

# Social Mobilization in TCI States

## - Lessons from Bauchi, Delta, Kano, Niger and Ogun States



A social mobilizer speaks to a woman about Family Planning in Ja'en PHC, Kano State.

Social mobilization is one of the strategies for demand generation used by The Challenge Initiative in supported States to improve social norms in favour of family planning at household and community levels. Using high impact social mobilization activities, TCI supports States to drive uptake of family planning services through community-based referrals. Social mobilization activities kicked off in earnest in three TCI States – Ogun, Delta and Niger from July 2018 and commenced in Kano and Bauchi in September 2018.



A Social Mobilizer speaking to men in Niger State about family planning and offering referral cards for their wives.

## Social mobilization in 5 TCI States

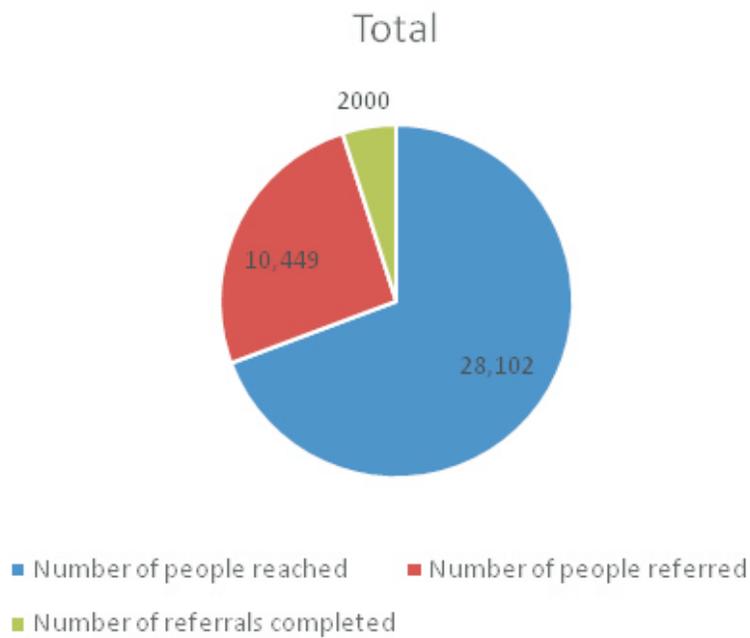


Fig 1: 28,100 people were reached, 10,449 people were referred and 1,821 referrals were completed

With the commencement of social mobilization activities in these States, 553 mobilizers were trained and a total of 112 social mobilization events including 61 neighborhood campaigns were conducted. Other community-level activities including associations meetings and key life events were leveraged on for family planning/child birth spacing sensitization. A total of 28,102 persons were reached in the five States with family planning messages, 10,449 persons were referred to health Facilities with 2000 persons completing their referrals within a quarter.”

