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Breakthrough RESEARCH's evaluation of Breakthrough ACTION
Nigeria’s community capacity strengthening approach

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Breakthrough RESEARCH's Evaluation of Breakthrough ACTION Nigeria's Community Capacity Strengthening Approach
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Acronyms

ANC Antenatal care
CCS Community capacity strengthening
CHARP Community Health Action Resource Plan
CHC Community health committee
CV Community volunteer
EBF Exclusive breastfeeding
FGD Focus group discussion
FP Family planning
IDI In-depth interview
KII Key informant interview
LGA Local government area
MNCH+N Maternal, neonatal, and child health and nutrition
SBC Social and behavior change
USAID United States Agency for International Development
VDC Village development committee
WDC Ward development committee
Purpose

This docuslide presents an abridged synthesis of the “Qualitative evaluation of Breakthrough ACTION/Nigeria’s community capacity strengthening approach to sustaining integrated social and behavior change programming: Phase I” study report. Use this docuslide to explore key findings and takeaways and refer to the full study report for more details and information.
PART 01

Background on Community Capacity Strengthening
Community Capacity

Community capacity is broadly conceived as the individual and aggregate strengths of members to overcome barriers and find or cultivate opportunities to improve the overall well being of a given community as well as that of individual community members.¹

Six domains encompass community capacity: social cohesion, collective efficacy, type of leadership, participation/self-efficacy, conflict management, and effective leadership.

The domains of increased social cohesion, trust, social capital, and perceived collective self-efficacy have documented effects on infant and child health outcomes such as reduced mortality in children under 5 years old.²-⁴
Community Health Committees (CHCs)

Nigeria’s National Primary Health Care Development Agency adopted the Ward Health System in 2000 to strengthen the primary health care system, with varying degrees of functionality since then. The ward development committee (WDC) members are unpaid volunteers who meet regularly to discuss health and development issues, encourage community participation in health and drive local accountability for health care. They consist of influential men and women responsible for overseeing development at the sub-district level.

WDCs provide a platform to facilitate community participation and ownership of community engagement activities for primary health such as community mobilization; maternal, neonatal, child health and nutrition (MNCH+N); reproductive health; and health promotion.

Local governance structures such as WDCs and village development committees (VDCs), can be effective mechanisms to ensure local leadership, legitimacy, participation, and governance for primary health.
PART 02

Program and Study Context
Goal
Improved health and development outcomes

Objective
Increased integration of proven social and behavior change (SBC) interventions in health and development programs

Result 1
Country-driven, high quality SBC interventions implemented

Result 2
Coordinated global and country leadership mobilized to address priority SBC challenges

Result 3
Evidence for the impact, feasibility, and cost-benefit of SBC interventions applied
Breakthrough ACTION/Nigeria’s Program Context

To ensure the maintenance and sustainability of SBC interventions and results, Breakthrough ACTION/Nigeria, funded by the U.S. Agency for International Development (USAID), is implementing a community capacity strengthening (CCS) approach (starting in 2018 and ending in 2025) that focuses on engaging existing community leaders and structures—namely WDCs—to increase community self-efficacy, coordinate, and support the ward health ecosystem, and to ensure sustained community-level activities supporting behavior change and positive social norms for improved health outcomes.
CCS Approach & Strategy

The CCS approach has 3 specific objectives:

1. Help communities to **identify priority health areas and behaviors** in the areas of family planning (FP), MNCH+N and malaria, and demand appropriate and quality health services;

2. Empower communities to **mobilize resources, enhance participation in health services, and address underlying barriers** to improved health, including gender biases and norms; and

3. Increase **community ownership and sustainability** by developing systems to ensure continued community involvement and participation.

The CCS strategy includes:

- Supporting WDCs to implement **Community Health Action Resource Plan (CHARP)** to strengthen capacity of communities and WDCs to address challenges related to health and support SBC approaches including shifting social norms impeding access to health. Supportive supervision, monthly meetings, monitoring data for action, targeted training.

