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## Evaluation of Breakthrough ACTION-Nigeria's social and behavior change public sector capacity strengthening approach

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TECHNICAL REPORT

# Evaluation of Breakthrough ACTION-Nigeria's Social and Behavior Change Public Sector Capacity Strengthening Approach

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## Acknowledgments

This evaluation is part of a larger portfolio of evaluation studies designed to inform ongoing implementation and assess the impact of social and behavior change (SBC) programming in integrated health areas. This evaluation was conducted to harvest the outcomes of the SBC Public Sector Capacity Strengthening (PSCS) approach and to assess whether and how the project activities implemented by Breakthrough ACTION-Nigeria contributed to the identified outcomes, the findings of which provide a basis for project accountability and input. We appreciate the technical assistance provided by the United States Agency for International Development (USAID)-Nigeria and Breakthrough ACTION-Nigeria during the conceptualization and selection of evaluation methodologies. We would also like to thank the Federal Ministry of Health (MOH) of Nigeria, as well as the stakeholders at the State and Local Government Authority levels, for their support and participation.

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Cover photo: Focus group discussion with women.  
Credit: Adetayo Adetunji

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# Evaluation of Breakthrough ACTION-Nigeria's Social and Behavior Change Public Sector Capacity Strengthening Approach

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# Acronyms

ACG	Advocacy Core Group
ANC	Antenatal Care
ACSM	Advocacy Communication, and Social Mobilization
CAC	Community Action Circle
CHARP	Community Health Action Resource Plan
COVID-19	Coronavirus Disease 2019
CVs	Community Volunteers
ESPHCDA	Ebonyi State Primary Health Care Development Agency
FMOH	Federal Ministry of Health
FP	Family Planning
HC3	The Health Communication Capacity Collaborative
HPD	Health Promotion Division
IDI	In-depth Interview
ISBC	Integrated social and behavior change
KII	Key Informant Interview
KSPHCDA	Kebbi State Primary Health Care Development Agency
LGA	Local Government Authority
LLIN	Long-Lasting Insecticide-Treated Nets
MCH	Maternal and Child Health
MOH	Ministry of Health
MSC	Most Significant Change
NPHCDA	National Primary Health Care Development Agency
NSPHCDA	Nasarawa State Primary Health Care Development Agency
NTBLCP	National Programs for TB and Leprosy Control Program
OA	Outcome Area
OH	Outcome Harvesting
OIC	Officer in Charge
PPCs	Policy and Practice Changes
PSCS	Public Sector Capacity Strengthening
QA	Quality Assessment
RBM	Roll Back Malaria
RCA	Rapid Capacity Assessment
RMNCH+N	Reproductive, Maternal, Newborn, and Child health and Nutrition
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
SMEP	State Malaria Elimination Program
SMOH	State Ministries of Health
SO	Strategic Objective
SP	Sulfadoxine-Pyrimethamine
SPHCDA	State Primary Health Care Development Agencies
SSPHCDA	Sokoto State Primary Health Care Development Agency
TB	Tuberculosis
ToT	Training of Trainers
USAID	United States Agency for International Development
WDC	Ward Development Committees

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# Executive Summary

## Background

Breakthrough ACTION-Nigeria, an eight-year project funded by United States Agency for International Development (USAID), has been implementing a complex social and behavior change (SBC) intervention with a component applying a Public Sector Capacity Strengthening (PSCS) programming approach. Breakthrough ACTION-Nigeria's SBC capacity strengthening approach is designed with interventions addressing all three levels of the ecosystem (i.e., individual, organizational and systems) to strengthen capacity and competencies, support effective SBC efforts, and positively affect the health and social outcomes. This Breakthrough RESEARCH-Nigeria study evaluates the extent to which the SBC PSCS project has strengthened capacity at various levels of the state ministries of health (SMOHs) and related ministries, departments, and agencies (MDAs) in Nasarawa, Bauchi, Sokoto, Kebbi, and Ebonyi States.

## Objectives

The study aimed to identify the SBC PSCS approach implementation outcomes between 2017 and 2021 providing a basis for (1) project accountability, (2) inputs for Breakthrough ACTION-Nigeria adaptive management, and (3) contributing to organizational learning and sharing lessons at the country, regional and global levels. Specifically, it sought to:

1. Identify achievements, including policy and practice changes (PPCs) of project beneficiaries (e.g., technical officers of SMOHs/State Primary Health Care Development Agencies (SPHCDA) and other relevant health MDAs across the study states) at the individual, organizational, and systems levels.
2. Assess the extent to which the capacities of the project beneficiaries have been strengthened by connecting/ coordinating their activities at the three different levels.
3. Explore the relative acceptance, coordination, and effectiveness of SBC strengthening activities across different health units at the organizational level.
4. Identify areas where the Breakthrough ACTION-Nigeria SBC PSCS project outcomes were not

achieved to provide recommendations for improvement and adaptive project management.

## Methods

To achieve the objectives of the study, a mix of data collection tools were designed to gather information. First, a desk review of relevant project documents and engagements with the change agent (Breakthrough ACTION-Nigeria) and harvest users (USAID Nigeria) informed the choice of study design, which was the outcome harvesting approach. The review also helped to identify the social actors (stakeholders and beneficiaries) of the SBC PSCS project. Data were obtained from 50 social actors across five Nigerian states—Nasarawa, Bauchi, Sokoto, Kebbi, and Ebonyi—through key informant interviews (n=30) and most significant change (MSC) stories (n=15), and rapid capacity assessment (n=5). Thematic analysis was used as an analytical technique, and the results were presented in line with the study objectives, with a notation of the questions that guided the harvest. The study received ethical approvals from the Population Council Institutional Review Board, the National Health Research Ethics Committee (Nigeria), and ethical review boards in each study state.

## Key Findings

The study findings are summarized below:

- Social actors report participation in Breakthrough ACTION-Nigeria SBC PSCS project-related activities such as training sessions, meetings, advocacy campaigns, health-related media discussions, and Breakthrough ACTION-Nigeria-supported special day celebrations.
- Social actors identified challenges they encountered in the post-training application of knowledge and skills and these include perceived illiteracy of community members, resistance to change, financial and mobility issues, a lack of data collection tools, and conflicting work plans.

**Objective 1: Achievements, including PPCs of project beneficiaries, at the individual, organizational, and system levels.**

- A total of 45 outcomes were harvested and verified. The fewest outcomes were harvested in Project Year 1 (2017) and the highest number of outcomes in Project Year 5 (2021).
- While the number of outcomes harvested from Year 1 to Year 3 increased over the three years, the number of outcomes harvested for Year 4 (2020) decreased from seven in Year 5 (2019) to three in 2020. The sharp decrease in the number of Year 4 outcomes harvested could be attributed to the onset of the COVID-19 pandemic, which slowed the implementation of Year 4 project activities.
- In comparing harvested outcomes across the three SBCC [Social and Behavior Change Communication] Capacity Ecosystem™ levels of individual, organization, and system, Breakthrough ACTION-Nigeria's contributions were more pronounced at the individual level (24 outcomes) followed by organization (18 outcomes) and system (3 outcomes) levels.
  - Individual-level outcomes demonstrated increased capacity at the individual level and largely included those focused on planning, facilitating SBC activities, developing, health messages, community mobilization, and monitoring SBC activities.
  - Organization-level outcomes included coordination efforts of government agencies following Breakthrough ACTION-Nigeria training, cascade of SBC knowledge to lower levels, and implementing activities in accordance with existing guidelines. Other outcomes associated with organization-level activities where Breakthrough ACTION-Nigeria provided financial assistance, as well as capacity building, were also identified.
  - System-level outcomes focused on institutionalizing gains from community capacity strengthening work with ward development committees (WDCs), including adopting and domesticating WDC operational and orientation guidelines in Sokoto, Ebonyi, and Bauchi states in 2021.

**Objective 2: The extent to which project beneficiaries have been able to strengthen capacity by connecting/coordinating their activities at the individual, organizational, and system levels.**

- A total of six outcomes demonstrated coordination efforts by project beneficiaries, with all occurring at the organizational level and in Year 5 of program activities.
- In Kebbi, State Primary Health Care Development Agency/community mobilization teams (SPHCDA/CMTs) began to coordinate and monitor Social Behavior Change-Advocacy Core Group (SBC-ACG) operations, SPHCDA/Local government authority (LGA) CMTs trained in Community Action Circle (CAC), and Community Health Action Resource Plan (CHARP) development began to design, execute, and coordinate SBC initiatives in Ebonyi State. Government authorities and media producers began to coordinate SBC operations in Sokoto State at the system level.

**Objective 3: Acceptance, coordination and effectiveness of SBC strengthening activities across different health units at the organizational level.**

- Two outcomes identified in Ebonyi and Bauchi states indicated acceptance, coordination, and effectiveness of SBC strengthening activities across different health units at the organizational level.
- Between February and June 2021 in Ebonyi, the State Ministry of Health/Ebonyi State Primary Health Care Development Agency (SMOH/ESPHCDA) program unit heads and the LGA support team trained in SBC skills began coordinating SBC-ACG activities at the state and LGA levels. In addition, beginning in November 2021, SMOH/SPHCDA, state, and LGA level SBC-ACG teams began to coordinate and monitor SBC-ACG activities, and this resulted in an increased need for long-lasting insecticide-treated nets.

**Objective 4: Areas where the Breakthrough ACTION-Nigeria SBC PSCS project outcomes were not achieved.**

- This study examined three key outcome areas: 1) strengthening SBC systems, 2) improving SBC skills,

and 3) strengthening SBC advocacy. When harvested outcomes were compared by outcome area, there were 40 outcomes classified as ‘improving SBC skills’, 3 classified as ‘strengthening SBC systems,’ and 2 outcomes classified as ‘strengthening SBC advocacy’.

- Mapping of the identified outcomes by the Breakthrough ACTION-Nigeria SBC PSCS strategic objectives revealed that most of the outcomes contributed to achieving strategic objectives three (23) and four (8). A considerable number of outcomes also contributed to achieving strategic objectives four (8) and one (7). Overall, this finding indicates that Breakthrough ACTION-Nigeria SBC PSCS approach activities have yielded outcomes that are more geared toward improving the quality and impact of SBC activities, as well as strengthening public sector systems for oversight and coordination of SBC at the sub-national level.
- The rapid capacity assessment focused on implementation effectiveness and provided information to identify strengths and areas for project implementation improvement. Findings showed high scores for all measured domains, implying that Breakthrough ACTION-Nigeria and its state-level actors have implementation systems and strategies in place that do not require improvement.

## Conclusion and recommendations

Overall, this study demonstrated numerous ways in which Breakthrough ACTION-Nigeria achieved the SBC PSCS strategic objectives for capacity strengthening outlined by USAID. The study demonstrated how Breakthrough ACTION-Nigeria achieved SBC PSCS objectives by investing in public sector systems for SBC oversight at national and subnational levels. Breakthrough ACTION-Nigeria strengthened the SBC capacity of social actors, as evidenced by outcomes, and increased SBC value demonstrated through sustained interest and commitment to applying new techniques and cascading knowledge to deliver positive health and outcomes.

## Recommendations

The recommendations are as follows:

- **Sustain the high intensity of implementation as recorded in 2021.** Most of the evaluated outcomes occurred in 2021. Breakthrough ACTION-Nigeria should maintain the current high intensity of

program implementation to ensure the achievement of project strategic objectives and goals.

- **Address limiting factors that could lead to slow implementation of SBC PSCS activities.** The study revealed a small number of outcomes in Kebbi state during the implementation years, highlighting the need to address potential limiting factors to achieve parity with other high-performing states.
- **Increase coordination efforts to ensure even greater synergy between different MDAs.** The study found that coordination activities were the least implemented, indicating the need to increase efforts in this area to ensure stronger oversight by MDAs and the long-term sustainability of SBC PSCS activities beyond the project’s lifespan. This will ensure objectives are met, including improved activity translation at lower levels.
- **Address limiting factors that affect social actors’ application of skills gained.** The study found that although Breakthrough ACTION-Nigeria successfully implemented necessary SBC PSCS activities, identified factors such as ignorance and insufficient awareness efforts could negatively influence progress. To avoid undermining gains made thus far, effective measures should be taken to address these factors.

# Background

Over time, there has been a shift in how health and development programs view human behavior from the individual to approaches that use a socio-ecological lens to examine the complex interplay of individual, interpersonal, community, and societal factors that influence behavior.<sup>1</sup> The social and behavior change (SBC) approach is one of these approaches. SBC is an evidence-based and theory-driven process within health promotion, which is essential to improving maternal, child, family, and community health.<sup>2</sup> A comprehensive SBC approach, therefore, explores factors that influence multiple levels, i.e., individuals, families, influential community members, communities, healthcare providers, and policymakers, to devise an effective and sustainable behavior change strategy.<sup>2</sup>

SBC employs interventions to affect individual and collective behavior and promote SBC by positively influencing knowledge, attitudes, social norms, and structures. SBC programs frequently employ strategies such as effective/strategic communication and community mobilization to strengthen communities' capacity, promote collective action, address harmful social and gender norms, and address structural barriers to change.<sup>3,4</sup> While investment in strong health systems and supply chains is still needed, the supply-driven approach dominant in family planning fails to address the individual, relational, and social barriers faced by women and couples in achieving their reproductive intentions and desired family size. Overcoming these barriers will require a better understanding of behavioral drivers and the social environment in which family planning decisions are made, and an increased investment in the proven, yet underutilized, approach of SBC.

Research has shown SBC to be a highly cost-effective intervention that can directly or indirectly affect health outcomes and generate a positive return on investments.<sup>5</sup> A study conducted by Breakthrough RESEARCH which drew on nearly 200 studies assessing SBC effectiveness and/or costs across a range of countries found that SBC interventions for family planning (FP) are effective, highly cost-effective and generate a positive return on investment. For example, the study's business case modelling found that, in Zambia, for every \$1 invested in scaling up SBC interventions, SBC saves between \$2.40

and \$5.30 when direct healthcare costs and productivity losses are considered. In Guinea, every dollar invested in SBC yields between \$2.30 and \$6.10 in savings.<sup>5</sup> A recent study done in Nigeria has also indicated that investments in integrated SBC are highly cost-effective.<sup>6</sup>

SBC approaches are used to varying degrees in several of United States Agency for International Development's (USAID's) strategic priorities in global health, including preventing child and maternal deaths, controlling the HIV and AIDS epidemic, combating infectious diseases, and strengthening community and public sector capacity. This study focuses on how Breakthrough ACTION-Nigeria is utilizing SBC to strengthen public sector capacity.

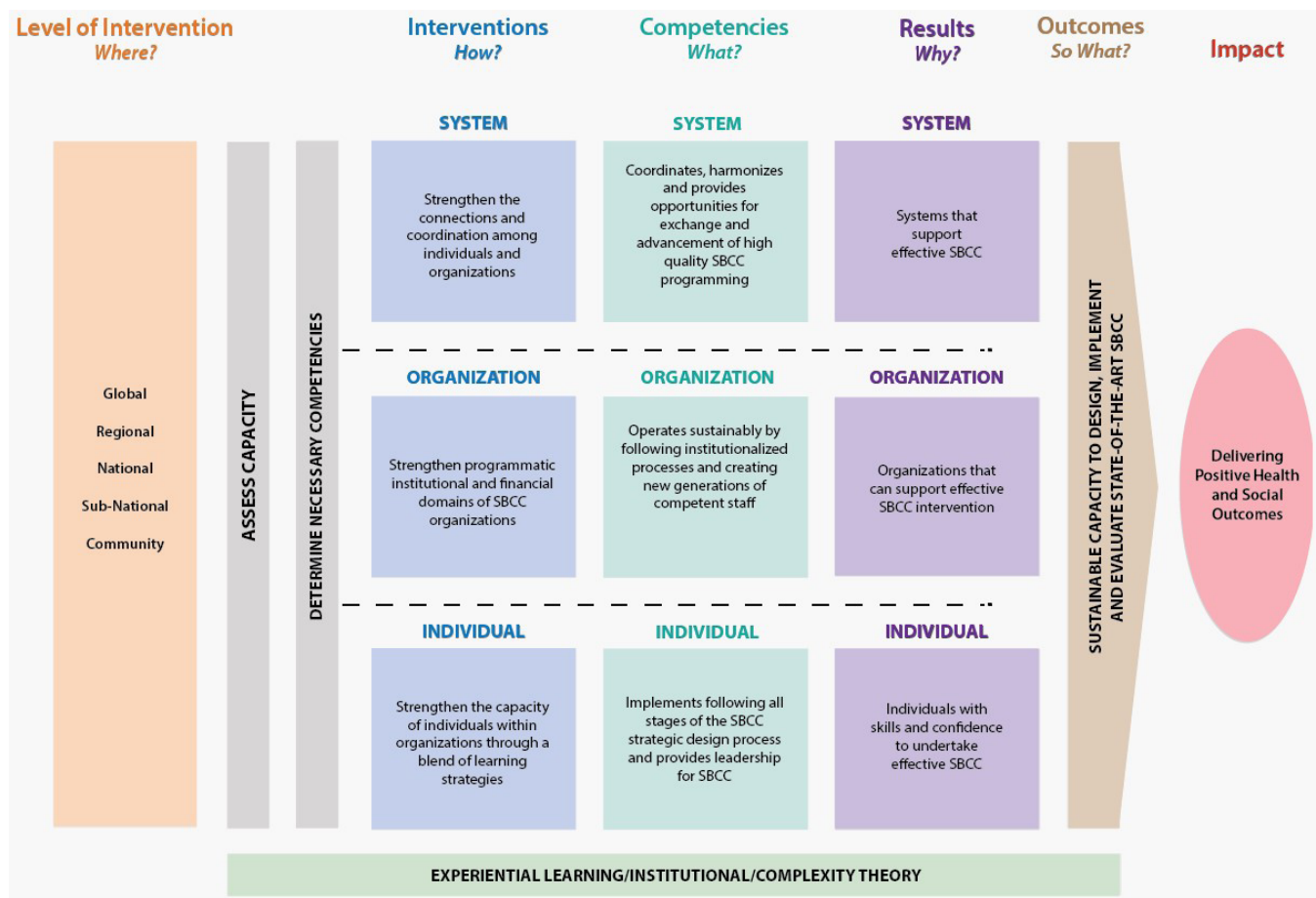
Breakthrough ACTION-Nigeria is a USAID-funded SBC project designed to increase the practice of priority health behaviors in the areas of malaria, maternal, newborn, and child health, including nutrition (MNCH+N); FP/reproductive health (RH); and tuberculosis (TB). The project works closely with federal and state ministries of health and other USAID implementing partners.<sup>7</sup>

In this study, the term "public sector" refers to the government, specifically the units that are primarily responsible for SBC, such as the Ministry of Health's (MOH's) Health Promotion and/or Health Education Units in Nigeria.

## Breakthrough ACTION-Nigeria SBC capacity strengthening approach

Breakthrough ACTION-Nigeria, an eight-year project funded by USAID, is implementing a complex integrated SBC intervention with a component on public sector capacity building programming applying the SBC capacity strengthening approach. Breakthrough ACTION-Nigeria's SBC capacity strengthening approach is modelled on the SBCC [Social and Behavior Change Communication] Capacity Ecosystem™ developed by USAID's Health Communication Capacity Collaborative (HC3) Project (Figure 1).<sup>8</sup> This is a model that reflects the systematic assessment, design, and implementation of customized and strategic capacity strengthening for social and behavior change.

**FIGURE 1 SBCC CAPACITY ECOSYSTEM™<sup>8</sup>**



Recognizing that the public sector operates in all three domains of the SBC ecosystem, namely at the individual, organizational, and system levels, Breakthrough ACTION-Nigeria focuses on strengthening the SBC capacity of public sector individuals, organizations, and systems at the ward, local, state, and national levels.

Breakthrough ACTION-Nigeria aims at strengthening capacity at various levels. Individuals in the public sector lead and manage SBC programs and coordinate the efforts of other SBC specialists throughout the country. These individuals are often assigned to the Health Promotion Unit of the Federal Ministry of Health (FMOH), which can prioritize and institutionalize SBC processes and interventions.<sup>9</sup> At the individual level, Breakthrough ACTION-Nigeria focuses on enhancing the SBC skills of both program and government staff through a variety of on-the-job training, self-directed learning, and experiential learning approaches.

At the organizational level, Breakthrough ACTION-Nigeria is focusing on strengthening organizational and individual connections and coordination, as well as developing

processes and systems to facilitate outcome-oriented coordination and improved advocacy for SBC promotion/communication. Breakthrough ACTION-Nigeria engages with various organizations across 11 states as per the technical focus of the project. In integrated states, relevant agencies include state ministries of health (SMOH)/State Primary Health Care Development Agencies/Boards (SPHCDA), health promotion units and relevant malaria and FP agencies/departments. For example, Breakthrough ACTION-Nigeria supports the FMOH, SMOH, the National Primary Health Care Development Agency (NPHCDA), and SPHCDA, as well as other national and sub-national government agencies for the development and application of SBC strategies, including the development of tools and guidelines to facilitate adoption, adaptation, and implementation.

At the systems level, the emphasis is on re-invigorating existing SBCC technical working groups, advocacy communication, and social mobilization (ACSM) sub-committees, and Social and Behavior Change-Advocacy Core Groups (SBC-ACG) to create a dynamic and active coordinating body. Specific outcomes envisioned include

coordinated and harmonized SBCC messaging; alignment of SBC activities in a state; sharing of lessons learned and approaches across organizations involved in SBC activities.

Breakthrough ACTION-Nigeria's strategic objectives (SOs) for capacity strengthening in the public sector are to:

1. Support key MOH operating units, including federal and sub-national Health Promotion/Education divisions/departments, NPHCDA, the National Programs for TB and Leprosy Control Program (NTBLCP) and, the National Malaria Elimination Program (NMEP), to strengthen coordination, planning, and quality assurance for SBC at the national and sub-national levels.
2. Strengthen public sector systems for oversight and coordination of SBC at the national and sub-national levels.
3. Improve the quality and impact of SBC activities across the public sector by establishing improved systems and data use for coordination and joint planning of SBC programming among national and sub-national stakeholders.
4. Develop effective systems for ensuring SBC quality assurance and establishing consensus agendas at national and/or sub-national levels for SBC programming and investment based on shared health priorities in Nigeria.