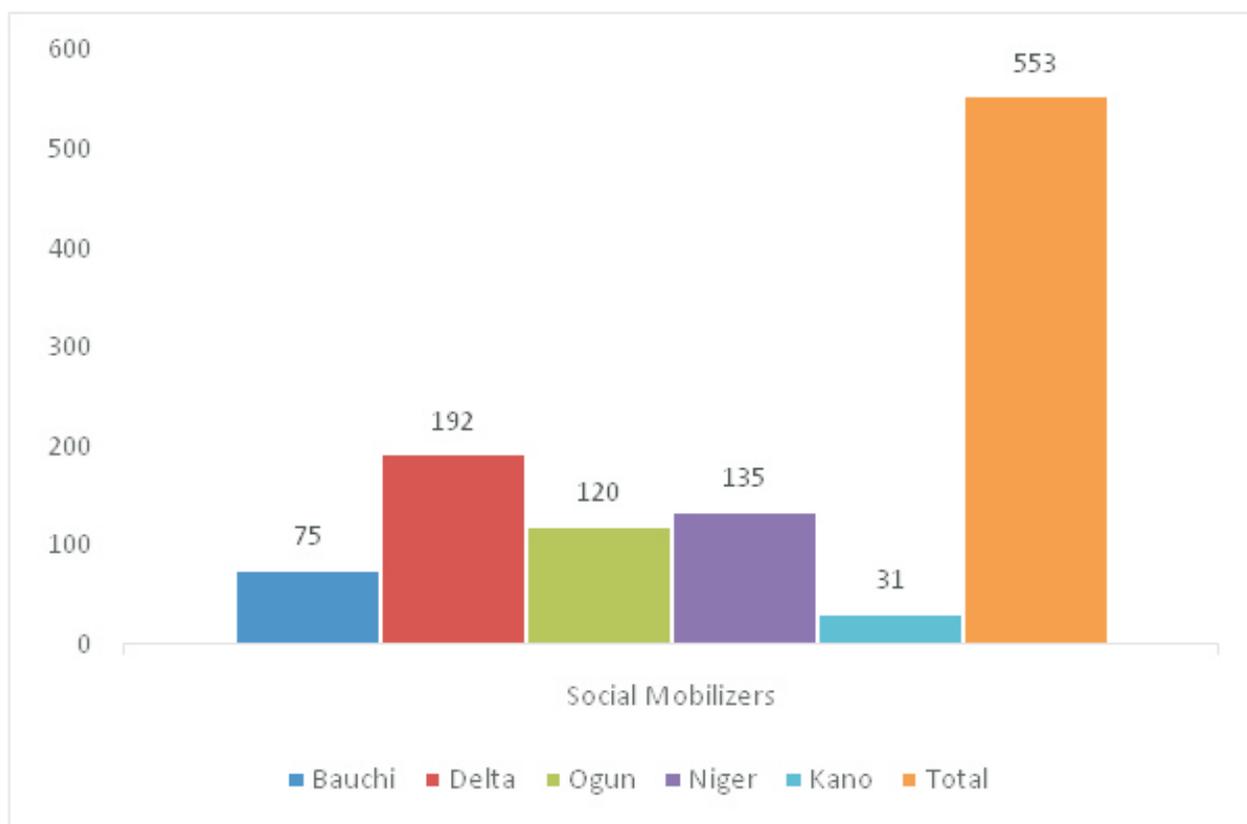


Fig 2: Number of social mobilizers spread across the five states

## Lessons learned

TCl learned the following lessons during social mobilization –

- The commencement of the social mobilization activities increased the relevance of SBCC Committees and the LGA Health Educators to family planning programming in states; these groups have successfully increased demand for family planning services

*“Health educators now have better knowledge of family planning. Even the providers can testify that there is an increase in the client flow because of this. In addition, health educators can now counsel women confidently on family planning, knowing that it is not harmful. This has made a huge difference because more women now have access to family planning information; they are now going to the facility”.* - **Dr. Joy Akinsanya, Demand Generation Lead for the Ogun State Primary Healthcare Development Board.**

- Collaboration between the service providers/reproductive health coordinators/FP supervisors and the SBCC Committee/LGA Health Educators is essential to ensure community members referred to facilities access optimal FP services
- All family planning methods and consumables should be available before the start of social mobilization activities to guaranty quality delivery of family planning services to match demand generated
- Availability of trained providers combined with availability of variety of options of family planning services rebuilds the trust of clients in the quality of services at government facilities.
- While Social Mobilizers are trained to reach young people with life planning messages, service providers should also be trained to provide services to these young people when they seek it; biases that can affect uptake of services by young people should also be addressed
- Membership of an existing community group is one of the criteria for inclusion as a social mobilizer. This criterion has proved useful in ensuring extensive spread of family planning messages and has potential to support sustainability of social mobilization activities.

*“2 Social Mobilizers in Kano State who are also members of the Traditional Birth Attendants Community Association invited other members of the Association to join in mobilizing women to access family planning services during social mobilization for uptake of Family Planning Services in Gwagwarwa PHC, Kano State. 13 Traditional Birth Attendants invited volunteered to mobilize women at no extra cost; this resulted in over 247 referrals made to Gwagwarwa PHC within a two-day period.”* - **Olumide Adefioye, TCI Social Behavior Change Communication Officer**

- Men should also be strategically targeted for mobilization. Recent mobilization activities have shown that even in conservative communities, men are open to information on FP/CBS and are willing to collect referral cards on behalf of their wives/female partners.

## Setting up Social Behavior Change Communication (SBCC) Committees in TCI States – Lessons and Impact



The Social Behavior Change Committee in Ogun State meeting with a Traditional Ruler during the Iwoye festival in the State.

