Religious Leaders Championing Social and Behavior Change for Improved Maternal and Child Health

The Breakthrough ACTION-Nigeria Experience

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Appendix A: SBC-ACG Terms of Reference

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Acronyms

ACG	Advocacy Core Group
ANC	Antenatal care
CCP	The Johns Hopkins Center for Communication Programmes
FCT	Federal Capital Territory
FGM/C	Female genital mutilation and cutting
FP	Family planning
HC3	Health Communication Capacity Collaborative Project
IPTp	Intermittent preventive treatment for Malaria in pregnancy
IPV	Intimate partner violence
ITN	Insecticide-treated net
LGA	Local Government Area
MNCH	Maternal, neonatal and child health
RMNCH+N	Reproductive, maternal, neonatal, child health and nutrition
SBC	Social behaviour change
SBC-ACG	Social Behaviour Change-Advocacy Core Group
ToR	Terms of reference
USAID	United States Agency for International Development

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Photo Credit: Breakthrough ACTION-Nigeria

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This document describes Breakthrough ACTION Nigeria's approach to advocacy among religious and traditional leaders using the Social Behaviour Change Advocacy Core Group (SBC-ACG) model, including lessons learned during implementation.

It serves as a guide for organisations and projects planning to engage and work with religious and traditional leaders to implement health and other development programmes. The approach is especially useful for programmes aiming to shift social and gender norms.

Background:

Breakthrough ACTION–Nigeria and its SBC-ACG approach

The USAID-funded Breakthrough ACTION-Nigeria project, under the prime management of Johns Hopkins Center for Communication Programs (CCP), implements an integrated approach to social behaviour change (SBC) to address 17 priority health behaviours (see Box 1) and selected gender norms that drive peoples' ability to practise them. The project works with federal and state health ministries, departments, and agencies at the national, state, and local government level to deliver consistent messages through mass media, mobile/digital channels, and community-based interventions including SBC-ACG.

Breakthrough ACTION-Nigeria has been working with religious and community leaders through the SBC-ACG model since 2018. The project has implemented the model in five States--Bauchi, Ebonyi, FCT, Kebbi, and Sokoto--to positively influence social and gender norms and behaviour associated with reproductive, maternal, neonatal, child health, nutrition, and malaria.

BOX 1: Breakthrough ACTION Priority Health Behaviours

Maternal, Neonatal, Child Health and Nutrition Priority Behaviours	FP Priority Behaviour
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. Infant and young child feeding for 6–24 months 8. Nutrition counseling for pregnant women Seek prompt and appropriate treatment for: 1. Diarrhea 2. Acute respiratory infection	1. Use modern contraceptive methods **Malaria Priority Behaviours** 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

Social and Gender Norms and their Effect on Health Behaviour

Breakthrough ACTION-Nigeria addresses gender and social norms and normative practices that limit the practice of priority health behaviours. The project has focused primarily on the five norms listed in Box 2. These were found through formative research to directly impact women's health and acceptance of health information and services. The project also promotes joint decision-making on health and household matters among couples.

BOX 2:Breakthrough Action-Nigeria Social and Gender Norms of Focus

- Restricted mobility and social interactions for women
- Women's agency in household and health decision-making
- Child and early/forced marriage
- Intimate partner violence (IPV)
- Female genital mutilation/cutting (FGM/C)

Addressing limited mobility, decision-making, child marriage, and gender-based violence is of utmost importance for improving the health and well-being of communities in Nigeria. Empowering women to make informed decisions about their health and household matters fosters healthier families and communities. On the other hand, limited mobility and deferring decision-making to husbands and other family members often prevents women and their children from receiving timely and necessary health care. Child marriage and FGM/C pose serious threats to the well-being of girls and young women, often leading to complicated pregnancies and childbirth. Early marriage can also hamper young women's access to critical health information and services through social isolation, interruption of education, and lack of autonomy. Gender-based violence undermines women's self-esteem, dignity, and safety, directly impacting their own and their children's health. Religious and traditional leaders greatly influence these normative practices and can create positive and sustainable change within communities.

