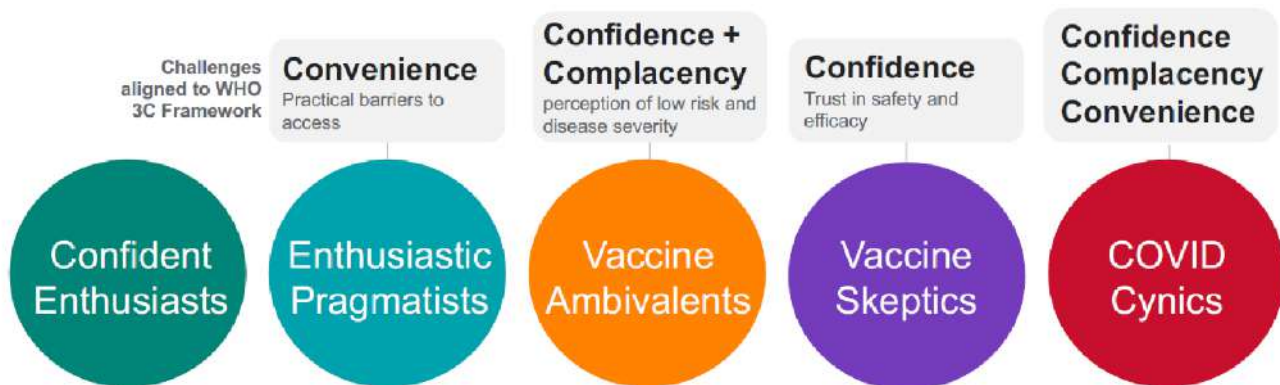
One example of Breakthrough ACTION–Nigeria’s rapid emergency RCCE response in the first weeks of the pandemic involved search engine optimization (SEO) of the NCDC COVID-19 microsite. The information from the microsite was buried far down the rankings list of websites identified when searching for information on COVID-19 in Nigeria. This made it difficult for people to access accurate and reliable information and contributed to the spread of mis- and dis-information on the web. Following the implementation of SEO solutions recommended by Breakthrough ACTION–Nigeria, Google rankings improved to display the NCDC microsite in the top three results. This meant Nigerians would more easily access trusted, contextual information to protect themselves from COVID-19.

COVID-19 Vaccine Hesitancy and Uptake. As the pandemic evolved and vaccines became available, Breakthrough ACTION-Nigeria developed a multi-pronged SBC approach to support Nigeria’s goal of achieving 70% COVID-19 vaccine coverage.

Formative Research & Audience Segmentation: Public-Private Partnership

Breakthrough ACTION-Nigeria developed a strategic and comprehensive COVID-19 RCCE response that focused on addressing COVID-19 Vaccine hesitancy and uptake. We partnered with Johnson & Johnson Global Public Health, utilizing their research to design and evaluate the campaign. Based on the formative data findings, J&J developed the audience segmentation (shown below) that Breakthrough ACTION-Nigeria used to design and implement a campaign to reduce COVID-19 vaccine hesitancy and increase vaccine uptake.

Johnson & Johnson COVID-19 Vaccine Hesitancy Segmentation Analysis for Nigeria



“Follow Who Know Road” Campaign

With insights from formative work, Breakthrough ACTION-Nigeria developed the “Follow Who Know Road” national campaign that specifically targeted ideational factors associated with vaccine uptake aligned with the World Health Organization’s (WHO) 3C Framework: Convenience, Confidence and Complacency. “Follow Who Know Road” is a popular Pidgin saying indicating that people should listen to those who are knowledgeable (people who “know



the way”), and not follow rumors and misinformation that will misguide them. The campaign followed a character named Madam Naija, a trusted community leader who evolves through the stages of the audience segmentation over time: she is initially skeptical about COVID-19 and the vaccine, gets infected with COVID-19, infects her family, then gets vaccinated, and finally becomes an enthusiastic champion for the COVID-19 vaccine.



Results

FWKR reached an estimated...

46 million
people on radio



72 million
people on TV



over

46 million
people were reached
via social media
across all platforms.



**~4 IN 5 CHANGED
BEHAVIOR/INTENTION**

Nearly 4 in 5 unvaccinated people exposed to the campaign showed a positive change in their vaccine intentions and behavior



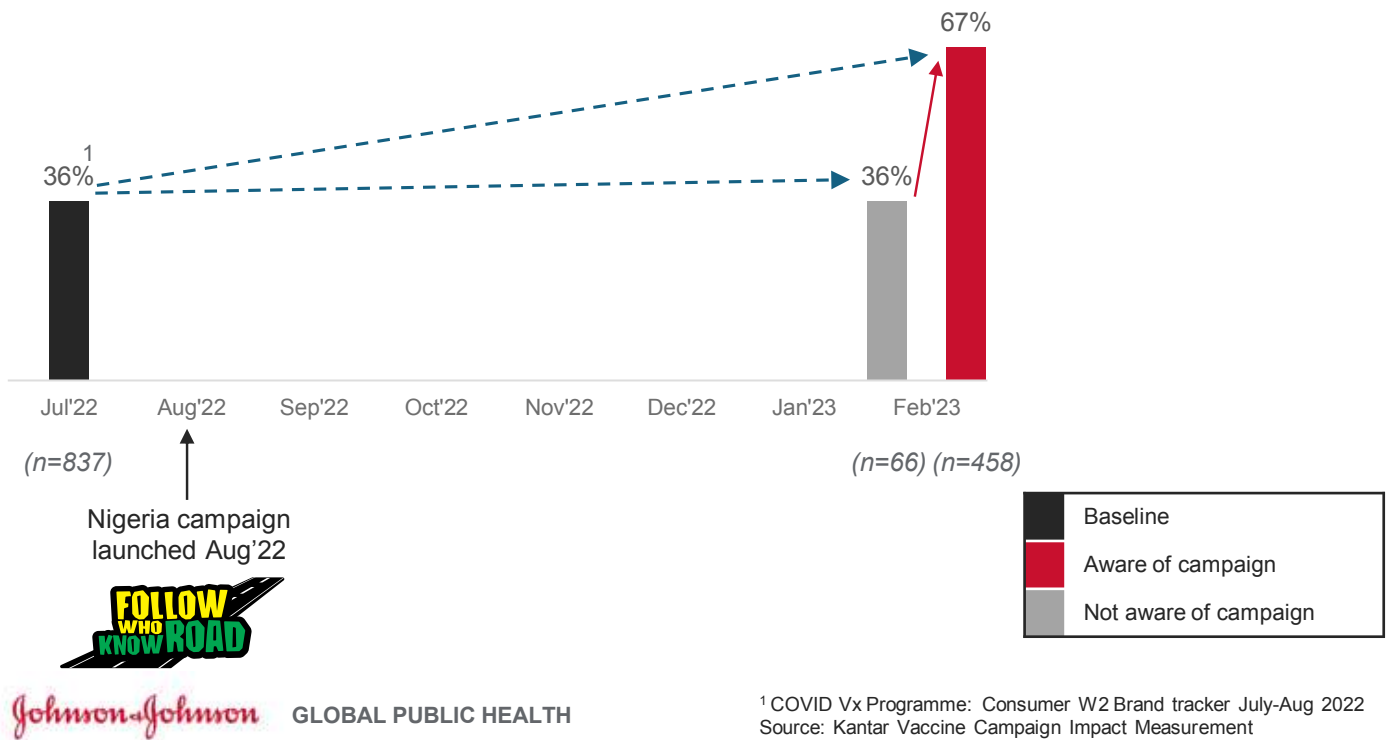
9 in 10 agree that campaign is relevant, believable and contains new info