- Enabling WDCs to **support community volunteer (CV) implementation** of continuous social and behavior change communication activities.
Breakthrough RESEARCH Evaluation Approach: Overall objective

Assess the early successes and challenges of the transition of Breakthrough ACTION/Nigeria’s integrated SBC program model from an intensive intervention to self-reliance and community ownership model through CCS, assessing its potential differential impact on MNCH+N, FP, and malaria outcomes.
Breakthrough RESEARCH Evaluation Approach: Learning questions

1. To what extent have efforts to improve community ownership and self-reliance through WDC community capacity strengthening shown early success in increasing community self-efficacy, community cohesion, and sense of ownership?

2. What threats and opportunities exist for functionality and sustainability of WDC’s engagement in collective action to address health and social outcomes among their constituents and do they vary by health area (FP, MNCH+N, and malaria)?

3. Are there intransigent restrictive and/or harmful gender and social norms and/or other contextual factors limiting success of the CCS strategy for sustaining community action (e.g., community cohesion, past success/failures in problem solving, violence/insecurity, other social determinants)?

4. Are there unanticipated positive or negative results that may impact transition to community ownership and sustainability of SBC programming across health areas (e.g., from (dis)continued financial support to community volunteers who deliver this programming within communities)?
PART 03

How Did Breakthrough RESEARCH Approach this Evaluation?
Methodology: Maximum variation purposive sampling

With input from Breakthrough ACTION/Nigeria’s mid-year assessment of WDCs, selected wards were designated as high performing (i.e., scored perfectly in Breakthrough ACTION/Nigeria’s mid-year assessment consisting of nine different performance categories), and low performing (had the lowest scores on the mid-year assessment). Note that high/low performance are relative terms, given that there was low variability in Breakthrough ACTION/Nigeria’s assessment scores and many wards scored high on assessment criteria.

Data were collected in August 2021.
Location

Study was conducted in 8 wards across 5 local government areas (LGAs) in Bauchi and Sokoto states.

<table>
<thead>
<tr>
<th>States</th>
<th>LGAs</th>
<th>Wards</th>
<th>Type of wards (Performance)</th>
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</thead>
<tbody>
<tr>
<td>Bauchi</td>
<td>Bauchi</td>
<td>Dankade</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Ningi</td>
<td>Ningi East</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Kirfi</td>
<td>Badara</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kwagal</td>
<td>Low</td>
</tr>
<tr>
<td>Sokoto</td>
<td>Wurno</td>
<td>Achida</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tunga</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Kware</td>
<td>Durbawa</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gandu</td>
<td>Low</td>
</tr>
</tbody>
</table>
Study Population: Individual interviews

49 in-depth interviews (IDIs) with the aim of gathering insights on the potential effects of CCS on community SBC activities.

10 key informant interviews (KIIs) with the aim of gathering programmatic insights on the implementation of community SBC activities and early transition toward community ownership.
**Study Population: Group discussions**

32 focus group discussions (FGDs) to understand the effect and acceptability of the community SBC component and early impressions of the transition from Breakthrough ACTION/Nigeria’s intensive phase to community ownership.

**Females (age 18–49) with children within the 1,000-day window of opportunity exposed to Breakthrough ACTION/Nigeria’s community SBC programming**

**Males (age 18–49) partners of women within the 1,000-day window of opportunity exposed to Breakthrough ACTION/Nigeria community’s SBC programming**
## Study Sample

<table>
<thead>
<tr>
<th>Target audience</th>
<th>High performing</th>
<th></th>
<th>Low performing</th>
<th></th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>Bauchi</td>
<td>Sokoto</td>
<td>Bauchi</td>
<td>Sokoto</td>
<td></td>
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<td>WDC members (IDIs)</td>
<td>2</td>
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<td>VDC members (IDIs)</td>
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<td>4</td>
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<td>3</td>
<td>15</td>
</tr>
<tr>
<td>CVs (IDIs)</td>
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<td>10</td>
</tr>
<tr>
<td>Traditional leaders (IDIs)</td>
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<td>1</td>
<td>—</td>
<td>—</td>
<td>2</td>
</tr>
<tr>
<td>LGA officials (IDIs)</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>8</td>
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<td>Female beneficiaries (FGDs)</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Male beneficiaries (FGDs)</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>16</td>
</tr>
</tbody>
</table>

Breakthrough ACTION/Nigeria staff (KII): 5 (Bauchi), 5 (Sokoto)
Data Analysis

1. Data were audio recorded and transcribed.
2. The code book was developed over a weeklong workshop.
3. A team of four researchers coded the dataset, resolving coding differences through team meetings.
4. Thematic content analysis was used to synthesize findings.
5. Analyst triangulation contributed to analytical rigor.
PART 04