Evolution from Advocacy Core Groups to SBC-ACGs

The SBC-ACG model adapts CCP's Advocacy Core Group (ACG) approach, first introduced under the Nigerian Urban Reproductive Health Initiative (2009 - 2020) and refined by The Challenge Initiative and Health Communication Capacity Collaborative projects. While these projects applied the model to influence laws, policies, and resource mobilization for reproductive health, Breakthrough ACTION-Nigeria enlists community and religious leaders to identify and address social and gender norms impacting health behaviour and share positive health messages among their constituents in what it named the SBC-ACG model.

Why Engage Religious and Traditional Leaders

Traditional and religious leaders are highly influential in all aspects of peoples' lives in Nigeria, particularly in northern Nigeria, and have an important role in improving their communities' health. Studies in Nigeria and other West African countries have shown that religious leaders can influence health behaviour, although the focus has been on family planning (1,2,3). This was also borne out in an assessment of the SBC-ACG model in Bauchi and Sokoto conducted by Breakthrough RESEARCH in 2021. The assessment found that religious or traditional leaders influenced community members in Sokoto to adopt ANC, immunizations, and child spacing (4).

SBC-ACG Structure, Composition, and Functions

Clear terms of reference for the SBC-ACGs and group structures at different levels have proven instrumental to the project's success with this approach.

Breakthrough ACTION-Nigeria established 47 SBC-ACGs at State and Local Government Area (LGA) levels in Bauchi, Ebonyi, Kebbi, and Sokoto and at Area Council level in the Federal Capital Territory FCT – Abuja. The SBC-ACGs comprise religious and traditional leaders, health professionals, government stakeholders, CSO/CBO representatives, women groups, media personnel, and other community opinion leaders.

Each state-level group has a membership of **35-40 persons**

Bauchi State has 50 because it added 10 female members. The LGA groups have 15-20 persons. Women make up 30-40% of the members. Each state-level group has 17 religious and 3 traditional leaders; each LGA-level group has 10 religious leaders.

The State Ministry of Health or State Primary Health Care Development Agency (as applicable) and Local Government Primary Health Care Department serve as the SBC-ACG Secretariats, and their Executive Secretaries/Chairmen serve as Chairpersons. Each SBC-ACG elects a Co-Chairperson and Secretary and functions through two major committees: Advocacy and Resource Mobilization, and Health Promotion and Media Engagement.

SBC-ACG functions are guided initially by terms of reference prepared by Breakthrough ACTION-Nigeria (Appendix A) and later by semi-annual work plans developed at the State and LGA levels by SBC-ACGs (Appendix B). The semi-annual work plans detail activities each group plans to implement over six months. Each SBC-ACG monitors their work plans every three months during quarterly review meetings to ascertain progress made, lessons learned and to harvest success stories for adaptive management. Breakthrough ACTION-Nigeria program staff and local government supervisors participate and provide technical support during semi-annual work planning and quarterly review meetings.

SBC-ACG Roles and Responsibilities

Members' roles and responsibilities are defined in their terms of reference (Appendix A). Members of State and LGA level groups, as well as state and local government members, have slightly different roles.

In general, the responsibilities of SBC-ACG members include:

1. Working to address barriers, untruths and misconceptions concerning reproductive, maternal, neonatal, child health and nutrition (RMNCH+N) interventions.
2. Supporting demand creation for RMNCH+N interventions, including childbirth spacing
3. Engaging with community, traditional, key opinion, and influential leaders in the LGAs and communities
4. Facilitating discussions aimed at reducing barriers and increasing access to RMNCH+N interventions.
5. Supporting efforts to ensure that messages created for demand are culturally appropriate and acceptable.
6. Facilitating the dissemination of correct information on RMNCH+N interventions, including childbirth spacing, through mass media.
7. Supporting efforts to ensure special groups, including women, youth, married adolescents, disabled people, internally displaced persons, and refugees, have access to correct information on RMNCH+N interventions.
8. Advocating for resources and support among government, communities, non-governmental organizations, relevant institutions, and other stakeholders.
9. Advocating with the government and implementing partners on establishing and providing accessible and quality RMNCH+N services.
10. Contributing to developing and implementing RMNCH+N and childbirth spacing programs in the states.