Nearly 2 in 3 consider
“Follow Who Know Road”
tagline favorable

As shown in the Graph below, those exposed to FWKR were almost twice as likely to be vaccinated than those unexposed (67% vs 36%). The unexposed group in Feb 2023 had the same level of vaccination (36%) as the baseline in July 2022, before the start of the campaign (Johnson & Johnson 2023).

Vaccine uptake – based on campaign reach



Community engagement:

With a deep understanding of the factors influencing vaccine uptake, Breakthrough ACTION-Nigeria implemented a variety of community engagement approaches in line with Government of Nigeria policies. During the vaccine campaign from 2021 - 2023, Breakthrough ACTION-

Nigeria organized demand creation for outreach vaccine teams resulting in 1,942,380 vaccinations. As COVID-19 vaccine services were mainstreamed into PHC services, Breakthrough ACTION-Nigeria supported community members to increase their



perceived risk for COVID-19, adopt preventive measures, and build confidence in the vaccine. These included working with trained community volunteers and influential and trusted religious leaders who disseminated messages to 7,113,791 community members.

Vaccine Hotline:

Breakthrough ACTION-Nigeria's technical support to the Government of Nigeria's vaccine hotline began in April 2022. The hotline manned by multilingual call agents provided vaccine-related information to the public, supported with registering on the Electronic Management of Immunization Data (EMID) platform, provided information on services such as the nearest vaccine centre, and received complaints including reporting adverse events following immunization (AEFI) from the general public. Key highlights from the support included bolstering the call center's capabilities, by transitioning from a long code number (0700-220-1122) to a toll-free short code (7722); thus significantly enhancing accessibility. In the two-year period of support, the call center received 248,498 calls. In December 2023, Breakthrough ACTION-Nigeria built the capacity of the call center agents to address vaccine

misinformation and disinformation, since then, 63 rumors have been logged and triangulated with the Nigeria Infodemic Management Team (NIMT).

Africa Cup of Nations (AFCON) Campaign:

Breakthrough ACTION-Nigeria collaborated with government and non-governmental organizations at the national level and in five states (FCT, Bauchi, Lagos, Ondo and Rivers), and with 24 health influencers to implement a multi-media campaign during the 2023 African Cup of Nations football tournament 2024 to improve uptake of COVID-19 and routine immunization.

The campaign reached over 89 million people with key messages on COVID-19 and RI messages: **72,512,217** via TV ads; 10,666,533 on radio; **6,511,934** on Facebook, X, and Instagram resulting in **447,593** video views of the AFCON campaign TV spots, **75,321** engagements (likes, comments, shares, messages, profile views) and **35,998** clicks to vaccinations sites. The influencers owned the campaigns, developing messages in their languages (Pidgin, Yoruba, Hausa, etc.) and styles to ensure their audience was engaged during the campaign.



The interactive voice response (IVR) game garnered **174,830** calls from **133,333 unique callers** (individuals reached) who played the game on the Airtel 4-2-1 digital platform, **spending a total of 462,854 minutes.**

OTHER PUBLIC HEALTH RESPONSE:



Community engagement initiatives

To improve case detection and surveillance for Lassa fever, mpox, yellow fever, rabies and diphtheria, the project conducted targeted community engagement activities in affected areas and for at-risk populations that reached **1,292,638 individuals** across seven states: Adamawa, Bauchi, Benue, Ebonyi, FCT, Kano and Plateau.



Infodemic Management

BA-Nigeria provided strategic support to set up a national infodemic management system and structure, including support to focal states for community listening to understand the challenges and opportunities surrounding a topic/event as community members perceive them.



“Adventures of Wazobia” radio drama and game

Breakthrough ACTION-Nigeria launched the “Adventures of Wazobia” (AoW) radio drama series to draw attention to priority zoonotic diseases through edutainment. Broadcast in English, the series reached an estimated **13,840,107 persons** in Bauchi, Ebonyi, Edo, Ondo and Taraba. The project also developed an AoW mobile game in five languages on the Airtel 4-2-1 free service that generated **1,012,034 calls** from **609,745 callers** who spent **6,984,228 minutes** listening to content on the service, since January 2023.




Do you want to test
your creativity?
Do you want to save a
community facing a
disease outbreak?

Be a health ambassador

**Play the Adventure
of Wazobia
game now**



- 1 Dial 421 from an airtel line.
- 2 Select your preferred language from the list of languages.
- 3 Press 2 for the main menu.
- 4 Press 5 for games and entertainment.
- 5 Press 1 for Adventure of Wazobia games.

   @BANigeria





Public communication on Lassa fever, yellow fever, and mpox

Working closely with One Health partners, the project produced and broadcast radio and social media content to provide information about preventive measures on infectious diseases of national concern such as Lassa fever, yellow fever and mpox, reaching an estimated **27,344,553 people via radio and 74,089,356 on social media**. In addition, the project has developed **112 social and behaviour change materials** – posters, flyers, trifolds, audio content, video content and others – for infectious diseases in multiple languages.