To achieve the SOs above, Breakthrough ACTION-Nigeria has been carrying out activities aimed at: (1) strengthening SBC systems, (2) improving SBC skills, and (3) strengthening SBC advocacy. Illustrative activities include:

### **Joint implementation of integrated SBC approach**

- Breakthrough ACTION-Nigeria provided technical inputs to the review of the National Integrated Reproductive Maternal Newborn Child and Adolescent Health + Nutrition SBC Strategy, and sponsored the participation of RH/FP/maternal and child health (MCH) and health promotion officers from the three integrated SBC states to participate at the review meeting of the document by the FMOH and partners.
- Breakthrough ACTION-Nigeria worked with other partners and the FMOH through the National

Reproductive Health Technical Working Group meetings to review the strategies in the revised FP Blueprint (2018–2023) and the development of the 2019 SBC Workplan, which Breakthrough ACTION-Nigeria provided technical inputs.

- Breakthrough ACTION-Nigeria supported the roll-out training on community information boards across all the 20 local government authorities (LGAs) of Bauchi State through a 2-day training for ward development committees (WDCs) organized by Bauchi SPHCDA in collaboration with United Nations International Children's Emergency Fund (UNICEF).

### **Technical assistance to improve SBC capacity**

- Breakthrough ACTION-Nigeria provided technical assistance in conducting a SWOT analysis on the functionality of the various State Malaria ACSM core groups, to identify areas of NMEP technical assistance to the ACSM at subnational levels, development of 2019 and 2020 ACSM work plans and conducting an organizational capacity assessment to the NMEP-ACSM unit in the Fiscal Year 2019 (FY19) through regular participation in the ACSM subcommittee meetings and on-the-ground technical assistance.
- Breakthrough ACTION-Nigeria also continued to provide technical assistance to the National Malaria Elimination Program-Integrated Vector Management.
- Breakthrough ACTION-Nigeria supported the NPHCDA to review the performance of the SBC component within the country's immunization programs during a Joint Appraisal Report.

### **Local capacity development**

Some of the local capacity development activities that Breakthrough ACTION-Nigeria conducted in FY19 include:

- Breakthrough ACTION-Nigeria built the capacity of 75 WDCs to develop and commence implementation of action plans to address community-specific challenges around antenatal care (ANC) and facility deliveries.
- Breakthrough ACTION-Nigeria trained 1,032 community volunteers (CVs) to deliver maternal, newborn, and child health and nutrition (MNCH+N) related messages within the integrated SBC states.
- Breakthrough ACTION-Nigeria trained 648 CVs on community mobilization approaches for malaria,

effective interpersonal communication, and the use of monitoring and evaluation tools to document their activities.

### **Stakeholder participation and involvement**

- In leading the demand creation workstream for long-lasting insecticide-treated nets (LLINs) campaigns in Bauchi, Akwa Ibom, Cross River, Ebonyi, and Plateau states, Breakthrough ACTION-Nigeria ensured that the State Malaria Elimination Program (SMEPs) and ACSM members were part of all the activities from advocacy planning to material development.
- Breakthrough ACTION-Nigeria ensured the participation of the FMOH and SMOH staff in all phases of the human capital development activities for improving MNCH+N outcomes in Bauchi Kebbi and Sokoto.
- Breakthrough ACTION-Nigeria organized stakeholder engagement forums, which saw the participation of several stakeholders in the malaria states.

These activities are consistent with three of the Eight Principles for Strengthening Public Sector Social and Behavior Change Capacity<sup>9</sup>: (1) Nurture relationships with key stakeholders in the public sector, (2) Focus public sector capacity strengthening efforts on management, coordination, and collaboration, and (3) Strengthen and support SBC systems in which the public sector plays a role.

After five years of implementing Breakthrough ACTION-Nigeria's SBC capacity strengthening activities, there is a need to assess the extent to which the SBC Public Sector Capacity Strengthening (PSCS) project has strengthened capacity at various levels of the MOH (i.e., federal, state, and across agencies) in the project implementation states.

## **Study aim and objectives**

The study aimed to 'harvest' Breakthrough ACTION-Nigeria's SBC PSCS project outcomes during 2017 to 2021 and assess whether and how the SOs outlined in the Breakthrough ACTION-Nigeria operational/work plan contributed to the identified outcomes, the findings of which will provide a basis for project accountability and input for Breakthrough ACTION-Nigeria adaptive management.

To achieve the purpose of the study, the following objectives were deduced:

1. Identify achievements, including policy and practice changes (PPCs) of project beneficiaries (e.g., technical officers of SMOHs/SPHCDA and other relevant health ministries, departments, and agencies [MDAs] across the study states) at the individual, organizational, and systems levels, and share global lessons.
2. Assess the extent to which project beneficiaries have been able to strengthen capacity by connecting/coordinating their activities at the three different levels.
3. Explore the relative acceptance, coordination and effectiveness of SBC strengthening activities across different health units at the organizational level.
4. Identify areas where the Breakthrough ACTION-Nigeria SBC PSCS project outcomes were not achieved to provide recommendations for improvement and adaptive project management.

# Methods

## Study design

The study design was primarily influenced by the set objectives and utilized the outcome harvesting (OH) evaluation design to capture change(s) influenced by Breakthrough ACTION-Nigeria's capacity-strengthening efforts. This approach was instrumental in gathering the needed information from Breakthrough ACTION-Nigeria SBC PSCS project staff and social actors across five Nigerian states namely, Sokoto, Kebbi, Nasarawa, Bauchi, and Ebonyi. In this study, project beneficiaries are defined as technical officers of SMOHs/SPHCDA and related health MDAs in the study states who have been exposed to the Breakthrough ACTION-Nigeria SBC PSCS intervention. They are also known as social actors owing to the study design.

The choice of this design was necessitated by the iterative and adaptive nature of capacity strengthening, and the complex nature of capacity itself. It also aligns with the complex nature of Breakthrough ACTION-Nigeria's SBC PSCS approach, where cause and effect cannot be linked because of the many different factors that influence change, and it allows for improvement and adaptive management to be used to tailor ongoing Breakthrough ACTION-Nigeria programming. The OH approach was developed by Ricardo Wilson-Grau, and colleagues (2013) and it is used to identify, describe, verify, and

### WHEN TO USE OH, WHY WE USED OH.

At the onset of program/project activities, there are multiple or undetermined pathways for change (i.e., theories of change).

There are no reliable quantitative indicators of program/project process or outcomes.

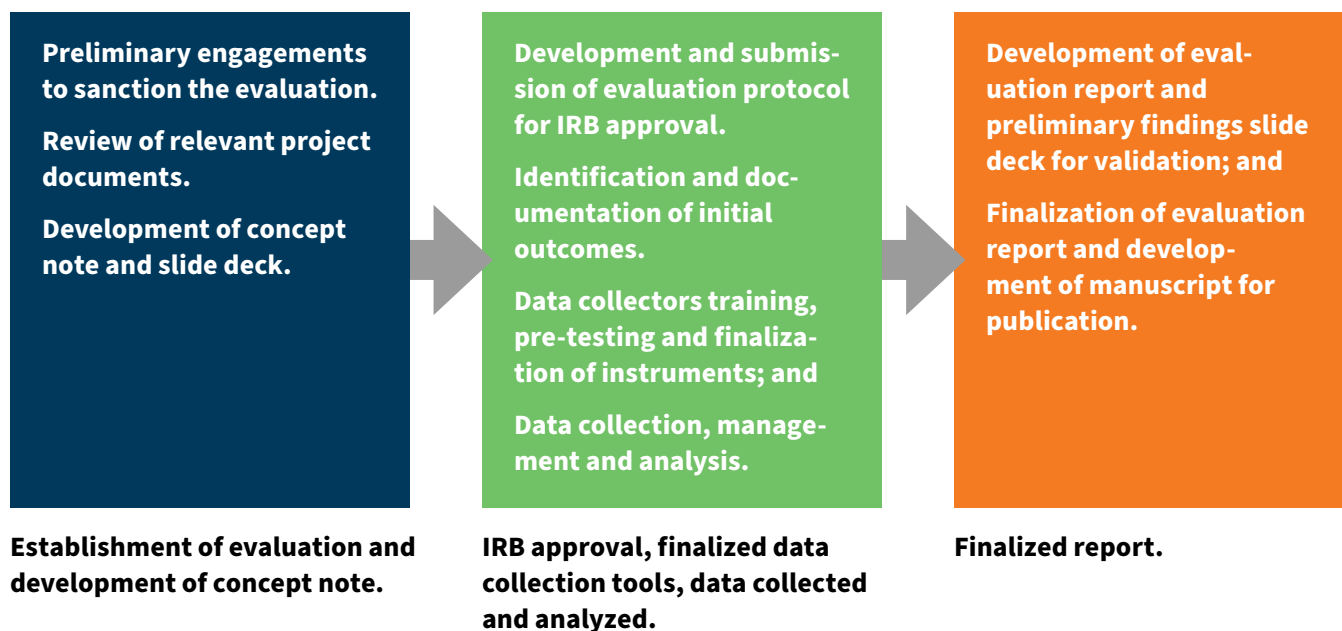
Multiple stakeholders are involved at some level in decision making about the program/project.

Partner organizations/key program or project stakeholders are available and motivated to participate in the evaluation.

analyze outcomes. It is inspired by outcome mapping and informed by utilization-focused evaluation.<sup>10</sup> OH is intended for use in complex interventions where the relationship between cause and effect is not fully understood and/or where many different actors influence change.

While OH is not meant to track progress toward predetermined goals, it gathers evidence of what has changed and then works backwards to determine whether and how an intervention contributed to these changes. This contrasts sharply with the more traditional way of conducting program evaluations, which is to start with activities and then attempt to trace changes forward through output, outcome, and then impact levels. The outcome(s) can be positive or negative, intended or unintended, and/or direct

**FIGURE 2 SUMMARY OF THE STUDY APPROACH, METHODOLOGY AND OUTPUT**





or indirect, but there must be a plausible link between the intervention and the outcomes.

In outcome harvesting, an outcome refers to a change in the behavior, relationships, actions, activities, policies, or practices of an individual, group, community, organization, or institution.<sup>10</sup> Applying this definition to this evaluation, an outcome was operationally defined as what Breakthrough ACTION-Nigeria or Breakthrough ACTION-Nigeria’s social actors did that reflects a significant change in their behavior, relationships, activities, actions, policies, or practices. An outcome may thus describe an action that reflects a demonstrated change in awareness, knowledge, or skills, collaborative action, or knowledge use. Outcomes may also describe deeper institutional changes related to policy, citizen engagement, accountability, and organizational arrangements.

## Study setting

The study was conducted in five Nigerian states of Sokoto, Kebbi, Bauchi, Nasarawa, and Ebonyi between July and August 2022. The selection of states was carried out in consultation with Breakthrough ACTION-Nigeria as per the status of the level of activities being conducted and security considerations for ease of study implementation. Sokoto, Kebbi, Ebonyi, and Bauchi were considered integrated states for MNCH+N, FP, and malaria SBC programming. In contrast, Nasarawa state is a malaria-focused SBC programming state. However, Breakthrough ACTION-Nigeria is also conducting SBC programs on TB in Bauchi and Nasarawa states (see figure 3).

The selected study states represent four out of the six geopolitical zones in Nigeria. Sokoto and Kebbi states are located in the northwestern geopolitical zone of Nigeria, Bauchi is located in the northeast, Nasarawa in the north-central and Ebonyi State is in the southeastern zone of the country. According to the 2020 population estimate by the National Population Commission, Bauchi is the most populous of the selected states of this study at 7,788,504, followed by Sokoto (6,039,289), Kebbi (5,178,123), Ebonyi (3,084,214), and Nasarawa (2,712,349).<sup>11</sup> According to the

2018 Nigeria Demographic Health Survey, MNCH indices are generally poor across these states with selected indicators showing the modern contraceptive rate to be 14.3% in Nasarawa, 5.9% in Ebonyi, 5.2% in Bauchi, 3.2% in Kebbi and 2.1% in Sokoto. Also, the proportion of health facility delivery is 56.5% in Ebonyi, 49.8% in Nasarawa, 21.8% in Bauchi, 7.8% in Sokoto and 7.4% in Kebbi.<sup>12</sup>

## OH steps implemented in this study

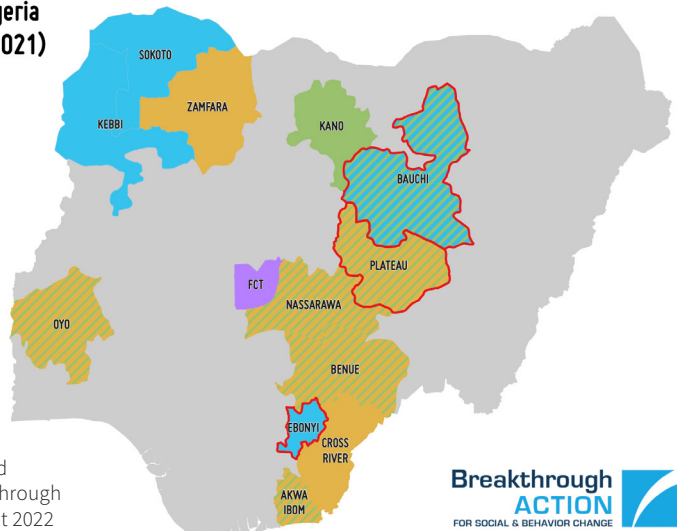
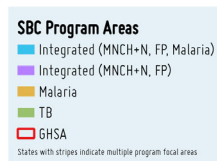
OH is comprised of six steps, as outlined in Figure 4. These steps involve 1) designing the OH, 2) reviewing documentation and draft outcome descriptions, 3) engaging with social actors in formulating outcome descriptions, 4) substantiating outcomes, 5) analyzing and interpreting outcomes, and 6) supporting the use of findings. Feedback from one or more steps sometimes resulted in a return to earlier steps, making the process iterative. These steps are described in detail below and encapsulate key components of the methods such as the study population engaged, data collection process, study instruments, and data analysis.

### Step 1: Designing the OH

To ensure that the evaluation met the information needs of harvest users, the study team solicited feedback on the study design and useful questions to guide the harvest from key Breakthrough ACTION-Nigeria staff responsible for the SBC PSCS project and USAID stakeholders. The team’s questions as shown below were designed to guide the harvest and provide answers that will aid in meeting the study objectives.

**FIGURE 3 BREAKTHROUGH ACTION-NIGERIA PROJECT MAP\***

**Breakthrough ACTION-Nigeria  
PROJECT MAP (eff. Q2 FY2021)**



\*This map was confirmed to be accurate by Breakthrough ACTION-Nigeria in August 2022



**FIGURE 4 SIX STEPS TO CONDUCTING OUTCOME HARVESTING FROM WILSON-GRAU & BRITT (2013)<sup>10</sup>**



**OH questions**

1. What changes in behavior, actions, activities, relationships, policies, or practices have the Breakthrough ACTION-Nigeria SBC PSCS project contributed to since its implementation?
  - a. Individual level (e.g., self-learning and mentoring)
  - b. Organizational level (e.g., knowledge management systems, developments/application)
  - c. System level (e.g., reviews and adaptation of public SBC policy documents)
2. How and to what extent has the project contributed?
3. What has been the impact of these changes in behavior, actions, activities, relationships, policies, or practices? Who did they impact?
4. What is being done differently and by whom that is significant?
5. To what extent has the Breakthrough ACTION-Nigeria SBC PSCS project achieved its SOs?

Feedback from Breakthrough ACTION-Nigeria and USAID was used to finalize the design and useful questions to guide the OH. Following the completion of this critical step, the study team contacted Breakthrough ACTION-Nigeria for relevant project documents to begin Step 2 of the OH methodology, which is documentation review and outcome drafting.

**Step 2: Review of documentation and drafting of outcome descriptions**

Breakthrough ACTION-Nigeria provided the following documents in response to the study team’s request for relevant project documents:

- Year One Work Plan: October 1, 2017 – September 30, 2018
- FY18 Annual Report: October 1, 2017, to September 30, 2018 – Intermediate Result 3
- FY19 Annual Report – October 1, 2018, to September 30, 2019

- Annual Work Plan: October 1, 2018, to September 30, 2019
- Annual Work Plan: October 1, 2019, to September 30, 2020
- SBC capacity building in the public sector: Anticipated outcomes

Between March and April 2022, the study team reviewed these project documents to identify potential outcomes and obtain the nuanced data needed to draft outcome descriptions. The review revealed that the project reports primarily contained information on the activities carried out by Breakthrough ACTION-Nigeria, with little information on the outcomes achieved because of the SBC PSCS approach/project’s implementation. As a result, the study team was required to consult with Breakthrough ACTION-Nigeria to identify and document the potential outcomes. This was accomplished by the development of an outcome harvesting template—a Microsoft Excel spreadsheet that was shared with Breakthrough ACTION-Nigeria to complete and return to the team for review and finalization.

In addition to identifying and documenting potential outcomes, the research team requested that Breakthrough ACTION-Nigeria share with the team a list of potential social actors who have been exposed to or benefited from the SBC PSCS approach. Breakthrough ACTION-Nigeria identified and documented 51 potential outcomes from 2017 to 2021 for review by the research team (see Annex 1). The team’s preliminary analysis of the 51 potential outcomes revealed that 42 have been achieved and 9 have been partly achieved. Most of the outcomes (25) were achieved in 2021 (Table 1).

Further analysis of the 51 potential outcomes across the three SBC levels revealed 45 outcomes at the organizational level, 4 outcomes at the individual level, and 2 outcomes at the system level (Table 2).

Following a review of the 51 potential outcomes, the study team decided on 45 outcomes to be considered during Step 3 of the OH process. The six potential outcomes excluded by the team occurred outside of the five study states or did not provide

enough information for the team to draft the outcome descriptions for verification/validation. For each documented potential outcome, the study team requested that Breakthrough ACTION-Nigeria provide additional information regarding the outcome’s significance and Breakthrough ACTION-Nigeria’s contribution to the outcomes. Information on the outcomes in terms of outcome areas (OAs) alignment, the SBC PSCS SO the outcome contributes to achieving, and the level of SO achievement (i.e., where achieved, partly achieved, or yet to be achieved) was also requested, and the team reviewed and revised all this information thoroughly. During the OH design step, Breakthrough ACTION-Nigeria indicated that it was the sole implementer of the SBC PSCS approach; thus, contributions from other implementing partners, if any, were not considered. Throughout Steps 1 and 2 of the OH process, the study team worked to clarify outcome language and identify outcomes that required more information on their significance and the change agent’s (Breakthrough ACTION-Nigeria) contribution.

**TABLE 1 POTENTIAL OUTCOMES FROM BREAKTHROUGH ACTION-NIGERIA’S SBC PSCS APPROACH BETWEEN 2017 AND 2021, IDENTIFIED FOR CONSIDERATION BY BREAKTHROUGH RESEARCH-NIGERIA**

PROJECT IMPLEMENTATION YEARS	OUTCOMES ACHIEVED	OUTCOMES PARTLY ACHIEVED	TOTAL
2017	1	—	1
2018	5	—	5
2019	8	—	8
2020	3	1	4
2021	25	8	33
<b>Total</b>	<b>42</b>	<b>9</b>	<b>51</b>

**TABLE 2 POTENTIAL STATE OUTCOMES BY PROJECT IMPLEMENTATION YEARS (2017–2021) ACROSS THE THREE SBC LEVELS**

PROJECT IMPLEMENTATION YEARS	INDIVIDUAL LEVEL	ORGANIZATIONAL LEVEL	SYSTEM LEVEL	TOTAL
2017	—	1	—	1
2018	—	5	—	5
2019	—	8	—	8
2020	—	4	—	4
2021	4	27	2	33
<b>Total</b>	<b>4</b>	<b>45</b>	<b>2</b>	<b>51</b>

### Step 3: Engagement with social actors

Step 3 of the OH process was focused on Breakthrough RESEARCH-Nigeria engagement with social actors and preparatory activities such as the training of data collectors. Two data collectors per study state with qualitative data collection experience were recruited and trained over three days to assist the study team with the field-work activity, i.e., conduct key informant interviews (KIIs), collect most significant change (MSC) stories, and administer the rapid capacity assessment (RCA) tool. Following the training, the data collectors engaged with selected social actors to verify the outcome descriptions extracted during Step 2, identify additional outcomes, and classify them according to the SBC levels.

#### Description of data collection activities

We utilized three major data collection techniques to garner needed information from social actors namely KIIs, MSC stories, and RCA technique.

**KIIs** are one-on-one qualitative interviews that allow researchers to gather detailed information from study participants who are designated critical social actors in the phenomenon being measured. It entails interviewing a small number of people who are likely to contribute the required information, thoughts, and insights on a certain issue.<sup>12</sup> In this case, it is an appropriate technique to engage social actors who are in the best position to provide the needed information about the PSCS project.

The **MSC technique** is a participatory method that entails gathering and selecting important change stories of change across a project or program. The method is based on involving stakeholders in a process of discussing, analyzing, and documenting change. It has also been identified as a key data-gathering tool for program assessment, highlighting the usefulness of its application in this study.<sup>13</sup>

The **RCA** approach is based on quantitative research characteristics. It offers a flexible structure with a design that allows for qualitative probing, observation, and description. The approach enables rapid assessment of key subjects and may require visual evidence to validate responses. This method proved beneficial in assessing social actors' existing capabilities, including the organization and systems that define their context.

A further description of the data collection process including study instruments is provided in subsequent sections (see page 13).