Forming and maintaining SBC-ACGs

This section describes the process Breakthrough ACTION-Nigeria followed to form and support State and LGA-level SBC-ACGs. Effective initial consultations, leveraging religious viewpoints, prioritizing relationship building, employing culturally sensitive communication, fostering openness to learning, unifying messaging approaches, and implementing strategic work plans through religious leaders' active participation are vital elements.

STEP 01

Prepare SBC-ACG Strategy and Terms of Reference.
Before the commencement of SBC-ACG formation, Breakthrough ACTION-Nigeria held a series of consultative meetings with government and other project stakeholders to co-create its SBC-ACG Strategy and the Terms of Reference for SBC-ACGs (Appendix A). The projects drew on resources and learnings from the Health Communication Capacity Collaborative during this process.

STEP 02

Introduce the Project and SBC-ACG concept to State and LGA Leaders.
Breakthrough ACTION-Nigeria held planning meetings between project staff and relevant government partners at the State level to explain the purpose of the SBC-ACG model, solicit their buy-in and collaboration, and plan for implementation.

STEP 03

Identify Pro-Development Religious and Traditional Leaders.
Working with State and LGA government stakeholders, the project mapped key religious leaders, including representatives of various religious sects and denominations across the project States and LGAs. Then, working with State and local government stakeholders, the project identified popular and influential pro-health and pro-development religious leaders using set criteria, devoid of political inclination, ensuring equal representation of major religions (Islam and Christianity) sects and denominations. The project took care not to be seen as aligning itself with a particular religion, sect, or denomination. Using a similar process, the project identified pro-development traditional leaders. The project shortlisted religious and traditional leaders in each locality-- their affiliations, sects/denominations, positions, and contact details.

STEP 04

Hold Discussions with Identified Religious and Traditional Leaders.
Project staff and government stakeholders made appointments with the selected religious and traditional leaders for one-on-one meetings at convenient places and times. They formed teams of project and government staff to undertake the visits. The teams held several conversations with each leader to explain the project's mission and get to

know them. Through these discussions, the project learned it was best to address priority behaviours and norms through a maternal, newborn, and child health lens (e.g. preventable maternal and child morbidity and mortality, poor health indices, the important role leaders can play in changing the poor health narrative, etc.), and to explain that all the issues being addressed are supported by religious injunctions/perspectives. Depending on their level of interest, the team invited the religious and traditional leaders to join the SBC-ACG.

STEP 05

Strengthen the Capacity of SBC-ACG members.

Breakthrough ACTION-Nigeria held capacity-strengthening sessions with each group before initial work planning, during quarterly review meetings, and before subsequent work plan development sessions (every six months). Sessions reinforced religious and traditional leaders' understanding of health challenges, enhancing their conviction and ability to address deep-rooted beliefs, myths, and misconceptions. During these sessions, SBC-ACG members reviewed and discussed essential messages on RMNCH+N and malaria covered in the Community Health Information Booklet (Hausa and English). Breakthrough ACTION -Nigeria staff also provided personalized guidance on communicating key messages effectively within their communities. This hands-on approach, supported by accessible resources, empowers leaders to champion positive health behaviours while addressing prevailing social and gender norms that resonate with their and their communities' beliefs.

STEP 06

Position Behaviour and Norm Change in Line with Tradition and Religion – the Concept of Adalci.