Infodemic Management: Squashing misinformation saves lives in Bauchi State

Sani Hassan, a Health Promotion Officer (HPO) working with the Bauchi Primary Health Care Development Agency (BPHCDA) heard about a ‘mysterious’ death spreading fear in Guyaba community in Kirfi Local Government Area of Bauchi State. The man who died had a high fever, sore throat, headache, stomach pain, general muscle pain, cough, and a swollen face. After he crossed the River Gongola to seek medical attention, he died. Another person with similar symptoms also sought care across the river and died. News of their deaths spread and soon community members attributed the deaths to the river and spread the rumor that crossing the river would lead to death. The only available health facilities were across the river and people were afraid to use them.

Sani learned to take rumors seriously during an Infodemic Management training facilitated by Breakthrough ACTION–Nigeria, in partnership with the Nigerian Centre for Disease

Control (NCDC) and partners in July 2022. He also participated in training to respond to infectious disease outbreaks in Bauchi State in 2021, during which he established links with key prevention, detection and response resource persons in the State including the Disease Surveillance and Notification Officer (DSNO). This partnership forged in “peace time” paid off when the disease outbreak required fast and coordinated action between the health promotion and disease surveillance units.

Sani and the DSNO visited Guyaba to learn the community's viewpoints on the disease, its origin, and the widespread misinformation. The people were at first unwelcoming. Sani and the DSNO tapped into interpersonal communication skills learned through Breakthrough ACTION-Nigeria training. As Sani and the DSNO listened to the people, it dawned on them that the ‘mysterious’ illness was Lassa fever, which is endemic in Bauchi State. They tried to explain that the disease was not mysterious and could be treated with early detection. The community, however, did not trust their information, and continued asking, “Why did people die when they crossed the river?”

BPHCDA and Breakthrough ACTION-Nigeria sprang into action, engaging influential religious and traditional leaders, Ward Development Committee (WDC) members, and healthcare workers. Together, these trusted community stakeholders oriented the community about Lassa fever, its signs and symptoms, preventive measures, and treatment. Finally, one man was willing to send his wife across the river to the Lassa fever treatment center. Days later, his wife returned home, alive and recovering from the disease. He also came down with symptoms, went across the river to the treatment center, and recovered. Soon many in the community were convinced that the disease had nothing to do with the river and could be managed if people sought prompt care.



With support from Breakthrough ACTION-Nigeria, Bauchi State has shown a marked improvement in its response to infectious disease outbreaks and received an award for being one of the best-performing states for infodemic management.



Chapter 6

Cross-Cutting Initiatives



6.1

Gender



Gender

Introduction

Breakthrough ACTION-Nigeria implemented programs to shift gender norms that impact healthy behaviors to directly support the creation of an enabling environment within which girls, boys, women and men can all fulfill their equal rights. This included carrying out interventions that promote gender equality, as well as engaging female and male stakeholders at all levels, including gatekeepers and decision makers, to positively transform attitudes and practices which reinforce gender inequalities. The project integrated messaging encompassing gender issues into all activities, including media, mobile, digital, community, WDC capacity building, the roles of religious leaders, and provider behavior change.

Breakthrough ACTION-Nigeria developed a Gender Strategy to guide the project to proactively address gender throughout the program, working towards the following gender-related objectives:



Mobilize coordinated leadership in the application of SBC to achieve gender equality and improve health outcomes.

- Through the SBC Advocacy Core Group approach, religious and traditional leaders and other opinion leaders at the state and LGA levels, participated in gender values clarification sessions and conducted speak outs and other activities that promote positive health and gender norms in their communities and congregations.



- Through the Community Capacity Strengthening approach, the project:
 - facilitated the formation of WDC Gender and Economic Empowerment (G&EE) sub-committees whose role was to conduct activities that were aimed at shifting gender and social norms within their communities; and
 - facilitated the increase in women in leadership on WDCs in the focal wards from less than 10% to 36%. Based on this experience, NPHCDA revised the National Guidelines to ensure increased women leadership on the WDCs.
- Through participation on the FMOH Gender, Adolescent School Health and Elder Care (GASHE) Gender in Health Technical Working Group (TWG) Breakthrough ACTION-Nigeria contributed to the review of the National Action Plan for Health Sector Response to GBV in Nigeria (2022 – 2032) and Operational Guidelines on Gender Mainstreaming in Sexual Reproductive Health.



Apply SBC methodologies that address intractable or challenging gender-related attitudes, norms, and behaviors to achieve sustainable change in health outcomes

- Breakthrough ACTION-Nigeria used SBC programs to address underlying gender-related attitudes, norms, and behaviors across all platforms: community, media and digital. For instance, gender issues were woven into the dialogue frameworks for community volunteers, into the scripts and plots of radio drama shows and spots, and in the content on the digital platforms.

- The Women’s Empowerment Groups (WEG) became a nexus of income generation activities, gender equity and health promotion in communities. The WEGs addressed structural economic barriers as well as the lack of agency and decision-making power among women regarding pregnancy, childbirth, and child healthcare by creating safe spaces for learning, promoting economic empowerment, and building capacity.
- The media partnerships approach provided an avenue to collaborate with producers of health programming on integrating content that addresses issues of gender in health programming.
- Collaborated with State Primary Healthcare Development Agencies, State Ministries of Health Gender Unit and other Implementing Partners to leverage the commemoration events for health days to integrate issues related to gender norms within existing interventions, community approaches, digital platforms, and media partnerships. These included International Men’s Day, International Day of the Girl Child, 16 Days of Activism Against GBV and World Contraceptive Day.



Improve capacity of country partners at the national, state, Local Government Authority, Ward levels to design, implement, and evaluate gender integrative approaches using SBC.

- Conducted gender training for National, State and LGA level personnel desk officers from Gender, Adolescent School Health and Elder Care (GASHE) in FMOH, National Malaria Elimination Program (NMEP), National Primary Health Care Development Agency (NPHCDA), National Tuberculosis and Leprosy Control Program (NTBLCP), Nigeria Center for Disease Control (NCDC) and others.