### Description of social actors

Most (41/50) of the study participants who served as social actors in this study were drawn from state-level government MDAs such as SMOH, SPHCDA, ministry of information, state broadcasting services, and malaria elimination agencies, while some were from the health department at the LGA level (9/50). Six social actors were engaged per state for the KIIs, three social actors were engaged per state for MSCs, and one social actor was engaged per state for the RCAs (Table 3). Social actors were recruited through engagement with the Breakthrough ACTION-Nigeria state leads in study states. Breakthrough ACTION-Nigeria provided a long list of potential social actors that met the following study selection criteria:

1. Working in an institution (public sector) where the SBC PSCS project activities are being implemented and in one of the five states where the study is taking place.
2. Exposed to Breakthrough ACTION-Nigeria SBC PSCS project activities.
3. Provides consent to participate.

**TABLE 3 SAMPLE SIZE OF SOCIAL ACTORS PER STATE**

STATES	KEY INFORMANT INTERVIEWS	MOST SIGNIFICANT STORIES	RAPID CAPACITY ASSESSMENT
Bauchi	6	3	1
Ebonyi	6	3	1
Kebbi	6	3	1
Nasarawa	6	3	1
Sokoto	6	3	1
<b>Total</b>	<b>30</b>	<b>15</b>	<b>5</b>

Social actors were randomly selected from the provided list and interviews session were scheduled and held based on a key factor such as availability. The selection of social actors was further influenced by their exposure to the Breakthrough ACTION-Nigeria SBC PSCS intervention, their familiarity with the project, and-most importantly-their availability to participate in the study given the nature of their busy roles. As a result, the selection was not distributed evenly across LGAs, states, and MDAs.

## Data collection process: verification of potential outcomes and harvesting of new outcomes

The data collectors' engagement with social actors included three key activities: (1) conducting KIIs to verify potential outcomes harvested and harvesting new ones, (2) collecting MSC stories from a different set of social actors, and (3) administering the RCA questionnaire to key state social actors. The study team believed that social actors who had experienced the change(s) or witnessed the changes in others might be able to provide the team with the information needed to validate the outcomes.

Data collection activities were dependent on the local security situation and the developed COVID-19 risk mitigation plan for Breakthrough RESEARCH-Nigeria studies. Data collection commenced with the pilot of tools, and an average of three weeks was used for data collection activities per state. The duration of data collection activities daily spanned five hours with the team debriefing on the activities at the end of the day. The data collection activities were conducted in safe, conducive environments with consideration for ethical and cultural sensitivity.

### Study instruments

The three tools utilized for data collection were the KII guide, the MSC guide, and the RCA questionnaire. The instruments are described below.

The **KII guide** was designed to gather data on social actors' accounts of activities that helped in verifying identified outcomes by Breakthrough ACTION-Nigeria. This comprised questions that sought to understand the event/activity informant participated in, the importance of the event and its perceived effect. Additionally, the guide helped in harvesting additional outcomes as influenced by the Breakthrough ACTION-Nigeria SBC PSCS project. In this regard, questions were asked to understand how the SBC PSCS intervention has influenced new actions or changes in behaviors, relationships, activities, policies, or practices so far. The KII guide (see Annex 2) also sought to understand if changes were expected or unexpected. The KII sessions lasted between 30 and 60 minutes.

The **MSC guide** was designed based on the MSC approach that entails the collection and participatory interpretation of 'stories' about change. While MSC is a flexible approach, it can guide the systematic and timely flow of information from the ground up, allowing stakeholders at all levels to share their experiences

to influence changes and improvements.<sup>13</sup> The MSC technique was adapted as an added qualitative data collection method to make sense of complex program impacts in dynamic contexts, such as the ones in which Breakthrough ACTION-Nigeria is implementing the SBC PSCS project activities. The MSC guide was designed to ask social actors three broad and simple questions:

1. What would you consider is the MSC that has occurred since the introduction of Breakthrough ACTION-Nigeria's SBC PSCS project in your activities/programs?
2. Why was this significant?
3. What difference has this made now or will make in the future?

Additionally, the MSC guide (Annex 3) was designed to elicit at least two stories from each informant that best depict the most significant change they have experienced because of the SBC PSCS activities.

The **RCA questionnaire** was interviewer-administered with data collectors leveraging Google Forms to transmit data in real-time. The capacity assessment focused primarily on Breakthrough ACTION-Nigeria' SBC PSCS project implementation effectiveness as measured by up to six (6) SBCC organizational capacity assessment domains/components which are 1) focusing and designing a communication strategy for the project, 2) social and user-generated media, 3) creating materials for change and quality assurance, 4) project management, 5) advocacy, and 6) coordination and collaboration. For each of the domains assessed, a set of questions was asked to determine the extent to which Breakthrough ACTION-Nigeria (as the project implementer) or its State-level actors had adequate capacity to carry out the project activities, the findings of which are also indicative of capacity strengthening at the system level. The RCA questionnaire (Annex 4) required on average 20 minutes to administer.

### Step 4: Substantiation/verification of outcomes

The audio recordings of the KIIs and MSC stories were transcribed verbatim. The study team reviewed the transcripts and used the information to revise the potential outcomes documented. The team also used the transcript information for each outcome to review and, where necessary, revise the outcome statements drafted for each of the outcomes. The outcome statements were then reviewed and finalized by the study team for substantiation/verification.

**Information from each transcript was used by the team to answer the following questions:**

- **Outcome description:** “Who did what, when and where that was qualitatively different than before?”
- **Significance/importance of the change:** “Why does this outcome represent progress toward local structures and organizations being able to take the lead in responding to their state or community’s needs?”
- **Breakthrough ACTION-Nigeria’s contribution:** “How and when did Breakthrough ACTION-Nigeria’s SBC capacity strengthening activities contribute to (but not directly control) that change, however intended, unintended or partial that it may have been?”

The next step was to substantiate the outcomes after engaging with social actors to review the potential outcomes and identify additional outcomes. The goal of this step was to improve data validity and gain a better understanding of the change and its other aspects (e.g., significance, and the contribution of Breakthrough ACTION-Nigeria or other change agents). Following a review of the outcome statements, the team agreed to substantiate all the documented outcomes. The following criteria were used to select an outcome for substantiation:

- Outcome where there is observable evidence, such as a policy document or public statement.
- Outcome that represents a key behavioral, institutional or policy change.
- Outcome that has affected follow-up decisions in major ways.

- Outcome that reflects a setback or stall in progress or shift in direction of the approach/project.
- Outcome with no easy access to evidence.
- The most recent outcome in a causal series.
- Outcome that may be questioned, or where there may be differences of opinion on its significance.

Substantiation was accomplished through a two-pronged approach: (1) substantiation through external sources, i.e., engagement of state-level actors who are knowledgeable about the changes that the SBC PSCS approach/project has been able to achieve and how they were achieved, and (2) substantiation of outcomes through internal sources, such as the review of relevant project documents such as reports and press releases. Table 4 shows the outcomes substantiation results.

**Step 5: Analysis and interpretation**

The analysis was conducted by the study team between September and November 2022 after a final review of the substantiated outcomes. The analysis involved a discussion of the finalized set of outcomes within the context of the study objectives and guiding harvest questions. The analysis also included an examination of the outcomes along multiple dimensions comprising: (1) classification of outcomes according to the three levels of the SBCC Capacity Ecosystem™, i.e., individual, organizational, and system levels, and (2) classification of outcomes according to the SBC PSCS OAs and the Breakthrough ACTION-Nigeria SBC PSCS SOs.

For the context of this study, we define the different levels of outcomes as follows:

1. **Individual:** Describes a change in the capacity of individuals within organizations. These outcomes specifically emanate because of the enhancement of the SBC skills of individuals through a variety of

**TABLE 4 BREAKTHROUGH ACTION-NIGERIA SBC PSCS APPROACH/PROJECT OUTCOMES SUBSTANTIATION RESULTS**

DEGREE OF SUBSTANTIATION	NUMBER OF OUTCOMES
<b>Fully substantiated</b> —Internal/external sources provide substantial evidence to fully agree with the outcome description, significance, and contribution of Breakthrough ACTION-Nigeria	45
<b>Partially substantiated</b> —Internal/external sources provide the minimal evidence to fully agree with the outcome description, significance, or contribution of Breakthrough ACTION-Nigeria	0
<b>Not substantiated</b> —No internal/external sources to agree with the outcome description, significance, or contribution of Breakthrough ACTION-Nigeria	0
<b>Total</b>	<b>45</b>

**Individual-level outcome:** describes a change in SBC-related capacity of individual(s) within organizations.

**Organization-level outcome:** describes a change in the SBC related programmatic, institutional or financial domains within organizations, governments and institutions.

**System-level outcome:** describes a change in structures that connect and support SBC professionals across multiple organizations.

training, on-the-job mentoring, provision of self-directed learning resources, and experiential learning approaches on all facets of the SBC program. The outcomes which also demonstrate increased capacity at the individual level largely included those focused on design and planning, facilitation of SBC activities, development of health messages, community mobilization, and monitoring of SBC activities.

- 2. Organization:** Describes a change in the SBC-related programmatic, institutional, or financial domains within organizations, governments, and institutions. They are gleaned from Breakthrough ACTION-Nigeria efforts to strengthen the connections and coordination among organizations and individuals as well as developing processes and systems to facilitate outcome-oriented coordination and improved advocacy for SBC. This involves the development and application of SBC strategies, including the utilization of strategies from national to state levels (and vice versa) and the development of tools and guidelines to facilitate adoption, adaptation, and implementation.
- 3. System:** Describes a change in structures that connect and support SBC professionals across multiple organizations. The outcomes at this level are gleaned from the efforts of Breakthrough ACTION-Nigeria to institutionalize improved coordination and increased capacity for SBC design and programming at the local, state, and national levels. This is particularly directed at the work done regarding the institutionalization of the gains realized through the community capacity strengthening work with WDCs.

**OAs** as utilized in this study are three areas gleaned from the third intermediate result (IR3) expected to contribute to the goal of the Breakthrough ACTION-Nigeria project.

IR3 is focused on strengthened public sector systems for oversight and coordination of SBC at the national and sub-national levels. This result further comprises activities geared toward **strengthening SBC systems**, **improving SBC skills**, and **strengthening SBC advocacy**. This formed the basis of the 3 OAs used in this study.

In addition, the study team grouped outcomes according to the SBC PSCS approach SOs, as well as emergent themes (for example, challenges faced by social actors in implementing the knowledge and skills gained through the training activities). Sample(s) of outcome statements (details the significance of the outcome and contribution of Breakthrough ACTION-Nigeria) and selected MSC stories (see, Annex 5 for the MSC stories selection and analysis procedure) which were also classified/grouped according to the three SBC levels were included for the analysis dimensions, i.e., to support the findings.

The study team analyzed the RCA data by calculating an average score (by adding up the response category scores of domain questions/statements and dividing them by the number of respondents (5 state-level social actors) and then applying a capacity scale rating to determine whether there is an urgent need for improvements or not for each domain.

The capacity scale rating of “1=Needs very urgent attention” and “2=No need for improvements” was applied to questions with a two-response category, that is, questions with a “No” or “Yes” response. The capacity scale rating of “1=Needs very urgent attention; 2=Needs urgent attention; 3=Needs to improve some aspects, but without urgency; and 4=No need for improvements” was also used for questions with four response categories. The RCA results were supplemented by interview responses that provided insight into Breakthrough ACTION-Nigeria’s efficient implementation of the SBC PSCS approach/project activities.

### **Ethical considerations**

The study received ethical approvals from the Population Council Institutional Review Board in New York, the National Health Research Ethics Committee in Nigeria, and the ethical review boards at the state level. To minimize risk for interviewees, personal identifiers were removed from study materials and the study team explained the aims and risks of the study during the informed consent process. Participants were assured of their rights and the confidentiality of their responses.

# Findings

The findings of this study are presented in two sections. The first section or section A provides the demographic description of social actors who participated in the KIIs, MSC stories collection, and RCA. In addition, this section comprises the Breakthrough ACTION-Nigeria SBC activities that the social actors reported participating in and their perceived role in the SBC PSCS approach. The second section or section B is devoted to a presentation of the findings based on main themes that reflect the study objectives, with a notation of the questions that guided the OH. Furthermore, section B depicts findings organized through three approaches: the SBCC Capacity Ecosystem™ levels, the Breakthrough ACTION-Nigeria SBC PSCS OAs, and the Breakthrough ACTION-Nigeria SBC PSCS project SOs. The first approach involved the organization of outcomes into individual, organization, and system levels specifically to address our study objectives 1–3. The second and third approaches of categorizing outcomes by PSCS OAs and SOs aided in meeting our study objective 4 of identifying areas where the outcomes were not achieved.

## Section A: Description of social actors, their participation in Breakthrough ACTION-Nigeria SBC activities, and their role in the SBC PSCS approach

### *Descriptive information of social actors*

The description of the social actors is shown in Table 4. A total of 50 data collection activities were conducted across the study states including six (6) KIIs, three (3) MSCs, and one (1) RCA per state. Across the states, the majority were males (39/50), and more than half were either technical officers (18/50) or directors/deputy directors (11/50). Technical officers comprise participants such as the information officer, health education officer, and the state disease surveillance and notification officer (SDNO). Furthermore, the majority were drawn from either SPHCDA (22/50) or SMOHs (9/50).

**TABLE 5 DESCRIPTION OF PARTICIPANTS FOR KIIS, MSCS, AND RCA**

DESCRIPTION	BAUCHI (N=10)	EBONYI (N=10)	KEBBI (N=10)	NASARAWA (N=10)	SOKOTO (N=10)	TOTAL (N=50)
<b>Sex</b>						
Male	10	3	9	9	8	39
Female	–	7	1	1	2	11
<b>Job designation</b>						
Head of MDA	–	1	1	–	–	2
Director/deputy director	4	1	1	1	4	11
Manager	2	1	3	1	–	7
Coordinator	–	2	1	2	2	7
Technical officer	3	3	3	6	3	18
Media personnel	1	2	–	1	1	5
<b>MDAs</b>						
SMOH	–	3	3	3	–	9
SPHCDA	6	4	6	–	6	22
State broadcasting corporation	1	2	1	1	–	5
LGA	1	1	–	6	1	9
Others*	2	–	–	–	3	5

\*Others include MDAs such as the State Ministry of Information and State Malaria Elimination Agency



## Breakthrough ACTION-Nigeria SBC activities in which social actors participated

Social actors provided information on Breakthrough ACTION-Nigeria SBC PSCS activities they participated in. The two key activities they participated in were training sessions and meetings. They also participated in advocacy campaigns, media discussions of health issues, and special day celebrations as detailed below:

### Training

Training of social actors was the primary capacity-strengthening activity conducted during the 5-year project cycle under consideration for this evaluation. According to social actors, training sessions covered a myriad of topics ranging from advocacy to the development of Community Action Plans and guidelines, and COVID-19 vaccination. In describing the training on advocacy, a social actor identified an increased capacity to mobilize needed resources. Furthermore, these pieces of training are well-tailored to suit the needs of social actors. The composition of social actors that participated in the training sessions includes those occupying high-level roles in MDAs who can in turn provide needed support for similar training activities at the LGA or community level either by cascading what they have learnt or help to galvanize participation of other stakeholders. The social actors believed that the training sessions had improved their knowledge and revealed to them the importance of prevention.

**“...they train us on how we can do more advocacy, to different people so as to increase our capacity in the area of sourcing for support, and then carrying out logistics of commodities the way it should. The training sessions were done bit by bit in a manner that suits us and in a manner that we understood everything about the training.**

—Coordinator, Male, Sokoto

Social actors have found the training received from Breakthrough ACTION-Nigeria to be important with training related-knowledge being instrumental in the design of media health programs.

**“So, I think they are... they are doing well. For me, capacity building is the highest that I have gotten from...**

**from Breakthrough Action, in the course of this job, like, I've gotten more than enough. Every Thursday... it's mainly because of Breakthrough ACTION that I created a program =Health Living= on the radio, it runs every four... every 3 to 4. Do you get it? And because of them, we have decided to create more spaces or go into even more places than what they... they have, or their major thematic areas. So, it's a big one.**

—Media Personnel, Male, Ebonyi

Social actors also reported that training activities on SBC were well-organized and comprised information on health issues as well as community entry which was vital to the success of post-training activities.

**“I attended a training on SBC, that is social behavioral change, which took place some years back, I was actively a participant in that program. Well, the social behavioral change training was a well-organized program with a very good venue. We had a lot of good facilitators that gave us a lot of facilitations, also, we are well fed. In the training, we were given a lot of information regarding tuberculosis, malaria, HIV, which all have common signs and symptoms. They also told us the best way to get to the community is to go through, community stakeholders, that if we go through them things will work well, which we did and we succeeded in several aspects, we succeeded in changing their mindset.**

—Technical Officer, Male, Nasarawa

Training sessions have also focused on strengthening WDCs' capacity to implement SBC interventions, as well as the development of a community action plan and WDC guidelines. In addition, participants revealed their participation in sessions focused on SBC and LLIN distribution.

**“ I have participated in a lot of programs, seminars and workshops organized by Breakthrough ACTION-Nigeria. These include Social Behavioral Change Capacity building for WDCs, where they train them on how to develop Community Action Plans and how to implement targeted advocacy at the community level. I was part of a training session for the development of WDCs guidelines which took place in Jos, and I also attended several of such programs.**

—Director, Male, Bauchi

**“ I attended a training on SBC, which is social behavioral change, which took place some years back. I was an active participant in that program. I also took part in LLIN distribution training, which took place last year. I also took part in one of the training sessions at the local government level, training the CDD on how to go to the community and create awareness on malaria and other issues.**

—Technical Officer, Male, Nasarawa

As described by a male manager in Bauchi, *“Breakthrough ACTION-Nigeria is one organization that is leading the social mobilization committee engagement activity so far for COVID-19 vaccination.”* According to him, training sessions have been held in various LGAs across the state to ensure the establishment of this committee. *“We have done a series of meetings and training, particularly to ensure the establishment of the clique in the state and at the various LGAs,”* he said.

A female manager in Ebonyi stated that state-level training sessions are often *“stepped down to the communities where the community volunteers were selected and trained.”* This was echoed by a male technical officer in Nasarawa, who stated that he was part of a *“step-down training at the local government level, as well as the ward and community level, based, basically, on Breakthrough ACTION-Nigeria projects and activities.”*

Challenges hinder the implementation of training-related lessons. The goal of any training activity, particularly those pertaining to capacity building/strengthening, is for participants to return to their institutions/communities and pass on the knowledge gained or implement the skills learned. The implementation of training lessons acquired by social actors to affect the necessary SBC activities was not without challenges. The challenges identified by social actors in implementing training knowledge and skills include illiteracy of community members, the resistance of some community members to behavior change, financial and mobility issues, a lack of data collection tools and conflicting work plans, i.e., social actors disclosed that their plans sometimes differ from those of Breakthrough ACTION-Nigeria. For example, a male deputy director in Kebbi stated that communities frequently focus on the tangible benefits of SBC activities rather than the message being conveyed. He attributed this to illiteracy.

**“ The first is that there is a bit of illiteracy in our society. Sometimes you go to the village to have a dialogue and instead of them understanding and listening to you, they may be asking what you have brought to them, forgetting the importance of enlightenment or awareness. At least we now go by appropriation taking it easy and smiling with them so that we get their consent.**

—Deputy Director, Male, Kebbi

Another social actor identified resistance to change as a challenge. He stated that it is difficult to persuade people to depart from what they perceive to be the norm.

**“ People resist change and if somebody resists something, you can hardly bring SBC for that person to accept. People also sometimes dodge because they do not want anything to happen because they are getting their daily means through dubious activities and with SBC dubious activities are not accommodated. So, when you have that person, they do not want us, so these are some of the challenges. People deciding not to accept because of personal**

**reasons. Sometimes it is challenging for somebody who, over the years, has been doing something, and then you realize he's not doing it well and you want to drop him.**

—Director, Male, Sokoto

Social actors also identified financial and mobility challenges that affect the implementation of training knowledge and skills post-training activities. Mobility issues, according to a technical officer in Nasarawa state, have limited efforts to reach out to communities for sensitization. He stated that,

**“Sometimes when we identify a place to go and sensitize or conduct a dialogue, the biggest challenge is mobility...such as a motorbike. For us to reach a community, it is a problem. We end up struggling, before reaching that place, you know it is a serious problem. If possible, I will want to appeal to the Breakthrough ACTION-Nigeria to please come to our aid in that regard.**

This was echoed by a female technical officer in Ebonyi state. She revealed that reaching out to communities was difficult. Due to mobility challenges, significant funds are required to travel across LGAs. She explained that in an *“LGA for instance, there are some places that 1,500 NGN will not take you to here in Ebonyi...and it cuts across all the LGAs. So, the person needs mobility to go to that place, if you want them to be part of what they are doing.”*

Data-related constraints in implementing post-training activities were also identified. Social actors affirmed that this stems from poorly collated data, especially as the persons responsible are in a hurry to meet their target. In addition, social actors reported a lack of equipment to aid data capture.