The SBC-ACG model is carried out within the principles and frameworks of 'Adalci'da Kyautatawa' in Hausa and 'Egbe bere Ugo Ebere' in Igbo—terms for justice and fairness. These local language terms tap into the generous emotions of community members and spur action to improve maternal, newborn and child health. Ensuring fairness and justice in one's affairs is a widely accepted value that guides day-to-day interactions in community and family settings across Nigeria. While this value's definition, interpretation and cultural resonance differ among communities, Adalci is a guiding principle and lens through which SBC-ACG members in northern Nigeria discuss social and gender norms, linking them with priority RMNCH+N and malaria behaviours.

Although religious leaders are familiar with addressing social and gender norms during their day-to-day activities, the innovation lies in connecting norms to crucial health behaviours and their effects on family and community well-being. Religious leaders in the SBC-ACGs have embraced this linkage. Their enthusiasm grew as they understood the interconnectedness and their new responsibilities tied to community health. Leveraging established channels, such as preaching, leaders found avenues to relay messages that resonate with religious values and their congregations.

Carefully selecting culturally acceptable words and sentences for health information encourages prominent religious and traditional leaders to accept, participate, and integrate health messages into daily activities. For example, religious and traditional leaders and many community members feel more comfortable with the term childbirth spacing as opposed to family planning. Also, as explained above, religious and traditional leaders feel most comfortable discussing gender norms regarding fairness and justice within the family context. Breakthrough ACTION-Nigeria identified these distinctions during open discussions with religious and traditional leaders.

STEP 07

Prepare and Disseminate Support Materials to Reinforce Key Messages.

Breakthrough ACTION-Nigeria provided SBC-ACG members with copies of the Community Health Information Booklet (Hausa and English). Written in easy-to-understand language with illustrations, the booklet describes key RMNCH+N and malaria behaviours using culturally sensitive language. It is a reference used by SBC-ACG members during discussions with community members, and when preparing sermons, speeches, media appearances and other sensitization activities. Support materials like this booklet help to ensure standardized and correct information dissemination.

STEP 08

Prepare, Implement, and Monitor Workplans.

After their initial orientation, SBC-ACG members create three-month plans to engage different audiences on social norms and priority health behaviours. Successful implementation leads to six-month work plans, reviewed quarterly, allowing the groups to choose and address important issues every six months. This autonomy sets the SBC-ACG model apart from other approaches.

Breakthrough ACTION-Nigeria staff and local government supervisors coordinate and monitor SBC-ACG activities during monthly meetings. They also align SBC-ACG activities with religious and national events like MNCH Week, World Malaria Day, etc. Religious and traditional leaders share their perspectives during these events, encouraging relevant health behaviours.