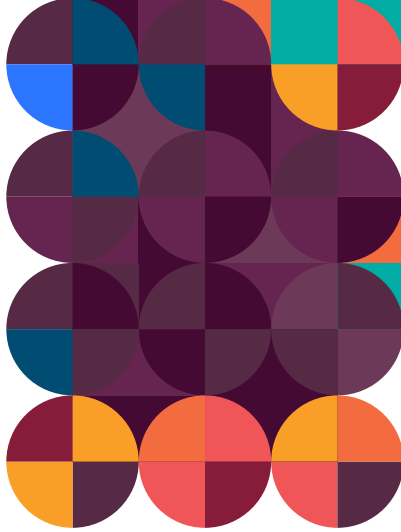


- Supported the GASHE to develop a Term of Reference and inaugurate a 22-member National Gender in Health TWG with three sub-committees (Service Delivery, Leadership, Coordination & Partnership and Advocacy and Resource Mobilization).
- Facilitated LGA Support Teams to work with WDCs to incorporate gender issues into their approaches and workplans in the Community Health Action Resource Plans.
- Facilitated internal and external facing gender in health training sessions for: 100+ BA-Nigeria staff; other USAID Implementing Staff, Government stakeholders and public health experts at state and LGA levels.



6.2

Provider Behavior Change



Provider Behavior Change

While providers are often well-meaning and care deeply about serving clients, gaps in knowledge, personal beliefs and biases, poor communication skills, inattention to the rights of clients, and challenging work environments often make it difficult for them to provide quality health services. This leads to dissatisfaction or distrust of health services among communities, and poor quality and under-utilized health services. In addition to clinical skills, health provider attitudes and norms impact their ability to effectively provide quality health services. This is where a social and behavior change approach brings added value to improving provider behavior.

Breakthrough ACTION-Nigeria worked closely with the federal and state governments to:



Transform professional attitudes, norms and standards in the areas of respectful maternity care, malaria in pregnancy, and fever case management.



Develop, test, and scale interventions to improve provider adherence to fever management guidelines using Behavioral Sciences/Economics methodologies.



Strengthen interpersonal communication/counseling capacity among providers.



Build trust between communities and facilities and strengthen their capacity to solve problems together.



Institutionalize approaches within pre-service and in-service training curricula, and as part of professional medical associations continuing medical education (CME) programs.

The project used a combination of approaches, grounded in evidence and lessons learned in close consultation with providers and communities. Breakthrough ACTION-Nigeria worked across health care cadres--laboratory staff, nurses, doctors and community health extension workers (CHEWs)--and types of health facilities.

Improving adherence to respectful maternity care (RMC) and malaria guidelines through peer networks

Breakthrough ACTION-Nigeria implemented peer-to-peer learning approaches to transform professional norms and build a network of resource persons in healthcare provider communities.

Officer-in-Charge Peer-To-Peer Meetings:

Officers-in-charge (OICs) of primary health care facilities met quarterly in small group sessions moderated by trained facilitators to review performance of their facilities on implementation of national guidelines for malaria and respectful maternity care, and to identify and address barriers to priority behaviors. Cumulatively **18,701** OICs from **11** states & FCT participated in these meetings.



Facility-Based Peer Mentoring and Coaching: Facility-based sessions provided on-the-job knowledge and experience sharing for providers within the facility where they practice. Led by OICs from other primary health facilities, sessions encouraged on the spot learning, free exchange of ideas and fostered problem-solving. A total of 172 trained peer mentors and 117 trained coaches mentored 5,802 providers.

Clinical Meetings: Breakthrough ACTION-Nigeria leveraged existing clinical meetings to ensure transparency and alignment in procedures, address underlying misconceptions, and set shared norms and expectations regarding how national guidelines are implemented.

Professional Association Meetings: Breakthrough ACTION-Nigeria sought to transform standards of care not only within facilities but also in the broader medical community within Nigeria. The project leveraged the influence of professional associations of nursing, midwifery, laboratory technical, and physicians through engaging discussions and presentations about fever case management and respectful maternity care at their meetings and were incorporated into their CME curricula.

Digital and Mobile Resources: The project used WhatsApp, SMS blasts, and mobile learning curricula to follow-up on providers' action plans and sustain their interest and participation between in-person interactions.

Identifying and removing barriers using behavioral science/economics methodologies

Breakthrough ACTION-Nigeria also developed, tested, and scaled approaches that nudged providers to adhere to fever case management guidelines using behavioral sciences methodologies. The resulting suite of approaches included: facility discussions to identify and correct misconceptions that prevented providers from trusting the malaria test, the simplification of facility testing policies, simplified



tools to diagnose the causes of febrile illness, client counselling materials, and triangulating facility data to improve feedback and transparency about the use of tests and ACTs. Following scale up to over 700 facilities, testing rates improved from 93% to 99%, and the number of clients presumptively treated for malaria decreased from 80 per thousand to 4 per thousand clients.

Strengthened facility and community relationships

Fishbowl Discussions: These confidential, two-way discussions between communities and providers helped improve mutual understanding. Particularly useful for exploring sensitive topics, Breakthrough ACTION-Nigeria’s fishbowl discussions covered client and provider experiences during facility-based births and outpatient consultations for children with fevers.



Community-Provider Dialogues: These dialogues brought community representatives and providers together to identify and solve barriers to service provision and utilization. Ward Development Committees facilitated these meetings, and the joint development of action plans; and used a community scorecard to monitor progress. As an outcome of these collaborative community – facility dialogues, WDCs have mobilized resources to increase the number of female staff at facilities; to obtain water and needed supplies; and to build a facility closer to their communities.

Institutionalization and Sustainability of Provider Behavior Change Approaches

National training manual on interpersonal communication and counselling (IPCC):

Breakthrough ACTION-Nigeria provided technical expertise to develop a national training manual on interpersonal communication and counselling (IPCC) for providers and supported

103 the F/SMOH to use the manual to train health providers. The IPCC training manual has also been adapted for training on COVID-19 vaccination and improving Tuberculosis services. IPCC training is now institutionalized in pre-service training institutions across the country, in 25 Schools of nursing across 6 states: Akwa Ibom, Bauchi, Ebonyi, Kebbi, Sokoto, and FCT.

PBC Desk Officers: There has not been a dedicated staff to support the full integration of the Provider Behavior Change approach into FMOH. Through Breakthrough ACTION-Nigeria advocacy efforts, the FMOH established a PBC Desk Officer at the national level and in 12 states to coordinate and facilitate PBC activities.

PBC modules incorporated into professional medical associations' CME curricula and programs:

- Fever Case Management and IPCC modules were incorporated into the CME curricula of the Association of Public Health Physicians of Nigeria (APHPN) and Nigeria Medical Association.
- The IPCC module has been incorporated in the Community Health Extension Workers nationwide curriculum.