**“You see a lot of data that are being collated are wrong because the people collecting the data are in a hurry to meet up with the number of people who they are meant to collect these data from them, therefore, they just cook up**

**data that is wrong. People who go on the field understand. Sometimes there is a fear of receiving two conflicting data at the end of the day, so whenever you go to the ministry, there is a threat that comes with it.**

—Media Personnel, Male, Bauchi

**“So also, sometimes we gathered reports from the dialogue we had or the sensitization we had from the community, how to input the information, there is no laptop, there is no system to input, and sometimes we end up going to the cafe to go and do the typing. So, it is stressful for us, we also want to appeal to Breakthrough ACTION to support us in that aspect.**

—Media Personnel, Male, Bauchi

The situation in which the scheduling of social actors' SBC activities detailed in their work plans did not match that of Breakthrough ACTION-Nigeria (conflicting work plans) was also mentioned by the social actors as a challenge to implement the knowledge and skills post-training. The “conflicting work plans,” as the social actors put it, could imply that there is little synergy between the SMOH/SPHCDA priorities and those of Breakthrough ACTION-Nigeria. A female technical officer in Ebonyi, who shared her thoughts on the matter, stated *“Our work plan in the state sometimes does not work together with the work plan of the Breakthrough ACTION. Sometimes you say let us do this, this way... they'll begin to look at their work plan.”*

She went on to say that this challenge is the result of development partners taking ownership of program implementation in the state: *“I do not blame them, because we are the ones supposed to do and they join us. But because of lots of things going on in the state, nobody cares... partners are the ones doing it, and sometimes, we find it difficult to get fully integrated into their own.”*

## Meetings

Meetings were also an essential activity in which social actors participated. Participation in compound meetings, review meetings, and town hall meetings are examples of such engagements. Compound meetings enable

social actors to support the engagement with mothers, caregivers of children under five, and other community members to share messages on priority MNCH behaviors. Also, review meetings are quarterly and provide a platform for social actors to participate in the review of data and information gathered by Breakthrough ACTION-Nigeria. Furthermore, town hall meetings serve as significant gatherings that involve community members and leaders aimed at promoting awareness of essential health behaviors. A female deputy director in Sokoto state revealed her occasional participation in “meetings with Breakthrough ACTION-Nigeria.” She further stated that she was invited by Breakthrough ACTION-Nigeria to participate in compound meetings aimed at sharing SBC messages at the LGA level owing to the training received at the state level. She said,

**“Even at the local government level, when they have their compound meetings, they sometimes tell us because we were trained at the state level and then we cascade the training to those at the local government level. So, whenever they want to conduct an activity, they invite some of us, and we go to lend our support.”**

Another social actor shared his experience thus.

**“There are so many activities that they have conducted here in Sokoto. Let us say that there are town hall meetings that I have participated in... so many town hall meetings. I have been engaging with Breakthrough ACTION-Nigeria and attending meetings with the government officials.**

—Media personnel, Male, Sokoto

Another social actor revealed her participation in review meetings as well as meetings with community members at the LGA level organized by Breakthrough ACTION-Nigeria. She said,

**“Every three months, we hold review meetings; one of them was held last week, and I attended. Additionally, meetings with community members are**

**organized by Breakthrough ACTION-Nigeria at the LGA level. Community health workers are among these members; we typically sit down with them to review data and the information they have gathered.**

—Coordinator, Female, Sokoto

### **Media discussion of health topics**

The social actors reported that part of Breakthrough ACTION-Nigeria’s capacity-strengthening approach included those who are in the media. Breakthrough ACTION-Nigeria would send them information on Breakthrough ACTION-Nigeria’s SBC thematic areas, as well as a 13-topic episode for a radio broadcast on malaria and tuberculosis. A male technical officer in Nasarawa opined that the participation of media personnel in this activity “has increased the ability of the media partners to populate, cost share and create SBC, LLIN media content.”

### **Supporting relevant special health days commemorations**

Special days such as the “Roll Back Malaria (RBM) intervention days” provided an opportunity for Breakthrough ACTION-Nigeria support. This activity has ensured increased knowledge of health issues, as explained by a male Director in Bauchi.

**“Breakthrough ACTION-Nigeria also supports us during special days like the ‘roll back malaria intervention days,’ where they create awareness in the community, through outreaches telling the people the importance of going to the facility to get tested whenever they have been exposed to mosquitoes. They make them understand the significance of getting tested before receiving treatment, as any health issues that were not identified by a blood test are more likely to receive the incorrect medical prescription.**

—Director, Male, Bauchi

## **Role of social actors in the Breakthrough ACTION-Nigeria SBC PSCS approach**

As part of the Breakthrough ACTION-Nigeria PSCS capacity-building process, social actors participated in various SBC PSCS project-related roles such as advocacy, health education and sensitization, coordination of program activities, and oversight of activities. A female deputy director in Sokoto revealed that as part of the ACG's activities, she was part of a team that visited the wife of the state Governor where the team made a presentation on childbirth spacing. She said,

**“ I am one of the Breakthrough ACTION-Nigeria SBC ACG members, ours is to advocate to our top stakeholders. We have been able to meet with Her Excellency, the wife of the Executive Governor of Sokoto state. I was one of those that went to visit her, and I made a presentation on childbirth spacing.**

This was a sentiment echoed by a female coordinator in Ebonyi state who also indicated that the advocacy group has allowed for the capacity strengthening of health workers.

**“ We have this advocacy core group... we have capacity straightening training for health workers. We even carry out some step-down activities in the communities.**

—Coordinator, Female, Ebonyi

### **Health education and sensitization**

Some of the social actors also mentioned that they performed health education and sensitization roles as part of Breakthrough ACTION-Nigeria activities. These roles are tied to their job functions making them the focal people to implement the pertinent activities. For example, a female technical officer from Sokoto explained the role she plays in working with Breakthrough ACTION-Nigeria to reach out to intervention communities.

**“ I work with Breakthrough ACTION-Nigeria to ensure that we reach out to all the communities where they are conducting their intervention. We ensure**

**that we work very closely with the WDCs and the VDCs towards adequate sensitization at the grassroots because some of the major issues we encounter are the acceptance of childbirth spacing and its commodities. Breakthrough ACTION-Nigeria has mandated itself to ensure that social norms that are hindering acceptance are addressed.**

—Coordinator, Female, Sokoto

Similarly, a male social actor from Sokoto state also explained the health education role. He said,

**“ I am a health educator particularly targeting pregnant women. For example, with malaria and pregnancy, I am the person who educates them on how and when to take their medications and I also inform them about the dangers of not taking malaria medication while pregnant. I tell them what month to start taking SP malaria medications. I also talk to them about fever case management and the use of MRDT. I personally facilitate the training sessions.**

### **Program activities coordination**

In working with the public sector, the coordination of program activities was also a pivotal role that social actors played on the SBC PSCS project. As described by a female social actor in Nasarawa, by being a program manager for malaria in one of the state MDAs, her responsibilities involved coordinating malaria-related activities in the state by working with various partners including Breakthrough ACTION-Nigeria.

**“ As I mentioned earlier, I am the Program Manager for malaria, and one of my main responsibilities is to coordinate malaria-related activities in the state by working with various partners. I need to ensure that everything that is outlined in the annual operational plan is implemented when due and to avoid the clash of activities. So of course, as Breakthrough ACTION-Nigeria is one**

of our partners, we work together hand in hand to ensure we implement the activities that have been designed.

—Manager, Female, Nasarawa

### Oversight of implementation activities

Social actors also provided oversight for Breakthrough ACTION-Nigeria implementation activities. As explained by a male social actor from Sokoto, they are “*major stakeholders*” and they “*take the lead in every activity or engagement Breakthrough ACTION-Nigeria is conducting.*” He also said, “*We plan with them.... We take a lead in implementation, and we come together to evaluate and see where there are gaps including what needs to be done. Most of the work we are doing is data driven.*”

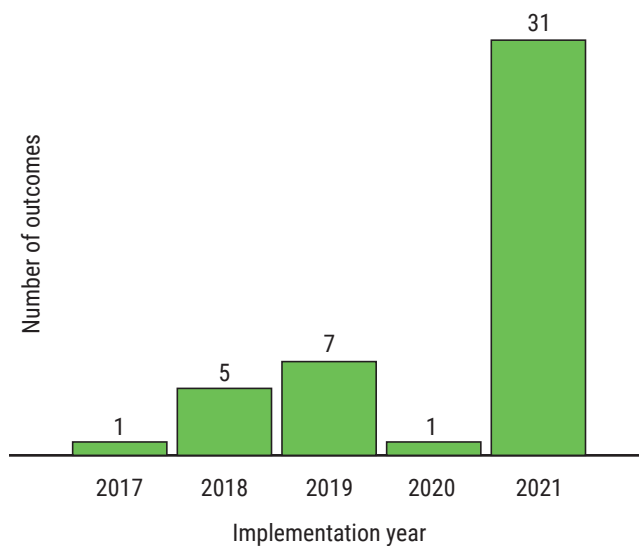
## Section B: Findings by study objectives

### Objective 1: Achievements, including PPCs of project beneficiaries at the individual, organizational, and system levels.

A total of 45 outcomes were harvested and verified. While the least number of outcomes (1) was harvested in Project Year 1 (2017) and Project Year 4 (2020), the highest number of outcomes (30) occurred in Project Year 5 (2021) (Figure 5). The SBC PSCS approach/project activities required upfront investments of time and resources to establish and implement which could explain why Year 1 recorded the fewest number of outcomes harvested.

Year 2 (2018) outcomes reflected early results of fruitful discussions (via consultative meetings) and collective actions related to capacity-strengthening activities, such as the development of health topics in line with Breakthrough ACTION-Nigeria priority areas, LLIN demand creation, implementation and monitoring of community SBC activities, and monitoring of community structure activities. While the number of outcomes harvested from Year 1 to Year 3 increases over the three years, the number of outcomes harvested decreases from seven (7) in Year 3 (2019) to three (1) in Year 4 (2020). The sharp decrease in the number of Year 4 outcomes harvested could be attributed to the onset of the COVID-19 pandemic, which slowed the implementation of Year 4 project activities. The pandemic not only slowed activity implementation but also resulted in

FIGURE 5 NUMBER OF OUTCOMES INFLUENCED BY BREAKTHROUGH ACTION-NIGERIA, BY YEAR



Breakthrough ACTION-Nigeria collaboration with national and state health departments to sensitize and increase demand for COVID-19 vaccines.

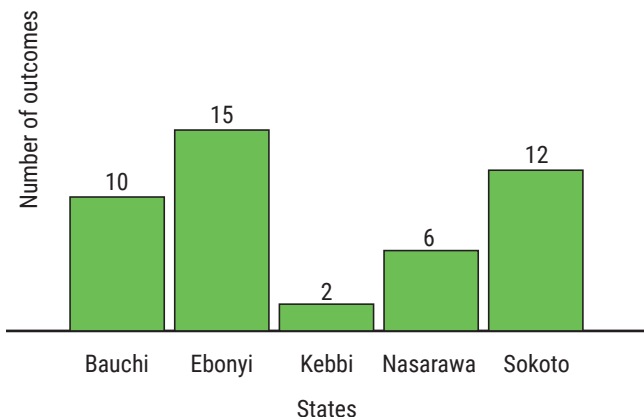
Although Breakthrough ACTION-Nigeria significantly contributed to the COVID-19 national response through sensitization and immunization, it resulted in more COVID-19 activities and fewer Breakthrough ACTION-Nigeria SBC PSCS capacity-strengthening activities. Year 4 outcomes were primarily related to fever case management (per the national guidelines on malaria diagnosis and treatment) and the development of health topics in accordance with Breakthrough ACTION-Nigeria priority behaviors. Continued facilitation, coordination, and monitoring of SBC activities, adoption, and domestication of WDC operational guidelines, and dialogue sessions on respectful maternity care served as the foundation for an additional 31 outcomes in 2021, the fifth and final year of project implementation and the current evaluation.

Year 5 results largely reflected the peak of the project in terms of outcomes. The most notable outcomes from Year 5 were the result of sustained engagement and deep collaboration with the SPHCDA, SMOH, LGA, media, and other social actors, and highlighted MDAs', WDCs' and LGAs' sense of new ownership and strategic investments in coordination and monitoring of SBC activities, as well as ensuring professionalism and respectful health care. Given that SBC program/project activities take a long time to materialize or yield desired change/outcomes (intended or unintended), the high number of outcomes

obtained for Year 5 indicates that SBC project implementers can expect to see significant progress in achieving desired behavior outcomes/changes after four years of activity implementation.

The distribution of the 45 outcomes across the five states showed that more outcomes were harvested from Ebonyi state (15) followed by Sokoto state (12) and Bauchi state (10). The lowest number of identified outcomes was recorded in Kebbi state (2) as shown in Figure 6.

**FIGURE 6 NUMBER OF OUTCOMES INFLUENCED BY BREAKTHROUGH ACTION-NIGERIA, BY STUDY STATES**



This was the same pattern when outcomes were compared by states across project years as shown in Figure 7. Out of 45 outcomes identified, seven were policy-related, while the remaining were practice-related. The practice outcomes reflected institutionalized or systematic behavior changes that occurred repeatedly at the individual, organizational, or system level during the five years of project implementation covered by the study. The policy outcomes also reflected changes to SBC planning procedures or policies intended to promote social actors' adherence to approved/standard guidelines of practice. The seven identified policy-related outcomes occurred in the fifth project year (2021), which was the only year in which policy-related outcomes were recorded, as depicted in Figure 7.

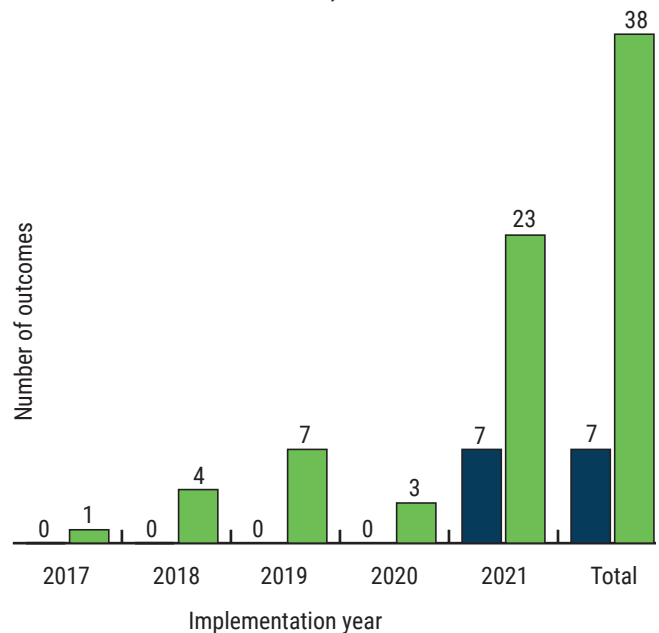
Breakthrough ACTION-Nigeria's activities addressed capacity strengthening strategically and comprehensively. While outcomes spanned the three ecosystem levels, the number of outcomes varied per level, indicating differences in the activities implemented at the three levels. Breakthrough ACTION-Nigeria's contributions were more pronounced at the individual

**The study team operationally defined change in practice or policy according to the criteria below:**

**Practice:** The outcome reflects institutionalized or systematic behavior change in an individual, organization or system that occurred repeatedly over the course of the project implementation period considered for the evaluation, i.e., from 2017-2021.

**Policy:** The outcome describes a change in SBC planning procedures or policy.

**FIGURE 7 NUMBER OF OUTCOMES INFLUENCED BY BREAKTHROUGH ACTION-NIGERIA, BY YEAR AND TYPE (POLICY VS PRACTICE)**



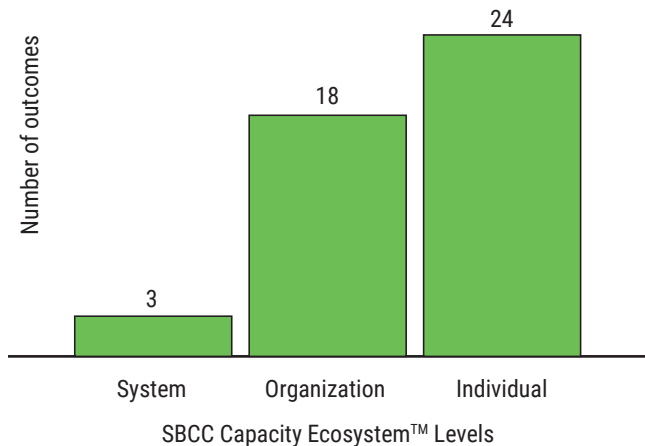
level (24 outcomes) followed by the organization level (18 outcomes) and system (3 outcomes) levels (Figure 8).

Overall, the multi-level SBC approach adopted by Breakthrough ACTION-Nigeria played a significant role in fostering change among social actors at the individual, organization, and state levels, as well as across all OAs (strengthening SBC systems, improving SBC skills, and strengthening SBC advocacy).

**Individual level outcomes**

In this study, individual-level outcomes refer to changes that are a result of enhanced SBC skills through various

**FIGURE 8 NUMBER OF OUTCOMES INFLUENCED BY BREAKTHROUGH ACTION-NIGERIA PER THE SBCC CAPACITY ECOSYSTEM™**



methods such as training, on-the-job mentoring, self-directed learning resources, and experiential learning approaches focused on all aspects of the SBC program. The outcomes which also demonstrate increased capacity at the individual level largely included those focused on planning, facilitating SBC activities, developing health messages, community mobilization, and monitoring SBC activities.

**Individual-level outcomes related to planning and facilitation** were evidenced by the design, implementation, and coordination of SBC programs in Ebonyi by SPHCDA/LGA CMTs who were trained on Community Action Circle (CAC) and Community Health Action Resource Plan (CHARP) development in 2021. Similarly, beginning in 2021, trained SPHCDA/LGA malaria focal persons in Sokoto state began to facilitate knowledge on fever case care through officer in charge (OIC) cluster meetings.

**On the development of health messages and content**, starting from 2019 in Bauchi state, the SPHCDA staff trained on integrated social and behavior change (ISBC) demonstrated their ability to design and develop SBC messages, as well as monitor the implementation of community-based SBC activities related to health. Furthermore, in Ebonyi state, the training of SPHCDA staff on CAC and CHARP development led to the creation of topics related to the 17 priority areas (as outlined in Annex 6), with a focus on ensuring high-quality content for broadcasting in 2021. This achievement is noteworthy as the SPHCDA staff had limited experience in media content development before the Breakthrough ACTION-Nigeria training.

The outcomes identified in relation to **improved community mobilization skills** saw SPHCDA, and the staff of other state agencies begin to implement new community mobilization and engagement techniques (acquired through training organized by Breakthrough ACTION-Nigeria) to create change in behavior such as increased demand for MNCH services. **With regards to monitoring**, a director at the SMOH in Nasarawa State commenced monitoring SBC activities after undergoing a two-week leadership training in strategic communication, sponsored by Breakthrough ACTION-Nigeria in 2018. **As an illustration of a demand creation outcome**, in 2018, trained Bauchi state and LGA teams implemented an LLIN demand creation campaign to encourage the appropriate usage of LLINs. Prior to Breakthrough ACTION-Nigeria’s capacity building, there was inadequate knowledge and demand for LLINs. The change demonstrates an increased capacity for State and LGA teams in creating LLIN demand. Other individual outcomes are highlighted in Table 6.

Evidence of the aforementioned outcomes was also featured in one of the MSC stories selected, where a radio presenter on Albishirin Ku! (Breakthrough ACTION-Nigeria’s SBC program) in Kebbi shared a story that reflected the influence media personnel wield as agents of social change. In addition, the reception of the program was evidenced by the recognition and importance accorded to the presenter, with the expectation that the program’s listeners would receive vital information about childbirth spacing services that may induce them to change their behaviors.

A director in Sokoto was also of the opinion that the development of SBC messages by his colleagues in his agency has improved. He stated that what *“has changed is the way people—even at the agency level—develop messages.... How we hear messages and try to identify who is responsible for that.”*

In Ebonyi State, a technical officer affirmed that CVs could support community members owing to the training provided.

**“ Though I may not mention them now, we trained them on those 17 priority areas and, the CVs can now go into the community and help the community members. They can identify pregnant mothers and refer them to**



**TABLE 6 DESCRIPTION OF BREAKTHROUGH ACTION-NIGERIA SBC PSCS PROJECT INDIVIDUAL-LEVEL OUTCOMES BY OAS CONTRIBUTION AND STATES**

S/N	OUTCOME DESCRIPTIONS	STATE
<b>A Facilitation</b>		
1.	From 2021, SPHCDA/LGA-CMT trained on CAC and CHARP development began to design, implement, and coordinate SBC programs.	Ebonyi
2.	In 2021, trained LGA MCH focal persons began to conduct client-provider dialogue sessions on respectful maternity care.	Bauchi
3.	In June 2021, trained LGA MNCH focal persons conducted client-provider dialogue sessions on respectful maternity care.	Ebonyi
4.	In March 2021, OICs began to facilitate OICs cluster meetings on fever case management.	Ebonyi
5.	From June 2021, state actors (LGA MNCH focal persons, state RH coordinator and project manager (SEMCHIC and ES-SPHCDA)) who received on-the-job training on respectful maternity care were able to facilitate cluster meetings and client provider dialogue sessions to ensure the sustainability of respectful maternity care practices.	Ebonyi
6.	From 2021, SMOH/ESPHCDA staff who attended the leadership in strategic communication workshop training sponsored by Breakthrough ACTION-Nigeria started to facilitate OIC cluster meetings.	Ebonyi
7.	In August 2021, SPHCDA staff trained on ISBC by Breakthrough ACTION-Nigeria began to facilitate SBC programs on radio stations.	Ebonyi
8.	From 2021, trained SPHCDA/LGA malaria focal persons began to facilitate knowledge on fever case management during OIC cluster meetings.	Sokoto
9.	From 2021, LGA MNCH focal persons equipped with new skills in respectful maternity care began to facilitate respectful maternity care OIC cluster meetings.	Ebonyi
10.	From June 2021, trained OICs of selected PHCs, LGA admin secretaries, malaria focal persons, and LGA MNCH focal persons began to foster positive provider behavior around respectful maternity care.	Ebonyi
<b>B Development of health messages and content</b>		
11.	In September 2017, ACSM members introduced to the SBC concept began to design, develop SBC messaging, and monitor outcomes.	Kebbi
12.	In 2018, trained media personnel and SPHCDA staff began to develop health topics in line with Breakthrough ACTION-Nigeria priority behavior and improve the content of health messages broadcasted.	Bauchi
13.	From February 2021, SMOH and media producers who participated in Breakthrough ACTION-Nigeria organized thematic and technical workshop and began to design and develop their own SBC messaging and monitor outcomes.	Ebonyi
14.	From 2019, trained SPHCDA staff on ISBC began to design and develop SBC messages and monitor the implementation of community SBC activities.	Bauchi
15.	In July 2019, SPHCDA staff trained in CAC and CHARP development began developing topics around the 17 priority areas and ensuring quality material was disseminated in Bauchi state.	Bauchi
16.	In 2020, media personnel and SPHCDA staff began to develop health topics in line with Breakthrough ACTION-Nigeria priority behavior.	Bauchi
17.	From 2021, SPHCDA staff, public media station staff and Ministry of Arts and Culture staff began to improve strategic communication, behavior change, and health messaging.	Ebonyi
18.	From 2021, the SPHCDA and media personnel began to develop health topics in line with Breakthrough ACTION-Nigeria priority behavior.	Ebonyi
19.	In March 2021, SSPHCDA state program officers and health producers began to develop content/topics on 17 priority areas to be aired for 6 months.	Sokoto
<b>C Community mobilization</b>		
20.	In July 2021, SSPHCDA staff and Ministry of Culture staff began to implement new community mobilization ad engagement techniques.	Sokoto
21.	In June 2019, SSPHCDA staff began implementing new knowledge and techniques of community mobilization.	Sokoto
<b>D Monitoring</b>		
22.	In September 2019, SPHCDA staff trained on new community SBC techniques began to design, implement, monitor, and SBC programs and activities.	Nasarawa
23.	In 2018, the Director of Public Health following the two weeks of leadership training in strategic communication began to monitor community structure activities.	Nasarawa
<b>E Demand creation</b>		
24.	In 2018, state and LGA teams trained on LLIN campaign demand creation began LLIN campaign demand creation.	Bauchi

## ALBISHIRIN KU! PRESENTERS MOTIVATE CHILDBIRTH SPACING

“There was this sticker of Albishirin Ku! on my car, in the front and in the back. When I came back from buying something in a shop, I saw a Fulani man standing near my car. So, as I opened my car, he ran after me saying 'Malam you are the one person I'm waiting for... Somebody told me that you are the person whose voice I often hear over the radio, campaigning about childbirth spacing, please where can I get it?' I told him you can go to any hospital. He asked, 'When and where?' I diverted my direction and asked him to come along with me and took him to that general hospital and showed him the place. 'You see this place, you know it? Okay. Anytime on a working day, just come here and ask, they will lead you to where you can get it, and if it requires that you have to come to Birnin Kebbi, this is my number.' I gave him my number and eventually, after a week he called me thanking me for the direction I gave him.