STEP 09

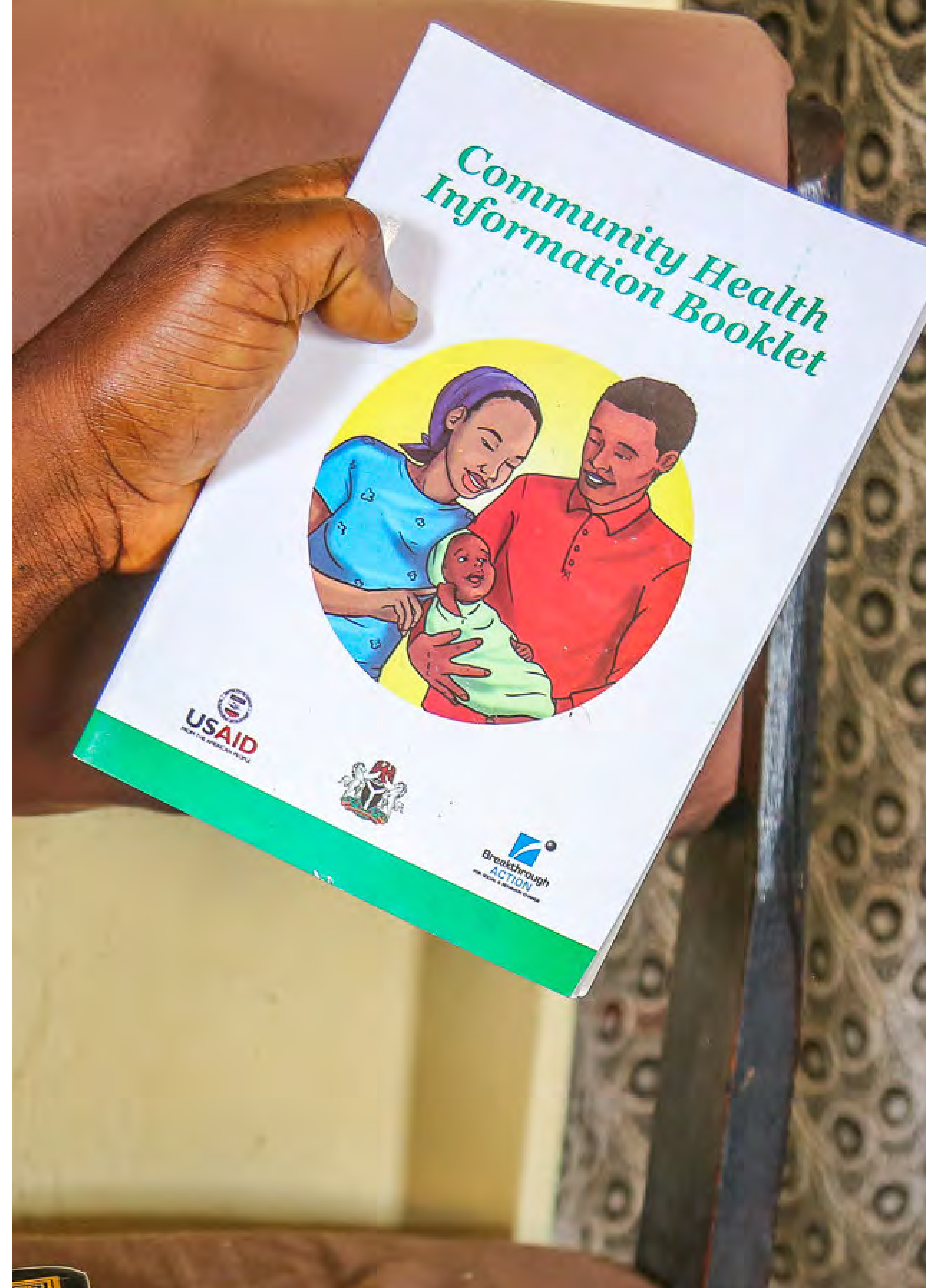
Assess Effects, Provide Feedback, and Adapt.

Breakthrough ACTION-Nigeria introduced monitoring and evaluation to assess the quality, reach, and effects of the SBC-ACG model. This involved a combination of routine monitoring and reporting, periodic qualitative assessment, and quantitative surveys.

The project routinely monitors SBC-ACG activities as they are conducted. SBC-ACGs report on their activities during quarterly review meetings. The project tracks key data, including the number of SBC-ACG members trained, the number of SBC-ACG activities conducted, and the number of people reached through SBC-ACG activities. The project introduced a SBC-ACG Quarterly Qualitative Monitoring Guide to determine the effect of SBC-ACG messaging on community social and gender norms and priority health behaviour.

Local Government Area Supervisors and project representatives share monitoring and evaluation findings with SBC-ACGs during monthly and quarterly meetings. SBC-ACG members use the findings to strengthen activities going forward.

Breakthrough RESEARCH also conducted qualitative and quantitative research to explore the reach, effects, and attitudes toward SBC-ACGs among its members and the communities it serves. These findings provided valuable insights into the effectiveness and potential areas for improvement of the SBC-ACG model. They integrated SBC messaging, contributing to informed decision-making and future program planning.