Community Provider Dialogue Sessions Result in Community-led Solutions in Ebonyi State

"I have watched health facility problems I thought were insurmountable being handled in just a few weeks. This community-provider dialogue demonstrates that a healthcare provider must work with their community structures to achieve person-centered care."

Mrs. Nwankwoegu Ebele Felicia, Officer in Charge of Onyirigbo Primary Health Center.

Breakthrough ACTION-Nigeria developed a Community Provider Dialogue process where local health providers and community members come together to identify maternal health care problems in their localities and co-develop local solutions they can implement together.

Mrs. Felicia and other Ward Development Committee (WDC) members in Egwudinagu Ward, Ebonyi State were trained by Breakthrough ACTION-Nigeria to facilitate the

Community Provider Dialogue sessions with community members and healthcare providers from the three PHC facilities in the ward.

During these sessions, they collectively identified four issues for improvement: 1) insecurity around the health facilities; 2) lack of transport to and from health facilities for emergencies and referrals; 3) inconsistent availability of healthcare workers in the facilities; and 4) chemists and patent medicine vendors who manage complicated deliveries.

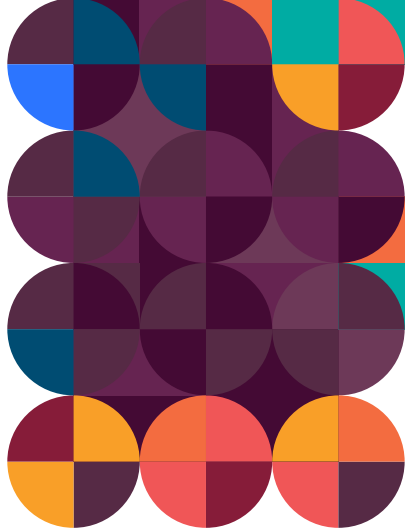
The WDC raised funds to address these issues. To improve security, the WDC employed security patrols for the three PHCs in the ward. Women in labor felt safe coming to the facility at night; mothers felt safe staying in the facility for at least 24 hours after delivery; and health care providers felt safe working at night, assuring that a provider is always present. The PHC OICs posted 24-hour duty rosters, and the WDC monitor providers' attendance. The WDC also engaged a designated motorcyclist (Okada rider) for prompt transportation of emergencies and referrals.

The WDC including Mrs. Felicia, also visited traditional leaders in the ward to explain the dangers of unskilled birth attendants. As a result of these visits, the traditional leader of Uloenwu village banned chemists and medicine vendors from assisting deliveries.





Public Sector Capacity Strengthening



Public Sector Capacity Strengthening

Public sector capacity strengthening activities were aligned in support of government priorities and strategies across all levels of government--national, state, LGA and ward levels.

The objectives of Breakthrough ACTION-Nigeria public sector capacity strengthening were:



Strengthen public sector systems for oversight and coordination of SBC at the national and sub-national levels;



Improve quality and impact of SBC activities across the public sector;

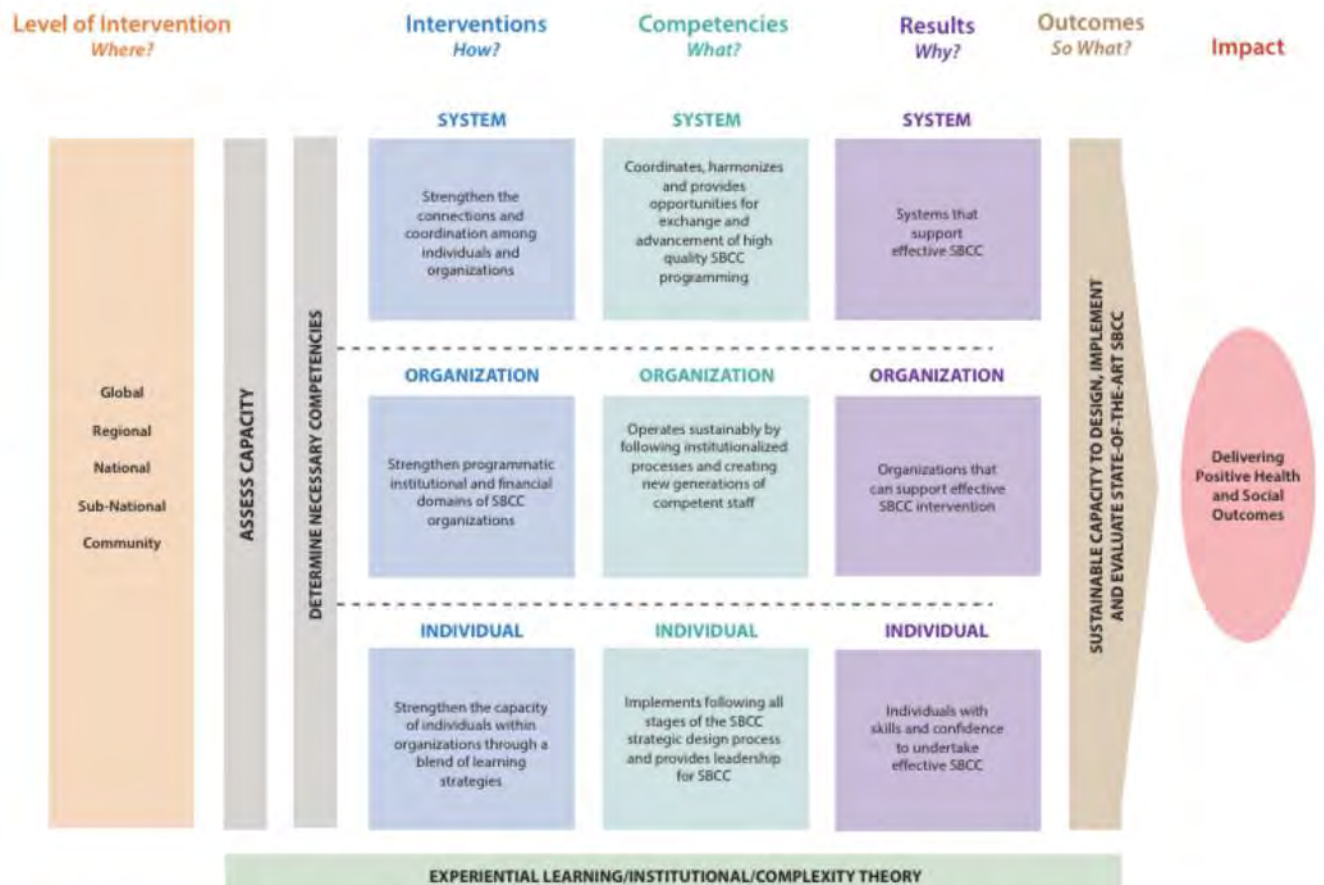


Develop effective systems for ensuring SBC quality assurance and establishing consensus agendas at national and/or sub-national levels;



Build a sustainable system that can develop, design, implement, monitor and evaluate SBC programs at the national and sub-national levels.