What Did Breakthrough RESEARCH Learn about Breakthrough ACTION’s CCS Approach?
To what extent have efforts to improve community ownership and self-reliance through WDC CCS shown early success in increasing community self-efficacy, community cohesion, and sense of ownership?
Early successes

Perceived self-efficacy

• All participants place great importance on “committees” (WDC, VDC) and their role in fundraising and leadership to help subsidize necessities such as medical equipment. Fundraising efforts are mainly achieved by donations from WDC or VDC members, and other prominent community members.

• Other examples of concrete WDC successes include improving infrastructure and organizing emergency transportation to health facilities as well as mobilizing the community to use facilities.

Cohesion

• We find evidence of social cohesion among and between community committees. The quote shows a sense of purpose and roles in solving health issues. Transparency bolsters trust—others view WDCs as reliable resources.

Higher profile of WDCs

• LGA officials, Breakthrough ACTION staff and WDC members express increased recognition of WDCs and the work they do, noting they understand their role and what they can accomplish, making their job easier.

We are all united, we’ve become like a broom tied together. Everyone has a role to play. When we hear any [health] news, we’ll look for this party and that other party...we CVs won’t be enough, WDCs won’t be enough...when we joined hands, we’ve been having progress through Breakthrough.

—Sokoto, Female CV
Perception of community capacity

• Leadership, trust, accountability and transparency were mentioned as key elements of perceived capacity and community cohesion.

• However, there was also a heavy emphasis on knowledge gained by WDCs and VDCs as predicting potential for sustainability of community SBC implementation and associated health outcomes.

WDCs make use of different ways, if there is a wealthy person in the community like the king, they will meet him when there is a health care problem. He will then call on people in the community so that funds can be raised to tackle the problem....

—Bauchi, Female CV
Early successes within community structures

- Cooperation among members of community committees (WDCs, VDCs, CVs) to support health facilities.
- Ownership of problems related to the health ecosystem within the ward, including conflict resolution.
- Raising funds to complete needed repairs of health facility infrastructure (e.g., roof or windows) and other activities.
- Improved organizational management skills such as documentation.

With the coming of Breakthrough ACTION, the roles of WDCs have been much clearer and more defined to me. Breakthrough has now clearly established that as WDCs, our role is to actually reach out to healthcare facilities in our communities, try to know the exact services they render and then note out which of the services is having issues....

—Bauchi, Female WDC member,
Perceived early successes in the community

Increased awareness and knowledge of health practices and shared health related decision-making are reported to help facilitate uptake of services.

- Increased importance of discussions and joint decision-making between couples.
- Increased participation of men in health care services uptake.
- Community members are more knowledgeable on the importance of FP and report that they intend to educate others on it.
- Exclusive breastfeeding (EBF) misconceptions have been corrected and this has encouraged its practice.

Through the activities of Breakthrough ACTION, awareness has been created on the importance of men taking their wives and children to maternity and immunization respectively.

—Sokoto, Male VDC member

...Before, our people usually sieve the milk and throw it way...[Breakthrough ACTION/Nigeria] explains to us that the breastmilk is part of what will enhance the health of the child. ... Some even feed the baby on what is not milk. Honestly, that has stopped now.

—Sokoto, Male VDC member
What threats and opportunities exist for functionality and sustainability of WDC’s engagement in collective action to address health and social outcomes among their constituents and do they vary by health area (FP, MNCH+N, and malaria)?
Financial & logistical challenges in WDC’s roles and responsibilities

- WDC members can collectively solve social and health problems up to a certain extent, but there are limits when a project has out-of-pocket financial demands. WDC members report contributing financially to the extent they can and encourage other community members to do so as well yet have challenges mobilizing resources due to members’ limiting socio-economic condition.

- CVs experience logistical issues, particularly on mobility in hard to reach and remote settings, or due to poor roads and weather conditions.
Human resource constraints also threaten WDC’s capacity to sustain activities

- Study participants expressed a perceived potential for waning motivation by WDCs members because they had little incentive beyond their initial enthusiasm and commitment to improving the community’s health, which could also diminish over time. WDC and VDC membership is on a voluntary basis, and members may have conflicting priorities in order to secure their livelihood.