“Speak Out” Approaches Employed by SBC-ACGs

SBC-ACG members employ six primary “Speak Out” approaches to disseminate RMNCH+N and malaria information and influence gender norms and health behaviour: modelling, sermons, mass media, mentoring, referrals and annual symposiums. The synergy of these approaches is essential; while modelling, mentoring, and referrals establish a direct and personal connection, mass media, sermons, and symposiums maximize reach. When all carry the same message, they reinforce one another, having an additive influence on behaviour.

Modelling:

SBC-ACG members employ six primary “Speak Out” approaches to disseminate RMNCH+N and malaria information and influence gender norms and health behaviour: modelling, sermons, mass media, mentoring, referrals and annual symposiums. The synergy of these approaches is essential; while modelling, mentoring, and referrals establish a direct and personal connection, mass media, sermons, and symposiums maximize reach. When all carry the same message, they reinforce one another, having an additive influence on behaviour.

Sermons:

By integrating health and gender messages into their religious sermons using the fairness and justice concept, SBC-ACG members foster an environment where health discussions are seen not as external impositions but as collective endeavours rooted in common values and beliefs. SBC-ACG capacity building equips religious leaders to orient and educate their congregants about priority health behaviours while addressing harmful norms.

Mass Media Appearances:

When influential SBC-ACG members endorse and promote priority health behaviour and supportive social and gender norms through mass media, they reinforce messages emanating from religious sermons and expand their reach and influence. Mass media channels include television, radio, newspapers, and digital platforms. With its wide reach in rural and hard-to-reach areas, radio can influence a broader audience than other mass media channels. In some instances, Breakthrough ACTION-Nigeria recorded short statements by religious leaders for broadcast on radio, TV, and social media during international days such as the Day of the African Child. SBC-ACG members have also been invited to discuss health topics from their perspectives during regularly scheduled radio call-in talk shows, allowing leaders to answer audience questions, correct misconceptions, and clarify information.

Mentoring:

Through this approach, SBC-ACG members identify and orient religious leaders who are not SBC-ACG members to advocate for priority health behaviours and social norm change within their communities. This expands the pool of religious and traditional leaders advocating for RMNCH+N and malaria control behaviour. The mentoring process involves identifying religious leaders who are not members of the SBC-ACG but model the practice of priority behaviours and/or are capable and willing to become advocates for priority health behaviours. Religious leaders who are SBC-ACG members mentor two or three mentees for three to six months. Mentors orient mentees, using the Community Health Information Booklet (Hausa and English), then conduct a number of reflective sessions for mentee religious leaders during sermons, naming and wedding ceremonies, and other special events. Following these practically demonstrated sessions, mentors conduct periodic observations, check-ins, oversight, or supportive supervision for mentee religious leaders as they conduct their speak-out activities, providing feedback and support.

Referrals for services:

Religious and traditional leaders issued simple referral cards to their followers to access services in designated health facilities. This effort helped boost service utilization in some communities. The most common referrals were for immunizations, childbirth spacing, ANC, fever management, and treatment for malnutrition.

Annual Symposiums:

To support collaborating, learning, and adapting, Breakthrough ACTION-Nigeria has sponsored religious leaders' annual symposiums that bring together religious leaders from across the States, including SBC-ACG members and non-members. Government stakeholders organize these forums as opportunities for religious leaders to discuss, deliberate and agree on various health issues. The project identifies themes for symposia based on data available from the States, such as high prevalence of under-five malnutrition or low numbers of hospital deliveries. The project also identifies SBC-ACG members to present. During the meetings, technical resource persons present the actual situation in the State and how it compares with other States; a religious leader presents the religious perspective in support of the theme and issues a call to action. These presentations form the basis for discussions among participants and introduce new ideas and perspectives among religious leaders from LGAs and communities not reached directly by the project. Following the meetings, participants share resolutions reached during the symposium with their followers. Symposiums have helped expand the reach of project-supported health messaging beyond the communities served by SBC-ACG members. For example, following a symposium in Ebonyi State with the theme "addressing social and gender norms affecting health facility delivery in Ebonyi State", some traditional leaders made declarations that all pregnant women in their communities must deliver in health facilities. Some religious leaders also promised to include the theme in their sermons.