—Deputy Director, Male, Kebbi

**health facilities. They can also treat some mild cases like that.**

—Technical Officer, Female, Ebonyi

### Organization level outcomes

Organization-level outcomes as defined in this study are those that are gleaned from Breakthrough ACTION-Nigeria efforts to strengthen the connections and coordination among organizations and individuals as well as developing processes and systems to facilitate outcome-oriented coordination and improved advocacy for SBC. This involves the development and application of SBC strategies, including utilization of strategies from national to state levels (and vice versa) and the development of tools and guidelines to facilitate adoption, adaptation, and implementation. The 18 outcomes at this level were focused on coordination efforts of government agencies following Breakthrough ACTION-Nigeria training, cascading of knowledge to lower levels, implementation of activities in accordance with existing guidelines, and other outcomes associated with activities implemented at the organization level where Breakthrough ACTION-Nigeria provided other forms assistance besides capacity building such as financial. The highest number of organizational-level outcomes were identified in Ebonyi and Sokoto states.

**The following are some of the outcomes related to coordination.** Between February and June 2021, SMOH/ESPHCDA program unit heads and the LGA support team trained on ISBC skills by Breakthrough ACTION-Nigeria

began to coordinate SBC-ACG activities at the state and LGA levels in Ebonyi State. The capacity building facilitated by Breakthrough ACTION-Nigeria not only equipped the team with skills to engage traditional and religious leaders' forums but also empowered them to address social and gender norms. Similarly, beginning in November 2021, trained SMOH/SPHCDA, state- and LGA-level SBC-ACG teams began to coordinate and monitor SBC-ACG activities in Bauchi state, increasing demand for LLIN.

**On outcomes related to step-down training/cascading of knowledge**, an example from August 2019: SSPHCDA staff trained on ISBC technical know-how stepped down the training to strengthen sustainability in Sokoto state. Furthermore, since 2021, SPHCDA and media partners through the support of Breakthrough ACTION-Nigeria have collaborated on cascade training and improving the knowledge of healthcare workers and the public on fever case management in Sokoto state. This was significant as it improved service providers' knowledge of fever case management, which was lacking prior to the Breakthrough ACTION-Nigeria training.

From January to October 2021 in Ebonyi state, LGA malaria focal persons trained in facilitation skills for fever case management conducted client-provider dialogue sessions on respectful maternity care and facilitating skills for fever case management based on national guidelines as part of outcomes geared toward **implementation of activities in accordance with existing guidelines**. In addition, beginning in 2021, RBM staff and

healthcare facility heads in Sokoto state who received training to improve their knowledge and facilitation skills on fever case management in accordance with national guidelines began to adhere to the guidelines, as well as demonstrate respectful maternity care.

**On outcomes that did not emanate from individual training but were still influenced by Breakthrough ACTION-Nigeria,** In April 2021, SPHCDA staff and 26 media houses (print/audiovisual) began to provide leadership and facilitate the design and implementation of strategic communication in Sokoto state. These outcomes and others are outlined in Table 7 (page 28).

The utilization of SBC-related activities that social actors had been trained on by Breakthrough ACTION-Nigeria was one of the MSC stories provided that were pertinent to organizational-level outcomes. The story below demonstrates how monitoring health facilities aided in identifying performance gaps and subsequent opportunities for SBC. The success of health facility monitoring

and its relevance to SBC has resulted in the prospect of an organization-wide obligation to track health facility performance, specifically to understand how to respond to identified gaps.

Social actors also alluded to an improvement in health workers' attitudes toward clients, an improvement in developing and disseminating health messages, as well as training and facilitation. For example, in Sokoto, a social actor attested that there have been improvements in the way service providers manage clients. According to him, this has shown in the way *"they communicate with the clients...so that internal understanding of who I am and what I am supposed to do is what we have observed but it's now getting towards changing the behavior of the service providers."*

### **System level outcomes**

System-level outcomes as defined in this study are those that are gleaned from the efforts of Breakthrough ACTION-Nigeria to institutionalize improved coordination

## **HEALTH FACILITY PERFORMANCE TRACKING TO IDENTIFY OPPORTUNITIES FOR SBC**

**“ Before there was a health facility in my catchment area in the Yabo Local Government Area. When rating, one ward in the LGA was red, an implication that the performance was very low. In the investigation, we realized that the ward had two health facilities.... To identify where the problem was, we went to each health facility and assessed it from beginning to the end. After conducting the assessments, we realized that the first one had no problem; the problem of the ward was with the second. We went to the second health facility and realized that clients were coming but there was no record nor report...We dug into the reasons why this facility was not performing, and we realized it was a communication problem. This service provider that was supposed to give the report was not happy with the local government leadership... [and] it influenced his unhappiness with the system. So now, how do we assuage this problem? We tried to link the person with the person that they have a problem with, to let them know that there was something wrong between them and it was affecting the system [facility performance rating]—the performance of the health facility and the local government has been identified as a problematic one.... He [service provider] said something that is in his heart, and he had no opportunity of telling him—the superior, who did not even realize that he had wronged (offended) him, so he was acting against him and the facility. Behavioral change is important, and you can only change when you know about something. This is what we have to keep going deep and check, check again and verify—this gives you the reason why some attitudes and behaviors are happening, what can be expected and how to respond.**

**—Director, Male, Sokoto**

**TABLE 7 DESCRIPTION OF BREAKTHROUGH ACTION-NIGERIA SBC PSCS PROJECT ORGANIZATIONAL-LEVEL OUTCOMES BY STATES**

S/N	OUTCOME DESCRIPTIONS	STATE
<b>A Coordination</b>		
1.	In 2018, SPHCDA/CMTs trained by Breakthrough ACTION-Nigeria on community engagement began to coordinate, engage with communities, and monitor SBC-ACG activities.	Kebbi
2.	Between February and June 2021, SMOH/ESPHCDA program unit heads and the LGA support team who received on ISBC, including social and gender norms, and coordination began to coordinate SBC-ACG activities at state and LGA levels.	Ebonyi
3.	From November 2021, SMOH/SPHCDA, state and LGA level SBC-ACG teams trained on SBC began to coordinate and monitor SBC-ACG activities	Bauchi
4.	From 2021, trained SSPHCDA staff and media producers began to coordinate SBC activities.	Sokoto
5.	In 2021, trained SMEP ACSM officer began to coordinate SBC activities.	Bauchi
<b>B Cascade of knowledge</b>		
6.	In August 2019, SSPHCDA staff trained on ISBC cascaded the knowledge to strengthen sustainability.	Sokoto
7.	From 2021, SSPHCDA staff trained by Breakthrough ACTION-Nigeria on ISBC started to facilitate sessions of cluster meetings.	Sokoto
8.	In 2021, OICs who received technical support began to facilitate OIC cluster meetings and monitor community structure activities.	Bauchi
9.	Since 2021, SSPHCDA and media partners through the support of Breakthrough ACTION-Nigeria have linked up to cascade training and improve the knowledge of healthcare workers and the public on fever case management.	Sokoto
10.	In January 2021, SMOH facilitators who received technical and financial support from Breakthrough ACTION-Nigeria began to facilitate sessions of cluster meetings on fever case management, respectful maternity care, and malaria in pregnancy.	Sokoto
11.	In March 2018, state, LGA and media team who received technical and financial support from Breakthrough ACTION-Nigeria began to step-down the training on LLIN demand creation and monitor the implementation of community SBC activities.	Nasarawa
12.	In 2019, the SMEP ACSM officer who was sponsored on a 2-week training by Breakthrough ACTION-Nigeria began to stepdown the leadership training in strategic communication and monitor the implementation of community SBC activities.	Nasarawa
<b>C Implementation of activities in accordance with existing guidelines</b>		
13.	In September 2019, SPHCDA staff whose capacity was built on community SBC techniques by Breakthrough ACTION-Nigeria began improving the facilitation skills of LGA malaria focal persons around fever case management according to the national guideline on diagnosis and treatment of malaria.	Nasarawa
14.	From January to October 2021, LGA malaria focal persons trained on facilitation skills for fever case management conducted client-provider dialogue sessions on respectful maternity care and facilitating skills for fever case management based on National guidelines.	Ebonyi
15.	Starting in 2021, RBM staff and healthcare facility leaders who underwent training to enhance their knowledge and facilitation skills on fever case management in line with National guidelines have begun to adhere to the guidelines, as well as demonstrate respectful maternity care.	Sokoto
16.	From March 2021, trained LGA malaria focal persons began facilitation around fever case management according to national guidelines on the diagnosis and treatment of malaria.	Nasarawa
17.	From October 2021, trained LGA malaria focal persons began to begin facilitation around fever case management according to national guidelines on the diagnosis and treatment of malaria.	Ebonyi
<b>D Other outcomes implemented at the organization level where Breakthrough ACTION-Nigeria provided other assistance besides capacity building</b>		
18.	In April 2021, SSPHCDA state program officers and 26 media houses (print/audiovisual) who received technical assistance from Breakthrough ACTION-Nigeria began to provide leadership and facilitate the design and implementation of strategic communication.	Sokoto

and increased capacity for SBC design and programming at the local, state, and national levels. This is particularly directed at the work done regarding the institutionalization of the gains realized through the community capacity strengthening work with WDCs.

At the system level (see Table 8), the study team identified three outcomes which were centered on the adoption and domestication of WDC operational and orientation guidelines. These outcomes were realized in three states of Sokoto, Ebonyi, and Bauchi and they all occurred in 2021.

**TABLE 8 DESCRIPTION OF BREAKTHROUGH ACTION-NIGERIA SBC PSCS PROJECT SYSTEM-LEVEL OUTCOMES BY STATES**

S/N	OUTCOME DESCRIPTION	STATES
1.	In 2021, the WDC national guideline was domesticated at the state level across 24 MDAs.	Sokoto
2.	From 2021, the SPHCDA began to adopt and domesticate the WDC operational and orientation guideline.	Ebonyi
3.	In November 2021, SPHCDA adopted and domesticated the WDC operational and orientation guideline.	Bauchi

Breakthrough ACTION-Nigeria contributed to the identified outcomes through activities such as the joint implementation of an integrated SBC approach, technical input, and assistance to SPHCDA in adopting and domesticating WDC operational and orientation guidelines, organizing SBC training sessions, and sponsoring social actors to attend the training. The narratives of the social actors on the significance of the identified outcomes primarily reflected an SBC knowledge and skills gap in the implementation of effective SBC strategies and activities such as malaria and fever case management, respectful maternity care, media content (health topics) development, adaptation and domestication of the WDC operational and orientation guidelines, community engagement and coordination among social actors at the individual, organizational and system levels.

**“Before or in the past, there was no group [Community Forum] like this but now, it has become part of the system and this is a greater change we have the system at the state level and the LGA level and they are functioning and if you look at the members they are**

**government owned so those can result to a greater change and if you look at the combination of the people, that are in the committee they are well-respected people and most of the time if we call for social mobilization or any activity, they are allowed to speak on health issues that affect the community such as ANC, Family Planning, and other issues.**

—Director, Male, Bauchi State

**“The society for family health care here in Bauchi State has existed for several decades but it has been unable to come up with an acceptable way of reaching out to our people about family planning... Until the grand coming of Breakthrough Action. Today a religious leader can comfortably climb the pulpit and preach about family planning and the people will listen to him without any negative reaction. The people now understand that the strength of a people is no longer by the number of children they give birth to, rather the strength of a people is dependent on the quality of upbringing and training that a child receives from his parents.**

—Director, Male, Bauchi State

**Objective 2: Extent to which project beneficiaries have been able to strengthen capacity by connecting/coordinating their activities at the three different levels.**

Six of the 45 evaluated outcomes evaluated by the team demonstrated coordination efforts by project beneficiaries, with all occurring at the organizational level of the SBCC Capacity Ecosystem™. All identified coordination outcomes occurred in 2021 in all study states except for Nasarawa. In Kebbi, SPHCDA/CMTs began to coordinate and monitor SBC-ACG operations, and SPHCDA/LGA-CMTs trained in CAC and CHARP development began to design, execute, and coordinate SBC initiatives in Ebonyi state. Government authorities and media producers began to coordinate SBC operations in Sokoto state (Table 9).

**TABLE 9 DESCRIPTION OF OUTCOMES INDICATING COORDINATION ACTIVITIES**

S/N	OUTCOME DESCRIPTIONS	STATES
1	In 2018, SPHCDA/CMTs began to coordinate and monitor SBC-ACG activities.	Kebbi
2	Since 2021 the SMEP ACSM officer has been coordinating SBC activities.	Bauchi
3	Between February and June 2021, SMOH/ESPHCDA program unit heads and the LGA support team trained on SBC skills began to coordinate SBC-ACG activities at the State and LGA levels.	Ebonyi
4	From 2021, SPHCDA/LGA-CMT trained on Community Action Circle (CAC) and CHARP development and began to design, implement, and coordinate SBC programs.	Ebonyi
5	From November 2021, SMOH/SPHCDA, State and LGA-level SBC-ACG teams began to coordinate and monitor SBC-ACG activities and increase demand for LLIN	Bauchi
6	From 2021, government officials and media producers began to coordinate SBC activities.	Sokoto

Further narratives provided by social actors during the interviews indicated the need for the involvement of the WDCs and VDCs as recognized gatekeepers to the implementation of SBC activities at the community level, which requires coordination of activities among social actors. Indeed, Breakthrough ACTION-Nigeria continues to work with the WDCs and VDCs to implement its various interventions.

**“All services we render are towards community sensitization, there is no service we offer that is without the involvement of WDCs and the VDCs they are our gatekeepers, and there is no intervention we embark without bringing them on board.**

—Director, Male, Bauchi

A technical officer in Kebbi sharing his opinion on the coordination of SBC activities also indicated that the mapping of development partners working on demand generation in the state, as well as the subsequent harmonization and integration of SBC activities at the state, LGA, and community levels, has resulted in increased coordination of activities.

**“We are now able to coordinate. Before there was no such coordination. What we did is that we mapped all the sources, all demand generation sources in the state we mapped it out then we now identified who is doing what, and where is he doing it? and with which resources is he doing it? Then we now identify and harmonize all those activities, that is number 2. Then number 3, we will now be able to integrate SBC activity at the state, LGA and community level then we will now be able to integrate, if you are working on polio you cannot work on polio alone, we’ll now integrate other PHC services so that we’ll carry all the activities together.**

—Technical Officer, Male, Kebbi

**Objective 3: Acceptance, coordination and effectiveness of SBC strengthening activities across different health units at the organizational level.**

With this objective, we sought to specifically identify outcomes that demonstrated some level of acceptance, coordination, and effectiveness of SBC strengthening activities across different public health units in the study states. We, therefore, looked for outcomes that reflected institutional or health program unit coordination that extended to the LGA level, i.e., involved LGA social actors. The study team identified two outcomes from the states of Ebonyi and Bauchi that met the selection criteria. In Ebonyi, the identified outcome involved the SMOH/ESPHCDA program unit heads and the LGA support team (which received SBC skills training) between February and June 2021 collaborating to begin coordination of SBC-ACG activities. Similarly, beginning in November 2021, the SMOH/SPHCDA, state- and LGA-level SBC-ACG teams in Bauchi began to coordinate and monitor SBC-ACG activities, resulting in an increased demand for LLINs (Table 10).

**Objective 4: Levels of achievements of Breakthrough ACTION-Nigeria SBC PSCS project outcomes.**

In contrast to findings reported under previous sections including study objectives 1–3, findings for objective 4

**TABLE 10 DESCRIPTION OF OUTCOMES INDICATING ACCEPTANCE, COORDINATION AND EFFECTIVENESS OF SBC STRENGTHENING ACTIVITIES ACROSS DIFFERENT HEALTH UNITS AT THE ORGANIZATIONAL LEVEL**

ID#	OUTCOME DESCRIPTION	STATE(S)
O.1	Between February and June 2021, SMOH/ESPHCDA program unit heads and the LGA support team trained on SBC skills began to coordinate SBC-ACG activities at the State and LGA levels.	Ebonyi
O.2	From November 2021, SMOH/SPHCDA, State and LGA-level SBC-ACG teams began to coordinate and monitor SBC-ACG activities and increase demand for LLIN	Bauchi

and achievement level of outcomes were organized by the PSCS OAs (as defined in the analysis and interpretation section of the methods) and further organized by the PSCS SOs. This approach was used to ascertain the degree to which Breakthrough ACTION-Nigeria PSCS project outcomes have been achieved through these dimensions (PSCS OAs and SOs). This was further complemented by the findings of a capacity assessment relating to the implementation of the project.

**Achievement of project outcomes by PSCS OAs**

As stated in the methods section, we defined the OAs used in this study as three distinct areas gleaned from the third intermediate result (IR3) expected to contribute to the goal of the Breakthrough ACTION-Nigeria project. With IR3 focused on strengthened public sector systems for oversight and coordination of SBC at the national and sub-national levels, it is aimed at yielding the following output results (classified as OAs in this study): (1) strengthening SBC systems (OA1); (2) improving SBC skills (OA2); and (3) strengthening SBC advocacy (OA3). The 45 outcomes evaluated in this study organized by these OAs revealed that identified outcomes associated with improving SBC skills (OA2; n = 40) were the highest followed by those associated with strengthening SBC systems (OA1; n = 3). The strengthening SBC advocacy (OA3; n = 2) OA had the least number of outcomes as shown in

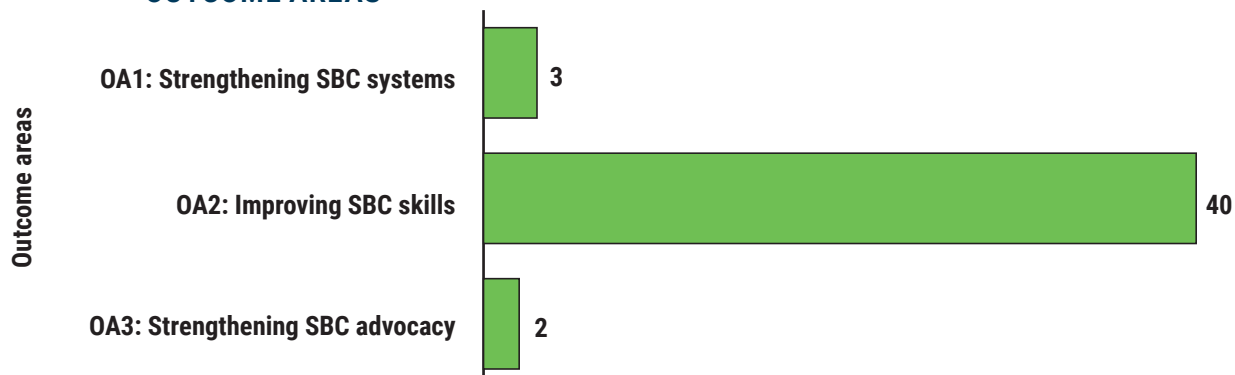
Figure 9. Also corresponding OAs have been attached to each described outcome in Annex 1.

**Achievement of project outcomes by PSCS SOs**

In determining the extent to which progress had been made toward achieving the SOs of the SBC PSCS approach implemented between 2017 and 2021, which further provides information on the areas where outcomes were not achieved, the identified outcomes were mapped against the four Breakthrough ACTION-Nigeria SBC PSCS SOs. These SOs are listed as follows:

- **SO1:** Support key MOH operating units, including federal and sub-national Health Promotion/ Education divisions/departments, NPHCDA, the NTBLCP and, the NMEP, to strengthen coordination, planning, and quality assurance for SBC at the national and sub-national levels.
- **SO2:** Strengthen public sector systems for oversight and coordination of SBC at the national and sub-national levels.
- **SO3:** Improve the quality and impact of SBC activities across the public sector by establishing improved systems and data use for coordination and joint planning of SBC programming among national and sub-national stakeholders.