- LGA officials perceived shortage of CVs to conduct community level SBC activities. CVs are considered overburdened with workload and would benefit from increased human resources.

- At the time of data collection, WDCs still counted supportive supervision from the Breakthrough ACTION project. Removal of this supportive supervision in the next phase of the CCS approach was considered a potential threat to their work, as continuity of supportive supervision will be dependent on LGAs. Participants were fearful this transition would have a negative impact on their capacity to sustain SBC activities.
We found a heavy emphasis on knowledge or awareness as determining factors for sustainability, describing community committee members, community leaders, and beneficiaries as having been “enlightened” or gaining awareness, with little mention of what else could hamper sustained programming and sustained behavior change at the community level. The quote on this slide illustrates the barriers encountered when someone refuses to be “enlightened”.

Community level norms make advocacy for health service utilization difficult for community organizations. An example of such a norm is male dominated decision making about if and when to seek services at a hospital.

—Bauchi, Male VDC member
Overlapping roles and responsibilities

WDCs/VDCs and CVs describe almost identical roles and responsibilities of outreach, sensitization, conducting house visits. However, only CVs receive stipends to conduct community-level SBC work, whereas WDCs and VDCs often have other occupations. Taking into account WDCs’ and VDCs’ roles within the community ecosystem, the question arises whether it is sustainable to expect volunteers to assume such responsibilities.
Facilitating factors and opportunities for sustainability

Relying on established community structures will facilitate sustainability

At the community level, health care providers, LGA chairpersons, WDC chairpersons, and traditional leaders were all mentioned as being responsible for health-related issues. There is a sense of hierarchy and due process in each category of community actor’s engagement to address health concerns within the community. These established community responsibilities within a clear structure present an opportunity for community level governance and accountability that will contribute to sustained health improvements.

WDCs showed great capacity for leadership and guidance of CVs

WDC members were described as known and respected members of the community, which facilitates the CVs work. By accompanying CVs to community events, they enable a trusting relationship between community members and CVs.

“Working together with the CVs. Yes, because I just remember when we did that second activity in ‘Bancham’, people didn’t even listen to us until we allowed the WDC to talk to them. ...know them already, some of them are politicians, community leaders so they called for them and then they [WDC] explained to the people and they allowed us to talk. So you see, if we didn’t go with the WDC, they wouldn’t have listened to us. So you see working with the CVs makes it wonderful.

—Sokoto, Male CV
Among community beneficiaries, community leaders were seen as a preferred information channel because of the trust community members have in them. WDCs’ partnership with community leaders has helped introduce CVs into communities.

The fact that community organization members and CVs are part of the communities they work in allows for trust and acceptance of messages. Some beneficiaries appear to prefer female WDCs because they are the ones seen delivering messages at the household level.

Beneficiaries also mentioned to a lesser degree preferring information from health workers because of their competence on health issues.

In terms of preferred information platforms, radio was by far the most mentioned, with Viamo’s 3-2-1 phone service mentioned in very few instances.

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Our people especially those in the villages trust their village rulers and religious leaders (Imams) because they are your leaders, and they know they have their best interest at heart. Say for instance the Imam in the Mosque has an influence on the people and anything he says they take very seriously.

—Sokoto, Male FGD 25–49 years

Actually, I feel people in this community prefer community volunteers that visit our houses from time to time because they actually enlighten us on diverse areas about child immunization, child spacing and a lot of other issues.

—Bauchi, Female FGD 25–49 years
Most resonant SBC messages

• Messages that resonated most with program participants were those related to child spacing, followed by antenatal care (ANC), EBF, immunization, and use of mosquito nets for malaria prevention.

• Seeing evidence of the benefits of certain health behaviors exemplified in the community served as a primary motivator for others to follow in suit. For example, seeing vaccinated children fall sick less often than non-vaccinated children encouraged families to accept routine immunization schedules. Similarly, seeing babies who were EBF for the first 6 months grow up to be healthier than babies who were fed water or gruel in lieu of breast milk served as a clear reminder to mothers of the benefits of EBF.