The ADS approach (Advocacy, Demand Generation and Service Delivery) is a three-pronged approach to family planning intervention; it is one of the high-impact Urban Reproductive Health models adapted for use by the Challenge Initiative in supported geographies. Demand Generation is one of the core components of the "ADS" approach and it is aimed at increasing the client's desire to use family planning by targeting a change in their attitudes or perceptions about family planning and increasing their awareness and knowledge of family planning methods so that they can make informed choices. The initiative's strategy to demand generation includes social mobilization, use of media, entertainment education, job aids and digital media.

According to the Initiative's business unusual model of supporting States to drive family planning interventions, TCI supported the States to establish Social Behavior Change Communication Committees. These committees in the TCI States have the responsibility of leading demand generation activities to drive uptake of family planning services; these committees will exist long after TCI's period of implementation and will ensure sustainability of demand-generation interventions.

## Effect of SBCC Committees in TCI Geographies

A total of 310 SBCC Committees members have been trained in the 9 states with the following effects on TCI supports States:

- ▶ The Committees have utilized indigenous festivals and events both at state, LGA and community levels to promote family planning; they have provided information and partnered with service providers to ensure service provision for people reached during these events. They have demonstrated that these festivals and events provide a good avenue for family planning sensitizations, referrals and service provision. In less than eight months, more than 6,000 people were reached with FP information during these indigenous events while more than 200 persons received FP services at the venues of the events and within the week in nearby health facilities.
- ▶ Indigenous festivals have also been used by the SBCC committees to engage with community gatekeepers and traditional leaders and enlighten them on family planning
- ▶ SBCC Committees in the 5 states (Ogun, Delta, Niger, Bauchi and Kano) have trained social mobilizers in the States increasing access to correct family planning messages at the community level.
- ▶ The SBCC Committees have proven to be relevant in the family planning space in states; service providers through the LGA Reproductive Health Coordinators partner with them to drive demand for family planning in facilities



SBCC Committees in States constantly identify new opportunities for social mobilization. Here, a dancer at the Sagamu festival in Ogun State learns about family planning at the festival

## Lessons learned with the formation of SBCC Committees in States

- ▶ The SBCC Committees are willing to take leadership of demand generation activities not just for family planning but for other health interventions. The Committee in Ogun, Delta and Bauchi states made a strong case to become Master Trainers of social mobilizers in the States. All 9 established SBCC committees have been trained as master trainers to train social mobilizers in the States
- ▶ The capacity and motivation of States to lead program implementation should not be under-estimated.
- ▶ The general plan was for SBCC Committees to meet quarterly but the Bauchi State SBCC Committee decided on their own to meet on a monthly basis and they have sustained these meetings over the months with the State taking responsibility of the logistics and other expenses that come with the meeting.
- ▶ Sustainable platforms for visibility and sensitization on family planning abound in states. Stakeholders in states however need a mindset shift to recognize and effectively utilize these avenues.
- ▶ There is need to accommodate State peculiarities in establishing SBCC committees; this will ensure ownership and sustained functionality of the Committees. In Kano State, the SBCC Committee was created as a sub-committee of the State's existing Social Mobilization Committee and mandated to report periodically to the State Social Mobilization Committee.
- ▶ While it is important to accommodate state nuances in the Committee's composition, it is also important to guide states in ensuring adherence to the composition guidelines
- ▶ The inclusion of the LGA Health Educators as members of the Committees has strengthened the implementation of FP sensitization activities at the community level.



The SBCC Committee in Rivers State undergoing training.

## About the Challenge Initiative

The Challenge Initiative is an Urban Reproductive Health program designed to help states, communities and institutions adapt innovative Family Planning models for improved maternal health in Nigeria. The Initiative supports states to accelerate the sustainable and impactful scale-up of proven-to-work FP interventions based on the evidence of its predecessor program - the Nigerian Urban Reproductive Health Initiative (NURHI) since 2009. Envisioned to create a true Family Planning movement in Nigeria, TCI adopts a demand-driven model where new states, governments and partners ask for technical and financial assistance in implementing successful family planning programming to match their own investments.

This global initiative which is primed at the Gates Institute at the Johns Hopkins University School of Public Health, Baltimore, USA with seed funding from the Bill & Melinda Gates Foundation, is currently implemented in 7 countries clustered into 4 hubs – Nigeria, India, Francophone West Africa and East Africa. The Initiative is implemented in Nigeria by the Johns Hopkins Centre for Communications Program (JHCCP).

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