Results

Since October 2021,

853

religious and traditional leaders in five states have conducted

12,927

"Speak Outs,"
reaching over

13 million

people with messages supporting positive social and gender norms and priority health behaviours (5).

Through these efforts and other community-level approaches (Community volunteers, Ward development committee, Women's empowerment group, etc.),

820,189

people have accessed health services as of December 2023.

In 2021, Breakthrough RESEARCH conducted a qualitative assessment to examine the operation and potential effectiveness of the SBC-ACG model. The study interviewed SBC-ACG members and community members in Sokoto and Bauchi States where SBC-ACGs had been established since 2017 under the HC3 Project. Key findings from that assessment include:

- There has been increased awareness of health issues because of the SBC-ACG activities. Some areas appear slower to change, such as immunization, gender-based violence, and nutrition, potentially a result of entrenched social norms.
- In Sokoto, respondents were influenced by religious or traditional leaders to seek ANC, immunizations, and child spacing, with traditional leaders appearing to be more influential than religious leaders.
- SBC-ACG members reported reductions in home births, increased adoption of childbirth spacing methods, and improved care-seeking for childhood illnesses.
- Religious leaders who are SBC-ACG members may have a broader impact than other SBC-ACG members because they can work across all population groups.
- SBC-ACG members feel empowered to do their work given the strong social connections and support from government leaders for advocacy. As a result, ACG members find the work inherently rewarding (4).

Challenges

Implementing the SBC-ACG model has been challenging. Breakthrough ACTION-Nigeria implemented solutions to address some of the greatest challenges.

- Ensuring representation of all religious groups and denominations in the SBC-ACGs was challenging, considering the multitude of options and the overwhelming interest from people to join. The project tackled this by identifying the most influential and health-supportive sects, ensuring broad representation, sticking to its planned numbers, and focusing on leaders committed to health and development.
- Selecting SBC-ACG members at the LGA level rather than the ward level left some wards without SBC-ACG representation. To remedy this, the project engaged in dialogue meetings with key religious leaders in non-represented wards, spreading awareness of key messages. The SBC-ACGs also mentored religious leaders from those wards to advocate for priority health behaviours and more equitable gender norms.
- From the SBC-ACG's point of view, it took time to get communities to act on their messaging. They experienced strong pushback when introducing some new health behaviour such as COVID-19 vaccination. The project addressed this using varied SBC approaches e.g. holding trust-building sessions with community members; religious leaders publicly getting COVID-19 vaccination; and continuous dialogue.
- Community leaders often expected financial compensation for participation in SBC-ACGs, although participation is voluntary. Breakthrough ACTION-Nigeria tackled this by linking SBC-ACGs with local government structures (e.g. State Ministry of Health, State Public Health Care Development Agency, State Social Mobilization Committee) to foster ownership. The project also put effort into building relationships with influential leaders, thus persuading them to participate and take ownership of activities without monetary incentives actively.
- During initial orientations, religious leaders often express concern that health practices such as childbirth spacing and women's participation in household decision-making conflict with religious doctrines. Breakthrough ACTION- Nigeria identified and used religious leaders who explained and assured their colleagues that all the issues being addressed are supported by religious injunctions/perspectives.
- Some religious leaders faced difficulty integrating health messages into their sermons and issuing referrals during "Speak Outs" in churches and mosques. Overcoming these hurdles required careful consideration of local practices and sensitivities and adapting

approaches to the specific needs and norms of the communities served. Introducing the Adalci concept of fairness and justice proved instrumental in bridging perceived gaps between health messages and religious teachings, creating a harmonious integration within sermons and community discussions.