A lot of us now feed our babies exclusively until they are above six months of age. Reason is because we have been enlightened about the benefits and we have also compared and contrasted between children fed strictly with breast milk and those who were not. And the difference is very clear that those children who were fed exclusively with only breast milk turned out stronger, healthier and more vibrant.
—Bauchi, Female FGD 18–24 years

Now even when the husband is not around they allow their children to be immunized because of the much exposure gained. Back then the wife has to ask for permission from the husband first before accepting immunization. So this programme has sensitized the women too and now they are aware.
—Bauchi, Male FGD, 25–49 years
Unsupportive social norms about childbearing and rearing made messages on EBF and FP least resonating for beneficiaries. Additionally, messages on immunization resonated the least due to perceptions that it made children cry and become ill. The fact that these same health topics appear as both most and least resonant messages may indicate a lack of consensus, with participants situated within a wide range of levels of perception and acceptance of these topics. Food preparation for improved nutrition was also raised as a message that resonated less with beneficiaries, particularly due to the perception that improving nutrition required a financial commitment. Lastly, early marriage was also mentioned as a topic that is not well received by some.

Every man decides what [he feeds his family] base on his financial strength, so I think this message [nutrition] has the least importance to me.
—Sokoto, Male FGD 25–49

Honestly the one that does not sit well is the talk of marrying out your child early, no one will decide for you, maybe you want to marry her out quickly so that she will not be wayward.
—Sokoto, Male FGD 25–49
#3

Are there intransigent restrictive and/or harmful gender and social norms and/or other contextual factors limiting success of the CCS strategy for sustaining community action?
Implications of social and gender norms on community level SBC

There were mixed opinions across all participant cadres and across nearly all health areas examined, including FP, ANC, routine immunization, malaria, and child health, regarding who has the ultimate health-seeking decision-making responsibility. In line with cultural norms, many believed that the husband, as the head of household, should be responsible for deciding what health behaviors his family members would and would not adopt, regardless of the health domain. Where money is to be spent, the male head of household must have the power to decide. In their absence, even neighbors are mentioned as being responsible for health-related issues.

Female community members provided a more nuanced perspective about decision-making for childhood illness reporting that women should be given the responsibility regarding matters pertaining to ANC and child health, specifically nutrition and immunization, as they spend the majority of time with children in the home.

Despite men’s continued stronghold on household decision-making related to health, shifting social norms are acting as an incentive to enable their families to access services. For example, the social consequences of not seeking health services are evident in this quote.

“

The castigation you are likely to receive from people will make you wish that you did [take] her to the hospital and went to seek a loan somewhere to settle the bills.

—Bauchi, Male FGD 18–24 years
Women’s participation and leadership in WDCs—a challenge and an opportunity

Although we do see that many WDCs are nearing the national quota for female representation, there are very few female WDC members in leadership roles, and we also have detected the perception that female members’ participation is seen in somewhat tokenistic terms.

There is a juxtaposition of having fewer females in community structures, including positions of leadership within the WDCs, VDCs, and CVs, while simultaneously needing women to take on female-to-female sensitization efforts given cultural norms and preferences that preclude male volunteers from educating or liaising with married women.

One potential driver to transitioning the CCS approach to community ownership lies in the recruitment strategy for WDC and VDC members and CVs. Nearly all participants mentioned that gender is a key criterion for WDC member selection.

Only women are allowed to enter houses without any problem. Even if the husband is not around, a woman can enter a particular house. A man will not be happy to meet two giant men in his house and his wife is not presentable. You know men are too jealous. Even though he likes what they came to offer, he will not accept it due to intense jealousy. That is why more women are needed as community volunteers.

—Bauchi, Female CV
Are there unanticipated positive or negative results that may impact transition to community ownership and sustainability of SBC programming across health areas?
Unanticipated results that may impact transition to community ownership and sustainability of SBC programming across health areas

An unanticipated consequence of promoting community ownership of health problems could be an overemphasis of the power of “zeal” and its relation to sustainability of community activities.

Throughout WDC and VDC participants’ responses, there is a sense of great pride in “standing on their own two feet” or being self-reliant in mobilizing resources and problem solving that range from community and facility infrastructure repairs to conflict resolution among community members. However, a vocal minority of participants question to what extent one can really sustain activities without the contribution of donor funding.

