

## Guide to Social Mobilization for 72-Hour Clinic Makeover

### Acronyms and Abbreviations

CBS	Child Birth Spacing
CHEWs	Community Health Extension Workers
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organizations
CTU	Contraceptive Technology Update
DG	Demand Generation
FP	Family Planning
FP/CBS	Family Planning and Child Birth Spacing
GoN	Government of Nigeria
LGA	Local Government Area
MO	Make Over (72 Hour Makeover)
NURHI	Nigerian Urban Reproductive Health Initiative
QIT	Quality Improvement Team
SBCC	Social and Behaviour Change Communication
SD	Service Delivery
SDP	Service Delivery Points
SM	Social Mobilization/Mobilizers
SMA	Social Mobilization Assistant
TA	Technical Assistance
TCI	The Challenge Initiative
TCI U	TCI University
TSL	Technical Support Lead
TST	Technical Support Team
WHDC	Ward Health Development Committee
WSO	Whole Site Orientation

### Introduction

The 72-Hour Clinic Make-Over concept is one of the high impact NURHI core service delivery approaches which TCI is scaling up in 10 states. The 72-Hour Clinic Makeover is designed to improve quality of family planning services and access to care. The assessment, planning and implementation of the 72-Hour Clinic Makeover activity is carried out with the State health regulatory agencies, management of the facility and Ward Development Committee (WDC) to ensure community involvement and commitment in the “Makeover process”. The idea behind the 72-Hour Clinic Makeover is that by the close of business on Friday, all pre-determined and required repairs, renovations and installing of equipment are carried out through the weekend, and by Monday morning the clinic reopens in a renewed state, ready to provide optimal family planning/child-birth spacing services.

A key component of the 72-Hour Makeover is Social Mobilization. The Social Mobilization during 72-Hour Clinic Makeover is aimed at creating awareness about the Makeover in communities around the designated health facilities, conducting sensitizations as well as

referrals to the facilities where the Makeover is taking place. The social mobilization is conducted through a combination of the following activities:

1. Neighborhood Campaigns which are carried out from door-to-door
2. Sensitization exercises at Association meetings within the community
3. Other community gatherings/events taking place around that period

## **Steps to Community Mobilization for 72 Hour Make Over**

### **1. Planning meeting with State/LGA/Health Facility Officials**

In preparation for the 72-Hour Clinic Makeover, planning meetings are held with the State/LGA/Health Facility(ies) officials. It is important that the State and/or LGA Health Educator/Social Mobilization Officer (SMO) who are part of the Demand Generation Technical Support Team participate in the planning meetings. Other members of the DG TST may include other designated members of the SBCC committee and technical partners.

The LGA Health Educator/SMO is responsible to provide details about the social mobilization component of the Makeover as well its implications for the SD team. The following should be emphasized during the meeting:

- The fact that there will most likely be an upsurge in the number of clients coming for FP/CBS in the health facility where the 72-Hour Clinic Makeover is taking place
- The need for the service providers to take this into consideration and be flexible with clinic opening hours, with emphasis on resuming early enough
- Clients will come with GO-Cards (referral cards) which are to be duly collected by the service providers and kept in a secured place. Even if the client is not eligible for a method at that time (due to whatever reason), counseling should still take place and the GO-Card collected from the client(s)
- That young people too would be seeking FP/CBS information and services and that they should be well received and attended to as well.
- The GO Card received should be properly documented in the family planning/child-birth spacing register, for example, where the section on 'source of referral' exists in the register, the source should be documented as 'Social Mobilization or SM'.
- The cards would be collected from the health facility/service provider by the designated person towards the end of the month

**Clarify this information from the Service Delivery Team: It is important to clarify the following information before heading into the community to start mobilization. This is to ensure that prospective clients have the information they need to receive a stress-free service.**

- Clinic opening hours
- Any payment(s) to be made by prospective clients, the specific amount and reasons for the payment
- Adequacy of staff in the FP clinic to cope with the expected rise in client flow particularly on the day of the commissioning

## 2. Mapping of communities

This should take place well-ahead of the social mobilization. The LGA Health Educator or relevant State Officer should lead the process with support from In-Charge/FP Provider of the facility. The Social Mobilization Assistant (SMA) and Demand Generation TSL should also support this process. The community mapping process includes the following:

- List out communities/settlements close to the health facility i.e. where potential FP clients do not necessarily have to spend money on transportation.
- Identify relevant associations within the mapped-out communities and their meeting days
- Identify streets and/or landmarks in each community that can be used to identify where mobilizers would work.
- Decide on the number of mobilizers to be allocated to the identified communities (streets/landmarks) as well as the start and end points per day.
- Identify relevant association/community meetings taking place in the week of the Makeover in communities mapped out.

## 3. Scheduling of Neighborhood Campaigns for 72-Hour Makeover

Neighbourhood Campaigns are usually scheduled to take place twice in a month in TCI-supported LGAs. Therefore, the Neighbourhood Campaigns for LGAs where 72-Hour Clinic Makeover is taking place should be scheduled around the Makeover period as this is cost-effective. This ensures that the facilities would have sufficient commodities and consumables, thus eliminating the issue of stock-out and demand for payment from clients.

Since the Makeover takes place during weekends, the Neighbourhood Campaigns should hold on Saturdays and Sundays with repeat visits on Monday morning.

## 4. Orientation

An orientation should be conducted for participating social mobilizers before the commencement of the Neighbourhood Campaign. The orientation should be facilitated by a team including the LGA Health Educator/relevant State Officer, the Social Mobilization Assistant(s) and the Demand Generation TSL. Adequate time should be devoted to role plays while there should be emphasis on;

- Benefits of family planning
- FP methods (explain using the Methods' Leaflet)
- Use of the GO-Card in conducting referrals
- The renovated facility and the optimal FP service community members would receive

Like traffic wardens, Mobilizers should direct potential clients to the facilities while emphasizing the fact that service providers would give detailed explanations when they get to the health facility. The SMs are **not** required to give out technical details but basic information as spelt out during the orientation.

In filling the GO-Card for the prospective client, it is important to spread the dates from Monday to Wednesday or Thursday. This will ensure that service providers are not overwhelmed by the volume of clients who come for services on the day of the commissioning. It is also important to ask the prospective client the date that is suitable for

her/him. The link to download the generic GO Card is <https://tciurbanhealth.org/topic/go-referral-card/>

### **Other requisite information**

#### **Materials/equipment required**

It is important that the following materials are made available in sufficient quantities for the mobilization activities:

- FAQs
- Method Leaflets
- Megaphone
- Referral (GO) Cards

#### **Other relevant social mobilization activities**

Leverage on community/association meetings already mapped out to conduct sensitizations as well as referrals. It is always a great idea to capture these moments on camera. It can make for great material for testimonials and Most Significant Change stories. To this end, also train Social Mobilizers to request for consent and have subjects sign a consent form (as attached):



TCI CONSENT  
FORM.docx

#### **Budgeting**

The budget for social mobilization activities should be included in the overall 72-Hour Clinic Makeover budget.