The project focused on strengthening SBC capacity and coordination among national and state ministries, departments and agencies at systems, organizational and individual levels (as shown in the figure below).



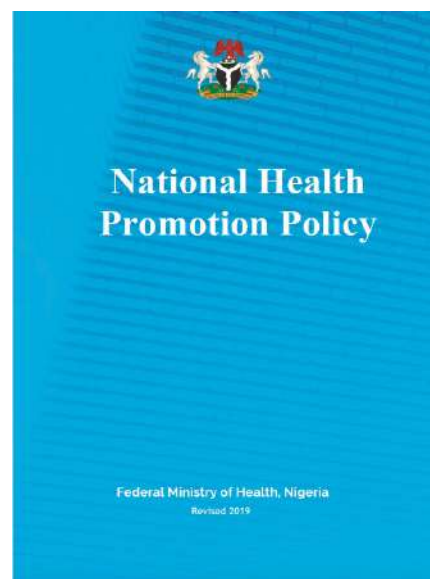
Individual SBC Skills Strengthening: Breakthrough ACTION–Nigeria sponsored 62 individuals from national and state ministries, departments and agencies to participate in the Leadership in Strategic Communication Workshop in Nigeria. This training prepared national and State staff to design, implement and supervise high-quality SBC programs, and linked them to a SBC community of practice. The project also supported national level training for NPHCDA trainers on the WDC guidelines and community engagement; and State level training for a pool of State and LGA trainers on communication for SBC and community engagement. Throughout the project period, skills were also transferred through practical experience.



Organizational SBC Strengthening: The project provided technical assistance to national and State governments to strengthen the organizational structure of SBC units, and their coordination and collaboration platforms. Breakthrough ACTION–Nigeria supported the development of State Health Promotion SBC capacity strengthening plans in Kebbi, Sokoto, Akwa Ibom and Ebonyi States; and provided continuous support to the NMEP’s Institutional Capacity Strengthening Mentorship Program. The project also provided support to the Health Promotion Division of the Federal Ministry of Health to organize its National Health Promotion Conferences.

SBC Systems Strengthening: The project helped strengthen coordination and collaboration among SBC actors through technical support at national and sub-national levels. At the national level, Breakthrough ACTION–Nigeria actively supported the Health Promotion Division as well as government and partner SBC working groups. Breakthrough ACTION–Nigeria also supported the development, review and dissemination of National SBC policies, strategies, and guidelines, and supported the 12 intervention states and FCT to adopt them. Some of the policies, strategies, and guidelines that the project supported included:

- National Health Promotion Policy (NHPP2019) and Ancillary Strategic Documents
- National Integrated Reproductive Maternal Newborn Child, Adolescent & Elderly Health plus Nutrition (NIRMNCAEH+ N) SBC Strategy
- National Health Promotion Monitoring and Evaluation Plan
- Advocacy, Communication and Social Mobilization Guidelines for the Malaria and Tuberculosis Program in Nigeria
- Interpersonal Communication and Counselling (IPCC) training manual for service providers
- Advocacy briefs for the National End Malaria Council and National Malaria Strategic Plan
- National Guidelines for Formation and Reactivation of Development Committees.



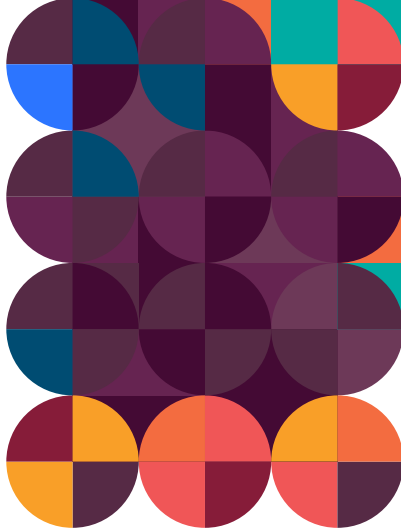
Ward Level: Breakthrough ACTION-Nigeria’s efforts at strengthening capacity at the Ward level is described earlier in the document in section on the Community Capacity Strengthening approach.

Embedded Capacity-Strengthening: SBC capacity strengthening activities were embedded in all of the project’s activities through a “learning-by-doing” approach and mentoring and are described in other sections of this document.





Private Sector Engagement



Private Sector Engagement

Breakthrough ACTION-Nigeria forged effective private sector partnerships with Airtel Nigeria, Media Houses, and Johnson and Johnson that resulted in over \$4 million dollars of in-kind contributions by the companies. A key to success was the fact that the relationship was mutually beneficial: it helped the companies achieve their objectives and expanded the reach and accessibility of Breakthrough ACTION-Nigeria health content.

Partnership with Airtel

BA-Nigeria partnered with the telecommunications company Airtel Nigeria to increase access to the project's audio content through a service called 4-2-1, a digital platform established by the project's consortium partner, Viamo. The 4-2-1 platform is a toll-free service to Airtel subscribers where they can access recorded content anytime using an interactive voice response (IVR) menu from any type of phone in the five main languages spoken in Nigeria - English, Pidgin, Hausa, Yoruba, and Igbo.