Additionally, it’s useful to remember that the wards participating in the CCS intervention already had highly committed WDCs. The effect of an approach such as Breakthrough ACTION/Nigeria’s CCS on WDCs under different circumstances is not known.

“Seriously they need to have the zeal and take ownership, let them hold it and not let it get spoilt, and show that with or without help, they can maintain it by their selves. If they have this zeal and take ownership, even if there is no organization, they will do their best, by all means, to continue what they have started.

—Sokoto, Female LGA official
PART 05

What Are the Key Overall Learnings?
Community structures including WDCs, VDCs, and CVs have a strong sense of self-reliance and project a high level of capacity to effect positive changes in health behavior and health infrastructure, particularly in the realm of facility maintenance and improvement. While some committee members contended that they can continue much of their current work without external funding, reflecting confidence in advocating for private funding, others noted that financial self-reliance has very real limits as they remain unpaid volunteers, while funding is necessary for certain tasks that form part of their role, such as providing incentives for service utilization, and ensuring emergency transportation for those in need.
Transparency and trust established thus far also present an important opportunity for sustaining community SBC gains achieved to date. Although many WDCs are meeting Breakthrough ACTION/Nigeria’s quota for female representation, there are very few female WDC members in leadership roles and there is a perception that female members’ participation is seen in somewhat tokenistic terms. This is contrasted by the need for additional women to take on sensitization efforts given cultural norms and preferences that preclude male volunteers from educating or liaising with married women, particularly during house visits.
One potential unanticipated consequence of promoting community ownership of health problems/activities could be an overemphasis of the power of “zeal” and its relation to sustainability of community activities. However, questions remain as to what extent activities can be sustained without the contribution of donor funding, obviating the need for technical, moral, and financial support to sustainability.
PART 06

What Were the Key Recommendations We Made to Strengthen Breakthrough ACTION’s Programming in Nigeria?
Support the diversification of WDCs’ and VDCs’ fund generation strategies. This study found a limited number of funding strategies, with high reliance on self-funding through WDC membership donations and a potential threat to the sustainability of the CCS approach if diverse funding sources are not identified as Breakthrough ACTION/Nigeria support transitions out.

Strengthen capacity for addressing a wider range of behavior influences sustaining change, including practicing holding government and other stakeholders accountable to their commitments to support community health and advocacy. Reinforce skills building activities to help individuals navigate other behavioral barriers and strengthen capacity for addressing a wider range of influences on sustained behavior change. While we acknowledge that knowledge is necessary, it alone is not sufficient for behavior change. There is also recognition that commodities and health service provision and quality of care are essential, but we recommend that Breakthrough ACTION/Nigeria emphasize CCS activities that promote the recognition of other behavioral determinants both at the community level as well as within the WDC, VDC, and CV organizational structure and work.
Further promote female participation in WDC and community structure leadership. Social and gender norms restricting the ability of women to serve within community structures and limiting women’s health care decision-making severely constrain the implementation and reach of the sustainability of community action, suggesting the need for additional or complementary organizational coaching and social norms interventions to address the role of women in community structures and promote female participation beyond tokenistic or stereotypical roles.

Support further clarification of roles and responsibilities, primarily between WDC and VDC members, and CVs. Although participants point to a cohesive collaboration in support of community-level SBC, descriptions of WDC, VDC, and CV roles and responsibilities overlap to a great extent. Programming must further clarify stakeholders’ distinct yet complementary roles and responsibilities as pertains to community SBC.
Reinforce the use of community data collection to monitor barriers to uptake of target behaviors to practice programmatic course correction to monitor barriers to uptake of target behaviors and practice evidence-based programmatic course correction.

Reinforce WDCs’ capacity for non-coercive leadership and communication. Phase 2 programming must further clarify WDC’s leadership role not only addressing health behaviors and use of services, but also holding the health system accountable for support needed to continue this work.
Community and Government Must Work Together

What is most important to facilitate healthy living in our community, we need our people to put in more effort and also understand the importance of going to the hospital, and they should continue going, that’s the first. Secondly, I want the government to help with some drugs that people can receive for free because someone can have malaria, and that person might not have had breakfast because of Nigeria economic situation, he doesn’t have money.

—Sokoto, Male traditional leader
References


Breakthrough RESEARCH catalyzes social and behavior change (SBC) by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.

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