**FIGURE 9 NUMBER OF OUTCOMES INFLUENCED BY BREAKTHROUGH ACTION-NIGERIA BY OUTCOME AREAS**



- **SO4:** Develop effective systems for ensuring SBC quality assurance and establishing consensus agendas at national and/or sub-national levels for SBC programming and investment based on shared health priorities in Nigeria.

The mapping results revealed that many of the outcomes contributed to achieving SO3 (23) and SO4 (8). A considerable number of outcomes also contributed to achieving SO1 (7) and SO2 (7) as shown in Figure 10. Overall, this finding indicates that Breakthrough ACTION-Nigeria SBC PSCS approach activities implemented between 2017 and 2021 have yielded outcomes that are more geared towards improving the quality and impact of SBC activities, as well as strengthening public sector systems for oversight and coordination of SBC at the sub-national level.

The specific outcomes that contribute to the achievement of the SBC PSCS SOs are detailed in Annex 2. The seven outcomes that contributed to SO1 focused on enhanced capacity to design, plan, and monitor the implementation of community SBC activities. Outcomes under SO2 reflected social actors’ strengthened capacity to monitor SBC outcomes, implementation of community structures and SBC activities. Some of the outcomes are also indicative of the social actors’ strengthened capacity to effectively mobilize and engage community members and coordinate SBC activities.

In addition to providing leadership in the design and implementation of strategic behavior communication change and health messaging, the 23 outcomes identified for SO3 highlight the progress made in enhancing the capacity of SPHCDA staff and media personnel to develop health topics consistent with the 17 priority areas of the SBC PSCS approach. In addition, some outcomes are

related to processes such as demand creation, facilitation, and cascading of SBC knowledge.

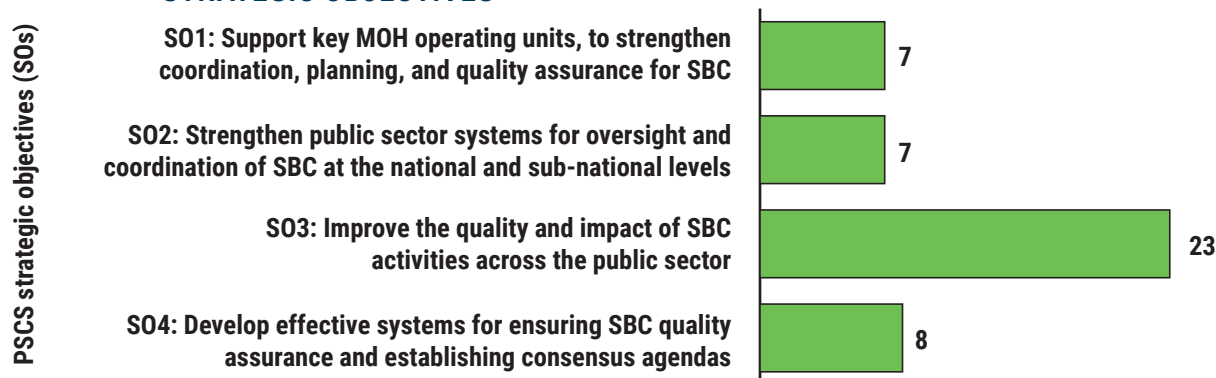
The eight identified SO4 results demonstrate progress in ensuring increased utilization and adherence to relevant national guidelines as well as the adoption and domestication of guidelines such as the WDC operational and orientation standards to ensure professionalism and quality of health care delivery. The outcomes are also indicative of the strengthened capacity of LGA malaria focal persons to begin conducting client-provider dialogue sessions on respectful maternity care and facilitating skills for fever case management in accordance with national guidelines.

### Capacity assessment of Breakthrough ACTION-Nigeria as an implementer of the SBC PSCS approach/project

As stated in the methods section, the RCA focused primarily on the effectiveness of Breakthrough ACTION-Nigeria’s SBC PSCS project implementation as measured by six (6) SBCC organizational capacity assessment domains/components (Table 11). The findings revealed that all domains evaluated received the maximum scores allotted, implying that Breakthrough ACTION-Nigeria and its state-level actors have implementation systems and strategies in place that do not require improvement. The results for instance indicate that the states implementing the SBC PSCS project had a communication strategy for the project and that social actors in those states have communication strategies that have influenced SBC activities across the three levels of the SBCC Capacity Ecosystem™.

Indeed, during the interviews, some of the social actors were quick to point out that the communication strategies Breakthrough ACTION-Nigeria used itself or advocated for use by state social actors have proven

**FIGURE 10 NUMBER OF OUTCOMES INFLUENCED BY BREAKTHROUGH ACTION-NIGERIA BY STRATEGIC OBJECTIVES**





**TABLE 11 DOMAINS AND ITEMS OF THE PSCS RAPID CAPACITY ASSESSMENT AMONG SOCIAL ACTORS**

S/N	ORGANIZATION AND SYSTEMS RCA ITEMS AND DOMAINS
<b>A</b>	<b>Focusing and designing the communication strategy</b>
1	The state has a communication strategy for the SBC PSCS approach
2	The SBC PSCS actors in the state have communication strategies that have influenced different levels of implementation activities (individual, organizational and systems)
<b>B</b>	<b>Social and user-generated media</b>
1	State-level actors use consumer multimedia, web, or social media because of the SBC PSCS approach.
<b>C</b>	<b>Creating materials for change and quality assurance</b>
1	The SBC PSCS actors in the State develop their messages and materials which are reviewed by technical staff and stakeholders for the accuracy of information.
2	The SBC PSCS approach uses updated information and education materials on the services offered which are periodically reviewed by relevant stakeholders.
3	State-level actors targeted by the SBC PSCS approach can carry out annual operational planning based on the strategic plan and involve relevant stakeholders.
4	The PSCS approach has clear operations and administrative policies and procedures that were known and adhered to by all staff.
<b>D</b>	<b>Project management</b>
1	State-level actors develop their work plans and budgets for their SBC programs/activities.
2	State-level actors assign responsibilities, provide time frames, and allocate resources.
3	State-level actors develop indicators for their SBC capacity-strengthening activities that are linked to SBC PSCS SOs.
4	The SBC PSCS approach has targets set with specific timelines, and progress on these targets is reviewed.
5	The SBC PSCS approach has an operational sustainability plan complete with <ul style="list-style-type: none"> <li>(a) Resource mobilization strategies,</li> <li>(b) Identified growth opportunities and work plans, and</li> <li>(c) Anticipated program hand-over or exit close-out plans?</li> </ul>
<b>E</b>	<b>Advocacy</b>
1	The SBC PSCS approach has a complete and current advocacy strategy that was implemented.
2	Breakthrough ACTION-Nigeria staff implementing SBC PSCS activities possess competencies in advocacy programming and are assigned advocacy roles and responsibilities.
3	In implementing the PSCS approach, Breakthrough ACTION-Nigeria engages in evidence-based advocacy (evidence is used to inform the advocacy messaging) to influence policy development and implementation.
<b>F</b>	<b>Coordination and collaboration</b>
1	The SBC PSCS approach uses knowledge of the strategies and work of other organizations in the implementation states.
2	In implementing the PSCS approach, there is the identification of functional networks, and other partners, and mobilizes and assists stakeholders to deliver services, sharing knowledge exchange, learning lessons, and feedback.

to be effective thus far. The use of radio jingles and live radio discussions on health topics (for example, the *Albishirin Ku!* radio program) has helped to change people’s behavior by creating awareness. One of the social actors expressed his opinion as follows:

**“ I think what happened is the strategy that they use, especially in these radio jingles and live radio discussions. I participated in severally**

**live radio discussions on epidemic-prone diseases and that has changed the behavior of people that understood and created awareness and people, who have accepted it.**

—Manager, Male, Bauchi

The desk review of project documents revealed that within one month of airing *Albishirin Ku!*, 50% of the population

recalled hearing the show on the radio (Omnibus, September 2019). Breakthrough ACTION-Nigeria’s placement of the episodes on a toll-free line (3-2-1) on the Airtel mobile network generated over 128,000 calls with callers spending over 566,000 minutes listening to drama episodes during the first five weeks of the launch (August 26 to September 30, 2019).

The RCA findings also show that State-level actors in the SBC PSCS project used consumer multimedia, the Web, or social media. During the interviews, one of the social actors mentioned that providing training manuals and follow-up discussions via social media platforms such as WhatsApp allows for training effectiveness as these practices help reinforce the knowledge gained from the sessions.

**“Whenever Breakthrough ACTION-Nigeria is done with training sessions, we are given manuals so that in case we forget some components of these sessions, we can always refer to the training manuals. Also, certain groups are created on social media - WhatsApp precisely—which are comprised of the trainees and the essence of this group is to bring about harmonization of individual ideas, whereby people are free to ask questions about the training and then people are free to educate them in areas they don’t understand...Again, there is another group WhatsApp for the entire Sokoto State, which is bigger than the previous one... In this group, several rounds of re-training occur.**

—Technical Officer, Male, Sokoto

The Table 12 results also show that the Breakthrough ACTION-Nigeria, as well as state-level actors, develop their own SBC messages and materials, which are reviewed for accuracy by the project’s technical staff and stakeholders. State SBC actors are also able to conduct annual operational planning based on the strategic plan and involve relevant stakeholders. Overall, this finding demonstrates the effectiveness of Breakthrough ACTION-Nigeria’s SBC sustainability strategy in terms of encouraging government stakeholders and state-level actors to take ownership of SBC activities. According to

a Sokoto technical officer, Breakthrough ACTION-Nigeria enables them to lead key activities such as community and media engagement, as well as community-level implementation. In this regard, Breakthrough ACTION-Nigeria builds the capacity of relevant technical officers for standard activity implementation.

**“When they’re doing community engagement we take the lead, media engagement; we take the lead. SBC ACG, we take the lead, the planning and implementation—we take the lead. Even when it comes to taking ad hoc staff that will work in the community, it is the state that is given the mandate and that resource person that is relevant. BA takes charge of training them to meet up with the standard so that they can deliver the results. So, this is how we have been working it, if I start counting it will be too numerous.**

—Technical Officer, Male, Sokoto

The influence of key stakeholders is often leveraged to engage other stakeholders and share SBC messages. A manager in Bauchi sharing his view on the involvement of relevant SBC project stakeholders revealed the involvement of *“various stakeholders, the community leaders, the religious leaders, especially the intervention of key stakeholders in the state and from the community leaders.”* He continued further by indicating that

**“Bringing religious leaders especially the ‘Marafa of Bauchi’ into the intervention has really widened the scope and has helped in bringing out a lot of stakeholders. Whatever he says to anybody, that person will definitely have to listen and has to live with whatever he’s saying...looking at his caliber in the state. So, these are the kind of strategies that have really helped.**

The RCA findings also revealed that Breakthrough ACTION-Nigeria and the social actors engage in advocacy to influence policy development or implementation, which is always informed by evidence. The project also identifies functional networks and other partners,

mobilizes, and assists stakeholders to deliver services, shares and learns from feedback. Sharing their perspectives on the SBC PSCS project building partnerships and collaboration with relevant institutions, the social actors highlighted collaboration with relevant institutions as one of the SBC strategies used by Breakthrough ACTION-Nigeria. A technical officer in Ebonyi stated that *“She is happy working with Breakthrough ACTION in recent times as they are well organized, strategic, and focused. More important is the integration with the Ministry of Health.”*

# Discussion

The Breakthrough ACTION-Nigeria SBC capacity strengthening efforts yielded a diverse set of outcomes over the five-year project implementation period considered in this study (2017–2021). These outcomes represented multiple Breakthrough ACTION-Nigeria SBC PSCS strategic investments in activities and strategies such as providing training and technical support to social actors to improve their knowledge of SBC approaches and skills, which better placed them to lead SBC services such as facilitation of cluster meetings, promotion of advocacy for maternal health and child health services, develop SBC messages, coordinate, and monitor outcomes.

In this study, social actors detailed their involvement in Breakthrough ACTION-Nigeria SBC activities such as training sessions, meetings, advocacy campaigns, health-related media conversations, and special day celebrations. This is comparable to what has been implemented as part of other SBC interventions. For example, the USAID-funded Ingobyi intervention in Rwanda aimed at improving the quality of reproductive, maternal, newborn, and child health and nutrition (RMNCH) and malaria services used similar SBC strategies.<sup>14</sup> It also aligns with the mandate of Breakthrough ACTION-Nigeria that is aimed at igniting collective action and encouraging people to adopt healthier behaviours.<sup>7,15</sup> These were also actionable activities that helped define the role of public sector actors in taking the lead and owning the process for sustainability. As a result, it is not unreasonable to assume that the function of social actors in SBC activities, as assessed by this study, is directly related to their participation. This is also evidence of continuous Breakthrough ACTION-Nigeria stakeholder engagement and an indicator of successful intervention.

On the achievements made, which include PPCs of project beneficiaries, most outcomes materialized in 2021. Looking closely at the trend of implemented activities, identified outcomes slowly increased from 2017, declined dramatically in 2020 and sharply increased in 2021. This is most likely due to COVID-19 national and sub-national prevention policies enacted to manage the pandemic. This included stay-at-home ‘lockdowns’, workplace closures, cancellation of events and public gatherings, and restrictions on public transport.<sup>16,17</sup> Additionally, individuals typically avoided using health facilities and related services during this period due to a variety of

assumptions, including the perceived poor attitude of service providers due to the high volume of cases and their perceived susceptibility to contracting COVID-19. These issues most likely made it difficult to implement project activities and would have delayed these efforts considerably. Therefore, it is not surprising that the level of implemented activities increased in 2021 as there were little or no restrictions.

In this study, more outcomes were identified in the state of Ebonyi than in any other state during the evaluation period. In the state of Kebbi, the fewest outcomes were identified. This may be the result of several factors. For example, a consultative meeting with Breakthrough ACTION-Nigeria revealed that initial efforts on the PSCS were targeted at the national level rather than the state level that came much later. Also, HOs could be minimal since most activities are still ongoing. We also discovered that the number of practice-oriented outcomes was at least six times greater than the number of policy-oriented outcomes. This may have something to do with the difficulties associated with Nigerian policy procedures. For example, the bureaucracy associated with policy activities such as the development and adoption of guidelines and the review of policies may be especially challenging due to factors such as the required and continuous engagement of different MDAs that do not necessarily have the same needs, as well as the resources required to drive the process. In addition, the policy process may take longer than the duration of the pertinent project activities. Policy processes are frequently disrupted by political insecurity at the national and sub-national levels. Moreover, policy requirements for this type of activity might be minimal. This may be the result of a lack of applicable guidelines and policy documents in the state.

In terms of achieved outcomes, we found that Breakthrough ACTION-Nigeria’s contributions were more pronounced at the organizational level, with minimal contributions at the individual and system levels. This could be because of various reasons with the first being that the project may target more changes at the organizational level rather than the individual or systems levels. A second point is the benefits of strengthening organizations instead of individuals and how vital MDAs are to the system. For example, the strengthening of organizations on SBC-related activities will most likely lead to more

diffusion and sustainability of interventions compared to strengthening individuals who are not going to have the same effect. This is evidenced by capacity-building activities that cascaded from state MDAs to the LGA level as reported in this study. Another explanation might be that system-level activities are more difficult to accomplish and are more time-consuming. Also, there may be more individual and system-focused outcomes for 2022 and related implementation plans.

On the extent to which project beneficiaries have been able to strengthen capacity by connecting/coordinating their activities at the three different levels, we found that only six outcomes demonstrated coordination efforts by project beneficiaries, with five occurring at the organizational level and one occurring at the system level. It is unclear if this recorded number of outcomes is adequate following what Breakthrough ACTION-Nigeria expects for capacity building on activity coordination. However, after reviewing key Breakthrough ACTION-Nigeria programming elements such as the priority behaviors, PSCS SOs, and coverage by study state, we believe that this number is insufficient. This could be attributed to the limiting factors. In addition, it could be argued that the activities are limited because coordination had to take place after a thorough comprehension of the other tasks. For example, it is understandable that participation in activities such as health messaging development, community mobilization, demand creation, training, and facilitation, among others, would come before coordination because the activities must be completed before social actors can coordinate, which explains why there are fewer coordination outcomes recorded. Based on this notion, it is also possible that outcomes in this area will improve following the implementation of other activities.

Only two identified outcomes demonstrated the acceptance, coordination, and effectiveness of SBC strengthening activities across multiple health units at the organizational level. While this translates to a small number of activities implemented in this area, it also indicates the social actors' buy-in to Breakthrough ACTION-Nigeria project activities, their implementation methods, and the big picture for RMNCH in the selected states. In keeping with the previous assumption, we could speculate that if project activities continue to be implemented, more outcomes will be identified in this area. The scores obtained for measured SBCC organizational capacity assessment domains/components domains as part of the RCA also complement this assertion. This certainly implies excellent implementation systems and

strategies in place that do not require improvement. The views of social actors on expected changes that are yet to occur such as extensive/widespread FP awareness, full uptake of ANC, delivery, and postnatal services, and appropriate commodity availability could be a result of partially achieved outcomes including activities that are yet to commence. Perceived challenges such as community ignorance and limited awareness efforts in a geographical area could also explain the partially achieved outcomes.

Our study showed that most outcomes were attributed to the improvement of SBC skills and also to the second and third PSCS SOs aimed at strengthening public sector systems for oversight and improving the quality and impact of SBC activities respectively. These findings indicate a bias toward one OA and half of the SOs. This could also be attributed to how Breakthrough ACTION-Nigeria had planned its activities in the hopes of achieving the best possible results. Also, previously identified factors of delayed implementation of activities and stakeholder buy-in could be responsible for this.

## Limitations

The desk review of project documents and initial engagement with study stakeholders which largely informed the study design, as well as the multiple sources of data collection to triangulate findings, ensured that the study was robust, and the findings presented provided a true reflection of the opinions that social actors (beneficiaries) had about the Breakthrough ACTION-Nigeria SBC PSCS. Despite the methodological rigor, some key limitations are noted:

- Recall bias may have impacted how social actors (external sources) verified/validated the results as it is easier to recall events and outcomes that took place recently than those that took place in the distant past. In most cases, the data collectors and the social actors interacted for just a few hours during the interview session. The study team often consulted project reports and documentation during the study period to lessen the chance of recall bias.
- Social desirability bias may have influenced some social actors' responses. Some of them may have responded in a more socially acceptable manner than their "true" response. The data collectors' consistent assurances of anonymity and confidentiality may have encouraged the external sources to be as candid as possible, as evidenced by the narratives

(verbatim quotes) they shared about their project experience.

- While the Breakthrough ACTION-Nigeria SBC PSCS project implementation timeframe was relatively long- over 5 years- the study team recognizes that SBC capacity strengthening outcomes require significant time to materialize, and thus some outcomes may have been short-changed given the OH period 2017-2021 used and the COVID-19 pandemic impacts on project activities.
- During the initial years of project implementation, PSCS primarily concentrated its efforts on the national level. This could potentially clarify the relatively low outcomes observed in certain states and regions and the fact that a significant portion of the outcomes evaluated in the study occurred in 2021.
- Finally, the administrative delays encountered while seeking ethical and administrative approvals from NHREC and state-level HRECs and MDAs adversely affected study timelines, impacting the study team's decision to harvest outcomes at the National level to facilitate a potential comparison of national, state, and LGA level analysis. As a result, interpretation of the results, recommendations, and conclusions were mostly limited to the State level.

# Recommendations

Although the Breakthrough ACTION-Nigeria SBC PSCS approach has had a significant impact at the individual, organizational, and system levels, it should be noted that key aspects of the approach require attention to ensure a greater impact and sustainability. In light of the study findings and lessons learned, we propose the following:

- **Sustain the high number of activities recorded in 2021.** This study demonstrates that the highest number of outcomes identified were in 2021, which is remarkable given the low level of implementation activities in 2020 due to COVID-19 pandemic-related restrictions. Breakthrough ACTION-Nigeria must maintain the current high intensity of program implementation to compensate for this. This will ensure that activities, including those geared towards the achievement of project SOs and goals, are covered more thoroughly.
- **Address potential limiting factors that could lead to slow implementation of SBC PSCS activities in concerned states such as Kebbi State.** An important finding of this study was the small number of outcomes identified in the state of Kebbi during the activity years under consideration in this study. Compared to the other study states, Kebbi appeared to be left behind. It is crucial to identify and address any potential limiting factors that may be at play. This will allow performance to reach parity with other states that are already operating at a high level and achieving their defined objectives.
- **Increase coordination efforts to ensure even greater synergy between different MDAs.** The findings of this study showed that coordination activities were the least implemented. To ensure that MDAs provide stronger oversight and guarantee the long-term sustainability of SBC PSCS activities and consequent gain even after the lifespan of the project, it is crucial to ramp up efforts in this area. This will also guarantee that the project's objectives are met, including the improved activity translation at the lower level.
- **Focus on systemic efforts for the achievement of strategic goals and sustainability of project gains made during the project.** When the implemented outcomes were compared using the SBCC ecosystems levels, it was evident that most project

activities occurred at the organizational level. While the organization level is critical in the ecosystem, it is equally crucial to increase activity at the system level to ensure long-term ownership of programs and sustainability of project gains.

- **Address limiting factors that affect project implementation.** This study found that despite the successful efforts of Breakthrough ACTION-Nigeria in implementing the necessary SBC PSCS activities, there are identified factors that could be negatively influencing activities such as perceived resistance to change, financial and mobility issues, a lack of data collection tools, and conflicting work plans. To avoid undermining the gains accomplished thus far, we recommend that factors like ignorance and insufficient awareness efforts should be effectively addressed.