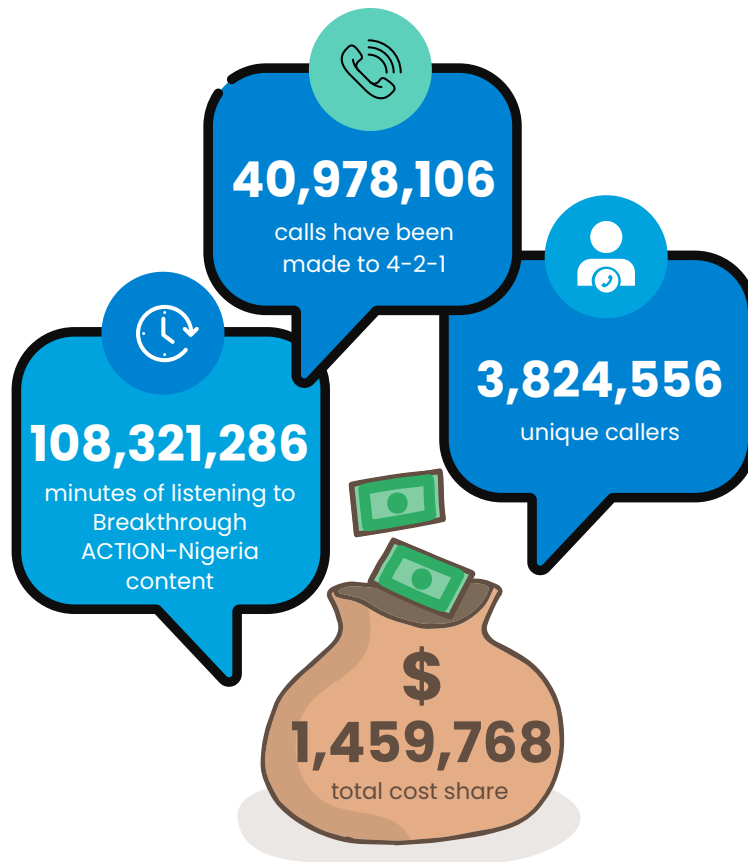


All audio content produced by the program was uploaded to the 4-2-1 platform including the radio dramas, as well as radio spots on malaria, family planning, COVID-19, TB, MNCH, and others.



Interactive IVR games tied to the storylines of the project’s radio dramas were also available on 4-2-1. Using a “choose your own adventure” approach to storytelling, the caller gets to decide the outcome of a character’s situation. If they choose wisely, they can win the game.

The partnership between BA-Nigeria and Airtel Nigeria benefited both partners. The project benefited from having its content accessible to Airtel subscribers for free, and Airtel promotes 4-2-1 as a unique, value-added service to its subscribers, increasing consumer loyalty and attracting new subscribers.



Data as of March 2024



Partnership with Media Houses

Over the course of the project, BA-Nigeria partnered with 95 private radio stations and 16 private televisions as well as 34 government radio and 6 television stations.

Strengthen capacity and commitment to quality health programming. The project recognized the interest of media partners in creating their own health programming; many stations even had their own health program producers.

However, the quality of content needed improvement. Despite having talented producers, the stations lacked essential production skills and access to reliable sources for accurate health content. BA-Nigeria initiated training, mentoring and peer review meetings to improve capacity and build relationships.



Building Relationships with SMOH. The project focused on strengthening relationships between the producers and technical staff at the State Ministries of Health (SMOH). By fostering these connections, producers gained access to accurate health information, while enabling the SMOH to effectively communicate with producers during health emergencies. Additionally, BA-Nigeria enhanced the capacity of SMOH personnel to engage on radio and television, providing guidance to address audiences effectively.



As of December 2023, BA-Nigeria had documented a total of **\$2,593,868** cost share from media houses coming from complementary spots, health programs and other contributions from the project's media partners.

Partnership with J&J for COVID-19 Vaccine Promotion

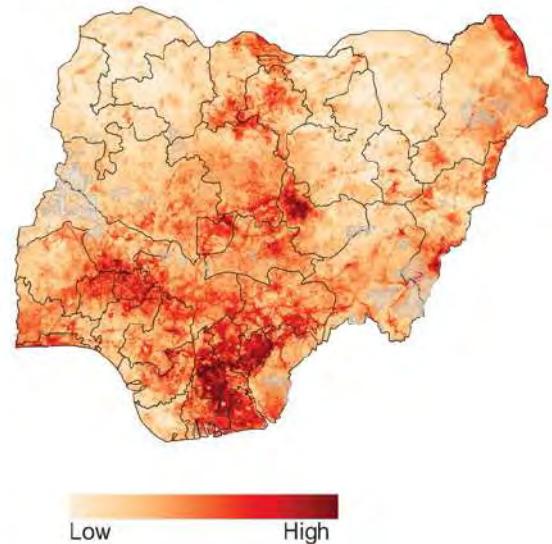
While Johnson & Johnson was partnering with AstraZeneca to develop a vaccine against COVID-19, J&J's Global Public Health Africa Team was undertaking research to understand vaccine hesitancy in five African countries including Nigeria. The resulting insights and segmentation from their research underpinned the COVID-19 vaccine promotion strategy developed by Breakthrough ACTION-Nigeria for the country, including the national mass media campaign, Follow Who Know Road, which was broadcast on radio, television and social media and featured at community mobilization activities.



J&J's vaccine hesitancy research was also hosted on a GIS platform called dataFraym, a web-based tool that allows users to display and interact with consumer and population data. BA-Nigeria used this data to identify areas with large numbers of people who were open to receiving the COVID-19 vaccine and target community mobilization and vaccination activities in those areas.

An independent study funded by J&J through the Kantar Group revealed that 67% of those exposed to the campaign got vaccinated compared to 36% of those not exposed and nearly four out of five unvaccinated people exposed to the campaign showed a positive change in their vaccine intentions and behavior.

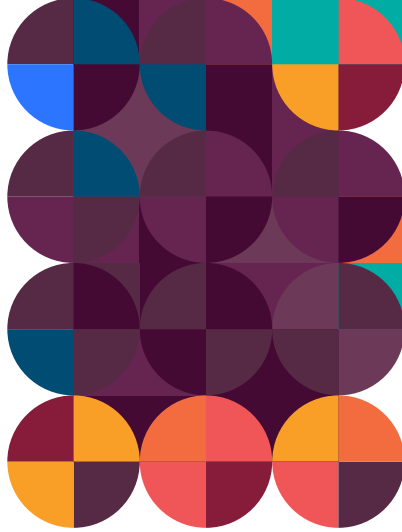
Proportion of adults 15-49 who are low complacency, moderate convenience¹





Chapter 7

Research, Monitoring, Evaluation and Learning



Research, Monitoring, Evaluation and Learning

Breakthrough ACTION-Nigeria implemented formative research, program assessments and monitoring activities, while the USAID Breakthrough RESEARCH-Nigeria project, implemented by Population Council and its partners Tulane University and Avenir Health, conducted evaluation activities. The projects collectively conducted a wide array of studies to inform program design, assess reach and mid-stream results, monitor progress and evaluate outcomes (see the table below). In addition, other studies were conducted by other external agencies that informed the design and/or measured outcomes relevant to the project.