- Some SBC-ACG efforts to address gender and social norms were effective, while others faced challenges. SBC-ACGs increased awareness about the dangers of FGM/C and intimate partner violence; and shifted attitudes toward ending harmful practices in Muslim communities. However, weak enforcement of laws and limited understanding of available support services hindered progress in addressing ECFM and IPV. Entrenched norms will take time and continuous effort to change. Implementing sustainable change requires continuous awareness campaigns, involving local leaders, and reinforcing the message that FGM/C and IPV are not culturally or religiously acceptable in Nigeria.

Lessons Learned from Implementation

Breakthrough ACTION-Nigeria has learned many lessons during its work with SBC-ACGs. Some of the most important are summarized here.

Build and nurture trusting relationships from the beginning to foster a sense of commitment and active involvement among religious and traditional leaders.

The project intentionally tried to meet with religious and traditional leaders where they are. During these meetings, project representatives listened to their perspectives and concerns. Through this process, they came to a mutual understanding of each other's contexts and visions for improved health and how religious and traditional leaders can play a role. Honesty and openness are important aspects of engagement with religious leaders, helping to build confidence in the project and its objectives. Establishing and fortifying relationships is crucial for persuading influential leaders to actively participate and take ownership of activities without relying on monetary incentives, a departure from past project practices.

Bring together stakeholders and interest groups from various backgrounds to form SBC-ACGs that own and share consistent messaging.

Inclusiveness ensures that all stakeholders' voices are heard and considered when issues are discussed and decisions are made. Strategic Identification of suitable religious institutions and individuals is key for group inclusiveness. The project relied on local knowledge and expertise to effectively identify suitable religious institutions and individuals representing various religious and cultural backgrounds.

Provide guiding documents, references, and ongoing capacity building opportunities for SBC-ACGs to help members successfully assume their roles as health advocates.

The Terms of Reference for SBC-ACGs served as a crucial guiding document for the groups, ensuring clarity and alignment. The Community Health Information booklet was another important resource material used by leaders to prepare sermons and addresses. Periodic updates on health priorities, social and gender norms, and effective communication strategies strengthened members' skills and kept them up to date on health priorities.

Create SBC-ACGs to continue beyond the life of the project.

SBC-ACGs were linked with relevant government structures (e.g. SMOH, SPHCDA, State Social Mobilization Committee) from the beginning to foster ownership and sustainability. From the onset, the project informed members of the voluntary nature of participation in the SBC-ACGs. While transport costs are reimbursed and activity costs are borne by the project where necessary, religious and traditional leaders receive no monetary support for SBC-ACG participation.

Establish a robust monitoring, evaluation, and feedback mechanism.

The project set in place systems and tools to help SBC-ACGs track activities and conducted regular assessments which were shared with SBC-AGCs. This feedback provided insights into effectiveness and areas for improvement and innovation.

Link desired normative and behaviour change to existing cultural beliefs, concepts, and language.

The project took care to link social and gender norms to priority health behaviours and the well-being of communities. Religious leaders were excited to understand the connectedness and the new roles expected of them to speak out on social and gender norms and priority health behaviours. Carefully selecting culturally acceptable words and sentences for health information dissemination also encouraged prominent and traditional leaders to accept, participate, and integrate health messages into their daily activities.

Sustainability

Breakthrough ACTION-Nigeria has designed and implemented the SBC-ACG model to continue beyond the lifespan of the project.   The project has built capacity among SBC-ACG members. Members support the priority health behaviours and are convinced that social and gender norms affect health behaviour. SBC-ACGs work in partnership with the government and the media. Given this foundation, it is likely that SBC-ACG members and mentees will continue to highlight health information within their sermons and to serve as resource persons within the States and LGAs. It is also likely that members will continue to mentor other religious leaders to advocate for RMNCH+N and Malaria control.

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