# Conclusion

Overall, this study demonstrated numerous ways in which Breakthrough ACTION-Nigeria achieved the SBC PSCS SOs for capacity strengthening outlined by USAID. Through Breakthrough ACTION-Nigeria, USAID strategically focused investments on strengthening public sector systems for oversight of SBC activities at the national and sub-national levels. Our findings revealed an increased value of SBC by Breakthrough ACTION-Nigeria's SBC PSCS social actors (e.g., staff of SMOH, SPHCDA, SMEP, LGA), sustained interest in applying new SBC techniques to health areas (e.g., malaria, yellow fever, Lassa Fever, COVID-19), and an increased commitment to cascade the knowledge and skills acquired so far from Breakthrough ACTION-Nigeria SBC training to the LGA and community levels to improve health and social outcomes.

Breakthrough ACTION-Nigeria has so far laid the groundwork for additional opportunities to develop high-quality SBC in the public sector, particularly through training, technical assistance, and coordination with relevant MDAs. Breakthrough ACTION-Nigeria's efforts have markedly strengthened SBC capacity, as evidenced by the constellation of outcomes identified. The use of the OH methodology, supplemented by the MSC technique and Rapid Capacity Assessment, provided a window into understanding how investments in State SBC leadership in health ministries and departments, as well as the media, can lead to significant improvements in health outcomes and SBC at all levels of the SBCC Capacity Ecosystem™. Furthermore, the evaluation process, that is, gathering data on outcomes, served as a tool in and of itself to engage social actors and stakeholders in reflecting on what they had accomplished or what the SBC PSCS approach/project had enabled them to accomplish in terms of SBC capacity strengthening.



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# Annexes

## Annex 1: List of Breakthrough ACTION-Nigeria SBC PSCS approach Outcomes

NO.	OUTCOME DESCRIPTIONS	SIGNIFICANCE OF THE OUTCOME	CONTRIBUTION OF BREAKTHROUGH ACTION-NIGERIA TO THE OUTCOME	OUTCOME AREA	STATE
A.	<b>Facilitation</b>				
1.	From 2021, SPHCDA/LGA-CMT trained on CAC and CHARP development began to design, implement, and coordinate SBC programs.	Prior to Breakthrough ACTION-Nigeria training, the state lacked adequate capacity for CHARP development.	Trained SPHCDA/LGA-CMT staff on CHARP development	OA2: Improving SBC Skills	Ebonyi
2.	In 2021, trained LGA maternal and child health focal persons began to conduct client-provider dialogue sessions on respectful maternity care.	Strengthen the quality of care during delivery and post-natal	Organised and sponsored it—trained SPHCDA/LGA MCH focal persons to facilitate respectful maternity care OIC cluster meetings	OA2: Improving SBC Skills	Bauchi
3.	In June 2021, trained LGA MNCH focal persons, conducted client-provider dialogue sessions on respectful maternity care.	The change helped them to improve their skills around respectful maternity care	Trained 89 LGA MNCH focal persons with new skills in respectful maternity care	OA2: Improving SBC Skills	Ebonyi
4.	In March 2021, trained OICs and began to facilitate OIC's cluster meeting on fever case management.	There was a dearth in the skills needed by OICs to facilitate OIC cluster meeting for fever case management.	Trained 175 OICs in OIC's cluster meeting on fever case management.	OA2: Improving SBC Skills	Ebonyi
5.	From June 2021, state actors (LGA MNCH focal persons, state RH coordinator and project manager (SEMCHIC and ES-SPHCDA)) who received on the job training on respectful maternity care were able to facilitate cluster meetings and client provider dialogue sessions to ensure sustainability of respectful maternity care practices.	There was the need for state actors to facilitate cluster meetings and client provider dialogue sessions to ensure the sustainability of respectful maternity care practices.	Facilitated the one-day training for 185 LGA MNCH focal persons on respectful maternity care.	OA2: Improving SBC Skills	Ebonyi
6.	From 2021, SMOH/ESPHCDA staff who attended the leadership in strategic communication workshop training sponsored by Breakthrough ACTION-Nigeria started to facilitate OIC cluster meetings.	Prior to Breakthrough ACTION-Nigeria training, these state officials were new to the job and lacked the capacity to plan and coordinate SBC activities.	Sponsored the government official to attend the two-week training.	OA2: Improving SBC Skills	Ebonyi
7.	In August 2021, SPHCDA staff trained on ISBC by Breakthrough ACTION-Nigeria began to facilitate SBC programs on radio stations	There was the need to improve the integration and quality of SBC approaches in order to ensure quality content is broadcasted.	Trained 12 SPHCDA staff on ISBC.	OA2: Improving SBC Skills	Ebonyi
8.	From 2021, trained SPHCDA /LGA malaria focal persons; began to facilitate knowledge exchange on fever case management during OIC cluster meetings.	Improved healthcare workers' knowledge of fever case management, which was lacking prior to the Breakthrough ACTION-Nigeria training.	Trained the SPHCDA /LGA malaria focal person and sponsored the activity.	OA2: Improving SBC Skills	Sokoto
9.	From 2021, LGA MNCH focal persons equipped with new skills on respectful maternity care began to facilitate respectful maternity care training at OIC cluster meetings.	There was the need to improve prenatal, intranatal, and postnatal care quality, which had become a source of concern, resulting in low utilization of skilled delivery care services.	Trained SPHCDA /LGA MCH focal persons to facilitate respectful maternity care training at OIC cluster meetings.	OA2: Improving SBC Skills	Ebonyi

NO.	OUTCOME DESCRIPTIONS	SIGNIFICANCE OF THE OUTCOME	CONTRIBUTION OF BREAKTHROUGH ACTION-NIGERIA TO THE OUTCOME	OUTCOME AREA	STATE
10.	From June 2021, trained OICs of selected primary health centers, LGA administrative secretaries, malaria focal persons, LGA MNCH focal persons began to foster positive provider behavior around respectful maternity care.	There was the need to encourage positive provider behavior in areas such as respectful maternity care, malaria in pregnancy, and fever case management.	Facilitated LGA staff to attend OIC cluster meetings on malaria in pregnancy, fever case management and respectful maternity care.	OA2: Improving SBC Skills	Ebonyi
<b>B. Development of health messages and content</b>					
11.	In September 2017, ACSM members introduced to the SBC concept began to design, develop SBC messaging, and monitor outcomes.	Enhanced knowledge on SBC.	Introduced ACSM members to SBC concept.	OA2: Improving SBC Skills	Kebbi
12.	2018, trained media personnel and SPHCDA staff began to develop health topics in line with Breakthrough ACTION-Nigeria priority behavior and improve content of health messages broadcasted.	There was the need to strengthen the relationship between the SMOH and media partners to improve the content of health messages broadcasted.	Trained the media personnel and ESPHCDA staff on topics to be developed in line with Breakthrough ACTION-Nigeria priority behavior.	OA2: Improving SBC Skills	Bauchi
13.	From February 2021, SMOH and media producers who participated in Breakthrough ACTION-Nigeria organized thematic and technical workshop, began to design and develop their own SBC messaging and monitor outcomes.	Prior to the Breakthrough ACTION-Nigeria training, which has improved coordination between the SMOH and the media, state officials only engaged the media on World Health Day.	Organized the thematic and technical workshop for SMOH and media producers	OA2: Improving SBC Skills	Ebonyi
14.	From 2019, trained SPHCDA staff on ISBC began to design/develop SBC messages and monitor the implementation of community SBC activities.	There was the need to strengthen the community engagement strategy.	Organized ISBC training and sponsored the participation of the SPHCDA staff.	OA2: Improving SBC Skills	Bauchi/ Ebonyi?
15.	In July 2019, SPHCDA staff trained on CAC and CHARP development began to develop topics around the 17 priority areas and ensured quality content was broadcasted.	Prior to Breakthrough ACTION-Nigeria training, staff lacked the capacity to develop CAC and CHARP content, as well as content/topics on 17 priority areas.	Trained the 10 SPHCDA staff on CAC and CHARP development and sponsored the training activity.	OA2: Improving SBC Skills	Ebonyi
16.	In 2020, media personnel and SPHCDA staff began to develop health topics in line with Breakthrough ACTION-Nigeria priority behavior.	There was the need to develop topics and ensure quality broadcast of content.	Trained media personnel and SSPHCDA on topics to be developed in line with Breakthrough ACTION-Nigeria priority behavior.	OA2: Improving SBC Skills	Bauchi
17.	From 2021, SPHCDA staff, public media station staff and Ministry of Arts and Culture staff who were trained on strategic communication, behavior change, and health messaging began to improve strategic communication, behavior change, and health messaging.	There was the need to improve strategic communication, behavior change, and health messaging.	Trained SPHCDA and public media staff on strategic communication, behavior change, and health messaging.	OA2: Improving SBC Skills	Ebonyi
18.	From 2021, trained SPHCDA and media personnel began to develop health topics in line with Breakthrough ACTION-Nigeria priority behavior.	Prior to receiving Breakthrough ACTION-Nigeria training, the SPHCDA lacked in media content development.	Trained staff of SPHCDA on SBC topic development.	OA2: Improving SBC Skills	Ebonyi
19.	In March 2021, SSPHCDA state program officers and health producers began to develop content/topics on 17 priority areas to be aired for 6 months.	Prior to Breakthrough ACTION-Nigeria training, state program officers and health producers lacked the capacity to develop content, strengthen the government-media relationship, and create awareness of I-SBC programs.	Trained the SSPHCDA state program officers and health producers and sponsored the activity.	OA2: Improving SBC Skills	Sokoto
<b>C. Community mobilization</b>					
20.	In July 2021, trained SPHCDA staff and Ministry of Culture staff began to implement new community mobilization and engagement techniques.	There was the need for new community mobilization techniques to increase the uptake of services.	Trained the SPHCDA staff and Ministry of Culture staff on new community mobilization techniques.	OA3: Strengthening SBC Advocacy	Sokoto
21	In June 2019, SSPHCDA staff began implementing new knowledge and techniques of community mobilization. Monitoring	There was the need for knowledge on new community mobilization techniques	Provided technical assistance.	OA2: Improving SBC Skills	Sokoto

NO.	OUTCOME DESCRIPTIONS	SIGNIFICANCE OF THE OUTCOME	CONTRIBUTION OF BREAKTHROUGH ACTION-NIGERIA TO THE OUTCOME	OUTCOME AREA	STATE
22.	In September 2019, SPHCDA staff trained on new community SBC techniques began to design, implement, monitor, and SBC programs and activities	There was the need to improve the requisite knowledge and experience to strengthen SBC approaches.	Sponsored the SPHCDA staff to participate in the training.	OA2: Improving SBC Skills	Nasarawa
23.	In 2018, the Director of Public Health following the two-week leadership training in strategic communication began to monitor community structure activities	Prior to Breakthrough ACTION-Nigeria training, the state official lacked the capacity to plan and coordinate SBC activities.	Sponsored the government official to attend the two-week training.	OA2: Improving SBC Skills	Nasarawa
24	Demand creation In 2018, state and LGA teams trained on LLIN campaign demand creation began LLIN campaign demand creation.	Prior to Breakthrough ACTION-Nigeria training, there was little demand for and knowledge of LLIN use. The change demonstrates increased capacity for state and LGA teams in creating LLIN campaign demand.	Trained the state and LGA teams on LLIN campaign demand creation.	OA2: Improving SBC Skills	Bauchi
<b>Organization level</b>					
<b>A Coordination</b>					
25	In 2018, SPHCDA/CMTs trained by Breakthrough ACTION-Nigeria on community engagement began to coordinate, engage with communities, and monitor SBC-ACG activities.	Improved skills in community engagement which was lacking.	Built the capacity of 31 SPHCDA/CMTs to be able to train the WDCs.	OA3: Strengthening SBC Advocacy	Kebbi
26	Between February and June 2021, SMOH/ESPHCDA program unit heads and the LGA support team who received on ISBC, including social and gender norms, and coordination began to coordinate SBC-ACG activities at state and LGA levels.	There was the need to build the capacity of government stakeholders in leveraging religious/traditional leaders forums to address social and gender norms, as well as build their capacity on ISBC.	Supported the on-the-job technical assistant to 5 SMOH/SPHCDA and 24 LGA support teams on addressing social and gender norms and coordination to SBC-ACG activities	OA2: Improving SBC Skills	Ebonyi
27	From November 2021, SMOH/SPHCDA, State and LGA level SBC-ACG teams trained on SBC began to coordinate and monitor SBC-ACG activities	It increased capacity to coordinate and monitor SBC-ACG activities.	Conducted capacity building on SBC for the SMOH/SPHCDA, and state and LGA level SBC-ACG.	OA2: Improving SBC Skills	Bauchi
28	From 2021, trained SSPHCDA staff and media producers began to coordinate SBC activities.	Prior the Breakthrough ACTION-Nigeria capacity strengthening project, some health-related topics were difficult for producers to communicate or discuss in the media.	Trained the SSPHCDA staff and media producers.	OA2: Improving SBC Skills	Sokoto
29	In 2021, trained SMEP ACSM officer and began to coordinate SBC activities.	Strengthened the quality of care during delivery and postnatal.	Supported the cascade training of MCH focal persons to facilitate respectful maternity care at OIC cluster meetings.	OA2: Improving SBC Skills	Bauchi
<b>B Cascade of knowledge</b>					
30	In August 2019, SSPHCDA staff trained on ISBC cascaded the knowledge to strengthen sustainability.	There was the need to improve SBC technical know-how and cascade of training.	Trained the SSPHCDA staff on ISBC.	OA2: Improving SBC Skills	Sokoto
31	From 2021, SSPHCDA staff trained by Breakthrough ACTION-Nigeria on ISBC started to facilitate sessions of cluster meetings.	There was the need to improve SBC technical know-how and cascade of training.	Trained the SSPHCDA staff on ISBC.	OA2: Improving SBC Skills	Sokoto
32	In 2021, OICs who received technical support began to facilitate OIC cluster meetings and monitor community structure activities.	It improved the capacity of OICs of facilities to give respectful maternity care services.	Continued to provide technical support to OIC cluster meetings on malaria in pregnancy, fever case management, and respectful maternity care.	OA2: Improving SBC Skills	Bauchi

NO.	OUTCOME DESCRIPTIONS	SIGNIFICANCE OF THE OUTCOME	CONTRIBUTION OF BREAKTHROUGH ACTION-NIGERIA TO THE OUTCOME	OUTCOME AREA	STATE
33	Since 2021, SSPHCDA and media partners through the support of Breakthrough ACTION-Nigeria have linked up to cascade training and improve the knowledge of healthcare workers and the public on fever case management.	It improved health-care workers' knowledge of fever case management, which was lacking prior to the Breakthrough ACTION-Nigeria training.	Supported the cascade of fever case management training.	OA2: Improving SBC Skills	Sokoto
34	In January 2021, SMOH facilitators who received technical and financial support from Breakthrough ACTION-Nigeria began to facilitate sessions of cluster meetings on fever case management, respectful maternity care, and malaria in pregnancy.	There is the need to stepdown training to service providers who do not adhere to national guidelines for malaria treatment and respectful maternity.	Provided technical assistance and financial support for the SMOH facilitators trainings.	OA2: Improving SBC Skills	Sokoto
35	In March 2018, the state, LGA, and media teams who received technical and financial support from Breakthrough ACTION-Nigeria began to pass on the training on LLIN demand creation and monitor the implementation of community SBC activities.	Empowered participants to collaborate with Breakthrough ACTION-Nigeria on the implementation and coordination of successful SBC activities during the LLIN demand creation campaign.	Provided technical and financial support for the trainings.	OA2: Improving SBC Skills	Nasarawa
36	In 2019, the SMEP ACSM officer who was sponsored on a two-week training by Breakthrough ACTION-Nigeria began to stepdown the leadership training in strategic communication and monitor the implementation of community SBC activities.	Prior to Breakthrough ACTION-Nigeria's training, the state official was new on the job and lacked the capacity to plan and coordinate SBC activities.	Sponsored the government official to attend the two-week training.	OA2: Improving SBC Skills	Nasarawa
37	Implementation of activities in accordance with existing guidelines	There was the need for increased knowledge and experience to strengthen SBC approaches.	Supported two SPHCDA staff with new community SBC techniques.	OA2: Improving SBC Skills	Nasarawa
38	In September 2019, SPHCDA staff whose capacity was built on community SBC techniques by Breakthrough ACTION-Nigeria began improving the facilitation skills of LGA malaria focal persons around fever case management according to the national guideline on diagnosis and treatment of malaria.	There was the need to ensure that facilitators of cluster meetings adhered to the national guidelines for malaria diagnosis and management.	Facilitated a one-day training for 75 LGA malaria focal persons on facilitation skills for fever case management according to the national guidelines	OA2: Improving SBC Skills	Ebonyi
39	From January to October 2021, LGA malaria focal persons trained on facilitation skills for fever case management conducted client-provider dialogue sessions on respectful maternity care and facilitating skills for fever case management based on national guidelines.	Provider attitude will change towards malaria case management, respectful maternity care	Trained 11 RBM staff and 79 healthcare facility heads (in-charges).	OA2: Improving SBC Skills	Sokoto
40	Starting in 2021, RBM staff and healthcare facility leaders who underwent training to enhance their knowledge and facilitation skills on fever case management in line with national guidelines began to adhere to the guidelines, as well as demonstrate respectful maternity care.	Prior to receiving training from Breakthrough ACTION-Nigeria, LGA officials were unable to plan and coordinate SBC activities.	Facilitated a three-day training for 30 selected government officials, media and ACSM members.	OA2: Improving SBC Skills	Nasarawa
41	From March 2021, trained LGA malaria focal persons began facilitation around fever case management according to national guideline on diagnosis and treatment of malaria.	There was a need to facilitate skills around SBC to improve fever case management in health facilities.	Trained 6 LGA malaria focal persons on fever case management.	OA2: Improving SBC Skills	Ebonyi
C	<b>Other outcomes implemented at organization level where Breakthrough ACTION-Nigeria provided other assistance besides capacity building</b>			<b>OA2: Improving SBC Skills</b>	

NO.	OUTCOME DESCRIPTIONS	SIGNIFICANCE OF THE OUTCOME	CONTRIBUTION OF BREAKTHROUGH ACTION-NIGERIA TO THE OUTCOME	OUTCOME AREA	STATE
42	In April 2021, SSPHCDA program officers and 26 media houses (print/audio visual) who received technical assistance from Breakthrough ACTION-Nigeria began to provide leadership and facilitate the design and implementation of strategic communication.	There was the need for the media to better understand the distinction between providing leadership and facilitating the design and implementation of strategic communication.	Sponsored the technical assistance from headquarters and collaborated with the NTBLC.	OA2: Improving SBC Skills	Sokoto
<b>System level</b>					
43	During 2021, the WDC national guideline was domesticated to state-owned document in 24 MDAs.	There was the need to domesticate the WDC national guideline to a state-owned document.	Supported the domestication and adaptation.	OA1: Strengthening SBC Systems	Sokoto
44	From 2021, the SPHCDA began to adopt and domesticate the WDC operational and orientation guideline.	Prior to receiving technical assistance from Breakthrough ACTION-Nigeria, the Agency lacked the capacity to adopt and domesticate WDC operational and orientation guidelines.	Provided technical assistance to SPHCDA to adopt and domesticate WDC operational and orientation guideline.	OA1: Strengthening SBC Systems	Ebonyi
45	In November 2021, SPHCDA adopted and domesticated the WDC operational and orientation guideline.	There was the need for ownership, which will result in the sustainability of outcomes.	Breakthrough ACTION-Nigeria supported the SSPHCDA to adopt and domesticate the WDC operational and orientation guideline.	OA1: Strengthening SBC Systems	Bauchi

## Annex 2: Organisation of PSCS outcomes by PSCS strategic objectives

S/N	OUTCOMES	STATES
<b>SO1</b>	<b>Support key MOH operating units, including federal and sub-national Health Promotion/Education divisions/ departments, NPHCDA, the National Programs for TB and Leprosy Control Program (NTBLCP) and, the National Malaria Elimination Program (NMEP), to strengthen coordination, planning, and quality assurance for SBC at the national and sub-national levels.</b>	
1	In September 2017, ACSM members introduced to the SBC concept began to design, develop SBC messaging, and monitor outcomes.	Kebbi
2	From 2019, trained SPHCDA staff on ISBC began to design and develop SBC messages and monitor the implementation of community SBC activities.	Bauchi
3	From 2021, SPHCDA/LGA-CMT trained on Community Action Circle (CAC) and CHARP development began to design, implement, and coordinate SBC programs.	Ebonyi
4	In April 2021, SSPHCDA state program officers and 26 media houses (print/audio visual) who received technical assistance from Breakthrough ACTION-Nigeria began to provide leadership and facilitate the design and implementation of strategic communication.	Sokoto
5	From February 2021, SMOH and media producers who participated in Breakthrough ACTION-Nigeria organized thematic and technical workshop began to design and develop their own SBC messaging and monitor outcomes.	Ebonyi
6	In September 2019, SPHCDA staff trained on new community SBC techniques began to design, implement, monitor, and SBC programs and activities	Nasarawa
7	In 2018, the Director of Public Health following the two weeks leadership training in strategic communication began to monitor community structure activities	Nasarawa
<b>SO2</b>	<b>Strengthen public sector systems for oversight and coordination of SBC at the national and sub-national levels</b>	
1	In 2018, SPHCDA/CMTs trained by Breakthrough ACTION-Nigeria on community engagement began to coordinate, engage with communities, and monitor SBC-ACG activities.	Kebbi
2	Between February and June 2021, SMOH/ESPHCDA program unit heads and the LGA support team who received on ISBC, including social and gender norms, and coordination began to coordinate SBC-ACG activities at state and LGA levels.	Ebonyi
3	From November 2021, SMOH/SPHCDA, State and LGA level SBC-ACG teams trained on SBC began to coordinate and monitor SBC-ACG activities	Bauchi
4	From 2021, trained SSPHCDA staff and media producers began to coordinate SBC activities.	Sokoto
5	In 2021, trained SMEP ACSM officer began to coordinate SBC activities.	Bauchi
6	In July 2021, trained SSPHCDA Staff and Ministry of Culture staff began to implement new community mobilization and engagement techniques.	Sokoto
7	In June 2019, SSPHCDA Staff began implementing new knowledge and techniques of community mobilization.	Sokoto
<b>SO3</b>	<b>Improve the quality and impact of SBC activities across the public sector by establishing improved systems and data use for coordination and joint planning of SBC programming among national and sub-national stakeholders</b>	
1	2018, trained media personnel and SPHCDA staff began to develop health topics in line with Breakthrough ACTION-Nigeria priority behavior and improve content of health messages broadcasted.	Bauchi
2	In July 2019, SPHCDA staff trained on CAC and CHARP development began to develop topics around the 17 priority areas and ensured quality content was broadcasted.	Ebonyi
3	In 2020, media personnel and SPHCDA staff began to develop health topics in line with Breakthrough ACTION-Nigeria priority behavior.	Bauchi
4	From 2021, SPHCDA staff, public media station staff and Ministry of Arts and Culture staff who were trained on strategic communication, behaviour change, and health messaging began to improve strategic communication, behavior change, and health messaging.	Ebonyi
5	From 2021, trained SPHCDA and media personnel began to develop health topics in line with Breakthrough ACTION-Nigeria priority behavior.	Ebonyi
6	In March 2021, SSPHCDA state program officers and health producers began to develop content/topics on 17 priority areas to be aired for 6 months.	Sokoto
7	In August 2019, SSPHCDA staff trained on ISBC cascaded the knowledge to strengthen sustainability.	Sokoto
8	From 2021, SSPHCDA staff trained by Breakthrough ACTION-Nigeria on ISBC started to facilitate sessions of cluster meetings.	Sokoto
9	In 2021, OICs who received technical support began to facilitate OIC cluster meetings and monitor community structure activities.	Bauchi