Types of Studies		Agency	Formative	Monitoring	Evaluation
Formative	1.	Desk Review & Secondary Analysis of Existing Data	BA	✓	
	2.	Human-Centered Design studies	BA	✓	
	3.	Behavioral Science studies	BA	✓	
Routine Monitoring	4.	Community Monitoring Data	BA		✓
	5.	DHIS2/HMIS Facility Data	BA		✓
	6.	Mass Media Monitoring	BA		✓



Assessments	7.	WDC Capacity Assessments	BA		✓	
	8.	Public Sector Capacity Assessment	BA		✓	
	9.	Case Studies	BA		✓	
	10.	CCS Most Significant Change Study	BA		✓	
	11.	ITN Campaign End Process Assess	PMI-S		✓	
Surveys	12.	Bi-annual Omnibus Surveys	BA		✓	
	13.	Mobile Phone Surveys	BA		✓	
	14.	Behavioral Surveillance Survey	BR		✓	✓
Cost	15.	Cost-effectiveness Study	BR		✓	✓
Qualitative	16.	Community Capacity-Strengthening Study	BR		✓	✓
	17.	SBC-Advocacy Core Group Study	BR		✓	✓
	18.	Public Sector Capacity Study	BR		✓	✓

As with other facets of the project, the RMEL approach had several noteworthy areas of innovation, including: application of human-centered design and behavioral science/economics methodologies, implementation of a large-scale community referrals monitoring system, novel data analysis techniques, and a continuous, data-driven learning and adaptation approach

FORMATIVE RESEARCH

Human-Centered Design (HCD). The project implemented a number of HCD processes across multiple health areas and interventions including: MNCH+Nutrition, TB, and GHS. With technical assistance of BA-Nigeria sub-partner, ThinkPlace, the HCD activities led to novel insights that resulted in innovative activity designs. Engaging key stakeholders in the HCD process from start to finish created buy-in. In-country capacity to conduct HCD processes was strengthened.

Behavioral Science/Economics. Behavioral science/economics methodologies, with technical assistance from BA-Nigeria sub-partner ideas42, led to better understanding of barriers to fever care management among health providers and the design and implementation of innovative and effective solutions.



ROUTINE MONITORING

Community referrals monitoring system. The Breakthrough ACTION-Nigeria community monitoring system was anything but routine as it developed several innovative approaches. Not only did it continuously monitor routine outputs of the community volunteers' activities (e.g. number and type of community events implemented by health area, number of participants reached, etc) it also monitored **outcomes of community referrals**. The project tracked the number and type of referrals made by the community volunteers, the number of referrals completed (i.e. those who sought the health service), as well as facility-based service statistics through the HMIS system on utilization of priority RMNCH+NM services. This allowed for the measurement of:

- percent of referrals completed, and
- percent contribution of BA-N community referrals to total uptake of the priority health services in the focal PHCs.

This is the first time to our knowledge that this has ever been done, especially at this scale and across multiple health areas. The project also engaged commercial media monitoring specialists to monitor media broadcast schedules and ensure that they were being followed.



ASSESSMENTS

A number of activity assessments were conducted to measure progress of specific activities, learn strengths and challenges, and make informed decisions on how to adapt activities for improved performance, including: WDC Capacity Assessments, Public Sector Capacity Assessment, Case Studies, CCS Most Significant Change Study, ITN Campaign End Process Assess and others.

SURVEYS

Breakthrough ACTION–Nigeria also used periodic surveys to monitor the reach and effectiveness of project SBC communication. The project regularly added questions on commercial omnibus surveys, conducted telephone polling, assessed audience experiences through the 4–2–1 IVR/mobile platform surveys, and others.

USAID Breakthrough RESEARCH External Evaluation of Project Impact

The USAID Breakthrough RESEARCH project conducted Behavioural Surveillance Surveys (BSS) at baseline (2019), midterm (2021), and endline (2022) to evaluate project reach and effects. Baseline and Endline surveys took place in three States: Kebbi, Sokoto and Zamfara. The Midterm BSS was only conducted in Kebbi due to security concerns in the other states. The findings from the baseline and midterm surveys informed adaptations in program strategies and approaches, and the baseline and endline surveys were also used to evaluate impact. They conducted a Cost-Effectiveness Study to assess the cost-effectiveness of integrated SBC activities as compared to health-specific SBC activities. They also conducted three qualitative assessments on the sustainability of the Community Capacity Strengthening approach, the effect on social norms of the SBC Advocacy Core Group approach with religious and traditional leaders, and the effect of the Public Sector Capacity Strengthening approach.



Sharing and Learning

Breakthrough ACTION-Nigeria shared monitoring and evaluation results widely to allow for effective and timely adjustment and adaptation of interventions. During internal project quarterly data review meetings, monitoring data drove discussions and brainstorming sessions among project staff and relevant stakeholders in Abuja and in the States, facilitated inter-state learning, and resulted in recommendations for adjustments to activity implementation. Implementing Partner coordination meetings reviewed and used this data during regular coordination meetings and other opportunities to ensure collaborative responses to challenges. LGA Monthly/Quarterly review meetings were held with Community Volunteers, WDCs, LGA Supervisors, WDCs and LGA PHC Teams to review data, identify challenges and adapt approaches at the LGA and community levels.







Conclusion



5 KEY TOPLINE TAKE AWAYS

Breakthrough ACTION–Nigeria Project interventions:

1 ✓ Resulted in **positive effects on many health determinants and behaviors** including:

- RMNCH, Nutrition and Malaria Behaviors
- TB case-finding
- COVID-19 Vaccination Uptake



2 ✓ Community Volunteer referrals contributed to an uptake of priority health services in focal PHC facilities



3

Were found to be **highly cost-effective** in terms of Disability-Adjusted Life Years (DALYs) averted



4

Increased SBC Capacity at the National and Sub-National levels

5

Had a **positive impact on people's lives...**



Breakthrough **ACTION**-Nigeria
2018-2024

**Celebrating Successes,
Consolidating Learning and
Transitioning for Sustainability**







For more
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