S/N	OUTCOMES	STATES
10	Since 2021, SSPHCDA and media partners through the support of Breakthrough ACTION-Nigeria have linked up to cascade training and improve the knowledge of health care workers and the public on fever case management.	Sokoto
11	In January 2021, SMOH facilitators who received technical and financial support from Breakthrough ACTION-Nigeria began to facilitate sessions of cluster meetings on fever case management, respectful maternity care, and malaria in pregnancy.	Sokoto
12	In March 2018, state, LGA and media team who received technical and financial support from Breakthrough ACTION-Nigeria began to stepdown the training on LLIN demand creation and monitor the implementation of community SBC activities.	Nasarawa
13	In 2019, the SMEP ACSM officer who was sponsored on a 2-week training by Breakthrough ACTION-Nigeria began to stepdown the leadership training in strategic communication and monitor the implementation of community SBC activities.	Nasarawa
14	In 2018, State and LGA teams trained on LLIN campaign demand creation began LLIN campaign demand creation.	Bauchi
15	In 2021, trained LGA maternal and child health focal persons began to conduct client-provider dialogue sessions on respectful maternity care.	Bauchi
16	In June 2021, trained LGA MNCH focal persons conducted client-provider dialogue sessions on respectful maternity care.	Ebonyi
17	In March 2021, trained OICs began to facilitate OICs cluster meeting on fever case management.	Ebonyi
18	From June 2021, state actors (LGA MNCH focal persons, State reproductive health coordinator and project manager (SEMCHIC and ES-SPHCDA)) who received on the job training on respectful maternity care were able to facilitate cluster meetings and client provider dialogue sessions to ensure sustainability of respectful maternity care practices.	Ebonyi
19	From 2021, SMOH/ESPHCDA staff who attended the leadership in strategic communication workshop training sponsored by Breakthrough ACTION-Nigeria started to facilitate OIC cluster meetings.	Ebonyi
20	In August 2021, SPHCDA staff trained on ISBC by Breakthrough ACTION-Nigeria began to facilitate SBC programs on radio stations	Ebonyi
21	From 2021, trained SPHCDA /LGA malaria focal persons began to facilitate knowledge on fever case management during OIC cluster meetings.	Sokoto
22	From 2021, LGA MNCH focal persons equipped with new skills on respectful maternity care began to facilitate respectful maternity care OIC cluster meetings.	Ebonyi
23	From June 2021, trained OICs of selected PHCs, LGA Admin Secretaries, Malaria focal persons, LGA MNCH Focal Persons began to foster positive provider behaviour around respectful maternity care.	Ebonyi
<b>SO4</b>	<b>Develop effective systems for ensuring SBC quality assurance and establishing consensus agendas at national and/or sub-national levels for SBC programming and investment based on shared health priorities in Nigeria</b>	
1	During 2021, the WDC national guideline was domesticated to State own document in 24 MDAs.	Sokoto
2	From 2021, the SPHCDA began to adopt and domesticate the WDC operational and orientation guideline.	Ebonyi
3	In November 2021, SPHCDA adopted and domesticated the WDC operational and orientation guideline.	Bauchi
4	In September 2019, SPHCDA staff whose capacity was built on community SBC techniques by Breakthrough ACTION-Nigeria began improving the facilitation skills of LGA malaria focal persons around fever case management according to the national guideline on diagnosis and treatment of malaria.	Nasarawa
5	From January to October 2021, LGA Malaria focal persons trained on facilitation skills for fever case management conducted client-provider dialogue sessions on respectful maternity care and facilitating skills for fever case management based on National guidelines.	Ebonyi
6	Starting in 2021, RBM staff and healthcare facility leaders who underwent training to enhance their knowledge and facilitation skills on fever case management in line with National guidelines have begun to adhere to the guidelines, as well as demonstrate respectful maternity care.	Sokoto
7	From March 2021, trained LGA malaria focal persons began facilitation around fever case management according to national guideline on diagnosis and treatment of malaria.	Nasarawa
8	From October 2021, trained LGA malaria focal persons began to begin facilitation around fever case management according to national guideline on diagnosis and treatment of malaria.	Ebonyi

## Annex 3: Interview Guide (IDI/KII) for Verifying and Harvesting Additional Outcomes from Social Actors (in-person/telephone/e-mail)

### Introduction

Breakthrough ACTION-Nigeria, a five-year cooperative agreement funded by USAID, has been implementing a complex intervention with a component on Public Sector Capacity Strengthening programming applying the Social and Behavior Change (SBC) Capacity Strengthening approach. Breakthrough ACTION-Nigeria’s SBC capacity strengthening approach is modelled on the SBCC Capacity Ecosystem™ developed by USAID’s Health Communication Capacity Collaborative (HC3) Project. This is a model that reflects the systematic assessment, design, and implementation of customized and strategic capacity strengthening for social and behavior change. During the project implementation period, the project focused on strengthening the SBC capacity of public sector individuals, organizations, and systems at the local, state, and national levels. This study is now exploring the outcomes of the project to date and would like to hear from you. Once collected, all the outcomes will be organized into a document to aid in the evaluation of the project’s progress.

Thank you for agreeing to participate in this interview, which will last between 40 and 60 minutes.

### Contact Information (Optional)

Please provide the following information to let us know how you got involved with the Breakthrough ACTION-Nigeria SBC PSCS project and how we can get in touch with you if we need any clarification or additional information.

Organization: \_\_\_\_\_

Title/Position: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Brief description of your engagement or role with the Breakthrough ACTION-Nigeria SBC PSCS:

\_\_\_\_\_

### Section A: Verifying documented Outcomes.

To help us verify the outcomes Breakthrough ACTION-Nigeria helped us to identify and document, in a brief interview the data collector should ask the informant/social actor/participant the following questions:

1. What event/activity/program/organized by Breakthrough ACTION-Nigeria did you take part in?
2. Breakthrough ACTION-Nigeria indicated that you participated in a.... (Refer to the outcomes reference sheet and provide outcome description information), can you tell me a bit more about it? How did Breakthrough ACTION-Nigeria contribute?
3. What was the importance of that event/activity/program/collaboration?
4. What effect do you think it had on you/your organization/the community?

**Instruction:** *If the informant’s accounts differ from the outcome description, you must probe further and seek additional sources of information. Some may suggest speaking to other social actors who were also involved that can be engaged. Take the details of such persons and do a follow-up later.*

### Section B: Harvesting Additional Outcomes

The following questions are to solicit additional changes (outcomes) influenced by the Breakthrough ACTION-Nigeria SBC PSCS project. These changes could be seen in stakeholders/beneficiaries in various Nigerian states. These changes could be positive transformational changes or negative. Also, if you or someone else successfully persuaded any person or agency, be it a government or non-governmental organization (social actor) not to take action—for example, by preventing the passage of a policy or implementation of a project activity—this is an outcome.

Please take a minute or two to reflect on your experience with the capacity-strengthening project.

**1a.** Has the SBC PSCS project influenced new actions or changes in behaviors, relationships, activities, policies, or practices so far?

**1b.** If yes, what are some of these changes?

**1c.** If no, why do you think so?

What can Breakthrough ACTION do to bring about change?

*Instruction: The participant will only answer the questions in the box (for each change mentioned) if he/she answers questions 1a and b positively. If for some reason the participant cannot identify changes or feels that the PSCS project has not influenced anything, ask the person to answer question 1c and skip the box to question.*

<b>Change 1:</b>
<b>WHAT</b> happened
<b>WHO</b> was involved? <i>(Please identify the main actor(s) by the organization(s) and/or titles and describe what changed in their behaviors, relationships, activities, policies, or practices)</i>
<b>When did the change take place?</b>
<b>Where did the change take place?</b>
<b>Why is the change relevant?</b>
<b>Probes:</b>
Explain why you consider this to be a substantial change related to capacity strengthening.
How is it different from what was happening before?
<b>HOW</b> did the Breakthrough ACTION-Nigeria SBC PSCS project contribute to making this change happen?
<b>Probe:</b>
Describe which activities or inputs specifically supported the change.
<b>WHAT EVIDENCE</b> could be used to demonstrate this change?
Probe for any documents, online content, data sources or methods that could be used to verify this information.
<b>Change 2:</b>

**2.** Would you like to describe additional important changes?

.. Yes

.. No

*[If YES, then answer the questions again]*

**3a.** Were there any changes you were expecting which have not taken place?

- If there were, what were they?
- Why were you expecting them?

**3b.** Were there any changes you were not expecting?

- Why were you not expecting them?

## Annex 4: Interview Guide for collecting Most Significant Change Stories from Social Actors (in-person/telephone/e-mail)

### Introduction

Breakthrough RESEARCH-Nigeria is collecting stories from various stakeholders and beneficiaries of the Breakthrough ACTION-Nigeria Social and Behavior Change (SBC) Public Sector Capacity Strengthening project to better understand what changes Breakthrough ACTION-Nigeria has been able to affect through this project and how what has been accomplished can be sustained. This will help us learn and celebrate the success and lessons learned from the capacity-strengthening project.

We would like to ask you some questions about any significant change you have witnessed or experienced in capacity strengthening as a result of your involvement with the capacity strengthening project. We are looking for both positive and negative, intended, and unintended changes because these will help us to learn and make recommendations for improvement and adaptive project management. There are no right or wrong answers. We simply want to know more from your perspective. Please be as detailed as possible when answering questions, even if you believe we are familiar with the background of your story. Because we intend to share these stories in Nigeria and around the world, please provide as much detail about your context as possible so that others can understand your story.

### Background Demographics

Job title of storyteller: \_\_\_\_\_

Category (Tick one): Program manager/Technical officer \_\_\_\_\_

Health care provider \_\_\_\_\_

Community volunteer \_\_\_\_\_

Other (list) \_\_\_\_\_

Employer of storyteller: \_\_\_\_\_

Location (State): \_\_\_\_\_

Sex of storyteller: \_\_\_\_\_

Date: \_\_\_\_\_

### Start Interview Questions

Now, I would like to get started by asking you a few questions.

1a. What do you think has been the most significant change that has occurred as a result of Breakthrough ACTION-Nigeria's Social and Behavior Change Public Sector Capacity Strengthening project over the last 5 years?

*NOTE TO INTERVIEWER: If the interviewee is struggling to respond, you may want to inform them that this change can be personal: e.g., did they learn something new or have a change in attitude? Or the change could be an organization or systems-level change.*

**PROBES:**

- What was the situation/condition/state like before the SBC PSCS project?
- What has been the situation after the change?
- Were you expecting a change that did not occur? Why do you think that change did not occur?"
- What do you think contributed to the change that occurred? How did it happen? Who was involved?

1b. Why do you think this is significant?

**PROBES:**

- What difference has this made now or will make in the future?
- What has been the effect of this change at the individual, organization, and system levels?

2. What are the challenges that you have experienced in implementing what you learned through the SBC PSCS approach?

3a. Please take a few minutes to think about all the changes that have happened in the past five years of the project's implementation. From your point of view, describe a story that best illustrates the most significant change that you have experienced as a result of the Capacity Strengthening project.

3b. Why is this story significant for you?

# Annex 5: Organizational and System Capacity Rapid Assessment Questionnaire

## Introduction

Breakthrough ACTION-Nigeria (Breakthrough ACTION-Nigeria), a five-year cooperative agreement funded by USAID, has been implementing a complex intervention with a component on Public Sector Capacity Strengthening programming applying the Social and Behavior Change (SBC) Capacity Strengthening approach. Breakthrough ACTION-Nigeria’s SBC capacity strengthening approach is modelled on the SBC Capacity Ecosystem developed by USAID’s Health Communication Capacity Collaborative (HC3) Project. This is a model that reflects the systematic assessment, design, and implementation of customized and strategic capacity strengthening for social and behavior change. During the project implementation period, the project focused on strengthening the SBC capacity of public sector individuals, organizations, and systems at the local, state, and national levels. This study is now looking into the outcomes that have been achieved so far, as well as the effectiveness of the capacity-strengthening approach that has been used.

## Standard Code of Instructions

You are about to answer some simple but very important questions in this questionnaire. Read each question/statement carefully and respond by ticking (v) the number that corresponds to your response option. There are no correct or incorrect answers. If you do not have an answer to a statement/question, leave it blank and move to the next. We want to use your feedback to strengthen the credibility and our understanding of the project, however, your details will not be shared externally and will only be used by the Breakthrough RESEARCH-Nigeria research team. We will not quote your responses by name or not be shared with Breakthrough ACTION-Nigeria or any of the program implementers, nor will we quote you in any external publication on the project.

## Personal Details

Title: \_\_\_\_\_

Role(s) played on the project: \_\_\_\_\_

State: \_\_\_\_\_

Date: \_\_\_\_\_

S/N	STATEMENT/QUESTION	1	2	SCORE
1.	The State has a communication strategy for the SBC PSCS project.	NO	YES	"= 1 "= 2
2.	The SBC PSCS actors in the State have communication strategies that have influenced different levels of implementation activities (individual, organizational and systems levels).	NO	YES	"= 1 "= 2
3.	State-level actors develop indicators for their SBC capacity-strengthening activities that are linked to SBC PSCS strategic objectives.	NO	YES	"= 1 "= 2
4.	State-level actors use consumer multimedia, Web, or social media in the SBC PSCS project.	NO	YES	"= 1 "= 2
5.	State-level actors develop their work plans and budgets for their SBC programs/ activities.	NO	YES	"= 1 "= 2
6.	State-level actors assign responsibilities, provide time frames, and allocate resources.	NO	YES	"= 1 "= 2
7.	State-level actors of the SBC PSCS project are able to carry out annual operational planning based on the strategic plan and involve relevant stakeholders.	NO	YES	"= 1 "= 2
8.	The SBC PSCS project has updated information and education materials on the services offered which are periodically reviewed by relevant stakeholders.	NO	YES	"= 1 "= 2
9.	The SBC PSCS project has knowledge of the strategies and work of other organizations in the implementation States.	NO	YES	"= 1 "= 2

S/N	STATEMENT/QUESTION	1	2	3	4	SCORE
10.	The SBC PSCS actors in the State develop their messages and materials which are reviewed by technical staff and stakeholders for accuracy of information.	The project does not develop its messages and materials.	The project develops its messages and materials.	The project develops its messages and material which are reviewed by other technical staff for accuracy of information.	The project develops its messages and materials which are reviewed by the project's technical staff and stakeholders for accuracy of information.	"= 1 "= 2 "= 3 "= 4
11.	The SBC PSCS project has clear operations and administrative policies and procedures that were known and adhered to by all staff.	The project has no clear operations and administrative policies.	The project has clear operations and administrative policies and procedures.	The project has clear operations and administrative policies and procedures that are known but not adhered to by all staff.	The project has clear operations and administrative policies and procedures that are known and adhered to by all staff.	"= 1 "= 2 "= 3 "= 4
12.	The SBC PSCS project has an operational sustainability plan complete with resource mobilization strategies, identified growth opportunities and work plans, and anticipated program hand-over or exit close-out plans?	The project has no project sustainability plan in place	The project has a draft sustainability plan in place.	The project has a complete sustainability plan in place that includes resource mobilization strategies.	The project has a complete sustainability plan in place that includes resource mobilization strategies, identifies growth opportunities and work plans, and anticipates program handover or exit plans.	"= 1 "= 2 "= 3 "= 4

S/N	STATEMENT/QUESTION	1	2	3	4	SCORE
13.	The SBC PSCS project has targets set with specific timelines, and progress on these targets is reviewed.	No specific service delivery targets are set.	Specific service delivery targets are available but only for some project activities.	Specific service delivery targets are set with timelines for all project activities, but progress is not reviewed at all.	Specific service delivery targets are set for all project activities with timelines and their progress is reviewed for all of the activities. Resources are also available.	"= 1 "= 2 "= 3 "= 4
14.	The SBC PSCS project has a complete and current advocacy strategy that was implemented.	The project does not have a documented advocacy strategy.	The project has an advocacy strategy, but it is incomplete.	The project has a complete advocacy strategy, but it is not implemented.	The project has a complete and current advocacy strategy that is implemented according to the approved timeline. It is also regularly updated.	"= 1 "= 2 "= 3 "= 4
15.	The SBC PSCS project staff possess competencies in advocacy programming and are assigned advocacy roles and responsibilities.	The project does not have advocacy staff or staff who are assigned advocacy responsibilities.	The project has advocacy staff or staff who are assigned advocacy roles and responsibilities, but these staff do not have the relevant competencies.	The project has advocacy staff or staff who are assigned advocacy responsibilities. These staff have the relevant competencies but do not have clearly assigned responsibilities.	The project has advocacy staff or staff who are assigned advocacy responsibilities. These staff have the relevant competencies, have clearly assigned responsibilities, and perform their advocacy functions as stated in their roles.	"= 1 "= 2 "= 3 "= 4
16.	The project engages in evidence-based advocacy (evidence is used to inform the advocacy messaging) to influence policy development and implementation.	The project does not engage in evidence-based advocacy to influence policy development or implementation.	The project has plans to engage in evidence-based advocacy to influence policy development or implementation.	The project engages in advocacy to influence policy development or implementation, but it is not evidence-based.	The project engages in advocacy to influence policy development or implementation, which is always informed by evidence.	"= 1 "= 2 "= 3 "= 4
17.	The project identifies functional networks, other partners and mobilizes and assists stakeholders to deliver services, sharing knowledge exchange, learning lessons, and feedback.	The project does not identify key partners and stakeholders.	The project maps key partners and stakeholders.	The project identifies its key partners and stakeholders but did not engage them.	The project identifies functional networks and other partners, mobilizes, and assists stakeholders to deliver services, shares and learns from feedback.	"= 1 "= 2 "= 3 "= 4



## Annex 6: Most Significant Change Stories Selection Process

Following the review and finalization of the stories, the study team constituted a story selection panel to select the final MSC stories and document the reasons for selecting one story over another. The stories selection took place in a one-day virtual meeting. The meeting began with a discussion of the story selection process/procedure and a description of what constitutes a significant change. Following that, the panel members took turns reading the stories compiled. After the reading of a story, the panelists:

1. examined the source of the story to ascertain whether the storyteller was exposed to the SBC PSCS approach.
2. reviewed the story title to determine if it captures a change/outcome resulting from the SBC PSCS approach activities.
3. deliberated on what the story was about, that is, whether the story indicates/portrays any type of change that can be attributed to the SBC PSCS approach.
4. determined whether or not to select the story through vote casting. Since the story selection panel consisted of five members, a voting result of 5/5, 4/5, or 3/5 implied the story's selection. A team member then documented the team's unanimous/overarching reason(s) for selecting or not selecting the story after the voting; and
5. validated the identified SBC level/domain of the change depicted in the story (i.e., individual, organizational, or systems. This only applied to the selected stories.

After categorizing all of the selected stories into the three SBC levels/domains of change, the panel selected the two most compelling MSC stories from each domain. Where there were six or more stories for each domain, the panel selected the three most compelling stories for each domain. Overall, the panel ended up choosing seven (7) most significant stories, with three (3) selected for the individual level and two (2) each for the system and organizational levels. The participatory nature of the selection process, as well as the contextualized definition of significant change (i.e., change in knowledge, attitudes, and communication, and the degree to which the change is attributable to the Breakthrough ACTION-Nigeria SBC PSCS approach activities), were central to this methodology. The selected stories are featured in text boxes throughout the results.

## **Annex 7: Breakthrough ACTION-Nigeria Priority Behaviors**

1. Complete at least four ANC visits and up to eight
2. Take intermittent preventive treatment for malaria in pregnancy (IPTp)
3. Adequate nutrition (counseling) for pregnant women
4. Deliver with a skilled birth attendant at a health facility.
5. Initiate (early) breastfeeding within 1 hour of delivery.
6. Provide essential newborn care (skin-to-skin, cord care with chlorhexidine)
7. Exclusive breastfeeding for 6 months
8. Full routine immunization for per NPI schedule
9. Adequate and appropriate nutrition for children 6-24 months (IYCF)
10. Use modern contraceptives to space births.
11. Seek prompt and appropriate care for fever.
12. Seek prompt and appropriate care for diarrhea.
13. Seek prompt and appropriate care for ARI.
14. Sleep inside insecticide treated nets (ITNs)
15. Test for malaria before treatment
16. Adhere to full course of artemisinin-based combination therapy (ACTs)
17. Adhere to full course of Seasonal Malaria Chemoprevention (SMC)



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